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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Entity Name: Sharon Liss Sweeney

Date(s) of Onsite Review: November 6-7, 2017

Date of Report: December 2, 2017

Onsite Review conducted by Philadelphia IDS

Name(s) of QA&I Review Team: Joseph Treegoob, Health Program  
Analyst Supervisor

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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 Sharon Liss-Sweeney. 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. Sharon Liss-Sweeney successfully completed her self-assessment on time, before the deadline prescribed by ODP. There were many inconsistencies in the self-assessment conducted by Ms. Sweeney and the results of on-site review that was conducted by Philadelphia IDS. Areas of non-compliance that were identified by the AE reviewer with policies and procedures (see Data Analysis section for specific details) were not identified by the provider during self-assessment. Also, the provider indicated that she was providing employment supports to 1 individual in her sample, but the provider is a behavior supports agency. The provider indicate during self review that they implemented the back-up plan for four sample individuals, however upon review it was determined that the back-up plan was not implemented. The provider indicated during self review that lost and damaged property was replaced or reimbursed for four sample individuals, however upon review it was determined that there was no lost or damaged property during service delivery in the past year. The provider indicated during self review that they finalized incidents within 30 days, however no incidents were entered during the last year under review. The provider indicated that they review and analyze incidents quarterly, however there were no incidents to review over the last year under review. The provider indicated during self assessment that she was non-compliant with the peer review process, over there was no need to implement the peer review process during the last year under review. The provider indicated compliance with the health promotions sections of the ISP and that they are documenting health promotions in the progress notes, however the provider is not listed as responsible for health promotions in any individuals ISP and there was no documentation of health promotions in the progress notes that were reviewed onsite.

**Recommendation #1: It is highly recommended that this provider become more familiar with the questions that are asked in the self-assessment and the on-site review tool, including when it is appropriate to answer "N/A" to a question in order to more accurately complete the self assessment process next summer during Cycle 1 Year 2.**

#### **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. During desk review, it was determined that no incidents for the sample were entered into Enterprise Incident Management system over the past year under review. Policies that were submitted as part of the “provider submission checklist” were reviewed. The restrictive intervention policy was complete, thorough, and in compliance with Chapter 51 regulations. The content of the QM plan was thorough, complete, and consistent with the ODP quality management strategy. Outcomes included contributing to the reduction of restraints through data analysis, staff training, and the use of positive practices, and the reduction of inappropriate behavioral incidents through staff training, data analysis, working with families, and regular review/revision of the behavioral plan as needed. These outcomes are consistent with ODP focus areas of ensuring individuals are physically and mentally healthy, are free from abuse, neglect, and exploitation, and that people with complex needs have the supports they need.

**Recommendation #2: It is recommended that the current, handwritten Quality Management Plan be revised and typed in digital format, with a computer program such as Microsoft Word, so as to easily update and document progress with outcomes and share the plan with interested stakeholders.**

The Annual Training Plan was reviewed during the desk review, and determined to need revision in order to be in compliance with the regulations and expectations of ODP and the Assigned Administrative Entity. The current training plan is a list of training titles.

**Recommendation #3: Revision and additions to the training plan are needed in order to include, at a minimum, information regarding the frequency and duration of each training, and a detailed description of the content of each training. Also, while not necessarily a needed component of the Annual Training Plan, there should be a written training curriculum that is available for review in order to document that the training that is described in the training plan, is what is being delivered on at least an annual basis.**

#### **AE Onsite Review of Providers:**

Philadelphia IdS conducted the onsite review of Sharon Liss-Sweeney from November 6-7, 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. Ms. Sweeney was prepared for the review, however some of the documents that were prepared ahead of time were not needed to answer the review questions. See recommendation #1. Ms. Sweeney is an enjoyable person to spend two days with. She was extremely open to the review process, and has an excellent attitude, sense of humor, and sense of irony regarding the process. Since the beginning of the Provider

Monitoring Process, the on-site review tool, and now the QA&I tool, have always been especially difficult for sole proprietors and providers of behavioral support services, both of which describe Ms. Sweeney. Many questions do not apply, and some of the questions that do apply, don't necessarily make a lot of sense for the provider. Required annual training processes for sole proprietors, for example, are extremely difficult for reviewers to accurately assess compliance. However, it is clear from her level of participation and commitment to the process, that this provider made every effort to comply with every question and step of the process. It is definitively recognized and should be commended.

A total of 3 individuals were selected as a part of this provider's sample, and of those sample individuals, 1 interview was conducted during the onsite review. Two individuals were not available for interviews due to insect infestations in their homes. The provider did indicate that they would ensure that the supports coordinators for individuals were aware of these concerns, and would assist the families to resolve them. One individual was interviewed at their MH Partial Program at CATCH in South Philadelphia. The provider was present and participated in the individual interview. The individual indicated unequivocally that they were completely satisfied with the services being provided by Ms. Sweeney. It was very clear through the interview process that the provider knew the individual very well, and was extremely aware of and involved in ensuring the mental health and well-being of the individual. This provider routinely takes extra steps to be involved in many aspects of the individual's lives that she supports, ensuring a holistic experience for the individuals, however during the course of service delivery, only documents and bills MA for supports that meet the service definition of Behavioral Supports. There was some detailed discussion about the individual's home life, which presents many challenges for the individual and are part of the reason for the need for behavioral support for the individual. It was determined through the interview process that the provider is very familiar with the Lifecourse Tools and Framework, and has completed the training available on [www.myodp.com](http://www.myodp.com), and integrates the philosophies of the lifecourse framework into their service delivery.

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. The provider indicated that she was grateful for the individual attention she received during the review process, and found it valuable.

### 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 the appendices.

#### Promising Practices:

- As stated earlier, the provider offers extremely holistic supports for the individuals she serves. She know the individuals well and utilizes this personalized knowledge in the services she provides.
- The provider utilizes and implements knowledge of the lifecourse tools and framework in the services she offers individuals.

#### Analysis of performance based on focus areas:

- The provider works with families and the individuals she supports to ensure that individuals are connected to their communities and learn/exhibit appropriate behaviors when in the community. She does accompany individuals and provides services in the community on a regular basis for all individuals in order to provide training and collect data on this important element of the service she provides.
- Behavior plans are written and revised as necessary with a focus on ensuring that individuals she supports are mentally healthy.

#### Items requiring remediation within 30 days:

Q8: There was no evidence that the provider reviewed performance data when developing the outcomes of the QMP. The provider should develop a process and begin to collect and document data regarding the outcomes of the QMP on a regular basis, in order to ensure that necessary revisions to the QMP are conducted based on measurable data and meaningful analysis of progress.

Q10: Provider could not show evidence that the process of monthly data checks of the three required exclusion lists (LEIE, System for Awards Management, and PA Medichex) is followed and implemented. The provider must develop a process to regularly perform and document monthly checks of all three systems.

Q11: Grievance policy is in place, but the procedure is not documented. Provider should develop a process for documenting grievances, ensure that it is implemented, and families and individuals she supports are aware of the process.

Q14: No documentation that the provider completed training on the ISPs of the individuals they support. The provider must develop a tracking system that documents the frequency and

duration of staff training on ISPs of the individuals she supports, and indicate that she is currently trained.

Q16: Annual training plan does not include a description of or the frequency and duration of the required trainings, or a description of the material covered in each training topic

Q17: incident management and preventing abuse neglect and exploitation was completed and documented, no other Chapter 51 required training was documented (ID Principles and Values, Quality Management Plan, Department Issued Policies and Procedures, Grievance Resolution, Accurate Documentation of Service Delivery, & Individual ISP Training).

Q19: No indication that the provider completed training on individual health/behavioral emergencies and crises

Q20: No indication that the provider completed training on EDRP

Other recommendations for entity's system improvement:

The following questions meet ODP criteria for the requirement of a Plan to Prevent Recurrence (PPR): 14, 17, 19 & 20, which all fall in the area of staff training. The PPR, which must be documented by the provider in column G of the attached Corrective Action Plan form, should document systematic changes made agency wide that ensure noncompliance for each individual question does not recur.

**Recommendation #1: It is highly recommended that this provider become more familiar with the questions that are asked in the self-assessment and the on-site review tool, including when it is appropriate to answer "N/A" to a question in order, to more accurately complete the self assessment process next summer during Cycle 1 Year 2.**

**Recommendation #2: It is recommended that the current, handwritten Quality Management Plan be revised and typed in digital format, with a computer program such as Microsoft Word, so as to easily update and document progress with outcomes and share the plan with interested stakeholders.**

**Recommendation #3: Revision and additions to the training plan are needed in order to include, at a minimum, information regarding the frequency and duration of each training, and a detailed description of the content of each training. Also, while not necessarily a needed component of the Annual Training Plan, there should be a written training curriculum that is available for review in order to document that the training that is described in the training plan, is what is being delivered on at least an annual basis.**



**Appendices**

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet