

# Utilization Management Update

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

### ACT Program Review

The Utilization Management Committee reviews consumers served by the Assertive Community Treatment (ACT) Team. A review of the current Level of Care Utilization System (LOCUS) measure ensures that those served by the ACT team are in the most appropriate treatment setting. Additionally, review of ACT frequency of contact and hours of support serves as a mechanism to identify over and under-utilizers as well as an ACT program fidelity measure. Based on the UM report, consumers are seen approximately 1 hour per week. In the 4<sup>th</sup> quarter of FY 2017, the ACT team operated at a fidelity measure of 3 on the intensity of service scale.

ACT: Hours of Support																	ACT Fidelity Rating (Intensity: Avg. weekly hours)	
FY17Q4																		
ClientID	Recent LOCUS	Recent LOCUS Date	Week 27	Week 28	Week 29	Week 30	Week 31	Week 32	Week 33	Week 34	Week 35	Week 36	Week 37	Week 38	Week 39	Total Hours		
Client #1	30	11/8/2017	3.25	3	4.25	3	3.25	4.5	1.75	7	3.5	1.75	3.5	3.25	3.5	45.5	3.5	
Client #2	19	1/10/2018	2.75	3	3	2	2.5	2	1.25	2.25	3	2.75	2.25	2.25	2.5	31.5	2.4	
Client #3	21	1/24/2018	2.5	3.5	1	2	0.75	1.75	3	1.75	1.75	1.75	2.75	2	1	25.5	2.0	
Client #4	20	12/28/2017	2	2.75	2.5	1	0.25	0	2.25	2	2.5	2	1.75	2.5	1.75	23.3	1.8	
Client #5	21	11/1/2017	1	2	2.25	1.5	1.5	0.75	0.75	2.5	1.5	1.25	1.75	1	2.25	20.0	1.5	
Client #6	23	10/10/2017	0.5	3.25	2	0.5	0.5	0.5	1.5	3	0	1.5	1.25	1.5	1.5	17.5	1.3	
...																		
Client #25	25	10/10/2017	0.5	0.25	0.5	0.75	0.25	0.25	0.25	0.5	0.5	0.25	1	2	0.75	7.8	0.6	
Client #26	24	10/13/2017	0.25	1	1.25	0.25	0.25	1	0.25	0.25	0.75	0.25	0.25	0.5	0.25	6.5	0.5	
Client #28	28	8/21/2017	0.25	0.25	1.5	0.25	0.25	0.25	0.25	1.25	0.5	0.25	0.25	0	0.25	5.5	0.4	
Client #29	26	10/18/2017	0.75	0.25	0	0	0.25	0.5	0.5	0	0.25	0.75	0	0.75	0.5	4.5	0.3	
Client #30	15	9/19/2017	0	0.5	0.5	0.25	0.75	0.5	0.5	0	0.25	0.25	0	0.5	0	4.0	0.3	
Client #31	19	10/10/2017	0	0.25	0.25	0.25	0	0	0	0	0	0	0.25	0.75	0.75	2.5	0.2	
																	0.9	55.0
																	0.9 hours, 55 mins	

Intensity of Service				
1	2	3	4	5
Avg. 15 mins/week or less of face-to-face contact	15 - 49 minutes/week	50 - 84 minutes/week	85 - 119 minutes/week	Avg. 2 hours/week or more of face-to-face contact

