

# Provider Network Meeting

11/13/2024



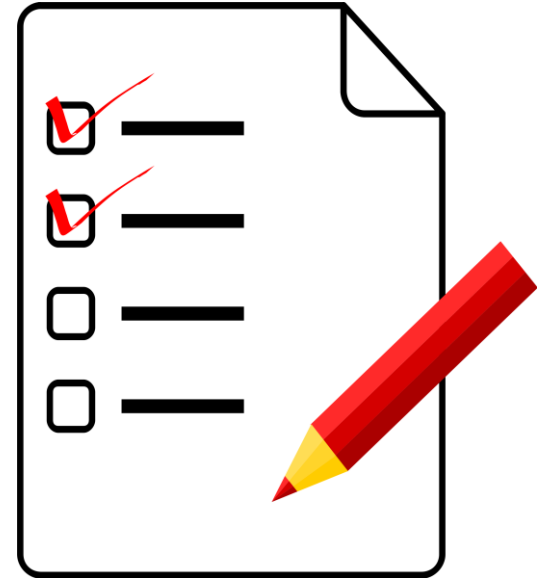
# Housekeeping

- Recording in progress
- Webinar Style Meeting
  - We cannot see/hear you
- Use the chat function if you have a question
  - You can message the host/panelist or the whole group
- PowerPoint Presentation will be sent out along with a link to the recording and any reference materials




# Agenda

- FY 2024 Site Review Summary
- Licenses and Insurance
- Compliance Updates
- Recipient Rights - Reminders
- New Requirements – Individual Plans of Service and Behavior Treatment Plans
- Team Approach – Case Management MI

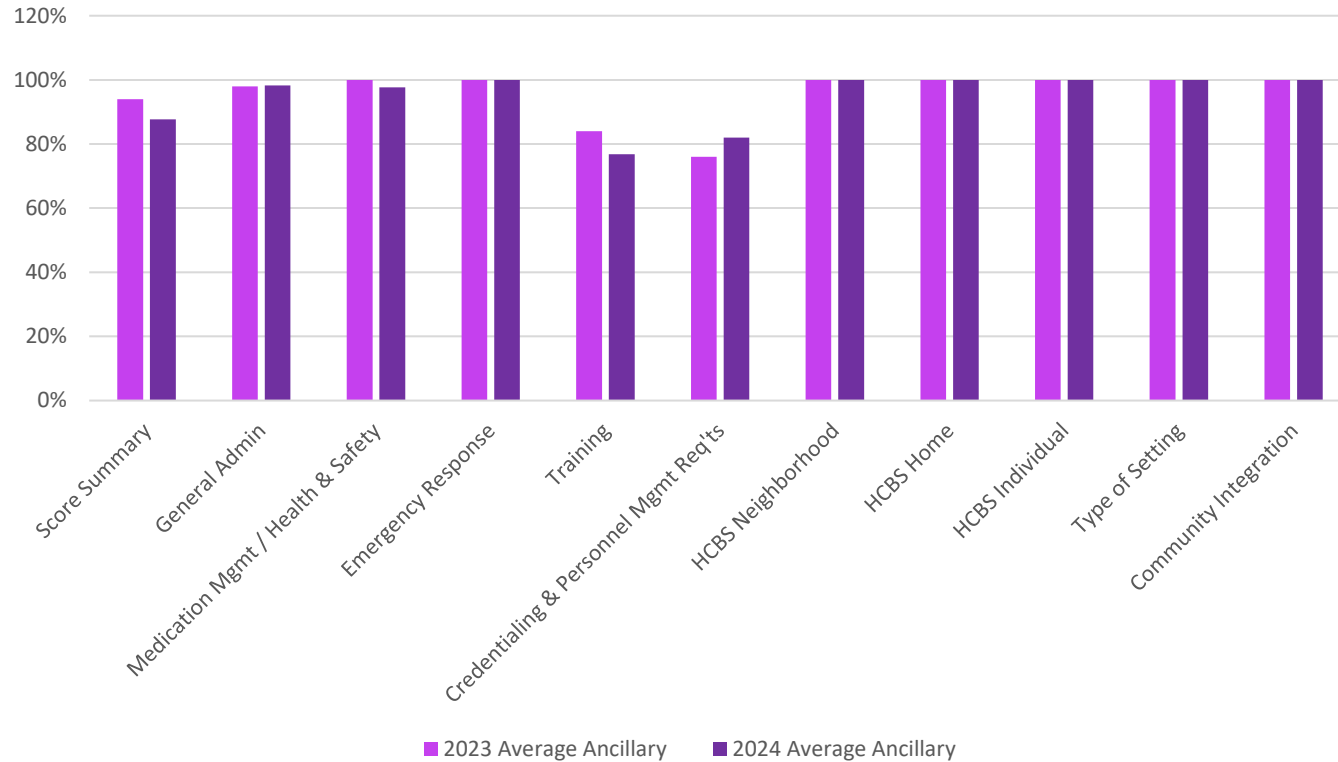


# FY 2024 Site Review – Wrap Up

- Summit Pointe completed Site Reviews for:
    - 43 Specialized Residential Locations
    - 8 Community Living Support/Skill Building locations
    - 4 Ancillary Locations (Private Duty Nursing, Music Therapy etc.)
- 55 Total**
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# FY 2024 Site Review – Wrap Up

