**NORTHERN MICHIGAN REGIONAL ENTITY**

**PROVIDER NETWORK MANAGERS MEETING**

**10:00AM – JUNE 11, 2024**

**VIA TEAMS**

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| **AuSable Valley:** | [x]  Mary Martin | Contract and Compliance Specialist |
|  | [ ]  Trish Otremba | Chief Quality Officer |
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| **Centra Wellness:** | [ ]  Chip Johnston | Executive Director |
|  | [x]  Kacey Kidder-Snyder | Provider Network Specialist |
|  | [x]  Pat Kozlowski | Access and Emergency Services Director |
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| **North Country:** | [x]  Angie Balberde | Provider Network Manager |
|  | [x]  Katie Lorence | Contract Manager |
|  | [x]  Kim Rappleyea | Chief Operating Officer |
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| **Northeast Michigan:** | [x]  Vicky DeRoven | Quality Improvement |
|  | [x]  Morgan Hale | Contract Manager |
|  | [ ]  Larry Patterson | Accounting Officer |
|  | [x]  Jen Walburn | Compliance Officer |
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| **Northern Lakes:** | [x]  Kari Barker | Director of Quality Improvement and Compliance |
|  | [x]  Mark Crane | Contract and Procurement Manager |
|  | [x]  Tiffany Fewins | Administrative Assistant |
|  | [x]  Jessica Williams | Performance Improvement Specialist |
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| **NMRE:** | [x]  Carol Balousek | Executive Administrator |
|  | [ ]  Eric Kurtz | Chief Executive Officer |
|  | [ ]  Heidi McClenaghan | Quality Manager |
|  | [ ]  Brandon Rhue | Chief Information Officer/Operations Director |
|  | [x]  Chris VanWagoner | Provider Network Manager |

INTRODUCTIONS

Chris welcomed committee members to the meeting and attendance was taken.

REVIEW AGENDA & ADDITIONS

No additions to the meeting agenda were requested.

APPROVAL OF PREVIOUS MEETING MINUTES

The May 14th minutes were included in the meeting materials and approved by consensus.

PRIOR ACTION ITEMS

**Non-Violent Intervention Training Requirements**

During the May meeting, Kacey questioned the requirement for all CMHSP staff to be trained in Nonphysical Intervention Skills. Pat commented that the CFR requirement appears to be directed toward care given to individuals in facilities (hospitals) as an alternative to restraint or seclusion. Kari noted that MDHHS does not require Nonphysical Intervention training for all staff during the waiver review.

Clarification was made that the language in 42 CFR 42 CFR § 485.910(f)(2) states that “The CMHC must require all appropriate staff caring for clients to have appropriate education, training, and demonstrated knowledge based on the specific needs of the client population in at least the following” and lists “the use of nonphysical intervention skills.”

NMRE staff will review the monitoring tool and make a decision regarding the requirement for all CMH staff to be trained in Nonphysical Intervention Skills.

This topic will be referred to the NMRE Quality and Compliance Oversight Committee (QOC).

REGION 2 CONTRACT BOILERPLATE REVIEW

The regional review of Contract Boilerplates will begin on July 9th with the Specialized Residential (SRS) template.

REGIONAL DIRECTORIES

Chris has reviewed the five CMHSPs’ Regional Directories using the MDHHS PIHP Provider Directory Checklist. Chris noted that both the checklist and the PIHP Specialty Supports and Services contract with the State indicate that the Contractor (PIHP) Provider Directory must be organized by county; the CMHSPs’ Regional Directories are sorted by service. Chris requested that the county be added under “Service Locations” in the Directories. The NMRE’s Provider Directory includes a County Name filter, which should meet the requirement.

HOSPITALS

**Trinity DOO Issue Resolved**

Northern Lakes obtained the needed Disclosure of Ownership form from Sherry Serafyn. It was noted that the Inpatient Psychiatric Unit is no longer at the Hackley Campus in Muskegon; it is now at 125 East Southern Avenue, Suite 120, Muskegon, MI 49442-5041.

**Kalamazoo NeuroPsychiatric Update**

A memorandum providing notice of rates for the new 64-bed Kalamazoo Behavioral Health facility was included in the March meeting materials. The facility is pending licensure, accreditation, and Medicare and Medicaid approval. A July 1st opening is tentatively planned. Chris has reached out to CEO, Cameron Gilbert, regarding future contracting and supplied the NMRE regional hospital boilerplate for review.

**Munson ECT Update**

Munson is adding an ECT program effective July 1st. The rate for the ECT services has not yet been fully negotiated.

**Other**

Kim referenced a new 12-bed pediatric psychiatric unit opening at the Corewell Health Helen DeVos Children’s Hospital in Grand Rapids. The anticipated opening date was stated as June 18, 2024.

