

Utilization Management Committee

Date: Thursday, June 27, 2019, 2:00PM-4:00PM

Location: Gratiot CMH 608 Wright Ave, Alma, MI

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

Meeting content linked here: [June UMC Meeting Materials](#)

CMHSP	UMC/CLC Participants in RED=phone
Bay-Arenac	Karen Amon, Joelin Hahn, Janis Pinter
CEI	Shana Badgley ; Elise Magen; Tonya Seeley
Central	Julie Bayardo; Renee Raushi
Gratiot	Kim Boulier; Michelle Stillwagon
Huron	Tracey Dore; Natalie; Levi Zagorski
Ionia-The Right Door	Julie Dowling, Amanda McPherson
LifeWays	Gina Costa; Dave Lowe
Montcalm Care Network	Melissa McLaren; Adam Stevens
Newaygo	Kristen Roesler; Denise Russo
Saginaw	Kristi Wolbert; Vurlia Wheeler
Shiawassee	Jennifer Tucker
Tuscola	Julie Majeske; Denny Henige
MSHN	Todd Lewicki, Skye Pletcher

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

Shared Content with CLC (2:00pm – 3:00 pm)

- I. **Provider Network Adequacy Assessment- Tonya Seely, Tim Teed**
 - A. **Background:** CEI has been contracted to perform the region’s annual PNAA and will be seeking ongoing input and feedback from these committees over the next couple of months.
 - B. **Discussion:** Seeking committee feedback around the following discussion points (Please see 2018 PNAA in meeting materials folder):
 - i. Children’s Waiver
 - ii. SED Waiver
 - iii. Defining “conflict free?” (p. 30, 2018 PNAA). Specifically, how MDHHS’s HCBS guidance on independent assessment will be implemented. *Dave Lowe from Lifeways suggested “CMS CM Guidance Document” as a source policy that*

addresses conflict of interest. CLC/UMC advocates that the PNAA address how as a region we ensure that there are no conflicts of interest in the delivery and authorization of services however remove the term “conflict-free case management” as a term that is not currently being used or defined by MDHHS

- iv. Table 19 (HBS, TCM and HSW Service Utilization), p.32, 2018 PNAA- Should we look at these again this year? *Group agrees that TCM should be removed from the service utilization section, however there is interest in developing a new “Workforce Needs/Workforce Development” section to the PNAA that addresses specific regional concerns in hiring/retention of qualified workforce for specific types of services*
- v. Formatting changes for 2019 by type of service? *Leave formatting largely the same as this is a compliance document. Decision for Tonya to attend combined CLC/UMC meeting quarterly to work on updates to the PNAA.*

II. MCG Implementation Updates (Standing Agenda Item)- Todd Lewicki, Janis Pinter

- A. Background:** Recent meeting with PCE on 6/7/2019 regarding MCG integration into PCE EMR products, which Bay-Arenac will be the first in our region to pilot. Please see document PCE/MCG Integration Notes_6_7_2019 (thanks to Janis Pinter for the detailed notes)
- B. Discussion:** Given the way that the MCG guidelines will be incorporated into PCE systems, it may make more sense to complete prospective reviews for all individuals at the point of screening rather than retrospective reviews for a sample. *Several CMHs expressed concern at changing our regional approach when it was previously decided that we would employ a retrospective sampling method.*
- C. Question:** Should the MSHN region consider switching our plan from retro reviews to prospective?
- D. Outcome:** *The group would be interested in seeing a demonstration of the process in PCE before making any recommendations to change process. This demonstration should occur as a Webex so that other CMH staff could participate and observe. There is also concern for ensuring that if the MCG Guidelines were embedded in PCE as a prospective review it should replace other data fields to eliminate redundancy.*

III. Follow-Up for SUD ER- Skye Pletcher

- A. Background:** Follow-Up after ED use for SUD is a new MDHHS integrated health performance bonus measure for FY19-20 (informational/data validation only, with plan to set a performance metric in FY21). See document “FUA_Measure_Specs” for additional info. MSHN has developed a regional plan to address this measure, including a population health approach of providing education and standard literature to all hospital ED’s in the region regarding how to appropriately refer individuals for follow-up SUD services. MSHN will be scheduling meetings with each hospital and local CMH representative as appointed by Ops Council.
- B. Discussion:** MSHN is seeking input from these committees regarding standard literature to provide to all hospital EDs in the region. *Recommendation to add logo/branding of each CMH to the SUD Access Handout alongside MSHN; otherwise no concerns with*

sharing the regional MSHN SUD Access handout. CMHs can also provide their own additional information

IV. HCBS Implementation (Standing Agenda Item) – Todd Lewicki

V. Follow-Up re: OBRA Changes

Informational: Joelin Hahn shared notes from the MDHHS-OBRA meeting that took place on 5/13/19. That document has been included in this month's meeting materials folder for UMC members to access. *Some CMHs had questions related to qualifications for the OBRA coordinator position at the CMH. Due to oversight responsibility and confirming diagnosis, the OBRA coordinator should be Master's-level clinician. Concerns were raised regarding the practice of the OBRA coordinator determining a primary diagnosis from clinical document review without directly assessing the individual themselves. MDHHS gave guidance that some CMHs have a multi-disciplinary OBRA team that review assessments. Important considerations: CMHs should anticipate 1 FTE OBRA coordinator that is solely designated to coordination duties.*

VI. Admission Benefit Stabilization Workgroup Update (Standing Agenda Item)

June meeting is set to occur on 6/26/2019. A verbal report will be shared. *TBD Solutions presented working drafts of a regional LOCUS benefit grid and CAFAS benefit grid for consideration by ABSW. The recommended code thresholds would become the prospective authorization criteria for the region but each CMH would be able to authorize outside of the regional guidelines with documentation of individual need/medical necessity. The UM Committee would continue to perform retrospective outlier review.*

UM Committee Content (3:00pm – 4:00 pm)

VI. Review & Approve May Minutes

VII. Inpatient Screening & Continued Stay Reviews for Duals- Elise Magen

A. Question: What are other CMHSPs in the region doing as far as UM reviews for dual insurances? Concurrent reviews, retro reviews only if Medicaid becomes primary payer, etc? *CEI shared that some of the hospitals they contract with do not contact them for pre-admission screens; CMHCM also indicated that they have challenges with all hospitals notifying them as well. Most CMHs require clinical documentation to perform a retro review before paying claims.*

VIII. MCG Acute Service Retro Review- Skye Pletcher

A. Background: Each CMHSP was asked to complete sample case retrospective reviews for FY19 Q1-Q2 in preparation for this month's meeting.

B. Discussion: How did the retrospective review process go? Are there issues we did not anticipate that need to be addressed in our process? *Skye reiterated that the sample sizes that were previously distributed to each CMH are for the entirety of FY19; NOT a*

quarterly sample size. Some CMHs performed reviews of the entire annual sample size during each of the first 2 quarters of FY19.

C. Outcome:

IX. Data Reports

- Home-Based Service Utilization

This report was not available in ICDP this week; UMC members are interested in seeing this data during the July meeting in order to have further discussion about regional utilization. Most CMHs report struggling to deliver home-based services to fidelity and having chronic under-utilization issues due to lack of family engagement in the authorized number of hours of service. GIHN shared info about a new pilot initiative of providing in-home therapy to families under the umbrella of outpatient services that does not rise to the intensity or frequency of home-based.

Parking Lot:

- *Skye will be attending a National Council training program during the July UMC meeting; materials will still be sent out at least 1 week ahead of time. Todd will facilitate the joint portion of the meeting as usual and if there is a significant amount of UM-specific content other UMC members indicated they would be willing to assist with chairing the UM portion of the meeting.*
- MSSV- Discussion regarding how disposition data is currently captured by each CMHSP; how to develop regional consistency for capturing disposition data