

# Clinical Leadership Committee (CLC) Agenda

**Date:** 4-19-2018

**Location:** Gratiot Integrated Health Network (GIHN) 608 Wright Ave, Alma, MI

**Call-In:** 888-585-9008; **Conference Room:** 986-422-885

CMH	CLC Member	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 Joe Wager Todd Lewicki	X X X x		

*Purpose: 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

1. Review and approve agenda
2. Approve minutes from last meeting: [March 2018 Meeting Minutes](#)

*Decisions should be written in the form of questions identifying the precise decision that the group is being requested to make. Include links to relevant documents in Box*

**REMINDER:** Start meeting with roll call.

**INFORMATIONAL:** Parity Rules (Linda Schneider)

- a. **Background:** Linda requested some discussion of changes/updates in parity rules. Todd has been participating and will call in.
- b. **Question: Do CLC members have specific questions related to parity?**
- c. **Discussion:** Parity requirements by 10-2-2017 by MDHHS. Any insurance with medical or surgical benefit (including Medicaid) with a comparable benefit, there needs to be a comparable standard which indicates no standard can be any more restrictive than another. MSHN (Amanda Horgan and Todd Lewicki) have participated in MDHHS meetings for ITC (Parity Workgroup). Two

phases or roll out: 1). compliance with acute care services with target date of implementation of 9/2018 (areas of authorization and pre-authorization), 2). How to address parity in use of major instruments (CAFAS, LOCUS, SIS) and achieve compliance – target of June 1, 2018 response to MDHHS. RFP being sent to the CEO/CIO's of CMH's for review – request for proposal for a set of national standards and criteria around the eligibility of services that we provide with inclusion of acute level care and community-based services. **What does this mean locally for CMHSP's?** The national standards selected would be implemented locally and likely be a part of the standardized instruments already in place. Not all elements have been fully fleshed or defined out at present, but the target is to look at the established instruments and see how they can relate/inform the services within the CMHSPs. For example, what does a service array look like for someone with a specific CAFAS score. Each CMHSPs would need to meet a national standard, but how it is accomplished would not require the same instrument be used across the state. The same instrument would need to be used within Region 5 for MSHN area to accomplish parity. Julie B. with CMH-CM communicated a struggle with individuals seeing their psychiatrist when they have not attended therapy appts and then their PCP does not have authorizations for the psychiatry services – this has subsequently led to people being directed to see their therapist when they arrive for psychiatry appts to ensure the services are authorized in their PCP. Creates challenges around the restrictive standard in parity in combination of the requirements of authorizations in the PCP and how behavioral health differs from the medical field in meeting parity.

- d. **Outcome:** Dani distributed Parity Workgroup meeting minutes to CLC and has placed the documents in the CLC agenda folder.

**FOR DISCUSSION:** Electronic Visit Verification & BHDDA Programs (Tracey Dore)

- a. **Background:** The EVV – Electronic Visit Verification must be operational by January 1, 2019 for Personal Care Services and by 2023 for Home Health Care Services per memo from MDHHS per CMS guidelines. Reference Documents: [EVV & BHDDA Memo](#), and [EVV Requirements - CMS Presentation](#).
- b. **Question:** **Is everyone aware of the EVV? How do you plan to operationalize this in the settings where Personal Care is being provided?**
- c. **Discussion:** Item came up at ITC meeting with MDHHS. The discussion came up with the EVV, and the State is behind in implementing it for their home health services. Has not become a contract requirement yet but needs to be on the radar. Some other states, Kentucky & Ohio, have rolled it out previously and could support how to operationalize it. When the State rolls it out internally could help support the CMHSPs in how to implement it locally. Challenges discussed include how to track the personal care services being supported between multiple consumers within a home and verification of presence, etc. Some ideas thrown out by State has included fingerprint verification which could have struggles with technology connections in rural areas, finances to support the technology, and ongoing trainings for staff and staff turnover. Personal care services noted in the attachment are to be implemented by 10-1-18; with home health services being required at a later date. Therefore, the CMHSPs would have to implement prior to the State with home health services.
- d. **Outcome:** Continue to keep on radar but has not been a contract requirement at this time.

**FOR DISCUSSION:** Management of threats to schools (Shana)

- 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 13<sup>th</sup> 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](#).
- b. **Question:** Are their policies in place or should we consider a regional approach?
- c. **Discussion:** Julie Bayardo attended a School Safety Alliance meeting for her area which includes many community partners including law enforcement, health department, and CMH to support staying ahead of the curve for concerning situations for Medicaid and private insurance situations. Looking at the CIT training, and looking at the threat management model further in the future. Encourages the other areas to develop a School Safety Alliance for each CMHSP area as the one in CMHCM has been very helpful. Bob Sheehan also published an article recently related to this topic and preventive steps that can be taken around gun violence in schools. Discussion around having a regionally consistent policy for all of the CMHSPs in region 5. If schools are requesting evaluation and support for students who are at risk, then this could be an opportunity for the CMHSPs to provide advocacy in a more productive direction of recommending the student be evaluated and supported by a multidisciplinary team, etc. Some CMHSPs have therapists already embedded in schools in Gratiot and Saginaw areas.
- d. **Outcome:** Dani Meier, Linda Schneider, Julie Bayardo, Gwenda Summers (CEI Families Forward Director), and Kim Boulier (GIHN) will meet and develop a draft for consideration. Dani sent out Gun Violence Workgroup information and has placed it in the folder in Box.

**INFORMATIONAL:** MDHHS Home Based Services Enrollment - Process

- a. **Background:** Email from Carolyn Watters (week of 4-9-18): MDHHS is conducting *program renewal* for Home Based Services. MSHN is responsible for collecting and submitting the required information to MDHHS outlined in the attached [Home Based Approval Renewal memo 3-29-18](#). As a reference, I have included a copy of the 2015 program statement and provider agency listing that your agency submitted. Please submit the attached forms (*Program Statement* and *Provider Agency Listing*) to me directly by noon on **Friday, May 11, 2018**. NOTE: The attached [MDHHS Home Based Program Statement Form 2018](#) form must be used as it has slight changes since 2015. A MSHN designee will review applications for completeness within seven (7) calendars

days of receipt. If additional information is necessary, we will request that information be provided within seven (7) calendar days. Applications which have been reviewed and marked completed will receive necessary signatures and be submitted to MDHHS. You can expect to be copied on the communique to MDHHS. If you have any questions, please contact me directly. Thanks. Carolyn T. Watters, MA.

- b. **Question:** N/A
- c. **Discussion:** Enrollment is renewed every two years per MDHHS. Packets will be reviewed by Nicole (UM) and Trisha (Clinical) with MSHN, and either provided feedback to CMHSPs for revisions or provided to Carolyn Watters for submission to MDHHS.
- d. **Outcome:** Enrollment packets are due to Carolyn Watters by 5-11-18. Please direct any process questions to Carolyn Watters.

**FOR DISCUSSION:** UM & CLC combined meetings

- a. **Background:** Consensus after discussions with both groups landed on keeping each group distinct, and combining to meet as one group at determined intervals. Based on shared agenda items, there would be a combined mutual-content meeting, then the groups would split and complete their own business for the remainder of the meeting.
- b. **Question:** Would the group be able to move to the 4<sup>th</sup> Friday for combined meeting days?
- c. **Discussion:** Is CLC interested in meeting every other month or quarterly? Or should meetings be guided by the needed agenda items? Would be important to decide on a joint date to be able to plan in the future. Kim B. indicated it is easier to get a conference room at GIHN on Fridays due to meeting typically not be scheduled during that day of the week. Scheduling was discussed to determine what Thursday of the month may work best for most participants. Appears the fourth Thursday of the month from 1-4p, may be the optimal time for the majority of participants. May have a conflict with the State ROSC meetings that are scheduled quarterly.
- d. **Outcome:** Dani and Todd will review and send out invites to CLC and UM members to reserve time in calendars. CLC members agreed to cancel May meeting due to spring CMH conference in same month. Next meeting will be 6-28-18 from 1-4p at GIHN.

**INFORMATIONAL:** The rescheduled MSHN Regional CMH Medical Directors meeting will be 4/27/18 at MSHN. The agenda is [here](#) in Box.

**INFORMATIONAL:** Priority Measures Update (Joe Wager) (Standing Agenda Item)

<b>Priority Measures:</b>
Initiation AOD Treatment
ADHD Follow Up
Follow Up after Hospitalization for MI

Cardio Screening for Antipsychotics
Diabetes Screening for Antipsychotics
Diabetes Monitoring for Schizophrenia
Adults Access to Primary Care
Children Access to Primary Care
Plan All-Cause Readmissions (30 day)

- Current data available in agenda folder. Also available [here in Box.](#)

**REQUESTED INFO:** ACT Team Requirement

- Struggles with union "shops" and needing consult with Master level clinicians.
- Shana offered to consult further
- Some CMHSPs have bachelors level clinicians doing evaluations and having them signed off on by a Master's level clinician. Questions around if there is a requirement around having a Master's level clinician sign off on bachelor's level work. Gratiot, Saginaw and Central indicated they do not sign off on bachelor's work.

- **UPDATE:** Status of Deaf Mental Health First Aid rotation.

Measure	Development/ Implementation Stage	Scheduled Review	Action Needed?
ADHD Follow-Up	11. Engage in QI Efforts PRN	Jan, April, July, Oct	Yes: June Review Over Due
Cardio Screening for Individuals on Antipsychotics	9. Develop Target	Not set yet	Yes – Set Target; Group reviewed national MHP performance (43.9%) Did not have time to address target setting.
ER Visits by ER Treated Diagnosis	10. Publish Performance	Jan, April, July, Oct,	Yes: July Review Over Due
ER High Utilizers	5. Review Draft Measure	Not set yet	Yes: Review new report
Monthly Inpatient Visits Year over Year	11. Engage in QI Efforts PRN	Feb, May, Aug, Nov	Yes: May Review Over Due
Continuum of Care: Follow Thru By CMHSP	4. Draft Measure Using Data	•	N/A
Primary Care Coordination – PCP Seen	6. Validate Data	•	N/A
Compliance with Trauma-Competent Standards		-	Yes: Review initial performance

Next Meeting: **June 28, 2018 at 9:30-12p at GIHN, Alma**