
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Entity Name: HEALTH CARE TRANSPORTATION

Date(s) of Onsite Review: November 6-7, 2017

Date of Report: November 30, 2017

Onsite Review conducted by Philadelphia IDS

Name(s) of QA&I Review Team: Augustine Kebbie, Program Analyst

Table of Contents

<i>Introduction:</i>	3
<i>QA&I Summary:</i>	4
<i>Data Analysis and Performance Evaluation:</i>	6
<i>Appendices:</i>	[page #]

Introduction

This comprehensive report contains a detailed analysis of the Office of Developmental Programs (ODP) Quality Assessment & Improvement (QA&I) process for Health Care Transportation. 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. Health Care Transportation was late in submitting their self assessment. They were issued a DCAP and did meet the timelines associated with the DCAP for missing the original deadline. After review, it was determined that the provider's responses on the self-assessment were not in alignment with the documents reviewed on site. All the providers' policies and procedures did not exist, except the QM plan which did not meet ODP's standards. Since their qualification to provide Transportation service three years ago, this provider has not provided service to any individual. Provider has no documentation or data to utilize for evaluation or establish baseline.

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 reviewer did not conduct any desk review because no documents—the above policies and procedures- were not submitted. This provider has not served any individual since its qualification.

AE Onsite Review of Providers

Philadelphia IdS conducted the onsite review of Health Care Transportation from November 6 to 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. The reviewer started with informing the provider about the late submission of the self-assessment, and the non-submission of the QM plan, the Annual Training Plan, and the Restrictive Intervention Policy. The self-assessment indicated that the agency had all the above policies, but upon request, all the policies and procedures did not exist. The QM plan that was submitted three years ago was the same plan without any updates. There were no other policies and procedures to review. There were no

performance records to review, and the provider expressed his frustration over the lack of referrals since provider qualification 3 years ago. The provider expressed that there was no incentive to update or put things together since no individuals were receiving services. The files and documents were disorganized, and nothing was in place to review. The provider was not prepared at all for the review.

No individuals were selected as a part of this provider's sample because the provider is not serving anyone at this time. No interviews were conducted during the onsite review.

In fairness to this provider, qualification standards and the requirements of the Provider Monitoring Process have changed significantly since the inception of the new QA&I process. In previous years, transportation-only providers were monitored by AEs on a significantly reduced set of criteria, documented on the "Vendor/Transportation Monitoring Tool". Many of the policies, procedures, training requirements, and documentation requirements were not monitored or required for providers that only offer transportation services. It is reasonable that this provider was unprepared for the significant changes posed by the new QA&I process.

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. The provider expressed that nothing has been done since no individuals were served. The provider informed the review team that adding other services to the transportation service is what the agency is going to engage in. The provider also informed the review team that an update application will soon be sent to IDS for additional services. The provider thanked the team for coming out to see what is going on in their agency.

Data Analysis and Performance Evaluation

There were no records and no data to review and analyze. In short, no performance evaluation was conducted on focus areas.

No issues were corrected on site. The following questions were out of compliance with Chapter 51 regulations and must be remediated within 30 days of the receipt of this report:

Q7: Provider does not have a QM Plan that reflects ODP's mission, vision, and values. Provider needs to develop a QM plan that reflects the mission, vision, and values of ODP.

Q9: Provider must analyze and revise the QM Plan every two years

Q10: Provider must develop an exclusion policy that meets ODP standard

Q11: Grievance Policy and Procedures do not exist. Provider must develop grievance policy and procedures that meet ODP standards

Q12: Restrictive Intervention Policy does not exist. Provider must develop a Restrictive Intervention Policy that meets ODP standards

Q16: Annual Training Plan does not exist. Provider needs to develop an Annual Training Plan that meets ODP standards.

Appendices

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet