Texana Center

Intellectual and Developmental Disabilities Services

Quality Management Plan
Fiscal Years 2014-2015

I. Introduction Page 2

II. Involvement of Stakeholders Page 2

III. Authority and Provider Services Page 4

IV. Service Capacity and Access to Services Page 6

V. Protection of Clients Page 7

VI. Accuracy of Data Page 11
I. Introduction

The Texana Center Quality Management Plan for the Intellectual and Developmental Disabilities (IDD) Services Division describes the methods used for:

- Involving stakeholders in the IDD Quality Management Program;
- Measuring, assessing, and improving Center’s IDD authority functions and IDD services provided by or through Texana Center;
- Measuring, analyzing, and improving service capacity and access to services;
- Measuring, assessing and reducing critical incidents and incidents of client abuse, neglect and exploitation and improving the client rights protection process;
- Assessing and improving the process for rights restrictions; and
- Measuring, assessing and improving the accuracy of reported data.

The Center’s Senior Leadership Team (SLT) is responsible for the implementation of the Center’s Quality Management Program. The IDD Provider Services Director, IDD Specialized Services Director, and IDD Authority Services Director are members of the SLT and are responsible for coordinating quality management, quality utilization and quality improvement within the framework of the Center’s Quality Management Program.

II. Involvement of Stakeholders

Methods for Involving Stakeholders in the Quality Management Program

The Intellectual Developmental Disabilities (IDD) Services has processes for gathering the input of stakeholders and also, processes for communicating to our stakeholders, on a regular basis, our progress and improvements made as a result of their input.

The Developmental Disabilities (DD) Services Division uses the following methods for obtaining an assessment of our services from our stakeholders, and for providing feedback to our stakeholders:

- Stakeholder Interviews
- Stakeholder Surveys
- Staff Surveys
- Needs Assessments
- Evaluations: Staff, Training, and Presentations
- Publications

A. Stakeholder Interviews

The Center’s Strategic Planning process includes in-depth interviews with community partners, client and their family members, and staff to gain insights into their views of IDD services. The interview questions focus on the stakeholder’s view of the value of services, unmet service needs, failures, successes, and opportunities.

B. Stakeholder Surveys

The Center’s Strategic Planning process includes Opinion Surveys with stakeholders of IDD Services. Survey participants are asked to assess the service delivery elements most important to them. The survey includes assessment of intake, service coordination, job services, residential services, support services, crisis services, behavior supports, Early Childhood Intervention, and the delivery of services.
Authority Services conducts client satisfaction surveys by telephone for a sample of clients accessing front door IDD Services. Provider Services conducts client satisfaction surveys by telephone and/or by mail for a sample of clients receiving services.

Results of satisfaction surveys are reviewed by the responsible IDD Services Director and reported to the SLT for the consideration of corrective and/or improvement actions on an as needed basis.

C. Staff Surveys
Annually, the Center’s Human Resources Director coordinates a center-wide staff satisfaction survey. Respondents are requested to identify their service division. Results of the surveys are reported to the SLT for the consideration of corrective and/or improvement actions. Additionally, results and a summary of the results history (2003 to current) are posted on the Center’s intranet and accessible for all employees.

For FY 2014, Texana Center is participating in an employee opinion survey as part of a University of Houston graduate research project. This is the second survey through University of Houston, with the first being in FY 2012. The survey gathers data and U of H graduate students analyze the data, offer recommendations, and compare our data with other participating organizations. The Center’s current Strategic Plan includes a goal to build highly effective and qualified staff, and SLT considers the U of H analysis for this purpose.

D. Needs Assessment
The development of the Center’s Strategic Planning included a needs assessment process by seven assessment teams. Each team consisted of stakeholders, advocates, community partners and staff. The teams were assigned an area of focus, to include Stakeholder research, IDD services, BH services, specialized services and administration. The Center’s Strategic Plan identifies priority goals and objectives set by the Texana Center Board based on the needs assessment process.

The Center’s Board and Planning Network Advisory Committee (PNAC) review the progress toward meeting the unmet needs on a quarterly basis. This review is based on the SLT quarterly reports for the Center’s Operating Plan. This review and the resulting recommendations are documented in the meeting minutes of the Board and PNAC.

E. Recommendations by Staff
Additional recommendations by staff for quality improvement are gathered through
- Standard evaluation forms for internal trainings and presentations
- Exit interview questionnaires for resigning employees
- Interactive sites on the Texana Center Intranet (“Comment” tab, “Ask the SLT” tab)

F. Publications
Through its Community Relations Division, the Center publishes brochures for distribution to community stakeholders. Through the Texana Center web site (www.texanacenter.com), the Center distributes information to families, community partners and employees. The Texana Center web site provides the following: access information, descriptions of services, locations, career information, Board and leadership information, and news and events. Through its Intranet, Texana staff is given access to Internal News, an “Ask the SLT” interactive site, phone directory, employee benefits, employee policies, and the current employee satisfaction survey.
III. Authority and Provider Services

Measuring, Assessing and Improving IDD Services
The Authority Services Director (IDD) is responsible for processes to measure, assess and improve local authority functions within the Division. The Provider Services Director (IDD) and the Specialized Services Director (IDD) are responsible for processes to measure, assess and improve service delivery within their respective Divisions.

A. Measuring
Authority Services has systems to measure compliance in the following areas:
- Intake
- DID (Determination of Intellectual Disability)
- Enrollments: TxHmL, HCS, ICF, General Revenue.
- Service Coordination: TxHmL, HCS, General Revenue
- Person Directed Plans and Permanency Plans, as applicable
- CLOIP (Community Living Options and Information Process)
- OBRA
- Critical Incident Reporting (CIR)
- Waiting List: General Revenue Services and HCS Interest List
- Transition Services

Provider Services and Specialized Services have systems to measure compliance in the following areas:
- ICF/IID (Behavior Treatment and Training Center)
- HCS Program
- TxHmL Provider Program
- Respite
- Clinical Services: Nursing, Behavioral Supports
- Training Services: Day Habilitation, Community Supports, Vocational Training, Employment Assistance and Supported Employment
- Early Childhood Intervention (Project GROW Program)
- Texana Children’s Center for Autism Program

Benchmark: Benchmarks are established for productivity and timeliness of service across all direct positions within each IDD division.

Data Management Reports: The Division Director, and/or designees, reviews internal data reports (Anasazi) and external data reports (MBOW and CARE) on at least a monthly basis.

Financial Management Reports: The Division Director, and/or designees, reviews the monthly internal financial reports (Anasazi), and external cost comparison reports as available (MBOW).

B. Assessing
Each IDD Division has systems to assess compliance and service delivery. Additionally, the IDD Utilization Management Committee meets monthly to review data on targeted outcomes for the IDD Division.

Data and Encounter Verification Reviews: The data entry staff and supervisors maintain internal processes to monitor the validity of service data for IDD Services.

Billing and Payment Reviews: Financial Services division completes routine billing and payment reviews for Medicaid billable services

Assessing Trends: Each IDD Division Director, and/or designees, assesses demographic and diagnostic trends for persons who are seeking IDD services, waiting for IDD services and receiving IDD services.
Additionally, the IDD Utilization Management Committee meets monthly to review data on targeted outcomes for the IDD Division.

**Chart Reviews:** Compliance with documentation requirements is assessed through routine chart reviews of clients receiving Service Coordination and/or IDD services.

**Focus Reviews:** Focus Reviews are quality initiatives prompted by an initial finding in a data verification review, billing and payment review or chart review.

**Review Tools:** Each Division is responsible for the development and use of assessment tools which reflect current rules/standards/interpretations by DADS. Tools include, but are not limited to:

- ICF/IID Audit Observation Checklist, used to prepare staff for observations completed by internal and external auditors. Observation includes Supervision of Self-Administration of Medication, Meal Preparation, Meal Time, Behavioral Interventions, Training Programs, and Staff to Client Interactions.
- ICF/IID: Internal Review observation and chart review conducted by the Quality Management Specialist used to prepare staff for external audits.
- ICF/IID: Environmental Safety Checklist
- ICF/IID and HCS: Fire System Inspection Record
- HCS: HCS Environmental Checklist
- Residential Programs: Maintenance Checklist
- ICF/IID and HCS: Client Financial Review, if applicable
- HCS: Chart Review, a random sample review by the Program Manager.
- TxHmL: Chart Review, a random sample review by the Program Manager.
- General Revenue: Chart Review, a random sample review by the Program Manager
- Service Coordination: Chart Review, a random sample review by the Authority Director for HCS, TxHmL, GR, CLOIP, HCS Interest List files

**C. Improving**

IDD Services has systems to initiate improvement activities based on its measurement and assessment of quality, efficiency and utilization of resources.

**Corrective Action Plans:** If required through a State or Medicaid Program review, or internal reviews, improvement strategies are developed and implemented through a Corrective Action Plan. For State/Medicaid reviews, completion of the improvement strategies is monitored and reported to the State or Medicaid Program through the Chief Executive Officer. For internal reviews, completion of the improvement strategies is monitored and reported to the SLT and/or IDD Utilization Management Committee.

**Training:** Each IDD Division Director, or designee, is responsible for training staff in their respective areas for compliance with relevant rules and standards and also, for compliance with the Performance Contract requirements for Local Intellectual Developmental Disability Authority (LIDDA) functions and IDD service delivery. Required training is managed through the Center’s Human Resources Department. Unit training is managed through the program managers for provider services. Residential Services uses Coaching Visits, on-site visits in the residences by supervisors to support staff in their primary duties.

**Budget Development and Revision:** The IDD Division Director develops and revises their respective division’s budget based on the outcomes of its quality assessment processes. Resources are allocated and reallocated based on greatest need. Opportunities for additional resources are reported to the SLT.

**Strategic Plan/Operational Plan:** Through its Strategic Plan, the Center has long range goals for addressing the needs of a growing population and being recognized a provider of quality services. Each IDD Division Director is responsible for developing and initiating improvement strategies to be achieved during the fiscal year. These strategies are documented in the Center’s Operating Plan. Each IDD
Division Director is responsible for reporting progress toward the achievement of the Operating Plan strategies on a quarterly basis.  

**IDD Utilization Review Committee**: The IDD Authority Director, IDD Provider Director, IDD Specialized Services Director and Chief Financial Officer meet routinely to develop, initiate, and revise Center processes to ensure quality, efficiency and utilization of resources for IDD services. Actions taken are documented in the meeting minutes, products (documents) developed, and procedures developed/revised. Recommendations by this Committee may be referred to the SLT and/or Board for additional consideration.

IV. **Service Capacity and Access to Services**

**Measuring, Analyzing and Improving Service Capacity and Access to Services**

The Authority Services Director, the Provider Services Director and the Specialized Services Director are responsible for processes to measure, analyze and improve service capacity and access to IDD services.

A. **Measuring**

Service Capacity and Access to IDD Services is measured through the following processes:

**Referrals:**
- Initial: Authority Intake staff makes referrals to appropriate Program Managers upon enrollment into IDD services. The referral follows eligibility determination and is documented in the internal data system (IDD General Revenue Waiting List).
- On-going: Service Coordinators make referrals to appropriate Program Managers when a client requests a new or increased service. The referral is documented in the internal data system (IDD General Revenue Waiting List), if applicable.

**Capacity Defined:** IDD Program Managers determine the capacity for each program based on physical location, staff to client ratio, staff cost, staff productivity and access to alternate resources (volunteers, non-general revenue and/or non-Waiver resources).

**Waiting List:** Authority Services staff (Intake or Service Coordination) is responsible for assigning clients to the General Revenue Waiting List. Provider Services staff is responsible for closing the waiting list assignment upon enrollment into services, or determination of ineligibility for requested service.

**Client Plan of Care:** Authority Services staff is responsible for the development of an annual Client Plan of Care (IPC) for each IDD client. The IPC is developed at enrollment, and annually thereafter. The IPC defines the types and quantity of services to be provided to a client based on their primary service need.
- IPC Data for HCS and TxHmL is measured in the CARE and MBOW data systems.
- IPC data for GR is measured in the Anasazi data system.

B. **Analyzing**

The IDD Utilization Management Committee is responsible for analyzing Service Capacity and Access to Services. The Committee considers the following in its analysis: priority service needs as determined through local planning and assessment processes; satisfaction and customer service; trends and projection for future services; statewide comparisons; and implication of state funding trends, laws and initiatives.

**Priority Service Needs:** The Center’s Strategic Planning process includes an analysis of priority service needs.

**Satisfaction and customer services:** The Center’s Strategic Planning process and the Center’s processes for gathering stakeholder input include the completion and analysis of satisfaction surveys.
**Assessing Trends:** Authority Services assess demographic (age and location), primary service need (behavior supports, respite, and vocational) and diagnostic trends for persons who are seeking IDD services, waiting for IDD services and receiving IDD services. The IDD Utilization Management Committee reviews data of these trends, and projects future service delivery needs and available resources. The Committee makes recommendations to the SLT and the Board for any changes in the Center’s service delivery plan.

**C. Improving**

IDD Services has systems to initiate improvement activities based on its measurement and analysis of service capacity and access to IDD services.

**Budget Development and Revision:** Each IDD Division Director develops and revises their respective division’s based on the analysis of its Service Capacity and Access to Services. Resources are allocated and reallocated based on greatest need, greatest demand, and capacity of the IDD division to provide the service within the rate.

**Staffing Decisions:** Each IDD Division Director is responsible for making staffing recommendations, including requesting and deleting positions based on its analysis of service capacity and access to services.

**Strategic Plan/Operational Plan:** Through its Strategic Plan, the Center has long range goals for optimizing resources to meet community needs in a changing environment. Each IDD Division Director is responsible for developing and initiating improvement strategies to be achieved during the fiscal year. These strategies are documented in the Center’s Operating Plan. Each IDD Division Director is responsible for reporting to the Board and PNAC on progress toward the achievement of the Operating Plan strategies on a quarterly basis.

**IDD Utilization Management Committee:** The IDD Authority Director, IDD Provider Director, IDD Specialized Services Director and Chief Financial Officer routinely meet to develop, initiate, and revise Center processes to ensure efficient utilization of resources for IDD services. Actions taken are documented in the meeting minutes, products (documents) developed, and procedures developed/revised. Recommendations by this Committee may be referred to the SLT and/or Board for additional consideration.

**V. Protection of Clients**

**Measuring, Assessing and Reducing Critical Incidents**

The IDD Provider Services Director and the Specialized Services Director, with the assistance and coordination of the Compliance (Rights Protection) Officer and IDD Authority Director, are responsible for processes to measure, assess and reduce critical incidents.

**A. Measuring Critical Incidents**

Critical incidents are measured through the following process:

- Program Managers ensure that the following critical incidents are reported using the Critical Incident Report form: Medication Errors (wrong medication, wrong dose, omitted dose); Serious Physical Injury; Death; Emergency Personal Restraint; Emergency Mechanical Restraint; Emergency Chemical Restraint; behavior intervention programs involving restraint; 911 calls made by staff for law enforcement to respond to a behavioral emergency; and visits to the emergency room related to a behavioral emergency.
- Reporting Restraints in HCS: In addition to reporting the different types of restraints (i.e., physical, mechanical and psychoactive medication), effective 11/1/13, Program Managers are
responsible for reporting the use of a restraint based on the location of where the restraint occurred and include restraints that occur as part of an approved behavior support plan.

- Managers submit aggregate critical incident data from the above listed incidents to Authority Services on a monthly basis.
- Authority Services is responsible for the submission of the aggregate critical incident data via CARE Screen 686.

B. Assessing Critical Incidents
Critical Incidents are assessed through the following processes:

- Program Managers review Critical Incident Reports. In HCS/ TxHmL Services, the Critical Incident Reports data are reviewed quarterly by the HCS Advisory Committee. In the BTTC ICF/IID Program, the Critical Incident Reports are reviewed at daily staff meetings.
- Program Managers track Critical Incident Reports by client, by involved staff and by location. Data are assessed for the identification of trends, which may indicate program or training needs for clients and/or staff.
- The Texana Center Safety Committee reviews Critical Incident data for the identification of trends.

C. Reducing Critical Incidents
The frequency of Critical Incidents is reduced by the following processes:

**Practices to Decrease Restraint:** Texana Center has processes to decrease the frequency of the use of restraint and to minimize the risk of harm to clients. Staff documents the use of restraint using the Behavior Incident Report (BIR) and complies with internal procedures, contingent upon the frequency and type of restraint, which require BIR clinical review, functional assessment, implementation of a behavior management programs, and restraint data tracking. Additionally, for clients with a history of restraints and/or for clients with a behavior program with restraint contingencies, Texana Center procedures require the interdisciplinary/planning team, with the participation of a physician, to complete the following actions:

- Identifies the client’s known physical or medical conditions that might constitute a risk to the client during the use of restraint;
- Identifies the client’s ability to communicate;
- Identifies other factors that must be taken into account if the use of restraint is considered, including the client’s cognitive functioning level, height, weight, age, and emotional condition (including whether the client has a history of having been physically or sexually abused);
- Documents the conditions and factors identified in accordance with findings and, as applicable, establishes limitations on specific restraint techniques or mechanical restraint devices in the client’s record;
- Reviews and updates the conditions and factors with a physician, registered nurse, or licensed vocational nurse, and behavior analyst or psychologist at least annually, or when a condition or factor significantly changes; and
- Documents the updated information in the client’s record when conditions and factors significantly change. NOTE: If restraint is used, staff must take into account these conditions, factors and limitations on specific restraint techniques or mechanical restraint devices.

**Additional Practices to Reduce Critical Incidents**
- Employees with direct care responsibilities are required to complete initial training and annual training in the following areas: Medication Administration Training, Safety, Infection Control, HIV Awareness, PMAB (Physical and Verbal), and Seizure Intervention. Additionally, employees with direct care responsibilities are responsible for completing initial training and refresher
training in CPR every two years and in First Aid every three years. Staff is required to demonstrate competency.

- Supervisors may require employees to participate in refresher training if the employee’s actions, or non-actions, were directly related to a Critical Incident.
- Supervisors may take personnel action (counseling, formal reminders, or dismissal) when data trends indicate repeated involvement and fault of a specific employee related to Critical Incidents. Such action will be taken with the approval of the Program Services Manager and Division Director.
- Human Resources/Staff Development staff members participate in the Safety Committee meetings and take appropriate actions to revise training curricula when data trends indicate repeated incidents related to a specific training area.
- IDD Directors review the required training requirements for staff on an annual basis and make recommendations to the SLT for changes based on identified data trends.

Measuring, Assessing and Reducing Incidents of Client Abuse, Neglect and Exploitation

The Compliance (Rights Protection) Officer, with the assistance of the IDD Director(s), is responsible for the coordination of processes to measure, assess, and reduce incidents of client abuse, neglect, and exploitation.

A. Measuring Incidents of Client Abuse, Neglect and Exploitation
Incidents of abuse, neglect and exploitation are measured through the following process:

- DFPS forwards reports of abuse, neglect and exploitation to the Texana Center Compliance (Rights Protection) Officer.
- The Compliance (Rights Protection) Officer maintains an internal system for tracking trends in abuse and neglect (by allegation type, client, by location, by involved staff, by date, by result, by personnel action taken).
- The Compliance (Rights Protection) Officer is responsible for data entry into the CANRS system.

B. Assessing Incidents of Client Abuse, Neglect and Exploitation
Incidents of client abuse, neglect and exploitation are assessed quarterly by the Human Rights Committee and upon referral by the SLT. Assessment includes a review of the following trend elements: involved client, involved staff, program site of incident occurrence, type of alleged abuse/neglect, and frequency of any repeated factors (client, staff, and location).

C. Reducing Incidents of Client Abuse, Neglect and Exploitation
The frequency of incidents of client abuse, neglect and exploitation is reduced by the following processes:

**Supervisors** take the following steps to reduce confirmed cases:

- Require immediate refresher training of staff identified as perpetrators of abuse and/or neglect in the cases where the recommended disciplinary action is less than dismissal.
- Take consistent disciplinary actions against alleged perpetrators and monitor the completion of such actions.
- Enforce hiring practices, which prevent the hiring of applicants with criminal history backgrounds, per the standards of the Texas Administrative Code.

**The Compliance (Rights Protection) Officer** takes the following steps to reduce confirmed cases:

- Notify the IDD Director(s) of allegations and conclusions in an official and confidential manner.
• Notify Human Rights Committee and SLT of trends noted for both confirmed and unconfirmed cases in terms of the following: involved client, involved staff, program site of incident occurrence, type of alleged abuse/neglect, and frequency of any repeated factors (client, staff, and location).

The IDD Director takes the following steps to reduce confirmed cases:
• Ensures corrective and improvement activities are implemented
• Ensures operating procedures are updated to comply with any changes in rule or to address needed changes in processes.

Improving the Client Rights Protection Process
The IDD Provider Services Director, the Specialized Services Director, and IDD Authority Director, with the assistance and coordination of the Compliance (Rights Protection) Officer and the Human Resources Director, are responsible for strategies to improve the client rights protection process.

A. Employee Screening
• Texana Center requires the completion of the following employee screenings: state and federal criminal history, OIG for Medicaid fraud, CANRS, Nurse Aid Registry and Employee Misconduct Registry checks. These screenings are required for all employees, and comply with applicable state and federal laws, Texas Administrative Code standards, and Texana Center procedures.
• Texana Center enforces hiring practices which prevent the hiring of applicants with criminal history backgrounds, per the standards of the Texas Administrative Code.

B. Education and Training for Employee
• Prior to assuming duties requiring face-to-face contact with clients, all Texana Center employees complete competency based training on the Rights of Clients served by Texana Center.
• Annually, based on the employee hire date, each employee completes competency based refresher training on the Rights of Clients served by Texana Center.
• Training includes contact information for the Texana Center Compliance (Rights Protection) Officer, and also, procedures for reporting rights violations.
• Contact information for the Texana Center Compliance (Rights Protection) Officer, including phone numbers, mailing address and e-mail address, is a required element for official bulletin boards at all service sites.
• Human Resources staff monitors the completion of required training within established timeframes.
• Supervisors take appropriate personnel actions when employees fail to meet the training requirements.

C. Education and Training for Clients Served
• Clients receive a written and verbal explanation of their rights upon admission to services, and annually thereafter as part their annual Person Directed Planning process.
• Contact information for the Texana Center Compliance (Rights Protection) Officer, including phone numbers, mailing address and e-mail address, is provided at enrollment and annually thereafter in the Client Rights Handbook. This information is also posted on the official bulletin boards at all service sites.
• Training includes contact information for the Texana Center Compliance (Rights Protection) Officer, and also, procedures for reporting rights violations.
D. Compliance (Rights Protection) Officer Actions/Responsibilities
- Respond to all inquiries and complaints regarding actions by Texana Center staff which infringe, or are perceived as infringing, on the rights of clients served.
- Review trends in complaints regarding rights on a quarterly basis.
- Notify applicable IDD Director of complaints and conclusions in an official and confidential manner.
- Maintain systems for tracking complaints regarding rights.
- Notify Human Rights Committee and SLT of trends noted for complaints regarding rights and the resolution of those complaints.
- Provide oversight to the Texana Center appeals processes, as relevant to rights complaints, and in compliance with the Texas Administrative Code.
- Assist clients in accessing the DADS Client Services/Rights Protection (Ombudsman) at their request and in compliance with the Texas Administrative Code.
- Annually and when changes occur in the Texas Administrative Code, review and revise the Texana Center Policies and Procedures related to the promotion of client rights protection.
- Chair the Human Rights Committee.

E. Human Rights Committee Actions/Responsibilities
- Review trends noted for both confirmed and unconfirmed cases in terms of the following: involved client, involved staff, program site of incident occurrence, type of alleged abuse/neglect, and frequency of any repeated factors (client, staff, and location).
- Review practices and proposed training programs to ensure that the rights of client with developmental disabilities are not limited without due process. The Human Rights Committee meets monthly and operates within the guidelines of the Texana Center Policy and Procedure and the rules of the Texas Administrative Code.
- Review the following: rights restrictions associated with behavior treatment programs prior to implementation; medications used in ICF/IID residential programs to control inappropriate behavior or sedatives used prior to medical or dental procedures; medications used in HCS and TxHmL programs to control inappropriate behaviors; legally adequate written informed consent for behavior treatment programs; restrictive limitations placed upon freedoms or rights of clients served; unresolved rights issues; and initiation of all research proposals involving clients with developmental disabilities.

NOTE: For HCS and TxHmL, the use of medication is reviewed as an intrusive intervention if the medication is prescribed: for the sole purpose of controlling behavioral events; as needed, to manage an outburst; or to treat a medical condition, with an elevated dose to control undesired behavior. Medication prescribed for an AXIS I Diagnosis (e.g. psychotic, mood or anxiety disorder) is not an intrusive behavioral management intervention, and is not reviewed by the HRC for HCS and TxHmL clients.
- Meet monthly and operates within the guidelines of the Texana Center Policy and Procedure and the rules of the Texas Administrative Code.

F. Internal Review Board
- The Chief Executive Officer appoints an Internal Review Board for review of research and experimentation proposals within the guidelines of the Texana Center Policy and Procedure and the rules of the Texas Administrative Code.

VI. Accuracy of Data
Measuring, Assessing and Improving the Accuracy of Data Reported by the IDD Services

The Authority Services Director, the Provider Services Director and the Specialized Services Director, with the assistance and coordination of the IDD Client Data Manager and the Reimbursement Manager, are responsible for processes to measure, assess and improve the accuracy of reported IDD data.

A. Measuring

The accuracy of reported data is measured through the following processes:

**Data Management Reports:** The Division Director, and/or designees, reviews internal data reports (Anasazi) and external data reports (MBOW and CARE) on at least a monthly basis to identify outliers based on available statewide data.

**Financial Management Reports:** The Division Director, and/or designees, reviews the monthly internal financial reports (Anasazi), and external cost comparison reports as available (MBOW) to identify outliers based on available statewide data.

B. Assessing

The accuracy of reported data is assessed through the following processes:

**Encounter Summary Reviews:** The Authority Director and IDD Client Data manager coordinates an internal data verification review based on the elements listed in the current DADS Encounter Summary report and report outliers to the SLT.

**Billing Payment Reviews:** Financial Services staff routinely reviews billing and payment reports. Outliers are reported to the IDD Director(s).

**Cost Accounting Methodology:** The Chief Financial Officer assesses the results of the Annual CAM Initiative and reports outliers to the SLT.

C. Improving

The accuracy of data is improved through the following processes:

**Texana Anasazi Users Group:** Each Division Director, or designee, meets routinely with the IDD Client Data Manager and the Reimbursement Manager who are responsible for managing the Division’s data reporting systems, including the mapping of service data entry to the CARE and CAM systems.

**Service Activity Codes:** The Authority Director is responsible for documenting revisions to the Service Activity Codes in compliance with the definitions established by the DADS. The definitions are available electronically to all Texana staff.

**Training:** Each IDD Director designates staff members to train staff in their respective divisions for the accurate reporting of service delivery.