**NORTHERN MICHIGAN REGIONAL ENTITY**

**PROVIDER NETWORK MANAGERS MEETING**

**10:00AM – OCTOBER 8, 2024**

**VIA TEAMS**

|  |  |  |
| --- | --- | --- |
| **Centra Wellness:** | Chip Johnston | Executive Director |
|  | Kacey Kidder-Snyder | Provider Network Specialist |
|  | Pat Kozlowski | Access and Emergency Services Director |
|  | | |
| **North Country:** | Angie Balberde | Provider Network Manager |
|  | Katie Lorence | Contract Manager |
|  | Kim Rappleyea | Chief Operating Officer |
|  | | |
| **Northeast Michigan:** | Connie Cadarette | Chief Financial Officer |
|  | Vicky DeRoven | Quality Improvement |
|  | Morgan Hale | Contract Manager |
|  | Jen Walburn | Compliance Officer |
|  | | |
| **Northern Lakes:** | Kari Barker | Director of Quality Improvement and Compliance |
|  | Mark Crane | Contract and Procurement Manager |
|  | Carrie Hubbell | Administrative Assistant |
|  | Trapper Merz | Business Intelligence Specialist |
|  | Jessica Williams | Performance Improvement Specialist |
|  | | |
| **Wellvance:** | Mary Martin | Contract and Compliance Specialist |
|  | Trish Otremba | Chief Quality Officer |
|  | | |
| **NMRE:** | Carol Balousek | Executive Administrator |
|  | Eric Kurtz | Chief Executive Officer |
|  | Heidi McClenaghan | Quality Manager |
|  | Brandon Rhue | Chief Information Officer/Operations Director |
|  | Chris VanWagoner | Contract and 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 September 10th minutes were included in the meeting materials and approved by consensus.

PRIOR ACTION ITEMS

There were no prior action items included on the agenda.

PRACTICE GUIDELINES

The NMRE is required to approve, adopt, and disseminate regional practice guidelines. NMRE practice guidelines may be found on its website by clicking [Practice Guidelines | NMRE](https://www.nmre.org/provider-network/practice-guidelines). Clinical practice guidelines are created or made available by the American Psychiatric Association.

MDHHS practice guidelines are adopted regionally through the MDHHS/PIHP Specialty Services Contract and may be found by visiting: [Policies & Practice Guidelines](https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines).

Region-specific practice guidelines include:

1. [NMRE Integrated Dual Diagnosis Treatment (IDDT) Practice Guidelines](https://www.nmre.org/download_file/view/18d56c0a-ba61-4929-ab77-2179399c94da/542)
2. [NMRE Home-Based Practice Guidelines](https://www.nmre.org/download_file/view/a6a2268c-733f-4202-af58-5b020bc4cb86/542)
3. [NMRE Family Psychoeducation (FPE) Practice Guidelines](https://www.nmre.org/download_file/view/0205a6f4-db65-4c6b-bee9-361684e74712/542)
4. [NMRE Assertive Community Treatment (ACT) Practice Guidelines](https://www.nmre.org/download_file/view/24e3864d-8edb-4a50-84a5-009316a62890/542)
5. [NMRE Parent Management Training Oregon model (PMTO) Practice Guidelines](https://www.nmre.org/download_file/view/3f7c5cad-f404-4190-96d1-21ee0e42bffe/542)

Practice guidelines are approved by the regional Clinical Leadership Committee and the Quality and Compliance Oversight Committee (QOC) annually. The NMRE’s Practice Guidelines Policy was shared with the Committee.

REGION 2 CONTRACT BOILERPLATE REVIEW

**CLS/Respite**

Meeting minutes from the last review of the CLS/Respite template in January and February of 2020 were included in the meeting materials as was a compilation of frequently asked questions pertaining to CLS Respite contracts.

The CLS/Respite boilerplate should be used for individual, and group providers of CLS and/or respite services. It assumes additional risk due to unlicensed staff. CLS/Respite billing codes include H2015 (comprehensive community support services), T1005 (respite care services that last up to 15 minutes), H0045 respite care services provided outside of the home on a per diem basis), and S5151 (unskilled respite care, not hospice, per diem) and their modifiers.

* Should the (full size, comprehensive) contract be used for (respite) providers who only provide services 1 week per year (family member)?
* The decision is up to CMHSP based on what risk it is willing to accept.  While it may be overwhelming for respite providers (advanced reading level) to use a comprehensive contract, it would benefit CMHSPs to have the contract in place out of precaution. In the end, the contract protects the clients and ensures appropriate services and proper insurance limits, certifications, etc.
* Are minimum training requirements in CMH contracts typically required by the PIHP?
* Typically, yes, but the CMHSPs can add more if they have additional requirements.
* Should CMHSPs pay respite providers for training time? Is Specialized Residential Services training done online or in a classroom setting?
* No, respite providers do not need to be paid for training; most trainings can be done online (other than recipient rights, CPR/First Aid). For Specialized Residential, providers are responsible for training their staff; trainings can be made available via website as well. Associated costs should be in the provider’s rate structure.
* At what point should providers furnish documentation of authority to conduct business in the state of Michigan, regarding page 3, Section V(A-B) of the CLS/Respite contract:

*“The Provider shall furnish the Payor with notice of proof of the Provider’s authority to conduct business in the State of Michigan and in what business capacity, prior to commencing services under this Agreement…”*

* As stated in the verbiage, prior to commencing services. For established providers it should already be on file. If it has not been obtained, contractors should exercise due diligence to try to obtain it. This information can be obtained for CLS/Respite Organizations by visiting LARA at [Corporations Division - Search for a business entity](https://cofs.lara.state.mi.us/SearchApi/Search/Search). For individual respite providers (family members, friends) this is not required. The words “as applicable” will be added to the boilerplate template. A W-9 form should be collected for individual CLS/respite providers and the requirements related to soul-sourced providers should be followed.
* *What documentation should be collected to prove fiscal solvency.*

*“Pursuant to 42 CFR 455.104-106 the Provider shall furnish the payor with notice of proof of financial solvency, prior to commending services hereunder…”*

* Organizational providers should provide a financial audit or, minimally, an IRS 1040. For individual respite providers (family members, friends) this is not required. The words “as applicable” will be added to the boilerplate template.

It was noted that the reference to 42 CFR 455 (104 – 106) under Section V, “Proof of Provider's Business Status; Requirements of Provider Solvency; and Certification Regarding Debarment or Suspension,” Subsection B (as stated in the previous question), is incorrect and will be omitted. It will also be omitted from other boilerplate templates that contain the reference.

* Some contract boilerplates used for a variety of services may not have license, accreditation, certification, or privileging requirements that pertain to respite providers. How can this situation be handled?
* Simply adding a “where applicable” can suffice without changing the contract or eliminating clauses. For CLS and respite contracts, the wording needs to be in a way that addresses the additional risk due to unlicensed provider staff.
* What is the best way to add staffing ratios to calculate reimbursement in a contract?
* The ratio is calculated in the exhibit section using the number of FTEs required, the number of clients being served, and the number of CLS hours required (from the Person-Centered Plan). This presents a situation which requires an amendment anytime a client is added to or removed from the services covered under the contract.

Katie asked whether the CMHSPs require individual respite providers (family members, friends) to have completed all necessary requirements prior to delivering services. Chris pointed Katie to Exhibit D of the boilerplate which specifies training requirements and the timeline in which they must be completed. Mary responded the Wellvance collects electronic evidence (transcript, training certificate, etc.) Katie next asked what to do if evidence of completion is not received within the specified timeframes. Mary responded that a Corrective Action Plan (CAP) would be required. Mark added that Northern Lakes requires individual CLS/Respite providers to complete Recipient Rights and Person/Family-Centered Planning training prior to the provision of any services. Northern Lakes’ HR Department tracks additional training requirements and follows up as needed. Training records are checked during Northern Lakes’ annual provider reviews. Chris referenced Section XXVII of the boilerplate, “Monitoring the Agreement; Resolution of Contact Issues and Service Disputes” for further clarification. Kacey noted that Centra Wellness will suspend payment after numerous attempts to contact the individual CLS/respite provider regarding noncompliance are unsuccessful. Morgan asked whether withholding payment is supported by the Contract. Chris pointed to Section XIV, “Billing of and Payments for Valid Services Reimbursement Claims”, Subsection H, “Unallowable Services/Cost Claims and Financial Paybacks,” which states:

**Unallowable Services/Cost Claims and Financial Paybacks**. Should the Provider fail to fulfill its obligations as required under this Agreement, thereby resulting in unallowable Medicaid or non-Medicaid program services and/or cost claims, it shall not be reimbursed by the Payor hereunder for any such services and/or cost claims; thereto, the Provider shall repay to the Payor as financial paybacks of any claims payments made by the Payor to the Provider for such unallowable services and/or cost claims. This requirement shall survive the termination of this Agreement and such repayment shall be made by the Provider to the Payor within sixty (60) days of Payor's final disposition notification to the Provider that financial payback by the Provider is required.

Mark clarified that, legally, the CMHSP cannot withhold payment for services rendered; however, it can suspend service delivery until a disputed matter has been resolved. Chip stressed that some nuance must be given to training requirements based on each client’s circumstances and needs.

Katie asked the CMHSPs to share with her any checklists used by their organizations for contracting purposes.

UNIVERSAL CREDENTIALING

Pursuant to Public Act 282 of 2020, MDHHS agreed to establish a uniform credentialing process for providers/practitioners. This led to the creation of the Universal Credentialing CRM in MiCAL. Chris has furnished the Department with a list of regional contacts. The NMRE’s training dates with MDHHS are November 12th and November 14th. A log-in Support Session with Natalie McQueary from MDHHS is scheduled for November 6th at 2:00PM. A Learning Lab is scheduled for November 19th at 10:30AM.

HOSPITALS

**MyMichigan Adolescent**

MyMichigan will be introducing an Adolescent Intensive Outpatient Program (IOP) designed to help youth who need more care than what is offered in traditional outpatient care settings, but less intensity than what is offered in partial hospitalization programs or inpatient behavioral health units. Chris forwarded the program details to the CMHSPs for informational purposes.

**Harbor Oaks**

The following FY25 rates for Harbor Oaks will be presented to the Operations Committee for approval on October 15th.

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| --- | --- | --- | --- |
| Harbor Oaks | FY24 Rate | Proposed FY25 Rate | % Increase |
| Adult Psychiatric Inpatient | $8.000 | $8240 | 3% |
| Specialized Pediatric Unit | $1,3500 | $1,400 | 3.7% |

**Munson ECT Update**

Munson is adding an ECT program in November. No rate information has been received to date.

**EVV Update**

The Regional EVV workgroup is group taking the lead on Electronic Visit Verification implementation. Weekly meetings are occurring to track progress. Concerns were raised about HHAX’s adaptation to Michigan's behavioral health system and the need for better training support across CMHs. The group is working through issues. Support from HHAX is not meeting the region’s needs. MDHHS is aware and has expressed some frustrations with the process. HHAX is unable to properly process internal modifiers for Respite and CLS. HHAX is working with PCE to fix the situation. Phase 3 training is taking place on October 15th at 9:00AM.

HCBS UPDATE

CMS dove into 11 providers on MDHHS’ heightened scrutiny list and revealed concerns regarding MDHHS/PIHP oversight and the collection of data to identify providers that meet Final Rule criteria.

PROVIDER NETWORK TRAININGS

Chris announced that the NMRE intends to conduct a series of three Provider Network/Contracting trainings (winter/spring/summer) for the CMHSPs in 2025 to review a variety of topics.

REGIONAL/STATEWIDE EVENTS, CONFERENCES, TRAININGS, NEWS

* **CMHAM Fall Conference** – October 21st – 22nd at Grand Traverse Resort in Traverse City.
* **CMHAM Waiver Conference** – November 18th – 19th in Lansing.
* **Improving Outcomes Conference** – December 5th – 6th at Dearborn Doubletree Inn.
* **NMRE SUD Day of Education** – October 30th at Treetops Resort in Gaylord.
* **CMHAM Improving Outcomes Conference** – December 5th – December 6th in Dearborn.
* **CMHAM Winter Conference** – February 4th – 5th in Kalamazoo

ONGOING GROUP TEAMS POSTS

Chris shared Michigan Medicaid Provider L Letter 24-59 which authorized FY25 $0.20 pay increase for direct care workers. It was noted that the increase would set base pay for direct care workers at $14.48 per hour; the CMHSPs’ contract rates already exceed this amount.

OPEN DISCUSSION

* The FY24 Subcontracted Entities and Network Providers lists are due to the NMRE on November 1st (due to MDHHS on November 15th).
* The Quarter 3 and Quarter 4 FY24 Provider Credentialing report is due to MDHHS on November 1st (due to MDHHS on November 15th). Chris agreed to send the reporting template to the committee following the meeting.

NEXT MEETING

The next meeting was scheduled for November 12th at 10:00AM via Teams.