MSHN
Mid-State Health Network

Council, Committee or Workgroup Meeting Snapshot

Meeting: Utilization Management Committee

Meeting Date: 5/25/2017 (1:00PM-4:00PM)

MSHN Representatives:

Bay-Arenac: Janis Pinter
CEI: Stefanie Zin, Tamah Winzeler, Joyce Tunnard, Tom Lam
CMHCM: Janelle Lynch
Gratiot: Michelle Stillwagon
Huron: Levi Zagorski
The Right Door: Susan Richards, Emily Betz
Lifeways: Shannan Clevenger, Michael Cupp
Montcalm Care Network: Adam Stevens
Newaygo: None-excused
Saginaw: None-excused
Shiawassee: Craig Hause, Jennifer Tucker
Tuscola: Michael Swathwood
TBD Solutions: Josh Hagedorn
MSHN Staff: Todd Lewicki, Nicole Jones, Cammie Myers, Skye Pletcher, Joe Wager
RED= Call-In

KEY DISCUSSION TOPICS

1. Welcome and Introductions (T. Lewicki)
2. Previous Meeting Snapshot
3. Prospective Utilization Review
   a. Decision Points
   b. Action Steps
   c. Information
   d. Communication
   e. Parking Lot
4. Concurrent Utilization Review
   a. Decision Points
   b. Action Steps
   c. Information
   d. Communication
   e. Parking Lot
4. Retrospective Utilization Review
   a. Decision Points
   b. Action Steps
   c. Information
   d. Communication
   e. Parking Lot

KEY DECISIONS/DIALOG

- Snapshots & Updates: Group reviewed; no changes made;
- Should the UM Committee create agenda versions that remove reports from the agenda until they are due for review? The discussion was around removing report items when they are not on the agenda for review. The master template will be placed in Box as a source document.
- Does there appear to be inconsistency with MSSV Eligibility Logic?
- Final conversation about MSSV data validation before moving to decision-making and action steps in June meeting. The UM Committee discussed data relating to "Anticipated eligible, found ineligible." The spreadsheets shared with each CMHSP that had submitted data was regarded as useful for drill down. The eligibility disposition occurs at the point of submission of the screening or the assessment, depending on the agency's process for data gathering. Discussed use of three functional impairments versus two and whether to include duration/prior utilization as criteria for eligibility; also included question around use of risk of harm to self/others as part of eligibility. Need to clarify what functional impairments are not being included. Next steps-exclude persons from the data that are

	anticipated eligible, found ineligible, but eligible elsewhere, as in the case of persons with substance use disorders. Also, exclude instances where it is the wrong county. The process should also include the automatic creation of a .csv file for each CMH to complete the drill down activity, or expose the data table, but with no PHI. CMHSPs can trend this data for their own purposes. Josh will get list of what the exceptions are to Anticipated Eligible/Found Ineligible, then can identify legitimate reasons for the data. Montcalm (Adam) will review their data and report back to UMC their findings. ▪ Addressed the next question, "How are Services Accessed?" In some CMHSPs, everyone who comes to CMH are found eligible. Why does MSHN CA show up as none? Todd will send out the definition of screening. UMC addressed the issue of identifying standards for anticipated eligible/not eligible and anticipated ineligible/not found eligible, or eligible vs. ineligible. A standard should be established. ▪ Process Question/Decision Point- Which CMH should report the encounter in cases of courtesy pre-screens? There was recently an instance in which both CMHs submitted encounter for same consumer ▪ Decision Point 3? How is this happening at the CMHSPs? For example, CEI is an extension of Shiawassee in the instance of doing the screen for Shiawassee so Shiawassee would be the reporter. ▪ CMH submission of inpatient data: Status update on data submission process; brief discussion/questions related to the process of reporting data through Box (implemented 5/15/17) Turnaround was quick for the data, appreciation to the CMHSPs. Skye continuing to compile the FAQ content and this will be resent to the participants. Clarification on the populations the CMHSPs are to be reporting. Persons with a MHP are the ones to report on. Some CMHSPs have only been listing "HMP" but should include the plan as well. CMHSPs can upload their lists as a cohort into the ICDP tool and get their health plan. This FAQ document will be shared with QI for a comprehensive FAQ document that both can refer to. ▪ Does there appear to be inconsistency with regional service eligibility and/or medical necessity criteria? CEI recently met with Josh, and children's staff to discuss the CAFAS shinyapp and outcomes. There were questions around doing how well with respect to moving scores in domains in a good direction, practical-level questions about efforts. CEI is working on formulating questions. How to start using the data more were good conversations had in this meeting. There were three types of questions discussed and interest was around while outcomes may relate to comparison of final scores to earlier scores, if we take kids who fall into a specific type of condition (domain), can we track the trajectory throughout the treatment? Another question that was brought up was asking about bundles of services. In looking at the histogram, what are the bundles of services that happen together, and are there specific service packages that tend to go together more often? There are thoughts to look at this in LOCUS as well. Looked at CAFAS data and the intensity of the service the child was in and considering if the child is still getting good outcomes based on comparison of services. Joe W. has also been looking at training for the CAFAS data, but will be looking at times. So, one of the next stages is to help the CMH departments to understand the data and what it is saying. Joe W. will be working on this. There are kids that receive under the threshold score for HBS but are receiving services at HBS is a place to start with the discovery. It will also be helpful to look at the mismatch between score and service level. SIS data will be updated next week to have an updated completion rate score. SIS related to services has really been around CLS , HSW, and whether it is possible to look at implications of HCBS final rule.
▪ **ACTION/INPUT REQUIRED**	Next: Have we sufficiently defined next steps for this data? Filter out for screening, looking at legitimate exceptions to reduce false positives. Looking at the second set of measures (the screening and assessment data). What are decision points if we accept the data as legitimate (or if is correct)? If everyone gets through a screening, what is on the table

	from the UM Perspective? If this data is accurate, how do we know if is accurate? Has there been enough definition of this to move forward? Josh to send code and logic to Todd to share to the UMC members. Adam's (Montcalm) input will also give further insight. Next step is to review this data in July with a decision-making perspective, but to ensure that the data is what it needs it to be saying. The UMC needs to start using the data for decision-making now as opposed to data validation. Data validation will be a natural part of the discussion, but not a central focus. The focus needs to be on decision points made from review of the data. Consistency of Application Criteria- Proposed Actions for Discussion (Action Step Needed in June): For those cases where discrepancy was found, recommended action of local-level UM review for further analysis which should result in additional action step recommendations such as providing regional training, re-evaluation of credentials of staff, etc. Considerations: Sample size (large number of cases with discrepancy in some CMHs); timeframe to conduct local-level review and report back to UMC with findings/recommended actions; list of individual client cases will need to be provided by TBD for each CMH Dispostion of Service Requests- Proposed Actions for Discussion (Action Step Needed in June): Positive Findings (Screening) and Positive Findings (Assessment)- If data is assumed to be true, how much variation would we expect to find? Decision point: establish an acceptable range of variance. Overall Access/Determination- If current data is assumed to be true, there is tremendous variance region-wide with front door access.
▪ **KEY DATA POINTS/DATES**	▪ DA Workgroup/Data Lab Meeting scheduled for 6/13/2017, 12pm-3pm ▪ Next UM Committee meeting 6/22/2017, 1-4pm, GIHN