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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Name of Reviewed Entity: Illuminated Hearts

Date of Onsite Review: November 13, 2017

Date of Report: December 12, 2017

Onsite Review conducted by Philadelphia IDS

Name of QA&I Review Team: Vernon Franks, IDS Public Health Program  
Analyst

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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 **Illuminated Hearts**. 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. Illuminated Hearts successfully completed their self-assessment on time, before the deadline prescribed by ODP. The provider's Self-Assessment was consistent with the on-site review outcome.

#### **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. The desk review of Illuminated Hearts was completed prior to the on-site review. The provider's Quality Management Plan was reviewed. The plan is well documented. Measurable goals include maintaining a safe environment for individuals and minimizing care-related injuries, critical incident reporting, and participant satisfaction with services. These outcomes are consistent with ODP quality management strategies and priorities. The provider intends on providing quality services and compliance with ODP waiver regulations. The provider's annual training plan was reviewed. All of the necessary components are included. The provider's restrictive intervention plan was reviewed. The plan is well documented and includes all the necessary components. The provider does not currently support individuals receiving services. ISP'S could not be reviewed. Incidents could not be reviewed.

#### **AE Onsite Review of Providers:**

Philadelphia IdS conducted the onsite review of **Illuminated Hearts** on November 13, 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. The provider does not serve individuals as of the on-site review date. The provider was well prepared for the limited review. All

policies and documentation was easily accessible in the binder that was provided by the CEO. In addition to the policies that were reviewed as part of the on-site review, other policies and documentation was reviewed. The provider had questions about IDS and the Pennsylvania ID system. The reviewer provided a host of information to the provider regarding the QA&I process. The provider remained with reviewer for the entire duration of the review. The location of this provider's office was well organized and professional. The provider hopes to provide services to individuals in the near future. There was one corrective action identified during the review.

On the final day 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. The provider is new to the ID system. They had numerous questions about IDS and were provided answers to their questions throughout the day, which were covered again during the exit interview.

Illuminated Hearts is a new provider to the ID system. Their ODP polices were initially approved for provider qualification. Their policies were reviewed again as part of the on-site review. All of their ODP policies continue to be in approved status. Illuminated Hearts are currently qualified to provide Home Based Respite, Homemaker/Chore, Companion Service, and In Home & Community Supports. The management of Illuminated Hearts was very cooperative during this process, engaged throughout, and was welcoming of the technical support and assistance that was offered during the process.

Items requiring remediation within 30 days:

Q7: The Quality management outcome action plan did not identify the person or persons responsible for plan implementation.

**Appendices**

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet