

Utilization Management Committee

Date: Thursday, February 27, 2020

Time: 2-4pm

Location: Gratiot CMH 608 Wright Ave, Alma, MI; **Upstairs Board Room**

Call-In: **Conf: 888-585-9008/ Room #: 305-403-274**

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

CMHSP	UMC Participant(s)
Bay-Arenac	Sarah Holsinger
CEI	Elise Magen
Central	Renee Raushi, Liz Cunningham
Gratiot	Taylor Hirschman
Huron	Levi Zagorski
Ionia-The Right Door	Jill Carter
LifeWays	Excused
Montcalm Care Network	Adam Stevens
Newaygo	Annette VanderArk, Kristin Roesler
Saginaw	Vurlia Wheeler
Shiawassee	Excused
Tuscola	Michael Swathwood
MSHN	Skye Pletcher; Joe Wager
TBD	Josh Hagadorn; Joe Torres

I. Review and Approve January Minutes, Additions to Agenda

Minutes approved; no additions to agenda

II. Level of Care- SMI and SED (TBD Solutions)

A. Background: Continuation of discussion from January meeting regarding operationalizing the regional core service menus

B. Discussion:

i. Recommendations for implementation of the LOC System core service menus:

Review of individual outliers to ensure medical necessity for services are the responsibility of each CMH local-level UM process; there is not an intention for CMHs to report back to the UM Committee/MSHN on every single individual outlier case reviewed. During MSHN site review process CMHs will demonstrate local-level policy/procedure/practices are in place to ensure the regional core service menus have been implemented and how outlier reviews are taking place. It is strongly recommended that each CMH review their current prospective/concurrent service authorization guidelines against the new regional

core service menus. It is NOT required that CMHs change all of their current authorization guidelines, however a CMH may decide to make some changes if their current authorization guidelines differ significantly from the regional core service menus. This could prevent the CMH from having a high rate of outliers for retrospective review if the prospective/concurrent authorization parameters are more closely aligned with the regional core service menu. Organizational outlier reviews will be a priority of the UMC to discuss/review/act on. Recommendation to develop regional standards/service protocols related to service delivery of evidence-based practices and for services where there continues to be significant variation throughout the region. Review quarterly data to determine if services are being delivered to fidelity of model and if medical necessity is being evaluated in a consistent way.

ii. **Questions/Concerns/Feedback related to data, methodology for selecting outliers, population attribution (I/DD vs SMI), etc.**

Handling of co-occurring I/DD and SMI individuals- MSHN will designate on outlier reports to CMHs that an individual is designated as I/DD, SMI, or Both for BH TEDS service eligibility category. That way CMHs can prioritize outlier reviews based on individuals who are truly designated as SMI primary. MSHN/TBD will also add date of last assessment to outlier reports for CMHs so they can identify if individuals are in need of new assessment (ie: the individual is showing up as an outlier because their needs have changed since their previous assessment and they are now being served at a LOC/intensity that no longer matches the LOC they were previously assessed as needing).

- C. **Outcome:** UMC and CLC will hold joint session during March meeting in order to discuss next steps for implementation with clinical leadership input. TBD will revise the logic/methodology for identifying outliers as discussed above. UMC will review the revised outlier reports to gauge the volume of individuals who are still identified as outliers and the potential impact on UM staff resources to review outliers on an ongoing basis.

III. **HSAG Corrective Action Plan Draft**

- A. **Background:** MSHN staff developed draft CAP to address HSAG findings. Refer to items #31, 34, 35, 36 on draft CAP for UM-specific actions. The proposed action is monitoring during the FY21 DMC site reviews to ensure adverse benefit determinations are being issued with consistency in regard to the HSAG areas of finding. Does UMC support the proposed corrective action?
- B. **Discussion:** UMC is in support of the proposed action that CMHSPs will provide MSHN with case selections during FY21 DMC site reviews in which ABD notice was issued to consumer as result of utilization review (decision to reduce, deny, limit services or authorization decision occurred outside of required timeframe). MSHN will provide regional monitoring through site review activity to ensure that ABD notices are being implemented according to requirements.
- C. **Outcome:** See above as outlined in discussion

IV. Annual UM Policy & Procedure Review

- A.** UM Plan FY20
- B.** Utilization Management Policy 6.0
- C.** UM Access System 6.0
- D.** Retrospective Sampling for Acute Services Policy
- E.** Retrospective Sampling for Acute Services Procedure

All policies/procedures and UM Plan are located in UM Committee Folder in Box. Track changes are turned on for each document; MSHN staff have already provided review which is indicated in track changes for each document. No substantive changes suggested for items B, C, D, E above, however there are substantive changes suggested for the UM Plan. Group reviewed suggested changes to UM Plan during the meeting which include numerous updates to align with parity requirements and changes to state/federal service requirements.

Outcome/Action Items: *UMC members are asked to review and provide feedback/edits in the body of each document by March 12 (2 weeks). Skye will compile all feedback/proposed changes and forward to Ops Council as next step in the formal review cycle.*

V. MCG Indicia Implementation

- A. Background:** Training and EMR/Indicia integration have occurred for all PCE customers. Discussion about refreshing sample sizes for those CMHSPs who are continuing retrospective reviews
- B. Discussion:** *MSHN UM Staff prepared updated "Sample Size Retro Acute Service Review FY20" document which is provided in meeting materials folder in Box. Reviewed the updated sample sizes which are largely unchanged from FY19; UMC accepts and agrees to adopt updated sample sizes.*
- C. Outcome:** *Next quarterly review for those CMHs who are conducting retrospective reviews is due by March 27 (next UMC meeting).*