



Living Alternatives for the Developmentally Disabled, Inc.

**LADD**

## Quality Improvement Plan 2025

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### Mission

**We Make The Difference!**

### Vision

**Always striving to enhance the quality of life for all we serve!**

### Values

#### We Value P.E.O.P.L.E

**People:** See People as a “whole person”, first

**Environment:** Build an Environment of H.O.P.E., trust and healthy relationships

**Opportunities:** Create Opportunities for growth and making G.O.O.D. decisions

**Provide:** Provide gentle interactions to show you C.A.R.E.

**Learn:** Learn to appreciate differences in a team and treat all people with dignity and respect.

**EMPOWER:** Empower by using S.O.U.L. and positive, open communication.

WE MAKE THE DIFFERENCE

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## QUALITY IMPROVEMENT PLAN PURPOSE

To ensure that LADD continuously improves the quality of our services while always keeping the focus on our Mission, Vision and Values.

## QUALITY MANAGEMENT METHOD

To ensure Respite Services, Community Integration, Community Housing and Supported Living provide quality support services; LADD develops and implements an approved Quality Improvement Plan that is focused on outcomes in the four categories of effectiveness, efficiency, access and satisfaction. The Quality Improvement Plan is developed, reviewed and updated during the strategic planning process by LADD Directors and trained to all management and employees.

## QUALITY IMPROVEMENT PLAN

- **Quality Improvement Goals and Action Items**

The QI Plan contains goals, indicators and performance measures that align with the LADD Mission, Vision and Values as well as the Strategic Plan. The measures are monitored using routine data collection and review of processes. These processes are used to evaluate overall project performance on an on-going basis and to determine that risks were accessed prior to beginning the project, quality reviews were held, outcomes were tested, and satisfaction is monitored.

- **Quality Assurance Processes, Quality Control Measures and Quality Criteria**

- Quality assurance activities focus on the processes being used to manage and deliver the solution to evaluate overall performance on a regular basis. Quality assurance is a method to ensure that business activities will satisfy the quality standards and will define and record quality reviews, test performance, and stakeholder acceptance.
- Quality control activities are performed continually to verify that supports are of high quality and meet quality standards set by LADD Quality assurance also helps uncover causes of unsatisfactory results, establishes lessons learned to avoid similar issues in the future and tests to ensure corrective action has been successful.
- Team members agree on the accepted Quality criteria that will be used to evaluate final deliverable results before the results are formally approved. The Quality Improvement Plan consists of the procedure, expectations, monitoring period, report period and responsible parties.

<b>Specify Program</b>  1.Respite Services 2.Community Integration (CLS) 3.Community Housing 4.Supported Living 5. Business Function	<b>Objectives</b>	<b>Performance Measures- should include:</b> <b>Performance Indicators/Targets- can be expressed as a percentage, ratio or number achieved/rate.</b>  Efficiency Effectiveness Access Satisfaction	<b>Personnel Responsibilities- specify the Name/Dept. and Task</b>
Business Function Services / HR	Reduce overall turnover.	Reduce overall turnover rate by 1% per quarter. Efficiency	HR Director will track turnover rate per quarter identifying trends of termination.
Business Function Services / HR	Reduce Risk	Reduce the number of employee accidents. Efficiency	HR Director to report employee accidents on a quarterly basis.
Business Function Services / HR	Increase completion of all contractual requirements.	Reduce the number of employees on the Items Due List out of compliance per quarter Effectiveness	HR to track. Services to ensure all employees complete all upcoming training due via reports received monthly.

Business Function All Departments	Employees will express a satisfaction rating with LADD as an employer.	90% of employees will express satisfaction with LADD employment. <b>Satisfaction</b> Increase the number of Management Communication Training <b>Effectiveness</b>	Director of QI to create, send and evaluate all survey responses for satisfaction. HR Director to provide the number of training courses completed per quarter.
Business Function Stakeholders	Stakeholders will express a satisfaction rating with LADD as a provider.	90% of Stakeholders will express satisfaction with LADD services. <b>Satisfaction</b>	Director of QI to create, send and evaluate all survey responses for satisfaction.
Business Function Services	Persons supported will express a satisfaction rating with LADD as a provider.	90% of people supported will express satisfaction with LADD services. <b>Satisfaction</b>	Director of QI to create, send and evaluate all survey responses for satisfaction.
Business Function Compliance	Increase CCO accessibility.	Increase accessibility of the CCO annually. <b>Effectiveness</b>	CCO to report on compliance and anonymous reporting line activity and emails. CCO to report quarterly on trends.
Business Function Services	Reduce the number of at fault vehicle accidents.	Reduce the number of at fault vehicle accidents by 5% for the year. <b>Efficiency</b>	DOB to coordinate with EMC to analyze the root cause of at fault accidents and develop appropriate response and training. EMC minutes to be used to track outcomes.
Business Function Services/ Finance	Maintain fuel expenditures within set budget.	Increase the number of programs that maintain fuel expenditures within budgets by 10% per quarter. <b>Efficiency</b>	DOB to utilize the WEX system to monitor fuel expenditures and provide analysis to the Services team.
Business Function Services	Maintain consistently high scores on QES checklists resulting in high quality conditions at all LADD locations.	Increase the number of QES checklist audits completed to 100% per quarter. <b>Effectiveness</b> Increase the number of programs that maintain scores of 95% or better on QES checklist audits. <b>Efficiency</b>	DOB to utilize the QES database to monitor and provide analysis to the Services team.
Community Integration (CLS) Respite Services	Decrease the time it takes to receive services after a referral is accepted.	Contact to be made for accepted referrals within 2 days 10 out of 12 times. <b>Access</b> Info Pack to be completed within 14 days of contact 10 out of 12 times. <b>Access</b>	Respite/CLS Manager will contact families within two days of accepting the referral for services. Respite/CLS Director will work with an accepted referral to complete information pack.
Community Integration (CLS) Respite Services	Monitor or improve use of available staffing supports.	Of people receiving respite services, 80% will maintain adequate staffing supports. <b>Efficiency</b>	Respite/CLS Regional Director will monitor on a monthly basis via spreadsheet.
Community Integration (CLS) Respite Services, Community Housing Services	Services to continue to monitor data for quality, early submissions and missing documentation. DOB to track recoupments and billing conflicts.	Decrease the number of units for recoupment to funding source by 5%. <b>Efficiency</b> Decrease the number of billing conflicts by 5% quarterly. <b>Efficiency</b>	DOB to track via billing units spreadsheet. DOB to track the number of recoupments and billing conflicts.
Community Housing Services	Identify vacancies while collaborating with the CMH to identify compatibility following HCBS guidelines.	Increase opportunities for people to meet potential/ compatible housemates. <b>Efficiency</b>	Tracked via Service Choice Form DOD meets monthly with CMH. RDs meet with the Treatment Team to discuss potential placements. DOD will meet with the RD teams to review progress in filling vacancies.
Supported Living Services	Engaging in community inclusion	Increase Community Inclusion as a company by 2% annually. <b>Access</b>	Services will promote healthy lifestyles, exercise, and volunteering. This will be tracked and monitored through an ISP Program in the electronic health record (Community Inclusion) by the QA Department.
Community Housing/ Supported Living – Services	Increase the Quality of Life surveys being completed on time.	Increase the number of QOL surveys being completed by 100% per quarter.	DOD & RD will work with QA to gather information to increase surveys.

Community Housing/ Supported Living – Services	Decrease the number of employee medication errors.	Decrease number of medication error by 5% annually. <b>Effectiveness</b>	Tracked via IR reporting reviewed at EMC
Business Function Disaster Recovery & Business Continuity	Maintain updated versions of Disaster Recovery and Business Continuity planning documents.	Maintain updated versions of Disaster Recovery and Business Continuity Plan by 90% annually. <b>Effectiveness</b>	LADD IT Director will complete updates, tracking and report changes as needed. LADD IT Director to maintain Technology Incident Report outage tracking.
Business Function LADD Websites	Increase Relevant Traffic and Awareness of LADD websites, focusing on people supported.	Increase Relevant Traffic and Awareness of LADD website for people supported by 5% annually. <b>Effectiveness</b>	LADD IT Director completes tracking quarterly.
Business Function Information Technology	Ensure access to and availability of systems crucial to the organization. (electronic health record & OneDrive)	We will work to ensure access to and availability of systems crucial to the organization (electronic health record & OneDrive) within 48 hours. <b>Effectiveness</b>	LADD IT Department to maintain outage tracking and resolution via the Technology Incident Report and the IT Ticket system. Continually improve foundational IT Processes proactively plan, implement, monitor, and measure our environment of resources, systems, applications, networks, and communications to proactively maintain, adjust, repair, extend, and enhance in order to increase overall system reliability, efficiency, availability and security
Business Function Information Technology Budget & Cost Control	Continue cost savings initiatives through continuous review of our technology spending and leveraging opportunities.	Fully utilize the recommended lifespan of technology equipment, using the equipment at its full capacity. <b>Efficiency</b>	LADD IT Director to maintain tracking of technology equipment per incident to meet the recommended lifespan. Maintenance tracking completed through the IT Ticket System in determining equipment replacement. Use opportunities of bulk purchasing when possible. We will replace hardware, software and network infrastructure in a planned, budgeted and scheduled manner to prevent obsolescence and reduce organization efficiency.

## QUALITY ASSURANCE PROCESSES, QUALITY CONTROL MEASURES AND QUALITY CRITERIA

Quality Control Procedure	Quality Criteria Expectations	Monitoring Schedule	Report	Supporting Data	Where/to Whom Indicators Apply	Responsible Party
Community Accessibility	Community Accessibility is monitored in daily documentation and monthly reports.	Monthly	Annually	Documentation in Therap	All Programs	PCTS Managers QA Department
Guardian/ Family Contact	Guardians will be kept informed on information ranging from medical issues to daily information. LADD will utilize the information given by guardians concerning the amount and way they wish to receive contact tab.	Quarterly	Annually	Therap, QA Database	All Programs All Persons Supported	PCTS Managers Regional Directors QA Department
Tracking System Developed for Training	To ensure staff are highly trained in all areas necessary to perform their job according to contracts.	Monthly	Monthly	AOD and LADD Training Site		Director of QI/Training Manager/Supervisor Director of Services

Adult Foster Care Agreement Tracking	A database will be used to monitor the expiration date, the date agreement was mailed to the guardian and the date the agreement was signed and returned by the guardian.	Annually	NA	RCA Database		Finance Specialist
Records of Revised or Deleted Forms	Tracking to be completed via PPF system.	Monthly	NA	QI Tracking Reports		Director of Quality Improvement QA Department Steering Committee
Incident Reports Recipient Rights Complaints	Incident reports will be monitored to look for patterns, trends, potential causes, unusual and critical incidents and follow up.	Monthly/ Quarterly	Quarterly	IR Database	Berrien County Cass County Calhoun County Van Buren County	Area Supervisors QA Department Emergency Management Committee Steering Committee RCA Committee
Specific Goals for the Individuals Served in the CLS Programs	Goals and Objectives will be monitored to ensure that the goals are measurable, personalized, and reported for progress.	Monthly/ Quarterly	Monthly	Therap	All Programs All Persons Supported	CLS Regional Director Area Supervisors QA Department
Specific Goals for the Individuals Served in SIH and Licensed Programs	Goals and Objectives will be monitored to ensure that the goals are measurable, personalized, and reported for progress.	Monthly/ Quarterly	Monthly	Therap	All Programs All Persons Supported	Managers Regional Directors Area Supervisors QA Department
Service Review (former Program Review)	Service Reviews will be completed in each program by Directors one time a month. Program Reviews cover all shifts and all program types.  A quality review once a month per location by Area Supervisor.	Monthly	Monthly	QA Database		Regional Directors Area Supervisors Director of Operations and Development QA Department
Review Strategic Plan	The Strategic Plan will be reviewed to ensure that the company is progressing towards achieving the goals that have been set.	Monthly	Annually	Steering Committee		Steering Committee
Review of Barriers	Barriers will be reviewed and evaluated and plans of action will be created to try and eliminate any identified barriers, such as, attitudinal, architectural, communication, transportation, environmental, cultural, employment, community integration and transportation.	Monthly/ Quarterly Annually	Annually	QA Database		PCTs Managers Area Supervisors Regional Directors Steering Committee QA Department
Environmental Checklist/ Monthly Safety Monitoring	Quarterly Environmental Safety Checklist will be completed at each location.	Quarterly	Annually	Compliance Database	All Programs	Managers Compliance Department
Quality Assurance Department Reports	Directors will be informed of outcomes, trends, etc. The Steering Committee will review reports and the QI Plan quarterly.	Monthly	Monthly	QA Database Therap		Compliance Department QA Department Director of Services Steering Committee
Root Cause Analysis (RCA)	Regional Directors will report to the Steering Committee via DOS any substantiated Recipient Rights Complaints for tracking patterns and ways to ensure incidents will not continue to occur. The completed RCA is reviewed by Steering and communicated across the organization for proactive resolution.	Monthly	Annually	RCA Database		Regional Directors Director of Services Steering Committee Emergency Management Committee Compliance Department

Person Centered Plan Dates	The dates of all Person-Centered Plans will be tracked to insure completion of procedures and documentation as well as pre-planning.	Monthly/ Quarterly	NA	QA Database	All Programs All Persons Supported	Managers Area Supervisors QA Department
Compliance Audits/ Responding to Regulatory Agency audits and surveys	Audits will be reviewed and tracked for monitoring and patterns. Corrective action plans will address any finding with an appropriate response. The plan will be sent to the regulatory agency by the stated due date and records maintained by LADD	Ongoing	Annually	Compliance Audit Database		Compliance Department Steering Committee Regional Directors Managers Director of Operations
Annual Quality Assurance Audits	The Compliance Department, Area Supervisor and Managers will complete internal audits on an annual basis for each program. This includes audit preparation.	Quarterly Annually	Quarterly Annually	Compliance Database		Managers Area Supervisors Compliance Department
Requested Reports to RMHA'S Monthly summary of data SIL and Licensed, Individual CLS, Respite. Data sent	Reports will be sent as Specified by each CMH/specialty service	Weekly/ Monthly/	Monthly Quarterly Annually	Electronic in RDS / Electronic Health Record		QA Department Regional Directors
Emergency Management Committee	The Emergency Management Committee will monitor all areas that deal with health and safety and review the Strategic and Quality Improvement Plans. Will report to the Steering Committee findings.	Quarterly	Quarterly	Director of QA files EMC		Management Steering Committee
Billing Verification Review	Billing verification reviews will be completed to ensure documentation is being completed correctly.	Annually	Quarterly	Time Tracking Documents / Electronic Health Record		Billing Department
Risk Management	Functions of the business will be reviewed to identify potential risks and plans to address high risk areas	Annually	Annually		All systems related to Services, QA, HR, IT and Compliance	IT Director Compliance Officer Steering Committee
Outcome Reports	All reports will be completed and included on the QI Plan.	Annual	Annual	Outcome Management Reports		Compliance Department Steering Committee Regional Directors Managers Director of Services
Quality Assurance Committee	The QA Committee will continuously seek ways to improve the quality of the support provided. The committee will include persons supported, guardians, staff, and Management.	Semi-Annual	Semi-Annual	Minutes	Stakeholders	Regional Directors QA Department Steering Committee
Staff Council	The Staff Council will continuously seek ways to improve the quality of the support provided and the workplace. The committee will include staff, and Management.	Annual	Annual	Minutes	Employees	Regional Directors QA Department Steering Committee

Satisfaction Surveys	Surveys will be conducted to provide LADD information on areas of success and areas requiring improvement.	Annual	Annually	Satisfaction and Survey Monkey	Stakeholders	QA Department Steering Committee
Quality of Life Survey and Person-Centered Plan Survey	Surveys will be conducted to provide LADD information on areas of success and areas requiring improvement.	Annual	Annually	QA Databases	All Programs All Persons Supported	QA Department Regional Directors Area Supervisors Managers
Companywide Annual Performance Evaluations	All Performance Evaluations are to be completed at the end of the calendar year of the year being completed.	Annual	Annually	HR Databases	All Management	HR Department Area Supervisors Regional Directors Directors
Employee Turnover Rate and New Hire Turnover at the one-year mark.	The amount of employee turnover will be monitored.	Quarterly	Annually	See Annual Outcome Management Report		Director of HR Area Supervisors Steering Committee
Characteristics of the People We Serve	This information will be collected to aid in understanding or interpreting outcomes, to give an overview of the needs of the people supported and may be incorporated into outcome measurement reports.	Annual	Annually	Person Served Database and Electronic Health Record	All Programs All Persons Supported	QA Department Steering Committee
CEP and HIPAA Compliance	All compliance and HIPAA policies will be monitored for compliance.	On-going	NA	Annual QA Information Company QI Check sheet		Compliance Officer Steering Committee
Policy and Procedure Review	Policies and Procedures will be reviewed to ensure that they are updated with company changes.	On-going	N/A	Annual QA Information Company QI Check sheet		Steering Committee Sub-Committees QA Department
Annual and Semi-Annual Training	All required trainings will take place during Annual, Semi-Annual or a specialized training each year. Contracts will be reviewed to ensure that all requirements are met with the RMHA as well as additional training set up that have an impact on the services we provide as noted on our Strategic Plan.	Annual/On-going	N/A	LADD Training website.		Director QI/Training Training Supervisor

Additional quality control and review items are added ongoing throughout the year. Information is available in the Steering Committee minutes.

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