

**Central Counties Services
Meeting
Behavioral and
Developmental Needs**

**Intellectual and Developmental Disabilities
Quality Management and Local Plan**

Fiscal Year 2013 -2015

Approved by:

Eldon Tietje, Executive Director

**CCCMHIDD Intellectual and Developmental Disabilities Quality Management and Local
Plan FY 2013 - 2015**

TABLE OF CONTENTS

PREFACE	4
VISION	5
MISSION	5
VALUES	5
GUIDING PRINCIPLES	6
GOALS	6
CENTER LEADERSHIP	7
Governance.....	7
Executive Director.....	7
LEADERSHIP, MANAGEMENT, AND QUALITY IMPROVEMENT BODIES	8
Executive Leadership Team	8
Membership.....	8
Mission.....	8
Goals.....	8
Intellectual and Developmental Disabilities Management Team	9
Membership.....	9
Mission.....	9
Goals.....	9
Leadership Forum	10
Membership.....	10
Mission.....	11
Goals.....	11
CONSUMER AND COMMUNITY INVOLVEMENT	11
Planning and Network Advisory Committee	11
Local Planning Structure Chart	13
Center FY 2013 Planning Process Chart	14
Community	15
QUALITY IMPROVEMENT SYSTEM	15
Guiding Principles	15
Purpose	15
Organizational Components and Structure	16
Center Intellectual and Developmental Disabilities Local Plan.....	16
Service/Department-Level Quality Improvement Initiatives.....	16
Leadership Forum Meeting.....	16
Organizational Self-Assessments.....	16
Quality Improvement Council (QIC) and Sub-Committees.....	17
Quality Improvement System.....	18
Implementation of QIS	24
Design.....	24
Measurement.....	24
Assessment.....	26
Improvement.....	26
QIS Design Chart	26
ANNUAL EVALUATION	27
LOCAL SERVICE AREA PLANNING PROCESS AND PLAN REVIEW	27
Jail and Detention Diversion Action Planning Process.....	27
Local Planning Process.....	27
Plan Review	30
EXTERNAL/INTERNAL ASSESSMENT	31

**CCCMHIDD Intellectual and Developmental Disabilities Quality Management and Local
Plan FY 2013 - 2015**

DESCRIPTION OF SERVICES	32
Service Area.....	32
Intellectual and Developmental Disabilities Service Population Served	32
Intellectual and Developmental Disabilities Service Targets	33
Intellectual and Developmental Disabilities Services	33
Service Coordination.....	33
Crisis Services.....	33
Respite Services.....	33
Skills Training.....	33
Supported Employment.....	33
Community Supports.....	33
Vocational Training.....	34
Day Habilitation.....	34
Authority/Provider	34
Service Delivery System	34
Entry to Services.....	34
Other Assessments.....	34
Person Directed Plan.....	34
Referrals.....	34
Continuity of Care.....	35
Discharge Plan.....	35
Service Priorities	35
Intellectual and Developmental Disabilities Service	35
Authority Services.....	35
Provider Services.....	36
Administrative Services	35
Client Rights	36
Resource Development and Allocation	36
Communities' Needs and Priorities	37
Solicitation of an Available and Appropriate Provider Base	38
Impact of Key Forces	40
Local Authority Service Priorities	41
Expansion.....	41
Turnaround.....	41
QUALITY MANAGEMENT	41
Structure.....	41
Processes.....	43
Outcomes.....	43
Corporate Compliance.....	44
Safety.....	44
Stakeholder Involvement in QM Programs.....	44
Service and Authority Functions.....	45
Service Capacity and Access to Services.....	45
Accuracy of Data Submitted to DADS.....	46
Consumer Abuse, Neglect, Exploitation and Rights.....	47
Definitions.....	48
QM Work Plan for FY 2013 -2014.....	48

**CCCMHIDD Intellectual and Developmental Disabilities Quality Management and Local
Plan FY 2013 - 2015**

PREFACE

The purpose of the Central Counties Services (Center) Intellectual and Developmental Disabilities (IDD) Local Plan (Plan) is to define a plan that communicates the mission, vision, values, goals, and objectives throughout the organization; it furthers the Center's development by providing a framework to accomplish those goals and objectives. The Plan describes the Center's IDD programs and services while providing a systematic, organization-wide approach to designing, measuring, assessing, and improving consumer treatment, outcomes, and support services. The Plan is designed to be responsive to community and consumer needs and improve consumer outcomes

The Plan represents a collaborative effort, all parts of the organization contributed to its development. The Center's goals and objectives to include IDD were developed by the Executive Leadership Team (ELT) from reviewing the following: Fiscal Year (FY) 2012 -2013 Performance Contracts; input from the Planning and Network Advisory Committee (PNAC), consumers and community representatives, staff through department/unit meetings, and the Quality Improvement Council and its sub-committees. The Plan is comprehensive and integrates all the planning requirements contained in the Texas Department of Aging and Disability Services (DADS) FY 2012 -2013 Performance Contracts. It includes the required elements from the Quality Management, Plan.

The Plan is the framework for performance improvement initiatives. IDD Services identify the Center's goals and key functions that most affect the consumer's personal outcomes. Leadership, management, and quality improvement bodies analyze and focus initiatives in order to improve processes and/or correct identified problems

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Plan FY 2013 - 2015**

VISION

To be a strong, stable, and highly valued Mental Health and Intellectual and Developmental Disabilities Center known for uncompromising commitment to consumers and vigorously supported by the communities we serve.

MISSION

Improving the lives of the people we serve.

VALUES

- Personal Worth:** We value all people as demonstrated by our respect, courtesy, patience, thoughtfulness, acceptance, concern, and fairness.
- Integrity:** We believe that our personal and professional integrity, consistently demonstrated by morally responsible thinking and acting, is the basis of public trust.
- Competence:** We demonstrate professional responsibility by delivering innovative, knowledge-based services.
- Commitment:** We demonstrate an uncompromising commitment to our consumers.
- Quality:** We endeavor to demonstrate excellence by providing the standard of service that we want for our own family members through continually improving the quality of all Center operations.
- Teamwork:** We demonstrate our greatest creative potential by working together to develop and utilize the skills and abilities of everyone.
- Choice:** We strive to develop a provider network that ensures greater choice among all consumers.
- Environment:** We enjoy and are eager to provide a safe, clean, and comfortable atmosphere in which to provide care, live and work.
- Celebration:** We strive to enjoy our work and to share and celebrate the successful life experiences of our consumers and ourselves.
- Stewardship:** We strive to conduct all Center business in a manner that achieves best value in the use of public resources.

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Innovation We encourage innovation as a process of seeking and embracing new ideas and practices that encourage, support, and implement positive cultural, structural, and practice improvement within the Center.

GUIDING PRINCIPLES

The ELT developed a set of guiding principles in January 2002 to provide a basis for decision-making and prioritization of the Center's activities and use of resources. The use of the guiding principles by Center staff in their daily activities and decision-making should strengthen the Center's performance as a consumer-focused service delivery organization bringing best value return on the public funds invested in our mission. The guiding principles are as follows:

1. To provide personal outcome-based services in partnership with the individual, the family, and the community.
2. To empower the individual and family by respecting their right to make choices about their lives.
3. To provide innovative solutions that shapes the current operations and future direction of the organization.
4. To work together with others across all Center systems.
5. To address issues proactively and in a timely manner.
6. To seek best value for the individual, the community, and the organization.
7. To continue building community support for the Center's mission and services.

GOALS

The goals for Fiscal Years 2012 - 2015 as identified through the planning process and as adopted by the ELT are as follows:

Goal 1: Human Resources

Central Counties Services will have a competency-based workforce effectively empowered within a culture of accountability and creativity.

Objective 1-1. Improve the recruitment process by increasing the number of qualified applicants by 5% to hire a competent workforce by 8/31/2013.

Objective 1-2. Retain a competent workforce by reducing preventable turnover by 5% by 8/31/2013.

Goal 2: Organizational Structure

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Develop, align, and utilize resources to accomplish our service mission while maintaining a healthy organization in a changing environment.

Objective 2-1. Reduce the cost of providing services by 5% each fiscal year as reflected by the Cost Accounting Methodology Report through 8/31/2015.

Objective 2-2. Diversify our organization by acquiring similar lines of business by 8/31/2015.

Objective 2-3. Research and develop at least one revenue stream each fiscal year by sustainable activities that are consistent with the Center's mission and values through 8/31/2015.

Objective 2-4. Maintain active and ongoing monitoring of all Center facilities, seeking to improve and enhance such facilities as needed and as funding permits through 8/31/2015.

Goal 3: Customer Services

Central Counties Services will develop an excellent customer service reputation by engaging our stakeholders with values built on competency, relationships and results.

Objective 3-1. In order to improve customer service, the Center will gather, analyze and take appropriate action on feedback regarding stakeholders' perceptions and needs by March 1 of each fiscal year through 3/1/2015.

CENTER LEADERSHIP

Governance

A Board of Trustees (Board), comprised of nine members, is responsible for the effective administration of the Center and makes policy that is consistent with the departments' rules and standards. The Board has the authority and responsibility within the local service area for planning, policy development, fiscal oversight and ensuring the provision of mental health and Intellectual and Developmental Disabilities Service. The Center is considered a unit of local government. The Center's Board has representatives from each county of the local service area. Trustees are appointed by their County Commissioner's Court and approved by the remaining County Commissioner Courts from the local service area for a two-year term. The Center's legal counsel attends all Board of Trustees meetings to provide legal advice. The Board of Trustees hires and oversees the Executive Director.

Executive Director

The Executive Director is the Chief Executive Officer and is appointed by and responsible to the Board. The Executive Director is responsible for the Center infrastructure, functions, resources, services, planning, implementation, monitoring, evaluation, and administrative supervision of all staff and all operations. The Executive Director directly supervises the Deputy Executive Director, Medical Director, Chief Financial Officer, Director of Information Services, and the Director of Human Resources. The Deputy Executive Director supervises the Director of Mental Health Services, Director of Intellectual and Developmental Disabilities Service, Early Childhood Intervention Manager and the Quality Management Manager.

LEADERSHIP, MANAGEMENT, AND QUALITY IMPROVEMENT BODIES

There are five bodies that plan, manage, operate, and evaluate the entire spectrum of Center activities. These bodies are composed of staff from all areas of the Center to ensure that a cohesive focus of effort from both clinical and administrative departments is achieved in all undertakings. These bodies are the Executive Leadership Team, Mental Health Management Team, Intellectual and Developmental Disabilities Management Team, Early Childteam Intervention Planning Team, Quality Improvement Council (QIC)/Leadership Forum. The bodies coordinate with other areas of the Center in quality improvement efforts and problem solving.

Regardless of the specific delegation of duties to each body, each is individually capable of planning and decision-making in a collaborative and interdisciplinary manner. The membership, mission, and goals of the Executive Leadership Team and the Intellectual and Developmental Disabilities Management Team are as follows:

Executive Leadership Team

Membership

Executive Director	Director, Mental Health
Deputy Executive Director	Director, Medical
Director, Intellectual & Developmental Disabilities	Director, Information Services
Chief Financial Officer	Director, Human Resources

* Other key leadership staff as necessary

Mission

The mission of the Executive Leadership Team (ELT) is to model knowledge-based, visionary leadership that effectively develops, aligns, and utilizes resources to accomplish our service mission while maintaining a healthy organization in a changing environment.

Goals

- To ensure that the Center leadership is operating from the same base of knowledge and from an agreed-upon prioritization of efforts.
- To promote clear communication.
- To serve as an effective decision-making and deliberative institution.
- To foster an integrated approach to leadership.
- To promote cohesive and consistent leadership values and behaviors that facilitates the mission of the Center.
- To ensure a proactive approach to leadership.
- To ensure effective prioritization and management of resources.
- To recommend policy to the Board of Trustees through the Executive Director for the Center, consistent with those set forth by the DADS, DSHS, and the Department of Assistive and Rehabilitative Services (DARS).
- To manage all quality improvement activities of the Center.
- To monitor the Plan for identification of problems/opportunities.
- To remove barriers to achieving objectives in the Plan.
- To develop quality improvement initiatives

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Plan FY 2013 - 2015**

Intellectual and Developmental Disabilities Management Team

Membership

Intellectual and Developmental Disabilities Director
IDD Authority Manager
HCS Program Manager
Comprehensive Training Services Program Administrator
Community Support/Supported Employment Services Coordinator
IDD Data Manager

Mission

The mission of the Intellectual and Developmental Disabilities Management Team is to dedicate themselves to enabling each individual with Intellectual and Developmental Disabilities to participate in the normal life of the community to the fullest extent of his/her potential and personal desires. To this end, we will provide a high quality system of services and support to persons with Intellectual and Developmental Disabilities and their families.

Goals

- To utilize the participative management approach to problem solving.
- To actively problem solve – peer to peer – at the level within the Division most affected by the problem.
- To provide accurate and timely communication to all staff.
- To utilize a systems-thinking philosophy in addressing issues.
- To seek a win-win solution when addressing concerns.
- To obtain all relevant information about an issue before decisions are reached.
- To make reaching decisions with the client a primary focus.
- To problem solve with the edit “What is the right thing to do?”
- To achieve a seamless interdependence among all IDD systems.

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Plan FY 2013 - 2015**

Leadership Forum

Membership

Executive Director
Director, Mental Health

Deputy Executive Director
Director, Mental Retardation

Director, Information Services
Chief Financial Officer
Director, Human Resources
Maintenance Supervisor
Temple Adult Mental Health Program Administrator
Lampasas Adult Mental Health Program
Administrator
Hamilton/Coryell Adult Mental Health Program
Administrator
TIMA/Community Support Services
Program Administrator
IDD Administrative Support Program Specialist
IDD Behavioral Support Services Coordinator
IDD Comprehensive Training Services Program
Administrator - Western Area
IDD Supported Employment Services/Community
Support Coordinator
IDD Comprehensive Training Services Program
Administrator - Eastern Area
ECI Program Administrator
Harker Heights/Copperas Cove ECI Coordinator
Word Processing Supervisor
Risk/Utilization Manager
Quality Management Manager
Assistant Chief Financial Officer
IDD Comprehensive Training Services Supervisor-
Milam County

Children's Mental Health Services Administrative
Support Coordinator
Clinical Support Supervisor

Billing/Claims Coordinator
Director, Medical
Children's Mental Health Services
Program Administrator
ACT Team Program Administrator
Killeen Adult Mental Health Program
Administrator
Milam Adult Mental Health Program
Administrator
IDD Nursing Services Program
Administrator
IDD Residential/HCS Supervisor
MH Administrative Support Coordinator
Clinical Records Supervisor

IDD Intake, Assessment, and Referral
Program Administrator
IDD Continuity of Services Program
Specialist
HCS Program Manager
Central Administration Administrative
Support Coordinator

Temple ECI Coordinator

Killeen MH Administrative Support
Supervisor
IDD Comprehensive Training Services-
Killeen
IDD Comprehensive Training Services
Supervisor-Copperas Cove

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Mission

The mission of the Leadership Forum is to work together to be enlightened leaders that support staff in providing effective services to our consumers.

Goals

- To receive training to be a more effective leader.
- To disseminate pertinent information to Center staff that will enhance effective service delivery to our consumers.
- To provide input to the ELT in the decision making process through active problem solving.
- To achieve a seamless interdependence among all Center systems.

CONSUMER AND COMMUNITY INVOLVEMENT

The Center's IDD Services is an integral part of the communities it serves. Communication between the Center, consumers, families, and the community is encouraged and facilitated so that the Center is responsive to the community's needs, delivers services in the most effective and efficient manner, and ensures the protection of the legal and human rights of the individuals served.

Planning and Network Advisory Committee

The Planning & Network Advisory Committee (PNAC) serves both MH and IDD interests meets every two months and on an as-needed basis to provide broad-based community input into the planning process and Center's growth. The Center strives for committees' membership that reflects the ethnic, cultural, and social diversity of the community and includes consumer and consumer family representation. The role of the PNAC is to reflect the perspectives of consumers, family members and other stakeholders on the provisions of services and supports.

The "Guidelines for Local Service Area Planning" received by the Center on February 28, 2005 provides expected outcomes for the PNAC. The Board shall establish outcomes and reporting requirements for the PNAC. The expected outcomes of the PNAC include:

- The PNAC operates according to the charge assigned by the local board; and
- Consumers of adult mental health, children's mental health, and intellectual and developmental disabilities services and their families or guardians are represented and their views are explicitly incorporated into recommendations of the PNAC

The PNAC is charged with the following:

- Identify the needs and priorities of the local service area;
- Evaluate customer service by telephone and e-mail;
- Submit recommendations to the Center staff and Board regarding the content, development, and implementation of the Local Service Area Plan and budget strategies to meet the community needs and priorities; and
- Provide input in assembling a network of available and appropriate service providers to meet the needs of consumers in the local service area while considering public input, ultimate cost-benefit, and consumer care issues to ensure consumer choice and the best use of public money.
- Receive a written copy of the final annual budget and biennial plan for each program area as approved by the Board of Trustees, and a written explanation of any variance from the PNAC's recommendations.

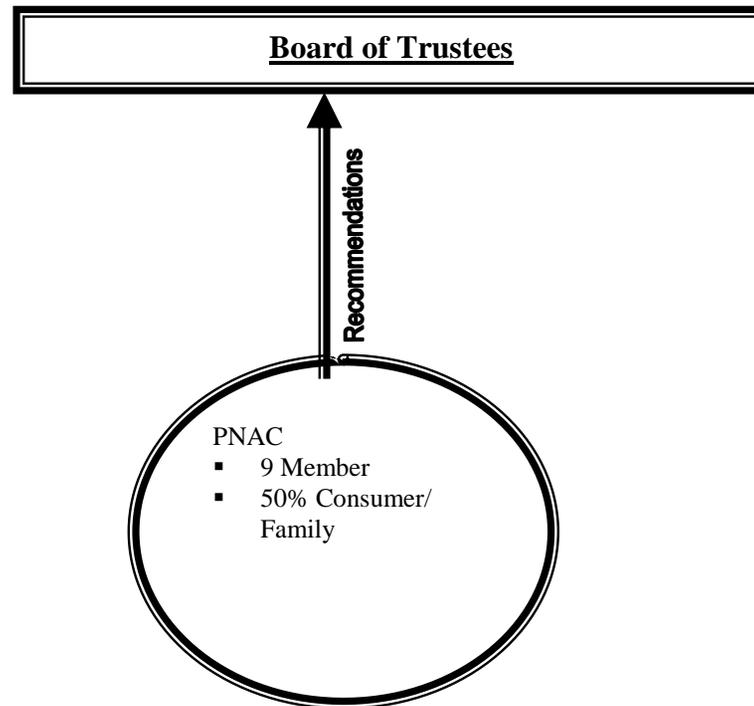
**CCCMHIDD Intellectual and Developmental Disabilities Quality Management and Local
Plan FY 2013 - 2015**

- Receive information regarding total funds available through the Performance Contract document for services in each program area and required performance targets and outcomes.
- Reports to the Board of Trustees at least quarterly on issues related to: the needs and priorities of the local service area; implementation of plans and contracts; and the PNAC's actions that responds to special assignments given to the PNAC by the Board of Trustees.

The Center provides initial and ongoing training to the committee members. The training provides members with information they need in order to perform the tasks and fulfill the purpose of the committee. The Center will attempt to recruit family members of children or adolescent consumers to serve on the PNAC.

The graphics on the following two pages describe the Center's local planning structure, membership, functions, and processes for input into the Center's plan.

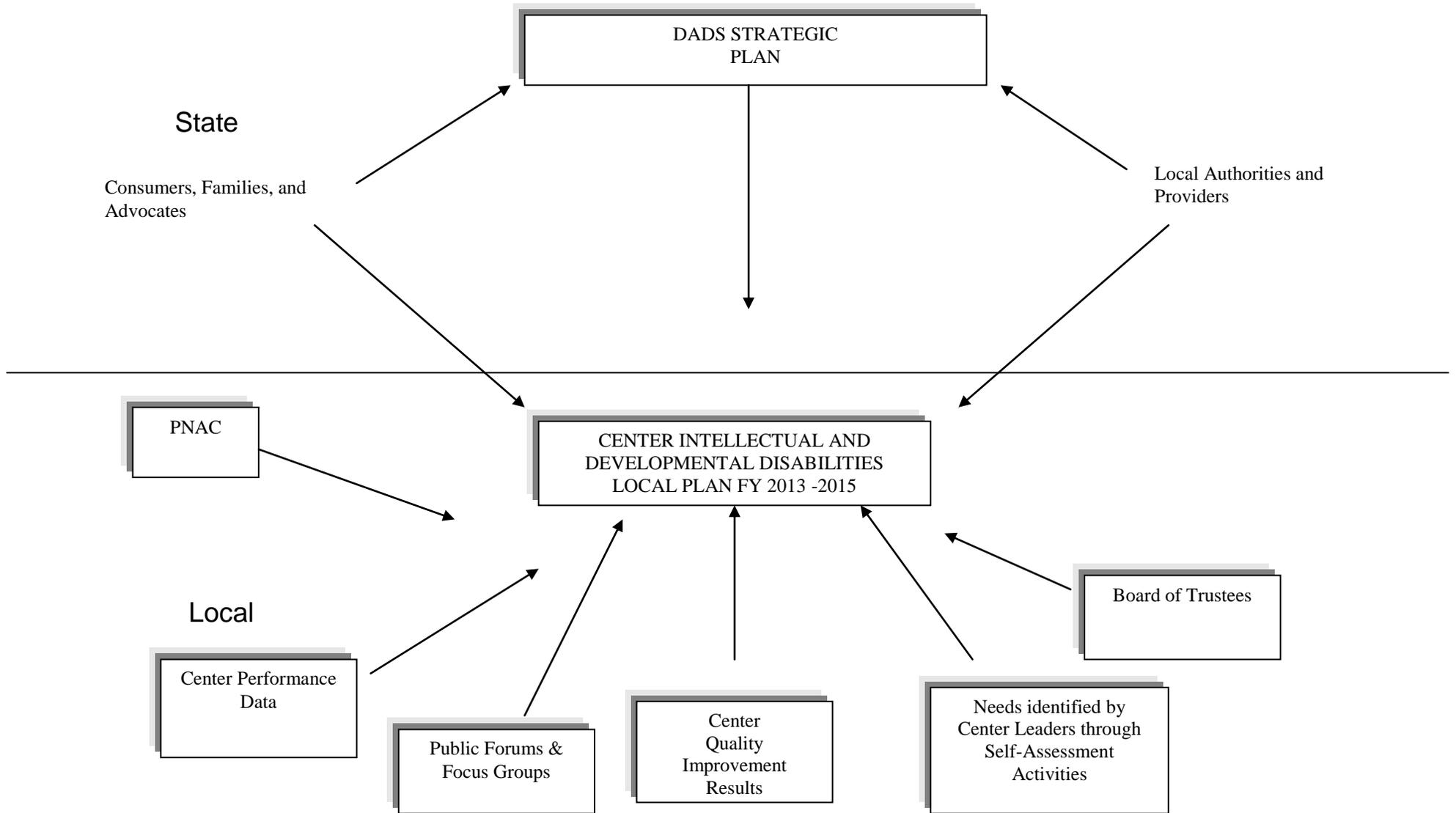
CCCMHIDD Local Planning Structure



Functions

- The Center through the Board of Trustees appoints, charges, and supports at least one PNAC.
- Members shall be appointed to ensure objectivity and avoid appearance of a conflict of interest.
- The Board of Trustees shall establish outcomes and reporting requirements for the PNAC in accordance with the “Guidelines for Local Service Area Planning.”
- PNAC members shall receive initial and ongoing training and information necessary to achieve expected outcomes in accordance with the “Guidelines for Local Service Area Planning.”

CENTER FY 2013 PLANNING PROCESS



CCCMHIDD Intellectual and Developmental Disabilities Quality Management and Local Plan FY 2013 - 2015

Community

The community, consumers and family members not participating on advisory committees have several different means to provide planning input, assess services and supports and submit recommendations for consideration. Opportunities for providing input and determining community needs/priorities are as follows: interviews with Center/State staff, complaint process with Rights Protection Officers, consumer satisfaction survey cards at all service sites, advocacy meetings, consumer/family community forums, citizen comments at the Board of Trustees meetings and public forums.

QUALITY IMPROVEMENT SYSTEM

Guiding Principles

- Drives quality improvement deeper into the organization.
- Promotes departmental and individual accountability.
- Collaborative in nature.
- Supports effective organization-wide communication.
- Linked to organizational planning (mission, vision, values, and goals).
- Measures and assesses performance data.
- Anchored in improving clinical care and organizational performance.
- Based on the principles of continuous quality improvement.

Purpose

The Center's Quality Improvement System (QIS) provides the framework within which quality improvement activities are conducted. The QIS is constructed to provide knowledge and information to people nearest to the source of activity that will facilitate an understanding of what our performance priorities are, what individual roles and expectations are, and how we aggregate data to determine the Center's overall performance. The QIS requires that processes be designed to reflect the Center's mission, vision, and goals, the needs of consumers, families, staff and community, current knowledge-based information, and information regarding the Center's performance, measured both internally and externally. These processes are systematically measured to identify areas for possible improvement and to determine if change can improve those processes. Additionally, professional and administrative employees assess and improve the quality of consumer care and clinical performance. Changes to consumer care and clinical performance are reported to the QIC so it may fulfill its responsibilities to assure that important internal processes and activities throughout the Center (those that affect consumer outcomes most significantly) are continuously and systematically assessed and improved. The overall purpose of the QIS is to establish a systematic process for collecting and analyzing data in order for the Executive Director and other administrative Center leaders to determine:

1. The level of performance and the stability of existing process which support the identified goals of the Center's operations,
2. Priorities for improving existing processes or outcomes,
3. The design and implementation of actions needed to improve performance or outcomes,
4. The effectiveness of actions taken purportedly to improve performance or outcome,
5. When new processes are needed, and

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6. A framework for collaborative quality improvement systems with active interface with staff, consumers, families, the community, DADS/DSHS related components and other affected or interested parties.

Organizational Components and Structure

The basic components and structure of the QIS is built on the formulation of the Center's mission, vision, values, and specific goals and objectives related to organizational performance. The Center's QIS consists of key components. These include:

Center Intellectual and Developmental Disabilities Local Plan

This Plan is a comprehensive plan that integrates some of the planning requirements within the Texas Department of DADS Performance Contract. The Plan includes the required elements from the Local Plan and the Quality Management Plan. The Plan is designed to include both a management plan component as well as a quality improvement component. The organizational leaders are committed to incorporating quality planning into their overall planning process. This approach enhances the integration of management and quality goals and decreases the likelihood that quality improvement is viewed as an isolated "stand alone" activity. This integrated approach conveys the idea that improving performance must be a systematic, organization-wide activity if the strategic and organizational plans are to be realized.

Service/Department-Level Quality Improvement Initiatives

This Plan provides the framework for IDD services quality improvement initiatives. Goals and objectives are identified and developed to improve processes and/or correct identified problems within the particular areas. IDD Service employees are expected to monitor initiatives and provide status reports at service/department meetings. The IDD Director is expected to provide status reports to the Executive Leadership Team and to the Leadership Forum/Quality Improvement Council as necessary.

Leadership Forum Meetings

This group is made up of all the Center's Directors/Supervisors and representatives from the quality improvement sub-committees with the primary purpose of sharing information among executive management and leadership regarding hot topics, management directives, implementation of policies and procedures, and progress on achievement of Center goals and objectives. Leadership employees are responsible to provide the information discussed at the meeting to service/department staff. The Leadership Forum serves as the Quality Improvement Council (QIC)

Organizational Self-Assessments

The Center conducts assessment activities throughout the year in order to measure progress and identify areas for improvement. Some of these assessments include the organizational quality survey and the program quality survey. Results of these assessments are analyzed and reviewed by the PNAC/QIC/ELT/Board of Trustees and the appropriate management team for the development of improvement initiatives and integration into planning.

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Quality Improvement Council (QIC) & Sub-Committees

The QIC is the integrating vehicle for quality initiatives. The QIC comprises the Leadership Forum. All Center-wide quality improvement activities are managed and coordinated by the ELT and the QIC. The ELT and the QIC will monitor the Plan to identify problems and /or opportunities, to remove barriers to achieving the objectives, and develop improvement initiatives. Additionally, QIC sub-committees report to the QIC on membership issues, developments, accomplishments, barriers, actions and recommendations for quality improvement. Consumer/family members serve on the Human Rights sub-committee.

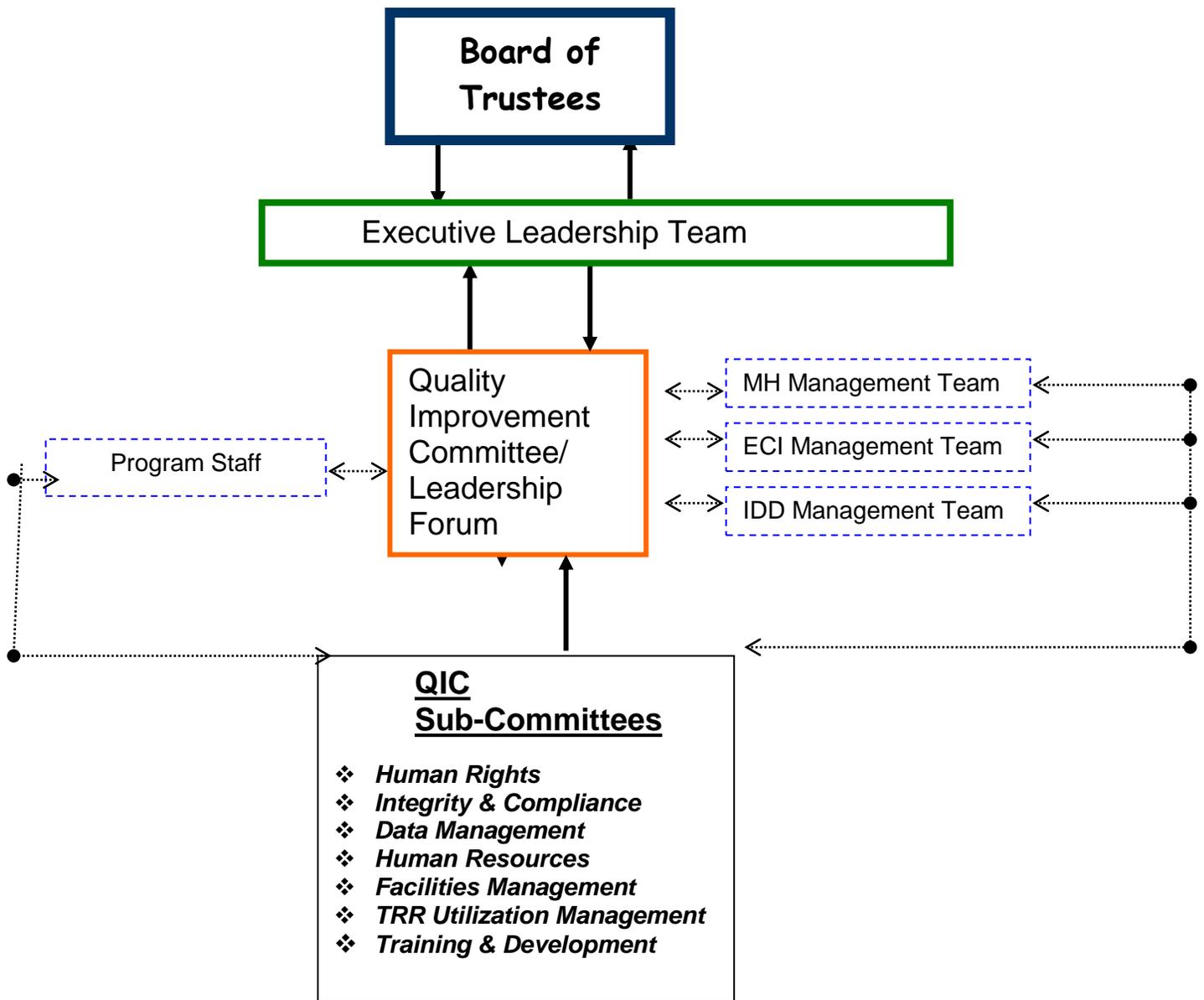
This QIS function allows staff to implement quality improvement initiatives utilizing performance data or other data sources to target improvement initiatives and validate improvement plan effectiveness. This is where quality improvement work really gets done and is based on the Continuous Quality Improvement (CQI) principle that employees performing the work processes are best situated to make quality improvement. The membership of a work team will vary depending upon the quality improvement initiative. The reporting mechanism of a work team could be to a QIC sub-committee or directly to the ELT or other bodies depending on the quality improvement initiative. One process a QIS body can use follows:

- Utilizing the seven-step problem solving process (quality improvement wheel).
- Reviewing and monitoring performance data and data from other sources.
- Studying performance improvement opportunities utilizing performance data and/or data from other sources and applying CQI tools (e.g., Pareto diagram, cause/effect diagram, flow charting, affinity diagram, etc.) to determine root causes of quality improvement opportunities.
- Selecting and testing improvement interventions.
- Observing, analyzing, and communicating results of intervention(s).
- Implementing an intervention or re-designing and monitoring intervention(s) for effectiveness.
- Maintaining communication with the QIC, including receiving necessary approvals at different stages of activity depending upon the charge.

The QIS structure on the following pages illustrates the QIS structure, different bodies, communication flow, and functions.

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Quality Improvement System
FY 2013



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Board of Trustees

- Meets monthly every 4th Tuesday at 6:30 p.m.
- Membership
 - All Board Members
- Scope of Responsibility
 - Establish Organizational Priorities
 - Review QIS Results

Executive Leadership Team

- Meets weekly every Tuesday at 8:15 a.m.
- Membership
 - All Center Directors
- Scope of Responsibility
 - Planning
 - Policy Development
 - Oversight
 - Review
 - Resource Allocation

Quality Improvement Committee/Leadership Forum

- Meets as Necessary
- Membership
 - Data Management Committee Liaison – Joyce Spitzer
 - Deputy Executive Director – Bill Kneip
 - Human Rights Committee Liaison – Keith Maxwell
 - Training and Development Committee Liaison – Cynthia Retzlaff
 - Utilization Management Committee Liaison – Linda Brown(Back-up: Carolyn Kamenicky)
 - Quality Management Manager – Keith Maxwell
 - Facilities/Equipment Management Committee Liaison – Keith Maxwell
 - Human Resources Committee Liaison – Martin Brubaker
 - Leadership Forum Members – All Supervisors
- Scope of QIC/Leadership Forum Responsibility
 - Coordinate subcommittee efforts
 - Process and resolve issues
 - Delegate QIS tasks to subcommittees
 - Makes recommendations to subcommittees' for further consideration
 - Makes recommendations to Executive Leadership Team for action
 - Prioritize QIS tasks
 - Refer unresolved QIS issues to the ELT or appropriate quality improvement body for resolution
 - Review results
 - Summarize and report QIS activities to the ELT at least quarterly
 - Summary Reports to the Board of Trustees

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Plan FY 2013 - 2015**

QIC Subcommittees

Human Rights

- ◆ Meets As Necessary
- ◆ Membership
 - IDD Program Representative – John Harler
 - IDD Authority Representative – Misty Bennett
 - Community Representative – Nancy Holle
 - Behavior Management Representative – Gene Waters, Ph.D.(ad hoc)
 - Rights Protection Officers – Keith Maxwell (Chairperson)
 - Nursing Representative – Mamie Lister

- Scope of QIS Responsibility
 - Behavioral Interventions
 - MH & IDD Rights Restriction Review

Clinical Information and Data Management

- ◆ Meets Every Other Month 4th Thursday @ 2:30 p.m.
- ◆ Membership
 - Corporate Compliance Officer – Keith Maxwell
 - MH Program Representative – Judy Botkin
 - Information Systems Representative – Robin Boren
 - AMH Medical Records Representative – Joyce Spitzer (Chairperson)
 - IDD Medical Records Representative – Patricia Rutland
 - IDD Program Representative – Carolyn Tobar
 - IDD Medicaid Waiver Representative – Tommi Aleman
 - CMH Program Representative – Rachelle Urbantke
 - UM Coordinator – Linda Brown
 - MH Administration Representative – Janice Cowan

- Scope of QIS Responsibility
 - Clinical Information Management Systems
 - HIPAA Privacy and Security Rule Compliance
 - Medical Records & Forms Approval
 - Distribution of New and Revised Clinical Forms With Instructions

Human Resources

- ◆ Meets Every Month on the 1st Wednesday @ 8:30 a.m.
- ◆ Membership
 - Information Technology Representative – Vacant
 - Business Office Representative – Kristen Jefferson
 - ECI Representative – Julie Fielder
 - Human Resources Director – Martin Brubaker (Chairperson)
 - MH Program Representative – Stephanie Harvey/Chris Joslin
 - MH Administrative Support Representative – Janice Cowan
 - IDD Program Representative – Andrea Erskine/Donna Flanery

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- Risk Management Representative – Keith Maxwell or Holli Frampton

Scope of QIS Responsibility

- Benefits
- Compensation and Retention
- Diversity
- Employee Recognition
- Performance Evaluation System
- Retirement
- Social Event Planning
- Policy/Procedures
- Wellness
- Employee Safety
- Credentialing

Integrity and Compliance Committee

- ◆ Meets Monthly every 4th Monday @ 2:00 p.m.
- ◆ Membership
 - Deputy Executive Director – Bill Kneip
 - Chief Financial Officer or Assistant Chief Financial Officer – Steve Slaughter or Kristen Jefferson
 - QM Manager/Corporate Compliance Officer – Keith Maxwell (Co-Chairperson)
 - AMH Program Representative (LPHA) – Robin Gradel
 - MH Director – Keith Morris
 - IDD Director – Ray Helmcamp
 - QM/UM Coordinator – Linda Brown (Co-Chairperson)
 - CMH Representative – Jan Hensarling
 - HR Director – Martin Brubaker
 - IT/Billing Director – Darla Hogan
 - ECI Director & Billing/IT Coordinator – Johnnie Wardell/Joanne Cosper

➤ Scope of QIS Responsibility

- Best Practices and Resource Utilization
- Provide oversight of Meaningful Use
- Inpatient Trust Fund Monitoring (SMHF)
- Medication Utilization
- Peer Review
- Infection Control
- Measure, assess, and reduce critical incidents as defined by DADS (medication errors, major injuries, and restraints), incidents/accidents, mortality, incidents of client abuse, neglect and exploitation and improving the client rights processes
- Provide oversight of the Center's policies and procedures on ethics, quality assurance, and corporate compliance
- Credentialing and Privileging
- Evaluating effectiveness of IDD and MH Authorization Process
- Address identified clinical and organizational problems including data integrity and the processes to evaluate and continuously improve data accuracy
-

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- Establish set of remedies and timeline options for areas that need improvement or correction
- Ensure routine reporting of QM Program activities to the Board of Trustees, providers, other appropriate organizational staff members, and community stakeholders
- Analysis of service-related grievances, appeals, fair hearings, and expedited hearings.
- Monitor, analyze, and improve performance of QM activities, administrative services, client services and outcomes for individuals
- Review of provider treatment to determine if it is consistent with evidence-based practices, accuracy of assessments, and treatment/person-directed planning
- Monitor the quality of access to services, service delivery, maintaining service capacity and continuity of services
- Provide technical assistance to providers to the improve services
- Review reports from DADS/DSHS to address performance issues, corrective actions from audit results (e.g., Medicaid Waiver, Program, Local Authority), unmet needs of individuals, service delivery problems, and effectiveness of authority functions
- Provide oversight of all services, contracts, and subcontractors
- Provide oversight to ensure compliance with and the quality of the RDM practices to include monitoring fidelity to the service models and require providers to participate in oversight
- Provide oversight of UM activities
- Provide oversight of any new initiative such as Outpatient Competency Restoration, Medicaid Managed Care, IDD Service Coordination encounters

Texas Recovery and Resilience (TRR) Utilization Management (UM) Committee

- ◆ *Meets Monthly every 4th Monday @ 3:15 PM*
- ◆ *Membership*
 - Psychiatrist – Phillip Scott, DO
 - UM Director - Bill Kneip
 - RDM Utilization Manager – Dr. Gene Waters
 - MH County Office Representative – Robin Gradel
 - MH Director – Keith Morris
 - CMH Representative – Jan Hensarling
 - Business Office Representative – Kristen Jefferson
 - Utilization Management Coordinator – Linda Brown (Chairperson)
 - Quality Management Representative – Keith Maxwell
- *Scope of QIS Responsibility*
 - Monitor RDM resources
 - Maintain the integrity of the RDM model of service delivery
 - Approve the process used to review and authorize service provision, including an appeal system for adverse determinations.
 - Evaluate RDM clinical practices, services, and supports
 - Monitor service delivery where quality utilization issues require oversight

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- Address over- utilization, under-utilization, and inefficient use of Center's and provider's resources
- Ensure resources are channeled to the services needed by consumers.
- Ensure a balance of crisis and routine services is achieved.
- Ensure ongoing improvement in Center's RDM – Utilization Management process

Facilities and Equipment Management

- ◆ Meets Quarterly every 1st Tuesday @ 9:00 a.m.
- ◆ Membership
 - Executive Leadership Team
 - Insurance Claims Representative – Steve Slaughter
 - Chief Executive Officer/Chairperson - Eldon Tietje
 - Information Systems Director – Darla Hogan
 - Maintenance Supervisor – Dennis Hamilton
 - ECI Representative – Johnnie Wardell
 - MH Clinic Coordinators – Ad Hoc
 - IDD Representative – Ray Helmcamp
 - Safety Representatives – Keith Maxwell and Holli Frampton
- Scope of QIS Responsibility
 - Capital Improvements
 - Equipment Utilization
 - Infrastructure Development
 - Space Utilization
 - Fire Safety and Site Surveys
 - Property Loss
 - Workers Compensation Claims
 - Long Range Facility Planning & Development

Staff Development and Training

- ◆ Meets as Needed.
- ◆ Membership
 - MH Administration – Janice Cowan
 - ECI Representative – Susan Peters
 - Human Resources Representative – Martin Brubaker
 - Information Systems Representative – Robin Boren
 - **Medical Staff Representative - Vacant**
 - MH Program Representative – Pat Roy-Jolly
 - CMH Program Representative – Rachelle Urbantke
 - IDD Representative – Misty Bennett
 - Staff Development Representative – Cynthia Retzlaff
 - QM Program Specialist – Linda Brown
 - QM Representative – Keith Maxwell
- Scope of QIS Responsibility
 - Clinical Training

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- Continuing Education
- Leadership Development
- New Employee Orientation
- Organizational Development
- Refresher Training
- Supervisors Training
- Temple College Coordination
- Diversity

Implementation of QIS

The QIS integrates design, measurement, assessment, and improvement functions within all levels of the organization into a single system of quality improvement. The four major quality improvement functions are discussed in more detail in the following sections.

Design

Improving organizational performance begins with good planning. Integral to this process is the requirement that all organizational stakeholder staff address quality improvement initiatives related to the Center's goals and objectives. The planning function is a QIS activity occurring with the support and leadership of the Center Executive Director. The QIS structure provides the framework within which quality improvement activities are conducted. The ELT/QIC is responsible for reviewing the plan as well as the Center unit/department initiatives.

Measurement

The second function of improving organizational performance following the design function is performance measurement. The goal of performance measurement is to obtain information for decision-making and improvement purposes. Measuring performance involves not only setting expectations, but also collecting data and assessing how well expectations are met. Measurement is the foundation of quality improvement activities. Once current performance is known, informed decisions can be made about process stability, opportunities for improvement can be pinpointed, and processes in need of design or re-design can be targeted.

To measure performance the Center collects data on processes and outcomes through a comprehensive set of performance measures. These include those that focus on high-risk, high-volume, and problem-prone processes, as well as other sensors of performance. Some processes are measured on a periodic, ongoing basis while others are measured more intensively for shorter duration. Some of the measurement tools and processes used include a Performance Accountability System, Cost of Services Report, Encounter Data, CARE Reports, Intellectual and Developmental Disabilities and Behavioral Health Outpatient Warehouse Reports (MBOW), Anasazi clinical software management reports, and critical incident data reports. Center integrated QIS measures include, but not limited to the following:

System Measures: environment of care, consumer rights, staff turnover, training compliance, information management, corporate compliance audits, contract performance measures, utilization management, fidelity reviews, administration and support.

Outcome Measures: satisfaction, functioning, personal outcomes, and symptomology

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Financial Measures: revenues, expenses, denials/appeals, billing goals, collections, UM, financial ratios, CAM cost of services, medication expenses, claims collections,
Service Measures: direct time, encounters, no-show rates, documentation standards, service delivery/documentation timeframes, contract compliance, ensuring services provided are reflected in the client plan.

Assessment

Assessing performance over time is an integral component of improving organizational performance. This involves assessing patterns and trends and comparing recent performance with past performance and with that of other Centers and organizations. Data collected through measurement activities substantiate acceptable levels of performance, identify areas of excellence in comparison to internal expectations or external best practices, and are the starting point for assessment of opportunities for improvement. The QIS structure (e.g., QIC, ELT, and Management Teams) assesses the data and initiates improvement activities.

Assessment may become more intensive when any one or more of the following are identified:

- important single events, including those of a sentinel nature;
- certain levels, patterns, or trends where performance is undesirable and varies significantly from expected performance or performance shows an undesirable trend;
- performance is undesirable and varies significantly from that of other organizations and;
- the organization wishes to improve currently acceptable or even superior performance even though its current rate exceeds professional standards and the aggregate performance rate of all other system components, e.g., Centers, etc., participating in the performance measurement system.

Improvement

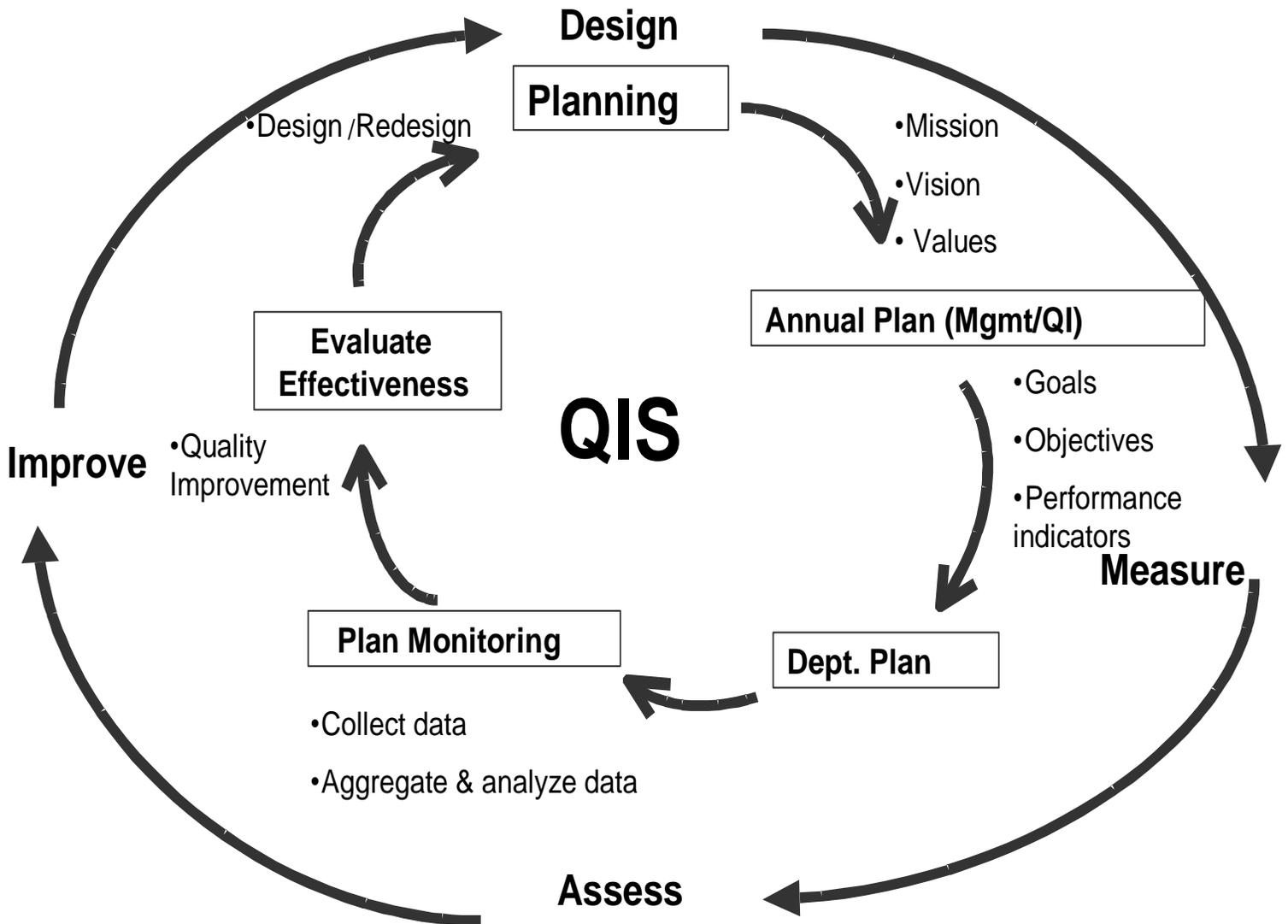
The final major component is quality improvement. The goal of the quality improvement phase is to continuously improve consumer outcomes. Performance data, when assessed, provides powerful and sensitive information on which improvements can be planned. The major improvement phase includes the following nine steps:

1. Identification of opportunities for improvement.
2. Study of quality improvement opportunity.
3. Determination of the underlying factors associated with the improvement opportunity.
4. Selection and testing of improvement intervention.
5. Observation of the effects of the intervention.
6. Analysis of the effects of the intervention.
7. Communication of intervention results.
8. Formal implementation of intervention or re-design of intervention.
9. Periodic monitoring of intervention.

The above-described nine-step quality improvement process provides a conceptual model for implementing quality initiatives at different levels within the organization. It is not unique to any one data collection device or system. Quality improvement is where the “rubber meets the road.” The quality improvement component involves all members of the organization. This is where quality improvement actually takes place.

The figure on the following page is a model of the Center’s implementation of the QIS.

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ANNUAL EVALUATION

The Executive Director, in conjunction with the ELT, has the primary responsibility to see that actions are taken to improve the quality and outcome of consumer care, resolve identified problems, and identify, correct and reduce risk related to consumer care and safety. The respective members of the ELT are responsible for assuring that findings, recommendations, actions, and results of actions taken are communicated to their staff members and documented through the process of monitoring status reports.

The ELT/QIC/Leadership Forum evaluates the Plan on an annual basis. Data and information pertaining to each objective is evaluated to determine the extent to which the organization has achieved its goals and to refine the direction for improving the Center's performance during the next year.

The written annual evaluation is submitted to the Executive Director and to the ELT for their review and is submitted to the Board of Trustees for approval. The members of the ELT review the annual evaluation of the Plan with their respective staff.

LOCAL SERVICE AREA PLANNING PROCESS AND PLAN REVIEW

The Center's Local Service Area Plan comprises the Local Services Plan, Crisis Services Plan, the Jail and Detention Diversion Action Plan and the Provider Network Development Plan. The Center is required to review its current Local Service Area Plan to ensure compliance with state statute in accordance with the FY 2008 DSHS/DADS Performance Contract Authority Attachment. The DSHS Provider Network Development and Crisis Service Plan are new planning requirements in FY 2008.

Jail and Detention Diversion Action Planning Process

The Jail and Detention Diversion Action Plan was updated and submitted in January 2007 in accordance with the FY 2007 DSHS Performance Contract Authority Attachment and the next due date is February 1, 2008 for FY 2008. The PNAC reviewed the FY 2007 plan. The plan summarized the Center's current efforts and programs related to jail and detention diversion, and it also addressed some pending goals around diversion.

Local Planning Process

The local planning process is based on the Guidelines for Local Service Area Planning (LSAP Guidelines) dated February 28, 2005. The local planning process focuses on obtaining public input and addressing items identified in THSC 533.0354.

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The LSAP Guidelines require the Center to solicit information regarding community needs from consumers of community-based services and of state schools, representatives of the local community and other interested persons. The LSAP Guidelines require the Center to facilitate public input into decisions related to the solicitation of an available and appropriate provider base.

A public forum was held from 6:00 p.m. – 7:30 p.m. on July 12, 2011 to discuss potential operational restructuring strategies in the IDD Authority relating to services to persons with intellectually and developmental disabilities to address the funding reductions from the 82nd Texas Legislative Session and to obtain public input on these potential strategies. There were 48 stakeholders in attendance representing consumers, family members, The ARC, interested citizens, law enforcement, Center employees, Center Board of Trustees, and HCS providers. The public forum was broadcasted via videoconference to the Center's offices in Lampasas, Gatesville, Hamilton, Killeen, Cameron and the MARC Center in Rockdale, Texas. The strategies included reducing or terminating existing services to consumers. There was a presentation on how the outcome of the 82nd Texas Legislative Session could impact services through the Center to the local community. A multi-voting technique was used to determine the most important General Revenue (GR) Optional Services that the attendees wanted the Center to continue. The votes were as follows:

- Behavioral Supports – 1,
- Community Supports – 37,
- Day Habilitation – 35,
- Employment Assistance – 3,
- Nursing – 4,
- Specialized Therapies (counseling) – 3, and
- Supported Employment – 0,
- Vocational Training – 28.

Community Supports, Day Habilitation and Vocational Training were the most important services to the attendees. These three services continue to be funded in the Center's budget. The PNAC recommended that these services continue and the Center's Board of Trustees continues to approve the funding for these services. These three services continue to be a priority with stakeholders to include the PNAC and the Center's Board of Trustees.

The PNAC and Board of Trustees support the Committee Substitute for Senate Bill 7 from the 83rd Texas Legislative Session. The bill significantly change how the state provides for acute medical care and long-term services and supports for Texans with intellectual and developmental disabilities by moving these services into a managed care system. The substitute bill allows individuals with intellectual and developmental disabilities receiving HCS to choose whether to stay in the waiver program or voluntarily transition into managed care. Service Coordination will continue to be provided by the Local Authorities.

The THSC §533.354(d) (2), specifies that the Center in developing the local service area plan will consider the following identified items:

1. Criteria for ensuring accountability for, cost-effectiveness of, and relative value of service delivery options.
 - The Center ensures accountability for service delivery options by monitoring the service contracts to ensure statutory, regulatory, and contractual requirements are met.
 -

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Plan FY 2013 - 2015**

- The Center ensures accountability for service delivery options by evaluating the required elements of documentation and making revisions when changes occur.
 - The Center's Integrity and Compliance committee review MBOW reports and Anasazi reports and recommend cost effective corrective actions that are implemented by management. The IDD management team meets once a month to address issues with cost effectiveness and relative value of services.
 - Relative (best) value is not just about cost-effectiveness. The Center considers access, choice, outcomes (e.g., satisfaction), service availability, service provider's ability to meet regulatory requirements, service provider capacity, and all relevant factors.
 - The Center contracts with two Certified Behavioral Analyst instead of hiring a full time Analyst as a best value/cost effective strategy
2. Goals to ensure that a consumer with intellectual and developmental disabilities is placed in the least restrictive environment appropriate to the person's care.
- A service coordination assessment is completed upon intake and at least annually that addresses the least restrictive environment appropriate to the person's care. A verification of freedom of choice form is completed for persons eligible for waiver programs that offer a variety of placement options. A special planning meeting is held to address need for changes in the person's living environment. A service coordinator oversees the permanency planning process that is designed to keep minors living with their natural supports. The Center continues to participate in the Community Living Option Information Process (CLOIP) at State Supported Living Center facilities for adult residents. This process entails discussing community living options with the residents and facilitating community placement. The Center must exhaust all community placement opportunities prior to State Supported Living Center placements.
3. Opportunities for innovation to ensure that the Local Authority is communicating to all potential and incoming consumers about the availability of services of State Supported Living Centers for persons with intellectual and development disabilities in the local services areas of the Local Authority.
- Services of State Supported Living Centers are explained upon entry into services and when consumer needs change. The identification of preferences form that list State Supported Living Center facilities as a preference is provided to the consumer or their legally authorized person annually.
4. Goals to divert consumers of services from the criminal justice system.
- The Jail and Detention Diversion Action Plan addresses diversion strategies. The plan addresses processes for early and ongoing identification of consumers with serious mental illness or emotional disturbances in the criminal and juvenile justice systems. The Center provides crisis screening and assessment for inpatient hospitalization for detained juveniles who are high risk for suicidal behavior. The Center has processes for identifying high-risk consumers. The Center receives referrals from law enforcement, TYC and juvenile probation. The Center employs a liaison that works with the Bell County justice system and provides services to consumers in jail or detention. The Center assists Community Supervision and Corrections Department (CSCD) personnel with the coordination of supervision for offenders who are Center clients. The Center offers and provides technical assistance training to CSCD and other criminal justice entities regarding early identification, intervention, and how to access the Center for both adults and juveniles. The Center

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assists local and county jails with the identification of offenders who have a history of State mental health care and with the continuity of care of offenders who have a history of state mental health care. The liaison coordinates with the intellectual and developmental disabilities section regarding their consumers in jail.

5. Opportunities for innovation in services and service delivery.
 - The Center continues to contract Foster Care services in the Home and Community-based Services program. The Central Texas Aging and Disability Resource Center (ADRC) continues to provide information on a range of long-term support options and is a single port of entry to access other state services and benefits. There are nine agencies that comprise the ADRC. The contracting of day habilitation with Medicaid Waiver providers has helped meet the needs of TxHmL and HCS recipients.

Another element of the local planning process is to conduct an assessment of the strategic situation (external/internal assessment & impact of key forces). The Quality Management Team Manager meets on a regular basis with the ELT, Mental Health Management Team and the Intellectual and Developmental Disabilities Management Team and the QIC/Leadership Forum and conducts an assessment of the strategic situation. A subjective approach to forecasting based on judgment and intuition is used. The assessments focus on the general external environment and the competitive environment, in addition to the Center's internal environment.

The information derived from the local planning process is used in the development of the local plan to include quality improvement initiatives, goals, and objectives.

Plan Review

Through the various information gathering tools, staff members, consumers, PNAC, and community stakeholders have numerous means of providing input to the Plan review process. Their input is assessed and integrated into the planning cycle. Through their input, there is an ongoing process of evaluating delivery of services provided, as well as capturing emerging needs and changing priorities. Consumers and community stakeholders will access the planning cycle through the Planning Advisory Committee, public forums, focus groups, and Board of Trustees meetings.

The Plan is part of the annual evaluation process. The responsibility for ongoing reviews and plan-related activities is with the Quality Management Manager. The reviews are under the auspices of the ELT/QIC/Leadership Forum. The ELT/QIC/Leadership Forum will formally address the status of the Plan at least annually, evaluating planning objectives, delivery of services and support, and external input impacting the Plan. The cumulative process for reviewing the Plan incorporates quality management, as well as the involvement of staff, consumers, and community stakeholders. In addition, external regulatory, administrative, and fiscal factors impacting the Plan and its execution will be assessed. The outcome of the quarterly review will be involvement, as necessary, of QIC sub-committees, leadership/management bodies, and service units/department to provide direction for any adjustments to the Plan as may be required. Each annual review will incorporate a status report of previous action items and projected completion or outcome.

Systematic plan review is an integral component of the planning process and the precursor to future plan development.

CCCMHIDD Intellectual and Developmental Disabilities Quality Management and Local Plan FY 2013 - 2015

EXTERNAL/INTERNAL ASSESSMENT

The Center continually evaluates current and future issues that may affect operations. The external/internal assessment is an ongoing process that is conducted at QIC/leadership forums, advocacy meetings, consumer and family community forums, citizen comments at the Board of Trustees meetings, public forums, focus groups, and during surveys. The external/internal assessment identifies specific need indicators and addresses issues affecting the Center as discussed in the Local Needs, Service Priorities, and Local Authority Service Strategic Issues section of this Plan.

A summary of the conclusions derived from the external assessment process provides insight into the development of the Plan. The amount of funding received from state and federal government, reimbursement rates from Medicaid and other insurance providers, and foundations continues to not cover the cost of all service delivery (e.g., HCS Day Habilitation Services). The Medicaid rate for Day Habilitation presents a continued financial loss that the Center has to subsidize with local funds. Medicaid Waiver rates decreased during the last legislative session. The In-Home and Family Support program was deleted from the DADS budget in FY 2012. The state legislators are reviewing funding for Medicaid and considering further reduction in funds. The outcome of the Texas Legislative Sessions drives change strategies (e.g., Medicaid Managed Care) for the Center. The increase of authority administrative requirements with no increase in the 10% cap on administration requires the Center to use local funds to cover expenses beyond the cap. The local fund support from County governments has not increased substantially over the years. The increase in unfunded mandates continues to put a strain on the Center. The Center is not receiving applications for licensed positions due to competition from state agencies, public schools, and federal agencies. There is a lack of qualified specialized therapists to address the prevalence of autistic spectrum disorders. Opportunities for the Center include collaboration/partnerships with other agencies (e.g., ADRC), grant opportunities, continued communication with County Commissioners and local governments and maximized billing. The outcome of lawsuits (e.g., ARC, Frew) could yield an increase in funded services to meet the needs of clients.

A summary of the conclusions derived from the internal assessment process provides some insight into the development of the Local Plan. Employees are adaptable to a changing environment and committed to their work. Organizational communication to staff, consumers/family members, community and all stakeholders is seen as a strength of the Center. Center employees received a salary enhancement in FY 2013. The Center revised their salary to match 95% of the State of Texas Salary Schedule minimum salary rate. These steps should help maintain staff retention and recruit new employees. Generally wage level increases in the health and human services field have not kept up with other sectors of the economy. The Center continues to have difficulty in recruiting physicians, nurses and specialized therapists. The Center's fund balance can support the Center for over 180 days. The Center needs to update the organizational policies and procedures and place them online. There appears to be a need for some of the employees to gain knowledge of computer use. Significant limitations identified are the need for adequate pay, employees assuming more duties due to funding reductions, supervisory/clinical training, and employee retention/recruiting.

The Center derives customer satisfaction through Adult/Child Mental Health Surveys, HCS satisfaction surveys, interviews with provider staff, complaints through the Consumer

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Advocate staff, and consumer satisfaction survey cards at all service sties. The Center addresses consumer dissatisfaction by implementing system changes and/or changes in consumer plans.

DESCRIPTION OF SERVICES

Service Area

The Center is one of 39 Community Mental Health and Intellectual and Developmental Disabilities Centers within the Texas Mental Health and Intellectual and Developmental Disabilities system. The Center’s programs are responsible for delivery of a broad array of services within a five county area with an estimated 2012 population of 452,839 located in Central Texas. These counties include Bell, Lampasas, Hamilton, Coryell and Milam counties.

The populations in these counties represent various ethnic groups. The majority of individuals in the local service area are Anglo (72 percent), with principal minority groups being African-American (12 percent), Hispanic (14 percent), Asian/Pacific Islander (1.3 percent), and Native American (.70 percent). The population data identified above are based on U.S. Census Bureau data. Experience with the Center’s service area is that Spanish is most often the “language other than English” spoken in the home. Service locations throughout the five county areas are as follows:

<u>County</u>	<u>Location</u>	<u>Services (MH, IDD, ECI)</u>
Bell	Temple, MHIDD, 22 nd Street,	MH,IDD
	Temple, IDD Comprehensive Training Center, Range Road	IDD
	Temple, CMH, 2 nd Street	Children’s MH
	Belton, Childteam, N. Main Street	ECI
	Temple, Residence A & B, 8 th Street	IDD
	Temple, Residence A & B, 2 nd Street	IDD
	Killeen, MHIDD, Avenue A	MH, IDD
Coryell	Harker Heights, Childteam, South Ann	ECI
	Gatesville, MHIDD, Lutterloh	MH, IDD
	Copperas Cove, MHIDD, North Drive	MH, IDD, ECI
Lampasas	Copperas Cove, Residences North Drive	IDD
	Lampasas, MHIDD, Key Avenue	MH,
Hamilton	Hamilton, MHIDD, Park Hill	MH
Milam	Cameron, MH, South Central	MH
	Rockdale, IDD, Pecos Street	IDD

Intellectual and Developmental Disabilities Populations Served

Because demand for services and support exceeds available resources, delivery of services are prioritized in accordance with published directives and needs. The DADS priority population for Intellectual and Developmental Disabilities Service consists of individuals who meet one or more of the following descriptions:

- persons with IDD, as defined by Texas Health and Safety Code §591.003;
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CCCMHIDD Intellectual and Developmental Disabilities Quality Management and Local Plan FY 2013 - 2015

- persons with pervasive developmental disorders (PDD) as defined in the current edition of the Diagnostic and Statistical Manual, including autism;
- persons with related conditions who are eligible for services in Medicaid programs operated by DADS, including the ICF/IDD and waiver programs;
- children who are eligible for services from the Early Childhood Intervention Interagency Council; or
- nursing facility residents who are eligible for specialized services for Intellectual and Developmental Disabilities or a related condition pursuant to Section 1919(e)(7) of the Social Security Act.

Intellectual and Developmental Disabilities Service Targets

	FY 2013 Targets
Total Quarterly	98

Intellectual and Developmental Disabilities Services

A full range of Intellectual and Developmental Disabilities Service are available to the consumers of the communities served by the Center. Professional diagnostic, therapeutic and rehabilitation services are provided. Consumer services may involve:

Service Coordination: Assistance in accessing medical, social, educational, and other appropriate services and supports that will help a consumer achieve a quality of life and community participation acceptable to the consumer as described in the Plan of Services and Supports.

Crisis Services: Mental Health services provided to an individual who is determined through an initial screening to be in need of crisis services. This service includes crisis intervention and/or monitoring of the individual until the crisis is resolved or the consumer is placed in a clinically appropriate environment. The crisis hotline and the mobile crisis intervention team are used during times of emergencies. The crisis hotline is a continuously available staffed telephone service providing information, support, and referrals to callers, 24 hours per day, seven days per week. The mobile crisis intervention team offers face-to-face, out of the office, crisis intervention/support services to assist individuals and families in managing an identified crisis. Crisis Services will be expanded with the implementation of new funds. Hotline and Mobile Crisis Outreach Team services will be enhanced in FY 2008.

Respite Services: Services provided for temporary, short-term, periodic relief of primary caregivers.

Skills Training: Training consumers in mental health services in skills that will help further his or her independent functioning in the community. This training promotes community integration, increases community tenure, and maintains the consumer's quality of life.

Supported Employment: Supported employment is provided to a consumer who has paid, individualized, competitive employment in the community to help the consumer sustain that employment.

Community Support: Individualized activities that are consistent with the consumer's person-directed plan and provided in the consumer's home and at community locations.

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Vocational Training: Day Training Services provided to a consumer in an industrial enclave, a work crew, a sheltered workshop, or an affirmative industry, to enable the consumer to obtain employment.

Day Habilitation: Assistance with acquiring, retaining or improving self help, socialization, and adaptive skills necessary to live successfully in the community and to participate in home and community life.

Authority/Provider

The 79th Legislature approved the HB 2572 that Governor Perry vetoed and he wrote an executive order for a negotiated rule making process. That process was completed and the Center will be implementing a Provider Network Development process starting in April 2008. The outcome for Intellectual and Developmental Disabilities Service was an agreement with the Private Providers Association of Texas that states local authorities can not increase their HCS programs beyond an established cap or be considered a provider when offering HCS to new enrollees. The 82nd Legislature approved Service Coordination for HCS and TxHmL Programs to be provided by the IDD Local Authorities. Intellectual and Developmental Disabilities Service has clearly defined the Authority/Provider structure.

Service Delivery System

Entry to Services:

Individuals seeking Intellectual and Developmental Disabilities Service go through an assessment or endorsement conducted in accordance with THSC §593.005 and 25 TAC Chapter 415, Subchapter D to determine if an individual has IDD or is a member of the DADS IDD priority population. Once eligible, a consumer is assigned a service coordinator in IDD.

Other Assessments:

The Service Coordinator determines the individual's need for IDD Service Coordination by completing a Service Coordination Assessment – IDD Services form.

Person Directed Plan:

A personal directed plan for Intellectual and Developmental Disabilities consumers is developed. The plan identifies training and support services that address the needs and preferences of the consumer and builds on the strengths of the consumer. The personal directed plans are reviewed as prescribed by Texas Administrative Codes and new plans are developed.

Referrals:

Referrals are made to internal or external providers and other community resources for services identified within the plan.

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Continuity of Care:

The Center strives to provide care in a systematic, continuous, and seamless manner that meets the needs of the consumer. The quality of consumer care is assessed on a continual basis through progress reviews of treatment/personal outcome plan and actions are taken to improve consumer care.

Discharge Plan:

A discharge plan is developed when a consumer leaves Center services; it ensures the consumer will be assisted in the community through other resources or providers. The Center provides authority and provider services to consumers. Required (R) services are services the Center is mandated to provide through the DADS Performance Contracts.

Service Priorities

There are services required by legislation to be provided by all local authorities for Intellectual and Developmental Disabilities Service. These services are noted with an "R" in the respective service description section.

Intellectual and Developmental Disabilities Service

Authority Services:

- Screening (R)
- Eligibility Determination (R)
- Service Coordination, Medicaid Waiver (R)
- Basic Service Coordination (R)
- Continuity of Services
- Service Authorization and Monitoring (R)

Provider Services:

- Respite (R)
- Community Support Services
- Day Habilitation
- Behavioral Support
- Nursing
- Family Living
- Residential Living
- Contracted Specialized Residences
- HCS Waiver
- Employment Assistance
- Supported Employment
- Vocational Training
- Specialized Therapies

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Administrative Services

The Center's administrative services consist of financial/accounting/audit control, budgeting, contract management, purchasing and supply, billing/reimbursement, property and building management, transportation, maintenance and environmental services, communication systems, information management, human resources, risk management, quality management, utilization management, consumer rights, and staff development

Client Rights

The goal of client rights is to ensure that the rights of all persons are respected and that the Center's practices are in keeping with the highest ethical standards. Consumers are informed of their rights and how to contact the Rights Protection Office upon entry into services and annually thereafter. Consumers receive a Clients Rights Handbook based upon their service program (e.g., Mental Retardation, Home and Community-based Services). Specific services provided include mediation of disputes, assistance in resolving complaints, and consultation and referral on matters of ethical concern. The Human Rights Protection Officer ensures due process for consumers with Intellectual and Developmental Disabilities when a limitation of their rights is being considered. A Human Rights Committee could convene if a behavior management plan is developed to ensure the required processes are followed and informed consent to participate is documented. Other functions include curriculum development and training in the area of rights, ensuring clients are informed on how to make a complaint, and liaison with the Texas Department of Family and Protective Services to ensure an adequate system is in place to resolve abuse and neglect issues. The Center Rights unit collects consumer rights/complaint issues conducts trend analysis on the data collected. Trends are shared with appropriate supervisors and the Integrity and Compliance Committee to develop improvement strategies.

Resource Development and Allocation

The Center's primary funding comes from State general revenue in addition to block grant funds, local match funds and Medicaid earned revenue. The Center's funding over the years continues to decline. The timely and effective development of resources in support of Center programs and operations is paramount. Additional support and revenue must be generated beyond existing resources in order to sustain current services against inflationary erosion and, if possible, grow the level of services and support to an improved level. Components of the Center's resource development initiative include:

- | | |
|----------------------------------|--|
| Network Development: | For cost effectiveness and consumer choice, the Center contracts with a network of providers. Respite services are contracted in IDD Services. A portion of Day Habilitation services is contracted in IDD Services. . |
| Utilization Review & Management: | Through Utilization Review and Utilization Management processes and analyses, Center resource utilization becomes more focused and productive. |

CCCMHIDD Intellectual and Developmental Disabilities Quality Management and Local Plan FY 2013 - 2015

Utilization Management monitors services and assists in determining if services are being provided in the most effective manner. In addition, Utilization Management monitors third-party payments and their management to ensure accurate and timely billing. The IDD Authority Unit evaluates the effectiveness of the authorization process.

Grants: Solicitation of funding through various grant programs continues at the Center.

Third-Party Billing: An effective administrative and clinical process aggressively monitors and supports management of third-party billing. Services to consumers on Medicaid or with third-party billing are maximized in an effort to augment this revenue stream. A Consumer Benefits Assistance program is in place to increase the number of Medicaid eligible service recipients. Strategies are in place to increase direct service time by service providers to maximize Medicaid earned revenue. Electronic billing has enabled the Center to expedite the payment process. The Center's Integrity and Compliance Committee monitors and makes recommendations for improving the billing process. The IDD Authority Unit continues to monitor Targeted Case Management billing through QM activities.

Collaboration with other Service Providers: The Center participates in the Community Resource Coordination Groups for Children and Adults by providing at least one representative to each group with authority and expertise in IDD services. Medicaid Waiver Providers contract with the Center to provide day habilitation services to their consumers. The IDD Authority Unit coordinates with the HCS and TxHmL providers to implement regulatory changes with the local authority functions as needed.

Volunteers: As established by the Center's organizational by-laws, volunteers are recruited to work with the staff to help in providing cost-effective and beneficial services to our customers.

Communities' Needs and Priorities

The purpose of local planning is to identify community needs and priorities. Community needs are identified through public forums, focus groups, Board of Trustees meetings, Center's performance data, Center's quality improvement efforts and the PNACs. DADS requires the Center to solicit information regarding community needs from consumers of community-based services and of state schools, representatives of the local community and other interested persons to inform the local service area plan. The Center asked the general public, through public forums, surveys, and focus groups to identify services and supports the Center should be providing to the local community.

CCCMHIDD Intellectual and Developmental Disabilities Quality Management and Local Plan FY 2013 - 2015

The Center gathered input specific to the IDD/IDD division from December 2009 through February 2010. The PNAC reviewed the input and prioritized the needs using a multi-voting process. The prioritized community needs are listed in order of rank as follows:

1. There is a need for a crisis residential facility for individuals with intellectual disabilities that are a danger to themselves or others. The admissions process needs to be expeditious. Individuals with mental illness have state hospitals where they can receive treatment.
2. Enhance the behavioral support services for the autistic.

A public forum was held from 6:00 p.m. – 7:30 p.m. on July 12, 2011 to discuss potential operational restructuring strategies in the IDD Authority relating to services to persons with intellectually and developmental disabilities to address the funding reductions from the 82nd Texas Legislative Session and to obtain public input on these potential strategies. A multi-voting technique was used to determine the most important General Revenue (GR) Optional Services that the attendees wanted the Center to continue. Community Supports, Day Habilitation and Vocational Training were the most important services to the attendees. These three services continue to be funded in the Center's budget. The PNAC recommended that these services continue and the Center's Board of Trustees continues to approve the funding for these services. These three services continue to be a priority with stakeholders to include the PNAC and the Center's Board of Trustees.

