
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Bucks County Administrative Entity

12/14/2017

Table of Contents

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 mission of ODP is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives. ODP's vision is to continuously improve an effective system of accessible services and supports that are flexible, innovative and person-centered. This QA&I process is one of the tools that ODP uses to evaluate the current system of supports and identify ways to improve it for all individuals.

As part of ODP's quality management strategy, this QA&I process has been designed to be comprehensive, standardized and measurable. The QA&I process is intended to:

- Follow an individual's experience throughout the system;
- Measure progress toward implementing "*Everyday Lives: Values in Action*;"
- Gather timely and useable data to manage system performance; and
- Use data to manage the service delivery system with a continuous quality improvement approach.

Additionally, the QA&I process is used to demonstrate AE outcomes in the AE Operating Agreement, collect data for the Consolidated and/or Person/Family Directed Support (P/FDS) waiver performance measures and validate that SCOs and Providers comply with 55 Pa. Code Chapter 51 or Chapter 6100 regulations, as promulgated, federal and state requirements and the current *Provider Agreement for Participation in Pennsylvania's Consolidated and P/FDS Waivers* (Provider Agreement).

ODP maintains responsibility for carrying out the QA&I process for all AEs and SCOs. ODP delegates the authority to carry out the Provider QA&I process to the AEs. The comprehensive quality management review will be accomplished using a combination of self-assessment, desk review, onsite review, corrective action, plan to prevent recurrence, and quality management plans.

QA&I Summary

Bucks AE submitted their C1Y1 Self-Assessment by the required deadline of 08/31/2017 and all requested documentation was submitted in a timely manner. Two Base, six Consolidated and two P/FDS records were reviewed along with the Data and Policy portion for the Self-Assessment. The Self-Assessment noted

areas of needed improvement with questions; 08.00.00 - OBRA related responsibilities; 24.00.00 - Health Evaluations being current at time of the annual ISP approval; 31.00.00 - Analyzing systematic concerns related to restrictive procedures and restraints. The Self-Assessment noted 100% scores in areas related to; Administrative Authority - PUNS, Appeal Rights; LOC (initial and annual); Person Centered Planning - System of Support is Straight Forward, Assessed Needs are Addressed in the ISP, Personal Choice and Control, Individual Having an Active Life, Communication Support, Family Support; Health and Welfare - Supporting complex Physical and Behavioral needs, Providing Wellness Opportunities; and Financial Accountability.

The onsite review was completed on 11/14/2017. The Core Sample consisted of a total of 40 records: 5 Base, 22 Consolidated, 13 P/FDS and Data and Policy. A separate LOC sample of 25 "Newly Enrolled" individual was also completed as part of the onsite review. An Entrance discussion was held to answer questions and introduce the new QA&I process. Following the onsite review an Exit discussion was held where results of the desk review and onsite review were shared. As part of the Exit discussion, timeframes and specific required remediation were shared with the AE. Prior to the onsite review face to face interviews were conducted of the Core Waiver Sample.

Data Analysis and Performance Evaluation

Bucks AE scored 100% in many areas of the QA&I review. 100% was scored in the areas related to; Administrative Authority - PUNS, Fair Hearing Appeal Rights; Quality Management; Initial LOC; Person Centered Planning - System of Support is Straight Forward, Individual is Supported to Communicate, Family receives needed Support; Health and Welfare - Supporting complex Physical and Behavioral needs, Providing Wellness Opportunities; and Financial Accountability.

Bucks AE had scores that fell below 100% in the areas related to the following LOC –Annual LOC question 13.00.00; Person Centered Planning – Assessed Needs are addressed in the ISP question 17.00.00, Personal Choice and Control question 20.00.00, Individual Receives all Approved Services question 24.00.00, and Active Life in the Community question 25.00.00; Health and Welfare –Restrictive Intervention Followed Proper Procedure question 30.00.00. Remediation will be needed for specific areas of non-compliance and are included in the CAP.

Plans to Prevent Recurrence are need for the following questions; Person Centered Planning – Assessed Needs are addressed in the ISP – Plan approved within 365 question 17.00.00, Individuals are Afforded Choice Including SCO question 20.00.00, Evaluations are current at time of the Annual ISP Approval question 24.00.00.

Overall the onsite findings and the Self-Assessment findings correlated with one another. Many of the same 100% scores are noted in both reviews. Person Centered Planning - Evaluations are current at time of the Annual ISP Approval is the one area that was noted as needing improvement in both the Self-Assessment and in the Core Sample review.

Appendices

Appendix A – Corrective Action Plan

Appendix B – AE Score Reports, onsite and self-assessment