



# LMHA UTILIZATION MANAGEMENT PLAN

FY '26

Revised 09/24/25



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## **PURPOSE**

MHMR Concho Valley's (MHMRCV) Utilization Management (UM) Program has a twofold purpose. The primary purpose is to make sure people receive quality, affordable services quickly and in the right setting. Second, by using UM activities, MHMRCV aims to balance the needs of people with the demand for services and available 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 who want mental health services, the demand for services, and availability of resources. MHMRCV conducts utilization management activities that focus on Health and Human Services Commission (HHSC) 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 MHMRCV and its providers. Utilization management staff collect, analyze and document utilization data, conduct utilization reviews, grant level of care authorizations, 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 Health and Human Services, Texas Resilience and Recovery Utilization Management Program Manual for LMHAs and LBHAs, February 2025."* MHMRCV's UM Program consists of the following functions:

- Physician oversight of UM processes;
- Consistent application of HHSC TRR UM Guidelines and processes;
- Conducting utilization reviews and authorizations;
- Collecting, analyzing, and documenting utilization information;
- Utilization care management to address unusual circumstances;

- UM committee monitoring of the use of MHMRCV clinical resources to ensure effective and efficient use by promoting, maintaining, and ensuring high-quality care through evaluating clinical practices, services and supports delivered by MHMRCV and its providers;
- Collecting documentation submitted by providers and requests for continued stay reviews;
- Monitoring adverse determinations;
- Submitting MHMRCV UM data to HHSC.

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 of Utilization Management processes 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 chairperson for, and participates in, Utilization Management Committee business and is responsible for approving related MHMRCV UM procedures.

The Utilization Manager at MHMRCV 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 (CEO) has designated MHMRCV's Quality Management Staff as responsible for managing UM administrative activities. The administrator(s) is/are responsible for facilitating and documenting Utilization Management Committee meetings (per delegation from the UM Physician), UM adverse determination appeal correspondence, planning, and record keeping, and for identifying systems/processes where enhancement would be beneficial and recommending changes as a result.

Finally, MHMRCV TRR authorizations are completed via a contract arrangement with East Texas Behavioral Health Network (ETBHN). ETBHN 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 data 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.

The Utilization Management Committee receives its authority from MHMRCV's Board of Trustees. Further, all UM Committee members are appointed by the LMHA CEO. 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 includes:

- UM Physician – Dr. Grace Kang
- Utilization Manager – Mike Dotson, LPC-S
- Chief Executive Officer – Gregory J. Rowe
- Chief Financial Officer – Debbie Penaluna
- Chief Information Officer – Jared Baran, QMHP-CS
- Chief Operations Officer/U.M. Administrator/ Rights Protection Officer/QM Director – Melinda McCullough, MBA
- Quality Mgt. Coordinator/CANS 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 annually 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 and training is offered on these subjects. In addition, MHMRCV's CANS/ANSA Super Users provide ongoing education and mentoring for committee members. Next, the importance of confidentiality is reiterated to committee members in accordance with existing MHMRCV policy and procedure. As part of UM annual training, committee members sign a statement of confidentiality. Finally, conflict of interest is part



of UM training. 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 both clinical and fiscal 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 (<i>initial determination</i>), concurrent, and retrospective reviews for the purpose of:</p> <ul style="list-style-type: none"> <li>• Level of care authorization (<i>including people with special circumstances and needs</i>)</li> <li>• Authorization for continued stay</li> <li>• Outlier review</li> <li>• Inpatient admission</li> <li>• Discharge planning</li> </ul>	<p>Clinical Authorization Contractor/ETBHN</p> <p>MCOT Supervisor</p> <p>UM Committee</p>	<ul style="list-style-type: none"> <li>• Clinical Record</li> <li>• EHR Reports</li> <li>• MBOW UM Reports</li> <li>• UM Guidelines</li> <li>• UM Program Manual</li> </ul>
Deviations/Exceptions/Clinical Overrides	<p>UM Physician</p> <p>Clinical Authorization Contractor/ETBHN</p> <p>UM Committee</p>	<ul style="list-style-type: none"> <li>• Clinical Record</li> <li>• EHR Reports</li> <li>• MBOW UM Reports</li> <li>• UM Guidelines</li> <li>• UM Program Manual</li> </ul>
Adverse Determinations	<p>Utilization Manager</p> <p>Utilization Administrator</p> <p>UM Committee</p>	<ul style="list-style-type: none"> <li>• Clinical Record</li> <li>• Intake Screening</li> <li>• UM Guidelines</li> <li>• UM Program Manual</li> </ul>
Notification of Adverse Determinations	<p>Utilization Administrator</p>	<ul style="list-style-type: none"> <li>• Clinical Record</li> <li>• Center Procedure</li> <li>• UM Program Manual</li> </ul>
Appeals Management	<p>Utilization Manager</p> <p>Utilization Administrator</p>	<ul style="list-style-type: none"> <li>• Clinical Record</li> <li>• Center Procedure</li> <li>• UM Program Manual</li> </ul>
TRR Waiting List Maintenance	<p>Utilization Administrator (or qualified designee)</p>	<ul style="list-style-type: none"> <li>• MBOW UM Reports</li> <li>• UM Program Manual</li> <li>• Clinical Record</li> </ul>

<p><u>Collection, analysis, and documentation of utilization information to identify:</u></p> <ul style="list-style-type: none"> <li>• Gaps in services;</li> <li>• Rates of no shows;</li> <li>• Billing issues;</li> <li>• Underdeveloped frequently requested services;</li> <li>• Existing services that are under and over utilized;</li> <li>• Barriers to services;</li> <li>• Capacity;</li> <li>• Medication expense/ savings/ utilization;</li> <li>• Achievement of contract requirements;</li> <li>• Compliance with YES Waiver policies and procedures; and</li> <li>• Timeliness of provider documentation of service provision.</li> </ul>	UM Committee	<ul style="list-style-type: none"> <li>• EHR Reports</li> <li>• MBOW UM Reports</li> <li>• OPC Data</li> <li>• CARE Reports</li> </ul>
Hospital Bed Day Utilization (CBCP, CPB, PPB)	MCOT Supervisor  UM Committee	<ul style="list-style-type: none"> <li>• Clinical Records</li> <li>• CARE Data</li> </ul>
Crisis Services Utilization – AVAIL and MCOT	MCOT Supervisor  UM Committee	<ul style="list-style-type: none"> <li>• AVAIL Contractor Reports</li> <li>• EHR Reports</li> <li>• Clinical Records</li> </ul>
U.M. Policy and Procedure maintenance and review	UM Physician UM Administrator UM Committee	<ul style="list-style-type: none"> <li>• Texas HHS, TRR UM Program Manual for LMHAs and LBHAs, Feb. 2025</li> </ul>
UM Plan development and revision	UM Physician UM Manager UM Administrator UM Committee	<ul style="list-style-type: none"> <li>• Texas HHS, TRR UM Program Manual for LMHAs and LBHAs, February 2025</li> <li>• Local Plan</li> <li>• MHMRCV Strategic Plan</li> </ul>

## **UTILIZATION MANAGEMENT PROGRAM EVALUATION AND IMPROVEMENT PROCESSES**

As 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 Information Officer;
- Director of Children's Mental Health Services;
- Chief Administrative Officer;
- Chief of IDD Services;
- Director of IDD Provider 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. As appropriate, UM recommendations for improvement will be implemented by MHMRCV. This committee meets quarterly and reports to the Executive Leadership Team.

## **REVIEW/REVISION OF THE LMHA UTILIZATION MANAGEMENT PLAN**

MHMR Concho Valley recognizes the evolutionary nature of UM and views the LMHA Utilization Management Plan as an ever-changing document that continues to be updated and reassessed on an ongoing basis. The LMHA Utilization Management Plan is reviewed and evaluated for its effectiveness as needed, but at least annually.

### **MHMR CONCHO VALLEY FY '26 LOCAL MENTAL HEALTH AUTHORITY UTILIZATION MANAGEMENT PLAN**

#### ***APPROVAL***

The LMHA Utilization Management Plan for MHMR Concho Valley was revised and submitted for approval on September 24, 2025.

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

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*Gregory J. Rowe, Chief Executive Officer*

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*Dr. Grace Kang, Medical Director/U.M. Physician*

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*Mike Dotson – LPC-S, Utilization Manager*