



# WMPC Utilization Management Manual

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## Network Overview

West Michigan Partnership for Children (WMPC) is a new organization created to pilot the first performance-based foster care service delivery model in Michigan with the goal of improving outcomes for children. WMPC was developed by a collaborative of state-wide private and public child welfare providers to improve outcomes for children and families and initially led by the five, private foster care case management agencies in Kent County; Bethany Christian Services, Catholic Charities West Michigan, D.A. Blodgett – St. John's, Samaritas, and Wellspring Lutheran Services.

On October 1, 2017 WMPC began administering foster care for children and families in Kent County, Michigan, in partnership with Bethany Christian Services, Catholic Charities West Michigan, D.A. Blodgett—St. John's, Samaritas, and Wellspring Lutheran Services, through a contract with the Michigan Department of Health and Human Services.

WMPC and its partners value keeping families together. We aim to safely reunify more children with their families and more quickly by working alongside families to help them address the situations that led to their child's removal. WMPC prioritizes keeping children with their families and relatives and seek adoptive homes only when returning a child to their family is not possible.

## WMPC Vision

A community of belonging, resiliency, and hope where children and families flourish.

## WMPC Mission

Empowering communities to create better futures for children and families through innovation and collaboration.

To accomplish the vision and mission of WMPC, we work collaboratively with Kent County MDHHS and the five subcontracted, private child placing agencies, the Kent County Circuit Court – Family Division, Network 180 (the community mental health provider), and other child welfare system partners towards the goal of improving permanency, safety, and well-being for children in out-of-home care in Kent County.

WMPC has authority for placement of 850-900 children ages 0-18 in out-of-home care in Kent County, Michigan, who are receiving foster care and adoptive services. WMPC also provides services to these children's biological, foster, and adoptive families. WMPC and its child welfare system partners ensure children have timely permanency and stability in their living situations, preservation of the continuity of family relationships and connections for children, and increased capacity of families to provide for their children's needs.

WMPC receives its funding through a contract with the Michigan Department of Health and Human Services. The contract contains federal pass-through dollars from the following grants to support the case rate and administrative rate:

- Promoting Safe and Stable Families, Federal CFDA Number 93.556
- Temporary Assistance for Needy Families (TANF) Cluster, Federal CFDA Number 93.558
- Foster Care – Title IV-E, CFDA Number 93.658
- Social Services Block Grant, Federal CFDA Number 93.667

Key to WMPC's model of private administration of foster care through a network of providers is leveraging a collaborative consortium to adapt quickly to a changing environment and utilize private resources, flexible

funding through a prospective case rate payment methodology and performance-based contracts to incentivize positive outcomes for children.

WMPC's philosophy includes "one child, one worker, one agency." We encourage our network partners to have one case manager remain with a youth and their family for the duration of time the youth is in foster care to increase placement stability, permanency, safety and well-being.

## Utilization Management Plan

WMPC Utilization Management (UM) is the process of coordinating, authorizing, and monitoring services or placement for children and families on a continuum of care from entry to exit. The UM system is designed to ensure a seamless service delivery system that maximizes resources, mitigates fragmentation and duplication and builds upon natural supports within the community to support and sustain families long term.

## Guidelines for Utilization Management

The utilization management process will link children and families with the appropriate level of service within the following service guidelines. Services must:

- Be adequate to meet identified needs
- Be delivered in the least restrictive placement possible
- Fall within approved protocols and pathways
- Be community-based and close to home as possible
- Be culturally sensitive and competent.

## Integrated Utilization Management

Utilization management has been integrated into Care Coordination and Performance and Quality Improvement to ensure services are flexible, responsive and customized to the needs of the child and family. Placement decisions are tracked by the Care Coordination team through the CPN tracking spreadsheet.

Our goal is to provide consultation and oversight to ensure the resources allocated are being utilized in the most cost effective yet efficient manner available. Our Care Coordination Team determines and approves levels of care and services for children placed in licensed out of home care settings based on their history, family assessment, recent behaviors, and any evaluations completed before coming in to care. Placement status is maintained through MiSACWIS and is monitored through dashboards within MindShare.

WMPC Care Coordinators and Performance and Quality Improvement Coordinators are each assigned agency. Care coordinators spend at least one day a week onsite and PQI coordinators meet with agency staff monthly. This consistent presence encourages and promotes an ongoing means for communicating, collaborating and addressing issues. As a result, we can identify conflicts and problems quickly and develop family and child-specific strategies to solve issues as they arise.

## Data Quality

The first objective is to improve data quality by strengthening manager oversight and recording practices. The PQI Coordinators will use MindShare gap analysis dashboards and the Book of Business (BOB) to make performance visible and accessible. The PQI Coordinators will work with managers and PQI leads to identify recording deficits. They will work with case managers, supervisors, managers, and PQI leads to grow internal PQI capacity and frameworks.

Ways to deliver improved data quality – MindShare dashboard trainings, BOB and Infoview reports trainings and ad hoc support, case reviews, spreadsheet review and development.

## Utilization Management

The second objective of consistent on-site engagement is to implement the network utilization management framework. The PQI Coordinators and Care Coordinators will complete targeted case reviews for children in Child Caring Institutions, children receiving EFC services, and permanency reviews for children in all placement settings.

### *Residential Case Reviews*

WMPC will conduct targeted case reviews of children placed, or at risk of placement, in a residential setting. The case reviews will occur prior to residential placement and at the 3-month, 6-month, and 9-month timeframes to ensure services are appropriate to meet a child's safety, permanency, and well-being needs.

For all case reviews (except for pre-residential ARCs), the assigned PQI Coordinator will provide a list of all cases that meet the criteria stated below by the first of the month. The list will be distributed to the assigned Care Coordinator, Care Coordination Manager, Director of Care Coordination and Innovation, Director of Performance and Quality Improvement, and the PAFC Program Manager and Director.

### Review Criteria

| TIME IN RESIDENTIAL CARE | REVIEW TYPE  |
|--------------------------|--|
| Pre-residential          | ARC Meeting  |
| 3 months                 | Monthly WMPC/PAFC review                                 |
| 6 months                 | WMPC Director and Manager Review / Board Member Sign-Off |
| 9 months                 | Monthly WMPC/PAFC review                                 |

### Pre-Residential Review (ARC)

Prior to residential placement, PAFCs will formally request this intervention through the submission of an Administrative Review Committee (ARC) Request Form. This form must be accompanied by a memo, signed by the agency's WMPC board member, that includes:

- Reason for the request (why residential is necessary),
- Expected timeframe for residential,
- Current treatment needs and recommendations,
- Agency's plan for establishing permanency.

Upon receipt of the ARC form and accompanying memo, the assigned Care Coordinator will schedule a systems meeting to discuss the request.

### 3-Month, 9-month WMPC/PAFC Reviews

WMPC will conduct case review meetings with PAFCs regarding residential placement utilization. These reviews will focus on children who have resided in a residential setting for three months and nine months.

The reviews should be documented in PSAM by the Care Coordination team. Upon completion of the case reviews, the Care Coordinator will develop action steps and related assignments, which will be approved and monitored by the Care Coordination Manager.

### 6-Month WMPC Director/Manager Reviews

PAFCs must submit a formal request, signed by the WMPC board member, for reauthorization of residential care beyond six months. The request should include the reason for the request, current treatment needs and recommendations, and the agency's plan for establishing permanency.

These requests will be reviewed by the Director of Care Coordination and Innovation and the Care Coordination Manager on a monthly basis.

The reviews should be documented in PSAM by the Care Coordination Manager. Upon completion of the case reviews, the Care Coordination Manager will develop action steps and related assignments, which will be approved and monitored by the Director of Care Coordination and Innovation.

### Case Review Format

The following will be reviewed and/or updated for all review types:

- Placement history and timelines.
- Child's genogram and relative search efforts.
- Fictive kin options and search efforts.
- Youth and parent engagement efforts and other placement recruitment activities.
- Clinical Pathways and/or trauma assessment recommendations.
- Current treatment progress and needs.
- Resiliency plan, including increasing pro-social contacts and activities for the child.
- Youth Connections Scale.
- Placement Exception Requests (PERs).

### *Enhanced Foster Care Case Reviews*

The Care Coordination Manager and Clinical Liaison will conduct monthly reviews of Enhanced Foster Care (EFC) utilization.

### Review Criteria

In addition to reviewing a distribution analysis of the agency's EFC caseload, the following will be reviewed:

- Children who have received EFC services for 3-6 months
- Six-month reauthorization requests

By the first day of the month, the assigned PQI Coordinator will identify which cases meet the criteria and will email this information to the assigned Care Coordinator, Care Coordination Manager, Director of Care Coordination and Innovation, Clinical Liaison, and the PAFC Program Manager and Director.

NOTE: Post nine-month exception request will continue to be reviewed by the Director of Care Coordination and Innovation.

### Review Participants

Care Coordination Manager, Clinical Liaison, Care Coordinator (as necessary).

### Review Format

The following will be reviewed for each identified case:

- Time in EFC services.
- Current CAFAS score, previous quarter CAFAS score.
- Services/resources utilized, including Medicaid-funded services.
- Current treatment progress and needs.
- Resiliency plan, including increasing pro-social contacts and activities for the child.

The reviews should be documented in PSAM. Upon completion of the EFC case reviews, the Care Coordination Manager will develop and monitor action steps and related assignments.

### *Permanency in 12 Months Reviews*

To facilitate safe and timely permanency, WMPC will conduct monthly case review meetings and/or consultations with PAFCs for children who have recently entered care.

### Review Criteria

The following will be reviewed:

- Children who have been in care for 3 months
- Children who have been in care for 9 months

By the first day of the month, the assigned PQI Coordinator will identify which cases will be reviewed by the Care Coordinators and will email this information to the assigned Care Coordinator, Care Coordination Manager, Director of Care Coordination and Innovation, Director of Performance and Quality Improvement, and the PAFC Program Manager and Director.

### Review Participants

PAFC Case Manager, PAFC Supervisor, PAFC Program Manager/Director, WMPC Director of Care Coordination and Innovation, WMPC Care Coordination Manager, WMPC Care Coordinator

### Review Format

The following will be reviewed for each identified case:

- Child's genogram and relative search efforts.
- Fictive kin options and search efforts.
- Youth and parent engagement efforts and other placement recruitment activities.
- Visitation plan, parent engagement.
- Clinical Pathways and/or trauma assessment recommendations.
- Current treatment progress and needs.
- Resiliency plan, including increasing pro-social contacts and activities for the child.
- Youth Connections Scale.

The reviews should be documented in PSAM by the Care Coordinator. Upon completion of the case reviews, the Care Coordinator will develop action steps and related assignments, which will be approved and monitored by the Care Coordination Manager.

*\*Note: for scheduling purposes, both the monthly permanency case reviews and residential case reviews will occur at the same meeting.*

### *Top 20, Level V, Legacy Case Reviews*

The Director of Performance and Quality Improvement (PQI) shall develop a list of the top 20 high cost, level five, legacy children. Members of the PQI and Care Coordination teams will conduct in-depth case reads of these 20 cases, reviewing the following case information:

- Child
- Age
- Number of workers
- Previously adopted?
- Agency
- Legal Status
- Removal Date (re-removals)
- Length of Stay
- Reason for removal
- Review of court recommendations
- Permanency Goal
- Barriers to Permanency
- Assessments (ie. CANs)
- Types of Behaviors
- Needs identified in CANs have an identified service?
- Relative Search/Assessment
- Current Placement
- Number of Placements
- DOC
- CCI or Shelter placement
- Length of time in CCI
- PER review
- One-on-one services
- Enhanced Foster Care

Upon completion of the reviews, the Director of PQI will analyze the data and report on trends. Results will be used to determine next steps in order to achieve permanency, including case assignment to the Pit Stop process.

### *Pit Stops*

#### *Introduction*

Pit Stops are professional case consultations designed to expedite permanency for children and youth in care through innovative thinking, the application of best practice, and the “busting” of systemic barriers. Pit Stop sessions are meant to drive an action plan that will be implemented to assist the worker in finding permanency for the child or youth involved.

#### *Goals and Outcomes*

The overarching goal of the project implementation is to expedite safe, legal, permanency for children in Kent County’s child welfare system, particularly those children who have spent longer times in care.



Outcomes specific to Pit Stops include:

- To develop a plan for each child to achieve permanency,
- To increase the number of a youth's permanent connections,
- To stimulate thinking and learning about pathways to permanency for these and other children in foster care, and
- To identify and address barriers to permanency through creative thinking, professional development, policy change, resource development, and the engagement of system partners.

### Participants

The Pit Stop team shall consist of:

- The agency's entire foster care and licensing teams
- WMPC Care Coordination Manager, Director of Care Coordination and Innovation, Director of Performance and Quality Improvement
- DHHS Analyst
- Any other external experts

### Case Selection

Cases selection will be determined by WMPC's Director of Care Coordination and Innovation and the Director of Performance and Quality Improvement.

### Logistics

Pit Stop case consultations will be scheduled for one three-hour block once per month.

### Forms

All Pit Stop forms will be developed in PSAM.

## Appendix 1 – Review Grid

| TYPE OF REVIEW  | PERSON RESPONSIBLE                          | VENUE                                      |
|---|---|--|
| PRE-RESIDENTIAL   | WMPC Director and Manager                   | ARC Meeting                                |
| RESIDENTIAL<br>3 months, 9 months<br><br>PERMANENCY<br>3 months, 9 months | PAFC/WMPC Directors and Staff               | Monthly Meeting at PAFC                    |
| RESIDENTIAL<br>6 months   | WMPC Director, Manager,<br>Clinical Liaison | WMPC Internal Meeting                      |
| ENHANCED FOSTER CARE<br>3-6 months, 6 month reauths                       | WMPC Manager, Clinical Liaison              | WMPC Internal Meeting, PAFC<br>Site Visits |
| PIT STOPS<br>Legacy/Other Cases*  | PAFC/WMPC Directors and Staff               | Meeting at PAFC                            |

*\*Not yet implemented (Dec 2019)*