
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Entity Name: Michael Meyer

Date(s) of Onsite Review: October 10 & 11, 2017

Date of Report: November 6, 2017

Onsite Review conducted by Philadelphia IDS

Name(s) of QA&I Review Team: Lee Rader, Public Health Program
Analyst

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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 Michael Meyer. 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 (AE), 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

All qualified providers that offer base funded services or services through the Consolidated and/or the P/FDS waivers participate in the ODP QA&I process on an annual basis. All providers are selected for on-site review by ODP once during the three-year QA&I cycle, based on the last digit of their Master Provider Index (MPI) number. 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. Michael Meyer selected a sample of five individuals from the total number of individuals he is currently supporting. Michael Meyer successfully completed the self-assessment on time, before the deadline prescribed by ODP. See the data analysis section of this report for a review of their results compared to our findings onsite.

Desk Review of Providers:

The assigned AE 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. Michael Meyer submitted the provider checklist along with the supporting documentation in advance for the desk review. The provider desk review results are as follows:

- **Quality Management Plan:** Michael Meyer's Quality Management Plan meets established criteria. The plan aligns with departmental priorities by addressing individuals' satisfaction with services and incorporating recommendations from the QA&I process into service provision.
- **Restrictive Intervention Policy:** Michael Meyer's Restrictive Intervention Policy incorporates changes recommended during the last provider monitoring and meets criteria specified in Chapter 51 regulations.

- **Annual Training Plan:** Michael Meyer's annual training plan contains all required components, meeting ODP established criteria.

AE Onsite Review of Providers:

Philadelphia IdS conducted the onsite review of Michael Meyer from October 10 - 11, 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. Michael Meyer was prepared for the onsite review, with well-organized documentation. He remained with the reviewer throughout the review process and was available to answer any questions, clarify information, and provide any additional documentation requested. All interviews were arranged in advance and scheduled to minimize any inconvenience to the individuals in the sample.

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. All sample individuals receive behavioral supports with Michael Meyer and this is the only service Mr. Meyer provides. Three of the individuals in the sample reside in Community Living Arrangements (CLA), one individual resides with a lifesharing provider, and one lives independently with the assistance of in-home and community supports. Each of the interviews was conducted at the individual's residence. Overall, the individuals knew what the purpose of the service was and were able to discuss their interactions with Mr. Meyer. The individuals interviewed expressed a high level of satisfaction with the services provided by Michael Meyer and indicated that he meets with them at their preferred location. Mr. Meyer demonstrated knowledge and understanding of the individuals he supports. He was able to provide detailed information regarding the individuals' behavior support plans as well as information pertaining to health and safety, likes/dislikes, preferred activities, etc.

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. There was only one area of non-compliance identified.

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.]

Analysis of performance based on focus areas

People will be connected with their community and increase community participation: Mr. Meyer supports individuals with staying connected to their community, family, and friends through the development of appropriate social and communication skills. The behavior plans contain strategies to support and maintain relationships with others and provides recommendations to increase community participation. Mr. Meyer often meets with the individuals at locations of their choosing in the community.

People will be physically and mentally healthy: Mr. Meyer supports the individuals' physical and mental health by incorporating strategies into the behavior support plans that foster the development of coping skills. His plans incorporate positive approaches and pro-active strategies such as physical exercise, relaxation and stress management techniques. Strategies are also identified to support individuals in staying busy and active. Mr. Meyer attends the medication review appointments for the individuals he supports and interacts effectively with the psychiatrist.

Assuring effective communication: Mr. Meyer supports effective communication by providing recommendations that enable staff to interact in a positive manner with the individuals being supported. Choice is stressed in the support plans.

Comparison of onsite to self-assessment results

Overall, the provider's self assessment reflected the findings of the on-site review. During the on-site review, there was one area of non-compliance noted pertaining to completion of all components of the training curriculum that was not identified on the self assessment. There were no issues corrected while onsite or following the desk review.

Items requiring remediation within 30 days

- Q#17: The provider did not complete all components of the Annual training plan as required (Department policy on intellectual disability principles and values; Department issued policies and procedures).

All areas of non-compliance require remediation within 30 days of receiving the Comprehensive Report, and are listed on the Statement of Findings/Final Audit Report/Corrective Action Plan that is included in Appendix A.

Recommendations for entity's system improvement, including those things that rise to the level of needing attention at a broader level including those areas that fall below 86% of compliance

A plan to prevent recurrence of non-compliance (PPR) is required for the following questions, because two or more instances of noncompliance were identified within the sample: Q17

- Mr. Meyer will develop a system to ensure that he is completing all components of the annual training plan as required.

Appendices

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet