
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Entity Name: South Jersey Counseling Associates

Date(s) of Onsite Review: October 16, 2017- October 18, 2017

Date of Report: November 17, 2017

Onsite Review conducted by Philadelphia IDS

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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 South Jersey Counseling Associates (SJCA). 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:

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. South Jersey Counseling Associates (SJCA) successfully completed their self-assessment on time, before the deadline prescribed by ODP. In reviewing the provider's self-assessment it appears that the overall responses given were consistent with the findings of the on-site review. In the progress note section of the self-assessment, SJCA's answers to questions 10, 12, & 22 were inconsistent with the findings of the on-site 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. SJCA sent in all required documentation for the desk review component of the monitoring on time. During the desk review, it was discovered that the SJCA Restrictive Intervention policy did not meet criteria and needed to be revised. Direct feedback was given to the provider about what areas in the policy needed revision. SJCA's Restrictive Intervention policy was missing point #1 (allowable restrictive interventions) and missing some components of point #3 (reporting misuse of restrictive interventions). The Restrictive Intervention policy was remediated on-site. The provider's Quality Management Plan was reviewed and met all of the requirements. The provider sent in their annual training plan, but did not send in the necessary curriculums that needed to accompany the plan. The provider was made aware that they would need to have the curriculums available for the on-site review.

AE Onsite Review of Providers:

Philadelphia IdS conducted the onsite review of SJCA from 10/16/17-10/18/17. 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. The on-site experience at SJCA was overall positive. The provider had all QA&I materials organized efficiently in a binder and ready for review. The entrance and exit meetings were both informative, and discussed the new QA&I process in depth. Throughout the course of the on-site review, it was evident that the provider excels with maintaining meaningful relationships with the individuals they support. The provider attends ISP and team meetings for the individuals as needed. The provider also excels with being aware of systematic changes by obtaining and reviewing all relevant ODP bulletins and memos. The provider has been proactively working to secure contracts with various residential providers, to ensure the continuity of care for the individuals they support. Each of the sample individual's interviews were scheduled ahead of time, and each went according to the times scheduled.

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. The provider provides Behavioral Supports for each of the individuals in the sample. Three of the individuals lived at home, and 2 of the individuals lived in Community Living Arrangements (CLA) with various providers. Each of the interviews were conducted in the community or at another program the individual attends during the day. Each of the individuals reported satisfaction with the supports they were receiving. There was one individual in the sample that had a family member who was interviewed. The family member reported satisfaction with the provider and feels that the services have really helped the individual grow socially and communicate more effectively. There was an overall trend of satisfaction identified during the interviews. Overall, the sample individuals knew what the provider's purposes were for supporting them and were able to speak about how the provider helps them. During the interview phase of the monitoring, the provider accommodated the sample individuals by having the interviews at their preferred locations. The provider always meets with the individuals and/or staff in the place that is most comfortable for them.

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. During the exit interview, each of the areas of non-compliance were discussed with the provider. There were only 3 areas of non-compliance identified. Recommendations for improvement were made to the provider in the area of progress notes. During the review, some progress notes did not show that the provider was providing support according to the frequency and duration in the sample individual's ISP's. The reviewer referenced various progress notes to offer the provider examples of the content and why it was non-compliant. The provider stated they would follow-up the identified individual's Supports Coordinators to discuss inaccurate frequency & durations listed in the ISP's.

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: The provider assists the individuals with staying connected to their community, family and friends through appropriate behaviors, social contact, and communication skills. The provider also works with staff/family/team members to teach them the skills required to support successfully the individuals.
- People will be physically and mentally healthy: The provider assists the individuals with their mental health by providing them with a safe space to talk about things that are going on in their lives and giving them solutions/resources to solve those problems.
- Assuring effective communication: The provider works with the individuals with learning to speak for themselves and appropriately express their wants, needs, and desires.

Items requiring remediation within 30 days:

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.

Areas of non-compliance were identified with Q 10, 12, & 22.

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:

The following question(s) meet ODP criteria for the requirement of a Plan to Prevent Recurrence (PPR): 22. The PPR should document systematic changes made agency wide that ensure noncompliance for each individual question does not recur.

Appendices

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet