

EXHIBIT “F”

TEXOMA COMMUNITY CENTER (TCC) FY 2014-2015 UTILIZATION MANAGEMENT PROGRAM PLAN

TCC UTILIZATION MANAGEMENT

Purpose:

The purpose of the TCC Utilization Management (UM) program is to ensure that people receive quality, cost effective services in the most appropriate treatment setting, in a timely manner and that TCC has an effective mechanism to manage the utilization of clinical resources. By implementing UM activities, TCC strives to achieve a balance between the demand for services, availability of resources and the needs and well-being of persons in need of mental health services.

Overview:

Utilization management is a dynamic process that provides timely, accurate and relevant information to facilitate fact-based decision making by TCC and results in positive outcomes for persons receiving services and improved provider practice. TCC Utilization Management staff and the Utilization Management Committee identify and monitor patterns of over and under-utilization and other utilization problems that compromise care or inappropriately utilize resources. Based on their findings, UM staff and the UM committee recommend, and participate in, interventions to make utilization more effective; efficient and consistent with contractual requirements and the local planning processes.

TCC UM Responsibilities Include:

- Developing, implementing and improving the TCC Utilization Management Program so that it meets the needs of people receiving services, the community, TCC and the Department of State Health Services (DSHS);
- Efficiently conducting prospective, concurrent and retrospective reviews to ensure that services are authorized according to DSHS Utilization Management Guidelines and that people are receiving and benefiting from services;
- Making adverse determinations and denials in an objective manner;
- Maintaining an appeals process that assures notification of adverse determinations to the person receiving or requesting services and his/her provider, to include information on how to file an appeal;
- Implementing Utilization Clinical Review for persons with special circumstances to ensure their access to needed services;
- Collaborating with other TCC functions such as Quality Management, Financial Services and Network Management in the use of UM data and with providers in planning interventions to improve provider practice;
- Coordinating and supporting the activities of the UM Committee; and
- Participation on the state level with DSHS in the development and improvement of the DSHS UM Guidelines.

TCC UTILIZATION MANAGEMENT PROGRAM PLAN

The TCC Utilization Management Program Plan (UM Plan) describes the utilization management program and is written to be consistent with the goals identified by TCC and applicable regulatory and contractual requirements. The TCC Utilization Manager (or UM Director) in consultation with the UM Committee, assumes the responsibility for the execution of the UM Plan. The procedures, authority, and accountability outlined in the UM Plan are designed to ensure effective implementation of the TCC UM program and to meet DSHS rule and contractual requirements. The TCC Utilization Management Program Plan shall be reviewed and updated every two years or more frequently as indicated. TCC is responsible for distributing and training network providers on relevant aspects of the UM Plan.

TCC UM FUNCTIONS

All functions listed below are incorporated into TCC's UM program. TCC staffs two positions: a physician who provides oversight of the TCC UM Program and a Utilization Manager. All UM functions may be fulfilled by either or both of these positions or other qualified TCC staff under the supervision of the Utilization Manager.

Utilization Management Physician Oversight (UM Physician): A fully trained (board eligible psychiatrist) who possesses a license to practice medicine in Texas. The primary function of the UM Physician is to oversee the UM process and approve all policies and procedures related to Utilization Management to include changes based on new technology and availability of resources.

Management and Supervision of UM Operations (UM Program Manager): A RN, RN-APN, PA, LCSW (formerly LMSW-ACP), LPC, or LMFT licensed in the State of Texas who has at least 3 years of clinical experience in the treatment of persons with mental illness and chemical dependency. The primary function of the UM Director is to ensure consistent application of the Utilization Management Guidelines and process through supervision of the Utilization Managers, Utilization Reviewers and management of UM operations.

Utilization Management (UM Coordinator): A RN, RN-APN, PA, LCSW (formerly LMSW-ACP), LPC, or LMFT licensed in the State of Texas who has at least five years' experience in direct care of persons with a serious mental illness including experience in an acute care setting; documented training within the past three years in psychopharmacologic management of serious mental illness, and medical/psychiatric comorbidity and complications in chronic serious mental illness; at least five years' experience participating as a member of a treatment team that develops and monitors treatment plans for persons with chronic and serious mental illness; at least one year experience with implementation of utilization management policies, procedures, and protocols for mental health services; and at least one year's experience with supervision of varying levels of mental health care providers. The primary function of the Utilization Manager is to conduct utilization management, utilization reviews and authorizations for all Mental Health service packages and services as per the DSHS Utilization Management Guidelines.

Utilization Review (Utilization Reviewer): Minimum qualifications of a Qualified Mental Health Professional (QMHP) as defined in the most current version of the DSHS

Mental Health Community Services Standards T.A.C. 412-G Mental Health Community Services Standards, §412.313. (b) and has at least three (3) years clinically appropriate experience in the treatment of persons with mental illness and chemical dependency. The primary function of the Utilization Reviewer is to collect, analyze and document information from medical records and providers to be used by the Utilization Manager in prospective reviews or in making initial adverse determinations. The Utilization Reviewer also accommodates *unusual* circumstances where telephonic and documentation review might not be sufficient to make an appropriate authorization decision. The Reviewer coordinates services for consumers with special circumstances and needs and facilitates authorization where it cannot be effectively conducted through the usual process and direct contact with the provider, consumer and/or family members is needed.

Utilization Management Committee: Consists of a TCC physician, TCC utilization and quality management staff, mental health professionals, financial and information management staff, and other TCC staff as indicated. The primary function of the UM Committee is to monitor utilization of TCC's clinical resources to ensure they are being expended effectively and efficiently. The UM Committee assists the promotion, maintenance and availability of high quality care through the evaluation of clinical practices, services and supports delivered by TCC and its contracted providers using clinical, encounter and administrative data and performance measures.

UTILIZATION REVIEW ACTIVITIES

Evaluating the adequacy, appropriateness and quality of services provided to persons receiving services is a component of all Utilization Management review processes. All TCC mental health services are subject to review, without regard to payment source. Decisions made by TCC's UM staff and UM Committee are based on objective and valid criteria and standards approved by DSHS.

Utilization reviews are conducted for the following purposes:

Eligibility Determination: prospective screening by a TCC LPHA to determine eligibility for admission to services and initial level of care assignment using DSHS criteria.

Level of Care Assignment: retrospective oversight of initial and subsequent level of care assignments to ensure consistent application of DSHS UM guidelines.

Authorization for Continued Stay: concurrent review to establish need for continued services or review of automatic authorizations.

Outlier Review: retrospective and concurrent review of data to identify outliers followed by review of individual cases to determine need for change in level of care assignment or service intensity. May result in referral for peer review or other oversight activities.

Inpatient Admission and Discharge Planning: prospective or concurrent review of inpatient admissions to ensure most clinically effective and efficient Length of Stay. Review of discharge plans to ensure timely and appropriate treatment following an inpatient stay.

Administrative Review: review of clinical and administrative documentation for timeliness and adequacy of UM processes to include reimbursement, corporate and contract compliance, data verification and rehabilitation plan oversight.

Intra-agency Interface

Utilization Management is not only committed to reviewing practices related to resource utilization, but also to taking action to modify inappropriate, inefficient or ineffective utilization. Efficient management of TCC resources requires effective interaction between all TCC functions and providers. Much of TCC Utilization Management function overlaps with, or is reliant on coordination with, Quality Management, Provider Relations, Claims/Reimbursement, Management of Information Services and other Network Management functions.

Successful interface among the various authority functions of TCC is essential for effective and efficient management of resources, identification of gaps in service delivery and resolution of over and under-utilization of services/resources. Interface between Utilization Management and other authority functions occurs through exchange of data, information and reports, joint participation in a variety of committees and collaboration in planning, projects and operational initiatives.

OVERVIEW OF TCC UTILIZATION MANAGEMENT PROCEDURES (Actual TCC Operating Procedures for each section provide additional detail)

THE UTILIZATION MANAGEMENT COMMITTEE:

Purpose:

The primary function of the UM Committee is to monitor utilization of TCC's clinical resources to assist the promotion, maintenance and availability of high quality care in conjunction with effective and efficient utilization of resources.

UTILIZATION MANAGEMENT REVIEW OF ACCESS AND REFERRAL TO SERVICES

Purpose:

Utilization management reviews ensure that UM processes and procedures do not create a barrier to timely provision of appropriate services. In addition to authorizing services, utilization review serves to ensure that individuals are receiving and benefiting from the services they need. For those persons whom may be underserved or those experiencing barriers to access, utilization review provides TCC the opportunity to offer additional services.

CONTACT WITH AND RECEIPT OF INFORMATION FROM PROVIDERS

Purpose:

To ensure appropriate contact between the Utilization Manager and providers to include receipt of information.

PERSONS WITH SPECIAL CIRCUMSTANCES

Purpose:

To ensure that utilization management criteria are applied in such a way that persons with special circumstances receive the services they need and ensure linkage with needed services external to TCC's provider network.

ACCESS TO UTILIZATION MANAGEMENT

Purpose:

To ensure that the authorization and utilization management system facilitates timely access to services and that the safety of persons requesting or receiving services is not compromised.

SERVICE AUTHORIZATION REVIEWS

Purpose:

To ensure timeliness of service authorization reviews, determinations, and notification of determinations.

ADVERSE DETERMINATION DECISIONS

Purpose: To ensure that all adverse determination decisions (i.e. a decision to deny, reduce or terminate a service) are objective and based on DSHS Utilization Management Guidelines, rules and regulations.

APPEALS OF ADVERSE DETERMINATION DECISIONS

Purpose:

The appeals process of TCC provides a mechanism for persons requesting or receiving services, their legally authorized representative (LAR), persons advocating on the person's behalf and providers to challenge utilization management/resource allocation decisions with which they disagree. In addition, the appeals process serves to:

- facilitate the request for review and reconsideration of adverse determination decisions;
- allow the identification and resolution of ongoing service problems through the analysis of appeal trends and feedback to appellants; and,
- allow TCC to prospectively evaluate and take appropriate action on potential risk issues.

Service authorization denials that may be appealed include those in which persons seeking services:

- are found ineligible for services during the eligibility determination process;
- who, based on clinical determination, have been terminated from services;
- who, based on clinical determination, have had an involuntary reduction in their services;
- who, based on clinical determination, have been denied access to a service/support they requested;
- who, based on clinical determination that non-payment is not related to the person's mental illness and that the proposed action would not cause the person's mental or physical health to be at imminent risk or serious deterioration, may experience an involuntary reduction or termination of services (does not apply to persons for whom TCC is identified as responsible for providing court-ordered outpatient services); or,
- are referred to their third-party coverage.

When persons funded by Medicaid appeal a decision about their services, their appeal is handled in accordance with the Medicaid Fair Hearing Process.

RIGHT TO MAKE A COMPLAINT AND RIGHT TO APPEAL

Purpose: To support the right of persons to express concerns or dissatisfaction or appeal an adverse determination decision. It is the right of persons receiving or requesting services to be informed of the results of appeals and the reason for upholding, modifying or reversing an adverse determination decision.

PROVIDER OBLIGATION TO ASSIST THE APPEAL

Purpose:

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

CONFIDENTIALITY AND PROPER USE OF IDENTIFYING INFORMATION

Purpose:

To ensure confidential and proper use of identifying information gathered for the purpose of utilization management and review.

DELEGATION OF UTILIZATION MANAGEMENT

Purpose:

To ensure that if TCC delegates the utilization management function to an Administrative Services

Only Organization (ASO) or other LMHA, that sufficient controls are in place to ensure that all DSHS and TCC contractual requirements are met as defined in this Program Plan and Procedure Guide as well as the T.A.C. 412-G Mental Health Community Services Standards, §412.313. (b).