



Appendix J

Utilization Management Plan

JULY 2004

Purpose

The Utilization Management Program at Lubbock Regional MHMR Center is designed to assist the Center in ensuring that Consumers receive the most clinically appropriate services, in the most efficient, cost-effective manner possible. The UM Program functions within Lubbock Regional MHMR Center's established Mission, Vision, Values, and Goals.

Implementation of the UM Program strives to create equity between the demand for services, the availability of resources, and the needs and goals of individuals receiving those services.

Scope

Lubbock Regional MHMR Center's Utilization Management Plan applies to the Mental Health Resiliency and Disease Management model, Mental Retardation, and Chemical Dependency programs.

Overview

Lubbock Regional MHMR operates a Utilization Management Program that is Centralized in Design. The Utilization Management Program serves the entire Center, and exists as a part of the Center's Network Management Division. LRMHMR's Medical Director provides oversight to the Department. The Department's day-to-day operations are managed by the UM Director. The Department is comprised of Licensed UM Specialists, a QMHP Reviewer, and an Administrative Assistant.

The UM Department conducts prospective, concurrent, and retrospective clinical reviews which address eligibility criteria, and service authorizations for the system. Adverse Determinations, Appeals, and Outlier reviews are also elements built into this program.

A Utilization Management Committee serves as another element to monitor the service delivery system, and UM activities, to help ensure that resources are expended in the most efficient manner possible.

Responsibilities

The UM Program assumes responsibility for the following:

- a. Developing, implementing, and improving the Utilization Management program, so that it meets the needs of those receiving services, the community, LRMHMR, DSHS, and DADS.
- b. Conducting prospective, concurrent, and retrospective reviews to authorize services using the most current UM guidelines.
- c. Applying objective eligibility criteria when making adverse determinations and denials.
- d. Ensuring notification of adverse determinations to the individual requesting or receiving services, and his/her provider, including information which explains the right to appeal.
- e. Managing appeals within established time frames.
- f. Collaborating with other Network Management Departments and Providers using UM data to assist in improving provider practice.
- g. Coordinating and supporting the activities of the UM Committee.
- h. Participating on the State Level with DSHS, and DADS in the development and improvement of the Utilization Management Guidelines.
- I. Managing service capacity and any waiting lists in the LRMHMR system.
- j. Ensuring authorizations are obtained from 3rd Party Payors for inpatient and outpatient services.

Activities

1. The UM Program coordinates and supports the functions of the UM Committee. At LRMHMR, managers who attend weekly “Status” meetings are part of a Global UM Committee. This committee is comprised of all areas of LRMHMR management. Detailed reports of service utilization, slot capacity, authorizations, etc are reviewed weekly. A much smaller UM Sub-Committee is comprised of the Medical Director, UM, QM, Fiscal, Data, and Contracts representatives. This committee reviews additional data more specific to UM related issues.
2. The UM Program applies the most current versions of the UM Guidelines when making decisions based upon reviews. LRMHMR’s UM Department completes Initial Service Package Authorizations, Continued Stay Authorizations, Override Requests, Outlier Reviews, and Inpatient Reviews. The UM Director participates with other Network Management Directors in completing Administrative Review of information impacting various areas of the organization, such as corporate, compliance, reimbursement, and data verification.
3. The UM Override Process is clearly outlined, and UM Specialists utilize the UM guidelines in making any decisions related to Overrides. This information is completed and documented in the consumer’s clinical record.
4. The UM Program has an Appeal Process in place which allows consumers the opportunity to Appeal any Adverse Determination in the LRMHMR system. Notification for a Medicaid Fair Hearing is included for those eligible, and there is an opportunity in place for Consumers request Fair Hearings.
5. The UM Program has a system to manage capacity for services within the Center. The UM Program manages those service slots as well as any Waiting Lists that may exist.
6. The UM Program has a system in place to seek authorization, when needed, from 3rd Party Payors.
7. The LRMHMR UM Program participates in any reviews conducted at the State level, and submits any data requested in a timely manner. This includes, but is not limited to the Disease Management Appeal Report, in accordance with Attachment XVIII - Submission Calendar.
8. The UM Program maintains staff who are appropriately credentialed to complete necessary reviews, authorizations, and other tasks within the Department. Oversight of UM functions, including design and implementation, lies with LRMHMR’s Medical Director, who is at minimum, a Board Eligible psychiatrist, licensed to Practice Medicine in the State of Texas.

The UM Director is licensed to practice in the State of Texas as either an RN, RN-APN, PA, LCSW, LPC, a licensed doctoral level psychologist, or LMFT. This Director has at least 5 years experience in direct care of people with serious mental illness, including experience in an acute care setting, treatment planning, and monitoring. This individual also has documented training within the last three years in areas of psychopharmacology, medical/psychiatric, co-morbidity, and complications of serious mental illness. Also, this Director has supervision experience of over one year, and has demonstrated competency in performing UM functions.

The Department's UM Specialists are licensed to practice in the State of Texas as either RN, RN-APN, PA, LCSW, LPC, LMFT, licensed doctoral level psychologists. These individuals grant authorizations, and are not providers in the LRMHMR system.

The UM Department's QMHP is directly supervised by the UM Director, and completes tasks specific to QMHP eligibility. This individual has, at a minimum, 3 years of experience in direct care of adults with SMI, or Children with serious emotional disturbances.

The UM Department's Administrative Assistant fulfills support duties for the UM Department and Program.

Program Improvement

1. The UM Program will utilize available data to evaluate UM activity, and effectiveness. This will be primarily done through Data report reviews. This information will be distributed and discussed with the UM Department. The UM Department will identify areas in need of improvement and address those issues as needed.
2. The UM Department will implement an inter-rater reliability system to help ensure that decisions are made utilizing appropriate criteria, and to continue to increase the percentage of inter-rater reliability for UM Decisions.