
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

PA Community Connections

October 3, 2017

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Introduction

The purpose of the Comprehensive report is to compile the official findings from the desk and onsite reviews, face-to-face interviews and self-assessments, as applicable, that were completed for your agency as part of ODP's QA&I Process. This 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 PPRs where compliance is below 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.

The mission of the Office of Developmental Programs (ODP) is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives.

ODP's vision is to continuously improve an effective system of accessible services and supports that are flexible, innovative and person-centered.

The Quality Assessment & Improvement Process is a way for ODP to evaluate our current system and identify ways to improve it for all individuals.

QA&I Summary

Per ODP's requirement, **PA Connecting Communities** completed and forward to the Administrative Entity (AE) their Self-Assessment on August 31, 2017. Additionally, as required, PACC submitted their Quality Management, Restrictive Procedure and Annual Staff Training policies to their AE. These policies and the completed provider Self-Assessment were reviewed by the AE as part of the desk review. The On-Site review portion was scheduled and occurred on September 28, 2017. During the entrance discussion, the AE reviewed ODP's focus including Quality Management, Restrictive Procedure Policy compliance and increased focus on Staff Training. Also noted was the change that the AEs were no longer reviewing the

specific service billing history of the provider and On-Site is to occur on a 3-year cycle. The provider shared that their referrals have increased for the Home and Community Habilitation/ Community Participation service and they have hired new administrative staff to manage their expected growth. The AE reviewed what would be reviewed during the On-Site and potential timeframes for completion. The provider arranged for the individual interview portion to occur at approximately 9:15am at the PACC office where the On-Site took place. The provider sample reviewed was five (5) individual records. The associated staff training records reviewed included sixteen (16) files. One individual interview was also conducted.

Data Analysis and Performance Evaluation

During the On-Site review portion of the QA&I process, PACC made available all required records as well as arranged for the one individual to be interviewed. The process went very smoothly as PACC was able to retrieve all necessary information. One exception was there were two missing pieces of training documentation. However, it was found and given to the AE on 10/2/2017 which was accepted.

Findings:

Highlights and Provider Strengths:

- The interview with the individual was very positive. Immediately, as the interview began, the individual said she was, “very satisfied with her services.” She was able to identify many desired activities that she regularly participates in with her In-Home and Community staff. She seems to enjoy regular contact with peers and family and stated that she prefers spending time with others. She is currently enjoying a volunteer opportunity, but she did say she would like to be employed. The staff person discussed (and it was also noted in the ISP) that the team has decided to use the volunteer opportunity as the first step in working towards employment.
- For the most part, the training records were well-organized and complete.
- All policies met ODP requirements/ criteria.

Areas for Corrective Action:

- **Question # 22: The provider documents delivery of services/ supports in the type, scope, amount, frequency and duration specified in the Individual Support Plan (ISP).** For individuals #840124523 and #940131288 the progress notes did not match the supports/services as specified in the ISP.
- **Question # 30: Staff are trained on the person’s communication plan and/or formal communication system.** For individual #940131288, within the *Actions Needed* section of the ISP, specifically discussed is that the individual needs a caregiver who understands his communication needs (multiple systems, behavioral communication) and the need to have qualified staff with

communication system training. The provider was unaware of the requirement and was unable to show any documentation of specialized training.

- **Question # 31: The provider provides communication assistance as indicated in the ISP.** For individuals #904131288 and #840124523 communication assistance was indicated in the ISP and the provider had no documentation that it was implemented/provided to the individual.

Suggestions for consideration of improvement:

- Overall better documented communication with the Service Coordinators about questions, concerns or any discrepancies within the individuals' ISPs.
- There continues to be old incidents in EIM that are open. Provider to work to correct the problem that exists regarding HCSIS/EIM and apparent glitches in the system.

Appendices

- PA Connecting Communities QA&I Tool
- PA Connecting Communities CAP
- PA Connecting Communities MCI