Clinical Leadership Committee & Utilization Management Committee

Date: Thursday, November 18, 2021
Time: 1:00 - 3:00 pm Joint Content
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 November Meeting Materials

CMHSP	Participant(s)
Bay-Arenac	Karen Amon
CEI	Gwenda Summers; Tamah Winzeler; KC Brown; Joyce Tunnard
Central	Julie Bayardo; Renee Raushi
Gratiot	Sarah Bowman
Huron	Natalie Nugent; Levi Zagorski
Ionia-The Right Door	Julie Dowling; Susan Richards
LifeWays	Dave Lowe, Wade Stitt
Montcalm Care Network	Sally Culey; Joe Cappon
Newaygo	Kristen Roesler, Annette VanderArk
Saginaw	Kristie Wolbert; Erin Norstandt; Vurlia Wheeler
Shiawassee	Jennifer Tucker; Becky Caperton; Crystal Eddy
Tuscola	Julie Majeske; Lindsay Harper
MSHN	Skye Pletcher, Todd Lewicki
Others	

JOINT CLC/UMC SESSION

I. Welcome & Roll Call

II. Review and Approve October Minutes, Additions to Agenda

III. (Addition to Agenda) Community Transition Program

A. **Background:** MDHHS recently distributed list of individuals that they have determined are ready for discharge from state hospitals and required CMHSP response with regard to discharge plans. In other cases, CMHSPs are not being notified consistently when MDHHS discharges individuals into the Community Transition Program.

B. **Discussion:** CMHSPs report that most consumers on recent discharge list provided by MDHHS are not safe for community-based placement and have been denied by residential treatment settings. Huron was recently denied the opportunity to participate in a CTP discharge planning meeting for one of their consumers. CMHSPs were informed by MDHHS that current capacity for new state hospital admissions is severely limited to do the influx of forensic referrals. Individuals continue to board in EDs for days or weeks at times.

IV. Informational Updates (No Action Needed)

A. Regional Crisis Residential Proposals

i. **Discussion:** A provider has been provisionally selected pending review of additional information that was requested by the RFP committee. Additional updates will be provided in January.

B. Children's SIS Delayed Implementation

i. **Discussion:** N/A- Updated status, Informational Only

C. Habilitation Waiver WSA Process Changes

i. **Discussion:** N/A- Updated on WSA changes, Informational Only

D. MiCARE (OpenBeds) & MiCAL Rollout

i. **Discussion:** Concern about hospital participation and maintaining up to date information in the OpenBeds platform. Additionally, concern about timeframe for MiCAL rollout in terms of planning sessions with PIHP and CMHSPs. MSHN will continue to distribute information about both initiatives as it is received

E. Integrated Health PBIP Narrative Report

i. **Discussion:** Thank you for CMHSP contributions. The final report was submitted to MDHHS on 11/15 and a copy is included in today's meeting folder.

V. 1915(i) Eligibility Verification Process & Draft Service Protocols

A. Background: PIHP must demonstrate how it is ensuring standard application of 1915(i) benefit eligibility criteria and consistent service array to eligible individuals. Seeking committee input and approval regarding regional process for eligibility verification and draft service protocols

B. Discussion: Once MDHHS takes over eligibility verification in 2023 will it mimic the current HSW process? If so, this will be extremely burdensome given the volume of individuals who are eligible to receive 1915(i) services. From all information that has been shared to the 1915(i) workgroup it appears that this process will be simpler with less documentation requirements than the HSW process. If the eligibility requirements (i.e., documentation of functional impairments) are already included in CMHSP EMRs, is that sufficient? Yes, the only item that would be needed in that case is an attestation/check box confirming the person's eligibility for 1915(i) services if the other elements (functional limitations and assessments scores) are already in the chart. See outcome below for plan.

C. Outcome: CMHSPs will review and determine what is already in their EMR and report back. Addition to the EMR may possibly include a checkbox noting whether the 1915(i) eligibility requirements are met and this would be the only addition.

