

Provider Network Meeting

12/13/23



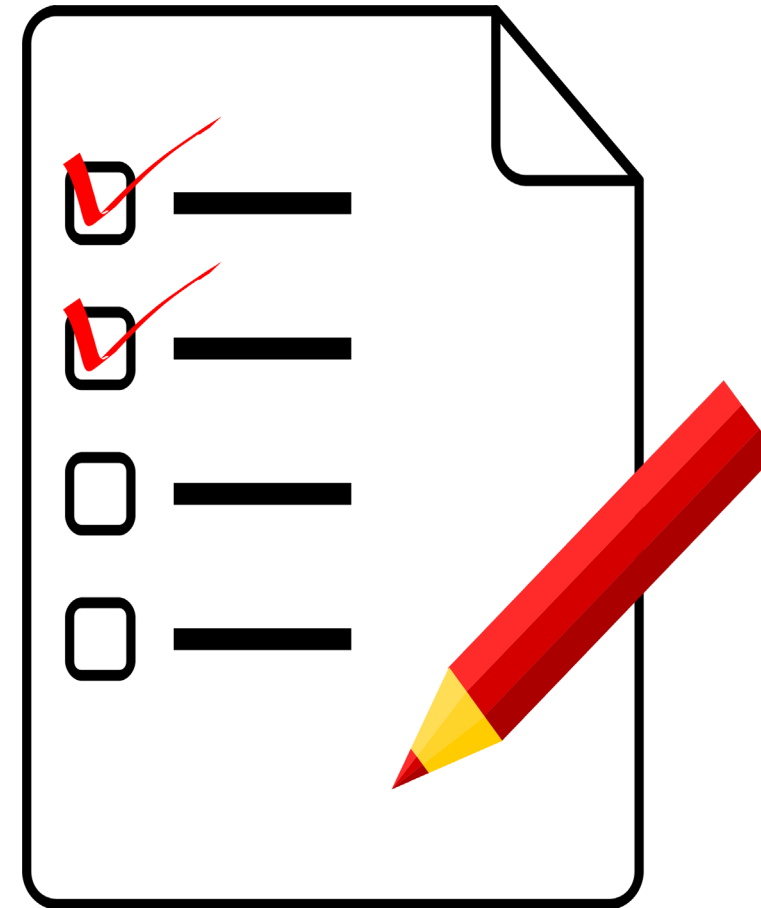
Housekeeping

- 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

- Direct Care Wage – FY 2024 Overtime
- Provider Network: FY 2023 Site Review Overview
 - Resource Review
- Compliance Updates
- Zero Suicide: Question. Persuade. Refer (QPR)
- Electronic Visit Verification
- Recipient Rights – New Location
- New Fax Line – Provider Network



Direct Care Wage (DCW) - Overtime

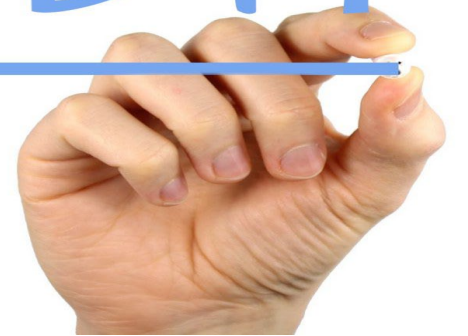
- Summit Pointe has not yet addressed Overtime for the Direct Care Wage Passthrough funding
- Communication about DCW overtime was sent to the CMHSP's *days* before contracts were set to renew
- Summit Pointe has confirmed with Southwest Michigan Behavioral Health and the Michigan Department of Health and Human Services that the DCW Overtime has **not** yet been factored into our CMHSP rates/payments
- Summit Pointe is committed to retroactively applying any rate differential back to 10/1/23



FY 2023 Site Review – Wrap Up

- Summit Pointe completed Site Reviews for:
 - 54 Specialized Residential Locations
 - 11 Community Living Support/Skill Building locations
 - 3 Ancillary Locations (Private Duty Nursing, Music Therapy etc.)**68 Total**

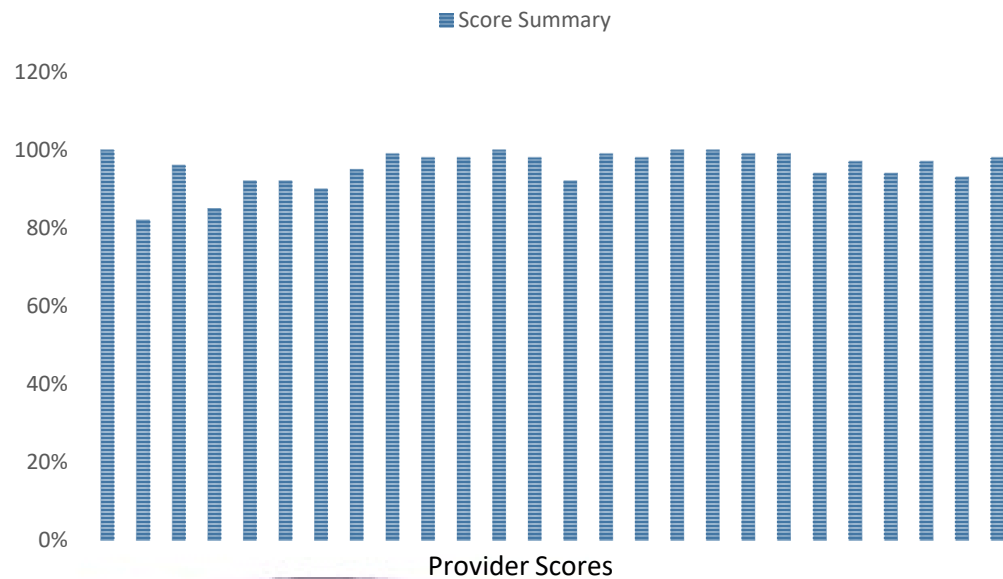
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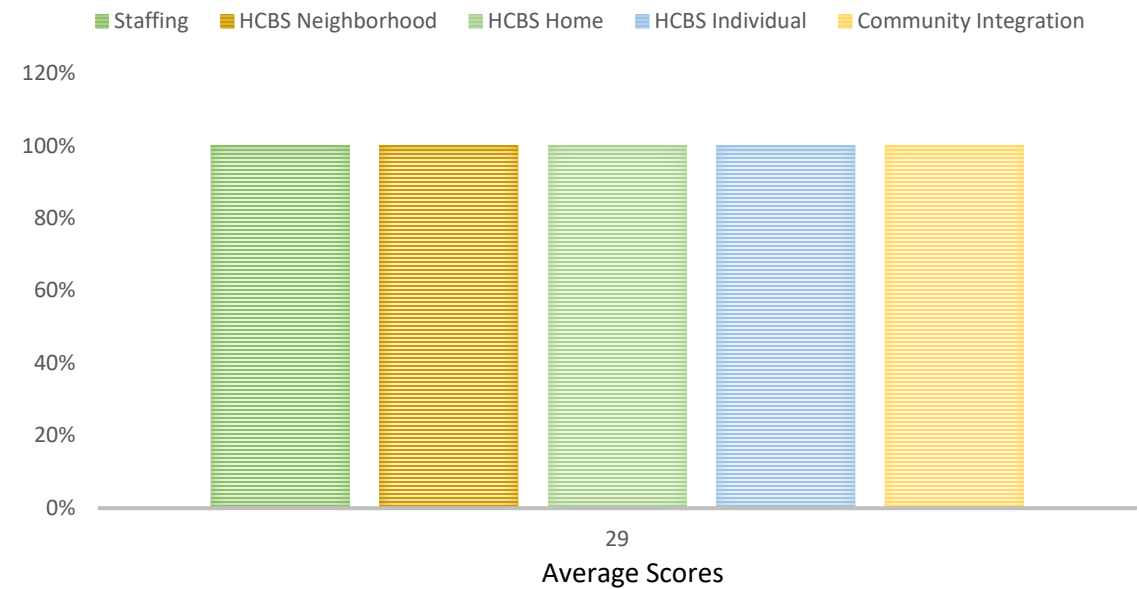
Site Review Wrap Up

- Average total score for Specialized Residential was 97%

SPEC RES SCORE SUMMARY

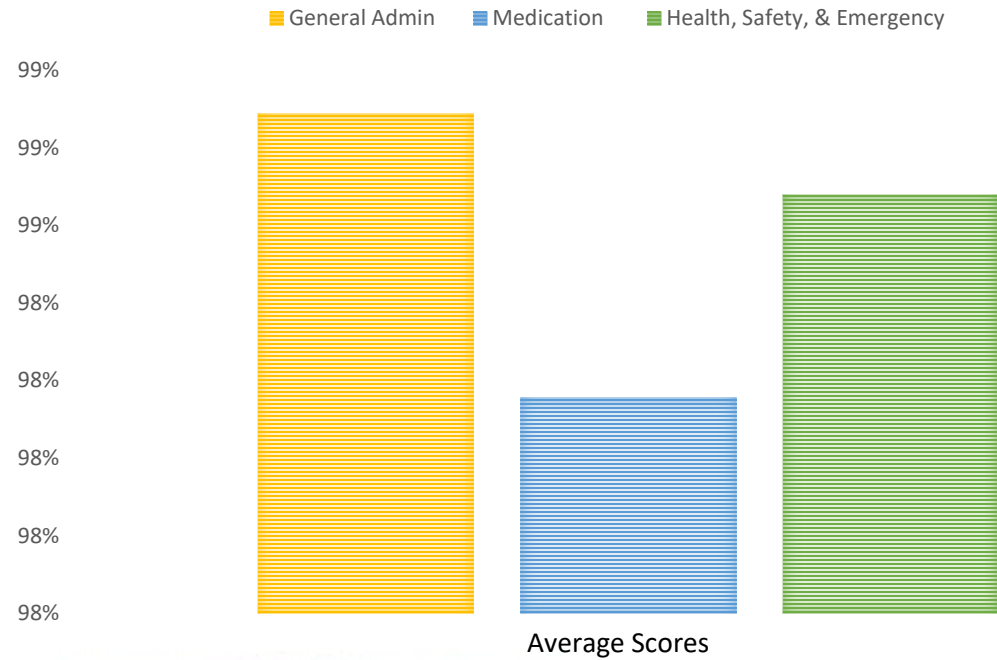


SPEC RES AREAS OF SUCCESS

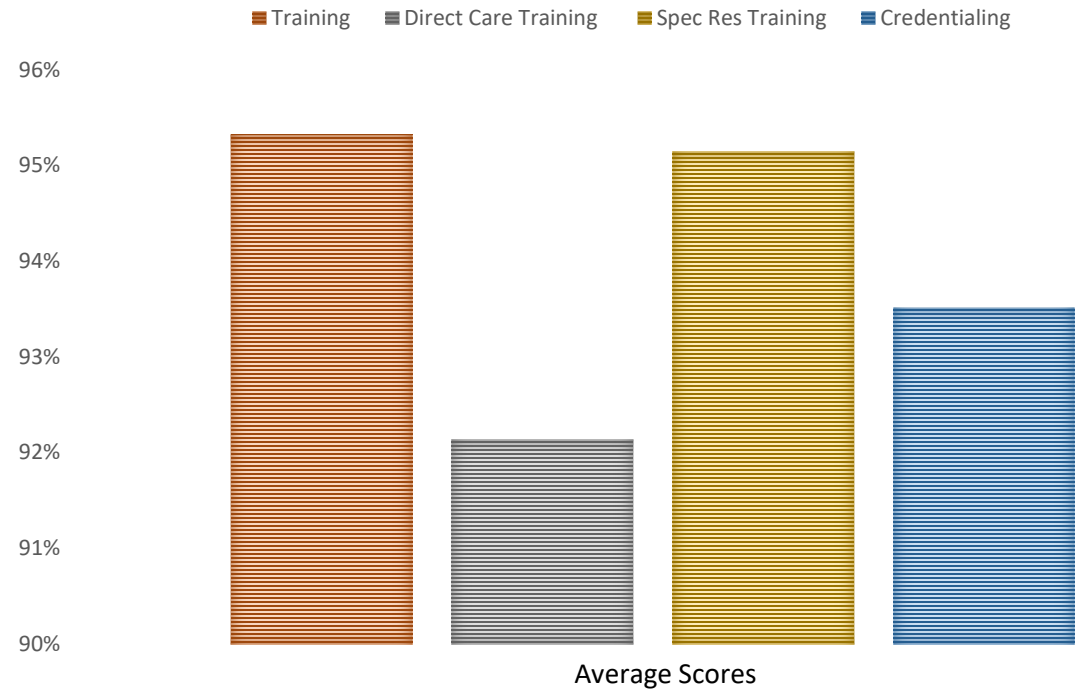


Site Review Wrap Up

SPEC RES CATAGORIES OF MINOR IMPROVEMENT



SPEC RES CATAGORIES OF IMPROVEMENT



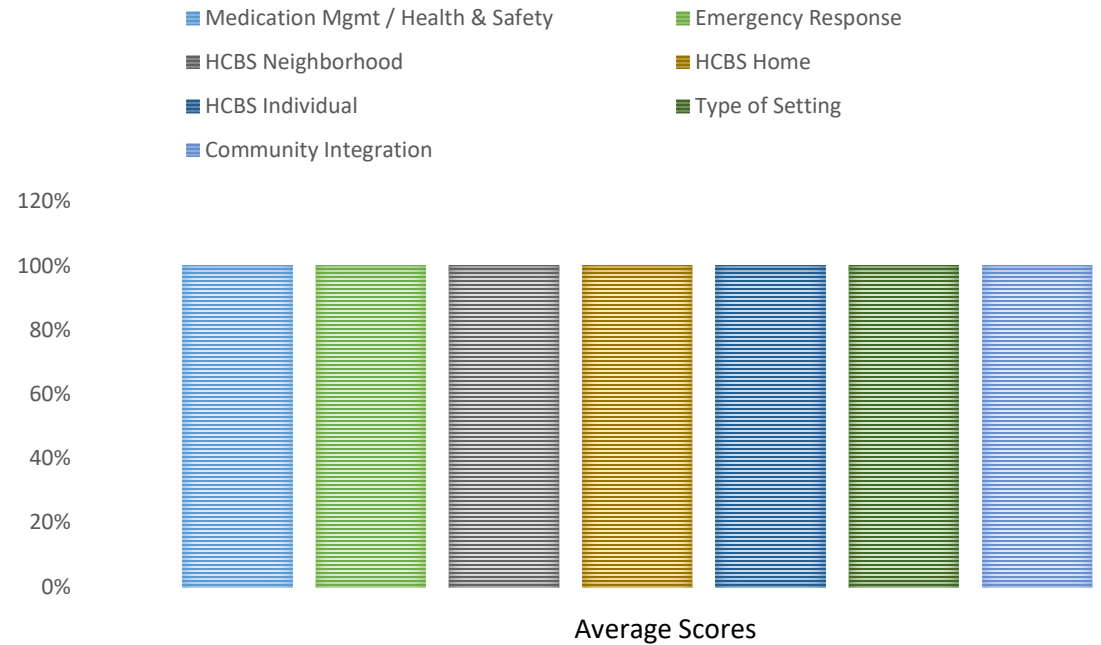
Site Review Wrap Up

- Average total score for Ancillary and Community Living Support/Skill Building Locations was 92%

SCORE SUMMARY

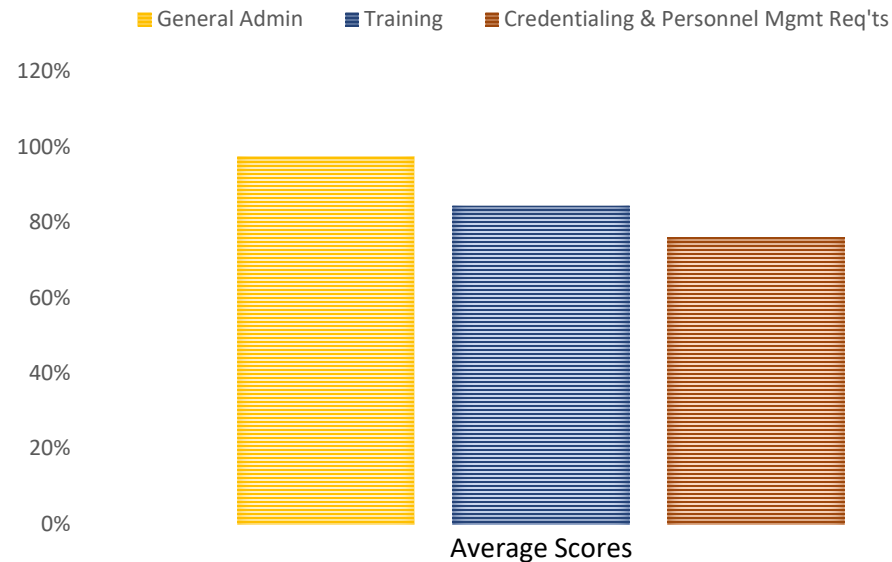


AREAS OF SUCCESS



Site Review Wrap Up

ANCILLARY AREAS OF IMPROVEMENT



- Summit Pointe has developed some resources to help aid providers in some of the areas of improvement.
- These resources include:
 - Training Tracker
 - Credentialing & Personnel Management Requirements Tracker
 - Training Support Guide

Provider Network Meeting Compliance Updates



FY 24 Quarterly Waiver Staff Qualifications

- Applies to all providers that work with waiver customers
 - CWP/HSW/SED-W
- Random Sample will be chosen quarterly for review
- Providers to be notified and given a form to complete
- Proof of trainings must be attached with submission
- First sample will be requested this week.





WSA Case ID: _____

MDHHS Reviewer/Date Reviewed: _____

Case Manager: _____

PIHP/CMHSP: _____

- Summit Pointe will complete the top section for you!
- Attach Proofs
- Copies need to be legible

CWP-HSW-SEDW Aide Staff Provider Qualifications Review

2.4; 14.5.A; 15.2.C Medicaid Provider Manual and Application for 1915 (c) HCBS Waiver: Individuals who provide respite and CLS must: Be at least 18 years of age; Be able to practice prevention techniques to reduce transmission of any communicable diseases from themselves to others in the environment where they are providing support; Have a documented understanding and skill in implementing the individual plan of services and report on activities performed; Be in good standing with the law (i.e., not a convicted felon, or an illegal alien); Be able to perform basic first aid, as evidenced by completion of first aid training course and be able to perform emergency procedures evidenced by completion of emergency procedures training course; Be trained in recipient rights Be an employee of the CMHSP or its contract agency, or an employee who is paid through a Choice Voucher arrangement. The Choice Voucher System is the designation or set of arrangements that facilitate and support accomplishing tasks through the use of an individual budget, a fiscal intermediary and direct consumer-providing contracting. PLEASE NOTE: YOU MUST BE ABLE TO PROVIDE DOCUMENTATION EVIDENCE DURING THE SITE REVIEW THAT SHOW YOU MEET THESE FEDERAL REQUIREMENTS.

Recent Citations:

- No proofs
- Working prior to Criminal Background Check returned

| <u>MDHHS Confirmed</u> | <u>PIHP Verified</u> | Staff Name: _____ Employed by: _____ |
|------------------------|--------------------------|--|
| Y/N | <input type="checkbox"/> | <input type="checkbox"/> CWP <input type="checkbox"/> HSW <input type="checkbox"/> SEDW Service Provided: _____ |
| Y/N | <input type="checkbox"/> | Date of Hire: ____/____/____ |
| Y/N | <input type="checkbox"/> | Date of initial & most recent Criminal Background Checks: ____/____/____ & ____/____/____ (Please provide documentation) |
| Y/N | <input type="checkbox"/> | 18 years of age? Date of Birth: ____/____/____ (Please provide Driver's License, state identification, or other documentation) |
| Y/N | <input type="checkbox"/> | Date of blood borne pathogen training (Infection Control/Universal precautions) (Please provide training date ____/____/____ & certificate with trainer's name & content of training, or other documentation) |
| Y/N | <input type="checkbox"/> | Date of most recent Recipient Rights training: ____/____/____ |
| Y/N | <input type="checkbox"/> | Date of Emergency Procedures training: ____/____/____ (Please provide evidence of weather, fire, chemical, etc. emergency training) |
| Y/N | <input type="checkbox"/> | Able to perform and be certified in basic First Aid procedures? (Please provide expiration date ____/____/____ & certificate, or other documentation) |
| Y/N | <input type="checkbox"/> | Received beneficiary specific IPOS/ behavioral plan of care training, including beneficiary specific emergency procedures training (Please provide training date ____/____/____ & certificate that includes date of training, content, trainee and trainer's name and documentation) |

Provider Qualifications Resources:

- MSA 20-04
- Contract Appendix

Uploading Status Updates

- Shoutouts
- 64% uploading to PCE/SPOT
 - 22 Providers with placements
 - 14 are uploading!
- Reminder on Documentation Title & Date
 - **Provider Claim Document**
 - **Example – November – Date to pick: 11/1/23**



MVS Verification Audits FY 24

- SWMBH audit to continue
- Summit Pointe will **not** conduct their MVS Audit for FY 24



MVS Audit Update



- SWMBH FY23 Qtr 4 Medicaid Verification Audit Result
 - 100% of requested documentation was submitted by providers
 - Provider Score 98%
 - Start and stop Times Signatures
- Summit Pointe beginning FY 23 4th quarter audit
 - Last one for FY 23---- none for FY23
 - Requested documentation this week, due December 22, 2023.



Questions for Compliance?

Suicide Prevention Coalition of Calhoun County

- Goal – Zero suicide deaths
 - Education
 - Support
 - Safety
 - Community-Driven
- Resources
 - **FREE** Training available: Question. Persuade. Refer.
 - Support Groups
 - 988 Suicide & Crisis Line
 - Newsletter [CLICK HERE to Subscribe](#)
- Contact Scott at steichmer@summitpointe.org to request a training for your organization or you can register on the [SPCCC website](#)



Electronic Visit Verification (EVV)

- Project slowly moving forward
- Vendor has been selected by the State of Michigan
- Michigan is using a hybrid approach
 - Providers can use the state's system for free
 - Providers can use their own system as long as it is compliant with the information that needs to be captured
- CMHSPs were recently asked how many customers were being served by providers who need to use EVV (H2015/T1005) to prepare for setting up accounts
- Providers **must** register for an NPI

[Resource Page for EVV](#)

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Recipient Rights Office NEW LOCATION



**3630 Capital Avenue SW
Battle Creek, MI 49015**

P: 269-441-5999

F: 269-441-2132

#recipientrights@summitpointe.org

Provider Network NEW FAX LINE



269-641-4811

Additional Questions

