### AGENDA ITEM

#### I. State and Local Update

- **Mike Harding**

- There is a shortage of revenue with the Southeast Partnership, Oakland County, Macomb County, and the Lakeshore Region. Advocacy continues at the State level.

- It will be helpful if providers submit claims in a timely manner because it helps monitor the budget.

- WCCMH is faced with a 10.3 million dollar deficit, which has resulted in WCCMH implementing a hiring freeze.

- WCCMH received a $1.7 million dollar grant from CCBHC (Certified community Behavioral Health Center) to help provide behavioral health services.

#### II. ORR Updates

- **Shawn Thompson**

- Staff will need to complete the 30-Day Recipient Rights Training in order to begin providing services to clients.

- Recipient Rights Trainings have been quite full, so they will start cutting off attendance at 50 participants. The hope is that there will be more space in the classes once the new Recipient Rights Training changes begin-after October 1st.

- ORR is currently conducting their annual site visits.

#### III. Michigan United-Telling Your Story Training

- **Nicole Buccalo**

- Nicole has been working on advocacy efforts for direct care services and CMH funding.

#### IV. CLS Process

- **Louise Hayward**

- WCCMH’s Supports Coordinators will no longer be entering CLS authorizations for
I/DD services; the Utilization Management staff will now be entering them. However, if you need to make adjustments to site plans or are requesting a change, please contact the consumer’s Supports Coordinator.

- If there is a new request for CLS services or a request for the continuation of CLS services, the Supports Coordinator will have to take the request to the Utilization Management CLS Review Committee and present the case.
- The questions that the Supports Coordinator will need to know when they are requesting CLS services is attached. Authorizations will be extended if the Supports Coordinator is scheduled to see the Utilization Management CLS Review Committee after the IPOS has expired.
- WCCMH now has access to Care Connect 360 (CC360), so we can now see Home Helps (HH) hours currently authorized. Please ensure the correct number of HH hours are being deducted in your agencies’ CLS authorizations.

V. Home Help Hours

- Karrie Onyskin

- If there is a discrepancy in a CLS authorization, in regards to Home Help Hours, please let Karrie know before billing in order to correct the issue in a timely manner.

VI. Claims and End of Fiscal Year

- Karrie Onyskin

- The end of the fiscal year is coming up. Please have your claims submitted by October 15, 2019.

VII. Contract Amendments

- Sara Hungerford

- There will be contract amendments issued in September due to the new training requirement for Recipient Rights.

VIII. Other

- WCCMH’s CRS location is moving to a new location in Ann Arbor. Synod will continue to operate as the provider at CRS.
- The parking code at the courthouse will be changing. If you have any questions, please contact Ebony Montgomery, at montgomerye@washtenaw.org.
<table>
<thead>
<tr>
<th>IX.</th>
<th>Next Meeting</th>
<th>Future agenda items:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>October 15, 2019, LRC, 10:00am–12:00pm</td>
<td>• None suggested.</td>
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Utilization Management Committee
Case Presentation Guide

This form does not have to be filled out, but staff need to be able to address the following:

**Basic information:**
Name
Identifying information: Age, race, gender, marital status, medical/DD/MI diagnosis)
Current legal status: Guardianship, payee, courts, jail, probation
Current services receiving: Therapy, Psychology, OT, etc.
Provider involvement: Agency, hours
Current residency
Family involvement: Over/under involved, healthy boundaries, other issues?
Is there a guardian?
  - If yes, full/partial?
    - Financial, Medical, etc.?

**Background:**
Current presenting problems
Include Dates of relevant events and descriptions of relevant events
Include hospitalizations/PES visits
Residency attempts that failed (and why)
What has been tried in the past?

