

Clinical Leadership Committee/ Utilization Management Committee

Date: Thursday, August 22, 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 August Meeting Materials](#)

[UMC August Meeting Materials](#)

CMHSP	CLC Participants in RED=phone	UMC Participants
Bay-Arenac		Joelin Hahn
CEI	Liz Wagner-Parker	Tim Teed, Tamah Winzeler
Central	Julie Bayardo, Renee Rauschi	Renee Rauschi
Gratiot	Kim Boulier	Michelle Stillwagon
Huron	Natalie Nugent	Levi Zagorski
Ionia-The Right Door	Julie Dowling	Susan Richards
LifeWays	Alexis Shapiro	
Montcalm Care Network	Julianna Kozara	Adam Stevens
Newaygo	Denise Russo-Starback	Annette VanderArk
Saginaw	Kristie Wolbert; Erin Nostrandt	Vurlia Wheeler
Shiawassee		Jennifer Tucker, Craig Hause
Tuscola	Julie Majeske	Michael Swathwood
MSHN	Todd Lewicki	Skye Pletcher, Katy Wagner (PCE), Alex Babin (PCE)

CLC (1:00pm – 2:00 pm)

- I. **Review and Approve July Minutes, Additions to Agenda**
No further comment.
- II. **LOCUS Scoring for Individuals Receiving ACT- Julie Bayardo**
Background: Dr. Pinheiro has been in contact with one of the developers of LOCUS and a question has come up on how to score someone on ACT because if they are stable it looks like a lower level of care. You should score it as though they do not have that level of care in place. This will be included in the next revision of the manual. We should do this one way within our region. Central checked with MDHHS and they indicated that we should use our clinical judgment. LOCUS has not indicated when they will issue a new manual.
Outcome: There was agreement to ensure this change is in effect. Julie Bayardo will forward the content for use of standardization.
- III. **Informational: Electronic Visit Verification (EVV)**

- A. Background:** Fresh CMS Guidance on EVV attached. PIHPs are discussing in contracting sessions with MDHHS. PIHPs are advocating to seeking contract language that requires the minimum strict federal requirements and no more, and contract language and/or attachments that are unmistakable on scope, terms & conditions, etc. There is a “good faith effort exemption” from EVV (CMS update attached). Michigan will be pursuing a good faith effort exemption; more info to come
- Outcome:** CMHSPs should continue to develop as they have been but MSHN will provide updates as those come available. CIO group meets next Friday, and this is on their agenda and there will be more feedback after that.

IV. MDHHS Proposed Policy: Caring 4 Students

- A. Background:** MDHHS has issued a request for public comment on a proposed policy, Caring 4 Students. Public Comment period ends 8/26/19. CMHAM also issued formal comments (document titled “C4S Public Comment Review” in meeting folder). If you wish to submit public comment, please do so by 8/26/19 following the instructions included on the MDHHS proposed policy document.
- B. Question:** What questions and concerns does the committee have? Have the CMHSPs provided feedback or should the PIHP collect it and send in as one document?
- C. Discussion:** Huron has submitted their feedback-service coordination and collaboration document. There are questions around how this will affect mobile crisis and home-based services. Trying to figure how this will not duplicate services. Huron ISD seems to be somewhat naïve about how this will play out. Gratiot is trying to delineate mild-moderate and severe to ensure duplication is not occurring. The 31N money is for this collaboration piece. Saginaw-through a PATH grant has placed someone in the schools and this seems like it will create some confusion and overlap. To clearly define who is doing what is going to be difficult. There is also the added issue of clinical supervision of those treating profession as well as evidence-based treatment.
- D. Outcome:** CLC recommends that all instances where the CMHSPs have been asked to submit content, that MSHN collect it all for submission, for any process, initiative, policy, etc. Send your analysis to Todd and he will send in feedback to the MDHHS.

V. Request for Information: Annual Integrated Health Updates

- A. Background:** The FY19 Integrated Health Performance Bonus requires a narrative submission to MDHHS describing regional and local efforts related to integrated health and care coordination (PIHP Contract Section 8.4.2). MSHN is requesting each CMHSP submit information regarding local efforts/initiatives to be included in the annual narrative submission. Please see the document “Integrated Health Performance Bonus Reporting Template” included in this month’s meeting materials. Please submit the reporting template to Skye Pletcher (skye.pletcher@midstatehealthnetwork.org) by 9/30/2019. Thank you for contributing to the region’s continued success in this area.
- Discussion:** This is already in the PNAA that was updated recently. MSHN should check there with respect to these updates. Skye will be in contact with any CMHSPs who may need to provide information after the review of the PNAA.

Joint CLC & UMC (2:00pm – 2:30 pm)

VI. MSA Bulletin: Non-Emergency Ambulance Transportation

- A. Background:** MSA Bulletin 19-14 was released on 5/31/19 regarding medical necessity of ambulance transports and documentation requirements. This has generated questions and concerns around the region regarding coverage for transporting individuals involved with CMH (i.e.: ER to inpatient psychiatric unit, ER to CMH Crisis Residential programs, etc.). It is important to note that there is not a change in coverage for this service; the bulletin is clarifying the definition of medical-necessity and what documentation is required in order for the claim to be reimbursed. All claims for non-emergency ambulance transport related to PIHP/CMH services must be submitted directly to MDHHS via CHAMPS, not to Medicaid Health Plans (page 10 of attached Ambulance Chapter of the Medicaid Provider Manual)
- B. Question:** Have CMHs encountered questions or challenges with local ambulance providers and/or hospitals related to this bulletin?
- C. Discussion:** Have there been any issues from the community from the recent MSA bulletin that came out? Some hospitals and providers have reported issues because they think the ambulance companies will not be reimbursed any more. Is there a need to provide clarity? Central was not aware of any. In the EDs to the acute units there have been no issues. One ambulance was taking medical necessity very literally, which caused some issues. Huron has had some concerns about their local ER interpreting this literally this way which is causing a lot of problems. The ambulance wants the police to transport. This is creating a problem with service access. It is appearing that the doctors will not say that the ambulance transport is medically necessary. It is not known at what level of leadership this decision was made but appears tied to McLaren.
- D. Outcome:**

VII. 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. Feedback should be submitted to Todd or Skye via email prior to the September UMC/CLC meeting. Further discussion will take place at September meeting once members have had a chance to review. Copies of the draft tools will be sent via email following today's meeting.
- B. Discussion:** Trying to eliminate redundancy and ambiguity. Asking for committee input on these so that revisions can be made.

VIII. Data Reports

- **Crisis Services Utilization**
- **Plan All-Cause Readmission**
- **SIS Assessment Completion**

ICDP was having problems and these reports will be revisited next month. It is currently a barrier in the analytics piece. The CMHSPs have encountered this as well.

PCE/MCG Integration Demo (2:30-4:00)

Please join my meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/275160213>

Join the conference call:

Call # 1.888.585.9008

Room # 818.235.935

IX. MCG/PCE Integration Demo

- A. Background:** During June and July UMC/CLC meetings, the committees have talked about the way MCG is embedded in the PCE Systems EMRs and if it will actually create extra work to conduct retrospective reviews of acute services vs incorporating the MCG guidelines as a prospective process for every consumer. PCE will be providing a demo of the clinical workflow functionality that they have developed with BABHA.
- B. Question:** Does CLC/UMC support a move to a prospective process or remain with retrospective?
- C. Discussion:** Katy Wagner and Alex Babin of PCE presented the integration of MCG into PCE. There were many questions and discussion about process and intent of retrospective focus.
- D. Outcome:** UMC recommended staying with retrospective review process with a “best of both worlds” option for CMHSPs to be able to do prospective if they choose which would still meet the requirement for parity.

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

Additional Discussion in CLC:

- 1) Draft P&P Level of care utilization system documentation will be shared soon to UMC and CLC for feedback. There needs to be consistency on how decisions are being documented. We could change it to “the staff designated to perform UM functions at the local CMHSP.”
- 2) Make sure that the database from TBD goes through UMC review first. The database created by TBD should also be shared to CLC and UMC for further review and input.
- 3) Who from our region is going to be on EDIT? It is important to have someone who is going to carry messages to MDHHS. This should be someone who can gather and forward issues on. There is an issue with transportation in the MM and the attachment to the code list that are inconsistent. This needs to be clarified by the group.
- 4) For HCBS compliance letters, CMHSPs are not getting them. They would like to get those as well.