
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Entity Name: Maxim Healthcare Services

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Date of Report: October 17, 2017

Onsite Review conducted by Philadelphia IDS

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Table of Contents

<i>Introduction:</i>	<u>3</u>
<i>QA&I Summary:</i>	<u>4</u>
<i>Data Analysis and Performance Evaluation:</i>	<u>6</u>
<i>Appendices:</i>	<u>10</u>

Introduction

This comprehensive report contains a detailed analysis of the Office of Developmental Programs (ODP) Quality Assessment & Improvement (QA&I) process for Maxim Healthcare Services. 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 (AE), 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 the AE's, 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 P/FDS 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

All qualified providers that offer base funded services or services through the Consolidated and/or the P/FDS waivers participate in the ODP QA&I process on an annual basis. All providers are selected for on-site review by ODP once during the three-year QA&I cycle, based on the last digit of their Master Provider Index (MPI) number. The steps of the ODP QA&I process are inclusive of the following procedures:

Self-Assessment:

All providers must 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. Maxim Healthcare services selected a sample of five individuals from the total number of individuals they are currently supporting. Maxim Healthcare Services successfully completed their self-assessment on time, before the deadline prescribed by ODP. See the data analysis section of this report for a review of their results compared to our findings onsite.

Desk Review of Providers:

The assigned AE conducts 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. Maxim Healthcare Services submitted the provider checklist along with the required documentation in advance for the desk review. The provider desk review results are as follows:

- **Quality Management Plan:** Provider submitted a Quality Management Plan review tool/sheet and did not submit an actual QM Plan; thus not meeting criteria.
- **Restrictive Intervention Policy:** Provider's Restrictive Intervention Policy meets criteria. However, Provider will include EIM into the reporting component of the policy. Currently provider mentions HCSIS
- **Annual Training Plan:** Provider's Annual Training Plan does not meet criteria. The curriculum did not include components on Grievances, Accurate Billing, and Documentation and Department Issued Procedures.

AE Onsite Review of Providers:

Philadelphia IDS conducted the onsite review of Maxim Healthcare Services from September 18, 2017-September 20, 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.

A total of 5 individuals were selected as a part of this provider's sample, and of those sample individuals, 4 interviews were conducted during the onsite review. One individual and their family/staff did not respond to requests to participate in the process and were not interviewed (800151430).

It was a pleasure meeting the individuals and families being supported by the staff of Maxim Healthcare Services. The individuals interviewed were greatly satisfied with services received by the organization. Also, the staffs were well versed in the plans and lives of the individuals being supported. Here are a few highlights from 3 of the 4 interviews:

MCI# 002331463: The staff has been working with the individual for over 8 years. The individual and his family are very satisfied with both the staff and services provided through Maxim Healthcare services. The individual lives with their mother and participates in activities of his/her choice.

MCI# 030219344: The individual receives support in the home for 4 hours per week. The staff is working with the individual to become active in the community. They work to explore new ideas that will eventually spark interest. The individual's mother expressed needing smaller group interaction while at the day program (not supported by Maxim.)

MCI# 630125710: The individual and their family were very friendly and excited to participate in this process. The individual has a productive life and is very active in their community.

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. Maxim Healthcare acknowledged where they need to grow as an organization. They were able to indicate areas of improvement within the last 3-4 months including the creation and implementation of a new progress note in an effort to effectively and efficiently document the delivery of supports and services.

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.]

Maxim Healthcare Services staffs are well versed in the individuals they serve. They were able to articulate their wants, needs, and desires. Majority of the staff for the individuals in the sample have longevity thus are better able to see growth and progress. It is clear that the staffs are dedicated to providing quality care.

The provider places an importance on attending the ISP meetings of the individuals they support. They were compliant with attendance for each of the 5 individuals in the sample.

Analysis of performance based on focus areas

Ensuring individuals are free from abuse, neglect, and exploitation: There was 1 incident of neglect during the 6 month incident management review. The investigation for this incident is currently in progress. The provider had no other incidents of abuse, neglect and exploitation during the review period. The provider understands the importance of protecting the health, safety and welfare of the individuals they support.

People will be connected to their community: The provider does place an emphasis on making sure the individuals they support are able to go out into the community. Individuals are able to go to places and have experiences that are appropriate to their level of skill and interest. The provider could benefit from ensuring that the varied activities/places are diverse.

Assuring effective communication: The provider staff understands and effectively converses with the individuals regardless of the individual's communication level/capacity.

Analysis of performance for extra areas

As stated previously overall the interviews were successful. However, there were two individuals where follow-up on supports and services are in need of addressing.

MCI#800151430 currently receives 48 hours of In Home & Community Supports services through Maxim Healthcare Services. V. B., family member of the individual, is also the direct support staff providing services for the individual. Maxim was unable to get in contact with staff/family member after several attempts. During the onsite for Quality Assurance & Improvement that occurred September 18th- 20th, 2017 it was brought to our attention that V.B. is still providing and getting paid for 48 hours for the individual. Per the letter Maxim sent to V. B. on 6/23/2017- the individual is to

receive 48 hours of support per week. V. B. has to comply with the 40/60 rule. Maxim as stated in the letter will need to provide a staff immediately for the remaining 8 hours. As stated before, Maxim will need to document when V. B. refuses to allow another staff to complete the 8 hours. Maxim should schedule a meeting to discuss staffing options with the individual and family. V. B. should only be paid for 40 hours per week. This issue was discussed during the QA&I Exit Interview on September 20, 2017 and should be addressed immediately. The IDS program analyst for Maxim Services and supervisor should be copied on the correspondence and follow up. It is a providers responsibility to comply with the 40/60 rule per the email exchange that occurred in late June 2017. To date, our office has not received any appeal documentation stating otherwise. This information has also been forwarded to ODP.

MCI#240126439 receives 20 hrs. per week of In-Home & Community Supports through Maxim Healthcare Services. During the individual/family interview conducted on September 19, 2017, it was stated that E. R. (family member/staff) that the individual does not go out into the community often. However, the individual takes walks around the block for physical fitness and to the library to read books. Also, the family/staff expressed the need for more hours. When asked the reason for the increased hours E.R. stated "Because I already take care of (the individual) Monday-Friday-ensuring that they are fed and dressed I should get paid to take care of (the individual) on the weekends." During the Exit Interview held on September 20, 2017 we discussed possible options for supporting the individual. One option we discussed is where the family/staff provides Companion supports for a few days per week and another staff person come in to take the individual into the community 1-2 days per week for In-Home & Community Supports. It is our suggestion that the team meet to discuss and assess whether the current service provided is appropriate for the individual including variation of staff.

Comparison of onsite to self-assessment results

The providers Self-Assessment was not accurate in comparison to their overall review. The Self-Assessment suggested that there were no areas of non-compliance in regards to the training and record review. Provider's training curriculum did not meet the criteria due to not having all of the required components and/or corresponding policy did not meet ODP's criteria. Therefore, the staff trainings were out of compliance. The provider has also accepted/given credit for providing ISP training via telephone which was not accepted by the reviewer. The provider did acknowledge that they were out of compliance for reviewing, evaluating and analyzing the Quality Management Plan.

There were no issues corrected while onsite or following desk review.

Items requiring remediation within 30 days

- Q#7: The Provider did not have a Quality Management Plan (QMP).
- Q#8: The Provider did not review and evaluates performance data for the QMP.
- Q#9: The Provider did not have supporting documentation to show that they analyze and revise the QMP every 2 years.
- Q#10: The Provider does not implement a policy/procedure to screen employees and contractors. The provider did not include the screening of DHS's Medichex nor have proof of implementation of the policy.
- Q#14: 0% of staff received training to meet the needs of the individual they support as identified in the current, approved Individual Support Plan (ISP) before providing services to the individual.
- Q#15: 0% of new hire staff received training to meet the needs of the individual they support as identified in the current, approved Individual Support Plan (ISP) before providing services to the individual.
- Q#16: The provider does not have an Annual Training Curriculum that meets all the requirements. The provider's training curriculum is missing components pertaining to Grievances, Accurate Billing and Documentation and Department Issued Procedures.
- Q#17: 0% of the provider's staff completed all components of the Annual training plan as required.
- Q#19: 0% of the staff received training on the Provider's policy/procedure on how to respond in cases of individual health, behavioral emergencies and crises.
- Q#20: 0% of staff received training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communications and/or operational procedures.
- Q#22 : The Provider failed to document delivery of services/supports in the type, scope, amount, frequency and duration specified in the Individual Support Plan (ISP) for individuals MCI#240126439, MCI#800151430, and MCI#002331463
- Q#24: MCI# 800151430 monthly progress note indicated lack of progress in achieving an outcome, the Provider did not indicate what actions have been taken.

All areas of non-compliance require remediation within 30 days of receiving the Comprehensive Report. Maxim Healthcare Services should respond with proof of remediation, CAP responses, and the Plan to Prevent Recurrence (PPR) for the areas of non-compliance.

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

A plan to prevent recurrence of non-compliance (PPR) is required for the following questions, because two or more instances of noncompliance were identified within the sample: Q14, Q15, Q17, Q19, Q20, and Q22. Additional system improvement recommendations are bulleted below:

- Provider should create a structure that meets ODP's regulations; one that allows for oversight of effective program delivery. This will ensure quality assurance of supports and services for individuals supported by Maxim Healthcare Services.
- The provider will ensure that someone in the administration team is thoroughly reviewing all progress notes. There were several progress notes that lacked content was not relevant to the service in the ISP.
- Provider will ensure that the training curriculum meets ODP's requirements.
- Provider will need to ensure that staffs are properly trained on all of the required trainings. Trainings held over the phone are not an efficient way to ensure that complex and/or detailed information is being thoroughly relayed.
- The provider has had challenges shifting to an Everyday Lives approach in lieu of their current Healthcare model approach. However, it is clear that the Philadelphia location wants to shift and with the help of the results from the QA&I this will help inform practice and policy for the organization.

Appendices

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet