
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Entity Name: AGAPE FAMILY HOME LLC.

Date(s) of Onsite Review: DECEMBER 4 & 5, 2017

Date of Report: December 28, 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 AGAPE FAMILY HOME. 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. AGAPE FAMILY HOME successfully completed their self-assessment on time, before the deadline prescribed by ODP. Agape did not copy the results of the self assessment to this office as instructed by ODP, so the self assessment could not be reviewed prior to the 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. The team reviewed data collected from Home and Community services Information System HCSIS), the Enterprise Incident Management System (EIM). The sample individual had 2 incidents during the period under review, and the agency had 5 incidents overall during the period under review (2 for the sample individual and 3 for non-sample individuals). Only one of the 5 incidents was closed within 30 days. Extensions were requested for 4 incidents but they were not closed within the extension period. They are still open.

AE ONSITE REVIEW OF AGAPE FAMILY HOME

Philadelphia IdS conducted the onsite review of Agape Family Home from December 4 to 5th, 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 staff members of the Agape Family Home were very cooperative with the entire process and stayed with the reviewer throughout the process. The files were organized as expected and the policies and procedures were reviewed as well. The QM Plan, the Annual Training Plan, and the Restrictive Intervention Plan were reviewed and they all met ODP standards. The Grievance policy did include instructions on how to

file a grievance, how to help the individual and family complete a grievance form, and how to resolve a grievance in 21 days. The provider's progress notes did not meet ODP standards. The notes reviewed for the sample individual lacked documentation of frequency and duration, and there was no mention of progress or the lack of it, and no action was indicated to help correct if there was a lack of progress. There were 5 incidents for the period under review; 2 incidents for the sample individual, and 3 for the non-sample individuals. One of the incidents for the sample individual was closed within 30 days. The remaining one incident plus the three incidents for the non-sample individuals are still open. Extensions were asked for them but were not closed within the extension period. The policy and procedures on individual health, behavioral emergencies and crises was reviewed and meets ODP standards. The provider was prepared for the QA&I review, and expressed that the process is new but very educative. The staff member who was interviewed did well in her responses, which showed that she knew the individual, was able to identify her risk factors, medical conditions, and skill level in all what she does. The interview was arranged ahead of time. The individual was prepared for the interview, and responded with confidence to all the interview questions. The individual indicated that she makes choices, does the things that she likes, and participates in activities that are important to her. The individual was looking good and expressed how much she likes her staff. The sample individual is happy and her home is beautiful with clean carpets and beautiful furniture.

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, the provider thanked the review team for teaching them many changes as they relate to the new QA&I process. Staff members present were given the opportunity to express their feeling/feedback about the whole QA&I process. The provider staff members attending the exit expressed that the QA&I review process is a good tool to help providers grow and focus on important areas in the lives of the individuals they serve. They felt good about the process because the much-expected duplication was reduced. The staff further expressed that the process will help providers determine the strengths and weaknesses in their organizations. The provider expressed that such reviews are good periodically to help them improve on areas that are lacking.

Data Analysis and Performance Evaluation

1. The sample individual served by the Agape Family Home is involved in the community she lives in. The program's major focus area is support the individuals to do the things that they enjoy/like. The sample individual is interested in employment and has a job coach, but is not yet

employed. The program ensures that individuals receive person centered services and assist them in achieving person-centered goals.

2. Agape Family Home staff members were a bit nervous but very cooperative with the review team from the start of the process to the end. They were around the team throughout the process. The staff interviewed did well in her responses, which indicated that she really knows the individual, and the supports and services she needs.
3. The sample individual is happy in the program, and talks about the support given by her job coach to get her a job.
4. Agape Family Home program ensures effective communication and individual satisfaction between staff, the individual and their families/support systems.
5. The provider's QM plan, Annual Training Curriculum, and Restrictive Intervention Policy all met ODP requirements. The QM Plan is less than two years so there was no data requirement.
6. The provider assures that all individuals served are coached on self-advocacy skills in order to get their needs met at work, home and community.
7. Staff ensure that individuals are free from abuse, neglect and exploitation at the program.

RECOMMENDATIONS:

1. The Agape Family Home still has opened incidents, five of them in number. Provider must work on closing these incidents.
2. This provider's progress notes did not meet standards; progress or lack of it was not mentioned in the notes, and so was frequency and duration.

Remediation to be completed within 30 days:

Q22. The Progress notes did not include frequency and duration of service as specified in the ISP. The provider should consider beginning to utilize the ODP template to document their monthly progress notes, which would ensure the adherence to regulatory documentation standards.

Q24. The progress notes did not indicate progress, or lack of progress in achieving an outcome, and no action was mentioned if there is lack of progress. The provider should consider beginning to utilize the ODP template to document their monthly progress notes, which would ensure the adherence to regulatory documentation standards.

Appendices

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet