

# Utilization Management Committee

Date: Thursday, May 23, 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: [May UMC Meeting Materials](#)

CMHSP	UMC/CLC Participants <i>in RED=phone</i>
Bay-Arenac	Janis Pinter; Joelin Hahn
CEI	Gwen Williams, Leah, Elise Magen; Tim
Central	Julie Bayardo; Renee Raushi
Gratiot	Michelle Stillwagon
Huron	Levi Zagorski
Ionia-The Right Door	Julie Dowling, Susan Richards
LifeWays	Gina Costa; Dave Lowe
Montcalm Care Network	Adam Stevens
Newaygo	Annette VanderArk, Kristen Roesler
Saginaw	Kristie Wolbert; Vurlia Wheeler
Shiawassee	Jennifer Tucker
Tuscola	Michael Swathwood
MSHN	Skye Pletcher, Todd Lewicki, Joe Wager

## 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

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

### I. Autism Code Discrepancies

**A. Background:** There appears to still be confusion throughout the region with some ABA providers around the code changes that took place in January 2019 requiring that 97151 may only include face-to-face activities. Bringing topic to joint committees to ensure regional clarity and consistency; recommended best practices for provider monitoring and oversight to ensure consistent understanding among provider network.

**B. Discussion:** What does the group recommend to address and resolve the confusion?  
*Bay indicated this was just recently brought to their attention as a possible issue and they are currently in the process of verifying the accuracy of the report. Other CMHSPs indicated they are not aware of providers still attempting to bill for non f2f but they will provide clarification to their provider networks and monitor activity via provider reviews, etc*

## II. Overnight Health & Safety CLS

**A. Background:** Committee members have expressed interest in expanded discussion around proposed overnight CLS services as well as other general challenges related to authorizing and tracking CLS services. Per the **proposed** waiver application language: Overnight Health and Safety Support is defined as the need for someone to be present to prevent, oversee, manage, direct, or respond to a beneficiary's disruptive, risky, or harmful behaviors, during the overnight hours.

**B. Question:** By 10/1/19, will the region be ready to implement this service for SEDW?

**C. Discussion:** *Discussion around difficulty identifying situations in which this service would be clinically appropriate/recommended; current definition as proposed presents challenges in consistently defining medical necessity and identifying which individuals this service is intended for. Clarity needed regarding qualifications for overnight health/safety worker and is that different than traditional CLS provider? Training requirements for providers?*

**D. Outcome:** *Committee members can submit additional feedback or suggestions they have regarding the proposed waiver language to Todd or Skye. MSHN will submit regional feedback as opportunities arise*

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

*DWMHA was selected as the only partner with MDHHS for this grant proposal. Further discussion needed regarding potential interest in piloting a similar model on a small scale in parts of our region where there is interest/need.*

## IV. HCBS Implementation (Standing Agenda Item)

*MSHN is continuing work on C-Waiver "Exit Ramp" corrective action plans. An ongoing frequent occurrence is that once MSHN staff get on-site with a provider to confirm corrective action they identify new citations that were not originally identified that must ethically be followed up on. Sometimes these are cases of provider misunderstanding a standard (ie: non-locking against egress); other times there are obvious issues that were not reported by a provider. MSHN has held off on sending out B3 corrective action plans to providers as they are currently working with PCE on building a new database for tracking and responding to B3 CAPs. MSHN has filled 2 of 3 HCBS specialist positions; still interviewing to fill third open position but will likely have a decision within the next 1-2 weeks. Question regarding formal clarification from state around the issue of alarms. Some providers that have homes in multiple PIHP regions are reporting that different PIHPs interpret the issue of alarms as a restrictive practice differently. Discussion around if there are ever times it is permissible to use provisional approvals to place individuals with high acuity/complex needs in settings that may be considered restrictive but the setting is the least restrictive to meet the individual's needs safely. Clarity is needed from MDHHS around this issue.*

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

### *Agenda Additions: Dave Lowe (Lifeways)*

- *AOT Non-Compliance: Local court is requiring that any non-compliance with AOTs are filled out and filed by a psychiatrist only as the psychiatrist is technically the oversight for the AOT. Other CMHSPs have not encountered that interpretation of the mental health code by courts in their catchment areas. Additional discussion related to filing of AOT treatment plan with court when the plan includes SUD information which is protected under 42 CFR. Lifeways developed an AOT treatment plan review form which they are working on with their local courts which excludes SUD information. Dave will share with the group for feedback/input*
- *OBRA coordination position: Significant changes that are supposed to be effective 10/1 with regard to Level I and Level II assessments, etc. Discussion around how CMHs intend to staff OBRA coordinator position. Joelin Hahn attended recent OBRA conference and is willing to share her notes and key bullet points with the rest of the group. BABHA has its own OBRA department with a .75 FTE doing assessments, 1 FTE coordinator, nurses, etc. MDHHS stressed that for OBRA coordinators who are wearing multiple hats currently they will not have time to continue doing assessments in future; full-time coordination activities will be necessary*

### **V. Review & Approve April Minutes**

### **VI. LOCUS Outlier Review- Questions, Feedback**

*Individuals who are primary I/DD still appearing frequently as exceptions for many CMHSPs. Skye to check with TBD Solutions regarding revision to programming logic that was requested. GIHN noted that some individuals identified as outliers on the LOCUS exception report still fell within GIHN authorization parameters but are outside of regional typical utilization parameters. As ABSW works on a defined regional benefit/authorization grid these types of exceptions will likely occur less often.*

### **VII. MCG Acute Service Retro Review Template**

*Add exception reasons to template.*

### **VIII. UM Committee Report Schedule**

**A. Background:** Requesting committee review of the current report schedule.

**B. Questions:** Does the current report schedule accurately capture information the committee finds valuable to review? Are any changes in the types of reports or frequency of review recommended?

**C. Discussion:** *Committee completed review of current report schedule which included recommendations to eliminate some reports that are redundant or have been replaced by better technology/data systems*

**D. Outcome:** *Recommended changes are noted on the revised draft report schedule.*

**IX. Data Reports**

- Crisis/Acute Service Utilization
- SUD Residential Utilization
- Detox Recidivism
- Autism Utilization

**Parking Lot:**

- Ideas for Collaborative Learning/Roundtable Discussion:
  - How does each CMH manage HCBS authorization?
- MSSV