**Clinical Leadership Committee & Utilization Management Committee**
**Thursday, June 25, 2026, 1:00pm-3:00pm**
**Meeting Materials**: 2026-06
**Zoom Link**: https://us02web.zoom.us/j/7242810917
Meeting ID: 724 281 0917

**FY 2026 Meeting Calendar** *(All meetings via videoconference unless otherwise noted)*

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| October 23 | January 22 | April 23 | July 23 |
| November 20 | February 26 | May 28 | August 27 |
| December – No Meeting | March 26 | June 25 | September 24 |

*(*The minutes shall reflect additional clarity when discussion focuses on the adoption, review, and approval of clinical practice guidelines, policies, and procedures.*)
***Standard**: title of document, summary of changes, key discussion points, questions/concerns, proposed revisions, outcome.
**Upcoming Deliverables:**

**Attendees:**
**MSHN:** Todd Lewicki, Skye Pletcher, Leah Hietala, Joe Wager (out), Amanda Ittner, Tori Ellsworth
**Bay:** Joelin Hahn (out), Nicole Sweet, Karen Amon
**CEI:** Tim Teed, Drew Kersjes, Gwenda Summers, Shana Badgley
**Central:** Angela Zywicki, Jennifer McNally
**Gratiot:** Sarah Bowman, Taylor Hirschman
**Huron:** Agnes Bissett
**Lifeways:** Shannan Clevenger (out), Jennifer Fitch, Allison Singer, Jeff Caler (out)
**Montcalm:** Melissa McLaren (out), Gwen Alwood
**Newaygo:** Heather Derwin, Meshelle Burrows (out), Denise Russo-Starback
**Saginaw:** Erin Nostrandt (out), Kristie Wolbert, Jen Kreiner, Vurlia Wheeler
**Shiawassee:** Crystal Cranmer, Gina Fortino (out), Vickey Hoffman
**Right Door:** Amanda Eveleth, Kris Hamilton
**Tuscola:** Sheila Canady, Josie Grannell

**KEY DISCUSSION TOPICS**

**Consent Agenda** (*Informational unless committee members would like to discuss)
1. MSHN Clubhouse Report FY21-26

**Joint Topics**
1. Welcome, Roll Call, & Announcements
2. Approval of May Minutes; Additions to June Agenda
3. MHEF Predictive Modeling Project/ICDP/Care Pathways - Joe Wager/Amanda Ittner
4. Conflict Free Access & Planning and Utilization Management Discussion
5. Procurement Update
6. PCE Regional Enhancements
7. HCBS Monitoring of Respite Only/Licensed Camps/Annual Reviews (CRM)
8. WHODAS Pilot Update
9. Final Bulletin MMP 26-17 (Vickey-SHW)
10. Treatment Plans for Adults Living in AFC Homes (Sarah-GIHN)

**CLC Topics**

**UMC Topics**
1. Inpatient Diversion Data

**Parking Lot**

| Agenda Item | Action Required |
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| **CONSENT AGENDA** | • MSHN Clubhouse Report FY21-26 | | | | |
| | | By Who | | By When | |
| **JOINT – Approval of May Meeting Minutes; Additions to June Agenda** | Previous minutes approved without additions. | | | | |
| | | By Who | | By When | |
| **JOINT- MHEF Predictive Modeling Project** | Amanda Ittner joined to share the overview of this project.<br>MSHN has been working on a pilot project on an initiative with the Michigan Endowment Fund. Vital Technologies – working on a predictive model at-risk of psychiatric inpatient, most at-risk for SUD, and/or not diagnosed but most at risk for anxiety/depression. This information has also been shared with the Operations Committee, the PowerPoint presentation has been uploaded to BOX. Ops Counsel is in support of this project.<br><br>Feel free to contact Joe Wager with questions/users for ICDP: joseph.wager@midstatehealthnetwork.org<br><br>MSHN is seeking CMH insights and feedback on ways to refine the models. Before October, MSHN is attempting to further define the action steps it will be taking in October. Based on previous feedback from CMHs, Joe Wager is working on implementing features into the model, such as including notification on whether the beneficiary is already being assisted with a CMH.<br><br>There will be a new model each quarter with 30 individuals. MSHN will ask that each CMH take 10 individuals per month and do the necessary follow-up with beneficiaries. | | | | |
| | | By Who | | By When | |
| **JOINT – Conflict Free Access & Planning and Utilization Management Discussion** | HCBS services via the approved three C-Waivers and the 1915(i) SPA indicate that MDHHS requires PIHPS to be responsible for utilization management of services covered under the scope of CFA&P implementation and the PIHP cannot delegate their authorization and utilization management responsibilities to other entities. Ops Council has formed a workgroup to produce general parameters for a regional plan to comply with CFAP requirements. They will provide guidance to CLC/UMC and request that we take that guidance and develop a more detailed plan to implement/operationalize our regional CFAP compliant UM processes.<br><br>Q: What can CMHs do to be helpful?<br>A: Skye Pletcher is seeking specific data points, or additional details on processes that may benefit them. More to come if there is a request. | | | | |
| | Next steps: Informational until the Ops council provides the general guidance document. | By Who | N/A | By When | N/A |
| **JOINT – Procurement (standing agenda item)** | No update<br><br>Todd Lewicki discussed PIHP RFP being projected for release on the DTMB Bid Opportunities webpage. The estimated bid date is listed as August of 2026 with no additional details at this time. | | | | |

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| | Next steps: N/A | By Who | N/A | By When | N/A |
| **JOINT – PCE Regional Enhancements** | Operations Council approved these committees in collaboration with IT Council to approach PCE for additional information about 2 potential enhancements for the region – standardized children/youth biopsychosocial assessment with embedded MichiCANS and authorization tracking dashboards. MSHN will work with PCE to create a meeting scheduling poll which will be sent out to these committees. Participation is voluntary. This meeting will be informational only with PCE to explore the functionality of these items and associated costs and implementation timelines for CMHs in the region who are interested in incorporating these features into their respective PCE systems.<br><br>Q: BH Teds may be going away and replaced. Is this being taken into consideration if the region is making a standard Youth BPS assessment?<br>S. Bowman contributed: In the mapping of MichiCANS and CARF requirements, we placed a note addressing the re-mapping regarding BH Teds as a temporary solution. | | | | |
| | Next steps: Please watch for scheduling poll for meeting with PCE | By Who | PCE | By When | Approx. 2 weeks |
| **JOINT- HCBS Monitoring of Respite Only/Licensed Camps** | The Michigan Department of Health and Human Services (MDHHS) currently has an open amendment with the Centers for Medicare and Medicaid Services (CMS). When amendments are open, CMS reviews all aspects of the application. During the current review, CMS focused on Home and Community-Based Services (HCBS) and requested we add specific services in the HCBS section which included respite. Historically, respite has never been an included area in HCBS reviews but per the recent guidance and to come into compliance, MDHHS is issuing the following guidance related to respite reviews for HCBS. The expectation for compliance for respite services meeting HCBS requirements, to align with the HCBS CMS on-site review corrective action plan is 9/30/2026.<br><br>Todd Lewicki informed the group the state is gathering feedback through 6/26 (tomorrow). The State will produce a list of licensed camps/non-private residence respite settings in order to provide a comprehensive, state-wide list.<br><br>Each PIHP will be responsible for overseeing HCBS compliance for these settings within their own regions. MSHN HCBS Coordinators will work with CMH leads to determine best process for review and compliance with HCBS with these items. This will be in the form of a desktop review, with no onsite required at this time. | | | | |
| | Next steps: Await contact from MSHN HCBS Coordinators for collaborative efforts. | By Who | | By When | |
| **JOINT- WHODAS Pilot Update** | Victoria Elsworth joined the meeting to present an update regarding the WHODAS Pilot and related training. The purpose of the pilot, being conducted with Shiawassee and LifeWays, is to gauge how it will look when we move to full implementation for all CMHs.<br>To ensure consistent results, there is a two-hour training which requires participants to read both the MDHHS WHODAS Manual as well as the WHO WHODAS Manual.<br><br>The pilot runs from 7/1/2026 - 9/23/2026, with full implementation date targeting 10/1/2027. | | | | |

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| | Q: Is the training for clinicians or UM department, or both?<br>A: The training is required for people performing the assessments, but MSHN recommends and supports CMHs in sending UM department staff as well so they understand this new process and can apply UM principles. | | | | |
| | Next steps: N/A at this time for non-pilot CMHs | By Who | | By When | |
| **JOINT- Final Bulletin MMP 26-17** | MDHHS released Final Bulletin 26-17 clarifying services to youth in CCI settings. Discussion to hear everyone's interpretation of the coverage of services in a CCI.<br><br>Some committee members confirmed their respective CMHs are currently working on parameters allowable within all requirements at this time, and do not currently have the codes being used. Skye Pletcher confirmed other regions are taking a cautious approach to these changes. | | | | |
| | Next steps: | By Who | | By When | |
| **JOINT- Treatment Plans for Adults Living in AFC Homes** | Regarding treatment plans for adults living in AFC homes and related direct care staff documentation (both residential CLS progress notes and data tracking sheets. There is a concerning trend locally on adequate documentation expectations, including HSW treatment plan requirements, regarding plans that are very data collection heavy. While data collection is good, it can also be overdone and may not represent the desired goals of the beneficiary or guardian.<br><br>Tori Elsworth, MSHN's HSW Coordinator, stated as a best practice, in her reviews of plans, she is looking for at least one goal (as opposed to 4 + goals). Tori confirmed having just one goal will not warrant a pend-back. Percentages should be avoided. | | | | |
| | Next steps: | By Who | | By When | |
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| **UMC- Inpatient Diversion Data** | UM Committee members have expressed interest in reviewing regional data for inpatient diversion. MSHN does not currently collect this data specifically from CMHs but is willing to create a regional report. Seeking input regarding value of such a report and how to build the report from existing data (if possible) that does not require additional manual reporting from CMHs.<br><br>Committee members confirmed an Inpatient Diversion Report would be of high value for the region. Many UM Committee members confirmed this data is being collected and tracked at the CMH level. | | | | |
| | Next steps: UM Committee members to confirm/determine if CMHs are tracking diversion data currently, what data points are being used, and what disposition options are being tracked via their respective screening forms. Email Skye Pletcher with responses. | By Who<br><br>UM Committee members | | By When | Within 30 days |
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