



Clinical Leadership Committee & Utilization Management Committee

Thursday, October 24, 2024, 1:00pm-3:00pm

Meeting Materials: [2024-10 | Powered by Box](#)

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

Meeting ID: 514 203 7379

FY 2025 Meeting Calendar *(All meetings via videoconference unless otherwise noted)*

October 24	January 23	April 24	July 24
November 21	February 27	May 24	August 28
December – No Meeting	March 27	June 26	September 25

Upcoming Deliverables: Annual Integrated Health Narrative Report due to MSHN 10/31/2024, Service Authorization Denial Report due to MSHN 11/1/2024

Attendees:

MSHN: Todd Lewicki, Skye Pletcher,
Bay: Karen Amon, Heather Beson, Joelin Hahn
CEI: Gwenda Summers, Elise Magen, Tim Teed
Central: Angela Zywicki, Renee Raushi, Jennifer McNally
Gratiot: Taylor Hirschman
Huron: Natalie Nugent
Lifeways: Jennifer Fitch, Cassandra Watson, Dave Lowe
Montcalm: Julianna Kozara, Sally Culey
Newaygo: Denise Russo-Starback, Annette Binnendyk, Heather Derwin
Saginaw: Vurlia Wheeler, Erin Nostrandt
Shiawassee: Trish Bloss, Crystal Cranmer
Right Door: Amanda Eveleth, Julie Dowling
Tuscola: Sheila Canady, Josie Grannell

Guests:

Patty Hovey
Catie Macha
Suzi Richards

MSHN:

Amy Dillon

KEY DISCUSSION TOPICS

JOINT TOPICS

1. Welcome, Roll Call, & Announcements
2. Approval of August Minutes; Additions to September Agenda
3. COFR Discussion
4. Intensive Crisis Stabilization Services annual data
5. Environmental Scan / Updates from Fall Conference (if any)
6. Conflict-Free Access Planning
7. CAFAS/PECFAS Manuals
8. SUD Access Implementation

CLC Topics

1. Crisis Residential Monitoring (Amy Dillon)
2. Annual Committee Report
3. MDHHS Site Review Corrective Action Plans
4. Strategic plan discussion
5. Balanced Scorecard (not ready)
6. BTP/IPOS Requirements
7. Regional MichiCANS Workgroup

UMC Topics

1. Annual Committee Report
2. Balanced Scorecard
3. Inpatient Tiered Rates Implementation (Standing Update)

Parking Lot

1. MiCAS Reports (On Hold)

10/24/2024 Agenda Item	Action Required										
JOINT – Approval of September Meeting Minutes; Additions to August Agenda	Meeting initiated without additions to minutes or agenda.										
	<table><tr><td></td><td>By Who</td><td></td><td>By When</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>		By Who		By When						
	By Who		By When								
JOINT – COFR Discussion	<p>S. Pletcher stated: approximately a year ago, Operations Council tasked this committee with eliminating in-region COFRs. It is now up to this group to implement that change. If there are any situations in which COFR would still be needed in our region, please inform us so this can be brought back to Operations Council.</p> <p>S. Pletcher to bring and represent the following concerns expressed today to her meeting with Operations Council next week:</p> <ul style="list-style-type: none">• High-cost individual transfers to a ne county; budget considerations for the new county receiving the person and current cost-containment concerns in the region.• A concern around when a placing county places an individual in a home that CMH is not contracted with, so they must open a contract.• Concern around workforce capacity issues, especially in counties with an abundance of AFC/residential providers and ability to absorb.• There are COFRs needed in some high-needs individuals.• Inpatient stays and who is responsible for the cost.• LOC transitions: ensuring the placement is stable before terminating a COFR agreement (e.g., a person is evicted from a placement with 3 months, does financial responsibility revert back to CMH who placed the individual there?• PA 116 is under revision, which has to do with hospitals and restraints. <p>Dr. Lewicki stated: HCBS services survey tool, NCI, may be replaced by the CAHPS at some point.</p>										
	<table><tr><td>Bring concerns regarding no in-region COFRs back to Operations Council</td><td>By Who S. Pletcher</td><td></td><td>By When Ahead of next UMC/CLC</td><td></td></tr></table>	Bring concerns regarding no in-region COFRs back to Operations Council	By Who S. Pletcher		By When Ahead of next UMC/CLC						
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JOINT – ICSS Data	Dr. Lewicki requested data by tomorrow if it has not been sent. This will be used in annual report as well as balanced scorecard.										

		By Who		By When	
JOINT – Environmental Scan	<p>Dr. Lewicki & S. Pletcher requested feedback from the environment or the Fall conference and opened forum for discussion. Feedback from CMHs from the Fall Conference included:</p> <ul style="list-style-type: none"> • State responded “We are not equals” to a concern raise by CMH • State responded “I don’t care” to a concern raised by CMH • At the ABA and Autism services presentation, the initial evaluation does not have to go through the CMH, and that parents can bring evaluations to us. The onus is still on the CMH to verify that those involved in evaluation is properly credentialed. • New technical guidance document released that Barb was not aware of. Ther ewer a lot of statements about BCBA’s being the only staff that could write BTPs. • Environmentally, the meeting was very representative of the rigidity and lack of solid partnerships with the state. • Oversimplification of the nuances of cases CMHs handle. (e.g., “call law enforcement” was the response for highly vulnerable individuals • It seemed very dismissive of our work and we are unsure of moving forward when we think of the possible consequences in an audit. • The role and involvement of CMHs Behavior Treatment Committees has gone too far 				
	ICSS Data request	By Who		By When	10/27/2024
JOINT – CFAP	Dr. Lewicki stated: we are continuing to wait patiently for updates on this.				
		By Who		By When	
JOINT – CAFAS/PECFAS	Dr. Lewicki stated: MSHN received our CAFAS manual this week, but we have requested 11 more so we can distribute to CMHs and they may update any staff trainings.				
		By Who		By When	
CLC- Annual Committee Report	<p>Dr. Lewicki reviewed the annual Committee and Council Report. Requested suggestions for additional accomplishments. Past years goals are not yet accomplished in full, so some are carried over into this year’s as works in progress. David Lowe stated: CCBHC progress would be beneficial to demonstrate in the upcoming year’s goals section.</p>				

		By Who		By When	
CLC- MDHHS Site Review CAPs	<p>Dr. Lewicki reviewed Review Summary document and stated our region-level expected response on how MSHN will provide oversight and monitoring to ensure there are ongoing improvements. MSHN's Chief Compliance Officer is standing strong in allowing ranges (reasonable). MSHN continuing to indicate that (reasonable) ranges in plans are acceptable.</p> <p>Participant stated: Anyone with SED diagnosis need to be referred to CMHs, but providers were not notified so many private practices were seeing denied claims. Since then, we have heard they are not moving forward with implementation at this time.</p>				
		By Who		By When	
CLC- Strategic Plan Discussion	<p>Dr. Lewicki requested feedback on strategic planning areas of focus for FY '26 and '27. The state will continue to reinforce access. Once a plan is developed it will be presented here at CLC. Feedback included:</p> <ul style="list-style-type: none"> • Statewide trainings • Administrative burdens to staff in system • Staffing 				
		By Who		By When	
CLC- Balanced Scorecard	<p>Dr. Lewicki stated: Balanced Scorecard is still being finalized at this time.</p>				
		By Who		By When	
CLC – Crisis Residential	<p>A. Dillon stated: The regional monitoring process currently in place is used for IP and also used for FMS and autism ABA services. The regional monitoring is in place to ensure that those providers contracted are not being audited by multiple CMHs throughout the year.</p> <p>A. Dillon proposed: Regional monitoring using the established process and procedures for reviewing healthy transitions. CLC approved without dispute.</p>				
		By Who		By When	
CLC – BTP/IPOS Requirements	<p>Dr. Lewicki stated: the BTP requirements are needed, along with the eight elements required in an IPOS, when there is a challenging behavior and need for a restriction. Restrictions due to a medical condition do not require a BTP but should still have the 8 elements identified in the IPOS. There is a document in BOX that acts as guidance on how this is represented in IPOS and BTP. There will likely be more focus on this, particularly from the state. The eight elements are specified in the requirements, so we must identify how we can make most work reasonably. If beneficiaries have a health and safety concern</p>				

	not involving a challenging behavior, the 8 elements are sufficient.				
		By Who		By When	
CLC – Regional MichiCANS Workgroup	Dr. Lewicki provided an update on MichiCANS.				
		By Who		By When	November 21, 2024
UM – Annual Committee Report	Reviewed and approved by committee. Concerns noted for scope of FY25 workplan in the small time allotted to UMC specific activities each month (1 hour of 2-hour meeting). Important to prioritize items and also continue to evaluate shared meeting structure with CLC in light of scope of UM-specific work for FY25.				
	Review Medicaid Subcontracting agreement delegated functions grid during November UMC meeting. Review delegated UM functions to begin to prioritize activities on FY25 UMC workplan.	By Who		By When	November 21, 2024
UM – Balanced Scorecard	Not reviewed due to time constraints to review Annual Committee Report and Workplan				
	Carry to November meeting	By Who		By When	November 21, 2024
UM – Inpatient Tiered Rates	Not reviewed due to time constraints to review Annual Committee Report and Workplan				
	Carry to November meeting	By Who		By When	November 21, 2024
JOINT – SUD Access Center	S. Pletcher stated: there are issues with the screening and call volumes were not being added accurately, so this resulted in the staffing model that we configured appearing to be insufficient for the volume of calls we are receiving. We are working as quickly as possible to identify and implement immediate and long-term strategies to ensure we have adequate staffing for this.				

	S. Pletcher confirmed that CMHs can warm transfer to PIHPs during business hours, but MSHN does not have a centralized after hours team yet. There was a memo that went to local law officials and jails, and it seems to indicate that MSHN should be contacted for behavioral health needs, which should be corrected to CMHs.
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General Comments:	The next meeting will take place one week earlier than usual. The link issue for the meeting invite will be addressed in the meantime.
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