

Community Healthcore Utilization Management Plan FY 2010

This Utilization Management Plan (UM Plan) describes the Utilization Management (UM) program of Community Healthcore (CHC), hereafter “the Center”, and is written to be consistent with the Center’s policies and procedures and applicable regulatory and contractual requirements. The Center’s Quality Coordinator, under the direction of a UM psychiatrist and in consultation with the UM Regional and Sub-Committee, assumes the responsibility for execution of this UM Plan. This Utilization Management Plan shall be reviewed and revised bi-annually or more frequently, as necessary. Community Healthcores’ (CHC) UM Plan goals include enhancing accessibility, availability and quality of services while working closely with the providers to achieve these goals.

- Accessibility is measured by monitoring the timely authorization of TRAGS and ability to engage consumers in services as reflected in minimum hour requirements.
- Availability is measured by monitoring the 1st appointment and Wait list.
- Quality of services is monitored by consumer outcomes.

A. Psychiatrist Oversight of UM Program

The psychiatrist who provides oversight of the responsibilities of the UM Program and Committee, through East Texas Behavioral Healthcare Network (ETBHN), is Mark Janes, M.D, CHC Medical Director. Dr. Janes does oversight both to the Regional Committee and Sub-Committee of UM for CHC.

B. Utilization Manager Designation

The person functioning as the Center Utilization Manager is Rachel Coleman, LPC. This position is contracted out to East Texas Behavioral Health Network (ETBHN). Members of the ETBHN Regional Committee are listed on Attachment A, along with their minimum qualifications.

C. Utilization Review Activities

1. **Procedure for Eligibility Determination:** The Center conducts screenings of each consumer to determine whether the requirements are met for admission to services and initial Service Package assignment using Texas Department of State Health Services (DSHS) criteria. Determinations are conducted to ensure the Center’s practice guidelines deliver treatment in the most effective and efficient manner.
2. **Procedure for Level of Care Assignment:** The Center assigns each consumer to the appropriate Level of Care according to DSHS UM guidelines and conducts retrospective oversight of initial and subsequent level of care assignments to ensure consistent application of DSHS UM guidelines. These processes ensure sufficient utilization and resource allocation determinations based on clinical data, practice guidelines, and information regarding the consumer’s needs with consideration of the

consumer's (and LAR's on the consumer's behalf) treatment preferences and objections.

CHC ensures that the Utilization Management system facilitates timely access to services and that the safety of persons requesting or receiving a service is not compromised.

CHC QM/UM reviews the flow of information between the crisis response system, single point of entry and the Utilization Management program.

Access to Utilization Management staff is consistent throughout each business day. After hours staff use the office number (voice mail) and e-mail address of the UM staff (tragreview@tcmhmrs.org) to ensure timely authorizations. E-mail Messages have time- and date received.

UM staff is available throughout the business day to review clinical information needed to make authorization decisions.

For potential adverse determination decisions, psychiatric consultation is available twenty-four hours a day through the crisis response system.

CHC provides a twenty-four hours a day, seven days a week telephone answering system and confidential e-mail system through which authorization request messages may be received.

If the provider has any concerns about the case (e.g. that any of the admission criteria are not met, the authorized LOC is incorrect, or the individual refuses some or all of the services) the provider must document variance in the comment section of the TRAG for UM to review and ask additional questions and or discuss the case prior to authorization.

3. **Procedure for Authorizations and Reauthorizations:** The Center conducts retrospective oversight of initial and subsequent level of care assignments to ensure consistent application of DSHS Utilization Management guidelines.
4. **Procedure for Outlier Review:** The Center and ETBHN, as designated by the Center, by and through its Utilization Management Committee, can conduct Outlier Review. This process will consist of a review of data to identify outliers and to determine any need for change in level of care assignment processes, service intensity or other Utilization Management activities. These reviews are conducted to ensure provider treatment is consistent with practice guidelines as is the process for making utilization/resource allocation determinations.
5. **The UM Subcommittee:** Sub Committee members will conduct retrospective and concurrent reviews and report to the Management Team on UM activities from the risk issues, financial and compliance with

performance contract. Corrective action will be required on outliers that are not with in UM guidelines.

6. **Procedure for Inpatient Admissions, including State Hospitals and Discharge:** The Center conducts reviews of inpatient admissions to ensure the most clinically effective and efficient length of stay at an inpatient facility and reviews discharge plans to ensure timely and appropriate treatment following an inpatient stay. These reviews are conducted to ensure continuity of services for coordinating the delivery of mental health community services by multiple providers. These reports are addressed in the CORE meetings. The actual authorization for hospitalization or extended stays are reviewed and approved (or denied) by the authority UM Manager.

D. UM activities Fulfilled by persons other than Utilization Manager

The following persons conduct UM activities who are not the qualified Utilization Manager: Marlene Karger, MBA, QMHP and Hutchison Calvert, BA, QMHP . At a minimum, each of these staff is a QMHP-CS with 3 years experience in direct care for adults with serious mental illness or children and adolescents with serious emotional disturbances and have all UM activities directly supervised by the Medical Director. Amy Ormes, 3rd Party billing Coordinator addresses billing issues in her reviews and in her participation on the UM Sub-committee. The UM activities conducted by these persons are gaps in services, rates of no show, billing issues, under and over utilization of exiting services and clinical outcomes.

Conflict of Interest

It is the policy of the Center that providers of mental health services may conduct screening and eligibility determination functions on behalf of the Center, as well as other business functions, however providers of mental health services may not grant authorizations.

E. UM Documentation of Training and Supervision

It is the policy of the Center that UM staff are properly trained and supervised as required by DSHS or by other policy, law or regulation. It is the responsibility of the Center's Quality Coordinator, in consultation with the UM psychiatrist and the Human Resources department, as necessary, to ensure documentation and supervision are properly maintained.

F. UM Committee

The Center maintains a Utilization Management Committee through ETBHN. The primary function of the UM Committee is to assist the promotion, maintenance and availability of high quality care in conjunction with effective and efficient utilization of resources. ETBHN will facilitate a UM Committee to ensure compliance with applicable contractual and regulatory UM requirements. UM Committee meetings are held quarterly or more frequently as needed at a designated time and includes a physician, UM staff, Quality Management staff, and fiscal/financial services staff. The UM Committee will maintain representation from all Member Centers of ETBHN. UM Committee members are appointed by each ETBHN Member Center's respective Executive

Director/CEO. ETBHN is responsible for taking, distributing, and storing minutes of every UM Committee meeting.

G. Exception/Clinical Override Process

The Center will maintain a system to override the Texas Recommended Authorization Guidelines (TRAG) when there is the need and to make exceptions to and manage the number of units of service authorized for a consumer and will report on exceptions and overrides as required by DSHS.

H. Appeal Process

Pursuant to 25 TAC 401.464, the Center is dedicated to providing mental health services which are viewed as satisfactory by persons receiving those services and their legally authorized representatives. The purpose of this procedure is to assure that these persons:

1. have a method to express their concerns or dissatisfaction;
2. are assisted to do so in a constructive way; and
3. have their concerns or dissatisfaction addressed through a review process.

A request to review decisions described in this section may be made by the person requesting or receiving services/supports, the person's legal representative, or any other individual with the person's consent.

At the time of admission into services and on an annual basis thereafter, the Center shall provide to persons who receive services and their legally authorized representatives written notification in a language and/or method understood by the individual of the Center's policy for addressing concerns or dissatisfaction with services/supports. The notification shall explain:

1. an easily understood process for persons and legally authorized representatives to request a review of their concerns or dissatisfaction by the Center;
2. how the person may receive assistance in requesting the review;
3. the timeframes for the review; and
4. the method by which the person is informed of the outcome of that review.

The Center shall notify persons and legally authorized representatives in writing in a language and/or method understood by the individual of the following decisions and of the process to appeal by requesting a review of those decisions:

1. a decision to deny the person services/supports at the conclusion of the Center's procedure which determines whether the person meets the criteria for the priority population; and
2. a decision to terminate services/supports and follow-along from the Center or its contractor, if appropriate.
3. A decision is made to reduce services/supports

The written notification referred to above must:

1. be given or mailed to the person and the legally authorized representative **within ten working days** of the date the decision was made;
2. state the reason for the decision;
3. explain that the person and legally authorized representative may contact either the Center **within 30 days of receipt of notification** if dissatisfied with the

decision and request that the decision be reviewed in accordance with this procedure; and

4. include name(s), phone number(s) and address(es) of one or more accessible staff to contact during office hours.

If a person or legally authorized representative believes that the Center has made a decision to involuntarily reduce services by changing the amount, duration, or scope of services/supports provided and is dissatisfied with that decision, then the person may request in writing or via the telephone that the decision be reviewed in accordance this procedure.

The review by the Center shall:

1. begin within ten working days of receipt of the request for a review and be completed within ten working days of the time it begins unless an extension is granted by the CEO of the Center;
2. begin immediately upon receipt of the request and be completed within five working days if the decision is related to a crisis service;
3. be conducted by an individual(s) who was not involved in the initial decision;
4. include a review of the original decision which led to the person's dissatisfaction;
5. result in a decision to uphold, reverse, or modify the original decision; and
6. provide the person an opportunity to express his or her concerns in person or by telephone to the individual reviewing the decision. The review shall also allow the person to:
 - (a) have a representative talk with the reviewer; or
 - (b) submit his or her concerns in writing, on tape, or in some other fashion.

Following a review, either the Center shall explain to the person and legally authorized representative in writing and also in person or by telephone, if requested, the action it will take or, if no action will be taken, why it will not change the decision or believes such action would not be in the person's best interest. This is the final step in the review process.

The notification and review process described in this procedure:

1. is applicable only to services/supports funded by TDSHS and provided or contracted for by its local authorities;
2. does not preclude a person or legally authorized representative's right to reviews, appeals, or other actions that accompany other funds administered through the Center or its contractors, or to other appeals processes provided for by other state and federal laws, e.g., Texas Health and Safety Code, Title 7, Chapter 593 (Persons with Mental Retardation Act); 42 USC §1396 (Medicaid statute); and Texas Human Resources Code, Chapter 73 (Chapter 621 of this title (relating to Early Childhood Intervention)), Early Childhood Intervention programs as funded by the Texas Interagency Council for Early Childhood Intervention.

Provider Appeals Process:

Providers may disagree with services a consumer is approved to receive. This may be in the form of reduction or termination of services or even add on services. The provider has the right to appeal if his/her clinical judgment does not agree with services to be rendered.

The appeal will be considered by the Medical Director. The review

1. will be completed within ten business days of receipt of the request for a review unless an extension is granted by the CE of the Center;
2. will include a review of the original decision which led to the person's dissatisfaction and or concern; and
3. result in a decision to uphold, reverse, or modify the original decision;
4. the Medical Director's decision will be final.

Providers Appeals responsibility:

To inform service providers of their obligation to assist persons requesting or receiving services in appealing adverse determination decisions.

The CHC informs and educates providers regarding their obligation to, upon request, assist a person requesting or receiving services in appealing an adverse determination decision, as well as inform the provider of their obligation to, upon request, file an appeal on the person's behalf. CHC QM/UM staff informs and educates providers about these obligations as follows:

- in the RFP (if applicable);
- at the time of contracting;
- annually with CHC service providers;
- in writing as part of the CHC's policies and procedures or provider manual; and,
- at the time of contract renewal.

If the CHC receives a complaint that a provider did not facilitate access to the appeals procedure, a person designated by the CHC will investigate the provider's procedures. At any time, the individual may access the CHC's Client's Rights staff. If they are not currently involved in the determination of the complaint, they may advocate for the individual.

K. DSHS UM Oversight Activities

The Center will participate in UM oversight activities, including submitting the requisite Appeal Reports, as defined and scheduled by DSHS.

L. Quality Management and Utilization Management

The Center Quality Management (QM) provide oversight to ensure compliance with and the quality of the implementation of Resiliency & Disease Management practices, monitor fidelity to service models, monitor performance in relation to Department of State Health Services-defined performance measures, and coordinate activities with the UM program.

M. Provider Profiling

The Center will utilize provider profiling to review, identify, and analyze current mental health community services, providers, and utilization patterns in order to educate clinicians and facilitate practice improvement.

N. Delegated UM Activities and Oversight

Pursuant to a written agreement, certain Utilization Management Activities have been designated by the Center to East Texas Behavioral Healthcare Network (ETBHN), as have been described as such in this Utilization Management Plan. To that end, ETBHN will provide all Utilization Management reports, results, analysis, of the above-mentioned Delegated Activities to the ETBHN Regional Oversight Committee, as well as to the Center's designated Quality Coordinator.

O. Utilization Management Program Evaluation

The UM program of the Center is evaluated at least annually to determine its effectiveness in facilitating access, managing care, improving outcomes, and providing useful data for resource allocation, quality improvement, and other management decisions and what improvements may be made. Any Utilization Plan Evaluation conducted by the Center will include an evaluation of the Center's Performance Contract measures. UM Program Evaluation activities will be reflected in the UM Committee meeting minutes.

EAST TEXAS BEHAVIORAL HEALTHCARE NETWORK
REGIONAL UTILIZATION MANAGEMENT COMMITTEE

LOCAL MENTAL HEALTH AUTHORITIES: Access, Andrews Center, Bluebonnet Trails MHMR, Burke Center, Community HealthCore, Gulf Coast Center, Gulf Bend, Lakes Regional MHMR, Pecan Valley MHMR, Spindletop MHMR, and Tri-County MHMR

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Other members will be added or guest invited as topic requires

UTILIZATION MANAGER
QUALIFICATIONS

1. RN, RN-APN, PA, LCSW, LPC, licensed doctoral level psychologist or LMFT and is licensed to practice in the State of Texas;
2. Has at least 5 years experience in direct care of people with a serious mental illness (SMI), including experience in an acute care setting, treatment planning and monitoring;
3. Has documented training within the past 3 years in psycho-pharmacology, medical/psychiatric co-morbidity and complications of serious mental illness;
4. Has 1 year experience in supervision of mental health care providers; and
5. Has demonstrated the competence to perform utilization management and review activities.