Utilization Management (UM): The process by which a mental health organization ensures that individuals receive timely, quality, cost-effective services in the most appropriate treatment setting and ensures that the organization has an effective mechanism to manage the utilization of clinical resources.

ENSURING THE APPROPRIATE & LEAST RESTRICTIVE TREATMENT SETTING

Home Based Program Review

The Home Base Team provides services to children with serious and/or emotional disturbances. The Utilization Management Committee conducts concurrent reviews of this treatment team. The Medicaid Provider Manual defines four hours of face-to-face time as a minimum standard of service. The Home Based UM Report identifies individuals who are not meeting the four hour standard; cases are reviewed by the Program Manager. Additionally, a review of the current Child and Adolescent Functional Assessment Scale (CAFAS) or the Preschool-Early Childhood Functional Assessment Scale (PECFAS) measure ensures that those served by the Home Based team are in the most appropriate treatment setting. Lastly, the Home Based UM report analyzes assessment scores over time to measure clinical outcomes from services delivered.

Home Based Units of Service Report												
5/1/2018 - 7/31/2018												
							CAFAS/					
					Most	**CAFAS/**	**PECFAS**	**CAFAS/**				
	Primary Staff	**Min HB**	**Max HB**		**Recent**	**PECFAS**	**Most**	**PECFAS**				
ClientID	**8/19/18**	**Date**	**Date**	**Type**	**Date**	**Baseline**	**Recent**	**Gains**	**May-18**	**Jun-18**	**Jul-18**	**Total**
Client #1	HB Staff #1	3/28/2018	7/23/2018	CAFAS	6/18/2018	170	110	60	4	4.25	4.5	12.75
Client #2	HB Staff #1	2/14/2018	7/27/2018	PECFAS	7/9/2018	100	60	40	3.25	4.25	4.75	12.25
Client #3	HB Staff #1	3/13/2018	6/22/2018	CAFAS	5/31/2018	160	120	40	3	3.75		6.75
Client #4	HB Staff #1	12/12/2017	7/12/2018	CAFAS	5/29/2018	160	130	30	5	2	1.75	8.75
Client #5	HB Staff #1	10/2/2017	7/11/2018	CAFAS	6/12/2018	150	150	0	5	4.75	2.75	12.5
...												
Client #15	HB Staff #2	10/6/2017	6/21/2018	CAFAS	6/29/2018	180	110	70	3.25	3		6.25
Client #16	HB Staff #2	10/10/2017	6/29/2018	PECFAS	6/29/2018	140	90	50	2.5	4		6.5
Client #17	HB Staff #2	10/10/2017	6/12/2018	PECFAS	6/29/2018	110	60	50	4.25	2.25		6.5
Client #18	HB Staff #2	2/20/2018	6/28/2018	CAFAS	6/29/2018	160	120	40	3.25	3.5		6.75
Client #19	HB Staff #2	3/14/2018	6/29/2018	CAFAS	6/29/2018	180	150	30	4.5	14.75		19.25
...												
Client #29	HB Staff #3	11/27/2017	7/20/2018	CAFAS	6/28/2018	160	100	60	2.25	1.25	1.5	5
Client #30	HB Staff #3	10/5/2017	6/28/2018	CAFAS	5/18/2018	140	90	50	4.5	3		7.5
Client #31	HB Staff #3	3/7/2018	7/9/2018	PECFAS	7/27/2018	150	100	50	3.5	0	1.5	5
Client #32	HB Staff #3	1/17/2018	6/12/2018	CAFAS	7/27/2018	130	90	40	4.75	2.5		7.25
Client #33	HB Staff #3	1/25/2018	7/3/2018	CAFAS	7/27/2018	120	90	30	5.25	2.5	0.75	8.5
...												
Client #40	No Longer Active	11/13/2017	5/14/2018						1			1
Client #41	No Longer Active	3/6/2018	5/24/2018	CAFAS	7/13/2018	140	70	70	1.75	0		1.75
Client #42	No Longer Active	4/9/2018	5/14/2018	CAFAS	3/20/2018	150	150	0	0.5			0.5

MONITORING OF RESOURCES

Avoidable Error Study

The Utilization Management Committee reviews avoidable error resulting in general fund spending on a quarterly basis. Examples of avoidable error include providing service without an authorization, providing a second service on the same day, incident to billing, non-billable location, and no Dr. Signature or not within the time limit. Historical data was analyzed from October 1, 2014 to March 31, 2018. The Utilization Management Committee uses the Pareto Principle, also known as the 80/20 rule, to identify the few types of avoidable error resulting in the majority of avoidable general fund spending. This technique provides clinicians with a targeted approach to focus 20% effort to influence 80% of the avoidable error. Statistical process control charting is also used to monitor avoidable error spending over time and is used as a mechanism to assess the impact of process improvement initiatives.

Figure 1 shows providing service without an authorization as the top reason for avoidable error. This reason accounts for at least 50% of service adjustments to general fund. Figure 2 displays the number of monthly avoidable errors from October 2014 to the present. We see significant decreases in the number of adjustments to general fund. Figure 3 displays the monthly cost of avoidable error by adjustment reason. Historically, we see that no authorization is the top reason. In the recent months, we have seen a reduction in avoidable error spending. The reduction is attributed to a new process of early authorization auditing at the Med Clinic.
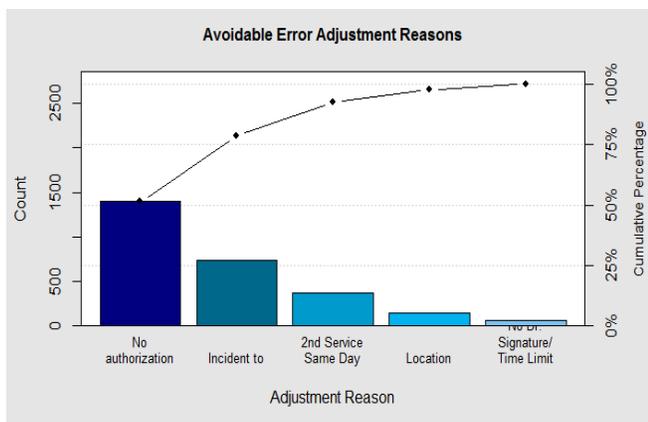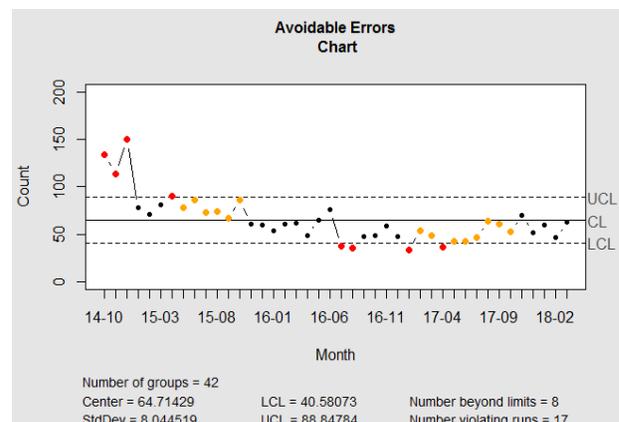

Figure 1: Adjustment Reasons Pareto Chart

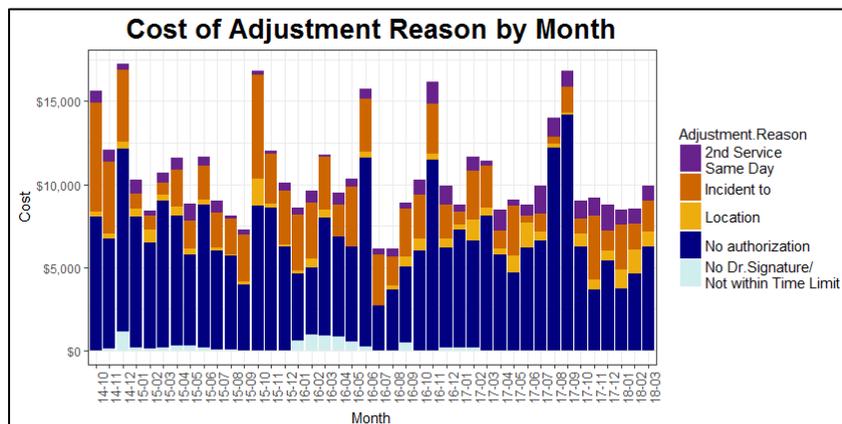Figure 2: Statistical Process Control Chart of Adjustment Occurrences

Figure 3: Monthly Cost of Avoidable Error by Adjustment Reason

August 24, 2018