



LMHA UTILIZATION MANAGEMENT PLAN

FY '25

Revised 10/11/24

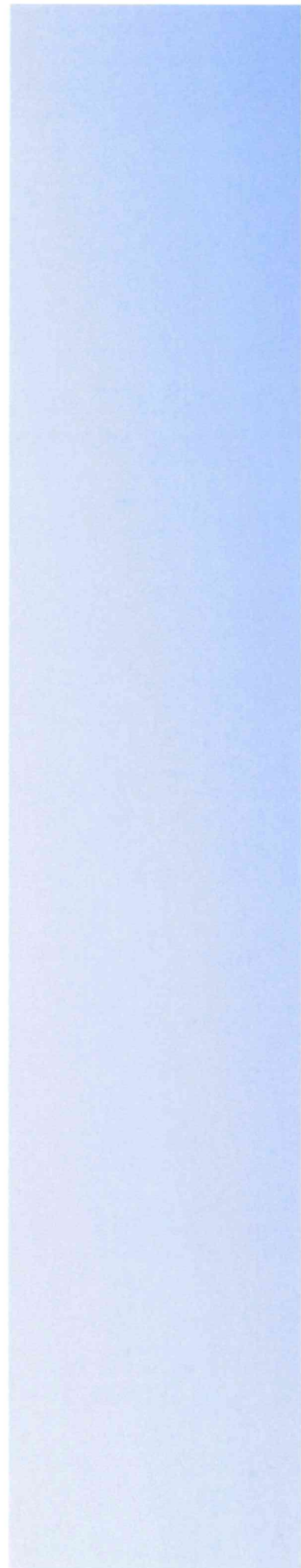


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PURPOSE

MHMR Concho Valley's (MHMRCV) Utilization Management (UM) 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 MHMRCV UM Program exists to ensure that there is an effective process to manage the utilization of clinical resources. Together, these principles work to promote efficient operation while meeting the needs of people in the Concho Valley.

MISSION, VISION AND VALUES

The UM Program is driven by, and supports, the mission, vision, and values of MHMR Concho Valley. These statements are provided next.

MISSION:

"Working together to help people help themselves."

VISION:

"Creating Better Health & Wellness in our Community"

VALUES:

R.I.S.E – "Respect, Integrity, Support and Excellence"

OVERVIEW

By implementing UM activities, MHMRCV strives to achieve a balance between the needs and well-being of individuals in need of mental health services and the demand for services and availability of resources. MHMRCV conducts utilization management activities that focus on Texas Resilience and Recovery (TRR) Mental Health services. Key UM processes include the facilitation of access and referral to services, promotion of the most effective use of resources, and the ongoing exchange of clinical information between the MHMRCV and its providers. Utilization staff 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 UM 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, May 2014- Utilization Management Program Manual."* MHMRCV's UM Program consists of the following activities:

- Utilization care management;
- Utilization review;
- Verification of medical necessity;

- Timely authorization process for all levels of care to ensure services can be delivered without delay and the services delivered are authorized prior to delivery (as appropriate based on level of care);
- Authorization and reauthorization of all 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;
- 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 goals identified in the MHMRCV Strategic Plan as driving forces for MHMRCV's future. The goals are listed next.

- (1) To be the employer of choice for prospective and current employees.
- (2) To be an innovative and proactive Behavioral Health (BH) and Intellectual and Developmental Disabilities (IDD) center.
- (3) To improve quality across all Center functions.
- (4) To promote growth and access to BH and IDD services.
- (5) To pursue efficiencies and revenue growth opportunities across the Center.

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, MHMRCV 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, MHMRCV has designated several key Utilization Management staff to lead the process. Concho Valley has four significant UM 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 MHMRCV as Medical Director and is a fully trained, board eligible psychiatrist that 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 MHMRCV procedures.

The Utilization Manager at Concho Valley is an employee who is a Licensed Professional Counselor Supervisor with over 20 years of clinical experience. The Utilization Manager's primary responsibility within the scope of the Utilization Management Program is to conduct UM 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 Chief Executive Officer has designated the Center's Quality Management Staff as responsible for managing UM administrative issues. The administrator(s) is/are responsible for facilitating and documenting Utilization Management Committee meetings (per delegation from the UM Physician), UM 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 MHMRCV 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. MHMRCV'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 MHMRCV, the following relationships exist.

MHMRCV's Utilization Management Committee receives its authority from the Center's Board of Trustees. Further, all UM Committee members are appointed by the LMHA Chief Executive Officer. 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:

- UM Physician – Dr. Mark Janes
- Utilization Manager – Mike Dotson, LPC-S
- Chief Executive Officer – Gregory J. Rowe
- Chief Financial Officer – Debbie Penaluna
- Chief of Information Services – Jared Baran, QMHP-CS
- Chief Operations Officer/U.M. Admin./Client Rights Officer – Melinda McCullough, MBA
- Quality Mgt. Coordinator/CANS/ANSA Super User – Rachael Grinage-Hope, QMHP-CS
- Chief of Behavioral Health Services – Eddie Wallace, QMHP-CS
- Children’s Mental Health Director – Cara Barker, QMHP-CS
- Mobile Crisis Outreach Team Supervisor – Pam Johnson, QMHP-CS
- Supportive Housing Specialist – Katie Crumley

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 UM Committee. A copy of the MHMRCV current UM Plan, HHSC current version of the Utilization Management Guidelines and Program Manual, and appropriate MHMRCV Policy and Procedures are distributed to ensure proper references are readily available for UM business. Training is offered on these subjects. In addition, MHMRCV’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 MHMRCV policy and procedure. Conflict of interest situations are identified by

the UM Manager and/or UM Administrator and committee members affected are excused from meetings as needed.

The UM 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 UM Administrator under consultation with the UM Physician. Also, clear accounts of meeting minutes are recorded, electronically distributed to committee members, and kept by the COO/Utilization Management Administrator.

UTILIZATION MANAGEMENT ACTIVITIES

UM Activity	Responsible Staff	Information Source
<p><u>Utilization Reviews</u> - prospective, concurrent and retrospective reviews for the purpose of:</p> <ul style="list-style-type: none"> ○ level of care authorization ○ authorization for continued stay ○ outlier review ○ inpatient admission ○ discharge planning 	<p>Clinical Authorization Contractor/ETBHN</p> <p>MCOT Supervisor</p> <p>UM Committee</p>	<ul style="list-style-type: none"> • Clinical Record • EHR Reports • MBOW UM Reports • UM Guidelines • UM Program Manual
<p>Clinical overrides</p>	<p>UM Physician</p> <p>Clinical Authorization Contractor/ETBHN</p> <p>UM Committee</p>	<ul style="list-style-type: none"> • Clinical Record • EHR Reports • UM Guidelines • UM Program Manual
<p>Adverse Determinations</p>	<p>Utilization Manager</p> <p>Utilization Administrator</p> <p>UM Committee</p>	<ul style="list-style-type: none"> • Clinical Record • Intake Screening • UM Guidelines • UM Program Manual
<p>Notification of adverse determinations</p>	<p>Utilization Administrator</p>	<ul style="list-style-type: none"> • Clinical Record • Center Procedure • UM Program Manual
<p>Appeals management</p>	<p>Utilization Manager</p> <p>Utilization Administrator</p>	<ul style="list-style-type: none"> • Clinical Record • Center Procedure • UM Program Manual
<p>TRR Waiting List Maintenance</p>	<p>Utilization Administrator (or qualified designee)</p>	<ul style="list-style-type: none"> • MBOW UM Reports • UM Program Manual • Clinical Record
<p><u>Collection, analysis and documentation of utilization information to identify:</u></p>	<p>UM Committee</p>	<ul style="list-style-type: none"> • EHR Reports • MBOW UM Reports • OPC Data • CARE Reports

<ul style="list-style-type: none"> ○ 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; ○ Medication expense/ savings/ utilization; ○ Achievement of contract requirements; ○ Compliance with YES Waiver policies and procedures; and ○ Timeliness of provider documentation of service provision 		
<p>Hospital Bed Day Utilization (CBCP, CPB, PPB)</p>	<p>MCOT Supervisor UM Committee</p>	<ul style="list-style-type: none"> ● Clinical Records ● CARE Data
<p>Crisis Services Utilization – AVAIL and MCOT</p>	<p>MCOT Supervisor UM Committee</p>	<ul style="list-style-type: none"> ● AVAIL Contractor Reports ● EHR Reports ● Clinical Records
<p>U.M. Policy and Procedure maintenance and review</p>	<p>UM Physician UM Administrator UM Committee</p>	<ul style="list-style-type: none"> ● DSHS TRR MH & SA LMHA UM Program Manual
<p>UM Plan development and revision</p>	<p>UM Physician UM Manager UM Administrator UM Committee</p>	<ul style="list-style-type: none"> ● DSHS TRR MH & SA LMHA U.M. Program Manual ● Local Plan ● MHMRCV Strategic Plan

UTILIZATION MANAGEMENT IMPROVEMENT PROCESSES

As MHMRCV specific TRR program implementation improvement areas are identified through routine Utilization Management activity, the UM Committee will recommend improvement strategies to the MHMRCV 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:

- COO;
- Quality Management Coordinator – MH Specialist;
- Chief Executive Officer;
- Chief of Behavioral Health;
- Chief of Information Services;
- Director of Children’s Mental Health Services;
- Chief Administrative Officer;
- Chief of IDD Services;
- Director of IDD Provider Program Services;
- CMH Counselor;
- Chief Human Resources Officer;
- Clubhouse Director;
- IDD Quality Compliance Coordinator;
- Supportive 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 CONCHO VALLEY
FY '25
LOCAL MENTAL HEALTH AUTHORITY
UTILIZATION MANAGEMENT PLAN**

APPROVAL

The LMHA Utilization Management Plan for MHMR Concho Valley was revised and submitted for approval on October 14, 2024.

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

Gregory J. Rowe Digitally signed by Gregory J. Rowe
Date: 2024.10.14 14:21:35 -05'00'

Gregory J. Rowe, Chief Executive Officer

John M Janes Digitally signed by John M Janes
Date: 2024.11.04 17:20:12 -06'00'

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



Mike Dotson – LPC-S, Utilization Manager