LIDDA Local Plan

FY 2022 – 2023

Preface

The purpose of the MHMR Concho Valley (MHMRCV) Intellectual and Developmental Disabilities (IDD) Local Plan (Plan) is to define a plan that communicates the mission, vision, values, goals, and objectives throughout the organization; it furthers the Center's development by providing a framework to accomplish those goals and objectives. The Plan describes the Center's IDD programs and services. The Plan is designed to be responsive to community and consumer needs and improve consumer outcomes.

The Plan represents a collaborative effort, all parts of the organization contributed to its development. The Center's goals and objectives to include IDD were developed by the Executive Leadership Team (ELT) from reviewing the following: Fiscal Year (FY) 2022 Performance Contracts; input from the Planning and Network Advisory Committee (PNAC), consumers and community representatives, staff through department/unit meetings, and the QM and UM Committees. The Plan is comprehensive and integrates all the planning requirements contained in the Texas HHSC IDD Division Performance Contracts.

Vision, Mission, and Values

Vision

"Creating Better Health & Wellness in our Community"

Mission

"Working Together to Help People Health Themselves"

During FY 2021, the Executive Leadership Team took the time to evaluate and put forth a great deal of effort to develop a strong and visionary roadmap for the Center. One of the outcomes of those efforts was to update the Center's mission, vision, and values to better reflect who we are as an organization and what we work to represent and accomplish for our community daily. On August 26, 2021, the Board of Trustees officially adopted the unofficial slogan phrase "Working Together to Help People Help Themselves" as the official mission statement for our organization.

Our mission continues to mean that:

- People with intellectual & developmental disabilities should be able to live, learn and work as independently as possible in environments of their own choosing.
- Individuals with mental illness should have the opportunity to achieve recovery, live in their own homes, work in the community, develop relationships and remain free of stigma.
- Children with emotional disturbances should have the opportunity to achieve recovery, be able to live in homes with families, attend school, and remain free of stigma.
- People overcoming substance use disorders should have the opportunity to achieve recovery, live self-directed lives, and reach their full potential and HOPE.

Values

The following are the values that guide the service delivery system of this Center:

R – Respect
I – Integrity
S - Support
E - Excellence

Planning Process

Process

MHMR Concho Valley (MHMRCV) regards its local planning process as an effort to generate decisions and actions that will guide the Center for the foreseeable future. The Center's Board of Trustees and staff are committed to a flexible planning system providing for accountability, stability and strategic direction during rapidly changing times. In assessing our current planning process, Center leadership sees an opportunity to make it a more relevant, streamlined, and useful system. The importance of having all required plans interact and complement each other is recognized as well as determining what outcomes we want to achieve.

The planning process collects important information about community issues and developing trends, identifies critical issues for resolution and/or advocacy, and develops strategies to achieve a desired outcome in each area. Both informal and formal planning takes place on a continuing basis at all levels of the organization through staff meetings, management meetings, case reviews, staff supervision, workgroups, Quality Assurance Committees, the Planning Network and Advisory Committee, Board Committees and the Board of Trustees.

Most ongoing planning takes place through workgroups and committees which address specific issues or needs identified through data, surveys, interviews, advisory committees, community involvement, client rights, departmental operations, and budget issues. On a monthly basis, the Board of Trustees reviews the reports from the Planning and Network Advisory Committee, executive director, and leadership team on issues of importance to the Center and community stakeholders. The Board is routinely informed about the results of internal and external assessments, external forces affecting performance of Center operations and services, anticipated changes in state contracts, data analysis, budget reports, formal and informal community input, and status of advisory committee activities.

MHMRCV's Planning and Network Advisory Committee (PNAC) has continuously adapted with changing times and needs for our service area. The PNAC has been charged to develop and refine service delivery mechanisms to reflect community needs and to establish "best value" (cost, choice, access, and quality) in services and supports. Representatives of committee routinely provide the Board with recommendations for the development, expansion and/or improvement of services. The committees provide input and reviews data collection methods, consumer satisfaction, and goals and objectives for the local planning process.

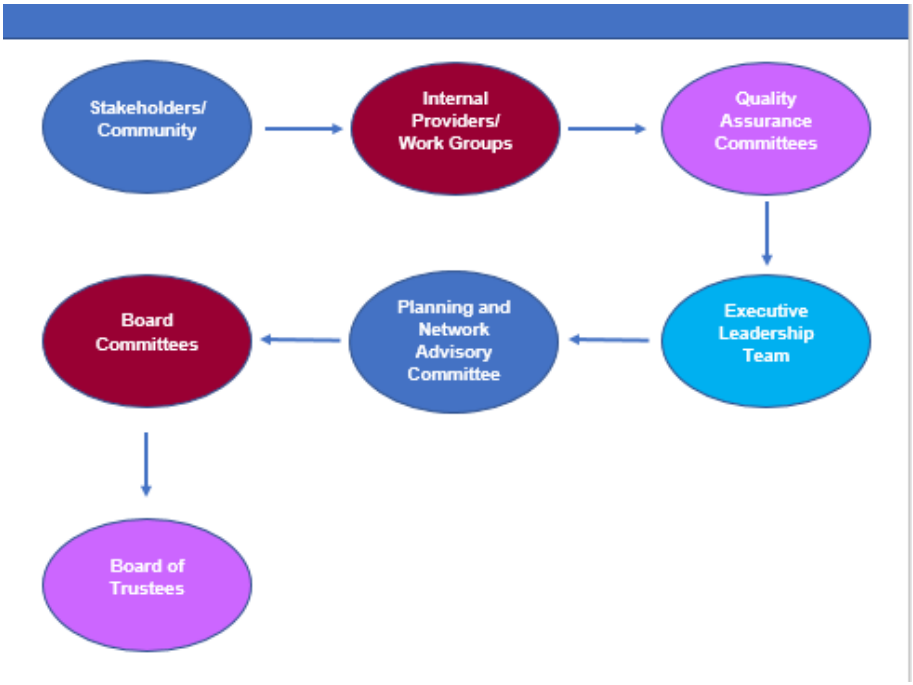
MHMRCV values the meaningful participation of individuals, family members, community stakeholders and current and past employees into the development and improvement of Center programs. Center staff work hard to forge meaningful partnerships and collaborations with other agencies in our area. Through this dialogue, community needs are often identified and ways to resolve these issues remains a priority on the agenda. Staff stay involved with the community by serving on local nonprofit boards, being involved in committee work, partnering with other agencies, joining advocacy groups and participating in public forums, focus groups and special projects.

The Center realizes that for planning to be effective and comprehensive, the community stakeholders must be involved. Community input is gathered through the following methods or sources:

- Consumer Satisfaction Surveys
- Public Forums
- Board of Trustees
- Planning Advisory Committees
- Local Advocacy Groups
- Administrative Planning
- United Way of the Concho Valley Agencies
- Community Partnership Meetings
- HIPAA Risk Assessment
- Non-Profit Agencies Network
- Concho Valley Council of Governments
- Area Agency on Aging
- Ageing & Disability Resources Center
- Region 15 Education Service Center
- San Angelo Independent School District and other surrounding independent school districts – ARD Meetings

It is the joint responsibility of advisory committees, consumers, families, advocates and MHMRCV to assure that the voices of the persons we serve, as well as the communities with whom we are integrated, are heard, action is taken, and resolutions are communicated to all.

Community Input Process



Plan Review

The Center's objective is to have a review process in place that allows for adjusting and necessary changes as we assess the success of our plan. We realize in these uncertain times; this document must be flexible and adaptable to change.

The process for review and monitoring of the Center's plan includes the following steps:

- Regularly scheduled reviews are under the auspices of the Executive Leadership Team.
  The Team will, at a minimum, review community needs and service gaps of the plan at mid-year at scheduled meetings. Team members will also include their mid-level supervisors in the planning and review process.

- The process for reviewing the plan incorporates quality management. The Director of Quality Management assesses the desired goals and objectives as set forth in the local plan. Data source, measurement frequency, and performance indicators are reviewed to measure progress and determine if any changes are needed. The Quality Assurance Committee is provided with status reports so they can routinely monitor the impact of the plan activities on the overall functioning of the Center.

- Objectives related to funding will be incorporated into the budgeting process for the next fiscal year or years.

- The status of the plan will be reported regularly to the Board of Trustees, staff, consumers, Planning Network and Advisory Committees, and other stakeholders. Any concerns or questions raised will be addressed by the Executive Leadership Team. This input will be assessed and integrated into the ongoing planning cycle.

Community Needs and Service Gaps

The Center has a history of meeting with stakeholders and community partners to identify needs and to collaborate on services. Stakeholders and partners include the Center's PNAC, Tom Green, Concho, Coke, Sterling, Irion, Reagan, and Crocket counties, the City of San Angelo, the Concho Valley Council of Governments, The Area Agency on Aging, CRCGs, Region 15 Education Service Center, Arc of San Angelo, Angelo State University, Aging & Disability Resource Center, and San Angelo Independent School District.

The following continue to be identified as specific community needs or service gaps:

- Access of the IDD Crisis Respite service & IDD Behavioral Health needs.
- Respite and PAS/HAB Provider pool for individuals who want to choose their own service providers.
- Lack of qualified individuals to provide direct support services in Day Habilitation and Residential programs.
- Sporadic and minimal rural transportation services.
- Transitions from NF to Community when identified by PASRR.

Community Partnerships

The Center values its relationship with stakeholders, collaborators, and partners in the community. The following is a summary of the Center's interaction with them.

1. **The Planning and Network Advisory Committee (PNAC)** is composed of ten members who are family of persons served, individuals who receive or have received services, representatives from sister agencies, and other professionals with experience and a continued interest in mental health and/or IDD service provision. The PNAC reviews and advises the Center on plans for and implementation of the various programs. The Committee meets at least once each month.

2. **La Esperanza** is a Federally Qualified Health Center (FQHC) and county funded. Individuals served by MHMRCV often receive primary care services at La Esperanza.

3. **Housing Authority** and MHMRCV have worked cooperatively for years to maintain safe and affordable housing for persons served by both entities.

4. **The Aging and Disability Resource Center, including the Concho Valley Council of Governments, and the Area Agency on Aging** and MHMRCV have a positive working relationship in regard to maintaining protocol for a regional no-

wrong-door approach to service provision, resource sharing, case collaboration, and improving rural transportation.

5. **CRCG – Adult and Child** is a local community organization that MHMRCV actively participates for children and adults (and combined) across the seven counties. MHMRCV staff often take the lead in helping individuals staffed in the CRCG to coordinate the various service providers and agencies willing to provide specific support.

6. **Other Partnerships:** Angelo State University, Howard College and others, team up to place students into internships supervised by licensed staff in various programs in the Center.

Ongoing and Revised Strategic Initiatives

1. IDD services will provide goal-oriented, person-directed services that are efficient, effective, and that maximize the potential and quality of community life for persons with intellectual or developmental disabilities or related conditions.

2. The Center will facilitate access to, monitor participation in, and follow-up to assess the value of services and supports to each person served.

    a. To assess the effectiveness and thoroughness of current resources and service provision, regular opportunities for public feedback will be offered throughout the year to individuals receiving services, local HHSC agencies, private Medicaid waiver service providers, the programs within Concho Valley Council of Governments, area school districts, area nursing facilities, behavior support providers, peer and family support organizations, and other individuals and entities that serve people with intellectual & developmental disabilities.

    b. IDD Crisis response procedures and services will be assessed through systematic outreach and analysis of data from Mental Health crisis response teams, law enforcement, hospital emergency departments, and private waiver providers. Feedback from these entities will drive the strengthening of IDD crisis response services.

    c. The loss of Medicaid for individuals in Medicaid waiver programs results in service disruption and non-payment to service providers. It is a growing concern. IDD staff will develop protocol for assuring individuals with Medicaid maintain Medicaid eligibility. Likewise, the Center will continue benefits services to assist individuals to receive/maintain Social Security, Medicaid, Medicare, and Medicare Part D.

    d. A least restrictive environment appropriate will be a top priority for an individual with IDD who needs relocation or transition from one living situation to another.

e. Through the Community Living Option Information Process (CLOIP), individuals residing in State Supported Living Facilities & their families/Guardians will be provided education regarding community living options that could be less restrictive.

f. Through the PASRR process, Enhanced Community Coordination, Habilitation Coordination the Center will ensure that individuals in a nursing facility receive necessary services and supports, will receive education regarding community living options, and will be diverted or transitioned from Nursing Facility placement when possible.

3. The Center will identify opportunities for innovation in services and service delivery, with a critical focus on the effects of services and service delivery in Managed Care for people with IDD.

    a. The Center routinely engages with other local social service providers to understand resources and better coordinate the multiple service needs of our individuals including CRCG, Region 15 Education Service Center, ARC of San Angelo, and Angelo State University.

4. The Center will continue to improve the variety of services and supports to individuals in their home or in the community to better fill the service gaps identified earlier in this plan, and to continue the focus on individual independence.

    a. Expansion of dual diagnosis services for people with IDD and mental illness – and Behavior Support Services in general – to support more individuals now served by private providers of ICF, HCS and TxHmL programs;

    b. Expansion of the provision of behavior support training to families, caretakers and group home staff;

    c. Continuing education and awareness information regarding individuals with intellectual & developmental disabilities and autism to Center MCOT team, emergency room personnel and police officers.

    d. Expand IDD crisis respite services for individuals with challenging behavioral issues, with the intent on serving internal and external service providers.

5. The Center will analyze the financial stability of the internal TxHmL and HCS Waiver programs to determine the specific needs for personnel and service delivery changes, and ultimately the prognosis for continuing these programs in light of increasing costs without subsequent rate increases.

a. Part of this analysis will include the impact of developing a presentation to TxHmL participants and their families to offer Consumer Directed Services as an option.

b. Providing a thorough review and budget analysis for each program for discovery of revenue deficiencies and subsequent recommendations to increase revenues, and to identify cost outliers and recommendations for addressing these issues. The ultimate intent will be to develop recommendations for maintaining some or all of the current services or preparing to close some or all of the provider services not otherwise related to the performance contract.

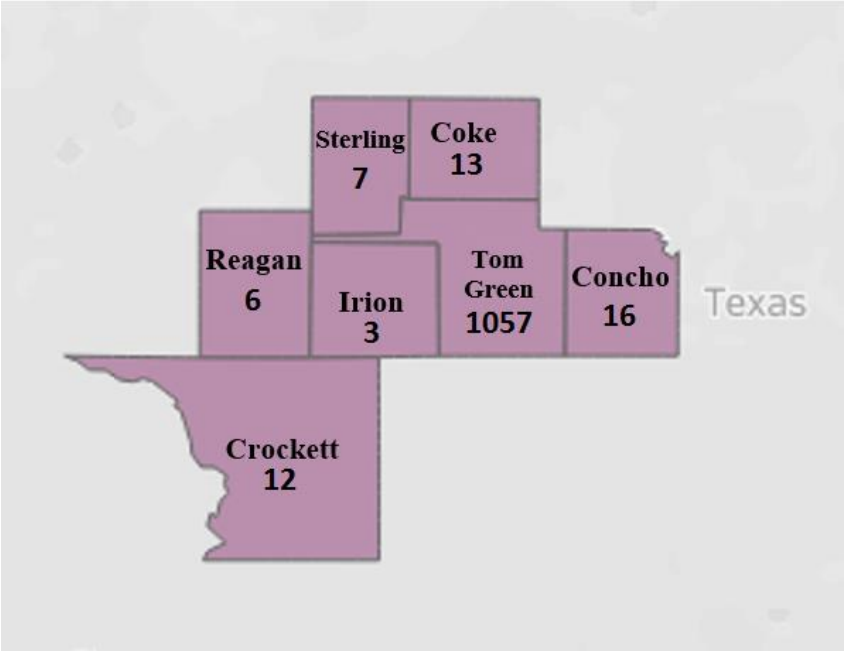
Population

Population Served

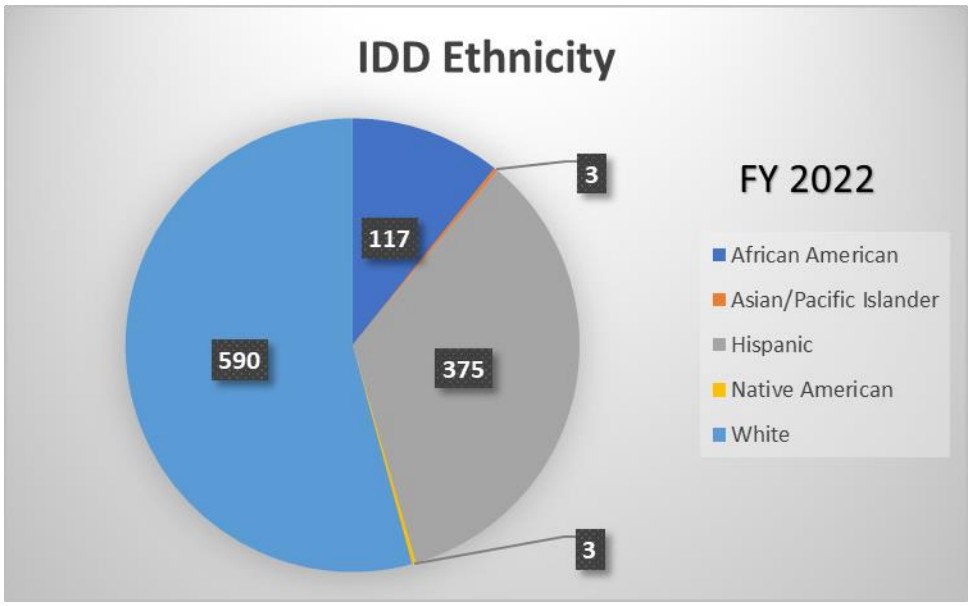
The demand for services and supports exceeds available resources, delivery of services is prioritized in accordance with published directives and needs. The HHSC IDD priority population for our local service area consists of individuals who meet one or more of the following descriptions:

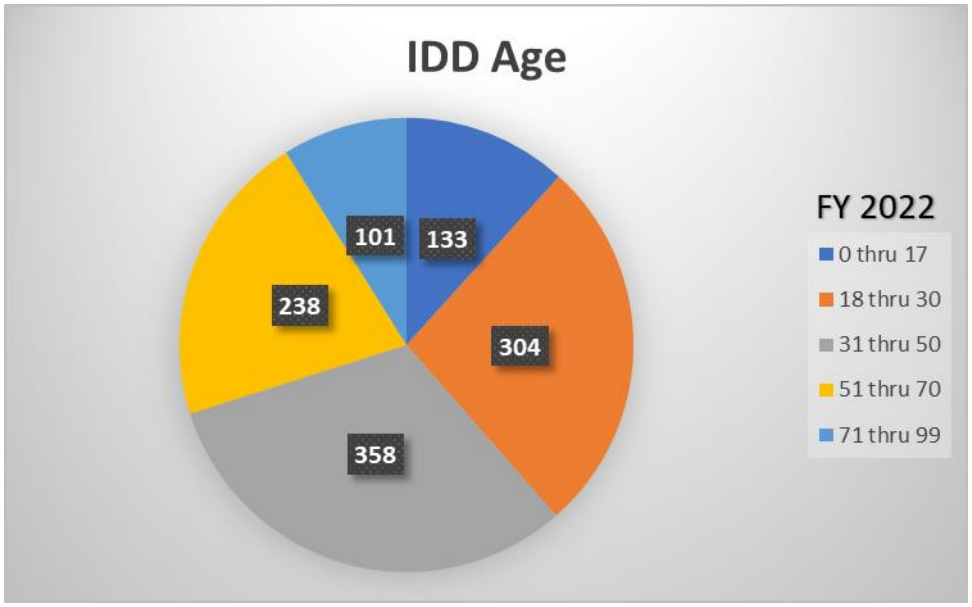
- A person with an intellectual disability, as defined by Tex. Health and Safety Code §591.003(15-a);
- A person with autism spectrum disorder, as defined in the Diagnostic and Statistical Manual of Mental Disorders.
- A person with a related condition, listed in https://hhs.texas.gov/stites/hhs/files/documents/laws• regulations/handbooks/dbmd/res/icdl 0-codes-1.pdf, who is eligible for, and enrolling in services in the ICF/IID Program, Home and Community-based Services (HCS) Program, or Texas Home Living (TxHmL) Program
- A nursing facility resident who is eligible for specialized services for intellectual disability or a related condition pursuant to Section 1919(e)(7) of the Social Security Act;
- A child who is eligible for Early Childhood Intervention services through the System Agency; and
- A person diagnosed by an authorized provider as having a pervasive developmental disorder through a diagnostic assessment completed before November 15, 2015.

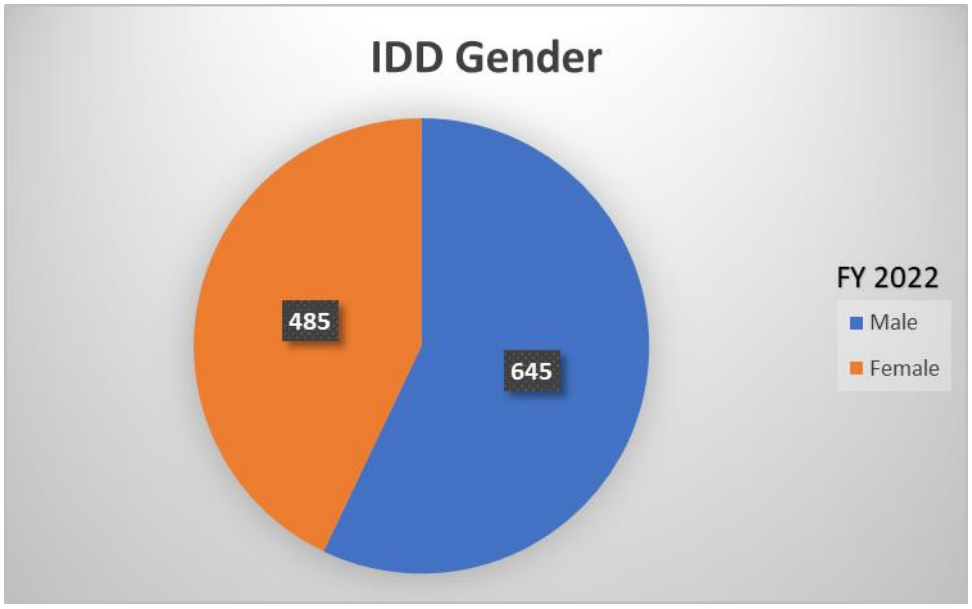
Population of Consumers Served By Counties FY 2022



Demographic Trends of Consumers in FY 2022




IDD Age
133
304
358
238
101
FY 2022
0 thru 17
18 thru 30
31 thru 50
51 thru 70
71 thru 99


IDD Gender
645
485
FY 2022
Male
Female

Services and Supports

The focus of MHMRCV is to provide services and supports to the priority population, as defined by Texas law, in our seven-county area: Coke, Concho, Crockett, Irion, Reagan, Sterling and Tom Green Counties. Services are provided to residents of our assigned counties regardless of race, ethnicity, or citizenship status. Much of the Center's focus is directed towards support in the home, the workplace and the community. The Center is assigned service targets through the LIDDA Performance Contract which calls for specific numbers of consumers who meet the priority population criteria to be served each month.

The Center's Planning and Network Advisory Committee has provided input to the staff and Board about the expansion of the provider network. The large majority of service providers are the employees of the Center, whereas some services are provided by parents, guardians, professionals in private practice and licensed facilities. Committee members make recommendations based on cost and quality of a particular service, consumer choice, as well as the availability and experience of all potential providers. Currently, the Local Plan and Quality Management Plan help facilitate the need of modifying and/or redesigning services and help determine best value between external and internal providers.

The following services are currently under the Network Oversight:

- Pharmacy Services
- Host Homes Providers
- Respite Care Providers
- Day Habilitation
- Dental Services
- Other Therapies

Services

SERVICE NAME	DESCRIPTION
SCREENING	Gathering information to determine a need for services. This service is performed face-to-face or by telephone contact with persons. Screening includes the process of documenting consumers' initial and updated preferences for services and the LIDDA's biennial contact of consumers on the HCS Interest List. The service does not include providing information and referrals.
ELIGIBILITY DETERMINATION	An interview and assessment or an endorsement conducted in accordance with Texas Health and Safety Code, §593.005, and 40 Texas Administrative Code Chapter 5, Subchapter D to determine if an individual has an intellectual disability or is a member of the IDD priority population.
COMMUNITY SUPPORT	Individualized activities that are consistent with the consumer's plan of services and supports and provided in the consumer's home and at community locations (e.g., libraries and stores). Supports include: • Habilitation and support activities that foster improvement of, or facilitate, a consumer's ability to perform functional living skills and other daily living activities; • Activities for the consumer's family that help preserve the family unit and prevent or limit out of-home placement of the consumer; • Transportation for a consumer between home and the consumer's community employment site or day habilitation site; and • Transportation to facilitate the consumer's employment opportunities and participation in community activities
SERVICE COORDINATION	Assistance in accessing medical, social, educational, and other appropriate services and supports that will help a consumer achieve a quality of life and community participation acceptable to the consumer as described in the plan of services and supports. Service coordination functions are: • Assessment — identifying the consumer's needs and the services and supports that address those needs as they relate to the nature of the consumer's presenting problem and disability; • Service planning and coordination — identifying, arranging, advocating, collaborating with other agencies, and linking for the delivery of outcome-focused services and supports that address the consumer's needs and desires; • Monitoring — ensuring the consumer receives needed services, evaluating the effectiveness and adequacy of services, and determining if identified outcomes are meeting the consumer's needs and desires; and • Crisis prevention and management — linking and assisting the consumer to secure services and supports that will prevent or manage a crisis.
RESPITE	Planned or emergency short-term relief services provided to the consumer's unpaid caregiver when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances. This service provides a consumer with personal assistance in daily living activities (e.g., grooming, eating, bathing, dressing and personal hygiene) and functional living tasks. The service includes assistance with: planning and preparing meals; transportation or assistance in securing transportation; assistance with ambulating and mobility; reinforcement of behavioral support or specialized therapies activities; assistance with medications and the performance of tasks delegated by a Registered Nurse in accordance with state law; and supervision of the consumer's safety and security. The service also includes habilitation activities, use of natural supports and typical community services available to all people, social interaction and

	participation in leisure activities, and assistance in developing socially valued behaviors and daily living and functional living skills.
CRISIS RESPITE	• Crisis Respite – Out-of-Home: Therapeutic support provided in a safe environment with staff on-site providing 24-hour supervision to an individual who is demonstrating a crisis that cannot be stabilized in a less intensive setting. Out of home respite is provided in a setting for which the state provides oversight • Crisis Respite – In-Home: Therapeutic support provided to an individual, who is demonstrating a crisis, in the individual's home when it is deemed clinically appropriate for the individual to remain in his/her natural environment and it is anticipated that the crisis can be alleviated in a 72-hour period.
HOME & COMMUNITY-BASED SERVICES	The HCS program is a federally funded program for Medicaid recipients who have a diagnosis of IDD and provides service coordination, day habilitation, supported employment, nursing, counseling/therapies, respite, adaptive aids, home modifications, behavioral support, residential supports (group homes, host home companion care, supported home living) and dental treatment.
SUPPORTED EMPLOYMENT	Supported employment is provided to a consumer who has paid, individualized, competitive employment in the community (i.e., a setting that includes nondisabled workers) to help the consumer sustain that employment. It includes individualized support services consistent with the consumer's plan of services and supports as well as supervision and training.
TEXAS HOME LIVING (TxHmL)	The TxHmL program is a federally funded program for qualified Medicaid recipients who have a diagnosis of IDD and provides service coordination, day habilitation, supported employment, nursing, counseling/therapies, respite, adaptive aids, home modifications, community support, and dental treatment.
DAY HABILITATION	Assistance with acquiring, retaining, or improving self help, socialization, and adaptive skills necessary to live successfully in the community and to participate in home and community life. Individualized activities are consistent with achieving the outcomes identified in the consumer's plan of services and supports and activities are designed to reinforce therapeutic outcomes targeted by other service components, school or other support providers. Day habilitation is normally furnished in a group setting other than the consumer's residence for up to six (6) hours a day, five (5) days per week on a regularly scheduled basis. The service includes personal assistance for consumers who cannot manage their personal care needs during the day habilitation activity as well as assistance with medications and the performance of tasks delegated by a RN in accordance with state law.

NURSING	Treatment and monitoring of health care procedures prescribed by physician or medical practitioner or required by standards of professional practice or state law to be performed by licensed nursing personnel. Specialized therapies are:
	
	• Assessment and treatment by licensed or certified professionals for:
	  ○ Social work services;
	  ○ Counseling services;
	  ○ Occupational therapy;
	  ○ Physical therapy;
	  ○ Speech and language therapy;
	  ○ Audiology services;

	○ Dietary services; and ○ Behavioral health services, other than those provided by a local mental health authority pursuant to its contract with the Department of State Health Services (DSHS); and • Training and consulting with family members or other providers .
CONTINUITY OF SERVICES	This is a service coordination activity that is provided for a consumer residing in a state supported living center whose movement to the community is being planned or for a consumer who formerly resided in a state facility and is on community-placement status. This service can also be provided for a consumer enrolled in the ICF/MR program to maintain the consumer's placement or to develop another placement for the consumer.
BEHAVIORAL SUPPORT	Specialized interventions by professionals with required credentials to assist a consumer to increase adaptive behaviors and to replace or modify maladaptive behavior that prevent or interfere with the consumer's inclusion in home and family life or community life. Support includes: • Assessing and analyzing assessment findings so that an appropriate behavior support plan may be designed; • Developing an individualized behavior support plan consistent with the outcomes identified in the consumer's plan of services and supports; • Training and consulting with family members or other providers and, as appropriate, the consumer; and • Monitoring and evaluating the success of the behavioral support plan and modifying the plan as necessary
COMMUNITY LIVING OPTIONS INFORMATION PROCESS (CLOIP)	Concho Valley provides community living options information to adults residing in a state supported living center (SSLC) and/or their LAR a minimum of one time per year. The Center also completes the community living options process instrument and provides a written report of the CLOIP process to the state supported living center and designated MRA no later than 14 calendar days prior to the individual's SSLC annual planning meeting. Concho Valley attends the SSLC annual planning meeting in-person or by teleconference 100% of the time unless the resident and/or their LAR has specifically requested the MRA not participate.
PERMANENCY PLANNING	A planning process that focuses on achieving family support for individuals under 22 years of age by facilitating permanent living arrangements that include an enduring and nurturing parental relationship. Permanency Planning is for all individuals under 22 years of age and reside in an institutional setting.
INTEREST LIST	Maintenance/monitoring of IDD services that are not currently available. Monitored services include General Revenue services and Medicaid funded services. Services are offered on a first come, first served basis.
RESIDENTIAL SERVICES	Twenty-four-hour services provided to a consumer who does not live independently or with his or her natural family. These services are provided by employees or contractors of the LIDDA who regularly stay overnight in the consumer's home. This service category includes: • Family Living: Residential Services provided to no more than three consumers living in a single residence that is not a Contracted Specialized Residence. • Residential Living: Residential Services provided to more than three consumers living in a single residence that is not a Contracted Specialized Residence. • Contracted Specialized Residences: Residential Services provided to a

	consumer in a general hospital, a substance abuse program, an autism program, or an AIDS hospice.
HABILITATION COORDINATION	Assistance for a designated resident residing in a nursing facility to access appropriate specialized services necessary to achieve a quality of life and level of community participation acceptable to the designated resident and legally authorized representative.
CRISIS INTERVENTION SERVICES	Lead Crisis Intervention Specialist provides information about IDD programs and services; collaborates with LIDDA staff and Transition Support Team members to identify individuals with IDD in the LIDDA's local service are who are at risk of requiring crisis services.
Pre-Admission Screening and Resident Review (PASRR)	PASRR is a federally mandated program that requires that we prescreen all people, regardless of payer source or age, seeking admission to a Medicaid-certified nursing facility. PASRR has three goals: 1. To identify people, including adults and children, with mental illness and/or IDD. 2. To ensure appropriate placement, whether in the community or the nursing facility. 3. To ensure people receive the required services for mental illness and/or IDD.
Community First Choice (CFC)	Services include help with activities of daily living and health-related tasks through hands-on assistance, supervision or cueing, services to help the individual learn how to care for themselves, backup systems or ways to ensure continuity of services and supports and training on how to select, manage and dismiss attendants.

Impact of Key Forces

The evolution of the roles and expectations of Community Centers, along with advances in clinical and business practices, input from stakeholders (especially consumers, families and advocates) and an increase in willing and able private and other public sector providers, has dramatically changed the environment.

The shift in expectations is mitigated by a variety of geographic and demographic factors and requires change in the organizational culture as well as a significant realignment of resources. Focused on increased system efficiency and effectiveness, we are approaching this realignment in a variety of ways:

- Inter-local contracts between centers whereby one center conducts administrative support functions for other centers;
- Inter-local contracts with other government entities;
- Business arrangements for administrative services and technical assistance;
- Contracting with other private sector businesses in their respective communities for certain administrative and service functions; and
- Internal capacity improvements.

The needs of people with intellectual & developmental disabilities and those who have co-occurring mental health and IDD do not go away. The waiting list for access to community-based services for people with IDD continues to grow. Community MHMR Centers, serving as local authorities for all communities across Texas, are uniquely positioned to be part of the solution.

Center Strengths

- Staff commitment to quality services
- Informed and committed Board of Trustees
- Partnerships with people served, local community, and the non-profit sector
- Effective stewardship of resources
- Implemented the Cost Accounting Methodology (CAM)
- Redirected clinical practices toward implementing Person Centered Planning
- Visible and active community involvement
- Improved audit outcomes
- Experienced, qualified and tenured staff in key positions

Center Opportunities

- Leadership role in building and expanding local partnerships
- Control costs within the Center's HCS & TxHmL programs
- Increase productivity allowing us to meet our contractual obligations
- Building stronger accountability in evidence-based practices at the service level
- Balancing payer expectations with evidence-based care in keeping with consumer expectations

Network Planning

Planning and Network Advisory Committee

The Center's Board of Trustees appointed ten citizens to advise the staff and Board about the provider network. The large majority of service providers are the employees of the Center, whereas some services are provided by professionals in private practice and licensed facilities. Committee members make recommendations based on cost and quality of a particular service, consumer choice, as well as availability and experience of all potential providers. The committee's oversight includes:

- Development of review schedule of provider agreements
- Approval of evaluation protocols
- Consideration of external resources of information related to service providers
- Consideration of public input (such as surveys) to promote consumer choice and availability of providers
- Determination of Best Value for network service provision internally and externally
- Determination of the process in which providers are to be solicited (Request for Application, Request for Proposal, Request for Bid, etc.)
- Review of the Center's Operating Budget
- Input for new programs

Intellectual Developmental Disability Services	Host Homes Aguilar, Aracely & Carlos Alcocer, Maria Allen, Esperanza Blackwood, Grace Daniels, Pamela DeHoyos, Hector Diaz, Fransica Estrada, Veronica Fernandez, Hortencia Garcia, Susanna & Alfredo Gibson, Whitney Jimenez, Yadira Leal, Adelita Lopez, Sylvia Moran, Leonarda Nicks, Barbara & Weldon Rabb, Pamella Rangel, Carmea & Luis Revelez, Robert Rivera, Nicole Rodriguez, Mary Saldana, Genoveva Sherman, Yvette Stump, Denise Tierce, Diamintina Torres, Caroline

Troncoso, Antonio

Day Habilitation
Aguilar, Carlos
Alcocer, Mucio
Leal, Roy

Other Therapies
Brantley, Chad – Dental Services
Concho Valley Family Dental
Harrison Family Dental
La Esperanza Dental Clinic
LeWright Family and Cosmetic Dentistry
Marsden, Thomas – Dental Services
Vance, James - Dental Services
Wall, Jason – Dental Services

Wound Care
Torres Wound Care

Linkage to the Local Plan

The LIDDA Local Plan and Quality Management Plan help facilitate the need of modifying and/or redesigning services and help determine best value between external and internal providers.

Consumer/Family/Community/State Supported Living Center Input and Satisfaction

The Center utilizes different means to involve the consumers, family members and community stakeholders in the planning process. Surveys, questionnaires, forums, public comments received during the Board of Trustees meetings, other meetings and collaborative efforts with other state and non-profit agencies are some of the ways information is gathered for analysis, summation and action.