
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Entity Name: KenCCid

Date of Review: September 12, 2017 thru September 15, 2017

Date of Report: September 30, 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 KENCCID. 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 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, 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

KENCCID successfully completed their self-assessment on time, before the deadline prescribed by ODP. However, some aspects of the KenCCid self assessment results were inconsistent with the findings of the on-site review. KenCCid selected N/A to the question regarding the restrictive intervention policy, however, upon desk review, they did have an acceptable policy. That concern was remediated following the self-assessment. All questions regarding staff training were inconsistent with our findings. The question regarding ISP training for staff working with the sample was out of compliance for all staff, however KenCCid did indicate in self assessment that all staff were trained. For other questions regarding training, the training curriculum was incomplete and did not meet the standards considered acceptable by the reviewer. KenCCid indicated that their 30 day completion of incidents was out of compliance, but there was no indication that the provider was out of compliance with this question.

Desk Review of Providers

The 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. Representatives from the KenCCid Quality Management Department provided the reviewer with a copy of KenCCid's Quality Management plan, which had been newly revised on 7-1-2017. The focus areas of the QM plan included, (1) Increasing employment by hiring 4 additional job coaches that will work to support individuals to not only locate employment but also to train them in their particular work field. (2) Ensuring effective communication by improving the quality of service delivery documentation provided by direct care staff. Although KenCCid's QM plan met regulatory standards, the agency was non-compliant in this area due to the Director of employment and supporting staff not being aware of their roles surrounding the plan. It was recommended that all KenCCid management members meet to review the content of the QM plan to ensure accurate execution of the action steps and that all staff and management members be trained on the plan.

The review further established that KenCCid's Restrictive Intervention Policy and handling of Incidents met regulatory standards with no areas of non-compliance or further recommendations

needed. Finally, KenCCid's Training curriculum was found non-compliant with regulatory standards, because the curriculum lacked concrete training course content and training signature sheets that showed the frequency and duration of trainings. As a result of these findings, it was recommended that KenCCid redevelop the training curriculum to include the missing information.

AE Onsite Review of Providers

Philadelphia IdS conducted the onsite review of KenCCid from September 12, 2017 through September 15, 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.

At the opening of the onsite review, KenCCid quality management team member were requested to provide the reviewer with documentation of the policies and procedures outlined within the QA&I tool. Although the tool was provided to the agency in advance, there was a lack of understanding of the tool and the questions asked. This caused a delay and one additional day being required to review material, and in order for KenCCid to gather the correct documents required to complete the review.

Following the record and training review, five interviews were conducted with the sample individuals. All the homes visited seemed to be in good repair and each individual appeared very happy in their environment. All individuals communicated with the reviewer, and answered all questions communicated to them. Each individual space was clearly their own, and it was clear they were involved in applying the personal touches to their homes. Everyone indicated they were fully satisfied with their services.

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

Analysis of performance of focus areas:

- This QA&I process revealed that KenCCid has made tremendous progress in the areas of Incident Management and Service delivery documentation. At the time of the review, KenCCid had more than 432 incidents that had been entered into (EIM) for the period under review. All incidents had been addressed timely, with proper follow up actions, even in the instances where investigations were required. Furthermore KenCCid requested extensions where needed without exceeding mandated deadlines and offered victim's assistance to all parties when warranted.
- KenCCid's Quality Management Plan focus areas met regulatory standards, however, all members of the KenCCid management team were not included in the development of the new QM plan, nor were they aware of their roles surrounding the plans implementation.
- Within the QM plan, KenCCid indicates that they are increasing their interest in being able to provide employment services through the waiver. They are planning on hiring 4 job coaches and first focusing on job development, resume building, and other pre-employment skills.
- KenCCid is highly invested in ensuring that individuals have a choice in deciding whom they live with, and commits themselves to the team process in this regard.
- KenCCid is beginning to show great improvement with the monitoring, follow-up, and documentation of medical appointments and concerns for the individuals they support. The medical review of the five sample individuals did not result in any areas of non-compliance.

Issues discovered and corrected while onsite were as follows:

Q11. The Provider documents grievances in accordance with regulation: **The data showing tracking of grievances was not available for review. KenCCid administrative team was able to provide the information prior to the exit and remediated this area while reviewer was still on-site**

Q43. The Provider reviews and analyzes incidents at least quarterly: The data showing that the provider reviewed and analyzed incidents at least quarterly was not available upon request. . KenCCid administrative team was able to provide the information prior to the exit and remediated this area while reviewer was still on-site.

Q44. The Provider's peer review process to review the quality of investigations was completed and documented: The data showing that the peer review process was completed was not available upon request. KenCCid administrative team was able to provide the information prior to the exit and remediated this area while reviewer was still on-site.

- The following areas require remediation within 30days.

Q9. The Provider analyzes and revises the QMP every 2 years: Although the provider had a new Quality Management Plan, all parties involved in the implementation of the plan were not aware of their role in monitoring the plans outcomes.

Q14. Staff receive training to meet the needs of the individual they support as identified in the current, approved Individual Support Plan (ISP) before providing services to the individual: **None of the staff working with the 5 sample individuals received training on the current 7-1-2017 ISP. Staff working with MCI# 360104811: S. Powell, S Modehdon, R. Jones, J Muldrow, E. Alagbede. MCI# 290166595: J. Moss, K. Sonberger, Y Warren, T. Johnson, A. Kamara, B. Fullard, A. Jimoh, V. Hall. MCI# 001235538: W. Smith, B. Meley, A. Wieh, S. Opara MCI# 002775762:L. Naudascher, Z. Russell, J. Jean, A. Glasco, L. Cottle, T. Carter, T. Alekseeva. MCI# 001891180 N. Muia, D. Murphy, T.Ledbetter, M. Kamara, R. Parks, D. Moore, S. Williams, C. Patterson, L. Scipio, N.Mulbah**

Q16. The Provider has an Annual training plan that meets all requirements: KenCCid training curriculum does not meet the requirements in that it does not include a description of the course, or signature sheets with the training frequency and duration. Note as a result of non-compliance in this area, KenCCid was also determined to be non-compliant for Q.17, Q18, Q19 and Q20 all of which are related to this question.

- Currently KenCCid utilizes several documents to communicate service delivery. This process has proved to be confusing for staff as well as for those people responsible for reviewing the documentation on a monthly basis. In order to cut down on reduplication and confusion for all parties, it is recommended that KenCCid continue to pursue more simplistic avenues to ensure consistent documentation of service delivery.

Appendices

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review spreadsheet