



Professional Clinical Services Meeting Summary

March 12, 2024, 9:00 a.m. – 10:30 a.m.

Bobby Coleman, MBA, BSW, Provider Liaison
LifeWays Network Performance

The meeting was called to order at 9:04 a.m.

Provider Kudos

From: Briana Kast, Acute Services Clinician
LifeWays

Person Being Honored: Chara Halliwell, Therapist, Hillsdale - Integro

Chara Halliwell went out of her way to visit a child at his school to provide some positive attention. He and his family are going through some very difficult life stressors right now, and she is going above and beyond to provide support for this kiddo. Big Kudos to Chara.

From: Brenda Lewis, Corporate Compliance
LifeWays

Person Being Honored: Recovery Technology, A.R.E, Centria, Alternative Choices, Highfields and Comprehensive Speech and Therapy Center

I wanted to give a shout out to all the providers that helped with the Mid-State Audit...

Everyone jumped in and sent over documents that were needed at the last minute and responded so quickly-Thank you!!

Special thanks to All!

TEAMWORK!

From: Melissa Diaz, Director, J-Town Clubhouse
Hope Network

Person Being Honored: Mardell Robb, Supervisor, Case Management, Jayme Thornton, Case Manager, both at Recovery Technology

I would like to give kudos to Mardelle Robb, Supervisor, Case Management and Jayme Thornton, Case Manager. Both of them always go above and beyond to provide the highest quality of care to individuals we mutually serve (who adore them) and they are always amazing with coordination of care and communication. They truly care about the people they serve, and it shows!

Hot Topics

Provider Satisfaction Survey

Please take time to complete the Provider Satisfaction Survey. There are copies on the back table, you can access by the QR Code on the handout. You were sent an email on March 11 with a link to the survey. For questions or concerns, please reach out to emily.walz@lifewaysmi.org.

Medicaid Eligibility

Lists are coming out each month to all providers of consumers that have or are coming off Medicaid. It is necessary for all primary providers to let all other providers in the network working with that consumer know that their Medicaid has ended or is ending. This will help to prevent billing for uncovered services.

There was a question: If there is a lapse in the consumer's Medicaid, but there is an authorization extending past the end date of Medicaid, can we continue to provide services until the authorization expires?

Jen Fitch answered that Utilization Management is required to send notices if the authorization is in place, when services are delayed or suspended, Medicaid stops. They have 30 days to get Medicaid reinstated. During that time, the authorization should be good until the end date.

In-servicing ABA/BTP

LifeWays Policy
10-01.05 Person-Centered Planning

These plans must be in-service by the Primary Case Holder as well as the subject matter expert. This means that "Training the Trainor" is not accepted in this circumstance.

Post Hospital Discharge

Primary Case Holders are to see consumers within 7 days of discharge, and they need to be involved with discharge planning. The Acute Services Team is having to do this because it is not getting done.

Referral Form Signatures

This is a reminder that referrals should be processed within two days of submission. Please review your documents to sign to be sure you are processing these. When doing a referral be sure to open the chart and assign the provider. If there are cases not moving, then please reach out to the Case Holder that is doing the referral and find out what is the hold up.

Sentinel Event Process Review

See the attached LifeWays Policy 08-02.07.

Mandatory Wage Survey

The Mandatory Wage survey is due to the State of Michigan by March 15, 2024. Please notify your Provider Liaison when it is completed.

Ken Berger, Corporate Compliance Officer
LifeWays

Overlapping Claims

Overlapping claims happen when one provider bills for their service during the same time that another provider bills for their service. LifeWays claims system automatically accepts whichever provider billed first and rejects the other claim. This occurs thousands of times each year. It results in countless hours of administrative time to correct and prevents providers from getting paid on time for a service they actually rendered.

Since an overlapping claim "skirts the line" of a False Claims Act violation, LifeWays Compliance Office recently began notifying providers if they submitted a claim that caused another provider's claim to be rejected. With the notification comes a recommendation to develop and implement a process to ensure each provider accurately claims their exact service times. Want help developing a process? Call Brenda Lewis (517-789-1212).

Network Performance Updates
Philip Hoffman, MBA, Supervisor, Network Performance
LifeWays

CMH Administrative Fees

Last month in the Provider Meetings, the quarterly Administration Fees were discussed as contained within your contract.

This fee is \$245.60 per Clinical or Direct Care Full Time Employee (FTE). For instance, if you have 25 FTEs, the quarterly fee would be: \$6,140.

The fees cover administrative costs related to training, technology, contracting, credentialing, claims, auditing, rights protection, and compliance. Billing staff are exempt from this fee.

Please note, the Administrative Fees due will begin being paid back to LifeWays via a credit memo process for the upcoming March 29 payment cycle.

Professional Clinical Services
Provider Meeting Agenda
Tuesday, March 12, 2024

Please review with your Executive Leadership and respond back by 3/20/24, if you anticipate hardship as a result of this process and your agency feels you may need to create a payment plan to assist until next quarters payment is due, or if you believe the calculations are in error, please reach out directly to Matt Owens via email, at matt.owens@lifewaysmi.org

TX23 Authorization

Previously, we issued to applicable providers that the H0032 and TX23 would be available mainly to Residential Providers who attend Person-Centered Planning Meetings. We then reviewed this last month at the Provider Meetings.

Specific to TX23, please note that an authorization is not to be requested and shall be claimed when submitting your billing via the How-to-Guide previously shared. If an authorization request for a TX23 is submitted, this shall not be processed by the Primary Case Holder. Only the H0032 requires an authorization.

We are sharing this because we have seen TX23 authorization requests made, and this is not necessary.

Pre-Planning – CCBHC Requirement

- An upcoming change that we are required to follow as a result of being a CCBHC, is that pre-planning is required for all services. Historically, we have not required pre-planning for Meds Only or 'Outpatient Psychiatry' and Outpatient Therapy.
- The requirement stems from the Michigan Certified Behavioral Community Behavioral Health Clinic (CCBHC) Handbook. Version 1.7 last updated in October 2023.
- Specifically, in the CCBHC Certification Criteria - Program Requirements,
- Standard 8.B.9.2 **Person/Family-Centered Planning:**
 - The Michigan Mental Health Code establishes the right for all recipients to have an Individual Plan of Service (IPOS) developed through a person-centered planning process (Section 712, added 1996). CCBHCs shall implement person-centered planning in accordance with the **MDHHS Person-Centered Planning Practice Guideline**, Behavioral Health and Developmental Disabilities Administration, Person-Centered Planning Practice Guideline (michigan.gov).
- As within MDHHS's Person-Centered Planning Policy that's contained in the CMSHP contract with MDHHS, the following elements are essential to the successful use of the PCP process with an individual and those invited by the individual to participate:
 - Person-Directed
 - Person-Centered
 - Outcome-Based

- Information, Support, and Accommodations
- Independent Facilitation
- Pre-Planning
- Wellness and Well-Being
- Participation of Allies
- In the near future, LEO will be updated to remove the option to bypass preplanning. However, we wanted to share this update with the leaders here, so you are aware of the change. Our plan,
- Moving forward, is to review this at the Professional Clinical Services Meeting in March to allow time for questions and for attendees to take the information back to their organization for discussion. We'll include it in the monthly newsletter too. Then we will send a memorandum formally to the network advising of the changes and when they'll be effective, which we are shooting for in the Spring.
- **THIS WILL BE LIVE IN TRAINING ON 3/18/23. WOULD MAY 1ST BE ENOUGH TIME FOR STAFF TO BE ABLE TO HAVE STAFF TRAINED?**

Claims Payment Schedule – Phase 2

Reminder that the next phase of the claim's payment schedule begins **4/1/24**, claims will be paid in **21-day windows** as occurring every other Friday. For example, claims submitted between the week of 4/1/24-4/5/24, **will be paid on 4/26/24**. This phase of the claim's payment schedule will run its course for 3 months, ending **6/30/24**.

Amanda Felty, Network Benefits Specialist Lifeways

Ability to Pay Changes

ATPs will be calculated differently for our clients in Residential Facilities. The Finance department will be sending information out to all the Providers that will need to be aware of this change. This information will be sent out in the next several weeks.

Randy Evans, Supervisor, Special Programs LifeWays

HCBS IPOS Guidance from MDHHS

Please see the attached Document.

Christy Johnson, Independent Facilitation Presentation Southeastern Dispute Resolution Services

Christy shared a brief description of the SeDRS Program services and brought brochures to share with those in attendance. Please see the attached slides. To contact Christy, email cjohnson@sedrs.org or call (517)990-0279.

Bobby Coleman, Provider Liaison
LifeWays Network Performance

Bobby Coleman invited questions from the provider group. There were none at this time.

Attendance:

Aimee Williams, Utilization Manager
Allen Hawks, StoneCrest Center
Amanda Felty, Network Benefits Specialist
Andrew Murphy, Provider Analyst
Belle Black, Administrative Assistant
Bobby Coleman, Provider Liaison
Brianna Kast, Acute Services Clinician
Brianna Neill, Centria Healthcare
Caleb Ashby, Centria Healthcare
Carly Coxon, Customer Services Supervisor
Casie Schirer, Paralegal, Contracts and Procurement
Catherine Szlachtowicz, Centria Healthcare
Christian Johnson, Southeastern Dispute Resolutions Services
Cindy Keys, Quality Improvement Specialist
Diane Cranston, Genoa Healthcare
Emily Purdy, Assistant Compliance Officer
Jennifer Fitch, Director Utilization Management
Jill Bevier, Recovery Technology
Julie Pratt, Comprehensive Speech and Therapy
Kari Cheshier, Provider Liaison
Kaylene Armstrong, Director, Finance
Kelly Bailey, Residential Options, Inc.
Laurie Maes, New Direction Counseling Center
Linda Belcher, LifeWays OBRA Supervisor
Matt Owens, Supervisor, Contracts and Procurement
Mike Thompson, Segue, Inc.
Philip Hoffman, Supervisor, Network Performance
Randy Evans, Supervisor, Special Programs
Rich Maes, New Direction Counseling Center
Rick Van Wagoner, Provider Liaison
Ryan Broughton, Supervisor, Childrens Case Management
Sara Kolesar, Illuminate ABA Services, LLC.
Sherry Ridel, Comprehensive Speech and Therapy
Stephanie Justice, Self-Directed Services Analyst
Tabata Zuniga, Medical Coding and Billing Specialist