


LAPEER COUNTY COMMUNITY MENTAL HEALTH

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SECTION Operations		DESCRIPTION Utilization Management Policy	
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APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input type="checkbox"/> Volunteers			

POLICY:

Lapeer County Community Mental Health (LCCMH) shall establish a comprehensive Utilization Management (UM) Program ensuring all persons served receive timely, appropriate mental health care in the most cost effective manner.

STANDARDS:

- A. Lapeer County Community Mental Health shall have in place, utilization review processes including concurrent review, transition and discharge planning, retrospective reviews, and over and under-utilization reviews to ensure adherence with all applicable Federal, State, and Accreditation standards, as well as the clinical practices of the Region 10 Prepaid Inpatient Health Plan (PIHP).
- B. Lapeer County Community Mental Health shall be responsible for performing system integrity reviews of the Utilization Management Program to ensure it is obtaining the desired outcomes. Lapeer CMH shall accomplish this responsibility by monitoring the LCCMH clinical service delivery practices and documentation through Utilization Review. Utilization Reviews are completed by reviewing supporting case chart documentation, including chart adherence to clinical

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protocols, clinical documentation requirements, and clinical appropriateness of treatment planning decisions.

- C. Utilization Review (UR) activities shall be coordinated by a Utilization Management (UM) Committee. The Quality Improvement Coordinator shall chair the UM Committee. The LCCMH UM Committee reviews LCCMH service performance, and recommends any appropriate improvement and/or corrective action. UR Reports, including findings and recommendations, shall be issued by the Chairperson of the UM Committee, and are reviewed by the LCCMH Management Team. A Summary Report is developed and presented at least annually to the LCCMH Quality Council and the LCCMH Board of Directors.
- D. Utilization reviews are completed through a peer review process for periodic chart reviews, using high or low utilization outlier and performance criteria, annually established by the UM Committee.
- E. The UM Committee may indicate specialty focused utilization reviews based upon utilization trend data being analyzed by the Committee.
- F. LCCMH shall collect persons served demographic data (age, disability groups, diagnosis, problems, levels of care, and treatment); data regarding the appropriateness and timeliness of admission; and document the medical / clinical necessity of continued stay in LCCMH Services. The Level of Care Utilization System (LOCUS), Child and Adolescent Functional Assessment Scale (CAFAS) and Supports Intensity Scale (SIS) are tools used to help inform the level of care and are included in the Electronic Health Record (EHR) of the person served.
- G. LCCMH shall ensure Level I Authorization decisions are made using clinical protocols defined by the Michigan Department of Health and Human Services (MDHHS) Service Selection Guidelines, and Medical Necessity Criteria, in the PIHP contract with MDHHS. LCCMH shall:
 1. Ensure authorizations pertain to services in the Individual Plan of Service (IPOS) of the person served, as developed through a Person-Centered Planning (PCP) process;
 2. Ensure all authorizations and services are delivered in the context of the clinical protocols and practices;

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3. Ensure designated primary case holders requesting Level I services and requesting Level II authorizations are appropriately trained and credentialed;
 4. Ensure designated supervisors authorizing Level 1 services are appropriately trained and credentialed.
- H. LCCMH shall establish a Behavior Treatment Plan Review Committee to review and monitor cases requiring the use of restrictive behavioral plans and cases involving the use of psychotropic medication for behavioral control. LCCMH shall make every possible effort to utilize positive behavioral supports as an alternative to any restrictions suggested in a behavioral plan. All behaviors shall be viewed as a form of communication and staff will attempt to understand the communication to better meet the needs of the person served and to help reduce negative behaviors.

PROCEDURES:

A. Peer Review and Monitoring:

Lapeer CMH UM Committee Chair

- a. Works with the PIHP UM Committee to determine Committee review priorities, goals and review focus / special studies for the upcoming year based on recommendations from the Annual Report.
- b. Develops and posts an annual UM Peer Review Schedule. Reviews will be conducted each quarter.
- c. Notifies LCCMH Chief Executive Officer / designee of any change in the scheduled UM Review.
- d. Coordinates all Utilization Reviews with the Program Supervisors.
- e. Develops a Utilization Management Committee
 1. At least one Clinical Supervisor
 2. One Data Management Supervisor or designee
 3. One staff for data entry and report writing

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f. Provides written notification of the case selection to the LCCMH Supervisors. Cases selected may involve both concurrent and retrospective reviews and may be chosen using any of the following criteria:

1. High and low-utilization selection of both open and recently closed.
2. Cases identified as outliers for over or under-utilization.
3. Stratified random selection of cases.
4. Cases specifically requested for review by LCCMH Staff or Supervisors.

Lapeer CMH Utilization Management Committee (UMC):

- a. Provides forms for program staff to use for data collection during the peer review process.
- b. Develops the framework for chart reviews which include the following activities:
 1. Monitoring and evaluating the quality and appropriateness of services, level of care and performance of staff;
 2. Monitoring compliance with the Level I / II authorization protocols;
 3. Monitoring compliance with MDHHS service selection guidelines, person-centered planning requirements, and case management choice guidelines;
 4. Monitoring compliance with documentation and billing standards;
- c. Designates staff to ensure data collected during peer review is entered and scored.
- d. Provides appeals forms for staff to use, upon request, when they receive the completed peer review form from the supervisor.
- e. Receives and reviews any appeals submitted by LCCMH Staff or Supervisor. Appeals shall be submitted to the UMC Chairperson within 14 days of staff and supervisor reviewing the completed audit sheet.
- f. Receives and forwards any appeals to the LCCMH Chief Operating Officer, which cannot be resolved between UMC and Staff/Supervisor. LCCMH COO may consult with the agency Medical Director or Chief Executive Officer as needed to resolve an appeal.

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- g. Notifies staff and supervisor of the appeal decision by the UM Committee or COO.
- h. Develops the Utilization Review Report and submits them to LCCMH Quality Council.

Lapeer CMH UM Committee Chairperson:

- a. Upon completion of all levels of appeal, receives the final report from the UMC designated staff.
- b. Presents the UR Report at the next scheduled Quality Council Meeting for approval.
- c. Issues the final UR Report to LCCMH Services Board.

B. Behavior Treatment Plan Review Committee (BTPRC):

- 1. Conducts clinical reviews on a regular basis.
- 2. Schedules and conducts clinical reviews of all cases suggesting the use of restrictive behaviors plans, cases involving the use of psychotropic medication for behavioral control and cases involving any identified risk to the person served or agency. The Committee will attempt to utilize positive behavioral supports as an alternative to any proposed restrictive behavioral plan.
- 3. Aggregates and analyzes data and presents a monthly report to the Quality Council.
- 4. Submits a report on a quarterly basis to the PIHP UM Committee Chairperson, summarizing LCCMH BTPRC activities and results.

DEFINITIONS:

Authorization: A key component of the Utilization Management Program. Service authorization is a process designed to help assure planned services meet medical necessity criteria and/or are appropriate to the conditions, needs, and desires of the person served. Authorization generally occurs before services are delivered, but may occur at some point during service delivery or after services have been delivered in cases of emergent situations. In all situations, all service authorizations must meet

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medical necessity review criteria as specified in the clinical protocols. LCCMH uses three types of service authorizations:

1. Access - Initial Service Authorization: The function performed directly by the Region 10 PIHP Access Services that:
 - a. Determines eligibility for specialty benefit services;
 - b. Authorizes the start of specialty services, including the initial intake, any Level II services, and the commencement of the person-centered / treatment planning process.
2. Level I - Service Authorization: Services authorized at the LCCMH clinical supervisor level occurring as part of and an outcome to, the person-centered planning process for services meeting the medical necessity criteria in the clinical protocols, and that are specified in the Individual Plan of Service (including intensity, scope, and duration). These service authorizations are for treatment services other than hospitalization, partial hospitalization or crisis residential.
3. Level II - Service Authorization: Is a function performed directly by the PIHP. Level II Service Authorizations prior authorize all requested Level II services (hospitalization, partial hospitalization and crisis residential) emanating from the person-centered planning process with the person served, meets the medical necessity criteria of the clinical protocols, and are specified in the Individual Plan of Service.

CAFAS: Child and Adolescent Functional Assessment Scale is a tool used to measure functioning of children and adolescents in daily life activities. It is designed to assess emotional, behavioral, psychological and substance use problems in youth.

Clinical Protocols: A set of service descriptions which outline all services available to eligible persons served. The descriptions include service definitions, eligibility criteria, service settings, appropriate service providers, and typical utilization patterns. The clinical protocols are routinely updated to reflect consistency with utilization findings (utilization trends, successful clinical outcomes / best practices) and service purchaser contracts, such as Medicaid.

Clinical Supervisor: LCCMH credentialed Bachelor's or Master's level behavioral health care professional staff with experience in system access eligibility screenings,

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level-of-care determinations, referrals, service authorizations (Level II), and utilization management activities.

Concurrent Review: Examining and evaluating the appropriateness of a service at the time of service request and throughout the period of service delivery.

LOCUS: Level of Care Utilization System- A tool used to assess the current clinical needs of the person served and assist in establishing the intensity of service needs.

Person Centered Planning (PCP): A process for planning and supporting the person served, building on the person's capacity to engage in activities promoting community life and honor the preferences, choices, and abilities of the person served, while ensuring specialty services address their desired services, supports, outcomes, and goals. The person centered planning process involves families, friends, and professionals as the person served desires or requires. (Michigan Department of Health and Human Services, 1998)

Retrospective Review: Examining and evaluating the appropriateness of services authorized and provided for a particular person served after the services have been rendered.

Supports Intensity Scale: A strength-based comprehensive assessment tool, for adults with an intellectual or developmental disability, measuring the person's potential support needs in personal, work-related and social activities in order to identify the type of support the person may benefit from.

Utilization Management (UM): The system which consists of a set of functions and activities focused on ensuring eligible persons served receive clinically appropriate, cost-effective services delivered according to clinical best practice guidelines, focused on obtaining the best possible outcomes.

Utilization Review (UR): The medical record review process established to ensure that the Utilization Management Program service standards, protocols, practice guidelines, and authorizations are adhered to by all service providers.

Utilization Management Committee (UMC): The designated committee responsible for providing oversight, management, and reporting of the overall UM Program on behalf of LCCMH.

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This policy supersedes
#09/08044 dated 09/19/2008.
