QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

The Harper Boyer Group LLC

November 17, 2017

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Introduction

The mission of ODP is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice, and opportunity in their lives. ODP's 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. 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 usable data to manage system performance; and
- Use data to manage the service delivery system with a continuous quality improvement approach.

The purpose of the QA&I Comprehensive Report is to compile the findings from the desk review and onsite review, face-to-face interviews, and self-assessments, as applicable. Each provider entity then is able to utilize the data to continuously improve quality for ODP's vision of an effective system of accessible services and supports that are flexible, innovative, and person-centered. For each entity, the QA&I Comprehensive Report will:

- Highlight those areas where the provider is doing well related to person-centered services delivery and promising practices;
- Analyze performance in ODP's quality focus areas for the current QA&I cycle;
- Compare results of the desk and onsite reviews with the entity's self-assessment;
- Summarize those instances of non-compliance that were remediated during the onsite review;
- Outline issues of non-compliance expected to be remediated within 30 calendar days of report receipt;
- Recommend Plan to Prevent Recurrences (PPRs) where compliance is below the established thresholds of 86%; and
- Recommend improvement activities to be addressed during the remainder of the QA&I cycle, including systemic quality improvement projects to incorporate into QM plans.

ODP's quality management strategy is a comprehensive approach that includes quality planning, quality assurance, and quality improvement/enhancement. This QM strategy is developed and implemented to:

- Offer the highest quality services that promote choice and control in individuals' everyday lives.
- Safeguard the health and safety of individuals receiving services.
- Implement promising practices.
- Ensure program compliance with regulations.

ISAC recommendations for *Values in Action* are built on the values, goals, expectations, and aspirations of people with disabilities and their families. The recommendations are a guide for ODP to develop policy and design programs for people with disabilities, families, providers of service, and advocates who support people to have an everyday life. By utilizing the ISAC recommendations and data gathered from the QA&I process, providers are able to create systemic improvement projects and are able to incorporate improvement activities into their QM Plans. The current ISAC recommendations are as follows:

1. Assure Effective Communication
2. Promote Self-Direction, Choice, and Control
3. Increase employment
4. Support Families throughout the Lifespan
5. Promote Health, Wellness, and Safety
6. Support People with Complex Needs
7. Develop and Support Qualified Staff
8. Simplify the System
9. Improve Quality
10. Expand Options for Community Living
11. Increase Community Participation
12. Provide Community Services to Everyone
13. Evaluate Future Innovations Based on *Everyday Lives* Principles

QA&I Summary

The Harper Boyer Group LLC, submitted their QA&I Self-assessment on September 26, 2017 along with her D-CAP for the self-assessment. Harper Boyer's self-assessment did not identify any areas of non-compliance.

The QA&I on-site review of The Harper Boyer Group LLC occurred on November 17, 2017 at the provider's office location in Audubon, Pennsylvania. The on-site review began with the entrance interview which was attended by Todd Boyer (Owner, CEO), Larissa McClain (Director), Susan Plum (Northampton County AE QA&I Lead) and Mirka Picone (Northampton County AE QA&I Lead). During the entrance interview, the AE provided an overview of the QA&I process and answered any provider questions in regards to the

QA&I process. The Harper Boyer Group LLC, provided the AE with a brief description of their vision and mission for their agency. At the conclusion of the entrance interview, Larissa McClain provided the AE with files containing all of The Harper Boyer Group LLC, policies, procedures, and other supporting documentation that was utilized when completing the self-assessment. Larissa also provided the AE with the sample individual's files. The AE interviewed one individual and staff as part of the on-site review process. Upon completing the on-site review questions tool, the exit interview was conducted on November 17, 2017, with the same parties that were in attendance for the entrance interview. The AE noted that the provider's policies and procedures were in compliance with all applicable regulations. The AE informed The Harper Boyer Group, that they would not be required to complete any remediation at this time due to having no areas of non-compliance. The next steps in the QA&I process, including timelines, were then discussed. Two trainings were suggested for Larissa to take; Person Centered Direct services and the deaf services overview. Larissa completed these trainings on November 27, 2017.

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.]

 The following information should be considered for inclusion:

- At least one promising practice in which the entity excels
- Analysis of performance based on focus areas
- Analysis of performance for extra areas
- Comparison of onsite to self-assessment results
- Issues discovered and corrected while onsite or during desk review
- Items requiring remediation within 30 days
- Recommendations for entity's system improvement, including those things that rise to the level of needing attention at a broader level including those areas that fall below 86% of compliance.

This section will include the entity's QA&I review results. The Corrective Action Plan document, if applicable, will sit within its own Appendix.

Appendix A

The data included in the table below was collected by the AE during the on-site review phase of the QA&I process. This table includes the question from the QA&I questions tool for providers, the AE's on-site findings, and AE's additional comments in regards to the findings.

AE On-site Data: Questions Tool for Providers		
Question	**Findings**	**Comments**
Self-Assessment *The Provider completes an annual QA&I self-assessment*		
6. The provider completed its annual self-assessment using the ODP specified tool.	Yes	Completed 9/26/2017
Quality Management *There are systemic efforts to continuously improve quality*		
7. The Provider has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision, and Values.	Yes	Effective 6/19/2017
8. The Provider reviews and evaluates performance data in selecting priorities for the QMP.	Yes	The provider reviews the data for the QMP.
9. The Provider analyzes and revises the QMP every 2 years.	Yes	The provider revised the QMP after two years.
Person-Centered Planning, Service Delivery & Outcomes *The system of support is straightforward*		
10. The Provider implements a policy/procedure to screen employees and contractors.	Yes	The provider has a policy/procedure that meets all criteria established and there is evidence that it is being implemented.
11. The Provider documents grievances in accordance with regulation.	Yes	There is a grievance policy that is in accordance with regulation.
12. The Provider has a policy that addresses restrictive interventions.	Yes	The provider has a policy that includes all required criteria.

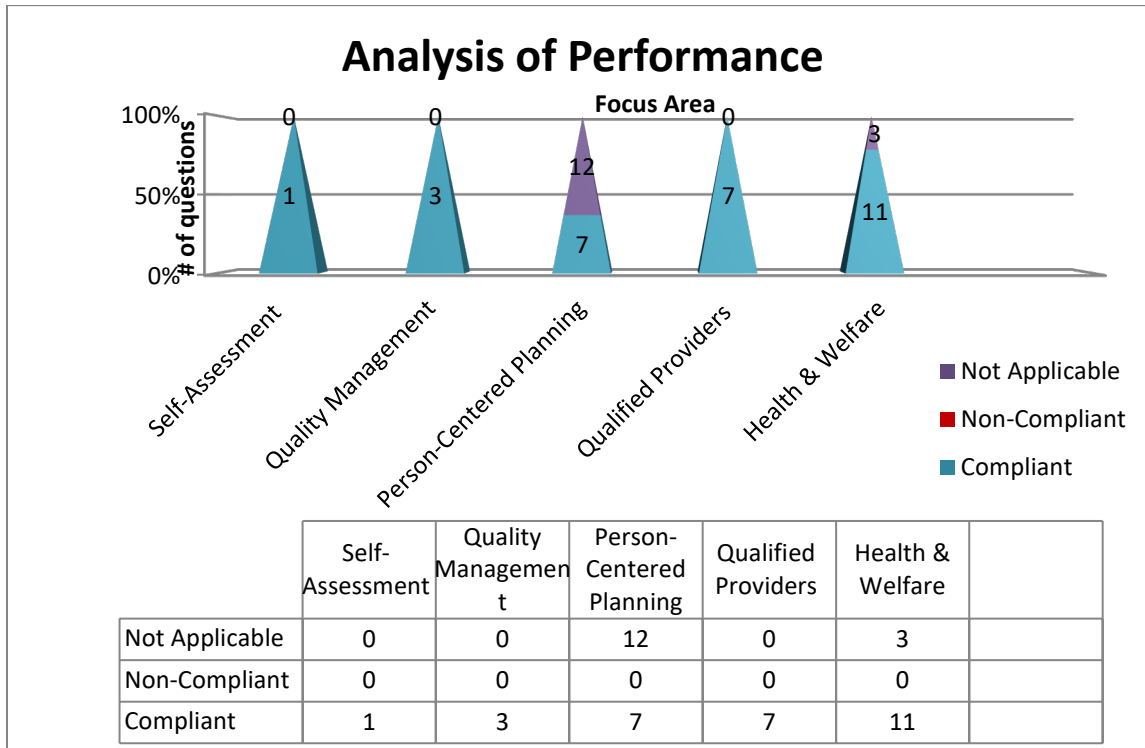|		
13. In residential habilitation, the individual has a signed department-approved room and board contract.	Yes	The provider has a signed room and board contract.
Qualified Providers		
The individual's Provider(s) meet necessary training requirements		
14. Staff receive training to meet the needs of the individual they support as identified in the current, approved Individual Support Plan (ISP) before providing services.	Yes	5/5 records reviewed. ISP training is a requirement of the provider's training curriculum.
15. If a provider has any new hire staff, the new hire staff received training to meet the needs of the individual they support as identified in the current, approved ISP before providing services to the individual.	Yes	5/5 records reviewed. ISP training is a requirement of the provider's training curriculum.
16. The provider has an annual training plan that meets all requirements.	Yes	The provider has an annual training plan that meets all requirements.
17. The provider and the provider's staff completed all components of the Annual Training plan as required.	Yes	5/5 records reviewed were in compliance. The provider records indicate completion of the annual training plan.
18. Provider staff receive annual incident management training on preventing, recognizing, reporting, and responding to incidents and assuring a participant is safe.	Yes	5/5 records reviewed were in compliance. The provider records indicate completion of the annual incident management training.
19. The staff receive training on the Provider's policy/procedure on how to respond in cases of individual health, behavioral emergencies, and crises.	Yes	5/5 records reviewed were in compliance. The provider records indicate completion of the annual training on how to respond to individual health, behavioral emergencies and crises.
20. The staff receive training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communications and/or operational procedures.	Yes	5/5 records reviewed were in compliance. The provider records indicate that staff were trained on the Emergency Disaster Response plan.
Person-Centered Planning, Service Delivery & Outcomes		

The individual is supported in developing their own ISP, including involvement of people chosen by the individual

21. The provider participates in the development of the ISP.	Yes	2/2 records reviewed. The provider attended both ISP's.
22. The provider documents delivery of services/supports in the type, scope, amount, frequency and duration specified in the ISP.	Yes	2/2 records reviewed. Utilized units and times are documented on the progress notes.
23. The Provider continued to provide the authorized services to ensure continuity of care during transition.	N/A	2/2 records reviewed. The provider did not have any individuals in the sample who transitioned out of services.
24. If a progress note indicates lack of progress in achieving an outcome, the provider progress note indicates what actions have been taken.	N/A	2/2 records reviewed. The provider did not have any one in the sample who had a lack of progress in achieving an outcome.
25. The individual receives employment supports from the provider.	N/A	2/2 records reviewed. The provider does not provide employment services.
26. The individual is supported in exploring employment opportunities through job development and assessment.	N/A	2/2 records reviewed. The provider does not provide employment services.
27. The employment provider supports the individual in obtaining employment through job interviewing.	N/A	2/2 records reviewed. The provider does not provide employment services.
28. The employment provider supports the individual in maintaining employment through job support and follow-along services.	N/A	2/2 records reviewed. The provider does not provide employment services.
29. The residential provider supports the individual to maintain employment by facilitating transportation.	N/A	2/2 records reviewed. The provider does not provide employment services.
Person-Centered Planning, Service Delivery & Outcomes *The individual is supported to communicate*		
30. Staff are trained on the person's communication plan and/or formal communication system.	N/A	2/2 records reviewed. The provider does not have any individuals with communication plans.

