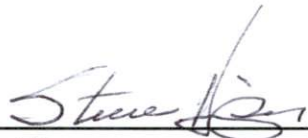


Gulf Bend Center

IMPROVING LIFE THROUGH RECOVERY.

Utilization Management Plan



Steve Hipes
Gulf Bend Center Board of Trustees Chair

10-26-2021

Date



Jeffrey Tunnell
Gulf Bend Center Executive Director

10/26/21

Date

Utilization Management Plan

This Utilization Management Plan (UM Plan) describes the Utilization Management (UM) program of Gulf Bend Center, hereafter “the Center”, and is written to be consistent with the Center’s Policies and Procedures and applicable regulatory, contractual requirements and Certified Community Behavioral Health Clinic (CCBHC) guidelines. This Utilization Management Plan shall be reviewed annually and revised as needed.

Gulf Bend Center conducts utilization management activities through contract with East Texas Behavioral Health Network (ETBHN). ETBHN’s comprehensive Regional Utilization Management System, is directed by a licensed and appropriately credentialed master’s level clinician, having extensive experience in the provision of UM activities. All UM services are delivered by qualified individuals to provide implementation, coordination, and authorizations for clinical services to the Center. (e.g., authorizations, re-authorizations, eligibility, and admissions, etc.). Gulf Bend Center has established an Internal UM Committee and participates in the ETBHN Regional Utilization Management (RUM) Committee Quarterly Meetings.

A. Utilization Review Activities

1. **Procedure for Eligibility Determination:** The Center conducts screenings of each applicant for services to determine consumers needs for the further evaluation through diagnostic assessments, Uniform Assessments and Risk Assessments that determines needs and consumer preferences for the Center’s services and/or preferred available community services. The Assessments for determinations include, but is not limited to, providing assessments to determine tobacco and alcohol use, substance use, current and past health difficulties, current and past mental health difficulties/treatment, current medications, suicide risk, current living situation/housing stability, employment status/challenges, trauma history, ethnic concerns, education challenges/history, family history, mental status, dysfunction in daily living, risk to others, advanced directives, current medical problems as stated by the consumer, mental health diagnosis as determined by a diagnostic assessment, strengths, individual treatment preferences, need for personal accommodations (wheel chair accessibility, interpretation services, barriers to treatment, etc.), desired goals/outcomes for treatment and clinical recommendations. Review and authorization of determinations (CANS and ANSA) are conducted in a timely manner (within two business days unless a specific reason is noted) to ensure treatment is delivered in the most effective clinical modalities and most efficient manner and with input from the consumer on their preferences for these services.
2. **Procedure for Level of Care Assignment, Authorizations, Reauthorizations and Deviations:** The Center initially assigns each consumer to the appropriate Level of Care (LOC) according to the Health and Human Services Commission (HHSC) UM guidelines. Level of Care assignments are determined with input from the

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state approved Uniform assessments, review of current severity of symptoms (suicidality, supports available, repeated crisis events, extenuating circumstances) and clinical recommendations based on medical necessity. Subsequently **reauthorizations are completed every 90 days** and are reviewed by ETBHN UM staff. The reauthorization is either approved for the LOC-R or if needed, additional information is requested that supports the requested Level of Care per HHSC UM Guidelines and medical necessity. Deviations are made in accordance with the HHSC UM Adult and Child and Adolescent Texas Resilience and Recovery (TRR) Guidelines. Deviations may occur for the following reasons: clinical need as clearly documented in client records, resource limitations or individual refused services and in accordance with deviation guidelines as stated in the TRR UM Guidelines for Child and Adolescent and Adult Individuals. (<https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/utilization-management-guidelines-manual>).

The Local and Regional UM Committees conduct retrospective oversight of initial and subsequent level of care assignments (reviewed at quarterly meetings) to ensure consistent application of HHSC 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 Legal Authorized Representative's (LAR) on the consumer's behalf) treatment preferences and objections. The Center's Program Directors and Clinical staff provide retrospective oversight of initial and subsequent level of care assignments to ensure consistent application of HHSC Utilization Management guidelines. Consumers can not be refused treatment based on location of residence or ability to pay.

3. **Procedure for Outlier Review:** The Center and ETBHN, as designated by the Center, by and through its Utilization Management Committee, will conduct outlier reviews. 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. These reviews are conducted quarterly or more often if needed, through state reports indicating compliance with contract measures and improvement measures as indicated by clinical data (Uniform Assessment scores, appropriate provision of level of care and high utilizers/frequent crisis events, repeated crisis hospitalizations, non-compliance, etc.)
4. **Procedure for Inpatient Admissions, including State Hospitals and Discharge:** The Center conducts reviews of inpatient admissions to ensure clinically effective and efficient lengths of stay at an inpatient facility and reviews discharge plans

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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. State generated reports and in-house data are collected, reviewed and new procedures are implemented as indicated for improvement throughout the year as needed.

B. UM activities Fulfilled by persons other than Utilization Manager

At a minimum, each Gulf Bend Center and ETBHN UM staff who is not licensed, will be a Qualified Mental Health Professional – Community Service (QMHP-CS) with three years' experience in direct care for adults with serious mental illness or children and adolescents with serious emotional disturbances will have all UM activities directly supervised by the respective qualified Utilization Manager. The UM activities conducted by these persons are authorizations and reviews.

C. 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, make recommendations for treatment, as well as other business functions. However, a consumer's direct care provider of mental health services may not grant authorizations for that individual or review an appeal regarding services denied or reduced.

D. UM Documentation of Training and Supervision

It is the policy of Gulf Bend Center that UM staff are properly trained and supervised as required by HHSC or by other policy, law, or regulation. It is the responsibility of the Center, through its contract with ETBHN and in consultation with the UM physician to ensure documentation of training and supervision are properly maintained by Gulf Bend Center and ETBHN UM staff. QM will conduct a review of ETBHN, and Utilization Management staff records to ensure compliance with all UM requirements.

E. UM Committee

The Center maintains a Utilization Management Committee locally and through ETBHN. The primary function of the UM Committee is to monitor utilization of the Center's clinical resources to assist the promotion, maintenance and availability of quality, client centered and medically necessary care in conjunction with effective and efficient utilization of resources. Gulf Bend Center and ETBHN will facilitate UM Committee activities to ensure compliance with applicable contractual and regulatory UM requirements, and CCBHC guidelines.

The ETBHN UM Committee includes processes to:

- Assure the overall integrity of the utilization management process to include timely and appropriate assignment of mental health levels of care based on the HHSC UM Guidelines;

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- Analyze utilization patterns and trends throughout the ETBHN region, to include gaps in services, rates of no shows for appointments/services, billing issues, underdeveloped and frequently requested services, existing services that are under- and over-utilized, and barriers to access;
- Establish mechanisms to report quantitative and qualitative information on service utilization and service delivery to ETBHN Regional Oversight Committee members, and the Center's Board, management, and staff; and
- Analyze data on hospital utilization, including factors such as rates of admissions by county, diagnosis, and length of stay.

The Center's UM Committee will:

- Assure the overall integrity of the utilization management process to include timely and appropriate assignment of mental health levels of care based on the HHSC UM Guidelines;
- Review all reports regularly (at least quarterly) to enact measures of improvement as needed;
- Review activities and reports from the RUM Committee for outliers and opportunities for improvements to service delivery;
- Approve the process used to review and authorize the provision of mental health services;
- Approve and oversee the appeal system for adverse determination decisions;
- Provide a mechanism to identify potential quality issues and to forward them to the Integrity, Quality and Compliance Committee (IQC);
- Assist in the ongoing modification of screening criteria, standards, and review methods under the control of the Center; and
- Prepare and arrange educational programs to address deficiencies noted by review findings.

Committee Appointment and Composition

The ETBHN Regional and Gulf Bend Center UM Committee meetings are held quarterly or more frequently as needed at a designated time and include a psychiatrist, UM staff, Quality Management (QM) staff, and fiscal/financial services staff. Participation by others may be indicated depending on the nature of issues under consideration, for example: clinical staff, contracts management, information systems, providers, and intake staff.

The ETBHN UM Committee will maintain representation from all Member Centers of ETBHN. ETBHN UM Committee members are appointed by each ETBHN Member Center's respective Executive Director/CEO.

The Center's UM Committee members are also appointed by the Executive Director and includes representation as indicated above.

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ETBHN's Utilization Management System are responsible for taking, distributing, and storing minutes of every respective UM Committee meeting. Gulf Bend Center will ensure regular participation at the ETBHN Regional Quarterly meetings and at a minimum review report quarterly when unable to attend.

Training

Committee members will receive appropriate training to fulfill the responsibilities of the committee, to include provision of UM Program Plan, current HHSC UM Guidelines and Manual, other information necessary to perform their function. The UM psychiatrist, or his/her designee will discuss with each new member the role of the UM Committee, data and information reviewed by the Committee, clarification of the Center's UM program and processes, and types of cases that may be reviewed, and confidentiality requirements.

Conflict of Interest

No UM Committee member may participate in the review of a case in which he/she has a conflict of interest (e.g., has been professionally involved, has an individual or financial relationship with the provider or individual, etc.).

F. Exception/Clinical Override Process

The Center, in conjunction with UM staff, will maintain a system to override the Level of Care (LOC) with HHSC UM Guidelines 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 HHSC.

G. 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 and procedure for addressing concerns or dissatisfaction with services/supports. The notification shall explain:

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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:

- 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 services.
- a decision to terminate services/supports and follow-along from the Center or its contractor, if appropriate.
- Exception to these notifications as allowed by UM guidelines includes deceased individuals.

The written notification referred to above must:

- be given or mailed to the person and the legally authorized representative **within ten working days** of the date the decision was made;
- state the reason for the decision;
- 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
- 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 that the decision be reviewed in accordance this procedure.

The review by the Center shall:

- 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;
- begin immediately upon receipt of the request and be completed within five working days if the decision is related to a crisis service;
- be conducted by an individual(s) who was not involved in the initial decision;
- include a review of the original decision which led to the person's dissatisfaction;
- result in a decision to uphold, reverse, or modify the original decision; and

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- 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 HHSC 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.

H. Quality Management and Utilization Management

The Center's Quality Management (QM) provide oversight to ensure compliance with and the quality of the implementation of Texas Resiliency & Recovery practices, ensure monitoring of fidelity to service models and performance monitoring occurs and is reported. Director of Quality and Compliance will coordinate activities with the regional UM program. Compliance reviews/audits of ETBHN contracted UM services will occur at least yearly. If there is a finding of non-compliance or need for improvement in processes, these will be addressed within 30 days until needed improvement has been completed and a follow up review will occur within 60 days to ensure the improvement has been maintained.

I. Provider Profiling

The Center may utilize provider profiling as provided by Program/Provider manager(s) to review, identify, and analyze current mental health community services, providers, and utilization patterns to educate clinicians and facilitate practice improvement. Client improvement measures set out in the HHSC contract will be reviewed quarterly to determine client improvement percentages, notable outliers and needed revisions to improve the quality-of-service delivery. On an individual basis, the individual's/family's

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input/preferences may be profiled to ensure providers are encouraging consumers to have direct input on their preferences for treatment and family participation in treatment planning and addressing the individual's specific needs and goals throughout the provision of services.

J. Delegated UM Activities and Oversight

Pursuant to a written agreement, all 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. It is the responsibility of the Center's contracted Utilization Manager to ensure oversight of these delegated activities, in conjunction with the Center's Utilization and a Quality Management staff. 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 Utilization and Quality Management Departments.

K. Utilization Management Program Evaluation

The UM program of the Center is evaluated at least annually by the UM Committee 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.

L. UM Policies and Procedures

- CSV 01.07 Utilization Management
- CSV 01.30 Treatment Planning
- CSV 01.32 Intake and Screening
- TRR Guidelines

(<https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/utilization-management-guidelines-manual>).

M. Utilization Manager Qualifications

1. RN, RN-APN, PA, LCSW, LPC, licensed doctoral level psychologist or Licensed Marriage and Family Therapist (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 psychopharmacology, medical/psychiatric co-morbidity, and complications of serious mental illness;
4. Has 1-year experience in supervision of mental health care providers; and

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5. Has demonstrated the competence to perform utilization management and review activities.

Acronym's

ANSA – Adult Needs and Strengths Assessment

APN – Advanced Practice Nurse

CANS – Child and Adolescent Needs and Strengths

CCBHC – Certified Community Behavioral Health Clinic

ETBHN – East Texas Behavioral Health Network

HHSC – Health and Human Services Commission

IQC – Integrity, Quality and Compliance

LAR – Legal Authorized Representative

LCSW – Licensed Clinical Social Worker

LMFT – Licensed Marriage and Family Therapist

LOC – Level of Care

LPC – Licensed Professional Counselor

LPHA – Licensed Practitioner of the Healing Arts

PA – Physician Assistant

PNAC – Planning Network Advisory Committee

QM – Quality Management

QMHP-CS – Qualified Mental Health Professional – Community Services

RN – Registered Nurse

RUM – Regional Utilization Management

SMI – Serious Mental Illness

TAC – Texas Administration Code

TRR – Texas Resilience and Recovery

UM – Utilization Management