
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

CARELINK

Date of Review: September 5-7, 2017

Date of Report: October 6, 2017

Onsite Review conducted by Philadelphia IDS

Name(s) of QA&I Review Team:

Vernon Franks IDS Program Analyst

Joseph Treegoob IDS Program Analyst Supervisor

Table of Contents

<i>Introduction:</i>	<u>3</u>
<i>QA&I Summary:</i>	<u>4</u>
<i>Data Analysis and Performance Evaluation:</i>	<u>6</u>
<i>Appendices:</i>	<u>7</u>

Introduction

This comprehensive report contains a detailed analysis of the Office of Developmental Programs (ODP) Quality Assessment & Improvement (QA&I) process for **Carelink Community Support Services**. 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

All qualified providers that offer base funded services or services through the Consolidated and/or the P/FDS waivers participate in the ODP QA&I process on an annual basis. All providers are selected for on-site review by ODP once during the three-year QA&I cycle, based on the last digit of their Master Provider Index (MPI) number. The steps of the ODP QA&I process are inclusive of the following procedures:

Self-Assessment: All providers must complete the self-assessment on an annual basis. Providers select a sample based on 1% of the enrolled individuals who are receiving support from their agency, with a minimum of 5 and a maximum of 10 individual participants. Sampling methodology should ensure that individuals selected represent a cross section of individuals served, funding and program types, and locations and types of services. Providers utilize the ODP QA&I self-assessment tool to collect and record data, and electronically submit the results to ODP through their online platform, Question Pro. 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. **Carelink Community Support Services** successfully completed their self-assessment on time, before the deadline prescribed by ODP.

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. The desk review of Carelink Community Support Services was completed prior to the onsite review. All components of the provider's Quality Management Plan, Annual Training Plan, and Restrictive Intervention Policy are in accordance with ODP Guidelines. The provider submitted these policies on time as required by ODP.

AE Onsite Review of Providers: Philadelphia IDS conducted the onsite review of **Carelink Community Support Services** from September 05, 2017 to September 07, 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.

A total of 5 individuals were selected as a part of this provider's sample, and of those sample individuals, 5 interviews were conducted during the onsite review.

On the final day 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.

During the Exit interview of Carelink Community Support Services, staff was informed of the excellent job they did in the preparation for this QA&I process. The provider organized each question in the tool with easy to locate file folders. The provider commented on the 2 week notice. They believe at least three weeks would have been sufficient to prepare for this process. The use of the standard room and board contract was recommended to the provider. Another recommendation was to ensure all relevant staff are present at the entrance interview. Only one Carelink staff was present at the entrance interview.

Data Analysis and Performance Evaluation

Carelink Community Support Services ensures that satisfaction surveys are completed by all individuals they support, with the help of their families and teams if needed. The surveys are inclusive of top rated areas as well as low rated areas. This ensures that the provider will address all consumer concerns and criticisms. Another area this provider excels is the monthly residential reports. These reports are very extensive and complete.

Carelink Community Support Services provides specialized residential services to individuals with forensic backgrounds. Some of these challenging individuals receive ongoing support at home, community, and day services at STAR program through Base funding. Program staff pay special attention to the various individual cues and antecedents before they turn into full blown behavior episodes. Interviews indicated individual receiving residential services are satisfied for the most part with Carelink Community Support Services. Individuals with court involvement are accompanied to municipal court on a regular basis. Court updates are required by the Judges presiding over cases, and Carelink Community Support Services ensures reports are timely, thorough, and that individuals meet all the requirements of court orders.

The provider self assessment was reviewed prior the onsite review. There was little to no discrepancy in comparison of the onsite review and the self assessment. The provider identified areas of non-compliance as well as areas of compliance, and remediated prior to the date of onsite.

Some trends were identified during the on-site review. After review of residential shift notes, it was discovered that the notes are not consistently filled out completely. Sometimes areas are left blank or minimally completed. A recommendation was made that house managers/front-line supervisors ensure they identify when shift documentation is not completed thoroughly, or up to the standards proscribed by Carelink Services. Another trend identified during interviews, is that individuals interviewed do not know what their ISP is and what is in it. It is recommended that Carelink staff ensure that after any revision to the ISP, and especially after annual review updates, the provider reviews the plan with the individual and determines that they understand and approve of the contents. A final trend that was identified during interviews, is that 4 of 5 sample individuals indicated that they were interested in the possibility of competitive employment, yet none of the individuals are currently involved in actively seeking or obtaining such employment. Although many of the individuals Carelink support have specific challenges that preclude being alone in the community or around specific populations in the community, we did recommend that the provider consider working in creative ways with teams to help the people they support realize these goals.

During the desk review, Incident reports were reviewed. Incident ID# 8306310 was not finalized within 30 days as required. During the onsite review, it was discovered MCI # 002177103 did not have a follow-up prostate, audiological, and 90 psychotropic medication review. These were the only areas identified for corrective action and required remediation.

Appendices

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review spreadsheet