Clinical Leadership Committee/ Utilization Management Committee

Date: Thursday, October 24, 2019
Clinical Leadership Committee: 1:00-3:00 PM
Utilization Management Committee: 2:00PM-4:00 PM
Location: Gratiot CMH 608 Wright Ave, Alma, MI
Call-In: Conf: 888-585-9008/ Room #: 818-235-935

Meeting content linked here:
CLC October Meeting Materials UMC October Meeting Materials

CMHSP	CLC Participants in RED=phone	UMC Participants
Bay-Arenac	Karen Amon	Joelin Hahn
CEI	Shana Badgley; Gwenda Summers	Elise Magen, Tonya Seely
Central	Julie Bayardo	Kara Laferty
Gratiot	Kim Boulier	Michelle Stillwagon
Huron	Tracey Dore; Natalie Nugent	Levi Zagorski
Ionia-The Right Door	Julie Dowling	
LifeWays	Gina Costa	Dave Lowe
Montcalm Care Network	Julianna Kozara	Adam Stevens
Newaygo	Denise Russo-Starback	Annette VanderArk, Kristin Roesler
Saginaw	Kristie Wolbert; Erin Nostrandt	Vurlia Wheeler
Shiawassee		Jennifer Tucker, Craig Hause
Tuscola	Julie Majeske	Michael Swathwood
MSHN	Todd Lewicki	

CLC (1:00pm – 2:00 pm)

I. Review and Approve September Minutes, Additions to Agenda

II. Psychiatric Residential Treatment Facility (PRTF) MDHHS Draft Concept Paper

A. Discussion: Todd stated that this was mentioned at the Fall conference a couple of times. This concept paper was heading up the states thoughts on what they would like to do with children's services. The PRTF includes "safety management". Julie Bayardo's understanding was that this was more for a hospital setting, rather than a group home. This was other's understanding of the concept as well. It seems that this other layer of treatment can help children move on from a more intensive level of treatment that may not be needed any longer. The concept paper speaks specifically to children, but some members had heard of it possibly being applied to adults as well.

B. Outcome: to be continued

III. NEW Autism Spectrum Disorder Screening Guidelines

Note: Training Dates are included in the email that is uploaded to meeting folder in Box

A. **Discussion:** This document was the work product of a workgroup that was to come up with screening recommendations. Todd had requested that as members looked through the guidelines, they keep in mind opportunities to participate in future workgroups. Todd is going to make sure to distribute note to everyone on CLC. There was a note back to the state regarding what their response was in their return report from the site review. Their report was very lacking in recommendations. Julie had stated that after attending one of the Fall workshops, it felt like the State was not prepared and the concern was that they may be adding things on to reviews as they go along and reviews may not be consistent across the board. Other concerns were that the states findings and corrective feedback seemed arbitrary and the process did not support the regions being well prepared for the review. It is recommended that people voice their concerns going through the proper chain of command. If contacting Lisa, perhaps cc'ing Dr. Mellos.

B. **Outcome:** Read the guidelines and get familiar with them. Develop an informed opinion on them. Please email Todd or Barb Groom if any additional concerns arise.

IV. Trauma Assessment Requirement from MDHHS

A. **Background/Question:** MSHN has a trauma policy for review. MDHHS Trauma Policy (PIHP Contract Attachment 7.10.6.1) requires that all positive trauma screenings must result in the administration of a culturally competent, standardized and validated assessment instrument for each population. MSHN is seeking clarification from MDHHS.

B. **Discussion:** MSHN has emailed the state to request clarification on this. It is not clear on what this instrument is that they are referencing. Concerns are that this could result in a dx that is not needed based on trauma identified and then unneeded treatment being required, as trauma does not impact everyone the same.

C. **Outcome:** move the policy forward to Operations Council

V. Medicaid Provider Manual Updates

A. **Discussion:** Todd just wanted this as an announcement to look at the extent to which the new bulletins become part of the manual and you may get emails from him regarding this

B. **Outcome:**

VI. BTPRC Medication Discussion Points Draft

A. **Background/Question:** Draft document created by regional BTP Review Committee to offer guidance on the use of medications for behavioral control and requirements for BTPs

B. **Discussion:** Renee states that their Dr.'s are concerned about this as this would impact physicians, as it seems to take a stance on medications for behavioral control and all the meds would be reviewed. Although, it was a consensus that it is only implementing the policy already in place.

