

Utilization Management Committee & Clinical Leadership Committee

Date: Thursday, February 28, 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: [February UMC Folder](#) OR [February CLC Folder](#)

**Please note: Each individual agenda item does not contain links to specific documents or reports this month, but all meeting materials are loaded into the respective CLC or UMC meeting folders linked above.*

| CMHSP | UMC Participant in RED=phone |
|-----------------------|---------------------------------------|
| Bay-Arenac | Janis Pinter |
| CEI | Elise Magen, Tim Teed, Tamah Winzeler |
| Central | Kara Laferty |
| Gratiot | Michelle Stillwagon |
| Huron | Levi Zagorski |
| Ionia-The Right Door | Susan Richards |
| LifeWays | David Lowe, Shannan Clevenger |
| Montcalm Care Network | Adam Stevens |
| Newaygo | |
| Saginaw | Vurlia Wheeler |
| Shiawassee | Jennifer Tucker, Craig Hause |
| Tuscola | Michael Swathwood |
| MSHN | Joe Wager, Cammie Myers |

| CMHSP | CLC Participant | In-Person | Phone | Absent |
|--------------------|-----------------------|-----------|-------|--------|
| BABHA | Karen Amon | | X | |
| | Joelin Hahn | | X | |
| CEICMH | Shana Badgley | X | | |
| CMHCM | Julie Bayardo | X | | |
| GIHN | Kim Boulier | X | | |
| HCBH | Tracey Dore | | X | |
| The Right Door | Julie Dowling | | X | |
| LifeWays | Gina Costa | | X | |
| MCN | Julianna Kozara | | X | |
| NCCMH | Denise Russo-Starback | | X | |
| Saginaw CCMH | Linda Schneider | X | | |
| Shiawassee CCCMH | Crystal Eddy | | X | |
| TBHA | Julie Majeske | | X | |
| MSHN/TBD/ Other | Todd Lewicki | X | | |
| | Cammie Myers | X | | |
| | Joe Wager | X | | |

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
- **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

I. **Review & Approve January Minutes**

Approved as drafted, no further feedback.

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

A. Background: For update purposes.

B. Question:

C. Discussion: Each CMHSP has representatives that will be a part of the kickoff with MCG. Amanda is heading this up for MSHN.

i. Do CMHSPs have to do retrospective outlier reviews for January-March?

1. Todd is unsure if this will happen at this time. More to come on this in terms of planning and discussion.

ii. Do you have an anticipated start date?

1. Mid-late spring is best guess.

D. Outcome:

III. **MHBG Fund Potential Project Request Update (Todd)**

A. Background: Utilizing input received from this committee, MSHN submitted proposal for funds to be used for expansion of jail-based services (Stepping Up Initiative), TFCBT, and population health activities

B. Question: Informational Only

i. Submitted to the state and was declined.

IV. **Clarification: Retrospective Sampling for Acute Services- Sample Size**

- A. **Background:** The Retrospective Sampling Policy/Procedure were reviewed by Ops Council during the January meeting and agreed on a 90% confidence level for determining sample size. During the January UMC/CLC meeting there was a request for clarification if all screenings regardless of disposition will be included in sample or only those that result in actual hospitalization. NOTE: Clarification received from Amanda Horgan that all individuals who have been screened for acute services need to be included in sample to meet federal parity requirements. Sample size data has been updated to reflect all acute care services including T1023 during FY18. A 90% confidence level sample size was then calculated for FY19 based on FY18 utilization data. Each CMHSP will be responsible for conducting its own retrospective reviews per the policy and procedure. Sample size will be reviewed annually to allow for resources allocation/planning for the next year.
- B. **Question:** No Question; information only
- C. **Discussion:** Document located in Box for review under 2/28/19 meeting date in the UMC meeting folder.
- D. **Outcome:** Committee informed of the changes.

V. **SUD Transportation**

- A. **Background:** A draft SUD transportation technical advisory was shared with this group last month for review and feedback.
- B. **Question:** Does the draft technical advisory for SUD transportation address the concerns and challenges faced by the CMH Access Centers? Do CLC and UMC have a recommendation regarding regional implementation of this technical advisory?
- C. **Discussion:** No concerns brought up from members at this time.
 - i. What if the cost of transportation is more than the \$150 and MSHN is closed to getting prior approval?
 - ii. Issues raised that the barriers are not just related to transportation. The facilities are often unable to admit a client outside of certain hours or they do not have anyone available to assist clients outside of certain hours.
- D. **Outcome:** CMHSPs would like more time to review and have other members at their organizations review as well. Will carry forward this agenda item for next month.

VI. **Reminder: Inpatient & Inpatient Step-Down Needs**

- A. **Background:** Discussion took place last month in UMC/CLC related to needs for appropriate community-based settings to step-down individuals with high behavioral needs following psychiatric hospitalization. Each CMHSP was going to send feedback to Todd regarding specific needs in their communities.
- B. **Question:** How are CMHSPs dealing with this?
- C. **Discussion:**
 - i. *Hospitals are telling CMHSP staff that they are not "licensed" for I/DD beds- there is no specific licensure for this but seems as though this is a way to screen out certain consumers (i.e. HCBS).*

- ii. *How to work within the HCBS system to be sure that consumers get into services that are deemed necessary? What is best for the person regardless of the HCBS rules and regulations.*

D. Outcome: Please review the January minutes regarding this topic and each CMHSP will need to send 2 examples of admit and/or step-down issues/needs to Todd for further discussion at the next meeting.

VII. Balanced Scorecard Review

A. Background: MSHN leadership team has been working to develop balanced scorecard metrics relative to the FY19-20 MSHN Strategic Plan

B. Question: Do committee members have feedback related to the proposed measures?

C. Discussion:

1. *CLC- CMHSPs working with the local schools- “changed to mental health and prevention”*
2. *UM- Should the HCBS item belong to Provider Network?*
 - a. *Recommend to Provider Network that they take this item as their key performance indicator*
3. *UM- Reword item related to LOCUS score and LOC placement*
 - a. *Allow for clinical overrides when necessary outside of the LOCUS*
 - i. *10% allowed exceptions according to LOCUS standard*

D. Outcome: See above.

VIII. HCBS Implementation (Standing Agenda Item)

A. Background: The committee wishes to have updates on a monthly basis for HCBS progress.

B. Question: What is the current progress and updates in HCBS?

C. Discussion: Todd provided an update on HCBS. The de-escalation letters will be going out soon. There are approximately 170 to be sent. The B3 letters are almost ready to run and MSHN will be sending initial letters to the CMH HCBS Leads to let them know provider areas of non-compliance. Then letters will be sent soon thereafter. There are approximately 600 to be sent.

D. Outcome: Nothing further.

IX. ABSW/CAFAS Update (Standing Agenda Item)

A. Background: The Admission Benefit Standardization Workgroup (ABSW) continues to meet monthly. Todd to provide updates regarding status of current projects, crossover with work being done by UM Committee, and next steps for developing Children’s SED benefit based on CAFAS data.

B. Question:

C. Discussion: The group review two proposals for completion of the CAFAS data for Parity. They were impressed with one vendor's product but noted that the cost was too great.

D. Outcome: TBD was selected to develop this.

X. School Violence Workgroup Update- no additional thoughts on this item.

The committee discussed continuing to talk about issues coming up in their counties relative to school safety. The workgroup had found that each community was different in its approach to working with the schools. Kim B. distributed an assessment resource. Each CMH has their own flowchart for how they work with referrals from the schools. Since this is part of the strategic plan, Todd will check with the CLC to review processes and outcomes.

XI. Medical Directors' Meeting

A. Background: Committee review and feedback requested for agenda items 3, 14

- a. Item 3- Medication for behavioral control
 - i. Outcome-Sandy Gettel will get back with everyone with draft guidelines related to different items. Doctors bringing challenging cases (similar to mortality/morbidity reviews) to discuss and provide feedback.
- b. Item 14- Communication channels
 - i. Outcome-Medical directors at CMHPSs would like input to the state/MHP meetings to decide performance measures. This is the first time ever PIHPs have been given this opportunity.

XI. Utilization Data Reports

- 30-Day All Cause Readmission
- Psychiatric/Crisis Services Utilization
- LOCUS Analysis/Exception Reports
 - Reports are in the UMC and CLC folders for committee review

Parking Lot:

- SED Waiver Planning-
 - March 13th (Lansing) and March 21st (Mt. Pleasant) will be all day training on the SED waiver.
 - Only need to attend one or the other. Lunch will be taken care of, coffee and water available as well.
 - Approx 15-20 people per site.
 - Not necessary for Financial staff to be at the training for the whole day but will be a smaller portion of the training day.
 - Have not heard anything about rates
 - The State's expectation is PIHPs "build out capacity"