Potential Unlimited

Company-Wide Quality Improvement Plan and Outcomes Report 2025

A strategic framework and annual results summary supporting clinical, operational, and compliance excellence.

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I. Quality Improvement Plan

A. Purpose

The annual Quality Improvement Plan ensures a culture of quality and sustainable improvement that aligns with Attain Therapies (the Company) strategic plan, mission, vision, and values.

The plan establishes a framework for department-led quality improvement efforts, providing structure for developing, monitoring, evaluating, and delivering training and education on quality improvement activities. These efforts are designed to promote best practices in treatment and care coordination.

As a living document, the Quality Improvement Plan will be regularly revised and updated to reflect progress identified during the **Quarterly Insight and Development Check** and as priorities evolve.

B. Vision

The Company is a behavioral health service provider committed to sustainable quality of care and operational excellence.

Quality improvement activities are guided by applicable federal, state, and payer regulations. Appropriately credentialed providers, supervisors, clinical leaders, and administrative staff work together to align best practice clinical goals with operational objectives.

C. Goals

The primary goals of the Quality Improvement Plan for services provided by the Company are to demonstrate excellence in:

- **Quality:** Delivering safe, effective, patient-centered, equitable, and efficient care.
- **Timeliness:** Ensuring services are provided without unnecessary delays for clients and caregivers.
- **Appropriateness:** Aligning services with clinical best practices, client needs, and regulatory requirements.

These goals are supported by automated data collection, trend analysis, and structured review processes to ensure meaningful improvements are identified and addressed.

To align with recognized healthcare quality standards, including those prioritized by **commercial and managed care funders**, the Company's quality improvement efforts focus on six key domains:

- **Safe**: Avoiding harm to patients from the care that is intended to help them.
- **Effective**: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
- **Patient-Centered**: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Timely**: Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- **Efficient**: Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- **Equitable**: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

These domains guide improvement activities across all service and operational functions, ensuring that client care is safe, effective, patient-centered, timely, efficient, and equitable.

EVALUATION OF GOALS

Each goal is assessed through the review of:

- Individual records
- Service utilization
- Goal achievement for clients and caregivers
- Client and family satisfaction surveys
- Adherence to the Company's approved service descriptions and licensure requirements

EMBEDDED REVIEW AREAS

To ensure a comprehensive quality improvement approach, these reviews are incorporated within:

- Recruitment and Onboarding of Specialized Workforce
- Training
- Admissions and Authorizations
- Client Services
- Clinical Operations
- Human Resources
- Billing and Revenue Cycle

PERFORMANCE MEASURES AND SMART INDICATORS

Performance measures serve as benchmarks to evaluate progress toward each goal. To assess specific aspects of care, processes, and outcomes, **indicators** are selected based on their ability to highlight performance trends. While indicators are not direct measures of quality, they help identify potential performance gaps requiring further analysis.

The **Quality Improvement Work Plan indicators** follow the **SMART** framework—Specific, Measurable, Achievable, Relevant, and Time-bound—focusing on service and operational improvement initiatives that align with:

- Core principles
- Behavioral health values
- Staff and client-identified priorities from surveys

INTENT OF THE QUALITY IMPROVEMENT WORK PLAN

The Work Plan is designed to establish systems for data collection, interpretation, and action across departments. The goal is to ensure that performance data is accessible, easily interpretable, and actionable, fostering continuous improvement in service delivery and operational excellence.

D. Objectives

The Company's annual Quality Report is designed to:

- **Compile** findings on the quality, timeliness, and appropriateness of services across departments.
- **Analyze** trends, challenges, and successes to identify opportunities for innovation and improvement.
- **Develop** actionable clinical and operational processes to address identified needs.

E. Methodology

The Company has implemented an **automated quality review system** that conducts **daily evaluations of all sessions** to assess compliance with key quality indicators. This **real-time monitoring approach** replaces traditional sampling methods, ensuring continuous oversight and early identification of trends or areas requiring intervention.