C. **Outcome:** Read the document

Joint CLC & UMC (2:00pm – 3:00 pm)

I. Listing Services in the IPOS

A. The questions are around whether or not it is required to specifically list out telehealth services and injectable medication (and NOT just indicate psychiatric services) within each IPOS AND whether or not indicating that a SIS assessment will be completed at some point within a 3-year cycle within every IPOS for someone who is SIS eligible is required. It is coming up as a request for COFR cases and it appears that depending on the CMH, it might be handled a little differently in each case.

B. **Discussion:** Right now there are generic services listed, but the question was brought up asking how other CMHSPs are handling it. Todd stated that with the SIS, there would be some documentation that another SIS would be needed, whether it be a progress note or noted somewhere, "the service would be in the service." Kristie from Saginaw stated that they do add the injectables to their plan of service. If it is prescribed, then they add it to the IPOS. Todd stated that we could look at it and see how it is worded in the policy, but Julie B. stated that it was not in there and that is why they wanted to discuss it.

C. **Outcome:** Todd stated that MSHN could check with Kim (quality improvement/customer service) and Shannon (Medicaid event verification), from MSHN, to get their perspective.

II. L 19-27: State Plan Amendments Regarding Targeted Case Management Services for Recently Incarcerated Individuals

A. **Discussion:** This begins 1/1/20. This seemed to be a clarification that the Native American population would be covered if they were Medicaid eligible. It also appeared that it was applicable regardless of other programs that they were deemed eligible.

B. **Outcome:** Todd will take a look at our policy and if there is anything that needs changing we will bring back to UM to review and get feedback.

III. Proposal to add H2011 to Telemedicine

A. **Discussion: R**egion one proposed this code, stating it could close the gap for psychiatric services. Specifically, in situations for office or hospital services in rural areas. It seemed efficient and could help to reach people.

B. **Outcome:** Everyone was in support of adding this code.

IV. MCG/PCE Integration & Statewide Parity Workgroup Updates

A. **Background:** Regional MCG implementation leaders kickoff webinar is scheduled for 10/31. This will include identified MCG leads/administrators from each CMHSP

B. **Discussion:** Basically, all of the above people are on board. This will be the beginning of organizing the trainings. One of the things that came up was identifying the date for Medical directors to see a demo.
C. **Outcome:** Todd asked for members to confer with their CEOs and get with their Medical directors to line up a date.

V. SUD Access for Jail Inmates- MSHN Toll Free Number

A. **Background:** MSHN implemented a "self-serve" toll free number for inmates of jails to connect to SUD residential treatment providers. Usage data for first 6 months of implementation shows only a couple of counties are utilizing it. Communications have been sent to jail administrators (example in meeting folder). Requesting support of CMH jail liaisons to ensure jail administrators are aware of the feature and encourage making it available at no cost to incarcerated individuals.
B. **Discussion:** Nicole gave feedback on the reason this number was implemented. It has been more efficient with inmates being able to get connected with providers. Julie B. felt it was a good idea and stated that in the future it may helpful to go through their liaisons from the start, since they do have a good relationship already with the jails and admins.
C. **Outcome:** CMHSPs are in favor and will have their liaisons contact jail admins.

VI. Save the Date: Regional LOCUS MiFAST Findings Webex 12/11 11am-1pm

A. **Background:** FY20 is the last of 5-year implementation and fidelity grant for LOCUS. MDHHS LOCUS MiFAST fidelity team is scheduling regional meetings with all PIHPs/CMHSPs to discuss statewide trends as they have engaged in fidelity reviews and next steps toward statewide parity. MSHN region is scheduled for 12/11 from 11am-1pm. Clinical leaders/LOCUS trainers from each CMHSP are invited to participate. Webex details and invitation will be forthcoming in the next 1-2 weeks.

VII. UPDATE: COFR/Courtesy Screen Regional Work Session Scheduled for 11/15 10am-12pm

A. **Background:** Per recommendations during last months meeting, MSHN organized a one-time workgroup comprised of ES and Access supervisors to provide regional guidance around issues related to COFR and courtesy screening practices. Resulting recommendations of this work session will be brought back and shared with these committees.

UMC (3:00-4:00)

VIII. Data Reports

- Access to Care (Adults and Children)
- Inpatient Recidivism
- LOCUS Exception Reports- Will be sent individually to each CMHSP via encrypted email

Discussion: Feedback on the Access to Care reports is that they look great. Kim from Gratiot stated that they opened a clinic based on the data and it has been successful. They are also doing more outreach for school based services. Michael S said it helped, as it guided them to improve services, as well as get identified people connected, and he gave different examples. Renee, from Central, said it was helpful in identifying who still needs to be connected to services.

UMC Parking Lot:

- MSSV- Discussion regarding how disposition data is currently captured by each CMHSP; how to develop regional consistency for capturing disposition data
- 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