

# Utilization Management Committee & Clinical Leadership Committee

Date: Thursday, March 28, 2019, 1:00PM-4:00PM

Location: Gratiot CMH 608 Wright Ave, Alma, MI

Call-In: **Conf: 888-585-9008/ Room #: 818-235-935**

Meeting content linked here: [March UMC Folder](#) OR [March CLC Folder](#)

*\*Please note: Each individual agenda item does not contain links to specific documents or reports this month, but all meeting materials are loaded into the respective CLC or UMC meeting folders linked above.*

CMHSP	UMC Participant in RED=phone			
Bay-Arenac				
CEI	Elise Magen, <b>Tim Teed</b> , <b>Tamah Winzeler</b>			
Central	Kara Laferty, Renee Raushi			
Gratiot	Michelle Stillwagon			
Huron	<b>Tracey Dore</b>			
Ionia-The Right Door	<b>Julie Dowling</b>			
LifeWays	<b>Dave Lowe</b>			
Montcalm Care Network	<b>Adam Stevens</b>			
Newaygo	<b>Kristen Roesler</b> , <b>Annette VanderArk</b>			
Saginaw	<b>Vurlia Wheeler</b>			
Shiawassee	<b>Jennifer Tucker</b>			
Tuscola	<b>Denny Henige</b>			
MSHN	Skye Pletcher, Todd Lewicki			
CMHSP	CLC Participant	In-Person	Phone	Absent
BABHA	Karen Amon		X	
CEICMH	Shana Badgley Gwenda Summers		X	
CMHCM	Julie Bayardo		X	
GIHN	Kim Boulier	X		
HCBH	Tracey Dore		X	
The Right Door	Julie Dowling		X	
LifeWays	Gina Costa		X	
MCN	Julianna Kozara			X
NCCMH	Denise Russo- Starback		X	
Saginaw CCMH	Kristie Wolbert	X		
Shiawassee HW	Crystal Eddy			X
TBHS	Tina Gomez		X	
MSHN/TBD/ Other	Todd Lewicki Skye Pletcher	X X		

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## UMC Purpose and Powers

*Implement the UM Plan and support compliance with MSHN policy, the MDHHS PIHP Contract and related Federal & State laws and regulations.*

- **Develop** policies and standards related to access, authorization & service utilization
- **Identify** over/under use of services
- **Recommend** improvement strategies
- **Monitor** follow-through
- **Coordinate** with other committees

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## CLC Purpose and Powers

*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

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### I. **Review & Approve February Minutes**

*Approved as drafted, no further feedback.*

### II. **Parity Workgroup Update/MCG Implementation Update (Standing Agenda Item)**

- Background:** For update purposes. LMS recently made available to CMH staff. The online version is forthcoming, but the static version is available now.
- Question:** *No questions this month; informational only*
- Discussion:** *All CMHs have received access to the MCG static system; further training opportunities will be forthcoming*
- Outcome:** *No action needed at this time*

### III. **Integrated Care for Kids (InCK)**

- Background:** MDHHS issued Request for Information (RFI) for federal Integrated Care for Kids Model designed to improved children's health. The program is focused on addressing priority health concerns for children including behavioral health issues, substance abuse, and the effects of opioid use on families. The InCK model has three objectives: Improve performance on priority measures of child health, reduce avoidable inpatient hospitalization and out-of-home placements, and create sustainable alternative payment methods that ensure provider accountability and quality outcomes. The InCK program will provide funding for seven years. MDHHS intends to select up to five qualified organizations through the RFI. The department will then work collaboratively with these organizations to develop applications which the organizations may submit to CMS for consideration for funding.
- Question:** What recommendations does the CLC/UMC have for the RFI?

- C. **Discussion:** *Committee membership not familiar with the federal CMS InCK model. Committee members to review the Notice of Funding Opportunity (NOFO) from CMS which was provided in this month's meeting folder. Todd and Skye will be attending a bidder's information meeting with MDHHS tomorrow (3/29) and will provide additional information to the committee via email.*

#### IV. **Intensive Crisis Stabilization Services Data**

- A. **Background:** The CMHSPs provided data covering July through December 2018 for ICSS calls. MSHN put the data into a histogram to identify any potential trends related to occurrences and future needs.
- B. **Question:** *What trends have you noticed in your local communities?*
- C. **Discussion:** *It may take time to "re-train" communities regarding the availability of the service in order to increase referrals. CEI discussed strategies they have employed to educate community partners such as dissemination of info in county coalition meetings. Central indicated challenges in hiring qualified staff for the program despite multiple attempts and job postings*
- D. **Outcome:** *No further action needed at this time; data reporting was only required by MDHHS for one quarter*

#### V. **SUD Transportation**

- A. **Background:** A draft SUD transportation technical advisory was shared with this group last month for review and feedback. CMHSPs would like more time to review and have other members at their organizations review as well. Will carry forward this agenda item for next month.
- B. **Question:** Does the draft technical advisory for SUD transportation address the concerns and challenges faced by the CMH Access Centers? Do CLC and UMC have a recommendation regarding regional implementation of this technical advisory?
- C. **Discussion:** *No further questions or discussions this month. General consensus that the draft policy provides greater ability for CMH Access centers to obtain transportation when needed for consumers seeking admission to detox or SUD residential.*
- D. **Outcome:** *Next steps- the draft technical advisory will be reviewed by Ops Council.*

#### VI. **Reminder: Inpatient & Inpatient Step-Down Needs**

- A. **Background:** Discussion took place last month in UMC/CLC related to needs for appropriate community-based settings to step-down individuals with high behavioral needs following psychiatric hospitalization. Each CMHSP was going to send feedback to Todd regarding specific needs in their communities. Please review the January minutes regarding this topic and each CMHSP will need to send 2 examples of admit and/or step-down issues/needs to Todd for further discussion at the next meeting.
- B. **Question:** Four CMHSPs provided information. Are aspects of InCK an opportunity to address part of the need?
- C. **Discussion:** *One challenge is individuals with co-occurring disorders who are not considered appropriate for SUD residential programs however also may not meet criteria*

*for inpatient psychiatric hospitalizations. (Potential network adequacy: ASAM Level 3.7). Another challenge is related to placement for individuals who are homeless and may have other complex social determinants of health and who have legitimate behavioral health needs but the level of BH need may not rise to psychiatric inpatient hospitalization.*

- D. Outcome:** *Todd will continue to compile any feedback received from CMHSPs regarding challenges faced at the local level in order to advocate further with other state workgroups and shareholders*

## **VIII. HCBS Implementation (Standing Agenda Item)**

- A. Background:** The committee wishes to have updates monthly for HCBS progress.
- B. Question:** What is the current progress and updates in HCBS?
- C. Discussion:** *Continuing to work through remediation and moving providers from heightened scrutiny to “regular” corrective action through the PIHP. MSHN is continuing to perform on-site follow-up visits to ensure corrective action is being implemented as agreed. MSHN is currently working through B3 survey process; challenges have been identified relative to individuals who have moved in and out of services, changed providers, etc, since the original round of surveys were disbursed in July 2017. The data is very fluid.*
- D. Outcome:** *No action necessary; informational update*

## **VIII. MSSV Data [Link to MSSV Shinyapps Database](#)**

- A. Background:** MSSV was originally developed by UMC between 2015-2017 to support federal/state parity requirements with intent of capturing data about initial eligibility determination- i.e.: “who doesn’t make it past the front door of our system and what happens to those folks?” (See document “Contract Reqs in Support of MSHN Supplemental Data”). After completing a few months of initial data submissions to MSHN, UMC reviewed the data and determined it wasn’t capturing what was intended. For example, nearly 100% of all individuals screened were eligible for assessment. UMC worked on revisions and mapping logic in PCE in an attempt to clean up and reconcile the data issues (See documents “MSSV 1.1 Developments,” “MSHN Supplementary Data Coding Instructions V1\_1” and “A Brief Summary of the MSSV 1.1 Changes”). Implementation of MSSV 1.1 changes was discussed during the August 2018 UMC meeting with several boards questioning if it would be more prudent to wait to implement further MSSV changes in light of ongoing Statewide standardized parity activities such as MCG.
- B. Question:** What is the current progress on MSSV?
- C. Discussion:** *Several CMH’s voiced support for the position that MSSV is no longer as necessary as it was when initially developed (2015-2016). We now have additional tools and resources such as LOCUS and MCG to evaluate for consistency of application of medical necessity criteria. Group reviewed the “Contract Requirements for MSSV” document which crosswalks each data point to a contractual or policy/reporting requirement.*
- D. Outcome:** *Committee members support a thorough review of contract requirements document to identify which data points are being collected outside of MSSV; committee is in favor of reducing redundancy and duplicate reporting wherever possible.*

**IX. ABSW/CAFAS Update (Standing Agenda Item)**

**A. Background:** Update to be provided.

**B. Question:** Seeking feedback from committee members regarding how they would like to receive information and review draft protocols. Two potential options are bringing subsets of protocols (10-15 at a time) to monthly UM Committee meetings to review, or wait until all protocols have been complete and then put out a finished draft protocol manual with an open period for review and comment.

**C. Discussion:** *MSHN staff internally have been working on the service protocol project. Committee members think there is benefit in receiving a completed draft protocol manual and then have a designated period for review and feedback.*

**D. Outcome:** *Ongoing updates will be provided each month*

**X. School Violence Workgroup Update**

*No updates to report this month; keeping on agenda for purpose of continuity from month to month. Gwenda from CEI shared a resource "The SHAPE System" from the National Learning Collaborative which is an online database of school mental health information that appears to be gaining traction and in wide use by many districts around the State and Country.*

**XI. Medical Director Feedback**

**A. Background:** In an ongoing effort to remain coordinated, any updates from the Regional Medical Directors will be brought to the CLC/UMC.

**B. Question:** *Informational only*

**C. Discussion:** *Feedback was sought from medical directors about possible new integrated health performance measures being considered by MDHHS for FY20 contract. One specific metric which seems to be gaining traction statewide is related to Tobacco Cessation Counseling. Feedback obtained from regional medical directors was submitted to MDHHS on behalf of MSHN region.*

**D. Outcome:** *None at this time. Ongoing updates will be provided each month*

**XII. State Court Administrative Office/Mental Health Code Changes**

[2018 Mental Health Code Revisions - Kevin's Law](#)

[2018 Mental Health Code and EPIC Revisions Regarding Legally Incapacitated Individuals](#)

[2018 Mental Health Code Revisions - Judicial Admissions](#)

*Discussion about role of CMHs in performing assessments for AOT; changes to requirements*

**XIII. Utilization Data Reports**

- Disposition of Service Requests
- Utilization Cost Data for CLS, Autism Services with Outcome Overlay: CAFAS, SIS, LOCUS

**XIV. Use of E & M Codes (Dave Lowe)**

**XV. Feedback Regarding Combined CLC/UMC Meetings**

- *Committee members provided feedback that they feel there are many shared content areas that benefit from combined meetings. Suggestion to stagger/alternate some combined meetings with some separate meetings to focus on specialty content areas.*

**Parking Lot:**

- Disposition of Service Requests
- Utilization Cost Data for CLS, Autism Services with Outcome Overlay: CAFAS, SIS, LOCUS  
*\*Data not available this month; postponed to next month*
- Continue discussion of E & M Codes (to authorize or not to authorize?)
- Discussion around establishing medical necessity parameters for how to determine authorization of CLS (Some CMHs currently using a standard tool to recommend utilization levels which are then considered in the context of person-centered planning)