



HCBS-AMH Quality Management and Utilization Management

What kind of quality management and utilization management activities are expected from an HCBS-AMH PA or RME?

HHSC will conduct a biennial Quality Management and Utilization Management site review and additional unannounced site reviews, as necessary. HHSC also performs QM/UM oversight of the HCBS-AMH PA and RME through encounter data reporting and regular desk and on-site reviews. In general, QM activities include informing HHSC of concerns or known issues with HCBS-AMH PA and RMEs and the implementation of services identified in a participant's IRP. For more information on QM activities specific to PAs and RMEs, please refer to [HCBS-AMH Provider Manual](#).

How often will desk and site reviews be conducted?

HHSC has sole discretion to request a desk review, on-site, or documentation review at any time. HHSC will notify providers of any scheduled upcoming desk or site reviews at least 30 to 45 days in advance. Providers must upload requested documents to the SharePoint Provider Hub by the deadline specified in the notification letter. The SharePoint Provider Hub is located at [Site Contents \(sharepoint.com\)](#). Providers are required to have a biennial on-site review; however, HHSC has sole discretion to increase the frequency.

What encounter measures or data is required as part of the HCBS-AMH program?

RMEs and PAs are required to submit both quarterly and annual encounter data to HHSC. Review the data elements on the following reporting tools available at [Home and Community-Based Services Adult Mental Health](#) website prior to serving participants to ensure you have a system in place to track the required data elements:

- [Recovery Manager Quarterly Reporting Template](#) (Excel)
- [Provider Agency Quarterly Reporting Template](#) (Excel)

- [Annual Reporting Template](#) (Excel)

What is a corrective action plan?

A Corrective Action Plan (CAP) includes actions that will be taken to address a problem or deficient practice identified within your agency. A CAP is required for any area on the QM tool that scores below 90%. Additionally, HCBS-AMH may request a CAP for any issues of contract noncompliance including the following areas Critical Incident Reporting (CIR); financial error; abuse, neglect, and exploitation; referrals; and setting checks.

A corrective action plan must include the following:

- Describe the non-compliance that HCBS-AMH identified from the monitoring or investigation resulting in the corrective action plan.
- Describe the activities the contractor will perform to correct or prevent the non-compliance from reoccurring.
- The name and title of the person responsible for performing the activities to correct or prevent non-compliance from reoccurring.
- The schedule or frequency for monitoring compliance.

All corrections must be completed within 60 calendar days of the date of the notification letter; however, HCBS-AMH has the discretion to require a different deadline based on the severity of the issue. The provider must complete a CAP for each noncompliance item using the HCBS-AMH CAP form within 15 calendar days after receiving written notification. HCBS-AMH will notify the contractor if the CAP is approved or denied within 5 business days.

What other types of quality management surveys activities will may be involved in being an HCBS-AMH PA and RME?

HHSC has partnered with Texas Institute of Excellence in Mental Health (TIEMH) at the University of Texas at Austin who contacts providers and participants directly and administers satisfaction surveys to providers and participants. HHSC has sole discretion to partner with external stakeholders and initiate projects to collect program data at any time. Through these collaborations, providers and participants may be contacted directly to complete surveys, interviews, and questionnaires to be used for program quality improvement efforts.