Average Ancillary Scores



Average score: 87.7%

Lowest scores seen under Training: 78.6%

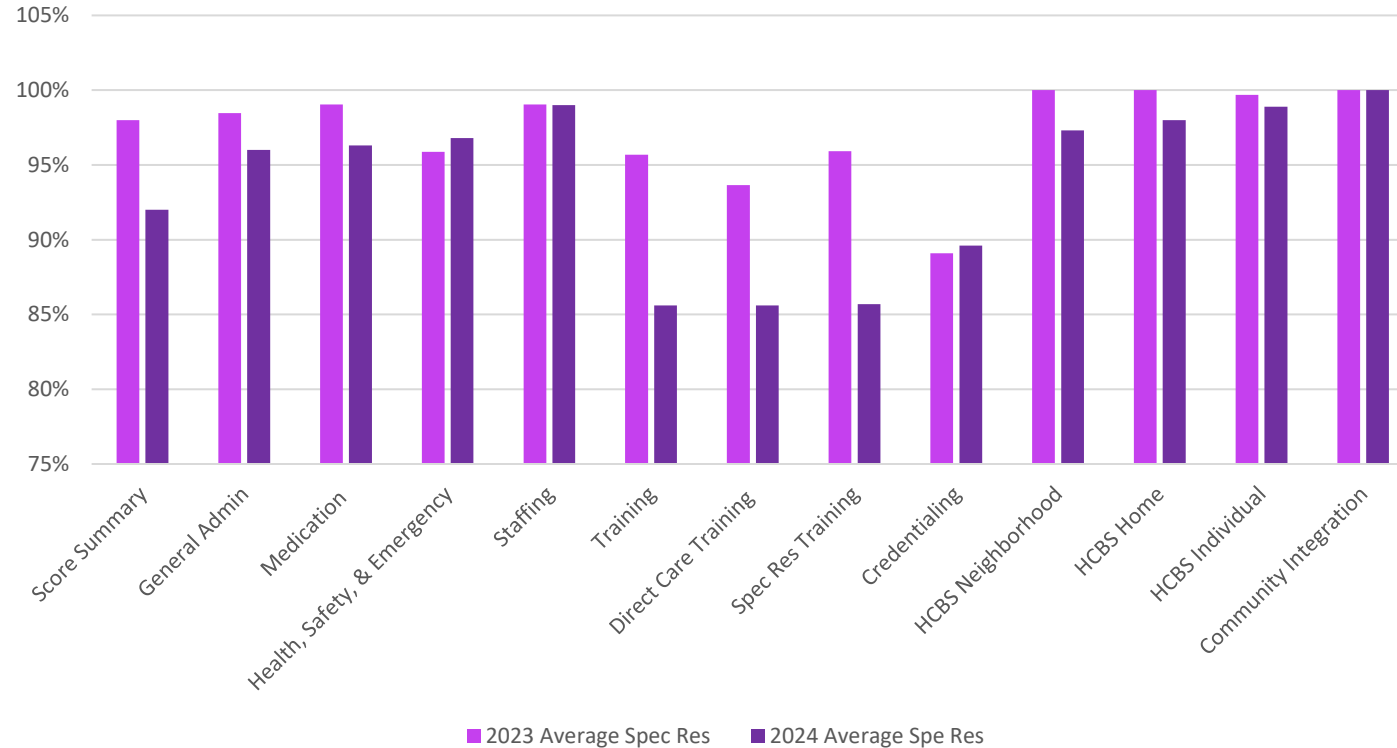
- Missing trainings
- Late trainings

Highest Scores at 100% seen under:

- Emergency Response
- HCBS Neighborhood/Home
- HCBS Individual choice
- Community Integration

# FY 2024 Site Review – Wrap Up

Average Spec Res Scores



Average score: 92.0%

Lowest scores seen under:

- Training: 78.6%
- Direct Care Training: 85.6%
- Spec Res Training: 85.7%

Highest Scores at 100% seen under:

- Community Integration

# Licenses and Insurance



Please send in copies of your license (specialized residential) and your insurance as they come due.




We spend a lot of time at contract renewal ensuring that we have everything on file.



Per your contract, you are obligated to send these things to us as they are renewed.

# Recipient Rights Updates

- Andi Gummer is no longer supporting the Recipient Rights Department.
  - Please use [@summitpointe.org](https://www.summitpointe.org/#RecipientRights)
  - DO NOT send Incident Reports to Recipient Rights
    - IRs should be sent to: [@summitpointe.org](https://www.summitpointe.org/#QualityAssuranceTeam)
  - You do not need to register for RR trainings, just go to the SP Website for the link.
    - Changes coming to training and registration in 2025
  - Certificates for Trainings will be sent out around noon on Fridays after the training. Completed Assignments **MUST BE TURNED** in before then.
  - Training Logs for 2024 were due to our office on **October 18<sup>th</sup>**.
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# Documentation Trends

- Labeling Uploads

05/31/2024 Provider Claim Document: Progress Note	Alternative Choices - Data Sheets for May 2024	<b>Uploaded By:</b> Christine McCauley on 07/16/2024 2:27 PM <b>Unloaded File Name:</b>	<a href="#">Change Signed Document</a> <a href="#">View Document History</a> <a href="#">View Upload</a>
05/01/2024 Provider Claim Document: Progress Note		<b>Scanned By:</b> Sabrina Williams on 06/26/2024 4:37 PM <b>Number of Pages:</b> 30	<a href="#">Change Signed Document</a> <a href="#">View Document History</a> <a href="#">Print Scanned Document</a> <a href="#">View Scan</a>

- Documentation is due to be uploaded by the end of the following month (exception only is Fiscal Management Services Providers)



# Compliance Updates

- SWMBH Quarter 3 Audit Results
  - 100%
  - Zero Recoupments




# Documentation Trends

- Personal Care Tracking (T1020)
  - 3803 Prescription for Personal Care Assessment
- Community Living Supports (H2016)
  - Individual Plan of Service (IPOS)
- New Resident Expectations
  - Use generic tracking for the first 30 days (at maximum)



# Documentation Trends


- Leave of Absence/ Out of the Home (per SWMBH)
    - Old rule "Head in the bed"
    - New rule: If at least 1 Personal Care or 1 Community Living Support service was provided
    - Exception: A residential per diem code cannot be reported on the same as an inpatient per diem code (psychiatric or medical)-- per code chart
  - Moves
    - Per diem codes have a day in/day out rule as the person transfers between services that are both reported as a per diem. The rule is that the 'day out' (i.e. discharge day) is not reported.
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# What to expect in Fiscal Year 2025


- Medicaid Supports Verification Quarterly Audit
  - Starts early Feb 2025, reviewing Qtr 1 claims and documentation
- CWP-SED-HAB Staff Aide Qualifications audit
  - Starts November 2024
- Fiscal Management Services Medicaid Supports Verification Audit
  - Starts early Feb 2025, reviewing Qtr 1 claims and documentation



# Responding to Compliance Audits in SPOT

- Provider will have access to more details
    - Sample reviewed
    - Questions asked
    - Audit scoring
    - Respond to audit right in SPOT (explanations, errors and corrective action plans)
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# Responding to Compliance Audits in SPOT....Roll Out....

- Written Audit Process distributed to all providers by end of year (Dec 2024), including instructions for responding to audits.
  - Providers chosen in Qt. 1 Medicaid Supports Verification Audit (Feb 2025) will be first ones to start using the Provider Response to Audit function in SPOT.
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# Restrictions in the IPOs

Presenter - Haley Hughes






# HCBS Final Rule Update

- MDHHS issued a memo on the Home and Community Based Services (HCBS) about the use of restrictions and documentation expectations in IPOS.
  - State of Michigan and Medicaid requirement, not Summit Pointe specific
- All CMHs are required to update their IPOSs to include HCBS requirements, in particular any restrictions, rationales, and plans to fade those restrictions.
- All restrictions must have comprehensive fading plans tied to target behaviors and data.
  - Per MDHHS, this includes restrictions due to cognitive functioning and physical limitations (but these do not need to be in a BTP).

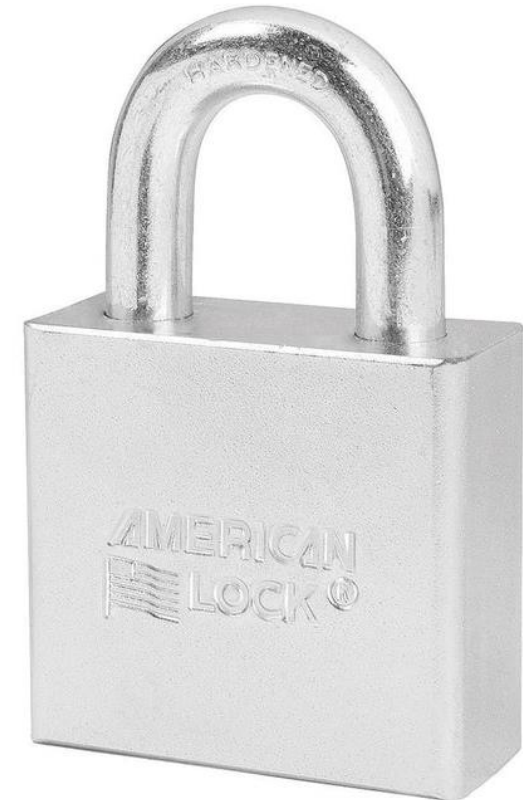


# HCBS Cont.

- While these HCBS components are required as soon as possible, there is a **grace period** of several months into the new year before this will be enforced.
  - We must first update our BTPs then update our IPOSs.
    - Summit Pointe consulted with SWMH when developing our timelines for updating these.
    - Some CSMs have updated their IPOSs sooner if the BTP already had the required components or if the customer met one of the following 2 exceptions.
  - Exceptions where HCBS components are required in the IPOS **immediately** are outlined below:
    1. **Provisional-of-one approval process**
    2. **New HAB Waiver applications**
    3. **1:1 staffing (fading components required later but at minimum required for authorizations)**
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# Provisional-of-One Approval Process

- What is a Provisional-of-One Setting?
  - CMH is wanting to place a customer in a globally restrictive setting (e.g., secured facility, locked kitchen, etc. for all residents).
  - Globally restrictive settings require initially and continued stay approval and monitoring by MDHHS.
- CMH Process
  - CSM and Treatment Team determine if medically necessary.
  - Ensure IPOS is HCBS compliant and submit required documentation to SWMBH.
  - CSM and supervisor attend meeting with MDHHS and SWMBH to gain approval of setting.
  - During the meeting, MDHHS reviews the customer's history, asks questions about delays to more independent placement and less restrictive efforts tried, and approves placement if appropriate with a set approval timeline (90-, 6-month, or one year).
  - CSM monitors progress and attends continued stay meetings with MDHHS/SWMBH.




