
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Entity Name: Aurora Home Care

Date(s) of Onsite Review: November 20, 2017

Date of Report: December 20, 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 Aurora Home Care. 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. Aurora Home Care successfully completed their self-assessment on time, before the deadline prescribed by ODP. There were few inconsistencies in the self-assessment 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. Otherwise, the self assessment was completed accurately and thoroughly.

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 (there was no 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 Quality Management Plan was reviewed as part of the desk review. The content of the QM plan was thorough, complete, and has outcomes consistent with the ODP quality management strategy. However, because the provider currently supports individuals through other program offices and not the ODP waivers, their current plan is written with a tendency to focus on areas that are not applicable for ODP individuals. Additionally, in parts of the plan, language is used that is inconsistent with "people first" language and would be more appropriate for a home health/medical model of supports. Recommendations are made further in this report for revision of the QM plan to make it more applicable to ODP individuals. 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. Recommendations to revise the Annual Training Plan are also included further in this report.

AE Onsite Review of Providers:

Philadelphia IdS conducted the onsite review of Aurora Home Care November 20, 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.

Aurora Home Care was prepared for the review and all needed information was ready in advance of the arrival of the reviewer. The provider was extremely open to the review 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 providers that are new to the system, without sample individuals. The majority of the questions in the tool do not apply. It is clear from their 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 majority of the time spent onsite was dedicated to a full review of the on-site tool and going over the expectations for the provider when they begin to provide supports to individuals in the ODP waivers. Additionally, time was spent troubleshooting issues the provider is having with appearing in the Services and Supports Directory, and obtaining service contracts with ODP. After much review, it was determined that this provider has not completed the process of PROMISE enrollment and does not have the correct, approved service locations. Instructions were forwarded to the provider by this reviewer and by ODP PROMISE enrollment support.

No individuals or staff were interviewed while the reviewer was onsite, as the provider has no sample. The provider intends to hire staff specifically to support ODP individuals when they begin to receive referrals from Supports Coordination entities.

At the end 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.

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:

- The provider offers holistic supports for the individuals outside of ODP that they support. The office location is professional and well-staffed.

Items requiring remediation within 30 days:

Q9: There was no evidence in the QM plan that the provider plans to review and revise the Quality Management Plan every two years.

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

Other recommendations for entity's system improvement:

No questions meet ODP criteria for the requirement of a Plan to Prevent Recurrence (PPR).

Although the Aurora Home Care Quality Management Plan is extremely thorough and detailed, because the provider currently supports individuals through other program offices and not the ODP waivers, their current plan is written with a tendency to focus on areas that are not applicable for ODP individuals. Additionally, in parts of the plan, language is used that is inconsistent with "people first language" and is more appropriate for a home health/medical model of supports. Therefore, there is a recommendation for the provider to review their QM plan, and separate/break out a section with outcomes that are specific to the individuals they plan to support through the ODP waivers. During the review process, several outcomes in their current plan were identified that the reviewer felt would be especially applicable for the ODP specific QM plan and are completely consistent with the ODP quality management strategy. Also, it was recommended to the provider that it would be extremely efficient for the provider and for stakeholders to utilize the ODP recommended tools to document their ODP specific outcomes and action plan summaries, in order to clearly define action steps, due dates, and to document progress with targeted objectives as they are met or not met throughout the life of the QM plan. Finally, there was a recommendation for the provider to review the training and informational documents that are available on www.myodp.org with regard to the ODP Quality Management Strategy as they review and revise their QM plan.

Appendices

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet