

# Provider Network Meeting

3/20/2024



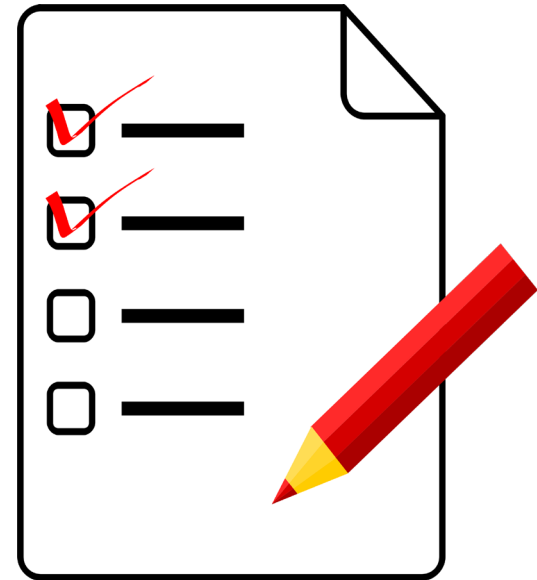
# Housekeeping

- 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

- Direct Care Wage Overtime Update
- Electronic Visit Verification
- Compliance Updates
- Site Review Spotlight
- Coming Soon – Special Training Series
  - Specialized Residential and Assisted Outpatient Treatment



# 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

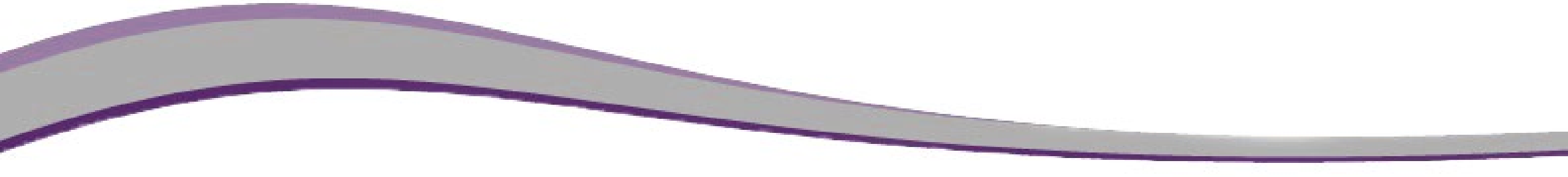


# Electronic Visit Verification (EVV) - Updates

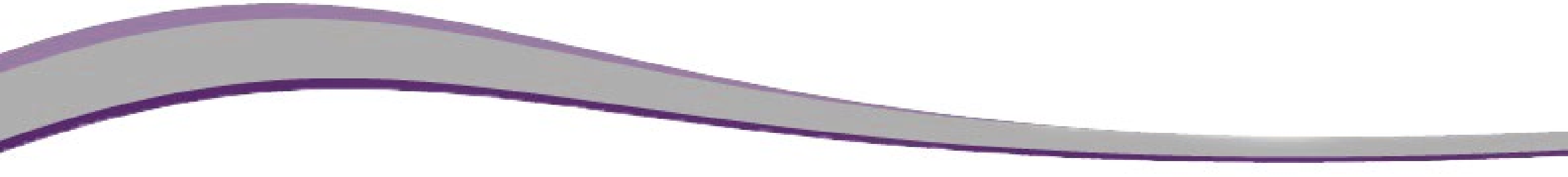
[Michigan Department of Health and Human Services EVV webpage](#)

- [Webinars, Enrollment Requirements](#)
- Services impacted for Behavioral Health
  - Respite (T1005)
  - Community Living Supports (H2015)

# EVV Systems

- What is it: a provider's real-time record of the day, time, location and type of service provided.
  - Why do we need it:
    - 21<sup>st</sup> Century Cures Act passed in December of 2016. Part of this law requires states to have an EVV system.
    - The EVV system collects data that can be used to:
      - Improve the management and oversight of services
      - Improve self-direction of services
      - Prevent fraud, waste, and abuse
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# EVV Systems

- Must collect the following information:
    - Type of service performed
    - Person receiving the service
    - Date of the service
    - Location of the service
    - Person providing the service
    - Time the service begins and ends
- 
- 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 darker purple color. Both bands have a soft, rounded, wave-like shape that tapers off towards the right side of the slide.

# EVV – Michigan Implementation

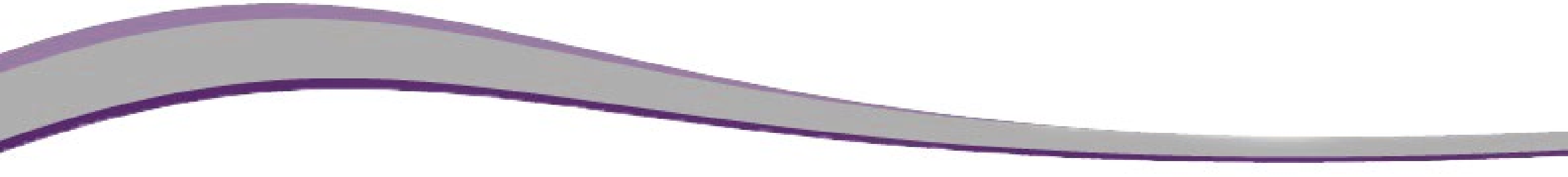
## MDHHS Efforts Decisions

MDHHS has made the following decisions about an EVV system for Michigan:

- An Open Vendor model that allows providers to use:
  - The state EVV system or
  - Another EVV system of their choosing that meets state requirements.
- There will be no cost to providers to use the state EVV system.
  - Users may be charged fees by their cell phone or internet provider



# EVV Resources

- [List serve](#)
  - [EVV Website](#)
  - EVV Email: [MDHHS-EVV@Michigan.gov](mailto:MDHHS-EVV@Michigan.gov)
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- A decorative graphic at the bottom of the slide consisting of several overlapping, wavy lines in shades of purple and grey, creating a modern, abstract border.

# Provider Network Meeting Compliance Updates



# FY24 Quarterly Waiver Staff Qualifications Audit

## **Quarter 1 Results:**

6 Providers reviewed ---- 6 Providers on Corrective Action Plans

## **Trends:**

Criminal Background Checks NOT completed prior to hire

No emergency preparedness training

No proof of IPOS training (train the trainer signature tracking)

**Quarter 2** - Request sent out to providers



# FY 24 Quarterly Waiver Staff Qualifications Audit

- 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



## 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 fugitive from justice, 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, as 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 of the parent who is paid through a Choice Voucher arrangement. The Choice Voucher System is the designation or set of arrangements that facilitate and support accomplishing self-determination through the use of an individual budget, a fiscal intermediary and direct consumer-providing contracting. *PLEASE NOTE: YOU MUST BE ABLE TO PROVIDE DOCUMENTED EVIDENCE DURING THE SITE REVIEW THAT SHOW YOU MEET THESE FEDERAL REQUIREMENTS.*

<u>MDHHS Confirmed</u>	<u>PIHP Verified</u>	<u>Staff Name:</u> _____ <u>Employed by:</u> _____
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? (Please provide training date ____/____/____ & certificate that includes date of training, content, trainee and trainer names, or other documentation)

# Uploading Status Updates

- Quarter 1 Uploaders
  - Specialized Residential Providers (A thru H)
  - Uploading Audit: 73.11% compliant with Medicaid Documentation Regulations
- Quarter 2 Uploaders
  - Specialized Residential Providers (H – Z)
  - Two or Three providers still need to start this quarter
  - Monitored monthly
- Quarter 3 Uploaders
  - Ancillary and all other providers
  - Start uploading in May (April documentation)



# Current Auditing and Monitoring

- ❖ Telehealth Audit
- ❖ Waiver Audit
- ❖ Uploading monitoring

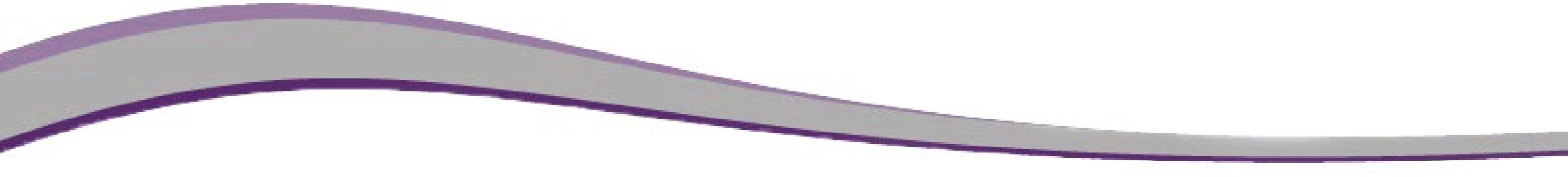




Questions for Compliance?  
reach out to [aholstine@summitpointe.org](mailto:aholstine@summitpointe.org) or  
[cking@summitpointe.org](mailto:cking@summitpointe.org)




# Site Review Spotlight – Desk Audit Materials

- Please remember to confirm your date and include with your confirmation you staff roster
    - Include Hire Date and Title of ALL staff
  - Please organize desk audit materials (by employee)
  - Scans of documents preferred
    - Hard copies can be dropped off
    - Notify Provider Network that hard copies are coming
    - Be sure to label document – Attention PROVIDER NETWORK
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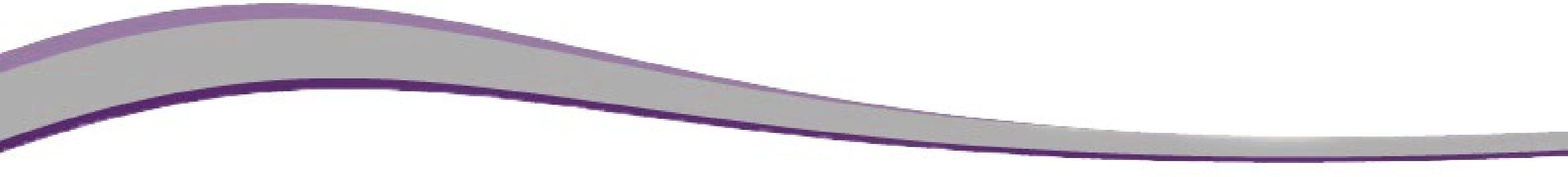
# Site Review Spotlight: Training

A few trends we are seeing:

- First Aid, CPR, and Non-Aversive Techniques for Prevention trainings need to be in person
  - Those using the training toolbox need to ensure employees are completing the test and taking all the required sections
  - Ensuring you are building a buffer between trainings to ensure that they are completed on time, as some classes fill quickly
  - Spec Res - Having staff being trained on how to care for population with specialized care needs and tracking that training (Examples: Feeding tube(s); Diabetes; Wheelchairs; Hypertension; Autistic; Cerebral Palsy; Needs lift; Other)
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# Site Review Spotlight: Credentialing

## Credentialing and Personnel Management:

- Exclusion checks need to be completed for:
    - OIG Exclusions database
    - State of Michigan Sanctioned Provider List
    - System for Award Management
  - Recipient Rights Violation Check need to be completed with Summit Pointe's Rights team
  - Primary source verification of State driving infractions are completed for employees driving customers
- Summit Pointe has developed some resources including:
    - Provider Employee Training Tracker
    - Credentialing & Personnel Management Requirements Tracker
    - Training Support Guide
    - Exclusion Checks Guide
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# Coming soon: Free Training Series



- Provided by Wayne State University
- Focus: **Specialized Residential** Providers who support customers receiving **Assisted Outpatient Treatment**
- Two different Sessions (April 24 at 2:00 and May 22 at 2:00)
- Please send home manager/home staff addresses to be invited directly to the zoom webinar ([providernetwork@summitpointe.org](mailto:providernetwork@summitpointe.org))
- Outline for April 24, 2024:
  - Overview of AOT, Crisis events and AOT, Practical Steps to improve communication and care, Time for Question and Answer

# Additional Questions

