



Professional Clinical Services Provider  
Meeting Summary

<b>Facilitators:</b>	<b>Bobby Coleman</b> , Provider Liaison, LifeWays Contracts Management	<b>Date: February 14, 2023</b> <b>Time:</b> 9:00 a.m. - 10:30 a.m. <b>Location:</b> Microsoft Teams <b>Next Meeting: March 14, 2023</b>
<b>Recorder:</b>	<b>Belle Black</b> , Administrative Assistant, LifeWays Contracts Management	

**Agenda**

<b>9:00 a.m. Welcome</b> <ul style="list-style-type: none"><li>• Virtual Meeting Protocol</li><li>• Provider Kudos</li><li>• Autism Consumers and Homebased Referrals</li><li>• Referral Portals</li><li>• Treatment Plan Signatures</li><li>• Treatment Plan Inservice</li></ul>	<b>Bobby Coleman</b> , Provider Liaison, LifeWays Contracts Management
<b>9:05 a.m. Continuation of Service</b> <ul style="list-style-type: none"><li>• Authorizations expired and new</li><li>• When to start service</li><li>• Supports Intensity Scale Assessment (SIS)</li></ul>	<b>Jennifer Fitch, LMSW</b> Director, Utilization Management
<b>9:20 a.m. Habilitation Supports Waiver (HSW)</b>	<b>Denae Tracy, LMSW</b> Supervisor, Clinical Training
<b>9:35 a.m. LEO News &amp; Updates</b>	<b>Alexis Shapiro</b> , Assistant Director, EMR Systems Administration
<b>10:00 a.m. Contracts Management Updates</b> <ul style="list-style-type: none"><li>• “Same Time Services”</li><li>• Communication Guidelines &amp; Expectations</li><li>• Next Meeting Date – March 14, 2023</li></ul>	<b>Michael Cupp</b> , Director, Contracts Management LifeWays
<b>10:20 a.m. Q &amp; A</b>	
<b>10:25 a.m. 30 Second PSA</b>	

**Virtual Meeting Protocol was reviewed.**

**Provider Kudos**

**Randy Evans**, Special Programs Supervisor/Vietnam Navigator, LifeWays –

- **Illuminate ABA Services, LLC** – Kudos to Illuminate ABA Services, LLC for coming on board and their help in catching up the Behavioral Treatment Plan (BTP) waiting list. They are very open and responsive to communications. They have taken the Behavioral Treatment Committee (BTC) technical requirements and made sure they are included in every behavioral plan and are quick to ask questions if needed. They are wonderful to work with.

**Julie Y. Pratt**, Speech – Language Pathologist, Comprehensive Speech and Therapy Center, Inc. -

- **Stephanie Lyerla, LW CSM** – Kudos for going above and beyond with a consumer receiving Applied Behavioral Analysis (ABA). She coordinated school, physician, and consumer/family and ABA provider to make sure the consumer could continue to receive the best service delivery model for them.

**Kelly Burnett**, Utilization Manager, Utilization Management (UM), LifeWays -

- **Sophia Kinard, Recovery Technology, LLC** – Kudos for her admirable work ethic and proactive communication with UM to ensure continuity of care for consumers.
- **Jessica Smith, Segue, Inc.** – Kudos for communicating and assisting her staff to ensure discharges and authorization requests are processed smoothly for her department. The communication and follow up with UM are appreciated.
- **Michelle Mann, Segue, Inc.** – Kudos for her prompt responses and communication with UM for continuity of care for consumers.
- **Sarah Passow, Segue, Inc.** – Kudos for coordination with UM on authorization requests and prompt responses to get things taken care of in a timely manner.
- **Johanna Janson, Recovery Technology, LLC** – Kudos for the communication and proactive approach to complex cases. I appreciate the phone call and that she laughs with me when I make mistakes, and she politely lets me know I'm incorrect.
- **Taylor Voris, Segue ACT** – Kudos for the telephone calls to discuss some difficult cases. I appreciate your hard work and dedication to Assertive Community Treatment (ACT) consumers. Please reach out to LifeWays if we can be of support at any time.

**Aimee Williams**, Utilization Management, LifeWays -

- **Teresa Hubbell, Case Manager, Recovery Technology, LLC** – Shout out! She recently managed a stressful residential eviction case like a champ when there were multiple delays, denials, and barriers. When the consumer ended up being placed out of county and had to transfer to another Client Services Manager (CSM) provider who services that area, Teresa requested a slow transition. She facilitated a lengthy meeting with the new case manager prior to the transition to explain the consumer's history, preferences, needs, and to set the new CSM up to be successful. Teresa's passion for her job and her genuine care for the wellbeing of her current and past consumers just shines. I wish every caseworker had her heart, kindness, and compassion. Kudos for going above and beyond! You are so appreciated.
- **Renaissance Community Homes** – Kudos for their patience during an eviction when the consumer was almost accepted, and then unexpectedly denied. Also, for working with us

despite multiple barriers to finally getting the consumer placed. They were willing to keep the consumer much longer than hoped and were willing to transport him and his items to the new home. Thank you for working so well with us during this process despite the barriers and delays. I appreciate you!

- **Umbrellex Behavioral Services, LLC** – Kudos for recently accepting an influx of many referrals in a short time period and doing your best to accommodate each one. I appreciate your great communication and great willingness to work with very challenging and behavioral consumers. Thank you for all that you do!
- **Rick Van Wagoner, Provider Liaison, LifeWays** – Kudos! I couldn't be successful in the Residential UM position without your support. Your job is busy, hectic, and behind the scenes, but you always make time for me to discuss challenging cases and brainstorm solutions. Also, you are an amazing advocate for residential consumers and provider needs. Thank you for all you do!

If you would like to publicly recognize someone with some kudos at the upcoming Professional Clinical Services Provider Group meeting, please send to the Contracts Department Email at [contracts@lifewaysmi.org](mailto:contracts@lifewaysmi.org) or use the Provider Request Form [here](#).

- Name of person you are recognizing
- Organization of the person you are recognizing
- A small summary about what you are recognizing them for
- Your name and organization

### **Autism Consumers and Home Based Referrals**

Please remember that autism consumers should not generally be referred to home based. There are separate programs for autism consumers. However, they can be referred if it is medically necessary.

### **Referral Portals**

The Referral Portals still exist for Community Living Supports (CLS), Home Based Referrals, and Psychological Testing. Please do not refer to providers directly unless you have the consumers name pulled off that list. Some referrals are still being made directly to the providers for those services and they must be denied because they have not been approved yet. The CLS portal is moving, as well as the Psychological Testing Referral portal. About 30 people have been referred in the last month and a half. Utilization Management has been very busy approving authorizations.

### **Treatment Plan Signatures**

Please be sure that all Treatment Plans are signed by the consumer or their Guardian and scanned in or signed electronically. It is very important that all files be reviewed and have the signature page scanned and attached in the LEO file for each consumer. The treatment plan must be signed on the signature page, not the internal agency page. These will be audited periodically to make sure that each consumer has a complete file.

### **Treatment Plan Inservices**

When we are doing audits on Treatment Plans, unfortunately, not all treatment plans are being in-serviced, or not everyone is being in-serviced on a treatment plan. When a treatment plan is complete there should be an in-service for all providers attached to the plan including over-time, dietary, nursing, etc. Everyone should attend the meeting to do the in-service and sign the signature page, which must be scanned into the chart. Please label the scanned document as "In-Service." Everyone except for Outpatient Therapists must be involved in the in-service. However, Outpatient Therapists should be involved in the process and relay information to all providers regarding what they are doing for consumers. Anytime there is new staff in the home, they need to be in-serviced as well.

**Continuation of Service and Supports Intensity Scale Assessment (SIS)****Aimee Williams**, Utilization Manager, Utilization Management, LifeWays**Authorizations, expired and new, when to start service:**

**Aimee** reported that if a service is already in place and a request for a new authorization is received, then that current service should continue while the new authorization is being reviewed.

If a service is not in place and it is a new authorization, it is given 14 days once it is requested for review. If a brand-new service is requested, then hold off providing services until the authorization has been reviewed and approved.

**Supports Intensity Scale Assessment** – starting in Fiscal Year 2024, October, the State requires that anyone 16 years and older who have Specialized Residential, Consumer Living Support, and/or Habilitation Supports Waiver, to have a SIS assessment. If the individual has Intellectual and Developmental Disabilities (I/DD), the consumer needs to have at least three or more functional impairments because of that specific diagnosis to qualify.

Please reach out to Rachel Butler, Supports Intensity Scale Assessor, [Rachel.butler@lifewaysmi.org](mailto:Rachel.butler@lifewaysmi.org), to schedule SIS appointments.

**Habilitation Supports Waiver (HSW)****Denae Tracy, LMSW**  
Supervisor, Clinical Training, LifeWays

**Denae** spoke about audit findings specifically related to the 1915(c) HCBS Waivers 90-Day Site Review by the Michigan Department of Health & Human Services (MDHHS) of the Mid - State Health Network (MSHN) Region as it pertains to the Habilitation Supports Waiver (HSW). The four findings related to the waiver include:

1. Care Coordination

Care Coordination with the Primary Care Physician needs to be completed and occur at least annually, or sooner if there is a change in needs or services, change in medication, a psychiatric evaluation occurs, or if there is a health/safety concern. Denae reviewed the Coordination of Care form in LEO. An important note is that in order for this document to be sent to the Primary Care Physician (PCP), the staff person will need to send an external copy to the PCP on the "Send Copy To" page of the document.

Additional training can be obtained at PCP 203: Care Coordination during Person-Centered Planning. The registration link is:

<https://lifewaysmi.training.reliaslearning.com/Learning/Catalog.aspx?CourseCode=LWPCP203CC>

2. Treatment Plan Interventions

Interventions written into the individual's treatment plan need to include the amount, scope, and duration.

- Amount: how often the service will occur (e.g., one hour every week). Currently, ranges are not permissible. Please be specific how often the service will occur.
- Scope: the specific interventions the service will provide (e.g., Cognitive Behavior Therapy (CBT), prescribe and monitor medications, link to housing resources within the community, etc.)
- Duration: how long the service will occur (e.g., for the next 90 days)

Additional training can be obtained at PCP 201: SMART Goals & Objectives Workshop. The registration link is:

<https://lifewaysmi.training.reliaslearning.com/Learning/Catalog.aspx?CourseCode=LWPCP201SMART>

3. Service Utilization

Services should be utilized according to what is documented in the Individual Plan of Service (IPOS). In the event of over or under-utilization of services, this should be clearly documented in the individual's chart. This can be documented in Review of Progress.

Additional training can be obtained at PCP 101: Introduction to Person-Centered Planning. The registration link is:

<https://lifewaysmi.training.reliaslearning.com/Learning/Catalog.aspx?CourseCode=LW-PCP-101-INTRO>

#### 4. Behavior Treatment Review Committee

Any restrictive or intrusive interventions require review from the Behavior Treatment Review Committee prior to implementation. Two types of interventions are Restrictive Interventions and Intrusive Interventions.

- Restrictive interventions result in limitation of the individual's rights as specified in the Michigan Mental Health Code.
  - i. Examples: prohibiting phone use, prohibiting unlimited access to food, prohibiting use of television, exclusion from extracurricular activities, and prohibiting choice of visitors.
  - ii. Non-behavioral restrictions (e.g., use of bedrails) also require review from the Committee.
- Intrusive Interventions: violate bodily integrity or personal space of a person for the purpose of achieving management or control (typically of an aggressive, self-injurious, or other high-risk behavior)
  - i. Examples: physical restraint, body/room searches, use of medication to control an individual's behavior that is not standard treatment or dosage for the individual's condition.

Additional training can be obtained at PCP 301: Behavior Treatment Plans. The registration link is: [https://lifewaysmi.training.reliaslearning.com/Learning/Catalog.aspx? CourseCode=LWPCP301BTP](https://lifewaysmi.training.reliaslearning.com/Learning/Catalog.aspx?CourseCode=LWPCP301BTP)

Tracy Roumell, Healthy Dimensions, asked, "Is the Coordination of Care form completed by all treatment team members, or just the primary case holder?" Denae's answer was the primary case holder is responsible for coordination of care at least annually. However, if someone is receiving psychiatric services and medications are changed, or anything similar, the medical services team should be coordinating with the primary care physician, but it is the primary case holder's responsibility to ensure care coordination with the primary care physician related to general treatment services.

A handout will be sent out in an email and is attached to these minutes.

### LEO News & Updates

**Alexis Shapiro**, Assistant Director,  
Electronic Medical Record  
(EMR) Systems Administration

**Alexis** reported the following:

The first Electronic Medical Records - Group (EMR-G) meeting was on February 8, 2023. It was well attended, especially considering the Community Mental Health Association of Michigan (CMHA) Board conference was meeting at the same time. The workgroup was formed to connect users of the EMR to the EMR team for understanding system use, training, and improvement needs. This is a very collaborative group. Some of the key points of the committee are:

- Eliminate barrier to EMR use.
- Communicate with users about needed advancements.
- Identify areas for improvement in process, functionality, and training, including the use of data.

- Improve the reputation of the EMR with users.

The next EMR-G meeting will be March 8, 2023.

Now available for use in LEO are:

- *Scanned Document with Service Activity Logs (SAL)* – we now have the ability to attach a scanned document with SAL for supporting documentation check for claim adjudication. We are currently testing for Community - based Services Support Notes (e.g., CLS in community, Pre-Vocational and Non-Vocational, Skill Building). Communication to come out this week on this update.
- A reminder – *Appointment reminders* are available for your clients for location for first service appointments. Appointments need to be in the LEO calendar and the consumer needs a current “consent to contact” on file. If you want to have appointment reminders for all appointments, please reach out to your provider liaison for more information.
- There is nothing more to report on *MichiCANS*. You will be updated as information is available.
- *Consumer Electronic Health Record (CEHR)* portal is now mobile friendly. It's been configured to be more convenient on mobile devices. This should increase access for consumers and guardians without computer access.
- *Document delegates* allows a staff person to be assigned to sign documents for staff who may be out on leave or vacation. If you want this turned on for a staff, please enter a LEO Help Desk Ticket.
- *Take over Amendment* allows staff to take over a document with changes in progress for instances where a staff may be on leave, vacation, or inactive due to termination.
- A reminder – *Flag as Unsignable*. When a LEO help desk ticket is entered to delete a document, we carefully review to ensure deletion of the document is appropriate, or if using the flag as Unsignable feature is the appropriate action.
- *Medical Chart updates*
  - Lab results can now be scanned and have the values of the results manually entered into the chart.
  - Medication History – with the consent of the consumer, prescribers can view medication history from external providers that processed a prescription through SureScripts. It also can be added as an “non-Community Mental Health Medication.”

Coming soon will be:

- Client photo to be uploaded in the chart.
- Signature groups on documents.
- Document workflow for psychiatric visits, and initial/annual workflow.
- Care Connect 360 Integration. This is all Medicaid claims data.
- Electronic In-Service Form. This will allow every staff trained to sign the In-Service Form electronically.

The EMR team will continue to send out notifications that documents need to be signed to pay a claim.

### Contracts Management Updates

**Michael Cupp**, Director,  
LifeWays Contracts  
Management

- **“Same Time Services”**

Services can't be provided at the same time to the same person or family by different providers. An exception is if someone is in a licensed residential where they are receiving a per diem to be there. The per diem should be able to overlap other services the individual is receiving. It appears that the billing system may have a barrier regarding this, and this is currently being investigated.

A second situation is if direct care staff is providing services through a treatment plan or medical plan, and another staff requires the assistance of that direct care staff, and both document this in their notes and put it in the notes to claims. Whoever is processing claims will then know that the second staff was needed to be in the room to actually help. Otherwise, if proof isn't given in the document, then the claim will be overridden and not paid.

There was some discussion on this.

- **Communication Guidelines & Expectations**

The primary method for requests is to use the link on the LifeWays website called Provider Assistance Request. The name will be changed to CMR, Contracts Management Requests. This will include not only providers, but all staff. Emails are good for FYIs and Red emails (a major emergency). Another way to handle a red email/emergency is to call the Contracts Department. Help Desk Tickets will be prioritized over emails. This process will begin in March.

- **2023 Contracts**

Michael reminded Providers that there are a number of 2023 Contracts that have not been signed. It is very important to have the contracts signed immediately so LifeWays can continue paying. If the contract has not been signed, we will have rolled over on the previous contract, which means we have been paying a 7.5 percent increase beyond the continuation of it in the new contract. The timeframe of the Public Health Emergency tied to Medicaid funding ends at the end of March. This means LifeWays will not be able to continue the 7.5 percent increase if your contract is not signed and extend through the fiscal year. LifeWays is observing what the funding will look like for the State budget for the next fiscal year so the impact of what we're paying isn't as great once the Covid funding goes away.

Michael encouraged providers to get involved with the new State Legislature, become a member of the Provider Alliance, and to sign up for alerts from the Community Mental Health Association.

- **Billing and Claims**

Bobby Coleman stated that if a provider is going to bill a claim past the 45-day deadline due to a LEO issue, or an issue with the Provider Liaison, please reach out to him so he can provide a letter before a claim is filed or the billing is run. This will help to eliminate an appeal.

Michael further clarified the billing window. The billing window for most providers, except hospitals, is 30 days past the end of the month of service. He strongly recommends that provider billing staff be aware of the end of the month of service rule that is stated in the individual contract. Please follow only what is in your contract.

- **Next Meeting Date – March 14, 2023. Everyone is encouraged to attend the meeting in person.**

There will be food and prizes available.

## Q & A

None currently.

## 30 Second PSA

**Courtney Sullivan**, Supervisor, Integrated Health Clinic Services, LifeWays, gave an update on the status of hiring and the employees in her department.

**Sarah Sabin**, Family Services and Children's Aid, announced a new dance group is available and meets twice a month. The next one is Monday, February 20, 2023. This is open to the community and is free. She also reported on other programs that are currently available.

**March 14, 2023, at 9:00 a.m. – next meeting**

This is the meeting for all LifeWays providers of Professional Clinical Services (PCS) and is separate from the meeting of providers that have Home and Community Based Supports. This separation will allow more time for each group to address/share more focused and relevant information. Please share this invite with those in your organization who you feel should be attending. The Professional Clinical Services Provider Group meeting occurs the second Tuesday of the months Feb, Mar, May, Jun, Aug, Sept, Nov, and Dec from 9:00 AM to 10:30 AM. Due to the importance of the topics covered during this meeting we ask that each provider have 1 or 2 senior level leadership members in attendance who can share information within their agency as appropriate.

### **Provider Meeting Agenda Requests**

If you need to give an update, address a concern/issue, or submit a Provider Kudos at **any** of our provider meetings, please use the [PAR form](#), **no later than 5 days prior to the Tuesday meeting you are submitting a request for.**

If you have any documents or handouts to supplement your submission, please ensure you send this to the contracts email at [contracts@lifewaysmi.org](mailto:contracts@lifewaysmi.org). If there is not enough detail in the request or the request is not submitted using the request form, it may not be included.

You can always find Provider Meeting notes, supporting documents, process alerts, and the provider manual on the Provider Portal. <https://www.lifewaysmi.org/Provider-Portal>

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### **Attendance:**

Aimee Williams  
Angela Darmetko  
Allen Hawkes  
Alexis Shapiro  
Amber Blanton  
Amy Cosgrove-Evens  
Andrew Murphy  
Ann Monroe  
Belle Black  
Bobby Coleman  
Brenda Lewis  
Caleb Ashby  
Carol Gilbert  
Casie Shirer  
Cheryl Howard  
Christina Johnson  
Cindy Keyes  
Connor Gibbons  
Courtney Sullivan  
Deanna Hopkins  
Denae Tracy  
Emily Morrison  
Jim DeBruler  
Jodie Smith  
Katelynn Miller  
Kelly Burnett  
Kenneth Berger  
Kevin Adair  
Laura Smith



*Linda Langham  
Michael Cupp  
Mike Jackson  
Michael Thompson  
Misty Sines  
Randy Evans  
Rick Van Wagoner  
Robin Miller  
Sara Kolesar  
Sara Moreno  
Sarah Sabin  
Sherry Riedel  
Shirley Wilson  
Stephanie Justice  
Taylor Owens  
Teresa Unger  
Terra Chall  
Tracy Roumell*