

Clinical Leadership Committee

Date: Thursday, June 27, 2019, 1:00PM-3:00PM

Location: Gratiot CMH 608 Wright Ave, Alma, MI

Call-In: **Conf: 888-585-9008/ Room #: 818-235-935**

Meeting content linked here: [June CLC Folder](#)

CMHSP	UMC/CLC Participants in RED=phone
Bay-Arenac	Karen Amon; Janis Pinter; Joelin Hahn
CEI	Shana Badgley
Central	Julie Bayardo
Gratiot	Kim Boulier
Huron	Tracey Dore; Natalie Nugent
Ionia-The Right Door	Julie Dowling
LifeWays	Gina Costa
Montcalm Care Network	Melissa MacLaren
Newaygo	Denise Russo-Starback
Saginaw	Kristie Wolbert; Erin Nostrandt
Shiawassee	Crystal Eddy
Tuscola	Julie Majeske
MSHN	Todd Lewicki; Skye Pletcher

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
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Clinical Leadership Committee Meeting Specific Content (1:00PM-2:00PM)

- I. **Review & Approve May Minutes, Additions to Agenda**
Minutes approved as drafted there were no further suggestions for addition to the agenda.

- II. **Overnight Health and Safety Support Language**
 - A. **Background:** Overnight Health and Safety Support is a new service that will be added to the array of services available under the 1915(c) HSW, CWP, SEDW and 1915(i) waivers with CMS approval of the current 1915(c) and 1915(i) waiver renewal applications. In anticipation of this new service, the MDHHS will be seeking input from a small PIHP/CMHSP workgroup in crafting Medicaid Provider Manual language for this new service.
 - B. **Question:** What is the committee's input for inclusion into Medicaid Provider Manual consideration?
 - C. **Discussion:** *Further information is needed regarding definition and how it differs from current CLS. Todd Lewicki and Julie Bayardo will be participating in the state workgroup and will share information with CLC as appropriate. The committee asked whether those persons that are not eligible for OHSS should still receive CLS.*

- III. **Autism Site Review Report**
 - A. **Background:** MDHHS provided their 2019 PIHP Autism Site Review Report to MSHN and this was shared with the CMHSPs for follow-up. This is being given to CLC for review and questions.
 - B. **Question:** Does CLC note any trends or issues past the submission of the CAP that should be addressed?
 - C. **Discussion:** *MSHN noted that in some instances of findings there was sufficient documentation of the standard available to the reviewers at the time of the audit that was overlooked. MSHN will be engaging in dialogue with MDHHS around these concerns to adequately address the discrepancies in audit findings and mixed messages in what was being included in interpretation of the standards. If CMHSPs identify significant areas of discrepancy when reviewing their audit results, please contact Todd directly.*
 - D. **Outcome:** *Todd will be determining the best way to provide feedback to MDHHS regarding these issues.*

- IV. **HSW Recertification Updates**
 - A. **Background:** MDHHS is required to make 1915(c) waiver eligibility determinations and redeterminations (initial and annually) effective with the waiver renewal approval expected on 10/1/19. Per CMS Technical Guide, the level of care determination must be made directly by the Medicaid agency or another government agency that has been designated by the Medicaid agency.
 - B. **Question:** MSHN will be editing its recertification process. What question does CLC have regarding any part of this process?
 - C. **Discussion:** *MDHHS has indicated that they will be providing an FAQ document in the next 1-2 weeks addressing the process changes. Discussion around the additional administrative burden and time considerations at each CMH relative to these changes.*

D. Outcome: *MSHN will be hosting a meeting tomorrow with regional CMH HCBS leads to provide info and guidance around the upcoming changes.*

V. Transportation Time

A. Background: BABH is reviewing its policies regarding the handling of the time spent transporting consumers in the course of providing CLS, skill building, supported employment, and clubhouse services. The goal is to ensure reliability in practices with the region.

B. Question: What is the perspective of the CLC (see Box meeting folder)?

C. Discussion: *SCCMHA reported that they build the cost of transport to/from medical into their CLS rates. They require transportation as a part of supported employment services to be somewhat time-limited and focused on helping the person become autonomous.*

D. Outcome: *Request for CMHSPs to send feedback related to their local process to Todd who will work with Janis at BABHA to compile regional guidance.*

VI. Residential Placements- Kristie Wolbert

Discussion around increasing shortage of appropriate community-based residential living options for individuals with high needs/complex behavioral needs. Multiple CMHs agree that this is an ongoing challenge for them. Shana Badgley shared that Dr. Mellos presented at Spring Conference and shared a tiered waiver model which is under consideration by MDHHS that would allow for different standards/regulations for providers of services to individuals with high complexity needs relative to HCBS Rule transition. Suggestion by CLC to consider a regional approach to procure providers that could be utilized by all of the CMHs. There is interest from CLC membership in developing a statement of work that could be shared with Ops Council for consideration.

Shared Content with UMC (2:00pm – 3:00 pm)

I. Provider Network Adequacy Assessment- Tonya Seely, Tim Teed

A. Background: CEI has been contracted to perform the region's annual PNAA and will be seeking ongoing input and feedback from these committees over the next couple of months.

B. Discussion: Seeking committee feedback around the following discussion points (Please see 2018 PNAA in meeting materials folder):

- i. Children's Waiver
- ii. SED Waiver
- iii. Defining "conflict free?" (p. 30, 2018 PNAA). Specifically, how MDHHS's HCBS guidance on independent assessment will be implemented. *Dave Lowe from Lifeways suggested "CMS CM Guidance Document" as a source policy that addresses conflict of interest. CLC/UMC advocates that the PNAA address how as a region we ensure that there are no conflicts of interest in the delivery and*

authorization of services however remove the term “conflict-free case management” as a term that is not currently being used or defined by MDHHS.

- iv. Table 19 (HBS, TCM and HSW Service Utilization), p.32, 2018 PNAA- Should we look at these again this year? *Group agrees that TCM should be removed from the service utilization section, however there is interest in developing a new “Workforce Needs/Workforce Development” section to the PNAA that addresses specific regional concerns in hiring/retention of qualified workforce for specific types of services.*
- v. Formatting changes for 2019 by type of service? *Leave formatting largely the same as this is a compliance document. Decision for Tonya to attend combined CLC/UMC meeting quarterly to work on updates to the PNAA.*

II. MCG Implementation Updates (Standing Agenda Item)- Todd Lewicki, Janis Pinter

- A. **Background:** Recent meeting with PCE on 6/7/2019 regarding MCG integration into PCE EMR products, which Bay-Arenac will be the first in our region to pilot. Please see document PCE/MCG Integration Notes_6_7_2019 (thanks to Janis Pinter for the detailed notes)
- B. **Discussion:** Given the way that the MCG guidelines will be incorporated into PCE systems, it may make more sense to complete prospective reviews for all individuals at the point of screening rather than retrospective reviews for a sample. *Several CMHs expressed concern at changing our regional approach when it was previously decided that we would employ a retrospective sampling method.*
- C. **Question:** Should the MSHN region consider switching our plan from retro reviews to prospective?
- D. **Outcome:** *The group is interested in seeing a demonstration of the process of MCG in PCE before making any recommendations to change process. This demonstration would be organized as a Webex so that other CMH staff could participate and observe. There is also concern for ensuring that if the MCG Guidelines were embedded in PCE as a prospective review it should replace other data fields to eliminate redundancy.*

III. Follow-Up for SUD ER- Skye Pletcher

- A. **Background:** Follow-Up after ED use for SUD is a new MDHHS integrated health performance bonus measure for FY19-20 (informational/data validation only, with plan to set a performance metric in FY21). See document “FUA_Measure_Specs” for additional info. MSHN has developed a regional plan to address this measure, including a population health approach of providing education and standard literature to all hospital ED’s in the region regarding how to appropriately refer individuals for follow-up SUD services. MSHN will be scheduling meetings with each hospital and local CMH representative as appointed by Ops Council.
- B. **Discussion:** MSHN is seeking input from these committees regarding standard literature to provide to all hospital EDs in the region. *Recommendation to add logo/branding of each CMH to the SUD Access Handout alongside MSHN; otherwise no concerns with sharing the regional MSHN SUD Access handout. CMHs can also provide their own additional information.*

IV. HCBS Implementation (Standing Agenda Item) – Todd Lewicki

Todd shared the HCBS Transition update report, which was also included in the Box meeting folder. Anyone with questions should send those to Todd. One concerned noted was that MDHHS was considering having CSMs do a spot check on verifying accuracy of survey results when out in the field. This is an added burden that the system recommends against.

V. Follow-Up re: OBRA Changes

Informational: Joelin Hahn shared notes from the MDHHS-OBRA meeting that took place on 5/13/19. That document has been included in this month's meeting materials folder for UMC members to access. *Some CMHs had questions related to qualifications for the OBRA coordinator position at the CMH. Due to oversight responsibility and confirming diagnosis, the OBRA coordinator should be Master's-level clinician. Concerns were raised regarding the practice of the OBRA coordinator determining a primary diagnosis from clinical document review without directly assessing the individual themselves. MDHHS gave guidance that some CMHs have a multi-disciplinary OBRA team that review assessments. Important considerations: CMHs should anticipate 1 FTE OBRA coordinator that is solely designated to coordination duties.*

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

June meeting is set to occur on 6/26/2019. A verbal report will be shared.

TBD Solutions presented the Level of Care (LOC) database. The recommended code thresholds would become the prospective authorization criteria for the region but each CMH would be able to authorize outside of the regional guidelines with documentation of individual need/medical necessity. The UM Committee would continue to perform retrospective outlier review.

Parking Lot:

Child Parent Psychotherapy Learning Collaborative

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. LifeWays indicated they will be participating and will provide updates.

School Violence Workgroup Update & School-Based Mental Health Funding

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

Ideas for Collaborative Learning/Roundtable Discussion:

- How does each CMH manage HCBS authorization?