



# WMPC Utilization Management Manual

## Table of Contents

Network Overview .....	2
WMPC Vision .....	2
WMPC Mission .....	2
Utilization Management Plan.....	3
Guidelines for Utilization Management .....	3
Integrated Utilization Management .....	3
Data Quality .....	4
Utilization Management .....	<b>Error! Bookmark not defined.</b>
Residential Case Reviews .....	4
Enhanced Foster Care Case Reviews .....	5
Permanency in 12 Months Reviews .....	6
Appendix 1 – Review Grid .....	7

## Network Overview

West Michigan Partnership for Children (WMPC) is the first and only 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.

WMPC administers 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 youth in out-of-home care in Kent County, Michigan. In 2023 there are just under 450 youth, ages 0-17, who receive foster care and adoptive services on any given day. WMPC also provides services to these youth’s biological, foster, and adoptive families. WMPC and its child welfare system partners ensure youth have timely permanency and stability in their living situations, preservation of the continuity of family relationships and connections for youth, and increased capacity of families to provide for their youth’s needs.

WMPC receives its funding through a contract with MDHHS. 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 capitated allocation 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 support within the community to support and sustain families long term. The WMPC Operations Manual includes all the approval/authorization pathways for services, placements, and levels of care, as well as the appeal process for denials. All appeals are reviewed by the Director of Care Coordination and Innovation, and some are reviewed by the Chief Operating Officer.

## 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

UM 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. In addition, the Intake and Placement Coordinator with the Care Coordination leadership team makes decisions on appropriate placement in residential treatment facilities.

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 into care. Placement status is maintained through MiSACWIS and is regularly monitored through dashboards within MindShare.

WMPC Care Coordinators and Performance and Quality Improvement Coordinators are each assigned to one to three agencies. 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.

WMPC Clinical and Utilization Analyst (CUA) works with each PAFC agency. They are responsible for the day-to-day operations of comprehensive utilization management within the WMPC network and

monitoring clinical programs that support WMPC goals. CUA develops, tracks, analyzes, and reports on performance for clinical services.

### Utilization Management Team Member Qualifications

Care coordination team members have work experience in providing direct child welfare services specifically in foster care, adoption, licensing, and/or child protective services and understand the service needs of clients.

Performance and Quality Improvement team members have work experiences in child welfare, specifically in foster care, adoption, licensing, and/or child protective services and understand the service needs of clients, or have had work experience in auditing, case reviews, and data analysis.

Clinical and Utilization Analysts have work experience in providing and supervising clinical services as well as with data analysis and performance improvement processes.

### 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.

### Targeted Case Reviews

The second objective of consistent on-site engagement is to implement the network utilization management framework. The Clinical and Utilization Analyst completes targeted case reviews for children in Child Caring Institutions (residential treatment facilities), 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 CUA will provide a list of all cases that meet the criteria stated below by the end of the first week 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	Pre-ARC Meeting
3 months	Monthly WMPC/PAFC review
6 months	Monthly WMPC/PAFC review
9 months	Monthly WMPC/PAFC review
12+ months	Monthly WMPC/PAFC review

### Pre-Residential Review (Pre-ARC Conference)

A Pre-Arc Conference will be held prior to the scheduling of an ARC meeting to provide partner agencies the opportunity to present facts and any supporting documentation to WMPC. This meeting is intended to give time for agencies to advocate on behalf of the youth and present any barriers they may be facing. The Pre-ARC conference will also provide the time to review and collaborate on all placement options and to ensure that a CCI placement is the best treatment option for the youth. (See Operations Manual for more details.)

### 3-Month, 6-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, six months, and nine months.

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

### 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 Clinical and Utilization Analyst, 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 CUA will identify which cases meet the criteria and will email this information to the assigned Care Coordinator, assigned PQI 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

Clinical and Utilization Analyst, 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 CUA 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, Care Coordinator and WMPC Clinical and Utilization Analyst.

### 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 CUA. Upon completion of the case reviews, the CUA will develop action steps and related assignments, which will be approved and monitored by the Care Coordination Manager and Care Coordinator.

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

*Appendix 1 – Review Grid*

TYPE OF REVIEW	PERSON RESPONSIBLE	VENUE
PRE-RESIDENTIAL	WMPC Director and Manager	ARC Meeting
RESIDENTIAL 3 months, 6 months, 9 months, 12+ months  PERMANENCY 3 months, 6, months, 9 months	Clinical and Utilization Analyst/PAFC Director and team	Monthly Meeting at PAFC
RESIDENTIAL 6 months	Clinical and Utilization Analyst/ Director, Care Coordinator and Clinical Liaison	WMPC Internal Meeting
ENHANCED FOSTER CARE 3-6 months, 6-month reauthorizations	Clinical and Utilization Analyst/PAFC Director and team, Clinical Liaison	WMPC Internal Meeting, PAFC Site Visits