
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Name of reviewed entity: Better Home Care LLC

Date of Review: December 4th, 2017

Date of Report: 12/28/2017

Onsite Review conducted by Philadelphia IDS

Name of Reviewer: Tiffany Davison, Program Analyst Supervisor

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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 **Better Home Care LLC**. 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. Better Homes Agency LLC. 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
- ✚ Policy (*Question #10*)

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. There are no incidents in EIM and ISPs were reviewed for outcome and reviewer preparation purposes.

Better Home Care LLC'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 and component (8) – Accurate billing and documentation of HCBS delivery. Remediation will include adding these components to the current training plan and ensuring all staff are trained accordingly at the onset and annually thereafter.

It is recommended that the Quality Management Plan include in its targeted objectives/performance measures elements that answer the questions, *"How do you assess safety and injury in an individual's private home?"; How often are the safety assessment visits?"; What does the safety assessment include? What are the areas being reviewed to determine home environments are safe and free of potential injuries?"*

The Restrictive Intervention Policy was reviewed and acceptable.

AE Onsite Review of Providers:

Philadelphia IdS conducted the onsite review of **Better Home Care LLC.** on December 4th, 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. The provider was prepared for my visit. Joann Bush, Director of Nursing and everyone I met at the Better Home Care office was very friendly and accommodating. Ms. Bush was available during the entire review and was able to answer questions and provide further explanation regarding the material being reviewed. Better Home Care LLC QA&I review also included a sample of (2) individuals. Reviewer conducted interviews regarding quality of services with individuals and families. All participants were very favorable with regard to services provided by Better Home Care LLC. Individuals and families are happy and satisfied with services.

This was a (1) day review and therefore the Exit took place at the end of the QA&I review on the same day, December 4th, 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 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. Areas of non-compliance will be included on the Corrective Action Plan (CAP). Remediation is required in the areas of staff training and the overall training plan. Quality supports and services start with well trained staff.

Data Analysis and Performance Evaluation

Better Homes Care LLC is a home health care provider, also providing services on behalf of the Office of Developmental Programs. They currently provide home & community based services to (2) individuals who live at home with their families. Better Home Care would like to increase the number of individuals they provide services to in the community. As stated earlier, it is recommended that the targeted objectives and performance measures in the Quality Management plan be more specific and include the components of a safety assessment and provide specific data that would be helpful to the overall well being and safety of the individuals receiving services.

Comparison of onsite to self-assessment results

The providers Self-Assessment was not accurate in comparison to their overall review. Reviewer did find areas of non-compliance contrary to what the provider indicated on the self-assessment. Areas of non-compliance are captured below in the *Items Requiring Remediation* section.

Issues from the desk review corrected while onsite

Provider did not submit desk review items prior to review. Policies were reviewed while on site for accuracy and approval.

- Restrictive Intervention Policy: Met criteria.
- Annual Training Plan: Provider's training plan did not meet the criteria due to not having all the required components. Component (7) and (8) is absent from current curriculum.
- Quality Management Plan: Met criteria. However, reviewer recommends "fine tuning" the targeted objectives and performance measures. Specifics are in the *Desk Review of Providers* section.

Items requiring remediation within 30 days

- *Q#10: Process to conduct self-audits to ensure compliance* needs to be an added component to this policy.
- *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) and Accurate Billing and Documentation of HCBS delivery (8).*
- *Q#17: 0% of the provider's staff completed all components of the Annual training plan as required. Current training does not include (7) Dept. issued policies and procedures & (8) Accurate billing and documentation of HCBS delivery. (5 staff)*
- *Q#19: 0% of the provider's staff completed the training on How to respond in cases of individual health, behavioral emergencies and crises. (5 staff)*
- *Q#20: 0% of the provider's staff completed the training on the provider's Emergency Disaster Response Plan that addresses individual's safety and protection, communication and/or operational procedures.*

All areas of non-compliance require remediation within 30 days of receiving the Comprehensive Report. Better Home Care LLC. 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#19 & #20. The PPR should identify systematic and/or procedural changes that will ensure all staff providing services that are funded through the Pennsylvania waiver programs meet the training requirements outlined in Chapter 51 regulations. A PPR may be developed that applies to all three questions identified above.

Additional system improvement recommendations are bulleted below:

- Provider will ensure that the training curriculum meets ODP's requirements.

Appendices

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet