Clinical Leadership Committee & Utilization Management Committee

Date: Thursday, July 22, 2021
<mark>Time: 1-3:00 pm Joint Content, No Breakout Sessions</mark>
Location: Online/Phone ONLY; No in-person Meeting
Zoom Meeting: https://zoom.us/j/7242810917
Call-In: 1-312-626-6799; Meeting ID: 724 281 0917

Meeting content linked here: UMC_CLC July Meeting Materials

CMHSP	Participant(s)
Bay-Arenac	
CEI	Shana Badgley; Tim Teed; Tonya Seely; Gwenda Summers; Tamah Winzeler
Central	Julie Bayardo; Angela Zywicki; Renee Raushi
Gratiot	Sarah Bowman; Taylor Hirschman
Huron	Natalie Nugent; Levi Zagorski
Ionia-The Right Door	Susan Richards
LifeWays	Gina Costa; Dave Lowe
Montcalm Care Network	Sally Culey
Newaygo	Kristen Roesler, Annette VanderArk; Denise Russo-Starback
Saginaw	Kristie Wolbert; Vurlia Wheeler, Erin Norstrandt; Colleen Sproul
Shiawassee	Crystal Eddy; Trish Bloss, Jennifer Tucker
Tuscola	Michael Swathwood; Julie Majeske; Lindsay Harper
MSHN	Skye Pletcher, Todd Lewicki, Carolyn Tiffany
Others	

JOINT CLC/UMC SESSION

I.   **Welcome & Roll Call**

II.   **Review and Approve June Minutes, Additions to Agenda**

III.   **Informational Only: WHAM Training Registration Open Aug. 9-10**

IV.   **Network Adequacy Assessment Tracking & Action Plan (Carolyn Tiffany)**
   A. **Background:** Review NAA Tracking document as there are tasks assigned to these committees. Seeking feedback regarding proposed tasks and timelines. Tasks identified on the network adequacy assessment are part of the region's strategic priorities.
   B. **Discussion:** In theory there is agreement about the importance of data collection related to psychiatric inpatient denials however in practice the data collection process which was used previously was extremely cumbersome to crisis/emergency services workers. There is significant concern for placing additional burden on staff who are already overwhelmed. How is the data being used to implement actual changes/improvements? Perhaps consider data collection for a brief point in time (i.e., one quarter during FY22 possibly), however workforce shortage is the urgent priority to stabilize at this time. Another challenge is 31N funding enticing CMH children's services staff to leave and work in the educational system. Increased pressure from child welfare system to move children out of residential settings and back to community settings. There needs to be additional supports/resources for community-based services so that kids don't end up back in residential due to behavioral concerns and

lack of qualified caregivers/home settings. Initiatives related to telehealth- continue to evaluate effectiveness vs face to face service; evaluate licensing and reimbursement implications for professionals providing telehealth services to individuals located out of state (example: children who spend a portion of summer in a different state)

    C. **Outcome:** CLC and UMC do not support data collection for inpatient denials at this time. Please provide additional suggestions/recommendations for priorities

V. **MCG Interrater Reliability Module**
- A. **Background:** Follow-up to the demonstration by MCG of the IRR module in the Learning Management System that occurred on 7/9. IRR module is now live and available to CMHSPs in the MCG Learning Management System. Discuss regional process- how to ensure standardization of how users are being trained, is there value in developing regional custom case scenarios?
- B. **Discussion:** Concern for placing any additional responsibilities on overburdened workforce if not contractually required. One item that was identified during this year's HSAG audit was need for better documented regional IRR practices to ensure fidelity of standardized tools
- C. **Outcome:** Use of IRR module for MCG is at the discretion of each CMHSP currently, although encouraged to ensure criteria are being applied to fidelity. MSHN will share any new requirements related to Interrater Reliability in the future, if applicable.

VI. **ICSS**
- A. **Background:** Follow-up from last month noted that Todd will put together a workgroup to develop regional best practice/care guideline. Additionally, please note two upcoming reporting due dates relative to ICSS. Emails were previously sent to CLC members with additional information and are also contained in this month's meeting folder for ease of reference.
  - i. Children's ICSS Program Re-Enrollment- <u>Due to MSHN by 8/13/21</u>
  - ii. Children's ICSS Annual Data Reporting- <u>Due to MSHN by 10/23/21</u>
- B. **Discussion:** Reminder of upcoming reporting requirements
- C. **Outcome:** Informational only, nothing additional needed at this time

VII. **Updating the Biopsychosocial Assessment (Sarah)**
- A. **Background:** Is your organization requiring staff to update the biopsychosocial assessment at time of LOC change? Or is an updated CAFAS/PECFAS or LOCUS and an amended treatment plan sufficient? There is a trend to no longer require the assessment to be updated in an effort to decrease paperwork burden for staff. Are any of the organizations that have moved to not requiring this been dinged in an audit for the assessment not capturing the current needs and LOC and/or if there has been an issues related to care coordination (if an assessment is provided to school, hospital, or primary care but doesn't reflect change in LOC and new services – has a workaround been identified to ensure that those partners receive the most current, up to date info?)
- B. **Discussion:** Some CMHSPs are using PCP amendment process to document changes in LOC or need, other CMHSPs do an updated version of assessment by only editing the sections of the annual assessment where there are changes. Either process can be effective based on the quality of documentation.
- C. **Outcome:** No further action needed at this time.

VIII. **MPCIP Updates (Michigan Psychiatric Care Improvement Project)**
- A. **Background:** Review updates pertaining to MiCAL, crisis stabilization units, psychiatric bed registry and other MDHHS initiatives. Review information about MiCAL Change Network and Meeting Schedule
- B. **Discussion:** There has been confusion with the rollout of the MiCAL partner portal. It was initially intended to be used for communicating information about crisis contacts to CMHs and PIHPs however

MDHHS decided to use the same provider portal system to conduct other activities such as customer service inquiries, CCBHC certifications, compliance matters, etc.

    C. **Outcome:** MSHN will continue to share relevant updates as needed

IX. **Potential Regional Provider Shortages**

    A. **Background:** Beacon and Flatrock are no longer taking referrals and the AUT program at Stonecrest has closed. Are there other known provider shortages throughout the region?

    B. **Discussion:** Lengthy discussion about various issues related to provider staff shortages and resulting impact on access to service and service delivery.

    C. **Outcome:** Continued advocacy with MDHHS is crucial as staffing shortages are reaching crisis level according to many CMHSPs

X. **30-Day Inpatient Psychiatric Readmissions (MMBPIS Indicator #10)**

    A. **Background:** Please review MMBPIS Summary Report FY21Q2 beginning on page 8 for analysis of performance for Indicator #10, identified causal factors, and recommendations. QIC and MSHN Quality Department are seeking feedback from these committees regarding any additional causal factors/barriers and other recommendations for regional improvement efforts

    B. **Outcome:** CLC and UMC have no additional recommendations at this time. Support the recommendations identified by QIC

XI. **HCBS Implementation Timeline & Updates**

    A. **Background:** Status of regional compliance efforts in order to meet 2022 deadline. Discussion about next steps

    B. **Discussion:** Completed CAP remediation completed mid-July. MSHN region is currently in good position to be fully compliant by MDHHS deadline (3/17/2023). Remediation will begin soon for cases being moved off heightened scrutiny status. The new audit module deployed in the MSHN REMI system has increased efficiency. A "reverse remediation" trend is being detected at times where a provider implemented necessary changes for a period of time but has since reverted back to prior practices that are non-compliant.

    C. **Outcome:** MSHN and CMHSPs are partnering to address these issues as they are identified with specific providers

XII. **Reports**

    A. **Disposition Service Requests**

        i. **Discussion:** Waiting on data from 2 CMHSPs. Once received, Skye will finish compiling regional data and bring back to this group.

        ii. **Outcome:** N/A

Parking Lot/Upcoming: