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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Entity Name: Amercian Emerald Awards Foundation

Date(s) of Onsite Review: November 6, 2017

Date of Report: November 30, 2017

Onsite Review conducted by Philadelphia IDS

Name(s) of QA&I Review Team: Tiffany Davison, Health Program

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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 for American Emerald Awards Foundation (AEAF). 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:**

All providers complete the self-assessment on an annual basis. Providers are expected to remediate issues that are discovered during their self-assessment within 30 days, and to engage in quality improvement activities based on the results of self-assessment. American Emerald Awards Foundation successfully completed their self-assessment on time, before the deadline prescribed by ODP. The completed self-assessment did not completely correspond with the Reviewer's findings during the onsite review. The following areas were found to be non-compliant with regard to content as per the Office of Developmental Program's expectations and requirements.

- ✚ Annual Training Plan
- ✚ Staff Training
- ✚ Documentation of Delivery of Services/Supports

#### **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. All data was reviewed with no need for follow up. There are no incidents in EIM and ISPs were reviewed for outcome and reviewer preparation purposes. AEA's training plan did not meet ODP's annual training plan requirements. The current training plan is absent of component (7) – Department issued policies and procedures. Remediation will include adding this component to the current training plan and ensuring all staff are trained accordingly at the onset and annually thereafter. Restrictive Intervention Policy was reviewed and meets criteria of Chapter 51. The review team recommends that since the provider has begun to serve individuals, it would be of value to review and revise the objective of the Quality Management plan to more thoroughly apply to the specific services being provided. For example, an objective to increase community participation and the social capital of individuals being supported is extremely applicable to the program model of AEA. The provider should revise the plan to update their outcome, and ensure that an action plan is developed that clearly states what actions will be conducted to achieve the target objectives.

### **AE Onsite Review of Providers:**

Philadelphia IdS conducted the onsite review of American Emerald Awards Foundation on November 6, 2017. The process began with an Entrance meeting. 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. Opening day for this provider was June 19<sup>th</sup>, 2017 and this is AEF's 1<sup>st</sup> QA&I review. The provider was prepared for my visit. The attendees were present during the entire review. They were able to answer questions and provide further explanation regarding the material being reviewed. In addition, AEF was also being inspected for the renewal of their 2380 license at the same time. There was no sample for the QA&I review, however AEF is currently providing services to (7) individuals. I randomly selected (2) individuals to review training and progress note documentation. Areas of non-compliance will be included on the Corrective Action Plan (CAP).

This program is very new, and offers Community Participation Services to all their individuals in a 2380 licensed facility. Mr. Nolbert and Ms. Hawkin, the president of AEF and his colleague, took the reviewer on a tour of the building at the close of the review. Mr. Nolbert spoke very enthusiastically about the program and is very much looking forward to expanding. Only (2) individuals were present today. There were (4) individuals absent due to outdated annual physicals and (1) individual was absent because he is part-time. There were no ISP training sheets or proof of ISP training with regard to the (2) individuals randomly selected. MCI#4001352576 current ISP was not on site. Quickly, the provider corrected this during my visit and printed a current copy. ISP training will occur on behalf of both individuals as remediation. "Responding to Individual Health and Behavioral Emergencies" training and components of ODP's training curriculum will also be completed as remediation for all AEF staff. Quality supports and services start with well trained staff. Additionally, remediation to address progress note documentation and revising the form to reflect all ODP required content is expected.

This was a (1) day review and therefore the Exit took place at the end of the QA&I review on the same day, November 6th, 2017. 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. All questions were answered by the reviewer and the provider understood the next steps of the QA&I process.

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

American Emerald Awards Foundation is a new 2380 Provider. 2380 services began July, 2017. Provider had a very good 1<sup>st</sup> review with regard to preparation, understanding the materials and documentation to be reviewed. Provider would like to expand services in the future to include employment supports, job readiness preparation, residential services and overall concentration of improving the skill level of individuals with an intellectual disability.

#### **Analysis of performance**

The provider should develop a process to ensure that training is completed and documented as required.

#### **Issues corrected while onsite**

Q10: With regard to the exclusion policy, "Process to conduct self audits to ensure compliance" was not included in the policy. The provider amended the policy to include this information while the reviewer was onsite.

Q11: With regard to grievance procedures, process to review procedures annually to determine number of grievances and their disposition was not a part of their procedure. Provider revised the policy to include the process for annual review of grievances and their disposition while the reviewer was onsite.

#### **Items requiring remediation within 30 days**

- *Q#14, 15, 17-20:* Although no sample was present when initially drawn, by the time the reviewer was onsite the provider had begun serving 7 individuals. Review team conducted a random review of existing staff training records (chosen on site) and noted lack of documentation of training to support multiple areas of the annual training plan (ISP of individual supported, ID principles & values, department policies and procedures, & documentation training). There was also no documentation of other training including EDRP & health & behavioral emergencies.
- *Q#16:* The provider does not have an Annual Training Plan that meets all the requirements. The provider's training curriculum is missing the component on Department-Issued Policies and Procedures (7).
- *Q#22:* The Provider will document delivery of services/supports in the type, scope, amount, frequency and duration specified in the Individual Support Plan (ISP). In addition, notes are being written on forms stating the "Office of Long Term Living. Waiver: Independent". This is incorrect and requires adjustment.

All areas of non-compliance require remediation within 30 days of receiving the Comprehensive Report. American Emerald Awards Foundation should respond with proof of remediation, CAP responses, and the Plan to Prevent Recurrence (PPR) for the areas of non-compliance.

**Recommendations for entity's system improvement, including those things that rise to the level of needing attention at a broader level including those areas that fall below 86% of compliance**

A plan to prevent recurrence of non-compliance (PPR) is required for the following questions, because two or more instances of noncompliance were identified within the sample: Q#17 & Q#22.

Additional system improvement recommendations are bulleted below:

- The provider will ensure that someone on the administration team is thoroughly reviewing all progress notes. Notes reviewed did not have all the required areas - in type, scope, amount, frequency and duration. Provider will ensure ISP outcomes are reflected in each service note.
- Provider will ensure that the training curriculum meets ODP's requirements.
- Provider should create a training module and oversight to ensure all staff are trained on the required ODP trainings upon hire and annually thereafter.
- Provider will review and revise the Quality Management Plan to ensure outcomes & target objectives align more closely with the services this provider is offering.

**Appendices**

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet