



LIFEPATH SYSTEMS QUALITY MANAGEMENT PLAN FISCAL YEARS 2021 AND 2022

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 satisfaction of the individuals who receive our services (regardless of the organization's structure). The culmination of quality measurements and assessments allow LifePath Systems ("LPS" or "Center") to publish a quarterly Quality Index that serves as a composite benchmark for overall Center service delivery.

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

Our Mission

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

Our Values

LifePath Systems is committed to the following values:

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

2. Stewardship of Resources:
We will utilize all Center resources efficiently, appropriately, and with transparency and ethical and fiscal accountability.
3. Integrity:
We will act with honesty and honor without compromising the truth.
4. Workforce 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.
5. Credibility:
We will strive to earn enduring credibility with our stakeholders, which we believe is essential to maximizing our potential as a health care provider.
6. Community:
We will continue to help meet the needs of an underserved segment of our population thus contributing to society and demonstrating social responsibility.
7. 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 Director of Compliance, Planning and Quality Assurance, with oversight by 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; Director of Compliance, Planning and Quality Assurance; 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.

In addition to the ECQAC, 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 LPS, as well as other stakeholders. Additional committees are discussed below.

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 five (5) sections:

1. Scope, Methodology and Timing for the LPS Quality Index (QI);
2. Behavioral Health (BH) Division work plan, including the Crisis Center;
3. Intellectual and Developmental Disability (IDD) Division work plan;
4. Early Childhood Intervention (ECI) Division work plan; and,
5. Client Rights.

SECTION 1. SCOPE, METHODOLOGY AND TIMING FOR THE LPS QUALITY INDEX (QI)

Scope

Historically, satisfaction of individuals receiving services has been measured at the operating division level using periodic surveys and applicable division methodology.

The goal of the LPS Quality Index (QI) is to consolidate each division’s survey measures. Normalizing each division’s survey results into a single, periodic measure thus allows those charged with governance to easily monitor changes in satisfaction (quality) on a consolidated basis. Additionally, the LPS QI allows those charged with governance to review satisfaction across the divisions more frequently (on a quarterly basis). The QI also provides individuals who receive services and other stakeholders with an easy to understand measurement tool to assess LPS quality initiative progress.

Methodology

Each survey response has a numerical score associated with it (e.g. "Strongly Agree" = 5). The number of times a response is selected is tallied and used by the Compliance and Quality Assurance (CQA) Department to calculate a satisfaction percentage. The LPS QI is the sum of the weighted average division-level satisfaction percentages. The weighting is based on the approximate annual revenue from each operating division (measured for the fiscal year preceding the calculation) and a flat 5 percent allocated to Administration. For fiscal years 2021-2022 the weighting is:

Division	Weighting
BH	60%
IDD	17.5%
ECI	17.5%
Admin	5%

Timing

Each division is responsible for providing the Compliance and Quality Assurance Department with survey data by the end of the 2nd week of the month following the end of the fiscal quarter being measured. To provide this survey data in a timely manner, all surveys for the quarter are requested and completed on the schedule provided in **ATTACHMENT A**.

After the divisions compile and remit survey data for the fiscal quarter, the Compliance and Quality Assurance Department is responsible for calculating the LPS QI. The LPS QI is presented to the LPS Executive Compliance and Quality Assurance Committee (ECQAC) on the first month following the end of the quarter being measured. The LPS QI is then available to the LPS Board of Trustees.

SECTION 2. BEHAVIORAL HEALTH DIVISION WORKPLAN

The BH Quality Management Plan 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:

Contract Monitoring

The BH Management Team is responsible for monitoring compliance with identified fiscal and qualitative indicators for formal partners. Data are evaluated to make informed decisions regarding re-contracting with service providers.

Utilization Management¹

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

Feedback from State Contract and Other Oversight Entities

Reports, data and results from onsite reviews or desk reviews from the Health and Human Services Commission (HHSC) and other regulatory agencies are used to identify performance improvement activities and to assess unmet needs of individuals receiving services and service delivery issues.

Documentation Reviews

Reviews conducted by BH Quality Management (QM), supervisors/team leads/Program Administrators, and formal partners are designed to address compliance with contract requirements, quality of assessments, recovery planning, and service delivery throughout the fiscal year. BH QM collaborates with providers to address instances of non-compliance by providing technical assistance and follow-up to remedy any concerns or deficiencies identified.

Billing Reviews

Billing reviews are designed to assess timeliness and completeness of service coding and compliance to regulatory billing requirements.

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.

¹ For more information see the LifePath Systems Utilization Management Plan, 2021-2022

Death Reviews

All deaths occurring within 180 days of service delivery are reviewed in accordance with TAC Title 25, Part 1, Chapter 405, Subchapter K Rules 405.263-405.277. The determination of the need for a Clinical Death Review is based upon the possible need for review of clinical policies and procedures, the opportunity for professional education and/or the opportunity to improve care. Results of the Death Review Committee meetings are shared with the Executive Director and Senior Management.

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.



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 responsibly, 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.

1. The appropriate workforce member is subject to change as roles and assigned tasks evolve.
2. The identified frequency of the respective activity is based on a minimum recurrence and may recur more frequently.
3. Any new contracts/programs initiated during the biennium are reviewed by QM and Program Administrators and monitored for fidelity.

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

Formal Partners²

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 (14) 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 (LPS 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.

² 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.



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 Plan³ and the Provider Network Development Plan;
4. Assisting in developing resources for Center program; and,
5. Advocacy.

³ Local Plan = Consolidated Local Service Plan

SECTION 3. INTELLECTUAL AND DEVELOPMENTAL DISABILITIES WORK PLAN

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,
10. Services and supports funded through the County Support Grant.

A comprehensive outline of current services and programs is provided in **ATTACHMENT C**.

Quality Program Functions

The Intellectual and Developmental Disability (IDD) Division's Quality Management Plan (QMP) is comprised of various components carefully coordinated together to meet the needs of the individuals served, and includes the following components:

1. Contract compliance monitoring;
2. Contract management;
3. Committee support assistance;
4. Local and Permanency Planning;
5. Data evaluation;
6. Quality Review; and,
7. Satisfaction and Client Rights.

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

1. Division Director;
2. Program Administrator for Quality Assurance and Medical Records;
3. Program Administrator for Waiver Program Services/ICF/IDD Services;
4. Program Administrator for Service Coordination;
5. Program Administrator for Front Door/PASRR Services and Crisis Services; and,
6. 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 LPS 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 Plan⁴;
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-

⁴ Local Plan = Consolidated Local Plan



waiver and HCS/TxHmL interest lists 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.

Contract Compliance

IDD QM works to ensure that all contract reporting requirements are met and submitted in a timely fashion. These include critical incident report generation and submission, HCS/TxHmL interest list maintenance activities and enrollment activities. The Front Door workforce members monitor the status of permanency plans to ensure that they are completed and updated in compliance with the Performance Contract. The Program Administrator for Front Door services presents reports regarding enrollment services at IDD management team meetings to ensure enrollments are completed timely and issues can be addressed as needed.

Measuring, Assessing and Improving Services

Retrospective Reviews

IDD QMT conducts regular reviews of health care records associated with any individual receiving services who has been moved to inactive status or closed out of service to ensure that the discharge was documented appropriately, services provided were appropriate, and that links were made with other service providers as needed. Review results are provided to the Service Coordination Program Administrator, as well as the individual Service Coordinators. A monitoring tool has been developed for use with the HCS-Service Coordination services. Non-compliant items are corrected before the chart is closed and archived.

Critical Incident Reporting System (CIRS)

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 CIRS 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 Center's Compliance and Quality Assurance Department, and the Planning and Network Advisory Committee. 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 Client Rights Protection at HHSC to resolve complaints of individuals receiving services at LPS that are received by that office.

External Audits

IDD QMT members assists program workforce members in preparing for external audits, such as HCS, ICF/IID, TxHmL and Texas Workforce Services (TWS). IDD QMT members participate in preparing plans of correction and monitoring to ensure planned changes have been implemented.

Accuracy of CARE Data

CARE accuracy is monitored monthly by Program Administrators to ensure data reported to CARE reflects service provision. Program Administrators work with the MIS Department to make any necessary corrections.

Accuracy of Encounter Data

The IDD Quality Management Team is responsible for coordinating the review of submitted encounter data on a monthly basis and must address any outliers or process issues. Monitoring of encounter data has led to weekly review of duplicate service data reports and timeliness of service entry reports. These reports are available through the Center's billing system by each service area Program Administrator. Corrections and process revisions are made at that level to provide accurate and timely data for the eventual encounter submission.

Measuring, Assessing and Improving Service Capacity and Access to Services

IDD Program Administrators gather program data monthly and report through the Program Director to the Executive Compliance and Quality Assurance Committee (ECQAC) and the Board of Trustees. Elements reported include:

1. Number Referred;
2. Number of Intakes;
3. Number Served;

4. Number Waiting;
5. Number Discharged;
6. HCS Waiting List;
7. Front Door Waiting List; and,
8. County Support Grant.

The ECQAC meets periodically to review and evaluate the Center's performance access and service capacity.

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

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 provided include Physical Therapy, Speech Therapy, Occupational Therapy, Nutritional Services, Counseling, Specialized Skills training, and Case Management. Children may also receive auditory impairment and visual impairment services through AI and VI teachers provided by the lead education agency through a Memorandum of Understanding (MOU) at the state level.

ECI maintains a contract with Texas Health and Human Services Commission (HHSC) to provide these services. There are three Memorandums of Understanding (MOU) that the State of Texas maintains through HHSC that affect services in early childhood intervention at LifePath Systems. There is a MOU with Texas Department of Family and Protective Services that mandates a process in which Child Protective Services (CPS) workers can refer children for an evaluation in early childhood intervention. The CPS Regional office also maintains an agreement with local early childhood providers as part of this MOU. Texas HHSC and the Texas Education Agency also have an MOU to ensure a smooth transition for children and their families receiving early intervention services under Part C of the Individuals with Disabilities Education Act (IDEA) to preschool special education services under Part B of IDEA; and also to establish a statewide system of services to identify and serve children, birth to 36 months, with auditory impairments (AI) and visual impairments (VI) who are eligible to receive services under Part C of the IDEA and the Texas Education Code. There is an MOU between HHSC and Head Start that ensures that early intervention services include Head Start in program planning and the early interventions services assist families in accessing Head Start services.

Services are provided by licensed Occupational Therapists (OT's), Physical Therapists (PT's), Speech Therapists (ST's), Registered Dietitians, Licensed Professional Counselors (LPC's) or Licensed Clinical Social Workers (LCSW's), Speech-Language Pathology Assistant (SLPA's), 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. An EIS is trained to look at all areas of development and how they all work together to address developmental delays. 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.

At LifePath Systems, ECI serves children living in Kaufman, Rockwall, Collin, Grayson, and Fannin counties. 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.

The hierarchy of ECI Management is as follows: the Program Director is the top tier, managing the program; there are 3 Program Administrators divided by geographic area that provide the day to day management of the 5 counties in the program, including management of approximately 40 to 45 workforce

members each ; there is one Public Outreach provider that covers all 5 counties; and there is one Program Administrator for Quality Improvement that provides both initial and ongoing workforce member training, monitors quality indicators, and provides assistance to the Program Administrators as needed.

To receive services, early childhood intervention requires the following:

Referral

A referral can come from anyone who has concerns for a child's development. It can be a doctor, parent, teacher, family member, or friend. Referrals can come by fax, by phone, by walk-in, and through our website. Once the family is reached, the family is scheduled for an evaluation and receive verification via mail or email.

Evaluation

A child comes to a designated LifePath Systems office with their family or caregiver for an initial evaluation using the Battelle Developmental Inventory, which is the State mandated assessment tool to determine eligibility. The family knows at that visit if their child qualifies and is given the option of enrolling in services that day or coming back another time to enroll.

Enrollment

An Individualized Family Service Plan is developed to define services and goals. This plan includes Case Management, provided by a Service Coordinator, who addresses ongoing needs, satisfaction with services, offer resources, and monitor timelines to ensure that the family receives all the services that are proposed in a timely manner, as defined by the State.

For ongoing services, early childhood intervention provides the following:

Ongoing Service Provision

As services are provided, the identified team provides the services defined on the Individualized Family Service Plan. They monitor goals and update as needed. An Individualized Family Service Plan may be initiated by any team member, which includes the caregiver, to modify services to meet the needs of the child. The Service Coordinator continues to monitor satisfaction, provision of services, and needs of the family throughout the time that the child is enrolled.

Annual Evaluation

The child receives an annual evaluation to determine ongoing eligibility and needs. The team is present at the evaluation and discusses the evaluation results and ongoing needs of the child and a new Individualized Family Services Plan is completed.

Transition

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 provide resources for any other transition services that the family may be interested in such as daycare, private therapy, or play groups.

Exit

A child exits early childhood intervention services when the child turns 36 months old, no longer qualifies, or the family decides to leave services, as early childhood intervention is a voluntary program.

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:

1. Total Enrollment: Number of children enrolled, which is a predetermined number that is given to the early childhood intervention provider by HHSC at the beginning of the new fiscal year and is identified in the ECI HHSC service contract.
2. 45-day Timeline: The child is enrolled in services within 45 days of the date of referral.
3. 28-day Timeline: The child receives each new service listed on an Individualized Family plan within 28 days of that plan.
4. Average Hours Served: The program provides a predetermined number of averaged hours per child per month.
5. Transition Steps: A child has a plan for being considered for ongoing developmental services through the school district unless declined by the family.
6. Notification to Lead Education Agency (LEA): ECI provides all lead education agencies a notification for each child that may need ongoing services in a timely manner unless the family has declined that notification.
7. Transition Conference: The family has a transition conference with the Service Coordinator that goes over the process of being evaluated for ongoing services through the school district, and how services may be different from early childhood services, unless family declines.

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

ATTACHMENT D details quality indicators.



SECTION 5. CLIENT RIGHTS

Client Rights

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 Client 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, Exploitation, & Neglect

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.



ATTACHMENT A

FY 21 LPS QI Timeline				
Fiscal Quarter	Request & Receive Surveys for the period ranging from:	Deadline to Remit Quarterly Survey Data	Present LPS QI to ECQAC	Present LPS QI to Board
FQ1	12/23/2020 - 1/3/2021	1/8/2021	1/19/2021	1/28/2021
FQ2	3/17/2021 - 3/31/2021	4/9/2021	4/20/2021	4/29/2021
FQ3	6/16/2021 - 06/30/2021	7/2/2021	7/20/2021	7/29/2021
FQ4	9/6/2021 - 9/16/2021	9/17/2021	9/21/2021	9/30/2021

FY 22 LPS QI Timeline				
Fiscal Quarter	Request & Receive Surveys for the period ranging from:	Deadline to Remit Quarterly Survey Data	Present LPS QI to ECQAC	Present LPS QI to Board
FQ1	12/23/2021 - 1/3/2022	1/8/2022	1/19/2022	1/28/2022
FQ2	3/17/2022 - 3/31/2022	4/9/2022	4/20/2022	4/29/2022
FQ3	6/16/2022 - 6/20/2022	7/2/2022	7/20/2022	7/29/2022
FQ4	9/6/2022 - 9/16/2022	9/17/2022	9/21/2022	9/30/2022

ATTACHMENT B -

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
1115 Medicaid Transformation Waiver	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
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 Nursing Manager	On-Going
Risk Management	CQA / QM	Annually
Death Reporting	Director of UM/QM/Nursing Manager	As Occurs
Infection Control Monitoring	BH Nursing Manager	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/ Program Administrator for Intake	Weekly (if Waiting List implemented)
Prescribing Practices Review	Medical Director/BH Director/Nursing Manager/ 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
BH Quality Management Tools	QM	On-Going
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 C

IDD Program Service Outline

- I. Front Door/PASRR**
 1. Intake Screening and Assessment;
 2. Eligibility Determination;
 3. Permanency Planning;
 4. Enhanced Community Coordination;
 5. PASRR Service Coordination; and,
 6. Waiver/non-waiver enrollment.

- II. Crisis Services/Clinical Services**
 1. Crisis Services; and,
 2. IDD Clinic.

- III. Provider Services**
 1. HCS –group homes, community support, host home companion care;
 2. TxHmL – community support; and,
 3. ICF- group homes.

- IV. Supported Employment**
 1. Job Placement;
 2. Supported Employment;
 3. Job training; and,
 4. Continued support.

- V. Service Coordination**
 1. HCS Service Coordination;
 2. TxHmL Service Coordination;
 3. Non-Waiver Service Coordination; and,
 4. CFC Service Coordination.

- VI. Quality Assurance**
 1. Contract compliance monitoring;
 2. Contract management;
 3. Data evaluation;
 4. Consumer benefits; and,
 5. Client rights.

- VII. Director**
 1. County Support Grant



ATTACHMENT D

ECI SUPPLEMENTAL INFORMATION

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 and the initial assessments 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 measures 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 the 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 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. 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%.