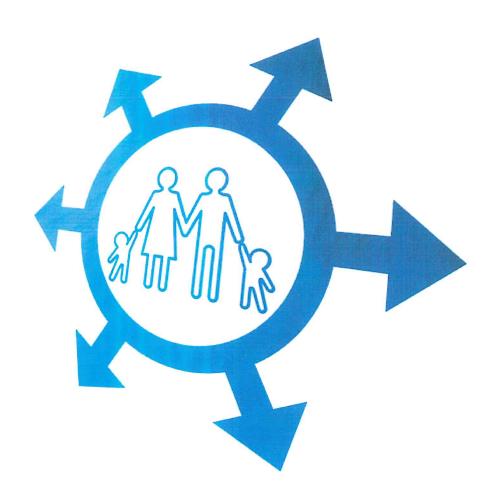
MENTAL HEALTH UTILIZATION MANAGEMENT PLAN



MHMR Services for the Concho Valley

"Working together to help people help themselves."

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Purpose

Concho Valley's Utilization Management (U.M.) Program has a twofold purpose. The primary function is to ensure that individuals receive quality, cost effective services in the most appropriate treatment setting, in a timely manner. Second, the Center's U.M. Program exists to ensure that there is an effective process to manage the utilization of clinical resources. Together, these Utilization Management principles work to promote efficient operation while meeting the needs of people in the Concho Valley.

Vision and Mission

The Utilization Management Program is driven by, and supports, the vision and mission of MHMR Services for the Concho Valley. These statements are provided next.

VISION:

The MHMR Services for the Concho Valley will provide, develop, and discover quality individual services in an environment sensitive and respectful to all consumers and staff. We will strive as a team to provide continuous individual choices for consumers, and develop their awareness so they may enjoy independent, unrestricted quality of life.

Our vision will be realized when our consumers and families tell us with confidence, we are doing everything possible to continually provide services of their choice, and maintain and continually practice respect, dignity, and responsive valued services.

MISSION:

The mission of MHMR Services for the Concho Valley is to offer an array of services and supports which respond to the needs of people with mental illness, intellectual and developmental disabilities, autism, and substance use disorders, enabling them to make choices that result in lives of dignity and increased independence.

Overview

Concho Valley conducts utilization management activities that focus on Texas Resilience and Recovery (TRR) Mental Health services. Utilization staffs grant level of care authorizations, conduct utilization reviews, collect, analyze and document utilization data, and consider appeals of adverse determinations. Further, the Utilization Management Committee is a functioning work group that is comprised of various representatives from mental health services and administrative services whose responsibility is to monitor usage of clinical resources to assist the promotion, maintenance and availability of exceptional care for individuals residing in the Concho Valley catchment area.

Utilization Management Program

Concho Valley's U.M. Program is designed to be consistent with the most current version of: "Texas Department of State Health Services - Texas Resilience and Recovery - Community Mental Health and Substance Abuse Services - Local Mental Health Authorities - Utilization Management Program Manual." The Center's U.M. Program consists of the following activities:

- A timely authorization process to ensure services are delivered without delay and the services delivered are authorized prior to delivery;
- Authorization and reauthorization of TRR levels of care for outpatient services;
- Authorization and reauthorization of inpatient admissions to state hospitals and community psychiatric hospitals when general revenue or local matching funds are used;
- Verification of medical necessity;
- Continuity of care;
- Notification to applicants, individuals and providers regarding authorization decisions;
- Timely and objective appeal process; and
- Documentation of appeals.

The strategies and activities associated with this program are consistent with the four goals identified in the Center's Local Plan as driving forces for the Center's future. The goals are listed next.

- 1. To be consumer driven and coordinate effective systems of care;
- 2. To coordinate efficient systems of care;
- 3. To develop and maintain a competent and respected staff; and
- 4. To be a collaborative leader in the community and influential in state-wide solutions.

The Utilization Management Program is executed by the Utilization Management Physician, Utilization Manager, Utilization Management Administrator(s), Clinical Authorization Contractor and the Utilization Management Committee.

Utilization Management Staff

As a Community Center, MHMR Services for the Concho Valley will be accountable for the quality of services provided directly by our staff as well as those services that are contracted to other providers. In order to achieve quality services, the Center has designated several key Utilization Management staff to lead the process. Concho Valley has four significant U.M. positions: Utilization Management Physician, Utilization Manager, Utilization Management Administrator(s) and Clinical Authorization Contractor. These positions are principally responsible for successful implementation of this program. Each position is described next.

The Utilization Management Physician contracts with the Center as Medical Director and possesses a license to practice medicine in Texas. This physician provides oversight for the Utilization Management Program and clinically supervises the authorization process. The physician offers consultation in cases of adverse determinations and clinical overrides when requested and resolves authorization issues if they occur. Additionally, the doctor is the chair person for, and participates in, Utilization Management Committee business and is responsible for directing related Center procedures.

The Utilization Manager at Concho Valley is a Licensed Professional Counselor with over 20 years of clinical experience. The Utilization Manager's primary responsibility within the scope of the Utilization Management Program is to conduct U.M. reviews of levels of care for individuals as needed, provide consultation in cases of adverse determinations and clinical overrides when requested and serves as a participating member of the Utilization Management Committee.

Next, the Executive Director has designated the Center's Quality Management Staff as responsible for managing U.M. administrative issues. The administrator is responsible for facilitating and documenting Utilization Management Committee meetings (per delegation from the U.M. Physician), U.M. appeal correspondence and planning, and for identifying systems/processes where enhancement would be beneficial and recommending changes as a result.

Finally, TRR authorizations are completed at Concho Valley via a contract with East Texas Behavioral Health Network (ETBHN). East Texas Behavioral Health Network is staffed by a team of qualified, trained and properly credentialed Licensed Professional Counselors. ETBHN (also referred to as the Clinical Authorization Contractor) collects, analyzes and authorizes TRR levels of care on a daily basis. The Center's Quality Management Department serves as a liaison to ETBHN to ensure timely and effective responses to any authorization issues or anomalies.

Utilization Management Committee

In order for a strong Utilization Management system to exist, it is important that there be a clear delineation of responsibilities, and a clear designation of authority. At MHMR Services for the Concho Valley, the following relationships exist.

The Center's Utilization Management Committee receives its authority from the Center's Board of Trustees. Further, all U.M. Committee members are appointed by the LMHA Executive Director. These members demonstrate leadership in their designated areas, provide data analysis

and information as needed, conduct reviews as requested and effectively communicate information and committee findings to stakeholders. The current membership of the Utilization Management Committee consists of:

- U.M. Physician Dr. Mark Janes
- Utilization Manager Mike Dotson, LPC-S
- Executive Director Gregory J. Rowe
- Chief Financial Officer John Wyatt
- Director of Reimbursement Jared Baran, QMHP-CS
- Dir. of Quality Mgt./U.M. Admin./Client Rights Officer Melinda McCullough, MBA
- Quality Mgt. Coordinator/CANS/ANSA Super User Rachael Grinage-Hope, QMHP-CS
- Director of Mental Health Eddie Wallace, QMHP-CS
- MH Program Manager Matt Schwarz, QMHP-CS, LPC-i
- HB-13 Supervisor

 Tonya Boyett, LCSW

Other QMHP-CS staff and mental health professionals participate in Utilization Management Committee discussions as needed to ensure process accuracy and consistency. This collective assembly of staff helps to ensure proper representation during committee meetings so that effective utilization decisions can be agreed upon.

Committee members are trained for involvement as members of the U.M. Committee. A copy of the Center's current UM Plan, HHSC current version of the Utilization Management Guidelines and Program Manual, and appropriate Center Policy and Procedures are distributed to ensure proper references are readily available for U.M. business. The Center's CANS/ANSA Super User provides ongoing training and mentoring for committee members. The importance of confidentiality is reiterated to committee members in accordance with existing Center policy and procedure. Conflict of interest situations are identified by the U.M. Manager and/or U.M. Administrator and committee members affected are excused from meetings as needed.

The U.M. Committee is responsible for monitoring utilization of clinical resources to ensure expenditures are effective and efficient, evaluation of clinical practices, addressing under- and over-utilization, and measuring and ensuring capacity is maximized. Additionally, the

committee reviews and consults with the Utilization Manager as needed on appeals and fairness and equity.

The Utilization Management Committee meets quarterly. Meetings are called, and agendas are prepared by the U.M. Administrator under consultation with the U.M. Physician. Also, clear accounts of meeting minutes are recorded, electronically distributed, and kept by the Quality Management Director/Utilization Management Administrator.

Utilization Management Activities

UM Activity	Responsible Staff	Information Source
Utilization Reviews - prospective, concurrent and retrospective reviews for the purpose of: olevel of care authorization outhorization for continued stay outlier review oinpatient admission discharge planning	Clinical Authorization Contractor/ETBHN HB-13 Supervisor U.M. Committee	 Clinical Record EHR Reports MBOW U.M. Reports U.M. Guidelines U.M. Program Manual
Clinical overrides	U.M. Physician Clinical Authorization Contractor/ETBHN U.M. Committee	 Clinical Record EHR Reports U.M. Guidelines U.M. Program Manual
Adverse Determinations	Utilization Manager Utilization Administrator U.M. Committee	 Clinical Record Intake Screening U.M. Guidelines U.M. Program Manual
Notification of adverse determinations	Utilization Administrator	Center ProcedureU.M. Program Manual
Appeals management	Utilization Manager Utilization Administrator	Center ProcedureU.M. Program Manual
TRR Waiting List Maintenance	Utilization Administrator (or qualified designee)	MBOW UM Reports U.M. Program Manual
Collection, analysis and documentation of utilization information to identify: O Gaps in services; Rates of no shows; Billing issues; Underdeveloped frequently requested services; Existing services that are under and over utilized; Barriers to services; Capacity;	U.M. Committee	 EHR Reports MBOW U.M. Reports OPC Data CARE Reports

 Medication expense/savings/utilization; Achievement of contract requirements; Compliance with YES Waiver policies and procedures; and Timeliness of provider documentation of service provision 		
State Hospital Bed Day Utilization (Tier 1 and Tier 2 beds)	HB-13 Supervisor U.M. Committee	Clinical Records CARE Data
Crisis Services Utilization – AVAIL and MCOT	HB-13 Supervisor U.M. Committee	AVAIL ReportsEHR ReportsClinical Records
U.M. Policy and Procedure maintenance and review	U.M. Physician U.M. Administrator U.M. Committee	DSHS TRR MH & SA LMHA U.M. Program Manual
U.M. Plan development and revision	U.M. Physician U.M. Manager U.M. Administrator U.M. Committee	DSHS TRR MH & SA LMHA U.M. Program Manual Local Plan

Utilization Management Improvement Processes

As Center specific TRR program implementation improvement areas are identified through routine Utilization Management activity, the U.M. Committee will recommend improvement strategies to the Center's Quality Assurance Committee. The purpose of the Quality Assurance Committee is to provide a forum for review and action related to committee reports and recommendations, record reviews, surveys, plans of improvement, Corporate Compliance issues, the Quality Management Plan, and all quality assessment activities. Membership of the Quality Assurance Committee includes:

- Director of Quality Management;
- Quality Management Coordinators MH and IDD;
- Executive Director;
- Executive Assistant;
- Director of Mental Health;
- Director of Reimbursement;
- Mental Health Program Manager;
- Director of IDD Services:
- IDD Provider Program Manager;
- C&A Counselor;
- Human Resources Specialist;
- ABC Center Program Director;
- Clubhouse Director;
- Supported Housing Specialist.

The Quality Assurance Committee will review and support recommendations for improvement and monitor for effectiveness. This committee meets quarterly and reports to the Executive Leadership Team.

MHMR SERVICES FOR THE CONCHO VALLEY FY '21 – FY '22 MENTAL HEALTH UTILIZATION MANAGEMENT PLAN

APPROVAL

The Utilization Management Plan for MHMR Services for the Concho Valley was revised and submitted for approval on December 14, 2020.

The Utilization Management Plan has been reviewed and approved by the following individuals:

Gregory J. Rowe, Executive Director

Dr. Mark Janes, Medical Director/U.M. Physician

Mike Dotson LPC-S, Utilization Manager