

CAMINO REAL COMMUNITY SERVICES



Quality Management Plan Intellectual and Developmental Disability Services

FY 2021/2022

INTRODUCTION

Camino Real Community Services (CRCS) defines quality as an ongoing collaborative effort with internal customers, external customers and other stakeholders utilizing various forums that afford each group an opportunity to describe and define quality. The concept of quality involves a dynamic attitude that permeates all areas of the organization and has a direct impact on all stakeholders. The ultimate achievement of quality lies in meeting the highest expectations of the individuals served. Quality management integrates fundamental management techniques, existing improvement efforts and technical tools in a planned, disciplined approach which is focused on continuous process and outcome improvement.

Mission, Vision, Values and Guiding Principles

The Quality Management Plan is driven by, and supports the mission, vision, values and guiding principles of Camino Real Community Services. These statements follow, respectively:

Mission

*Abriendo Puertas...Opening Doors
through choice, dignity and respect.*

Vision

As a thriving Center, Camino Real, in partnership with consumers, families, communities, service providers and policy makers envisions:

- *Quality customer driven services;*
- *Accessible, innovative and culturally sensitive service;*
- *Communities which embrace and support persons with mental illness and individuals with intellectual and developmental disabilities;*
- *Consumers achieving their individual dreams;*
- *A great place to work.*

Values and Guiding Principles

INDIVIDUAL WORTH

*We affirm that the individuals we serve share with us
Common human needs, rights, desires and strengths. We
celebrate our cultural diversity and individual uniqueness and
commit ourselves to support and enable each person's choices and
preferences.*

QUALITY

We commit ourselves to the pursuit of excellence in everything we do.

INTEGRITY

We believe that our personal and professional integrity is the basis of public trust.

DEDICATION

We take pride in our commitment to public service and to the support of the people we are privileged to serve.

INNOVATION

We are committed to developing an environment which inspires and promotes innovation, fosters dynamic leadership and rewards creativity among our staff, volunteers and the people we serve.

PARTNERSHIP

We believe that our vision and values are best realized when individuals working in teams achieve positive outcomes.

PLANNING

Planning Process

The Quality Management Program has implemented a formal agency-wide planning process and has established goals, objectives, performance indicators, responsible staff and time frames for which the improvements need to be accomplished in. The agency-wide goals are identified as the Quality Improvement Plan (QIP). The Executive Management Team review progress reports on all of the quality improvement initiatives. From the progress reports, the objectives are evaluated, modified if needed and additional objectives are added, based upon the needs of the Center.

Direction

The Quality Management Program has specific goals to address, in order to improve the overall performance of the Center, resulting in providing quality services to the consumers and the community. Quality Management initiatives include direct accountability, assessment of agency systems, and evaluation of data that is generated through performance improvement activities.

QM GOALS, OBJECTIVES, AND OUTCOMES

Goal 1: Support CRCS in meeting or exceeding all applicable requirements and standards.

Objectives:

1. Consistently review all new applicable Texas Administrative Codes (TACs).
2. Distribute TACs to appropriate personnel, to ensure staff receives up-to-date information on standards.
3. Request, as appropriate, revision of CRCS's policies and/or procedures based upon new TACs.

Measurable Results:

1. Review applicable Texas Administrative Codes within 30 days of notification.
2. New TACs are distributed to appropriate personnel and management staff to provide training to employees.
3. Policies and/or procedures are revised, as appropriate, per new TACs and submitted to appropriate supervisor/committee for approval.
4. All applicable staff is alerted to any new policies and/or procedures.

Outcomes:

1. IDD Directors review all new applicable Texas Administrative Codes.
2. Employees are complying with standards set by the State.
3. Policies and procedures are followed, ensuring quality services that meet state standards.

Goal 2: CRCS will conduct monitoring and compliance oversight to ensure that the highest quality services are provided.

Objectives:

1. Ensure agency is meeting required targets and performance contract requirements.
2. Conduct monitoring and compliance reviews per work plan.
3. Monitor outcomes from State surveys.
4. Develop Plans of Improvement with appropriate management staff for any significant deficiencies.
5. Monitor Plans of Improvement.
6. Conduct internal surveys.

Measurable Results:

1. Monitoring and Compliance reviews are conducted and results are reported to Management.

2. Plans of Improvement are developed for reviews or other monitoring and compliance reviews where results are below standards.
3. Report deadlines for Plans of Improvement to Executive Director/Executive Management Team for follow up as needed.
4. State and internal survey results outcomes are reported to management and PNAC.

Outcomes:

1. Monitoring and Compliance reviews result in meeting of targets/benchmarks set by Executive Management.
2. If targets/benchmarks are not met, improvements are noted, based upon follow-up monitoring/reviews after Plans of Improvements are developed and implemented.
3. Survey results indicate consumer satisfaction with services.

Goal 3: Implement continuous improvement practices.

Objectives:

1. Evaluation of the results from satisfaction surveys, monitoring activities, focused reviews (internal and external) and data analysis for continuous quality improvement activities.
2. Present risk indicators, outliers and trends to the Management Staff to identify benchmarks for services.

Measurable Results:

1. Quality Management Team will develop benchmarks and/or improvement targets
2. Plans of Improvement and/or additional objectives will be developed for the Quality Improvement Plan to meet and/or exceed overall performance requirements.
3. Benchmarks and/or targets are met.

Outcomes:

1. Results from Encounter Data Reviews, performance targets, focused reviews, monitoring and compliance reviews and other data will reflect benchmarks/targets are met and/or exceeded.
2. A decrease in outliers will be noted in data management reports (internal and external) resulting in a decreased need to focus on specific areas of service.

RESPONSIBILITIES OF QM Team

- Participation in Development and Monitoring of CRCS Planning
- MBOW Reviews
- Participation in Utilization Management and Review processes
- Monitor Other Initiatives
- Complete reports required by State Authorities
- Complete reports requested by CRCS management
- CRCS Monitoring and Compliance Reviews Specific to Intellectual and Developmental Disability Services to include:
 - Critical Incident Data
 - Person Directed Planning Processes
 - Service Coordination
 - Habilitation Coordination
 - Permanency Planning Requirements and Timeframes
 - HCS Interest list Maintenance and Contacts
 - Waiver Enrollment Process Requirements and Timeframes
 - PASRR Process Requirements and Timeframes
 - IDD Crisis Services

QUALITY-RELATED RESPONSIBILITIES OF MANAGEMENT AND COMMITTEES

BOARD OF TRUSTEES

The **Board of Trustees** of Camino Real Community Services has ultimate responsibility for the quality of services, practices, and outcomes of the organization. The Board delegates responsibility for the development, implementation, oversight, and evaluation of the Quality Management Plan to the Executive Director and her leadership team. The Board of Trustees mission is:

- to maintain the viability of CRCS through Board actions in the allocation of resources;
- to hold ultimate responsibility for the quality of the CRCS care/outcomes and the services, practices and outcomes of the contracted providers;
- to review, to provide input for, and to approve the Center's planning activities, as outlined within this plan;
- to ensure the involvement of stakeholders, to include consumers, families, advocates and interested citizens in the planning process through the Planning and Network Advisory Committee; and
- to ensure that CRCS and its contract providers deliver the highest quality services to consumers and families in our communities.

LEADERSHIP/SENIOR MANAGEMENT

The **Executive Council** (senior management team) of Camino Real Community Services is comprised of the Executive Director, the Director of Human Resources, the Director of Mental Health Services, the Director of IDD Services, the Director of ECI Services, the QM Director and the Chief Financial Officer. This Team meets biweekly and is responsible for:

- Review of any new legislative action that may impact the Center.
- Review of financial reports.
- Review of Data Management Reports.
- Monitoring of individual program status, to include upcoming reviews, state audits, etc.
- Review of Medicaid and other reimbursement reports.
- Implement, oversee and review Quality Management activities.
- Monitoring for Compliance of Contract and Standards.
- Monitor indicators of service provision.
- Monitor staff productivity.
- Monitor CRCS Risk Assessment.
- Reviewing management reports to ensure that issues related to both staff and consumer needs are properly handled.

The Executive Council also functions as the **Quality Management Committee** and is responsible for the overall oversight of quality management activities. Such activities include, but are not limited to, the following:

- Identification of performance indicators and prioritization of improvement activities;
- Evaluation of the results of ongoing measurement processes;
- Review of data collected and identification trends;
- Ensure coordination and integration among agency quality efforts;
- Oversight of the Quality Management Program;
- Oversight of the Utilization Management processes;
- Identification of best practices within its network of providers;
- Monitoring of improvement plans; and
- Oversight of the implementation of the goals and objectives of the Local Service Area Plan.

PERFORMANCE ACCOUNTABILITY MEASURES

Productivity requirements are set for identified staff and used to evaluate staff performance by providing information for Performance Accountability Measures. Each program (IDD, MH, and ECI) have productivity standards based on their Performance Contract requirements and Targets. The IDD program utilizes staff productivity to facilitate decision-making processes for the center to provide services.

RISK MANAGEMENT / SAFETY COMMITTEE

The **Risk Management / Safety Committee** is chaired by the Risk Manager and includes representatives from each program area. This committee is responsible for reviewing the following:

- Plan for disasters
- Ongoing Site Reviews to prevent maintenance issues
- Analysis of risk indicators to identify trends
- Compliance with Safety Plan
- Routine fire and disaster safety drills

UTILIZATION MANAGEMENT / UTILIZATION REVIEW COMMITTEE

The Director of IDD Services meets with her program directors and other agency staff to review service reports or areas of concern quarterly or more often if needed.

The IDD Management staff are responsible for the following:

- reviewing and monitoring of EHR, CARE and MBOW data, analyzing trends and identifying outliers related to both internal and external providers;
- review and approval of practice guidelines to deliver services in the most effective and efficient manner; and
- review and approval of processes for making utilization/resource allocation determinations based on clinical data, practice guidelines, and information regarding the consumer's needs with consideration of the consumer's and the LAR's preferences and objectives.

HUMAN RIGHTS

The Human Rights Officer was established for the protection, preserving, promoting and advocating for the health, safety, welfare and legal and human rights of consumers. The Human Rights Officer, along with an individual's team is responsible for:

- Ensuring that consumer rights restrictions is addressed utilizing the least restrictive alternative.
- Ensuring that restrictions implemented are addressed using established guidelines.
- Meets upon submission of any rights restrictions for review.
- Ensuring that decisions are documented, which include date, individuals present, recommendations, actions taken and unresolved issues.

IDD PLANNING AND NETWORK ADVISORY COMMITTEE

The **IDD Planning and Network Advisory Committee (PNAC)** includes consumers, family members, community members and advocates. The role of the Planning & Network Advisory Committee is to represent the perspectives of consumers, family members and other stakeholders on the provision of services and support. The IDD PNAC ensures that stakeholders input plays a significant role in the local planning and networking process as well as responding to special assignments given by the Board of Trustees. It is the liaison between

the local board and community. The Planning & Network Advisory Committee meets quarterly or more often if needed.

The Planning and Network Advisory Committee is responsible for assuring that local stakeholders have direct input and involvement in assessing and determining the service needs of CRCS. The PNAC is responsible for:

- Identifying the most important service needs in the community,
- Providing input regarding the community's feedback for the purpose of Local Service Area Planning,
- Reviewing consumer feedback regarding services, via satisfaction survey results, and making recommendations on improvement activities; and
- Advising the Board of Trustees on the Committees recommendations regarding the Local Service Area Plan and other planning initiatives.

ADVISORY COMMITTEES – HCS, TxHmL, GR, CFC, PASRR Authority and Provider Services

The Advisory Committees perform a Quality Improvement review of the program authority and provider's operations and offer recommendations for improvement or action. The following areas are addressed at every quarterly meeting along with any new business a committee member may bring to the table:

- Evaluate and discuss consumers' satisfaction with services
- Waiver activities to include enrollments, transfers, discharges, declinations, diversions, and withdrawals
- Activities of quality improvement
 - Solicit and address complaints from consumers or other agencies about the operations of authority or provider services,
- Review of critical incidents, and
- Annually review all allegations of abuse and neglect alleged to have been committed

QUALITY-RELATED INITIATIVES

Overview

With the ongoing changes in the Texas Home Living (TxHmL) and the Home and Community-based Services (HCS) Medicaid Waiver programs, the enrollment and transition process and the development of new plans, the priority has been to ensure the needs of the consumers are being met. IDD Program Directors meet regularly to review programs and streamline IDD processes and identify training needs.

In addition, monthly and quarterly record reviews are completed by IDD Management and the Quality Management Department. These audits and their results are shared with the staff responsible for providing the service and their supervisor. The focus is to ensure that services are consumer focused and implementation of person directed plans are carried out as designed.

The QM Team will continue to focus on Risk Assessment, Encounter Data/ MBOW Reports, CARE reporting, EHR, improved training, following Best Practices, Contract Compliance and implementing new monitoring tools.

Risk Assessment

The State Authority provides Camino Real with a risk assessment reports through the Data Warehouse to assist in the contract management process through monitoring a variety of our performances indicators to identify potentially adverse trends in performance data for IDD Services.

Contract Compliance

Reviews of reports and processes as reflected in consumer records as required by the State Authority such as Permanency Planning, HCS Interest List Maintenance, Targets, PASRR Requirements, Crisis Services, CFC Services, Enhanced Community Coordination, Habilitation Coordination, Waiver Enrollment Processes, and Benefit Assistance.

Encounter Data Verification

Encounter Data provides a system for capturing data including level of need of consumers, diagnosis of consumer, no show rate, cancellation rate, actual length of service, consumer name, staff member, means of delivery, location of service, and first billed payers. It provides reports and data that assist in identifying outliers and areas for improvement.

Critical Incident Reporting

Critical Incident data related to persons receiving IDD services and is collected monthly and reported to the State Authority. This data allows the monitoring of services in the areas of medication errors, 911 calls for law enforcement, use of restraint, visits by individual to emergency room for behavior, deaths, and serious injuries. Collection of this data allows Camino Real to quickly identify any areas of concern and initiate an action plan to address it.

MONITORING, ASSESSMENT, EVALUATION, AND IMPROVEMENT

Collection of Quantifiable Data

Data is collected through audits and reviews, reports from the Data Warehouse (MBOW) Risk Assessment, Critical Issues Data, CARE Data, Staff Productivity and other reports. QM has determined several methods of data collection to be preferable in achieving results efficiently. Using the Data Warehouse and utilizing the sample size methodology as well as streamlined audit tools are such preferable methods.

Camino Real's IDD Program Directors conduct routine record audits on data to evaluate the Center's efficacy. Data is collected from CARE reports as well as internal reports. Encounter Data is submitted monthly and the Data Warehouse is looked at each month to review MBOW reports. The MBOW reports are examined for adverse trends and validation of quality improvement activity. The IDD Management staff can determine the frequency of data collection based on internal and external standards.

Analysis and Evaluation of Data

Once data have been collected, the Executive Council, IDD Management Staff, and/or the QM staff review the data. Quantitative analysis is conducted using audit tools to look for presence or absence of specific information. Qualitative analysis is performed by measuring actual results against quality indicators. Statistical analysis and evaluation are performed depending on the type of data involved. Monitoring systems, processes, and outcomes is part of the process of analysis and evaluation. A reporting mechanism that holds Camino Real accountable for demonstrating that service delivery systems provide appropriate, efficient, and cost-effective services and supports is the outcome.

Identification of Trends

Strengths and areas of need are identified from analyzing data collected. Strengths within a program are assessed for applicability to positively influence programs. Areas of need within a program require either a formal or informal Plan of Improvement describing strategies for improvement.

The QM Process assists in identifying and monitoring programs' benchmarking practices for possible implementation in other programs. Routine collection of data will assist in the initial identification of benchmarking practices.

Continuous Improvement Process

Camino Real Community Services' system for process design, performance measure analysis and improvement is based on a continuous quality improvement model. The Center's approach to improving its performance includes the following essential processes:

- Designing processes
- Monitoring performance through data collection
- Analyzing current performance
- Improving and sustaining performance

Quality improvement processes are designed consistent with the Center's mission, vision, values, principles, needs of the local area, as well as requirements/priorities of the State Authority. Camino Real collects data to monitor the stability of existing processes and identify opportunities for improvement. Collected data is aggregated and analyzed to effectively assess the Center's performance and to determine the effectiveness of designed processes, level of performance and Improvement needs.

Improve / Plans of Improvement

The Center develops performance indicators to establish baseline criteria to be met. Though there are many occasions in which criteria are met, targets will be raised to improve upon the baseline established. When performance does not meet criteria, a formal written plan of improvement is developed. Subsequent performance relating to the deficient indicator will then be evaluated to determine the effectiveness of each Plan of Improvement.

Plans of Improvement (POI) are implemented to increase quality, efficiency and utilization of resources. This process utilizes a retrospective examination to assess effectiveness. POI's are a direct result of the monitoring of quality indicators and are a pivotal point. Analysis and evaluation of the data alerts the QM Team to the need for plans of improvement. A POI is developed when data or a review results in a less than the desired performance threshold. POIs require a goal, area of problem or concern, cause of problem/concern, strategy(s) for how improvements will be made, responsible staff and expected completion date/time line. POIs are developed with the collaboration of all parties involved.

The Program Director is responsible for the development of the Plan of Improvement, based upon the need. The Executive Director will review the final POI and, if required will provide written approval prior to submission to the responsible State agency. The Program Director will be responsible for implementation of Plans of Improvement. The QM Team reviews and evaluates progress towards the goals of POIs to determine if desired outcomes are achieved.

Review/Revision of the Plan

The Quality Management Plan for Camino Real Community Services is intended to be a functional and dynamic document that evolves over time. Thus the QMP will be reviewed and revised as directed by identified needs. At a minimum, it is expected that the plan will be revised to reflect changes in quality indicators and performance expectations.

Attachment 1

CONSUMER SERVICES

The QM Plan will be responsible for the continuous monitoring of the following Consumer Services:

These summaries do not reflect the whole of services and their limitations; however, they do provide basic information about the services. Consumers of services must meet eligibility criteria; based upon the services, there must be an identified need and based upon the service area and available resources, the individual may receive less services than requested or be placed on a wait list if a service is not available.

IDD Services

Screening includes gathering information to determine whether services are needed and adding the person to an interest list. It may also include the annual screening of persons on the interest list.

Eligibility Determination services are provided in the form of an assessment to determine whether a person has an intellectual disability or a related condition and may qualify for services.

Service Coordination is provided to assist individuals in accessing resources and services necessary to reach and maintain an optimal level of functioning in their community. This is done through assessment, service planning, linking to services, referrals, monitoring of services, crisis supports, and advocacy as needed to assist the person to achieve their personal desired outcomes.

Habilitation Coordination is assistance for an individual residing in a nursing facility to access appropriate specialized services necessary to achieve a quality of life and level of community participation acceptable to the individual and LAR on the individual's behalf.

Continuity of Services is provided for a consumer moving into the community from a state facility or for a consumer who formerly resided in a state facility and is on community placement status.

Support Services are provided to assist persons to participate in their community. These may include:

- **Community Support Services** that include transportation, and/or individualized supports to assist with and/or teach the person functional living skills and activities that assist the family with supports to prevent out of home placement for the person.
- **Respite Services** that provide short-term, temporary relief from and/or for the individual's primary care giver(s). Individuals who receive respite are provided with assistance and supervision with their activities of daily living and medications. The length of respite can vary from a few hours to a month.
- **Employment Services** that assist the person with finding community employment to their liking and supports to maintain employment.
- **Nursing Services** include medical assessments, physician referrals, health and safety education and consultation with specialists, as needed.
- **Behavioral Supports Services** to facilitate adaptive behaviors, as well as consultations with psychiatrist and other providers, as needed.
- **Specialized Therapy Services** are provided as needed to address specialized areas of need such as physical therapy, dietary needs. These are provided through contract providers.
- **Day Habilitation Program** offers a more structured setting for individuals to learn independent living skills. The program's emphasis is to provide meaningful activities for people, teaching skills such as money management, computer skills, socialization skills, etc.
- **Vocational Services** are provided in a sheltered work setting and provides activities for persons to learn employment skills.
- **Crisis Services:** Crisis services are available to individuals experiencing a crisis and in need of intervention. This program provides In Home and Out of Home crisis respite, and support services by Crisis Intervention Staff.

- **Independent Living Skills Training:** Individualized activities for Nursing Facility individuals which may include transportation, habilitative and supportive services.

Home and Community-based Services (HCS) program is a Medicaid-waiver program that enables people to live in the community by providing needed supports and services. The program can provide assistance with residential care, supportive employment, nursing, dental, minor home modification, adaptive aids, day habilitation PAS/HAB, and therapeutic services, such as speech or occupational therapy services.

Texas Home Living (TxHmL) is a Medicaid-waiver program that provides less intense support services than HCS services to people with intellectual disabilities residing in the community. This program can provide limited assistance with community supports, PAS/HAB, supported employment, nursing, day habilitation, dental and a variety of other services, not to exceed a limit defined by the State.

Attachment 2

Consumer Rights Protection Process

Camino Real Community Services is dedicated to the preservation of each consumer and their right to fully exercise and practice their legal, civil, and human rights. All Camino Real stakeholders are mandated to engage in efforts to assist individual consumers in the practice of their rights, and to perceive themselves as persons of value, who are capable of mastering a variety of skills and abilities. In concert with this philosophy, the following key elements are the basis for rights protection and reinforcement.

- recognizing that people with an intellectual and developmental disabilities have the same rights as all citizens;
- ensuring that an individual's rights are not denied;
- assisting and guiding people with an intellectual and developmental disabilities to enable them to exercise their rights to their fullest extent;
- teaching people with an intellectual and developmental disabilities how to conduct themselves and to assume responsibility for their action;
- encouraging persons with an intellectual and developmental disabilities to exercise the highest level of self-determination and personal autonomy that is consistent with their capacity to understand the risks and consequences of their choices;
- acting to ensure that consumers live, work, and otherwise experience the most integrated and least restrictive environments and measures are implemented as consistent with the consumers abilities and needs; and,
- providing and advocating for the availability of integrated and non-stigmatized experiences, environments, and opportunities for people with an intellectual and developmental disabilities.

Copies of the respective booklet(s) "Your Rights in Local Authority Services" or "Your Rights in the HCS Program" or "Your Rights in the TxHmL Program" will be made available to consumers and interested parties.

The following process has been implemented to insure that all persons served by Camino Real Community Services achieve their rights as well as have their rights protected.

Achieving Rights

Persons served shall be informed orally and in writing of their rights. All persons served shall at a minimum be provided a copy of the appropriate IDD Rights Booklet before or at the time of admission, and during their annual conferences with the consumer or legal guardian. Assistance with special communication/language needs will be provided as appropriate to identify and satisfy the need.

At the time of the annual assessment process or as needed the consumer's need and/or potential for rights education will be discussed. If the individual or family requests rights education, the person's team will: make citizenship and rights training a priority, and explain and ensure all rights are taught in a method designed to accommodate the consumer's learning capabilities.

Complaint/Inquiry Access:

Consumers, family members, advocates, staff, or other persons are encouraged to address any concerns to the Human Rights Officer. The complainant shall be free from reprisal for the complaint action. The following person(s), groups, and offices may be contacted without prior supervisory approval.

- The Camino Real Human Rights Director/Officer
- The HHSC, Office of Consumer Services and Rights Protection
- The Texas Department of Family and Protective Services
- Disability Rights Texas

Office of Human Rights Officer

The Office of Human Rights is under the administrative direction of the Executive Director, and is to be maintained at all times. The role of the Human Rights Officer is to protect and advocate for the legal, civil, and special rights of all consumers; to problem-solve individual consumer complaints; and to report any problems that may be identified as recurrent trends. Duties required of the Human Rights Director/Officer shall be specified at the discretion of the Executive Director, and shall include the following:

- Receiving complaints of suspected violations of rights, allegations of inadequate provision of services, and requests for advocacy in addressing and resolving complaints
- Thoroughly investigating each such complaint received
- Representing each person served and advocating for the resolution of the grievance
- Reporting the results of investigations and advocacy to the complainants, consistent with the protection of the service recipients' right to confidentiality
- Reviewing all policies, procedures, practices, behavior therapy programs and rules which affect the rights of individuals receiving services to ensure that the rights of individuals are not unduly restricted
- Ensuring that the rights of persons served have been thoroughly explained to staff through periodic training; and
- To perform duties and functions as the liaison and point of contact with the Texas Department of Family and Protective Services, regarding investigations of reported instances of suspected abuse, neglect, or exploitation of consumers.

Process for Review of Allegations

Inquiries or allegations may be received from consumers, guardians, family members, friends, public officials, staff members, advocates, persons in the community, the Office of Consumer Services and Rights Protection, or others not identified in the aforementioned persons. The inquiry or allegation is to be recorded on the rights intake form and the review or investigation shall begin as soon as possible. An actual rights violation investigation shall only be considered completed when all necessary documentation has been reviewed, and potential witnesses have been interviewed, and any collateral information collected.

Following the investigation, notification should be made to the complainant, and should the complainant be unsatisfied with the resolution, the complainant may appeal to the Executive Director either in writing or verbally. The Executive Director, or designee, shall have no more than 30 calendar days to make a determination as to the action to be taken. If the complainant is dissatisfied with the determination an appeal may be made to the State Office of Consumer Services and Rights Protection.

On an annual basis the Advisory Committees will review the numerical statistics, trends, disposition and issues regarding allegations of rights violations, as well as allegations of abuse, neglect, or exploitation of consumers.

The Executive Director and the IDD Director will be notified of all allegations and confirmed violations. Confirmed violations of the rights of a consumer by a Camino Real employee shall result in disciplinary action. The level of discipline shall be weighed according to the following criteria: the severity of the rights violation, the circumstances surrounding the incident, the employee's/agent's work record, repeat offenses, and if a repeat violation, the length of time between violations. Similarly, rights violations may result in a variety of weighed disciplinary actions, or combination of disciplinary actions, such as, but not inclusive to: Human Rights refresher training, or other appropriate training, apology to the person served, performance counseling, loss of contract, or dismissal from employment.

Human Rights

This Human Rights Officer and consumer's team reviews practices and proposed programs to ensure that the rights of a consumer with developmental disabilities are not limited or restricted without due process. Due process means the guaranteed opportunity to be heard, to be informed, to give consent, and to have the determination made by an impartial party. The Human Rights Officer functions as the identified impartial party.

The Human Rights Officer and the consumer's team must review all proposed rights restrictions or modifications and approve them before they are implemented.

Attachment 3
Quality Indicators

Indicator	Reviewed Service	Review Methodology	Frequency	Target
Performance contract targets, measures, and outcomes	IDD	Data Warehouse, CARE, and EHR Reports reviews	Monthly	Meet or exceed
Compliance with Medicaid billing and reimbursement requirements	IDD	Random sample reviews by supervisors using standard protocol	Monthly	95%
Performance Accountability	IDD	MBOW, EHR and CARE reports reviewed by program directors.	Monthly	Varies by job description
Compliance with HCS, TxHmL, CFC, PASRR, GR funding	IDD	Random sample reviews completed by management that includes IDD Director and Program Directors.	Monthly and/or when focus area identified	90% with no repeat Principles in noncompliance
Abuse/neglect, injury information	IDD	Reports by HRO reviewed by Executive Director, HR Director, and IDD Director.	As needed	No confirmed incidents of abuse/neglect or serious injury
Employee Job Descriptions	Agency wide	Review of employee records by Supervisor	Annually	90% + completed on time
Employee Performance Evaluations	Agency wide	Review of employee records by Supervisor	Annually	90% + completed on time
Critical Incident Reporting System	IDD	Collection of data and to monitor for trends or for issues needing to be addressed at a system or individual level	Monthly	Zero critical incidents needing to be addressed
Permanency Planning Processes and Timeframes	IDD	Review of CARE reports to ensure timeframes are being met and for completion of documentation	Monthly	All timeframes are met and documentation completed
Waiver Enrollment Process Requirements and Timeframes	IDD	Review of CARE reports to ensure timeframes are being met and for completion of required forms	Quarterly	All timeframes are met and documentation completed
HCS and TxHmL Interest list Maintenance and Contacts	IDD	Review of CARE reports to ensure timeframes are being met and for completion of required forms	Monthly	All timeframes are met and documentation completed
Person Directed Planning Processes	IDD	PDP status reports are sent to the SC Director to ensure timeframes are being met and for completion of required forms.	Monthly	No instances of noncompliance

Attachment 4
FY 21 / FY 22 QM Work Plan IDD Services

MONTH	IDD PROGRAM
September	<ul style="list-style-type: none"> ▪ HHSC QA/TxHmL/HCS/PASRR/CFC/GR Authority Audit ▪ IDD PNAC ▪ Provider Advisory Committee Meeting (HCS, TxHmL, and GR) ▪ Review of MBOW, CARE, EHR, ▪ Productivity reports, supervisory reviews ▪ Critical Incident Reporting
October	<ul style="list-style-type: none"> ▪ Review of MBOW, CARE, EHR, ▪ Productivity reports, supervisory reviews ▪ Critical Incident Reporting
November	<ul style="list-style-type: none"> ▪ LIDDA Advisory Committee Meeting (HCS, TxHmL, GR, CFC, PASRR) ▪ Review of MBOW, CARE, EHR, ▪ Productivity reports, supervisory reviews ▪ Critical Incident Reporting
December	<ul style="list-style-type: none"> ▪ IDD PNAC ▪ Provider Advisory Committee Meeting (HCS, TxHmL, and GR) ▪ Review of MBOW, CARE, EHR, ▪ Productivity reports, supervisory reviews ▪ Critical Incident Reporting
January	<ul style="list-style-type: none"> ▪ Review of MBOW, CARE, EHR, ▪ Productivity reports, supervisory reviews ▪ Critical Incident Reporting
February	<ul style="list-style-type: none"> ▪ LIDDA Advisory Committee Meeting (HCS, TxHmL, GR, PASRR, CFC) ▪ Review of MBOW, CARE, EHR, ▪ Productivity reports, supervisory reviews ▪ Critical Incident Reporting
March	<ul style="list-style-type: none"> ▪ IDD PNAC ▪ Provider Advisory Committee Meetings (HCS, TxHmL, and GR) ▪ Review of MBOW, CARE, EHR, ▪ Productivity reports, supervisory reviews ▪ Critical Incident Reporting
April	<ul style="list-style-type: none"> ▪ Review of MBOW, CARE, EHR, ▪ Productivity reports, supervisory reviews ▪ Critical Incident Reporting
May	<ul style="list-style-type: none"> ▪ LIDDA Advisory Committee Meeting (HCS, TxHmL, GR, PASRR, CFC) ▪ IDD Record Review ▪ Review of MBOW, CARE, EHR, ▪ Productivity reports, supervisory reviews ▪ Critical Incident Reporting
June	<ul style="list-style-type: none"> ▪ IDD PNAC ▪ Provider Advisory Committee Meetings (HCS, TxHmL, and GR) ▪ Review of MBOW, CARE, EHR, ▪ Productivity reports, supervisory reviews ▪ Critical Incident Reporting
July	<ul style="list-style-type: none"> ▪ Review of MBOW, CARE, EHR, ▪ Productivity reports, supervisory reviews ▪ Critical Incident Reporting

August	<ul style="list-style-type: none">▪ LIDDA Advisory Committee Meeting (HCS, TxHmL, GR, CFC, PASRR)▪ Review of MBOW, CARE, EHR,▪ Productivity reports, supervisory reviews▪ Critical Incident Reporting
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