Utilization Management Committee & Clinical Leadership Committee

Date: Thursday, April 25, 2019, 1:00PM-4:00PM
Location: Gratiot CMH 608 Wright Ave, Alma, MI
Call-In: Conf: 888-585-9008/ Room #: 818-235-935

Meeting content linked here: April UMC Folder OR April CLC Folder

CMHSP	UMC/CLC Participants in RED=phone
Bay-Arenac	Janis Pinter, Karen Amon
CEI	Elise Magen, Tim Teed, Tamah Winzeler, Shana Badgley
Central	Kara Laferty, Renee Raushi, Julie Bayardo
Gratiot	Kim Boulier
Huron	Tracey Dore
Ionia-The Right Door	Susan Richards
LifeWays	Shannan Clevenger, Gina Costa
Montcalm Care Network	Adam Stevens, Julianna Kozara
Newaygo	Denise Russo-Starback, Kristen Roesler, Annette VanderArk
Saginaw	Vurlia Wheeler, Linda Schneider, Christy
Shiawassee	Crystal Eddy, Jennifer Tucker
Tuscola	Michael Swathwood
MSHN	Todd Lewicki, Skye Pletcher, Kate Flavin

UMC Purpose and Powers

Implement the UM Plan and support compliance with MSHN policy, the MDHHS PIHP Contract and related Federal & State laws and regulations.

- **Develop** *policies and standards related to access, authorization & service utilization*
- **Identify** *over/under use of services*
- **Recommend** *improvement strategies 6*
- **Monitor** *follow-through*
- **Coordinate** *with other committees*

CLC Purpose and Powers

To advise the PIHP regarding clinical best practices and clinical operations across the region

- **Advise** *the PIHP in the development of clinical best practice plans for MSHN*
- **Advise** *the PIHP in areas of public policy priority*
- **Provide** *a system of leadership support and resource sharing*

Additions to Agenda:

- *ADHD Testing (Julie Bayardo from CMHCM): Requests from community for ADHD testing for individuals who are being prescribed medications from their PCP, per Medicaid guidelines for adults over age 17. Questions: is this an appropriate function for CMH to carry out for mild/moderate individuals? Feedback: Refer mild/moderate individuals to their MHP for appropriate mental health provider; Leverage resources at local FQHC who are often able to provide this service*

- *Prescribing protocols for Benzos and Stimulants (Saginaw CMH): Do any CMHs have protocols around prescribing practices of scheduled medications when individuals are consistently using marijuana? Feedback: Most CMHs have general guidelines around prescribing practices of scheduled substances however individual patient circumstance/need is always the deciding factor. CMHCM has a policy they will share with group.*

- *Combined UMC/CLC Meeting: Discussed a couple of different options for improving meeting efficiency and maximizing CMH staff resources being used in meeting participation. Feedback from most CMHs in favor of Option 1 using a staggered meeting time approach allowing members to choose if they prefer to participate in some or all portions of the meeting. Request for WebEx capability for at least the UM portion of the meeting for members who are participating remotely to view and screen share data and reports.*

    - *Option 1: "Staggered" Meeting Times- CLC meets 1pm-3pm and UMC meets 2pm-4pm with a 1 hour overlap in the middle for shared content. Agenda would be structured accordingly*

    - *Option 2: Joint meeting would continue monthly with shared content with the addition of 1 quarterly 60-90-minute WebEx meeting with a specific focus of UM report/data review.*

  The group opted for a staggered approach along with a quarterly scheduled data review via WebEx.

- *2-3 Hour "Rule" for Crisis Services for Kids (CEI): Recent recipient rights complaint substantiated related to inpatient hospitalization disposition taking longer than 2 hours, however understanding has always been a standard of 3 hours for disposition (performance indicator). Other CMHs are not aware of a different standard that would require 2 hours for disposition. Mental health code references a 2 hour "completion of session" in instances of involuntary hospitalization when a person is transported by*

police for evaluation (Act 258 of 1974, Admission by Medical Certification), however this is about adult involuntary hospitalization and does not seem to apply to children.

I. Review & Approve March Minutes

II. Box (Cloud) Update/Change

A. Background: To improve efficiency MSHN has been working on a plan to update our Box file management system. Changes are ready to be rolled out and will begin taking place May 1st. Providers may see variations in folder or file names upon logging in. These updates should not have an impact on your access to folders and/or documents. Please feel free to contact MSHN Customer Service at 844.405.3094 or dan.dedloff@midstatehealthnetwork.org if you should have any questions.

B. Question: Does the committee have any questions on this upcoming change?

C. Discussion: *Recommendation for new Box structure to allow for CMH users to have access to all content areas in their CMH that do not contain PHI or other secure info (i.e.: different council/committee folders, etc.). This allows for cross-functional coverage between various CMH staff and departments.*

III. Integrated Care for Kids (InCK) Update

A. Background: Due to the design of the InCK Model, it covers many different core child service areas. On 4/19/19, MSHN submitted an RFI to MDHHS to participate in implementing the model in Clare/Gladwin and Jackson counties.

B. Question: If MSHN is selected, how often would the committee like updates?

C. Discussion: *If MDDHS accepts MSHN's response to RFI, MSHN will be responsible for writing a full RFP in partnership with MDHHS to submit to the federal Center for Medicare/Medicaid. Lifeways (Jackson County) and CMHCM (Clare and Gladwin Counties) have agreed to partner in this project due to data indicating that these are areas of highest need/risk*

IV. Sample MCG Acute Service Review Template

A. Background: Please review the draft "Retro Sampling for Acute Services Reporting Template." There have been questions regarding how CMHs should be conducting the MCG acute service sample reviews; this template was drafted as a consistent way for UMC members to record review activity and report out to the UM Committee on a quarterly basis

B. Question: Does this meet the need for a consistent process to document the MCG sample review activity? Does the committee have any suggested changes?

C. Discussion: *Suggestion to add reasons for exception/variance to be consistent with the exceptions/variance listed in MCG. Suggestion to review 2-3 quarters of data to determine what the rates of variance are and then consider setting a metric (i.e.: no more than 5-10%) of cases with variance. Additional suggestion to change language "plan of correction" to "plan to address" to avoid conveying a formal corrective action. Question regarding if CMHs should stagger their reviews throughout the fiscal year or if it is acceptable to complete all*

required reviews during a shorter timeframe. Recommendation to stagger reviews throughout all quarters for best statistical validity and to account for turnover in access staff throughout the year.

V. Review UM Policies/Procedures

A. Background: Annual review took place in October 2018; UMC recommended a subsequent 6-month review in April 2019 rather than waiting a full 12 months. Evaluate for possible inclusion of new regional admission and benefit eligibility guidelines at 6-month review

- MSHN UM Access System Policy
- MSHN Utilization Management Policy

Committee members to review and provide feedback to Skye prior to May meeting.

VI. MSHN Training Grid Review

A. Background: MSHN is seeking input relative to annual training requirements for the CMH provider network. Please see Training Review Procedure which outlines the annual review process to ensure all applicable councils/committees have an opportunity to provide input

B. Question: Are there any additions or any recommendations?

C. Discussion: *Recommendation to add a frequency of LOCUS re-training for all case managers/SC's who work with the SMI population (suggested frequency every other year). Suggestion that trainings should not be included on the grid if it is not contractually required (i.e.: Culture of Gentleness), or the training grid should reflect it is a recommended training and not required. Question- where are training requirements for Autism/ABA? Does not appear to be included on this draft grid.*

D. Outcome: *Members to review training grid with respective content experts in their agencies and provide feedback to Skye or Todd prior to May meeting.*

VII. HCBS Implementation (Standing Agenda Item)

Todd provided update regarding MSHN's efforts to hire 3 additional HCBS Specialists to assist with implementation efforts. Target of July 1 to complete all remediation activity For C-waiver services. MSHN is also developing an audit module capability in REMI to serve as a mechanism for uploading evidence of compliance, and corrective action plan documentation, etc. MSHN is currently in process of preparing templates and letters for distribution for B3 services.

VIII. Parity Workgroup/MCG Implementation Update (Standing Agenda Item)

MSHN participates in statewide parity workgroup with other PIHPs. MCG will be visiting Michigan PIHPs DWMHA, SWMBH, and Oakland with a plan to return to other PIHPs at a future date. The work being done by ABSW will be shared with the statewide parity workgroup relative to LOCUS benefit grid, CAFAS benefit grid, SUD/ASAM benefit grid.

IX. MSSV

A. **Background:** Last month, the committee agreed to review the "Contract Reqs in Support of MSHN Supplemental Data" document to determine which data points are currently being captured elsewhere. Committee agreed on need to eliminate duplicate data gathering wherever possible. MSHN also consulted with TBD and there is agreement that most demographic and functional impairment information can be gathered by using a combination of BH TEDS data and standardized assessment data (LOCUS, CAFAS, etc.) that CMHs are already submitting to MSHN to create individual consumer episode of care datasets. One concern is how disposition of request data is currently being collected for annual report submission as well as consistency of process between various CMHSPs.

B. **Question:** Does the committee support revising the current MSSV dataset to remove most demographic and functional impairment data points which can be gathered from other sources? How can we ensure regional consistency about collection of disposition of request data? How can we demonstrate regional compliance with access/eligibility standards (i.e.: December 2018 Wieferich Memo regarding Access/Eligibility)?

C. **Discussion:** *Is the MSSV system "aged out" as advances have been made over the last couple of years with parity, etc.? Significant support from multiple CMHs to dispense with MSSV as currently designed (CEI, CMHCM, GIHN, Saginaw, BABHA). Suggestion that CMHSPs can provide point in time data to MSHN regarding disposition of service requests which is currently being gathered by most CMHSP's via the "request for screen" in PCE.*

D. **Outcome:** *Recommendation to discontinue MSSV dataset; recommendation for a "point in time" study related to disposition of service request data vs collecting data on an ongoing basis. MSHN will develop proposed process to carry forward.*

X. Admission Benefit Stabilization Workgroup Update (Standing Agenda Item)

No update; no April meeting

XI. School Violence Workgroup Update & School-Based Mental Health Funding

A. **Background**: 31N is the section of the Michigan Department of Education FY 19 budget bill that provides $30 million to schools and school-based child and adolescent health centers to provide school-based behavioral healthcare to children and adolescents with mild to moderate mental health needs. The 31 N Advisory Group met on 4/17/19, for the first time to provide guidance to this initiative. CMHA is a member of that Advisory Group.

B. **Question:** Are the CMHSPs aware of what the ISDs/RESAs in your community may be doing, relative to this funding opportunity?

C. **Discussion:** *Lifeways was asked to collaborate with Hillsdale ISD on their 31N proposal; Montcalm, Gratiot, and CMHCM indicated collaboration with their local ISDs as well*

XII. Child Parent Psychotherapy Learning Collaborative

A. **Background:** Services for children ranks 5th out of 15 regionally, based on CMHSP community needs assessments. The MDHHS is collecting applications to participate in

Child Parent Psychotherapy (CPP) Learning Collaborative to build capacity across the state for trauma treatment to young children and their families.

B. Question: Which CMHSPs are participating in CPP the MSHN region?

C. Discussion: *LifeWays indicated they will be participating*

XIII. Indian Health Service: Tribally-Operated Facility/Program or Urban Indian Clinic

A. Background: Eligible tribal members not getting access to services, CMHs not recognizing the clinical work of the tribe, lack of recognizing clinical expertise of tribal members. Issues with attempts to hospitalize-CMHs have not recognized the tribal assessment of a person for hospitalization. There is also reported duplicated work, i.e. intake with tribe and intake with CMH.

B. Question: What should be done to better facilitate service acquisition for eligible tribal members in our region?

C. Discussion: *Lengthy discussion regarding challenges related to benefits coordination between IHS/Medicaid, eligibility for services, etc. The CMHSPs explained their attempts to follow through with engaging persons of American Indian heritage into services. There is more to the situation than CMHSPs not being willing to work with the Indian Health Service system. Todd shared MSHN's policy on access to services for persons of American Indian Tribal heritage.*

XIV. Utilization Data Reports

- Inpatient Recidivism
  Shiawassee and Tuscola need to be updated on report now that names have changed
- LOCUS Outliers
  Skye to distribute individual CMH exception reports tomorrow; please utilize LOCUS feedback template form and provide feedback prior to May meeting.
- Child Access to Primary Care
  No action needed by any CMH at this time; all CMHs performing above state performance rates
- Adult Access to Primary Care
  No action needed by any CMH at this time; all CMHs performing above state performance rates

Parking Lot:

- Ideas for Collaborative Learning/Roundtable Discussion:
  - How does each CMH manage HCBS authorization?