Utilization Management Committee & Clinical Leadership Committee Minutes

Date: Thursday, June 28, 2018, 1:00PM-4:00PM
Location: Gratiot CMH 608 Wright Ave, Alma, MI
Call-In: *Please see highlighted content in body of agenda
Meeting content linked here: June UMC Folder

CMHSP	UMC Participant in RED=phone
Bay-Arenac	Janis Pinter
CEI	Stefanie Zin, Tim Teed, Tamah Winzeler
Central	Kara Laferty
Gratiot	Michelle Stillwagon
Huron	Levi Zagorski
Ionia-The Right Door	Susan Richards
LifeWays	Shannon Clevenger, David Lowe
Montcalm Care Network	Adam Stevens
Newaygo	Brian Russ, Kristen Roesler
Saginaw	Linda Tilot
Shiawassee	Jennifer Tucker, Craig Hause
Tuscola	Michael Swathwood
MSHN	Todd Lewicki, Trisha Thrush, Skye Pletcher, Dani Meier, Michael Scott

CMHSP	CLC Participant	In-Person	Phone	Absent
BABHA	Karen Amon Joelen Hahn		X	
CEICMH	Shana Badgley	X		
CMHCM	Julie Bayardo	X		
GIHN	Kim Boulier	X		
HCBH	Tracey Dore		X	
The Right Door	Susan Richards (for Julie Dowling)		X	
LifeWays	Gina Costa		X	
MCN	Julianna Kozara		X	
NCCMH	Cindy Ingersoll			X
Saginaw CCMH	Linda Schneider	X		
Shiawassee CCCMH	Crystal Eddy			X
TBHA	Julie Majeske		X	
MSHN/TBD/ Other	Dani Meier Trisha Thrush Todd Lewicki Skye Pletcher Michael Scott	Dani Trisha Todd Skye Michael		

UMC Purpose and Powers

Implement the UM Plan and support compliance with MSHN policy, the MDHHS PIHP Contract and related Federal & State laws and regulations.

- Develop *policies and standards related to access, authorization & service utilization*
- Identify *over/under use of services*
- Recommend *improvement strategies 6*
- Monitor *follow-through*
- Coordinate *with other committees*

CLC Purpose and Powers

To advise the PIHP regarding clinical best practices and clinical operations across the region

- Advise *the PIHP in the development of clinical best practice plans for MSHN*
- Advise *the PIHP in areas of public policy priority*
- Provide *a system of leadership support and resource sharing*

Joint Session

Call-In Information for joint session portion of the meeting: Conf: 888-585-9008/ Room #: 986-422-885

I. Mobile Intensive Crisis Stabilization Services for Children- Launch & Data Reporting

A. Background: MDHHS is requiring an initial 6-month report and an annual report for each approved children's ICSS program (see June 5th MDHHS memo HERE). The initial 6-month reporting period runs from 7/1/2018 through 12/31/2018. MSHN developed a standard regional reporting template to capture the necessary data elements required by MDHHS.

B. Question: Informational Only; no decision needed

C. Discussion: *Carolyn Watters at MSHN developed the reporting template and will be the primary point of contact for submission of the initial report.*

D. Outcome: *No additional questions/concerns*

II. LOCUS Review System

A. Background: Using guidance from the LOCUS workgroup, CLC Committee, and UM Committee, Todd presented a model for LOCUS exception reporting to the MSHN Ops Council for consideration and feedback (LOCUS Exception Report Guidance).

B. Question: *Do UMC or CLC members have questions regarding the process for reviewing and reporting on exceptions? Are committee members in support of implementing this review process?*

C. Discussion: *Todd provided an overview of the exception report and explained which factors were taken into consideration in developing the process. Group reviewed the*

common service grid which was developed using regional service utilization data to establish minimum and maximum use patterns for each service code at each LOCUS level of care. MiFAST criteria stipulate that the frequency of override use is less than 10%; currently the override rate for the region is 22.3% based on claims/encounter data. One suggestion is to include the link to all of the shinyapps including the LOCUS data in a centralized place such as the MSHN website.

D. **Outcome:** *Todd will follow up in the next 1-2 weeks to provide each CMHSP with a list of their exception cases (those individuals whose utilization patterns exceed the recommended LOCUS level of care). Each CMHSP will review their exception cases and report out their findings during the July meeting.*

III. HCBS Updates

A. **Background:** *No new documents/data to share this month, however this is a standing agenda item to review regional updates. Currently MSHN has 10-12 corrective action plans left from the Saginaw region and then all will be "complete" for the time being. There were a number of cases identified as heightened scrutiny which will need resolution first but may require corrective action in the future.*

B. **Question:** *No question for the committee; informational/discussion only*

C. **Discussion:** *There is still confusion regarding expected compliance dates of 2019 or 2022. MDHHS is currently stating that March 2019 is the "good faith" date to meet corrective action and remediation efforts toward compliance. Discussion ensued regarding the implication of bringing B3 services into compliance given the significant scope. Clinical leadership continues to promote a message of health and safety to CMHSP staff and contracted providers; ensure consumer health and safety first and seek guidance as needed regarding appropriate ways to document HCBS compliance through PCP or behavioral treatment planning.*

D. **Outcome:** *No additional questions/concerns; keep as a standing item on the agenda*

IV. Regional Admission and Benefit Standardization Workgroup Update

A. **Background**: This temporary workgroup was convened by the MSHN Ops Council to make recommendations to MSHN and participating CMHSPs with regard to standardizing, across the MSHN region, clinical eligibility and medical necessity criteria, policies and procedures relating to the admission, continuing stay, and discharge of individuals to be or actually admitted for services/supports and the prioritization of services once admitted. The initial session of this workgroup occurred on 6/15/18.

B. **Question:** *No question for the committee; informational/discussion only*

C. **Discussion:** *BABHA has developed clinical protocol service packages that could offer a valuable foundation for a regional benefit plan. There was also feedback given regarding the need retain some flexibility for local variation in the way benefits are administered due to the variance in available resources among different boards. Any product of this workgroup also has significant implications with the parity work being done.*

D. **Outcome:** *No additional questions/concerns*

V. Parity Workgroup Update

A. Background: *The statewide parity workgroup, led by Dave Schneider at MDHHS, recently reviewed demonstrations from 2 software vendors. Both products are very medically-oriented and don't traditionally encompass the type of community-based services and supports offered within our system. One product seemed to have more ability for customization than the other product.*

B. Question: *No question for the committee; informational/discussion only*

C. Discussion: *One significant concern is duplicate data entry between the local EHR and the new parity software.*

D. Outcome: *No additional questions/concerns*

*****15-Minute Break*****

VI. Introduction of Veteran Navigator

A. Informational Only: *Dani introduced new MSHN Veteran Navigator Michael Scott. (Michael.scott@midstatehealthnetwork.org). Michael provided information regarding upcoming Tier I Military Cultural Competency Trainings scheduled for 3 different dates/locations in September (Big Rapids, Saginaw, Lansing).*

VII. PIHP-MHP Integrated Health Workgroup Activity

A. Background: MSHN staff members will provide monthly updates to CLC regarding ongoing PIHP-MHP integrated health activities. This information can also be shared during joint CLC-UM sessions during months where there is relevance for both committees. The workgroup recently finalized one standard of care protocol (screening for diabetes) and is currently working on a second protocol, per integrated health performance bonus contractual requirements. The screening for diabetes protocol aligns with MSHN's existing protocol and will continue to be monitored regionally by MSHN QIC PIHP-MHP Workgroup May 2018 Minutes ; PIHP-MHP Diabetes Protocol

B. Question: Informational Only; no decision needed

C. Discussion: *Skye Pletcher provided information about development of clinical standard of care protocols by the MHP-PIHP joint workgroup. QIC is providing regional guidance regarding any changes that might need to occur in our current diabetes screening process to align with the MHP-PIHP protocol. It is anticipated that not many changes will be needed to the current process; our region is currently performing very well on this performance measure.*

D. Outcome: *No additional questions/concerns*

VIII. Concurrent Utilization Review

Measure Name	Metric Development Status	Report Due			
		Q1	Q2	Q3	Q4
ACT Service Utilization	1. Identify Question	June			
HBS Service Utilization	1. Identify Question	June			

A. **Background:** *The UM committee monitors high-intensity service utilization for the purpose of reviewing variance in service across the region. There is no inference that high or low utilization of a particular service equates to positive/negative UM practices at the local level.*

B. **Question:** *Are there any questions about the data? Do CMHSPs think the data appears to be an accurate reflection of what is occurring locally?*

