

# Clinical Leadership Committee & Utilization Management Committee

Date: Thursday, October 22, 2020

Time: 1-2pm CLC, 2-3pm Joint, 3-4pm UMC

Location: Online/Phone ONLY; No in-person Meeting

Zoom Meeting: <https://zoom.us/j/7242810917>

Call-In: 1-312-626-6799; Meeting ID: 724 281 0917

Meeting content linked here: [UMC October Meeting Materials](#) [CLC October Meeting Materials](#)

CMHSP	Participant(s)
Bay-Arenac	Karen Amon; Joelin Hahn
CEI	Elise Magen; Tim Teed; Gwenda Summers; Liz Wagner-Parker; Tonya Seely
Central	Julie Bayardo; Renee Raushi
Gratiot	Sarah Bowman; Taylor Hirschman
Huron	Natalie Nugent; Levi Zagorski
Ionia-The Right Door	Susan Richards; Julie Dowling
LifeWays	Wade Stitt, Kaitlin Burnham; Dave Lowe
Montcalm Care Network	Julianna Kozara; Adam Stevens
Newaygo	Denise Russo-Starback; Annette VanderArk; Kristen Roesler
Saginaw	Kristie Wolbert; Vurlia Wheeler; Colleen Sproul
Shiawassee	Crystal Eddy; Jennifer Tucker; Craig Hause
Tuscola	Julie Majeske; Michael Swathwood
MSHN	Skye Pletcher, Todd Lewicki. Sandy Gettel
Others	

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## CLC

- I. **Welcome & Roll Call**
- II. **Review and Approve August Minutes, Additions to Agenda**

\*Reminder: November meeting is one week early (11/19/2020) and December meeting is cancelled due to holidays.
- III. **Announcement: November and December Meetings**

November meeting to occur 3<sup>rd</sup> Thursday (11/19) due to Thanksgiving holiday; No meeting in December
- IV. **Announcement: WHAM Training Nov. 30-Dec.1**
- V. **Incarcerated Individual Needs for Inpatient Psychiatric Care**
  - A. **Background:** The Behavioral Health and Developmental Disabilities Administration (BHDDA) has been receiving an increase in questions about serving individuals who are in jail. These questions are related to the funding responsibilities of the Community Mental Health Services Programs (CMHSP) and the Prepaid Inpatient Health Plans (PIHP) when an incarcerated individual needs inpatient psychiatric care.
  - B. **Question:** The memo explains obligations for coverage of inpatient hospitalization if the individual is in custody. How are the CMHSPs handling these situations and how has it gone?
  - C. **Outcome:** Many CMHSPs report they have been using GF to provide services and cover IP costs for incarcerated individuals. There are concerns about individuals not getting services they need if the

expectation is for jail to pay for the cost due to very limited county jail budgets. Important to maintain positive collaborative working relationships with our county jail systems and reiterate that CMHSP system is there to provide support for individuals with SMI, I/DD, and SUD needs

**VI. MDHHS Behavior Treatment Plan Review Committee FAQ and MSHN Medication Guidelines**

- A. Background:** Via the MDHHS BTPRC workgroup, a new FAQ is going to be posted. MSHN has also drafted medication guidelines that have been reviewed by the Regional Medical Director's committee to help address questions of use of medication for behavior control. Asking CLC to discuss strategies for regional implementation (i.e. policy, procedure, etc.).
- B. Discussion:** Webinars planned for mid-November to review new FAQ. Reviewed the proposed MSHN medication guidelines document
- C. Outcome:**

**VII. CBHO Waivers/HCBS Quarterly Report**

- A. Background:** The quarterly report has been posted and will be covered in the CLC/UMC meeting to address HSW CAP update, MDHHS 1915i implementation workgroup, and questions/feedback.
- B. Discussion:** Enrollment in Autism benefit has steadily increased, on track to exceed Hab Waiver enrollment. Reviewed age distribution of enrollees which shows that enrollment in our region is skewed toward younger age children.
- C. Outcome:**

**VIII. ICSS Data and Feedback**

- A. Background:** Feedback was sent to MDHHS regarding the proposed data collection annual reporting tool. Also, a reminder that the FY20 ICSS data is due to Todd by Friday, October 23, 2020. Template is in the CLC folder.
- B. Outcome:** Please use the reporting template provided in the CLC folder ("October 2019 to September 2020 Mobile ICSS Report") and return to [todd.lewicki@midstatehealthnetwork.org](mailto:todd.lewicki@midstatehealthnetwork.org) by **10/23/2020**.

**JOINT CLC/UMC**

**IX. Satisfaction Survey and RSA Results (Sandy Gettel)**

- A. Background:** MSHN has the results of the Regional Consumer Satisfaction Survey for all adults and children with MI/SED, and the Recovery Assessment results for the providers and administrators, and also have the SUD Satisfaction Survey Results and the Summary of National Core Indicator results for the IDD Population. MSHN will be identifying action steps from these reports and is asking for CLC and UMC feedback.
- B. Discussion:** Youth satisfaction survey was previously only done for home-based services but this year was provided to all youth services programs. Reviewed survey results with committee as well as recommendations. Discussion of strategies to increase response rate recognizing that COVID-19 pandemic has impacted the ability deliver/collect surveys as efficiently
- C. Outcome/Action Steps:** Please provide any additional feedback to Sandy by next week, 10/29

**X. Residential Settings and COVID Outbreaks**

- D. Background:** MSHN has been in touch with MDHHS Bureau of EMS, Trauma and Preparedness to discuss best steps for ensuring safety of individuals in AFC settings. This includes calls to local health department, regional healthcare coalitions, regional hubs, and staffing agencies to address issues of stability, proper supply quantities, and safety. MSHN recently shared all CMHSP action plans to MDHHS. Are there any additional opportunities to address resource needs and response capacity?
- E. Discussion:** With cases spiking in most parts of the region, it is anticipated that CMHSPs may have need of alternative settings where they may quarantine COVID-19 positive individuals (consumers and/or

staff) in order to maintain the health of other residents/staff in residential settings. Concerns about critical staffing levels as employees either test positive or do not want to report to work due to risk factors. The \$4/hr increase is not proving to be sufficient incentive to retain DCW staff. CMHCM is leveraging their BTPRC to support providers and residents with adhering to quarantine guidelines and minimizing distress of being confined to home/bedrooms. BTPRC offering positive behavioral interventions, etc. Some CMHSPs are utilizing hotels and/or similar settings with GF funding to provide alternate short-term housing as needed for consumers and staff

**F. Outcome/Action Steps:** CMHCM will share resources from their BTPRC

#### **XI. MiCAL Discussion**

**A. Background:** Krista Hauserman, Strategic Initiative Specialist with MDHHS, to attend our November 19 CLC/UMC meeting to discuss the issues you have raised. She anticipates that she will have more information by then to have a better discussion. I'd suggest that we also take the opportunity to talk more on MiCAL questions and concerns in our October CLC/UMC meeting to further inform the November meeting. Krista will also be attending the Operations Council meeting on December 14. What questions does CLC want to ensure are covered in the November CLC meeting?

**B. Discussion:**

**C. Outcome:** Please provide feedback to Operations Council members in order to represent our region's concerns to Krista H

#### **XII. CMHSP SUD Transportation TA**

**A. Background:** Approved in April 2019; Review and update to reflect current practice if needed.

Availability of withdrawal management and residential treatment services has been limited, especially after-hours nights/weekends. CMHSP access centers and crisis teams seeking more guidance from MSHN regarding best practice for handling after hours referrals to these higher-level services

**B. Discussion:** The CMHSPs have run into issues with trying to get SUD provider to follow through with transportation. Discussed the process. Typically, this is a cab or some other transportation company. Skye suggested removal of needing to contact MSHN UM for approval under certain conditions. There are no easy answers for ensuring the SUD provider follows through on the transportation. It is an ongoing focus. Could there be a way to discuss with the providers to establish an understanding of the process. Some think that they still need approval from MSHN, which is not the case. Also looking into adding a resource where the CMHSPs can know where beds for residential and withdrawal providers. Include hours of access, if transportation is available.

**C. Outcome:** Looking into addressing the need to bridge this message with the CMHSPs and SUD providers. CMHSP SUD Transportation TA document approved with suggested revisions

### UMC

#### **XIII. Proposed COFR Resolution Procedure**

**A. Background:** Moved draft procedure back to Operations Council in October noting that there is not complete agreement from UMC regarding the usefulness of this procedure. Updates from 10/19/20 Operations Council Meeting will be provided

**B. Outcome:** Ops Council decided to continue with COFR as is according to MDHHS COFR Technical Requirement but CMHSPs can have agreements with one another not to use a formal COFR agreement. Additionally, Ops Council did not feel there needed to be a regional resolution procedure. We will continue to use the current practice of CMHSPs requesting MSHN consultation/assistance for COFR matters on an as-needed basis.

**XIV. LOCUS/CAFAS Outlier Report Demo (Power BI)**

- A. Background:** TBD Solutions and MSHN IT have developed a more comprehensive outlier reporting system in Power BI based on prior suggestions from UMC. Decisions needed from committee about how we would like to use this data, respond to data, etc. Update MSHN Core Service Menu FAQ based on discussion/decisions from today's meeting
- B. Discussion:** Skye covered the Organizational Outlier Report. The committee was in support of the report. The individual outlier report was also reviewed. Can be broken down to the service level. How should the data be used? CMHs recognize that not all individual consumers fall within expected service levels and individual outliers are to be expected. One suggestion was to review different service groups on the Organizational Outlier Report each quarter to understand and address areas where there is particular variation throughout region. CMHs will review individual outliers for that particular service group and determine if there are any common factors that could be contributing to outliers (ie: need for additional staff training, etc). CMHs will share their findings and resources for how they deliver services with one another during UMC in order to identify best practices and move toward greater consistency throughout region. Also, interested in looking at the influence of person-centered planning (ie: does use of an independent facilitator impact more/less services being written into plan, etc). Also reviewed the Level of Care Core Service Menu FAQ document.
- C. Outcome:** The UMC is interested in pursuing service use differences and starting from this point of discovery.

**XV. UMC Annual Report**

- A. Background:** Review of annual committee report as part of MSHN QAPIP evaluation process. Review FY20 achievements and discuss upcoming priorities/goals for FY21
- B. Discussion:** Discussed changes, including Parity. Solicited input for upcoming goals.
- C. Outcome:** Provide feedback to Skye if there is any additional input. Report will be finalized and submitted to MSHN Quality Department in November.

**XVI. MCG FY20 Q3 Retrospective Reviews (Informational)**

**Parking Lot/Upcoming:**

Draft Jail Diversion regional TA

Case Management/Supports Coordination Workgroup Report Out