**RESOURCE MANAGEMENT SERVICES**

**PERFORMANCE ANALYSIS AND ANNUAL OUTCOMES REPORT 2021**

**INTRODUCTION:**

**Purpose**: The purpose of this annual report is to provide a review and analysis of the goals and objectives established by Resource Management Services for 2021. The report also serves as a status update of the business and service delivery practices of the agency. Data was collected and compiled throughout the year into Quarterly Reports. Much of the data was compiled based on specific goals and objectives; however, additional data was gathered in order to document the core dimensions of CARF Standards, RMS’ accrediting body. These core dimensions are: Access, Service Delivery/Effectiveness, Business/Efficiency, and Satisfaction. That data also enabled the Management Team to make adjustments throughout the year in the areas of service delivery and business practices.

**Resource Management Services (RMS)** is a private provider of Home and Community Based Behavioral Health Services, a group of services provided to eligible children, adolescents, and adults with mental illness and/or emotional/behavior disorders. In addition, RMS contracts with a Physician Assistant to provide Medication Management, either as a single service or in conjunction with other services. RMS includes sites in Lake Charles, Jennings, and Lafayette. Services are provided in communities and parishes surrounding these locations; a total of 11 parishes are being served currently. RMS attempts to provide services primarily outside of the office: in the member’s home, at their school, in other community locations and also via telehealth, as appropriate.

**OPERATIONS**:

**Challenges**/**Outcomes**

RMS faced challenges with the Managed Care Organizations during 2021 including: MCO prepayment review process; requests for recoupment; overpayment requests; MCO projects delaying payments in which MCOs were typically at fault; Covid PA extensions which created confusion; excessive audits.

The LRMHA partnership, of which RMS is affiliated, worked to eliminate some of the barriers, such as the challenges named above, by being a part of the creation and passing of new legislation for PSR qualifications (to be enacted 1/1/22) and the Audit Bill to enact improvement opportunities that could potentially help MCOs to better manage audit requirements.

The new EHR implemented during 2021, generated a learning curve for all staff, but the curve has lessened, as staff has continued to use the new system. The new EHR, Carelogic, has definitely been an improvement in technology for clinical, administrative, and clerical staff.

The new Avaya phone system has additionally been a learning curve, especially for clerical, as faxes have begun to go through this system in lieu of the previous mode of faxing via the copy machine.

During 2021, RMS continued to face challenges due to the Covid-19 Pandemic, which is an ongoing issue. Due to the Covid-19 Pandemic, MHR Stakeholder Meetings have not been held which previously helped to improve communication and relationships with MCOs. Also, some services which normally would have been face-to-to-face in the home or community have been delivered via telehealth or telephone due to Covid. RMS faced proposed Covid-19 vaccine mandates, which did not actually materialize.

Lack of staff and member engagement, commitment, and availability continues to be a concern. Staff turnover of the MHS/MHPs has been the greatest issue regarding recruitment and retention.

Weather-related issues were an issue in 2021. An un-named storm occurred 5/17/21, causing the RMS Lake Charles office to prepare for incoming water to floors by moving records, etc. from lower levels to higher areas; members had to be called to reschedule upcoming appointments. The LC office did sustain water damage, with floors having to be replaced. Five staff members sustained damage to their automobiles, and worked with private insurance companies regarding total loss of the vehicles. Additionally, Hurricane Ida caused RMS offices to prepare for impact, but RMS was fortunate not to sustain damage.

**Monitoring/Compliance/Quality**: Supervision Records and Training Records have been reviewed by the Compliance Officer on a regular basis to ensure supervision and training requirements meet all standards and criteria. There has been a notable improvement in supervision of clinical staff during 2021. Additionally, Daily Progress Notes continue to be reviewed daily by CCO; randomly by the Clinical Director; and monthly by the LMHPs. There has also been a notable improvement in the Daily Progress Notes, with less being rejected and presenting a need for correction. Quarterly Record Reviews continue. The CCO reviewed a random sample of records from each of the three offices each quarter. Records began to be available for review via the new electronic data base beginning 9/1/21.

LDH began using a universal quality monitoring tool which has proved helpful to providers in the area of consistency of audits. Additionally, Resource Management Service has begun receiving higher MCO audit scores.

The CCO coordinated drills at the three RMS offices during the year to ensure the safety of staff and visitors. The drills conducted may include the following: Fire, Natural Disaster, Medical Emergency, Power Failure, Bomb Threat, Violent or Threatening Event, Hurricane Preparedness.

Internal Inspections were conducted biannually by the CCO to ensure the three offices were up to code prior to annual External Inspections by Public Health and Fire Marshal, which are imperative in order to apply for annual re-licensure.

A Medication Utilization Review was conducted by an outside pharmacist to ensure quality Medication Management for RMS’ members.

The Technology Manager ensured the disaster recovery process is being conducted timely and properly. Back-ups for RMS computers occur daily and are captured in the “Cloud.” The actual process, in real time, for disaster preparation and recovery from weather events fulfilled requirements for the Record Security Disaster Recovery Test for 2021.

Biannual Satisfaction Surveys were mailed, emailed, and/or handed out to stakeholders and members to provide valuable feedback regarding clinical program effectiveness from their perspectives. A Child/youth Satisfaction Survey was implemented during 2021, which was well-received. Additionally, Stakeholders, Members, and Staff were asked to provide input for the 2022 Strategic Plan.

RMS participated in an Amerihealth Health and Wellness Survey in 2021.

**Risk Management**: The RMS Risk Management Plan was implemented, reviewed, and analyzed during 2021 to reduce the impact of potential risks. Changes were made to upgrade levels of risks related to Covid-19 and severe weather-related challenges.

Throughout the year insurance needs (liability, loss of business revenue, malpractice, etc.) were evaluated to ensure there was adequate coverage to protect against potential losses.

Ongoing employee training was conducted during the year, according to P&P.

Management worked to ascertain full compliance of RMS staff with HIPAA guidelines which is addressed within the Risk Management Plan.

Management worked to ensure RMS was working toward providing linguistically competent care, as outlined in the Language Access Plan within P&P. Linguistically Competent Care is addressed within the Risk Management Plan.

**Clinical:** RMS participated in virtual meetings regarding “Racial and Health Equity” to become familiar with current concepts and postulations within this recently identified area of concern.

The Cultural Competency and Diversity Plan was reviewed by Management and Board to ensure compliance with P&P.

“Evidenced-based Practices” continues to be utilized by RMS clinical staff as an approach to clinical practice that incorporates the best evidence from studies, the member’s values and preferences, and the clinician’s expertise in the treatment of members.

Clinical Partnerships: RMS has begun to partner with MCO Value-based Programs to improve member care, as well as to increase revenue. The LHC/Quartet Value-based Program was implemented in November of 2021; RMS additionally partnered with LHC for the CBT/CPST Pilot to improve services for members. The Capella University Master’s Practicum/pilot provided counseling for Medication Management members who otherwise could not have afforded the care. RMS began the Genesight Psychotropic treatment for Medication Management members which analyzes clinically important genetic variations in DNA, to determine how the member is responding to medications. The partnership with Aegis Labs has proved helpful to member care in that it helps to provide clear, reliable information regarding the member’s medication regimen adherence which helps the PA deliver the best care possible.

**Policy and Procedure**: The RMS Policy and Procedure Manual for Behavioral Health Services continued to be revised during 2021 to include changes prompted by the new EHR which caused the Technology section to require substantial revisions. Changes to the Management Team, and the new Avaya phone system also brought about revisions to P&P. Revisions to P&P continue to be an on-going activity to provide an up-to-date course of action for excellence in provision of clinical Behavioral Health Services and business operations.

**Financial Management**: As always, RMS has been able to maintain financial reserves for situations the evoke the need for available monies, therefore the agency was never in extreme financial distress during 2021. RMS was awarded funding via various HHS Grants and Provider Relief which assisted RMS in surviving the loss of members and revenue, as a result of the natural disasters and Covid-19 challenges.

Branching off to additional payor sources allowed RMS to increase services for members in 2021. These additional payor sources included the following: commercial insurances such as Humana, Cigna, BCBS; Medicare; UHC, etc.

The Billing Dept. was restructured in 2021 to include the following: new billing protocol and practices to reduce write-offs and denials; holding claims on new employees until completely rostered with the MCO; tracking and maintaining proper credentialing and rostering of all staff; changing EHR work claims prior to billing in order to submit all “Clean Claims;” billing daily when appropriate. RMS identified practices that were leading to not capturing all reimbursement for services rendered, which led to an increased number of audits. P&P revised accordingly.

The Management Team/Board regularly reviewed billing and revenue to determine any trends, specifically reductions based on decreased billing. In addition, the team regularly tracked issues that affect revenue: employee productivity, overtime, errors in billing, and authorized services not being provided. These regular reviews allowed the Board of Directors to make informed decisions regarding expenses during 2021.

In an effort to reduce financial risk, the CEO and Board of Directors reviewed the financial statements regularly during 2021. The financials were compared to the budget on a quarterly basis. Any unforeseen shortfalls in revenue were addressed and cost-cutting measures put into place.

**ORGANIZATIONAL STRUCTURE:**

As a private company, RMS is jointly owned by three individuals who also function as President, Vice President, and Chief Financial Officer. The governing body of RMS is its **Board of Directors**, currently composed of the three owners. In addition to having the ultimate responsibility for the financial and legal operation of RMS, the Board is responsible for reviewing and approving all policies of the agency as well as budgets and audits. None of the Board members work in the office overseeing daily operations, but continue to act as Board members. The CFO, Randall Key retired in 2021, moving Monica Blanchard into a CEO position to oversee all operations of RMS.

# The Management Team has the responsibility of developing, reviewing, and revising all policies and procedures prior to submission to the Board of Directors for approval. The team consists of the Chief Executive Officer, Corporate Compliance Officer, Administrative Manager/Technology Manager, Human Resources Manager, and Clinical Director. The Team disseminates Weekly Reports from each Department to other team members to review issues that affect service delivery, member care, personnel, and business operations. These reports are shared with the Board by the CEO routinely.

Keylee Young replaced Tammi Morgan in the Administrative Management position in 2021. Keylee Young continues to execute Technology Management for RMS. Bethanie Comeaux replaced Keylee Young in the Human Resources position. Angie Fontenot continued in the Clinical Director position, as well as Roxanne McGraw in the Corporate Compliance Officer position.

The **Medical Director,** Dr. Edgardo Concepcion, has the responsibility of overseeing services, P&P, and course of medical treatment for members, as well as designating appropriate responsibilities to qualified practitioners. Dr Concepcion communicates with LMHPs, Clinical Director, and other clinical staff to assist in provision of excellent clinical services via face-to-face meetings and virtual meetings.

The **Clinical Director,** Angie Fontenot, has the responsibility of providing oversight for clinical practices and provision of clinical direction, as needed for LMHPs and other clinical staff.

**MEMBER INFORMATION:**

Member data from the Claimtrak System used 1/1/21 through 8/31/21 is not easily and readily retrieved. Member data is available through the new EHR, Carelogic 9/1/21 through 12/31/21. Therefore, annual totals will not be available for the 2021 Annual Report. Services provided may have included any or all of these Community Based Behavioral Health services: Assessment/Re-assessment, Psychosocial Rehabilitation, Community Psychiatric Supportive Treatment, Crisis Intervention, Outpatient Psychotherapy, and Medication Management. Medication Management can be a stand-alone service, or in combination with other services.

The weekly Operations Report revealed that 1,579 members were enrolled in services at the end of December 2021. This included 590 in MHR; 474 receiving Medication Management only; 119 in Outpatient Psychotherapy; 101 receiving OP/Med Mgt.; 41 receiving OP/MHR; 254 receiving MM/MHR. The first census report in January 2021 showed the following: a total of 1427- 643 in MHR; 260 in Medication Management only; 104 in Outpatient Therapy; 78 in OP/MM; 55 OP/MH; and 287 MM/MHR, showing an increase in census by members at the end of December, as compared to January 2021.

Some possible barriers to a greater growth in census:

* Services not being allowed in many school districts;
* Members entered services with different expectations and self-discharged early due to the intensity required;
* Some members still have not returned to the service area post 2020 hurricanes;
* Staff turnover, retention issues, pandemic, potentially leading to member frustration and self-discharge;
* Need for members with Substance Abuse Disorders to have access to Addictions-related Counseling and Medication Management at RMS.

**REFERRALS:**

During 2021, 1/1/21 through 12/31/21, RMS received 1,529 referrals from 170 distinct referral sources. Of the total, 54% were adults and 46% were children/adolescents. The primary sources of referrals were from Medical Providers or other Behavioral Health Providers.

**RESOURCE MANAGEMENT SERVICES**

**Performance Analysis/Actual Outcomes**

**January 1, 2021 – December 31, 2021**

**2021 Established Goals and Outcomes:**

**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 met**.

**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 met**.

**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 met.**

**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 met.**

**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 met**.

**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 met.**

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

**Objective met**.

**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 met**.

**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 met**.

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

**Objective partially met**; **carried over to 2022**.

**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 met**.

**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 met**.

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

**Objective met**.

**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.

**Objective met.**

**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.

**Objective met.**

**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 met, but CD to continue to address - ongoing.**

**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 not met; carried over to 2022.**

**Objective 3**: 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 met.**

**Objective 4**: 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 met.**

**Objective 5:** 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.

**Objective met, but discontinued due to member disinterest. However, this Indicator will be carried over to 2022 as part of the strategy to reduce hospitalizations. Post-hospitalization, LMHPs must see the member in group for at least 3 consecutive sessions. Also, RMS plans to institute a Suboxone Clinic, with plans to begin in March. A Licensed Addictions Counselor will be providing therapy for members who see the PA for Medication Management.**

**ADDITIONAL INFORMATION TRACKED FOR QUALITY IMPROVEMENT:**

A review of Policy and Procedure and other business issues was conducted 11/16/21 by Management Team; to be reviewed at December 2021 Board Meeting:

* 2021 Strategic Plan, met and unmet goals
* Stakeholder, member, employee input
* Current Policy and Procedure
* Job Descriptions
* Staffing, including retention and turnover, supervision and training
* Clinical Services
* Corporate Compliance Plan
* Risk Management Plan
* HIPAA Compliance Plan
* Accessibility Plan
* Contracts
* Quarterly data, such as grievances, critical incidents, accessibility, and timeliness of services.
* Personnel Evaluations
* Budget/competition/finances/technical resources/legislation
* Cultural Competency and Diversity Plan
* Mission Statement
* Technology Plan
* Succession Planning
* 2022 Strategic Plan

**Tracking of Adverse Incidents**

Adverse incidents were reported throughout the year 2021. RMS is required to report any incident that may adversely affect the health and well-being of a member or employee. Some incidents ae required to be reported to DCFS, APS, and Elderly Protective Services. Some incidents are required to be reported to the insurance company (MCO) and CARF, while others are only reported internally, based on CARF and MCO standards.

In 2021, a total of 110 adverse incidents were reported which was a decrease of 41 over the previous year. The greatest number of reported incidents was communicable disease due to the Covid-19 Pandemic, but also included some lice and scabies. RMS followed state and local guidelines regarding the pandemic. Other frequently reported incidents included hospitalizations and police involvement due to aggression/violence. Measures have been put in place to potentially decrease hospitalization and police involvement such as increasing number of Crisis Services and Psychotherapy Services delivered.

**Satisfaction Surveys/Strategic Plan Input**

Twice each year, a sample of members or their guardians are asked to complete a satisfaction survey. In addition, external stakeholders (referral sources and collaborative agencies) are asked to complete a survey. For each group surveyed, the expectation is that at least 80% of the respondents will express satisfaction. During 2021, a Child/Youth Survey was added to the mix of surveys. All groups greatly exceeded that expectation in 2021. The survey instrument developed in 2020 continues to be utilized, measuring program effectiveness, in particular, Social Determinants of Health (SDoH). A Suggestion Box is located in the waiting areas of each office, so that employees and members have an opportunity to submit suggestions anonymously if they choose. Additionally, at the end of the year, employees, members, and other stakeholders are given the opportunity to provide input for the upcoming year’s Strategic Plan.