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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Quality Life Human Services

*January 19, 2017*

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## Introduction

The mission of ODP is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice, and opportunity in their lives. ODP's Quality Assessment and Improvement (QA&I) process is designed to conduct a comprehensive quality management review of county programs, Administrative Entities (AE), Supports Coordination Organizations (SCO) and Providers delivering services and supports to individuals with intellectual disabilities and autism spectrum disorders. As part of ODP's quality management strategy, this QA&I process has been designed to be comprehensive, standardized, and measurable. The QA&I process is intended to:

- Follow an individual's experience throughout the system;
- Measure progress toward implementing "*Everyday Lives: Values in Action*;"
- Gather timely and usable data to manage system performance; and
- Use data to manage the service delivery system with a continuous quality improvement approach.

The purpose of the QA&I Comprehensive Report is to compile the findings from the desk review and onsite review, face-to-face interviews, and self-assessments, as applicable. Each provider entity then is able to utilize the data to continuously improve quality for ODP's vision of an effective system of accessible services and supports that are flexible, innovative, and person-centered. For each entity, the QA&I Comprehensive 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 Plan to Prevent Recurrences (PPRs) where compliance is below the 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.

ODP's quality management strategy is a comprehensive approach that includes quality planning, quality assurance, and quality improvement/enhancement. This QM strategy is developed and implemented to:

- Offer the highest quality services that promote choice and control in individuals' everyday lives.
- Safeguard the health and safety of individuals receiving services.
- Implement promising practices.
- Ensure program compliance with regulations.

ISAC recommendations for *Values in Action* are built on the values, goals, expectations, and aspirations of people with disabilities and their families. The recommendations are a guide for ODP to develop policy and design programs for people with disabilities, families, providers of service, and advocates who support people to have an everyday life. By utilizing the ISAC recommendations and data gathered from the QA&I process, providers are able to create systemic improvement projects and are able to incorporate improvement activities into their QM Plans. The current ISAC recommendations are as follows:

1. Assure Effective Communication
2. Promote Self-Direction, Choice, and Control
3. Increase employment
4. Support Families throughout the Lifespan
5. Promote Health, Wellness, and Safety
6. Support People with Complex Needs
7. Develop and Support Qualified Staff
8. Simplify the System
9. Improve Quality
10. Expand Options for Community Living
11. Increase Community Participation
12. Provide Community Services to Everyone
13. Evaluate Future Innovations Based on *Everyday Lives* Principles

The focus areas identified by ODP for this QA&I cycle are ensuring communication, employment, and quality management. Provider entity performance in these areas will be highlighted in this report.

### QA&I Summary

The AE did not receive the completed self-assessment by the designated due date of August 31, 2017. As a result, a Directed Corrective Action Plan (DCAP) was issued to Quality Life Human Services on September 8, 2017. The DCAP directed the Provider to submit the self-assessment via the QuestionPro survey link by September 27, 2017. Quality Life Human Services successfully submitted their QA&I Self-assessment on September 11, 2017. The DCAP was returned to the AE with evidence of the completed self-assessment on September 11, 2017. The self-assessment identified two areas of non-compliance surrounding incidents being closed within 30 days and completion of the peer review process. The Provider Checklist, Quality Management Plan, Restrictive Intervention Policy, and Annual Training plan were submitted to the AE on September 11, 2017. The AE validated that all of the policies and procedures that were submitted with the provider checklist are in compliance with applicable regulations.

On November 16, 2017, the AE provided Quality Life Human Services with a two-week notification email which included the provider's sample and a list of items that would be reviewed by the AE during the on-site review. The AE selected a sample of two. Both of the individuals are consolidated waiver participants receiving licensed residential habilitation services. The on-site review was originally scheduled for

Wednesday, November 29, 2017 at 10:00 am. Unfortunately, due to a change in the AE's schedule, the onsite review was then rescheduled for Friday, December 22, 2017.

The QA&I on-site review of Quality Life Human Services occurred on Friday, December 22, 2017 at the provider's office located on Hamilton Street in Allentown, Pennsylvania. The on-site review began with the entrance interview which was attended by Wanda Tucker (Program Specialist) and Jessica Pahountis (Lehigh County AE QA&I Lead). During the entrance interview, the AE provided an overview of the QA&I process and answered any provider questions in regards to the QA&I process. Ms. Tucker provided the AE with a brief description of Quality Life Human Services' vision and mission and highlighted their quality improvement priorities (reduction of incidents, improved staff training, improved documentation practices). At the conclusion of the entrance interview, Ms. Tucker provided the AE with all of the supporting documentation that was utilized when completing the self-assessment, as well as the two records for the individuals in the sample. The AE began the on-site review process by reviewing all of the documentation required to answer the questions in the QA&I On-site Questions Tool for Providers.

Upon completing the QA&I On-site Questions Tool for Providers, the AE met with Ms. Tucker to discuss when the staff and individual interviews would be conducted. Ms. Tucker and the AE agreed to schedule the staff and individual interviews to occur on Tuesday, December 26, 2017.

The AE returned to the Quality Life Human Services office on Tuesday, December 26, 2017 and conducted one staff and one individual interview. The staff interview was conducted with Joseph Johnson, direct support staff. The AE's overall impression of Quality Life Human Services' staff following the completion of the interviews was that staff are trained on the ISP and have a basic understanding of the services that they are rendering.

The AE also conducted an interview with MCI#410107443 who is a Consolidated waiver participant receiving licensed residential habilitation services from Quality Life Human Services. This individual was able to clearly communicate their needs and fully participated in the interview process. MCI#410107443 reported that he is "very satisfied" with services and feel that his staff listen to him and help him. The individual also discussed activities that he enjoys participating in with staff and the fact that he often has opportunities to participate in preferred activities.

Upon completing the staff and individual interviews, the exit interview was conducted on December 26, 2017 with the same parties that were in attendance at the Entrance Interview. The AE noted that Quality Life Human Services' medical appointment documentation practices had improved significantly since the previous Provider Monitoring on-site review. The provider also had shown an improvement in the area of policies and procedures since the previous Provider Monitoring on-site review. The AE discussed with Quality Life Human Services, areas in which they are showing improved practices, which are detailed further in this report. The AE informed Quality Life Human Services that they would be required to complete six areas of remediation surrounding staff training (accurate billing and documentation, ODP's webinar on deaf culture), incidents not being finalized within 30 days, review and analysis of incidents on

a quarterly basis, peer reviews of certified investigations, and health promotions. All areas of required remediation are detailed further in this report, as well as within the Corrective Action Plan (CAP). The next steps in the QA&I process were then discussed and additional provider questions were answered by the AE.

### *Data Analysis and Performance Evaluation*

Quality Life Human Services had six areas of non-compliance and are required to make remediation actions at this time. The first area of non-compliance was on question #17 regarding staff completion of all components of the Annual training plan as required. There was no documentation to show that staff completed billing and documentation training but it was included in the Provider's annual training plan policy. The second area of non-compliance was on question #34 regarding ensuring that one or more of the Provider's administrative staff have viewed ODP's webinar on deaf culture. There was no documentation in staff training records to support that one or more of the Provider's administrative staff have viewed the required webinar. The third area of non-compliance was on question #39 of the QA&I on-site questions tool regarding finalizing incidents within 30 days. Per the EIM Incident Management Review Report that was reviewed by the AE, 2 incidents (Incident ID#8338340 and Incident ID#835473) were not finalized within 30 days and extensions were not always requested and/or finalized by the extension date. As of January 19, 2018, Per the EIM Incident Management Review Report Incident ID #8338340 and Incident ID#835473 remain open.

The fourth area of non-compliance was on question #43 of the QA&I questions tool regarding review and analysis of incidents at least quarterly. Per the EIM Incident Management Review Report, Quality Life Human Services had incidents in the prior year but there was no documentation of quarterly reviews occurring. The fourth area of non-compliance was on question #44 in regards to the Provider's peer review process to review the quality of investigations. There was no documentation to demonstrate that peer review of Certified Investigations occurred. The last area of non-compliance was on question #49 of the QA&I questions tool regarding the Provider promoting wellness. Unfortunately, Quality Life Human Services did not have documentation to support that they have made the listed health promotion options available to the individuals. The aforementioned items have been included in the Corrective Action Plan (CAP) which is located in a separate attachment. The provider will need to respond to the results of this report and the CAP within 30 days of receipt of this report. Data for every QA&I question can be located in Appendix A of this document.

Currently, the AE recommends that Quality Life Human Services train all staff on proper billing and documentation. It is also recommended that the Provider have at least one administrative staff complete the required ODP webinar on deaf culture. The AE recommends that the provider develop and implement a process and/or tracking system to ensure that incidents are finalized within 30 days and close all incidents that are currently open beyond 30 days. The AE also recommends that the Provider complete a review and analysis of incidents for the past year, as well as develops a process that ensures that a review

and analysis of incidents is completed quarterly going forward. Additionally, it is recommended that the Provider develops a process for Peer Review that is accordance with ODP's Peer Review Process. Finally, the AE recommends that Quality Life Human Services develops a process to ensure that health promotion options are made available as described in the ISP and the availability of the health promotion options be clearly and consistently documented. Although this area is not identified as an area of non-compliance, the AE recommends improved documentation of progress or lack of progress that is being made on individual outcomes. At current, the outcomes are being documented but measures of progress or lack of progress are not well documented. In order to achieve improved progress note/outcome documentation, the AE recommends that staff be re-trained in this area. Overall, Quality Life Human Services appears to be providing adequate services to individuals with an intellectual disability and/or autism spectrum disorders but there is significant room for improvement in their provision of services.

As mentioned previously, Quality Life Human Services' medical appointment documentation practices had improved significantly since the previous Provider Monitoring on-site review. The provider also had shown an improvement in the area of policies and procedures since the previous Provider Monitoring on-site review. These are both areas in which the Provider is showing improved practices. The AE did not note any areas of promising practices in which the entity excels at this time.

Quality Life Human Services had one are of non-compliance in the focus area of ensuring communication, as there was no documentation to show that at least one administrative staff completed the required ODP webinar surrounding deaf culture. The Provider did not have any non-compliances surrounding the focus areas of employment and quality management, all of which were analyzed through the QA&I process. Data analysis of performance on focus areas is located in Appendix B of this document. The AE's onsite results and entity's self-assessment results reported similar findings. The provider did not report any areas of non-compliance in their self-assessment, however, the AE found six areas of non-compliance while on-site. Analysis of this data is located in Appendix C of this document.

Appendix A

<b>AE On-site Data: Questions Tool for Providers</b>		
<b>Question</b>	<b>Findings</b>	<b>Comments</b>
<b><u>Self-Assessment</u></b>		
<i>The Provider completes an annual QA&amp;I self-assessment</i>		
6. The provider completed its annual self-assessment using the ODP specified tool.	Yes	Completed 9/11/2017
<b><u>Quality Management</u></b>		
<i>There are systemic efforts to continuously improve quality</i>		
7. The Provider has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision, and Values.	Yes	
8. The Provider reviews and evaluates performance data in selecting priorities for the QMP.	NA	The Provider's initial QMP is less than 2 years old.
9. The Provider analyzes and revises the QMP every 2 years.	NA	The Provider's initial QMP is less than 2 years old.
<b><u>Person-Centered Planning, Service Delivery &amp; Outcomes</u></b>		
<i>The system of support is straightforward</i>		
10. The Provider implements a policy/procedure to screen employees and contractors.	Yes	The Provider has a policy/procedure that meets all criteria established and there is evidence that it is being implemented.
11. The Provider documents grievances in accordance with regulation.	Yes	The grievances were completed in accordance with regulation.
12. The Provider has a policy that addresses restrictive interventions.	Yes	The provider has a policy that includes all required criteria.
13. In residential habilitation, the individual has a signed department-approved room and board contract.	Yes	2/2 records reviewed. A department-approved room and board contract between the residential habilitation provider and the individual exists, is signed, and completed annually.
<b><u>Qualified Providers</u></b>		
<i>The individual's Provider(s) meet necessary training requirements</i>		
14. Staff receive training to meet the needs of the individual they support as identified in the current, approved Individual	Yes	2/2 records reviewed. Training records indicate that staff received training on the current, approved ISP prior to

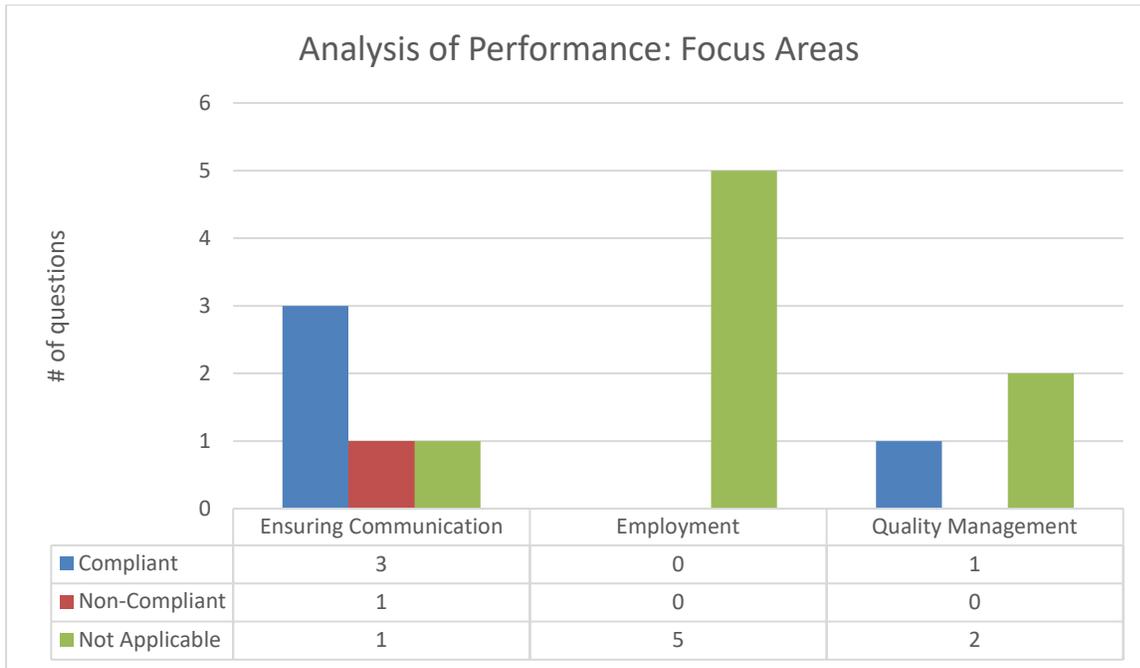
Support Plan (ISP) before providing services.		beginning work with the individual.
15. If a provider has any new hire staff, the new hire staff received training to meet the needs of the individual they support as identified in the current, approved ISP before providing services to the individual.	Yes	1/1 records reviewed. Training records indicate that staff received training on the current, approved ISP for the person they support prior to beginning work with the individual.
16. The provider has an annual training plan that meets all requirements.	Yes	The provider has an annual training plan that meets all requirements.
17. The provider and the provider's staff completed all components of the Annual Training plan as required.	NO	2/2 records reviewed were in compliance. The provider records indicate that staff did not complete billing and documentation training.
18. Provider staff receive annual incident management training on preventing, recognizing, reporting, and responding to incidents and assuring a participant is safe.	Yes	2/2 records reviewed were in compliance. The provider records indicate completion of the annual incident management training.
19. The staff receive training on the Provider's policy/procedure on how to respond in cases of individual health, behavioral emergencies, and crises.	Yes	2/2 records reviewed were in compliance. The provider records indicate completion of the annual training on how to respond to individual health, behavioral emergencies and crises.
20. The staff receive training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communications and/or operational procedures.	Yes	2/2 records reviewed were in compliance. The provider records indicate that staff were trained on the Emergency Disaster Response plan.
<b><u>Person-Centered Planning, Service Delivery &amp; Outcomes</u></b>		
<i>The individual is supported in developing their own ISP, including involvement of people chosen by the individual</i>		
21. The provider participates in the development of the ISP.	Yes	2/2 records reviewed. 2/2 records indicate ISP signature sheet indicates that a provider representative participated in the ISP Annual Meeting.

22. The provider documents delivery of services/supports in the type, scope, amount, frequency and duration specified in the ISP.	Yes	2/2 records reviewed. The daily documentation and progress notes reflect that services/supports were provided in accordance with the individual's ISP.
23. The Provider continued to provide the authorized services to ensure continuity of care during transition.	NA	0/0 records reviewed. The provider did not transition any individuals to a new provider for the previous year.
24. If a progress note indicates lack of progress in achieving an outcome, the provider progress note indicates what actions have been taken.	NA	2/2 records reviewed. 2/2 records reviewed indicated that progress is being made in achieving an outcome.
25. The individual receives employment supports from the provider.	NO	2/2 records reviewed. The individuals do not receive employment supports from the provider.
26. The individual is supported in exploring employment opportunities through job development and assessment.	NA	2/2 records reviewed. The individuals do not receive employment supports from this provider.
27. The employment provider supports the individual in obtaining employment through job interviewing.	NA	2/2 records reviewed. The individuals do not receive employment supports from this provider.
28. The employment provider supports the individual in maintaining employment through job support and follow-along services.	NA	2/2 records reviewed. The provider is not a provider of employment services.
29. The residential provider supports the individual to maintain employment by facilitating transportation.	NA	2/2 records reviewed. The individuals are not currently employed.
<b><u>Person-Centered Planning, Service Delivery &amp; Outcomes</u></b>		
<i>The individual is supported to communicate</i>		
30. Staff are trained on the person's communication plan and/or formal communication system.	NA	2/2 records reviewed. The individuals' ISPs did not have any communication supports and services identified.
31. The provider provides communication assistance as indicated in the ISP.	NA	2/2 records reviewed. The ISPs do not have any communication assistance identified.

32. The provider has been entering the individual’s progress related to their communication outcomes into the progress notes.	NA	2/2 records reviewed. The ISPs do not have a communication outcome the Provider is responsible to implement.
33. The provider serves one or more Consolidated and/or P/FDS waiver participants who are deaf.	NO	2/2 records reviewed. The provider is not currently serving any individuals.
34. The provider ensures that one or more of the provider’s administrative staff have viewed ODP’s webinar.	NO	0/1 records reviewed were in compliance. The training records do not indicate that one or more of the Provider’s administrative staff have viewed ODP’s webinar.
35. The provider ensures that provider staff who serve a deaf waiver participant(s) have viewed ODP’s webinar.	NA	2/2 records reviewed. The provider does not serve any individuals who are deaf.
<b><u>Health &amp; Welfare</u></b>		
<i>The individual’s health, safety, and rights are protected</i>		
36. The provider implements the individual’s back-up plan as specified in the ISP.	NA	2/2 records reviewed. A back-up plan was not required for the service (licensed).
37. If an individual’s back-up plan is not implemented as designed, an incident report of neglect was submitted.	NA	2/2 records reviewed. A back-up plan was not required for the service (licensed).
38. The provider ensures the replacement of an individual’s lost or damaged property in accordance with regulation.	NA	2/2 records reviewed. The individuals did not have any lost or damaged property.
39. The provider finalizes incidents within 30 days.	NO	2/2 records reviewed. 2 incidents were reported within the last 6 months but both of the incidents were not finalized within 30 days.
40. The provider offered victim’s assistance to the individual as appropriate.	Yes	2/2 records reviewed. 2/2 individuals in the sample had an incident report during the review period. Incident reports reflect that the Provider offered Victim’s assistance.
41. The provider implemented the corrective action for each individual’s incidents.	Yes	2/2 records reviewed. 2/2 individuals in the sample had an incident for the timeframe reviewed and the provider

		implemented the corrective action(s) described in the report.
42. The provider reported all critical incidents.	Yes	2/2 records reviewed. The provider reported all critical incidents for the individuals in the sample.
43. The provider reviews and analyzes incidents at least quarterly.	NO	There were incidents in the prior year but no documentation of quarterly reviews.
44. The provider's peer review process to review the quality of investigations was completed and documented.	NO	A certified investigation was completed but the Provider did not complete the peer review process.
45. The provider implements follow-up recommendations from the Certified Investigation peer review process.	NA	A certified investigation was completed but the peer review process did not occur therefore recommendations were not implemented.
46. The provider completes all health care appointments, screenings, and follow-ups as prescribed.	Yes	2/2 records reviewed. The required and recommended appointments occurred.
47. All required investigations are completed by a Department certified incident investigator.	Yes	All investigators who conduct investigations were certified at the time of the investigation.
48. If the individual has a dual diagnosis, the individual is receiving needed mental health (MH) services.	Yes	2/2 records reviewed. The Provider ensures that the individuals are receiving the mental health services as directed in the ISP.
49. The provider promotes wellness.	NO	2/2 records reviewed. The provider is responsible for providing health promotion options for 1 of 2 individuals in the sample. The Provider has not made the listed health promotion options available to the individuals.

**Appendix B**



Appendix C

Question	Onsite Findings	Self-Assessment Findings
<b><u>Quality Management</u></b>		
<i>There are systemic efforts to continuously improve quality</i>		
The Provider has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision, and Values.	Yes	Yes
The Provider reviews and evaluates performance data in selecting priorities for the QMP.	NA	Yes
The Provider analyzes and revises the QMP every 2 years.	NA	Yes
<b><u>Person-Centered Planning, Service Delivery &amp; Outcomes</u></b>		
<i>The system of support is straightforward</i>		
The Provider implements a policy/procedure to screen employees and contractors.	Yes	Yes
The Provider documents grievances in accordance with regulation.	Yes	Yes
The Provider has a policy that addresses restrictive interventions.	Yes	Yes
In residential habilitation, the individual has a signed department-approved room and board contract.	Yes	Yes
<b><u>Qualified Providers</u></b>		
<i>The individual's Provider(s) meet necessary training requirements</i>		
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.	Yes	Yes
If a provider has any new hire staff, the new hire staff received training to meet the needs of the individual they support as identified in the current, approved ISP before providing services to the individual.	Yes	Yes
The provider has an annual training plan that meets all requirements.	Yes	Yes

The provider and the provider's staff completed all components of the Annual Training plan as required.	NO	Yes
Provider staff receive annual incident management training on preventing, recognizing, reporting, and responding to incidents and assuring a participant is safe.	Yes	Yes
The staff receive training on the Provider's policy/procedure on how to respond in cases of individual health, behavioral emergencies, and crises.	Yes	Yes
The staff receive training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communications and/or operational procedures.	Yes	Yes
<b><u>Person-Centered Planning, Service Delivery &amp; Outcomes</u></b>		
<i>The individual is supported in developing their own ISP, including involvement of people chosen by the individual</i>		
The provider participates in the development of the ISP.	Yes	Yes
The provider documents delivery of services/supports in the type, scope, amount, frequency and duration specified in the ISP.	Yes	Yes
The Provider continued to provide the authorized services to ensure continuity of care during transition.	NA	Yes
If a progress note indicates lack of progress in achieving an outcome, the provider progress note indicates what actions have been taken.	NA	Yes
The individual receives employment supports from the provider.	NA	NA
The individual is supported in exploring employment opportunities through job development and assessment.	NA	NA

The employment provider supports the individual in obtaining employment through job interviewing.	NA	NA
The employment provider supports the individual in maintaining employment through job support and follow-along services.	NA	NA
The residential provider supports the individual to maintain employment by facilitating transportation.	NA	NA
<b><u>Person-Centered Planning, Service Delivery &amp; Outcomes</u></b>		
<i>The individual is supported to communicate</i>		
Staff are trained on the person's communication plan and/or formal communication system.	NA	Yes
The provider provides communication assistance as indicated in the ISP.	NA	Yes
The provider has been entering the individual's progress related to their communication outcomes into the progress notes.	NA	Yes
The provider serves one or more Consolidated and/or P/FDS waiver participants who are deaf.	No	No
The provider ensures that one or more of the provider's administrative staff have viewed ODP's webinar.	NO	NA
The provider ensures that provider staff who serve a deaf waiver participant(s) have viewed ODP's webinar.	NA	NA
<b><u>Health &amp; Welfare</u></b>		
<i>The individual's health, safety, and rights are protected</i>		
The provider implements the individual's back-up plan as specified in the ISP.	NA	NA
If an individual's back-up plan is not implemented as designed, an incident report of neglect was submitted.	NA	NA

The provider ensures the replacement of an individual's lost or damaged property in accordance with regulation.	NA	NA
The provider finalizes incidents within 30 days.	NO	NO
The provider offered victim's assistance to the individual as appropriate.	Yes	Yes
The provider implemented the corrective action for each individual's incidents.	Yes	Yes
The provider reported all critical incidents.	Yes	Yes
The provider reviews and analyzes incidents at least quarterly.	NO	Yes
The provider's peer review process to review the quality of investigations was completed and documented.	NO	NO
The provider implements follow-up recommendations from the Certified Investigation peer review process.	NA	Yes
The provider completes all health care appointments, screenings, and follow-ups as prescribed.	Yes	Yes
All required investigations are completed by a Department certified incident investigator.	Yes	Yes
If the individual has a dual diagnosis, the individual is receiving needed Mental Health (MH) services.	Yes	Yes
The Provider promotes wellness.	NO	Yes