



DDPIT Meeting Minutes- September 14, 2016

Participants:

Present: Ambrosia Jackson (MCCMH); Andrea Sarto (North Country CMH); Audrey Craft (MDHHS); Barbara LeRoy (DDI); Barb Valliere (UCP); Belinda Hawks (MDHHS); Brent Mikulski (STEP); Cheri Johnson (ROOC); Chris Lerchen (ARC of NW Wayne); Chris Zeigler (MRC Industries); Dohn Hoyle (ARC); Ellen Hyman (MDHHS); Elmer Cerano (MPAS); Jamie Palma (Allegan CMH); Jim Dehem (CLS); John Williams (Progressive Lifestyles); Kathy Lentz (KCMHSAS); Robert Stein (MALA); Sharon Milberger (MI-DDI); Sherri Boyd (ARC); Todd Culver (MARO); Tracy Duncan (St. Clair County CMH); Vendella Collins (DD Council); Will Morris (Sanilac CMH); Amy Peckinpaugh (MDHHS)

Phone: Lucy Wilcox (NorthCare Network); Mick Sheridan (Copper Country CMH); Teresa Tokarczyk (Au Sable Valley CMH)

Guests: Rachel Densmore and Christine Mary (on behalf of OCCMHA); Marty Alward (MDHHS); Tom Renwick (MDHHS-Director Bureau of Community Based Services)

Absent: Angel Irvin (DD Council); Beth Schliska (Hiawatha Behavioral Health); Charlyss Ray (MDHHS); Denis Clark (Pathways CMH); Don Schuster (Listening Ear); Jamie Bragg-Lovejoy (Hope Network); Kathleen Kovach (OCCMHA); Mary Phillips (Livingston CMH); Nicole Lawson (OCCMHA); Shannan Clevenger (Lifeways CMH); Yasmina Bouraqui (DD Council); Jackie Igafu-Te'o (parent); Lori Baumgart (MCCMH)

Meeting Minutes and Action Items:

- Reviewed minutes from July 13, 2016. Correction made to the spelling of Copper Country CMH. No other changes were requested.
- Meeting agenda changes were reviewed. Added to the agenda "What's Right for the Individual" update from Marty Alward, and Disparities across the Regions/Supports and Services. Removed Conference Update and Deaf Culture Videos due to the absence of Charlyss Ray.
- Marty Alward discussed the benefit of Clubhouse for individuals.
 - Discussed Clubhouse is organized to support individuals with mental illness. Marty reviewed how some communities have become creative with using this service based on what is best for the individual.
 - Clubhouse provides the following opportunities: Assistance with education, housing, community inclusion, community resources, advocacy, financial planning, employment, transportation, social supports, evening and weekend social programs, and wellness and recovery. In addition, members participate in day-to-day activities to assist with meaningful lives and successfully managing of their illness.
 - Marty Alward described a typical day for a member of Clubhouse.
 - Group members discussed concerns surrounding the Clubhouse model being a support for individuals with a primary diagnosis of serious mental illness, per the Medicaid Provider Manual.
 - Members discussed modifying the language in the manual to include individuals whom also have an intellectual and developmental disability.
 - Marty Alward reviewed some areas in the state are more flexible/creative with access to Clubhouse supports and services. Clubhouse membership is without time limits. Access supports the recovery process. All Clubhouses have specific training to complete annually. In additional accreditation processes are in place.

- Tom Renwick provided an update on the 2016-17 Contracts, 1115, Certified Community Behavioral Health Clinics (CCBHC), and Concerns related to an assessment for CLS.

Contract Update:

- All FY2016-17 PIHP contracts are returned to MDHHS. There are a few updates from previous years regarding implementation of HCBS and new language regarding specialized residential related to HCBS and the waiver. And, implementation of the LOCUS (Level of Care Utilization System) as a standardized assessment.
- All CMHSP contracts have been returned to MDHHS except one. Included are a change to Recipient Rights; added LOCUS assessment; added trauma policy; and added an Executive expenditures/compensation reporting requirement as MDHHS reports this information to the legislature in the 404 report.

1115 Update:

- Once effective, the 1115 will result in an amendment to the existing contracts.
- Forwarded the 1115 to CMS (Centers for Medicare and Medicaid Services). Published for the 30-day comment period which ended in early August, 2016. Received 61 questions plus sub-questions. Answers provided to approximately 55. Will complete the remaining answers to questions this week. Moving into a conversation regarding the approval process.
- Exploring January 1, 2017 for an implementation date. We have extended all the waivers through December 2016. There are separate timeframes for all of the waivers.
- Looking at options for consistency across the State; Discrepancies from one place to another.
- Robust site review process is being developed; adding to the BHDDA site review process to assist in the variability that is across the PIHPs. Currently analyzing the process of repeat citations resulting in sanctions and expanding the requirement when an urgent issue is determined during the review process (example lack of criminal background checks).
- 1115 letters going out to the CMHSPs and PIHPs to identify the coordinator for the two children's waivers.

CCBHC (Certified Community Behavioral Health Clinic) Update:

- Eighteen (18) sites interested, 3 withdrew, 15 sites remain; 13 are CMHSPs.
- Implementation grant due October 31, 2016.
- The strength of the application will be determined based on how many sites are selected. Broad application. Working with CMS (Centers for Medicare and Medicaid Services).
- Group discussed what is the general direction regarding the philosophy and the details.
- Reviewed the value of CCBHC is the status allows an expansion of the service provision however complex funding and billing. Beneficial to a pocket of individuals.

CLS Assessments in the Field Update:

- It was reported, a PIHP is proposing using an assessment to determine a daily rate for CLS (community living supports).
- Tom reported that Kathy Haines (MDHHS Performance Measurement & Evaluation Manager) has worked with the EDIT group (Encounter Data Integrity Team) regarding the reporting requirements for CLS. The group has determined a general guideline for less than three (3) hours.
- Reviewed the per diem and per unit cost being mixed; getting paid on a daily basis and adding per unit cost.

- Group reviewed the PIHPs must report the cost and the encounter. Looking at costing out per diem to report in the data warehouse.
- The PIHP is obligated to determine a cost that goes along with the encounter. The cost should not be driving the services.
- Tom offered to send correspondence to the field for clarification. Chris Lerchen will email Tom directly with concerns and a copy of the assessment.

Conflict Free Case Management Update:

- 298 has halted the process of further development with conflict free case management.
 - Currently functioning under the disguise that everyone is operating under conflict free case management. If the Regions/CMSHPs/Stakeholders run into circumstances where conflict free case management is not provided, please inform MDHHS/Belinda Hawks.
 - In conflict free case management we are targeting separation with assessment, service plan development, and service delivery.
 - In addition, utilization management stating something different than the person centered plan, should not be occurring. Utilization management activities cannot reduce what was decided in the plan.
 - Conflict free case management meetings will resume after October 2016.
- Belinda Hawks provided an update on the Home and Community-Based Services implementation.
 - HSW phase 1 completed. Did not reach full compliance. A decision was made to not redo the surveys. Phase 2 will start in late October or early November 2016.
 - October 7 conference call to discuss next steps for the statewide transition plan. Letter provided stating the State can obtain initial or final approval. Goal is to approve all states by December 2016.
 - Discussed areas that need addressing such as SUD services.
 - A webinar training will be available for CMHSPs and PIHPs in October 2016.
 - Reports will be available through the data warehouse outlining areas out of compliance and a mismatch report will show inconsistencies.
 - Other states have been approved already; Tennessee, Kentucky, Pennsylvania. Some of these states have used two tools (participant and provider). Reviewing options on how to use our participant information.
 - Survey process will start in March 2017 for the 1915 (b)(3) group. With the 1915 (b)(3) services we are tracking CLS, Skill building, and Supported Employment. Analyzing how we access where someone is receiving 1915 (b)(3) services. We do not maintain this information at the state level. The (b) group is not in the waiver support application. There is a concern regarding unique IDs. Need to create an ID number for a group that is not in the system. There is planning to streamline the tool to make this process easier.
 - Phase 2 individuals will have the same questions as in phase 1. The PIHPs will work with MDHHS to collect data for individuals that come into the behavioral health system in between these two phases. The PIHPs will receive support from MI-DDI on how to implement this process.
 - Members asked about settings that will be unable to come into compliance. The recommendation was to start working on transition planning through the person centered planning process.
 - Belinda Hawks reviewed the new rule does not specify bed size but does address issues of isolation, community integration, and choice. The rule's focus is for individuals to live in the community and fully participate.

- The next HCBS meeting is September 19. MI-DDI will provide education and outreach materials for individuals receiving services and the provider; materials related to the rule, survey, how to inform the plan and some broader information.
- Group members reviewed needing real life examples of what will be compliant. Requesting this information to assist providers in real changes.
- Barbara LeRoy reviewed National Core Indicators (NCI) planning for 2016-17.
 - Reviewed for NCI fiscal year 2016-17, Michigan will implement the Adult Consumer Survey (individual) with an increase of the sample size by 25%. Michigan is not implementing the Family & Guardian survey this fiscal year.
 - Reviewed changes in the Michigan NCI Survey 2016-17 Project Timeline. See attached updated timeline/document for detail.
 - Barbara LeRoy discussed the November 3, 2016 NCI interviewer training with HSRI (Human Services Research Institute).
 - Barbara LeRoy reviewed the plan for NCI FY2017-18 is for Michigan to implement the Staff Stability Survey which is an online survey of provider agencies supporting adults with ID/DD in residential, employment, day services and other in-home or community inclusion programs. The survey captures information about wages, benefits, and turnover of the direct care professional workforce, hired by agencies.
 - Group members discussed the importance of beginning to use the NCI data to shape policy.
- Robert Stein, Elmer Cerano, Kathy Lentz, and Dohn Hoyle provided a licensing update.
 - Conversations ongoing with LARA (Department of Licensing and Regulatory Affairs) – have not made significant progress. The State responded. The petitioners need to amend their complaint.
 - The original lawsuit has four providers and four individuals who receive supports and services in their own home.
 - We are seeking legislative change in the licensing rules which are outdated. The change being sought is simple; allow people to bring in supports and services into their home including roommates without requiring a license.
 - Clarification is also needed for self-directed living arrangements that do not have a relationship with the direct support provider which does not require a license.
 - Hoping to stop the negative communication from LARA to providers.
 - These issues have impacted new development for living arrangements for individuals.
- DDPIT members discussed planning around the “Section 298 Initiative”.
 - Group members discussed the charge/mission of the DDPIT group. Reviewed advising the department on the Section 298 Initiative. NOTE: The DDPIT meeting scheduled to have DDPIT members make a recommendation to MDHHS was canceled due to MDHHS establishing the Affinity Group process which is the identified venue for public feedback regarding 298 issues.
- The DDPIT Policy Recommendation Tracking Report was taken out of “draft” form and approved as an official DDPIT Policy Recommendation document.
- HCBS real life examples; assisting providers coming into compliance will be passed along to the MACMHB for suggested workshop topics/presentations at the Winter MACMHB Conference in February 2017 in Kalamazoo.

- **Future Discussion for DDPIT:**

- Continue to request an update on MI Health Link related to integration of health of individuals with I/DD – what are we doing with MI Health Link and how is health being integrated.
- Receive an update on conflict free case management from Ellen Hyman and Tom Renwick.
- Continue with updates on licensing from Robert Stein, Dohn Hoyle, Elmer Cerano, and Kathy Lentz.
- Focus on NCI areas for improvement and policy change.

Next Meeting:

Next meeting is November 9 at 1pm in Lansing.