
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Entity Name: Philadelphia Care Inc.

Date(s) of Onsite Review: December 11, 2017

Date of Report: January 10, 2018

Onsite Review conducted by Philadelphia IDS

Name(s) of QA&I Review Team: Lillie Jefferies, IDS 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 Philadelphia Care INC. 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:

Philadelphia Care Inc. did not complete the self-assessment by the deadline prescribed by ODP. As a result, the reviewer had no data to review.

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.

Quality Management Plan: Philadelphia Care is offering transportation services only. During this period under review they did not provide services to anyone however the Quality Management Plan was geared towards bringing in new individuals to their agency. The Quality Management plan did not have a criteria, policy or procedure accompanying it that encompassed the ODP mission and vision. As a result, the provider was asked to update the plan to include this information during the onsite review.

Staff Training Plan: Did not meet regulatory compliance because there was no curriculum for each of the listed trainings nor was there a frequency and duration listed for each training.

Restrictive Intervention Policy: The provider did not have a restrictive intervention policy.

AE Onsite Review of Providers:

Philadelphia IdS conducted the review of Philadelphia Care Inc at their corporate office located at 1706 N. 2nd street, Philadelphia Pa on December 11, 2017. The process began with an Entrance meeting, held upon the opening 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. Philadelphia Care representatives were not fully prepared for the review due to this being the first time the new agency was going through the process.

As a provider of transportation services, the agency was not prepared because in previous years providers of vendor/transportation services were not required to complete the entire provider monitoring process because of the type of service being provided. Since the change from the provider monitoring criteria to the new QA&I process all providers are now required to meet consistent requirements listed in the QA&I tool.

The Philadelphia Care representative asked a lot of pertinent questions surrounding the necessary ways by which all the needed information could be remediated by the time the agency received the corrective action plan. As a result, the reviewer provided her with a copy of the QA&I tool so that she could appropriately prepare. Upon the close 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

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.]

- At least one promising practice in which the entity excels
Philadelphia Care representatives have expressed great interest in becoming more familiar with the many existing and new services available through the ODP waivers, so that their agency could broaden their understanding of the regulatory requirements and properly educate themselves and staff to provide quality services.

Analysis of performance based on focus areas – The following needs to be remediated:

Q6. The Provider completed its annual self-assessment using the ODP specified tool.: The provider did not complete the self-assessment as required by ODP.

Q7. The Provider has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values: The Provider's Quality Management Plan does not reflect ODP's mission and vision and does not address one of the ODP designated objectives.

Q10. The Provider implements a policy/procedure to screen employees and contractors.: The Provider did not have a policy/procedure to screen employees and contractors.

Q11. The Provider documents grievances in accordance with regulation. : The provider did not have a grievance policy in accordance with regulations.

Q12. The Provider has a policy that addresses restrictive interventions.: The provider did not have a policy that addressed restrictive interventions

Q16. The Provider has an Annual training plan that meets all requirements.: Philadelphia Care Inc. training curriculum does not meet the requirements in that it does not include a detailed description of the course, sign-in sheets, frequency and duration of the training, transcripts, or certificates of completion from the training

Q17. The Provider and the Provider's staff completed all components of the Annual training plan as required.: Phila Care Inc. was non-compliant in this area due to the training plan not meeting requirements (As noted in Q.#16)

Q18. Provider staff receive annual incident management training on preventing, recognizing, reporting and responding to incidents and assuring a participant is safe.: Phila Care Inc. training curriculum did not meet regulatory standard. (refer to Q#16). The agency had no policy to address this standard.

Q19. The staff receive training on the Provider's policy/procedure on how to respond in cases of individual health, behavioral emergencies and crises.: Phila Care Inc. training curriculum did not meet regulatory standard. (refer to Q#16) The agency had no policy to address this standard.

Q20. The staff receive training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communications and/or operational procedures.: Phila Care. Inc training curriculum did not meet regulatory standard. (refer to Q#16) The agency had no policy to address this standard.

Q38. The Provider ensures the replacement of an individual's lost or damaged property in accordance with regulation.: Phila Care Inc. did not have a policy/procedure to address the replacement of lost or damage property

- Issues discovered and corrected while onsite or during desk review – No remediation could be done while reviewer was on site due to policies and procedures needing to be developed.

Appendices

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet