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| CHAPTER: 6 | SECTION: 2 | SUBJECT: IMPROVING ORGANIZATIONAL LEADERSHIP |
| TITLE: UTILIZATION MANAGEMENT | | |
| EFFECTIVE DATE: 12/15/95 | REVISED/REVIEWED DATE: 12/11/96, 5/1/99, 11/5/01, 3/15/05, 11/28/08, 6/6/12, 8/26/13, 8/19/14, 7/15/15, 10/18/16, 11/28/17, 6/6/18, 7/31/19, 9/16/20, 9/28/21, 10/31/22 | |
| ISSUED AND APPROVED BY:  <p style="text-align: center;">EXECUTIVE DIRECTOR</p> | | |

I. PURPOSE:

- A. The process by which CMHOC ensures that individuals receive timely, high quality, cost-effective services in the most appropriate and least restrictive treatment setting and ensures that CMHOC has an effective mechanism to manage the utilization of clinical resources.

II. APPLICATION:

- A. All Community Mental Health of Ottawa County (CMHOC) programs.

III. DEFINITIONS:

- A. Utilization Management (UM): is the function of monitoring the use of agency resources through prospective, concurrent, and retrospective reviews, thereby assuring quality services are provided in an efficient and effective manner.

IV. POLICY:

- A. Community Mental Health of Ottawa County will maintain and support a Utilization Management Committee (UMC) which will assure the following:
 - a. Assure fair and consistent access by consumers to services based on principles that are clinically and fiscally sound, and consistent with stated admission criteria.
 - b. Services provided match the intensity of service needed.
 - c. Adequate outreach to target populations is occurring.
 - d. Data indicators that measure performance in access, efficiency, and outcome are collected and reported.
 - e. Compare data results from CMHOC to external benchmarks from statewide data or other sources.
 - f. Report state performance indicators and Data Matrix outliers to the Leadership Group, making appropriate recommendation for improvement, and/or contacting the Executive Director or other key management staff with recommendations that need more immediate attention.
 - g. Follow-up action plans are developed when necessary to address identified issues, and monitored until they are complete.

V. PROCEDURE:

- A. UM is a standing committee of the CQI structure consisting jointly of Utilization Management and Leadership. Written reports and recommendations are reviewed monthly.
- B. UM will communicate with and make recommendations to key management staff, including the Executive Director.
- C. UM will meet once a month.
- D. UM policy will be reviewed on an annual basis.
- E. UM will maintain and monitor data as specified in the “UM Data Matrix” (see attached).
- F. UM will share reports with the Consumer Advisory Committee when appropriate in efforts to make informed decisions.
- G. Membership of Committee
 - a. UM membership will be interdisciplinary in nature, and include minimally representation from the following areas within CMHOC:
 - i. Key clinical representatives from services to consumers with mental illness, developmental disabilities, and/or substance use disorder.
 - ii. Access Center representatives responsible for services to consumers with mental illness, developmental disabilities, and/or substance use disorder.
 - iii. Finance manager or representative.
 - iv. Representative from the QI Unit.

VI. ATTACHMENT:
“UM Data Matrix”

VII. REFERENCES:

Selected sections of the Michigan Department of Community Health, “Managed Specialty Supports and Services Contract,” Number 4.5.2.1: Medical Necessity Criteria, Number 4.5.3.1: Service Selection Guidelines: Developmental Disabilities, Number 4.5.4.1: Service Selection Guidelines: Mental Health.

ATTACHMENT: UM DATA MATRIX

| Report Name | | Description of Report | Frequency | Method of collection | Responsibility | Reason for Monitoring |
|-------------|---------------------------------------|--|--|---|---|-----------------------|
| 1. | CC360 High Utilizers | MDHHS reports available via CC360. Identifies high inpatient utilizers. | Monthly | Report: High Utilizers (CC360), Med ID - Program | Tiffany | UM Mission |
| | CC360 Trending High Utilizers | MDHHS reports available via CC360. Identifies trending high inpatient utilizers. | Monthly | Report: Trending High Utilizers (CC360), Med ID - Program | Tiffany | UM Mission |
| 2. | BH-TEDs Data Completeness | The report monitors data completeness in BH-TEDs records. | Monthly | Report: Missing BH TEDS | Tiffany | Contract Requirement |
| | BH TEDS - LOCUS | | Monthly | Report: LOCUS BHTEDS Completeness | Tiffany | Contract Requirement |
| | BH TEDS - Veteran | | Quarterly: March, June, September, December | Report: Veteran BHTEDS Completeness | Tiffany | Contract Requirement |
| | Primary Care Physician Report | The report determines the number & percent of consumers who do not have a primary care physician. The benchmark for this report is 95% completeness. Our goal to assist in obtaining a PCP for those that do not have one. | Monthly | Report: No primary health care contact (CR) | Tiffany | Contract Requirement |
| 3. | Outcomes | Update on the outcomes system (ANSA, CANS, CAFAS, SIS, etc.) and research projects. | TBD | | | CARF |
| | ANSA Outcomes | | Biannually: April, October | | | CARF |
| 5. | Number and percent of Spenddown cases | This report includes all consumers funded by Medicaid Spenddown. The # of consumers falling into each level of care by population and the % of money spent for that level within the population are obtained for the reporting period. The # of Spenddown consumers are charted over time. The report also includes a breakdown of cost for Spenddown consumers. | Quarterly: Supervisors – Monthly UM - Quarterly: February, May, August, November | Report: Spenddown Number and percent (CR) | Report: Tiffany UR: PS using Spenddown Report w/ GF services FY2018 | Contract Requirement |
| 6. | Current State Psychiatric Inpatient | This report shows those with a current State Psychiatric Inpatient authorization, as well as those with an open State Psychiatric Inpatient episode. The annual budget and the YTD expenditure are included. | Quarterly: January, April, July, October | Report: State Psychiatric Days (CR) | Tiffany | UM Mission |

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| 7. | Average cost per case | Estimates the average cost per consumer by population and level of care. We also compare Ottawa's average cost per case to the State's average based on the most recent Sub-Element Section 904 Report. A statistical control chart shows Ottawa's historical average cost per case. | Annual: January | Reports: Services report & Population list (CR) | Tiffany | CARF UM Mission |
| 8. | Local Psychiatric Inpatient Utilization (CMH responsibility) | The report tracks the quarterly # of local hospital admissions, discharges, inpatient days, & the ALOS for cases which are the responsibility of CMH (consumers funded by Medicaid, ABW, Spenddown, & General Fund). A statistical control chart is used to monitor these factors over time. Consumers with an ALOS 8 days or greater will be sent to the MI Supervisor to review. | Quarterly: January, April, July, October | Report: Local Psychiatric Days (CR) | Tiffany | UM Mission |
| 9. | CMH Team Productivity | An improved report that reviews billable hours by staff and position type. The denominator is adjusted to account for total available time (excluding vacation and holidays). | Quarterly: March, June, September, December | Reports: Productivity Report-non billable, productivity, group, MICA (CR), Payroll data (CMHOC Finance) | Data: Patricia Romero Report: Tiffany | CARF UM Mission |
| 10. | Access screens and percent referred out | This report displays the number of Access Screens and the percent referred to other agencies. | Annual: October | Report: ACCESS screening #&% (CR) | Tiffany | CARF |
| 11. | Inpatient requests and percent denied | This report displays the number of inpatient requests and the number and percent of those requests that were denied. | Annual: November | Report: Inpatient Denied (CR) | Tiffany | CARF |
| 12. | Units of service provided per program requirements (ACT, HB, HSW) | ACT: report displays hours of ACT service, cases not meeting the 6 hour standard are highlighted in red. A graph shows the percent of ACT consumers meeting this standard over time. HB: report displays the Home Based standard of 4 hours of face-to-face (billable) services per month as defined by MDHHS. The highlighted areas are the months in which this standard was not met. HSW: HSW consumers must receive at least 1 HSW service per month. Those without a monthly HSW service are highlighted and investigated. | Quarterly: February, May, August, November | Reports: ACT units of service, Home Based units of service, & HSW units of service, LOCUS (CR), CAFAS csv (FAS Outcomes), Services Report (CR) | CAFAS data: Kristi/Anna Reports: Tiffany | CARF UM Mission Contract Requirement |
| 13. | MMBPIS Indicator | This is a quarterly review of Ottawa's Performance indicators. | Quarterly: March, June, September, December | Reports: PM → Custom Reports → Performance Indicator Reports | Anna | Contract Requirement |

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| 15. | Crisis Residential Utilization | Statistical Control charts are used to monitor monthly # of days, # of admissions, and the average length of stay in Crisis Residential. | Annual: February | Report: Crisis Residential Days (CR) | Tiffany | CARF UM Mission |
| 17. | Number Served/Medicaid Penetration Rate/DEG Enrollment | Statistical Control charts are used to track the monthly number of consumers served by population. The report shows the rate at which we are serving those eligible in Ottawa County. Statistical Control charts are used to monitor monthly # of DAB, TANF, HMP enrollees. | Annual: December | Report: Unduplicated Medicaid Count Fileserver → Monthly Reporting → Medicaid Enrollees | Data: Tiffany | UM Plan |
| 18. | Bi-Annual Report to Board, Consumer Advisory Committee, and Stakeholders | A bi-annual report will be created and shared with the Board, CAC, and Stakeholders (CMHOC website). | Biannual Review in UM: April, October Publish: May, November | May: MMBPIS, Number Served, Hospital Length of Stay, Crisis Residential Length of Stay, PECFAS/CAFAS outcomes November: PCP Seen, MA Penetration, Recidivism (30,60,90 days), Outcomes findings | Rich | CARF UM Plan |
| 19. | Percent discharged with goals achieved | Displays the number and percent of agency discharges by population. | Annual: April | Report: Discharge Summary (CR) | Tiffany | CARF - Outcomes |

| Report Removed | Report Description | Frequency | Method of Collection | Date Removed |
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| Number and percent of Medicaid cases | This report only includes consumers funded by Medicaid. The # of consumers falling into each level of care by population and the % of money spent for that level within the population are obtained for the reporting period. The Medicaid consumer count is plotted by population over time. | Quarterly: February, May, August, November | Report: Medicaid Number and percent | May 2014 |
| Number and percent of general fund cases | This report includes all consumers who used General Fund dollars during the reporting period. The # of consumers falling into each level of care by population and the % of total money spent for that level within the population are obtained. The consumer count is plotted by population over time. | Quarterly: February, May, August, November | Report: GF Number and percent | May 2014 |
| Percent discharged to a lower level of care | | Jane and Paul to look into & make recommendatio | | October 2014 |

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| DHS Units of service | DHS: report lists consumers who are categorized as Foster Care, CPS-I, or CPS-II and identifies what services they are receiving. CMH receives a reimbursement when providing Home Based/ Wraparound or two different services (excluding respite). Removed due to change in state's criteria for DHS incentive payment beginning 10/1/2015. We only receive incentive payment for Home Based and WrapAround consumers. Ann/Joan may request this report be run periodically. | Quarterly: February, May, August, November | Reports: DHS units of service | November 2015 | |
| Waiting List Update | Tracks the number of consumers on the waiting list. Identifies the length on the waiting list, locus score, and the risk of that consumer. Removed due to millage and elimination of the waiting list. | Bi-monthly: January, March, May, July, September, November | Report: Waiting List Waiting List Discharge | December 2016 | |
| Categorical Funds Report | Monitors the use of categorical funds to ensure that we are not spending too much or too little. These funds are returned to the State if unused. Change in the way the minority funds are distributed. | Quarterly for Q1, Q2, Q3: January, April, July Monthly for Q4 | Report: Categorical Funds (GF Benefit) Report | April 2017 | |
| PIP Report | Review of Regional PIP project. Identify consumers who filled a 2 nd generation anti-psychotic and who have not received the appropriate lab work for screening for diabetes. Removed due to responsibility of CMHOC Quality Improvement. | Monthly | Report: LRP PIP Measure with Age Filter by Consumer (ICDP), GLHC | June 2018 | |
| Health Measures/DD Proxy | The report determines the number & percent of consumers without a health measure. This is a state requirement to be at least 95% complete. Removed due to responsibility of CMHOC Quality Improvement. | Supervisors – Monthly Not viewed in UM Committee unless completeness <95% | Report: Health Measures report, DD Proxy Measures - BHTEDS | June 2018 | |
| Unspecified Diagnosis Report | Identifies consumers who have an unspecified diagnosis. These should be updated when possible. Removed due to responsibility of CMHOC Data Mapping. | Quarterly: March, June, September, December | Reports: Unspecified Dx Report - UM | June 2018 | |
| CC360 High Needs | MDHHS reports available via CC360. Identifies consumer with high needs (chronic conditions). Report to display only new consumers month to month. Removed due to CC360 High Needs Report no longer available. | Monthly | Report: High Needs (CC360), PCP Seen in 12 months | October 2018 | |
| Review of MUNC Data | | Annual: January | | July 2020 | |

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| Review of Section 904 Data | | Annual: February or when MDHHS data available | | July 2020 |
| Utilization Comparison using Section 904 | Program Supervisors identified key services. The Section 904 report is then used to compare Ottawa's current cost per unit to previous years, to the State of MI, and with our regional partners. | Annual: Summer | Report: MDHHS Website | July 2020 |
| Number Served by Population | Statistical Control charts are used to track the monthly number of consumers served by population. | Biannually: March, September | Report: Services Report & Population list (CR) | July 2020 – combined with another report |
| Medicaid Enrollment Monitoring (DEG) | Statistical Control charts are used to monitor monthly # of DAB, TANF, HMP enrollees. | Annual | Report: Dale Howe database | July 2020 – combined with another report |