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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Name of Reviewed Entity: Icare Home Health LLC

Date of Review: November 6, 2017

Date of Report: November 30, 2017

Onsite Review conducted by Philadelphia IDS

Reviewer: Lynette Pinckney McMillan, Manager

## Table of Contents

<i>Introduction:</i>	3
<i>QA&amp;I Summary:</i>	4
<i>Data Analysis and Performance Evaluation:</i>	5
<i>Appendices:</i>	6

### Introduction

This comprehensive report contains a detailed analysis of the Office of Developmental Programs (ODP) Quality Assessment & Improvement (QA&I) process for Icare Home Health 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. Icare Home Health LLC successfully completed their self-assessment on time, before the deadline prescribed by ODP.

Icare Home Health LLC self-assessment was completed on time. However, the self-assessment and the onsite QA & I review contradicted each other. During the QA & I onsite the following discrepancies were discovered:

- Q# 7 – Icare did not have a QM plan to reflect the current goals, priorities and outcomes of ODP.
- Q# 10 – Icare did not demonstrate that the exclusion list was being checked on a monthly basis. In addition, Icare was only checking the LEIE exclusion data base.
- Q# 11 – Icare Grievance Policy was missing a process to review, document and resolve each grievance including name, nature, date, action to resolve and date resolved.
- Q# 12 – Icare Restrictive Intervention Policy did not include allowable restraints or a **process** to report misuse of restrictive procedure.

#### **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.

- Icare did not have a QM plan to reflect the current goals, priorities and outcomes of ODP.
- Icare Restrictive Intervention Policy did not include allowable restraints and a **“process”** to report misuse of restrictive procedure.
- Icare Training Curriculum, the reviewer recommended revising the time frame for various training such as Incident Management training to allow ample time to conduct a comprehensive training.

#### **AE Onsite Review of Providers:**

Philadelphia IdS conducted the onsite review of Icare Home Health LLC on November 6, 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 entrance was conducted with one staff person who was the CEO of the Icare.
- Icare Home Health LLC is a health care provider and the reviewer gave an overview of ODP's philosophy which is different service system than The Office of Long Term Living.

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

- The provider did not have a sample because at the present time Icare Home Health LLC does not provide service to any ODP funded individuals.

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.

- Icare Home Health LLC files were very organized which made the QA & I process run smooth.
- The reviewer recommended that Icare Home Health LLC change the language in their policies to reflect ODP's philosophy when referring to individuals receiving service.
- The reviewer recommended that Icare Home Health LLC familiarize themselves with the current service definitions and processes to add new service by utilizing MyODP data base.

### **Data Analysis and Performance Evaluation**

Icare Home Health LLC is a new provider and this agency does not provide services or supports to any ODP funded individuals at the present time. Thus, no data was available to evaluate. The following areas of non-compliance with Chapter 51 regulations were identified during onsite:

- Q# 7 – Icare did not have a QM plan to reflect the current goals, priorities and outcomes of ODP.
- Q# 10 – Icare did not demonstrate that the exclusion list was being checked on a monthly basis. In addition, Icare was only checking the LEIE exclusion data base.
- Q# 11 – Icare Grievance Policy was missing a process to review, document and resolve each grievance including name, nature, date, action to resolve and date resolved.
- Q# 12 – Icare Restrictive Intervention Policy did not include allowable restraints or a **process** to report misuse of restrictive procedure.

**Appendices**

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet