



Administrative Office, 105 Hall Street, Suite A, Traverse City, MI 49684

Committee of the Whole Meeting Minutes

July 15, 2021

12:30 PM

1. ATTENDANCE:

Northern Lakes Community Mental Health Authority, remote virtual meeting. Rose Denny called the meeting to order at 12:30 p.m.

Board Members Present: Cadillac – Pam Babcock, Mary Marois, Penny Morris, Sherry Powers, Barb Selesky, Randy Kamps, Rose Denny, Al Cambridge, Dean Vivian, Ty Wessell, Ben Townsend; Virtual – Greg McMorrow, Nicole Miller, Nina Zamora

Board Members Absent: Angela Griffis (advance notice)

Others Present: Cadillac - Joanie Blamer, Interim CEO; Deb Lavender, Executive Secretary; Tracy Andrews, Director of Integrated and Managed Health Services; Darryl Washington, Director of Long Term Care and Support Services; Matt Leiter, Director of Human Resources; Carrie Gray, Chief Population Officer for Intellectual/Developmental Disability Services; Paul Keller, Director of Recipient Rights; Ann Ketchum, Programmer Analyst; Andy Babcock; Aaron Fader, Executive Administrative Specialist; Virtual - Kari Barker, Director of Quality and Compliance; Dan Mauk, Chief Information Officer; Dr. Curt Cummins, Medical Director; Carrie Gray, Chief Population Officer; Brie Molaison, Customer Services Specialist; Jessica Williams, Performance Improvement Specialist, Chris Biggar, Finance Manager; Samantha Garcia, Sarah Benson

2. RECEIVE AND REVIEW June 17, 2021 MINUTES:

Moved to Board meeting.

3. PUBLIC COMMENT:

None.

4. UPDATE ON RECIPIENT RIGHTS:

Paul provided the Board with the monthly ORR report data. A new check and balance system for investigation and Summary Report Compliance was developed in partnership with the IT Department. The ORR Semi-Annual report for FY2021 has been completed and was attached to the packet. Tracy Andrews will be serving as interim ORR Director. The ORR is reviewing NLCMHA policies for CARF and in anticipation of the 2022 Triennial audit.

Paul then reviewed the ORR Semi Annual Report data from 10/1/2020 to 3/31/2021. Ty asked about the difference between neglect class II and neglect class III. Paul answered that both cases contain an omission or commission that results in noncompliance in standard care – class II results in nonserious physical harm and class III places or could place a recipient in serious physical harm. Remediation actions included six verbal counseling, eight written reprimands, three suspensions, 10 trainings, four terminations of employments, 29 substantiations after an employee left the agency, five revisions of policy, and eight others. Al asked about the 29 individuals that had been substantiated but left the agency and if it simply meant that they left voluntarily since there was a separate category for

termination. Paul confirmed this.

Mary asked if at the next meeting there could be a follow up on how many of the listed remediations included NLCMHA employees. Randy wondered if these remediations might include new employees and asked what our protocol is for addressing these lapses of policy. Joanie noted, since covering for Karl she has not seen any systemic issues relating to this but will verify how many of these are existing staff and how many of these staff are new. In terms of addressing these lapses, there are various disciplinary actions in place. If there are patterns, there is an increasing scale of disciplinary actions. Randy would like a better sense of if there are seasoned employees making these lapses. Pam asked how these numbers compared to prior years especially with complications caused by COVID-19. These numbers are down from past years. Barb asked how many directly employed staff these numbers included. Paul and Matt clarified, this includes 60 directly employed staff and about 80 contracted homes, which usually have between 8 and 12 employees each.