C. **Discussion:** *Lifeways provided feedback that they have developed a process to perform targeted case reviews around length-of-stay and transition planning for ACT services. They are doing work around staff education related to ACT as a stabilization service as opposed to a long-term maintenance service. Additional conversation ensued regarding how different CMHSPs administer ACT services. For example, GIHN does not provide formal ACT services, however they provide a similar/equivalent "unbundled" service array consisting of nursing, observed daily med drops, etc. CEI shared that their intensive outreach case management services likely drive down the utilization of ACT services by meeting needs of consumers who would otherwise need ACT. Some boards identified challenges around meeting the 4 hrs/per week intensity expectation for home-based services (families are not home, cancel/miss appointments, etc). Group discussed if it would be beneficial to look at additional data points that may capture children's service utilization for the region more accurately (ie: intensive case management, intensive outpatient, etc).*

D. **Outcome:** *It would be helpful to have additional conversation in a future agenda for CMHSPs to share strategies related to home-based service delivery. How are some CMHSPs successful at meeting the intensity requirement (4hrs/week)?*

IX. LRE UM Document

A. **Background:** *This document is the result of LRE's plan of correction to MDHHS. This could represent an opportunity for our region to evolve our UM program and practices.*

B. **Question:** *Is there applicability to our region? Do we wish to consider looking at similar data points for our region?*

C. **Discussion:** *Approaching data in a similar way as LRE would represent a paradigm shift for our region. The LRE UM document is somewhat prescriptive (ie: specific hours of support corresponding with LOCUS scores); whereas our region currently has more variance in service delivery across the region based on different local-level practices/procedures.*

D. **Outcome:** *There is interest in continuing this discussion in a future agenda.*

X. Management of Threats to Schools- Subgroup Update

A. **Background:** In the wake of the latest school shooting in Parkland, Shana wondered if other CMH's have crafted a formal policy about your response when contacted about "clearing" students who make threats/have concerning behaviors, communicating with schools, etc. Update: At CLC meeting in March 2018, Linda Schneider provided an

electronic copy of the article regarding supports for this topic. Julie Bayardo indicated she would be participating in a threat management meeting and would be willing to bring that information back to the group to share. Dani is also participating in a gun violence prevention strategic planning workgroup on April 13th organized by CMHA and he will report out on that. You can view one of the guiding documents that will inform that discussion here in Box. Decision from 4-19-18 meeting was to form a workgroup including Dani Meier, Linda Schneider, Julie Bayardo, Gwenda Summers (CEI Families Forward Director), and Kim Boulier (GIHN) will meet and develop a draft for consideration.

B. **Question:** *Status of workgroup development of regional policy/procedure?*
C. **Discussion:** *The previously mentioned workgroup has not yet convened but in today's meeting it was decided there is still need. Dani indicated that MSHN added a new item to the FY19 Strategic Plan related to addressing school violence.*
D. **Outcome:** *The previously mentioned workgroup will schedule a date for meeting. In addition to the members listed above, Julianna Kozara from Montcalm also volunteered to participate as MCN is doing significant work around school safety issues*

XI. Difficulty with Licensing for Residential Facilities (Karen Amon- BABHA)

XII. MDHHS RFA related to Gambling Disorder

A. **Background:** *Offers $200,000 per PIHP region to build capacity for gambling prevention and treatment. MSHN has consulted an expert in the field from Wayne State University however there is not much data related to prevalence of gambling use disorder in this region. MSHN is considering implementing the use of the NODS-CLiP screening for gambling use disorder in REMI across the SUD system and CMH Access system in order to collect more accurate data regarding prevalence of individuals in our region struggling with this issue.*
B. **Question:** *Is there support for implementing the NODS-CLiP in the region if there was financial incentive to complete it?*
C. **Discussion:** *There is some concern for additional workload expectations for frontline staff in terms of an additional screening. Additionally, there are concerns regarding shortage of resources to refer individuals to once they have been identified as having concerns with gambling. The committee agrees that there would need to be a strong regional interim plan for how to address the needs of identified individuals while also working to build capacity for additional treatment resources. There was general support among committee members that this is an area of need in our region that is not currently being adequately addressed.*
D. **Outcome:** *Dani Meier will be writing the response to the RFA on behalf of the MSHN region. If MSHN receives funding CLC will continue to provide guidance around the implementation of regional strategies to address gambling prevention/treatment*

XIII. Transition of MSHN Leadership for CLC

Informational Only: *Going forward, Todd Lewicki will provide leadership for CLC from MSHN. There was some brief discussion regarding if CLC and UM Committees will move forward jointly every month or only some months depending on content of agendas. The group acknowledged value in joint meeting with a great deal of crossover content but would also like to retain the ability to meet separately to address specific subject-matter content. Todd indicated that the process will further develop over the next few months.*