

Provider Network Management Committee Minutes

Date: 12/19/2018

Location: Gratiot Integrated Care Network – Eagle Room Conference Call

Time: 10:00 AM until 12:00 PM

Call-In: 888-585-9008/320.707.733

Attendance (phone*):	<input checked="" type="checkbox"/> T. Lawrence (CMHCM)*	<input checked="" type="checkbox"/> A. Ferzo (Huron)*
	<input checked="" type="checkbox"/> J. Keilitz (Saginaw)*	<input type="checkbox"/> J. Hagedon (Tuscola)
<input checked="" type="checkbox"/> M. Cupp (Lifeways)*	<input checked="" type="checkbox"/> K. Jaskulka (MSHN)	<input checked="" type="checkbox"/> S. Jamieson (Tuscola)*
<input type="checkbox"/> D. Jenks (Shiawassee)	<input checked="" type="checkbox"/> C. Watters (MSHN)	<input checked="" type="checkbox"/> E. Lewis (BABH)*
<input type="checkbox"/> N. Derusha (The Right Door)	<input checked="" type="checkbox"/> J. Labun (Newaygo)*	<input checked="" type="checkbox"/> T. Curtis (Montcalm)
<input type="checkbox"/> S. Richards (The Right Door)*	<input checked="" type="checkbox"/> B. Pazdan (CEI)*	<input type="checkbox"/> D. Caruss (Montcalm)
<input checked="" type="checkbox"/> S. Stroh (Gratiot)	<input checked="" type="checkbox"/> T. Lewicki (MSHN)*	<input checked="" type="checkbox"/> T. Humphreys (Huron)*
<input type="checkbox"/> S. Zin (CEI Contractor)	<input checked="" type="checkbox"/> T. Teed (CEI Contractor)	<input type="checkbox"/> A. Dillon (MSHN)*
		<input type="checkbox"/> M. Davis (MSHN)*

Information

All available information should have been shared and reviewed prior to the meeting. Prior to the meeting, attendees review materials and prepare questions/feedback. Information includes previous minutes, data reports/dashboards, announcements, etc.

1. Welcome and Roll Call
2. Review and Approve 12/19/2018 Agenda
3. Review PNMC Minutes 11/28/2018
4. PNMC Action Plan Review Progress to Plan

- a) HCBS Transition (T. Lewicki)

Decision: NA, update only

Background:

Question: NA

Discussion: Todd shared latest FAQ document, which will be posted to the HCBS Transition page soon. MSHN continues with remediation activity in the region. CAP->Remediation->Acceptance 68% complete. Factors impacting the pace is the percentage of remediations that are repeat findings. MSHN staff continue to conduct site reviews to determine compliance. This seems to be the best method for determining compliance. Next wave includes the c-waiver – have approx. 500 cases that will be pushed to OOC status. B3 - 943 cases; 300 HS and 643 OOC. CMHs have assisted by cleaning up data in WSA by changing profiles. MSHN will communicate with CMHs on the status of letters going out to providers. Providers have 30 days to respond; MSHN has 30 days to respond/accept; provider has 90 days to remedy if necessary. Fastlane continues to develop which allows for sharing of information in a secure format between MSHN and CMH. Specific completion timeline will be available mid-January. Culture of Gentleness/HCBS webinar conducted by MSHN staff and MORC. Providers that embrace this philosophy have progressed well through the transition. Training will also be available at the winter conference.

Outcome: NA

- b) Inpatient Contract

Decision: 1) Review and resolve feedback from B. Pazdan (CEI) and results of negotiations with HealthSource, Mid-Michigan, and Memorial in planning for FY20. Attachment 1 – FY19 Final Approved Contract, Attachment 2 – Hospital Negotiation Comments/Considerations, Attachment 3 – B. Pazdan (CEI) comments. 2) Strategy for 2020 rate negotiation. Data collection: FY18 and FY19 Rate; FY18 utilization (# of units) by provider.

Background:

Question:

Discussion: Refer to tracked changes version of changes. Did not address item #2, rate negotiation strategy. Move to January agenda.

Outcome: Reviewed and resolved feedback from CEI. Changes will be made per discussion. Next meeting we will review and resolve hospital feedback and work to align.

5. Other Discussion & Planning

- a) Impact of legalization of recreational marijuana (T. Lawrence)

Decision: NA

Background: Recent legislative change allowing recreational use of marijuana.

Question: What are others doing on a policy level to address recreational use of marijuana for clients in residential settings?

Discussion: Message from licensing is that this legislative change will not change anything for residential providers. They will continue business as normal. Still illegal federally; we accept federal funds. How does HCBS impact this? Can this be addressed in lease agreement (similar to alcohol ban). From employee/employer perspective, drug free work zone still holds.

Outcome: request that members have discussions locally and bring back local policy changes and address fully in January. Send policies to Carolyn for inclusion in January packet.

- b) Cedar Creek – Ownership, Control and Criminal Conviction Disclosure (T. Lawrence)

Decision:

Background: Cedar Creek has refused to sign the disclosure statement. CMHCM is doing single case agreements in the meantime but does not want to continue with this approach.

Question: Have others run into problems with provider refusing to sign the disclosure form? Can we address collectively?

Discussion: Cedar Creek signed disclosure for Huron in June 2018. CEI believes they also obtained a disclosure. If information is still current, they could submit a disclosure form they have already completed (reciprocity).

Outcome: What is their rationale for not signing? Do they have a source that would indicate they are not required to complete? Refer them to 42 CFR. Tonya will reach out on status and follow up with the group.

- c) ABA Rates (M. Cupp)

Decision: NA

Background: Recent fee schedule from MDHHS for autism services. Interpretation that these rates are the ceiling developed by department for reimbursement to CMH/PIHP. Designed to decrease ABA costs. Lowest for techs \$50/hr. Morgan from department indicated that was the 'floor' and that CMHs may pay more than those rates and can account it to Medicaid. GF revenues are being used to cover additional expense based on initial understanding. According to the state you can pay out of Medicaid and not GF.

Question: What has your experience been with ABA rates?

Discussion: We are not obligated to pass on the same rate to providers, that CMHs can set own rate. CFOs have discussed this and these rates are not necessarily what you would pay the provider. Need to consider administrative expenses to run program at CMH level.

Outcome: Michael will let the group know as the conversation with the state progresses.

d) Annual Report (C. Watters)

Decision: 1) review and recommend feedback

Background: annual reports of all councils/committees are completed to evaluate progress and goals for next year.

Question:

Discussion:

Outcome: Did not discuss. Please review and offer comments as you see fit.

e) Provider Directory (C. Watters)

Decision: 1) Directory Export Function status 2) Review status from November action item.

Background: 1) Reviewed contracted services list; determined which service should be added to the approved list; sent to PNMC and others responsible for directory. 2) Reviewed/revised service descriptions. Should see this on the website soon. 3) Counties serviced filter feature on website directory. 4) PCE establishing a directory export from CMH systems – discuss approach.

Question:

Discussion:

Outcome:

Next Meeting:1/23/2019 – Phone Conference

New calendar invites to be sent . . . continue 4th Wednesday of the month, alternating f2f and conference line.