5. Presentation – Behavioral Health Home

Michigan currently has two different types of Health Homes: The Behavioral Health Home and The Opioid Health Home. The intent of the Behavioral Health Home is to provide comprehensive care management and coordination services to Medicaid beneficiaries with a select serious mental illness/serious emotional disturbance diagnosis. It seeks to improve health outcomes, coordinate healthcare needs, increase access to care, increase hospital post-discharge follow up, and reduce unnecessary hospital/ED/urgent care visits. The pilot program was introduced in two counties in 2014 and the State found that the Health Home saved around \$103-366 per beneficiary per month. In Spring 2020 the expansion was announced for October 2020. We currently receive \$350.97 for one encounter per month. It allows us to provide services that are not normally billable, such as administrative services like coordinating care with different providers. Eligible beneficiaries must live within our 21-county region, be enrolled in Medicaid, Healthy Michigan, or MICHild, and have a select SMI/SED diagnosis including dual diagnosis – they do not need to be primary diagnoses. Applicants can be enrolled through referral sources such as Access, Current open program, and IHC, also assessments, care plans, and consents. Members can be disenrolled if they are sent to a nursing home, jail, if they lose Medicaid, if they are unresponsive, are relocated outside our catchment, or if they voluntarily disenroll. Mary asked how Tracy and her team keep people coming to appointments – the team reaches out and caters to them depending on their needs such as transportation or providing home visits. There are currently 53 members enrolled and Tracy and her team are currently enrolling in Grand Traverse, Leelanau, Roscommon, and Crawford Counties. In order to reduce confusion in the name of the program, it was decided to change the name from Behavioral Health Home to the Comprehensive Health Assistance Team (CHAT) Program. Other CMHSPs are adopting this name as well as they have seen similar situations of confusion. Services provided by the program include, comprehensive care management, care coordination, health promotion, transitional care, individual and family support, and referrals to community and social support services. Tracy also covered the details of the financials and the positions provided by this program. She is currently conducting interviews for an operations manager for the program. Randy commented that when the program started, it was a big risk, but he is pleased with the results so far. Tracy also noted that the State provides them with a list of eligible individuals and the potential is very large. It is intended for the CHAT program to continue to expand. Tracy also shared some success stories, such as one case where a young woman who has been very resistant to receiving care but has decided to work with the program and agreed to start receiving psychiatric treatment. They have also spent a lot of time helping people track and manage diagnoses of diabetes. The community health worker with the program has also shared many success stories with Tracy and is very happy with the results they have seen through the program.

6. Presentation – MI Choice Waiver

Darryl reviewed an overview of the services provided, including the MI Choice Waiver Program, Nursing Facility Transition Program, and the Michigan Merit Award Trust Fund Grant. Their service area covers ten counties including Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford. The MI Choice Home and Community

Based Waiver Services provides services such as homemaker services, respite services, adult day care, environmental modifications, transportation, medical equipment, chore services, personal emergency response systems, nursing, counseling, home delivered meals, community living supports, housing assistance, and self-determination. The Nursing Facility Transition Program services are intended to provide a means for individuals who wish to transition from a nursing facility care back into the community. These services also include home modifications, state general fund services, interpreters, HCBS Personal Care, community transition services, community transition services, and non-medical transportation. The Northern Health Care Management services include the Michigan Merit Awards Trust Fund Grant which provides in home caregiver respite services and support to local adult day care services. Due to COVID-19, many adult day-care services were shut down or put on hold. The team has been very efficient in getting referrals into service as quickly as possible, and the requests are consistently processed within 24 hours. This program typically exceeds the State's benchmark for quality, and they share these best practices with other providers. They have faced challenges with finding direct care and professional staff, though with the widespread advocacy for the direct care wage increase there could be an ease on this challenge. There are also some direct care providers that might not be considering renewing their contract, though discussions are occurring. Finding credentialed staff has been an issue throughout the State and not just in our area. Randy asked how the PACE Program fits into this, Mary noted that she believes that it is a competing program. Darryl mentioned that PACE is a more intensive care, and the choice is up to the member. Randy asked if the Waiver Program is covered by Recipient Rights, their complaints are generally come to their team first and they are required to be followed up with. There is an administrative inquiry where they investigate the complaint. The most frequent complaints usually regard a desire to change case managers. Appeals can also be reconciled by Kari Barker in Compliance or sent to the State.

7. Single and Compliance Audit

The financial report of compliance was clean with no corrective actions offered. OBRA was also in compliance with some minor issues addressed. MI Choice had a receipt for \$30 but the purchase order was not able to be found. There are now procedures to ensure backups so that this does not occur in the future. Overall, the findings were very positive. Joanie also shared that the Audit Committee is requested to convene in early August to discuss the proposal from the NMRE. Al mentioned that he was frustrated that the audit was not delivered all on the same day and it can be requested. He then explained the differences between significant deficiencies and material deficiencies. Al then noted that he was prepared to approve this when the time comes in the Board Meeting.

9. MEETING EVALUATION/COMMENTS:

Al mentioned that when he was a new Board Member that in the past, agenda items also listed the person presenting which helped put faces to people and could be useful for new members. Randy wanted to commend the staff of the programs that were presented on today and the hard work they have been doing.

Ty said that he would prefer presenters summarize their material rather than reading it to Board Members so there can be more time for discussion and Q and A.

10. OTHER/ADJOURN:

Meeting adjourned at 2:23 p.m.

Respectfully Submitted,

Aaron Fader
Executive Administrative Specialist

apf (8/3/2021)