

Center for Life Resources

POLICY AND PROCEDURE MANUAL

SECTION: ADMINISTRATION

SUBJECT: Monitoring and Evaluation

Page 1

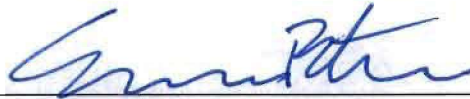
TOPIC: Quality Management Youth Empowerment Services (YES) Plan

POLICY:

The Center for Life Resources (Center) will establish procedures for a programmed, coordinated, comprehensive, continuous effort to measure and assess the performance of all provider and authority YES services provided by or contracted by the Center.

References: Texas Health and Human Services Commission (HHSC) Performance Contract Notebook (PCN); DSHS Youth Empowerment Services Policy and Procedure Manual

Board Approval: _____



Shane Britton, Chairman

Date: _____

2/28/18

Center for Life Resources

POLICY AND PROCEDURE MANUAL

SECTION: ADMINISTRATION

SUBJECT: Monitoring and Evaluation

Page 1

TOPIC: Quality Management Youth Empowerment Services (YES) Plan

PROCEDURES:

1. Quality Management (QM) ensures management, the Board of Trustees, and advisory groups have the data needed to make management decisions to support the provision of the highest quality of YES services. The following objectives provide the framework for all QM YES operations:
 - A. To provide data-driven YES information to the Center for relevant planning and decision-making processes
 - B. To assure YES service quality, accountability, choice, and best use of public resources
 - C. To achieve optimal YES outcomes-based HHSC standards and rules, managed care and behavioral health care principles, and professional ethics and accreditation standards
 - D. To provide a process for monitoring, evaluating, and improving the quality and appropriateness of the YES service delivery system, and ensuring adequate quality management by collecting data and measuring, assessing, and improving performance dimensions in:
 - i. Providing timely access to Waiver services
 - ii. Providing timely enrollment of participants
 - iii. Providing at least one billable service per month (or monthly monitoring, if the need for service is less than monthly)
 - iv. Basing plans of care and services on underlying needs and outcome statements
 - v. Providing services according to the participant's service authorization
 - vi. Participating in Child and Family Team meetings
 - vii. Assuring development and revision of the service authorization
 - viii. Identifying and updating health and safety risk factors
 - ix. Collecting and analyzing critical incident data
 - x. Credentialing and training providers
 - xi. Adhering to policies and procedures
 - xii. Maintaining continuity of care
 - E. To ensure the Center maintains an objective relationship between internal authority, providers, and contractors
2. The QM Work Plan outlines and summarizes the day-to-day duties and operations of QM:
 - A. Risk management has undertaken to minimize risk events occurring with the YES consumer and staff resulting from treatment, training, or service operations problems within the YES Waiver.
 - i. Address risk issues immediately. Implement a system of reporting incidents and accidents throughout the Center for staff (authority and provider), and contract providers.
 - ii. Discuss trends identified through reports and take appropriate action. The

Center for Life Resources

POLICY AND PROCEDURE MANUAL

SECTION: ADMINISTRATION

SUBJECT: Monitoring and Evaluation

Page 2

TOPIC: Quality Management Youth Empowerment Services (YES) Plan

- Safety Officer catalogs incident reports and addresses problem areas in the Risk Management Committee meeting on an ongoing basis.
- iii. The Risk Management Committee, through program managers, will track correction of identified problems within the YES Waiver and provide follow-up reports to the CEO, as requested.
- B. Internal Provider and Services Reviews: Conduct a self-assessment review of each internal YES provider annually. QM staff, in cooperation with the YES Program Manager, will facilitate the procedures.
- i. Elements of the internal review include an audit of safety and therapeutic environment, current standards, applicable Center policies and procedures, the most recent program review, current mission and vision statements, and the presence of desired outcomes.
 - ii. Submit a summary and evaluation report to the YES Program Manager and the CEO. The report includes identified trends and problem areas. When a corrective action plan is required, the YES Program submits it to QM and outlines the YES Program Manager's plan to correct identified deficiencies within a specified time.
 - iii. QM monitors follow-up of any needed corrective action plan, within specified periods, with the assistance of the YES Program Manager. The review will solicit outcome data to facilitate proactive improvements in the quality of care provided to YES clients and their families. Client satisfaction and outcome data will dictate future program development.
- C. Complete external provider reviews of the Center's contract YES services on an annual basis.
- i. The QM Contracts Manager will circulate evaluation forms to the appropriate Center YES staff (authority) requesting opinions concerning the quality of YES services of the external providers they have utilized during the year. After review, the QM summarizes and distributes the evaluations to the staff and the external contract provider. Use will be made of the quarterly and annual information to determine the best value and any proposed contract renewal.
 - ii. The QM will document and summarize results of contract monitoring activities with recommendations for correcting deficiencies, supplying expected completion dates.
 - iii. The QM will monitor any required follow-up with the assistance of the external provider, Center's YES Managers, and the CEO, as needed. Identify any contract revision needs. Make contract revisions before the renewal of contracts for the next fiscal year. Each contract specifies the terms whereby the contract can be terminated at the discretion of either the external provider or the Center.
- D. The Utilization Management (UM) Director monitors compliance with the Center's UM Plan.

Center for Life Resources

POLICY AND PROCEDURE MANUAL

SECTION: ADMINISTRATION

SUBJECT: Monitoring and Evaluation

Page 3

TOPIC: Quality Management Youth Empowerment Services (YES) Plan

- i. To facilitate management of timely and appropriate YES service utilization, the Center will coordinate the flow of information between the YES single point of entry and the UM program.
 - a. Access to UM staff is consistent throughout each business day.
 - b. UM staff is available throughout the business day to review clinical information needed to make authorization decisions.
 - c. The Center will provide a twenty-four hours a day, seven days a week, telephone answering system and FAX machine for receipt of authorization request messages.
 - ii. Upon receipt of all required information, requests for authorization of services are reviewed by the UM staff by the YES Waiver standards.
 - iii. Information about the right of persons requesting or receiving services to express concerns, dissatisfaction, or appeal an adverse determination decision will be posted at all service sites and included in the Consumer Rights Handbook. The information will include an easy to understand explanation of the appeal process.
- E. Required competencies are essential for all staff (authority and provider) providing YES services. QM establishes the required credentials for all licensed, QMHP staff, and licensed external providers. The Medicaid Compliance Officer or designated QM staff trains and credentials staff for billing privileges through Medicaid.
 - i. Educational coursework, background criminal history checks, licensure, training, and excluded provider listings are tools used to evaluate licensed staff and licensed external providers' credentialing.
 - ii. The Training Specialist coordinates all staff and external provider training. Enter information regarding training into the electronic health record computer system. The Medicaid Compliance Officer or designated QM staff enters credentialing information about staff into the system. Maintain credentialing information in personnel files.
 - iii. YES staff with areas of inconsistency in program reviews or competency are required to submit a plan of action to their supervisor with timelines and outcomes. The supervisor provides documentation of action to the QM Department.
- F. The Center will attempt to develop, manage, and evaluate a network of YES external service providers, through contractual agreements, to provide YES services for qualified individuals. The QM monitors this activity.
 - i. The Center secures contracts through competitive bid, non-competitive procurement, open enrollment processes, informal competitive solicitation, and formal competitive solicitation based on Chapter §412, Subchapter B of the Texas Administrative Code. The Center may renew contracts if the contract meets the best value as determined by considering all relevant factors.

Center for Life Resources

POLICY AND PROCEDURE MANUAL

SECTION: ADMINISTRATION

SUBJECT: Monitoring and Evaluation

Page 4

TOPIC: Quality Management Youth Empowerment Services (YES) Plan

- ii. A written request must be submitted on a Contract Request for External Providers form to QM. The projected contract amount and type of services requested will determine the Center's procurement method. On completion of the contract process, maintain contracts in QM.
 - iii. The contract process is designed to ensure that the YES client's travel, choice, and clinical outcomes are compatible with the assessed needs of the YES client. Disseminate a Directory of Network Providers to YES clients listing current information about each contractor in the YES provider network. Consumers are free to choose any listed contractor participating in the provider network that provides the type of service that the Center has authorized for the client on the Individual Plan of Care (IPC).
3. Quality Improvement processes are designed to monitor key YES requirements and be consistent with the Center's mission, vision, values, and plans. QM, in conjunction with YES Program Manager, the Risk Management Committee, Data Management Committee, and Utilization Committee, monitors compliance, appropriateness of services, health and safety, incident reporting, rights, and quality of care issues.
- A. Specific YES Authority requirements are monitored quarterly, and at a minimum, include:
- i. Enrollment Targets (including maintaining average enrollment requirement) as prescribed in the PCN, Section II.B.1, and Section II.H.1-7
 - ii. Inquiry List Management as specified in the PCN, Section I.A.8, and Section II.H.8
 - iii. Timeline Requirements:
 - a. Inquiry List calls returned or answered within one (1) business day (includes completing assessing demographic eligibility)
 - b. Face-to-face clinical eligibility assessment within seven (7) business days of the initial demographic eligibility determination contact
 - c. Authorization Request and Individual Plan of Care (IPC) occur within ten (10) business days of days of HHSC authorizing Clinical Eligibility Determination
 - d. IPCs submitted to Clinical Management for Behavioral Health Services (CMBHS) within five (5) days of completion.
 - e. Transition Planning and service coordination begin at least six (6) months prior the Waiver participant's 19th birthday
 - iv. IPC and Service Requirements:
 - a. Plans of care and services based on underlying needs and outcome statements
 - b. Services provided according to approved IPC
 - c. Provider participates in child and family team meetings
 - d. IPCs developed and revised as required
 - e. Ensure continuity of care and long-term support services (LTSS) as

Center for Life Resources

POLICY AND PROCEDURE MANUAL

SECTION: ADMINISTRATION

SUBJECT: Monitoring and Evaluation

Page 5

TOPIC: Quality Management Youth Empowerment Services (YES) Plan

- required
- B. Specific YES Service requirements monitored (at a minimum) on a quarterly basis include:
 - i. Services provided free of conflict of interest
 - ii. Services not provided by the individual developing the IPC
 - iii. Access to all services on approved IPC within ten (10) business days of the IPC approval
 - C. Improvement: Based on the above requirements, address performance that does not meet target criteria via a plan of improvement. Subsequent performance relating to the deficient indicator will then be evaluated to determine the effectiveness of each plan of improvement. A standardized format for the development and reporting of any required written plan of improvement will individually include the following areas:
 - i. Date (issue) initiated
 - ii. Problem identification and improvement opportunity and description
 - iii. Corrective action and method of resolution
 - iv. Responsible staff
 - v. Status and measure
 - vi. Completion date
 - D. QM prioritizes deficiencies identified through other assessment processes or by the QM Department for resolution. The YES Waiver Program Manager is responsible for identifying and prioritizing. The deficiencies will also be prioritized and become part of our local plan of improvement. The Center's approach to improving its performance involves six essential steps:
 - i. Designing processes
 - ii. Monitoring performance through data collection
 - iii. Analyzing current performance
 - iv. Improving and sustaining improved performance
 - v. Monitoring the improved performance
 - vi. Trending and Reporting
4. Review and Revision: The QM YES Plan is intended to be a functional and dynamic document that evolves. Its effectiveness will be demonstrated by documented improvement in consumer outcomes and by documented improvement in the care and services provided by the Center. Thus, the QM YES Plan will be reviewed, at least on an annual basis during the first quarter of the new fiscal year, to determine which area(s) will be revised as dictated by identified needs. At a minimum, expect that the plan will be revised to reflect changes in quality indicators and changes that may have occurred in the QM Department during the past year, to evaluate whether the QM process and structure has been effective and whether improvement in quality has been demonstrated within the Center. The revision of the QM YES Plan will result from and reflect this evaluation process and be submitted to the Executive Director and Board of Trustees for approval.

Center for Life Resources

POLICY AND PROCEDURE MANUAL

SECTION: ADMINISTRATION

SUBJECT: Monitoring and Evaluation

Page 6

TOPIC: Quality Management Youth Empowerment Services (YES) Plan

Executive Director: _____



Dion White

Date: _____

2-26-18