**Resource Management Services**

**2021 Strategic Plan**

**Overview**

Resource Management Services continues to strive to meet the standards set forth by governing and accrediting bodies. Leadership will be proactive and attempt to stay on top of constantly changing regulations, both in business practices and service delivery. Goals established for 2021 focus on improving efficiency and effectiveness in all areas of operation. RMS will seek all opportunities to meet and exceed Strategic Plan Goals for 2021.

**Goal 1:** **Business Practices - Efficiency**

Procedures will be implemented to improve the efficiency and cost-effectiveness of business activities, as well as service delivery.

**Objective 1**: By 3/1/21, the CFO and Administrative Manager shall create a working budget that reflects anticipated expenses and revenue based off the past 3 years budgets and expenditures.

**Objective 2**: By 2/1/21, the Administrative Manager shall lead in the design and implementation of a reconciliation plan, depicting cause for outstanding unpaid claims that is reflective of an accurate amount of dollars owed to RMS, to include write-offs, denials to be worked, and denials pending payment.

**Objective 3**: By 4/1/21, the Administrative Manager shall lead in the following:

**a)** Reconciliation of2020 outstanding MCO claims;

**b)** By 3/1/21, lead in reconciliation and close-out of 2019 outstanding claims;

**c)** By 6/1/21, begin a system of reconciliation of claims each month on a consistent basis, until all claims have been closed out for the month.

**Objective 4**: By 4/1/21/, the Administrative Manager shall devise a step-by-step protocol to handle all denials to include the following:

**a)** By 8/1/21 consistently implementing the process to reduce the practice of resubmission without working the claim, that will potentially reduce overall financial loss.

**Objective 5**: By 3/1/21, the Administrative Manager shall lead in completion of all applications/credentialing/education of staff to successfully bill Medication Management and licensed counseling services to Blue Cross/Blue Shield, Humana, Medicare, and UHC commercial.

**Objective 6**: By 4/1/21, the Human Resources Dept. will be completely electronic to include at a minimum the following:

**a)** Personnel records;

**b)** OT requests;

**c)** Leave request;

**d)** Training documents;

**e)** Evaluations.

**Objective 7**: By 2/1/21, the HR Manager shall ensure that all employees are assigned a new business HIPAA-compliant email address.

**Objective 8**: By 2/1/21, the HR Manager shall ensure that all newly designed evaluations are utilized for all staff of RMS, to include council, quarterly, and annual review.

**Objective 9**: By 8/1/21, the HR Manager shall lead in the transition to the new EHR, by writing and including goals to break down transition phases.

**Objective 10**: By 6/1/21, Technology Manager shall ensure all outdated office equipment is replaced.

**Objective 11**: By 9/1/21, all staff shall be documenting services at the time of service and obtaining the member signature via EHR.

**Objective 12**: By 10/2/21, RMS shall be working within one EHR to include at a minimum the following: clinical documentation, mileage, time sheets, daily logs, service-unit-by-client, and billing.

**Objective 13**: By 10/2/21, LMHPs shall review and electronically sign one progress note per month for every member enrolled in services.

**Objective 14**: RMS will network with LA Rural Mental Health Alliance to address the following ongoing issues with MCOs:

**a)** Audits, to potentially limit the number of audits requested by MCOs;

**b)** Contracts, to potentially place restrictions on what the MCO can request and add specifics for recoupment limits;

**c)** Performance Improvement Plan to be submitted in lieu of

recoupment of dollars.

**Goal 2:** **Accessibility**

Improve overall access to available services by implementing new Team Approach for Clerical/LMHPs that will potentially help avoid lapses in services and improve member attendance and accessibility of clinical staff.

**Objective 1**: By 3/31/21, the newly designed Clerical/LMHP Team Approach will be completely implemented to accomplish the following:

**a)** Avoid lapses in services;

**b)** Improve member appointment attendance;

**c)** Improve referral accessibility;

**d)** Improve frequency of services rendered and ensure members receive weekly services;

**e)** Reduce overages and write-offs related to providing services without a PA and those related to data entry;

**f)** Achieve and monitor required supervision hours.

**Goal 3:** **Service Delivery – Effectiveness and Efficiency**

Clinical Services will increase in effectiveness and efficiency to improve and/or stabilize functionality of members in a timely manner, which will potentially reduce or prevent number of member hospitalizations.

**Objective 1**: By 4/1/21, COO, Clinical Director, and COO Assistant shall design an educational tool for members to be used at Intake and at every Re-assessment to educate members regarding need for the following:

**a)** Crisis Intervention Services to potentially reduce hospitalization;

**b)** Planned discharges for successful linkage to ongoing resources; **c)** Attendance at post-hospital discharge appointments;

**d)** Attendance at Psychotherapy sessions, as ordered on Treatment Plan.

**e)** By 6/1/21, the LMHP shall ensure educational tool for members is being utilized consistently.

**Objective 2**: By 6/1/21, COO, Clinical Director, and COO Assistant shall create a Crosswalk Tool for Assessment/Re-assessment/Treatment Plan to ensure all challenges within the Assessment are addressed within the Treatment Plan, and that all services indicated by the Assessment/Re-assessment are prescribed to successfully address each challenge.

**Objective 4**: By 3/1/21, the Compliance Officer shall create a tool to measure the effectiveness of our program to include the following:

**a)** Tracking of LOCUS/CALOCUS scores to analyze the impact of various services (Medication Management, PSR, CPST, Psychotherapy) on member progress;

**b)** Determining how the scores relate to planned vs. unplanned discharges;

**c)** Determininghow Crisis Intervention Services impact scores and hospitalizations, including length of stay;

**d)** Determining how the percentage of services provided via telehealth impacts LOCUS/CALOCUS scores.

**Objective 5**: By 3/31/21, the Compliance Officer shall continue to track readmissions to accomplish the following:

**a)** Determine causative factor of the readmission;

**b)** Determine how the discharge procedure potentially impacted the readmission.

**Objective 6:** By 4/1/21, Clinical Manager and COO shall explore options to provide licensed counseling services to members such as Group Therapy, and if determined feasible, devise and implement a plan for Structured Group Therapy.

**Factors Potentially Affecting Projected Outcomes:**

**Threats:**

1. RMS continues to experience difficulty in locating qualified licensed and unlicensed staff to provide services.

2. The MCOs continue to deny and delay reimbursements, many times for reasons that are not fully explained until billing staff spend multiple hours researching and questioning. It is often found that the fault lies with the MCO and not RMS.

3. MCO audits occurring frequently and potentially asking for recoupment of dollars.

3. Potential funding shortages remain an ongoing issue.

4. Ongoing threats related to Acts of God, ie, hurricanes, floods.

5. Ongoing issues related to the Covid-19 Pandemic, such as staff and member absences; continued changing of Infection/Safety guidelines.

**Opportunities:**

1. Good reputation in the community can potentially increase referrals and therefore, revenue.

2. On-line trainings and in-services are frequently offered by MCOs and LDH, allowing staff to take advantage of continuing education in service provision at no charge.

3. Managed Care contracts are on hold at this time, therefore no significant changes in business practices are expected in the near future.

4. Targeted marketing efforts in place to attract and retain staff.

5. Consistent input of members, stakeholders, employees to allow concerns to be addressed expediently for prevention of escalation into critical issues.

6. Access to the Telehealth mode of service delivery.

**RMS Capabilities to Achieve Goals:**

1. The RMS Management Team has managed change for 26 years. The agency has staff in place to anticipate and manage changes, both financially and regulatory, for the year 2021.

2. RMS continues to have contacts with members of the legislative body, which will allow input into the budgetary and regulatory process in 2021, helping prepare for potential monetary and other business issues.

3. Continued participation in the Mental Health Rehabilitation Alliance to gather new information and develop relationships with other MHR Agencies and stakeholders that will enable proactivity within the Mental Health Rehabilitation framework.