



Clinical Leadership Committee & Utilization Management Committee

Thursday, September 26, 2024, 1:00pm-3:00pm

Meeting Materials: [2024-09 | Powered by Box](#)

Zoom Link: <https://us02web.zoom.us/j/5142037379>

Meeting ID: 514 203 7379

FY 2024 Meeting Calendar (All meetings via videoconference unless otherwise noted)

October 26	January 25	April 25	July 25
November 16	February 22	May 23	August 22
December – No Meeting	March 28	June 27	September 26

Upcoming Deliverables:

Attendees:

MSHN: Todd Lewicki, Skye Pletcher,
Bay: Karen Amon, Heather Beson, Joelin Hahn

CEI: Gwenda Summers, Shana Badgley,
Elise Magen, Tim Teed

Central: Angela Zywicki, Renee Raushi,
Jennifer McNally

Gratiot: Taylor Hirschman, Sarah
Bowman

Huron: Natalie Nugent, Levi Zagorski

Lifeways: Jennifer Fitch, Cassandra
Watson, Dave Lowe

Montcalm: Julianna Kozara, Sally Culey

Newaygo: Denise Russo-Starback,
Annette Binnendyk, Heather Derwin

Saginaw: Kristie Wolbert, Vurlia
Wheeler, Erin Nostrandt

Shiawassee: Jennifer Tucker, Becky
Caperton-Stieler, Trish Bloss, Crystal
Cranmer

Right Door: Amanda Eveleth, Julie
Dowling

Tuscola: Sheila Canady, Josie Grannell

Guests:

MSHN: Rusmira Bektas

KEY DISCUSSION TOPICS

JOINT TOPICS

1. Welcome, Roll Call, & Announcements
2. Approval of August Minutes; Additions to September Agenda
3. Meeting Format Decision
4. FY25 SUD Access Update- Rusmira Bektas
5. New Technical Requirement for Youth with SED/IDD
6. COFR Discussion
7. Annual Reporting Grid Reminders
8. MISmart Form Discussion
9. MichiCANS Updates
10. Conflict-Free Access Planning
11. Krista Hauserman Poststabilization Memo

CLC Topics

1. Telehealth
2. Healthy Transitions Crisis Residential
3. Crisis Professionals
4. EVV
5. Balanced Scorecard
6. Annual CLC Charter

UMC Topics

1. Annual UMC Charter
2. Inpatient Tiered Rates Implementation (Standing Update)
3. Balanced Scorecard

Parking Lot

1. MiCAS Reports (On Hold)

9/26/2024 Agenda Item

Action Required

JOINT – Approval of August Meeting Minutes; Additions to August Agenda Poststabilization Clarification Memo from MDHHS (LifeWays)

By Who By When

JOINT – Meeting Format Decision Concern for if there are different numbers of agenda items for CLC and UMC so that one may finish prior to the other and aligning the start of the joint session time. Consensus from the group to pilot new format beginning in October and reevaluate in December.

By Who By When

JOINT – FY25 SUD Access Update with Rasmira Bektas Introducing Rasmira Bektas to CLC and UMC. Discussed the FY25 Access Implementation process. How will providers learn about this process? Training is being developed where the majority will not apply to community partners but they may benefit for a higher-level presentation.

Share training with community partners so they are aware of how this operates. By Who By When

JOINT – New Technical Requirement for Youth with SED/IDD Discussed that this technical requirement is relatively straightforward but very detail rich. There will be some areas that may prove to be challenging in implementing as it relates to ASD services and youth on the spectrum.

By Who By When

JOINT – COFR Discussion In region discussion was to begin phasing out COFR because it comes from the same source (MSHN Medicaid). COFR agreements will not be used for in region arrangements involving Medicaid services but GF remains the decision between CMHSPs. Should there be a companion procedure for the more nuanced or exception situations? There are CCBHCs in the region and the policy could be enhanced to cover this. This process is to cover in region COFR agreements but it could be helpful to share with other CCBHCs. How should we deal with when a placement in another county and that county does not have specialized contracts, or vice versa. How should the in-region CMH handle this? There is still a concern about individual

	CMH budgets especially when considering cost containment plans and managing higher complexity cases. Can there be an agreement that hospital COFRS be agreed that these should be discontinued? CLC recommending this be rediscussed with the CEOs in relation to cost containment? There is also the issue with hospitalizations and whether a county should assume another county's cost for hospitalizing their person.				
	Add language re: applicability to CCBHC. Add exception language for where it does not make sense to transfer the case. Include emphasis on the needs to the individual.	By Who	Skye	By When	October
JOINT – Annual Reporting Grid Reminders	This item was skipped.				
		By Who		By When	
JOINT – MI Smart Form Discussion (Lifeways)	It appears that the MI-Smart form is not being completed consistently any more from the hospitals. Substance use is not being confirmed and no BAC is accompanying. Is this happening throughout our region. This typically relates to the crisis residential settings. This has also happened in Bay-Arenac, hit or miss, however. This may delay securing an appropriate placement as receiving providers typically require drug screening results. CMHs can let MSHN know if they would like to request MDHHS consultation with any local hospitals on the use of the MI-SMART form; Krista Hausermann from MDHHS has offered this type of technical assistance in the past. MDHHS should be reiterating to hospitals on the use of the MI-Smart form and process.				
	Please let Todd or Skye know if your CMH would like to be connected to MDHHS for support with local hospitals.	By Who	All	By When	As Needed
JOINT – MichiCANS Updates and Authorizations	Awaiting additional guidance from MDHHS after MDHHS receive clarification from CMS. The State does intend to move forward with the MichiCANS, the issue where further clarification is needed is how the results will be used to guide service authorizations. Parent support partners are moving to the State Plan.				
		By Who		By When	

JOINT- CFAP Updates (Standing Item)	No update other than to report that PIHPs have been invited to a meeting with MDHHS on 11/1 for updates related to CFAP.			
		By Who		By When
CLC – Telehealth	Requiring in person visits at least every six months for the provider and individual. Many psychiatrists are telehealth so the question is what to do. Can someone other than the doctor with appropriate profession be present (equivalent) to fulfill the requirement. Scope of practice needs to align when there is the visit. CMHs do not know what to do.			
	There should be outreach to clarify this policy especially with more rural. Todd to contact RMD for opinion.	By Who		By When
CLC – Healthy Transitions Crisis Residential	Provided an update on HT and admissions.			
		By Who		By When
CLC – Crisis Professionals	MDHHS is working on expanding who can provide crisis services. This will now include bachelors degrees with a human services degree under the supervision of a masters. There is the thought that the pre-admission screen is being moved to only masters level. There appears to be some momentum around peer specialist work with crises. Concern is connected to who can do the diagnosing.			
		By Who		By When
CLC – EVV	Todd will close the loop on the EVV process as to where the paperwork will reside on the approved exception cases.			
		By Who		By When
CLC – Balanced Scorecard	Todd will share the balanced scorecard and request feedback on the CLC measures.			
		By Who		By When
CLC – Annual CLC Charter	Todd will share the CLC charter for review and feedback.			

		By Who		By When	
UMC – Annual UMC Charter	Reviewed UM Charter. Committee is in agreement to add new responsibility to charter related to regional guidance/recommendations for meeting conflict-free access and planning requirements once more information is provided by MDHHS. No other changes suggested at this time.				
	Skylar will add new responsibility as noted above prior to sending the updated charter to Operations Council.	By Who	Skylar	By When	10/31
UMC – Inpatient Tiered Rates Implementation	Hold until next month due to time.				
	N/A	By Who	N/A	By When	N/A
UMC – Balanced Scorecard	Began reviewing FY24 UM BSC metrics. Discussion to remove metric related to monitoring adherence to MCG Behavioral Health Guidelines for acute services. Regional performance in this area has been high for several years. Agreement by committee to remove from FY25 BSC but UMC will continue with the established retrospective review process so that monitoring is continued. Discussion around refocusing regional UM Committee activities and identifying priorities for the upcoming year to be monitored and reported on. Committee members should come to next month's meeting prepared to discuss any UM priority items your CMH has identified to work on such as hospital diversion rates, overutilization of CLS, etc. If several CMHs are monitoring similar areas then we may consider adding it to the regional UM Plan and/or UM BSC as a priority for FY25.				
	Please see notes above	By Who	All UMC Members	By When	10/24/24