

Clinical Leadership Committee & Utilization Management Committee

Date: Thursday, April 22, 2021

Time: 1-2:30 pm Joint Content, 2:30-4pm UMC and CLC Breakout Sessions

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 April Meeting Materials](#)

| CMHSP | Participant(s) |
|-----------------------|--|
| Bay-Arenac | Karen Amon; Joelin Hahn; Janis Pinter |
| CEI | Shana Badgley; Tonya Seely; Tamah Winzeler; Gwenda Summers |
| Central | Julie Bayardo; Renee Rauschi; Angela Zywicki |
| Gratiot | Sarah Bowman; Taylor Hirschman |
| Huron | Natalie Nugent; Levi Zagorski |
| Ionia-The Right Door | Julie Dowling; Susan Richards |
| LifeWays | Gina Costa; Jennifer Fitch |
| Montcalm Care Network | Julianna Kozara; Sally Culey |
| Newaygo | Kristen Roesler; Annette VanderArk; Denise Russo-Starback |
| Saginaw | Kristie Wolbert; Vurlia Wheeler; Erin Norstrandt |
| Shiawassee | Crystal Eddy; Jennifer Tucker; Shawn Dilts; Trish Bloss |
| Tuscola | Michael Swathwood; Julie Majeske |
| MSHN | Skye Pletcher, Todd Lewicki |
| Others | |

JOINT CLC/UMC SESSION

- I. **Welcome & Roll Call**
- II. **Review and Approve March Minutes, Additions to Agenda**
- III. **OHSS Implementation**
 - A. **Background:** The initial interpretation of the OHSS code was that anyone on a Waiver who required staffing according to the eligibility criteria should be billing for the OHSS. OHSS, according to the Medicaid Provider Manual (p. 527, B.11), must include medical necessity determination and after all other available preventive interventions/appropriate assistive technology, environmental modifications and specialty supplies and equipment (i.e., Lifeline, Personal Emergency Response System [PERS], electronic devices, etc.) have been undertaken to ensure the least intrusive and cost-effective intervention is implemented.
 - B. **Discussion:** How is this being interpreted by the CMHSPs? Concern about the language that medical necessity determination must include rule out of all other available preventive interventions. The Right Door recently had an administrative hearing where the judge ruled in the consumer's favor that The Right Door should not have denied OHSS even though the reason for denial was due to the fact that other interventions had not been exhausted yet. CMHCM is proceeding with authorizing OHSS for waiver beneficiaries when it is appropriate and documenting what other interventions were already tried or if specific things were not tried due to potential danger to the consumer.

- C. **Outcome:** CMHs will continue to ensure that documentation of medical necessity for OHSS includes other interventions that were ruled out as well as any interventions that were not ruled out and the rationale as to why they were not appropriate/safe to meet the individual's needs.

IV. SIS Decline Reporting

- A. **Background:** Per MDHHS SIS Steering Committee, the upload of declined SIS assessments into SIS Online is expected to start on 5/1/2021. This spreadsheet will be gathered and sent to MDHHS to include Medicaid ID, Assessment Status Date, Assessment Status, and Reason on Hold. Each SIS Assessor has the information and will work with each CMH to gather on a monthly basis.
- B. **Discussion:** Please ensure that other pertinent CMH staff who are involved at different points of the process understand the data that is needed in order to assist with gathering it accurately. Example might be support staff and caseholders who have regular contact with individuals/families around scheduling appointments. Question regarding how to count situations in which an individual/family did not decline to have a SIS assessment but want to defer it until a later time when it can be administered in person. Agreement that these are not true denials and should not be counted as such.
- C. **Outcome:** Committee members will distribute the SIS Decline Reporting information to relevant CMH staff and will work with their SIS Assessor to fulfill monthly data reporting requirements

V. GT_Modifier_202104

- A. **Background:** MSHN presents the telehealth report CLC and UMC were interested in reviewing.
- B. **Discussion:** Discussed what data was included in the report. Are some EHRs exporting data to MSHN where certain modifiers were dropped? Might there be an eventual opportunity to balance how telehealth and face to face is provided. This should be relative to individual need clinically.
- C. **Outcome:** Skye requested each CMH to review their data and provide input on the accuracy of the data. Committee members may also provide feedback to Skye if there are other data points that would be beneficial to include in future iterations of the report.

VII. OT/SLP and the Autism Benefit

- A. **Background:** Lifeways recently conducted a survey to find out why families are choosing to hold on services to wait for a certain provider. Over 50% of the families who responded said they are waiting for a provider that does "one stop shopping" and one that also provided OT and SLP services. Other CMHs have expressed concerns about the recommended services (both intensity and the actual plan) being requested by some ABA providers who are also branching out to provide OT/PT services.
- B. **Discussion:** GIHN, BABHA, and Central have had issues with ABA providers requesting services that are in excess of what seems to be medically necessary. The difficulty from a UM perspective is ensuring that any denials/reductions are reviewed by an OT/PT or similarly qualified individual relative to the services being requested.
- C. **Outcome:** This issue was also discussed by the regional Autism Workgroup. The recommendations from that group will be shared with the CMHs who are encountering this issue

VI. COVID Updates

- A. **Background:** Review documents L 21-25 NEMT COVID Vaccine and Phased Approach to Resuming Standard Operations: For Case Management and Other Home and Community-Based Services
- B. **Discussion:** CEI has standing COVID task force meetings and has developed guidance documents for CMH staff as well as consumers and providers. Materials were developed to be easily understandable from a layperson perspective and provide education about risk mitigation strategies, safety/effectiveness of vaccinations, etc.
- C. **Outcome:** CEI volunteered to share resources with the group. Todd or Skye will distribute via email

VII. LOCUS Training Changes

- A. **Background:** After last month's meeting the region's questions and concerns were sent to the MIFAST reviewers and MSHN will share their responses with the group and discuss next steps for regional training needs.
- B. **Questions:**
 - i. Is there interest/value in having CMHSP LOCUS trainers collaborate to develop regional training resources to supplement the online introductory training? Emphasis on sharing resources like PowerPoints and case vignettes, etc.
 - ii. Is there interest in scheduling 1 or more LOCUS specialty trainings specifically for our region?
- C. **Discussion:** There were concerns about the quality and completeness of the online training course. There are some specialty trainings available as offered by the MIFAST team specific to the MSHN region. There was interest in pursuing some of the resources that were presented by Skye. How do we make sure staff are competent in their scoring? There is a more in depth train the trainer model to get greater competency development. Hoping to schedule some in person trainings much further in the future. Scoring people with supports in place versus without is an important issue that needs attention. Skye asked whether it would be useful to pull together the local trainers to look at a consistent training plan and methods of evaluating interrater reliability. There was support, especially around reliability testing and assurances. There is broader support for this idea from the CMHSPs.
- D. **Outcome:** Skye will look into scheduling dates for some of the specialty trainings on the LOCUS. Skye will seek interest around a potential regional approach to the LOCUS reliability.

VIII. Michigan Community Transition Program

- A. **Background:** The State Hospital Administration indicated that this program does not need to comply with HCBS standards. Depending on the case, the funding from this program could extend beyond three months. They are currently using Beacon and Hope Network for the program. MDHHS team: the funding for the 90 days of support in the identified setting is not from PIHP/CMHSP funds and instead is through State Hospital Administration funding. So would not be subject to the rule for that identified time frame. However, if the individual is expected to or does remain in the setting after the 90 days identified and waiver funds are used for services, then the setting must be HCBS compliant.
- B. **Discussion:** There is concern that individuals are being placed in transitional settings which the state has determined do not need to be HCBS compliant however if the person is not able to safely transition to another setting after 90 days and the CMH becomes responsible for payment there are implications related to the setting not being HCBS compliant. Recommend that the CMHSPs report to MSHN any such placements in their region and update the plan related to post 90 days. Impact on care on providers to have them do different things that seem unique or different to their contract or different than other CMHs have expected them to do.
- C. **Outcome:** Get more clarity around reimbursement and funding.

IX. Additional Agenda Item: MiCAL Care Coordination Requirements

- A. **Background:** The 4/14 memo about care coordination requirements for CMHSPs and PIHPs with MiCAL generated significant concern.
- B. **Discussion:** MDHHS has indicated that CMHSPs who currently have contracts for afterhours crisis answering service will have to discontinue those contracts and transfer afterhours calls to MiCAL. Recent job postings by the contracted MiCAL vendor indicate that the minimum job requirements are high school diploma and additional training. Current afterhours crisis phone providers are staffed by master's level trained clinicians, so this would be a step backward.
- C. **Outcome:** Seeking feedback from Travis Atkinson at TBD regarding crisis call center staffing requirements/best practices. Continue advocacy with MDHHS MiCAL implementation team around areas of concern

*****CLC and UMC Breakout Sessions will begin at the conclusion of joint content agenda*****

CLC Breakout Agenda Items

I. LPC Professional Disclosure Statement

- D. Background:** Review current state requirements and agency practice related to professional disclosure and informed consent.
- E. Discussion:** Initially and at change in supervisor, counselors need to have a professional disclosure statement on file with LARA. In the CMH scenario, the LPC does not need to give a copy to the persons they serve because the aspects of self-disclosure are in other documents in the person's start of services. Packets.
- F. Outcome:** No further action needed.

II. MSHN Behavioral Health Department Report FY21Q2

- G. Background: Review report for trends, discussion, and recommendation.**
- H. Discussion:** Discussed trends, no further feedback.
- I. Outcome:** No further action required, report provided.

III. MSHN Behavior Treatment Review Data FY21Q1

- J. Background:** Review report for trends, discussion, and recommendation.
- K. Discussion:** Many CMHs are inundated with cases in this committee. The FAQ document release is being viewed with curiosity about the effect it is going to have on BTPR processes. CMHs should ensure representation of any restrictive/intrusive interventions are in the plan and reviewed in BTRC as appropriate. CMHs should ensure that mention of these techniques is not removed inadvertently removed.
- L. Outcome:** No further discussions or recommendations. The committee feels that the recent FAQ document and ongoing PIHP reviews will increase the number of BT cases.

IV. MSHN Critical Incident Performance Report FY21Q1

- M. Background:** Review report for trends, discussion, and recommendation.
- N. Discussion:** The critical incident data was reviewed and noted where there were increases or declines in data trends. Recommendations were shared and feedback was requested. No response from the group meant there was support for the recommendations.
- O. Outcome:** Support for recommendations noted.

V. CMH as Payee

Is this contracted outside the CMH? Some at Tuscola through the finance department and are a part of their specific job responsibilities. CEI is trying to move more to community arrangements. Send info to Todd where community payees are present to see if there are additional options and resources that the CMHs can refer to.

UMC Breakout Agenda Items

I. MDHHS PIHP Service Authorization Denials Reporting Template

- A. Background:** Review. Is there interest in forming a small workgroup with members of UM, IT, and Customer Service for the purpose of working with PCE to develop a report as well as determining common understanding of what/how data is pulled (ie: what constitutes a service request? etc)

- B. Discussion:** There is concern for how this request from MDHHS originated (along with other consecutive new reporting requirements) without going through the standard contract negotiation/amendment process. These new reports have not been added to the contract reporting requirements; despite MDHHS indicating they will be a new ongoing requirement. Support for regional advocacy with MDHHS that new reports requiring significant time/resources should go through the appropriate contract amendment process. MDHHS is requiring retroactive data from period of time prior to the system being made aware of this new requirement.
- C. Outcome:** CMHSPs will provide the Q1-Q2 data to the extent they are able as it was not known that this would be a requirement. Keep as a standing agenda item to discuss additional steps that may be needed to refine data collection/reporting for future quarterly reports

II. MCG Indicia

- A. Background:** Discussion in statewide parity workgroup around use of MCG criteria by PIHPs/CMHSPs. MDHHS provided draft (assumed to be final) 2022 Parity Review Tool that will be used during site reviews (included in meeting materials). Reviewers will be looking for evidence that each PIHP is implementing the process we said we would. For example: if we indicated that we perform quarterly retrospective reviews we will need to provide evidence of those. Discussion also occurred about use of the Interrater Reliability module in MCG Learning Management System (LMS) to ensure consistent application of MCG criteria over time.
- B. Questions:**
 - i. Is your CMHSP using the IRR module in Indicia?
 - ii. If not, how can this be included in ongoing training for staff who utilize MCG criteria?
 - iii. Is the care day issue resolved? Please see PCE Systems Solution for Admit Date. Work with your PCE project manager to identify the specific spot in workflow where correction is needed in your own PCE system.
- C. Outcomes:** No CMHs are currently using the IRR module; most report they were not aware of it. MSHN will distribute information to the CMH MCG Leads about how to access and use the IRR module

Parking Lot/Upcoming:

- Publish CAFAS/LOCUS outlier reports for CMH use/access to their own consumer-specific outlier data