Utilization Management Committee & Clinical Leadership Committee

Date: Thursday, January 24, 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: January UMC Folder OR January 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	Janis Pinter
CEI	Elyse Magen
Central	Kara Laferty
Gratiot	Michelle Stillwagon
Huron	
Ionia-The Right Door	Susan Richards
LifeWays	Shannan Clevenger
Montcalm Care Network	Adam Stevens
Newaygo	Kristen Roesler, Annette VanderArk
Saginaw	
Shiawassee	Craig Hause, Jennifer Tucker
Tuscola	Michael Swathwood
MSHN	Todd Lewicki, Skye Pletcher, Joe Wager

CMHSP	CLC Participant	In-Person	Phone	Absent
BABHA	Karen Amon Joelin Hahn		X	
CEICMH	Gwenda Summers for Shana	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	Cindy Ingersoll		X	
Saginaw CCMH	Linda Schneider	X		
Shiawassee CCCMH	Crystal Eddy			X
TBHA	Julie Majeske		X	
MSHN/TBD/ Other	Todd Lewicki Skye Pletcher Joe Wager	X X X		

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 6*
- Monitor *follow-through*
- Coordinate *with other committees*

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*

I. Review & Approve November Minutes

II. Consent Agenda

A. Draft Framework for Medical Assessment of Psychiatric Patients

Note: Public comment is open and CHMSPs can submit via the link on the document.

III. LOCUS Exception Testing (J. Hagadorn, J. Dietsch- TBD Solutions)

A. Background: UM has worked to develop a LOCUS exception report process by which cases are identified that exceed typical use patterns for a specific service relative to the consumer's assessed LOC. UMC members participated in reviewing exception cases back in Sept-Oct. TBD to report out on changes made to the exception review process as a result of feedback from the testing. Please reference document "Aggregate Feedback_LOCUS Exception Testing 2018"

B. Question: Are we prepared to move forward with quarterly exception reviews at this time?

C. Discussion: *Utilizing the feedback of the UM committee, TBD completed the following revisions to the logic for identifying exceptions: Removed H0031; Defined timeframe of at least 90 days between LOCUS assessments (shorter duration will not be included in exception reports); Exception report will only consider most recent LOCUS assessment and not previous LOCUS assessments; Exception reports will be generated on a quarterly basis instead of monthly. TBD is working on logic to try to identify individuals who are I/DD primary and SMI secondary.*

D. Outcome: *Quarterly LOCUS exception reports will be distributed to the CMHSPs for further local-level retrospective review.*

IV. MHBG Fund Potential Project Request (Todd)

A. Background: Funding requirements are targeted toward serving people who do not have health insurance or other sources of funding to access services and supports. Projects would still need to assure meeting federal block grant requirements.

B. Question: Should MSHN pursue any or all of the four proposals?

C. Discussion: *Ideas presented include: increased jail-based services, additional supports for TFCBT for adults, co-occurring adults with mental illness and SUD need for telepsychiatry, transportation assistance, regional TFCBT training through Beck Institute or others*

D. Outcome: *Group agreed that there was significant support to pursue a proposal for funding for trauma-focused CBT or EMDR. Additional follow-up to occur at MSHN.*

V. Retrospective Sampling for Acute Services- Sample Size

A. Background: The Retrospective Sampling Policy/Procedure were reviewed by Ops Council during the January meeting and agreed on a 90% confidence level for determining sample size. Please see example of sample size data for each CMHSP based on a 90% confidence level sample size. Retrospective reviews will occur on a quarterly basis following implementation of MCG.

B. **Question:** No Question; information only

C. **Discussion:** *Suggestion to re-calculate sample size on an annual basis for the upcoming fiscal year rather than calculate each quarter. This allows for better planning at the CMH level in terms of staffing requirements to meet the needs of case review. Request for clarification if all screenings regardless of disposition will be included in sample or only those that result in actual hospitalization. NOTE: Clarification received from Amanda Horgan that all individuals who have been screened for acute services need to be included in sample in order to meet federal parity requirements*

D. **Outcome:** *Skye will update sample size data to include all screenings (regardless of disposition) and re-distribute to the group.*

VI. MDHHS Access & Eligibility Memo (Todd)

A. Background: Notification was sent to PIHPs and CMHSPs from MDHHS regarding access and eligibility clarification.

B. Question: Have all CMHSPs responded to the state with a plan? What is the CLC/UMC recommendation for regional planning?

C. Discussion: *All CMHSPs received the memo and responded. Discussion about local efforts to ensure all frontline staff receive clarification and updated training (as needed) to provide consistent information and messaging to all individuals approaching the access system.*

D. Outcome: *CMHPs reported they are following up as needed with MDHHS in terms of submitting documentation of corrective action such as staff training logs, meeting agendas/minutes in which the topic was discussed, etc.*

VII. MSHN Eligibility and LOC Survey

A. **Background:** MSHN contracted TBD Solutions to perform an eligibility and LOC survey among all member boards which was completed in Sept-Oct 2018 to help inform the work of the regional Admission & Benefit Stabilization Workgroup (ABSW)
B. **Question:** What opportunities exist for regional standardization of access and eligibility processes?
C. **Discussion:** *Discussion around challenges with the survey process itself. Some CMHSPs indicated that the responses for their organization are inaccurate due to misunderstanding of the intent of some questions and/or functional limitations of being able to go back and correct answers while responding to the survey.*
D. **Outcome:** *ABSW members will submit any corrections/updated info for their agency to Amanda. CLC and UMC will have expanded discussion regarding the results of the survey and potential actionable items relative to regionally consistent Access and UM practices*

VIII. Parity Workgroup Update/MCG Implementation Update (Standing Agenda Item)

A. **Background:** MCG Kickoff and training currently being scheduled; each CMHSP has identified local MCG coordinator(s) who will participate in regional implementation group and then coordinate local implementation efforts for their respective organizations
B. **Question:** *No question; informational only.*
C. **Discussion:** *Todd provided updates that MSHN has begun initial meetings with MCG project manager and is in the planning stages for regional training initiatives.*
D. **Outcome:** *More info will be distributed once regional training dates are scheduled*

IX. SUD Transportation

A. **Background:** Multiple CMHSP's have identified difficulties with arranging transportation for individuals who are being referred to SUD Detox/Residential from the CMH access system. MSHN's current SUD transportation procedure relies on the SUD service providers to facilitate transportation arrangements however this is not always working as it should.
B. **Question:** Does the draft technical advisory for SUD transportation address the concerns and challenges faced by the CMH Access Centers?
C. **Discussion:** *N/A*
D. **Outcome:** *Committee members will review with relevant individuals at their organizations over the next 30 days and this item will be continued to next month's agenda for additional discussion and decision regarding implementation for the region.*

X. Case Coordination Assistants (Crystal)

A. **Background:** How are the CMHSPs using case coordination assistants?
B. **Question:** *Are CMHSP's using supports coordinator assistants/ CM assistants? If so, how are you using them?*

C. **Discussion:** *Huron is using assistants/brokers and finding it extremely helpful due to their current caseload ratios. The Right Door is using them as part of their intensive case management team. Montcalm reported that they utilize peer support specialists in a similar way as case management/supports coordinator assistants.*

D. **Outcome:** *Request for CMHs to share any documentation and job descriptions for these positions at their agencies.*

XI. Hospital Costs (Julie B.)

A. **Background:** Hospital budgets are getting used faster due to longer stays and no safe community settings for discharge.

B. **Question:** How are CMHSPs dealing with this?

C. **Discussion:** *Due to HCBS compliance, many residential settings that used to be appropriately used as step-down from inpatient are now no longer able to accommodate these individuals due to having to engage in practices that are considered "restrictive" in order to keep them safe. Individuals end up staying in hospital much longer due to lack of appropriate community settings and providers have declined more challenging placements because of HCBS Rules. Need for more advocacy with State. Suggestion for PIHP directors to take suggestions to MDHHS; CEO's to advocate with CMHA. What is the role of MiPAD in helping to create realistic action steps?*

D. **Outcome:** ***Each CMHSP to submit 2 examples of what is needed, or recommendations for specific resources or services that are needed for this population****, such as: long-term specialized residential treatment with trained staff for significant behavioral concerns that has exemption from HCBS rules for the purpose of safety. (Note: health and safety concerns are primary). CLC members should frame how they are being affected by this issue of inpatient availability as well as availability of appropriate level of community-based services upon an individual's discharge from inpatient.*

XII. Second Opinions for ABA Testing (Kim B.)

A. **Background:** When CMHSP's have a request for a second opinion but only have 1 psychologist, options are needed for additional resources.

B. **Question:** Can all work as a team and exchange staff within MSHN when a second opinion is requested but we only have one psychologist?

C. **Discussion:** *CMU was suggested as a resource; other CMHSP's agreed that it would be helpful to share resources amongst one another when needed.*

XIII. HCBS Implementation (Linda S.)

A. **Background:** There are ongoing questions relating to inter-rater reliability of Rule interpretations.

B. **Question**: How are interpretations determined?

C. **Discussion:** *Concerns around varying interpretations of HCBS rules such as use of door alarms, appropriate/acceptable documentation for use of restrictive practices for the purpose of safety. CMHSP's reported that some providers are now unwilling to accept individuals with more complex behavioral needs due to concerns that they will not be able to meet the person's needs without being out of compliance with HCBS rules.*

CMHSP's are experiencing increased difficulty with placement options as a result. Todd also clarified that door alarms can't be used to moniot

D. **Outcome:** *UMC and CLC will continue to keep this as a standing agenda item each month*

XIV. Clarification on LLP Bill (Tracey/All)

A. **Background:** Some have raised concerns regarding a recent Senate Bill, 641, which would redefine limited licensed phycologists as a "psychological associate?" The new law will bring Michigan into line with the national standards.
B. **Discussion:** *No further discussion needed during today's meeting*

XV. Crisis Residential Unit (CRU) Use (Julie B.)

A. **Background:** CMSHPs have addressed crisis level of care with certain providers in Michigan and there are other opportunities.
B. **Question:** Do any CMHSPs have a need for CRU beds currently?
C. **Discussion:** *No discussion needed today; skip agenda item*
D. **Outcome:** N/A

XVI. Telemedicine Codes (Todd)

A. **Background:** Are the CMHSPs using these? How are they being used?
B. **Question:** N/A
C. **Discussion:** N/A
D. **Outcome:** *No discussion needed. Todd will email questions to CLC members*

XVII. Prospective Utilization Review Reports

A. None this month

XVIII. Utilization Data Reports

- Penetration Rate
- Inpatient Recidivism
- Utilization of Autism Services