
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Bradford/Sullivan Intellectual Disabilities

Administrative Entity

October 20, 2017

Introduction

The Office of Developmental Programs (ODP) Quality Assessment and Improvement (QA&I) process is designed to conduct a comprehensive quality management review of county programs, Administrative Entities (AE), Supports Coordination Organizations (SCO), and Providers delivering services and supports to individuals with intellectual disabilities and autism spectrum disorders. The focus of this process is on quality assessment and improvement as it relates to the participants' experience with services and supports.

The mission of the Office of Developmental Programs (ODP) is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice, and opportunity in their lives. The office seeks to continuously improve an effective system of accessible services and supports that are flexible, innovative, and person-centered. In keeping with the mission and vision, the QA&I process integrates Everyday Lives Values in Action, ISAC recommendations, and the Consolidated and/or Person/Family Directed Support (P/FDS) waiver performance measures. Additionally, the QA&I process collects data for and validates that AEs comply with the AE Operating Agreement.

The QA&I process is accomplished by using a combination of self-assessment, desk review, onsite review and corrective action and quality improvement plans. The Quality Assessment and Improvement Comprehensive Report has been developed to provide you with both information and data that has been collected during the self-assessment you have completed,

the review of the sample that has been selected for your organization, and information both gathered and shared during the on-site portion of the process. As we discussed during your on-site visit, this year's focus areas include ensuring everyone has an Everyday Life and promoting the ISAC recommendations: specifically, assuring effective communication, increasing employment, and improving quality.

Summary of Bradford/Sullivan Intellectual Disabilities

Administrative Entity

Bradford/Sullivan Intellectual Disabilities (hereafter referred to as Bradford/Sullivan) is located in Towanda, PA. The program's service area consists of two Northeastern Pennsylvania counties, Bradford and Sullivan, which have a combined population of 69,000 residents.

Bradford and Sullivan counties are in the heart of the Endless Mountains Region in northeastern Pennsylvania. Bradford County is home to nearly 63,000 residents and it is the second-largest county in Pennsylvania by land area and third-largest by total area. Sullivan County, entirely rural is the second-least populous county in Pennsylvania with a population of approximately 6,500 people. During Fiscal Year 2016–2017, Bradford/Sullivan served 427 people, 113 people in Consolidated and 109 people in the Person/Family Direct Support Waivers.

The Bradford/Sullivan mission statement reflects a dedication and commitment to the values of Everyday Lives in its drive to "promote opportunities for persons with intellectual disabilities to be part of and participate in the same valued experiences and life events as do other citizens."

William Blevins is the Director of Human Services and Mayme Carter serves as the Administrative Entity ID Director.

QA&I Summary

Bradford/Sullivan completed a self-assessment during the QA&I Cycle 1 Year 1 consisting of 5 records, one Base, two Consolidated and two P/FDS Waiver records and a review of data and policy. The Self-Assessment was finalized on August 15, 2017.

ODP pulled a comparable sample consisting of 10 records (three Base, five Consolidated and two P/FDS Waiver records) and completed a review of data and policy. In addition, ODP also reviewed the record of three newly enrolled waiver participants. The Level of Care's newly enrolled waiver records were found to be 100% compliant.

To fully evaluate the participant's experience with services and supports, individual interviews are considered a critical component of the QA&I process. Interviews were conducted by ODP prior to and after the AE onsite review. *Charting the Life Course Experiences and Questions Booklet: A Guide for Individuals, Families, and Professionals* and PA Family Network information were shared with interviewees and/or staff. Seven interviews were scheduled, six interviews were completed, and one interview was canceled.

The names of those selected in the sample was shared with Bradford/Sullivan on September 6, 2017. The onsite review was complete on September 21, 2017. The ODP QA&I team consisted of the QA&I Lead Rachel Toman and the staff person who conducted the individual record review, Allison Smith.

Data Analysis

Bradford/Sullivan's self-assessment was reviewed, and the performance was evaluated. The self-assessment demonstrates solid performance in most areas including Person Centered Planning Service Delivery, and outcomes. Two areas which were noted for improvement via the self-assessment included:

15.00.00. The AE provided individuals and families information in a language understood by the individual/family/designee. (A data entry error is noted in the self-assessment related to question 15.00.00. Performance should be 100% rather than 50% as reported by the AE.)

27.00.00. The AE has a policy and protocol which provides information and resources to individuals and families upon intake/eligibility and ongoing.

The Self-Assessment and ODP desk and onsite review were consistent, producing similar if not identical scores for most areas. Strong performance (100% compliance) was noted in Person Centered Planning Service Delivery and Outcomes, Level of Care, PUNs, Quality Management, etc. Please see attached detail report for additional information. The following areas are noted by ODP as areas requiring a Plan to Prevent Reoccurrence:

06.00.00. The AE'S IM4Q process is implemented.

Bradford Sullivan has a written procedure for implementing the IM4Q "Closing the Loop Process"; however, they did not provide supporting evidence showing that they implemented the program's response to the IM4Q Program as outlined in their procedure.

08.00.00. The County completes OBRA related responsibilities in accordance with Federal requirements under the Omnibus Budget Reconciliation Act (OBRA) of 1987.

The services as identified in the OBRA - Determination on Need for Specialized Services were received; however, Bradford Sullivan did not provide supporting evidence as evidence of service utilization.

20.00.00. Individuals/families are afforded choice of providers including SCO's.

Bradford Sullivan reportedly now offers choice of willing and qualified service providers at intake; however, the records reviewed did not document choice of providers.

31.00.00. The AE analyzes systemic concerns related to restrictive procedures and restraints.

The AE Operating Agreement, effective July 2017, includes the requirement for Bradford Sullivan to develop and maintain a human Rights committee. Bradford Sullivan is developing a protocol in order to safeguard the human rights of people receiving services and supports.

Results and Performance Evaluation

Using the focus areas identified in the Introduction, and applying those to the results of both assessments, Bradford/Sullivan overall performance aligns with the ISAC recommendations, Everyday Lives Value in Action, AE Operating Agreement, and CMS Assurances.

ODP engaged in 6 personal interviews with individuals to obtain firsthand knowledge of the participants' experience with services and supports received. The person's preferred mode of communication, staff reporting, and reviewer observation were used to gain insight into the participants' experience. Overall, the participants are listened to and satisfied with their services and/or supports. Most reported only spending time socializing with family and staff, though the activities are chosen by the participant. There was one issue noted during the interview and promptly addressed by the AE.

Bradford/Sullivan County is committed to the provision of quality services. This is most evident through the discussion with staff who are committed to promoting the values of Everyday Lives and supporting people with complex needs. Bradford/Sullivan staff participated in numerous statewide meetings/trainings, i.e., Positives Practices, ODP Quality Management Certification Program, Pennsylvania Community of Practice for Supporting Families, etc. The skills and knowledge gained from those activities have been applied, resulting in a positive impact on the organization.

The Quality Management Plan now provides current data and analyses to better inform policy and assess the quality of services. The action plan and outcomes selected and prioritized in the

Quality Management Plan are aligned with the ISAC recommendations and Every Day Lives Values in Action. Two staff recently became ODP QM Certified.

Supporting people with complex needs should emphasize the importance of individually tailored support and value a range of person-centered approaches to care. Bradford/Sullivan's Local Positive Practices and Quarterly Provider Meetings provide a forum to promote positive practices with all stakeholders. Bradford/Sullivan's prison diversion program assimilates a trauma informed approach into their services and supports.

Areas for improvement as identified in the attached detail reports include the development of an AE Human Rights Committee to review and authorize all restraint and restrictive interventions. During the QA&I on-site review, ODP discussed the development of the protocol with the AE. ODP recognizes that AE's are just beginning to execute their protocol. Knowing that this is a new requirement, ODP is expecting varying degrees of compliance during the first year. Additional guidance is being developed by ODP, which will be issued when complete. This guidance will assist AE's with meeting expectations around HRC in the Operating Agreement.

Remediation and a Plan of Correction need to be submitted within 30 days to address the areas on non-compliance noted on the attachments. Please refer to the attached Score Report, Details Report, and Corrective Action Plan for additional details. Remediation and a Plan of Correction need to be submitted within 30 days via the AE Database.

Thank you to you and your team for your ongoing support during this process, and for the quality work you do every day.

Appendices

Appendix A: QA&I Core Sample Score and Detail Reports

Appendix B: Level of Care Worksheet

Appendix C: Corrective Action Plan