COMMUNITY
HealthCORE

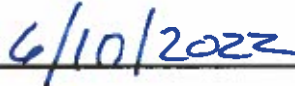# Intellectual Developmental Disabilities Services

Quality Management

Plan FY – 2022-2023

_____   6/10/2022
Executive Director   **Date**

_____   6/10/2022
Director of Business Operations   **Date**

I. Overview

Purpose
Comprehensive quality management plan for Intellectual Developmental Disabilities (IDD) care program is designed to achieve several purposes:

- Assure the quality of the care provided
- Improve IDD services
- Ensure coordination and continuity of care across providers and disciplines
- Provide a means for assessing and resolving negative outcomes and events

At its best, the quality management program increases the probability of positive outcomes for people receiving services and decreases the likelihood of adverse events by continually assessing and improving governance, managerial, clinical, and support mechanisms that directly and indirectly impact outcomes. The program serves two main functions: Quality Assessment and Performance Improvement.

Mission Statement
"HELPING PEOPLE ACHIEVE DIGNITY, INDEPENDENCE AND THEIR DREAMS."

Vision Statement
We envision a world in which all people have the opportunity to make choices for themselves that will lead to the highest quality of life possible.

We envision a world in which all people are independent and free from poverty, pain, and despair.

We envision a world in which there is no stigma associated with all populations seeking treatment or assistance for mental illness, intellectual disability, or substance abuse.

We envision a world in which all people receive supportive nurturing care appropriate to their needs in the least restrictive environment possible.

Community Healthcore Values
We value recovery and the ability of people we serve to live beyond their illness.

We value creativity, innovation, and empowerment of individuals receiving services and employees.

We value the success of individuals receiving services and employees.

We value providing safe, healthy, and therapeutic environments for individuals receiving services and employees.

We value the abilities and talents of individuals receiving services and employees.

We value continuous quality and performance improvement.

We value the pursuit of excellence by each employee.

We value cooperation and teamwork within the center, and between agencies.

We value community concerns, ideas, and opinions.

We value respect, dignity, space, and confidentiality for individuals receiving services and employees.

We value the judicious and effective use of, and access to, available resources.

We value diversity of thought, opinion and approach born of different backgrounds.

We respect the value of change.

Guiding Principles for Providing Quality Care:

Respect for individuals receiving services and families, their individual needs, rights and responsibilities. Community Healthcore has the utmost sensitivity to the special needs of individuals receiving services and families, and recognizes the invaluable experience and knowledge they offer to the overall quality of Community Healthcore.

Partnership between individuals receiving services, families, stakeholders, providers, advocates, community resources and government and Community Healthcore provide the highest quality services.

Excellence/Quality in services offered, Community Healthcore strives for excellence in how we do business and to enhance the quality of individuals receiving services' lives through the services provided. Our services will meet measurable standards of safety, quality and clinical effectiveness at every level of mental health, developmental disability, and substance abuse service delivery.

Empowerment/Choice of each individual or family member to achieve the fullest possible control over their own lives, in their own communities is a guiding principle.

Trust is built through honest and open collaboration among individuals receiving services, families, providers, and advocates. A strong organization requires that every individual component cooperate and collaborate fully within the structure.

Strategic Direction of the Organization:

Effective Quality Management is planned and systematic. Community Healthcore maintains ongoing quality activities that include a continuous assessment of services, measurement of outcomes, and compliance with state and federal regulatory requirements. A consistent performance improvement is achieved through the collaborative and strategic direction of the organization.

The Strategic Planning Goals of the Organization:

1. **ACCOUNTABILITY Hold ourselves accountable to the people we serve.**

   - Build Quality Culture
     - Joint Commission
     - National Committee for Quality Assurance
     - Quality Improvement System
       - Plan Do Study Act (PDSA) Documentation
       - Individual or Unit Risk Management Activities
       - Specialized Training on Developing a Quality Culture
       - Establish Key Performance Indicators (KPIs) for each unit
   - Integrate Needs Assessment into Strategic Planning
     - Complete Needs Assessment
     - Prioritize the Needs / Opportunities
     - Utilize in the Budget Process
   - Assess Facilities for Future Growth
     - Integrate with Needs Assessment Results
     - Prioritize actions
     - Consideration of the Bond Program

2. **WORKFORCE Create an environment that builds a strong and engaged workforce.**

   - **Flexible Staffing Plan to Meet Emerging Needs**
     - Develop Career Paths
       - Staff Training
       - Advancement opportunities
       - Educational Tuition Discounts
       - Internships expansion
     - Recruitment
       - Telling the Story of why we are here
       - Website Redesign encourage prospective applicants
     - Compensation
       - Value-based Reimbursement Models beyond base pay
       - Research Performance Evaluation Models that support Value-based Reimbursement Models
   - **Engagement Strategies**
     - Formalize processes of integrating new & transfer employees into all units
     - Develop Internal Communication Strategies
     - Solicit periodic employee feedback
   - **Team Culture**
     - Build support among teams
     - Understanding minimum standards to stay on the team
     - Understanding the minimum metrics for each unit
     - Behavioral metrics development

3. **TECHNOLOGY** Lead with technology that supports business intelligence, clinical operations, and communication priorities.

   - Electronic Health Record
   - Better use of technology for field staff
   - Data Systems that help us handle our business (Utilization of Data)
   - Website Redesign
   - Business software identification/purchase
   - Data collection software for alternate payment models to include value-based projects and costing

4. **INNOVATION** Bring innovation to methods and models of care that expand the organization's breadth and depth.

   - Managing new grants
     - Assessment Center
     - First Episode Psychosis
     - Educational Service Center
     - Expansion Children Services – (kitchen sink)
       - Juvenile Justice
       - Substance Use Disorder
       - Anti-Bullying Campaign
       - Mental Health First Aid (MHFA) Expansion
     - National Association for Clinical Pathways Grant
   - Transition from DSRIP to 2021 model service
     - Care Coordination
     - Same day Access
     - Single Plan of Care (Integrated Service Plan)
   - FQHC Lookalike
     - Governance
     - Structure
   - Plan Design/Adapt National Model for Assertive Community Treatment (ACT)
     - Integration of National Suicide Prevention Hotline into the Center's crisis line
     - Social Determinants of health integration into service plans
     - Peer services transition from grant to integration into clinical services.

Scope of the Quality and Safety Programs

All Community Healthcore facilities, services, independent contractors and employees are required to comply with this plan. The Quality Management system will touch all services to all individuals receiving services and will involve all providers. This will be an interactive system and involve the Center's staff, individuals receiving services and providers. The system will work collaboratively to set quality standards with benchmark comparisons for system optimization, identify system problems, require the development of corrective action plans and recommend solutions.

Staff Credentials

Community Healthcore's Human resource (HR) Department is responsible for ensuring all providers meet the job performance and education levels of the position they are hired to fill. The HR Department has lists of licenses, credentials, certifications and/or accreditations. In addition HR has a staff roster and designation to identify if staff are full time, part time, or on call status.

The Lead Safety Officer (two) with assistance from the staff of the Center's liability insurance manager (Texas Council Risk Management Fund) conducts on-site walk through inspections of Community Healthcore offices, waiting rooms, restrooms, storage rooms, parking lots to reduce and prevent injury to individuals receiving services. The Director of Business Operations and Safety Officer work with site managers for identified corrections required. Follow-up monitoring is done by Safety Officer to determine that deficiencies have been corrected.

Incident: Staff are required to complete an incident report for any activity that is considered unusual for an individual receiving services. This data is electronically entered into the TAS Risk Management database located on Community Healthcore's intranet site. This system enables efficient reporting and review of incidents. The Rights Officer meets quarterly with the Environment of Care Committee (EOC) throughout Community Healthcore's catchment area.

The Safety Officers review incident reports and analyze trends to determine whether the trends are inconsistent with the safe practices and operation of the Center's physical locations and vehicles. Trends are noted and reported to Executive Management Team for recommendation, and follow-up action as required.

Root Cause Analyses (RCA) are conducted on serious incidents. Community Healthcore uses Root Cause Analysis as a process of identifying the basic or casual factors that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. An RCA focuses on systems and processes, not on individual performance.

II. QUALITY MANAGEMENT PROGRAM STRUCTURE

Goals and Objectives of the Quality Management Plan - The goal of the performance improvement program is to assure continuous and incremental performance improvement toward the delivery of quality care that is efficient, cost effective, and consistent with the mission of Community Healthcore. The program promotes a system-wide commitment to the delivery of quality care through effective leadership involvement in quality assessment and improvement activities. The program emphasizes analysis of the appropriateness of care and evaluation of problems and concerns as opportunities for improvement.

Specific objectives include goals of the Quality Management Plan are:

1. To provide appropriate, high quality care and services;
2. To meet all professionally recognized standards in the delivery of services;
3. To measure performance in existing programs and services to identify and prioritize areas

for improvement;

4. To promote continuing quality review of professional and other providers to prevent inappropriate or substandard care and limit inappropriate utilization of resources;
5. To identify opportunities to improve the quality of care and the effectiveness of services by developing appropriate new programs and services.
6. To implement a preventive approach toward continuous performance improvement and monitor actions taken to assure that desired results are achieved and sustained.
7. To facilitate communication and reporting of performance improvement activities by and between departments, administration, staff, governing body, and others as deemed necessary. Specific risk indicators are tracked through Quality Management and reported to the Executive Management Team.
8. To promote safety and prevent inappropriate occurrences through systematic monitoring of the treatment environment to reduce medical liability.

Governance and Leadership – The Community Healthcore Board of Trustees has delegated authority to the Executive Director to establish necessary procedures to effectively achieve the mission and values of the Center. The Executive Director has delegated the authority to the Director of Business Operations to implement and monitor all clinical components of the quality management system.

The Executive Management Team oversees continuous quality management activities by prioritizing opportunities for improvement and reviewing activities of quality management.

The Executive Management Team expectations including those related to compliance activities and priorities for center-wide systemic improvement activities designed to improve organizational and clinical outcomes and processes.

The leadership allocates adequate resources for improvement and assures that all staff are trained and educated about assessing and improving processes that contribute to improved organizational outcomes. Leadership fosters communication among individuals and components of the organization to improve the coordination of activities.

As deemed appropriate and needed, Community Healthcore leadership appoints cross-functional workgroups to achieve identified goals. It is expected that both internal and external providers assess the delivery of services in their areas to implement changes to improve service delivery.
Many quality improvement activities occur at the service delivery level. Program staff in IDD service delivery areas monitor within the programs for compliance with regulatory requirements.

Key Performance Indicators – Community Healthcore continually seeks to self-assess through methods that are appropriate, timely, efficient, and reliable. Key Performance areas are reviewed internally through the Electronic Health Record and through HHSC Data Warehouse.

Electronic Health Record indicators:
Data retrieved to:

1. Ensure timely data entry
2. Ensure status of services
3. Ensure staff productivity
4. Achieve target of serving an average of 45 individuals receiving Service Coordination services monthly

Business Objects database is utilized in assessing:
1. Encounter Exceptions
2. IDD Financial
3. IDD Performance
4. IDD CO Audit

<u>Community Healthcore continues to monitor:</u>
Outcomes - Overall score on outcomes and supports for people who have Intellectual Developmental Disabilities
1. 95% of enrollments into Home & Community-based Services (HCS) meet timelines
2. 95% of Permanency Plans are completed within timeline requirements
3 95% of enrollment into Texas Home Living (TxHmL)
4. 100% Interest List- Biannually

Specific targets to continue to be monitored monthly/Quarterly during FY-2023 are:

<u>Documentation Timeliness</u> – goal is for 95% of services rendered will have documentation submitted for filing in the chart prior to submission of the service log.

<u>Interest List Maintenance</u> – The computerized interest list for IDD services will be collected and managed using the Client Assignment Registration (CARE) system.

<u>Community Awareness</u> – The Center will continue to increase community awareness of its services by participating in community events, health fairs and presentations to community, civic, and/or religious groups.
Individual Participation –Signature of the individual receiving services indicating participation in treatment planning and care that will be tracked through clinical records reviews.

<u>False Claims Act/Deficit Reduction Act:</u> (DRA): effective January 1, 2007 all entities that receive or make annual Medicaid payments of $5,000,000 or more (like Community Healthcore) are required to inform employees about the false claims law and the whistleblower protections available under those laws. A person violates the False Claims Act when they:
- Present or cause to be presented a false or fraudulent claim for payment for services paid for by Medicaid or Medicare
- Makes, uses or causes to be made a false record or statement to get a false or fraudulent claim paid (creating a record of services that were not performed)
- Conspires to defraud the government by getting a false or fraudulent claim paid

- Makes or uses a false record or statement to conceal, avoid or decrease money owed to or transmit property to the government

What does Qui Tam mean?
- Qui Tam is a Latin phrase meaning "he who sues for the king as for himself"
- The False Claims Act allows a private individual or "whistleblower" with knowledge of past or present fraud on the federal government to sue on behalf of the government. These suits are known as Qui Tam suits.
- An individual who files a Qui Tam suit can receive up to 30% of recovery plus attorneys' fees and expenses.

Protection for Whistleblowers
- The False Claims Act prohibits an employer from harassing or retaliating against an employee for reporting or attempting to report fraud on the government.
- If retaliation does occur, the employee may be awarded whatever is necessary to make him/her "whole".

Community Healthcore is committed to billing only for services that have been provided and correctly documented. If you have a question about how to document anything, please contact your supervisor immediately. It is much easier to correct the problem before it is billed. If we find that services have been billed incorrectly, we immediately reimburse the government for any incorrect payments.

If you observe any instances of what you believe are fraud, please contact the Center's Compliance Officer immediately at:

> **Phone:** 1 (888) 718-0222 or
> **Writing:** Corporate Compliance Office
> Community Healthcore
> P.O. Box 6800
> Longview, Texas 75608

You may also contact the Health and Human Services Commission (HHSC) Office of the Inspector General at: 1-800-447-8477

All reports and inquiries will be anonymous to the extent allowed by law.

Quality Management activities include:
Standing Committees which allows for consistent means to review and monitor service activities and functions for people receiving services. It is through standing committees that procedures and practices may be impacted in a consistent manner and continuity across services assured. These committees include representation from all involved service areas in order to utilize the varied expertise and experience of our Center staff.

Executive Management Committee – The Executive Management Team serves as oversight to the Quality Coordination Committee and oversees the work of the standing committees. The Quality Coordination Committee receives reports from the standing

committees and progress reports on meeting targets and outcomes, reviews committee recommendations, and implements needed changes. Center standing committees include, but are not limited to:

- Executive Management Team
- Quality Coordination Committee
- Human Rights and Behavioral Intervention Committee
- Safety/Environment of Care
- Special Constituted Committee (ICF-IDD)
- Medical Services/Clinical Peer Review

Additional Quality Management Activities –

Clinical Record Reviews for reconciliation of billed services to documented services. Results of reviews are presented to Executive Management Team and relevant service providers for correction. Training needs are identified and provided.

- **Satisfaction Survey:**
  Quality Management will conduct satisfaction surveys for 2022 for the following programs:
  - Home and Community Based Services (HCS)
  - Texas Home Living
  - ICF-IDD
  - CLASS
  - GR
  - PASRR
  - ECC
  - Community First Choice (CFC)

Results from the surveys are shared with management and analyzes are completed to review concern questions and recommendations from IDD individuals/Legally Authorized Representatives.

- **Participate in the Encounter Data Verification** activities as defined in the performance contract, including performing self-audits, submitting self-audit results and supporting documentation as required for HHSC desk reviews and participating in HHSC on-site reviews.
- **Critical Incident Data into CARE** – monitoring of monthly critical incident data into the CARE system for ICF-IDD, HCS, Texas Home Living, CFC, ECC and General Revenue services. Measuring, assessing and reducing critical incidents and incidents of abuse, neglect and exploitation. The Safety/Environment of Care committee analyze and trends data quarterly from TAS Risk Management Database regarding incidents of death, injury, restraints, Behavior Intervention Plan Authorizing Restraint, abuse, neglect and exploitation. Summaries on findings, recommendations, actions taken and results of performance improvement activities are made to the Quality Coordination Committee and appropriate management staff.
- **Rights Protection Process** – all persons newly admitted for services by the Center must receive the appropriate rights handbook and privacy notice. In addition to receiving a rights handbook and privacy notice, each newly admitted individual or the legally authorized representative (LAR), shall be informed orally of all rights and responsibilities in his or her primary language using plain and simple terms, within 24 hours of admission

into services. The notification will also include an explanation of the circumstances under which those rights may be limited, and an explanation of how a complaint may be filed. This notification must also occur at least annually and upon any updates/changes to this information. The method used to communicate this information is designed for effective communication, tailored to each person's ability to comprehend, and responsive to any visual or hearing impairment. Individuals receiving services are informed about their rights and responsibilities, their rights to appeal and the appeal's process.

Community Healthcore staff comprehensive training plan includes; New Employee Orientation (NEO) where new employees, volunteers and contract employees of the Center are introduced to Community Healthcore principle of individual rights of persons in services in accessing and receiving services through the Center. This training includes definition of rights, due process, complaint process, confidentiality, Corporate Compliance and reporting procedures for abuse, neglect and exploitation. Staff must pass a written competency assessment at the conclusion of training. Staff receive refresher training annually. Staff and individuals receiving services receive supplemental training in appropriate formats. Any rights restrictions are discussed in the planning team and recommendations are presented to the Human Rights Committee (HRC) for review and recommendations.

Monitoring of IDD services
* Provider QM staff routinely monitor for compliance to Rules and Regulations as set forth in the Texas Administrative Codes
* Authority QM staff routinely monitor medical records for compliance
* Quality Coordination Committee monitors statistical reports monthly

The Safety/Environment of Care Committee –The purpose is to develop and establish procedures and requirements to prevent accidents and ensure health and safety for individuals receiving services, employees and providers. This is accomplished through monthly meetings and the analysis of data related to incidents/injuries, vehicle accidents involving individuals receiving services, employee injuries, medical incidents (including illness), medication errors, restraints, hospitalizations, infectious diseases and death.

The Safety Officer with assistance from Texas Council of Risk Management staff conducts on-site walk through inspections of Community Healthcore facilities: waiting rooms, restrooms, kitchens, office space, storage rooms, and parking lots to reduce and prevent injury to individuals receiving services, employees, volunteers or contract providers. The Safety Officer completed "Statement of Condition" report and submits these reports to Director of Business Operations. The Director of Business Operations and Safety Officer work with site managers for identified corrections required. Follow-up monitoring is done by Safety Officer to determine that deficiencies have been corrected within timeline.

III. AUTHORITY FUNCTIONS

The following processes as defined in the HHSC Performance Contract define Community Healthcore Authority Functions.

Local Planning through Planning and Network Advisory Committees are conducted by Community Healthcore Contract Manager.

Intellectual Developmental Disabilities. Community Healthcore The purpose of these advisory committees is to advise Community Healthcore in the development of local and network plans. The PNAC reports to the Board of Trustees on issues of needs of individuals served, priorities and the implementation of plans.

The Center is also a member of the Regional Network Advisory Committee (RNAC) with other local Community IDD Centers. The Regional Network Advisory Committee contributes to the development and content of the Network Plan, which assures appropriate procurement of goods and services and reviews and makes recommendations that consider public input, best value and care issues for individuals receiving services to ensure choice and best use of public money is assembling a network of providers. The Regional Network Advisory Committee also evaluates programs and services offered by the Community Healthcore, and compares services to that of other network centers. Outcomes of these activities form the basis for improvement activities. The RNAC meets quarterly and through its Community Healthcore liaison reports to the Executive Management Team and to the Board of Trustees through Board Reports to take action as necessary regarding recommendations from the Regional Network Advisory Committee.

Policy Development is established through the governing body of the Center with associated procedure development to ensure needs of the local service area is in accordance with state and federal laws. Policies include:
*   Center bylaws
*   Board of Trustee Resolutions
*   Board Governance
*   Service Delivery
*   Human Resources
*   Fiscal Management
*   Administration, and
*   Quality Management

Coordination – The Center shall ensure coordination of services within our service area. Community Healthcore will coordinate with other agencies, criminal justice entities, other child-serving agencies (e.g., Department of Family Protection Services (DFPS)), family advocacy organizations, local businesses and community organizations. Community Healthcore, in accordance with applicable rules, ensure that services are coordinated among network providers; and between network providers and other persons necessary to establish and maintain continuity of services. Coordination of services is the responsibility of the provider and monitored by provider Quality Management.

Resource Allocation – The Quality Coordination Committee meets once a month, and is made up of Director of Business Operations, program operations staff, Quality Management staff, contracts, and business staff. This committee identifies and analyzes outlier utilization patterns of current service, provider and individuals served, and develops and implements a method to educate clinical decision makers regarding service over/under utilization, compliance issues and practice improvement. This committee reports to the Executive Management Team.

The Center will continue Resource Development by optimizing resources from grants, contracts, foundations and other sources.

IV. ACCOUNTABILITY AND RESOURCES

Oversight of IDD Services
Community Healthcore provides the following array of services:

- Screening
- Eligibility Determination
- Service Coordination
- Basic Service Coordination Continuity of Services
- Service Authorization and Monitoring
- Service Coordination-Texas Home Living Program Community Services
- Community Support
- Respite Services Employment Assistance Supported Employment Nursing
- Behavioral Support Specialized Therapies Vocational Training
- Day Habilitation
- Residential Services
- In Home and Family Support
- ICF for Intellectual Developmental Disabilities
- Home & Community-based Services
- Texas Home Living Provider Services Permanency Planning
- Consumer Benefits Assistance
- Community Living and Support Services (CLASS)
- Crisis Intervention Services – In home and out of home respite services
- Community First Choice
- Enhanced Community Coordination

The following services are managed through contract:
- Inpatient Psychiatric Treatment Crisis Stabilization
- Psycho-pharmacological Services Lab Services
- Dental Services Physical Therapy Psychological Testing Occupational Therapy
- Speech Therapy
- Early Childhood Intervention

V. QUALITY IMPROVEMENT PRIORITIES

1. Health and Safety related issues and processes that result in a level of risk for individuals served, particularly those that are high risk, high volume or problem prone.
2. Other gauges of performance
    o Perception of treatment, care and services by the individuals receiving services
    o Results of ongoing infection control activities
    o Safety of the environment and
    o Quality control and risk management findings
3. Outcomes as mandated by state or federal regulations
4. Specific targeted areas of study of improvement developed either annually or around a specific task, as a result of issues identified in self-assessment or at the Executive Management Team and as needed for strategic planning.

Training Activities

The Organizational Improvement Department is responsible for promoting quality assurance through training activities. Training for employees begins with the New Employee Orientation program under the direction of the Human Resources Department (HR). New employees receive training in all areas mandated by Department of Aging and Disability Services, program standards and Community Healthcore policy. If required, annual refresher training occurs. Specialized training occurs for direct care employees both in orientation and on site. Ongoing training occurs in each site.

Quality Management activities include:

1. Monitor Home Community Based Program services
2. Monitor Intermediate Care Facility (ICF)/IDD individuals receiving services
3. Monitor compliance with Medicaid Estate Recovery Program guidelines
4. Monitor compliance with Interest List Maintenance
5. Monitor compliance with CLASS program services
6. Monitor compliance with Texas Home Living guidelines
7. Identify Training needs and develop curriculums (all levels of staff)
8. Permanency Planning

VI. PLANNING FOR THE FUTURE

Challenges for the future resulting in change will continue to be met by:
* Identifying, implementing and follow up on system efficiencies
* Implementing best practices
* Improving accountability
* Acquiring new funding sources

VII. REVIEW AND UPDATE OF QM PLAN

The Quality Management plan will be reviewed and updated annually to ensure that:
* Its measurement systems can identify the events it was intended to identify;
* The measures has a documented description of the population to which the measure is applicable;

- The measures has defined data elements and allowable values;
- The measures can detect changes in performance over time;
- The measures allow for comparison over time within the Center or between the Center and other entities (This may require risk adjustment.);
- The data intended for collection are available; and
- Results can be reported in a way that is useful to the Center and other interested stakeholders.

QM staff will make recommendations to the Quality Coordination Committee and Executive Management Team for changes or modifications.

VIII. PLAN TO REDUCE THE NUMBER OF CONFIRMED CASES OF ABUSE, NEGLECT AND EXPLOITATION

The purpose of procedures relating to abuse, neglect and exploitation is to identify and prohibit abuse, neglect and exploitation by employees, other agents and affiliates of Community Healthcore and to prescribe principles for its report, investigation and prevention.

The Center will continue to strive to educate and provide training to staff, individuals receiving services, parents, guardians, collaterals and volunteers in recognizing, prevention and reporting of abuse, neglect and exploitation of children, the elderly and the disabled.

Community Healthcore is committed to providing services which treat people with dignity and respect, taking particular care to see that their rights are fully protected.
Community Healthcore utilizes a computer web-based training from Relias. This web- based learning management system is designed to meet the needs of organizations that provide behavioral health, developmental disability, substance abuse and child welfare services. Staff will be able to access training materials via their computer. Training modules include: corporate compliance, confidentiality/ Health Insurance Portability and Accountability Act (HIPAA), cultural diversity and abuse, neglect and exploitation.

Community Healthcore provides pre-service training for all new employees (training necessary prior to having contact with individuals receiving services) in confidentiality, rights, abuse, neglect and exploitation. Clinicians are familiar with applicable HHSC Rights Handbooks. Reference will be made regarding Texas Administrative Code Title 26 Part 1 Chapter 711, Subchapter A (relating to Investigations in HHSC Intellectual Developmental Disabilities and Department State Health Services (DSHS) Mental Health Facilities and Related Programs). A written test is administered at the end of the training session. All staff must achieve 80% or better on the competency testing. Employees who do not achieve 80% will be referred to Staff Development/Human Resources Department. All refresher training is conducted annually as a minimum and as required pursuant to identification of re-training needs. Face-to-face re-retraining will be conducted as required.

The Division Director is responsible for ensuring that each employee, volunteer and agent under his/her responsibility receives Community Healthcore's mandatory training in Identification, Prevention and Reporting of Abuse, Neglect and Exploitation. The Division Director is responsible for ensuring that appropriate employees, volunteers and agents

maintain competency in Satori Alternatives to Managing Aggression (SAMA) techniques under the auspices of the Human Resources Department. All cases of Abuse, Neglect and Exploitation are reviewed by the Rights Protection Officer and the Executive Director. The Rights Protection Officer, after review of the investigative report, will make recommendations to the Executive Director or Division Director. Recommendations could include: additional computer based training, one on one training with the Rights Protection Officer, review employee's job description and Center's internal procedures. Disciplinary actions are at the discretion of the Executive Director or designee.

Measurement of success is obtained by
1. Achieving 80% or better on competency tests,
2. Reduction in incident reports,
3. Reduction in complaints, and
4. Reduction in confirmed cases of abuse/neglect/exploitation.

All individuals will receive rights handbook(s) upon entering the program and yearly thereafter, unless there is a revision made to the book. The individuals will receive a new handbook as soon as revisions are made. The rights handbooks will be reviewed/discussed with every individual receiving services. In the handbook, there is a listing of agencies with telephone numbers and addresses. If an individual receiving services feels that his/her rights were violated, the person is encouraged to contact the Center's Rights Protection Officer, HHSC Ombudsman or if there is a complaint of abuse, neglect or exploitation, the individual can contact the Texas Department of Family and Protective Services (TDFPS).

Community Healthcore has policy and procedures in place to educate employees, other agents and affiliates to ensure to the extent possible, abuse, neglect, and exploitation of individuals receiving services are prevented.

When an allegation of abuse, neglect or exploitation occurs, the individual is given immediate and appropriate medical/psychological care and protection. The staff is instructed to cooperate with the investigating agency, and disciplinary action is taken, if applicable. Retaliatory action is not tolerated. Mechanisms are developed and implemented to handle related allegations. Data is collected that enables an assessment of individual authority and system performance.

It is the responsibility of each staff to report any concern, suspicion or incident of abuse, neglect or exploitation immediately but not later than 1 hour. There is no chain of command in reporting abuse or neglect. Failure to report abuse and neglect may result in (internal) disciplinary action and/or (external) criminal charges. State laws protect individuals reporting abuse and neglect. Any employee or individual receiving services who in good faith reports abuse or neglect will not be subjected to retaliatory action by any employee of Community Healthcore. Any person who believes he or she is being subjected to retaliatory action due to making a report of abuse, or who believes a report has been ignored without cause, should immediately contact the Human Resource Director, Corporate Compliance or the Executive Director. The Executive Director is responsible for ensuring that disciplinary action is taken against employees found to have retaliated against a reporter.

Staff will be trained in identifying, reporting and preventing abuse, neglect and exploitation. Employees will be able to identify which incidents contain actions that are abuse or neglect or indicators of possible abuse or neglect. Staff are not responsible for deciding what is abuse or neglect, but they are to avoid, prevent, and report what seems to be abuse or neglect. Staff should report if they see it occur, hear of it from another person, or suspect it.   The telephone number of the IDD Ombudsman (1-800-252-8154) to report an allegation, is posted on bulletin boards throughout the program sites. The Rights Protection Officer's number (903- 831-7585, 903-234-4220 or 903-831-3646) and the Office of Consumer Affairs (1-800-458-9858) are posted on bulletin boards throughout the program sites. Professionals are encouraged to use the TDFPS web site https://www.txabusehotline.org to report non-emergency situations (abuse/neglect) of children, the elderly and adults with disabilities.

Articles relating to identifying and preventing abuse, neglect, exploitation of children, the elderly and the disabled will be distributed to staff.

Community Healthcore will also use the TDFPS Adult Abuse Prevention Kit in educating staff, individuals receiving services, advocates, guardians and the general public in the prevention of abuse, neglect and exploitation of children, the elderly and the disabled.

Staff are encouraged to discuss with their supervisors stressful situations and supervisors are trained to identify signs of stress/burnout which could result in possible abuse, neglect or exploitation to an individual receiving services. Community Healthcore will continue to aggressively educate staff and individuals receiving services to identify incidents which contain actions that are abuse or neglect or indicators of possible abuse or neglect.

Management will continue to trend incidents and implement an action plan regarding outliers of high number of incidents in a unit or severity of incident.

- Supervisors will use the employee performance program in taking disciplinary action relating to repeat offenders.
- Supervisors update staff job descriptions – set goals, satisfaction, etc.
- Solicit feedback via surveys, face-to-face interactions with staff, family and individuals receiving services regarding delivery of services and their satisfaction of those services.
- Provide sensitivity/cultural diversity training for staff and volunteers.

Through intensive training of staff, re-evaluating abuse, neglect and exploitation training offered to staff, and the use of the performance evaluation system, Community Healthcore hopes to decrease the number of confirmed cases of abuse, neglect and exploitation.

Local Intellectual and Developmental Disability Authority
Revision to Approved Crisis Respite Plan

LIDDA Name: Community Healthcore   **Comp Code: 240**
Plan Year: FY 23   **Type of Plan: ☒ Revision**
Date of Plan: 9-1-2016

Section I. Funding

Describe how fiscal year 2023 funding for crisis respite will be used to arrange and ensure the provision of crisis respite in fiscal year 2023.

Fiscal year 2023 funds will be used to arrange and ensure the provision of crisis in-home and out-of-home respite. This will include:

- Salaries/fringe benefits for any Crisis Intervention Specialist (CIS) staff
- Contract out of home/in home respite services with HCS/ICF Providers
- Brochures/Office Supplies
- Administrative Overhead costs

Section II. Service Targets

Indicate the estimated service targets for fiscal year 2023 identified by in-home respite and out-of-home respite.

In home respite - 5 individuals to be served
Out of home - 5 individuals to be served

Section III. Implementation Plan

Provide a timeline for the revised crisis respite plan implementation once HHSC has approved the LIDDA's plan.

Within two weeks:
Community Healthcore will develop training with the IDD Crisis Intervention Specialist for community outreach and schedule an event in the spring for the public to attend to learn more about Crisis Respite Services

Crisis Service Collaborations
ETBHN members are collaborating to assist with crisis services to:
- Develop inter-local agreements to maximize the use of available crisis respite services between participating LIDDAs
- Develop a CIS focus group that would meet monthly to support resource sharing and consistency in approach. This could consist of a combination of Go-to-Meeting and face to face meetings, with face to face occurring at least on a quarterly basis. The CIS focus

group would also meet in conjunction with their designated Transition Support Teams.

*   Develop targeted informational brochures on crisis intervention that can be used for educational outreach and training by the CIS. Brochures can provide information on CIS; Crisis Respite; Crisis Services; Behavioral Intervention; IDD; Autism; etc. Brochures would also be targeted to the needs of particular target audiences (e.g. law enforcement; Mobile Crisis Outreach Team (MCOT); ER personnel; direct care provider staff)

Within six weeks
*   Community Healthcore IDD Crisis Intervention Specialist will present Crisis Respite Plan and Services to the IDD PNAC - completed in 2017
*   Community Healthcore IDD Crisis Intervention Specialist will present Crisis Respite Services to Community Healthcore Center Board of Directors completed in 2017
*   Community Healthcore IDD Crisis Intervention Specialist will present Crisis Respite Plan and Services to other community partners, including; Local Law Enforcement, Hospitals/Social Workers, School Districts/Region 7, and etc. ongoing

Describe any other necessary revisions to the approved crisis plan, including plans for expanding crisis respite services

Community Healthcore will closely monitor the activities described in the 2023 Plan.

Community Healthcore will track using the Quarterly Crisis report the number of individuals served, the number of presentations given to law enforcement, MCOT, Providers, and LIDDA staff adjustments will be made when necessary.

Community Healthcore CIS staff will work to evaluate services provided to individuals in out of home crisis. The number of individuals served will determine if crisis respite services will need to be expanded.

IV.   LIDDA Contact Information

Name: Sandra Taylor	Phone Number: 903-237-2368
Email Address: Sandra.taylor@communityhealthcore.com	