

Clinical Leadership Committee & Utilization Management Committee

Date: Thursday, January 27, 2022

Time: 1:00 - 3:00 pm

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 CLC January Meeting Materials](#)

CMHSP	Participant(s)
Bay-Arenac	Janis Pinter; Joelin Hahn
CEI	Gwenda Summers; Tamah Winzeler; Shana Badgley; Joyce Tunnard
Central	Julie Bayardo; Angela Zywicki
Gratiot	Sarah Bowman
Huron	Natalie Nugent; Levi Zagorski
Ionia-The Right Door	Julie Dowling;
LifeWays	Dave Lowe, Jen Fitch; Wade Stitt
Montcalm Care Network	Sally Culey;
Newaygo	Kristen Roesler, Annette VanderArk; Denise Russo-Starback
Saginaw	Kristie Wolbert; Erin Norstandt; Vurlia Wheeler
Shiawassee	Jennifer Tucker; Becky Caperton; Crystal Eddy; Nicole Hathaway; Trish Bloss
Tuscola	Julie Majeske
MSHN	Skye Pletcher, Todd Lewicki
Others	

JOINT CLC/UMC SESSION (1:00PM-2:00PM)

I. Welcome & Roll Call

II. Review and Approve November Minutes, Additions to Agenda, New Agenda/Minutes Format

- A. IPOS Ranges
- B. Defining “human services degree”
- C. Medicaid Waitlist Management
- D. Heightened Scrutiny

III. Crisis Residential RFP Decision and Update

RFP Committee selected North Shores as provider based on objective scoring process for all proposals received. Provider is currently looking for a location in Isabella County.

IV. 1915(i) Eligibility Verification Process & Draft Service Protocols

- A. **Background:** PIHP must demonstrate how it is ensuring standard application of 1915(i) benefit eligibility criteria and consistent service array to eligible individuals. The 1915i elements shared in November are in the PCE EMRs except for the two checkboxes. This topic is with IT Council for further conversation.
- B. **Discussion:** Intended to be an update.
- C. **Outcome:** N/A- update only

V. Veteran Navigator Process

- A. **Background:** MSHN has created a workplan to address veteran access to services (related to the performance bonus incentive program). MSHN would like to formalize a process during screening and assessment to include notification to the veteran navigator when a person identifies as a veteran. Please see the veteran navigator brochure.
- B. **Discussion:** Discussion in January will be limited to highlighting the brochure with in-depth discussion to occur in February due to veteran navigator availability.
- C. **Outcome:** Please bring questions for discussion to February meeting

VI. Updates to Intensive Crisis Stabilization Services for Children (2151 BHDDA)

- A. **Background:** The revisions to the Medicaid Provider Manual provide clarification of services to expand to 24 hours a day, 7 days a week availability. Some MSHN CMHSPs have begun to share feedback to MDHHS. MSHN asks that this be shared with them as well.
- B. **Discussion:** Several CMHSPs have already provided public comment and others plan to do so. Statewide children's services workgroup is addressing this in their monthly meetings with MDHHS and will continue to do so. The focus needs to remain on building/strengthening crisis service continuums that are specifically designed to meet local community needs, not one-size-fits-all mandates for a particular service model that may not be most appropriate to address the needs of each community. Staffing challenges for crisis services pre-dates pandemic and flexibility is needed in terms of staff qualifications, hours of staffing, team member composition, etc. Additionally, many CMHSPs report that local child welfare offices are suspected to be using Children's ICSS to attempt to address placement issues. While CMHSPs can offer supportive services to try to prevent disruptions to community placements, they are not placing agencies. This adds to the burden on already thin crisis staff numbers and threatens to heighten the pace of resignations due to stress associated with these staff having no authority in this area.
- C. **Outcome:** Please copy Todd on any public comments submitted to MDHHS. He is compiling regional concerns for possible future advocacy

VII. Out of County Placements

- A. **Background:** MDHHS has been reviewing information regarding various Beacon Specialized Living Services Homes. They needed to know how many individuals the CMHSPs have placed in the various Beacon Homes around the state. This data was submitted to MDHHS, no return questions were asked. Generally, has the percent of out of county placements been increasing?
- B. **Discussion:** It is unclear what this data is being used for and whether or not there is any relationship to state hospital discharges and the Community Transition Program.
- C. **Outcome:** No additional action needed at this time

VIII. Network Adequacy Assessment Tasks

- A. **Background:** MSHN is tracking network adequacy assessment tasks and activities. Todd and Skye will cover the pertinent areas during the meeting to report status and receive any additional feedback.
- B. **Discussion:** Reviewed the NAA tracking plan during the meeting. The committees agreed with the recommended tasks
- C. **Outcome:** Continue to monitor/discuss as needed in monthly meetings.

IX. MSHN Priority Measures report

- A. **Background:** Review of the priority measures and a discussion on next steps when there is a measure that needs attention. Include discussion on ADHD Med Initiation Phase.

- B. **Discussion:** Priority Measures report along with many other data reports are now available on MSHN website and automatically refreshed as new data is available. Skye demonstrated where to find the data reports so that CMHSPs may reference them at any time.
- C. **Outcome:** No action required this month relative to Priority Measures

X. **Community Living Supports (CMHCM)**

- A. **Background:** What guidelines do other CMHSPs use to determine when to authorize CLS to support consumer participation in activities that extend beyond the person's local community? Day trips, overnight trips, activities that occur in other areas of the state, etc?
- B. **Discussion:** Most CMHSPs indicated they do not have specific guidelines pertaining to use of CLS outside of a person's local community. Requests are discussed and agreed upon through person-centered planning. Occasional outings like concerts, sporting events, and day trips are important aspects of community inclusion and socialization. CLS can be used so long as the focus remains on assisting the individual rather than "doing for."
- C. **Outcome:** Discussion only; no action required

CLC

I. **Threat Assessment Guidance/School Safety/CMH Support Response**

- A. **Background:** Recent events at Oxford continues to raise concerns about CMH role in risk assessment. The topic also includes discussion on CMH response to a community event and/or the role of the PIHP.
- B. **Discussion:** There is interest in developing regionwide best practice guidance.
- C. **Outcome:** CMHSPs can send Todd any local resources/guidance they have developed regarding emergency community response to be shared with this group

II. **Special Education to Community Transition (Julie Bayardo)**

- A. **Background:** Request from Julie Bayardo related to completed Special Education to Community Transition Data Tracking narrative reports.
- B. **Discussion:** CMHSPs were aware of Special Ed to Community Transition requirements however methods for gathering data vary among CMHSPs. This requirement is included in the MDHHS/CMHSP General Fund contract, so PIHPs do not have a role in collecting or reporting data for the region.
- C. **Outcome:** Discussion only; no action required

III. **Collaborative Efforts Between the CMH and DHHS (Sarah)**

- A. **Background:** There is a struggle in coordinating with some local DHHS offices, especially given the significant staff turnover. Some strategies have included efforts like reaching out regularly, building relationships, etc., but is anyone using a co-located model in which they embed a CMH staff at DHHS to assist in referrals, etc.? Or other successful collaborative models?
- B. **Discussion:** CEI, Saginaw, and BABH shared best practices which included monthly joint staff meetings to discuss mutually-served kids and co-located staff in some cases.
- C. **Outcome:** CMHSPs indicated they are happy to connect offline to share best practices

IV. **Behavior Treatment Review Data**

- A. **Background:** Reviewing FY21Q4 data and discussing next steps.
- B. **Discussion:** Not discussed in-depth during the meeting, however the report is available in the meeting folder. Please review recommendations contained in the report.
- C. **Outcome:** Discussion only; no action required

UMC

I. Biennial Policy & Procedure Review

- a. **Background:** Please review and provide input about suggested revisions and other necessary changes
- b. **Discussion:** Changes to MSHN Access Policy so that format aligns more closely with MDHHS policy; Service eligibility criteria and descriptions of medical necessity moved from Access Policy to UM Policy.
- c. **Outcome:** Please review and provide feedback in tracked changes in Box. Will discuss at February meeting and action will be taken to finalize changes and move forward to the Board of Directors policy/procedure committee

II. UM Report Schedule

- A. **Background:** Annual review to determine report relevancy, review schedule, any additional reports that the committee wishes to review in the upcoming year. Report schedule located here: [MSHN UMC Revised Report Schedule May2021 FINAL.xlsx | Powered by Box](#)
- B. **Discussion:** Please review and provide recommended changes to Skye, especially any data that the committee wishes to add to report schedule. Suggestion provided by LifeWays- hospital diversion data.
- C. **Outcome:** Will discuss and finalize in February meeting

PARKING LOT

- Methamphetamine-Induced Psychosis Protocol (Initial Draft Reading in November)

DELIVERABLES

- MDHHS Service Authorization Denials Report **due to MSHN by 2/1/2022**. Please send via secure email to Skye.Pletcher@midstatehealthnetwork.org or upload to CMH Secure Report folder in Box.