Clinical Leadership Committee/ Utilization Management Committee

Date: Thursday, September 26, 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 September Meeting Materials UMC September Meeting Materials

CMHSP	CLC Participants in RED=phone	UMC Participants
Bay-Arenac	Karen Amon	Janis Pinter
CEI	Shana Badgley; Gwenda Summers	Tamah Winzeler
Central	Julie Bayardo	Renee Raushi
Gratiot	Kim Boulier	Michelle Stillwagon
Huron	Natalie Nugent	
Ionia-The Right Door	Julie Dowling	
LifeWays	Gina Costa	
Montcalm Care Network	Julianna Kozara	Adam Stevens
Newaygo	Denise Russo-Starback	Annette VanderArk
Saginaw	Kristie Wolbert; Erin Nostrandt	
Shiawassee	Crystal Eddy	Jennifer Tucker; Craig Hause
Tuscola	Julie Majeske	Michael Swathwood
MSHN	Todd Lewicki	Skye Pletcher

CLC (1:00pm – 2:00 pm)

I. Review and Approve August Minutes, Additions to Agenda

II. PCP Formats (Julie Bayardo)

A. Background: There was a request to add this to the agenda.

B. Questions: *How to demonstrate that the person-centered planning process is individualized and the specific format is chosen by the consumer? This has been a finding in CMHSP site reviews this year as it has been difficult to demonstrate how the process is individualized vs using a standard PCP format based on the template in the EMR. Do any CMHSPs have resources or guidance around the use of specific PCP formats such as PATH, MAPS, etc?*

C. Discussion: *Janis Pinter, Karen Amon, and Kim Boulier provided feedback regarding historical training from MDHHS regarding the use of various PCP tools and how they*

were implemented in the pre-planning process. Suggestion for regional training opportunities for case managers and independent facilitators.

D. **Outcome:** *Karen Amon offered to share resources with the group; Todd will distribute. MSHN can also reach out to TBD to inquire about potential training resources*

III. Specialized Residential for Prader-Willi Syndrome

A. **Background:** Creekside offers residential care for individuals with Prader-Willi Syndrome.

B. **Questions:** How many individuals with Prader-Willi are placed outside of Michigan from the MSHN region? Have any of the MSHN CMHSPs visited the home?

C. **Discussion:** *There are a handful of individuals from Michigan living in specialized residential in Minnesota. MSHN staff members have done a preliminary site visit based on the provider's request to contract with MSHN region CMHSPs. Some initial concerns include the fact that it is disability-specific which generally does not comply with HCBS requirements. Some CMHSPs indicated that they have individuals with Prader-Willi Syndrome successfully living in the community with appropriate behavioral treatment plans; concerns that having "specialized" residential may discourage appropriate community-based services and supports for individuals.*

D. **Outcome:** *MSHN is providing information about this provider in case there are any CMHSPs in need of services for individuals with this particular condition. There are noted concerns, but if any CMHSP wishes to pursue placement options with this provider MSHN would assist the CMHSP in evaluating HCBS compliance needs*

IV. MDHHS Approval of Co-Occurring Enhanced Residential Services for the HMP

A. **Background:**

As a result of the passage of PA 388 of 2018, crisis residential programs that provide mental health services under the behavioral health benefit of the Healthy Michigan Plan will now be able to provide this service to individuals with substance use disorders when the crisis residential program is:

• Licensed as a substance use disorder (SUD) program; **and**

• Approved as a Co-occurring Enhanced Crisis Residential Program, which means a program approved by the Michigan Department of Health and Human Services (MDHHS) for providing short-term intensive mental health and SUD services. Approved programs can address the mental health needs, SUD needs, or both, of an individual through enhanced programming and staffing patterns that are reviewed and approved by MDHHS.

B. **Questions:** Explore through discussion opportunities for the region.

C. **Discussion:** *Agreement that there is regional need for this service. Many CMHSPs report difficulty finding appropriate placements for individuals with high co-occurring needs who may not meet inpatient psychiatric criteria but whose psychiatric needs are beyond the resources of a traditional SUD residential tx program.*

D. **Outcome:** *MSHN will continue efforts for regional crisis residential service capacity and keep this committee informed of progress and next steps*

V. Schools and Mental Health Resources

A. **Background:** The 9/23/19 school mental health symposium was held to address strategies to improve school mental health systems and supports.
B. **Questions:** What opportunities exist for helping the school system? Did any CMHSPs attend this conference?
C. **Discussion:** *Kim Boulier attended the conference; reported it was very beneficial with multiple tracks to choose from. Opportunities in our region for improving coordination with school systems: better education for school staff regarding early detection of potential mental health needs (ie: oftentimes kids are identified as "behavioral problems" and school does not necessarily realize the relationship to unmet behavioral health needs).*
D. **Outcome:** *Todd may reach out to individual committee members regarding local community needs*

VI. B3 Upcoming Changes

A. **Background:** B3 services will be changing over to a 1915i State Plan Amendment ("iSPA") and there is new information.
B. **Questions:** What are the next steps in the transition from B3 to iSPA?
C. **Discussion:** *Transtion of responsibility for PIHP ensuring eligibility requirements. CMHSP delegated function will continue for another 2 years. MDHHS is supposed to be developing additional capacity in WSA system to manage enrollment. 10/1 change from waiver to iSPA; 11/1 phase-in of new eligibility tool. 10/1/2022 State to determine initial and ongoing eligibility*
D. **Outcome:** *No action needed at this time; informational*

VII. Autism Program: QBHPs

A. **Background:** The state recently issued MSA Bulletin 19-21 which affects QBHPs. An analysis was completed as to the effect the policy will have on the QBHPs in the MSHN system.
B. **Questions:** What should the next steps be in pursuit of resolution of the issue?
C. **Discussion:** *MDHHS included guidance that QBHPs must be certified as a BCBA within 2 years of completing graduate coursework. There is concern that this could affect as much as 30% of the workforce.*
D. **Outcome:** *MSHN has advocated with MDHHS to amend the requirement to prevent workforce shortage; will keep CLC apprised of any updates*

VIII. HCBS Update and Behavior Treatment Plans

E. **Background:** An HCBS update will be provided including conflict free case management. Behavior treatment plans for persons with a mental illness is a problem area in terms of guidance.
F. **Questions:** Is there a need for additional guidance to be provided for BTP? What form should this take?

G. **Discussion:** *Differences between making health/safety modifications to the IPOS vs when a BTP is necessary. Behavioral Treatment Committees struggle to provide policy/procedural guidance to frontline staff since every situation is so unique with individual nuances. Different statutory regulations provide contradictory guidance at times (example: State NGRI committee vs HCBS final rule). One of the significant challenges for BTP committees is determining what a person's "right to risk" is when there are safety issues but the individual's mental illness impairs their judgement.*

H. **Outcome:** *Shana Badgley recommended that BTP committees should have better representation by mental health treatment professionals including psychologist that treats adult individuals with mental illness rather than focusing specifically on the traditional DD population. Renee Raushi shared CMHCM's process is often to start by including health/safety restrictions in the IPOS that are time-limited and approved by the BTP committee. The caseholder then works to gather data that is documented in a timely review which is presented to BTP committee to determine if a full BTP is warranted. Renee will share CMHCM's process with the group.*

IX. Annual CLC Charter Review

Joint CLC & UMC (2:00pm – 3:00 pm)

X. FY20 MSHN Site Review Tools

A. **Background:** MSHN is performing annual revision of its site review tools and seeking committee feedback. Please review internally at your CMHSPs with content matter experts. MSHN is especially interested in identifying areas where they may be redundancy among more than 1 standard, eliminating standards that lack clarity or for which the source material is unclear, etc. Please use the CMHSP FY20 Standard Feedback Excel spreadsheet to make suggestions. Tools and Feedback Spreadsheet have been uploaded to meeting folders in Box. Please provide feedback related to the following standards in the next 30 days prior to the October CLC/UMC Meeting:

i. **Delegated Managed Care Tool**

Section 3: 24/7/365 Access
Section 5: Service Authorization & Utilization Management
Section 7: Person Centered Planning & Documentation Standards
Section 8: Coordination of Care/Integration of BH & Physical Health
Section 9: Behavior Treatment Plan Review Committee
Section 15: Trauma Informed Care

ii. **Consumer Chart Monitoring Tool**

Section 1: Assessment
Section 2: Pre-Planning
Section 3: PCP/IPOS
Section 5: Service Authorization & Utilization Management
Section 6: Service Delivery Consistent with Plan

Section 7: Specific Service Requirements
Section 8: Discharge/Transfers
Section 9: Integrated BH & Physical Health

iii. Program Specific Monitoring Tool

All Sections

XI. MCG/PCE Integration & Statewide Parity Workgroup Updates

A. Background: PCE provided demo of clinical workflow during August meeting. MCG is working with PCE to build standardized interface with all PIHP's PCE Systems. Currently MSHN is the only PIHP wanting to integrate MCG in a different way (retrospective samples) rather than prospectively for all individuals. There is concern around one consistent method of use of MCG throughout the State; MCG also stated it's important to have consistent implementation in all PCE products to ensure data reporting functions correctly. Training plan is progressing with MCG and PIHP leads; more info about specific training dates will be forthcoming

B. Question: *No question yet at this time; informational only*

C. Discussion: *MCG is working to establish a list of standardized exceptions that will be used by all PIHPs.*

D. Outcome: *Todd will continue to provide information to these committees, especially around issues that require recommendations/decisions that would affect the region. Recommendation for CMHSPs to have access to output data such as rates of overrides or exceptions for their CMHSP. BABH also recommends the flexibility to have MCG embedded in pre-screen format but not require the completion of MCG in order to sign the pre-screen. This allows for local choice of completing prospectively or retrospectively and attaching to consumer record at a later date.*

XII. HMP Work Requirements- Potential Impact on Penetration Rate

A. Background: With the HMP work requirements becoming effective in Jan 2020, we must ensure frontline staff are prepared to assist individuals with meeting reporting requirements and requesting exemptions so they do not lose their health coverage. (More info about reporting requirements and obtaining exemptions from michigan.gov/healthymiplan)

B. Questions: What local level initiatives are occurring to educate staff and consumers about these new requirements? What assistance, if any, is needed from MSHN to support efforts? Do these committees wish to monitor penetration rate more frequently for a period of time (currently reviewing in Jan/Jul)?

C. Outcome: *Continue to monitor regional penetration rate; each CMHSP to continue local efforts such as community coalitions in which advocacy efforts can be made with other public service agencies to focus on assisting the greater HMP-eligible population with maintaining enrollment (not just those served by CMHSP)*

XIII. Feeding Therapy- Best Practices & Regional Guidance

A. **Background:** Seeking feedback about how this service is being provided in the region, guidance around best practices relative to service delivery, authorization, etc
B. **Questions:** Do any CMHs contract with OT providers who specialize in feeding therapy? If so, does anyone have clinical protocols or authorization criteria specific to this service they would be willing to share? Is there a need for developing regional guidance to ensure consistency?
C. **Discussion:** *This service is not widely used in the region. Some CMHSPs report infrequent instances of authorizing occupational therapy to conduct feeding and swallowing assessments, etc.*

XIV. NEW Policy/Procedure Review: Level of Care (LOC) Utilization System for Parity

A. **Background:** New draft procedure from the results of the ABSW workgroup to address parity requirements. Seeking council/committee feedback
B. **Questions:** *No questions; requesting review and revision from UMC and CLC*
C. **Discussion:** *The draft policy/procedure has been reviewed by the ABSW with one recommended edit. The ABSW has not produced finalized versions of the benefit grids yet; scheduled for final review in November ABSW meeting with TBD. The committee recommends not operationalizing this procedure until there is final agreement with the benefit grids. The group agrees that the procedure captures the philosophy that has been agreed upon for regional parity.*
D. **Outcome:** *Recommend approval of this draft policy pending the finalization and approval of the standard benefit grids.*

XV. In-Region Courtesy Screens

A. **Background:** MSHN is seeking input regarding if there is need for regional guidance/best practice related to expectations for performing courtesy screens in-region. Clarification around the following types of issues may be beneficial: agreement regarding whether courtesy screens should be expected standard in-region; if not, instances where it is warranted for CMHSPs to decline to perform courtesy screens for other regional CMHSP partners; disposition disagreements among ER, screening CMHSP and COFR CMHSP, etc.
B. **Questions:**
C. **Discussion:** *Recommendation to ask crisis supervisors if they would be willing to participate in a one-time workgroup to develop regional guidance for handling courtesy screens and COFR disputes.*
D. **Outcome:** *Each CMHSP to provide contact information for their crisis supervisors and COFR points of contact to Skye who will compile regional list and initiate a one-time workgroup*

UMC (3:00-4:00)

XVI. Annual UM Committee Charter Review

A. Background: *Continued to October agenda with remainder of annual policy/procedure review*

XVII. Data Reports

- MCG Retro Reviews: Crisis Services Utilization
    - *Please complete FY19 Q3 MCG retro reviews and return summary report to Skye via email by 10/15/19*
- Plan All-Cause Readmission
- SIS Assessment Completion
- Utilization of Autism Services

UMC Parking Lot:

- MSSV- Discussion regarding how disposition data is currently captured by each CMHSP; how to develop regional consistency for capturing disposition data
- Moved to parking lot 7/25/2019-Conflict-Free Case Management **Address in annual policy/procedure updates*
- Annual review of MSHN Regional UM Plan during October meeting; Discuss development of workplan to track status of ongoing projects