

Professional Clinical Services Provider Meeting Presentation Summary



Facilitator: Makena L’Huillier Provider Liaison (PCS), Contracts and Provider Network Management	Date: August 10, 2021 Time: 9:00 am-10:30am Location: Microsoft Teams Next Meeting: September 14, 2021
Recorder: Susan Wood, Administrative Assistant Please request recording from CPNM using the PAR form.	

Agenda

- Welcome
- Provider Kudos
- LEO Updates
- Provider Satisfaction Survey Results
- QI Update
- CPNM Updates
- Q&A; Michael Cupp, Director, Contracts and Provider Network Management
- 30 Second PSA; Michael Cupp, Director, Contracts and Provider Network Management

Provider Kudos



August 10, 2021

Congratulate, support, and show appreciation for our Providers and their Staff!!

- Submitted by: Cindy Keyes, LifeWays
I would like to send a huge thank you for those staff members who participated in the MHSIP and YSS survey collection project. This project is a huge undertaking, and your help in making the survey collection process successful is very much appreciated!
Thank you again to all those who helped out with this project.
- Submitted by: Susan Wood, LifeWays
Kudos to David Lowe, director of UM at LifeWays. Dave represents the type of people who work for LifeWays. Always going above and beyond. An individual's family could not transport a large and heavy adaptive bicycle to their home. Dave, using his own vehicle, picked up the bike; traveling to Ypsilanti to retrieve, and then delivered it to their home.

Reminder: Kudo's are submitted using the Provide Request Form

Provider Kudos – Congratulate, support, or show appreciation for our Providers and/or their Staff!!

If you would like to publicly recognize someone with some kudos at the upcoming Clinical Services Provider Group meeting, please send to the Contracts Department Email at contracts@lifewayscmh.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*

LEO Updates

Alexis Shapiro, EMR System Administrator, LifeWays

- Adverse Benefits Determination (ABD) Updates**

Alexis shared her screen for ease of viewing the LEO updates. Updates go live on 8-15-2021. Updates were necessary for data collection requested by MDHHS.

ABD Letter Updates-Provide/Mail Time, Adequate Notice Partially denied option added. When this is selected you can lookup Service or CPT code, 1 or more services can be denied or partially denied, and you can select the red x to remove the denied/partially denied service from the ABD letter. The Type of Service box requirement will be removed.

CMH Affiliate is a new field and will always populate, LifeWays. Requesting individual choices are member or provider. All other fields will not be captured in the letter and are only used for data collection.

Eligibility-more than one check box can be selected, and text field were enlarged in this section.

Legal Citations are not included in the printout.

Alexis also shared what the print version of the ABD letter will look like.

A DIG sheet will be forthcoming listing all the LEO updates.

Provider Satisfaction Survey Results

Cindy Keyes, QI Specialist, LifeWays

cindy.keyes@lifewayscmh.org

Cindy presented the results of the Provider Satisfaction Survey Results using a power point presentation which is available in the attachments

- Improving Outcomes Conference was noted and is scheduled for November 10, 2021. The flyer can be located in the attachments.








QI Update

Philip Hoffman, Supervisor, QI, LifeWays
Angie O'Dowd, Recipient Rights Officer, LifeWays

- **Incident Reports**

The review and coding of incident reports transitioned to Quality Improvement August 2nd. Please note that the Incident Report Procedure was recently updated and you should see notification for the review period.

A couple of things that we wanted to review today is assuring that supervisory staff are going into the Incident Report tab in LEO and selecting the 'Review and Sign-off on Incident Reports'

You have documents to sign	Add new incident report or complete a pending report
ADTs	 Add new incident report or complete a pending report + myPage
Access Center	
Assessments & Screenings	Review and Sign-off on Incident Reports
Auditing	 Review incident reports that have been sent to your attention and sign-off on incident reports that have been sent for your sign-off + myPage
Authorizations	View historical Incident Reports
CRU Module	 View Incident Reports
Calendar	
Case Load	Events Review Incident Reports
Claim Management (AP)	 View Incident Reports waiting on Events Review + myPage
Claim Submission (AP)	
Consumers	Incident Report Preferences
Court Orders	 Incident Report Preferences + myPage
Data Quality Control	
Data Transfers	ORR Review Incident Reports
Financial Information	 View Incident Reports waiting on ORR Review + myPage
Grievance / Customer Service	
Help Desk	View Incident Reporting Codes
IT Requests	 View Incident Reporting Codes + myPage

Upon looking at data from historical IR's from 10/1/20 to present, we noted there were a lot of IR's that had not been reviewed by ORR as the Supervisor had not signed off on the IR. The requirement from 02-04.02 Incident Report Process, is that the supervisor review and sign off on the IR within 2 business days. Please take the time to assure your supervisors are aware of this and have a good process in place to monitor this daily. QI will be monitoring this and require that action to assure necessary review and sign-off is occurring as required.

- **HCBS Form**

When there are medical restrictions or intrusions that are recommended by a doctor for nonbehavioral reasons, such as bed rails to prevent an individual from falling out of bed, the HCBS Form in LEO is required to be completed. Previously and as noted in the Person-Centered Planning Procedure, the HCBS Form was known as the Documentation of Restrictions form.

This was a finding that we had within our MSHN Delegated Managed Care Function Audit and is a requirement of Home and Community Based Services (HCBS).

From the MDHHS PCP Policy: The following requirements must be documented in the IPOS when a specific health or safety need warrants such a restriction:

The following requirements must be documented in the IPOS when a specific health or safety need warrants such a restriction:

1. The specific and individualized assessed health or safety need.
2. The positive interventions and supports used prior to any modifications or additions to the IPOS regarding health or safety needs.
3. Documentation of less intrusive methods of meeting the needs that have been tried but were not successful.
4. A clear description of the condition that is directly proportionate to the specific assessed health or safety need.
5. A regular collection and review of data to measure the ongoing effectiveness of the modification.
6. Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
7. Informed consent of the individual to the proposed modification.
8. An assurance that the modification itself will not cause harm to the individual.

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The Form can be found in LEO in the consumer chart under the clinical services:

- [View Consumer Information](#)
- [Change Consumer Information](#)
- [Financial Information](#)
- [Update Consumer Image](#)
- [Diagnosis Updates \(via Update Form\)](#)
- [Insurance Policies / Financial Determination](#)
- [PC/CLS Forms](#)
- [MDHHS Application Records](#)
- [Payer Authorizations](#)
- [Consumer Account](#)
- [Address History](#)
- [Consents to Participate/Exchange Information](#)
- [Consent to Exchange Health Information](#)
- [Consent to Receive Services by Alternative Means](#)
- [Consents to Contact](#)
- [Death Report](#)
- [COVID Risk Questionnaires](#)
- [Orientation Checklists](#)
- [Print Face Sheet](#)
- [VIPR](#)
- [All Scanned and Uploaded Documentation](#)

- [Chronological Activity / Screenings](#)
- [Crisis Interventions](#)
- [Crisis Transports](#)
- [Admissions and Assignments](#)
- [Discharge Summaries](#)
- [All Scanned and Uploaded Documentation](#)

Clinical Services

- [Authorizations](#)
- [Intake/Update Assessments](#)
- [Progress Notes](#)
- [Treatment Plans](#)
- [Consumer Service Activity Logs](#)
- [Chart Notes & Health Warnings](#)
- AUDIT**
- [Behavior Treatment Plans](#)
- [BTC Reviews](#)
- [CAFAS®/PECFAS®](#)
- [Consultation Notes](#)
- [Consumer Residential Quality of Life Assessments](#)
- [Crisis Plans](#)
- [C-SSRS](#)
- [DAST-10](#)
- [DD Proxy Measures](#)
- [Diversion Plans](#)
- [DLA-20 Assessments](#)
- [HCBS Records](#)
- [LOCUS®](#)
- [MDS Treatment Team Reviews](#)
- [NOMS Assessments](#)
- [PHQ-9 Records](#)
- [Referral Forms](#)
- [Referral - Outside Forms](#)
- [Request Authorization](#)
- [Safety Plans](#)
- [SIS Assessments](#)
- [Social Determinants Screenings](#)
- [Specialized Outpatient Services](#)
- [Specialized Residential Assessments](#)
- [Suicide Risk Assessments](#)
- [Weekly Clubhouse Treatment Notes](#)
- [All Scanned and Uploaded Documentation](#)

Medical Services

- [Consumer Medical Chart](#)
- [Consumer Prescribed Medications](#)
- [Other Consumer Medications](#)
- [AIMS Worksheets](#)
- [Vital Signs](#)
- [Allergies & Adverse Reactions](#)
- [Dispense Notes](#)
- [Labs](#)
- [Medication Consent History](#)
- [Medication Review Notes](#)
- [Psychiatric Evaluations](#)
- [Integrated Health Assessments](#)
- [All Scanned and Uploaded Documentation](#)

Integrated Health

- [ADTs](#)
- [NOMS Assessments](#)
- [PHQ-9 Records](#)
- [Specialized Nursing Assessments](#)

1. HCBS: HCBS

Document Date

03/04/2020

HCBS

Are there any restrictions or modifications of the individual's rights?

Yes No

Identify a specific and individualized assessed need

characters left: 1024



Document the positive interventions and supports used prior to any modifications to the person-centered service plan

characters left: 1024



Document less intrusive methods of meeting the need that have been tried but did not work

characters left: 1024



Include a clear description of the condition that is directly proportionate to the specific assessed need

characters left: 1024



Include when regular collection and review of data to measure the ongoing effectiveness of the modification will occur

characters left: 1024



Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated

characters left: 1024



Include an assurance that interventions and supports will cause no harm to the individual

characters left: 1024



BTC Approved Date

Note the text boxes to be filled out align with the HCBS standards, except for informed consent. We'll get to that shortly.

Once the HCBS Form has been completed and prior to signing the document, in the 'Send Copy To' page, select Randy Evans and then proceed to sign the document.

The reason why Randy needs to be selected is that all restrictions need to be reviewed and approved by Behavior Treatment Committee prior to be implemented. Once BTC has reviewed and approved the restriction, the primary case holder then needs to add the restriction into the treatment plan, preferably as an Objective, so it is reviewed during the formal review. Then once the treatment plan has been completed by the primary case holder and the individual and/or guardian signs the treatment plan, this would be the informed consent.

This process needs to be repeated annually. Of note, nonbehavioral restrictions shall not be included in a BTP as a restriction such as caffeine restrictions.

- **Health care appraisals**

With the next Waiver Audit for HSW/CWP/SEDW likely to occur in August of 2022, we will be taking the proactive of approach of working with Medical Services for waiver individuals receiving Medical Services to have staff complete the Medical History Screen in LEO during the next year, after September 1st. For waiver individuals not receiving services from Medical Services, Dee Woodard or Hanna Annabel, will be reaching out to the primary case holder to assure we have a health care appraisal completed.

- **No-Show / Contact Note use vs using a Progress note to denote this.**

When an individual does not show up to scheduled contact, a Progress Note should not be used. We have seen this being used frequently when reviewing delete document requests. From the EMR Documentation procedure for No-Show / Contact Note:

1. No Show / Contact Notes are utilized when an individual does not attend a scheduled appointment or called to cancel/reschedule appointment with the treatment team staff.
2. Treatment team staff shall not use a Progress Note in place of the No Show / Contact Note.

- **Referral Form**

Recently, we have seen a lot of help desk requests to delete transition forms due to the transitioning provider not accepting the transition. Then upon reviewing the record, there was not a referral form that had been completed.

I wanted to take time to review the procedure 05-01.07 Referral Process Within the LifeWays Provider Network.

The standard for the referral form is: All individuals under the care of LifeWays and its Provider Network shall have an electronic referral completed prior to transitioning primary case holder or secondary service needs.

Once a referral form has been completed and accepted by the accepting agency, at that point the transition form would be completed.

05-01.07 Referral Process Within the LifeWays Provider Network

I. STANDARDS

- A. All individuals under the care of LifeWays and its Provider Network shall have an electronic referral completed prior to transitioning primary case holder or secondary service needs.

II. SCOPE

- A. This operating procedure is applicable to LifeWays' internal service provision activities, as well and the LifeWays Provider Network service provision.

III. PROCEDURE

- A. The referral form shall be used as the means for requesting a service be added to a consumer's plan of care.
- B. The referral form functions as an electronic footprint that allows for electronic referral communication between providers among LifeWays and its provider network.
- C. Both the referring staff and the referring staff's supervisor (which may be one in the same) will approve the referral request prior to it being sent to the referral staff of the receiving provider program.
- D. If the referring staff supervisor approves the request, the receiving referral staff will approve or deny the referral.
 - 1. The primary case holder will then need to open the provider assignment to the accepting agency.
 - 2. The accepting agency can choose to indicate the staff to be assigned to the case or once the agency is open to the case, the supervisor can assign appropriate staff.
- E. The referral form will show as an unsigned document in each referral's staff unsigned document queue until reviewed and signed off.
- F. This form shall be located in the consumer's chart in LifeWays Electronic Organizer (LEO).
- G. The referral form is located in LEO under the consumer menu, under the link titled "Referral Form."
- H. The referral form shall be reviewed and signed within two business days of receipt.
- I. Transitions or additions in service shall not be processed until the referral has been accepted.

IV. PROVIDER SPECIFIC REFERRAL STAFF

- A. Each provider will have a designated LEO account named 'Referral Staff.'
- B. Each provider shall have a gatekeeper that will review referrals and communicate referral needs to their appropriate program supervisor for approval or denial

CPNM Updates

**Michael Cupp, Director,
Contracts and Provider
Network Management,
LifeWays**

- **Changes are coming for FY22 in October 2021** regarding changes in codes and in new modifiers for credential levels. Case management, supports coordination services, and supported employment providers will be impacted.
- A technical session will be scheduled for Executive officers and billing personnel soon.
- FY21-22 Contract Discussion meetings are being scheduled. If you have not been contacted to schedule, please reach out to Susan at contracts@lifewayscmh.org.

- Rate changes will be addressed, and we are waiting for information from the state on the pass-through rate for next year that is being talked about by the legislature.
- The state is requiring a change in the contract process, any cost related to the cost of any subcontracted services must be incorporated into the actual rate in the claim. LifeWays has many administrative costs that need to be incorporated in the claims, i.e., LEO, Recipient Rights office, and any other services that providers share in administrative costs with LifeWays. Rates are to be raised to cover incorporated cost/fees.
- Year end for 20-21 is September 30.

The **final date** for submission of all claims will be **October 31**. A letter/documentation is required to be submitted to the Contracts office explaining your contract reconciliation by October 31. This includes any requests for COVID-19 related supplementation. There are funds available for providers who have 90% less in services/claims than when they had before COVID. Regardless of the 90% rule, reimbursement can be allocated for any covid related, extraordinary expenses can include PPE you did not receive from us, special disinfection sanitation costs, special training, and costs related to special staffing because of COVID. This also applies to DSP premium pay pass through which is the rate of \$2.00-\$2.50 per hour.

- Month to month prospective payments have been issued based on our understanding of what you are providing.

Q and A, Michael Cupp

Delays in payment of claims may occur because of staffing issues at LifeWays for the next several weeks. According to the agreements LifeWays has with its providers there is a 30-day time frame to pay on claims. LifeWays does not anticipate claims payment later than the 30 days. If a provider has claims with potential issues, we recommend putting them in a separate batch so as not to hold up payment on other correctly submitted claims within the batch.

30 Second PSA, Michael Cupp

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 link below, **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. If there are not enough details in the request or the request is not submitted using this form it will not be included. You can access the request form [here](#).

Attendance:

Kenneth Berger, LifeWays

Alexis Shapiro, LifeWays

Randy Evans, LifeWays

Cindy Keyes, LifeWays

Angie O'Dowd, LifeWays

Penny Mickel, LifeWays

James Horrigan, LifeWays

Shauna Soergel, ROI

David Lowe, LifeWays

Amber Blanton, ARE

Jim DeBruler, Recovery Technologies

Makena L'Huillier, LifeWays
Lara Hewson, Highfields
Kaitlin Burnham, LifeWays
Tracy Roumell, Healthy Dimansions
Josie Smith, LifeWays
Emily Morrison, Integro
Tim Monroe, Highfields
Amy Cosgrove Bridges, LifeWays
Kate Jimenez, BlueSprig
Mike Thompson, Segue
Teresa Unger-Branson, Case Management of MI
Sarah Sabin, FSCA
Susan Allan, Segue
Conner Gibbons, LifeWays
Susan Wood, LifeWays
Rick Van Wagoner, LifeWays
Michael Cupp, LifeWays
Courtney Sullivan, LifeWays
Carol Gilbert,