

Community Mental Health Affiliation of Mid-Michigan

Workgroup Charge Form

This “charge” form is completed by the sponsoring body (the body that has the authority to give the workgroup the charge) and provided, via discussion and in writing, to the workgroup and / or workgroup facilitator prior to the initiation of their work.

1. Name of workgroup: **Utilization Management**
2. Sponsor: **Steering Committee**
3. Advisor to the workgroup: **Toby Bayless (clarifies intent of advisor)**
4. Date charge was given to the workgroup: **03/07/07 (revised: 03/03/2010)**
5. Issue(s) being addressed by workgroup: **Affiliation Wide Utilization Management Issues**
6. Role of group (can be any one or a combination of the following):
 Make recommendations to the sponsor relative to changes to be made
 Implement changes as determined by the group (subject to reporting and approval requirements set by sponsor)
 Monitor implementation
7. Description of the end product expected of the group:
 - 1.) **MUNC Review for the purposes of:**
 - a. **Identifying volume of encounters as indicated by individual HCPCS Codes per Affiliate and as an Affiliation**
 - b. **Indicating volume and utilization of encounters**
 - c. **Indicate use of higher risk services**
 - d. **Provide analysis and recommendations to IPLT at minimum of 1 time per year**
 - 2.) **Identify the volume of consumers served in each population per Affiliate and as an Affiliation and provide analysis to Improving Practices Leadership Team (IPLT) at a minimum of 1 time per year.**
 - 3.) **Ongoing review and updates to the CMHAMM Practice Guidelines to ensure compliance with the Medicaid requirements.**
 - 4.) **Ongoing review and updates to the Affiliation HAB Waiver priority ranking process to be reported to the Director of Affiliation Operations (DAO).**
 - 5.) **Ongoing review of Inpatient Hospitalization data for quality improvement recommendations to IPLT. This is to include reviewing:**
 - a. **Inpatient Stay Authorizations**
 - i. **Admission authorization**
 - ii. **Ongoing authorization**
 - iii. **End of Stay authorization**
 - b. **Frequency of Inpatient Hospitalizations**
 - c. **Problems/Issues related to Hospitalizations**

(Standardization of practice when possible should be considered)

6.) Ongoing review of Level of Care data for quality improvement recommendations to IPLT.

8. Format of end product (i.e., written plan, report, redesigned process, etc):
Written Report

9. Workgroup calendar:

| <u>Date</u> | <u>Event</u> | <u>To whom is it reported?</u> | <u>Purpose of Report</u> | |
|--|---------------------------------------|------------------------------------|--------------------------|----------|
| | | | Status | Approval |
| The UM workgroup will meet at least 6x/year (more when necessary) to meet stated outcomes. The meeting schedule tends to be every other month, but may vary based on timelines to complete tasks | Recommendations based on end products | IPLT and DAO (as needed/requested) | X | X |
| | | | | |

10. Scope of project:
Affiliation Wide

11. Facilitator of the workgroup (specification in charge is optional):
Facilitator will rotate between Affiliate workgroup members annually

12. Stakeholders for this effort:
 Stakeholders include, at a minimum:
 those who will have to abide by or use the product of the group
 those who will be responsible for implementing the product of the group

13. Group size (optional):
 Number of workgroup members should be no greater than:
Minimum of one member from each Affiliate

14. Method by which members will be selected: (chose one or more of the following)
Note: Involvement in a workgroup is contingent upon approval by the potential member's supervisor.
 Specific members are identified by sponsor, drawn from the stakeholder groups listed above.
 Members to be selected by workgroup facilitator, drawn from the stakeholder groups listed above.
 Stakeholder groups select their representatives.

| Name of member | Stakeholder group being represented | Manager / leader of stakeholder group |
|------------------------|-------------------------------------|---------------------------------------|
| Julie Dowling | Ionia CMH | Robert Lathers |
| Paul Duff | CEI CMH | Bob Sheehan |
| Kathy Crosby | Gratiot CMH | Carolyn Hilley |
| Cindy Ingersoll | Newaygo CMH | Greg Snyder |
| George Ott | Manistee/Benzie CMH | Chip Johnston |
| | | |

15. Substitutes for workgroup members:
 Substitutes will be allowed to attend in the place of an absent member; if the substitute represents the same stakeholder group as the representative- this should be the **usual** option for a workgroup. Substitutes will not be allowed to attend in the place of an absent member (given the need for consistency in representation)- this restriction should be **rarely applied** by a sponsor.
16. Roles and Responsibilities of key parties to workgroup effort: See Section B of this form.
17. Financial or other resource limits (specification in charge is optional)
 Product should require **one-time** expenditures no greater than \$ N/A
 Product should require **on-going** expenditures no greater than \$ N/A per year.
 To be proposed by group.
 Other resource limits:
18. Limits to change in practice, procedure, or policy that can be recommended or implemented by group:
19. Sources of guidance to be used by workgroup (i.e., statutes, regulations, policy, practice models, etc.)
- **MUNC Report**
 - **Medicaid Provider Manual**
 - **CMHAMM Practice Guidelines**
 - **PIHP/DCH Contract**
 - **Affiliation Policies and Procedures**