

Clinical Leadership Committee

Date: Thursday, February 27, 2020

1-3pm

Location: Gratiot CMH 608 Wright Ave, Alma, MI

Call-In: Conf: 888-585-9008/ Room #: 818-235-935

Meeting content linked here:

[CLC February Meeting Materials](#)

CMHSP	CLC Participants in RED=phone
Bay-Arenac	Karen Amon;
CEI	Shana Badgley; Gwenda Summers
Central	Julie Bayardo
Gratiot	Kim Boulier
Huron	Natalie Nugent
Ionia-The Right Door	Julie Dowling
LifeWays	Mallory Vredeveld
Montcalm Care Network	Julianna Kozara
Newaygo	Denise Russo-Starback
Saginaw	Kristie Wolbert, Erin Nostrandt
Shiawassee	None present
Tuscola	Julie Majeske
MSHN	Todd Lewicki, Sandy Gettel, Skye Pletcher

Attn: The February CLC meeting is not a joint UMC meeting.

I. Review and Approve January Minutes, Additions to Agenda

No further feedback.

II. LOCUS Benefit Package (Skye)

A. Discussion: Discussion to address questions and concerns. There were a couple concerns with this from CEI. Is a Level 6 now hospitalization? Are there higher levels of service, like units of CSM in lower levels? There was some development happening concurrently. It went to Ops and then back to UMC for further refinement and discussion. Intent is to work with TBD Solutions to work through the different options for consideration. There was a jumping off point with an intent to tweak it further based on how CMHSPs were finding results from the review of the tool. This is not a cap on a service or benefit. This is good to talk about through these concerns to ensure there is not panic when seeing results. This is not about the individual results but rather larger groupings and trends in the levels.

- B. **Question:** Are there other concerns at this point?
- C. **Outcome:** UMC would also like to review the grid in about a year to ensure it is still in line. CLC would also like to review the tool in the March meeting.

III. **HCBS Video Project (Todd)**

- A. **Discussion:** MSHN has seen a number of homes during HCBS transition where the individual has made great progress based on provider HCBS compliance. The MSHN Regional Consumer Advisory Council reviewed the proposal and is in support of this project moving forward. Some CMHSPs have experienced that the result becomes less impactful in the future (i.e. lasting effect of videos). How would CMHSPs be involved? We are not even through this process fully yet. Worried about publicity versus informing. There is a concern that the video would quickly become not useful/forgotten, which has happened across numerous CMHSPs who have created videos. Questions about cost. Saginaw had used another state's videos to show others and to educate staff on HCBS. Saginaw did not use it again and was glad to have not spent the money on it. This may not be the best way to show but anecdotal stories have been more effective. There has been a lot of change and this could be viewed as invalidating and condescending to those that have struggled with the transition. Saginaw had a town-like meeting and discussed what was happening and what is going on with HCBS Transition. These were poorly attended, but then once they caught on more started attending and it became useful.
- B. **Question:** Does CLC support the opportunity to implement an HCBS video project showing the HCBS transition benefit? Could there be another way to share stories instead that have less time and money investment?
- C. **Outcome:** CLC would like to consider methods that would have a longer lasting effect, but not a video.

IV. **Proposed Medicaid Policy 1927-BHDDA**

- A. **Discussion:** 1927-BHDDA sets forth the state's proposed policy for guiding the upcoming transition of HCBS into a 1915(i) state plan benefit. There is the thinking that this might reduce revenue. How will the consumer be impacted by these suggested tools? There is a concern for these changes disrupting timely service delivery. Additions to administrative process create service obstacles/barriers. What alternative suggestions do we have to offer to MDHHS?
- B. **Question:** Does the CLC support or oppose the change to the policy?
- C. **Outcome:** CLC likes the idea of inviting certain state leaders like Sarah Esty, to talk about these issues. The system should also be talking about solutions not just complaints. Include Todd on the email when providing feedback to the state.

V. **Independent Facilitation**

- A. **Discussion:** What barriers have CMHSPs encountered? What tools do the CMHSPs use? Central is starting to train people on charting the life course. This would be great for IFs to be trained in. Help the IFs understand their role, not to determine services or medical necessity. Rt. Door has not had success with use of IFs, individuals were not buying into

this. There are many persons who do not want an IF because this is a stranger and they would like their worker instead. Some feel that it takes longer for the IF to do it because of the service. There can be good ways to facilitate the service of an IF but should not make the PCP process longer. Many guardians have told other not to use it because of this.

- B. Question:** What tools do the CMHSPs use for IF? Will the CMHSPs share these blank documents?
- C. Outcome:** CMHSP will send these instruments to Todd.

VI. R5 Slot Allocation Notice

- A. Discussion:** MSHN has fallen below the 95% slot utilization rate for three consecutive months for HSW. This must be addressed in a corrective action plan due to MDHHS by 1/31/2020.
- B. Question:** This is informational for CLC.
- C. Outcome:** Informational.

VII. Behavior Treatment Review Summary Project Description

- A. Discussion:** MSHN is transitioning review of the behavior treatment plan review committee data to Clinical Leadership. Many of the conversations are around clinical interventions which is why it is being brought to CLC. This is being evaluated for utility for being brought to CLC. BTPRC talking about continued restrictions, especially around HCBS. Behavior treatment has continued to be an issue in the region. Is there a need for training? If there is a training, what should be included in it? Be mindful of population in a training i.e. adult versus child population, there should be a focus on both. Data can now be separated by waivers as well to possibly identify trends. First full analysis of this new data will be in July. What might be more useful to look at? Could we share resources? Are we doing anything to compare data on incidents in ABA clinics?
- B. Question:** What is CLC's perspective on reviewing the data? What improvements could be made when considering behavior interventions?
- C. Outcome:** CLC supports this report coming to CLC. We should also highlight children in the report.

VIII. Behavior Treatment Plans

- A. Discussion:** There are questions about behavior treatment plans and who can write them. This is requested for further discussion. Price Pullins said that anyone can write a positive support plan. Anyone can write a behavior treatment plan but it should be supervised by a psychologist. BCBAs are newer to the system and this adds something new to the question. It has been difficult to get people to the state training which has been very difficult as well. There should be trainings available to help identify the appropriate disciplines. Should we develop a list of competencies to write plans.
- B. Question:** Who can write behavior treatment plans and to write functional behavioral assessments?
- C. Outcome:** Recommend that this be addressed at BTPRC to provide additional insight.

IX. Priority Measures

- A. Discussion:** Included is an updated MSHN priority Measures Report with data ranging from 1/1/2019-12/31/2019.
- B. Question:** How is the PCP identified? Is it connected to the claim and the visit code?
- C. Outcome:** Todd will carry forward as needed and also invite Joe Wager to discuss data elements/definitions for the HEDIS measures.

X. HCBS Leads Meeting Update Report

- A. Discussion:** Talked through the recent HCBS Leads report. Talked about HS and Provisional placements and close the front door. Reported that the CMH Leads are likely getting contact by MSU, the contractor for MDHHS on issues relating to HS. Also updated CLC on upcoming surveys scheduled for April for categories of providers who never completed the survey.
- B. Questions:** Discussed questions related to provisional approval and high clinical need cases.
- C. Outcome:** CMHSPs should seek provisional approval for new providers when there is no contract and discuss single case agreements with a backup plan when looking to place more challenging cases.

UMC Parking Lot:

- Moved to parking lot 7/25/2019-Conflict-Free Case Management **Address in annual policy/procedure updates*
- Annual review of MSHN Regional UM Plan, Charter, and Policies/Procedures during February meeting; Discuss development of workplan to track status of ongoing projects