

# Clinical Leadership Committee & Utilization Management Committee

Date: Thursday, March 26, 2020

Time: 2-4pm

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 March Meeting Materials](#)      [CLC March Meeting Materials](#)

CMHSP	Participant(s)
Bay-Arenac	Karen Amon, Joelin Hahn
CEI	Gwenda Summers, Elise Magen, Tim Teed, Tamah Winzeler, Shana Badgely
Central	Julie Bayardo, Renee Raushi
Gratiot	Kim Boulrier, Taylor Hirshman
Huron	Levi Zagorski, Natalie Nugent
Ionia-The Right Door	Julie Dowling, Susan Richards
LifeWays	Gina Costa, David Lowe
Montcalm Care Network	Julianna Kozara, Adam Stevens
Newaygo	Kristen Roesler, Annette, Denise
Saginaw	Vurlia Wheeler
Shiawassee	Craig Hause, Crystal Eddy, Jennifer Tucker
Tuscola	Julie Majeske
MSHN	Skye Pletcher, Todd Lewicki, Amanda Ittner, Dan Dedloff
Others	

**I. Review and Approve February Minutes, Additions to Agenda**

**II. COVID-19 Regional Response Planning**

- A. Background:** MSHN in partnership with Ops Council and Regional Medical Directors have deployed the regional MSHN COVID-19 Tier System. The Tier System and all other pertinent Federal and State policy/procedural guidance documents related to the COVID-19 can be accessed on the MSHN website [MSHN COVID-19 Webpage](#). MSHN also created a reporting portal on the MSHN website for CMHSPs to provide daily updates regarding the status of their counties and access resources specific to CMHSPs that are not published for general viewing on the MSHN website (ie: provider restrictions/closures, regional protocols, etc.). Refer to the “CMHSP Access to Secure MSHN Website” document in this month’s meeting materials for login instructions.
- B. Discussion:** Communication from some of the ABA providers that they are an essential service. Code of ethics for BACB says that it needs to be in the best interests of the family and child. The more everyone does their part the quicker we can get over the

virus transmission. Are the BT services deliverable by telemed-no the 97153 is not per the 20-13 bulletin. Also, Shiawassee has established their protocols and are working to minimize contact with others and using telemed. How can we keep others safe and ensure service delivery? There was concern from the documents (BHDDA) that came out yesterday because it was not definitive and made it seem like all services should be provided F2F. Huron has been asking feedback for a long time from MDHHS and spent these three days in shelter in place. This was poorly planned and unsafe for the state to ask that staff go out F2F. If we can figure it out non F2F, most CMHSPs are doing it this way. CEI supports this safe approach. Most are very quickly up on telehealth and using it successfully. Documentation is a point of conversation to have now. Concerned about loss of staff to illness and resignation. #1 concern Central is hearing is fear of getting sick and consumers are appreciating that Central is concerned for their well-being and working distantly-consumers appreciate it. Gratiot supports this. Show rates have been increasing significantly for the online telehealth with some even saying that they'd like to keep it permanently. Best interests of everyone needs to be taken into account to ensure staff and consumers are safe. CMHSPs do not want to go back on this. MDHHS did acknowledge that they planned on addressing this concern with MSHN tomorrow. When meeting is finished, this will be communicated to the system. Scarcity of PPE-this remains a great concern. Some donations have occurred, hardware stores, autobody shops, donation from hospital, donation from healthcare clinic (N95) masks. Daily CMHs are to be identifying their PPE needs and this can help determine sharing equipment. Dr. Alavi urges continue to work with local health departments. Health Departments have not been as helpful. Health department guidance has also been providing inconsistent. CEI has encountered issues with staffing and MSHN will also be talking with the state about this tomorrow. This will be devastating for crisis level services. Have there been questions about hazard pay? This is being explored but has not been defined yet. BABH-some providers can't use telephonic services and unable to provide usual services, like vocational and clubhouse are asking whether they would be getting funding to support them. The Board Association has communicated this concern and is pushing for MDHHS to support these providers through this time. There has been no decision yet, but looking at how Medicaid funds can be used.

- C. **Outcome/Action Steps:** MSHN will continue to gather and share information. Every day adds to the complexity of this work.

### III. MDHHS New Policy/Procedural Guidance

- A. **Background:** Several items have been included in this month's meeting materials for review and discussion:
  - i. MSA 20-04 Overnight Health and Safety Support
  - ii. Notice of Proposed Project Behavioral Health Homes (2007-BDDA-P)
  - iii. COFR for Children Clarification
- B. **Discussion:** Question from LifeWays-want to gain clarity around the possibility to void out claims for OHSS from October. What are plans for authorizing OHSS? There has not been much thought on this and we will need to revisit this. BHH-distributed to Regions

1, 2, and 8. COFR for Children Clarification-the memo from the state addresses residing in the community. This has recently addressed newer issues. This has been helpful in guiding the CMHSPs.

- C. **Outcome/Action Steps:** Skye will follow up with Leslie on any additional guidance and will share with the group as available.

#### IV. **Level of Care- SMI and SED**

- A. **Background:** Continuation of discussion regarding operationalizing the regional core service menus. Please refer to materials in this month's folder
- B. **Discussion:** UMC has been having discussions and how to implement these menus. Skye prepared an FAQ document to help address questions that have developed along the way. Discussed the FAQ document. CMHSPs are evaluating their local process and are ensuring P/P are in place. The individual outlier reports are appreciated and useful but the organizational outlier report is also very helpful and valuable. Reports to be generated quarterly.
- C. **Outcome:** CLC recommending June or July to devote time and resources to the new LOC process implementation in light of the COVID-19 pandemic. Skye to follow up with TBD to develop reports around service provision (heat map) to help choose where to prioritize efforts.

#### V. **HSAG Corrective Action Plan Draft**

- A. **Background:** MSHN staff developed draft CAP to address HSAG findings. Refer to items #31, 34, 35, 36 on draft CAP for UM-specific actions. The proposed action is monitoring during the FY21 DMC site reviews to ensure adverse benefit determinations are being issued with consistency in regard to the HSAG areas of finding. Does UMC support the proposed corrective action?
- B. **Discussion:** Reviewed the CAP workplan.
- C. **Outcome:** Continue to work on plan, adjust to COVID situation and amount of time it is taking.

#### VI. **MCG Retro Reviews**

- A. **Informational Only:** Reminder to CMHs who are conducting retrospective reviews to complete FY20 Q1 reviews and email to Skye. Next quarter would be Q2 review in June. In June Skye proposed Q1 and Q2 to do this review. UMC was in favor of June to deal with Q1 and Q2 reports.

#### **Parking Lot/Upcoming:**

- Regional crisis residential utilization & TBD Feasibility Study (April 2020 Meeting)-issue of transportation as a barrier was mentioned as a possible consideration in feasibility.