

# Clinical Leadership Committee & Utilization Management Committee

Date: Thursday, May 28, 2020

Time: 1-2pm CLC Content; 2-3pm Joint Content; 3-4pm UMC Content

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

CMHSP	Participant(s)
Bay-Arenac	Karen Amon; Joelin Hahn; Janis Pinter
CEI	Shana Badgley; Tamah Winzeler; Tim Teed
Central	Julie Bayardo; Renee Raushi
Gratiot	Kim Boulier; Taylor Hirschman
Huron	Natalie Nugent; Levi Zagorski
Ionia-The Right Door	Julie Dowling
LifeWays	Gina Costa
Montcalm Care Network	Julianna Kozara, Adam
Newaygo	Denise Russo-Starback
Saginaw	Kristie Wolbert; Erin Norstrand; Vurlia Wheeler
Shiawassee	April Riley for Crystal Eddy; Jennifer Tucker
Tuscola	Julie Majeske; Michael Swathwood
MSHN	Skye Pletcher, Todd Lewicki
Others	

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## CLC

- I. **Welcome & Roll Call**
- II. **Review and Approve April Minutes, Additions to Agenda**
- III. **COVID-19 Updates: Reopening Plan and Residential Crisis Plan**
  - A. **Background:** Both plans were developed using research and best practice recommendations from CDC, Johns Hopkins Univ and other reputable sources. Both plans have been reviewed and approved by Regional Medical Directors and Ops Council. Neither plan should be taken to imply any type of mandated action by a CMHSP; they are meant to be guidance documents to support local decision-making. MSHN is currently building a dashboard to help guide regional reopening decisions with specific data metrics.
  - B. **Discussion:** Todd shared information about a free online COVID-19 contact tracing course.

- C. **Outcome/Action Steps:** Todd will share the link to the contact-tracing course with the group for any who are interested. Any comments, questions, or feedback about the Reopening Plan and/or Residential Crisis Plan can be directed to Todd.

**IV. Policy & Procedure Review**

- **Children’s HCBS Waiver Policy (CWP)**
  - **SEDW Policy**
  - **CWP Prior Review & Approval Request (PRAR) Procedure**
  - **PRAR Request Form**
  - **PRAR Clinical Review Form**
- A. **Background:** New policies/procedures defining expectations for enrollment, eligibility, recertification, prior review and auth requests for CWP and SEDW.
- B. **Discussion:** No substantial discussion
- C. **Outcome/Action Steps:** Provisional consensus to support proposed policies/procedures and forward to Ops Council. Please share with relevant individuals at respective CMHSPs and provide any additional feedback to Todd within 1 week (by 6/5/20).

**V. CLC Parking Lot Items for Carry-over to Future Meetings:**

- A. **Continued discussion about CSM provision**
- B. **Ongoing development of Regional Telehealth Policies/Procedures**
- C. **COVID-19 Successes:** Huron reported successful delivery of CLS services via Zoom, able to offer things such as yoga, coffee hour, dance party, etc

CLC & UMC Combined

**VI. Announcement: IPU Denials Due to COVID-19 Testing**

- A. **Background:** MDHHS has been addressing the issue of IPU denials due to COVID-19 testing. Please forward information when this occurs to Todd Lewicki who will compile it on behalf of the region to share with MDHHS
- B. **Discussion:** There continue to be reports of both adult/adolescent denials due to positive COVID-19 testing or admissions being delayed due pending testing results. There have been conflicting reports about Hawthorn having a COVID-19 positive units, however it is not known if they are actually accepting confirmed positive cases or simply using a separate unit for quarantining individuals who may have had exposure. MDHHS is convening a workgroup of medical professionals to address issues related to hospital denials related to COVID-19

**VII. Crisis Residential Feasibility Discussion w/ TBD (Assessment, Payment & Utilization Models, Project Plan Documents)**

- A. **Background:** MSHN has been working in partnership with TBD Solutions to conduct an updated feasibility study for development of new crisis residential program within the region. Travis from TBD presented data related to meeting network adequacy standards

and proposed different potential utilization/payment models for consideration in the MSHN region.

- B. Discussion:** There is broad support from many CMHSPs who do not currently have a crisis residential in their catchment (CMHCM, GIHN, Montcalm in support).
- C. Outcome:** Please read the 3 documents included in this month's meeting materials and provide feedback to MSHN around any questions, concerns, support. Todd will follow up individually to gather feedback.

#### **VIII. MSHN Behavior Treatment Review**

- A. Background:** As part of the regional Quality Assessment and Performance Improvement Plan (QAPIP), MSHN aggregates and reports out on data related to Behavior Treatment Review in the region. Sandy Gettel, Barb Groom, and Katy Hammack presented FY19 data, reviewed regional trends and recommendations. One finding that is a focus in the region is enhanced training related development of IPOS to ensure case holders accurately recognize restrictive and/or intrusive techniques that need to be referred to the BTRC for review and approval.
- B. Discussion:** No additional discussion
- C. Outcome:** No follow up needed at this time

### UMC

#### **IX. Milliman LOCUS Rate Setting Data**

- A. Background:** PIHPs were asked to do vetting of LOCUS scores, this was shared with IT Council. After vetting there was a high percent of people coming back without a valid LOCUS.
- B. Discussion:** Some CMHSPs rates were higher. This has not been fully shared with the UM staff from the IT staff yet. There are many times where sharing has occurred, but timing or labeling appear different.
- C. Outcome:** Skye would like UMC members to review this and discuss with their IT staff as appropriate. UMC members will go back and discuss and review implications and address.

#### **X. Informational: MSA 20-36 COVID-19 Response Policies Clarification**

- A. Background:** MDHHS issued clarification that current COVID-19 policies such as telemedicine allowances will continue indefinitely until further notice (will not end with the termination of State of Emergency)
- B. Discussion:** FYI
- C. Outcome:**

#### **XI. Revised UMC Report Schedule**

- A. Background:** Annual review of data report schedule. Seeking committee's input on reports that continue to have relevance for UMC to review; actionable items.

- B. Discussion:** Last May the report schedule was shared. Skye requested a review of the reports to decide on what types of data is value added that help guide UMC. Reviewed penetration rate goal of 10% to discuss whether this should be changed. UMC should review the standards that are out there. Look at possible national standards. Reviewed Disposition of Service Requests-moved away from MSSV and talked about this portion of the Annual Submission coming to MSHN to receive and aggregate. There was support to review this data and have further conversations. As an alternative to MSSV, this is seen as reasonable. Also reviewed data related to SUD; residential utilization and detox recidivism. Reviewed access to primary care adults and children. Skye proposed these going to the regional medical directors. The UMC felt this was appropriate but was still available to UMC for review and potential further action. Plan All-Cause Readmission-look at this specific to health disparities and initiatives. Skye will bring to UMC and CLC for review. SIS Completion Rate-this is also reviewed by the SIS Leads. Should the SIS Leads be the ones to act? No issues with this. AUT report-this could be moved over to the autism workgroup. There was support for that. LOCUS and CAFAS outlier reports. Discussed options for reporting, like a top 20 report for each quarter. This was supported. This will also be discussed further at an upcoming agenda. Also consider a one-time meeting to discuss how this data should be reviewed and decided upon. There was general support for this, and Skye will follow up with a meeting request.
- C. Outcome:** Reevaluate then based on what these findings show. UMC recommended reviewing penetration rate data every 6 months. CMHSPs will also send the disposition of service requests annual submission data to Skye for review and discussion. Psychiatric Inpatient Recidivism will be removed due to QIC oversight. Continue crisis/acute service utilization MCG retro reviews. June will be Q1 and Q2 reports submitted to MSHN. Would like to look at a project where CMH consumers are using residential and detox SUD services. Keep access to the access to primary care data. There is also support in looking at how CMHs run programs, like case management, to develop general protocols or frames for how services are run. Skye will provide a revised report schedule to share for next month.

## **XII. Reports**

- A. Balanced Scorecard**-reviewed the UM portion. The measures will be extended one year due to COVID-19.
- B. LOCUS Outliers**

### **Parking Lot/Upcoming:**

- MCG Retrospective Reviews FY20 Q1-Q2: please send to Skye before June meeting (thanks to those who have already submitted)