

Meeting: Clinical Leadership Committee & Utilization Management Committee

Meeting Materials: [\(3\) 2-24-2022 Meeting Materials | Powered by Box](#)

Zoom Link: <https://us02web.zoom.us/j/7242810917>

Meeting Date: 2/24/2022

Attendees:

- ☒ **MSHN** – Todd Lewicki, Skye Pletcher
- ☒ **Bay** – Janis Pinter, Karen Amon, Joelin Hahn
- ☒ **CEI** – Shana Badgley, Gwenda Summers, Joyce Tunnard, Elise Magen
- ☒ **Central** – Julie Bayardo, Renee Raushi, Angela Zywicki
- ☒ **Gratiot** – Taylor Hirschman, Sarah Bowman
- ☒ **Huron** – Natalie Nugent, Levi Zagorski
- ☒ **Lifeways** – Dave Lowe, Jen Fitch, Cassandra Watson
- ☒ **Montcalm** – Julianna Kozara, Sally Culey Joe Cappon
- ☒ **Newaygo** – Annette VanderArk, Kristen Roesler, Denise Russo-Starback
- ☒ **Saginaw** – Kristie Wolbert, Vurlia Wheeler, Erin Nostrandt
- ☒ **Shiawassee**– Jennifer Tucker, Crystal Eddy, Trish Bloss, Nicole Hathaway
- ☒ **Right Door** – Julie Dowling, Susan Richards
- ☒ **Tuscola** – Jacklyn Schillinger

Guests:

- ☒ **MSHN** – Tammy Foster, Veteran Navigator

KEY DISCUSSION TOPICS

JOINT TOPICS

1. Welcome & Roll Call
2. Review and Approve January Minutes, Additions to Agenda
3. Veteran Navigator Referral Process
4. SUD Access Screening/LOC Determinations
5. Conflict-Free Access & Planning- Information and content can be accessed here: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868-575948--,00.html
6. SIS Updates
7. Delayed Access to Services & Use of Waitlists
8. Human Services Acceptable Degree Programs
9. Medicare “Incident To” Guidelines
10. Code/Modifiers related to IDDT/COD

CLC TOPICS

- See Above
- 1. Clinical Leadership Balanced Scorecard FY22Q1 and FY23 Discussion
- 2. School Threat Assessment
- 3. Camps and Training Requirements for Respite

UMC TOPICS

1. UM Policy & Procedure Review
2. UM Report Schedule
3. UM Reports: [\(3\) Reports | Powered by Box](#)
 - a. Balanced Scorecard Measures
 - b. Penetration Rate
 - c. ACT Utilization

▪ KEY DECISIONS/DIALOG

- ✓ **Veteran Navigator Referral Process:** MSHN VN Tammy Foster presented draft referral procedure & National Veterans Crisis Line info
- ✓ **SUD Access Screenings/LOC Determinations** in REMI have been declining quarter to quarter. Staff turnover has resulted in some current staff not having familiarity with SUD screening & documentation requirements. MSHN currently has training resources available (video clips, resource documents), but there is interest from CMHSPs in developing a live training via Zoom.
- ✓ **Conflict-Free Access & Planning:** MDHHS statewide workgroup co-facilitated by TBD Solutions, includes CMHSP and PIHP representation. Participants from Region 5 include MSHN staff, Newaygo CMH, and others. Purpose of workgroup is to ensure that Michigan Public Behavioral Health System aligns with 42 CFR requirements related to conflict-free case management. Janis Pinter and Sarah Bowman volunteered to serve as points of contact to begin gathering the committee's feedback regarding what safeguards already exist within CMHSP system that support principles of conflict-free service delivery.
- ✓ **SIS Updates:** MDHHS expectation that each PIHP will be at 85% SIS completion rate by 9/30/2023. MSHN region is currently 59.1% completion. Annual performance target for each SIS assessor during FY23 will be 128 assessments.
- ✓ **Delayed Access to Services & Use of Waitlists:** CMHSPs are struggling to adhere to timeliness standards for assessing and admitting individuals to service due to unprecedented staffing shortages. Waiting lists are not being used for Medicaid beneficiaries, however there is recognition that services may be delayed. Reasons for being out of compliance will be tracked when services cannot be provided within MMBPIS timeliness standards. Triageing and working to get people in as quickly as possible; focusing on urgent/chronic populations; using ABD notices when needed to notify persons served about reason(s) for delay
- ✓ **Human Services Acceptable Degree Programs:** Recent change to MDHHS qualifications chart to allow for "human services degrees"- which specific degrees/disciplines are CMHSPs allowing? What is allowable scope of work (ie: assessment, provision of case management, etc). Newaygo, Saginaw, and GIHN reported all initial assessments are performed by Master's level clinician, not bachelor's level human service degree staff. Others allow the annual assessment (not initial) to be done by a bachelor's but signed off by Master's staff.
- ✓ **Medicare Incident-to Guidelines:** GIHN inquired if other CMHSPs have successfully billed LPC services as incident-to psychiatric services, per Medicare allowable billing rules? BABHA and Huron both explored this option in the past and ultimately determined that it was not worthwhile due to documentation and other requirements
- ✓ **Code/Modifiers related to IDDT/COD:** Previously, CMHSPs were required to have a SUD license and meet fidelity standards to provide evidence-based IDDT services. Now that LARA no longer issues SUD licenses to CMHSPs have the standards been changed relative to IDDT/COD service provision? CMHSPs are continuing to operate IDDT/COD programming as long as they have met fidelity standards.
- ✓ **CLC BSC Measures:** shared with no further feedback. Consider changes as the year moves on.

	<ul style="list-style-type: none"> ✓ School Threat Assessment: state interdisciplinary model bringing different groups together (schools, CISM, etc.). CMHSPs are in a difficult position because they cannot share info with these other parts of the system due to privacy. The role of the CMH is thought to be collaborative and around mental health needs. Gwenda Summers will share the letter that CEI uses to educate these systems about CMH services, including crisis systems. If any member of CLC finds a “flaw,” please share suggestions and feedback. Some are considering use of CIT teams. There is confusion from schools, police what the CMH does when asked to do a forensic assessment. No CMHs have staff that are trained to do this. ✓ Camps & Training Requirements for Respite: Camps are falling under respite and there are no exemptions for trainings for camp staff. What are others doing? Some camps are saying they are unable to meet the training requirements for respite provider staff. Many CMHs are losing providers because the staff did not have the trainings. Is there any advocacy that can be done? MSHN should consider taking this to EDIT group. Todd to check with Barb Mund and Renee Raushi on putting something together. Is a mental health endowment grant a way to send individuals to camp? ✓ UM Policy/Procedure Review: Reviewed proposed edits to Access Policy and Utilization Management Policy. No concerns; committee supports moving forward to Operations Council. No changes suggested to other UM Policies/Procedures. ✓ UM Report Schedule: Reviewed and finalized FY22 UM Report Schedule.
<ul style="list-style-type: none"> ▪ ACTION ITEMS/NEXT STEPS 	<ul style="list-style-type: none"> ✓ MSHN UM Department will develop SUD Access training for CMH staff. Training resources and information will be distributed to these committees when available (estimated: April/May 2022) ✓ MSHN SIS assessor Linda Manser has some availability- contact Todd if interested in using Linda’s services to complete additional SIS assessments in specific CMHSP catchments ✓ MSHN will advocate with EDIT workgroup around flexibility for training requirements for respite camp staff
<ul style="list-style-type: none"> ▪ KEY DATA POINTS/DATES 	<ul style="list-style-type: none"> ✓ None this month