
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

MOTIVATIONS EDUCATION and CONSULTATION ASSOCIATES, INC.

Date(s) of Onsite Review: September 27, 2017

Date of Report: October 27, 2017

Onsite Review conducted by Philadelphia IDS

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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 Motivations Education & Consultation Associates, Inc. (M.E.C.A.). 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. M.E.C.A. successfully completed their self-assessment on time, before the deadline prescribed by ODP. The provider's self assessment was submitted on 8-31-17 by Movita Johnson-Harrell. In reviewing the provider's self- assessment, most answers were consistent with the findings of the onsite review team, except for questions about procedures being implemented for screening employees/staff and documenting grievances on a consistent basis. Some questions were not applicable to this provider, since the provider only offers residential services and M.E.C.A. was not serving any Philadelphia enrolled individuals at the time of the onsite review.

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.

M.E.C.A.'s Quality Management Plan was consistent with the ODP Quality Management Strategy in the effort to improve incident report submissions in EIM. It is a good plan. However, I would suggest the provider use ODP's recommended QM Plan Templates to further describe performance measures, outcomes, data sources and state who is responsible for collecting data and analyzing data as well as the frequency data will be reviewed. Since M.E.C.A. has not been a provider for 2 years, the provider has time to complete their data analysis in order to review and revise outcomes for the upcoming 2 year update.

M.E.C.A.'s Restrictive Intervention Policy and Annual Training Plan meet ODP's provider guidelines and are consistent with Chapter 51 regulations.

AE Onsite Review of Providers:

Philadelphia IdS conducted the onsite review of M.E.C.A. on September 27, 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.

This AE reviewer did not meet at any of the agency's CLA's, but the entrance and exit meeting took place at the CEO's new office, located at 605 North 52nd Street in Philadelphia, Pa. The CEO, Movita Johnson-Harrell, brings extensive experience professionally in working with the homeless population and individuals who have dual diagnoses (behavioral health issues and intellectual disabilities). She also has a passion as well as a great deal of experience working with and for parents/families who have lost a child or loved one to gun violence. She is a strong advocate for gun control in communities, because of her personal experience in losing her child to gun violence. In regards to M.E.C.A., more time needs to be spent on administrative tasks and to stay updated on ODP Bulletins and changes, particularly relating to residential services. M.E.C.A.'s preparation for the review of policies and training was adequate, given individuals were not chosen to be interviewed. However, if a sample of individuals were available, a more extensive review of how staff carries out providing service to individuals M.E.C.A. supports would have been completed. M.E.C.A. is prepared to hire more staff as they begin to support more individuals.

As stated, there was no sample available for review, and no staff or individual interviews conducted during onsite. 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 CEO seemed very appreciative of the AE review team's recommendations regarding administrative tasks that regularly need to be focused on. She had many questions regarding changes in Provider Qualification which were answered. However, she was also directed to visit the MyODP website for further information and webinars that explains the process in detail.

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.]

- M.E.C.A. is very connected to the communities in which their CLA's are located, which is a great advantage to helping individuals know the resources and activities they would be able to participate in.
- M.E.C.A. has a written, thorough, interactive training curriculum that meets all Chapter 51 regulations regarding staff training.

Items requiring remediation within 30 days

- Although the provider has a written policy to screen employees and contractors, the procedure to conduct monthly screenings of employees and contractors still needs to be implemented so the provider will have a record that the employees/contractors were not on LEIE/SAM/Medicheck list.
- Documenting grievances still needs to be charted, in accordance with regulations.
- 1 out of the 5 newly hired staff did not have documentation that they received training on the ISP before providing services to their assigned individual(s).

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

- No areas identified in the CAP require a plan to prevent recurrence of non-compliance.

Appendices

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet