ATTACHMENT H
Authority Functions

I. Local Planning

The LIDDA shall:

A. Develop and implement a local plan that is:
   1. consistent with the DADS strategic priorities referenced in the Health and Human Services System Strategic Plan at http://www.hhs.state.tx.us/StrategicPlans/SP11-15/Strategic_Plan.pdf ; and
   2. in accordance Texas Health and Safety Code (THSC), §533.0352.

B. Post the current local plan on the LIDDA's Internet website or the website of one of the LIDDA's local sponsoring agencies.

C. Through its local board, appoint, charge, and support one or more Planning and Network Advisory Committees (PNACs). The role of the PNAC is to represent the perspectives of consumers, family members and other stakeholders on the provision of services and supports. The PNAC ensures that stakeholders' input plays a significant role in the local planning and networking process as well as in policy making and service delivery design. It acts as a liaison between the local board and community by advocating for community needs, and becoming a catalyst for a broader scope of participation.
   1. The PNAC must be composed of at least nine members, fifty percent of whom shall be Consumers or family members of Consumers, including family members of children or adolescents, or another composition approved by DADS. The LIDDA shall fill any vacancy on the PNAC within three months of the creation of the vacancy or within the timeframe required by the LIDDA's bylaws;
   2. PNAC members must be objective and avoid even the appearance of conflicts of interest in performing the responsibilities of the committee;
   3. The LIDDA shall establish outcomes and reporting requirements for each PNAC in accordance with relevant portions of the *Guidelines for Local Service Area Planning*;
   4. The LIDDA shall ensure all PNAC members receive initial and ongoing training and information necessary to achieve expected outcomes in accordance with relevant portions of the *Guidelines for Local Service Area Planning*;
   5. The LIDDA may develop alliances with other LIDDAs to form regional PNACs; and
   6. The LIDDA may develop a combined IDD and mental health PNAC. If the LIDDA develops such a PNAC, the fifty percent consumer and family member representation must consist of equal numbers of mental health and IDD consumers and family members.

II. Policy Development

The LIDDA shall develop and implement policies to address the needs of the LSA in accordance with state and federal laws. The policies shall include consideration of public input, best value, and consumer care issues.

III. Coordination

The LIDDA shall:

A. Ensure coordination of services within the LSA. Such coordination must ensure collaboration with other agencies, criminal justice entities, other child-serving agencies (e.g., Texas Education Agency (TEA), Department of Family and Protective Services (DFPS)), family advocacy organizations, local businesses, and community organizations;

B. In accordance with applicable rules, ensure that services are coordinated:
   1. Among network providers; and
   2. Between network providers and other persons necessary to establish and maintain continuity of services;

C. Provide consumers a choice among all eligible network providers;

D. Participate in the Community Resource Coordination Group for Children and Adolescents (CRCG) and the Community Resource Coordination Group for Adults (CRCGA) in the LSA, in accordance with the memorandum of understanding, described in the CRCG - MOU, required by the Texas Government Code (TGC) §531.055 (regarding Memorandum of Understanding on Services for Persons Needing Multiagency Services), by providing one or more representatives to each group with authority and expertise in IDD services;

E. Notify the CRCG in the county of residence of the parent or guardian of a person younger than 22 years of age with a developmental disability if such a person will be placed by the LIDDA in a group home or other residential facility, as required by TGC §531.154(a)(3); and

F. Cooperate with TEA in individual transition planning for child and adult consumers receiving special education services, in accordance with 34 CFR §300.320(b), Definition of individualized education program, §300.321(b), IEP Team.

IV. Resource Development

The LIDDA shall:

A. Identify and create opportunities to make additional resources available to the LSA which will ultimately benefit consumers (e.g., applying for grants and partnering with other organizations); and

B. Optimize earned revenues and maintain a Claims Management System.

V. Resource Allocation

The LIDDA shall:

A. Maintain an administrative and fiscal structure that separates local authority and provider functions, including ensuring service coordinators do not perform provider functions; and

B. Ensure best value in the distribution of resources through the provider network and implement utilization management activities to ensure efficient use of resources.

VI. Oversight of IDD Services

The LIDDA shall:

A. Ensure the provision of IDD services by assembling and managing a network that offers consumer choice to the extent possible and ensure that providers are selected based on their qualifications and representation of best value;

B. Subcontract in accordance with applicable laws and DADS rules governing contracts management for local authorities (40 TAC Chapter 2, Subchapter B);

C. Objectively monitor and evaluate service delivery and provider performance;

D. Require contracted medical service providers to meet the same professional qualifications as medical service providers employed by the LIDDA;

E. Consider public input, ultimate cost benefit, and client care issues to ensure consumer choice and the best use of public money in assembling a network of services providers and in making recommendations relating to the most appropriate and available treatment alternatives for consumers;

F. Respond appropriately to provider complaints and appeals;

G. Comply with the following requirements relating to the LIDDA's Quality Management Program:
   1. Develop, update as necessary, and implement a Quality Management Plan that describes the LIDDA's quality management program, including the LIDDA's methods for:
      a. Involving stakeholders in the quality management program;
      b. Measuring, assessing, and improving the LIDDA's authority functions;
      c. Measuring, assessing, and improving the services provided by or through the LIDDA;

d. Measuring, analyzing, and improving service capacity and access to services;
e. Measuring, assessing, and reducing critical incidents and incidents of consumer abuse, neglect and exploitation and improving the consumer rights protection process;
f. Assessing and improving the process for reviewing rights restrictions; and
g. Measuring, assessing, and improving the accuracy of data reported by the LIDDA.

2. Make the current Quality Management Plan available to DADS staff and to the public upon request;

3. For a deficiency identified by DADS related to critical health, safety, rights, or abuse and neglect, immediately correct the deficiency and within five business days after receipt of a request from DADS, develop a corrective action plan (CAP) that adequately addresses the correction of the deficiency that includes a description of local oversight activities to monitor and maintain the correction of the identified problem, and submit, in accordance with Attachment N (Submission Calendar), to DADS for approval; and

4. Within 30 days after receipt of a request from DADS, develop a CAP that adequately addresses the correction of a deficiency other than one related to critical health, safety, rights, or abuse and neglect that was identified by DADS during oversight activities and that includes a description of local oversight activities to monitor and maintain the improvement of the identified problem, and submit, in accordance with Attachment N (Submission Calendar), to DADS for approval.

VII. Other Authority Functions

In addition to the authority functions described in Sections I through VI of this Attachment H, the following are considered to be authority functions:

A. screening, eligibility determination; and service coordination as described in Attachment F;

B. maintaining the LIDDA's HCS Interest List as described in Attachment J;

C. enrollments in Medicaid programs as described in Attachments K and R;

D. conducting intake activities and providing an explanation of IDD services and supports as described in Attachment M; and

E. permanency planning, as described in Attachment S.