
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Entity Name: Across the Lifespan Home Care Inc.

Date(s) of Onsite Review: November 27, 2017

Date of Report: December 27, 2017

Onsite Review conducted by Philadelphia IDS

Name(s) of QA&I Review Team: Lillie Jefferies, Program Analyst

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Introduction

This comprehensive report contains a detailed analysis of the Office of Developmental Programs (ODP) Quality Assessment & Improvement (QA&I) process Across the Lifespan Home Care INC. This report will include the official findings of the desk review and on-site review processes conducted earlier this year by your assigned administrative entity, Philadelphia Intellectual disAbility Services.

The ODP QA&I Process for providers, which replaced the ODP Provider Monitoring process on July 1, 2017, is one piece of a comprehensive quality management review designed to evaluate the supports and services offered by county Administrative Entities, Supports Coordination Organizations, and Provider agencies across the Commonwealth of Pennsylvania. The purpose of the revised process, as stated by ODP, is to eliminate unnecessary duplication across Commonwealth and county review procedures, to allow more time to focus on individual experiences and quality improvement, to improve methods of collecting and reporting useful data in a timely manner, and to foster collaborative partnerships and opportunities for technical assistance and shared learning.

Upon completion and approval of this comprehensive report, the results are shared with ODP in order to assist with the evaluation of the current system of supports, and to identify ways to improve the system for all individuals and key stakeholders. Additionally, QA&I assists with data collection that measures Consolidated and Person/Family Directed Support waiver performance measures, compliance with Title 55 PA Code Chapter 51 regulations, and compliance with the Medicaid Waiver Provider Agreement.

ODP's focus areas for this year's statewide QA&I review are consistent with the desired outcomes of the 2017 waiver renewals and the ODP quality management strategy. These focus areas include but are not limited to the following:

- Families with infants and toddlers and people with Autism get the support they need
- People will be connected with their community and increase community participation
- People will live with people they like and who care about them
- People will be physically and mentally healthy
- Assuring effective communication
- Increasing employment
- Ensuring individuals are free from abuse, neglect, and exploitation
- Ensuring that people with complex needs have the support they need

Quality Assessment & Improvement Summary

The steps of the ODP QA&I process are inclusive of the following procedures:

Self-Assessment:

Across the Lifespan Home Care Inc. successfully completed their self-assessment on time, before the deadline prescribed by ODP. The reviewer's findings were inconsistent with that of ATLHC findings reported in the self-assessment. ATLHC noted the following: The provider answered yes when asked Q6. The Provider has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values. The provider's QM plan did not have the necessary ODP language that clearly denoted the mission and or vision. The provider also answered yes to Q7. The Provider reviews and evaluates performance data in selecting priorities for the QMP. The provider is not providing services and thereby has been unable to collect data surrounding the plan. The provider noted the following for Q16. **The Provider and the Provider's staff completed all components of the Annual training plan as required.** (We currently have an Annual training plan in place however; during the 12 month review we did not have staff to train.). The provider did not have a training plan that met compliance with regulatory standards and did not consider herself and the two other individuals that founded the company as being required to complete the annual training. The provider also answered yes to all additional training questions however none of the training had been completed. This included

Q17. Provider staff receives annual incident management training on preventing, recognizing, reporting and responding to incidents and assuring a participant is safe.

Q18. The staff receives training on the Provider's policy/procedure on how to respond in cases of individual health, behavioral emergencies and crises.

Q19. The staff receives training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communications and/or operational procedures.

Desk Review of Providers:

The assigned Administrative Entity will conduct a desk review of providers that are assigned for on-site review prior to the date of on-site. This desk review includes an analysis of the provider agency's Quality Management Plan, the Annual Training Plan, and the Restrictive Intervention Policy, which are submitted to the AE by the provider upon completion of the self-assessment. The desk review also consists of a review of data collected from Home & Community Services Information System (HCSIS), the Enterprise Incident Management system (EIM), and the Individual Support Plans (ISPs) of the individuals selected by the assigned AE for the onsite review sample.

Quality Management Plan: ATLHC's Quality Management plan did not have the ODP mission and vision listed within the plan as a result the provider was asked to update the plan to include this information

during the onsite review. The QM plan also had 9 outcomes that the agency intended to work on however they were recommended to scale the plan down to 1 or possibly 2 outcomes due to them being a new provider, and so that they could focus their attention more on individual satisfaction once they began providing supports.

Staff Training Plan: Did not meet regulatory compliance because there was no curriculum for each of the listed trainings nor was there a frequency and duration listed for each training.

Restrictive Intervention Policy: Met regulatory Standards.

AE Onsite Review of Providers:

Philadelphia IdS conducted the review of Across the Lifespan Home Care Inc corporate office located at 2701 Mower Ave, Philadelphia Pa on November 27, 2017. The process began with an Entrance meeting, held on the first day of the scheduled onsite review. A copy of the Entrance meeting signature sheet documenting all attendees is included in the appendices of this report. Discussion during the entrance meeting included introductions, a general overview of the QA&I process, including the mission, vision and quality improvement priorities of ODP, IdS, and the reviewed provider, and a discussion of the specific details of the onsite process. ATLHC was not fully prepared for the review due to this being the first time the new agency was going through the process. The CEO was able to obtain the information rather quickly as requested supportive documentation was adequately stored and organized on a company hard drive. ATLHC staff was extremely positive throughout this new QA&I process and asked a lot a pertinent questions so that they could fully understand ODP expectations moving forward.

Although a new provider, ATLHC was prepared to ask several questions surrounding how best to let others know that they were prepared to provide services to individuals within the various waivers overseen by ODP. The provider also informed the reviewer that they were in the process of relocating their corporate office in order to afford them more space to conduct business of a larger scale. The provider is only providing nursing services at this time however; they are considering becoming a residential provider in the near future.

Upon the close of the onsite review, an Exit meeting took place. A copy of the Exit signature sheet documenting all attendees is included in the appendices of this report. Topics of discussion during the Exit meeting included introductions, an overview of the process from the perspective of the reviewer and the reviewed provider, an overview of the findings documented during the review, and an overview of the comprehensive report and the corrective action process. The reviewer commended ATLHC for doing a fairly good job at writing their policies and procedures and for maintaining their data efficiently.

Data Analysis and Performance Evaluation

This section of the report will provide data and analysis in key areas, highlighting both good performance and areas for improvement. [Data for every QA&I question will be provided in an appendix.]

- At least one promising practice in which the entity excels:
ATLHC is extremely interested in becoming a residential provider and is working towards doing the necessary research to fully understand the regulatory requirements so that they can properly educate themselves and staff to provide quality services.
- Issues discovered and corrected while onsite or during desk review:
The following questions was remediated while the reviewer was still on-site.
 - Q7.** The Provider has a Quality Management Plan (QMP) that reflects ODP’s Mission, Vision and Values.
 - Q10.** The Provider implements a policy/procedure to screen employees and contractors.
- Items requiring remediation within 30 days – **items listed on the CAP that require remediation**
 - Q16.** The provider did not have an annual training plan that met all regulatory standards. The training plan did not have a training curriculum, frequency of the training or duration as well as a documentation sheet to ensure all staff had been trained.
 - Q17.** The training plan was not within compliance and the provider was unable to provide documentation that ensured staff completed all the ODP required annual trainings.
 - Q18.** The provider was unable to provide documentation that staff participated in training surrounding recognizing, reporting and responding to incidents.
 - Q19.** The provider was unable to provide documentation that staff had been trained on responding to individual health, behavioral emergencies and crisis.
 - Q20.** The provider was unable to provide do documentation that staff was trained in the agency emergency disaster response procedure.

Appendices

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet