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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Entity Name: Atlas Home Care Services, LLC

Date(s) of Onsite Review: November 13, 2017

Date of Report: December 12, 2017

Onsite Review conducted by Philadelphia IDS

Name(s) of QA&I Review Team: Lora Bynum, IDS Program Analyst

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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 **Atlas Home Care Services, LLC**. 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. Atlas Home Care Services, LLC 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. The provider is a new provider and has not served any individuals; therefore most of the questions on the self-assessment were non-applicable. Atlas Home Care Services answers to questions 10, 12 & 16 were inconsistent with the findings of the on-site review, with regard to the exclusion list policy/procedure, the restrictive intervention policy/procedure, and the annual training plan.

#### **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. Atlas Home Care Services sent in all required documentation for the desk review component of the monitoring on time. During the desk review, it was discovered that Atlas Home Care Services' Restrictive Intervention policy did not meet criteria and needed to be revised. Direct feedback was given to the provider regarding what areas in the policy needed revision. Atlas Home Care Services' Restrictive Intervention policy was missing: point #1 (allowable restrictive interventions), point#2 (prohibited restrictive interventions) and point #3 (agency policy for reporting unauthorized restrictive interventions). The provider sent in their annual training plan, but did not send in the necessary curriculums that needed to accompany the plan. The annual training plan topics presented did not meet criteria. Also, 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 of ODP's quality management plan requirements. Atlas QM plan is consistent with the ODP quality management strategy by working out outcomes to eliminate the use of emergency restraint by 100%, to implement and encourage the utilization fo the agency grievance procedures, and to improve the results of provider monitoring by ensuring corrective

action plans are successfully implemented. The provider had no data to present for the Quality Management plan because they have not yet supported any individuals.

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

Philadelphia IdS conducted the onsite review of Atlas Home Care Services on 11/13/2017. 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 provider was prepared for the on-site review. The provider made all necessary documentation available for review. The documentation was organized neatly and presented in the order of the QA&I Question Tool. There were no interviews to schedule because the provider did not have a sample and there was no documentation corrected on-site. During the on-site review, the new QA&I process was explained in detail, and the entrance meeting sheet was signed. The provider received technical assistance regarding their plans on beginning the process of serving ODP waiver participants. The provider has not served any individuals in the past and talked about how much effort the agency has placed into getting individuals to support. The provider seems excited about actively serving individuals according to the Everyday Lives philosophy. The provider disclosed that the agency just recently accepted their first individual to provide Homemaker/Chore supports for. Progress notes and accurate billing and documentation were explained to the provider so that the connection can be made between documentation and billing/claims.

A total of 0 individuals were selected as a part of this provider's sample, and of those sample individuals, 0 interviews were conducted during the onsite review.

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 review concluded with the exit meeting. The provider was made aware of the timeframes for remediation and was offered technical assistance regarding the use of MyODP. The provider was also given tips and advice regarding the agency's search for more individuals to support. The new tri-annual requalification process was explained to the provider as well.

### **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.]

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 & 16. The provider's exclusion list policy was missing components that are required by Medicaid regulations. The restrictive intervention policy does not include the required components that are outlined in ODP Informational Memo 080-12. The annual training plan does not include a training curriculum and is missing components required by Chapter 51.

**Appendices**

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet