Clinical Leadership Committee/ Utilization Management Committee

Date: Thursday, July 25, 2019
Clinical Leadership Committee: 1:00-3:00 PM
Utilization Management Committee: 2:00PM-4:00 PM
Location: Gratiot CMH 608 Wright Ave, Alma, MI
Call-In: Conf: 888-585-9008/ Room #: 818-235-935

Meeting content linked here:
CLC July Meeting Materials UMC July Meeting Materials

CMHSP	CLC Participants in RED=phone	UMC Participants
Bay-Arenac	Karen Amon	Joelin Hahn
CEI	Shana Badgley; Gwenda Summers	Elise Magen, Tonya Seely
Central	Julie Bayardo	Kara Laferty
Gratiot	Kim Boulier	Michelle Stillwagon
Huron	Tracey Dore; Natalie Nugent	Levi Zagorski
Ionia-The Right Door	Julie Dowling	
LifeWays	Gina Costa	Dave Lowe
Montcalm Care Network	Julianna Kozara	Adam Stevens
Newaygo	Denise Russo-Starback	Annette VanderArk, Kristin Roesler
Saginaw	Kristie Wolbert; Erin Nostrandt	Vurlia Wheeler
Shiawassee		Jennifer Tucker, Craig Hause
Tuscola	Julie Majeske	Michael Swathwood
MSHN	Todd Lewicki	

CLC (1:00pm – 2:00 pm)

I. Review and Approve June Minutes, Additions to Agenda

II. Crisis Residential

A. Background: The Operations Council agreed to revisit development of an adult CRU in the region. Rather than a CMHSP being "at risk" for utilization, it may make sense for the PIHP to hold a contract with a crisis residential unit (CRU) for the benefit of the entire region. Central had done considerable work on this and MSHN would like to pick up where they left off, including a risk analysis.

B. Question: What input does the CLC have for the purpose of establishing a regional CRU?

C. Discussion: BABH may be willing to do something different and has increased interest. This helps to give the region enough beds. CEI is working a contract for crisis residential and to have other beds that others could use.

D. Outcome: CLC was in favor of having MSHN move forward and there is increased confidence with BABH increasing their interest.

III. Transporting Consumers

A. Background: Discussion took place during June CLC meeting regarding handling of the time spent transporting consumers in the course of providing CLS, skill building, supported employment, and clubhouse services. The goal is to ensure reliability in practices with the region. CMHSPs were asked to send feedback related to their local process to Todd who will compile regional guidance.

B. Question: Do the other CMHSPs have any difference in practice?

C. Discussion: The report was provided to CLC. There were no prevailing differences.

D. Outcome: No further action warranted.

IV. Overnight Health and Safety Supports

A. Background: Overnight Health and Safety Support is a new service that will be added to the array of services available under the 1915(c) HSW, CWP, SEDW and 1915(i) waivers with CMS approval of the current 1915(c) and 1915(i) waiver renewal applications. In anticipation of this new service, the MDHHS will be seeking input from a small PIHP/CMHSP workgroup in crafting Medicaid Provider Manual language for this new service. Todd Lewicki and Julie Bayardo will be participating in the state workgroup and will provide updates

B. Question:

C. Discussion: This pertains to 1915c waiver and it looks like this applies to CWP and HSW. Clarify who this really applies to and what medical look like. What should the documentation look like? There are times where kids need an in-home provider when diverting from hospital to help the families. This could be further developed but does not fit this service. Could we use this service as a part of safety planning? Also, questions about elopement risk? We need to be very clear in this definition so that eligibility is very clear.

D. Outcome: Todd and Julie will keep the CLC informed via notes after each workgroup meeting.

V. ICSS Data Reporting

A. Background: On July 10th, Terri Baker sent a memo on behalf of Jeff Wieferich requesting FY19 ICSS call logs and changes to hours of operation if applicable (see email). MSHN previously directed the region to discontinue data collection after the 6-month reporting period ended. This was an oversight and error. If you discontinued data collection, please let Todd or Carolyn Watters know so MSHN can make the State aware of any gaps in data. Please begin collecting data effective immediately and through September 30, 2019. The data reporting template used for the initial 6-month period is included in the meeting materials in Box.

B. Question:

C. **Discussion:** How many calls, how many screens, and how many were deployed is data that is Central is gathering. Huron, Gratiot, Saginaw, and CEI have continued gathering. Had stopped: LifeWays, Central, Bay-Arenac, Montcalm, Right Door (questions because a responsible staff had left).
D. **Outcome:** Todd to get a clarification out on what data points are expected to be gathered from the most recent memo from the state.

VI. Regional Medical Director Committee Updates *(Informational Only)*

CLC is interested in seeing there be a formalized process for guiding reviews. The CMHSPs will send their Peer review policies.

VII. Autism Site Review CAP Update *(Informational Only)*

Still awaiting a response from the state on the regional CAP.

Joint CLC & UMC (2:00pm – 3:00 pm)

VIII. MCG Implementation Updates *(Standing Agenda Item)*

A. **Background:** Regional roll-out meeting with MCG took place on July 10th
B. **Question:** Are there updates from committee members who attended that can report out?
C. **Discussion:** Talked about prospective review. This will need further discussion with UMC. There are questions if this will really be useful. Is the expectation that it is prospective AND retrospective? This needs to be talked through. There is preference to not do prospective. There is also a concern that the clinician is no longer using their own clinical judgement and get nervous about contradicting what the tool uses. Is there value-added to the prospective process? Saginaw, Bay-Arenac, Montcalm would like to see the demo. The region is up against the MHPs and the medical model and must ensure that we are clinically objective and evidence-based in decision-making.
D. **Outcome:** The recommendation is that the process stay with retrospective process. The group favors it as a tool, but not as a required prospective process.

IX. HCBS Implementation *(Standing Agenda Item)*

Todd provided an update on HCBS via a report put into Box.

X. Conflict-Free Case Management

A. **Background:** Opportunity for expanded discussion around the philosophy of conflict-free case management and practice considerations. Conflict Free Case Management White Paper by TBD Solutions included in meeting materials for reference.
B. **Question:** How should development of regional guidance proceed?

C. **Discussion:** We may need to wait to hear more from the state on this area. There is a feeling that this should be put in the parking lot until the state has further to say on this. There is no clear idea on what to expect
D. **Outcome:** This will be put into the parking lot.

XI. Group Skill Building Service Code

A. **Background:** The H2014 code has been used for group skill building and there have been questions around its use relative to the HCBS Rule Transition. This is possibly due to the perception that the service is perceived to be disability-specific. A group skill-building service could be used, provided the service is in a location that is HCBS-compliant. Some groups take place in community settings (MI-Works, Local Coffee shops, schools, etc.). We have to ensure that the service is not taking place at a site where only individuals with disabilities attend. We have even seen some settings that offer programming alongside of individuals without disabilities to ensure that our individuals receiving services aren't being segregated.
B. **Question:** The group is asked to provide additional insight regarding group skill building code use.
C. **Discussion:** Central has used the H2014 but it has been in house and that has been a challenge in terms on using the correct code. Is there a code for bachelor's level staff that could meet HCBS Rule? How was the FPE code developed? Do we need to develop a different code? This would be so a bachelor's level staff could do this. Huron has their peers run many groups.
D. **Outcome:** CSMs need to have the ability to facilitate groups that are no therapy. What is the proposal to address this gap? If provided in the community, this should be acceptable. MSHN will provide assistance as appropriate.

XII. Data Reports

- Penetration Rate Report-coincides with an internal trending report that GiHN does. There was a corresponding increase in new individuals. The group voiced positive feedback about this report as it is matching internal CMHSP reporting.
- Priority Measure Report-Todd reported out the data. Reviewed areas of need and successes the CMHSPs are achieving, where available.

Parking Lot:

- MSSV- Discussion regarding how disposition data is currently captured by each CMHSP; how to develop regional consistency for capturing disposition data
- August Meeting- Annual review/revision of MSHN Delegated Managed Care tools
- Moved to parking lot 7/25/2019-Conflict-Free Case Management