
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Community Living and Support Services

(CLASS)

12/27/2017

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Introduction

The purpose of the Comprehensive report is to compile the official findings from the desk and onsite reviews, face-to-face interviews and self-assessments, as applicable, that were completed for your agency as part of ODP's QA&I Process. This report will:

- Highlight those areas where the Provider is doing well related to person-centered services delivery and promising practices;
- Analyze performance in ODP's quality focus areas for the current QA&I cycle;
- Compare results of the desk and onsite reviews with the entity's self-assessment;
- Summarize those instances of non-compliance that were remediated during the onsite review;
- Outline issues of non-compliance expected to be remediated within 30 calendar days of report receipt;
- Recommend PPRs where compliance is below established thresholds of 86%; and
- Recommend improvement activities to be addressed during the remainder of the QA&I cycle, including systemic quality improvement projects to incorporate into QM Plans.

The mission of the Office of Developmental Programs (ODP) is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives.

ODP's vision is to continuously improve an effective system of accessible services and supports that are flexible, innovative and person-centered.

The Quality Assessment & Improvement Process is a way for ODP to evaluate our current system and identify ways to improve it for all individuals.

QA&I Summary

Per ODP's requirement, CLASS completed and forwarded to the Administrative Entity (AE) their Self-Assessment on July 31, 2017. Additionally, as required, CLASS submitted their Quality Management Plan, Annual Staff Training Curriculum, and Restrictive Intervention Policies. These policies and the completed provider Self-Assessment were reviewed by the AE as part of the desk review. The on-site review portion occurred on December 19, 2017.

At the entrance meeting the AE reviewed the changes in the QA&I process such as the AEs were no longer reviewing the specific service billing history of the provider and On-Site is to occur on a 3-year cycle. The AE outlined what would be reviewed during the On-Site and potential timeframes for completion.

The provider sample reviewed was five individual records. There was a total of forty-eight staff files reviewed, of which 15 were newly hired.

Data Analysis and Performance Evaluation

The provider had all files and information that was needed for the on-site review prepared in an organized fashion. Any additional information that was requested by the AE was obtained in a timely manner

During the desk review it was noted that the Restrictive Intervention Policy did not include all the necessary information to meet Chapter 51 requirements. While on-site this was discussed with the administrative staff. They had been training the staff on material that contained all the required information, however the policy did not reflect this. They updated the policy before the end of the on-site visit.

The administrative staff informed the AE that CLASS had recently hired a Training Coordinator. While always looking for ways to improve quality of care, they are in the process of revamping their training materials and process.

CLASS had indicated that on the Self-Assessment that they did not finalize incidents within the 30 days allotted. During the on-site review, they had informed the AE that they have developed a process that continues to need some work. This will become part of the corrective action plan.

The individual interviewed for the QA&I process was very pleasant and expressed overall satisfaction with her residential services. The individual informed the AE of a situation that required notification to CLASS's administrative staff. They were then required to file in incident report in the EIM (Enterprise Incident Management) system, as per Chapter 51 regulations.

Recommendations for System Improvement:

While reviewing the staff files the AE struggled with identifying the staff signature. It was suggested that staff also printing their name on the training record would be beneficial for review.

Throughout the training year CLASS had changed the record used to document staff annual. Some of the information was not included on the new record, such as Medical and Behavioral Emergency Policy. Administrative staff could show that training on this policy was part the Disaster Policy Training (which was documented on the training record). The AE suggested making that clear on the new training records.

CLASS's Exclusion policy did not identify all three mandatory sites used to ensure that potential employees were not excluded from providing services through the Medicaid Waiver. Although all three sites were being checked as per regulation, it was suggested that they identify all three sites in their policy.

Appendices

CLASS PA QA&I Tool

CLASS CAP