

Utilization Management Committee & Clinical Leadership Committee Minutes

Date: Thursday, November 15, 2018, 1:00PM-4:00PM

Location: Gratiot CMH 608 Wright Ave, Alma, MI

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

Meeting content linked here: [November UMC Folder](#) OR [November CLC Folder](#)

**Please note: Each individual agenda item does not contain links to specific documents or reports this month, but all meeting materials are loaded into the respective CLC or UMC meeting folders linked above.*

CMHSP	CMHSP Participant(s) in RED=phone
Bay-Arenac	Joelin Hahn; Karen Amon
CEI	Stefanie Zin; Tim Teed; Tamah Winzeler; Elyse Magan; Shana Badgley
Central	Julie Bayardo; Kara Laferty
Gratiot	Michelle Stillwagon; Kim Boulier
Huron	Tracey Dore
Ionia-The Right Door	Julie Dowling
LifeWays	Gina Costa; Dave Lowe
Montcalm Care Network	Julianna Kozara; Adam Stevens
Newaygo	Denise Russo-Starback; Kristen Roesler; Annette Vander Ark
Saginaw	Linda Schneider; Vurlia Wheeler
Shiawassee	Craig Haus; Jennifer Tucker
Tuscola	Julie Majeske; Michael Swathwood
MSHN	Todd Lewicki, Skye Pletcher, Joe Wager

UMC Purpose and Powers

Implement the UM Plan and support compliance with MSHN policy, the MDHHS PIHP Contract and related Federal & State laws and regulations.

- **Develop** policies and standards related to access, authorization & service utilization
- **Identify** over/under use of services
- **Recommend** improvement strategies
- **Monitor** follow-through
- **Coordinate** with other committees

CLC Purpose and Powers

To advise the PIHP regarding clinical best practices and clinical operations across the region

- **Advise** the PIHP in the development of clinical best practice plans for MSHN
- **Advise** the PIHP in areas of public policy priority
- **Provide** a system of leadership support and resource sharing

I. Review & Approve October Minutes

- A. [UMC October Minutes](#)
- B. [CLC October Minutes](#)

II. Policy & Procedure Review

- ECT Policy- *Changes noted and recorded on draft version in Box.*
 - ECT Procedure- *Changes noted and recorded on draft version in Box.*
 - Inpatient Psychiatric Hospitalization Standards- *Reviewed and approved as is.*
 - Retrospective Sampling for Acute Services Policy
 - Retrospective Sampling for Acute Services Procedure
- A. **Background:** MSHN is seeking committee review and approval for these policies and procedures. Both CLC and UMC reviewed the new proposed Retro Sampling for Acute Services Policy/Procedure in Oct; that feedback has been included in the current draft version.
- B. **Question:** Does the committee approve the policies/procedures? Is additional revision needed?
- C. **Discussion:** *Discussion regarding methodology for sample size. Group is interested in the idea of using a confidence interval method. MSHN to pull data to share with the group regarding sample sizes and proportional amount of cases each CMHSP would be responsible for reviewing. Some of the larger CMHSPs are concerned with maximum sample size and effect on their local workload*
- D. **Outcome:** *MSHN to provide data to the group regarding sample size and potential number of cases that would require review by each CMHSP relative to proportion of regional psychiatric admissions*

III. Children & Youth at Hawthorn Center

- A. **Background:** Per 11/5/18 MDDHS memo, Dr. Mellos will be meeting with each PIHP to review and discuss children/youth placed at Hawthorn, current waiting list issues, systemic challenges. Todd Lewicki is point of contact for MSHN region. Please connect with Todd directly to provide feedback relative to your CMH and specific consumers/families you are serving.
- B. **Question:** There are three documents (Hawthorn in titles) to review. Todd may be contacting you for data to assist in potential identification of issues to review.
- C. **Discussion:** *Many cases that have been difficult to discharge plan from Hawthorn involve permanent wards of DHHS without appropriate placements in community.*
- D. **Outcome:** *Todd will be reaching out to each CMHSP to collect information related to children/youth you have placed in Hawthorn currently or on waiting list and perceived challenges each CMHSP has faced relative to discharge planning and community inclusion*

IV. Telehealth Services

- A. **Background:** MSHN is exploring possible opportunities to expand access to telehealth services throughout the region as part of ongoing network adequacy activities. One particular area of identified need for this service is with SUD population.
- B. **Question:** *Do any CMHSPs have need of additional telehealth vendors/services?*
- C. **Discussion:** *Brief discussion related to availability of telehealth vendors.*
- D. **Outcome:** *CMHSPs should contact Todd if they would like information regarding potential telehealth vendors*

V. Balanced Scorecard

- E. **Background:** MSHN collects data on balanced scorecard initiatives every quarter. The UM, Integrated Care, and CLC tabs will be reviewed.
- F. **Question:**
- G. **Discussion:** *Discussion that there is some possibility of the State lowering eligibility for SIS to 16 years old. MDHHS is also considering implementation of adolescent version of SIS for children ages 5-15. Also discussion about use of SIS-ARP (Annual Review Process) between year 1 and year 2 assessments. MSHN Leadership will be working to develop balanced scorecard metrics for FY19-20 related to the strategic plan. Committee members should provide feedback to their respective committee chair if they have ideas/input for clinical or UM measures*
- H. **Outcome:** *No outcomes; review and informational only*

VI. Parity Workgroup Update (Standing Agenda Item)

- A. **Background:** *Statewide PIHP parity workgroup meets weekly, exploring issues such as variance in authorization patterns between PIHPs, methods for reviewing outliers, etc. November 27th meeting the parity workgroup will be looking at what different PIHPs are doing in terms of establishing typical utilization patterns aligned with LOCUS scores/levels of care.*
- B. **Question:** *Informational only*
- C. **Discussion:** *One thing the MSHN Admission Benefit Stabilization Workgroup (ABSW) is working on is establishing authorization ranges for groups of services based on LOCUS scores/levels of care. Once this work is complete, is there need for MSHN to receive authorization data from each CMHSP once we adopt a regional benefit? Todd shared that at least initially, authorization data is needed to help inform the workgroup in terms of looking at current practices as they vary around the region and throughout the State.*
- D. **Outcome:** *Informational only*

VII. School Safety Workgroup Update (Standing Agenda Item)

A. Informational Only: *Dani Meier has contacts from his previous work in the school system with some school districts that are using evidence-based practices in combination with local CMHSPs. Future meeting will be scheduled (probably January) to share resources and ideas*

VIII. Screening for Dual-Eligibles (Requested by CEI)

Prior email conversation occurred between UMC meetings discussing practices at each CMHSP related to screening dual-eligibles. The issue being questioned is if the mental health code REQUIRES the CMHSP to conduct screening (Chapter 4, Section 330.1402a). Consensus of the group is that the mental health code language makes provision for the CMHSP to retain the authority to perform pre-screens for individuals when the CMHSP could potentially be responsible for any portion of financial responsibility, however it is up to the discretion of each CMHSP how they choose to operationalize it. Practices vary among boards with some conducting pre-screen/authorization in all cases while others issue retroactive authorization once claims are submitted by the hospital after first payor rules have been followed.

IX. Prospective Utilization Review Reports

A. None this month

X. Concurrent Utilization Review Reports

Measure Name	Metric Development Status	Report Due			
		Q1	Q2	Q3	Q4
Crisis/Acute Service Utilization					
SUD Detox Recidivism	1. Identify Question	May		Nov	
SUD Residential Utilization	1. <u>Identify Question</u>	May		Nov	
Acute Psychiatric Services	11. Publish Performance	Feb	May	Aug	Nov

- A. Background:** As a region, MSHN is interested in monitoring the use of high-intensity, high-cost services.
- B. Question:** Informational only at this time for SUD reports- consider development of future metric related to recidivism. Opportunities to share detox recidivism reports with SUD service providers to identify areas for improvement. For acute/crisis psychiatric service utilization, is there any reason for any CMHSPs to take action?
- C. Discussion:** *No concerns related to psychiatric/acute service utilization. Rates of utilization have been fairly consistent throughout the region per 1000 served.*
- D. Outcome:** N/A

XI. Retrospective Utilization Review Reports

A. None this month

XII. Parking Lot Agenda Items

A. Network Adequacy Assessment

B. Implications for group homes/other residential and transitional living settings with legalizations of marijuana