

Provider Network Meeting

6/17/2026



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 2026 Site Reviews
- Compliance Updates

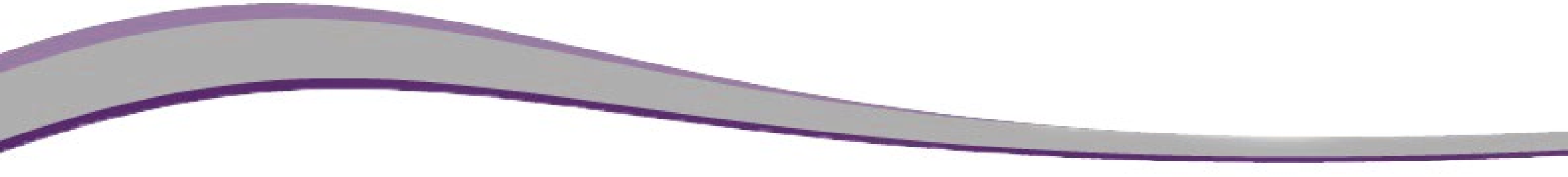


2026 Provider Network Audit Trends

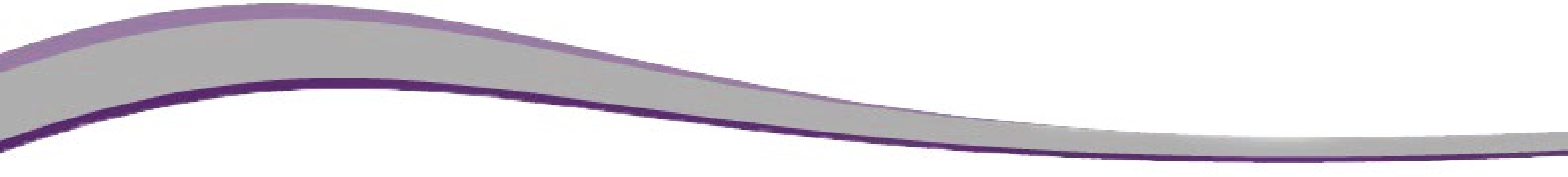
- National Sex Offender Checks are not being completed until the time of the audit.
- Summary of Resident Rights not submitted during desk audit and/or documentation not being completed when reviewed at the home.
- Both were required at the start of contract season in 10/1/2025



New Documentation Review

- Please review the documentation tab in the review tool
 - Provider Network will be completing a review of progress notes/CLS/Personal care logs.
 - Progress notes should directly link to the IPOS.
 - Progress notes should recreate the shift/day as outlined in our [clinical policy](#).
 - Progress notes should reflect what staff are doing, how they are intervening, and the individual response to intervention.
 - staff prompted, staff taught, staff modeled, staff monitored, staff reviewed, staff supported, staff redirected, staff distracted, staff engaged etc.
 - Progress notes should not simply document what the individual is doing.
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Documentation Naming Protocol

- Document Types
 - PC/CLS Logs
 - Daily Progress/Shift Notes
 - Behavior Tracking Logs
 - How to Label for the Month
 - Name of Document Type(s)/Month/ Year
 - Ex: PC/CLS Logs April 2026
 - How to Label for Shorter Periods
 - Name of Document Type/Date Range
 - Ex: PC/CLS Logs 4.1.26-4.7.26
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Compliance





FY26 Qtr 2 Medicaid Services Verification Audit

97.61%

Findings: 46 dates were reviewed
2 dates of service did not signatures
1 signed documentation too early

Reminder of :

Signature Date Memo June 2020

Signature Date-Time Stamp Expectations April 2021

A decorative graphic at the bottom of the slide consisting of two overlapping, wavy, horizontal bands. The top band is a light purple color, and the bottom band is a grey color. Both bands have a soft, blurred edge and curve across the width of the slide.

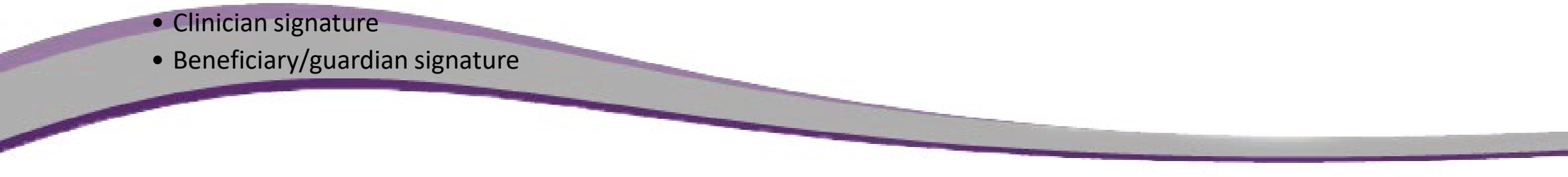


MSV Clinician Questions

Is there authorization that matches the Provider, date and type of service billed

Was the service identified included in the beneficiary's individual plan of service/treatment plan?

Does the IPOS service information include the following:

- Goal
 - Objective
 - Intervention
 - Clinician signature
 - Beneficiary/guardian signature
- 



MSV Provider Questions

- Is there documentation on file to support that the service was provided to the customer?
- Does the service documentation include:
 - Name
 - Date of Service
 - Start and stop times
 - IPOS goals, objectives and interventions addressed
 - Clinician signed and dated the documentation with credentials




CWP-HSW-SEDW Aide Staff Credentialing Audit-- April and June

April: 85.71% (7 staff reviewed)

- 1 had background check done after date of hire
- 1 had no IPOS submitted
- 1 had CSM name typed on IPOS
- 1 had trainings submitted with no score

May: 62.85% (10 staff reviewed)

- 3 staff did not have documentation submitted.
 - 7 staff did not have proper IPOS training forms
 - 1 staff had a background check done after date of hire.
- 



Criminal Background Check Review


Per SWMBH Criminal History Screening 02.16


"All personnel of Southwest Michigan Behavioral Health (SWMBH), participant Community Mental Health Service Providers (CMHSP), and provider entities will be screened for criminal history prior to hire, contracting, and/or service. Individuals who have direct access or provide services to customers will have criminal background checks performed minimally every two years thereafter.





IPOS Training form

- Must use Summit Pointe form—approved by the State of Michigan
 - Must show a clear link between author of the plan and those trained
 - Should not include additional provider forms
 - Takes away from "clear link" and those forms were not approved by the state
 - Additional forms use inappropriate wording ("I agree that I have read")
 - All signatures must be either physical or digital
 - No typed names
 - Signatures must be legible or have printed name next to signature for identification.
- 

- *Signatures indicate that Lead Staff/Staff have been trained on the goals and objectives written in the IPOS by the case manager, and are capable of running the goals and objectives as written.
 - *Lead Staff should be anyone in a managerial position, who oversee direct care workers.
 - *Lead staff are responsible to ensure that all new staff are trained on IPOS goals and objectives before running any treatment plans.
 - *A copy of this document needs to be with the provider, to ensure that trainings are kept up to date. Please keep this document in the customer's file for auditing and monitoring purposes.
- 



Provider Questions:

Regarding the IPOS, it is unclear what is required before staff provides us with a copy.

Should it have the signatures of the case manager, guardian and client?

Summit Pointe policy is that the clinician has signed the IPOS within 7 days of having the Person Centered Planning meeting.

Medicaid Regulations state that the customer should have a copy of their plan within 15 day so the meeting.

New IPOS can be implemented without the customer signature, as long as staff have been trained.



If we do not receive the updated IPOS, does the home continue using the old one?

Yes, it is appropriate to use the old IPOS until the new one is provided and trained.

At what point should the training be done? Technically, the training on the new IPOS needs to happen before the old IPOS expires.





Tips for submitting documents for an audit

- Read initiating email (2x maybe)
- Be timely and communicative
 - Submit requested materials as quickly as possible to avoid dragging out the audit. Appoint a single point of contact within your company to manage all auditor correspondence.





Continued.....

- Don't over submit
 - Only submit exactly what is requested. Providing excess information invites extra scrutiny and lengthens the audit process.
- Follow a logical structure
 - Group your submission according to sequence in audit request.





MDHHS is HERE!!!

After this meeting providers will get their samples

New to the audit/form:

- Includes iSPA Waiver

- Added HCBS Training

****Be sure to read the instructions as MDHHS is asking for more than one staff to be reviewed per customer****



Thank you!



Questions

