



Region 5 - Regional Medical Directors Meeting MEETING AGENDA

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Friday, October 16, 2020 12pm-3pm

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AGENDA

1. Welcome and Introductions

CMHSP	Participant	Present
BABHA	Dr. Roderick Smith	
CEICMH	Dr. Jennifer Stanley	X
CMHCM	Dr. Angela Pinheiro Judy Riley	X
GIHN	Dr. Sunil Rangwani	
HBH	Dr. Yolanda Edler	X
The Right Door	Dr. Joel Sanchez	
LifeWays	Dr. Anjali Mehta	X
MCN	Dr. David Lyon Julianna Kozara	
NCCMH	Dr. Robert Gunnell	
Saginaw CCMHA	Dr. Ali Ibrahim	
Shiawassee Health and Wellness	Dr. Razvan Adam	
TBHS	Dr. Usha Movva Tina Gomez	X
MSHN	Dr. Zakia Alavi Skye Pletcher Barb Groom Todd Lewicki Joseph Sedlock	X X X X X

2. **RMD Charter and Accomplishments Annual Review (12:00PM-12:30PM)**

Related Documents:

- i. **Background:** MSHN committee and council charters are reviewed annually. This review aligns the RMD charter review timeframe with all other MSHN charters.
- ii. **Questions:** Are there any suggested edits or changes to the charter and annual accomplishments?
- iii. **Discussion:** Only one change since previous review in January 2020. Recommended change clarifies communication/reporting pathways. Agreement to accept the recommended change and maintain the rest of the charter in the current form. Reviewed accomplishments as part of annual review and recognized the significant amount of activity in the last year. A particular achievement is the highly coordinated regional response to COVID-19.
- iv. **Outcome:** Approval of revised charter

3. **Medications for Behavior Control (Barb Groom 12:30pm-1:30pm)**

- i. **Background/Question:** The MSHN BTPRC has requested follow up with the medical directors regarding how to identify if medications may be used for behavioral control purposes. MDHHS position that a physician script should not be limiting an individual's rights, regardless of the medical condition. Examples of PKU, polydipsia, a dysphagia plan, or brittle diabetes requiring food restrictions discussed. Also, the use of a helmet for an individual with active seizures and current fall risk. Looking for feedback to send back to MDHHS for those specific, current medical conditions that might require limitations to ensure immediate health and safety (without burdening our already swamped behavior treatment committees).
- ii. **Discussion:** Physician participation should be a part of all BTPRC activity. A primary function of BTPRC is to review use of psychotropic medications for purposes other than treatment of a standard diagnosis. Emphasis on team-based care for the use of multi-disciplinary approaches to respond to behavior in addition to any medications (ie: behavioral psychologist, therapist, psychiatrist, case manager, CLS staff). Recognition that use of medication for behavioral control is not a bad thing, can be very helpful in many situations in order to maintain safety for consumer and others.
- iii. **Outcome:** Medical Directors recommend additional clarification around the following: 1. Polypharmacy, what it is and flags; 2. What are the physical health parameters (ie: specific medical conditions that might require medications); 3. What is a person's level of functioning vs level of care; 4. Define behavioral control and how it is flagged

4. **Coordination with Health Plans (Children's Special Healthcare Services) (Skye 1:30pm-2:00pm)**

- i. **Background/Question:** CSHC has been identified by MSHN and the MHPs in our region as a special population where there is potential to increase coordination. Seeking RMD feedback about how/if these children are currently identified by CMHSPs, are there any current processes/protocols in place, would a list of CSHC liaisons from each MHP be helpful to enhance coordination?
 - ii. **Discussion:** Children enrolled in CSHC receive an assigned care manager at the health plan to follow the child. If a child is being served in the CMH system, they are already getting a lot of support. The MHPs are looking to not duplicate. The functions may be different but closely named and there may be a need to clarify roles. What type of coordination would be helpful? It would be helpful to know who the MHP care coordinator is. The CMHs do not know who is involved in children's special healthcare. Should the CMHs get the list of kids on CSHC?
 - iii. **Outcome:** Delineate who is supposed to be doing what and ensure that is occurring (clarify roles). Create a framework or process flow. Refer this topic to CLC for discussion and then involve child psychiatry/the RMD.
5. **OIG Benefits Monitoring Program (Skye 2:00pm-2:30pm)**
 - i. **Background/Question:** Increased mandatory OIG referrals to Benefits Monitoring Program (BMP) may present challenges for certain consumers. Discussion about ways to enhance coordination for these individuals and ensure there are no barriers to getting prescriptions filled
 - ii. **Discussion:** The OIG appears to be getting more prescriptive about who needs to enroll in the BMP. The health plans brought this to MSHN and aspects of this is where the OIG is saying that the case needs to have one primary physician who signs off on assigned primary provider. MHPs were concerned to make sure that if individuals were having a hard time in getting prescriptions filled, they will need to take steps to communicate the treatment relationships. Sometimes individuals do not respond to phone calls or mail and may not be aware. It would be good for the CMHs to get the list of who is on the BMP. This may not be a high volume of CMH individuals.
 - iii. **Outcome:** The recommendation includes getting a list of persons who are on the BMP. The CMHs should get their lists to address the clinical issues. The RMD would like to get direction on this.
6. **Core Service Menus for LOCUS and CAFAS (Todd/Skye 2:30pm-2:45pm)**
 - i. **Background/Question:** Discussion on core service menus and service authorizations.
 - ii. **Discussion:** This had been shared with RMDs back in January. MSHN and UM Committee goal is to look at service data across the region not to limit benefits, but to look at how services are being conducted through the region and to address an equitable benefit regardless of which county a person lives in/what CMHSP is serving them. The ranges established were broad and the outlier numbers tend to be more extreme.

- iii. **Outcome:** We should look at if we are providing the services in the domains that the LOCUS recommends. The LOCUS creators are interested in working with MSHN to look at our data but MSHN should review first and look at how the region is determining services relative to what the LOCUS recommends. Also look ensuring this database is appropriately adjusted so as to not create unnecessary work. All data should be normalizing to the population, especially in relation to small versus large CMHSPs. The data should have context to ensure that it is not misinterpreted.

7. **COVID Discussion (All 2:45pm-3:00pm)**

- i. **Background/Question:** Opportunity to carry forward any COVID-related issues.
- ii. **Discussion:** RMDs expressed concern about current rising trend in COVID-19 cases however receiving external pressure to re-engage certain face to face services. Is there a need to revise MSHN regional re-opening plan?
- iii. **Outcome:** Place on agenda for 10/19 RMD COVID Response call. An additional agenda item will be discussion around mitigating and responding to COVID outbreaks in AFC homes.

Follow-Up Item:

Next Meeting(s)

January 15th, 2021: 12:00PM-3:00PM