



# HOWELL SUPPORT SERVICES, LLC STRATEGIC PLAN

2021

## **Introduction**

Howell Support Services, LLC (HSSLLC) was formed July 1, 1997 with the purpose of being a home care agency for the developmentally disabled. We are regulated by Federal, State and local agencies who oversee our services, set forth the standards by which we operate and monitor our service provision via annual surveys and chart audits.

From those simple beginnings, HSSLLC has grown beyond the focus of providing services in the home and in the community to our stakeholders. This growth has included providing residential services to stakeholders in six (6) group homes, including 1 ICF- IID home, day vocational programming in a licensed facility, community based waiver services, community based state funded services and a day activity program in a licensed facility. With North Carolina Mental Health Reform and the resulting changes in funding sources as well as other community service providers; our developing a strategic plan is viewed by the agency as not only a natural process but also imperative for company survival.

## **Philosophy and Objectives**

The objectives and philosophy of the agency has evolved to be a person centered, consumer driven, community-based agency that strives to deliver consistent, excellent and responsive services. It is our mission to empower individuals to be the best that they can be. It is our philosophy that each individual, no matter the degree of limitations, is to be offered the opportunity to develop to the fullest, in the least restrictive environment.

## **Overview of agency leadership**

Prior to pursuing CARF accreditation, HSSLLC functioned with limited vision towards the agencies future. HSSLLC had implemented a governing process by which the President/CEO and a Vice President/ Director served as the governing body. The Vice President/Director conducted management meetings with all departments but ultimately the President/CEO was not always informed of issues that affected HSSLLC. Also, HSSLLC participated in a leadership role as a member of the Executive Member of the North Carolina Provider Council. As a positive, this provided HSSLLC with prestige and the ability to participate in key committees at the state level with access to the leaders of the state services; however, it also negatively impacted HSSLLC. Our Vice President/Director

spent significant time away from our agency participating in Provider Council meetings; activities and projects thus taking away focus on HSSLLC day-to-day operations. This disconnect impacted how our agency handled a crisis or other day to day issues and we did not evaluate the root cause of the crisis or issue and adapt to make changes to eliminate it. This is evident by the same issues being addressed through regulatory site audits of our residential programs. After the Director vacancy, HSSLLC began to restructure the governing body to include more individuals that held key positions in the agency. Management meetings were scheduled weekly and the President/CEO took an active role in the management meetings and with day-to-day agency functioning.

The role of the Operations Director (OD) was introduced to replace the Vice President/Director, with the OD taking a more active role in the agency and interacting more with staff on all levels. In June 2015, the position of Assistant Operations Director was created to help with the day-to-day operations of the company.

Since receiving our initial accreditation decision in 2009, we have received two three-year accreditation decisions, one in 2012, one in 2015, and again in 2018. Since then, we have continued to restructure the management positions in the company to better the communication between service areas. The role of the Group Home Manager for the Kinston area was eliminated in July 2010 and was replaced by four Lead Technicians, one for each home. The Lead Techs would be placed in the home daily to better monitor all aspects of the home. Each Lead Tech would report directly to the QP over their area of service. During the COVID outbreak, HSS implemented virtual meetings with weekly conference calls to keep everyone updated on the issues that arise and to receive any information from the Q's as to issues that arise. This has worked quite well, however, follow-up has diminished slightly overall consumer services.

## **Overview of Agency Financial structure**

### **Billing**

HSS utilizes a full-time billing specialist. Ongoing billing for services provided, prompt discovery and resolution of denials and quarterly internal billing reviews have led to a smooth operation when it comes to billing and more consistent flow of payments coming in from all sources than we had seen prior to 2007. This continues to be important due to financial constraints, changes to services available to consumers in North Carolina and continued decreases in referrals for community-based services. The latest version of software allows our staff to input documentation directly into the medical records. This cuts down on the time that it takes to track down documentation for all consumer records and allows for us to bill for services in a timely manner because documentation is coming in in real time, rather than on a bi-weekly basis.

### **Other financial factors**

COVID has brought on a tremendous financial impact on the company. Medical supplies, overtime, and pay-to-stay have been especially burdensome. As issues have evolved budget constraints have become almost meaningless, as the financial goal has become a moving target. PPP loan and special billing considerations from the MCO's have made it possible to survive in this climate. Budget comparisons have changed to variances compared to previous periods (months and quarters) rather than yearly projections. HSS has had 4 vacancies for an extended period. Referrals seem to come to a halt during the COVID period. We now have had one admission, one to be admitted and one under consideration.

### **Finances and our future**

Referrals are beginning to increase for Day Support services at the ADVP program. The group homes have two vacancies with one referral.

Our finances are beginning to stabilize.

### **Past year overview of agency service provision and area service needs**

Since they continue to be our main sources of revenue, our main focus is on our group homes, including the ICF/IID facility, and our two day programs, the ADVP in Clinton and the licensed day program in Kinston. We still have a handful of community cases that we continue to oversee, but referrals for these services continue to be few and far between due to a limited number of consumers receive IPRS services. Currently, we serve mostly adults in our 18 and over residences and day programs. The few children that we have are community-based cases. Data provided via the latest area census shows that the majority of consumers in all counties we serve have a majority of English-speaking consumers with a minority of Spanish speaking consumers (though, as they note in their data, it is impossible to account for illegal or undocumented immigrants, so this data may not be entirely accurate). While we do not currently employ any staff who are fluent in Spanish, we do still offer all our agency information, policies and admission paperwork in Spanish and have it in policy to hire staff who can speak the language of any non-English speaking consumers, allowing us to meet the needs of those demographics as well.

These services that we have offered over the past year have consisted of:

- Adult Day Vocational Program (ADVP): A service provided in a licensed sheltered workshop for adults ages 18 and older.
- Innovations Waiver services: A one to one (1-1) service for persons who meet Developmental Disability criteria and are ICF eligible. This service can be provided in the stakeholder's home, in the community, in a day program and/or in a residential home and is for adults or children.

- Developmental Therapy (DT): A one to one (1-1) service for persons who meet Developmental Disability criteria but do not meet ICF criteria. This service is provided in the stakeholder's home or in the community and is available to adults and children.
- Five (5) Residential Group Homes for adults with a developmental disability.
- One (1) ICF/IID (Intermediate Care Facility for Individuals with Intellectual Disabilities) Residential Group Home for adults ages 18 or older.
- Day Activities: Innovations Day Support services, life skills education and employment opportunities are offered to adults in our licensed day activities program in Kinston.

**Adult Day Vocational Program (ADVP):**

ADVP is a service provided in a licensed sheltered workshop. HSSLLC has a licensed ADVP facility in Clinton North Carolina called Opportunities Unlimited. This program has vocational as well as educational components and serves persons with multiple disabilities. The program is funded with state funds through a contract with the local Eastpointe LME-MCO; and with Medicaid funding through the Innovations Waiver. Referrals for this program decreased during 2019 and 2020. We will continue to utilize ethical marketing techniques in order to increase our attendance at this program in 2021.

**Waiver services – NC Innovations:**

The North Carolina Innovations Waiver is a resource for funding services and supports for people with intellectual and other related developmental disabilities who are at risk for institutional care in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID). N.C. Innovations is designed to provide an array of community-based services and supports to promote choice, control, and community membership. These services provide a community-based alternative to institutional care for persons who require an ICF-IID level of care and meet additional eligibility criteria for this waiver.<sup>1</sup> HSSLLC has provided Innovations Waiver services since it was introduced. We provide the service in our stakeholder's homes, in our residential homes, in the community at the licensed day activities program in Kinston and at the ADVP in Clinton.

**Developmental Therapy:**

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<sup>1</sup> 2013 Division of MH/DD/SAS Innovations Waiver description

Developmental Therapy is a state funded one to one (1-1) service for persons who meet Developmental Disability criteria but do not meet ICF criteria. This service is provided in the stakeholder's home or in the community. We continue to see a decline in the cases and admissions for this service.

### **ICF/IID Group Home:**

Howell Support Services has one (1) ICF/IID group home located in Kinston, NC. The Roseanne Group Home has the capacity to serve 5 stakeholders and has had 100% census and has consistently received positive annual surveys.

### **Developmental Disability Group Homes:**

Howell Support Services has five (5) Group Homes for persons with a developmental disability located in Goldsboro (1) and Kinston (4). The group homes have the capacity to serve 25 stakeholders, male and female ages 18 and over, with all 25 of those beds being filled as of June of 2017. Our homes are regulated by the Division of Health Regulatory Services and receive yearly reviews. Past reviews have led to great changes in our homes' policies and procedures regarding health and safety in the homes. At the present time, we see that the majority of our reviews are resulting in no citations or a very low number of citations that are easy fixable.

### **Company performance**

Stability in the services that we are able to provide, and minimal rate changes continue to lead to improved company performance, financially and otherwise. Our residential services are beginning to recoup from the COVID dip.

Despite few referrals for community based IPRS and Waiver services, we see that the services that we have provided have remained consistent with few discharges agency wide. We continue to make it a goal of ours to have more admissions than discharges. We do this by continuing to provide quality services, maintaining our excellent relationships with referral sources such as care coordinators, open houses to showcase our facilities and utilizing ethical marketing techniques.

### **Service Expansion: Looking towards the Future**

With the current state of services in North Carolina, it would be in our best interest to try to continue expansion of the services we offer at this time, specifically our day programs. Marketing tactics, such as open houses and providing agency information to other community agencies, local high schools and community colleges or care coordinators are good ways to try to increase the number of consumers we can serve in both the Clinton and Kinston areas. Satisfaction with our staff members, quality facilities and service delivery are essential to maintaining our current level of operation and could lead to referrals in the future.

### **Consumer and stakeholder expectations**

Each year we conduct satisfaction surveys to gather information from our consumers and other stakeholders. Through the collection of this data, we can see how we are doing, what we could do to improve and any expectations they may have of us. Naturally, it is expected that we provide the services for which each consumer is authorized. Surveys continue to show that there is a high level of satisfaction with the services that we provide, with our stakeholders responding in 202X with an average of X out of X when asked if they were satisfied with the services that they receive from our agency. There were no complaints from external stakeholders in 20XX.

To be able to obtain data on a constant basis regarding this area, we have long ago implemented locked boxes in each home, program and office that allow consumers, staff and other stakeholders to anonymously report any complaints, concerns, questions or expectations they may have of us. These boxes are often not used, but we do remind staff, consumers and stakeholders of their presence. We also continue to use a website that can be used to complete the staff and stakeholder annual surveys and to submit any questions, concerns or complaints, either anonymously or with contact information that allows us to follow-up with the submission. Since it's launch, the website has only been used to submit surveys, though reminders of it's presence are also sent to staff and stakeholders. An agency Facebook page has also been created which allows stakeholders to voice questions or concerns via the messaging feature and have their concerns addressed by one of two admins of the page.

## **Accessibility**

At this time, no accessibility problems, including environmental, service barriers, attitudinal barriers or financial barriers have been reported to us by our staff, consumers, or other stakeholders. We encourage our stakeholders, consumers, and staff to identify any accessibility barriers that they feel need to be addressed by including reminders in newsletters, holding open houses, utilizing a website that allows for submissions of concerns and treatment team meetings. We have also added barrier identification questions to our client self-governance forms as well as our satisfaction surveys. We use the ADA website to ensure that all our facilities are accessible for all who visit or live in them and will be using this in 20XX to self-identify goals that we may need to address in our programs and homes.

## **Accreditation**

In September of 2009, Howell Support Services was granted a three-year accreditation for our Community Housing, Community Integration and Respite programs. Our original expiration date for accreditation was in August 2012, however due to an overwhelming number of programs due for surveys at that time, CARF contacted us and extended our expiration date to November 2012. In October of 2012, we underwent our CARF survey, and the results were fantastic. We received fewer recommendations and were again granted a three-year accreditation decision for our Community Housing, Community Integration and Respite services. We



also received accreditation for our Community Services Coordination program. 2015 and 2018 brought our third and fourth accreditation survey which resulted in three-year accreditation decisions for our respite, Community Housing and Community Integration services.

1-Year Plan

Strategic Goal	Objectives
<p><b>1 Howell Support Services will increase service referrals for our community based, ADVP and day activities programs.</b></p>	<p>1.1 Maintain excellent relationships with referral sources, including other community agencies, current consumers, area high schools and stakeholders and LME-MCOs                      1.2 Utilize ethical marketing techniques, such as open houses, presence at community events and flyers sent to community agencies to increase community awareness of our programs                      1.3 Ensure that up-to-date agency information is on the provider choice database on the MCO website.                      1.4 Ensure that performance reports are available to potential consumers/stakeholders upon request.</p>
<p><b>2 Howell Support Services will continue to improve Billing and Accounts Payable Functions for the agency.</b></p>	<p>2.1 Maintain consistent billing of services.                      2.2 Continue quarterly internal billing audits to ensure services are properly billed.                      2.3 Continue to track accounts so that it will be easier to gather data for required yearly state cost reports.                      2.4 Track and decrease overtime in group homes.                      2.5 Track utilization of authorizations to ensure they are maximized and consumers are receiving all of their services.                      2.6 Track denial codes to decrease number of future denials of billed services.</p>

<p><b>3 Improve services provided to Residential Stakeholders</b></p>	<p>3.1 Continue to implement individualized orientation and training programs to employees.  3.2 Have quarterly open houses to foster communication with stakeholders.  3.3 Increase staff available to residential programs to assist with decreasing overtime.  3.4 Continue to track previous deficiencies to identify specific training needs.  3.5 Increase the use of SPOT trainings for paraprofessional staff.  3.6 Utilize on-going staff education to ensure up-to-date knowledge at all times.  3.7 Offer a variety of community based activities to residential consumers.  3.8 Maintain 100% census</p>
<p><b>4 To maintain National Accreditation</b></p>	<p>4.1 Continue adherence to CARF Standards to meet goal of a 3-year accreditation for Community Housing, Respite and Community Integration.</p>
<p><b>5 Improve our Stakeholder Satisfaction</b></p>	<p>5.1 Continue with quarterly open houses to foster communication with stakeholders.  5.2 Educate stakeholders on services we provide through the continuation of newsletters/social media.  5.3 Conduct annual satisfaction surveys with a mixture of mailed, phone and electronic surveys.</p>
<p><b>6 Improve the effectiveness of services</b></p>	<p>6.1 Continue peer reviews process on a quarterly basis  6.2 Continue to evaluate Peer review data by service.  6.3 Improve incident reporting and compliance with incident report submission.  6.4 Complete quarterly progress reports as required, making changes to ISPs, as reports show necessary.  6.5 Complete self-audits to assist with identification of service areas needing improvement.</p>
<p><b>7 Improve Residential Stakeholder Accessibility</b></p>	<p>7.1 Educate consumers and stakeholders on accessibility issues and encourage them to report issues to management via web, phone or comment box.  7.2 Address issues as reported by staff, stakeholders and consumers.  7.3 Utilize the ADA website as a guideline to ensure accessibility of all facilities.</p>
<p><b>8 Utilize OnTarget System to improve service delivery.</b></p>	<p>8.1 Continue to track service authorizations to ensure that all services are authorized on a consistent basis.</p>

<p><b>9. Utilize website to provide information to potential consumer stakeholders and staff.</b></p>	<p>8.2 Continue to track staff trainings and report expired/expiring trainings to supervisors to maintain up to date trainings.</p> <p>8.3 Track annual forms for medical records to ensure that all forms in charts remain current.</p> <p>9.1 Complete new website to provide up-to-date agency information regarding openings, open houses, referral process and employment opportunities.</p>
<p><b>10. Utilize OnTarget System to improve billing of services.</b></p>	<p>10.1 Utilize electronic grids to track real-time use of consumer authorizations, decreasing the amount of authorizations that are over-utilized.</p> <p>10.2 Utilize electronic scheduling of staff to avoid overscheduling of services and over payment of staff.</p> <p>10.3 Utilize electronic grids and scheduling to minimize the number of events that are held for billing due to missing documentation/timesheets.</p> <p>10.4 Utilize the OnTarget system track denied billing and other services that need to be rebilled.</p>

<b>11. Open a new, more accessible day program location to replace current location.</b>	Goal Met/Discontinued
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