Utilization Management Redesign Pilot
Transitioning To a Centralized UM Model

Why?

Tom Seilheimer
Sarah Bowman
Region 10 UM Redesign Efforts

UM Redesign Workgroup  Data Analysis & Infrastructure Development  UM Pilot  Refine Processes & Tools  Implement Centralized Model

What is included in UM functions?

1. Access and Eligibility Determination
2. Level of Care/Service Authorization Guidance
3. Authorization (prospective, concurrent, retrospective)
4. Utilization Review
5. Care Management

Region 10 – Looking back, looking forward...

Delegated → Centralized

October 2019
Flow Charts and Processes and Maps....Oh My!

Authorizations in the Delegated Model

- For many CMHSPS, "authorization" is described as data entry process
- Auth approval frequently appears synonymous with supervisor approval of IPOS
- Some services (CLS, respite, etc.) require additional oversight/committee/UM review at CMHSP, but not consistent
Goals of Centralized UM Model

- Improve experience of care by providing a consistent regional benefit
- Remove the burden of UM review from CMH supervisors and increase capacity for other supervisory duties
- Demonstrate compliance with MDHHS/PIHP contract requirements, 42CFR 440.230(d)

Federal Considerations

- Parity Rules – consistent standards, equitable access – Statewide PIHP Parity Group

- Compliance requirements - protection from Conflict of Interest and Firewalls between the Assessment, authorization decision & service
State Considerations

- State messaging re: **how scope, duration and intensity** of service decisions are made within a program/CMHSP
- Need for "**consistent benefit**" across region
- Efficiencies – centralized vs decentralized models

WE NEED YOU!
UM Pilot Overview

**Who?**
- CMHSP Caseholder
- Reg 10 UM Clinician
- CMHSP SharePoint Designee

**What?**
- Service Authorization
- Guideline Continuum
  of Care
- Service Grid
- Service Exception
  Request
- Shared Repository for
  Documents - SharePoint
Service Authorization Guideline Continuum of Care

- **Standardized Assessment**
  - LOCUS
  - CAFAS
  - SIS ABE

- **SAG COC Score**
  - The "plus 1" criteria

- **Previous Service Utilization**
  - Acute & Crisis Services

---

Let's Practice...
Check Point

Assessment ➔ SAG COC Selection ➔ PCP/IPOS

Service Authorization Request

Recommendations, Not Rules

Assessments may be used to inform the PCP process, but is not a substitute for the process.

-MDHHS/PIHP Contract Attachment P4.4.1.1
Grid Navigation Tips

- One tab per population; select the appropriate population

<table>
<thead>
<tr>
<th>Service Group Name</th>
<th>Minimum Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAG COC</td>
<td>Maximum Units</td>
</tr>
<tr>
<td>Procedure Codes</td>
<td>Remaining Duration</td>
</tr>
<tr>
<td>Unit Type</td>
<td>Max Units for Remaining Duration</td>
</tr>
<tr>
<td>Max Duration</td>
<td></td>
</tr>
</tbody>
</table>
Grid Navigation Tips

- Filter by Service Authorization Guidelines
  Continuum of Care (SAG COC) in Column B

<table>
<thead>
<tr>
<th>Service Group Name</th>
<th>SAG COC</th>
<th>Procedure Codes</th>
<th>Unit Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral TP Monitoring</td>
<td>SED - Minimal</td>
<td>H0032 TS</td>
<td>Encounter</td>
</tr>
<tr>
<td>Behavioral TP Monitoring</td>
<td>SED - Moderate</td>
<td>H0032 TS</td>
<td>Encounter</td>
</tr>
<tr>
<td>Behavioral TP Monitoring</td>
<td>SED - Serious</td>
<td>H0032 TS</td>
<td>Encounter</td>
</tr>
<tr>
<td>Behavioral TP Monitoring</td>
<td>SED - Severe</td>
<td>H0032 TS</td>
<td>Encounter</td>
</tr>
</tbody>
</table>

Service Grid Webinar

Save the date!!
May 22nd 9-10am
Check Point

Assessment → SAG COC Selection → PCP/IFOS → Auth Request

Service grid...

Does the request fall within the guidelines?

Service Exception Request

Identifying Information:

Service Exception Request Rationale:

BRIEF
Service Exception Request

Do...
- Be concise
- Provide clear evidence why service is medically necessary
  - Issues that impacted selection of SAG COC category (atypical conditions/issues)
  - Risks
  - Benefits

Don’t...
- Rewrite the biopsychosocial assessment
- Simply state “----- service is medically necessary”

Let’s Practice

- Scenario 1: Seth is a 30-year-old man diagnosed w/schizophrenia. You selected a moderate SAG COC category. You are requesting 100 units of TCM within the next 12 months.
- Scenario 2: Laura is a 12-year-old girl diagnosed w/oppositional defiant disorder, with a CAFAS score of 60. You selected a moderate SAG CO. You are requesting wraparound services.
- Scenario 3: Derek is a 49-year-old man diagnosed with an intellectual impairment, with a SIS ABE score of 25 (Med 4, Beh 4). You selected a serious SAG COC category. You are requesting 4500 units of CLS within the next 12 months.
How will we exchange information?

SharePoint

Keep calm, it's just temporary

Use of SharePoint

 UM Redesign
Private group

Search this site

Documents > Lapeer

New  Upload  Share  Copy link

Name -
Lapeer SAG COD
Lapeer SFR
Lapeer UM Disposition
Pilot Documents
What do I need to do?

Complete SAG COC worksheet

Store it securely

Complete Tx Plan/IPOS

Determine if SER needs to be completed

Turn in form to SharePoint designee

SharePoint – Homework Assignment
Success Measures

- % of cases for which all services requested fell w/in approved ranges
- % of cases for which UM approved the Service Exception Request
- % of service authorization appeals that were resolved
- CMHSP satisfaction (via input from UMC rep)
- Consumer feedback (if available)
- Region 10 UM staff satisfaction

Monitoring of Pilot

- Region 10 CCO
- Implementation Workgroup
  - Reg 10 CCO
  - Reg 10 UM Staff
  - CMHSP UMC Rep
  - Other pilot participants as needed
- Monthly review at UMC
- End-of-pilot report
Region 10 UM Redesign Efforts

- UM Redesign Workgroup (2015-2016)
- Data Analysis 
  & Infrastructure Development (2017-2018)
- UM Pilot (May-July 2019)
- Refine Processes & Tools (August 2019)
- Implement Centralized Model (Oct 2019)

Confidence Ruler

- I think I get it, I just have to do it a few times
- I have no idea what to do!
- I've got this! I'm confident.