
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Entity Name: Casmir Care Services, Inc.

Date of Review: 9/5/2017-9/7/2017

Date of Report: 10/6/2017

Onsite Review conducted by Philadelphia IDS

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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 Casmir Care Services, 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 (AE), 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 the AE's, 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 PFDS waiver 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 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. Casmir Care Services successfully completed their self-assessment on time, before the deadline prescribed by ODP.

Desk Review of Providers:

The assigned AE conducts 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.

Casmir Care Services sent in all required documentation for the desk review component of the monitoring. During the desk review, it was discovered that their Restrictive Intervention policy and Annual Training Plan did not meet criteria and needed to be revised. Direct feedback was given to the provider via email regarding what areas in the policy/plan needed revision. The provider remediated the policy/overall plan on-site. The Restrictive Intervention policy now meets the criteria as explained in the QA&I Question Tool and Guidelines, however the annual training plan will not meet criteria until the providers creates and/or revises the training curriculums that must accompany the plan.

AE Onsite Review of Providers:

Philadelphia IDS conducted the onsite review of Casmir Care Services from **9/5/2017-9/7/2017**. 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. The individual with MCI#030034938 chose to not participate in the interview, however staff and family were interviewed as part of the process. Overall people seem happy and satisfied with the services they receive from Casmir. Staff know the individuals well and across the board staffing is consistent.

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.

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.]

The entity appears to excel overall with staff retention. Each of the staff interviewed have worked with the individuals they support for an extensive period of time. The staff appeared to really understand the individuals and their unique wants, needs, and desires. This understanding was not contingent on if the individual could communicate verbally, or utilized another form of communication.

The provider places an importance on attending the ISP meetings of the individuals they support, and they were compliant with attendance for each of the 5 sample individuals.

Analysis of performance based on focus areas:

- People will be connected to their community: The provider does place an emphasis on making sure the individuals they support are able to go out into the community. Individuals are able to go to places and have experiences that are appropriate to their level of skill and interest; however the activities/places could be a bit more diverse.
- People will live with people they like and who care about them: There were 2 individuals in the sample that were receiving residential supports from the provider. In visiting both locations, it appears that the individuals are living with other individuals that are a good fit for them and have similar needs. Although both individuals receiving residential supports from Casmir do not communicate using words, it was evident through staff interviews and observations that the individuals and their housemates enjoy each other's company and get along well. One of the provider's current Quality Management Plan goals is that "services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his/her life. It was evident during the home visits that the provider was actively achieving that goal.

- People will be physically and mentally healthy: There were 2 individuals in the sample that were receiving residential supports from the provider. The provider had medical books for the sample reviewed. Overall, all of the appointments/medical follow-up was documented and copies of the appropriate forms could be found in the book. There was one appointment/letter of explanation that was missing for MCI#200123614.

- Analysis of performance for extra areas:

Overall the interviews were successful. Each of the individual's appeared to be safe and comfortable and their staff seemed to know them well. However, there are some areas of improvement that the provider should make a priority:

- Staff were wearing scrubs as a uniform while working with the individuals.
- Individual's rooms were not personalized
- Homes have staff memos and licensing information posted on bulletin boards that are visible as focal points, in a way that evokes the feeling of a facility and not a person's home.
- Management, Office Administration and Staff frequently using the word "client" and "mental retardation" in their daily communications, as well as their policies/procedures.

Each of the above bullets gives off a more "medical model" of service. These types of practices go against the Everyday Lives Philosophy. The provider has to find ways to demonstrate that their staff are not working with individuals that are somehow "sick" and need service; rather individuals that are human and need support in maintaining their Everyday Lives and relationships.

- Comparison of onsite to self-assessment results

The provider's Self-Assessment was not accurate in comparison to their overall review. The Self-Assessment suggested that there were no areas of non-compliance, but there were several areas of non-compliance that were identified on-site.

- Items requiring remediation within 30 days

All areas of non-compliance require remediation within 30 days of receiving the Comprehensive Report, and are listed on the Statement of Findings/Final Audit Report/Corrective Action Plan that is included in Appendix A.

- 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:

The following questions meet ODP criteria for the requirement of a Plan to Prevent Recurrence (PPR): 14, 15, 17, 18, 19, & 22. The PPR should document systematic changes made agency wide that ensure noncompliance for each individual question does not recur.

The provider needs to make sure that someone in the administration team is thoroughly reviewing all progress notes. There were several progress notes that were not legible, written incorrectly and/or the content was not relevant to the service in the ISP. There were also several notes that were written in a repetitive fashion; progress notes need to be written per service occurrence and not once every 2 weeks. The provider needs to make sure that they are meeting the frequency, duration, and scope of the services of the individuals they support.

- MCI#30034938: The progress notes do not reflect that the provider was meeting the individual's frequency and duration as listed in the ISP.
- MCI#890008615: The progress notes do not reflect that the provider was meeting the individual's frequency and duration as listed in the ISP.
- MCI#200123614: The progress notes do not consistently reflect that the provider was meeting the individual's 2:1 staffing ratio.
- MCI#002647886: The progress notes do not reflect the goals/outcome listed in the individual's ISP.

The provider needs to work on forming a Peer Review Committee to review their Certified Investigations.

The provider received compliance scores less than 86% in all questions that pertain to training. The training documentation needs to be consistent among all staff files, and there should be a staff assigned to review staff files periodically to ensure all required documentation is present. The files reviews should then be documented and tracked. Training titles and durations should be consistent and appropriate for the training being administered. There should be a clear indication of what ODP mandated trainings topics are on the Annual Training Plan, as well as curriculums to support each training topic. Training Sign-In Sheets/ Proof of Trainings should incorporate: Staff Name and Signature, Trainer Name and Signature, Duration, Date, and Individual Topic. There should also be an individual training sheet for each specific individual that a staff member is assigned to work with; this will show evidence that the staff was trained on the *specific* topics listed within each of the individual's ISP's.

Appendices

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: Provider QA&I MCI Review