31. The provider provides communication assistance as indicated in the ISP.	N/A	2/2 records reviewed. The provider does not have any individuals requiring communication assistance
32. The provider has been entering the individual's progress related to their communication outcomes into the progress notes.	N/A	2/2 records reviewed. The provider does not have any individuals with communication outcomes.
33. The provider serves one or more Consolidated and/or P/FDS waiver participants who are deaf.	N/A	2/2 records reviewed. The provider does not serve any individuals who are deaf.
34. The provider ensures that one or more of the provider's administrative staff have viewed ODP's webinar.	Yes	2/2 records reviewed. The provider does not serve any individuals who are deaf, but the director decided to take the training.
35. The provider ensures that provider staff who serve a deaf waiver participant(s) have viewed ODP's webinar.	N/A	2/2 records reviewed. The provider does not serve any individuals who are deaf.
Health & Welfare *The individual's health, safety, and rights are protected*		
36. The provider implements the individual's back-up plan as specified in the ISP.	N/A	2/2 records reviewed. The provider did not need to implement the back-up plan.
37. If an individual's back-up plan is not implemented as designed, an incident report of neglect was submitted.	N/A	2/2 records reviewed. The provider did not need to implement the back-up plan.
38. The provider ensures the replacement of an individual's lost or damaged property in accordance with regulation.	N/A	2/2 records reviewed. The provider did not have any incidents with lost or damaged property.
39. The provider finalizes incidents within 30 days.	Yes	2/2 records reviewed The provider had one incident that needed to be finalized, one that is still open under 30 days.
40. The provider offered victim's assistance to the individual as appropriate.	Yes	2/2 records reviewed. The provider offered victim's assistance to the individual as appropriate.
41. The provider implemented the corrective action for each individual's incidents.	Yes	2/2 records reviewed. The provider implemented the corrective action.

42. The provider reported all critical incidents.	Yes	2/2 records reviewed. There is no documentation to indicate that any incidents occurred that were required to be reported.
43. The provider reviews and analyzes incidents at least quarterly.	Yes	There were two incidents in the last 6 months
44. The provider's peer review process to review the quality of investigations was completed and documented.	Yes	The provider reviews all incidents.
45. The provider implements follow-up recommendations from the Certified Investigation peer review process.	Yes	There was one with a certified investigation- it is still open due to being a new incident, but the provider is on top of checking the incident progress.
46. The provider completes all health care appointments, screenings, and follow-ups as prescribed.	Yes	2/2 records reviewed. The provider takes the individuals to all healthcare appointments as prescribed
47. All required investigations are completed by a Department certified incident investigator.	Yes	There is an open investigation currently with a department certified incident investigator.
48. If the individual has a dual diagnosis, the individual is receiving needed mental health (MH) services.	Yes	2/2 records reviewed. Both individuals are receiving the needed mental health services
49. The provider promotes wellness.	Yes	2/2 records reviewed. The provider is responsible for health promotions for both of the individuals and is documenting.

Analysis of Performance

Focus Area

	Self-Assessment	Quality Management	Person-Centered Planning	Qualified Providers	Health & Welfare	
Not Applicable	0	0	12	0	3	
Non-Compliant	0	0	0	0	0	
Compliant	1	3	7	7	11	

Appendix C

The data included in the table below was collected by the AE during the on-site review phase of the QA&I process. This table includes the questions from the QA&I Interview Questions Tool, who is asked the questions, the AE's on-site findings, and AE's additional comments in regards to the findings. For The Harper Boyer Group, 1 individual and his staff were interviewed from the sample.

AE ON-SITE FINDINGS: INTERVIEW QUESTIONS

Demographic Information Questions	Who is asked the question?	Answer	Comments
1. Where did the interview take place?	Observation	Home	
2. Do you know what services you receive?	Individual	No	He knows that his staff works with him at his home and takes him out, but does not know the name of the service.
Communication Questions	**Who is asked this question**	**Answer**	**Comments**
3. Is the person's preferred mode of communication used?	Observation, staff and/or family	Yes	He speaks well and loves to talk.
4. If there is a formal communication devices or formal strategy- is this device/strategy being used across all settings?	Observation and Person	N/A	No formal communication device
5. Do you feel that people listen and understand when you say something?	Person	Yes, I always feel listened to and understood	If I don't feel understood we discuss and they explain their answer
Community Access	**Who is asked the question**	**Answer**	**Comments**

6. What are your favorite things to do? What are important to you?	Person	I like to go to the park and play basketball, go on the swings and seesaw I also like shopping, movies, skyzone, playing tag with children (providers children) and I like to draw	
7. Referring to information gathered in question #6- "Do you get to do these things?"	Person and/or staff	Yes	I like my staff and they let me do all the things I like to do.
8. Are there any limitations that prevent you from accessing services?	Person and/or staff	N/A, there are no vision, hearing or mobility needs	
9. If the person uses mobility equipment and other assistive equipment, is it available, in good working order, is it clean, is it in good repair and free from hazards?	Observation or Person	N/A there is no mobility equipment	
10. Are any changes needed to make your home or work more accessible?	Person and/or staff	N/A, no changes are necessary	
Support Plan	**Who is asked this question**	**Answer**	**Comments**
11. Do you think your ISP is clear and understandable?	Person and/or family	Yes	Staff answered and stated she attends the ISP meeting

12. How satisfied are you with services?	Person and/or family	Comm 4- Indiv Home/ Res Hab; Supplemental Habilitation	Very satisfied
13. Have you had changes in your services within the last 12 months? Have you had changes in your staff?	Person and/or family	No, there have been no changes except some staff changes	
14. Do you have friends you like to do things with, such as go to the movies, hang out, watch TV, go out for a meal or play sports?	Person	Yes, all friends are staff or family or housemates	
15. Most of the time when you go outside your home for an activity, who do you go with?	Person	With staff and other people I live with	
16. Do you decide where, when and how supports are provided	Person	Yes, they are asked or decide how, when and where supports are provided	
Choice, Control and Respect	**Who is asked the question**	**Answer**	**Comments**
17. Can you spend time with friends or visitors when you want or do you have to schedule time?	Person	Yes, can spend time with friends or visitors when the individual wants to Staff answer: No there are rules about having friends or visitors- it would need to be scheduled, but it

		doesn't happen with him.(family doesn't visit)	
18. If you want to be alone with friends or visitors, can you be alone with them at your home?	Persons over the age of 18	Yes Staff answer: staff needs to be around if this would occur	
19. If you share a bedroom, did you choose (pick) who shares the room with you?	Persons living in residential settings and/or staff	N/A, person does not share a bedroom	
20. Does the person's home reflect the hobbies, interests and personality?	Persons living in residential settings and/or staff	Yes his room reflects all of his interests	
21. Do you choose/decide what you do with your own money?	Person and/or staff	Yes, I choose alone	Staff added that they suggest (especially healthy choices) but ultimately he decides
22. Are your choices respected?	Person	Yes, my choices are respected	
23. Are staff able to identify what risk mitigation strategies should be implemented for each risk factor?	Staff or family	Yes	Elopement in the recent past, but has not eloped for a while. Staff believes it was until he got used to being at the house and the staff.
24. Do you get to decide your daily schedule (like when to get up, what you do each day, when to go to sleep?)	Person and/or staff	Person decides Staff answer: Person decides	

25. Do you have a place to be alone in your home (can you have time to yourself)?	Person	Yes	Staff need to be near and check on him
26. Do others ask permission if they want to use your personal belongings (stuff, things)?	Person	Yes, people usually ask	
27. Do you have a chance to talk about your concerns, desires and suggestions about the supports you receive?	Person	Always	
Employment	**Who is asked this question**	**Answer**	**Comments**
28. Do you receive any help (support) to assist you in maintaining or seeking employment?	Person and/or staff	This person is interested but not currently employed	OVR appointment 11/30/17
Community of Practice	**Who is asked this question**	**Answer**	**Comments**
29. Have you had the opportunity to learn about the LifeCourse Framework and Tools?	Person and family	No, I haven't had the chance	

Appendix D

ANALYSIS OF INTERVIEW QUESTIONS

Chart Title

| | Series3 | Series2 | Series1 |