

Provider Network Management Committee

@ Gratiot 9/3/03

Present: Roger Caris (Gratiot), Andrew Hewat (CEI), Cindy Ingersoll (Newaygo), Sally Johnson (Ionia), Chip Johnston (Manistee-Benzie), Marilyn Snell (Newaygo).

Absent: Carolyn Hilley (Gratiot)

Guest: Dave Short, Consultant

1. Task: Identify Cost Savings

For DCH report, discussed committee activities and estimated the time it would take for individual CMHs to accomplish tasks that the workgroup completed during the past year. Time saved by each CMH will be calculated and a savings across the affiliation will be estimated and reported to Bob S.

2. Core Set of Reports

Identified items to track and report on regarding contractor activity. Data to be reported includes: Rates, Capacity, and include comparisons on both of these areas between in-house and contracted service providers.

Providers will be broken down specifically by what type of service is being provided (i.e., residential A & B, inpatient, RN/LPN, OT, psychiatry, etc.)

Services will include those for MIA, DD, MIC, and SA.

3. Adult Foster Care Insurance Issue

Discussed “crisis” status of current issue of unavailability/inaccessibility of affordable liability insurance for specialized residential providers and impact on services for consumers. Marilyn reports one specialized residential home choosing to not carry insurance resulting in termination of one contract and consumer having to move.

Committee concurs that CMH cannot assume the risk for providers, but can provide advocacy for fair resolution of this issue. Sally and Andrew agreed to draft a position paper for the committee to be presented to the Core Group/Directors and request assistance in advocating within the State. Issues include: risk for providers and CMHs; the potential of homes closing or terminating specialized residential certification resulting in lack of providers; decrease in providers may result in lack of adequate alternatives or use of more costly providers or (worst case scenario) return of some individuals to institutions.

4. Review of Results of recent DCH Site Visit

DCH reviewed and had no issues with revised Quality & Competency Review forms which now include reviewing for Limited English Proficiency and Cultural Competency. No other significant issues related to Provider Management.

5. Discussions with Dave Short

- Subrogation Language “required” by some State contracts: This language is not applicable for public entities whose insurance is through a “public risk pool” rather than a conventional insurance company; the language would be intended more for a private company contract involving building and leases. Andrew is working on this issue and is awaiting modified language or a waiver letter that exempts CMHs from this requirement.

- FY 03/04 Provider contracts –language should be completed within the next couple of weeks. Dave has the GF contract and the PHP amendment and is finalizing some changes. Issues are:
 - CLS: Biggest issue—needing to address the Home Help issue. Struggling with this language. Amendment forces tracking and delineation between Home Help and CLS. Need to show separation, and need to clearly define/describe the services.
 - Inpatient: language regarding hospitals being responsible for ATP’s will be reinforced. Will work out language re: BBA and hospitals being covered entities. Re: Pine Rests requests, these issues are not applicable/won’t be included, except for the issue related to medical necessity.
 - Issues of conflict: noting that the GF contract supercedes provider contract, and Master contract supercedes GF contract
 - Don’t need separate MI and DD contracts since medical necessity is now required for both populations.
 - HIPAA/BAA language will be added and maybe condensed.
 - Adding Pro-Children and Women and Minority obligations to Miscellaneous section.
 - Group Homes: leaving in payment for authorized LOA days; need to be careful in setting rates—use historical costs plus any adjustments for services.
 - Insurance: language will not set limits, but will request adequate coverage.
 - Agreements between affiliates: Need earned revenue contract language. Dave will forward language to use.
 - Indemnification: Newwaygo is currently using the correct language.

- Home Help: Much discussion on how to handle the issue of not supplementing Home Help with CLS contracts. Possibilities of separating the services and only paying for the supervision/training/CLS piece, and HH strictly covering personal care/assistance at the separate rates; or not accessing Home Help dollars for services and CMH cover all costs; have consumers/providers request/appeal for higher rate. All potential solutions have issues. Discussion also occurred regarding consumers with 24 hour staffing and whether or not that is considered supported independent living or more of a “foster care” type setting. Cindy reports reading that staffing cannot provide total care and that the person needs to benefit from the training and supervision to the point of eventually needing less support.

- Nursing Home Agreements: This is a simple coordination agreement; Dave will update language. Language to include requirements for NH to do background checks for contract staff as well as for their own employees.

- Provider Panel: (general discussion) For purposes of affiliation, each CMH has its own provide panel—panel is not considered the “Affiliation Provider Panel” based on the nature of our affiliation and its contracts. Though there are benefits for working closely between each affiliate and their panel, each panel is separate and needs to have its own rates. If the Affiliation had one panel, all rates would have to be the same.

Next Meeting: Wednesday, October 1, 10a-12p at CEI CMH