



Utilization Management Plan Fiscal Years 2023-2024

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PURPOSE

Border Region Behavioral Health Center (BRBHC) adopts this Utilization Management Plan, which details the procedures, lines of authority and accountability of the Utilization Management Program. The purpose of this program is to ensure that people receive quality, cost-effective services, that meet their individual needs in an appropriate setting and in a timely manner. The program also ensures that an effective mechanism is in place to manage the utilization of services in a consistently equitable fashion.

OVERVIEW

Utilization Management (UM) is a dynamic process. Through established policies and procedures, it provides timely, accurate, and relevant information to facilitate fact-based decision making by BRBHC which results in positive outcomes for persons receiving services and improved provider practice. The UM staff grant level of care authorizations, collect, analyze, and document utilization data, conduct utilization reviews, and consider appeals of adverse determinations. The UM staff along with the Utilization Management Committee identify and monitor patterns of over-utilization, under-utilization, and other utilization issues that compromise care or inappropriately utilize resources.

UTILIZATION MANAGEMENT RESPONSIBILITIES

1. Develop, implement and improve the Center's UM Program to reflect the needs of the service recipients, the Center, and the Health and Human Services Commission.
2. Efficiently conduct prospective, concurrent and retrospective reviews to authorize services utilizing *HHSC Utilization Management Guidelines*.
3. Prompt, accurate and efficient determination of eligibility for services and assignment and authorization of such services.
4. Ensure that consumers are receiving and benefiting from services as reflected in outcome scores.
5. Make adverse determinations and denials in an objective and transparent manner.
6. Ensure notification of adverse determinations to the person receiving or requesting services and their provider to include information on how to file an appeal or fair hearing.
7. Implementing utilization care management for individuals with special circumstances and needs to ensure their access to needed services.
8. Collaborating with other Local Mental Health Authority (LMHA) functions such as Quality Management, Financial Services and Information Systems in the use of UM data and with providers in planning interventions to improve provider practice.
9. Coordinate and support the activities of the UM Committee.

10. Participate at a state level with HHSC in the development, evolution, and improvement of the *HHSC UM Guidelines*.

UTILIZATION MANAGEMENT STAFF

BRBHC 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 this, BRBHC has designated several UM staff to lead the process which includes the Utilization Management Physician, Utilization Manager, the Utilization Management Reviewer, and the Clinical Authorizers and Clinical Authorization Contractors. 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 UM Physician is the chair person for, and participates in, Utilization Management Committee business and is responsible for directing related Center procedures.

The Utilization Manager at BRBHC is a Licensed Professional Counselor whose primary responsibility within the scope of the Utilization Management Program is to conduct UM reviews of levels of care for individuals as needed, and to provide consultation in cases of adverse determinations and clinical overrides. The Utilization Manager serves as a member of the Utilization Management Committee.

The Utilization Reviewer is a QMHP-CS with at least three years' clinical experience in the treatment of individuals with mental illness and chemical dependency. The Utilization Reviewer's primary function is to collect, analyze, and document information from medical records and providers to be used by the Utilization Manager in prospective reviews, authorization, or in making initial adverse determinations. The Utilization Reviewer is directly supervised by the Utilization Manager.

Finally, the Texas Resilience and Recovery (TRR) authorizations at BRBHC are completed by a team of qualified, trained, and properly credentialed Licensed Professional Counselors, or Licensed Practitioner of the Healing Arts. BRBHC also contracts with East Texas Behavioral Health Network (ETBHN), also staffed with qualified, trained, and properly credentialed Licensed Professional Counselors to complete TRR authorizations. The Clinical Authorizers and Clinical Authorization Contractors collect, analyze, and authorize 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

Members of BRBHC's UM Committee are appointed by the Executive Director. Required positions include the Utilization Management Physician, Utilization Management Staff Representative, Quality Management Staff Representative, and Fiscal/Financial Services Staff Representative. The primary function of the UM Committee is to monitor utilization of BRBHC's clinical resources to assist in the promotion, maintenance, and availability of high quality care in conjunction with effective and efficient utilization of resources. The members assigned are as follows:

- Utilization Management Physician
- Utilization Management Manager
- Executive Director or designee
- Adult Behavioral Health Unit Director
- Child, Adolescent, and Parent Services Program Director
- Intellectual Developmental Disabilities Program Director
- Intellectual Developmental Disabilities Quality Assurance Advisor
- Medical Director
- Client Rights Officer
- Chief Financial Officer
- Quality Management Director
- Quality Management Staff
- 1115 Waiver Director
- Director of Nursing
- BRBHC Clinical Authorizer Representative
- Program Managers- Service Access, ACT
- Continuity of Care Liaison
- Casa Amistad Unit Manager
- CCBHC Grant Manager
- Substance Use Disorder Unit Director

The UM Committee receives its authority from BRBHC's Board of Trustees and reports to the UM Physician designated to oversee the UM Program. BRBHC will ensure that all UM Committee members receive appropriate training, at least annually and for each new member added, to fulfill the responsibilities of the committee at least annually. BRBHC will provide each member of the UM Committee a copy of BRBHC's UM Program Plan, the current *HHSC UM Guidelines*, and other information necessary to perform their function. The importance of confidentiality is reiterated to committee members in accordance with existing Center policy and procedure. The committee will meet a minimum of quarterly but may be held more frequently as needed at a designated time and at the call of the UM Committee Chairman.

Other QMHP-CS staff and mental health professionals participate in the UM Committee meeting 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. The UM Department is responsible for taking, distributing, and storing documentation of oversight and follow-up activities including committee minutes.

No UM committee member may participate in the review of a case in which he/she has a conflict of interest. Since current HHSC policy allows the UM Physician to function in a provider role, if a conflict occurred, BRBHC would need to arrange for a non-involved physician to review the case. This could include an agreement with a different LMHA to provide this service. The LMHA will identify other potential conflict of interest situations and include such situations in training for UM staff and UM Committee members.

Objectives of the UM Committee:

1. Assure the overall integrity of BRBHC's UM process to include timely and appropriate assignment of mental health levels of care based on the *HHSC UM Guidelines*
2. Assure that BRBHC staff involved in the UM process is qualified to fulfill their functions and that inter-rater reliability is being maintained
3. Approve the process used to review and authorize the provision of mental health services, including an appeal system for adverse determination decisions
4. Analyze utilization patterns and trends to include gaps in services, rates of no shows for appointments and services, billing issues, underdeveloped frequently requested services, existing services that are under-utilized and over-utilized, and barriers to access
5. Establish mechanisms to report quantitative and qualitative information on services utilization and service delivery to BRBHC management and staff, BRBHC Board of Trustees, providers, and other interested individuals in a timely manner
6. Provide a mechanism to identify potential quality issues and to forward them to the Quality Management Department
7. Assist in the ongoing modification of screening criteria, standards, and review methods under the control of the LMHA and provide relevant feedback to HHSC
8. Prepare and arrange educational programs to address deficiencies noted by review findings

The UM Committee will review the following:

1. Appropriateness of eligibility determinations;
2. Use of exceptions and overrides to service authorization ensuring rationale is clinically appropriate and documented in the administrative and clinical record;
3. Over- and under-utilization
4. Appeals and denials
5. Fairness and equity; and
6. Cost-effectiveness of all services provided.

UTILIZATION MANAGEMENT ACTIVITIES

The BRBHC's UM department conducts the following activities to ensure that people receive quality, cost-effective services that meet their individual needs in an appropriate setting and in a timely manner:

- **Utilization Reviews:** prospective, concurrent, and retrospective reviews for the purpose of:
 - Level of care authorization
 - Authorization for continued stay
 - Outlier review
 - Inpatient admission
 - Discharge planning
- **Clinical Overrides**
- **Adverse Determinations**
- **Notification of adverse determinations**
- **Appeals management**
- **TRR Waiting List Maintenance**
- **Collection, analysis, and documentation of utilization information to identify:**
 - 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
- **State Hospital Bed Day Utilization**
 - a. Including Private Psychiatric Beds (PPB)
 - b. Recidivism- 30 day hospital readmissions
- **Crisis Stabilization Bed Day Utilization**
- **Crisis Services Utilization – AVAIL and MCOT**
- **UM Policy and Procedure maintenance and review**

- **UM Plan development and revision**

UTILIZATION MANAGEMENT PROGRAM EVALUATION AND IMPROVEMENT

BRBHC's UM Program will be evaluated 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. The UM Program will be evaluated utilizing the UM Program Self-Assessment (Attachment A) and UM Performance Measures listed below. The findings will be reported to the UM Committee and Quality Management Committee. BRBHC's Clinical Authorizers will hold monthly peer reviews to assess Utilization Review decisions.

UM Performance Measures

- **Turnaround time for routine authorization requests**
 - 90% turned around within two business days of receipt of complete request
- **Turnaround time for urgent authorization requests**
 - 95% within one business day of receipt of complete request
- **Inpatient admissions reviewed frequently in the first two weeks**
 - 90% of admissions reviewed every four days for the first two weeks
- **Inpatient admissions reviewed weekly after second week**
 - 90% of admissions with length of stays over two weeks reviewed weekly
- **Resolution of individual and provider appeals**
 - 90% resolved within 45 days
- **Number of UM complaints per 1,000 individuals**
 - < 14 per 1,000 individuals
- **Number of UM appeals per 1,000 individuals**
 - < 15 per 1,000 individuals
- **Percent of appeal decisions overturned**
 - Less than or equal to 15% of all appeals

As Center specific TRR program implementation improvement areas are identified through routine Utilization Management activity, the UM Committee will recommend improvement strategies to the Center's Quality Management Committee. The purpose of the Quality Management 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. The Quality Management Department will review and support recommendations for improvement and monitor for

effectiveness. The Quality Management Committee meets quarterly and reports to the Executive Management Team.

The Utilization Management Plan for Border Region Behavioral Health Center has been reviewed and approved by the following individuals:

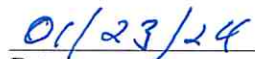


Utilization Management Physician

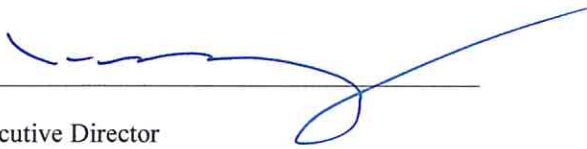
Date



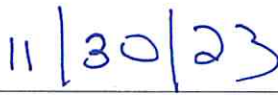
Utilization Manager




Date




Executive Director



Date



Board Chairman



Date