



**SUD Provider Advisory Committee (PAC)**

Monday, January 14, 2019; 1-3 pm

Mid-State Health Network

**Meeting Minutes**

**Attendance:**

Name	In-Person	On Phone	Absent
Amy Murawski		X	
Autumn Ayala	X		
Kim Thalison	X		
Kimberle Kwasnick	X		
Patti Tygre		X	
Patty Seymour	X		
Richard Simpson	X		
Sam Price	X		
Shannon Douglas	X		
Tonya Evans		X	
<b>MSHN/Other:</b>			
Carolyn Watters		X	
Jeanne Diver	X		
Jill Worden	X		
Melissa Davis		X	
Rebecca Emmenecker		X	

**PURPOSE:** MSHN’s SUD Provider Advisory Committee is charged with serving in an advisory capacity to offer input to MSHN regarding SUD policies, procedures, strategic planning, monitoring and oversight processes, to assist MSHN with establishing and pursuing state and federal legislative, policy and regulatory goals, and to support MSHN’s focus on evidence-based, best practice service and delivery to persons served.

**I. Introductions**

- a. Introductions were made.

**II. Review and Approve Agenda**

- a. The agenda was approved with the additional topics in section VII.

**III. Review and Approve 12/10/18 Minutes**

- a. The minutes were approved as written.

**IV. Updates from 12/10/18 Meeting**

- a. Status of PDF Documents on MSHN’s New Website
  - i. At the last meeting, it was reported that not all PDF documents were able to be downloaded from MSHN’s website. Members were asked to contact any MSHN staff person if there is a document on MSHN’s website that a provider needs and is unable to download.
- b. Status of Posting Universal Consent Form on MSHN’s Website

- i. The consent form still needs to be posted to MSHN’s website. Once it is posted, Jeanne will inform all members where it is located.
    - ii. Kim Kwasnick brought up the fact that as the consent form is now written, Protective Services (PS) feels it allows them the right to request all contents of SUD provider client files. Kim Kwasnick to send Jeanne the request from PS so this concern may be investigated.
  - c. Work Group to Discuss Oral Fluid Testing for WSS
    - i. As noted at last month’s meeting, a work group will be organized to discuss the implications of the oral fluid testing for WSS. If interested, let Rebecca or Jeanne know.
    - ii. Interested members so far are Kim Kwasnick and Rich Simpson.
    - iii. It may be beneficial to see if there can be a representative from the State Court Administrators’ office to also attend this work group.
  - d. Membership – Prevention & Youth Services (PAYS) and Sacred Heart
    - i. There are two vacancies on the SUD PAC member listing. Suggested replacements for Janelle Murray from Saginaw County Youth Protection Council are Tye Gryzinski or Barry Schmidt. Darren McCallister was suggested to replace Warren Levin from Sacred Heart. Jill and Jeanne to follow up with the relative providers.

**V. Communication between PAC Members and Provider Network**

- a. Members discussed how there may be better communication between PAC members and the Provider Network with the following suggestions:
  - i. Use Box to communicate.
  - ii. Make sure information is embedded in the Constant Contact newsletter.
  - iii. Make sure providers know to voice their input using the PAC members.
  - iv. Perhaps create a web portal for any/all concerns to be posted for PAC members to discuss during PAC meetings. Within this portal, create an ongoing Q&A document.
  - v. PAC members suggested when providers contact PAC members, to note that their concern is for PAC discussion. If providers are sending an email message, providers could enter something specific in the subject line that the message concerns PAC.
  - vi. There will be more discussion at the next PAC meeting in March.

**VI. Credentials-Claims Verification in REMI**

- a. Treatment providers should have received a notice and attached listing of the providers’ qualifications and staff credentials. Treatment providers are to review and verify the listing. Updates to the listing should go to Kyle by 2/15/19. This will be updated on REMI. Effective 4/1/19, if there is a claim submitted and the individual does not meet the qualifications, the provider will be notified.
- b. MSHN is not managing or collecting new information once a credential expires. MSHN will be looking for the effective dates for licensing and NPI. It is up to the provider to ensure that qualified staff and licensing changes are sent to MSHN.
- c. Response to Carolyn’s information follows:
  - i. There is loss of the ability to exchange codes without having to write another authorization. Carolyn to take this to the REMI work group for direction.
  - ii. Some providers are losing a screening if it is over 60 days.
  - iii. One member mentioned that during the REMI training at the last SUD Provider meeting, Cammie said front office staff are to complete the screenings, inclusive of the ASAM portion.

**VII. Other/Current Issues – Members**

- a. Gain

- i. Sam asked if MSHN would ask OROSC to push back the credential requirement to be a Master's level clinician to provide the GAIN. Sam mentioned Angie (OROSC) stated this push back may be per PIHP. Rebecca noted Angie stated it is still a master's level only that can perform the GAIN.
  - ii. Interns – can they perform the GAIN? Rebecca stated they have to have a master's level clinician and fully licensed.
  - iii. During the meeting, Rebecca confirmed with Trisha that to perform the GAIN, a professional must have a master's degree and a license. The license can be limited or full. Due to these requirements, interns are not eligible to perform the GAIN or be trained to implement it.
  - iv. Jill to ask Joe Sedlock if we can get a waiver for the credentialing requirements. Sam asked if the GAIN could at least be signed off by a licensed clinician.
  - v. Members voiced their concerns with using the GAIN.
    - a. Patty Seymour lost a client because of what the GAIN triggered.
    - b. Kim Kwasnick is GAIN certified. She reported concerns about accuracy. Kim Kwasnick was working with a client she knew for 2.45 hours and knows the client did not respond truthfully. Her example was someone that she conducted a GAIN assessment on that had relapsed. This previous client stated during the assessment he drank over 20 drinks and consumed two fifths of liquor in a 6-8 hour period of time. The GAIN diagnosed the client with Alcohol Use Disorder, Mild despite the past history of daily drinking and clear evidence of tolerance and meeting criteria on over 6 other diagnosis criteria based on the questions asked in the assessment. GAIN training staff was unhelpful in explaining how to solve this issue other than to have Master's level clinicians conduct this interview to be able to put in the proper notes regarding any errors in denial, misrepresentation or partial denial/misrepresentation of facts.
    - c. Patti Tygre asked what she is supposed to do if a client refuses to go through the GAIN.
  - vi. It was suggested that a Google document or something to be set up in Box for members to voice their concerns. Melissa to set this up for members to write their concerns, issues, etc.
- b. LARA Rules:
- i. Sam asked how providers are to bring new people into treatment what with the limited license under one year? From a REMI standpoint, who do we put into REMI? What is the status of LARA's new rules?
  - ii. MCBAP versus LARA rules/requirements. How do providers know what to do?
- c. REMI
- i. Cristo Rey lost \$15,000 due to REMI requirements.
- d. 298 Saginaw Pilot
- i. For those providers that do business in Saginaw, can MSHN be proactive about keeping these providers aware of the status.
- e. Legal Marijuana
- i. Members would like to be kept aware of ways we may need to shift or change. Maybe invite speakers that can inform the provider network on how others have adjusted to this new law.
- f. Hospitals
- i. Kim Kwasnick stated a client went to the hospital and left against medical advice. He just wanted to be home to have dinner with his family and that is why he left. He later went back to the ER and was admitted. He was discharged 4 hours later; informed to contact AA if he needed assistance. He later died. Kim Kwasnick asked if prevention should go to the hospitals to train them on substance use disorders so cases like this would not occur.

VIII. **Agenda Items for Next Meeting** on Monday, March 11, 2019 @ 1-3 pm at MSHN Suite E – none.