
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Entity Name: Pioneer Elite Care, LLC

Date(s) of Onsite Review: November 27, 2017

Date of Report: December 27, 2017

Onsite Review conducted by Philadelphia IDS

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

Table of Contents

<i>Introduction:</i>	<i>3</i>
<i>QA&I Summary:</i>	<i>4</i>
<i>Data Analysis and Performance Evaluation:</i>	<i>6</i>
<i>Appendices:</i>	<i>7</i>

Introduction

This comprehensive report contains a detailed analysis of the Office of Developmental Programs (ODP) Quality Assessment & Improvement (QA&I) process for Pioneer Elite Care, LLC. 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. Pioneer Elite Care successfully completed their 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. Pioneer 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:** Pioneer's Quality Management Plan meets established criteria. The plan aligns with departmental priorities by addressing consumer satisfaction and effectiveness of services.
- **Restrictive Intervention Policy:** Pioneer's Restrictive Intervention Policy did not meet criteria specified in Chapter 51 regulations. The policy did not adequately incorporate the information/recommendations of ODP Informational Memo 080-12 (Reporting Unauthorized Restrictive Interventions). Information on allowable and prohibited restrictive interventions needs to be expanded upon in the policy.
- **Annual Training Plan:** Pioneer's annual training plan contains all required components, meeting ODP established criteria.

AE Onsite Review of Providers:

Philadelphia IdS conducted the onsite review of Pioneer Elite Care on November 27, 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. Pioneer was prepared for the onsite review, with well-organized documentation. Staff were readily available throughout the review process to answer any questions, clarify information, and provide any additional documentation requested.

Pioneer is a relatively new provider, and as such did not have a sample. Pioneer is currently supporting a small number of individuals through the provision of companion and in-home and community supports, that were picked up following the drawing of the sample by the assigned AE.

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. Pioneer acknowledged the areas in which non-compliance was noted.

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:

Pioneer supports individuals to engage in activities that afford opportunities to be active and make community connections.

People will live with people they like and who care about them: Pioneer provides supports that enable individuals to remain in their family homes.

Comparison of onsite to self-assessment results

Overall, the provider's self assessment reflected the findings of the on-site review. However, during the on-site review, non-compliance was noted in the area of documenting employee screenings (LEIE, SAM, and Medichex).

There were no issues corrected while onsite or following desk review.

Items requiring remediation within 30 days

- Q #10: The Provider did not have documentation showing that screening policy/procedures are being implemented.
- Q #12: The Provider's Restrictive Intervention Policy did not adequately address allowable restrictive interventions and prohibited restrictive interventions.

All areas of non-compliance require remediation within 30 days of receiving the Comprehensive Report. Pioneer should respond with proof of remediation, CAP responses, and the Plan to Prevent Recurrence (PPR) for the areas of non-compliance.

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 not required. Additional system improvement recommendations are noted below:

- Pioneer will ensure that LEIE, SAM, and Medichex screenings are conducted on a monthly basis and documentation of those checks is maintained in a data base.
- Pioneer will update the Restrictive Intervention Policy so that it fully addresses all required components.

Appendices

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet