

Contract & Financial Issues Committee, September 22, 2022, 1:00pm

Updates

EDIT Update – Donna Nieman

Donna reported that the last meeting of this group was on 7/21/22. Items covered in this meeting were staffing changes, rounding rules (of 15-minute increments for first encounter), place of service codes 2 and 10, telemedicine update (webinar for changes post PHE – materials to follow soon from Dept.), EQI update (they continue to meet and work on discrepancies between PIHP and state eligibility files), and COB subgroup (they continue to work on fee for service issues). Tiered payment inpatient is paused but tiered rate licensed residential continues to meet, they would like to try a pilot in 2023. TIM survey has been posted on the Department website. Housing support benefit is seeing a policy rewrite to encourage higher use of T2038. General consensus among members of the EDIT group is that case management already includes this service. A group is reviewing code chart changes (listed in minutes provided by Donna). Request from West Michigan to add some codes to the chart, but final decision was this was more related to addiction services. Discussion on what the process for new codes to be added to the chart is. Supported employment codes will see modifiers added soon. This will be discussed at the next EDIT meeting, as well as information on ABA codes (97153 & 97154). Bob Sheehan stated that the Association has urged keeping audio only telemedicine to continue beyond the PHE. He asked that Donna keep her ears peeled for any information on movement of this issue.

GF Negotiations – Lisa Morse

Lisa stated that the last meeting was on 9/15/22. She stated that the Department added Guardianship reimbursement and how to distribute these funds to guardians. The Department has stated that they are working to operationalize this, and the Association would like to see CMHs NOT be held as the middlemen. Lisa will keep everyone informed on this. Lisa then spoke about medical bills from state facilities to CMHs. The Department is expecting CMHs to pay for medical services (code defines them and mental health and substance use services – not medical). Lisa stated that this entire issue is based on history and that it's always been this way. Contract Negotiations team sees it differently. Bob stated that this issue was raised at the Directors Forum among CEOs from across the State. The Association will reach out to Sandy Lindsey who originally brought this issue to light, to obtain examples of these billings, and the Association will continue to cite the Mental Health Code, seeking CFI's authority to reach out to the Attorney General for a final answer on what the definition of "services" is as given in the Mental Health Code.

Group voted to authorize the Association to reach out to the AG for clarification on this issue.

Group wondered how long it may take the AG to return an answer on this issue. Alan will find out and let the group know.

Lisa continued with the update, stating that Jeff Wieferich issued a memo on this topic, and Contract Negotiations feels this memo was premature. She stated that everyone should obviously do what their Boards say to do, but she suggested that no one needs to follow this memo until after more answers are found. Bryan Krogman stated that the Department has said they need more clarity in their invoices, but that has not happened.

Lisa stated that Negotiations group has requested that EDIT items be added to the agenda. She reported that items that have a large impact on the system need to be brought to the contract negotiations table. Lisa reported that some within the Department feel that EDIT is where the public system representatives should be doing the negotiations on these topics, but that is not what is happening. Donna stated that they were told they could suggest topics/issues to the Department for discussion and input, but no option to tell the Department "No". It's not a forum for negotiations, rather the Department takes the feedback and makes their decision independently. Lisa then reported on the language for Self-D Technical Requirements. Bottom line on the Guidance document is that it is NOT required as it's not in the contract. Contract Negotiations suggested adding "When a CMH discovers fraud, abuse or waste, the CMHs need to be made whole." The Department stated they would not since it was a shared risk. Contract negotiations went on record with the Department that the Self-D Direct Employment model is the riskiest for fraud, abuse or waste." Bryan Krogman stated that you cannot recoup funds that have been fraudulently issued. Dave Pankotai stated that you have to use GF to recoup those losses, which adds risk, but doesn't allow this to be included in the contracts. The better job you do at finding and catching fraud, abuse or waste, the more dollars you lose. Bryan stated that without action from the Department, we would see the decline in self-determined arrangements. That seems to be the only recourse the CMH has, which is not what the Department OR the CMH wants to see.

Lisa stated that a larger conversation needs to take place about the CFI Contract Negotiations team, its role, and finding a replacement for her as she is trying to retire, hopefully in the next 2 years. Bob Sheehan stated that some ideas to accomplish this were –

1. calls for recruitment to the CFI Contract Negotiations team,
2. turning to already established champions of certain issues to continue handling those issues, and
3. casting a wide net for gauging interest in someone to fill Lisa's role.

Lisa stated that if anyone has a staff member that fits this role, they can let her, or Bob Sheehan know via email

(lisakmorse@outlook.com or rsheehan@cmham.org).

Legislative Update – Alan Bolter

Alan reported that there are very few days (10 or 11 total) of Legislative activity left before the elections. He stated that the \$5 Million in funding for the Guardianship issue included language that stated the Department would be issuing the payments, but somewhere along the way, language changed to state the CMHs would be issuing the payments and then be reimbursed by the Department. Alan hopes to get this language changed back to its original form (through an 'end of year' supplemental) so there would be no middleman and

would essentially be a non-issue for contract negotiations. Alan went on to report that the House Health Policy met today, and Alan testified against HB 6355 which would allow for outside contracting if the 3 hour window is not met by contracted providers. Statewide compliance on this issue is over 99%, so it is not truly an issue, but a type of “solution without a problem”. This bill will likely not see much movement and be pushed to next year. Alan has heard that Sen. Shirkey and Rep. Whiteford have been working together to try to get some type of kids only package to include autism, but there may not be enough time for them to come up with a final product. Alan went on to state that Lane Duck will be majorly influenced by the results of the election. He stated that the Medicaid rebid, and the MI Health (Duals Initiative) (DSNIP) are much more dangerous to our system at this time. Alan and Bob are working with HCAM to put together a statement asking the Department to let the Duals program expire. DSNIPs would carve in services.

Funding Issues – Bruce Bridges

Advanced Funds FY21 & FY22 – August 2022

Bruce asked if the group would be okay with a report that eliminates the prior year information and concentrate on DAB, TANF and HMP, showing advances and the history of changes. Group agreed, asking Bruce to highlight any items of concern or items that are better than anticipated, in future reports. Bruce reviewed the 34 cent increase in Hazard pay for direct care service workers. He reported that we are \$64 million above what the Actuarial projected - \$11 million from CCBHC, and the rest from an increase in DAB and TANF populations.

Discussion of Key Issues – Bruce Bridges

No items were moved to this section for further discussion.

Other

MiCAL Phase 2 (Chip Johnston)

Chip stated that MiCAL has informed his region that MiCAL will be implementing Phase 2, requiring them to switch over their 24/7 services to Common Ground, as opposed to using who they have always used. Bob asked that the “requirement” to switch over be sent to him so the Association can support this position. Bob stated that if someone WANTS to switch over to Common Ground, that’s fine, but it should not be REQUIRED. Chip will send information he has to Bob. Bob will reach out to the Department for clarification on whether or not this is a ‘requirement’ and let membership know of their answer.

Next Meeting

The next meeting of the Contract & Financial Issues Committee is scheduled for Thursday, November 17, 2022, 1:00pm. This meeting will be held in-person and via Zoom.

Adjournment

Meeting adjourned at 2:30pm