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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Abilities Behavioral Health

*Date of Onsite: 9/18/2017*

*Date of Last Interview: 10/11/2017*

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## **Introduction**

The QA&I Comprehensive Report is a packet of information compiled by ODP or the AE, as appropriate, after the self-assessment, desk and onsite review that includes a cover letter, the self-assessment and onsite review results, the report of findings and recommendations and Corrective Action Plan form. This packet of information is provided to the Provider electronically within 30 days from the last day of the onsite review and outlines expectations for remediation and follow-up. The focus of the QA&I process will be on quality improvement, employment and communication.

The purpose of this report is for the QA&I process that began on 9/18/2017 and this report will include your findings.

## **QA&I Summary**

The steps of the QA&I review consist of the following steps:

1. **Self-Assessment**: The annual process conducted by the Provider to self-evaluate their performance in all areas of the QA&I process.
  - **Provider's self-assessment was submitted electronically prior to the deadline.**
2. **Desk Review**: A review of available documentation prior to the onsite review to inform the overall QA&I process and to determine focus areas for the onsite review.
  - **Provider made all relevant documentation available for review to AE prior to onsite appointment.**
3. **Onsite Review**: The component of the QA&I process where staff from ODP and/or the AE conduct an in-person visit of the AE, SCO or Provider, as appropriate, to assess the entity's performance in all areas associated with the QA&I process. The QA&I team will focus on gathering quality improvement and compliance evidence related to the sample of individuals and other organizational responsibilities.
  - **Provider attended and cooperated with AE at scheduled onsite appointment and, if necessary, corrected documentation as requested by AE.**
4. **Entrance Conference**: A meeting of the QA&I team and entity leadership at the beginning of the onsite review to discuss the scope and schedule for the visit, including objectives and approximate timeline and the entity's quality improvement priorities, successes and challenges.
  - **AE completed introductions & opening remarks, QA&I overview, organizational overview and onsite review with provider.**
5. **Exit Conference**: A meeting of the QA&I team and entity leadership at the conclusion of the onsite review to discuss preliminary observations and recommendations from the onsite review.

- **AE completed QA&I review team's overall experience & impressions and discussed with the provider their feedback about their onsite experience.**

#### **6. Statistics of the Provider's Review Process:**

1. Number of Individuals in Sample: 5
2. Number of Individuals Interviewed: 3
3. Number of Staff Interviewed: 3

#### **Data Analysis and Performance Evaluation**

The Data Analysis and Performance Evaluation section will provide data and analysis in key areas, highlighting both good performance and areas for improvement. The AE's report is as follows:

***[Data for every QA&I question will be provided in an appendix.]***

#### **Promising Practices in which the Provider Excels:**

1. **POLICY:** Provider's policies met all requirements and were organized, and easily accessible, in a company binder.
2. **RECORDS:** Provider's records regarding consumer attendance and documentation of delivery of service were very organized.
3. **TRAINING:** Provider's staff orientation and annual training met requirements.

#### **Analysis of Performance based on Focus Areas:**

1. **POLICY:** Provider will need to add the following to their policies:
  - a. **Quality Management Plan:**
    - The manner in which the Provider will meet the Department's QM plan criteria
    - The results from Provider Monitoring
    - Compliance with the requirements in 42 CFR 441.302 (relating to state assurances)
    - Results of satisfaction surveys and reviews of grievances
  - b. **Peer Review Process:** Provider needs to develop this process and to contract with a Certified Investigator
2. **RECORDS:** Provider keeps excellent records and meets all requirements
3. **TRAINING:** Provider's staff orientation and annual training is in place. Rebecca Race will function as administrative staff responsible for viewing ODP's webinar on deaf culture.

#### **Comparison of Onsite to Self-Assessment Results:**

- There were no discrepancies between the Provider's Online Self-Assessment for 2017 and the information reviewed on-site.

**Issues Discovered and Corrected while Onsite:**

- Provider added date conflict was resolved and actions taken to resolve resolution to their Grievances form.

**Items Requiring Remediation within 30 days:**

- Update Quality Management Plan with items listed above
- Develop Peer Review Process
- Contract with a Certified Investigator

**Appendices**

This section includes the Provider's QA&I review results with items that require action and response to the AE within 30 days. Please find your Corrective Action Plan attached.