Clinical Leadership Committee & Utilization Management Committee
Thursday, May 28, 2026, 1:00pm-3:00pm
Meeting Materials: 2026-05 | Powered by Box
Zoom Link: https://us02web.zoom.us/j/7242810917
Meeting ID: 724 281 0917

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

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, Cammie Myers, Elizabeth Philpott, Joe Wager, Amanda Ittner
Bay: Joelin Hahn, 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, Jennifer Fitch, Allison Singer, Jeff Caler
Montcalm: Melissa McLaren
Newaygo: Heather Derwin, Meshelle Burrows, Denise Russo-Starback
Saginaw: Erin Nostrandt, Kristie Wolbert, Jen Kreiner
Shiawassee: Crystal Cranmer, Gina Fortino, Vickey Hoffman
Right Door: Amanda Eveleth, Kris Hamilton
Tuscola: Sheila Canady

KEY DISCUSSION TOPICS

Consent Agenda (*Informational unless committee members would like to discuss)

1. Key Medicaid provisions in H.R.1
2. Consultation Summary for HSW

Joint Topics

1. Welcome, Roll Call, & Announcements
2. Approval of April Minutes; Additions to May Agenda
3. MHEF Predictive Modeling Project/ICDP/Care Pathways - Joe Wager/Amanda Ittner
4. Conflict Free Access & Planning and Utilization Management Discussion
5. Network Adequacy Update and Youth Crisis Residential Update
6. Procurement Update-No Update
7. Mental Health Framework
8. CMHA Inpatient Admission Screening Workgroup Updates-members
9. Home based services for kids under 6 (Lifeways)
10. MichiCANS and BPS mapping (GIHN)

CLC Topics

11. SED policy and procedure review
12. FY26 Balanced Scorecard

UMC Topics

13. CMS Prior Authorization Final Rule
14. Q2 Service Auth Denial Report
15. FY25 ACT Utilization Report
16. CLS and Respite Assessment Tools and Authorization Practices

	Parking Lot

Agenda Item	Action Required				
CONSENT AGENDA	• Key Medicaid provisions in H.R.1 • Consultation Summary for HSW				
	No requests for further discussion for either of these topics.	By Who	N/A	By When	N/A
JOINT – Approval of April Meeting Minutes; Additions to May Agenda	Request from CEI to request peer review process for hospital inpatient denials/contested number of days. Added to joint agenda items.				
	April meeting minutes approved. Additions to May agenda listed.	By Who	N/A	By When	N/A
JOINT- MHEF Predictive Modeling Project	Amanda Ittner and Joe Wager joined to share the overview of this project. 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. Joe Wager walked through the measures listed above. Search will provide the top ten individuals for review and action. Group will need to develop action items (interventions) to document the response and follow-up. MSHN IT is willing to assist any CMHSPs with the use of this process. Question regarding if the IT teams for each CMHSP have been involved in the process. Todd reviewed the Draft Predictive Modeling Pathways document with the group. All documents can be found in the meeting folder. Q: Will this be for individuals new to the system? A: Most individuals will be connected to a CMH. MSHN will also be performing outreach to individuals not connected and/or with an SUD diagnosis without prior connection. Q: Will the PIHP be sending letters to identified individuals letting them know they will be contacted by CMH? A: Again, most individuals will be already connected to services. Development of the outreach and process are all in draft. Thank you for the feedback. Q: What is the purpose of this, why? A: Recommend review of the MHEF Predictive Model Overview Q: How many times could a person be identified that we would need to contact them once they declined? A: MSHN will provide the top 10 from each of the three measures (30 total), once per quarter. Individuals on the list will not be duplicated each quarter.				

	Feedback: The document doesn't address individuals that are Mild/Moderate or serviced by CCBHC and/or CMH. - Timeline feels fast Q: Clarification on PowerPoint regarding priority population. Are children a separate priority population? A: No, there are three priority populations with a suggested emphasis on outreach to children that may fall onto the priority populations. Feel free to contact Joe Wager with questions/users for ICDP: joseph.wager@midstatehealthnetwork.org				
	Next steps: CMHSPs can send a list of users with the name and phone number to get access to the Zenith system. Revise and refine the documents discussed over the next couple months until we get a process that is beneficial for all. Continued feedback from CMHSPs is helpful as we move forward. Ongoing feedback requested on how MSHN can assist with these processes. This will continue to be on the agenda for feedback and discussion.	By Who All All		By When	As needed Ongoing
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.				
	Next steps: Informational until the Ops council provides the general guidance document.	By Who	N/A	By When	N/A
JOINT – Network Adequacy-Youth Crisis Residential Update	MSHN is working on completion of a feasibility study, tentatively by mid-July. Information will be brought back to this group for next steps. Q: Any update on the ICSS handbook A: No, MDHHS reports it's at leadership approval.				
	Next steps: N/A	By Who	N/A	By When	N/A
JOINT – Procurement (standing agenda item)	No update				
	Next steps: N/A	By Who	N/A	By When	N/A

JOINT- Mental Health Framework	MDHHS is temporarily delaying this specific element of the Mental Health Framework Initiative to allow more time for system-wide preparation. Under the original changes, the coverage responsibility would be driven by a benefit plan in CHAMPS (Community Health Automated Medicaid Processing System) called "BH-COVER". Providers will still see this new benefit plan assigned to certain MHP enrollees effective October 1, 2026, but will not need to change processes based on its assignment. Improving coordination, access, and quality of care remains a top priority, and MDHHS will continue advancing key Mental Health Framework activities. Skye provided update on the referral system from MDHHS in CC360. MSHN is currently paused on CMHSP staff having access. This pause will continue as there has not been any changes.				
	Next steps: MSHN will continue to monitor this item and let the CMHSPs know if there are any updates.	By Who	MSHN	By When	Ongoing
JOINT- CMHA Inpatient Admission Screening Workgroup Updates	Nicole Sweet (BABHA) participates in this meeting: opportunity to share updates. - Meeting was cancelled and rescheduling hasn't occurred.				
	Next steps: Will remove from next month's agenda. If meeting is rescheduled Nicole will request the topic be added to the agenda again to provide an update.	By Who	MSHN / Nicole Sweet	By When	Next meeting / ongoing
JOINT- Home based services for kids 6+ years (LifeWays)	LifeWays is asking how other CMHSPs structuring the services offered for home-based services? How are you staffing these programs? How are other CMHSPs managing this across the region? LifeWays is running into issues with capacity and providers seem to have quite a bit of staff turnover recently. Saginaw provided feedback- Some families choose not to participate in home-based services. Saginaw has one full-time staff for home-based services and if the demand increases then there are clinicians that can have a mixed caseload. Montcalm- added a case management level to their service array for this population. Clinicians are able to focus on the clinical pieces, and the case managers can support. Provider capacity seems to be an issue for these services across the region. Members discussed their experiences.				
	Informational	By Who	N/A	By When	N/A
JOINT- MichiCANS and BPS Mapping	GIHN provided screen shots from what Easterseals has done to integrate MichiCANS and BPS. Discussed several options to review MichiCANS and BPS to reduce burden on staff and families in completing assessments. Option 1: Go to OPS council to see Statewide agreement on change Option 2: Regional agreement to utilizing the same MichiCANS BPS interface Option 3: Remain individualized but make CMHs aware of option Decision Point: Is there support for adoption of a regional MichiCANS BPS integrated assessment approach?				

	Feedback: Separate assessment for youth and adults would be needed. Concerns with requirements from multiple accrediting bodies, i.e. CCBHC, CARF, Joint Commission. Sarah is willing to scheduling follow-up call with other interested CMMH staff and MSHN staff to discuss with Jeff Chang (PCE) options for revision following presentation to OPs Counsel.				
	Next steps: Skye and Todd will add this topic to the next OPs Counsel agenda for awareness and discussion at a regional level. Feedback will be provided to this group to guide next steps.	By Who	Skye and Todd	By When	
CLC- SED policy and procedure review	**Standard**: title of document, summary of changes, key discussion points, questions/concerns, proposed revisions, outcome. The SEDW policy and procedure that needed review were shared at today's CLC meeting. Both have been updated to reflect ICCW requirements. Track changes is still on in each. By **Thursday, June 4, 2026** (12:00 pm) please send back to me the following: • Questions/concerns • Proposed revisions-either by request to me or these can be directly entered into the documents in Box, or if you support as is. Review was completed as requested. All changed areas were called out via Tracked Changes and members reviewed the MSHN SEDW policy and procedure. No questions or concerns were shared and there were no additionally proposed revisions or changes beyond what was presented and are recommended by CLC for approval.				
	Next steps: Todd will be emailing documents for review and feedback-completed, see above. The policy and the procedure will move forward to the Operations Council for first reading in June.	By Who	CLC	By When	6/4/2026
CLC- FY26 Balanced Scorecard	The FY26 Updated Balanced Scorecard was made available, but review was offline. Please let Todd know if you have any questions or input on the region's performance for that tab. Feedback requested by **Thursday, June 4, 2026**				
	Next steps: Contact Todd with questions or feedback.	By Who	CLC	By When	6/4/2026
UMC- CMS Prior Authorization Final Rule	Reminder: Starting 10/1/26 the standard authorization timeline will change from 14 days to 7 days. Awareness, preparation, any assistance needed? Majority of UMC members were not aware of the required change. Expedited request timeframes have not changed. Link to information: https://www.federalregister.gov/documents/2024/02/08/2024-00895/medicare-and-medicaid-programs-patient-protection-and-affordable-care-act-advancing-interoperability MSHN demoed current EMR process developed with PCE on tracking returned authorizations. The "PCE Scheduler" system now automatically sends reminder emails and will auto deny requested auths that have not been returned from the provider. Each day the UM staff review auto denied auths to complete the ABD process. Concern voiced that 1915i auths awaiting review by the Department are not being reviewed in a timely manner, more then 14 days. This is an ongoing concern. Skye has been working on feedback to a policy guidance from MDHHS and will be flagging this issue on the draft.				
	Next steps: Skye will add this topic to the next OPs Counsel agenda for awareness and discussion at a regional level. Feedback will be provided to this group to guide next steps.	By Who	Skye Pletcher	By When	

UMC- Q2 Service Authorization Denial Report	In meeting folder, please review the Regional Compliance Rate for timeliness.				
	Next steps: Informational	By Who	N/A	By When	N/A
UMC- FY25 ACT Utilization Report	Average number of minutes per week per consumer. Document showing the methods and data for this report is available in the meeting folder in Box.				
	Next steps: Informational	By Who	N/A	By When	N/A
UMC- CLS and Respite Assessment Tools and Authorization Practices					
	Next steps:	By Who		By When	
JOINT – Peer Review Process for Hospital Stays	CEI is looking at our hospital contracts again and wondering about peer review processes for denied/contested days of hospital stays. Our medical director handles peer reviews, but we have rarely needed to consider what appeals from any of her denials would look like. Do you know if Mid-State ever handles appeals of peer review denials, either through your medical director or some other part of the PIHP? MSHN does not currently participate in any peer review denial process for CMH decisions. What processes do other CMHs have in place? Is there interest in developing a regional process that may include the PIHP medical director?				
	A hospital can request a Peer-to-Peer option based on HSAG guidelines.	By Who	N/A	By When	N/A