



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

Committee of the Whole Meeting Minutes

September 16, 2021

12:30 PM

1. ATTENDANCE:

Northern Lakes Community Mental Health Authority, 527 Cobb Street, Cadillac and remote virtual meeting.

Rose Denny called the meeting to order at 12:44 p.m. This meeting is being held remotely due to the State of Emergency being called in the City of Cadillac.

Board Members Present: Cadillac - Ben Townsend, Al Cambridge, Dean Vivian, Mary Marois, Penny Morris, Rose Denny, Sherry Powers, Ty Wessell, Barb Selesky, Dan Dekorse, and Justin Reed. Virtual - Greg McMorrow, Nicole Miller and Angela Griffis.

Board Members Absent: Pam Babcock (advance notice) and Randy Kamps (advance notice).

Others Present: Cadillac – Joanie Blamer, Acting Chief Executive Officer; Lauri Fischer, Chief Financial Officer; Matt Leiter, Director of Human Resources; Tracy Andrews, Director of Integrated and Managed Health Services; Brian Newcomb, Director of Recipient Rights; Aaron Fader, Executive Administrative Specialist; Deb Lavender, Executive Secretary. Virtual - Kari Barker, Director of Quality and Compliance; Darryl Washington, Director of Long Term Care and Support Services; Carrie Gray, Chief Population Officer for Individuals with IDD; Curt Cummins, Medical Director.

2. RECEIVE AND REVIEW AUGUST 19, 2021 MINUTES:

Moved to Board meeting.

3. PUBLIC COMMENT:

None.

4. UPDATE ON RIGHTS:

Brian referenced the monthly report with the updated numbers. An audit was completed on the psychiatric providers out of catchment for 2021 and noticed some concerns that were not completed in 2021. They were able to use some reviews from other rights offices which allowed us to do a desk inspection. They are completing inspections on others to get us caught up.

They have completed their first round of interviews for the Rights Advisor position and are ongoing and have a few candidates to schedule second interviews.

On September 10 they completed the six week transition process with Brian working with Tracy working on the Director's responsibilities and job functions. He thanked Tracy for spending the additional time, being very open, was very helpful in turning the rights office around and pointing him in the right direction.

They implemented a peer review for advisors. The advisors send all of their reports to him for review for edits and ensure they match the Mental Health Code and are finalized before sending to the CEO. He is encouraging his staff to do a peer review so that they learn their writing styles to make it more consistent and all have the same flow.

Brian met with Beth Burke to move all of our ORR New Hire training on line through the State for training which will free up our office and the training office. This will allow us to spend more time with our providers, our homes and more specific training for our area and will start October 1.

5. BOARD MEMBER PER DIEM/COST OF GOVERNANCE:

Lauri noted that according to policy we do need to know what the per diem is for each of the counties. According to the poll we are not less than the highest county. There are differences between greater than four or less hours. Lauri noted that the NMRE policy language for per diem is the same as Northern Lakes policy.

MOTION:	Leave the policy the same and move to the Board for approval.
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Dean Vivian
SECONDER:	Justin Reed

6. SELF DETERMINATION PRESENTATION:

Lauri provided a summary of the self-determination statistics identifying we have 126 self-directed arrangements within behavioral health with two fiscal intermediaries and is \$1,891,000. Variability between respite only and nursing services is \$15,000 and \$130,000 in one budget. Northern Health Care Management has 324 in their program and of that 26% or 84 are in self-determination arrangements. Lauri reviewed the process for self-determination.

Lauri introduced Erin Harris and her mother Lauri Becker who will be speaking about their experiences with self-determination. Erin introduced her mother who is assisting with her grandson's care. Erin explained the challenges they have faced with her son who was diagnosed on the Autism Spectrum at the age of three. It came to her attention that children at the age of six were cut off from the Autism Spectrum of resources. Having the self-directed services she is able to monitor them and have control. It was wonderful to have expectations and the IPOS and to be able to choose self-directed services. It has benefited their family to give her child 24/7 services and have the resources provided at home. It is important to have a healthy relationship with your family. She noted that they are able to get 30 hours a week of services, had an assessment, wanting to create the best potential for your child, attends the Autism Center to help with structure and was able to help with his social skills. She related how his skills have developed, how he socializes and attends other activities and is able to function. Erin was appreciative of GT Independence and was very fortunate to have respite care. Her mother received the training so that she can provide the respite care. She noted that GT Independence sent a package during Covid that cost about \$250 and other items that would help protect him and keep him safe. She referenced the services that her son is receiving since Covid and she is very grateful for that.

Lauri Becker related her background as a parent educator and also her experience working with impaired individuals. She noted they are teaming together with Acorn and in a year's time her grandson has the ability to communicate. It has taken a while to get him figured out. They never give up and it is our job. They have been teaming together to get her grandson at his full potential. His progress is getting better because of the teamwork. The case workers, specialists are continuing to work together. GT Independence is a great resource and they are doing the best for the kids. Lauri noted it has been a great opportunity.

Erin shared her experience with her son's case worker and her contact with the staff in Access.

7. PERSON CENTERED PLANNING TRAINING:

Kari Barker reviewed the PowerPoint presentation on Person Centered Planning. The process was reviewed – pre-planning to identify hopes and dreams, who to invite, location, questions, goals and objectives, outcomes, and whether they are attainable, etc. The IPOS will be reviewed annually, when there are significant changes made, quarterly review for specific programs and when requested by the individual. The plan should be reviewed with the individual and then signed.

8. COMPLIANCE, QUALITY, CUSTOMER SERVICES REPORT:

Kari Barker reported on Quality Improvement FY 21 for Quarter Three. She reviewed the risk events, critical incidents, sentinel events and deaths. Quarter Two Performance Indicators there were no measurement standard imposed by MDHHS. There were ten Clinical Record Reviews completed and the areas of concern were identified. The average score was 81.17%. Kari reviewed the Other Agency Quality Projects – preparing for CARF Accreditation, the Performance Improvement Programs. Kari reviewed Compliance for Quarter Three. She noted that there were eight compliance inquiries made. Status of Outcomes reviewed – Privacy and Security; Unauthorized Access; and Medicaid Encounter Verification.

9. ANNUAL COMPLIANCE TRAINING:

Kari referenced the regulatory compliance plan. We have to be in good standing with Medicaid to be available for those families and the people that we serve. We are required to have a written plan and it is reviewed annually. Our plan mirrors the NMRE regulatory plan in the region. We are required to have a Compliance Officer to oversee the plan, make sure it is up to date and ensure it is implemented. It is important we practice a culture of compliance of integrity. It is about doing the right thing. There are rules and regulations in place if we are a Medicaid provider that we have to follow. We have to inform staff and be in compliance. Making sure that everything we do as professionals we do according to the rules of our agency. We do annual training at hire, have posters, extra training throughout the year, newsletter on a monthly basis, and have an ethics hotline. Building a culture of integrity. Identified the process when a complaint is filed with the hotline. Kari noted that we ensure that our operational practices follow current requirements. We discuss at our Performance Improvement Quality Improvement meetings to discuss how we are doing and finding solutions.

Kari reviewed the compliance training document – What is Compliance; the Seven Elements of an Effective Compliance Program; NMRE Standards of Conduct; Organizational Ethics; Deficit Reduction Act; Federal False Claims Act; Michigan False Claims Act; Other Applicable Laws; Whistleblower Protection; Fraud; Waste & Abuse; Governing Rules; Substance Use Disorder Records; Mental Health Records – HIPAA; Mental Health Code; HIV/Aids Information; Breach Notification; and Reporting Requirements. Kari identified the Attestation, Acknowledgement and Disclosure of Ownership forms need to be completed.

10. AGENDA PLANNING OPTIONS:

Agenda topics for the October 21, 2021 meeting: Update on Recipient Rights; Presentation – Human Resources; Presentation – Children with Serious Emotional Disturbance; Distribute Individual and Board Member Self-Assessments; and Board Leadership Journal.

11. MEETING EVALUATION/COMMENTS:

#1 – We spent our time on the most important governance topics – excellent

#2 – We encouraged diversity of viewpoints – good

#3 – Our decisions were made collectively – good

#4 – The Board used it's time effectively – good

#5 – What is the most important thing the Board could do to improve our function as a Board?

Al identified that he raised his hand noting that our time was used poorly. 1) The reason we were not prepared technically and we need to test it before hand and make sure it is working properly, 2) The presenters need to know the time frame and to allow within that time frame questions..

12. OTHER/ADJOURN:

Meeting adjourned at 2:33 p.m.

Respectfully Submitted,

Deb Lavender
Executive Secretary

dsf (10/1/2021)

DRAFT