

# Clinical Leadership Committee & Utilization Management Committee

Date: Thursday, January 28, 2021

Time: 1-2:30 pm Joint Content, 2:30-4pm UMC and CLC Breakout Sessions

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 January Meeting Materials](#)    [CLC January Meeting Materials](#)

CMHSP	Participant(s)
Bay-Arenac	Karen Amon; Joelin Hahn; Janis Pinter
CEI	Shana Badgley; Elise Magen; Tonya Seely; Tamah Winzeler; Tim Teed; Gwenda Sommers
Central	Julie Bayardo; Renee Rauschi; Angela Zywicki
Gratiot	Sarah Bowman
Huron	Natalie Nugent; Levi Zagorski; Jill Rowland
Ionia-The Right Door	Julie Dowling; Susan Richards
LifeWays	Gina Costa; Dave Lowe
Montcalm Care Network	Julianna Kozara; Adam Stevens
Newaygo	Kristen Roesler; Denise Russo; Annette VanderArk
Saginaw	Kristie Wolbert; Vurlia Wheeler; Colleen Sproul; Erin Nostrandt
Shiawassee	Crystal Eddy; Craig Hause; Jennifer Tucker
Tuscola	Michael Swathwood; Julie Majeske
MSHN	Skye Pletcher, Todd Lewicki
Others	

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## JOINT CLC/UMC SESSION

- I. **Welcome & Roll Call**
- II. **Review and Approve November Minutes, Additions to Agenda**
- III. **Informational: New Legislative Action**
  - A. **2020-PA-0285 Psychiatric Residential Treatment Facilities (PRTF)**
  - B. **2020-PA-0402 Crisis Stabilization Units**
- IV. **Informational: QI FY20 Performance Summaries**
  - A. **Behavior Treatment**
  - B. **Follow Up After Hospitalization (FUH)**
  - C. **Critical Incidents**
  - D. **Diabetes Monitoring**
- V. **Message Regarding Ranges for Services**
  - A. **Background:** Message from Kim Zimmerman, MSHN Director of Compliance, Customer Service & Quality in response to MDHHS site review findings regarding use of ranges in plans of service
  - B. **Discussion:** Committee expressed appreciation of MSHN's advocacy with MDHHS for written clarity. Committee strongly supports the statement from MSHN and emphasized the importance of CMHSP accountability to deliver services according to IPOS and not only the minimal end of a range.

## **VI. MSHN Council/Committee Survey Results**

- A. Background:** MSHN conducted a survey in November in order to receive feedback about effectiveness and efficiency of councils/committees as well as suggestions for improvement. High participation from CLC and UMC members- thank you. Seeking follow-up discussion in response to feedback received:
  - i. **Split vs Combined Meetings**
  - ii. **Meeting format- Use of Zoom breakout rooms**
- B. Discussion:** Agreement there is great value in sharing time together but at times individual content areas have not had the focus needed (specifically related to some UM initiatives such as core service menus).
- C. Outcome:** Committee supports a meeting format that includes joint agenda for a portion of time and individual committee agenda for a portion of meeting. Preference is to try having individual committees meet simultaneously following the joint agenda. Will pilot use of Zoom breakout rooms over the next couple of meetings to assess if it meets the needs of both committees.

## **VII. Overnight Health Safety & Supports (OHSS)**

- A. Background:** There continue to be questions and opportunities for clarification regarding the new OHSS benefit. Questions include:
  - i. Parameters for OHSS for children who live in home with parent/caregiver?
  - ii. Determination of medical necessity
  - iii. Differentiation between OHSS and CLS (H2015)
- B. Discussion:** There is ongoing confusion with the T1027 and the H2015 use and when the UJ modifier is used. This was also discussed in the context of when to use the code relative to persons on the waiver versus not.
- C. Outcome:** MSHN will continue advocacy with MDHHS for better clarity around use of both T2027 and H2015

## **VIII. Case Management Workgroup Updates**

- A. Background:** Workgroup formed to develop regional resources and protocols related to providing CSM and SC.
- B. Discussion:** Need for regional training in evidence-based practices such as mapping the life course, PATH, Circles of Support. Additional training need for supervisors to ensure clinical supervision is occurring regularly with CSM and SCs.
- C. Outcome:** Next steps are to look at possible trainings including MAPS, Circles. Look at a regional effort or state push for a training. Return to this topic in Feb, review EBP models and trainings. Include a training for supervisors. Ideas on how to talk with staff or on plan writing.

## **IX. Feeding Therapy Combined w/ Speech Therapy**

- A. Background:** BABHA has a provider requesting to provide feeding therapy as part of speech therapy services. Are other CMHSPs authorizing and paying for feeding therapy?
- B. Discussion:** anything with feeding therapy has historically been referred to the health plan. There are some individuals that this does seem connected to the clinical/autism. This is specific to speech therapy, not ABA treatment.
- C. Outcome:** Consensus that if feeding therapy is related to developmental disability then it is within CMHSP scope to authorize; if the need is based on a physical condition it is appropriate to refer to health plan

***\*\*CLC and UMC Breakout Sessions will begin at the conclusion of joint content agenda\*\****

## **CLC Breakout Agenda Items**

### **I. Informational: PBIP Score**

- A. Update:** MSHN received notification from MDHHS that our region earned 100/100 possible points on the narrative portion of the PBIP reporting requirements for FY20. Received 94% on the performance metric for FUH by less than 1%. Thank you for contributions to the narrative report regarding CMHSP integrated health activities.
- B. Discussion:** Discussed PBIP outcome. No questions.

### **II. MSHN Balanced Scorecard**

- A. Background:** Seeking discussion/recommendations regarding possible addition of a behavior treatment measure, question related to FASD follow-up, and potentially replacing some of the existing CLC “Better Health” measures. Also, keep Trauma Informed Organizational assessment in BSC.
- B. Discussion:** Todd opened discussion. BTP workgroup could be consulted to come up with a measure for tracking. We could also look at the CCBHC clinic measure. Benchmarking here is a great option. Recommendations to remove measures one and three in the better health section.
- C. Outcome/Action Steps:** Todd to obtain recommendation from the MSHN BTP on a measure for the balanced scorecard. CLC to provide any additional recommendations to Todd.

### **III. Regional Crisis Residential Proposal Update**

- A. Background:** Approval from MSHN Ops Council and Board of Directors for MSHN to issue an RFP on behalf of the region. Todd will be leading a committee to develop the RFP and then review subsequently submitted proposals.
- B. Discussion:** Todd provided an update on CRU development. Currently have a rough draft of the RFP and once this has been reviewed and prepared, the RFP committee will convene. Todd also reported on the new crisis residential unit operated in Lansing by Beacon.
- C. Outcome:** Set RFP committee meeting.

### **IV. Trauma-Informed Care**

- A. Background:** MSHN policy ensures that Mid-State Health Network (MSHN) and its provider network promotes an understanding of trauma and its impact, develops, and implements trauma-informed systems of care, and ensures availability of trauma-specific services for all persons served. An organizational self-assessment for trauma-informed care is to be updated every three years. Review status and identify opportunities for improving processes, including:
  - Determining each CMH timeframe Org. Assessment was completed (need a date),
  - Obtain the most recent TIC Org. Assessment From each CMHSP (may be available through the site review documentation) (QIC)
  - Complete a comparison (QIC)
  - Determine trends, patterns of significance, based on the data. (QIC)
  - Ensure that each CMHSP/SUDP has an action plan to address the growth areas.
  - Assess if regional action could add value. (CLC)
  - MSHN to develop goals based on results (CLC)
  - Determine if MSHN internal should utilize the same assessment.(CLC)
  - Incorporate MSHN internal in the results, identifying that MSHN internal is admin only. (QIC)
  - Build the assessment into REMI/Survey Monkey etc. to assist the CMHSPs/Providers and us in aggregating the data. I would recommend the REMI/provider portal, so each provider has access to their individual data as well. (QI/IT)

- B. Discussion:** Discussion of MSHN's policy regarding trauma informed assessment at the organizational level. Each CMH completes this assessment at least every three years. Per MSHN policy, seeking to gather from each CMH: date last administered and the results. The recommendations were reviewed.
- C. Outcome:** Each CMH will send their last date of organizational assessment and results. Todd to ensure that there are dates applied to the recommendations.

**V. Self-Direction Technical Requirement**

- A. Background:** This technical guidance provides people with methods to control and direct how the services and supports in their Individual Plan of Service (IPOS) are implemented. Self-Directed Services are a partnership between the PIHP/CMHSP and the individual. Are other CMHs already offering the Choice Voucher to all children?
- B. Discussion:** Discussed the self-direction technical requirement. The CMHs report that there has not been an increase in self-directed requests but are monitoring how this is developing.
- C. Outcome:** CMHs will continue to modify their policies and procedures as appropriate.

**VI. CLC Survey**

- A. Discussion:** Todd reviewed the results on the CLC Council/Committee survey with the group. Opportunities were discussed around improvement where warranted. CLC feels that the committee is operating well but that agendas tend to be full of content.
- B. Outcome:** Recommendation is to ensure that the committee has an agenda that is not too big, allowing for better preparation in advance.

## UMC Breakout Agenda Items

**I. FY20 MCG Report**

- A. Background:** Reviewed the FY20 retrospective sample sizes; reviewed compiled report of FY20 reviews (all quarters). Regional rate of 96% consistency with MCG Criteria during FY20. How is the current retrospective review process working? Are any changes needed to the current manual review process now that there is the ability to export reports from Indicia?
- B. Discussion:** CMHSPs that conduct retrospective reviews like the process and prefer to continue to conduct retrospective sample reviews during FY21 although there are benefits to considering prospective reviews in the future for all individuals served. Retrospective reviews are not being documented in EMRs, they are being documented manually outside of consumer chart in most cases. Various rationale were offered, including the fact that retrospective reviews being conducted as utilization management activity could appear in Indicia as if they were conducted concurrently at the time of the hospitalization. Another concern is that if CMHSP authorized a variance such as additional hospital days due to no placement for the consumer to step down, then the retrospective review in Indicia will conflict with the services that were actually authorized by the CMHSP. Skye acknowledged that these are the types of variance that we want to keep track of as a region. CMHSPs that conduct prospective reviews report that it does not add significantly to clinician workflow and there is some advantage to being able to provide medical necessity rationale with MCG criteria when working with hospitals related to discharge planning and continued stays.
- C. Outcome:** Will continue current retrospective review process for FY21. Skye will re-calculate sample sizes per CMHSP and provide at next month's meeting. Additional conversation needed regarding if retrospective reviews should be documented in CMHSP EMRs vs manually outside of the EMR.

**II. MSHN Balanced Scorecard**

- D. Background:** Review FY20 MSHN Balanced Scorecard, discuss UMC priorities for FY21-22 balanced scorecard metrics

- E. Discussion:** Reviewed current metrics and made recommendations to discontinue some that have been completed. Continue monitoring performance but no longer strategic priorities due to implementation being completed. Discussed possible new metrics:
- i. Services authorized vs services provided (are services being provided according to consumers' plans)
  - ii. Average length of time for consumer placement for crisis/acute services (related to consumers boarding in ERs while placement is sought)
  - iii. Telehealth engagement
- F. Outcome:** Skye will develop measurable metrics related to the priorities identified by UMC. Bring draft metrics back to group for review

**III. MDHHS Request for Information: Response needed by 2/12/2021**

- A. Background:** MDHHS is requesting information from all PIHPs regarding utilization management and service authorization data. Please complete the assessment (emailed to UMC members on 1/21/21) and return to Skye by 2/12. Thank you

**Parking Lot/Upcoming:**

Draft Jail Diversion regional TA – Awaiting revised policy/procedural guidance from MDHHS