VI. Conflict-Free Case Management Draft Policy

A. Background: One of the findings from HSAG was that our region lacks strong CFCM policies/procedures. Seeking committee input and approval for draft regional conflict-free CSM policy

B. Discussion: This was presented last month and revisiting to arrive at consensus to approve. This policy was written in response to an HSAG finding. Recognize that MSHN is a diverse region and there is variation. Will it be considered to broad in the future? This is a very good start that meets current need. HSAG wants to make sure that at least minimum standards are being met and that there is action toward increasing things like independent facilitation or utilization management oversight. It would be helpful to consider which of our CMHSPs are currently doing very well in areas like representing that choice was offered and documented in the plan, etc.

C. Outcome: Approved as drafted; will move to next stage of policy/approval process

VII. Emergency Services and Post-stabilization Draft Policy

A. Background: Although the region earned full compliance in this area during the FY21 HSAG review, a strong recommendation was made to strengthen regional policy in this area. Seeking committee input and approval for draft regional policy

B. **Discussion:** This came out of a recommendation from HSAG, not a finding. This particular standard is very physical health oriented, but HSAG has recommended that PIHPs have a behavioral health perspective for a poststabilization policy. Skye requested approval.
C. **Outcome:** Approved as drafted; will move to next stage of policy/approval process

VIII. Balanced Scorecard

A. **Background:** Quarterly review of BSC metrics in the areas of Clinical Leadership, UM, and Integrated Health
B. **Discussion:** N/A
C. **Outcome:** Placed in parking lot until January 2022 meeting so that FY21 year-end data can be finalized

IX. IDD/SMI Designation (added by Julie Bayardo)

A. **Discussion:** How to determine primary designation for individuals with co-occurring SMI and intellectual or developmental disabilities? Historically many CMHs have defaulted to I/DD primary regardless of which causes most impairment, however primary should be whichever is impacting the individual's functioning the most. The Mental Health Code includes discussion about how the condition that is affecting the individually the most significantly is considered primary.

UM Reports

X. MCG Retrospective Reviews

A. **Background:** The FY22 report schedule and sample sizes for each CMHSP is included in this month's meeting folder for CMHSPs that conduct retrospective reviews. As a reminder, FY21 Q4 retrospective reviews are due by 12/15. Please upload to the FY21 Q4 folder in Box: (2) MCG Reports | Powered by Box
B. **Discussion:** Skye presented the report background and the methodology used to determine sample sizes for retrospective reviews.

XI. Penetration Rate

A. **Background:** Two different versions of report provided
    i. Penetration Rate Percent Changed Detail- Total penetration rate during FY21 by CMHSP compared to previous year. Broken out by month and Medicaid Funding Type
    ii. Penetration Rate by Race/Ethnicity- Began monitoring in FY21 in support of regional priority of Better Equity. Interested to hear from CMHSPs about any outreach/engagement strategies they are using to increase penetration with historically marginalized and underserved groups
B. **Discussion:** Penetration rate by race for each CMH, and full data by FY by month.
C. **Outcome:** Request further review and discussion

XII. ACT Utilization

A. **Background:** The evidence-based best practice for ACT service provision is an average of 120 minutes per week per consumer. MDHHS has indicated that this requirement will be added to the Medicaid Provider Manual. The UM Committee monitors quarterly data to assess if services are being provided to fidelity
B. **Discussion:** MSHN began looking at ACT utilization data in average amount of contact per consumer. The concern was forwarded from the state and MSHN noted some utilization numbers were low for ACT. Saginaw has consistently been near the average. Their team has been very diligent in trying to keep contact to ensure stability through the pandemic. Many phone contacts as well. Use of ACT peer. There appears to be a deviation in accuracy of the data as some numbers are extremely low. Lifeways

implemented fidelity reviews with their 3 contracted ACT providers in response to this data and their internal review resulted in identifying potential data validation concerns.

C. **Outcome:** Request for CMHSPs to validate data and connect with Skye to determine why and where inaccurate variation exists so corrections can be appropriately made.

PARKING LOT

- Methamphetamine-Induced Psychosis Protocol (Initial Draft Reading in November)
- ICSS Provision (Discussion in future meeting after MDHHS feedback is received from FY21 annual report submission)

DELIVERABLES

- Aggregate CAFAS/PECFAS Reports due to Todd by 11/22/21
- MCG FY21 Q4 Retrospective Reviews due by 12/15/21