**DD/MI Assessment:**
Historical presenting problems
Mental health history
Family history of mental illness as it pertains to consumer
Substance abuse history (if applicable, in none, please note and rule out with other
individuals involved in consumer’s life if possible. If applicable, past treatment and
probability of needing further treatment, identified stage of change)
Mental status exam (appearance and behavior, mood and affect, thought form –
disorganized, loose associations, flat affect, perception, memory, judgment, insight, suicidal
ideation/attempts, homicidal ideation/attempts)

**Functional Limitations in life domains:**
Is there capacity for Independent Livings vs. Hands-On Care?
  - Hands-on needs (identify)
  - Skill providing
  - Do ADL’s require support/direction?
    - Self-care?
    - Self-direction?
  - Learning
  - Self-Sufficiency
  - Capacity for independent living
  - Issues with Receptive and/or Expressive Communication?
  - Communication style
  - Strengths
• Barriers
• Mobility issues?
• Sleeping patterns
• Other issues?

Behavioral incidents in previous six month period (if any) include description and severity:
• Is there a Behavior Plan
  o 1:1 documentation
  o Has this case been reviewed by BTC?
    ▪ Psychologist recommendations

Subjective presentation
Objective presentation (include hospital professionals, family members, your own observation, etc.)

Current services identified in IPOS:

PERS?
Home Help?
  • If so, how many hours/week
CLS?
  • Amount of hours/week
  • Agency/Provider

School/day time activity?
  • If school aged, why/why not in school?

Natural/Family supports
  • History of family providing supports

Transportation needs/barriers?

Safety Assessment
Static and dynamic risk and protective factors
Current safety plan/interventions
Safety skills (crossing street, using stove effectively, stranger danger, etc.)

Psychotropic Treatment
Historical Medications
Current medications
Describe predicted compliance with medications
Concerns of side effects, labs, monitoring, etc.

Health status and needs
  • Current PCP (including last visit, unresolved health issues)
  • Current Dentist (including last visit, unresolved dental issues)
• Significant health concerns (diagnosis, seizures, visual impairments, hearing impairments, gait issues, mobility, significant surgeries/medical procedures, etc.)

Required Environmental Living Conditions

Ability to live independently (ADLs, need for supervision, monitoring)

Concerns, risks (include security risks):

Recommendations:

Committee input and feedback:
### CLS/Sp Res Authorization Request/Review Form

<table>
<thead>
<tr>
<th>1.</th>
<th>Consumer Initials and ID:</th>
<th>Request Date:</th>
<th>Review Date:</th>
<th>IPOS Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Current CLS Assessment:</td>
<td>Has Medicaid?</td>
<td>Deductible Amount:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSM/SC:</td>
<td>Current Weekly</td>
<td>Requested weekly increase in DHS -wkly hrs:</td>
<td>Date applied:</td>
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</tr>
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**Address the Following Questions:**

<table>
<thead>
<tr>
<th>2.</th>
<th>Is the service(s) requested medically necessary:</th>
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<tr>
<td>___ Necessary for screening and assessing the presence of MI, DD or SA; and/or</td>
<td>___ Expected to arrest or delay the progression of a MI, DD or SA; and/or</td>
</tr>
<tr>
<td>___ Required to identify and evaluate MI, DD or SA; and/or</td>
<td>___ Designed to assess the beneficiary to attain or maintain a sufficient level of</td>
</tr>
<tr>
<td>___ Intended to treat, ameliorate, diminish or stabilize the symptoms of</td>
<td></td>
</tr>
<tr>
<td>MI, DD or SA; and/or</td>
<td></td>
</tr>
</tbody>
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| 3. | If new request: How will this service assist the individual to attain a sufficient level of functioning to achieve their goals of community inclusion and participation, independence or productivity |

| 4. | State or review the amount, scope and duration of the service. Include accurate/reasonable target dates and clearly specify the steps to increase independence and decrease service need within specified target dates. Is the intensity, strategy and anticipated length of treatment justified? |

| 5. | Is there a Medicaid covered external resource or natural support that can provide the needed service? Explain what is being used or pursued |

| 6. | Has the service been used as designated in the past (Review usage of auths)? Is the service deemed to be effective for current clinical needs? |

| 7. | Is the service cost effective and the least restrictive level of care/setting? |

**Positives worth noting and/or further recommendations for IPOS:**

**Next Steps:**

- Review: CLS Assessment, CLS auth, DD outcomes tool, IPOS outcomes
- Accept: Review Date: ____________ Deny □

Updated 8/29/11