

## Council, Committee or Workgroup Meeting Snapshot

### Meeting: Utilization Management Committee

**Meeting Date:** 1/26/2017 (1:00PM-4:00PM)

**MSHN Representatives:**

**Bay-Arenac:** None

**CEI:** Stefanie Joyce Tunnard

**CMHCM:** Kara Laferty

**Gratiot:** Michelle Stillwagon

**Huron:** Levi Zagorski

**The Right Door:** Susan Richards,  
Emily Betz

**Lifeways:** Shannan Clevenger,  
Michael Cupp

**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

#### KEY DISCUSSION TOPICS

1. Welcome and Introductions (T. Lewicki)
2. Previous Meeting Snapshot
3. Balanced Scorecard for UMC
4. AAIDD SIS Integration Invoice
5. Data Reports
6. MSSV Reports
7. Cross-Committee Work-LOCUS
8. Action List Progress Review
9. Categorization of Service Codes
10. Authorization Discussion
11. BH-TEDS
12. Decisions Requiring Input
  - a. What regional and/or CMHSP response is required to make progress toward the regional penetration goal?
  - b. What is the UMC recommendation for how CMH will submit inpatient data?
  - c. Which set of questions are the next set of priorities for use of MSSV and/or BH Teds data?

Next meeting: 2/23/2017, 1:00 pm at GCCMHA

▪ **KEY  
DECISIONS/DIALOG**

- Snapshots & Updates: Group reviewed; no changes made;
- Balanced Scorecard for UM Committee – Todd explained that each committee and/or department will be completing balanced score cards on strategic initiatives/goals/measures. Group reviewed the suggested measures to be included on report card. Todd requested feedback from the committee. Todd clarified the report card is not inclusive of all UM measures. Suggestion to include SUD measure(s) measures. “Typical population service utilization patterns and methods...” measure – suggestion to pick a specific population and service - suggestion to focus on CLS; “Site review protocol” measure – discussion ensued about tracking number of measures in development and in use, some lack of clarity around how this connects to site visit protocol – how do we connect the UM Plan and site review? Suggestion to bring site review protocol/standards to this Committee for review and discussion – Todd agreed to address in future meeting Todd will revise this measure; LOCUS score measure – discussion about variation in level of care criteria throughout the region; hope is that CLC/UM workgroup will tackle this effort.
- AAIDD SIS-Integration – AAIDD SIS Integration Invoice: Todd provided updated that SIS-A integration, this refers to an integration with CMHSP EMR. MSHN has covered the cost of this for the region. For additional information, talk with your local CIO.

	<ul style="list-style-type: none"> <li>▪ Cross-committee work (with CLC) to define level of care using LOCUS – CLC Update; meeting is scheduled for March.</li> <li>▪ Autism benefit has tripled in size in the past year, 5% growth per month</li> <li>▪ Review progress on Action List – group reviewed briefly, Sarah will update and send out copy when export function is working again.</li> <li>▪ Categorization of Service Codes – MACMHB is asking a work group to identify a categorization; Linda requested input–carried forward from November meeting, will be addressed in Feb due to time constraints this month.</li> <li>▪ Authorization Discussion – raised by Joyce; this was carried forward from November meeting; will be addressed in Feb due to times constraints this month.</li> <li>▪ Linda requested that BH-TEDS be added as a standing agenda item; she expressed concerns about requirement to completed LOCUS for dually diagnosed individuals.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>ACTION/INPUT REQUIRED</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Data Reports</li> <li>▪ Autism Report – carry forward due time constraints.</li> <li>▪ CAFAS Report – due to time constraints Josh sent an email with updates and a link.</li> <li>▪ “Acute Psychiatric Services” report in validation – DataLab is completing validation process.</li> <li>▪ MSSV Reports – CMH progress on file submission; Resolution of questions raised by UMC by March – homework to be assigned this meeting, review access measures (developed by sub-committee)</li> <li>▪ Four CMHSPs have submitted MSSV files successfully. The data is supposed to be updated monthly at MSHN and is scheduled to be updated again tomorrow. If you submitted between December 18<sup>th</sup> and today, it will not show up in the report currently. Linda raised concern about “referral to” field – it is a PCE programming issue that is preventing her from submitting; could validation check be removed and then the rest of the file could be accepted? Sarah to add to action list. Bay Arenac – not present; CEI – reporting; CMHCM – 1669 records pending submission, IT staff wasn’t aware of when to submit – Forest and Chuck to clarify: Josh will follow up; also struggling due to having logic developed for start and update records, still have not figured out logic for closing record (especially for those not being admitted to services); Gratiot – same question about when to submit; IT manager has assured they will submit in February (they just went live with PCE in Dec); Huron – no update; Levi reported some confusion on his shop; Levi will forward response to Todd as he receives them; Right Door – reporting; Lifeways – waiting for PCE; project management has two new platforms to roll out, PCE still needs to hard code forms but MSSV data for Lifeways is not a priority for PCE; Montcalm – reporting; Newaygo – put on pause as they are exploring switching HER; no expected date of compliance; Saginaw – reporting – block is “referral to” field; Shiawassee – reporting as of 23<sup>rd</sup>; Tuscola – access screen done, access and discharge summary needs to be completed – once PCE has their part done they can proceed – hopeful for the end of February.</li> <li>▪ Decision 1: What regional and/or CMHSP response is required to make progress toward the regional penetration goal? All but two CMHSPs in the region have in not met the goal to increase penetration by 10% since previous FY. Discussion documented in the Change Strategy Form. Change strategies identified by CMHSP. Annual review, January 2018, we welcome updates prior to this date; quarterly penetration rate reports will be shared.</li> <li>▪ Decision 2: What is the UMC recommendation for how CMH will submit inpatient data? Group requested more information regarding what data is needed (name, date of admission, facility, Medicaid ID?) and requested that the IT Committee provide recommendations for how data will be provided to MSHN securely. Recommend that Someone on the back end strip off a few data variables and automatically send it. Don’t have clinical staff manually enter this. Possibly have PCE include a function within the record to send data to MSHN. Need to link with IT council - UM would like to hear their suggestions; questions, etc.</li> </ul>

	<ul style="list-style-type: none"> <li>Decision 3: Which set of questions are the next set of priorities for use of MSSV and/or BH Teds data? Todd provided an introduction to this issue and the need to keep moving ahead with defining next steps. Due to time constraints we will pend this decision to next month.</li> </ul>
<ul style="list-style-type: none"> <li><b>KEY DATA POINTS/DATES</b></li> </ul>	<ul style="list-style-type: none"> <li>DA Workgroup/Data Lab Meeting scheduled for 2/14/2017, 12pm-3pm</li> <li>Next UM Committee meeting 2/23/2017, 1-4pm</li> </ul>