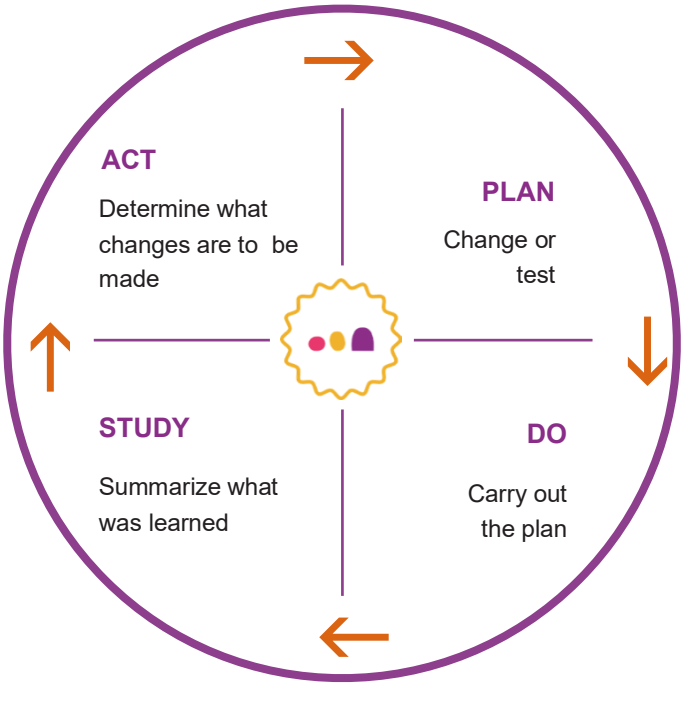
PLAN-DO-STUDY-ACT (PDSA) CYCLE

While automation now enables **continuous data collection**, the **Plan-Do-Study-Act (PDSA) cycle** remains the structured framework for translating insights into meaningful improvements. QA staff and leadership teams use this cycle to analyze trends, implement changes, and assess their impact.

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in an improvement?



This framework ensures that quality improvement efforts remain **systematic, data-driven, and outcome-focused**, reinforcing a culture of continuous improvement across all departments.

DATA UTILIZATION FOR CONTINUOUS IMPROVEMENT

Insights derived from **automated reviews and QA analysis** drive ongoing quality improvement efforts, including:

- Adjustments to training programs based on identified skill gaps or compliance trends.
- Operational improvements to enhance service delivery efficiency.
- Policy refinements to align with regulatory requirements and industry best practices.

Findings from automated reviews and QA trend analysis are integrated into the **Quarterly Insight and Development Check** to support informed decision-making.

F. Review Frequency

All departments participate in a **structured quarterly review process** to evaluate quality metrics, analyze trends, and ensure ongoing performance improvement. While some quality metrics are subject to **automated daily review**, and others may be reviewed at different intervals as appropriate for their function, **all metrics are formally assessed as part of the required quarterly review process**.

The quarterly review process is designed to:

- **Ensure a structured, company-wide approach** to performance improvement.
- **Analyze trends across departments** based on cumulative data, regardless of the frequency of individual metric reviews.
- **Evaluate the effectiveness of quality improvement initiatives** and adjust strategies as needed.
- **Provide leadership with insights** to guide decision-making, resource allocation, and ongoing operational improvements.

Findings from the quarterly review process are shared with the **Chief Compliance Officer** to support company-wide performance improvement strategies.

G. Oversight and Execution

Corporate leadership prioritizes **a culture of quality and compliance**, ensuring that performance improvement efforts are embedded throughout the organization. Under the direction of the **President, the Chief Compliance Officer (CCO)** provides oversight and support for the **Quarterly Insight and Development Check**, working in partnership with the **Chief Operating Officer (COO)** to integrate quality improvement efforts across departments.

The Chief Compliance Officer collaborates with QA staff to analyze automated review findings, ensuring data trends inform performance improvement decisions during the **Quarterly Insight and Development Check**.

H. Roles, Responsibilities, and Authority

CORPORATE LEADERSHIP AND SENIOR MANAGEMENT

- The **President** actively promotes **a culture of quality improvement** throughout the company.
- The **Senior Management Team**, comprising leaders in operations, finance, training, clinical quality, and directorship, **provides resources, guidance, and oversight** for performance improvement efforts.
- Department leads ensure their teams are **trained in data collection, tracking, and reporting** responsibilities to sustain quality initiatives.

STAFF AND EMPLOYEE PARTICIPATION

All **professional, para-professional, and corporate staff** play a key role in performance improvement efforts. Their responsibilities include:

- Serving on **quality management/performance improvement teams and project teams** as assigned.
- Conducting **monitoring and evaluation activities** as part of the review process.
- Participating in **performance improvement training and activities** to build capacity.
- Contributing insights, data, or feedback to support quarterly reviews as part of the company's commitment to quality improvement.
- Completing **peer reviews** as appropriate to maintain accountability and quality standards.

II. Annual Reporting

Using the review processes outlined above and in alignment with corporate leadership transitions during this year of growth, the Company has maintained a strong focus on key quality assurance processes.

This report is completed annually at the start of each calendar year and reflects data from the previous year. Once approved by the corporate leadership team, it is made available to the public upon request. Clients, families, and/or legal guardians are informed of their right to request the annual report through the detailed admission packet provided at intake.

A. Client Satisfaction

Throughout 2025, the Company continued its focus on service quality, timeliness, and appropriateness, with ongoing improvements supported through quarterly review processes. This summary reflects data collected from Q1 through Q3.

Annual satisfaction surveys are distributed quarterly, with families encouraged to respond only once per year. This approach supports increased participation while maintaining clarity in responses and reducing duplicate submissions.

Survey response rates for 2025 demonstrated a steady increase across the year:

- Q1: 5.6%
- Q2: 6.9%
- Q3: 8.5%

When compared to 2024 quarterly trends, where response rates varied across the year, 2025 reflects a more consistent upward pattern in engagement.

2025 RESULTS

Survey responses reflect continued overall satisfaction with services. Responses across all quarters remained concentrated in the “Agree” to “Strongly Agree” range, indicating a consistently positive experience for families.

Core experience measures, including respectful treatment and clear communication, remained the strongest and most stable areas of performance. Families consistently reported that staff communicated in a way they could understand and treated them with respect.

Caregiver involvement in service selection, treatment planning, and participation remained strong across all quarters, with improvement observed over the course of the year. Families generally reported that services were a good fit for their child’s needs and that they received the help they were seeking.

Many families report feeling supported and connected through services, including having individuals who listen and understand them and with whom they feel comfortable discussing their child’s challenges. Variation in responses reflects differences in individual needs and the extent to which families rely on services for this type of support.

Clinical outcome measures indicate that families are observing meaningful progress, including learning new skills, making progress in reducing challenging behaviors, and gaining increased independence.

These measures showed greater variability than service experience measures, reflecting differences in treatment duration, complexity of needs, and expectations for progress across cases.

Across all domains, a consistent pattern was observed: strong overall performance with some variability in areas influenced by individual circumstances, clinical complexity, and service logistics. In several areas, slight improvement from earlier to later quarters indicates increasing consistency in the service experience over time and highlights opportunities to further strengthen consistency across services.

2026 GOALS

• Continue improving survey response rates through quarterly outreach and refined communication, with a focus on increasing representation across active families

• Use annual survey results to identify and implement at least one targeted improvement related to caregiver experience, including communication, service coordination, or access

• Strengthen consistency of service delivery across cases by identifying and addressing factors that impact scheduling, staffing continuity, and overall service experience

• Continue to support caregiver engagement across service selection, treatment planning, and participation, with emphasis on maintaining clear and accessible communication

• Monitor trends in clinical outcome measures, including skill development, behavior change, and functional independence, to ensure continued progress across diverse client needs

B. Admissions Experience

The admissions process is often a family's first point of contact, whether they are navigating a new diagnosis or seeking services after long delays. The Company's admissions team is committed to a welcoming, respectful, and responsive experience. This summary reflects data collected from Q1 through Q3 of 2025. Q4 data is not included due to internal leadership transitions that impacted data consolidation timelines.

2025 RESULTS

Admissions data for 2025 reflects continued service demand and operational adjustments throughout the year. This summary is based on Q1 through Q3 data.

Client volume remained strong across the organization, with overall growth observed during the year.

Compliance with required documentation remained consistent, with 100% of clients maintaining valid proof of diagnosis across all quarters. Completion of Welcome Packets improved throughout the year, increasing from 90.8% in Q1 to 97.3% by Q3, with remaining exceptions limited to cases where services could not be delayed.

Wait times from waitlist to assessment varied throughout the year, with some periods of increased wait times. This reflects ongoing demand for services and the need to continue strengthening access to care.

Time from assessment to treatment authorization improved overall, with reduced average durations observed over the course of the year.

Authorization timelines remained efficient overall, with internal processing typically completed within one day of task receipt. Variability in total authorization timelines was primarily driven by payer-related factors, including portal issues, requests for additional information, and peer review requirements.

Authorization gaps remained minimal across the year, with near-zero occurrences observed. Requests for additional information were managed within a consistent timeframe, generally within several days, supporting timely progression from assessment to treatment.

The percentage of clients discharged during the assessment phase remained consistent across all quarters at approximately 10–11%. Primary reasons for discharge included family unresponsiveness, changes in family decision-making, insurance or authorization barriers, and selection of alternate providers.

Admissions satisfaction survey results remained stable across most of the year, with a slight decrease observed in later quarters. Overall satisfaction continues to reflect a positive experience, with opportunities to monitor and respond to emerging trends in caregiver feedback.

2026 GOALS

- Maintain high satisfaction with the admissions process by continuing to support timely, respectful, and clear communication with families
- Monitor and address wait time trends to support timely access to assessment and service initiation
- Sustain efficient authorization processes by maintaining rapid internal turnaround times and continuing to address payer-related delays where possible
- Maintain minimal authorization gaps and ensure continuity of care through proactive monitoring and coordination
- Continue to evaluate drivers of discharge during the assessment phase and identify opportunities to reduce avoidable attrition

C. Personnel and Billing: Monitoring Activities and Future Integration

Personnel Process Updates: The Company continues to maintain systems that monitor staff compliance, including automated alerts for license renewals, clearances, and required trainings. These systems support timely oversight and ensure that staff who do not meet requirements are removed from service delivery as needed.

Efforts to streamline onboarding have also continued, with a focus on improving efficiency and usability while maintaining compliance with healthcare documentation standards.

Looking ahead, these processes will be integrated into a State Based Operating Model. Under this structure, regional Program Directors and their teams will take a more active role in overseeing operational-related activities within their regions. This shift is intended to strengthen accountability, improve responsiveness, and ensure that compliance processes are consistently maintained at the local level.

2026 GOALS

- Expand automated alert systems to include all required and recommended trainings
- Strengthen regional accountability for operational efficiency, ensuring Program Directors and their teams are actively overseeing cases from admissions through to treatment
- Continue to streamline onboarding processes to support timely documentation while maintaining compliance standards and aligning with more focused regional needs

Billing: As the Company transitions to a State Based Operating Model, billing and compliance activities will align more closely with both operational and clinical leadership structures. Program Directors will focus on operational effectiveness and efficiency within their regions, including coordination of staffing and service delivery processes.

Clinical oversight will remain under the leadership of Region Directors, who are responsible for ensuring the accuracy and timeliness of clinical documentation, including session notes and reports.

To further support this structure, Clinical Quality Coordinators have been introduced to work between Compliance and the clinical team. These roles support both proactive and reactive processes by ensuring that clinical practices are aligned with audit findings, documentation standards, and evolving requirements.

This coordinated approach strengthens accountability across operational and clinical functions while supporting improved documentation accuracy, compliance, and overall service quality.

2026 GOALS

- Strengthen controls linking service codes and provider qualifications to reduce EHR entry errors and improve documentation accuracy
- Support effective collaboration between Compliance and clinical leadership to ensure accurate and timely session and report documentation
- Continue to develop the Clinical Quality Coordinator role to support alignment between audit findings and clinical practice, including both proactive monitoring and targeted follow-up
- Maintain clear separation of operational and clinical responsibilities while ensuring coordinated communication across teams

D. Clinical Services: Goal Progress, Generalization, and 2025 Priorities

Clinical services center on mastery of Individualized Treatment Plan (ITP) goals, addressing the core developmental and behavioral needs of each client. The long-term value of ABA lies in helping clients generalize skills across settings and reduce challenging behaviors in everyday life.

Improvement efforts emphasize skill acquisition in communication and social interaction, as well as behavior reduction. Caregiver training plays a critical role in supporting this generalization. Successful caregiver engagement contributes to meaningful goal mastery and reduces long-term reliance on intensive services.

2025 GOAL PROGRESS

	Goals in Progress	Goals Mastered
Pragmatic Communication Goals	72%	21%
Social Skill Goals	77%	17%
Behavior Reduction Goals	86%	11%
Caregiver/Parent Training	84%	11%

Clinical data for 2025 reflects a higher proportion of goals remaining in progress across all domains, with a corresponding decrease in goals reaching mastery during the reporting period.

While progress continues across all goal areas, these findings highlight the need to further evaluate factors influencing goal mastery, including consistency of implementation, generalization across settings, and caregiver engagement.

Continued focus will be placed on strengthening supports that promote skill generalization and increase the rate at which goals reach mastery.

2026 GOALS

- Strengthen quarterly review processes for clinical data and ensure findings are consistently integrated into quality improvement initiatives
- Increase goal mastery rates across domains through enhanced focus on consistency of implementation and skill generalization across settings
- Expand caregiver training supports and monitoring to improve caregiver engagement and application of skills in natural environments
- Evaluate barriers to goal progression and implement targeted strategies to support movement from in-progress to mastery

E. Translating Quality Findings into Action

Findings from the Annual Quality Improvement Review are shared with service providers and staff in targeted, actionable ways. As the Company transitions to a State Based Operating Model, the translation of findings into action is increasingly supported at both the regional and clinical leadership levels.

Program Directors and their teams use findings to inform operational adjustments within their regions, including coordination of staffing, scheduling, and service delivery processes. Clinical leadership, including Region Directors, is responsible for applying findings related to documentation accuracy, clinical decision-making, and service quality.

Clinical Quality Coordinators support this process by working between Compliance and the clinical team to ensure that audit findings are translated into both proactive improvements and targeted follow-up where needed.

Communicating results may occur in several ways, including:

• Indicators Reviewed: Overview of metrics assessed
• Data on Indicators: Key findings and trends
• Process Updates and Rationale: Training on changes and why they are needed
• Supervision and Monitoring: Ongoing oversight to support implementation

F. Training and Implementation for Sustainable Improvement

Further analysis may highlight new priorities or reveal tools that support efficiency and quality. As the Company evolves its operational and clinical structure, training and implementation efforts are aligned to support both regional teams and clinical leadership in maintaining consistent, high-quality service delivery.

All initiatives remain grounded in shared goals:

1. **Improving Client Outcomes**

    - Safe: Promote safety and reduce behavioral risks
    - Timely: Minimize waitlist delays and maintain schedules
    - Effective: Use data to adjust plans as needed
    - Efficient: Optimize resource use and service delivery
    - Patient-Centered: Align care with family and client needs

2. **Enhancing Service Efficiency**

    - Improve coordination across regional teams to support timely progress toward treatment goals and discharge

3. **Reducing Healthcare Waste**

    - Eliminate inefficiencies and improve use of resources through aligned operational and clinical processes

III. Conclusion

The Company's quality improvement efforts are grounded in a shared commitment to client-centered care, responsible operations, and measurable outcomes. As we continue to grow and evolve, these efforts ensure we remain responsive to the needs of families, aligned with regulatory expectations, and focused on the long-term sustainability of our services.

As the organization transitions to a State Based Operating Model, accountability for both operational effectiveness and clinical quality is further strengthened through clearly defined leadership roles and coordinated support across teams. This structure supports timely decision-making, consistent service delivery, and alignment between compliance, clinical practice, and operational processes.

We recognize that meaningful progress depends on both strong systems and engaged staff. With that foundation in place, and with continued use of data to guide improvement, we are positioned to further strengthen care, reduce inefficiencies, and expand access for those who need our support.