**Tiered Rate Update**

A memorandum dated May 28, 2024 from Jackie Sproat (MDHHS) to PIHP Executive Directors

regarding psychiatric inpatient tiered rates was included in the meeting materials.

Effective July 1, 2024, there will be four new modifiers (V1 – V4) for revenue code 0100 (all-inclusive room & board) for inpatient psychiatric stays.

Psychiatric Inpatient Tiered Rates will not be implemented until October 1, 2024, pending federal review and approval. Effective October 1, 2024, PIHP (or subcontracted CMHSP) must pay no less than the state defined minimum rates for inpatient psychiatric services to Medicaid beneficiaries.

Preliminary Modeled Per Diem Rates without Hospital Rate Adjustment (HRA) add-on payments were provided as:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Proposed Rate Tier | Staffing Ratio Threshold | Tier Adjustment Factor | Preliminary Modeled Per Diem Rate - Adult | Preliminary Modeled Per Diem Rate - Pediatric |
| Baseline Rate Tier | No set threshold (assumed average of 4 patients:1 hospital staff) | 100% | $771.41 | $804.30 |
| Enhanced Tier 1 | 2 patients:1 hospital staff | 139.5% | $1,076.12 | $1,122.00 |
| Enhanced Tier 2 | 1 patient:1 hospital staff | 178.9% | $1,380.05 | $1,438.89 |
| Enhanced Tier 3 | 1 patient:2 hospital staff | 257.9% | $1.989.47 | $2,074.29 |

To date, no official directive or bulletin has been sent by CMS regarding Psychiatric Inpatient Tiered Rates.

EVV UPDATE

For Behavioral Health, the EVV applies to codes H2015 (Community Living Supports) and T1005 (Respite Care) with location code 12 (Home Location, other than a hospital or other facility, where the patient receives care in a private residence).

Weekly EVV Project Discovery and Status meetings continue to occur with MDHHS and HHAX; representatives from PCE have been in attendance. PIHP involvement is minimal; CMHSPs have been identified as the points of contact for all their providers and will need to assist providers with understanding and getting access to and using the HHAX system. The PIHP will act mainly as a conduit for information flow.

Recent reports have revealed that the HHAX software is not working with 837 files. Due to this, the State is moving to a retrospective payment review process.

REGIONAL/STATEWIDE EVENTS, CONFERENCES, TRAININGS, NEWS

* **CMHAM Summer Conference** – June 11th – June 12th in Traverse City.
* **CMHAM SUD and Co-occurring Annual Conference** – September 16th – 17th in Novi and virtual.

GROUP TEAMS POSTS

* In a situation in which the CMHSP owns a home and hires a provider to cover the services needed for the client in the home, Katie asked whether the CMHSP would do a RESB for the provider, but no contract for the clients living in the home. She questioned whether there should be some kind of rental agreement with the clients.

Mark responded that Lease Agreements are appropriate; he offered to share the template used by Northern Lakes.

Kacey shared a link to the MDHHS AFC Resident Care Agreement: [BCAL-3266\_1\_16\_fillable.pdf (michigan.gov)](https://www.michigan.gov/-/media/Project/Websites/lara/bchs/Folder5/BCAL-3266_1_16_fillable.pdf?rev=9325dc2b307a4c9eb24540121a215dfa).

Kim described a situation in which North Country rents a home and contracts with Summertree to staff the home (SIP). The homeowner has asked for lease agreements for the residents, but North Country is the leassee; the clients would be subletting, possibly necessitating a Sublease Agreement.

This topic will be further researched and discussed again in July.

* Katie asked whether any of the CMHSPs have a shortened contract that they use for individual generic respite providers. The CMHSPs responded that they use the CLS/Respite Boilerplate for all respite providers.
* Kim asked how the CMHSPs formulate the rates for generic respite providers. North Country currently calculates a rate based on a point system but is considering moving to a flat rate. Kari responded that Northern Lakes pays a flat rate which is multiplied by the number of authorized hours but may negotiate a higher rate if the individual served has a greater severity of need. Pat responded that the same is true for Centra Wellness. AuSable Valley and Northeast Michigan also pay a flat rate.
* Chris shared that he intends to visit each of the CMHSPs to become familiar with their contracting processes in an effort to identify and share best practices; he will be scheduling these visits for later in the summer.

OPEN DISCUSSION

**Credentialing Report**

The next Credentialing Report is due to MDHHS on November 15th. Beginning October 1, 2024, recredentialing will be required every three years (vs. every two years).

Kari noted that some providers are delaying the submission of their credentialing paperwork to the extent that they must be prohibited from providing services until it is received. Kacey suggested pending payments in PCE until paperwork is received. Mark clarified that legally, payment cannot be withheld (vs. pended) for services rendered; however, a provider can be barred from providing future services.

The Universal Credentialing platform in the CRM is moving forward as planned.

NEXT MEETING

The next meeting was scheduled for 10:00AM on July 9th in Gaylord.