Introduction
At LifePath Systems, we provide services to some of the most vulnerable citizens of the county and the surrounding area. We provide assistance for individuals and their families in the following areas: Behavioral Health, Substance Use, Intellectual Disabilities, Early Childhood, Veteran’s needs, and additional value added services.

LifePath Systems’ Board of Directors and workforce members are committed to improving the overall health of individuals within our service area. LifePath Systems accomplishes this by continually monitoring and improving the quality of care provided to individuals receiving services by or contracted by LifePath Systems. The ultimate goal is for each program to provide care that is safe, effective, individually oriented, timely, efficient, and equitable, while adhering to our center values.

Vision, Mission, and Value Statements
To serve individuals and families impacted by behavioral health, intellectual or developmental challenges, resulting in stronger communities.

Values

**Service Excellence**: We will provide timely, professional, effective and efficient service to all individuals receiving services.

**Stewardship of Resources**: We will utilize all Center resources efficiently, appropriately, and with transparency and ethical and fiscal accountability.

**Integrity**: We will act with honesty and honor without compromising the truth.

**Employee Development**: We understand that the professionalism and drive of our people are the most important factors in the quality of the services LPS provides. We will hire talented people, increase their skills through training and experience, and provide opportunities for personal and professional growth within the Center.

**Credibility**: We will strive to earn enduring credibility with our stakeholders, which we believe is essential to maximize our potential as a health care provider.

**Community**: We will continue to help meet the needs of an underserved segment of our population thus contributing to society and demonstrating social responsibility.

**Continuous Improvement in Measurable Ways**: We will identify the key needs of individuals receiving services, assess how well we meet those needs, continuously improve our services and measure our progress.
The Behavioral Health (BH) Utilization Management and Quality Management (UM/QM) Department is responsible for developing the BH Utilization Management Plan and the BH Quality Management Plan. The BH Quality Management Plan addresses services provided by workforce members (internal providers and contracted providers) serving those with mental illness and substance use disorders. The BH Utilization Management Plan can be referenced for details regarding utilization management activities. The mission of BH Quality Management is to forge a program that leads and supports workforce members in developing effective quality management processes within the Division that promote hope, support recovery, and build resilience.

The scope of the BH Quality Management Program is comprehensive; quality and safety must extend to all facets of the Division including clinical and administrative.

The BH UM/QM Department maintains accountability to our individuals receiving services’ well-being and best outcomes, to our stakeholders and payers as stewards of the funds and resources given, and to our fellow workforce members for provision of oversight, assistance, and development of improved services.

We use quality management processes in our oversight of mental health and substance use workforce members. The processes include critical outcomes and performance measures regarding the effectiveness of services.

LifePath Systems BH Division’s approach to quality improvement is based on the following principles:

- **Customer Focus.** High quality organizations focus on their individuals receiving services and on meeting and/or exceeding needs and expectations;
- **Leadership Involvement.** Strong leadership, direction and support of quality improvement activities by the governing body and executive leadership are key to performance improvement. This involvement of organizational leadership assures that quality improvement initiatives are consistent with the mission;
- **Data Informed Practice.** Successful Quality Improvement processes create feedback loops by using data to inform practice and measure results. Fact-based decisions are likely to be correct decisions;
- **Statistical Tools.** For continuous improvement of care, tools and methods are needed that foster knowledge and understanding. Currently, the BH Division relies on tracking sheets and flowcharts to turn data into information;
- **Prevention Over Correction.** Continuous Quality Improvement entities seek to design good processes to achieve excellent outcomes rather than fix processes after the fact; and
- **Continuous Improvement.** Processes must be continuously reviewed and improved. Small incremental changes make an impact, and in LifePath Systems BH Division we strive to find opportunities to recommend and implement improvements.

The BH UM/QM Department promotes these objectives to its workforce members:

- **Person-centered** – individuals receiving services will be at the core of all plans and services;
- **Respect** – individuals receiving services, families, and workforce members are treated with respect;
- **Independence** – individuals receiving services’ personal and economic independence will be promoted;
- **Choice** – individuals receiving services will have options for services and supports;
- **Self-determination** – individuals receiving services will direct their own lives;
- **Living well** – individuals receiving services will have access to services and supports that will promote health and well-being;
- **Contributing to the community** – individuals receiving services are able to work, volunteer, and participate in local communities;
- **Cultural competencies** – workforce members complete initial and periodic training on responding to an individual’s language and cultural needs using knowledge of customs, beliefs, and values of various racial, ethnic, religious, and social groups; workforce members are enabled to provide treatment and support to individuals receiving services in a manner that is respectful of their culture and recognizes cultural differences without judgment; The make-up of workforce members reflects the individuals served in terms of ethnicity, gender and other key demographic factors;
- **Flexibility** – individuals receiving services’ needs will guide our actions, addressing changes as they occur;
- **Effective and efficient** – individuals receiving services’ needs will be met in a timely and cost effective way;
- **Collaboration** – partnerships with families, communities, providers, and other federal, state and local organizations result in better services and a more effective system of care.

**Purpose**

The purpose of the BH Quality Management Plan is to:
- Guide the activities of BH Quality Management;
- Establish processes for assessing the quality of services;
- Identify the standards against which performance is measured;
- Review, discuss, and determine changes based on data and outcome measures;
- Establish a cohesive and focused work plan that directs time, effort, and resources; and
- Communicate and coordinate significant changes in its Behavioral Health contract monitoring procedures with relevant workforce members.

**Structure**

The structure of the BH Quality Management Program flows from four underlying principles:
- An effective Quality Management Program must be based on a functional definition of quality.
- The Quality Management Program must ensure accountability at all levels within all programs.
- There must be clear differentiation of responsibilities between leadership and Quality Management.
- All workforce members must play a key role in quality management activities, and this role should be made as efficient and effective as possible.

**Defining Quality**

- The quality process begins with LifePath’s mission, vision, and core values.
- Quality is the degree of excellence of LifePath’s processes, workforce member performance, decisions, and interactions between individuals receiving services and workforce members.
- Therefore, through quality management activities, BH will focus on monitoring and improving care of individuals receiving services and related business processes; workforce member performance; decisions having the potential to impact individuals receiving services and Division health; and ongoing interactions between individuals receiving services and workforce members.
Quality-related activities will focus on designing, implementing, monitoring, and improving a total system of care and business practices for the BH Division.

**Responsibilities**

BH Quality Management monitors and evaluates the quality of services provided by all workforce members (internal providers and contracted providers). The main functions of BH Quality Management are:

- Ensuring workforce members’ compliance with rules, regulations and contract requirements;
- Reviewing and analyzing workforce members’ data;
- Conducting desk and on-site reviews;
- Analyzing and evaluating the data captured through reviews;
- Preparing reports of findings as well as corrective action plans/plans of improvement;
- Working with workforce members to implement any changes;
- Providing assistance with corrective action plans/plans of improvement to meet the requirements set forth in the Performance Contract with the Health and Human Services Commission (HHSC);
- Training new and tenured workforce members;
- Providing technical assistance related to quality oversight necessary to improve the quality and accountability of services provided by workforce members;
- Ensuring implementation of the BH Quality Management Plan;
- Performing and ensuring compliance with internal/external audit activities;
- Reviewing the BH Quality Management Plan annually, updating as needed;
- Reporting and trending data collection related to reported incidents, medication errors and abuse and neglect;
- Collecting and trending data related to individuals receiving services satisfaction surveys;
- Reviewing, trending and summarizing program performance indicator data.
- Assisting with the development/revision of Division procedures; and
- Recommending policies and developing procedures related to quality management.

**Accountability**

The Board of Trustees is ultimately accountable for the level of quality and safety of LifePath System’s BH Division. This accountability begins with the Board's initial approval of the BH Quality Management Plan, and progresses through re-approval of the BH Quality Management Plan at least every two years (more often if substantial changes are made in the BH Quality Management Program).

The Board holds LifePath Systems’ Chief Executive Officer accountable for organizational quality and safety of the BH Division.

LifePath Systems’ Behavioral Health Director has operational responsibility for the BH Quality Management Program and reports directly to the Chief Executive Officer. The BH Director also reports BH Quality Management Program activities to the Board and to community stakeholders periodically. The Behavioral Health Director oversees the BH UM/QM Department which is comprised of the following positions, each of whom has adequate relevant experience in their fields:

- Director of Utilization Management & Quality Management
- Utilization Managers
Utilization Management Technicians
Quality Management Coordinator

Quality Infrastructure

The BH UM/QM Department works with workforce members to ensure their quality management activities include addressing identified issues. BH Quality Management assesses workforce members for quality of services, rule compliance, and contract compliance. BH Quality Management issues findings and obtains remedies such as corrective action plans and plans of improvement. BH Quality Management refers issues to the BH Director and Contract Management for contract action, the Medical Director for consultation, and BH Program Administrators for policy development and clarification. BH Quality Management also provides technical assistance as needed to collaboratively evaluate processes for root cause analysis.

BH UM/QM Committee

The BH UM/QM Committee consists of:
- Medical Director/Utilization Management Physician
- Utilization Management Representative
- Quality Management Representative
- Financial Services Representative
- Certified Peer Specialist

The BH UM/QM Committee meets quarterly to review reports related to utilization of services, performance improvement and quality improvement activities, and to provide recommendations.

Other Committees

- **ECQAC – Executive Compliance and Quality Assurance Committee**
  - The Executive Compliance and Quality Assurance Committee has been designated to assist with the LifePath Systems compliance and quality assurance initiatives; the prevention and detection of possible fraud and abuse; and the implementation and ongoing management of the LifePath Systems Compliance Program. This Committee meets as needed, but no less frequent than quarterly. It is comprised of the CEO, Chief Financial Officer, Chief Compliance Officer, ECS Director, BH Director, IDD Director and Human Resource (HR) Director. The Committee plays an active role in recommending best practices, monitoring and developing internal systems and controls to ensure adherence to Center policies, procedures and memoranda including acting as the oversight Committee for privacy and security compliance with HIPAA and HITECH as well as Texas laws and regulations regarding health care privacy.

- **BH Program Administrators Meeting**
  - The Behavioral Health Program Administrators consists of all BH Program Administrators including the Director of BH, the Assistant Director for Authority Services, the Assistant Director for Provider Services/Director of UM/QM, and Program Administrators for Crisis Services, Substance Abuse, Intake and Eligibility, and MH Outpatient Services. The BH Program Administrators meet weekly to discuss items specific to the Behavioral Health Division, address operational issues, make adjustments to services as needed, and to review reports on service provision.

- **BH Death Review Committee**
  - The Behavioral Health Death Review Committee consists of at least three (3)
medical personnel and meets monthly to determine the need for administrative and clinical review of deaths of individuals receiving services.

Quality Management Review Plan
BH Quality Management reviews are conducted either at the workforce members’ physical location (onsite reviews) or at the BH Quality Management offices (desk reviews).

Quality Management Reviews for Quality Improvement and Assurance
BH Quality Management has established a specific set of remedies and timeline options for areas requiring improvement or correction. Once reviews/surveys/audits are completed, they are presented to the Program Administrators for further input.

Communication with BH Quality Management occurs via in-person meetings, emails, and conference calls. BH Quality Management will require corrective action plans or plans of improvement for reviews that are substandard or score below 80%. These plans will address training needs, technical assistance, and necessary follow-up to correct any concern or deficiency. If an external audit requires a corrective action plan or plan of improvement, BH Quality Management will review the plan for content so all deficiencies are addressed adequately. BH Quality Management also monitors timely submission of all corrective action plans and plans of improvement.

Performance Measurement
Performance measurement is the process of regularly assessing the results produced by BH programs and services. It involves identifying and designing processes, systems and outcomes that are integral to the performance of the service delivery system; selecting indicators of the quality of these processes, systems and outcomes; and analyzing information related to these indicators on a regular basis. Continuous Quality Improvement involves taking action as needed based on the results of the data analysis and the opportunities for performance they identify.

The purposes of performance measurement and assessment are to:
- Assess the stability of processes or outcomes to determine whether there is an undesirable degree of variation or a failure to perform at an expected level.
- Identify problems and opportunities to improve the performance of processes.
- Assess the outcome of the care provided.
- Assess whether a new or improved process meets performance expectations.

Measurement and assessment involves:
- Selection of a process or outcome to be measured, on a priority basis.
- Identification and/or development of performance indicators for the selected process or outcome to be measured.
- Aggregating data so that it is summarized and quantified to measure a process or outcome.
- Assessing performance with regard to these indicators at planned and regular intervals.
- Taking action to address performance discrepancies when indicators indicate a process is not stable, is not performing at an expected level or represents an opportunity for quality improvement. Reporting within the Division on findings, conclusions and actions taken as a result of performance assessment.
**Quality Improvement**

Once the performance of a selected process has been measured, assessed and analyzed, the information gathered from the performance indicator(s) is used to identify action to be taken. The purpose of quality improvement is to improve the performance of existing services or to design new ones.

**Model for Improvement**

When first considering any quality improvement initiative, BH Quality Management will answer three questions:

- What are we trying to accomplish?
- How will we know that a change results in an improvement?
- What change can we make that will result in an improvement?

After the selected process has been measured, assessed and analyzed, the information gathered by the above performance indicator(s) is used to identify a continuous quality improvement initiative that may need to be undertaken. The decision to undertake the initiative is based upon BH priorities. The purpose of an initiative is to improve the performance of existing services or to design new ones. The model utilized in LifePath System’s BH Division is called Plan-Do-Study-Act (PDSA).

- **Plan**
  - The first step involves identifying preliminary opportunities for improvement. At this point the focus is to analyze data to identify concerns and to determine anticipated outcomes. Ideas for improving processes are identified. This step requires the most time and effort. Affected workforce members or individuals receiving services are identified, data compiled, and solutions proposed.

- **Do**
  - This step involves using the proposed solution, and if it proves successful, as determined through measuring and assessing, implementing the solution usually on a trial basis as a new part of the process.

- **Study**
  - At this stage, data is again collected to compare the results of the new process with those of the previous one.

- **Act**
  - This stage involves making the changes a routine part of the targeted activity. It also means "Acting" to involve others (other workforce members, program components or individuals receiving services) - those who will be affected by the changes, those whose cooperation is needed to implement the changes on a larger scale, and those who may benefit from what has been learned. Finally, it means documenting and reporting findings and follow-up.

BH Quality Management will track reports on progress until improvement has been fully realized. When improvement activity is complete, BH Quality Management will periodically re-analyze related performance and/or outcomes data to ensure that improvement is sustained. An annual summary of the results of each performance indicator will be completed at the end of the fiscal year and will be reported to the Board of Trustees.

**Other Quality Management Activities**
The BH Quality Management Program operates through the additional tasks/functions:

**Contract Monitoring**
Contract monitoring is a function of gathering and evaluating fiscal and qualitative indicators specific to a particular contracted service to determine whether the workforce is in compliance with the contract. The Assistant Director for Authority Services is responsible for monitoring compliance with identified fiscal and qualitative indicators for contracted providers. Data are evaluated to make informed decisions regarding re-contracting with service providers. The qualitative indicators should be tailored to the service provided and ensure achievement of desired outcomes, compliance with applicable rules, laws, and standards which relate to the contracted service.

**Utilization Management**
LifePath Systems BH Division employs a Utilization Management Program that ensures individuals receiving services receive the right services, in the right amount, at the right time; timely and meaningful assessments; accurate assignments of level of need; determination of medical necessity, focused treatment plan development and active monitoring of progress towards objectives.

For more information on the BH Utilization Management program, reference the BH Utilization Management Plan.

**Satisfaction of Individuals Receiving Services**
LifePath Systems BH Division utilizes satisfaction surveys to gauge overall experience while allowing individuals receiving services to comment on specific problems they have encountered. BH Quality Management collects and gathers this data and trends the information to identify areas of exceptional service and opportunities for improvement for all providers. Individuals receiving services with also have the opportunity to complete a comment form at any time. BH Quality Management receives the comment form and processes it through the appropriate channels.

**Feedback from State Contract and Other Oversight Entities**
Reports, data and results from on site reviews or desk reviews from the Health and Human Services Commission (HHSC) are used to identify performance improvement activities and to assess unmet needs of individuals receiving services and service delivery problems.

**Compliance Documentation Reviews**
BH Quality Management may direct appropriate Program Administrators and contracted providers to complete assessment, progress note and treatment plan/recovery plan reviews throughout the fiscal year. Quality Management will provide necessary audit tools with expected outcomes and the sample cases to be reviewed. Results will be reviewed by BH Quality Management to identify compliance issues. A more comprehensive review may be conducted by BH Quality Management depending on nature of the findings.

**Compliance Billing Reviews**
Compliance Billing Review will assess timeliness and completion of documentation, appropriateness of service coding and compliance to billing requirements. BH Quality Management may direct appropriate Program Administrators and contracted providers to complete these reviews.

**Safety and Risk Management**
The BH UM/QM Department will review all incident reports and medication errors from each provider
to identify trends and patterns related to safety or health risks and report the data to the BH UM/QM committee.
Facility inspections are completed for all providers by appropriate workforce members and submitted to the facility manager and reported to the BHUM/QM Committee on a quarterly basis to identify health and safety hazards.

All deaths for each provider are reviewed by the BH Death Review Committee to determine if the death resulted from inadequate care on the part of the provider. Results will be reported to the BH UM/QM Committee.

Crisis, Access and Intake Services
Appropriate Program Administrator may complete reviews and collect data related to timeliness of response and appropriateness of care and appeals. BH Quality Management will provide necessary audit and data collection tools with expected outcomes and the sample cases to be reviewed. Results will be reviewed by BH Quality Management to identify compliance issues. A more comprehensive review may be conducted by BH Quality Management dependent on nature of the findings.

Workforce Member Competency
Qualified and trained workforce members make up an important component of quality service provision. Qualifications and education are verified prior to hire and competency to perform essential direct care duties is assessed prior to workforce member's working unaided with individuals receiving services. All workforce members complete required training and competency assessment as mandated and compliance with this performance indicator is monitored by Human Resources and BH Quality Management, as well as respective Program Administrators and contracted providers.

MBOW Data Warehouse
The reports generated in the state database are constantly reviewed by appropriate Program Administrators as well as the BH UM/QM Department to monitor the BH Division’s performance on a variety of indicators for both authority and provider roles. The reports are used as a means to judge accuracy of data collection as well as to evaluate the BH Division’s performance on outcome measures.

Monitoring the Effectiveness of BH QM/UM Plans
The Director of UM/QM and the Director of Behavioral Health review the BH QM and UM Plan annually. The Director ensures that personnel implementing the BH Quality Management Plan have sufficient authority as well as access to program administrators, documents and records, and the organizational freedom to:
- Identify deficit areas
- Identify best practices
- Independently facilitate necessary corrective action

The BH Quality Management Program will improve its own quality system by ensuring that conditions adverse to quality are:
- Prevented
- Identified promptly including a determination of the nature and extent of the problem
- Corrected as soon as practical, including implementing appropriate corrective actions and actions to prevent reoccurrence
- Documented all corrective actions
Tracked to ensure proper corrective action was implemented

It is the role and responsibility of the BH Quality Management Program to serve as a quality and compliance umbrella for all of BH programs. The BH Quality Management Program encourages workforce members at all levels to establish, maintain and continually improve communications with individuals receiving services, family, workforce members, and other community stakeholders. A clear line of communication leads to better services and supports by identifying problems and implementing effective solutions.

YES Waiver
The Youth Empowerment Services (YES) Waiver provides comprehensive home and community-based mental health services to youth (ages 3-19th birthday) at risk of institutionalization and/or out-of-home placement due to a Serious Emotional Disturbance (SED). The program provides flexibility in the funding of intensive community-based services and supports for youth and their families.

As LifePath Systems BH Division will be a participating entity providing YES Waiver (Waiver) services, workforce members must ensure adequate quality management activities by collecting data and measuring, assessing, and improving performance dimensions in the following areas:

- LifePath Systems BH workforce members will provide timely access to Waiver services. This includes the initial time frame of returning calls within 1 business day, and any subsequent Yes Waiver length of time requirements.
- LifePath Systems BH workforce members will provide timely enrollment of participants within 7 business days of meeting with the individual receiving services and legally authorized representative (LAR). Documentation will be submitted within 5 business days of aforementioned meeting.
- LifePath Systems BH wraparound facilitators will provide at least one billable service per month (or monthly monitoring if the need for service(s) is less than monthly).
- LifePath Systems BH wraparound facilitators will base all individual plans of care and services on underlying needs and outcome statements. Documentation will be based on specific wraparound process and procedures established by the National Wraparound Institute (NWI).
- LifePath Systems BH wraparound facilitators will provide services according to the individual receiving services' authorization.
- LifePath Systems BH wraparound facilitators will participate in all Child and Family Team meetings and will document such encounters within 48 hours.
- LifePath Systems BH wraparound facilitators will assure the development and revision of the service authorization, and enter such revisions for approval in CMHBS or other approved electronic health record location.
- LifePath Systems workforce members will identify and update health and safety risk factors in accordance with NWI guidelines.
- LifePath Systems workforce members will submit, collect and analyze critical incident data according to LifePath Systems guidelines.
- LifePath Systems workforce members will credential and train providers in accordance with Yes Waiver and LMHA standards and procedures.
- LifePath Systems workforce members will adhere to all policies and procedures and contractual obligations.
- LifePath Systems workforce member will ensure and maintain continuity of care.
Review of the BH Quality Management Plan
The BH Quality Management Plan will be reviewed, updated, and revised every two years or more frequently, as necessary, and approved by the Board of Trustees.

The review will include the following:

- Overview of the goals tracked for the year;
- Summary of the progress made toward meeting these goals and the activities associated with the progress;
- A summary the performance measure findings:
  - Will include both the outcomes of the measurement process and the conclusions and actions taken in response to these outcomes;
  - Will include a brief description of what activities took place including the results on your indicator;
  - Will include the “next steps”; and
  - Will describe any implications of the quality improvement process for actions to be taken regarding the findings.
- Recommendations based upon the evaluation and the actions necessary to improve the effectiveness of the BH Quality Management Plan.

Contracts Management/Provider Relations
LifePath Systems BH Division desires a successful partnership with contracted providers to best serve our individuals. To this end, LifePath Systems encourages contracted providers to call with concerns, problems and complaints regarding LifePath Systems operations and interactions with contracted providers. Complaints should be directed to the Contracts Manager at (972) 562-0190. Every effort will be made to address the issues involved.

Contract Monitoring
BH Quality Management monitors workforce members’ adherence to applicable rules, regulations, standards, and laws utilizing standardized tools and review instruments. Reviews may be completed as either on-site or desk reviews. BH Quality Management conducts review activities as part of the clinical contract monitoring process to assess the quality and appropriateness of ongoing service provision. Monitoring and reporting activities emphasize the review of service and compliance with contractual reporting and billing requirements.

BH Quality Management will conduct a variety of reviews, including but not limited to:

- Site Assessments, Infection Control, Safety, and Environmental Reviews
- Clinically focused chart and program reviews
- Verification of required workforce member training
- Verification of credentialing of workforce members, including background checks
- Verification of documentation of clinical supervision
- Special reviews based on complaints or other individual receiving services related incidents

Goals
The goals of the BH Quality Management Program are designed to ensure that quality management activities are measuring the key elements of BH services. These goals are meant to be a foundation for the BH Quality Management Program and are not intended to be the only activities of the
Goal 1: Direct the BH review process to consistently, effectively, and efficiently monitor and evaluate the provision for Behavioral Health standards by all workforce members (both internal provider and contracted providers).

Performance Standard
- Participate in program reviews throughout the year and produce reports for programs reviewed.

Measurable Activities
- Update, as necessary, all program review tools to be in compliance with the Texas Administrative Code (TAC), fidelity to the current evidenced based practice model, Medicaid rules, state performance contracts, and other applicable guidelines.
- Complete program review for selected service programs annually.
- Provide feedback to reviewed programs that include department strengths, findings, and recommendations for improvement.
- Provide the BH program review report to Program Administrators and BH Director upon completion.
- Follow up with Program Administrators regarding corrective action plans and plans of improvement.
- Provide updates from program reviews to the BH UM/QM Committee for evaluation.
- Continually review the BH program review process and make modifications as needed to ensure that the process is measuring critical program elements.

Outcomes
- All tools used in program review are being reviewed and updated, as necessary, prior to each review.
- Reports are completed for each reviewed program and are shared with Program Administrators.
- BH Quality Management has followed up with Program Administrators regarding their corrective action plans and plans for improvement as needed.
- Program Administrators have provided training to program workforce member when findings are noted during the program review.
- BH Quality Management assists with technical assistance and training as needed.
- Program Administrators conduct their own frequent chart reviews, enabling them to better identify and assess strengths and findings of their workforce member in completing treatment plans, progress notes, and other areas of concern.
- BH Quality Management presents program results to the BH UM/QM committee.

Goal 2: Support LifePath Systems and contractors in meeting or exceeding all applicable, requirements and standards, including service provision and training.

Performance Standard
- Review all Texas Administrative Codes (TAC) that apply to services to individuals receiving services with mental health and substance use disorders.
- Assure that appropriate workforce member are notified of changes to the TAC and understand how to access it online.
**Measurable Activities**

- Identify and review all new TAC within two (2) weeks of publication.
- Copy and distribute relevant TAC to programs within two (2) weeks of review.
- Look at training materials for each program, as part of program reviews, to ensure programs have included the most current TAC, contract requirements and related memorandum of understanding (MOU).
- Ensure all policies and procedures comply with the most current TAC.

**Outcomes**

- Quality Management reviews all TAC within two (2) weeks of publishing.
- Quality Management continues to copy and distribute all new TAC to appropriate programs within two (2) weeks.
- Quality Management will review personnel files of workforce member to ensure initial and ongoing trainings are complete and contain the appropriate certificate where necessary.

**Goal 3: To ensure individuals served are treated with dignity and respect and have adequate access to services.**

**Performance Measure**

- Promote workforce member and individual receiving services awareness of HHSC designated “Client Rights” through education.
- Manage all comments, complaints, allegations, in a timely manner, implementing necessary changes as needed.

**Measurable Activities**

- Process all individual receiving services comment forms, including satisfaction survey results and change of provider request forms, in a timely manner.
- Address areas of improvement as needed, including workforce member training where trends are noted, making reasonable improvements to programs resulting from complaints.
- Monitor all allegations of abuse, neglect, and exploitation.
- Ensure all individuals are provided a copy of the rights handbook and that it is explained to them in a way they understand, and is documented in the individual's record.
- Ensure that all workforce members know who to contact in the event of an allegation of abuse, neglect, or exploitation.
- Investigate all rights complaints in a timely manner and ensure that these complaints are handled with confidentiality.
- Review all incident and death reports.

