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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Entity Name: JEVS Human Services

Date(s) of Onsite Review: October 23, 2017 – October 25, 2017

Date of Report: November 24, 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 JEVS Human 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**

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.

JEVS Human Services successfully completed their self-assessment on time, before the deadline prescribed by ODP. The results of the JEVS self- assessment were consistent with the findings of the onsite review team that conducted the QA&I visit in most areas. JEVS indicated compliance with question #16, regarding their Annual training plan, but upon review of all elements of the Annual Training Plan, it was missing element #7 (Department –issued policies and procedures). JEVS answered, yes to question #17 regarding staff training on all elements of the annual training plan, but since they did not have the Department –issued policies and procedures component, their self assessment result differed from the onsite review for this question. The provider answered yes to question #22 regarding daily and monthly service documentation, but after reviewing the progress notes, various notes were missing details on how they delivered the service and supported the individuals, also missing frequency and duration. JEVS did review a different sample for this question, however, and in fact all self-assessment questions with regard to sample individuals could not be accurately compared, as the provider and the AE reviewer selected different samples to review.

### **Desk Review of Providers**

The assigned Administrative Entity 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. The desk review found that the policies reviewed did meet criteria.

The QM plan does include outcomes, target objectives, measurable objectives, an action plan, frequency, responsible person which is consistent with chapter 51 regulations. Each of the goals were developed with target objectives and corresponding completion dates throughout fiscal year 2017 – 2019, and action steps and metric measures are built into each goal. The listed goals are as followed: Compliance documentation will be completed per regulations, Compliance of ISP quarterly review documentation, Individuals will receive services of their choices which are reflected in the plan, Incident Management. Customer Service, Individuals are safe in their home and community, increased

knowledge base and credentialing of the CIE staff, Participant centered service planning and delivery – employment, increase independence and increase community integration. Overall, JEVS QM Plan was very detailed, goal orientated and well documented, and the outcomes of the plan are consistent with the ODP Quality Management Strategy.

The policy on restrictive interventions does meet criteria specified in ODP Memo 080-12 with regard to allowable restrictive interventions, prohibited restrictive interventions, and the reporting of unauthorized use.

Finally, Jevs annual training plan was missing one components required by regulation: Department-issued policies. The training plan was presented as a list of training topics with an explanation of subject matter and there was evidence of the material /time that was presented during staff training. The course description was very detailed and included detailed objectives for every training topic. JEVS also has a print out for each staff training that reflects all the training that staff received, that includes dates, due dates, training hours status and completion dates.

The EIM reviews shows that Provider had 65 incidents for the review time frame, all were finalized within the applicable time frames, except for 2 open incidents that have extensions requested.

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

Philadelphia IdS conducted the onsite review of JEVS human Services from October 23, 2017 through October 25, 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 provider had their documents ready for the review and the interviews of staff and sample individuals were scheduled ahead of time, as requested. The Director of Operations of JEVS stayed with the review team throughout the entire process, and was open and available for questions during the review. JEVS staff that participated in the review were agreeable and open to the suggestions and recommendations that were made as a result of the review.

A total of five individuals were selected as a part of this provider's sample, and of those sample individuals, five interviews were conducted during the onsite review. Three individuals receive licensed residential habilitation services from the provider, and two of them also receive community participation supports. One receives Life Sharing and one receives Residential Hab. Unlicensed. All individuals in the sample are served through the Consolidated Waiver.

During the interview process it was noted that the individuals were very happy and satisfied with the services provided by JEVS. The individuals who receive residential services are well taken care of. The staff that met with the review teams have been working with the individuals for a long time and is evident that the staff knows the individuals, respect their choices, and treat them like family members.

The homes were found to be generally in good condition, clean and well furnished. Bedrooms at the CLAs were decorated reflecting the individual's preferences, including the common areas of the homes did reflect those preferences.

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 indicated during the exit interview that they found the QA&I process to be helpful, valuable, and informative, and they were looking forward to collaborating with the review team on remediation of noncompliance and implementing recommendations. During the exit interview, the provider made several comments and recommendations regarding the process, with the intent of improving the QA&I process for all stakeholders. JEVS indicated that they felt that the current two week timeframe between the initial notification of their sample individuals and date of onsite is not sufficient, and places an undue burden on the provider to adequately prepare for the review. A recommendation was made that additional clarity in documentation given to the provider that the self assessment tool and the onsite review tool are identical would be of benefit to the provider when completing the self assessment and preparing for onsite review. Finally, the provider also indicated that printing out documents was inconvenient, and that utilizing electronic records systems during review can be more eco-friendly and convenient to the 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.

On August 31, 2017 JEVS Community Collaborative Day Program closed its facility doors and began to offer Community Participation services at 100% without a facility. It took JEVS a year and a half to plan and implement this transition. During that year JEVS learned what others were doing in the community, attended seminars (ODP Bootcamp) about the changes from facility based day services to Community Participation Services, conducted internal meetings to test ideas, planned budgets and engaged the participants, their families, and stakeholders in the transition. World Café sessions were held with participants, family members and supports coordinators. There were 3 sessions scheduled on three different days and at different times to help accommodate everyone's schedule. JEVS gathered feedback on the things individuals enjoy and what they dream about doing in the future. The provider also wanted the teams to look at things in a different light, not limited to facility based community. On September 1, 2017 Community Participation services began at 100% with no facility. There are currently 26 participants and 10 community participation specialists that are broken down into small groups of 3 individuals and 1 staff member. JEVS residential participants are picked up from their homes by staff and began their day while our CCT individuals also get picked up by staff from two "Hub" locations identified in their community. Community Participation Services operates M-F from 9am to 2pm. The individuals have the opportunity to volunteer in the community, engage in life skills classes, and learn job readiness skills. In order to address the concern of families and providers a closed Facebook page was created for the new service, allowing them to see daily activities and experiences.

According to JEVS reports, the participants love the service and are thriving beyond belief. They have gained first-hand skills, job readiness, and sense of purpose, new found confidence and a love of their communities. The Provider reports people notice the work individuals are doing and often compliment them and the support staff assisting them on how wonderful it is to see them doing such wonderful things.

### **Analysis of performance based on focus areas**

#### **People will be connected with their community and increase community participation:**

The thorough nature with which JEVS completed their transition from facility based day services to Community Participation Service shows their commitment to quality and to the ODP vision for the improvement of the Id service system in Pennsylvania. Their efforts and collaboration with all stakeholders throughout the transition process is commendable and should be held as a model by which all future transitions can emulate. During the interview process, all individuals indicated that they are connected to their communities and participate in meaningful ways. One individual in particular, who receives unlicensed residential habilitation from JEVS, frequently described her experiences in the

community, both with her employment and with her relationships with people that are not staff or JEVS employees. JEVS makes great efforts to ensure the individuals they support live Everyday Lives.

Ensuring individuals are free from abuse, neglect, and exploitation:

As part of the desk review, it was identified that JEVS had incidents that were reported and finalized on a timely fashion. Over the time period of April 1, 2017 through September 31, 2017, there are 65 incidents in EIM and only two were open but extension were requested. The reason was waiting for medical follow ups. All corrective action was implemented to ensure and protect the health and safety of the individuals.

**Issues discovered and corrected while onsite or during desk review**

No areas of noncompliance were identified onsite that were remediated onsite.

**Items requiring remediation within 30 days**

The following questions were identified to be out of compliance and require corrective action to be completed within 30 days of the date of this report. Please ensure that proof of corrective action is forwarded to your review team on or before the due date, along with the completed CAP document.

Q16: The annual training plan was missing one component required by regulation: Department issued policies & procedures

Q17: For 17 staff working with the sample individuals, there was no indication that staff was trained on the Department issued policies and procedures.

Q22: Amount, duration, & frequency on monthly & shift notes is not consistently documented accurately, and progress/lack of progress with outcomes is not always documented. During the exit interview, the review team recommended documenting attendance on the monthly & daily notes, and that more consistent documentation of outcomes on some notes is needed. For mci#060108797, who is receiving unlicensed residential habilitation, although frequency/duration is indicated, notes need more detail about the service provided, and monthly notes are not present. For MCI 001307621, the lifesharing individual, notes are weekly, and the lifesharing notes seemed to be more detailed.

Q46: For MCI#060108797, dental follow up was indicated but no documentation of the appointment was available for review.

Q48: For MCI#060108797, psychiatric follow up was indicated but no documentation of the appointment was available for review.



**Recommendations for entity's system improvement**

As a reminder, any questions in the QA&I tool that are answered with two or more indications of noncompliance with regard to the sample require a Plan to Prevent Recurrence (PPR) of the noncompliance. For this review cycle, question number 22 requires a PPR specific to the areas of noncompliance. This question covers the general areas of documentation of service delivery.

In general, PPRs must identify systematic, organizational changes to policies, procedures, staff training, supervision roles, and other relevant areas that are implemented, documented, and regularly monitored by the provider in order to ensure that noncompliance does not recur.

**Appendices**

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet