

Provider Network Management Committee - Key Decisions and Required Action

DATE: 2/26/2025 | **Time:** 10AM until 12PM

Zoom Meeting ID: Outlook Calendar Invite | **Meeting Materials:** [Box](#)

Attendees:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> M. Rozek, BABHA | <input checked="" type="checkbox"/> K. Gunsell, HBH | <input type="checkbox"/> J. Tomaszewski, SCCMH | <input type="checkbox"/> S. Richards, TRD |
| <input checked="" type="checkbox"/> S. Gunsell, BABHA | <input type="checkbox"/> S. Clevenger, Lifeways | <input checked="" type="checkbox"/> J. Keilitz, SCCMH | <input checked="" type="checkbox"/> Z. Heiden, TRD |
| <input checked="" type="checkbox"/> E. Magen, CEI | <input checked="" type="checkbox"/> P. Hoffman, Lifeways | <input type="checkbox"/> M. Briggs, SCCMH | <input checked="" type="checkbox"/> K. Jaskulka, MSHN |
| <input checked="" type="checkbox"/> V. Pierson, CEI (C. Park) | <input checked="" type="checkbox"/> M. Owens, Lifeways | <input checked="" type="checkbox"/> L. Vyvyan, SHW | <input checked="" type="checkbox"/> L. Thomas, MSHN |
| <input type="checkbox"/> S. Panetta, CEI | <input checked="" type="checkbox"/> J. Huson, MCN | <input type="checkbox"/> V. Hoffman, SHW | <input type="checkbox"/> Ad Hoc: K. Hart, MSHN |
| <input checked="" type="checkbox"/> A. Higgins, CMHCM | <input checked="" type="checkbox"/> A. Viher, Newaygo | <input type="checkbox"/> I. Mason, SHW | <input checked="" type="checkbox"/> Ad Hoc: A. Dillon, MSHN |
| <input checked="" type="checkbox"/> K. Squire, CMHCM | | <input checked="" type="checkbox"/> S. Dudewicz, TBHS | <input checked="" type="checkbox"/> Ad Hoc: A. Ittner, MSHN |
| <input checked="" type="checkbox"/> J. Murphy, GIHN (T. Pitcher) | | <input checked="" type="checkbox"/> S. DeLorge, TBHS | <input type="checkbox"/> Ad Hoc: T. Lewicki, MSHN |
| | | <input checked="" type="checkbox"/> L. McNett, TRD | <input type="checkbox"/> Ad Hoc: B. Groom, MSHN |

AGENDA ITEM	KEY DECISIONS	ACTION REQUIRED			
Agenda Approval	<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved with revisions - FY24 NAA Information Needed All materials can be found in box	By Who		By When	
Minutes Approval 1/15/2025	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with revisions 1.15.25 Snapshot located in box	By Who		By When	

AGENDA ITEM	KEY DECISIONS	ACTION REQUIRED			
ESTA / Minimum Wage / PTO Changes	<p>Continued Follow up (From 12.18.24 & 1.15.25 Meeting)</p> <ul style="list-style-type: none"> Background/Update: Changes in law regarding Minimum Wage and PTO amount for employees OP's Council discussed regional approach? MSHN CFO developed spreadsheet to use, related to number of employees <ul style="list-style-type: none"> Providers may not know full impact OP's focused more on FMS providers CMH to issue regional survey? Develop standard questions? Which providers have already implemented? Date to issue survey – timeframe? Disclaimer statement that survey does not guarantee funding? Contract amendments, based on # of employees? Service rate increase? Should this remain cost neutral? Funding from State available? Regional survey to address current standing of providers to the new Act; Question to be considered <ul style="list-style-type: none"> Disclaimer statement that funding is not guaranteed Add source documents – Michigan.gov used for reference for providers Providers should only receive one survey if contracted with multiple CMH's Is your 2025 wage structure plan in compliance with new act; How many employees do you currently have? List all CMH's on the survey based on current pay rate/scale for each CMH contract What is your lowest starting wage? Is your current PTO structure in compliance with the new policy? Any other considerations you feel the Region should be aware of regarding this new Act Schedule meeting on 1.15.25 at 12pm to go through survey results – Meeting link to be sent out Download current provider directory to identify all regional providers 	By Who		By When	

AGENDA ITEM	KEY DECISIONS	ACTION REQUIRED			
	<ul style="list-style-type: none"> - Send to Leslie to create CMH columns - CMH's to add individual FI's for their own SD • Results from MSHN and Regional CMH's reviewed; CMH SD's to be reviewed and decided – Following review and understanding of final Act Passed/Signed <ul style="list-style-type: none"> - Follow Regional Guidance/Practice - CMH's to send L. Thomas by 2.14.25 what (SD) budget impact will or may be realized - ESTA Encounter Reporting - Roll-Over Hrs. impacted on budgets • Recommendations to be sent to OP's & Finance Council • Discussion: Small businesses fewer than 10 employees on or before 2.21.22 can defer for three (3) years <ul style="list-style-type: none"> - K. Gunsell to send out webinar link to PNMC (Email Sent 2.26.25) - GT demanding rate increase (3.7%) for SD cases • Decision: • Next Step: <p>LEO - Frequently Asked Questions FAQ</p> <p>Paid Medical Leave Act FAQ Paid Medical Leave Act Poster Earned Sick Time Act LEO – FAQ Michigan ESTA FAQ</p>				
Regional Provider Application	<ul style="list-style-type: none"> • Background/Update: MDHHS CRM Universal Credentialing now up and active – All new credentialing applications should be completed through the CRM (MDHHS Credentialing/Re-credentialing Process) Effective Immediately 		PNMC		4.23.25

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	<ul style="list-style-type: none"> • Discussion: When to discontinue regional provider application use? Do we want to keep it active for first time provider applicants to determine if there will be a contract? Should all applicants (potential or otherwise) be steered to the CRM? Amy Dillon to present options • Decision: Continue review/discussion for next PNMC meeting 4.23.25 • Next Step: PNMC Review the following documents before 4.23.25 PNMC meeting; <ul style="list-style-type: none"> - MSHN Regional Application Elements-Proposed Changes - PNMC – Regional Application Discussion 2.26.25 				
Regional Efforts – Training, Contracting and Monitoring	<ul style="list-style-type: none"> • State Health Official Letter – Directory Changes & E-mail sent to IT Council (S. DeLorge) • Provider Directory Format • ADA Specific Measures REQUIRED <ul style="list-style-type: none"> ○ If your provider directory spreadsheet indicates a “Yes” in the “ADA Compliant Accommodations” column, it will now be required to add those specific accommodations in the “ADA Specific Accommodations” column for it to be accepted when you upload your directory to REMI. If the spreadsheet indicates a “No” in the “ADA Compliant Accommodations” column, no further entry is required. ○ This update was made as a result of the last HSAG review MSHN underwent last year ○ If your current/recent directory submission indicates errors, please review those and make the necessary corrections and resubmit • The following services have been added as “acceptable” in the “Services” column of the directory spreadsheet; <ul style="list-style-type: none"> ○ Recreational Therapy ○ Music Therapy ○ Art Therapy 	By Who		By When	

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	<ul style="list-style-type: none"> ○ Telehealth Services ○ Independent Facilitation ○ Activity Therapy ○ These services can be added to the directory effective immediately and will be accepted by REMI. <ul style="list-style-type: none"> ● FYI Reminder – Upload Provider Directory Monthly (Calendar Reminder sent at beginning of FY) ● MSHN <u>Provider Directory Procedure</u> Updates, based on above changes <ul style="list-style-type: none"> - PNMC feedback due NLT 3.7.25 ● Regional Autism Performance Monitoring Snapshots (<u>10.2024</u>; <u>01.2025</u>); located in box (A. Dillon) – FYI ● Regional Training Coordinators Quarterly Meeting Snapshots (<u>10.2024</u>); located in box (A. Dillon) – FYI ● FY24 Regional Monitoring Summaries (A. Dillon) – FYI <ul style="list-style-type: none"> ○ <u>Licensed Psychiatric Monitoring</u> ○ <u>ABA Monitoring</u> ○ <u>FMS Monitoring</u> ● Regional Monitoring Team (RMT) Survey for Healthy Transitions Monitoring Team (A. Dillon) - FYI ● FY26 Regional Contract templates – Being reviewed by regional RR workgroup <ul style="list-style-type: none"> ○ Inpatient ○ ABA ● All other templates to be prepared following RR workgroup review to include their comments/suggested edits ● <u>CCBHC Executed Agreements</u> uploaded to box – Sent to PNMC 2.11.25 ● FY24 NAA Information Needed <ul style="list-style-type: none"> ○ ACT*, Crisis Res^, Opioid Treatment, Clubhouse, Inpatient Psych^, Homebased, Wraparound, Intensive Crisis Stab*, Parent Support Partner, Youth Peer Support ○ *Note # of teams by provider needed 	

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	<ul style="list-style-type: none"> ○ ^Note bed count included by adult and pediatric ○ Spreadsheet linked here: FY2024 Network Adequacy Reporting Template - CMH Services • Discussion: • Decision: Upload spreadsheet to box send link to PNMC with Snapshot • Next Step(s): CMH Data due 4.1.25 				

Next Meeting: 4/23/2025

Parking Lot

State Monitoring Report	MDHHS - EVV	Independent Facilitation Proposal
HSAG Review		

MSHN Council & Committee Updates

1. MSHN Board Update – [MSHN Website - Board Meeting](#)
2. Operations Council Update – [MSHN Website - Operations Council](#)
3. Customer Service Committee – [MSHN Website - Customer Service](#)
4. Utilization Management Committee – [MSHN Website - Utilization Management](#)
5. Information Technology Council – [MSHN Website - Information Technology](#)
6. Regional Consumer Advisory Council – [Consumer Advisory Council](#)
7. Provider Network Management Workgroup- [MSHN Provider Network Management Committee](#)
8. Compliance Committee [MHN Website-Regional Compliance Committee](#)
9. Training Coordinators Workgroup – [Training Reciprocity \(Box\)](#)