**Outcomes**

- Quality Management processes all comment forms and trends data, addressing trends as needed with management.
- The Client Rights Officer monitors, reports on, and makes recommendations to management regarding abuse, neglect, and exploitation allegations and investigated results.
- Training sessions continue to be provided to LifePath Systems workforce members and contract workforce members intermittently and in response to allegations of abuse, neglect, and exploitation, as needed.
- Individuals are provided with rights booklets upon admission, as well as annually, and
documentation of this provision continues to be monitored.

- During internal review audits, workforce members are asked questions related to how, where, and when to report events of abuse, neglect, and exploitation. The ability of workforce members to answer these questions correctly assists Quality Management with identifying areas to target for additional training/education.
- All complaints continue to be handled with confidentiality and in a timely manner.
- The Client Rights Officer and management have worked well together in ensuring complaints are taken seriously and reasonable changes are made as a result of complaints, when necessary.
- Quality Management will be involved in reviewing/processing incident and death reports and will address trends as needed.
ATTACHMENT A
QUALITY MANAGEMENT WORK PLAN

The Quality Management Work Plan is intended to outline the activities of the BH Quality Management Program as well as the responsible workforce member and the frequency of the activity.

- The responsible workforce member is subject to change as roles and assigned tasks evolve.
- The identified frequency of the respective activity is based on a minimum recurrence and may recur more frequently.

<table>
<thead>
<tr>
<th>Adult Services</th>
<th>Person/Entity Responsible</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assertive Community Treatment</td>
<td>Program Administrator/QM</td>
<td>Annually</td>
</tr>
<tr>
<td>Supported Employment</td>
<td>Program Administrator/QM</td>
<td>Annually</td>
</tr>
<tr>
<td>Supported Housing</td>
<td>Program Administrator/QM</td>
<td>Annually</td>
</tr>
<tr>
<td>Illness Management &amp; Recovery</td>
<td>Program Administrator/QM</td>
<td>Annually</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Children &amp; Adolescent Services</th>
<th>Person/Entity Responsible</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma Focused-CBT</td>
<td>Program Administrator/QM</td>
<td>Annually</td>
</tr>
<tr>
<td>Seeking Safety</td>
<td>Program Administrator/QM</td>
<td>Annually</td>
</tr>
<tr>
<td>Aggression Replacement Techniques</td>
<td>Program Administrator/QM</td>
<td>Annually</td>
</tr>
<tr>
<td>YES Waiver</td>
<td>Program Administrator/QM</td>
<td>Annually</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mechanism</th>
<th>Person/Entity Responsible</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>External Contracts Review/Provider Network Development</td>
<td>Contracts Management</td>
<td>Annually</td>
</tr>
<tr>
<td>Data Accuracy Review</td>
<td>Finance Team/Information Services/Programs Administrators</td>
<td>On-Going</td>
</tr>
<tr>
<td>COPSD Review</td>
<td>QM</td>
<td>Annually</td>
</tr>
<tr>
<td>Fidelity Review</td>
<td>Program Administrators/QM</td>
<td>Annually</td>
</tr>
<tr>
<td>Outcome Measures – MBOW Reports</td>
<td>Program Administrators/UM/QM</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Facility Infrastructure Review – Safety Review</td>
<td>Facilities Management</td>
<td>Annually</td>
</tr>
<tr>
<td>ADA Plan Review</td>
<td>Director Human Resources &amp; Contracts Management</td>
<td>Annually</td>
</tr>
<tr>
<td>Complaints/Appeals</td>
<td>Director of UM/QM</td>
<td>As occurs</td>
</tr>
<tr>
<td>Satisfaction Surveys</td>
<td>QM</td>
<td>On-Going</td>
</tr>
<tr>
<td>Provider Profiling–Electronic Health Record Reports, MBOW Reports, Unit Progress Reports</td>
<td>Data Management/Contracts QM</td>
<td>On-Going</td>
</tr>
<tr>
<td>Utilization Management – MBOW Reports, Hospitalization Data, Appeals, CAM/MAC, Crisis</td>
<td>Medical Director Director of UM QM UM Managers</td>
<td>On-Going</td>
</tr>
<tr>
<td>Safety</td>
<td>Facilities/Office Manager/Compliance Officer/BH Nursing Manager</td>
<td>On-Going</td>
</tr>
<tr>
<td>Risk Management</td>
<td>Compliance Officer</td>
<td>Annually</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Death Reporting</td>
<td>Director of UM/QM, Nursing Manager</td>
<td>As Occurs</td>
</tr>
<tr>
<td>Infection Control Monitoring</td>
<td>Infection Control RN</td>
<td>On-Going</td>
</tr>
<tr>
<td>Productivity Monitoring – Electronic Health Record Reports</td>
<td>Information Services Program Administrators/QM</td>
<td>On-Going</td>
</tr>
<tr>
<td>Access to Services/Mystery Caller</td>
<td>QM ICARE Hotline</td>
<td>Annually</td>
</tr>
<tr>
<td>TCOOMMI</td>
<td>Program Administrator</td>
<td>Annually</td>
</tr>
<tr>
<td>Jail Diversion</td>
<td>QM Program Administrator</td>
<td>Annually</td>
</tr>
<tr>
<td>Outpatient Competency Restoration (OCR)</td>
<td>QM Program Administrator</td>
<td>Annually</td>
</tr>
<tr>
<td>Survey of Contract Services</td>
<td>Contracts Management</td>
<td>Annually</td>
</tr>
<tr>
<td>Crisis Services - MBOW Reports, Record Review</td>
<td>QM Program Administrator</td>
<td>Annually</td>
</tr>
<tr>
<td>ANSA/CANS Quality Assurance Training</td>
<td>ANSA/CANS Super Users</td>
<td>Semiannually</td>
</tr>
<tr>
<td>Waiting List – MBOW Reports, Progress Note Review</td>
<td>UM Manager/Director Intake Program Administrator Assistant Directors of Authority and Provider Services</td>
<td>Weekly (if Waiting List implemented)</td>
</tr>
<tr>
<td>Prescribing Practices Review</td>
<td>Pharmacy Review Committee</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Review of Financial Status and Budget</td>
<td>Executive Management</td>
<td>On-Going</td>
</tr>
<tr>
<td>1115 Medicaid Transformation Waiver Milestones and Metrics Review</td>
<td>QM Project Analyst Director of Behavioral Health</td>
<td>Semiannually Reporting</td>
</tr>
<tr>
<td>Recovery Plan Review and Progress Note Review</td>
<td>Program Administrator/QM</td>
<td>Quarterly</td>
</tr>
<tr>
<td>PASRR Review</td>
<td>Program Administrator/QM</td>
<td>Annually</td>
</tr>
<tr>
<td>Substance Use Treatment – Analyze services for each service level and contract population, including evidenced based practices, programs, and research based approaches to</td>
<td>Substance Abuse Workforce/QM</td>
<td>Annually</td>
</tr>
<tr>
<td>Substance Use Treatment - Service Capacity, Access to Services, and Continuum of Care</td>
<td>Substance Abuse Workforce/QM</td>
<td>Annually</td>
</tr>
<tr>
<td>BH Quality Management Tools</td>
<td>QM</td>
<td>On-Going</td>
</tr>
<tr>
<td>Compliance with TAC</td>
<td>Director of UM/QM QM</td>
<td>On-Going</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-----------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Continuity of Care</td>
<td>Program Administrator/QM</td>
<td>Annually</td>
</tr>
<tr>
<td>Documentation of Quality Management Plan Activities</td>
<td>UM/QM Committee QM</td>
<td>Quarterly; On-Going</td>
</tr>
<tr>
<td>Incident Reporting</td>
<td>Quality Management</td>
<td>As Occurs; Semiannually Trending</td>
</tr>
<tr>
<td>Workforce Competency</td>
<td>Human Resources, Program Administrator, QM</td>
<td>Annually; On-Going</td>
</tr>
<tr>
<td>Quality Management Plan</td>
<td>Director of BH</td>
<td>Annually</td>
</tr>
<tr>
<td>Director of UM/QM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical Assistance Provision</td>
<td>QM</td>
<td>On-Going</td>
</tr>
<tr>
<td>Texas Council Data and Quality Measures</td>
<td>Information Services, QM</td>
<td>As Requested</td>
</tr>
<tr>
<td><strong>Recommended Monitoring</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wraparound Planning</td>
<td>Program Administrator/QM</td>
<td>Annually</td>
</tr>
<tr>
<td>Nurturing Parenting</td>
<td>Program Administrator/QM</td>
<td>Annually</td>
</tr>
<tr>
<td>Safety Planning Intervention</td>
<td>Program Administrator/QM</td>
<td>Annually</td>
</tr>
</tbody>
</table>