

Meeting Date: 11/17/2016
(1:00PM-4:00PM)

MSHN Representatives:

Bay-Arenac: None

CEI: Stefanie Zin, Joyce Tunnard

CMHCM: Kara Laferty

Gratiot: Michelle Stillwagon

Huron: Levi Zagorski

The Right Door: Susan Richards

Lifeways: Shannan Clevenger

Montcalm Care Network: Julianna Kozara

Newaygo: Brian Russ

Saginaw: Linda Tilot

Shiawassee: Jennifer Tucker, Craig Hause

Tuscola: Michael Swathwood

TBD Solutions: Sarah Bowman, Josh Hagedorn

MSHN Staff: Todd Lewicki, Joe Wager, Kim Zimmerman, Nicole Jones

KEY DISCUSSION TOPICS

1. Welcome and Introductions (T. Lewicki)
2. Previous Meeting Snapshot
3. Legislation Update: Kevin's Law
4. Measure Portfolio Update
5. Status of UM Metrics List
6. Data Reports
7. MDHHS Draft Requirements for "Follow-Up after Hospitalizations Measure
8. MSSV Reports
9. Cross-Committee Work-LOCUS
10. Action List Progress Review
11. Inpatient Denial Project Report
12. Authorization Discussion
13. Decisions Requiring Input
 - a. Are there any additional clarifications needed to make the initial set of five access measures using MSSV data useful?
 - b. "Level of Need (CAFAS Score) and Service Use – Comparison by CMH. Are CMHs providing same level of service based on CAFAS scores?" In order to answer this question, what else do we need to know?

Next meeting: 1/26/2017, 1:00 pm at GCCMHA

▪ **KEY DECISIONS/DIALOG**

- Snapshots & Updates: Group reviewed; no changes made;
- Legislation Update: Kevin's Law: Todd shared this for informational purposes.
- Measure Portfolio Update – MSHN has presented the portfolio to Ops Council. This did not require Ops Council approval as these measures are a part of the MSHN strategic plan. Next steps will be identified by MSHN Executive Team.
- Status of UM Metrics List/Tracking – group reviewed list, all measures have been added to master list in SharePoint. Todd is working on a schedule for review of completed measures.
- Joe to make request to add Census data to calculate per 1000 population (address kid and adult issue) American Community Survey 5 year estimates – Joe made this enhancement request, no clear date of completion provided by ZTS.
- MDHHS Draft Requirements for "Follow Up after Hospitalizations" Measure: Group was encouraged to review on their own, additional conversation will occur in the future.
- "Acute Psychiatric Services" report in validation – DataLab is completing validation process; Joe is still waiting on two CMHs responses. They were to submit findings yesterday. Joe will follow up.

| | |
|--|--|
| | <ul style="list-style-type: none"> Review Action List progress – Did not address due to time constraints. Sarah will update and send to Todd. Inpatient Denial Project Report: Todd encouraged members to review the data. Categorization of Service Codes – MACMHB is asking a work group to identify a categorization; Linda requested input – Carry forward due to time constraints. Authorization Discussion – raised by Joyce; Committee agreed to address this in future meeting to allow enough time to examine issue thoroughly. |
| <ul style="list-style-type: none"> ACTION/INPUT REQUIRED | <ul style="list-style-type: none"> Data Reports Penetration Rate Reports – Change Strategy Form Joe reviewed three charts. Regional goal is an increase of 10%. Currently the region is at .04% gain, which is not on track to meet the goal. Linda requested a line to show enrollment variation. Discussion about “variance from target” as it differs from “variance between CMHs”. Question was raised about how much longer the Medicaid smoothing process will occur (one year?). Question raised about TANF to DAB enrollees by county (are CMHs serving the disabled or moms with kids?). Group shared concern that it is hard to know what is actionable and what variance is significant. Question was raised if target is reasonable/achievable? If not, how can Committee address? Members suggested looking at cost per case; most frequent codes being reported. Todd reminded the group this information is not to be used to punish or shame any specific provider. It is to be used to understand our system and improve when possible. A request was made to complete the Change Strategy Form as a group. UMC will complete this in January. MSSV Reports – CMH progress on file submission; Saginaw submitted 106 files and all were rejected. Linda will follow up on mapping for the element that errored (referral to). PCE informed Saginaw they could not reach back, but could submit moving forward. Lifeways is changing a few forms resulting in PCE remapping a few fields – Lifeways will provide Todd an update. All other CMHs are on track for Dec 1st deadline. Todd will follow up with Levi. Right Door is submitting files. Montcalm – already submitting files. NCMH – Todd will follow up with Brian. Shiawassee on track for Dec 1st. Tuscola – on track. UMC was unable to view current data as Shyam has not updated this yet. Are there any additional clarifications needed to make the initial set of five access measures using MSSV data useful? Waitlisted Eligibles: group discussed that this is compliance in nature; to provide a trigger if an individual with Medicaid is waitlisted due to state expectation that individuals with Medicaid are not waitlisted. Determined to Be Eligible Rate (throughput of the access process): group identified that performance target may need to be modified for clinics that are CCBHCs. Disposition of Urgent and Emergent Requests: this tracks where these individuals were sent. Positive Screening/Assessment Rate: how many individuals that are eligible for services and completed assessment. Drop-Out Rate: two rates reported, % of individuals who are screened positive but don’t receive assessment and those that are screened positive but refuse (chose to discontinue) services. Group agreed to change this measure to “access engagement rate”. Josh will update template. Linda shared that Saginaw is looking at access, engagement, activation, and retention. Linda will share any related source documents she finds. Todd will also explore these concepts. Group agreed that this set of measures demonstrate MSHN is performing UM functions. Group provided support to move ahead with these five measures. “Level of Need (CAFAS Score) and Service Use – Comparison by CMH. Are CMHs providing same level of service based on CAFAS scores?” In order to answer this question, what else do we need to know? Josh provided an update from UM subgroup meeting. He incorporated the group’s request to explore the relationship between level of care (services received) and CAFAS score. Group reviewed first draft of this report. Group requested to break down CAFAS Scores by subscale. Josh will work on this enhancement. |

| | |
|--|--|
| <ul style="list-style-type: none">▪ KEY DATA POINTS/DATES | <ul style="list-style-type: none">▪ Data Lab Meeting scheduled for 11/8/2016, 12pm-3pm▪ Next UM Committee meeting 11/17/2016, 1-4pm |
|--|--|