

**COMMUNITY HEALTHCORE  
UTILIZATION MANAGEMENT PLAN  
FY 2024-2025**

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**Date**

This Utilization Management (UM) Plan describes the Community Healthcore (the Center) UM program. It is written to be consistent with the Center's policies and procedures and regulatory and contractual requirements. The Director, Quality Management under the direction of a UM psychiatrist and in consultation with the East Texas Behavioral Health Network (ETBHN) Regional UM Committee shall execute this UM Plan. This UM Plan shall be reviewed and revised biennially or more frequently as necessary. UM Plan goals include enhancing accessibility, availability, and quality of services while working closely with providers to achieve these goals.

**A. Psychiatrist Oversight of UM Program.**

The Center Medical Director oversees the Center UM Program and ETBHN Regional UM Committee.

**B. Utilization Manager and ETBHN Regional UM Committee.**

1. The Utilization Manager is contracted from ETBHN.
2. Local Mental Health Authorities represented in the ETBHN Regional UM Committee include:
  - a. Access Center.
  - b. Andrews Center.
  - c. Bluebonnet Trails Community Center.
  - d. Burke Center.
  - e. Community Healthcore (the Center).
  - f. Gulf Coast Center.
  - g. Gulf Bend Center.
  - h. Lakes Regional Community Center.
  - i. Pecan Valley, Spindletop Center.
  - j. Tri-County Behavioral Health Center.
3. Members of the ETBHN Regional UM Committee include:
  - a. UM Physician.

- b. ETBHN Director.
- c. Financial Services.
- d. Quality and Utilization Management.
- e. ETBHN Pharmacy.
- f. Other professionals as required.

**C. Utilization Review Activities.**

1. **Procedure for Eligibility Determination.** The Center screens each individual to determine whether the requirements are met for admission to services and initial Service Package assignment using Texas Resiliency and Recovery (TRR) UM Guidelines. Determinations are conducted to ensure the Center's practice guidelines deliver treatment effectively and efficiently.
2. **Procedure for Level of Care (LOC) Assignment.** The Center assigns each individual to the appropriate LOC according to TRR UM Guidelines. The Center also conducts retrospective oversight of initial and subsequent LOC assignments to ensure consistent application of Texas Health and Human Services Commission (HHSC) UM Guidelines. These processes ensure sufficient utilization and resource allocation determinations based on clinical data, practice guidelines, and information regarding the individual's needs with consideration of the individual and their Legally Authorized Representative (LAR) based on clinical needs and objectives.
  - a. The Center ensures that:
    - 1) The UM system facilitates access to services.
    - 2) The safety of individuals is not compromised.
  - b. Quality Management (QM)/UM reviews the flow of information between:
    - 1) Crisis response system.
    - 2) Single point of entry.
    - 3) UM program.

- c. Access to UM staff is consistent throughout each business day. After-hours staff use the UM staff email address (tragreview@tcbhc.org) to ensure timely authorizations. The email has the time and date received.
  - d. UM staff are available throughout the business day to review clinical information to make authorization decisions.
  - e. For potential adverse determination decisions, psychiatric consultation is available twenty-four hours a day through the crisis response system.
  - f. The Center provides a twenty-four-hour-a-day, seven-days-a-week telephone answering system and a confidential email system through which authorization request messages may be received.
  - g. If the provider has any concerns about the case; e.g., 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 any variance in the comment section of the assessment for UM to review and ask additional questions and or discuss the case before authorization.
3. **Procedure for Authorizations and Reauthorizations.** The Center conducts oversight of initial and subsequent LOC assignments. This is to ensure consistent application of TRR UM Guidelines.
4. **Procedure for Outlier Review.** The Center and ETBHN, as designated by the Center, and through the UM Committee can conduct an Outlier Review. This process will consist of a review of data to identify outliers and determine any need for change in the LOC assignment processes, service intensity, or other UM 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. **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. The Center also reviews discharge plans to ensure timely and appropriate treatment following an inpatient stay. These reviews ensure continuity of services for coordinating the delivery of mental health (MH) community services by multiple providers. Authorization for hospitalization or extended stays is reviewed and approved (or denied) by the Director, Nursing and Crisis Response and the Assistant Director of Crisis.

#### **D. Conflict of Interest.**

MH service providers may conduct screening and eligibility determination functions. MH service providers may not grant authorizations.

#### **E. UM Committee.**

The Center maintains a UM Committee through ETBHN. The UM Committee assists in the promotion, maintenance, and availability of high-quality care in conjunction with the effective and efficient utilization of resources. ETBHN will facilitate a UM Committee to ensure compliance with contractual and regulatory UM requirements. UM Committee meetings are held quarterly or more frequently as needed at a designated time. The UM Committee includes a physician, UM staff, QM staff, and fiscal/financial services staff. The UM Committee will maintain representation from all ETBHN Member Centers. UM Committee members are appointed by each ETBHN Member Center's Executive Director. ETBHN is responsible for taking, distributing, and storing UM Committee meeting minutes.

#### **F. Exception/Clinical Override Process.**

The Center will maintain a system to override the TRR UM Guidelines when there is the need to make exceptions and manage the number of units of service authorized for an individual. The Center will report on exceptions and deviations as required by HHSC.

#### **G. Appeal Process.**

1. Per Texas Administrative Code (TAC) Title 25 §401.464, the Center is dedicated to providing MH services that are viewed as satisfactory by the individuals and their LAR. The purpose is to assure that these individuals:
  - a. Have a method to express their concerns or dissatisfaction.
  - b. Are assisted to do so in a constructive way.
  - c. Have their concerns or dissatisfaction addressed through a review process.
2. A request to review decisions may be made by the individuals, their LAR, or any other person with the individual's consent.
3. At the time of admission and annually thereafter, the Center shall provide to individuals and their LAR written notification in a language and/or method understood by the individual the Center's policy for addressing concerns or dissatisfaction with services. The notification shall explain:

- a. An easily understood process for individuals and LARs to request a review of their concerns or dissatisfaction by the Center.
  - b. How the individual may receive assistance in requesting the review.
  - c. Timeframes for the review.
  - d. How the individual is informed of the outcome of the review.
4. The Center shall notify individuals and LARs in writing in a language and/or method understood by them of the following decisions and the process to appeal:
- a. A decision to deny the individual services/support after the Center's procedure determines whether the individual meets the criteria for the priority population.
  - b. A decision to terminate services/supports.
  - c. A decision to reduce services/supports.
5. Written notification must:
- a. Be given or mailed to the individual and the LAR within ten working days of the date the decision was made.
  - b. State the reason for the decision.
  - c. Explain that the individual and LAR may contact the Center within 30 days of receipt of notification if dissatisfied with the decision and request that the decision be reviewed.
  - d. Include name(s), phone number(s), and address(es) of one or more staff to contact during office hours.
6. If an individual or LAR believes that the Center has decided to involuntarily reduce services by changing the amount, duration, or scope of services/supports and is dissatisfied with that decision, then the individual may request in writing or by telephone that the decision be reviewed.
7. The Center review shall:
- a. Begin within ten working days of receipt of the request for a review. The review will be completed within ten working days of the time it begins unless an extension is granted by the Executive Director.

- b. Begin immediately upon receipt of the request and be completed within five working days, if the decision is related to a crisis service.
  - c. Be conducted by a person(s) who was not involved in the initial decision.
  - d. Include a review of the original decision that led to the individual's dissatisfaction.
  - e. Result in a decision to uphold, reverse, or modify the original decision.
  - f. Provide the individual an opportunity to express his or her concerns in person or by telephone to the reviewer. The review shall allow the individual to:
    - 1) Have a representative talk with the reviewer; or
    - 2) Submit his or her concerns in writing or some other fashion.
8. Following a review, the Center shall explain to the individual and LAR in writing and in-person or by telephone, if requested:
- a. The action it will take; or
  - b. If no action will be taken, why it will not change the decision, or why such action would not be in the individual's best interest.
9. The notification and review process:
- a. This applies only to services funded by HHSC and provided or contracted by its local authorities.
  - b. Does not preclude an individual's or LAR's right to reviews, appeals, or other actions that accompany other funds administered through the Center or its contractors or other appeals processes provided by other state and federal laws. For example:
    - 1) Texas Health and Safety Code Title 7, Subtitle D, Chapter 593, Admission And Commitment To Intellectual Disability Services.
    - 2) US Code Title 42; Chapter 7; Subchapter XIX; §1396, Medicaid and CHIP Payment and Access Commission.
    - 3) Texas Human Resources Code Title 3, Subtitle B, Chapter 73, Early Childhood Intervention Services.

## **H. Provider Appeals Process.**

1. Providers may disagree with services an individual is approved to receive. This may be in the reduction or termination of services or add-on services. The provider has the right to appeal if his/her clinical judgment does not agree with the services to be rendered.
2. The appeal will be considered by the Medical Director. The review:
  - a. Will be completed within ten business days of receipt of the request for a review, unless an extension is granted by the Executive Director.
  - b. Will include a review of the original decision that led to the individual's dissatisfaction and/or concern.
  - c. Result in a decision to uphold, reverse, or modify the original decision.
  - d. The Medical Director's decision will be final.<sup>1</sup>

## **I. Providers Appeals Responsibility.**

1. To inform service providers of their obligation to assist individuals in appealing adverse determination decisions.
2. QM/UM staff inform and educate providers regarding their obligation to, upon request, assist an individual in appealing an adverse determination decision. QM/UM staff inform the provider of their obligation to, upon request, file an appeal on the individual's behalf. Providers are educated as follows:
  - a. In the Request for Proposal (RFP), if applicable.
  - b. At the time of contracting.
  - c. Annually with Center service providers.
  - d. In writing as part of Center policies and procedures or provider manual.
  - e. At the time of contract renewal.
3. If the Center receives a complaint that a provider did not facilitate the appeals procedure, the Center will designate someone to investigate the provider's procedures. At any time, the individual may contact the Rights Protection Officer. If they are not currently involved in the determination of the complaint, they may advocate for the individual.

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<sup>1</sup> In the RFP if applicable



#### **J. HHSC UM Oversight Activities.**

The Center will participate in UM oversight activities. This includes submitting Appeal Reports as defined and scheduled by HHSC.

#### **K. QM and UM.**

QM ensures compliance with and the quality of TRR practices; monitors fidelity to service models; and monitors performance with HHSC performance measures.

#### **L. Provider Profiling.**

The Center will use provider profiling to review, identify, and analyze current MH community services, providers, and utilization patterns to educate clinicians and facilitate practice improvement.

#### **M. Delegated UM Activities and Oversight.**

1. Certain UM Activities have been delegated to ETBHN.
2. ETBHN will provide all UM reports, results, and analysis of delegated activities to the ETBHN Regional Oversight Committee and the Director, Quality Management.

#### **N. UM Program Evaluation.**

1. The UM Program is evaluated at least biennially to determine its effectiveness in:
  - a. Facilitating access.
  - b. Managing care.
  - c. Improving outcomes.
  - d. Providing useful data for resource allocation, quality improvement, other management decisions, and what improvements may be made.
2. Any evaluation of the UM Plan will include HHSC Performance Contract measures.
3. The UM Program evaluation will be reflected in the UM Committee meeting minutes.