Community Mental Health Partnership of southeastern michigan

Utilization Review Committee
Meeting Minutes
Wednesday, 1/9/2008 9:30-noon; Public Health, Room 228

Committee Purpose
To ensure the most efficient and effective use of affiliation clinical care resources

Present: B. Fortune, J. Newberry, L. Newberg, K. Antkowiak, L. Hayward, T. Sharp, P. McKenna, T. Gomez
Absent: S. Keener, J. Terwilliger, L. Brown

AGENDA ITEM	DISCUSSION POINTS	ACTION/OUTCOME	RESPONSIBILITY
I. Check-In –	• Introductions		
II. Review of Purpose			
III. Review of 12/12/2007 Minutes & Today's Agenda		• Approved • No additions to agenda	
IV. IT Needs	• GF vs. Medicaid costs – Tracy suggested merging 2 existing reports for services and units to facilitate comparisons of differences between intensity and comprehensiveness of services • The level of service where cost may be driven by hospitalizations could indicate whether they are underserved. It would give an idea of specialty services being provided (Tracy). • It is critical to have a representative from WCHO finance at the table for these discussions.	• Submit request to merge reports (see grid below) • Submit request for annual average cost per case and range for CMH Services for FY 06-07 • Follow up with Linda to determine what can be expected from Finance in terms of attendance at meetings.	**Tracy to email B. Fortune and T. Sharp which 2 reports she is referencing. T. Sharp to submit request** **T. Sharp** **B. Fortune**

GF – Full 12 months	CPT Code	Service	Total #No. of Consumers	Total Units	Mean	Range
	90862 • GF • Medicaid	Med Review		Enc		

Diagram: Set up of report. This will be done for each CPT code.

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V. Work Plan Outcome #1 Two Tiered benefit package	• Update (Larry) - (see above)		
VI. Work Plan Outcome # 2 Over/Underutilization studies	• <u>CLS Summit Update</u> (Louise, Larry, Sandy) – o Livingston completed a CLS pilot previously. As a result, the model will be used to authorize services when a roommate is present. o The current CLS assessment tool is being piloted in all counties. • <u>Liz's report</u> - study looked at many factors: o Consumer not served by CMH at time of admit involved with substance abuse. o Table #1 which depicts people known to CMH who are admitted to the hospital was not discussed during today's meeting.	• Email Local Review CLS Case form to committee. • Tracy has process written out to be scanned • Larry suggested a review of data from FY06 – 07 o Peopled admitted to CMH o Budget crisis due to overuse of inpatient facilities? o Increased utilization/cost impacted by Substance Abuse?	**Barb** **Doris** (scanning only)
VII. Work Plan Outcome # 3 Manual revisions	• Update (Louise) – The initial matrix was scaled back and will be brought to the committee for review.		
VIII. Work Plan Outcome #4 Managed Care/Service Authorization section of an anticipated affiliation training	• Update - Sandy	Tabled	
IX. Additional ways to measure consumer satisfaction with the UR process	• Tracy, all	• Removed from agenda but, if ideas arise, please bring them forward.	**All**
X. Monroe Request for Committee Review.	• Consumers with TBI and possibly other non-qualifying diagnosis (Tracy) o Minutes reflect how impressed the committee was with the process. o There was discussion about the process possibly being part of the discharge process for the region; i.e. look for other resources, think about the time needed to make a smooth transition. o Louise suggested that a solid way of documenting the steps taken was needed. o Is there a consistent UR process across the		**All**

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	region? • Larry thought it lends to the effectiveness of the supervisor in authorizing services. • In Monroe a person who does not provide direct supervision reviews cases of those not meeting criteria. • If the value is important and criteria are applied consistently for all consumers, the we won't be serving consumers who do not meet the eligibility criteria.	• Decision was to hold to the criteria. • Transition those out who shouldn't be in the system, but do so planfully, with attention to unmet needs • Remind staff it be treated in a delicate manner. • Communicate the committee's decision. • Review the eligibilty criteria again and reference the discharge policy. • Cases can be reviewed as needed if the case manager or supervisor has a sense that the person is no longer eligible. • Staff do not need to wait for the next periodic review. • Make sure the affiliation knows the position taken. • Develop a communication plan. A draft will be brought to the next meeting. • Barb to follow up with Jane regarding the Discharge policy. • Send Discharge policy with next meeting minutes.	**Barb** **Barb** **Barb**
XI Next Meeting	**January 23, 2008, 9: 30 a.m. to Noon, Veronica Walker Rm.**		
XII. Meeting Eval. / Checkout / Adjourn	Meeting ended early. Yea!		

Minutes recorded by D. Peoples to B. Fortune, 1/11/08,