Region 5 - Regional Medical Directors Meeting
Friday, September 20, 2024, 1:00pm-3:00pm
Meeting Materials: 09-20-2024 Regional Medical Director's Meeting | Powered by Box
Zoom Link: https://us02web.zoom.us/j/82291897541?pwd=SnN3ZGs1RXpyRkg1Ynl3Mms0Q3hKQT09

FY 2025 Meeting Calendar

November 15, 2024	**January 17, 2025**	**March 21, 2025**
May 16, 2025	**July 18, 2025**	**September 19, 2025**

Attendees:

MSHN: Zakia Alavi, Skye Pletcher, Todd Lewicki
Bay:
CEI: Dr. Stanley
Central:
Gratiot:
Huron: Dr. Edler
Lifeways: Dr. Drumm
Montcalm: Dr. Brian Smith
Newaygo:
Saginaw: Jen Kreiner
Shiawassee:
Right Door: Dr. Sanchez
Tuscola: Dr. Movva

Guests:

KEY DISCUSSION TOPICS

1. Welcome & Roll Call/New Member
2. Review and Approve May minutes, Additions to Agenda. New FY25 meeting dates above
3. Crisis Residential Updates (Healthy Transitions and DBTIMI)
4. FY24Q3 Balanced Scorecard
5. MichiCANS
6. Methamphetamine-Induced Psychosis Practice Guideline
7. Inpatient Enhanced Staffing Requests
8. Peer-to-Peer Consults for UM/Authorization Decisions
9. ECT Policy/Procedure Revisions (Including Approvals)
10. Nursing Topics-Jen K
11. Hep C and HIV Screenings

Distribution list updates to be requested.

09/20/2024 Agenda Item	Action Required				
3- Crisis Residential Updates (Healthy Transitions and DBTIMI)	Healthy Transitions Crisis Residential in Alma is now fully functional. They have been receiving referrals but building slower than hoped. Please refer individuals who meet criteria as appropriate. Also, the DBT Institute of Michigan in Mason has been authorized as a crisis residential. They are serving residents who identify as female or non-binary. They cannot identify as male. They allow individuals who were assigned male at birth, but now identify as female. Primarily, this is a facility that will work with persons with borderline personality disorder. Interested CMHs should have their contracts department contact DBTIMI to establish an agreement.				
	Question if Healthy Transitions accepts step-down patients from hospitals; confirmed. Todd will re-distribute program information to RMDs as requested. Dr. Alavi suggested inviting DBT Institute to the November RMD meeting to present on the program including outpatient and telehealth options in addition to the crisis residential program.	By Who	Todd	By	9/27/24
4-FY24Q3 Balanced Scorecard	Discussing the FY24Q3 results and requesting input on any potential new target goals or whether to adjust any current ones.				
	Reviewed current measures and the group supported continuing the current measures for FY25.	By Who	N/A	By When	N/A
5- MichiCANS	MichiCANS is scheduled to begin on 10/1/2024. Discussing the FAQ, the processes (CSA, screener, comprehensive), populations to be administered.				
	Informational only – no additional action required. Discussion around the potential implications for children to be placed into higher intensity services.	By Who	N/A	By When	N/A
6- Methamphetamine-Induced Psychosis Practice Guideline	This was developed two years ago. Requesting a review and any updates.				

	Providing an opportunity for any new review or feedback. This is a guideline and not a requirement. An overview was provided and the group asked to review separately and will share feedback as needed. Skye will send an email regarding this request.	By Who	RMD members	By When	10/31/24
7- Inpatient Enhanced Staffing Requests	Seeking input about what level of involvement the doctors have (if any) in reviewing requests from hospitals for 1:1 staffing for patients on the unit who exhibit violent/aggressive behaviors. I'm participating in a statewide workgroup that is tasked with providing recommendations for a consistent statewide authorization process and criteria. A physician order is typically required for 1:1 staffing, so the workgroup is seeking to understand the current role of MDs in reviewing these requests, especially when the request is denied.				
	Some CMHs get involved if UM does not feel the 1:1 is justified. The medical director of the CMH should be involved in approving the 1:1 since it was the doctor approving this on the unit. Should a physician review a 1:1 request? If there is a disagreement, then they should be involved.	By Who	N/A	By When	N/A
8-Peer-to-Peer Consults for UM/Authorization Decisions	One of the recommendations from the recent HSAG site review was to strengthen regional policies/procedures outlining the process by which providers can request peer-to-peer consultation for UM/authorization reviews. I'm seeking feedback regarding what policies/procedures CMHs already have in place, which specific services or levels of care they most frequently provide peer-to-peer consultation for, etc.				
	There have not been denials of doc to doc consults but there have been occasions where no one was available at the last minute. Requests for peer to peer typically are addressed. Sometimes second opinion organizations do the reviews. Have a procedure together to address the HSAG suggestion. Will review with UMC.	By Who	Skye	By When	November 2024
9-ECT Approvals	This has been getting more attention recently. This may be due to the changes in MHP responsibilities around coordination of certain activities. Dr. Alavi wishes to discuss further and address policy implications.				
	The RMD Committee supports and agrees with the proposed policy language edits to include a requirement that CMHSPs are responsible for reviewing and authorizing (as appropriate) ECT for patients who are not currently open to the CMHSP since Medicaid Health Plans do not authorize ECT. There was also discussion around removing language requiring 2 physician evaluations except for specific situations where required by Michigan Mental Health Code (minors under age 18). RMD Committee approves suggested edits.	By Who		By When	

10-Nursing Topics	1. Scope of practice issues that some of the medical directors may not realize have become convoluted during COVID and have changed without them realizing. 2. One county has nurses diagnosing but calling it provisional (rule out). That is still diagnosing. That is putting the RN and the medical director of the program is a terrible situation and potentially invalidates certain documents. 3. Nurses can diagnose a condition or a bodily response to a diagnosis, but they can't make a diagnosis. Even NP/PA must have a collaborative agreement in Michigan to diagnose. 4. Calling the diagnosis provisional does not matter, that is just a qualifier, like a specifier. It is related to the diagnosis, not the discipline making the diagnosis.				
	The nurses may not realize the differences in the mental health world, such as thinking provisional is different than rule out. Nurses cannot diagnose. It appears that nurses have been put in the place of an MSW because the MSW can complete a provisional. Medical Assistance cannot also give long acting injectibles. They can give IM but not long acting. Support from the docs on these issues/concerns. This also involves provider networks.	By Who		By When	
11- Hep C and HIV Screenings	Docs would like more information on this. Are the CMHs supposed tom complete these, or monitor these?				
	Todd to research on the CCBHC standards and bring back to RMD in November.	By Who	Todd	By When	November RMD meeting