QUALITY MANAGEMENT PLAN
FISCAL YEARS 2023 AND 2024

Overview

It is Collin County Mental Health Mental Retardation Center's (d/b/a LifePath Systems) intent to conduct all of its business and clinical practices in a manner that delivers the highest quality possible. To achieve this goal we use a systematic, objective, and continuous process for monitoring quality. It includes evaluating and improving the quality and appropriateness of service delivery. Effectively monitoring service delivery ensures existing standards of care are achieved and becomes the framework for quality improvement and the engagement of stakeholders.

This Quality Management Plan ("QMP" or "Plan") combines service delivery from all three operating divisions: Behavioral Health (BH), Intellectual and Developmental Disabilities (IDD), and Early Childhood Intervention (ECI). Many of the quality principles also apply to the Administration Division, which provides essential support services to all operating divisions. This holistic approach to quality allows us to focus on the overall quality of the services provided to individuals (regardless of the organization's structure). [1]

Purpose

The LifePath Systems Board of Trustees directs the development and implementation of a Quality Management Plan that incorporates required elements mandated by the Texas Health and Human Services Commission (HHSC). However, it is the intent of this QMP to go beyond mandated requirements to utilize the broad concepts of quality management (QM). The overall intent is to:

1. Use QM findings to develop current and future strategies for quality service delivery;
2. Engage stakeholders through the common currency of quality;
3. Recognize and implement quality activities;
4. Evaluate the Center's progress toward our mission and values; and,
5. Exceed contractual quality service delivery requirements from Center funding sources.

LifePath Systems Principles of Governance

Vision:

LifePath Systems will be a constantly improving, accountable system of care that responds to the identified needs of individuals, families, stakeholders, and the communities we serve.

Mission:

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

Values:

Service Excellence: We will strive to have a workforce that reflects the diversity of our community. We will hire talented people, increasing their skills through training and experience. We will provide timely,

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[1] This QMP is not intended to set forth all of the programs and practices of LifePath Systems that are designed to evaluate and address quality improvement activities. In addition to this plan, the Center has developed and implemented a Local Provider Network Development (LPND) Plan, Consolidated Local Service Plan (CLSP), ADA Self-Evaluation and Transition Plan, Culturally and Linguistically Appropriate Services (CLAS) Plan, Infection Control Plan, Compliance Program, and Utilization Management Plan establishing guidelines and defining parameters of the Center's compliance efforts. The compliance practices included in each of these plans are coordinated to direct the Center's overall compliance efforts.

professional, effective, culturally competent, compassionate, and efficient services.

Stewardship of Resources: We will utilize all Center resources efficiently, appropriately, with transparency and ethical and fiscal accountability. We will work to create long-term sustainable financing strategies for our programs.

Integrity: We will act with honesty and honor without compromising the truth. Earning and maintaining the trust of the individuals served, families, stakeholders, and the community is critical.
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.

Authority, Leadership and Delegation of Responsibility
This Quality Management Plan has been created at the direction of the LifePath Systems Board of Trustees. The Chief Executive Officer has delegated the responsibility for the development, implementation, monitoring and evaluation of the QMP to the Compliance and Quality Assurance (CQA) Department which includes the Chief Administrative Officer, Quality Assurance Manager, Compliance Manager, and Contracts Manager.

The Compliance and Quality Assurance Department facilities the Executive Compliance and Quality Assurance Committee (ECQAC). The ECQAC is comprised of senior management, including the: Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; Chief Administrative Officer; Director of Human Resources; Director of BH; Director of IDD; and the Director of ECI. The ECQAC and the Chief Executive Officer approve the QMP, and the Board of Trustees approves the QMP on a biennial basis.

The Compliance and Quality Assurance Department also facilities the Corporate Compliance and Quality Assurance Committee (CCQAC). The CCQAC is comprised of mid-level management, including the: Chief Administrative Officer; Quality Assurance Manager, Compliance Manager, Contracts Manager, CQA Analyst; representatives from each operating division's Quality Management Department, and additional key management personnel from all divisions. The CCQAC reviews and revises the QMP and submits for ECQAC approval.

Outside of these committees, each operating division maintains ongoing committees designed to measure, assess, and act on operational performance in a manner to ensure continuous quality improvement for all individuals who receive services from LifePath Systems, as well as other stakeholders.

Governance and Compliance
This QMP is designed to ensure conformance with all applicable federal and State laws and regulations, including the regulations and guidance promulgated by the Texas Health and Human Services Commission (HHSC), and other regulatory bodies with oversight responsibility. In addition, the QMP complies with all quality performance requirements as presented in funding contracts with federal, state, and local entities.

Components of the LifePath Systems QMP

The LifePath Systems Quality Management Plan is comprised of four (4) sections:

1. Administration Division, including Center-wide initiatives and Center-wide quality goals;
2. Behavioral Health (BH) Division work plan;
3. Intellectual and Developmental Disability (IDD) Division work plan; and
4. Early Childhood Intervention (ECI) Division work plan.

SECTION 1. ADMINISTRATION AND CENTER-WIDE INITIATIVES

The Administration Division provides ongoing support services to the operating divisions and facilitates continuous quality improvement activities through data analysis and recommendations resulting from various types of evaluations. The following key components represent quality management activities performed by Administration workforce members to systematically evaluate service delivery and monitor quality:

Compliance and Quality Assurance (CQA) Department
The CQA Department consists of the Chief Administrative Officer, Compliance Manager, Quality Assurance Manager, Contracts Manager, and CQA Analyst. The CQA Department collects, tracks, and trends multiple sets of data to evaluate various elements of quality and make recommendations for improvement. The CQA Department also conducts evaluations and investigations related to specific processes and incidents/complaints to identify gaps in processes, training, and services with recommendations for solutions to prevent future recurrence.

The CQA Department collaborates with each divisions' Quality Management Team to either complete or monitor the following ongoing quality activities:

Audit Management
Each division is subject to and participates in onsite or desk reviews from HHSC and other regulatory agencies. Reviews range from those related to implemented programs, services provided, and/or funds awarded. Reviews may assess compliance with contractual obligations, billing accuracy, personnel competency, facility requirements, or quality service provision.

The CQA Department facilitates all external audits conducted by funding sources and regulatory authorities. A division's quality management department prepares for each audit by collecting and submitting required documentation and information as requested and preparing records and facilities to be accessed as needed.

Each QM department communicates with whomever is conducting the audit to any questions throughout the audit process and develops and responds to required corrective action plans as needed. The CQA Department, in collaboration with each division's QM team, ensures the results of each audit are documented and deficiencies are remedied through implementation of appropriate corrective actions.

Internal Reviews
Each division conducts routine review of health records using standardized monitoring tools to address compliance with contractual requirements, quality of assessments, appropriate documentation, care coordination, service planning, and service delivery throughout the fiscal year. Reviews are conducted by QM teams, Program Administrators/supervisors/team leads, and/or formal partners. Reviewers collaborate with the appropriate program management teams to address instances of non-compliance by providing technical assistance and follow-up to remedy any concerns or deficiencies identified.

Billing and encounter reviews are conducted to assess timeliness, accuracy, completeness of service coding, and compliance to regulatory billing requirements. Reporting systems such as CARE/TMHP are monitored regularly to ensure data accurately reflected services provided. If errors, such as duplications, are identified, Corrections and process revisions are made at that level to provide accurate and timely data for the eventual encounter submission. The division may have to contact the Management

Information Systems (MIS) Department to assist with corrections.

Contract Management

The CQA Department, through the Contracts Manager, oversees and manages all Center-wide contracts, service agreements, and Business Associate Agreements. The Contracts Manager also facilitates the management of division-level contracts. The Contracts Manager, in collaboration with the Purchasing Manager, is responsible for ensuring appropriate procedures are followed throughout the entire contacting process.

Each division is responsible for maintaining and monitoring their own contracts and ensuring compliance with identified fiscal and qualitative indicators and submission/reporting requirements. Data for formal partners is evaluated to make informed decisions regarding re-contracting with service providers.

Complaint Management

Through the establishment of a single Rights Protection Officer, the CQA Department developed a central complaint repository and tracking system to document types of complaints, whether or not a complaint was substantiated, and the time from complaint receipt to resolution. Should a complaint warrant an investigation, the CQA Department facilitates an investigation at the direction of the Chief Executive Team. Currently the BH Division and the ECI Division are required to send a summary report of complaints received to HHSC.

Incident Management

The CQA Department, with the assistance of CCQAC and ECQAC, developed a single reporting process for incidents. The process focuses on immediate notification and escalation of an incident to management team members and the CQA Department. The CQA Department follows incidents through to completion. Should an incident warrant an investigation, the CQA Department facilitates an investigation at the direction of the Chief Executive Team.

Forms Management

The CQA Department initiated a forms management system to reduce duplicative forms across departments, divisions, and the Center; standardize forms through a single streamlined format and prevent the use of outdated forms.

Survey Administration

Feedback from individuals receiving services and workforce members is vital to gauging the overall quality of services provided at LifePath Systems. The CQA Department facilitates the development and implementation of various surveys across the Center to evaluate elements of quality specific to particular programs or divisions.

The CQA Department evaluates the results of surveys conducting including, response rate and responses provided. The CQA Department evaluates the effectiveness of the surveys being conducted and make recommendations for improvement as needed.

Death Reviews

Each death of an individual receiving services (within the past 6 months) is evaluated for the need to review administrative and clinical elements related to services individual receive. If required, either the Administrative Death Review Committee or the Clinical Death Review Committee or both meet to review circumstances related to the individual's death and makes recommendations for improvements. The CQA

Department facilitates all death reviews and reporting recommendations from Administrative Death Reviews to HHSC and to the Board.

Temporary Assistance for Needy Families (TANF) Pandemic Emergency Assistance Funds
In March 2022, LifePath Systems received TANF Pandemic Emergency Assistance Funds to address housing and ancillary needs of needy families in which dependent children have, or reside with a family member who has, a diagnosis of a mental health condition, intellectual or developmental disability (IDD), and/or substance use disorder and who have been impacted by Coronavirus Disease 2019 (COVID-19) pandemic. The CQA Department managed the application process including verification of assistance eligibility, coordination with funds recipients and case managers, and documentation of funds dispersed. Reconciliation of funds and measurement of satisfaction will continue through October 2022.

Administrative Performance Reviews (APR)
The CQA Department conducts APRs at the direction of the Chief Executive Team. APRs assess the state of the ethical climate of the organization and the effectiveness of its strategies, tactics, communications, and other processes in achieving the desired level of legal and ethical compliance. APR projects serve to evaluate the adequacy and effectiveness of controls encompassing LifePath Systems' governance, operations, and information systems. Through APRs, the CQA Department identifies gaps in processes, training, and services, and develops recommendations for solutions to rectify evidenced deficiencies.

Published Guidance
Published guidance refers to the collection of approved Policies, Procedures, and Division Procedures in effect at any point in time. Published guidance can be found in the LifePath Systems Policies and Procedures Manual, or "eBook."   Policies outline guidance need to coordinate and execute activities in a manner that direct the Center toward achievement of its mission. Procedures are operational processes required to implement policy, covering areas of administration and service delivery affecting more than one division. Division procedures are processes unique to a specific operating division. The eBook has a section dedicated to Quality Assurance that provides guidance for the maintaining health records, conducting quality reviews, various reporting activities, and performing investigations to identify areas for improvement.