The ELT, QIC/Leadership Forum, Mental Health Services and Intellectual and Developmental Disabilities Service reviews the community's needs as identified in the local planning process and integrate as much as possible into the Center goals and objectives and department initiatives. Those identified needs that could not be integrated will continue to be prioritized and assessed for feasibility for future planning initiatives.

Solicitation of an Available and Appropriate Provider Base

The Center received public input during the local planning process in FY 2008 -2009 into decisions related to the solicitation of an available and appropriate provider base as required by HB2292, Section 2.74. "What is important to you when choosing a provider of MHIDD services?" was the question asked participants. The Center asked the general public, through public forums, surveys, and focus groups the question. The Planning and Network Advisory Committee (PNAC) was asked the same question. The PNAC reviewed 25 TAC Chapter 412, Contract Management for Local Authorities, Information Item O from the Performance Contract and domains used to determine best value derived from HB 2377 to assist in the service procurement process. According to 25 TAC, Chapter 412 B, Contract Management for Local Authorities, the Center must acquire community services by procurement methods that provides the best value to the Center. The procurement methods are competitive, non-competitive, and open enrollment. The Center must consider all relevant factors in determining best value. The intent of the question was to provide the Center with relevant factors in determining best value that helps determine appropriateness of providers.

CCCMHIDD Intellectual and Developmental Disabilities Quality Management and Local Plan FY 2013 - 2015

The top responses to the question are listed in order of rank from community input as follows:

1. Providers need to be competent, credentialed, qualified, knowledgeable, and experienced in providing Center services to individuals.
2. Providers need to be compassionate, caring, respectful, and supportive.
3. Services need to be available in the local hometown of the individuals the Center serves.

The relevant factors identified by the PNAC are as follows:

1. Cost/price of services,
2. Qualified/credentialed provider to meet needs of consumers,
3. Provider has experience in providing services and provider staff meets education criteria,
4. Consumers have access to services,
5. Services are available to consumers,
6. Provider staff must meet minimum training requirements,
7. Provider to offer support groups for consumers/families,
8. Provider to provide history of compliance with program audits, licensing/credentialing board reviews, malpractice claims and other corporate compliance reviews,
9. Access to transportation to services,
10. Provider staff must meet required specialty competencies (e.g. competent in providing service treatment to our target population),
11. Provider must have the ability to respond to crisis services,
12. Ability to provide aftercare services,
13. Performance-based ratings,
14. Ability to conduct criminal history checks as required by State and Federal laws/rules,
15. Provider's facilities must comply with the Life Safety Code, ADA Accessibility Guidelines, and the Texas Accessibility Standards,
16. Provider must have sufficient financial resources to perform the contract and to provide the services,
17. Provider must communicate with the consumer in a format understandable to the consumer and LAR that may include using interpretative services, translated material and staff who can effectively respond to the cultural and language needs of the consumer,
18. Provider must be able to perform the contract and provide the service without delay or interference,
19. No eligible client will be rejected services due to their protected class and behavioral issues
20. Provider must have the ability to develop and implement treatment plans/person-directed plans,
21. Provider must meet documentation requirements and be timely in producing documentation,
22. Treatment/services to be subcontracted if unable to provide,
23. Provider must maintain required insurance (proper liability) coverage,
24. Provider must conduct driver's license background checks,
25. Texas vehicle safety standards applies to providers,
26. Alcohol/drug mandatory/spot check testing (for drivers).

CCCMHIDD Intellectual and Developmental Disabilities Quality Management and Local Plan FY 2013 - 2015

All contracts must be awarded based on best value, as determined by considering all relevant factors.

Impact of Key Forces

Significant key forces identified from the analysis of the strategic situation, as determined by the general, industry, and internal environments, affect the decision making process by which the Center is able to meet its goals and objectives, given its available resources.

There are significant forces from the general (external) environment such as the economy, society, politics/law and technology that need to be discussed. The economic situation continues to affect the amount of funding we received from state and federal government and reimbursement rates from Medicaid and other insurance providers. Currently, federal legislation regarding Medicare and Medicaid reform could reduce further the amount of funding the Center receives. Funding for health and human services continues to decline in the State of Texas. Wage level increases in the health and human services field have not kept up with other sectors of the economy. A recent study showed that State of Texas employees receive 17% less than their peers in private industry while Community MHIDD Center employees receive five percent less than their peers in state government. The number of clients within our priority population continues to increase as the population in Texas grows specifically the Interstate Highway 35 corridor. More than 25,000 individuals with Intellectual and Developmental Disabilities are on the waiting list for Home and Community-based Services (HCS) in the State of Texas. The outcome of ARC lawsuit helped a movement to start reducing the number of people on the waiting list. The reimbursement fees for the TxHmL program do not cover the cost of providing the program. The TxHmL funding per consumer is limited and consumers may need more services. Individuals that qualify for TxHmL have no choice but to enroll into the program since general revenue services will no longer be offered. The Center is no longer a provider of TxHmL due to low reimbursement rates. The transfer of CLOIP functions from the DADS State Supported Living Centers will increase some of the Community MHIDD Center responsibilities. Waiting lists for services, limited number of providers, limited service capacity and reduced funding can affect consumer preferences, needs and access. Legislative mandates (e.g., Medicaid Managed Care) with no increase in funding causes the Center to use local match funds that could have gone to enhancing services to consumers. The purchase of the Anasazi computer software is helping the Center move toward an electronic clinical record.

Competitive forces within our service industry such as direct and indirect competition from other firms, market structure, market size and market changes are important determinants of the strategic situation facing the Center. The Center's market covers our local service area of Bell, Hamilton, Lampasas, Coryell, and Milam counties. Hospitals, Intermediate Care Facilities for Mental Retardation, HCS Waiver Programs, Home Health agencies, third party health coverage programs and specialized therapists in private practice are competitors of our services. House Bill 2292 directs local MHIDD authorities to serve as a provider of last resort.

An analysis of the internal environment identifies strengths and weaknesses of the Center. The Center continues to implement cost cutting strategies and revenue-increasing strategies in order to meet an increase in service delivery needs. Center employee positions have been reduced over the years. Center employees continue to accept more responsibilities and meet more challenges. The unfunded mandates such as Medicaid Managed Care, maintenance of

CCCMHIDD Intellectual and Developmental Disabilities Quality Management and Local Plan FY 2013 - 2015

the adverse determination process, and determining Medicaid eligibility for people on waiting lists for eligibility determination continue to increase. The HCS Day Habilitation rate does not cover the cost of providing the services. The Center is exploring ways to diversify HCS Day Habilitation services through other funding sources and contracts these services.

Local Authority Service Priorities

Expansion

- Medicaid Waiver Programs: The Center has increased its contracts with HCS & TxHmL programs for day habilitation services. IDD Community Supports and Respite has increased enrollment into these services.
- ◆ Autistic Spectrum Disorder: Intellectual and Developmental Disabilities received approval through the 1115(c) Medicaid Waiver Program to provide a day activity program for individuals with autistic spectrum disorder.

Turnaround

- Intellectual and Developmental Disabilities Service: Intellectual and Developmental Disabilities continues to evaluate the HCS Day Habilitation program to determine how the cost of services can be reduced to meet the revenue generated by the rate. Contracting these services with Medicaid Waiver programs has helped reduce the cost but expenses continue to exceed the revenues. Information from the evaluation process is reviewed with the PNAC and Board of Trustees.

QUALITY MANAGEMENT

The Quality Management (QM) program develops and supports a planned, systematic, integrated, organization-wide approach to the measurement, assessment, and improvement of organizational process and performance, focusing on improving outcomes for consumers, while balancing cost and quality.

The purpose of this plan is to integrate quality and planning throughout the organization. The details will be outlined below using the structure, process, outcome model, with reference points for more detailed information as needed. This plan will be monitored through the QIS process.

Structure

The quality management program ensures the program is implemented system-wide and oversight is provided by professionals with adequate and appropriate experience in quality management. The QM/UM program has an allocation of 4.58% full time equivalent (FTE) employees assigned to central/authority administration as follows:

- Deputy Executive Director (.05 FTE),
- Manager II (1 FTE),
- Training Specialist II (1 FTE)

CCCMHIDD Intellectual and Developmental Disabilities Quality Management and Local Plan FY 2013 - 2015

- Quality and Utilization Management Coordinator [Program Specialist V (1 FTE)],
- QM/UM Administrative Assistant IV (1 FTE),
- Medical Director (.08 FTE), and
- RDM UM Manager (.45 FTE).

The QM program unit is responsible for the following key functions:

- Human Resources Development (Staff Development)
- Coordinate Performance Contract Compliance;
- Oversee Client Rights & Complaint Program;
- Coordinate Abuse and Neglect investigation process with TDFPS, consumer/LAR and appropriate Center staff;
- Conduct new employee and annual employee training in confidentiality, abuse, neglect, exploitation, rights, consumer complaint process, IDD/MH Overview, Organizational Overview, PMAB, CPR, ethics, risk management/safety, HIPAA Privacy, clinical records documentation, and corporate compliance;
- Coordinate data management and analysis activities to include data warehouse reports, internal reports, and performance reports with appropriate management bodies and the QIC sub-committees;
- Oversee Medical Records;
- Oversee HIPAA Privacy Rights program;
- Coordinate and develop the DADS Local Plan, DSHS Local Network Development Plan, DSHS Consolidated Local Service Area Plan, DADS/DSHS Quality Management Plan and the DSHS Utilization Management Plan;
- Coordinate and facilitate the Planning and Network Advisory Committee meetings and functions;
- Submit monthly reports of aggregate critical incident data for Intellectual and Developmental Disability (IDD) services;
- Conducts quality assurance auditing such as, corporate compliance audits, Medicaid unauthorized and invalid services audit and fidelity reviews of Texas Resilience and Recovery Program (TRR);
- Coordinate reviews with DSHS/DADS QM staff and coordinate the development of plan of improvements based on review results;
- Coordinate the Quality Improvement System;
- Conduct the Center's Safety Program;
- Provide training and technical assistance to providers related to quality oversight necessary to improve the quality and accountability of provider services;
- Provide ongoing monitoring of the quality of access to services, crisis services, service delivery, and continuity of services;
- Provide reports and data from DADS/DSHS to inform performance improvement activities and assessment of unmet needs of individuals, service delivery problems and effectiveness of authority functions for the local service area;
- Provide oversight to ensure compliance with and the quality of the TRR practices to include monitoring fidelity to the service model defined by DSHS and requiring providers to participate in oversight;
- Provide oversight of service delivery and provider performance using audit tools for measuring, assessing, and improving the services provided by or through the IDD services;
- Coordinate compliance with the Texas Administrative Codes;

CCCMHIDD Intellectual and Developmental Disabilities Quality Management and Local Plan FY 2013 - 2015

- Coordinate the consumer appeals and notification process;
- Monitor compliance with contract performance measures; and
- Oversee the Utilization Management Program

The key structure for linking quality improvement, planning and implementing quality management initiatives at the Center is the Quality Improvement System (QIS). The QM program is responsible for the oversight of the QIS structure to ensure that all leadership, management and quality improvement bodies (e.g., ELT, MH Management Team, and QIC) are functioning properly and fulfilling their role in the system. The QM program coordinates and integrates the functions of the organization through the QIS.

Processes

As mentioned above the QM program and the QIS are intricately linked together. The key processes through which initiatives are addressed are built into the QIS. Processes to systemically monitor, analyze, and improve performance of quality management activities, administrative services, client services, and outcomes for individuals are identified and assessed using the following:

- Operating Plan
- Clinical Supervision
- Community Assessment
- Complaints and Rights Findings
- Customer Satisfaction Surveys
- Direct Consumer and Family Input
- Executive Leadership Team Initiatives
- Planning/Network Advisory Committee Initiatives
- Organizational Assessment Activities
- Program Advisory Committee Initiatives
- QM Department Quality Review Activities
- Quality Improvement Committee Initiatives
- Department/Service Level Monitoring and Reporting

Outcomes

The Center monitors business outcomes on a monthly and quarterly schedule. Corporate Compliance monitoring/reviewing (billing and documentation) is conducted during, IDD Service and Provider Performance Reviews, and the Human Rights Protection Officer rights restriction reviews. The QM unit provides technical assistance to providers related to quality oversight necessary to improve the quality and accountability of provider services. The QM unit will monitor and analyze individual providers when performance issues are discovered during reviews and other on-going monitoring requirements. The QM unit coordinates with the appropriate provider unit in developing a corrective action plan and the QM unit monitors the implementation of the plan for improvement.

The measurement of clinical outcomes is conducted through the annual review of person directed plans, and other reviews of consumer progress. Consumer outcomes are measured annually through the consumer satisfaction survey process with the Home and Community-based Service (HCS) Program.

CCCMHIDD Intellectual and Developmental Disabilities Quality Management and Local Plan FY 2013 - 2015

Corporate Compliance

The policy of the Center is to comply with all laws and regulations pertaining to the delivery of services and billing for services which apply to the Center on its participation in Medicare, Medicaid, government and third party payers, and other sources of revenue.

QM provides oversight of DADS Targeted Case Management encounter billing data, screening, eligibility determination, service coordination, and enrollment in Medicaid programs.

The Center has a fraud and abuse compliance program that sets out the responsibilities and obligations of all employees regarding submissions for reimbursement to Medicare, Medicaid, government and third party payers, and other sources of revenue for services rendered by the Center. The Center Corporate Compliance policies and procedures to include training information provides detailed information about the False Claim Act, administrative remedies for false claims and statements, state laws pertaining to civil or criminal penalties for false claims and whistleblower protections under such laws.

The Center as a participant in Medicare, Medicaid, and other government and third party healthcare payment programs has a review policy to assist the Center in its efforts to monitor the accuracy of claims. This policy is adopted to ensure that representative claims from all of the Center's individual and institutional providers are periodically reviewed in a manner which will enable the Center to promptly identify deficiencies in the claim development and submission process which may result in inaccurate claims.

Safety

The Center measures and assesses risk events through incident/injury reporting. Action is taken by the appropriate staff to minimize risk. Immediate action is taken when the health and safety of the consumer and employee is at risk. The Facility Project Manager and other QM staff conduct inspections at least every two years at each Center site using the TDMHMR QM Site Assessment Survey – FY02 and the Facility Safety Security Audit tool developed by the Texas Council Risk Management Fund. Fire, tornado, and other drills are conducted at least quarterly at each Center site. The Center's Emergency Management Plan was expanded in FY 2007 to meet compliance with the DADS Performance Contract. The Center complies with the Death Review TAC requirements by reporting all client deaths to DADS/DSHS and conducting a preliminary investigation and convenes the appropriate administrative/clinical death review committee as necessary. The Center conducts training with consumers needing assistance in what to do in case of an emergency. The relevant management body, QIC sub-committee or staff assesses trends at least quarterly and improvement strategies are implemented to resolve any issue.

Stakeholder Involvement in QM Programs:

The Center is an integral part of the communities it serves. Communication between the Center, consumers, families, and the community is encouraged and facilitated so that the Center is responsive to the community's needs, delivers services in the most effective and efficient manner, and ensures the protection of the legal and human rights of the individuals served. The Planning & Network Advisory Committee (PNAC) serves both MH and IDD interests to provide broad-based community input into the planning process and Center's

CCCMHIDD Intellectual and Developmental Disabilities Quality Management and Local Plan FY 2013 - 2015

growth. The QM unit presents reports of QM program activities to the Board of Trustees, providers from MH and IDD, other appropriate staff, QIS sub-committees, PNAC, and other community stakeholders. The community, consumers and family members not participating on advisory committees have several different means to provide planning input, assess services and supports and submit recommendations for consideration. Opportunities for providing input and determining community needs/priorities are as follows: interviews with Center/State staff, complaint process with Rights Protection Officers, consumer satisfaction survey cards at all service sites, advocacy meetings, consumer/family community forums, citizen comments at the Board of Trustees meetings and public forums. Public Forums are held periodically to receive input on development of plans (e.g., local plan, local network development plan, etc.) and to address significant organizational changes (e.g., funding reductions). The Center seeks input from consumers during the development of person directed plans and throughout the service delivery process.

Service and Authority Functions

This plan describes methods for measuring, assessing and improving the Center's service and authority functions. The QM unit conducts consistent analysis of grievances (e.g., consumer complaints), appeals, and fair hearings to include expedited hearings, mortality, and incident/accident data as part of the QM process. The QM unit provides results of the analysis to the appropriate QIS sub-committee, management body, and staff. The QM unit assists in developing corrective action plans and monitors the implementation of the corrective actions as necessary.

Staff from mental health and intellectual and developmental disability services participates in the Community Resource Coordination Groups for Children and Adolescents (CRCG) and the CRCG for Adults in the local service area that covers Bell, Coryell, Hamilton, Lampasas, and Milam counties. IDD Services is prepared to notify the CRCG in the county of residence of the parent or guardian of a person younger than 22 years of age with a developmental disability if the person is placed by the Center in a group home or other residential facility.

IDD Services cooperates with the two regional Texas Education Agencies in our local service area. The Center participates in individual transition planning for child and adult consumers receiving special education services by attending ARD meetings. The Center makes presentations at local school fairs to special education students and family members about our services.

Service Coordination is provided by the Center to all consumers from the local service area enrolled in the Home and Community-based Services (HCS) Program or the Texas Home Living (TxHmL) Program. The Service Coordinator works with the different HCS and TxHmL providers in the development of the Plan of Services and Supports that will help a consumer achieve a quality of life and community participation acceptable to the consumer.

IDD Services manage a network of external providers that provides applied behavior analysis therapy for autistic spectrum disorders and respite services. MH services manage a network of external providers that provides hotline services and crisis services.

The Central Texas Council of Governments (CTCOG) is the recipient of a DADS grant to establish a single point of access model for an Aging and Disability Resource Center (ADRC)

CCCMHIDD Intellectual and Developmental Disabilities Quality Management and Local Plan FY 2013 - 2015

for the five counties in the Center's service area. The goal is to effectively streamline access for consumers who are aging and for consumers with disabilities. Several partnering agencies are co-located at the CTCOG building in Belton, Texas including Area Agency on Aging, IDD Local Authority, DADS Regional Office, Heart of Texas Independent Living Center, Children's Special Needs Network, Scott & White Hospital, Department of Assistive and Rehabilitative Services (DARS), Veteran's Affairs, and Early Childhood Intervention. The IDD Local Authority Intake Services is located at the ADRC.

IDD Services has a process that measures satisfaction with services at least every 90 days during the service coordination monitoring process. MH Case Managers assess satisfaction with clients while conducting the Texas Recommended Authorization Guidelines (TRAG).

Service Capacity and Access to Services

IDD Services continues to focus on providing services to meet the most intense needs first. The Center continues to maintain offices in each county within the local service area that enables consumers to have easy access to services. The IDD Intake Unit is located at the CTCOG but will meet consumers at the county offices if transportation is a need. IDD Services provide transportation for consumers to day programs in Killeen, Copperas Cove, Temple and Rockdale to assist with access to services. Service Coordination caseloads are reviewed and revised based on the number of consumers and consumer demographics to ensure maximum service capacity and improve access to services. IDD Service capacity is revised according to state mandates such as the refinancing of general revenue funds to Medicaid Waiver programs and changes in performance targets.

The Center implemented a waiting for services list in Mental Health Services in FY 2007. The Quality Management unit is assessing the management and maintenance of the waiting list to ensure compliance. The Center's TRR UM Committee assesses the number of persons served monthly, on the waiting list, requesting services, and within each service package. Strategies such as those discussed above are implemented to improve service capacity and access to services.

Accuracy of Data Submitted to DSHS and DADS

The Center has methods for measuring, assessing, and improving the accuracy of data reported by the Center to the State. The Center will continue to ensure that encounter field requirements are incorporated into the clinical documents, data submitted to CARE is accurate, in-house codes are revised to meet procedure and grid code requirements, and supporting verification evidence is maintained. A work group of the Integrity and Compliance Committee meets as needed to assess and revise internal code entries to ensure that codes match with State required codes. The work group reviews encounter rejection data and makes necessary corrections to minimize future mistakes. The IDD Management Team reviews data from MBOW and Anasazi reports and addresses outliers such as validation of encounter data to CARE assignments. Additionally, workload measures are reconciled in CARE on a monthly basis. The Center batches data twice a week to CARE in order to ensure that service assignment data is current and accurate. Key department employees monitor CARE screens to identify assignment linkage errors and demographic information errors and makes necessary corrections. The QM unit representatives share data with the appropriate

CCCMHIDD Intellectual and Developmental Disabilities Quality Management and Local Plan FY 2013 - 2015

QIS sub-committees and management so they can evaluate data accuracy and make necessary corrections.

Consumer Abuse, Neglect, Exploitation and Rights

The Center has methods for measuring, assessing and reducing incidents of consumer abuse, neglect and exploitation. The Center measures the incidents by reviewing reports from the Texas Family and Protective Services (TDFPS) on the outcome of investigations regarding the suspicion of abuse, neglect and exploitation. The Center assesses the data collected from the TDFPS investigative reports. The TDFPS investigative report provides the findings of the investigation and provides administrative recommendations for preventing future incidents. The Integrity and Compliance Committee conducts trend analysis concerning abuse and neglect allegations at least quarterly and makes recommendations for reducing incidents. Appropriate Center staff develops and implement actions to reduce the number of incidents of consumer abuse, neglect, and exploitation. The Center develops and implements a plan based on the data assessment at least annually for reducing the number of incidents of consumer abuse, neglect and exploitation.

Findings of abuse and neglect cases in fiscal year 2012 are as follows:

<u>Allegation:</u>	<u>Findings:</u>	<u>Date:</u>
Physical Abuse	Unconfirmed	9/12/11
Neglect	Administrative Referral	9/26/11
Neglect	Unconfirmed	1/3/12
Neglect	Administrative Referral	2/1/12
Neglect	Administrative Referral	5/8/12
Neglect	Unconfirmed	8/3/12

The above allegations were regarding clients from intellectual and developmental disability services specifically the Home and Community Services (HCS) program with the exception of the case dated 8/3/12 that involved adult mental health services.

Actions taken based on the findings and recommendations of the above TDFPS case investigations are as follows:

- Transportation concerns for a HCS recipient were addressed by the IDD Director and HCS Program Management staff,
- A HCS provider was reminded to document minor injuries (e.g., bruises, abrasions, scratch, etc.) received by HCS recipients,
- The HCS program continues to provide employees job specific training based on the individual needs of the client, and
- The Center continues to conduct background checks on prospective employees and at least annually on current employees.

All employees and agents of the Center receive training on the relevant elements of reporting, investigating and preventing abuse, neglect, and exploitation, before contact with persons served and annually thereafter. Employees could receive additional training during Center All Staff meeting, if necessary. Information regarding abuse, neglect and exploitation is reported to the Department of Aging & Disability Services (DADS) monthly and quarterly as per the Performance Contracts.

CCCMHIDD Intellectual and Developmental Disabilities Quality Management and Local Plan FY 2013 - 2015

5. Definitions

Confirmed – There is a preponderance of credible evidence to support that abuse, neglect, or exploitation occurred.

Unconfirmed – There is a preponderance of credible evidence to support that abuse, neglect, or exploitation did not occur.

Inconclusive – There is not a preponderance of credible evidence to indicate that abuse, neglect, or exploitation did or did not occur due to lack of witnesses or other available evidence.

Unfounded – Evidence gathered indicates that the allegation is spurious or patently without factual basis.

Administrative Referral – An allegation is referred back to an agency that does not meet the definition of abuse, neglect, or exploitation for administrative review.

Consumers, legally authorized representatives (LAR), and family members with the consent of consumer are informed on how to report allegations of abuse, neglect or exploitation to the Texas Department of Family and Protective Services (TDFPS) upon admission and annually thereafter. They are provided with the TDFPS toll-free number (1-800-647-7418) on writing. The Service Coordinator and Case Manager will assess the consumer's need for training on how to report an allegation and refer the need to the appropriate provider for training. Service Coordinators and Case Managers will provide supports to family members on how to self-report abuse, neglect and exploitation and how to request an appeal for the LAR.

The goal of client rights is to ensure that the rights of all persons are respected and that the Center's practices are in keeping with the highest ethical standards.

QM Work Plan for FY 2013 -2014

The underlying theme for most QM initiatives is addressing the changes designated in the DADS Performance contract and TAC rules as developed by DADS. These work plan initiatives will be monitored through the QIS process.

Summaries of these initiatives are:

- Maintain the Center's Corporate Compliance program and auditing tools.
 - The QM Corporate Compliance officers will audit for potential payback situations while conducting, review of Person Directed Plans submitted to the Human Rights Protection Officer and other internal reviews. A broader audit will be conducted if there is an outlier (e.g., payback) discovered during the reviews listed above.
 - The Corporate Compliance Officer will update the policy and procedure manual and training curriculum as needed.
 - Conduct periodic site visits to monitor compliance with performance contracts and Texas Administrative Codes (TAC) as developed by DADS.
- The Rights Protection Officer will review rights restrictions upon receipt of Person Directed Plans via e-mail and will address any concerns with the IDD Authority Program Administrator within one working day.
- Comply with the anticipated changes in the future Performance Contracts. (e.g., Medicaid Managed Care).