



Professional Clinical Services Provider Group Meeting  
Tuesday, November 14, 2023, 9:00 a.m. – 10:30 a.m.  
**LifeWays Meeting Summary**

**General Updates**

**Bobby Coleman, Provider Liaison**

Bobby Coleman welcomed everyone to the Professional Clinical Services Provider Group meeting.

**Provider Kudos**

Bobby encouraged all Providers to submit Kudos recognizing the hard work and cooperation of their peers.

**Professional Clinical Services Updates**

**Bobby Coleman, Provider Liaison, Network Management**

- Medicaid Eligibility and Redeterminations – Reminder to be proactive helping consumers with eligibility and redeterminations.
- LifeWays sends Medicaid spend down documentation to Michigan Department of Health and Human Services.
- Discharges need to be well documented.
- In-Services - Staff are required to attend In-services and documentation must be signed by the professional giving the In-service. Documentation must be completed, signed by everyone who attends, and put into LEO in a timely manner. A tracking process should be in place documenting the In-Service training given to staff by a clinical expert. The electronic LEO form for In-services is being updated. An email and training video will be sent when they are officially ready for use.
- Community Living Supports (CLS) Outings, Documentation - There have been Home and Community-Based Standards (HCBS) visits to homes recently. It is important that documentation of a CLS outing is complete and detailed. The HCBS likes to see what the interaction is of the consumer within the community. A calendar should be kept in each consumer's file, along with a detailed report showing who went, who they interacted with, and where they went. This information can also be included in the LEO Progress Note. It is imperative to get the two outings a week completed.
- Treatment Plans should be completed within two days of the meeting. This is a policy. It is not always happening. Utilization Management (UM) has 14 days to approve authorizations. Dave Lowe added information that if a consumer is part of the 1915i Federal Waiver Program and the treatment plan expires they are no longer eligible and will be disenrolled from the 1915i Federal Waiver Program. No exceptions. This affects over 2,000 individuals that are receiving this medically necessary service.

- New Hire Background Checks must continue to be completed and they need to include the sex offender check and they are to be done annually.
- CCBHC Banner is displayed on CCBHC Consumer charts.
- First Services Appointments – Please continue to schedule these, there are still a lot of people waiting for services, especially children. Also please make note of staff PTO and remove that availability.

**1915i State Plan Amendment**  
**Denae Tracy, Supervisor, Clinical Training**  
**Quality Management**

Denae Tracy gave a presentation (See attached Slides and Power Point).

**Non-Physical/Medical Restriction**  
**Randy Evans, Special Programs**

- Any medical device that restricts movement or is intrusive such as gait belts, bed rails etc., must be in the treatment plan and must be reviewed by the BTC at least annually.
- When requesting approval for the intrusion/restriction a current prescription for the device must be provided, and it must be updated annually.
- You must clearly define how the device will be used and clearly define why it is needed. For example, if bed rails are used you must state if it is due to a medical condition like seizures where they may fall out of bed or whatever the concern is. This is an example of a purely medical condition. If they are getting out of bed without staff and without another device like a gait belt due to being a fall risk, then this is a behavioral issue and must have a BTP to address the behavior.
- If they have a medical only device but have behavioral control medications, you will also need to make a referral for a BTP to address the behaviors the medications are prescribed for. For example, if the consumer is destroying property because they do not want the medical device, etc., and are receiving medications for that behavior. These situations must be clearly defined.

**Health and Wellness**  
**The Wellness Team**

The Wellness Team gave a Presentation (Please see the attached Power Point).

**Medical Consents**  
**Emily Purdey, LBSW, Assistant Compliance Officer**  
**Corporate Compliance**

LifeWays Compliance Office recently received evidence that several direct care staff had signed consents for recipients' medical treatment or procedures in place of their guardians. When a recipient has a guardian and is brought to a medical provider for treatment or a procedure, only the guardian may give consent. If the guardian is unavailable and there is an urgent need for treatment or a procedure, the medical provider is responsible for making the decision to render care as needed, even if the guardian is unable to give consent. Please

advise your staff that they must never provide consent for treatment when a recipient has a guardian.

### **First Services Appointment Scheduling Engagement Team**

Taylor Owens gave an update on the Engagement Team changes.

Here are the team names and titles:

Qiana Terzin and Kali Stanton - Engagement Clinicians  
Sherry Mills and Clarissa Winters - Peer Support Specialists  
Talonda Spencer, Mitchell Tucelli - Transporters  
Rachel Butler - Referral Coordinator  
Taylor Owens - Supervisor

### **Network Performance Updates Philip Hoffman, MBA, Supervisor, Network Performance**

#### **Provider Performance Index**

PJ (Philip Hoffman) stated that at this point, everyone should be using Power BI to take action on the cases that maybe be out of compliance such as Engagement and those not seen in over 90 days. The expectation is that Providers are using the PPI to drill down on the underlying data to make case specific and systemic improvement in performance. What LifeWays doesn't want to see is cases that are remaining month after month and not being resolved. If there are instances where exclusions need to be included, please send those via LEO Help Desk ticket.

When provider liaisons are meeting with providers, they will be reviewing the Provider Performance Index.

#### **Episode of Care**

Some of you may have been involved in the past when we discussed the Treatment Plan Dream, which we are now calling the Episode of Care Plan. Let me refresh those that know about it and discuss with those that are new to the term. The goal is to create an individualized plan of service that follows the individual while they start receiving services until discharged. The aim is to remove administrative burdens, create efficiencies and ensure the highest quality of service is provided to those receiving services.

In a perfect world, what this would mean is: you wouldn't have to re-write an IPOS annually, you would only have to review and update the plan as needed. When the IPOS is amended, it would restart the clock on when the next update to the plan must occur which is 365 days.

To date, a group of internal LifeWays staff have already begun mapping out what this will look like to get closer to the finish line.

Next steps:

- We direct service provider's feedback. Typically, we have administrators or leaders of organizations attend but what we really would like is feedback from individuals directly providing services to individuals to be involved.
- Expect an email to be issued in the coming weeks around 1 hour ideation sessions that will take place. The ideation sessions will include idea development, theming out ideas, discussing themes, etc.
- From the ideation session, this will be used to inform ongoing Episode of Care Plan Development while allowing our direct service providers to have a voice in the changes.

Referrals - when accepting a referral - please include the CPT code and the amount of service you'll need to start services on the referral form in the notes section.

### **Unsigned Documents Update**

Philip Hoffman gave the update (see attached document).

### **Next Meeting: December 12, 2023**

### **Questions & Answers**

#### **Jennifer Fitch, LMSW – Clinical & Macro Director, Utilization Management**

- Responding to requests for information from Utilization Management Department (UM)  
UM has experienced an increase in messages not being responded to when requesting additional information to process authorizations. Please make sure staff respond within two business days. If UM does not have the information needed to make a decision within 14 days, UM will either deny the service or send a delay notice to the consumer/guardian. Feel free to reach out to UM if you have any questions.
- Step-down from Specialized Residential  
Consumers deemed eligible for specialized residential services may need to be stepped down at some point if/when the consumer no longer meets the criteria for that service. In these cases, we are asking that the Primary Case Holders work with the guardian/consumer, UM, and the residential providers to assist with this step-down process. Per Medicaid guidelines, LifeWays cannot pay for specialized residential for consumers who do not meet eligibility requirements for this service. Again, please reach out to UM if you have any questions.

### **30-Second Public Service Announcement**

Nothing at this time.

### **Meeting Adjourned at 12:26 p.m.**

#### **Attendance:**

##### Providers:

Anastasia Nelson, PCS Manager

Darlene Devine, PLS  
Sara Kolesar, Illuminate  
Melissa Frash, CLN  
Tiffany Smith, Pathlight  
M. Dixon, Pathlight  
Leon Reed, Pathlight  
Beth Cooley, Pathlight  
Patricia Grant, Hope Network SE  
Teri Miskowski, Rice Manor  
Pamela McKessy, IPS – Hope Network  
Alicia Williams, Christ Centered Homes  
Jodi Rodrigues, Christ Centered Homes  
Sue Hayden, Twin Maples  
Chelsea Tilger, Twin Maples  
Jennifer Lauren, Hope Network  
Angel Bail, Pathlight  
Brenna Goodlock, Pathlight  
Justine Avery, LifeSpan  
Georgia Mason, Key Opportunities  
Sarah Johnson, Pathlight  
Nancy McKittrick, Hope Network SE

LifeWays Staff:

Aimee Williams, Utilization Management  
Alexis Shapiro, EMR Systems  
Andrew Murphy, Contracts Procurement  
Belle Black, Contracts Procurement  
Bobby Coleman, Network Performance  
Casie Shirer, Contracts Procurement  
Cindy Keyes, Quality Improvement  
Emily Purdey, Compliance  
Jennifer Fitch, Utilization Management  
Jennifer Wireman, Quality Improvement  
Jessica Tucelli, Access Services  
Rick Van Wagoner, Network Performance  
Robin Miller, Supervisor, Outpatient Billing Services  
Ryan Broughton, LifeWays, Case Management  
Philip Hoffman, Network Performance