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## MONITORING OF RESOURCES

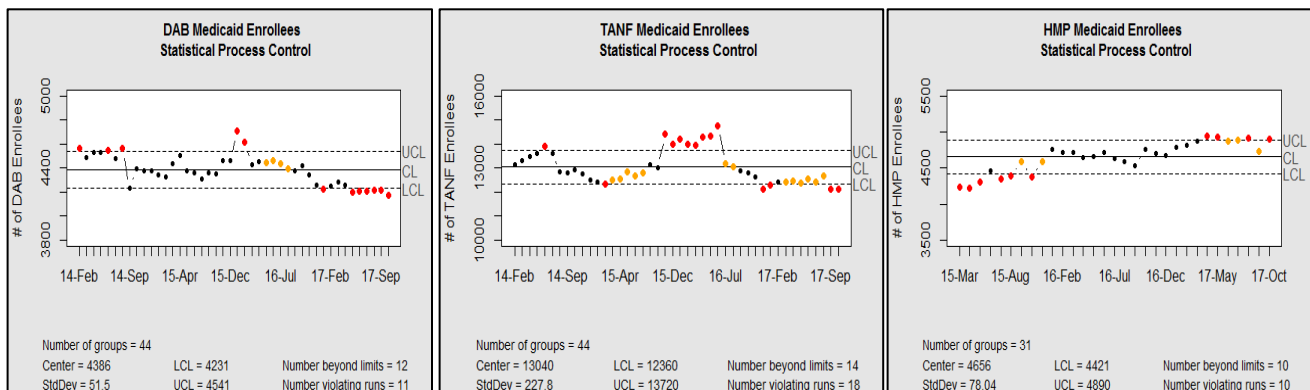
### General Fund Monitoring

Consumers without Medicaid or other insurance are monitored by the Utilization Management Committee. The Clinical Director passes case list information to staff who are then responsible for follow-up with their consumer and connecting them with DHS or assisting with the Medicaid application process.

General Fund Tracking				
Report Date	GF Only Count	Population Count	GF Only Percent	
9/21/2017	40	1485	3%	
10/26/2017	55	1536	4%	
11/29/2017	45	1541	3%	
12/27/2017	44	1525	3%	
1/21/2018	30	1439	2%	
2/21/2018	29	1412	2%	

### Medicaid Enrollment Monitoring

Statistical process control (SPC) charts are used to monitor a measure over time. This method gives one the ability to detect upward or downward trends as they are forming; indicated by a yellow dot. This method also gives one the ability to immediately detect when a data point is 'out of control'; statistically higher or lower than expected as indicated by a red dot. The Utilization Management Committee monitors Medicaid enrollment counts for DABs, TANFs, and HMP. The SPC charts shown below indicate that enrollment counts have not been stable over time. A significant decrease in DAB and TANF enrollment counts is displayed while a significant increase in Healthy Michigan (HMP) is found through the use of statistical process control charting. Utilization Management and other workgroups are trying to understand the shift and changes in eligibility. The Utilization Management Committee will be closely monitoring dates of Medicaid Re-determination for consumers served. Staff will be responsible for educating and supporting their consumers through the Medicaid re-application process. The goal is to minimize any lapse in Medicaid coverage and ensure that consumers Medicaid funding category aligns with his or her support needs.



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## TIMELINESS OF SERVICE

Michigan’s Mission-Based Performance Indicator System (MMBPIS) is used to evaluate the timeliness and quality of service provided by ACCMHS. The UM Committee reviews these indicators quarterly and discusses areas that require improvement.

Performance indicator results for FY2017 were recently reviewed. Indicator 1, the timeliness of inpatient screen, a 3 hour standard, was consistently met for both adults and children. For Indicator 2, the timeliness of first request, all populations exceeded the 95% standard across all quarters of FY2017. Indicator 3, the timeliness of first service, continues to be a challenge to meet for our agency as well as the Lakeshore Regional Entity (LRE). Due to Allegan’s small population size, 1 outlier results in lack of compliance for the measure. In most quarters, the follow-up after Hospital Discharge (Indicator 4a) met the 7 day standard for both Adults and Children. Inpatient Recidivism, (Indicator 10) was within the 15% standard for both Adults and Children across all quarters of FY2017. A plan of correction will be developed for indicators not meeting the standard and shared with the Utilization Management Committee and the Lakeshore Regional Entity.

MMBPIS MDHHS REPORT							
Indicator	Description	Population	Goal	1st Qtr FY17	2nd Qtr FY17	3rd Qtr FY17	4th Qtr FY17
1	Emergency Referrals Completed in 3 Hours	Children	>=95%	100	100	100	100
		Adults	>=95%	97	98	99	99
2	Assessment within 14 Days of First Request	SED Children	>=95%	100	100	100	100
		MI Adults	>=95%	100	100	100	100
		DD Children	>=95%	N.A.	100	100	100
		DD Adults	>=95%	100	100	100	100
3	Started Service within 14 Days of the Assessment	SED Children	>=95%	94 (17/18)	82 (9/11)	94 (15/16)	92 (11/12)
		MI Adults	>=95%	90 (18/20)	43 (6/14)	95	67 (10/15)
		DD Children	>=95%	100	100	100	100
		DD Adults	>=95%	N.A.	0 (0/1)	100	67 (2/3)
4a	Seen within 7 Days of Discharge from Hospital	Children	>=95%	100	100	100	100
		Adults	>=95%	100	87 (20/23)	100	96
12	Readmitted to Inpatient within 30 Days of Discharge	Children	<= 15%	0	8	6	0
		Adults	<= 15%	2	4	8	3