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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

**Mon Yough Community Services, Inc**

*October 23, 2017*

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## Introduction

The purpose of the Comprehensive report is to compile the official findings from the desk and onsite reviews, face-to-face interviews and self-assessments, as applicable, that were completed for your agency as part of ODP's QA&I Process. This report will:

- Highlight those areas where the Provider is doing well related to person-centered services delivery and promising practices;
- Analyze performance in ODP's quality focus areas for the current QA&I cycle;
- Compare results of the desk and onsite reviews with the entity's self-assessment;
- Summarize those instances of non-compliance that were remediated during the onsite review;
- Outline issues of non-compliance expected to be remediated within 30 calendar days of report receipt;
- Recommend PPRs where compliance is below established thresholds of 86%; and
- Recommend improvement activities to be addressed during the remainder of the QA&I cycle, including systemic quality improvement projects to incorporate into QM Plans.

The mission of the Office of Developmental Programs (ODP) is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives.

ODP's vision is to continuously improve an effective system of accessible services and supports that are flexible, innovative and person-centered.

The Quality Assessment & Improvement Process is a way for ODP to evaluate our current system and identify ways to improve it for all individuals.

## QA&I Summary

Per ODP's requirement, Mon Yough Community Services (MYCS) completed and forwarded to the assigned Administrative Entity (AE) their Self-Assessment on August 24, 2017. Additionally, as required, MYCS submitted their Quality Management Plan, Restrictive Procedure Policy and Annual Staff Training Curriculum as part of the desk review. These were compliant with Chapter 51 requirements.

The on-site review was scheduled for and occurred on October 17, 2017. During the entrance discussion, the AE reviewed ODP's focus including Community Participation, Employment and overall Quality Improvement utilizing the Quality Management Plan. Also noted was the change that the AEs were no longer reviewing the specific service billing history of the provider and On-Site is to occur on a

3-year cycle. The AE outlined what would be reviewed during the On-Site and potential timeframes for completion. MYCS explained some changes they have made or are in the process of making. They have formed a Human Rights Committee which combines their review of Restrictive Procedure Plans and their Peer Review process for Certified Investigations. They will be ending their evening Habilitation program due to funding. MYCS is putting a lot of focus on Community Participation and Employment First with the individuals who are participating in their Vocational and Pre-Vocational programs.

There were five individuals in the review sample. The individuals received a variety of services offered by MYCS, including Pre-Vocational, In Home and Community Habilitation, Residential, and Family Living.

### Data Analysis and Performance Evaluation

During the On-Site review portion of the QA&I process, MYCS made available all the required records. MYCS staff obtained additional information as needed for the review. The administrative staff present were very pleasant and knowledgeable about the individuals selected. They were available to answer any questions that the AE had throughout the process. The overall experience was positive.

### Highlights and Provider Strengths:

- MYCS had previously made changes in how ISP training for all staff is documented. This was done as a corrective action for FY 16/17 Monitoring. The documentation was extremely easy to determine compliance with 55 Pa. Code Chapter 51 Sections 51.4, 51.23 (a)(2), (b) and (c).
- MYCS had all records and documentation in an organized format. It was obvious to the AE that a lot of work had gone into assuring information to answer each question in the tool was available.
- During the desk review the AE had noted one individual in the sample, who received Pre-Vocational services from MYCS, had a health promotion that the residential provider was responsible for. MYCS recognized the importance of it and were also implementing the health promotion. This exemplifies customer focus.
- The individual interviewed as part of the QA&I Process expressed that they are very satisfied with the service they receive. He is happy in his home and likes the staff who work with him. He enjoys the activities that he is involved in, including Special Olympics.

### Recommendations for System Improvement:

- There were some challenges in obtaining documentation verifying that exclusion lists are checked prior to hire and monthly. UPMC has taken over this responsibility for MYCS. There is not a system in place for MYCS to obtain the reports or a summary of the reports. The information, in totality, was obtained after a few days and submitted to the AE. It was suggested that MYCS administrators

discuss with UPMC a plan to receive the reports on a regular basis to ensure compliance with 55 Pa. Code Chapter 51 Sections 51.62, 51.141 and 51.152 and MA Bulletin 99-11-05.

- MYCS received non-compliances during this QA&I review period. Four of the six relate to staff training for the one individual in the sample receiving Family Living Services. MYCS was not implementing all of the training requirements for the family living support staff as required. See attached CAP for details.
- MYCS received two non-compliances during this QA&I review period for not documenting monthly progress notes as required. See attached CAP for details.

### Appendices

Mon Yough Community Services, QA&I Tool

Mon Yough Community Services CAP