



**SUD Program Director's Meeting
Minutes**

Meeting Date: October 20, 2015

Location: SWMBH Offices

Attendance: Bob Weber, Woodlands BHN; Shannon Roberts, Summit Pointe; Nikki Van Sandt, Vicki Tornga, VB/Cass Health Dept; Jim Brundirks, CHC; Michelle Warren, Darien Smith, Harbortown; Cande Rutherford, Riverwood; Ann Webb, KPEP; Sue Germann, Pines Behavioral Health; Spencer Price, Lynelle Thrasher, Annalyse Ellis, CMHSAS of St Joe; Stephanie Lagalo, Jessica Robb, Interact; Chris Flores, Sacred Heart; Joe Kuchenbuch, WMU BHS; Christine Hiar, BCCMHSAS; Sean Harris, Recovery Institute, Jon Weeldreyer, Pine Rest; Jamie Campeau, Victory Clinic

SWMBH Staff Present: Mindie Smith, Joel Smith, Achilles Malta, Tracy Quintanilla, Kim Rychener, Moira Kean

Phone: Paula Jones, Riverwood; Ruth Blankenship, David Blankenship, Victory Clinic; Valarie Cunningham, GFM

Agenda Item	Key Discussion Points	Task/Follow Up
Provider Updates	None	
Recovery Housing RFP Update FY 15/16	Mindie reported that the RFP should be finalized and distributed next week. It is likely to be posted for three weeks or a month.	
EBP implementation update and codes	Reminder that 80% of group encounters submitted for FY16 should be evidence based. Fidelity plans are still being finalized and some need revisions. Follow up will occur with provider agencies that submitted plans for non-EBP practices, or plans needed additional development. A reminder that there is an RFP coming so its important that your current practices are consistent with what you plan to report you are doing an RFP.	
Phone numbers	Kim distributed a phone tree "cheat sheet" for both MI Health Link and Medicaid or Block Grant customers. Providers were asked to share with their respective staff to assure calls are routed to the correct person.	
Messaging/Authorizations	<p>Tracy: Step Up request reminders – for sub cap counties, please continue to fax step up requests to UM. For fee for service providers, please attach the step request document to the customer's chart and message caremanagers wmbh via the smartcare messaging system.</p> <p>Reminder that if an authorization is pended, and a clinician goes back and corrects the information that was missing, please message UM staff that this has been done. This will alert UM staff to review the authorization again.</p>	

	Program Directors, please make sure you relay this information to your staff.	
Annual ASAM requirements for MHL customers	Kim: annual assessment updates are contractually required for MI Health Link customers. Therefore, annual ASAMs must be done for MI Health Link customers. The project requires that this be done but discussions with DHHS are taking place about this requirement. This is a change in business process for providers and once clarification from DHHS is given, Kim will let providers know.	Kim to follow up with DHHS and providers once clarification is given.
Contract Requirements	<p>Moira: Contract high lights were distributed for FY16 contract. Key points from discussion included the additional delegated responsibilities of subcap CMHSP's, expectation of IOP to be delivered by subcap CMHSP's, reporting timeliness, FASD screening at any SUD provider, and coordination of care with primary care physicians.</p> <p>Implementation of evidence based practices to fidelity, and compliance with the current EBP metrics, will be considered in the upcoming RFP for SUD services.</p> <p>TEDS timeliness report for incentive payments is complete. Needs to be verified for accuracy and then payments will be disbursed. This is included in this years contract as well. Please make sure clinicians fill out dates correctly.</p> <p>Annual report metrics were reviewed once again. New reports will be run to look at the percentage increase metrics. Increase of peers, care coordination, etc. were given as examples of growth metrics. These are all required services of providers. Formal sanction letters will not be sent to providers this year, but letters to providers will be sent updating providers where they are at with these metrics. Providers should be working on implementing these services as they are in the contract again.</p> <p>If providers need assistance with the development of services, please let SWMBH know and you can be linked to other provider(s) who are providing the services for technical assistance.</p>	
Genemarkers clinical testing	Information on Genemarkers, a company that provides testing which measures potential efficacy of medication based on a customer's genetics, was distributed. Testing is a Medicaid benefit.	
Naloxone Project Update	Trainings have started. Contract has been signed with Families Against Narcotics. Naloxone kits have	

	started to be distributed to law enforcements personnel who have been trained in administration.	
Block grant updates	Lost \$150,000 in the budget for FY16. Loss not significant in relation to overall budget. SBIRT project is still budgeted through block grant funds and will look to combine some trainings for region.	
Financials	Jamie reported on August financials.	
Trainings	SWMBH sponsored SUD trainings for next year will include ASAM with Dr. Mee Lee (March 22, 23) and Helping Men Recover. Additional training opportunity available through Recovery Allies – peer supervision, being held next week.	Explore the possibility of offering a training on Living in Balance.
Recovery Self Assessment-Revised	Tabled until next meeting.	
BH TEDS	BH TEDS are active and should be completed. Document outlining some guidance on who/what should be done was distributed. Please make sure your staff understand that as of 10/1 they must complete a BH Teds document. Report errors to Provider Support.	
MDHHS Standard Consent Form	Moira: Any information that is not is not exchanged electronically, the new MDHHS consent form needs to be completed. When faxing releases, just note at the top of the release “SUD” to help us determine what service system the release is for. This should be the only release a client signs. Discussion and questions regarding the release was had, but at this time if it is a SWMBH/MDHHS funded client, this release should be used. Providers should explain thoroughly to clients the impacts of this so they know the impacts and if they should use multiple releases.	
Misc.	Block Grant for court-involved customers: If providers have ideas as to how to improve this process, email Mindie. Risk based reviews: Will be occurring this FY. This means that if multiple visits must be conducted to assure that the risk is managed appropriately that will occur. This will be done for providers that had poor site review that cannot wait until a full year has passed for a re-visit, the provider is a high volume provider where we cannot review a satisfactory percentage of the population being seen in one review, the dollar amount is significant enough that compared with the performance concerns that a follow visit is warranted, etc. SWMBH Reporting calendar: Was distributed as requested by providers at last meeting. Please note that all dates at set by DHHS and are not flexible.	