
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Entity Name: Special People In Northeast, Inc.

Date(s) of Onsite Review: October 2, 2017 – October 4, 2017

Date of Report: October 31, 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 Special People In Northeast, Inc. (SPIN). 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. SPIN 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 training section of the self-assessment, Spin's to questions 14, 17, 18, 19, & 35 were inconsistent with the findings of the review team. During the self assessment, the provider reviewed different time frames than the onsite review team. Additionally, all questions pertaining to the sample cannot be accurately compared due to differing sample members chosen by the AE for onsite 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. SPIN sent in all required documentation for the desk review component of the monitoring on time. During the desk review, it was discovered that the SPIN Restrictive Intervention policy did not meet criteria and needed to be revised. Direct feedback was given to the provider via email regarding what areas in the policy needed revision (allowable restrictive interventions & agency policy for reporting unauthorized restrictive interventions), and the policy was remediated and validated on-site. 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. The provider's Quality Management Plan was also reviewed and it was determined to meet all requirements.

AE Onsite Review of Providers:

Philadelphia IdS conducted the onsite review of SPIN from 10/2/2017-10/4/2017. 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. The on-site experience at SPIN was overall positive. The provider's QA&I team members were prepared and in attendance for both the exit and entrance interviews. The provider had some issues with the documentation they had prepared due to selecting incorrect dates; however the provider did correct all of the timeframes and presented the reviewers with the required information. The information presented was organized in binders, folders, and electronically in files. The provider's 2 QA&I lead team members from SPIN made themselves and their personal contact/password information available throughout the on-site process. The provider seems to excel in the areas of service provision. All of individuals that were interviewed seemed to be satisfied with the support they were receiving. Many of the staff have been working with the individuals for a range of 1-20 years. The interviews were prepared ahead of time by the provider. Unfortunately, some of the scheduled interviews had to be held in alternate locations than originally planned due to the schedules of the individuals or miscommunication within the agency. Moving forward, the provider could be more prepared for the on-site monitoring by confirming the following information with the reviewer in advance: review period timeframes, any scheduling issues with interviews, and which documentation will be presented in electronic or paper format.

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. There were 3 individuals living in Community Living Arrangements (CLA) with the provider, 1 individual living in Family Living with the provider, and 1 individual living at home with family. The 3 residential locations were: Alpena, Roumfort, and Claridge. During the interview phase of the monitoring, each one of the three residential locations was toured. For the chosen sample, the provider supports individuals with Licensed Residential Habilitation, Supported Employment, Behavior Supports, Family Living, and In Home & Community Supports.

The Assistant Directors of each residential location, along with staff, made themselves available at the residential locations to answer any additional questions presented. Overall, the residential locations were clean and in good condition. The bedrooms of the sample individuals were in good condition and personalized with various pictures, prizes, and arts and crafts. As a recommendation, the provider should purchase new dining room chairs for their Alpena site, as the cushions in the chair appear to be worn and unsteady. The remainder of the interviews were held on-site at the provider's main office. The individual receiving family living supports could not be interviewed at the home because the Family Living Provider was having construction work done. In addition, each of the individuals interviewed were dressed well, and appeared to be clean and satisfied. The individuals and/or staff discussed their favorite things to do, places in the community they liked, as well as things that make them happy. While each sample individual was not aware of what "formal" supports they

receive, they did have a basic understanding that staff were there to help and assist them throughout the day/night.

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. Out of the 49 questions identified, the provider was non-compliant with 9. Recommendations for improvement were made to the provider in the area of training and progress notes. The provider did have training records to support some trainings for the sample staff. The provider continues to name their training topics various titles that are not consistent with the training topics/titles required by ODP. In doing so, it is impossible for the reviewer(s) to determine if the correct training was administered to staff. The provider needs to make sure all ODP mandated topics are clearly identified and explained on their training sheets and within their presented curriculums. The provider also needs to develop an updated curriculum for accurate billing and documentation that discusses ODP specific billing and documentation practices. Several examples of how to reorganize and title trainings/curriculums were discussed with the provider.

The provider needs to carefully monitor the progress notes being submitted by staff. 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 ISPs. The provider was made aware that some staff were not correctly documenting the daily activities they completed with the individuals throughout the day. The progress notes were discussed in detail with the provider. The reviewers referenced various progress notes to offer the provider examples of the content and why it was non-compliant.

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: Each of the individuals in the sample were connected to their communities and had relationships with their families and/or friends. The provider does place an emphasis on making sure the individuals they support are able to go out into the community. Individuals are able to go to places and have experiences that are appropriate to their interests. The provider even throws agency wide events to give the individuals they support the opportunity to come together and engage in fun, meaningful activities.
- People will live with people they like and who care about them: There were 3 individuals in the sample that were receiving residential supports and 1 individual receiving family living from the provider. In visiting each residential location, it appears that the individuals are living with other individuals that are a good fit for them and have similar needs. Many of the individuals have been living together for years and have established friendships.
- People will be physically and mentally healthy: There were 4 individuals in the sample for which the provider is responsible for medical supports. The provider had medical books for the sample reviewed. Overall, all of the appointments/medical follow-up was well documented and copies of the appropriate forms could be easily found in the individual's medical books. The provider regularly offers and documents health promotion options for the individuals they support; for example, one individual regularly uses their local gym based on the recommendations of the ISP team and SPIN supports the individual in that regard.
- Assuring effective communication: There was 1 individual in the sample that was deaf and did not communicate verbally. There were 2 other individuals that did not communicate verbally, one of which was also visually impaired. Each one of the individuals appeared to be understood by their staff members and could effectively convey their wants and needs. One of the sample individuals had an I-Pad and was being taught by a Speech Pathologist how to use the device to identify and communicate with staff and family.
- Increasing employment: There was 1 individual in the sample receiving Supported Employment from the provider. The progress notes told an engaging story of the individual's road to finding a

job at the Cosmic Café, starting with the assessment period, job interviews, and eventually finding their place of employment. It was clear from the documentation and interviews that SPIN supported this individuals desire to work.

- Ensuring individuals are free from abuse, neglect, and exploitation: The provider followed up with all required corrective actions that were recommended for the individuals in the sample that had incidents during the 6- month review period. The provider also provided victim assistance to the individuals when the incident category required it.
- Ensuring that people with complex needs have the support they need: Each of the sample individuals with visual, auditory, or speech impairment were receiving supports from the provider appropriate to their wants and needs.

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 Q12, 14, 16, 17, 18, 19, 22, 35, & 39.

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 questions meet ODP criteria for the requirement of a Plan to Prevent Recurrence (PPR): 14, 17, 18, 19, 22 & 35. 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