

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

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

Fiscal Year 2021 -2023

**CCCMHIDD Intellectual and Developmental Disabilities Quality Management and Local
Plan FY 2021 - 2023**

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PREFACE

The purpose of the Central Counties Services (Center) Intellectual and Developmental Disabilities (IDD) Quality Management and 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 Executive Leadership Team (ELT) from reviewing the following developed the Center's goals and objectives to include IDD: LIDDA Performance Contract; 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 Health and Human Services LIDDA Performance Contract. 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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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, 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 as identified through the planning process and as adopted by the ELT are as follows:

Center Goals:

1. A culture of empowerment is attained through a strong emphasis on values carried out with a philosophy, Trauma Informed Care, and self-determination. The operational culture is based on evidence-based practices and benchmark structure and processes within a dynamic and learning healthcare organization.
2. Central Counties Services will have staff comprised of high caliber professionals working through rigorously tested processes founded on proven best practices. Provides ongoing organizational evaluation to determine that the technological, logistical, and fiscal resources are attributed to promoting an efficient, smart workforce and service delivery system.
3. Improved health outcomes are achieved through delivery of high quality services. These outcomes affect the consumers, staff, community and the environment.

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4. We strive to have Central Counties Services as an integral part of community planning and as an active partner in assessing the needs of the community.

CENTER LEADERSHIP

Governance

The Board of Trustees (Board), comprises 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 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, Chief Financial Officer, Director of Mental Health Services, Director of Intellectual and Developmental Disabilities Service, and the Director of Early Childhood Intervention Services. The Deputy Executive Director supervises the Director of Information Services, Director of Human Resources, Billing and Data Analytics Manager, and Director of Quality and Utilization Management.

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 Childhood Intervention Planning Team, and 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.

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

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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 quarterly 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;
- 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.
- 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.

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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, 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 for quality improvement activities. The QIS provides knowledge and information to people nearest to the source of activity that will facilitate an understanding of our performance priorities, individual roles and expectations, and how we aggregate data to determine the Center's overall performance. The QIS requires that processes 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, 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
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

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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 HHSC LIDDA 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 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/Leadership Forum/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

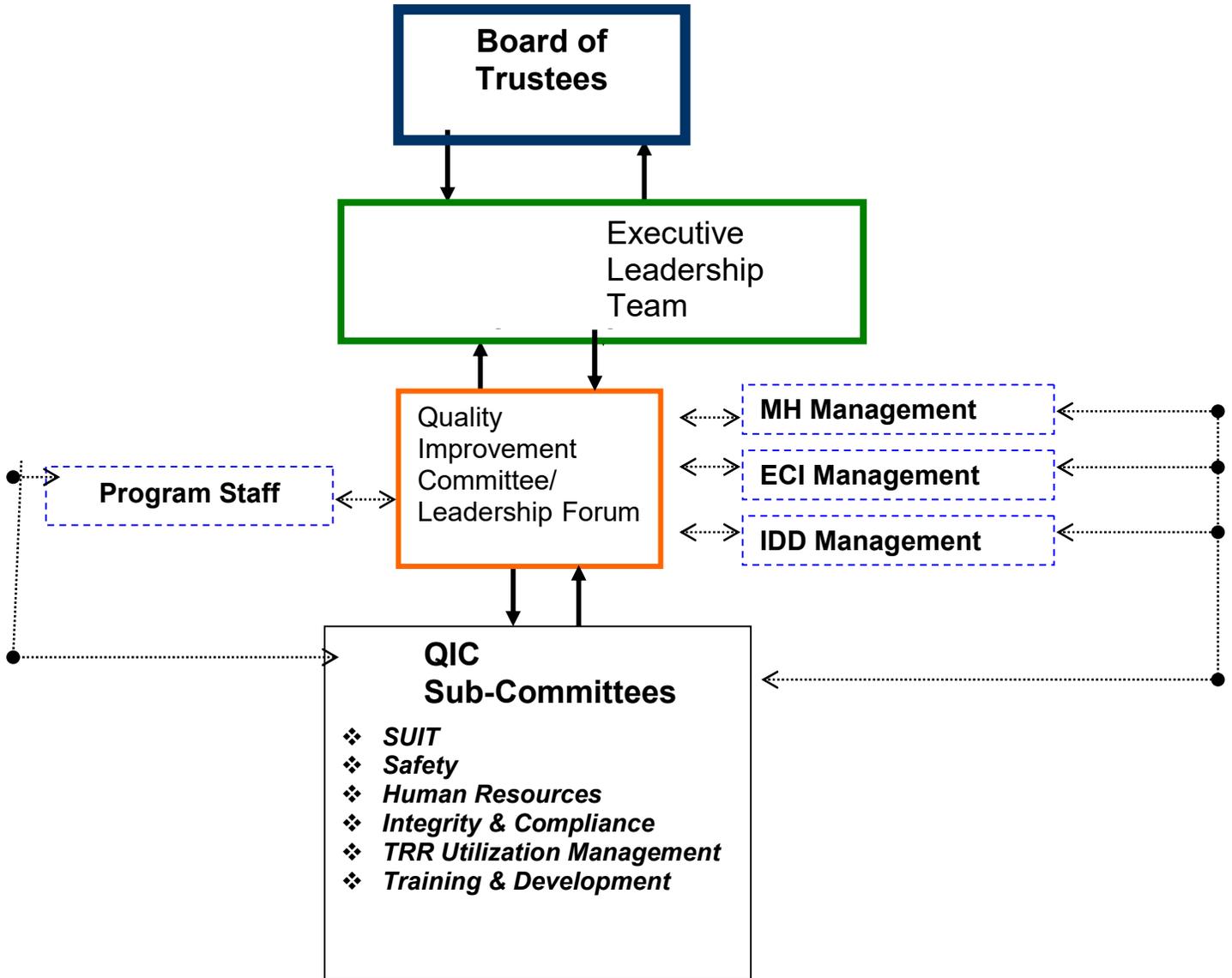
The QIC is the integrating vehicle for quality initiatives. The QIC comprises the Leadership Forum. All Center-wide quality improvement activities are managed and coordinated by the ELT and the QIC. The ELT and the QIC will monitor the Plan to identify problems and /or opportunities, to remove barriers 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 is 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.

Quality Improvement System



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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 every 1st and 4th Tuesday at 8:30 a.m.
- Membership
 - All Center Directors

- Scope of Responsibility
 - Planning
 - Policy Development
 - Oversight
 - Review
 - Resource Allocation
 - Facility Development

Leadership Forum

- Meets Quarterly as Necessary
- Membership
 - All Supervisors and other Ad Hoc Members

- Scope of Leadership Forum Responsibility
 - Identify, present and problem solve and resolve issues
 - Delegate QIS tasks to subcommittees
 - Makes recommendations to Executive Leadership Team for action
 - Participate in Plan, Do ,Check, Act (PDCA) activities
 - Provide leadership development training

QIC Subcommittees

Software Utilization and Improvement Team (SUIT)

- ◆ Meets monthly every first Tuesday at 9:00 a.m.
- ◆ Membership
 - Clinical Records Representative – Joyce Spitzer
 - Information Technology Representative – Luana Pollack
 - MH Representative – Tekesha Bland
 - IDD Representative – Andrea Karlek
 - QM Management Analyst – Joanne Cosper (Chairperson)
 - Data Analyst II – Cintia Arnold
 - 1115 Medicaid Waiver Program Representative – Robert Walker
 - ECI Program Representative – Rebecca Wagner

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➤ Scope of QIS Responsibility

- Evaluate Application Software Systems and Procedures
- Ensure utilization of application software systems to meet needs of organization
- Clinical Information Management Systems
- Clinical Records Forms Assessment and Revision

Safety Committee

◆ Meets Quarterly

◆ Membership

- Worker's Compensation Claims – Charla Chaney
- Property Loss Insurance Claims Representative – Kristen Jefferson
- Maintenance Supervisor – Rod Brown
- Rights Protection Officer – Dale Moye
- Fleet Manager – Jonathon Baker
- Nursing – Dennis Edwards, Elizabeth Wynja
- George Knight, Safety Officer (Chairperson)
- QM/UM Director - Keith Maxwell

➤ Scope of QIS Responsibility

- Fire Safety and Site Surveys
- Property Loss
- Workers Compensation Claims
- Vehicle Safety
- Employee Safety
- Infection Control

Human Resources

◆ Meets monthly

◆ Membership

- Information Technology Representative – Vacant
- Business Office Representative – Kristen Jefferson
- ECI Representative – Diana Garcia
- Human Resources Director – Charlene Chaney (Chairperson)
- Human Resources Representative – Vacant
- MH Program Representative – Vacant
- MH Administrative Support Representative – Janice Cowan
- IDD Program Representative – Whitney Onyango/Alexis Alexandria
- Safety Representative – Keith Maxwell
- Central Administration - Monica Silcott

Scope of QIS Responsibility

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

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Billing and Compliance Committee (Under review)

- ◆ Meets Quarterly
- ◆ Membership
 - Chief of Programs – Johnnie Wardell
 - Chief Financial Officer or Assistant Chief Financial Officer – Vacant
 - QM/UM Director – Keith Maxwell
 - HR Director – Charla Chaney/Kaye Haudek
 - IT Director – Darla Hogan
 - Reimbursement Officer – Elizabeth Churchill
 - Billing and Data Manager - Joanne Cosper

- Scope of QIS Responsibility
 - Best Practices and Resource Utilization
 - HIPAA Privacy and Security Rule Compliance
 - Provide oversight of the Center’s policies and procedures on ethics, quality assurance, and corporate compliance
 - Ensure regulatory compliance of any new initiative.
 - Measure, assess, and reduce critical incidents (medication errors, major injuries, and restraints), incidents/accidents, mortality, incidents of client abuse, neglect and exploitation, and improving the client rights processes
 - Billing and Reimbursement
 - Credentialing Process

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

- ◆ Meets Quarterly
- ◆ Membership
 - Psychiatrist – Mark Janes, M.D.
 - QM/UM Manager – Linda Brown (Chairperson)
 - QM/UM Program Specialist – Dale Moye (Ad hoc)
 - MH Representative – Vacant
 - AMH Director – James Arnold (Ad hoc)
 - CMH Representative – Misty Thompson (Ad hoc)
 - Business Office Representative – Kristen Jefferson
 - Quality Management Representative – Keith Maxwell

- Scope of QIS Responsibility
 - Monitor TRR resources
 - Maintain the integrity of the TRR model of service delivery
 - Approve the process used to review and authorize service provision, including an appeal system for adverse determinations.
 - Evaluate TRR clinical practices, services, and supports
 - Monitor service delivery where quality utilization issues require oversight
 - 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 TRR – Utilization Management process

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Staff Development and Training

- ◆ Meets as Needed.
- ◆ Membership
 - Director of Human Resources – Charla Chaney(Chairperson)
 - ECI Representative – Susan Peters
 - Human Resources Representative – Christina Knight
 - Information Systems Representative – Vacant
 - AMH Representative – Tekesha Bland
 - CMH Program Representative – Misty Vaca
 - IDD Representative – Whitney Onyango
 - Staff Development Representative – Cynthia Fowler
 - Chief of Programs (Ad Hoc) – Johnnie Wardell
 - QM/UM Director (Ad Hoc) – Keith Maxwell

- Scope of QIS Responsibility
 - Clinical Training
 - Continuing Education
 - Leadership Development
 - New Employee Orientation
 - Organizational Development
 - Refresher Training
 - Professional Development

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

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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

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, 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:

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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.

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 PLANNING PROCESS AND PLAN REVIEW

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.

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.

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- The Center ensures accountability for service delivery options by monitoring the service contracts to ensure statutory, regulatory, and contractual requirements are met.
 - 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 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 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

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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 Host Home/Companion Care services in the Home and Community-based Services program. The contracting of day habilitation with Medicaid Waiver providers has helped meet the needs of TxHmL and HCS recipients.

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 and Network Advisory Committee, public forums, focus groups, and Board of Trustees meetings.

