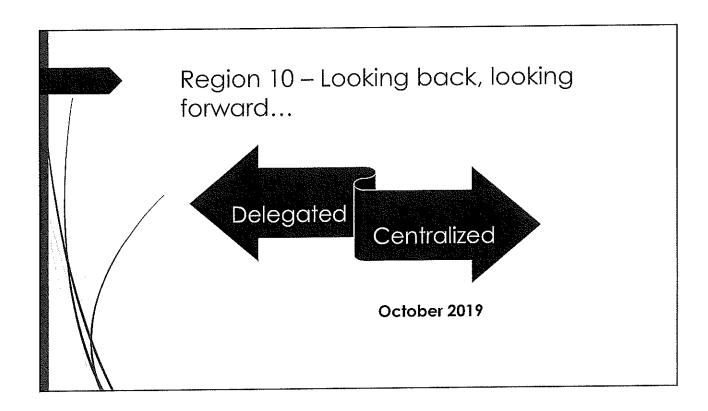
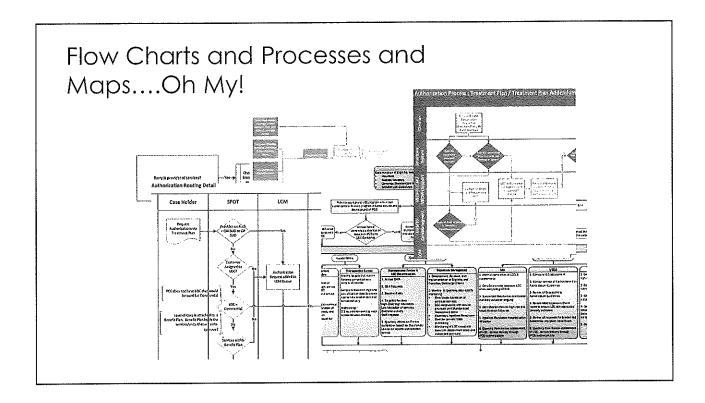


#### What is included in UM functions?

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





# Authorizations in the Delegated Model

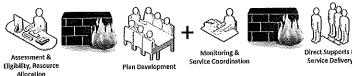
- For many CMHSPS, "authorization" is described as data entry process
- Auth approval frequently appears synonymous with supervisor approval of IPOS
- Some services (CLS, respite, etc.) require additional oversight/committee/UM review at CMHSP, but not consistent

#### 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

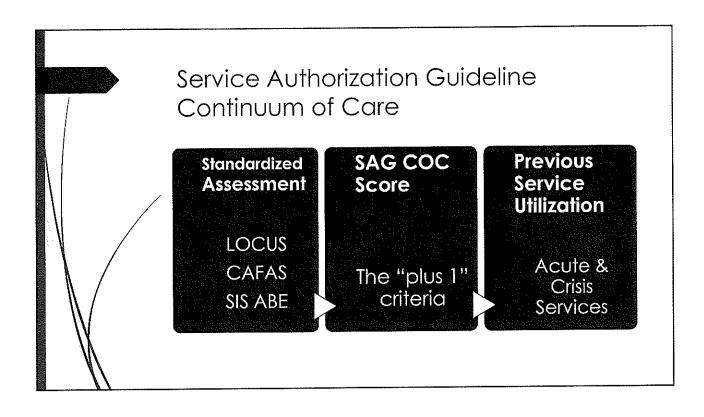
- State messaging re: how scope, duration and intensity of service decisions are made within a program/CMHSP
- Need for "consistent benefit" across region
- Efficiencies –centralized vs decentralized models

# WE NEED YOU!

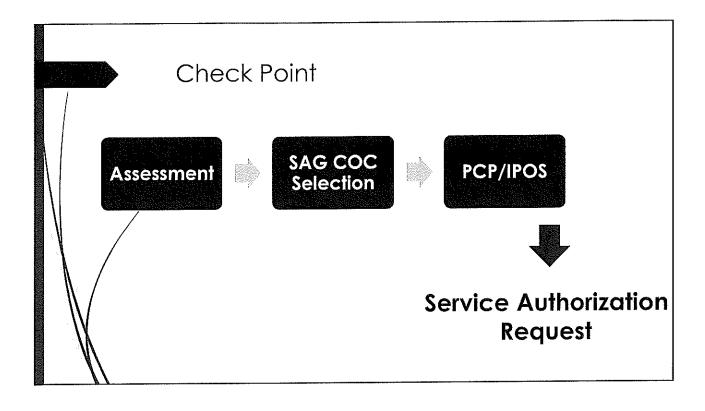




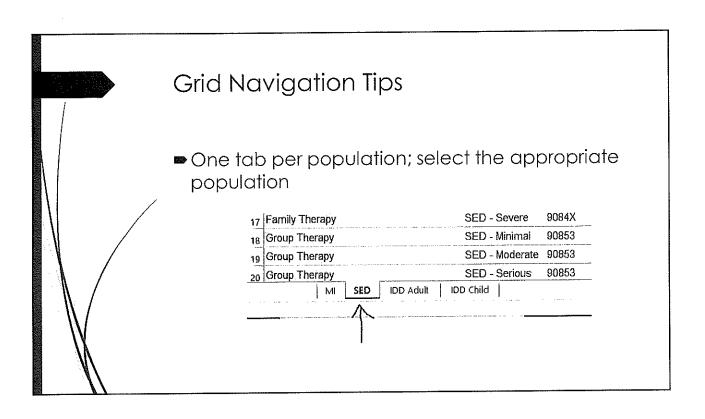
#### **UM Pilot Overview** What? Who? ■ CMHSP Caseholder Service Authorization Guideline Continuum Reg 10 UM Clinician of Care **►** CMHSP SharePoint ■ Service Grid Designee ■ Service Exception Request **⇒** Shared Repository for Documents -SharePoint

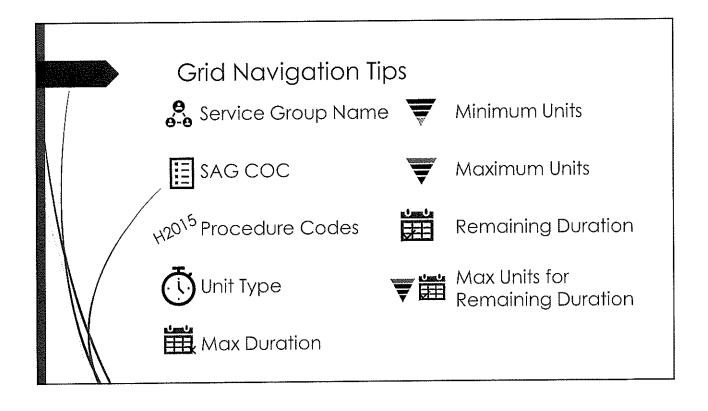


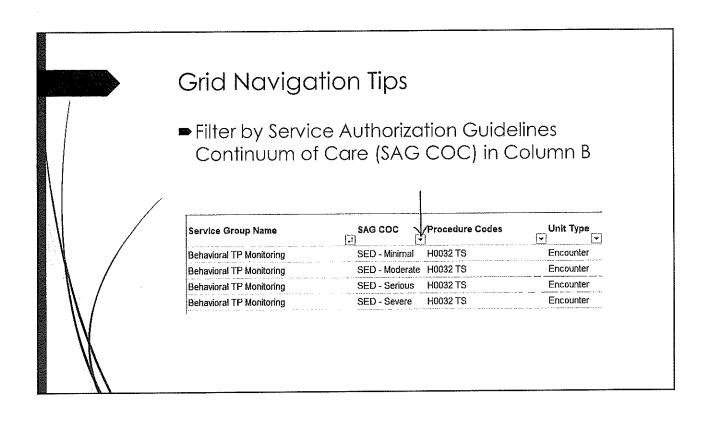




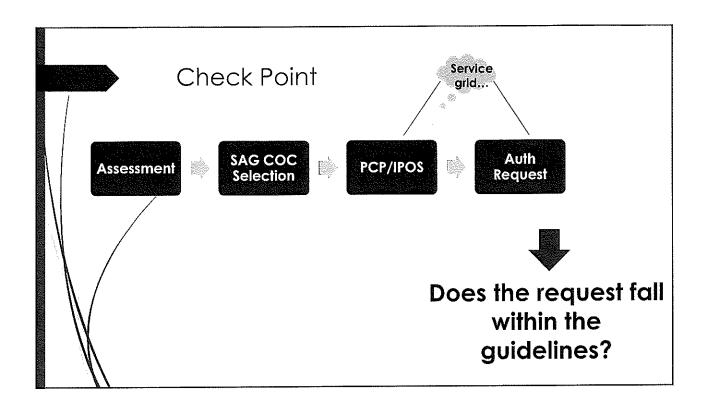
# ■ Assessments may be used to inform the PCP process, but is not a substitute for the process. -MDHHS/PIHP Contract Attachment P4.4.1.1

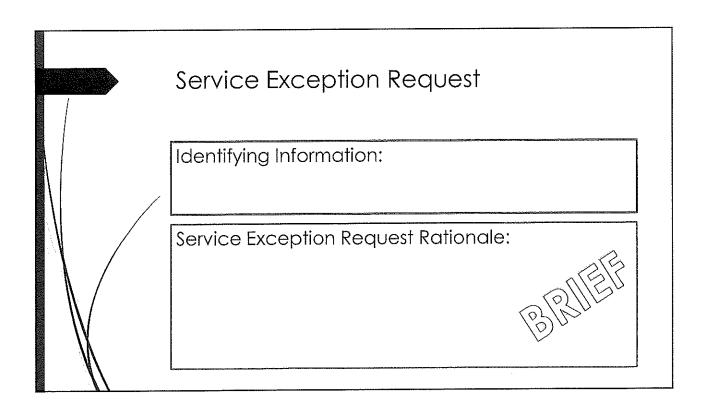


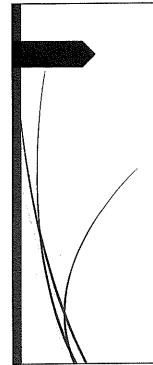












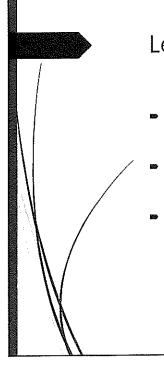
# Service Exception Request

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"



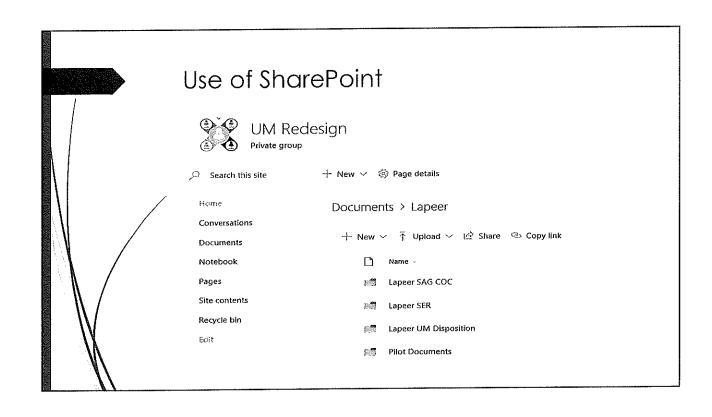
## Let's Practice

- 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





### What do I need to do?



Store it

securely

Complete SAG COC worksheet



Complete Tx Plan/IPOS

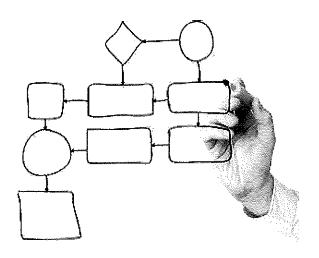


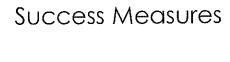
Determine if SER needs to be completed



Turn in form to SharePoint designee

SharePoint – Homework Assignment





- % 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

