

---

# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

---

Pennsylvania Office of Developmental Programs

Name of Reviewed Entity: MOG Home Health Care Services

Date(s) of Onsite Review: November 6, 2017

Date of Report: December 1, 2017

Onsite Review conducted by Philadelphia IDS

Name(s) of QA&I Reviewer: Annette Murray, Public Health Program  
Analyst

## Table of Contents

<i>Introduction:</i>	<u>3</u>
<i>QA&amp;I Summary:</i>	<u>4</u>
<i>AE Onsite Review of Providers:</i>	<u>6</u>
<i>Appendices:</i>	<u>7</u>

### Introduction

This comprehensive report contains a detailed analysis of the Office of Developmental Programs (ODP) Quality Assessment & Improvement (QA&I) process for MOG Home Health Care. 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. MOG Home Health Care successfully completed their self-assessment on time, before the deadline prescribed by ODP. The provider's self assessment was submitted on 8-31-2017. In reviewing the provider's self assessment, most answers were consistent with findings of the onsite reviewer, except for Q.10. There was only 2 new hire staff by 8-31-17, who received orientation training which met ODP guidelines. However, they were not assigned a case until September.

As for Q.10, ODP recommends the provider should terminate the staff/contractor immediately and void all claims connected to the staff/contractor. This policy/procedure should be added to the Exclusion List Policy.

Some questions were not applicable to the provider, since they only plan to provide LPN and RN service, Physical Therapy service, Companion service and Homemaker/Chore service.

#### **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 the provider's Annual Training Plan does meet ODP Guidelines. Additionally, the reviewer suggested on-line training from Philadelphia Coordinated Health Care (PCHC) which may be helpful trainings on varies topics like Challenging Behaviors, Understanding Aggression, Dysphagia, and many others. This is not an ODP requirement but it can be helpful training in certain cases.

Regarding the Provider's Quality Management Plan, the plan to measure compliance with incident management policies/procedures as well as improve waiver participant satisfaction with services provided by MOG Home Health Services are good areas to measure quality & improvement of service. Other target areas that is mentioned in the Quality Management plan, may be difficult to measure or do not apply to services the agency is currently authorized to provide at this time. Since

MOG Home Health Care has not been a provider for 2 years, the provider has time to submit their data and analysis to the AE.

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

Philadelphia IdS conducted the onsite review of MOG Home Health Care on November 6<sup>th</sup> 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.

Before being approved by ODP to provide services, MOG Home Health agency has already been an established Medicare & Medicaid certified home care agency, which has been providing skilled nursing services, physical, speech-language pathology services, occupational therapy, medical social work services and home health care aide services. The office is located in Bala Cynwyd, PA, close to City Ave in Philadelphia and public transportation.

The administrative team was very prepared for the on-site review, to show the reviewer agency policies, training curriculum, records and other personal files. The administrative team seems very passionate and knowledgeable about serving individuals with disabilities.

Regarding Q.14, The reviewer would recommend that the new hire staff has a form included in their personnel file of all the ODP individuals they are assigned to, documenting the training date they received on the individual they support as identified in the current, approved ISP before providing services to the individual. The provider did not have any open ODP cases before 8-31-17. Therefore, the reviewer only was recommending this type of documentation in the individual files for the future. The point is that a staff person could be assigned to several individuals for different shifts or times and the reviewer of staff training records would be aware of those individuals the staff may be assigned to.

There were not any individuals selected as a part of this provider's sample, because the provider did not have any open cases before 8-31-2017. Therefore, an Exit meeting occurred on the same day of the Entrance meeting. 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. Being a new ODP provider, the administrative

team seemed very appreciative of the reviewer's recommendations regarding staff training and documentation of service delivery.

Because MOG Home Health Care Agency has already been providing services to medically fragile individuals who have private Insurance, Medicare and/or Medicaid, it does seem their expertise will be in providing In-home supports to people with complex needs to maintain and/or improve their quality of life. Individuals who continue to need skilled nursing care, and/or physical therapy once insurances no longer pay for in-home service, it could be a great benefit to waiver individuals that this agency can continue to provide the services.

**Items listed on the CAP that require remediation**

- Regarding Q. 7, some target areas that are mentioned in the Quality Management plan may be difficult to measure (i.e. effective communication resources) or do not apply to services the agency is currently authorized to provide at this time (i.e. lifesharing). Therefore, the Quality Management Plan could be reduced to 1-2 target areas that more closely align to ODP's Everyday Lives Philosophy. Since this a new provider, they have up to 2 years to collect data, measure performance and analyze findings, but it is important that the provider is aware that data should be continually gathered and progress with outcomes in the QM plan regularly measured and documented as that time period moves forward.
- Regarding Q.10, The provider should revise the exclusion list policy to include that ODP recommends the provider should terminate the staff/contractor immediately and void all claims connected to the staff/contractor if they appear on an exclusion list.

**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 area identified in the CAP requires 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