
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Carbon – Monroe – Pike

Administrative Entity

December 29, 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 Carbon Monroe Pike Administrative Entity

Carbon Monroe Pike Administrative Entity (hereafter referred to as CMP) is in Stroudsburg, PA. The program's service area consists of three Northeastern Pennsylvania counties, Carbon Monroe and Pike which have a combined population of over 285,000 residents.

The *Joinder Board* is Carbon-Monroe-Pike Mental Health and Developmental Services governing body. The Joinder Board is made up of County Commissioners from Carbon, Monroe and Pike counties. During Fiscal Year 2016–2017, CMP served approximately 371 people in the Consolidated Waiver and 245 people in the Person/Family Direct Support Waiver.

CMP's mission statement reflects a dedication and commitment to the values of Everyday Lives in its drive to, "Facilitate access to quality behavioral health and developmental services that empower individuals and families on their journey toward independence and wellness."

Tina Clymer is the MH/DD Administrator, and Fred Beltz is the Deputy Administrator.

QA&I Summary

CMP completed a self-assessment during the QA&I Cycle 1 Year 1 consisting of ten records, two Base, five Consolidated and four P/FDS Waiver records and a review of data and policy. The Self-Assessment was finalized on August 31, 2017.

ODP pulled a comparable sample consisting of twenty-three records (five Base, eighteen Consolidated and twelve P/FDS Waiver records) and completed a review of data and policy. In addition, ODP also reviewed the records of twelve newly enrolled waiver participants. 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 prior to and after the AE onsite review. *Charting the Life Course Experiences and Questions Booklet: A Guide for Individuals, Families, and Professionals* was shared by ODP with interviewees and/or staff. Sixteen interviews were completed, nine interviews were completed by ODP, 7 interviews by the local IM4Q Program and one person refused to be interviewed.

The names of those selected in the sample was shared with CMP on October 25, 2017. The onsite review was completed on November 8, 2017 and November 9, 2017. The last interview was completed on October 30, 2017. The ODP QA&I team consisted of Rachel Toman QA&I Regional Coordinator, Allison Smith Record Reviewer and Marie Craven and Kenley Hoats , LOC Record Reviewers.

Data Analysis

CMP's self-assessment was reviewed, and the performance was evaluated. The self-assessment demonstrates solid performance in most areas including Level of Care, fair hearing and appeal rights, and service delivery and outcomes. One area which was noted for improvement via the self-assessment included:

24.00.00. Health Evaluation services are current prior to AE authorizing the Initial/Annual ISP.

The Self-Assessment and ODP desk and onsite review were consistent in producing similar if not identical scores for many areas. Strong performance (100% compliance) was noted in many areas to include Person Centered Planning Service Delivery and Outcomes, Waiver eligibility, PUNs, etc. The Level of Care's newly enrolled waiver records are found to be vastly compliant with only one area scoring 91% and all other measures achieving 100% compliance. Compliance was also noted with the core sample related to documentation of waiver enrollment and reevaluation. Please see attached detail report for additional information. The following areas are noted by ODP as areas requiring a Plan to Prevent Reoccurrence:

05.00.00. Provider Monitoring is conducted using the standard tool and monitoring processes.

The AE monitored all providers as assigned by ODP using the standard monitoring tool, however the AE did not notify all providers of the results of the monitoring within 30 calendar days.

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 authorized as identified on the OBRA concurrence form. CMP provided supporting evidence demonstrating service utilization for three of the five records reviewed.

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

CMP now offers choice of willing and qualified service providers at intake; however, older records reviewed in the sample did not document choice offered by the Administrative Entity.

24.00.00. Health Evaluation services are current prior to AE authorizing the Initial/Annual ISP.

Medical Evaluations are documented in the ISP at the time of approval/authorization. The AE authorized ISPs that did not reflect current Health Evaluations.

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 CMP to develop and maintain a Human Rights committee. ODP recognizes that AE's are just beginning to develop their protocol. Knowing that this is a new requirement, ODP is expecting varying degrees of compliance during the first year.

32.00.00. The AE maintains documentation of financial eligibility for waiver services.

The AE did maintain documentation of an individual's financial eligibility for waiver services with the exception of one PFDS record.

Results and Performance Evaluation

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

Sixteen personal interviews were conducted with individuals to obtain firsthand knowledge of the participants' experience with services and supports received. The person was free to invite anyone they would like present for the interview and many of the interviews were conducted in their home and included family members. In addition, staff reporting, and reviewer observation were used to gain insight into the participants' experience. Overall, the participants are very satisfied with their services and/or supports. Staff were able to identify risks and what mitigation strategies should be implemented. Most reported only spending

time socializing with family and or staff. Some reported significant turnover in support coordination personnel. Many participants, family members and provider staff report that they have not had access to Life Course Framework or tools. ODP shared *Charting the Life Course Experiences and Questions Booklet: A Guide for Individuals, Families, and Professionals* with participants and family members participating in the interviews. There was one provider issue noted during the interviews which were promptly addressed by the AE. This issue was also referred to ODP risk manager for follow-up.

CMP is committed to supporting families by providing needed information, resources and training. This is most evident through the newly developed Intake Resource Directory which is provided to all at intake, and a web page which provides links to their Facebook page and sign up for their online mailing list. The Consumer Quality Assurance Council is also used by CMP as a vehicle with all stakeholders to share information, training and resources. Information regarding the QM Plan and IM4Q data is shared on a routine basis.

The Quality Management Plan provides current data and analyses to 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. The AE does have a staff person who is ODP QM certified. The purpose of the ODP QM Certification program is to build quality management capacity by enhancing the knowledge and skills of staff functioning as leaders throughout the service delivery system.

Areas for improvement as identified in the attached detail reports include the development of an AE Human Rights Committee. During the QA&I on-site review, ODP discussed the development of their 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, LOC Spreadsheet and Corrective Action Plan for additional details. Remediation and a Plan of Correction need to be submitted within 30 days via the AE Database. The Level of Care spreadsheet is to be used for required remediation for Level of Care non-compliance.

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