# What does this mean for you?

- Provider is responsible for implementing the behavior plan and following the restriction fading plan correctly
  - Providers should not implement any restrictions without first making sure they are approved by BTC and have informed consent
  - Ask yourself – “*would I be able to do this in my own home?*” If the answer is yes and you try to restrict it, then it is a restriction requiring BTC approval and documentation in BTP (and eventually in the IPOS)
  - 1:1 staffing IS included as a restrictive/intrusive intervention and DOES require documentation in BTP & IPOS.
- Staff will be required to collect data on target behaviors and restriction fading progress as outlined in BTP (and eventually also in the IPOS).
  - Behavior specialists or plan developers should be providing direction on when customer should progress to next step (i.e., author/monitor of BTP) and documenting progression to the next step somewhere in the AFC home that the CSM and Provider can access.
  - CSMs will be checking in during periodic reviews about fading step (or more regularly as indicated/needed).
- For ALL customers with restrictive or intrusive interventions:
  - BCBA's must update their current BTPs to include the necessary components per HCBS, gain approval from BTC, and provide education and training to homes.
  - Any new restrictions will require sufficient Provider documentation of less restrictive efforts tried and target behavior frequency and intensity, and approval by BTC.
  - CSMs must update their IPOSs to match the BTP and include the necessary components per HCBS.



# Team Model – Case Management – MI

- Moved to a team approach with the **MI Team Only**
  - Tiara Armstrong is the supervisor and is coordinating any outstanding issue
    - Status of ending authorization
    - Status of customer move due to 30-day notice
  - There will be a worker at the office each day to respond to customers
  - Annual paperwork, periodic reviews will be assigned
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Questions?




# Insurance Reminders

- b. Payor and the PIHP, their directors, officers, employees, employees, servants and agents shall be named as Additional Insureds on Provider's General Liability and Vehicle Liability insurance coverage required above. It is expressly understood and agreed that Provider's liability coverage required above shall be primary to the Additional Insureds and not contributing with any other insurance or similar protection available to the Additional Insureds, whether said other available coverage be primary, contributing or excess.

<small>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</small> <b>The Certificate Holder is added as an Additional Insured as respects to General Liability where required by written contract.</b>	
<b>CERTIFICATE HOLDER</b>  Summit Pointe/Calhoun County CMH 140 W. Michigan Ave. Battle Creek, MI 49017	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Required Limits	Additional Requirements
<b>Commercial General Liability Insurance</b>	
Minimum Limits: \$1,000,000 Each Occurrence \$1,000,000 Personal & Advertising Injury \$2,000,000 General Aggregate \$2,000,000 Products/Completed Operations	
<b>Automobile Liability Insurance</b>	
If a motor vehicle is used in relation to Provider's performance under this Agreement, Provider must have vehicle liability insurance on the motor vehicle for bodily injury and property damage as required by law.	
<b>Worker's Compensation Insurance</b>	
Minimum Limits: Coverage according to applicable laws governing work activities	Waiver of subrogation, except where waiver is prohibited by law
<b>Employer's Liability Insurance</b>	
Minimum Limits: \$500,000 Each Accident \$500,000 Each Employee by Disease \$500,000 Aggregate Disease	
<b>Privacy and Security Liability (Cyber Liability) Insurance</b>	
Minimum Limits: N/A	See Paragraph (c) below
<b>Professional Liability (Errors and Omissions) Insurance</b>	
Minimum Limits: \$1,000,000 Each Occurrence \$3,000,000 Annual Aggregate	

# Reminder: Please use group emails

- [providernetwork@summitpointe.org](mailto:providernetwork@summitpointe.org)
  - [providerclaims@summitpointe.org](mailto:providerclaims@summitpointe.org)
  - [apayable@summitpointe.org](mailto:apayable@summitpointe.org)
  - [recipientrights@summitpointe.org](mailto:recipientrights@summitpointe.org)
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# Additional Questions

