

CMHAMM
Provider Network Management Committee
@ CEI - 2/04/04

Present: Andrew Hewat, Carolyn Hilley, Cindy Ingersoll, Sally Johnson, Chip Johnston, Marilyn Snell, and Roger Caris.

Q & C Monitorings

Ionia – 2 monitorings completed – Presented concerns related to an AFC provider, Tricia Parsons in Ionia County. Ionia discussing plan of correction – more detail available in the Q & C report completed for this provider.

Gratiot submitted Q & C monitorings for Arcada & Essex.

Database update – No update from CMHAMM; however, Ionia I.S. staff is reviewing the information and may be able to assist in the development of this project. Sally will update us on their progress.

Recipient Rights

Liz Holcomb, Recipient Rights, spoke about the language for hospital contracts and out of county providers. Contract language needs to address an independent rights office completing rights investigations – when this occurs we need to have a copy of investigative reports, summary reports and action taken. If provider does their own RR training, we need to assure their training is up-to-date and review the training materials they use as well as their policies.

Marilyn will e-mail the language we all need to include in our contracts to assure compliance with the aforementioned requirements. Language should also reference DCH & CMH approve training.

Requirements of DCH RR.

Consumers receiving services from out-of-county

- 1) The local RR staff can perform the RR Annual Site Visit or sign an agreement with the out-of-county CMH RR Staff to perform this function. We would retain rights to appeals. Marilyn will send the language she uses to address this requirement.

Andrew will draft language to present to the CEOs to amend the Affiliation Agreement to include required recipient rights language.

Efficiencies: Sharing recipient rights language drafted by Newaygo – 5 hrs @ \$30.00. Attachment B – electronic format by CEI – will be shared with CMHAMM affiliates by CEI – 60 hours in review of hospital Inpatient Contract by Liz Holcomb at a cost of approximately \$2,000.00.

Discussion related to unbundling of residential services.

Recommendations made by M-B will be reviewed by the CFO Workgroup. We want to assure our approach to this requirement is uniform and approved by DCH SSI money needs to be deducted from the residential costs and applied to “rent.”

Question raised related to Type B contracts and comparison of contract total to provider's year-end financial statements. Determined each budget line item needs to be examined and increased/decreased according to actual expense.

Professional Services Contract

Material breach if the provider violates RR requirements.

Family Friend Respite

Generally use GF \$ to fund this Medicaid covered service.

Hospital Agreement

HIPAA attachment to contract – the record is ours, return of property upon our request. State and Federal government has my right to see my financial clinical records.

State Hospital Agreements

- Kalamazoo, Mt. Pleasant, Caro – Dave will provide copy to us

Dave has the contracts completed; however he has concerns related to the Personal Care/CLS matter and as such is waiting to determine what changes this would entail. Suggest we get the professional one for independent and our Agencies; Inpatient; State Hospitals, Type A.

Discussion points on the changes made to the Type B Contracts:

- Took out the language to children unless the contract is for a child.
- Clean Air Act
- EPSD – removed

Dave is developing a PIHP spoke contracts our other contracts to use for compliance reviews..

Insurance for Providers

Amount of coverage should be sufficient to cover needs; if cost is prohibitive, we can work with the provider on the amount needed.

Workers Comp. is responsibility of Professionals.

Dave will share with CEOs and CFOs the methodology use for Medicaid sub-cap funding.

Next meeting – To be determined