

Clinical Leadership Committee & Utilization Management Committee

Date: Thursday, June 25, 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 June Meeting Materials](#) [CLC May Meeting Materials](#)

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

CLC

- I. **Welcome & Roll Call**

- II. **Review and Approve May Minutes, Additions to Agenda**

- III. **Waiver, HSW and HCBS Reports**
 - A. **Background:** Seeking feedback from the committee about communication preferences to receive status update reports. Would the committee prefer to receive status update reports monthly, quarterly, or other frequency?
 - B. **Discussion:** The waiver reports track information such as enrollment from month-to-month, overdue re-evals, overdue IPOS, and overdue service start dates (>90 days) and MSHN waiver staff coordinate with CMHSPs monthly as needed on overdue items. HCBS site visits have begun to occur virtually and continue to be scheduled throughout region. Approximately 170 cases (approx. 74 providers) left to remediate. CMHCM on track to be finished soon with remainder of cases mostly in CEI, Saginaw, and BABH catchments. Additional question raised about how to resolve issues where there is conflicting

guidance between LARA directives and MDHHS guidance? Please share any of these issues with MSHN who will share information with MDHHS and work to resolve.

- C. **Outcome/Action Steps:** CLC prefers to receive waiver reports on a quarterly basis. Lead waiver staff at each CMHSP will continue to receive monthly reports for actionable items.

IV. **Recovery Assessment Scale (RAS) vs. Recovery Self-Assessment (RSA)**

- A. **Background:** Decision needed regarding which instrument the region prefers to use for FY21- RSA or RAS. The RAS is shorter and focuses more on the individual receiving services and their wishes and desires for their recovery (I feel...). By comparison, the RSA is focused more on the actions of staff/program delivering the services (staff did...). Please refer to the RSA/RAS Assessment Comparison Document in this month's meeting folder for detailed comparison. The regional Consumer Advisory Council recommends the RAS Short Form which can be reviewed in this month's meeting folder. Does CLC support CAC's recommendation for use of RAS Short Form in FY21?
- B. **Discussion:** CMHCM felt that the RSA had more benefit in terms of feedback for system improvement. RAS offers very little feedback for quality improvement of system. RAS is also not very useable as an outcomes tool. Several CMHSPs are moving more toward the DLA-20 instead as they feel it is a better outcome tool. BABHA has been working on new outcome measure using RAS; if region continues to work with RAS BABHA is willing to share with the region.
- C. **Outcome:** Feedback will be shared with QIC.

V. **MSHN Health Equity Analysis (Amanda Slack & Skye Pletcher)**

- A. **Background:** Overview of changing contractual integrated health performance metrics for FY21. Emphasis on reducing racial/ethnic health disparities. MSHN has prepared a Health Equity Analysis with detailed data of health disparities broken out by CMHSP and/or County. Requesting that each CMHSP review local-level data and begin to develop strategies for addressing specific disparities in their counties. MSHN Population Health staff will be following up in 30-60 days to schedule follow-up meetings to strategize next steps with CMHSPs where significant disparities exist.
- B. **Discussion:** Introduced the purpose of the report and data. Asking the CMHs to take it back and review and form questions. Reviewed the proposed measures for FY21. Intent of the measures is to reduce disparities for at least one racial/ethnic minority group. Addressed data in follow up after hospitalization for adults and children-MSHN's highest rates of follow up are Hispanic and African Americans. CEI and Saginaw are the two CMHs with the highest rates. The goal is to reduce this disparity as they are still lower than white persons. Review Plan All Cause Readmissions. African American persons have the highest readmit rates. MSHN has the second highest rate of readmissions of Hispanic persons in the state. There should be attention given to reducing readmit dates. Lastly, reviewed follow-up after emergency visit for alcohol and other drugs. F/U rate is highest for white persons and lower for other ethnicities.
- C. **Outcome/Action Steps:** CMHSPs take this data back, gather stakeholder input and look at sharing approaches to improvement. Then set up a series of discussions locally to

determine what can be done. MSHN to follow-up within 60-90 days. This will be shared with the MSHN QI Committee as well.

CLC & UMC Combined

I. Update on CAP for Slot Utilization_6-15-2020

- A. Background:** MSHN recently had a call with the state dues to underperforming with slot utilization (under 95%).
- B. Discussion:** Discussed CAP steps taken. Trained over 200 staff on HSW. Looked at SIS scores and cost of service data to give to the CMHSPs for determination of potential applications. We need about 20 individuals to be added on HSW to reach 95%, but we should be at 97%.
- C. Outcome/Action Steps:** CAP is underway. No further action is needed.

