

Clinical Leadership Committee & Utilization Management Committee

Date: Thursday, June 24, 2021

Time: 1-3:00 pm Joint Content, No 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 June Meeting Materials](#)

CMHSP	Participant(s)
Bay-Arenac	Karen Amon; Janis Pinter; Joelin Hahn
CEI	Shana Badgley; Elise Magen; Tim Teed; Gwenda Summers; Tonya Seely
Central	Julie Bayardo; Angela Zywicki; Renee Raushi
Gratiot	Sarah Bowman; Taylor Hirschman
Huron	Natalie Nugent; Levi Zagorski
Ionia-The Right Door	Julie Dowling; Susan Richards
LifeWays	Gina Costa; Dave Lowe; Shannan Clevenger
Montcalm Care Network	Julianna Kozara; Sally Culey
Newaygo	Kristen Roesler, Annette VanderArk
Saginaw	Kristie Wolbert; Vurlia Wheeler, Colleen Sproul
Shiawassee	Crystal Eddy; Trish Bloss, Jennifer Tucker
Tuscola	Dennis Henige; Julie Majeske
MSHN	Skye Pletcher, Todd Lewicki
Others	

JOINT CLC/UMC SESSION

- I. **Welcome & Roll Call**

- II. **Review and Approve May Minutes, Additions to Agenda**

- III. **Review DRAFT FY22 Training Grid (Amy Dillon)**
 - A. **Background:** Seeking committee input regarding minor proposed changes
 - B. **Discussion:** Important to differentiate between PCP training (the process and philosophy of facilitating person-centered planning) and IPOS training (training on a specific consumer's individual plan of service and how to implement appropriately). Can we expect a new PCP technical advisory from MDHHS anytime soon? Status unknown currently.
 - C. **Outcome:** Support proposed changes and will move training grid forward to other appropriate councils & committees for approval.

- IV. **Clinical Records**
 - A. **Background:** Seeking committee input for question from Julie Bayardo of Central CMH.
 - B. **Discussion:** How do CMHSPs handle clinical records requests? Is there a designated records department or staff person? Bay, Saginaw, LifeWays indicated they have designated records management staff person (usually in compliance department). Relying on clinical staff to manage records requests can result in significant time that could be spent delivering services; may also lead to inconsistency.

- C. **Outcome:** Most CMHSPs identified that they have a designated employee and/or department that handles records requests. CMHCM appreciates feedback as they reevaluate their current process.

V. MCG Interrater Reliability Module

- A. **Background:** PIHPs recently participated in demonstration by MCG of the IRR module in the Learning Management System. This will become available to our region soon; information regarding availability and how to access the module will be shared with the MCG lead from each CMHSP
- B. **Discussion:** Please review the MCG User List in today's meeting folder in Box and indicate if the information is correct for users in your agency.
- C. **Outcome:** Please also confirm each person's role (Administrator or All Employees). MCG Administrators from each organization will be invited to participate in a scheduled demonstration of the IRR module on 7/9

VI. Statewide ICSS Reporting

- A. **Background:** Review FY20 statewide data and MDHHS feedback regarding variation in service provision. Are there best practices that can be shared? What strategies can be used to raise awareness of the service in communities where utilization has been low?
- B. **Discussion:** Important to have consistent definitions/protocols around what constitutes an ICSS request as well as when it is appropriate to deploy or not. Safety of staff must be primary consideration when determining deployment- not all calls should result in deployment. If this becomes a 24/7 required service CMHSPs are concerned they will not have adequate staffing. Limited staff that work in emergency response and/or on-call for children's services are already stretched thin and programs are understaffed.
- C. **Outcome:** Todd will put together a small voluntary workgroup (MSHN staff with relevant clinical experience and any willing CMHSP volunteers) to develop recommendations for consistency about defining a request for ICSS and deployment guidelines. Recommendations will be brought back to this group to review and further refine.

VII. MPCIP (Michigan Psychiatric Care Improvement Project)

- A. **Background:** Review updates pertaining to MiCAL, crisis stabilization units, psychiatric bed registry and other MDHHS initiatives.
- B. **Discussion:** MSHN is discussing the possibility of using the regional psychiatric denials database once again at the recommendations of CLC and UMC. Todd and Carolyn Tiffany (MSHN Director of Provider Network Management) will explore the feasibility of activating the database for use
- C. **Outcome:** Informational Only

VIII. LOCUS MiFAST Reviews

- A. **Background:** MDHHS is wrapping up MiFAST review cycle for all CMHSPs in the state. They now intend to conduct MiFAST reviews with any subcontracted provider agencies who perform LOCUS assessments with CMHSP consumers. MSHN requested that CMHSPs be included in all communications and review activities with their subcontracted providers.
- B. **Discussion:** Many subcontracted provider agencies are very small and do not have their own separate administrative structure related to quality and assessing reliability. The MiFAST review standards will not all apply to smaller agencies as they follow the direction and guidelines of the CMHSP they contract with. The CMHSPs should guide their contractors to refer administrative issues back to their CMH.

- C. **Outcome:** Informational Only; CMHSP LOCUS leads can expect to see communication within the next 30 days from MiFAST LOCUS review team. Later this fall visits will be scheduled.

IX. MSHN Crisis Residential Development

- A. **Background:** Review updates for the CRU development and discuss CMH staff roles in referral and authorization.
- B. **Discussion:** The RFP review team is currently in the process of evaluating proposal submission. Has there been thought given to how beds might be allocated by CMHSP in a manner that is equitable? Important to build in a process whereby the CRU provider sends daily census updates to CMHSPs
- C. **Outcome:** This feedback is helpful and will be incorporated into the referral process that is developed once a vendor is chosen.

X. Follow Up: MDHHS Service Authorization Denial Report

- A. **Background:** Recommended changes to ABDN; timeframe for finalization by PCE
- B. **Outcome:** MSHN held an ad hoc meeting to discuss the process and are looking to wrap this up. PCE does have a process that can be used. Looking at denial reason as well as identifying what MDHHS wants advanced versus adequate notices. Type of services will be a mandatory field in the ABDN. Some reasons related to advanced notice and not the adequate notice. As the PCE CMHs decide, please keep CEI in the loop so they can also make changes in their Streamline system.

XI. Reports

A. MSHN Performance Measure Report FY21 Q1-Q2

- i. **Discussion:** CLC will continue to monitor performance measures even if there is not currently a formal quality improvement process for some of the measures.

B. FY21 Q2 Behavior Treatment Data

- i. **Discussion:** Input was requested as well as approval of including the new measure of tracking the outcome of CMH compliance with BTP standards. All were in favor of moving forward as presented.

C. Penetration Rate Report

- i. **Discussion:** Showed the penetration rate data for the different Medicaid types as well as race and ethnicity.

D. Disposition Service Requests

- i. **Discussion:** UMC previously agreed to discontinue the Mid-State Supplemental Values (MSSV) data set and review annual data compiled from Disposition Service Request Submission. Does the committee still see value in reviewing this data? If so, determine process for submission to MSHN to compile. There may be value in looking at the "front door" disposition data that would not add an extra layer of reporting. Skye asked whether this would be an interest to compile and review for committee feedback. This could be used to review like-counties. Submit to Skye the FY20 data for compilation and it will be brought back for review.

Parking Lot/Upcoming: