

Clinical Leadership Committee

Date: Thursday, January 23, 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 January Meeting Materials](#)

CMHSP	CLC Participants in RED=phone
Bay-Arenac	Karen Amon;
CEI	Lia Sibilski
Central	Julie Bayardo
Gratiot	Kim Boulier
Huron	Natalie Nugent
Ionia-The Right Door	Julie Dowling
LifeWays	Gina Costa
Montcalm Care Network	Julianna Kozara
Newaygo	Denise Russo-Starback
Saginaw	Kristie Wolbert, Erin Nostrandt
Shiawassee	Crystal Eddy
Tuscola	Julie Majeske
MSHN	Todd Lewicki; Tera Harris, Joe Wager

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

I. Review and Approve November Minutes, Additions to Agenda

II. Regional Training Needs (Kim Zimmerman)

- A. Discussion:** As part of the strategic plan, MSHN looks at training needs for the region for Person Centered Planning, Self Determination and Independent Facilitation. Kim Zimmerman will discuss with CLC to identify these current needs. No trend for regionwide efforts as far as what site reviews showed. Possibly looking at the different kinds of training (PATH, MAT) and self-det. and budget process were of interest/requested. Independent facilitation-case holder does not necessarily understand that if an IF wrote something down, the case holder feels like that they must go with that, and self-determination. Interest in looking at the spirit of person-centered planning.
- B. Question:** Are there current training needs for Person Centered Planning, Self Determination and Independent Facilitation?

- C. **Outcome:** Independent facilitation (not a compliance related activity, it is about the individual), self-determination (how funds can be used), and revisiting the spirit of person-centered planning (and different formats) were all areas of noted interest for training needs. Kim invited CLC members to share content to gather what is working well and to further develop the trainings.

III. **Guardianship Testing (Julie Bayardo/Todd Lewicki)**

- A. **Discussion:** Judges are ordering some MSHN CMHSPs to do guardianship testing for people not served and won't be serving. The number of requests for guardianship have increased.
- B. **Question:** Is this an issue that the region is experiencing? What approach should we take to address?
- C. **Outcome:** The court can order the CMH to do them via the mental health code. Julie M. will send this section on. Saginaw has a guardianship committee and works with the judge. Many of the issues relate to the judge's attitude toward guardianship. These evals are the little things the CMHSPs do that amounts to a lot of work.

IV. **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. Central has a plan to review internal consumers to see if there are person who should be on the waiver.
- B. **Question:** What will the plan be through CLC to ensure this is addressed?
- C. **Outcome:** MSHN to contact Barb Mund to learn of their internal review process. MSHN will produce two lists by CMH, one relating to cost of case and the other is the SIS ranking of standard scores. CMHSPs should provide feedback by no later than 1/30/2020.

V. **Clarification of Licensed Residential Bed Size in HSW Renewal (Memo)**

- A. **Discussion:** HCBS 1915(c) renewal removed the grandfather language regarding persons on HSW in homes with 13 beds or greater. It appears that this will affect about 20 individuals. BABH has two individuals and they are checking on if they are affected. The services will not change, however.
- B. **Question:** What will CLC's strategy be to address this?
- C. **Outcome:** The CLC was informed and noted to ensure they will not be affected. MSHN believes this number of persons is 20.

VI. **LARA vs. HCBS (Shana Badgley/Todd Lewicki)**

- A. **Discussion:** LARA vs HCBS situation wherein the consumer is able to have independent community access (as indicated in his treatment plan) but does require an AFC level of care for various reasons. 400.704 Definitions; C to F. (8) "Foster care" means the provision of supervision, personal care, and protection in addition to room and board, for 24 hours a day, 5 or more days a week, and for 2 or more consecutive weeks for compensation provided at a single address. Providing room under a landlord and tenant

arrangement does not, by itself, exclude a person from the licensure requirement under this act.

- B. **Question:** What will the approach be for addressing this issue?
- C. **Outcome:** The other CMHSPs have not really run into this. This rule may need to be challenged as they are not fully aligning with HCBS Rule.

VII. Balanced Scorecard

- A. **Discussion:** Review of standards on balanced scorecard and current regional performance.
- B. **Question:** What are CLC's recommendations for new tracking measures?
- C. **Outcome:** The CLC is interested in looking at reducing the number of multiple meds that children are on. This is already a HEDIS measure that is already defined. There was also conversation on the issue of FASD. Possibly in the area of diagnosis is an area. Education may also be an area of focus for a new measure.

VIII. Grievance and Appeal System for Medicaid Beneficiaries

- A. **Discussion:** Contractual requirements between MDHHS and MSHN are applicable to the CMHSPs and their provider networks. The memo dated 11/14/2019 explains this.
- B. **Questions:** Are there further actions CLC intends to take on this memo?
- C. **Outcome:** CLC was informed of this change. MSHN is continuing to understand that most appropriate avenue to implement this.

IX. Telehealth Survey Data

- A. **Discussion:** WMU completed a telehealth survey of the CMHSPs in Michigan. This survey includes the data and recommendations.
- B. **Question:** Would CLC like to take further action based on these findings?
- C. **Outcome:** Are CMHSPs doing emergency screens for telehealth? There is CLC interest in using telehealth in doing assessments, OP therapy as well via telehealth.

X. EDIT Code Changes

- A. **Discussion:** *Meeting minutes and related documents from the 10/31/19 EDIT meeting were included in the UMC/CLC meeting folder. Of note are proposed changes to allow H2011 as a telehealth code as well as proposed change to using H2015 exclusively to report CLS.*
- B. **Outcome:** *N/A; informational only*

XI. MCG/PCE Integration & Statewide Parity Workgroup Updates (Todd)

- A. **Discussion:** Include discussion related to MCG/Indicia trainings.
- B. **Outcome:** Final trainings are next week for MSHN CMHSPs.

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