Clinical Leadership Committee & Utilization Management Committee

Date: Thursday, February 25, 2021
Time: 1-2:30 pm Joint Content, 2:30-4pm UMC and CLC Breakout Sessions
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 January Meeting Materials

CMHSP	Participant(s)
Bay-Arenac	Karen Amon; Janis Pinter
CEI	Shana Badgley; Elise Magen; Tonya Seely; Gwenda Sommers; Tamah Winzeler
Central	Julie Bayardo; Renee Rauschi; Angela Zywicki
Gratiot	Sarah Bowman; Taylor Hirschman
Huron	Natalie Nugent; Levi Zagorski; Jill Rowland
Ionia-The Right Door	Julie Dowling; Susan Richards
LifeWays	Gina Costa; Dave Lowe
Montcalm Care Network	Julianna Kozara; Sally Culey
Newaygo	Kristen Roesler; Denise Russo
Saginaw	Kristie Wolbert; Vurlia Wheeler, Erin Nordstrandt
Shiawassee	Craig Hause; Jennifer Tucker
Tuscola	Michael Swathwood
MSHN	Skye Pletcher, Todd Lewicki
Others	

JOINT CLC/UMC SESSION

I. Welcome & Roll Call

II. Review and Approve January Minutes, Additions to Agenda

III. Informational: Upcoming WHAM Training for Peers 4/14 - 4/15

IV. ACT Reporting Requirements

A. **Background:** Memos issued by MDHHS in November 2020 regarding minimal expectations for average of 120 mins per consumer/per week for ACT services. Review of regional data indicated underutilization throughout the region, even pre-pandemic. Seeking committee input for recommended data monitoring and action

B. **Discussion:** Skye pulled together ACT utilization data. The data was also affected by COVID-19 but pre-pandemic also showed lower utilization. CMHSPs will discuss with the ACT program supervisors to determine if/where there is an issue. There is a concern that some of the person-centered planning process is lost in the rigidity of following a number. Additionally, the data may also be affected by the tapering of minutes based on progress made and individuals transitioning to lower levels of service. Are there issues related to capacity when considering contracted providers?

C. **Outcome:** UMC and CLC support quarterly monitoring of ACT utilization data for remainder of FY21. CMHSPs will each evaluate their local utilization and consult with their ACT programs to identify any barriers/challenges which may exist.

V. COFR Clarifications

A. **Background:** Review decision points from Operations Council for handling in-region COFR agreements. Is further clarification needed? Are there ongoing challenges related to in-region COFR cases?

B. **Discussion:** Skye shared the decision points from the Operations Council. They would like to maintain flexibility in determining whether a formal COFR agreement is needed on a case-by-case basis. Gratiot discussed wanting COFRs when an out of county resident is admitted to the Gratiot Hospital. COFRs tend to be very work intensive and there is a general desire to keep these at a minimum. Additional discussion about when it is appropriate to permanently transfer a case when an individual is in long-term stable living situation with no intention to return to the original county.

C. **Outcome:** CMHSPs can pursue individual COFRs on a case-by-case basis as needed. Some CMHSPs indicated they will be evaluating existing long-term COFR agreements and will work together to identify cases in which permanent transfer of care might be more appropriate. Refer to Transfer of CMHSP Care Responsibility Policy

VI. Residential Reimbursement & Consumer Care Needs

A. **Background:** Question posed by Shiawassee to group if any CMHSPs use a rubric for determining residential reimbursement based on consumer needs?

B. **Discussion:** Several CMHSPs have various rate setting tools they use when determining reimbursement based on an individual's level of care needs. Central uses a form to look at time needed for support per week and for CLS as well. Bay Arenac has a tool that looks at various hours of need and a general estimate is made. Right Door will also send theirs as well as LifeWays. Todd will create a subfolder within the 2-2021 UMC/CLC meeting folder called "Residential Rubrics" to share and access resources

C. **Outcome:** Please upload any rate setting tools for residential to the Residential Rubric folder (or send to Todd/Skye to upload). These resources will be available to the group.

VII. Clinical Determination for Use of Face to Face vs. Telehealth and Future Plans

A. **Background:** Currently CMHSPs are using telehealth as the default service delivery method unless a person's needs/acuity warrant face to face contact. In the future (post-pandemic) it is anticipated that our system will revert to f2f unless there is clinical justification for the benefit of telehealth. MDHHS has indicated it is in the process of revising language in Medicaid Provider Manual to clarify expectations for post-pandemic provision of telehealth, including that the IPOS must specify telehealth is one of the service delivery methods and there is documentation of consumer preference.

B. **Discussion:** Support for engaging in regional discussion and planning about standard/consistent PCE documentation practices for telehealth (not mandatory, but CMHSPs who are PCE customers could choose to use a consistent documentation format if they choose). BABH shared resources they have developed for determining clinical risk/benefit of telehealth or f2f as well as documentation guidance for billable telehealth services.

C. **Outcome:** CMHAM has an advocacy committee working on telehealth best practice guidance. Julie Bayardo from CMHCM has been participating in that group and will share the feedback from the MSHN region.

VII. H2015 Reporting Memo 2/10/21 (including "preponderance rule")

A. **Background:** MDHHS revised the CLS Appendix of the BHDDA Code Chart to further clarify the preponderance rule.

B. **Discussion:** Ambiguity with regard to the preponderance rule; additionally it seems counter-intuitive since services are reported in 15-minute units. MDHHS will be hosting a technical assistance webinar on 3/19 to further define the preponderance rule and billing parameters. Suggestion to have a regional workgroup convene after the 3/19 TA. There is need for establishing regional clarity with regard to

reporting and reimbursement expectations as some providers contract with multiple CMHSPs. Regional workgroup should also consider any policy/procedure implications with regard to site review standards, MEV reviews, etc.

C. **Outcome:** During March UMC/CLC discuss regional workgroup composition and any recommendations for approaching the H2015 should the MDHHS explanation require further interpretation.

VIII. Independent Facilitation Proposal- Carolyn Tiffany, 2:30 pm

A. **Background:** Assessing regional capacity of independent facilitators; is there sufficient availability? Is there need for a regional contract to ensure adequacy in all parts of the region?

B. **Discussion:** Carolyn Tiffany presented the present issue and the proposal for possible regional IF contract. Susan Richards from The Right Door provided some historical background about the challenges they have encountered with procuring independent facilitators since it is not frequently used. Montcalm, Newaygo, LifeWays, Huron, Shiawassee, CEI, BABH, Saginaw, GIHN also agree that they have difficulty procuring providers and would benefit from a group arrangement. One barrier is that supports coordinators/case managers are not always fully aware of the availability of this service or how to support the process well with their consumers.

C. **Outcome:** Carolyn will draft a proposal to present to Operations Council since there is broad support for a regional contract for IF. Todd will distribute the proposal to UMC and CLC for review prior to presenting to Ops Council.

***CLC and UMC Breakout Sessions will begin at the conclusion of joint content agenda ***

CLC Breakout Agenda Items

I. Reminder: Organizational Trauma Assessment and DHIP data due to Todd 2/28/2021

A. **Background:** MSHN will be receiving the CMH Org Trauma assessment data (and assessment used) as well as the annual DHIP data.

B. **Discussion:** Reminder of Friday due date for the two projects.

C. **Outcome:** Todd will email reminders to CMHs that still need to submit.

II. Informational: MSHN Behavioral Health Department Quarterly Report FY2021 Q1

a. **Background:** The MSHN Behavioral Health Department completes a report covering the waivers, the autism benefit, and SIS assessment activity every quarter and is shared with CLC.

b. **Discussion:** The report was covered in CLC. Changes and improvements are requested from the CMH Leads on a monthly basis. There were no further questions or feedback.

c. **Outcome:** No further follow up needed.

III. MSHN Strategic Planning

a. **Background:** Seeking discussion/recommendations regarding strategic planning priorities and goals

b. **Discussion:** Strategic plan was reviewed. Broadly, the plan was discussed. Questioned whether NCQA should be pursued due to added work with little/no return. Look at pages 10 and 11. Ensure that these statements are succinct and actionable. No further feedback in the meeting but CLC was requested to review independently.

c. **Outcome/Action Steps:** CLC to provide feedback to Todd by 3/12/2021.

IV. Transitional Housing

Agenda item was added at request of Shana Badgley. Due to time constraints, Shana needed to leave the CLC meeting early and will email CLC members for further input.

UMC Breakout Agenda Items

I. Penetration Rate Reports

A. **Background:** Review penetration rate and percent changed for FY20 and FY21 Q1. Are there recommendations related to best use of this data?

B. **Discussion:** Committee agrees to continue monitoring penetration rate data on a quarterly basis. There is also interest in stratifying data by race/ethnicity in order to know if there isn't an expected rate of engagement with certain ethnic/racial groups. CMHSPs can assess local strategies for engaging groups of individuals who may be currently under-represented in the penetration data (if applicable)

C. **Outcome:** Will continue to monitor penetration rates quarterly

II. FY21 MCG Retrospective Reviews

A. **Background:** The sample sizes for retrospective reviews have been calculated for FY21. The sample size document, quarterly review schedule, and reporting template form are located in Box: MCG Reports | Powered by Box . Reminder: FY21 Q1 Retrospective reviews are due by 3/15/2021.

III. Regional LOC Service Packages

D. **Background:** Discuss use of regional LOC service packages. Packages were developed based on service utilization data, not authorization data. UMC has expressed interest in looking at regional authorization data compared to utilization data in order to more accurately determine under/over utilization (ie: is a person receiving the services as authorized in their person-centered plan). Discuss additional data sharing considerations as CMHSPs do not currently send authorization data to MSHN.

E. **Discussion:** There are drawbacks to looking at either utilization or authorization data independently as neither can represent the full picture of individual consumer needs. Although there is a lot of support for using authorization data, there is recognition of the significant resources that would be needed for CMHSPs to begin reporting this data to MSHN. There are a number of other high priority projects and reporting requirements at this time.

F. **Outcome:** Continue using utilization data as we currently are to detect outliers; discuss the possibility of reporting authorization data at a later date

Parking Lot/Upcoming:

- Gather & review information for evidence-based person-centered planning tools- regional training needs and potential cost?
- H2015 Workgroup (Discuss in March)