



Region 5 - Regional Medical Directors Meeting
MEETING AGENDA
Friday, March 18, 2022, 1:00pm-3:00pm

All Meeting content linked here: [3-18-2022 Regional Medical Director's Committee | Powered by Box](#)

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AGENDA

1. Welcome and Introductions

CMHSP	Participant	Present
BABHA	Dr. Roderick Smith Jen Kreiner	X
CEICMH	Dr. Jennifer Stanley	X
CMHCM	Dr. Angela Pinheiro Judy Riley	X
GIHN	Dr. Sunil Rangwani	
HBH	Dr. Yolanda Edler Dr. Jason Meints	X
The Right Door	Dr. Joel Sanchez Teresa Martin	
LifeWays	Dr. Aleksandra Wilanowski Courtney Sullivan	X
MCN	Dr. Razvan Adam Melissa Maclaren	
NCCMH	Denise Russo	

Saginaw CCMHA	Dr. Ali Ibrahim Karen Becker	
Shiawassee Health and Wellness	Crystal Eddy	
TBHS	Dr. Usha Movva Tina Gomez	X
MSHN	Dr. Zakia Alavi Todd Lewicki Skye Pletcher Dani Meier Sandy Gettel	X
MDHHS (Guest)	Dr. Jeanette Scheid	X

1. Psychotropic Medication Oversight-New Requirements

- Background/Question:** Dr. Jeanette Scheid was invited to join the March RMD meeting to clarify the MDHHS Foster Care Psychotropic Medication Oversight Unit requests for documentation questions (SB 412).
- Discussion:** Dr. Scheid clarified that these are not new requirements. MDHHS has had the Foster Care Psychotropic Medication Oversight Unit for many years. An additional point of clarification is that medication informed consents can identify a dosage range (ie: not to exceed XX mg), so that a new informed consent is not needed for dosage adjustments, unless the dosage exceeds the identified range. Dr. Scheid will provide copy of slide deck for distribution to the committee.
- Outcome:** No action needed

2. Quality Assessment and Performance Improvement Plan

- Background/Question:** THE QAPIP will be reviewed in depth for the March review.
- Discussion:** Sandy reviewed the QAPIP, including performance measures and sentinel event data. Discussion around cause of death reporting and changes in trends (i.e.: infection increasing as a leading cause of death, increased rate of homicide in FY21)
- Outcome:** No additional action needed at this time.

3. Conflict Free Access and Planning Workgroup

- Background/Question:** To discuss, frame, and provide feedback on options for implementation of Conflict-Free Access and Planning regulations for populations served under all managed care waivers under the direction of MDHHS-BHDDA including Children's Waiver Program (CWP), Children with Serious Emotional Disturbances (SED Waiver), Habilitative Supports Waiver (HSW), 1915(i) State Plan HCBS (former 1915(b)(3)), and 1115 waivers.
- Discussion:** MDHHS recently formed a workgroup comprised of PIHPs and CMHSPs to advise and develop statewide guidance for conflict-free service delivery. The intent is to ensure that there are safeguards in place between the functions of assessment and determination of which services a person is eligible to receive, authorization of services, and delivery of services.
- Outcome:** No action needed; informational only

4. Emergency and Post-Stabilization Services

- i. **Background:** The purpose of this policy is to provide clarity and definition to the scope of behavioral health and substance use disorder (SUD) emergency services and post-stabilization care services covered by Mid-State Health Network (MSHN) and furnished through its Community Mental Health Service Program (CMHSP) Participants.
- ii. **Discussion:** Skye presented and discussed the new policy in light of how it was created. The origin of the policy is very medical model based. Addressed the meaning of post-stabilization in medical situations: once a life-threatening (or critical) emergency medical issue has been triaged, post stabilization services are typically inpatient medical services that are needed to prevent further deterioration and/or improve the person's condition. This is typically different than how our system perceives it. What are equivalent services the CMH provides? An example would be crisis residential. Not all crises are placements to an acute setting. The service helps the person from further deterioration. Emergency revolves around health and safety.
- iii. **Outcome:** No concerns with policy the way it is currently written.

6. OpenBeds/MiCAL System

- i. **Background:** As the CRM/MiCAL system comes online for regional use, OpenBeds will be set up to help CMHSPs identify psych bed availability. Update will be provided.
- ii. **Discussion:** Implementation in MSHN region will occur over the next 2-3 months (April, May). Reports inside of the the OpenBeds system can assist CMHSPs with tracking inpatient denials.
- iii. **Outcome:** More information will follow as this system is rolled out in our region

Follow-Up Items: None at this time

Next Meeting(s)

Opportunities for shared regional psychiatry hours to help with provider shortages