Rights Protection
Individuals receiving services at LifePath Systems shall be regarded as having the same legal rights as any other citizen not enrolled in Center services unless it is documented that their legal rights have been legally restricted, in which case they shall enjoy all rights except those which have been legally restricted. LifePath Systems workforce members are responsible for the presentation of Rights to each individual receiving services (or legally authorized representative) upon admission. Furthermore, the individual receiving services shall receive a full verbal and written explanation of their rights in a language they understand upon request (interpreters of language or sign are to be provided as needed).

Abuse or neglect of individuals receiving services by a LifePath Systems workforce member is expressly prohibited and shall be grounds for disciplinary action. In addition, LifePath Systems workforce members are required to make reports of possible abuse, neglect, and/or exploitation immediately upon discovery (within one hour of awareness of the alleged abuse or neglect). Reports not made within the required time, and without sufficient justification, shall be considered in violation of this requirement and subject to disciplinary action and possible criminal prosecution

LifePath Systems has a single Rights Protection Officer for the entire Center. The Rights Protection Officer

evaluates complaints and incidents for potential rights violations and improvements. The Rights Protection Officer also receives incoming inquires and concerns, conducts training for workforce members on individuals' rights, and facilitates the Consumer Advocacy Committee to ensure due process is followed for any and all rights restrictions. The Rights Protection Officer works closely with the Office of the Ombudsman, HHSC Provider Investigations, and DFPS to address concerns as they are identified.

Professional Development

The CQA Department hosts an ongoing training session and discussion forums on various topics related to Compliance and Quality Assurance including the Center's Code of Conduct, Protecting PHI, Incident Reporting, and Rights of Individuals, to facilitate knowledge and understanding of how to provide quality services within the bounds of established procedures at LifePath Systems.

LifePath Systems partners with the Texas Council Risk Management Fund and Collin Corporate College to offer training specific to leadership and to all workforce members to encourage growth and development as a part of providing high quality services to individuals.

The Human Resources (HR) Department is responsible for ensuring workforce members are eligible for initial and ongoing employment. HR facilitates training workforce members upon hire and throughout their tenure at LifePath Systems. As needed, HR assists leadership with documenting and implementing performance improvement plans for workforce to be successful in their role. A competent, confident workforce who are knowledgeable of and adhere to established standards for service excellence will result in quality services and satisfied individuals.

Additional Administration Quality Functions

The Communications Department is integral in facilitating bulletins, alerts, and newsletters to update and engage workforce members on various topics such as policies and procedure changes, new services available to individuals, and opportunities for professional development, to promote a culture of quality and compliance.

The MIS Department promotes ongoing compliance with privacy security, and documentation regulations to ensure workforce safeguarding Center electronic equipment, individual information, and billing integrity. MIS also provides resources for workforce to establish more efficient workflows, assist in the development of means to capture required documentation elements for service providers and quality metrics.

Center Quality Goals FY23-24

1. The Center will receive a comprehensive score of 85% or higher on all audits conducted by an external review.
    - Progress will be determined by documenting results for each external audit.
2. The Center will establish an effective means of collecting meaningful feedback from individuals receiving services, families, visitors, and workforce members.
    - Progress will be determined by implementing a system for collecting real time responses related to satisfaction, quality of care, etc.
3. The Center will identify key performance indicators to evaluate overall impact of LifePath Systems on individuals receiving services.
    - Progress will be determined by developing a data collection mechanism to evaluate overall progress of the Center.
4. The Center will create and maintain a central Library to serve as a resource for all workforce

related to forms, trainings, and additional resources.
- Progress will be determined by publishing a functional online library for all workforce to access as needed.

SECTION 2. BEHAVIORAL HEALTH DIVISION WORKPLAN

The BH Division has established Quality Management Plan that 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 support by identifying problems and implementing effective solutions. The following key components of the BH QMP represent quality management activities performed by BH workforce members to systematically evaluate service delivery and monitor quality.

Behavioral Health Service Array

The BH Division provides offers an array of services and supports for individuals seeking services diagnosed with mental health and substance use disorders. Individuals are screened and assessed to determine if they meet minimum eligibility requirements and receive either recommendations for services or community resources to meet identified needs. Services include but are not limited to:

1. Texas Resilience and Recovery (TRR) outpatient services for adults, children, and adolescents
2. Psychiatric Medication Management
3. Pharmacy and Prescription Assistance Program (PAP) for adults, children, and adolescents
4. Assertive Community Team (ACT) for adults
5. Youth Empowerment Services (YES)/Wrap around services for children/adolescents
6. Mobile Crisis Outreach Team (MCOT) for all individuals in crisis
7. Extended Observation (EOU) and Crisis Respite (CRU) services at the Crisis Center
8. Jail Diversion services
9. Preadmission Screening and Resident Review (PASRR) for individuals in Nursing Facilities
10. Consumer Benefits services
11. Supported Employment and Supported Housing
12. Military Veteran Peer Network (MPVN)
13. Medical Screenings (Integrated Healthcare)
14. Care Coordination and Continuity of Care services and supports

Individuals receive services in their home, in the community, and/or at a LifePath Systems facility. Legally authorized representatives, family members, friends, and contracted or community service providers are also involved in service provision as requested or required.

Quality Program Functions

The Behavioral Health Utilization Management and Quality Management (UM/QM) Department consists of the Assistant Director – Authority Services, Program Administrator – BH UM/QM, UM Managers, Quality Assurance Team Leads, Quality Assurance Coordinators, UM Technicians, Continuity of Care, and Medical Records. The BH UM/QM Department conducts utilization and quality reviews, facilitates incident reporting and complaint resolutions, monitors achievement of performance measures, ensures adherence to various contractual obligations, and evaluates various elements of quality to make recommendations for improvement.

The Utilization Management Committee is comprised of representatives from the BH UMQM Department as well and key management from Behavioral Health departments. The UM Committee reviews various sets of data related to utilization of services to identify trends.

Utilization Management[2]

The Utilization Management Program ensures that person-centered, high-quality services are provided to eligible individuals, in the most cost effective and efficient manner, which aligns with each individual's personal recovery plan.

Safety and Risk Management Reviews

The BH QM reviews all incident reports and medication errors from each provider to identify trends and patterns related to safety or health risks. In addition, facility inspections are completed for all providers and results are submitted to the facility manager for action.

Workforce Member Qualifications and Competency

Qualifications and education are verified prior to hire. All workforce members complete required training and a competency assessment as required for their job description and responsibilities. Compliance is monitored by Human Resources, BH Quality Management, and formal partners.

Performance Measures

Performance Measures are outlined within contracts and statements of work. Measures are evaluated on an ongoing basis by BH Quality Management and BH supervisory workforce for both authority and provider functions, including formal partners. Deficiencies are identified and addressed to ensure that measures are met, and quality services are provided, resulting in improved outcomes for those we serve.

YES Waiver

The Youth Empowerment Services (YES) Waiver provides comprehensive home and community-based mental health services to youth 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. YES, Waiver services are available to youth until the month before their 19th birthday.

LifePath Systems BH Division is a participating entity providing YES Waiver (Waiver) services, and therefore workforce members must ensure adequate quality management activities by collecting data and measuring, assessing, and improving performance dimensions in the following areas:
1. LifePath Systems BH workforce members 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.
2. LifePath Systems BH workforce members provide timely enrollment of participants within 7 business days of meeting with the individual receiving services and legally authorized representative (LAR). Documentation is submitted within 5 business days of aforementioned meeting.
3. LifePath Systems BH wraparound facilitators provide at least one billable service per month (or monthly monitoring if the need for service(s) is less than monthly).
4. LifePath Systems BH wraparound facilitators base all individual plans of care and services on underlying needs and outcome statements. Documentation is based on specific wraparound process and procedures established by the National Wraparound Institute (NWI).
5. LifePath Systems BH wraparound facilitators provide services according to the individual receiving services' authorization.

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[2] For more information see the LifePath Systems Utilization Management Plan, 2023-2024

6. LifePath Systems BH wraparound facilitators participate in all Child and Family Team meetings and document encounters within 48 hours.
7. LifePath Systems BH wraparound facilitators ensure the development and revision of the service authorization and enter such revisions for approval in CMBHS or other approved electronic health record location.
8. LifePath Systems workforce members identify and update health and safety risk factors in accordance with NWI guidelines.
9. LifePath Systems workforce members submit, collect, and analyze critical incident data according to LifePath Systems guidelines.
10. LifePath Systems workforce members credential and train providers in accordance with Yes Waiver and LMHA standards and procedures.
11. LifePath Systems workforce members adhere to all policies and procedures and contractual obligations.
12. LifePath Systems workforce members ensure and maintain continuity of care.

Consumer Benefits

To steward funds responsibility, Consumer Benefits Specialists work to identify individuals seeking services who are potentially eligible for benefits such as Medicaid, Medicare, Part D, Social Security, etc. Individuals seeking services identified as potentially eligible for benefits are referred to the Consumer Benefits Specialists who then complete a further evaluation of their eligibility. Individuals seeking services who are found likely eligible by the Consumer Benefits Specialist are helped in applying for these benefits.

CCBHC - Continuous Quality Improvement Activities

Continuous quality improvement activities are conducted to align ongoing services and processes with the CCBHC model of care. BH supervisory workforce members collaborate with the BH UM/QM Department to collect, trend, and report data including but not limited to individual satisfaction, workforce training, preventive care and screening quality measures, tele-psychiatry services, risk assessment, and care coordination. Continuous Quality Activities highlight the impact of new and enhanced services and the need for additional enhancements to continue to improve timely access to care, continuity across transitions of care, reduce rapid readmissions to hospitals and crisis services (30-day readmissions), and engagement in routine services.

Program Specific Responsibility and Timing

The Quality Management Work Plan is intended to outline the activities of the BH Quality Management Program, assign the appropriate workforce member, and identify the frequency of the activity. Activities apply to internal providers and formal partners, as applicable.
The appropriate 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.

Any new contracts/programs initiated during the biennium are reviewed by QM and Program Administrators and monitored for fidelity.

ATTACHMENT A details the responsibility and time frame for all services and programs.

Formal Partners[3]

The Center has developed a broad provider network. LifePath Systems' BH Division currently contracts with one (1) comprehensive mental health provider, one (1) hotline provider, six (6) inpatient facilities, eight (8) substance use providers, and fourteen (26) YES Waiver specialty service providers. The BH Quality Management Department is responsible for reviewing provider services for contract adherence and quality no less than annually and for follow-up actions. The BH Quality Management Department also monitors performance measures for applicable providers on an ongoing basis. Complaints and incidents reported by providers are also reviewed and addressed as they are received.

Quality Management Improvement Activities

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, results are presented to the appropriate parties (Program Administrators, Directors of external providers, etc.) for further input.

Communication with BH Quality Management occurs via in-person or virtual meetings, emails, and conference calls. BH Quality Management requires corrective action plans or plans of improvement for reviews that are substandard or score below 80%. These plans 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 reviews 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.

Stakeholder Involvement

The Behavioral Health Planning and Network Advisory Committee is composed of at least 9 individuals, 50% of whom shall be individuals receiving services or family members of individuals receiving services, including family members of children or youth, and include at least one person with lived experience with homelessness or housing instability. The remaining members may be interested citizens or community stakeholders. The Behavioral Health Planning and Network Advisory Committee (BH PNAC) meets monthly to bi-monthly to discuss current issues and policies on a variety of topics that impact service delivery, network expansion, evaluation, and development.

It is the goal of the BH PNAC to enhance the quality of Center services by providing information and feedback to the LifePath Systems Board of Trustees regarding Behavioral Health (mental health and substance use) services. In order to achieve that goal, the BH PNAC serves as a resource to the Board of Trustees by assisting in the following areas:
1. Identification and prioritization of service needs;
2. Learning about existing and new services;
3. Development of the Local Plan[4] and the Provider Network Development Plan;
4. Assisting in developing resources for Center program; and,
5. Advocacy.

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[3] Formal relationships, as defined CCBHC, are evidenced by a contract, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), or such other formal arrangements describing the parties' mutual expectations and establishing accountability for services to be provided and funding to be sought and utilized.

[4] Local Plan = Consolidated Local Service Plan

SECTION 3. INTELLECTUAL AND DEVELOPMENTAL DISABILITIES WORK PLAN

The IDD Division has an established Quality Management Plan is comprised of various components to meet the needs of the individuals served, and includes contract management and compliance monitoring, committee support assistance, local and Permanency Planning, data evaluation, quality reviews, satisfaction, and client rights.

IDD Service Array

The Intellectual and Developmental Disabilities (IDD) Division offers an array of services and supports for individuals seeking services with a priority population diagnosis. Eligibility determinations, community resource information, and referrals are coordinated via IDD's Front Door Service Program. Individuals seeking services are assisted with the enrollment and coordination of a myriad of services including:

1. Preadmission Screening and Resident Review (PASRR);
2. Home and Community based Services (HCS);
3. Texas Home Living (TxHmL);
4. Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID);
5. Emergency Crisis Intervention Services;
6. Non-waiver program services;
7. Consumer benefit enrollment service assistance;
8. Supported Employment program services;
9. Hospital and state school liaison assistance; and,

Individuals receive services in their home, in the community, and/or at a LifePath Systems facility. Legally authorized representatives, family members, friends, and contracted or community service providers are also involved in service provision as requested or required.

Quality Program Functions

The IDD Quality Management Department consists of a Program Administrator, Quality Assurance Specialists, IDD Data Entry specialists, and Medical Records technicians, one of which is also the facility manager and one front desk receptionist. The IDD QM team conducts utilization and quality reviews, facilitates incident reporting and complaint resolution, analyzes and submits encounters, monitors achievement of performance measures, ensures adherence to various contractual obligations, and evaluates various elements of quality to make recommendations for improvement.

The Intellectual and Developmental Disability (IDD) Division's Quality Management Team (QMT) is comprised of a leadership hierarchy. The IDD QMT hierarchy includes:
Division Director;

1. Program Administrator for Quality Assurance and Medical Records;
2. Program Administrator for Waiver Program Services/ICF/IDD Services;
3. Program Administrator for Service Coordination;
4. Program Administrator for Front Door/PASRR Services and Crisis Services; and,
5. Program Administrator for Supported Employment Services.

The IDD Management Team meets on a weekly basis to review data, including incident reports, share ideas, and discuss issues affecting program productivity and quality, to evaluate progress, and make programmatic changes as needed.

Stakeholder Involvement

The IDD Planning and Network Advisory Committee (PNAC) is composed of at least nine members, fifty percent of whom shall be Individuals or family members of Individuals, including family members of children or adolescents, and a liaison from the Board of Trustees, or another composition approved by Health and Human Services Commission. The PNAC advises the LifePath Systems' Board of Trustees in the following areas:

1. Planning for community needs;
2. Prioritizing service needs and delivery options;
3. Budget reviews;
4. Identifying Center problems and successes;
5. Quality reviews;
6. Identifying opportunities for the Center
7. Assisting the Board and workforce members to gain input from stakeholders;
8. Advise the Center in the development of the Local Plan;
9. Review reports of Local Plan implementation and report to the Board periodically regarding needs and priorities and implementation of plans and contracts; and,
10. Respond to special charges assigned to it by the Board of Trustees.

Measuring, Assessing and Improving Authority Functions

LifePath Systems has an annual calendar that provides a structure to ensure that all items named in this plan are reviewed by the appropriate body in the appropriate time frame.

Provider Relations

The Center has made great strides in developing a robust provider network. LifePath Systems' IDD Division currently contracts with more than 119 family contractors for respite services, eleven (11) day habilitation programs, and fifteen (15) specialized service providers. The IDD Quality Management Team is responsible for recruiting providers of services, performing credentialing functions, delivering special needs training for family contractors, and providing technical assistance with respect to data collection and progress note documentation. The IDD Quality Management Team also monitors the submission of contractor progress notes to ensure data accuracy, appropriateness of billing, and completeness of documentation for billed services. A provider complaint process has been developed and disseminated.

Waiting List Maintenance

IDD front door team members review HCS/TxHmL interest list status with individuals seeking services on a biennial basis. The Non-waiver service coordinators review the preferences of individuals seeking services on an annual basis. The front door workforce members maintain a database of services that individuals are waiting for that are not currently available. The IDD Management Team reviews the non-waiver and HCS/TxHmL interest list at least monthly and the interest list numbers are reported to the Board monthly.

The Consumer Benefits Specialist and Intake Specialist work cooperatively to identify individuals seeking services who are potentially Medicaid eligible. Individuals seeking services identified as potentially eligible for Medicaid are referred by the Intake Specialist to the Consumer Benefits Specialist who then completes a further evaluation of their eligibility. Individuals seeking services who are likely eligible by the Consumer Benefits Specialist are helped in applying for Medicaid. The Intake Specialist refers individuals seeking services who are placed on the waiting list to the County Support Grant worker to determine their eligibility for that program.

Productivity

The Service Coordination and Supported Employment Administrators review workforce productivity reports to measure units of service against an established benchmark for each job type monthly. This information is shared with workforce members and plans of improvement are implemented as needed. Monthly billing productivity reports are reviewed with workforce members and the IDD Management Team monthly.

Critical Incidents

HHSC operates a Critical Incident Management Systems (CIMS) for reporting critical incidents for Community Living Assistance and Support Services providers, Deaf Blind with Multiple Disabilities providers, CLASS case management agencies, Home and Community-based Services (HCS) providers, Texas Home Living (TxHmL) providers, and Local intellectual and developmental disability authorities (LIDDAs).

IDD QMT is responsible for reviewing all incident reports. A trending spreadsheet was developed to assist in tracking all incidents and assuring that trends are identified and addressed. In addition to reporting critical incident data to HHSC, follow-up is done if incidents are not resolved adequately, or a pattern emerges that requires attention i.e., medication errors or behavioral episodes. A benchmark was set of no more than 3 medication errors per quarter in residential services; exceeding that number triggers a requirement for plan of correction and disciplinary action as appropriate. Any use of physical restraint requires an authorized clinical professional to ensure behavioral issues are addressed and compliance standards are maintained.

Satisfaction and Rights

IDD QMT is responsible for the coordination, distribution, and collection of submitted responses to satisfaction surveys with families of individuals receiving services on a quarterly basis. Results are reported to the IDD Quality Management Team, the CQA Department, and the PNAC. Program Administrators are responsible for reviewing the results of surveys and follow-up with individuals receiving services by request. IDD QMT participates in the solicitation and successful resolution of complaints and monitors the process. The monitoring process consists of assisting individuals receiving services with documenting complaints and ensuring resolution by following the complaint through the established process flow until a satisfactory resolution is reached. IDD QMT also work cooperatively with the Office of Rights Protection at HHSC to resolve complaints of individuals receiving services at LifePath Systems that are received by that office.

Performance Measures

Performance Measures are outlined within contracts and statements of work. Measures are evaluated on an ongoing basis by IDD Program Administrators and IDD QMT. Deficiencies are identified and addressed to ensure that measures are met, and quality services are provided, resulting in improved outcomes for those we serve. Performance measure data is reviewed with the Finance Board Committee.

A comprehensive outline of performance measures is in **ATTACHMENT B**.

Prevention of Abuse, Neglect and Exploitation

Abuse and neglect reports are tracked and reported monthly as part of CIRS data reporting. In FY19-20 there were no reports of abuse and neglect involving non-waiver individuals receiving services or workforce members.

Any confirmed allegations are reviewed by the IDD Management Team, the Compliance and Quality Assurance Department, and the Planning & Network Advisory Committee. Additional workforce member training, changes in staffing patterns and new assessment devices such as the full body screening checklist have been implemented as a result of previous reviews and evaluation. A recent recommendation to train individuals receiving services on how to identify and report abuse is in the process of being implemented.

Training in abuse and neglect reporting procedures for residential workforce members is done every six months (once during the formal agency computer-based training module and twice during face to face, on-unit training by the Authority Functions Program Administrator).

A protocol was developed for workforce members to follow in observing for signs of bruises and other injuries when assisting in bathing, dressing, or other activities; and how to report any findings. Workforce members involved in this type of assistance for individuals receiving services have been trained on the use of this protocol and have signed off on it.

IDD distributes "business cards" with the number for Department of Family Protective Services (DFPS) and definitions of abuse and neglect to all workforce members, individuals receiving services, and families of individuals receiving services. In addition, IDD developed and distributed a flier describing abuse and how to report it when it occurs in the community or family home and involves someone other than agency workforce members.

Plan Monitoring
The Quality Management Plan is reviewed quarterly in conjunction with the Local Plan review by the IDD Management Team and the Planning & Network Advisory Committee. An annual calendar is to schedule regular review of plans and reports to ensure that reviews are completed as planned and documented as required. The Quality Management Plan is updated biennially.

SECTION 4. EARLY CHILDHOOD INTERVENTION (ECI) QUALITY MANAGEMENT WORK PLAN

The ECI Division has an established Quality Management Plan that encourages continuous quality improvement activities performed by ECI workforce members to systematically evaluate service delivery and monitor quality.

ECI Service Array
LifePath Systems ensures the effective delivery Early Childhood Intervention (ECI) services with a home-based, evidence-based, family-centered coaching model. Children, birth to 36 months who have a developmental delay, disability or a qualifying medical diagnosis are served through various therapeutic services that utilize the caregiver/child dyad and the natural settings and routines of the child. Services include but are not limited to:

1. Case Management
2. Specialized Skills Training
3. Physical Therapy
4. Occupational Therapy
5. Speech Therapy
6. Nutritional Services
7. Counseling
8. Auditory Impairment and Visual Impairment services through the lead education agency

Children are served in their natural setting with their caregivers. These natural settings may include home, daycare, a relatives' home, a park, a restaurant, a grocery store, or any other place where the child spends time and where the service provider may offer strategies for caregivers to work toward helping a child master a task. A caregiver may include a parent, teacher, relative, foster parent, or anyone who cares for that child on a somewhat regular basis.

Quality Program Functions
The Early Childhood Intervention Management and Quality Management (PAQI) Department consists of the Director of ECI and the Program Administrator for Quality Improvement, Training Manager, and Program Administrators.

The Department conducts quality reviews, facilitates incident reporting and complaint resolutions, monitors achievement of performance measures, ensures adherence to various contractual obligations, and evaluates various elements of quality to make recommendations for improvement.

Competency and Credentialing
Services are provided by licensed professionals, Service Coordinators (SC's), and Early Intervention Specialists (EIS's). An EIS has a bachelor's or master's level education in child development or a related field and has gone through a credentialing process with the State of Texas. A SC also holds a bachelor's or master's level education in child development or a related field and has gone through a web-based training including observations and demonstrations. The SC can be a paraprofessional that has been grandfathered into the system. All workforce members are expected to maintain their appropriate licenses and completed required trainings as indicated.

Ongoing Service Evaluation

The Service Coordinator monitors satisfaction, provision of services, and needs of the family throughout the time that the child is enrolled in ECI. Eligibility and needs are formally evaluated annually. The child's service team is present at the annual evaluation and discusses the evaluation results and ongoing needs.

Transition Planning and Resources

The Service Coordinator, with the family, develops a transition process for the time when the child exits the program. The Service Coordinator assists the family in enrolling in the school district that serves that child for any ongoing therapeutic needs and provides resources for any other transition services that the family may be interested in such as daycare, private therapy, or play groups.

Quality Indicators

Services are funded by State funds through HHSC, by public and private insurance companies, and by a sliding scale family cost share. HHSC closely monitors quality and compliance of all early childhood services through 7 quality indicators. In our pursuit of excellence, early childhood intervention services monitor these quality indicators carefully and the Program Administrator for Quality Improvement reports to all Program Administrators and the Director on these indicators monthly.

The Program Administrator for Quality Improvement is responsible for gathering Quality Indicator data and presenting to the Program Administrators and the Director.

ATTACHMENT C details quality indicators.

Parent Surveys

Early childhood intervention services utilize parent surveys for initial enrollment, ongoing services, and program exit to look at other areas that indicate quality such as a family's access to services, understanding of their evaluation results and services recommended, responsiveness and reliability of workforce members, workforce member sensitivity, and overall experience with early childhood intervention services.

ATTACHMENT A

BH Quality Management Work Plan

Adult Services - Fidelity Review	Person/Entity Responsible	Time Frame
Assertive Community Treatment	Program Administrator/QM	Annually
Supported Employment	Program Administrator/QM	Annually
Supported Housing	Program Administrator/QM	Annually
Illness Management & Recovery	Program Administrator/QM	Annually
Cognitive Behavior Therapy	Program Administrator/QM	Annually
Children & Adolescent Services – Fidelity Reviews	**Person/Entity Responsible**	**Time Frame**
Cognitive Behavior Therapy	Program Administrator/QM	Annually
Trauma Focused – Cognitive Behavior Therapy	Program Administrator/QM	Annually
Seeking Safety	Program Administrator/QM	Annually
Aggression Replacement Techniques	Program Administrator/QM	Annually
YES Waiver	Program Administrator/QM	Annually
Other Programs	**Person/Entity Responsible**	**Time Frame**
COPSD	Program Administrator/QM	Annually
TCOOMI	Program Administrator/QM	Annually
Jail Diversion	Program Administrator/QM	Annually
Outpatient Competency Restoration (OCR)	Program Administrator/QM	Annually
PASRR Review	Program Administrator/QM	Annually
First Episode Psychosis/Coordinated Specialty Care	Program Administrator/QM	Annually
Crisis Services - MBOW Reports, Record Review	Program Administrator/QM	Annually
Inpatient Services/Continuity of Care	Program Administrator/QM	Annually
DPP Quality Measures	CEO/COO/CQA/Director BH/ QM	Semiannual Reporting
CCBHC Services/Metrics/Outcome Measures	Director BH/Project Director/ Evaluator/Program Administrators/ QM	On-Going
Other Oversight Activities	**Person/Entity Responsible**	**Time Frame**
External Contracts Review/Provider Network Development	Contracts Management	Annually; On-Going
Data Accuracy Review	Finance Team/Information Services/ Programs Administrators	On-Going
Performance Measures	Program Administrators/UM/QM	Ongoing
Facility Infrastructure Review – Safety Review	Facilities Management	Annually
ADA Plan Review	Director Human Resources	Annually
Complaints/Appeals	Director of UM/QM	As needed
Abuse/Neglect	Client Rights Officer/ QM	As needed
Satisfaction Surveys	CQA/ QM	On-Going

Other Oversight Activities	Person/Entity Responsible	Time Frame
Provider Profiling –Electronic Health Record Reports, MBOW Reports, Unit Progress Reports	Data Management/Contracts/ UM/QM	On-Going
Utilization Management – MBOW Reports, Hospitalization Data, Appeals, Crisis	Medical Director, Director of UMQM/ UM/ QM	On-Going
Safety	Facilities/Office Managers/ CQA /BH Director of Nursing	On-Going
Risk Management	CQA / QM	Annually
Death Reporting	Director of UM/QM/ Director of Nursing	As Occurs
Infection Control Monitoring	BH Director of Nursing	On-Going
Productivity Monitoring – Electronic Health Record Reports	Program Administrators/QM	On-Going
Access to Services/Mystery Caller	ICARE Hotline / QM	Annually
ANSA/CANS Quality Assurance Training	ANSA/CANS Super Users	Semiannually
Waiting List & Follow-up Activities	Director of UM/QM / COC/Intake Program Administrator	Weekly (if Waiting List)
Prescribing Practices Review	Medical Director/BH Director/Director of Nursing/ Director of UM/QM	Quarterly
Review of Financial Status and Budget	Executive Management	On-Going
Recovery Plan Review and Progress Note Review	Program Administrator/QM	Monthly
Substance Use Treatment – Analyze services for each service level and contract population. Must include evidenced based practices, programs, and research-based approaches to Substance Use Treatment, Service Capacity, Access to Services, and Continuum of Care	Program Administrator/ QM	Annually
Compliance with TAC	Director of UM/QM / QM/CQA	On-Going
Documentation of Quality Management Plan Activities	UM Committee/ QM	Quarterly; On-Going
Incident Reporting	QM/CQA	As Occurs; Semiannually Trending
Workforce Competency & Credentialing	Human Resources/ Program Administrators/ QM	Annually; On-Going
Quality Management Plan	Director of BH, Director of UM/QM, Program Administrator	Annually
Technical Assistance Provision	QM	On-Going

ATTACHMENT B

IDD Performance Measures

No.	Performance Measure	Outcome Target
1	Percent of all enrollments into Home and Community-based Services ("HCS") that meet timelines specified in the LIDDA Handbook (Medicaid Program Enrollment Requirements)	at least 95% for each quarter
2	Percent of permanency plans completed that meet timeline requirements specified in Permanency Planning Requirements	at least 95% for each quarter
3	Percent of all Preadmission Screening and Resident Review ("PASRR") Evaluations ("PEs") or resident reviews completed and entered into the Long-Term Care ("LTC") Online Portal within seven calendar days after receiving a copy of the PASRR Level 1 ("PL1") screening from the referring entity or notification from the LTC Online Portal as required by 26 Tex. Admin. Code, Chapter 303, §303.302(a)(B)	at least 95% for each quarter
4	Percent of compliance with assigning a habilitation coordinator to an eligible individual within two business days after the PE is entered in the LTC online portal as described in section 4200 Assignment of Habilitation Coordinator of the IDD-PASRR Handbook.	at least 95% for each quarter
5	Percent of all PASRR evaluations or resident reviews completed in which field F1000 "Referrals" section of the PE is completed if field F0500 "Would this individual like to live somewhere other than Nursing Facility" is marked "1. Yes"	at least 95% for each quarter
6	Percentage of completed PL1s in which the "Alternative Placement (Disposition)" field is completed within seven days of a PASRR positive person's enrollment in a community program as described in section 2320 PL1 Screening Form of the IDD PASRR Handbook.	at least 95% for each quarter
7	Percent of HCS and Texas Home-Living ("TxHmL") interest list population contacted for biennial review as required in HCS Interest List Maintenance	At least 50% by the end of FY20 100% by the end of FY21
8	Quarterly IDD Community Service Target	95
9	Percent of compliance adhering to the deliverable dates described in section A-8, IDD Submission Calendar.	at least 95% for each quarter
10	Percent of compliance with conducting Community Living Option ("CLO") during the PE and at least every six months thereafter, but no more than 30 days before a scheduled quarterly Service Planning Team ("SPT") meeting as required by 26 Tex. Admin. Code, Chapter 303, § 303.601 (b)(9)(B)(i).	at least 95% for each quarter

11	Percent of compliance with conducting Community Living Option ("CLO") during the PE and at least every six months thereafter, but no more than 30 days before a scheduled quarterly Service Planning Team ("SPT") meeting as required by 26 Tex. Admin. Code, Chapter 303, § 303.601 (b)(9)(B)(i).	at least 95% for each quarter
12	The Contract LIDDA will provide community living options information to all individuals living in the assigned State Supported Living Center ('SSLC") or their Legally Authorized Representative ("LAR"), or both, a minimum of one time per year.	95%
13	The Contract LIDDA will complete the Community Living Option Information Process ("CLOIP") instrument and provide a written report to the SSLC and Designated LIDDA no later than 14 calendar days prior to the individual's SSLC annual planning meeting.	95%
14	The Contract LIDDA will attend the SSLC annual planning meeting in person or by teleconference 100% of the time unless the resident and/or their LAR has specifically requested the LIDDA not participate.	95%

ATTACHMENT C

ECI Quality Indicators

Indicator 1:
Total Enrollment: ECI is contracted with HHSC to provide services to an established number of children per fiscal year. This number is developed by looking at an average number served over a few months   of the past fiscal year. Compliance is established by meeting this number of children on average over a 6- month span of that fiscal year. This performance target is 100%. If the provider is out of compliance, HHSC may recoup money from the provider.

Indicator 2:
45-day Timeline: Part C regulations specify that the initial evaluation of the child and family, as well as the initial IFSP meeting must be completed within 45 days from the date a referral is received. The percentage of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within the 45-day timeline is measured. The performance target is 100%. For this indicator, ECI's have the option to identify and count delays that are due to family circumstances as timely.

Indicator 3:
28-day Timeline: Timely receipt of services measure the percent of infants and toddlers with an Individualized Family Service Plan (IFSP) who receive the early intervention services in a timely manner. A child must start receiving all of the planned IFSP services within 28 days from when the parent signs any IFSP. The indicator refers to the percentage of children for whom all services are timely, not the percentage of services that are timely. This performance target is 100%. For this indicator, ECI has the option to identify and count delays that are due to family circumstances as timely. If one or more of the services for a child are not delivered within the defined timeline, you would not meet the expectation.

Indicator 4:
Average Hours Served: Early intervention services must serve an average number of hours per child per month overall. This performance target is 100%. Early childhood intervention services must provide a predetermined number of hours to each enrolled child over the course of a month.

Indicator 5:
Transition Steps: The child's IFSP team starts preparing the child and family for transition out of Part C services when the child is between 27 and 32 months (and no less than 90 days prior to the child's third birthday). A transition planning meeting is held to discuss next steps, and how the child and family can prepare for transition to special education or to other community programs or resources. These steps and services correspond to specific Part C regulations. This performance target is 100%.

Indicator 6:
Notification to the Lead Education Agency (LEA): The local school district is notified if the child is potentially eligible for Part B (Part B provides special education and related services to children and youth, ages 3 through 22). When the IFSP team meet with the family to discuss transition

services, the team notifies the Lead Education Agency of the potential for eligibility for special education services. If the family opts out of the notification, then the LEA is not notified, however, the family can change their mind at which time the IFSP team notifies the LEA despite meeting the timeline. This performance target is 100%.

Indicator 7:

Transition Conference: If child is potentially eligible for Part B, a Transition Conference meeting is held between the Service Coordinator and the family, with the rest of the IFSP team and the LEA being invited to attend with the family's permission. This conference is held to explain the process of evaluation and enrollment, as well as how ongoing services are provided to eligible children through the LEA after early childhood intervention services stop at the age of 3. The family can choose to decline this meeting, even if they are interested in pursuing transition services with the LEA or elect to have this conference with the Service Coordinator without a school representative. The percentage of children for whom a transition conference was held, if the child was potentially eligible for preschool services under Part B has a compliance indicator with a performance target of 100%.