

Clinical Leadership Committee & Utilization Management Committee

Date: Thursday, October 28, 2021

Time: 1:00 - 3:00 pm Joint 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 CLC October Meeting Materials](#)

CMHSP	Participant(s)
Bay-Arenac	Karen Amon; Joelin Hahn
CEI	Gwenda Summers; Tamah Winzeler; Shana Badgley; Joyce Tunnard
Central	Julie Bayardo; Angela Zywicki; Renee Raushi
Gratiot	Sarah Bowman; Taylor Hirschman
Huron	Natalie Nugent; Levi Zagorski
Ionia-The Right Door	Julie Dowling; Susan Richards
LifeWays	Gina Costa; Dave Lowe, Wade Stitt
Montcalm Care Network	Sally Culey; Joe Cappon
Newaygo	Kristen Roesler, Annette VanderArk
Saginaw	Kristie Wolbert; Erin Norstandt
Shiawassee	Jennifer Tucker; Becky Caperton; Crystal Eddy
Tuscola	Julie Majeske; Lindsay Harper
MSHN	Skye Pletcher, Todd Lewicki
Others	

JOINT CLC/UMC SESSION

- I. **Welcome & Roll Call**
- II. **Review and Approve September Minutes, Additions to Agenda**
- III. **November & December Meetings**
 - A. **Background:** November meeting lands on Thanksgiving so proposing to move meeting one week earlier (11/18). Propose cancelling December meeting to provide a break over the holidays.
 - B. **Discussion:** Support for proposed changes
 - C. **Outcome:** December meeting will be cancelled and a revised calendar invitation will be sent out for November
- IV. **ICSS CMH Status and Staffing Issues**
 - A. **Background:** MDHHS acknowledges there are workforce issues within PIHPs and CMHSPS as well as with the direct care workforce and they are aware that FY22 has already started. The purpose of the discussion in the Children's Services discussion was to hear from the system about what will need to be able to increase the number of children/families that receive these services this FY and then be able to maintain those efforts moving forward. MDHHS is also aware that there are large rural areas of the state and being rural does not mean you do not have to provide a required service. Many states have

successfully implemented these services within their rural and even frontier areas. MDHHS (and MSHN) are looking for solutions to make this happen, we do not want to be told about all the barriers that exist.

- B. Discussion:** Meeting with MDHHS occurred this morning and overwhelming feedback provided that the focus should be on improving a 24/7 crisis response continuum of care rather than mandating 24/7 coverage for one specific program model. The needs of communities vary and crisis response systems should be developed based on the specific needs with input from local stakeholders. Some communities do not have law enforcement available 24/7 to support if a situation becomes dangerous. There is concern for ICSS staff safety- must use precaution when determining when to deploy teams.
- C. Outcome:** Please send summary of specific challenges and proposed solutions or needs to Todd. MSHN will compile and use in advocacy efforts with MDHHS.

V. Autism Evaluation and Re-evaluation

- A. Background:** COVID-19 pandemic exceptions for timely autism re-evaluation will expire 6 months after the termination of the state of emergency. State of Emergency was just renewed 10/15/2021 and will be up for possible renewal in December 2021. Seeking input regarding regional strategy for timely completion given the volume of re-evaluations that are needed.
- B. Discussion:** A tiered approach with benchmarks would be more feasible given current staffing shortages and volume of overdue assessments. Example: By 4/2/2022 xx% of overdue assessments will have been completed (beginning with oldest dates first), by 10/1/2022 xx% of overdue assessments will have been completed. A tiered approach such as this could help move the region toward the necessary completion rate by 6 months following the termination of a state of emergency.
- C. Outcome:** MSHN to consider and potentially draft a tiered approach after further consultation with regional autism workgroup.

VI. 1915(i) Eligibility Verification Process & Draft Service Protocols (First Reading)

- A. Background:** PIHP must demonstrate how it is ensuring standard application of 1915(i) benefit eligibility criteria and consistent service array to eligible individuals. Seeking committee input regarding regional process for eligibility verification. Additionally, draft service protocols for the 1915(i) services are being shared for initial review and discussion.
- B. Discussion:** Clarification that eligibility determination is now required for 1915(i) formerly B3 services. Discussion that this seems like an added layer of administrative burden with little value-added return. This is a requirement of Michigan's 1115 waiver so MDHHS and PIHPs must be able to demonstrate how benefit eligibility is determined with standard application of criteria.
- C. Outcome:** Committee members to disseminate draft materials and collect feedback at their CMHSPs to be shared during the November CLC/UMC meeting.

VII. HSAG 2021 Report and Work Plan

- A. Background:** MSHN has received the preliminary final report from HSAG for the FY21 External Quality Review. The preliminary report is expected to be accepted without changes. Sharing the report and corresponding CAP work plan to discuss items where these committees will have oversight responsibility for implementing improvements.
- B. Discussion:** Reviewed workplan and HSAG findings/recommendations. There are recommendation on emergency and post-stabilization services. As part of the interim review next year, HSAG would like to see a P/P to see how our behavioral health systems addresses these types of emergencies. Conflict free case management was also addressed. There was a finding here because of the lack of a regional policy.
- C. Outcome:** No concerns with proposed corrective actions. Proposed policies/procedures will be reviewed in subsequent agenda topics

VIII. Conflict-Free Case Management Draft Policy (First Reading)

- A. Background:** One of the findings from HSAG was that our region lacks strong CFCM policies/procedures. It was noted that some CMHSPs have adequate policies/procedures but the PIHP is required to develop regional guidance. Presenting a draft policy to these committees for initial review and discussion.
- B. Discussion:** Requested the committees do a first review over the month and then come back to the November meeting with any suggestions for edits or other changes. The policy is in response to an HSAG finding. This gets the region moving forward for HSAG compliance in readiness for having a conflict free CSM policy.
- C. Outcome:** No further conversation. The invite to indicate interest in participating in the state conflict free CSM workgroup was forwarded.

IX. Emergency Services and Poststabilization Draft Policy (First Reading)

- A. Background:** Although the region earned full compliance in this area during the FY21 HSAG review, a strong recommendation was made to strengthen regional policy in this area. Presenting a draft policy to these committees for initial review and discussion.
- B. Discussion:** Same coverages and provisions apply to behavioral health as they do physical health. The requirement is met as it pertains to the PIHP/CMHSP scope of services and anything beyond that is also addressed as a limit.
- C. Outcome:** CLC/UMC asked to review and bring back next month for review and recommendation for approval.

X. CMHSP Employee Remote Work Arrangements (Shana Badgley)

- A. Background:** How are CMHSPs addressing remote work arrangements with employees on an ongoing basis (and possibly post-pandemic)? Any policy/procedural guidance regarding expectations for employees such as using remote work as a substitute for childcare, for example?
- B. Discussion:** This is important to consider as it relates to keeping staff and consistency with community-based, out of office work. The action needs to be for the benefit of the individual not the staff person. Meeting the individual's needs at the individual's preferences is the expectation. Some CMHs have lost staff to other employers who can provide remote arrangements. Some considerations include case by case or by program to determine needs and justify the outcome. CMHCM just adopted a board-approved telehealth services policy which does allow for some flexibility for provision of certain services remotely. CMHCM evaluates remote vs in-person requirements based on position, types of services provided, office/program location, etc. Some CMHSPs are using digital footprints to track productivity during remote work and other monitoring. PCE has a standard report to track user activity and time spent in EMR.
- C. Outcome:** Julie Bayardo from CMHCM shared the recent board-approved policy with committee members as requested

XI. MiCARE Open Beds Registry Implementation

- A. Background:** Implementation is being led by LARA. Each CMHSP should have received instructions from LARA for assigning a CMHSP project lead and signing up for 1 of 4 orientation sessions scheduled in November. MSHN implementation team is scheduled to meet with LARA project leads the week before orientations in November; MSHN will share new information as it is obtained.
- B. Discussion:** Checking to see if any of the CMHs were missed so assurance can be made to distribute invites. LifeWays, Huron, Newaygo and Shiawassee are CMHs that were missed.
- C. Outcome:** Skye will send out the information to all CMHs who can ensure follow up with being present for one for the orientations

XII. Finalize Annual UMC Report & FY22 Priorities

- A. Background:** Each regional council/committee provides an annual report of accomplishments and sets priorities for the upcoming year. This will be included in the QAPIP
- B. Discussion:** MSHN is working on its annual QAPIP report. A track changes version of the UM Annual Report is in today's meeting folder
- C. Outcome:** Review and provide input to Skye within the next two weeks (by 11/12)

PARKING LOT

- Methamphetamine-Induced Psychosis Protocol (Initial Draft Reading in November)
- ICSS Provision (Discussion in November based on MDHHS feedback from annual report submission)

DELIVERABLES

- Aggregate CAFAS/PECFAS Reports due to Todd by 11/22/21
- MCG FY21 Q4 Retrospective Reviews due by 12/15/21