

# NorthCare Network

200 W. SPRING STREET, MARQUETTE, MICHIGAN 49855  
Phone: (906) 225-7254 Toll-Free: (888) 333-8030 Fax: (906) 225-5149 Website: [www.northcare-up.org](http://www.northcare-up.org)

## PMC Meeting Minutes June 8, 2009 – 10:00 AM EDT

### Present:

In Mqt: Gail Hall, Cyndi Shaffer, Larry Pollack

Video: Karen Thekan and Lisa Hinkson (Roland Jacobson)

Phone: Rick Minkin

### 1. Additions to the agenda

- a. Cyndi – Lucy will be adding a discussion about (regional think tank)Jail Services and new AG opinion
- b. Gail – Shelter Plus program – Karen has this program, think using all their money. PW receives about 40 thousand plus. Have to be considered homeless. Lisa doesn't know if HBH has it. Rick and Larry don't have it. It is a cool program if you can get into it. Lisa asked if it was under a different name. Targeted for priority population folks can administer it for non CMH consumers. Don't know how we initially got this. It is a good resource.  
Charlice Moissimo (sp?)
- c. Gail – Next Friday's DCH call

### 2. Pathways GF Update – Gail Hall, John Basse

Predicted pace of using GF and we didn't do enough to get us where we need to be. Targeting areas to reduce GF expenditures; held staff meeting on Thursday – will be laying off about 20 people; 11 administrative the rest are clinical or management. Looked at everyone – looked at high gf programs. Will end a work program – has some buried expenses as well. Knowing we have to provide se – but not that way. Have right now on the table to discontinue services to about 77 more folks even with the lay offs. This is even harder to swallow this time around. Also going to a 9 day work pay period but the staff have started to talk about giving % of their wage instead of the furlough days. Want to have the contribution go to the GF to off set the furlough days. John Basse has call into John Duvendeck to figure out specifics if it will work – can it be targeted for GF? Gail sent a email/review of the call



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on Friday with DCH – during the call Saginaw said they had changed the benefit plan for GF consumers – we were told you have to provide the whole gamete of services or not provided services suited to condition. Apparently this has been handled differently at different CMHs – Gail is waiting to touch basis with Mark K. this morning. Would feel better if we could keep an eye on folks that we are cutting. Lisa – the code doesn't recognize difference between gf and Medicaid – once in the door they are here; don't see how can set up a different benefit package. Gail is on the TSG waiting list group – they are establishing the cells of those we have to service – emergent is the first cell; second group is the severe “shall serve” – if you have the money is kind of how they are interpreting it. Lisa commented on a survey from Susan – Gail and Karen and Rick don't remember it. Larry does. Came through the board association email from Chris Ward. Lisa – the department is talking out of two sides of their mouth. Concern that regardless of what department says – have to go back to the code; when it was written didn't recognize Medicaid or GF – code is not reflecting today's world. Cyndi – talked to attorney at the AG opinion – he feels that for non Medicaid when go to hospital from jail, we are not responsible for payment. Gail asked for a copy of the letters and to give a legal opinion of his interpretation of the AG. Lisa commented that there will be something that will come out to attempt to standardize across the state. Mike Head – not looking at it right away but that we don't pay for anything but we are the provider. Lisa – they are saying we are the provider, could this be an opportunity for a revenue generating contract. Gail – that is what we are doing; went to the jails and said we aren't providing services in the jails for free. Mqt did an RFP and they went with a different company – Alger and Delta stayed with PW.

- a. Cyndi – sent out an email to Finance directors asking if they would be opposed to delaying the MGH contract. Heard from Bill, Susan and Patti. Wanted to get the support of the Finance folks. Will wait to hear from Julie who is out of the office. Delay until Oct 1 is the idea. Will update as we move on this.

### 3. Application for Renewal and Recommitment – Lucy Olson, Cyndi Shaffer, Gail Hall

Heard that a couple PIHPs didn't get their ARR in. Lucy commented that it was a good experience working with everyone.

Without senior leadership on integrated health care we won't make much



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head way on this. BCBS has brought 5 million dollars to this area for IT infrastructure. Physician's incentive group which includes UPHP – Lucy asked for us to be allowed at the table. Think we need some direction about outreach and how to follow; Dr. Cools suggested walking over to the US Rural Health Office and learning about their operations. There are some steps we could be taking and learn more about some pilot sites for sharing. Discussions on the idea of seeing if a resident could come here for residency. Gail asked if there have been any ideas on piloting – Karen met with Donna Jasic (executive director for UP) she was going to get back to Karen (year ago) think she would be a good person to invite to a PMC meeting. Federal Qualified health clinics. There are not very many, Powers, Ewen, some Tribe clinics: in Brimley the SOO Tribe, Rick doesn't know of any in his area. Lucy commented, at the national conference in San Antonio – pre conference on integrated health care – spoke about the merit of working with federally qualified – ways of blending where you can actually help each other. There may be ways to partner where you align staff – the consumer need is to have people in one spot – may depend of specific services you are talking about. Lucy would be willing to do some foot work on researching- Karen will send Lucy Donna's contact information. Will work to get her here. In terms of the ARR, there will be a new "active engagement work group" to work on sections 3 and 4 - - with direction from Cyndi and Gail is to reorganize ourselves so our committees become working groups. Will be in touch with people as we get a better idea on this. Lucy's job titled did change – Brian B. is taking over the UM position. Also have a data analyst Deb Smith. Lucy will be bringing Deb and Brian to the boards to do their part of site reviews. Cyndi commented that one of the things that NC needs to do is revise our site review protocols to align with the ARR and HSAG review.

ARR – had a signing party where a few CMHSP people came to sign the document.

#### 4. Regional Model for System Change per COD grant – Lucy Olson

We have done a great job identifying these folks with COD consistently. One of the requirements is that we have a set of guidelines. Haven't had a formal adoption of this set of principles so it is not written in any policy or practice guidelines – want to close the grant Sept 30th; Lucy would like to see if we could have this adopted and if not, what you want to put instead? What is the procedure for this? Would think that this group making a recommendation to NC that this document be used and we could move forward with it. We have



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resisted at NC for creating a policy for everything. Integrated treatment includes – a person centered health plan that is all inclusive – this is a step in that direction. Hall – are there any concern about these principles? No comments made. This is not IDDT – it is beyond IDDT. IDDT is one specific treatment model. Integrated system of care is all services. Lucy is looking for this group to embrace this document and filter it down thru their agency. Larry and Rick are fine with it - - Hall can go on record stating we embracing these guidelines. If Sam has any issues with these, Lisa will have him call Cyndi.

5. Regional data on sub populations – Deb Smith, Lucy Olson  
Review of the document Lucy sent – want to highlight a couple reports. It is true MDCH has never told us to work together on the PPGs, but this particular assignment is critical for planning services. As you look at the data, will see – we don't have good data integrity in a number of areas. If you look at individuals with dementia, shows that we have 5 in the region – that isn't right. There is an error in how we are looking at it – don't know where the error is yet. Know would like to propose we look at this together and share common definitions as we pull these reports. If you look at Consumers Children DD with no Medicaid – across the region those children across the region are increasing and will be pulling GF. There is real concern because these may be the kids that need early work and intervention. Gail asked why there is such disparity with the CMHs? Lucy – not sure, this is the first level of finding the data. Asking what this group wants us to dig further on? This data is from diver – but still not going to the bank with this data. Cyndi commented on a hearing next week on this topic. Other report reviewed – individuals in jail; open consumer 'open at the end of 07 and 08' these are our people. There is an important needs to coordinate care. Talked about this a little earlier on the AG opinion and Lisa's comment about something coming out. Lucy – in terms of looking forward for planning and programming, would like to be able to build on this and improving.
6. ELMER Update – Jean Pavlov, Claudia Johnson (Review of the handout)  
Jean – have been meeting with clinical team weekly – content of clinical forms. Changes have gone into PCE. Regional Training June 15th. Will probably review content 6-9 months after implementation. Regional training –making sure the systems is configured for training. Have been meeting weekly with



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training team. Now will be kicking off to really look at regional authorizations. Auths in ELMER were a little different. Later this month will have a regional auths meeting – listed on the handout. The process has been introduced to the clinical team. There may be some tweaks. Will introduce this NC piece – NC reviews B3s and special services (not all B3s). Dates scheduled thru Oct with PCE – these are set in stone. There may be some open slots in these sessions, may try to get NC or PW folks if needed. PCE will be on site for the first two weeks and will have NC out there as well. Admin intake training involves fewer number of people. Last page is the auth piece – the NC benefit plan drives the logic for auths. Depending on the threshold set, that service may be pre approved or it may require further review, by NC or local or supervisor. There is a list of the NC services that are being reviewed today for PW. Larry – after we do a year of these authorizations, are we going to look at the outcome decisions? Yes, we are going to really look at the benefit plan. Many services will automatically go thru. Claudia – will have to get thru one plan cycle before this analysis. There won't be a current balance to draw off of? They will enter off their existing IPOS as best they can. This will be something discussed in the auths group. Discussion follows. Will have under utilization for the first year. As long as the clinical implementation team knows and understands how this will work. Rick commented – talked with Cyndi last week about concern HIPAA information – what boards are able to access what information at what boards. What is occurring with ES workers that all share information from all five boards – raises some HIPAA concerns? As we move forward, there are thoughts to firewalls, protections from staff being able to go across regions. Cyndi – there are people who are not ES workers who have ES privileges; some admin staff. Claudia - There are people administratively that need to see those screenings. From a HIPAA perspective solely – payment, treatment issues it is legitimate; mental health code is more stringent. Have a proposal from PCE – difficult for other CMHs, can't see the pre screen but expected to pay - - hospital stays, etc... PCE has a proposal pending where by in those situations where 2 boards serving 1 consumer - - there would be a primary board and a second CMH providing services or needs access to some information in the client chart. Need to review that proposal to see if it fits in those regulations. Cheryl and Claudia met with Demitri - - thought should bring to rights folks and see if they will be satisfied. It can come here for final approval. Gail – would be good to have that here. A message we have to deliver at each CMH is the minimum necessary need to



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know. Claudia will bring this proposal back to this group after rights reviews. Any other issues, concerns? Larry – pretty good comfort level with the training schedule. Lisa – moving along. Claudia – thanks to finance and contract folks; a lot of work right now. Jean – one of the more painful parts of this is giving up old structure and going to new. Claudia – reporting and analytics: Deb Smith is working on boards on the types of reports management normally needs. She will try to bring framework around that so we can prioritize that so there will be available for folks. No guarantee that they will all be available – don't know the volume. She is expecting a list of those reports this week or next. Jean – have a regular project plan review – came up that is new is asking your analytic lead to audit a plan for when they come up October 1st. Need to know what you need to monitor when go live.

Mike Head and Irene called Cyndi 2/3 weeks ago – next step for culture of gentleness, Mike wants to send Doreen ? up here; a gal that is a non clinician but is apparently an expert in person centered planning and how that fits with the cultural of gentleness. Didn't feel there was much choice in the matter. There were 2 tentative weeks to have her come. (will give clinicians pcp for staff). Will ask NC to handle – on the road or 1 location. The week of July 20th or August 17th? Larry prefers to have her travel around the region. Rick thinks we should tell them we can't do it. Lisa – not mandatory right? Gail has asked for written materials but don't think we have received anything. Give her the August date and have her call Cyndi - - hope that we have representation, although it is not mandatory. We have been asked to contribute 3 thousand. Rick is the only one opposed.

7. Mary Thornton Training – Diane Bennett, Cyndi Shaffer, Gail Hall  
Review of the training - - the training on the second day on ethics. Mary talked about the role of a case manager, for PW it was good timing with the staff layoffs we are going to look at that. It is not to take the client out for coffee, it is to coordinate the case. She taught everyone how to do a base line assessment for corporate compliance. Cyndi – talked about Medicaid services and went into great detail about the Medicaid integrity program, when have to reverse encounters when not tied to goal and doesn't meet definition of Medicaid service. It will be interesting. Rick asked – 3 of the 5 boards didn't have an interest in Mary – since that time the other boards agreed to it, who is paying for it? NC picked up the whole thing, participation from all boards except Gogebic. This dovetails into comment on previous training. Last time



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discussed NC wasn't going to pay for it; now it was paid for by NC - - causes for difficult feelings, not getting this consistently done on training; would like more formality. Gail – there is a difference when there is something required to do – this is something we are all required to do. Hope Gogebic has done what is required. Don't remember saying NC wasn't going to pay for it. Rick – when NC decides something we are required to do – they are going to decide the training and we are required to do it? Gail – yes.

8. Review of regional strategic goals – any changes needed given economy, federal policy or state policy? (requested by Harma)

The DCH meeting that Larry and Gail participated in – they talked about 8% deduction in Medicaid. Mike Head predicts that we are going to get a reduction in Medicaid, didn't think it would be 4, but between 0 and 8%. Don't know if we need to be preparing for this any other way than we are? It did sound like they may look at rebasing Medicaid around the same time they rebase GF.

9. Regional Suicide Prevention Plan – status update (requested by Harma)

Want to include Mental Health first aid. Lisa commented that they have 2 people interested in being regional trainers – looking for regional support for them. Cyndi – in doing the ARR, 2 staff from NC were also committed to supporting for the region. This is a certification course – 15 or 16 hundred dollars – can go out and train other trainers. It gives the training and they go out in the community and give the training course; not a train the trainer. Karen has someone interested also; as well as a board member. There has been some contact with NAMI and police? Lucy commented that there is a need for some cross training – have made a connection with public safety at NMU. Could be helpful with police responding. Being able to tie it to our mandate for training law enforcement. NMU – teachers and students. There is a lot of anti stigma work going on across the region – but in terms of sustained community intervention, we don't have that. This emerged thru the environment scan. Do we need to provide financial support from NC? Cyndi – typically if it is going to be regional, we want a commitment from the board that they would be allowed to bring it back. Lisa commented that part of this training is that you have to do 3 or so trainings out side of your area.

Discussion follows on. NC needs to step up and make sure that we are doing as much training as we can in a straight forward way so the money we are



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spending for training will have a big impact for our community. Looking for something concrete – if NC picks this up. There would be the expectation that if NC picks this up, they provide the training to the rest of the region. Rick and Larry haven't heard of anyone at their CMHs interested in this. NC will pay for the training cost for the 4 region trainees. The CMHs sending someone picks up travel and lodging. Rick is not in necessarily in support of this. Rick thinks we do this very poorly. Gail agrees with Rick – we could be sending someone all the time to things. There are so many requirements that we will have – is this really something we need to do? Lucy commented that she agrees – one of the things in the ARR is a training calendar – think that given financial resources and the training we have done - - look again at the section where the mental health first aid in section 2 of the ARR – it is the systems of change, how do you change the system of care and the merit to the mental health first aid would be the impact with the community. Discussion continues: in the ARR this is a plan in the next 4 to 5 years. This doesn't have to happen tomorrow. It was not selected willy nilly, there is a lot of information out there. Doing it slowing is an appropriate way to do it. Rick – what ever the topic, should have a system where the respective board could make a request for this type of training. Wants some formality so we have some control over it. With the plates that we all have full we should concentrate on more important issues. It would be good to have a training plan. So, for HBH and NP if you want to send someone that would be fine – NC won't pick up. What about NC sending 1 person? No objections. Roland will have to relay to Lisa. Other part is this regional suicide prevention plan. – This was Sam

## 10. Recipient Rights Training

PW not getting all the credits toward the 30 hours of training they have to have. Lisa/Karen will ask around.

## 11. Announcements

Diane QI meeting - - HSAG validates PIP – we were not one of the 4 that were validated. Children services for the region, based on 06 data. We have talked to people on these numbers. This is happening all over the state. We need to respond back with our rationale. Tom knows this is a problem. We will respond back and will see what happens. Makes a little nervous about the compliance review in July – think they will be picky. Judy talked about FY contract changes, some new performance indicators and taking away some



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old. They are looking for co occurring capable systems. Want to be notified more often when non natural deaths for consumers – loss of homes due to closing of group homes. Anything news worthy they want to be notified. Board assoc wants to delete 460 report,....

Rick GL is meeting on Wednesday to discuss the fall meeting. Rick thinks it will be their last conference – that is his plan. He sees it as being something there for the UP and the board members have to decide. Larry – had Sue call Missy that Jim T is not able to make this meeting.

Next meeting is scheduled for August 11, 2009 from 10 – 3 pm eastern