II. COVID-19 Updates & Successes

- A. Background:** Status updates on CMHSP re-opening activities and any successes in addressing COVID-19 related changes
- B. Discussion:** Continuing phase plan. Start to see in person severe assessments. Some clients do not have the technology. Seeing a lot of urgent cases. Mostly in-home based units. CEI July 6th is a part of increasing in person. About a 10% increase for inpt. Also seeing a decrease in intake appointments. CEI has 99 hospitalizations this month. Central-has been using telephone contacts far more than anticipated due to technology gaps with Zoom. Also considering doxy.me as another solution. MCN reviewed their data serving the same number of persons but services are lower. Shiawassee show rate has improved.
- C. Outcome/Action Steps:** No further actions.

III. Feedback Sought: Regional Crisis Residential Feasibility

- A. Background:** Seeking feedback about the crisis residential feasibility assessment, payment & utilization models, & project plan documents that were presented and discussed in last month's meeting.
- B. Discussion:** Is there support for MSHN moving forward with contract negotiations for a regional contract? Considerations? This relates to adults. Central is in favor. Co-Occurring functionality has also been considered and Hope Network is also willing to work toward licensing the facility this way. Central would like to see this as a consideration.
- C. Outcome:** No further input from the CMHSPs on questions or concerns with discussing options with Hope Network.

IV. Case Management Models

- A. Background:** Continuation of discussion from last month
- B. Discussion:** Central is looking at redesigning case management services. Want to consider levels of care in terms of acuity of need. Debated if CLC should make it a part of this committee process or if it should be held elsewhere. Also discussed telehealth

and awaiting input from the Board Association workgroup. Additional thing to consider is a standardized case management training- core competencies, primary objectives of service, expected outcomes. Crystal Eddy suggested a case management training on Relias as a helpful foundational skills resource.

- C. **Outcome:** Shana to send Julie their CSM models. Gratiot also has some interest in revamping their CSM based on level of care. Members should send interested contacts to set up a time to meet and talk about CSM model resources. Parties who expressed interest: Shana Badgley (CEI), GIHN (Kim Boulier), Renee Rauschi and Julie Bayardo (CMHCM), Dave Lowe (LifeWays), Craig Hause (Shiawassee). LOC process set by the ABSW workgroup is not intended to be altered but these models will more appropriately delineate CSM service levels. Julie and Renee from Central are also willing to take the lead to address this. Intent-to establish level of care-based CSM service models and CSM training. It would be great to have a regional approach to this training. Recommendation is to form a workgroup to address these areas.

UMC

V. **Regional Crisis/Acute Service Utilization Report & MCG Retrospective Reviews**

- A. **Background:** Review regional service utilization report for acute/crisis services as well as aggregated Q1-Q2 MG retrospective reviews. Regional target is >95% of cases reviewed align with MCG Criteria. How is implementation going at each CMHSP? Do MCG Criteria aid workflow and clinical decision-making? Challenges?
- B. **Discussion:** Reviewed data as of the end of May, lookback for twelve months. Reviewed the MCG retro review activity. Performance is at 96% and identified areas to address additional trainings. Using the MCG criteria has been positive, especially helping newer staff in learning and making clinical decisions in combination with supervisory input. The MCG data is desired and MSHN will start looking into the training to retrieve this data for the CMHSPs. The CMHSPs will be given access to their local level data.
- C. **Outcome:** MSHN to follow up with MCG on data report capabilities

VI. **Core Service Menu Implementation and Outlier Reviews**

- A. **Background:** Thank you for a productive working session on 6/8. All documents pertaining to the Core Service Menus can be located in the [Core Service Menu Folder](#), a subfolder of our UM Committee folder in Box.
- B. **Discussion:** Skye sent an email with a lot of information and created a folder in the UM folder to start receiving resources to put into this folder.
- C. **Outcome:** TBD will continue to generate the CMH outlier reports. No further feedback.

VII. **HSAG CAP for UM Findings**

- A. **Background:** Refer to items #31, 34, 35, 36 on draft CAP for UM-specifications. MSHN Regional UM Policy was amended to add clarifying language around expectations for timeframes of issuing ABD notices. MSHN will monitor during the FY21 DMC site reviews to ensure adverse benefit determinations are being issued with consistency in regard to the HSAG areas of finding.

- B. Discussion:** What tracking mechanisms does each CMHSP have in place to ensure timeframes are met? What additional steps might need to be taken as a region to ensure our process is standard and fully complies with requirements? After auth decisions, ABD notices are handled in a different department. There are inconsistencies in comparison to other CMHs. Most echoed an interest in making sure that it is done consistently. Because there are different departments, it lends to greater confusion and uncertainty as to updates and where the decision is in the process.
- C. Outcome:** Each CMH should review the HSAG folders in Box to see what responses are to the findings. Need to ensure that there is tracking of reasons occurring. Return feedback to Skye.

Parking Lot/Upcoming:

Follow up on status of MCG reports and generating data..