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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 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
	Belton Center for IDD, Mary Jane Street	IDD
	Temple, Residence A & B, 2 nd Street	IDD
	Temple Day Program, 37 th Street	MH
	Killeen, MHIDD, Avenue A	MH, IDD
	Harker Heights, Childteam, South Ann	ECI
Coryell	Gatesville, MHIDD, Lutterloh	MH, IDD
	Copperas Cove ECI, North Drive	ECI
	Copperas Cove MH, East Avenue D	MH
	Copperas Cove, Residences North Drive	IDD
Lampasas	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;
- 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 HHSC, including the ICF/IDD and waiver programs;
- children who are eligible for services from the Early Childhood Intervention Interagency Council; or

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- 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 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: A crisis is a situation where a person's mental or physical health is at immediate and serious risk. During a crisis, a person can be a danger to himself, herself or others. The Crisis Intervention Specialists (CIS train groups and providers to work with persons with IDD who are at risk of needing crisis services. The CIS helps individuals' access crisis respite and develop crisis prevention plans. The CIS also works with the local Mobile Crisis Outreach Team (MCOT) during crisis events. 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.

Respite Services: Services provided for temporary, short-term, periodic relief of primary caregivers. Crisis respite provides 24-hour supervision and support to a person in crisis. A person with IDD may receive up to 14 days of crisis respite. Crisis respite may be provided in the home or in a facility.

Skills Training: Training consumers in IDD 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.

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.

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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.

Preadmission Screening and Resident Review (PASRR): PASRR is a federally mandated program that is applied to all individuals seeking admission to a Medicaid-certified nursing facility to identify individuals who have a mental illness, an intellectual disability or a developmental disability; the appropriateness of placement in the nursing facility; and the eligibility for specialized services.

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.

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.

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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)
- Crisis Intervention Services (R)
- Crisis Respite Services (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

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

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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.

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.

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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. HHSC 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 public, through public forums, surveys, and focus groups to identify services and supports the Center should be providing to the local community.

The ELT, QIC/Leadership Forum, Mental Health Services and Intellectual and Developmental Disabilities Service reviews community needs as identified in the local planning process and integrate as much as possible into the Center goals, 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.

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 professionals with adequate and appropriate experience in quality management provide oversight. The QM/UM program has an allocation of employees assigned to central/authority administration as follows:

- Chief of Programs (.05 FTE),
- Director 1 (1 FTE),
- Training Specialist II (1 FTE)
- Rights Protection Officer (1 FTE)],

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- Safety Officer (1 FTE),
- Clinical Records Clerk 4 (1 FTE),
- Clinical Records Clerk 3 (1 FTE)
- QM/UM Manager (.1 FTE).

The QM program staff are responsible for the following key functions:

- Coordinates job specific training and maintains all personnel training records;
- Coordinate Performance Contract Compliance;
- Oversee Client Rights & Complaint Program;
- Coordinate Abuse and Neglect investigation process with TDFPS, consumer/LAR and appropriate Center staff;
- Conduct and oversees 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;
- Oversees, evaluates and implements Center application software systems and procedures, oversees the electronic health record (EHR) software application;
- 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;

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- 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:

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.

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Compliance

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

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 that will enable the Center to promptly identify deficiencies in the claim development and submission process that 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 Safety Officer and other QM staff conduct inspections annually at each Center site using a tool based on the HHSC Environmental tool, Facility Safety Security Audit tool developed by the Texas Council Risk Management Fund, HCS Facility Inspection tool, and HIPAA Privacy/Security tool. Fire, tornado, and other drills are conducted at least quarterly at each Center site. The Center's IDD Emergency Management Plan will be updated in FY 2021 to meet compliance with the Performance Contract. The Center complies with the Death Review TAC requirements by reporting all client deaths to HHSC 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 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

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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.

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 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.

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 Belton Center for IDD 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.

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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. 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 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.

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.

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.

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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 2019-2021

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 Compliance program and auditing tools.
 - The Rights Protection Officer conducts reviews of General Review Person Directed Plans to ensure rights restrictions are addressed by the Interdisciplinary Team. The Rights Protection Officer will notify the Compliance Officer if there are compliance concerns who will audit for potential payback situations. 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 contacts and Texas Administrative Codes (TAC).
- 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).