
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Private Industry Council of Lehigh Valley, Inc.

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Introduction

The mission of ODP is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice, and opportunity in their lives. ODP's Quality Assessment and Improvement (QA&I) process is designed to conduct a comprehensive quality management review of county programs, Administrative Entities (AE), Supports Coordination Organizations (SCO) and Providers delivering services and supports to individuals with intellectual disabilities and autism spectrum disorders. As part of ODP's quality management strategy, this QA&I process has been designed to be comprehensive, standardized, and measurable. The QA&I process is intended to:

- Follow an individual's experience throughout the system;
- Measure progress toward implementing "*Everyday Lives: Values in Action*;"
- Gather timely and usable data to manage system performance; and
- Use data to manage the service delivery system with a continuous quality improvement approach.

The purpose of the QA&I Comprehensive Report is to compile the findings from the desk review and onsite review, face-to-face interviews, and self-assessments, as applicable. Each provider entity then is able to utilize the data to continuously improve quality for ODP's vision of an effective system of accessible services and supports that are flexible, innovative, and person-centered. For each entity, the QA&I Comprehensive 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 Plan to Prevent Recurrences (PPRs) where compliance is below the 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.

ODP's quality management strategy is a comprehensive approach that includes quality planning, quality assurance, and quality improvement/enhancement. This QM strategy is developed and implemented to:

- Offer the highest quality services that promote choice and control in individuals' everyday lives.
- Safeguard the health and safety of individuals receiving services.
- Implement promising practices.
- Ensure program compliance with regulations.

ISAC recommendations for *Values in Action* are built on the values, goals, expectations, and aspirations of people with disabilities and their families. The recommendations are a guide for ODP to develop policy and design programs for people with disabilities, families, providers of service, and advocates who support people to have an everyday life. By utilizing the ISAC recommendations and data gathered from the QA&I process, providers are able to create systemic improvement projects and are able to incorporate improvement activities into their QM Plans. The current ISAC recommendations are as follows:

1. Assure Effective Communication
2. Promote Self-Direction, Choice, and Control
3. Increase employment
4. Support Families throughout the Lifespan
5. Promote Health, Wellness, and Safety
6. Support People with Complex Needs
7. Develop and Support Qualified Staff
8. Simplify the System
9. Improve Quality
10. Expand Options for Community Living
11. Increase Community Participation
12. Provide Community Services to Everyone
13. Evaluate Future Innovations Based on *Everyday Lives* Principles

The focus areas identified by ODP for this QA&I cycle are ensuring communication, employment, and quality management. Provider entity performance in these areas will be highlighted in this report.

QA&I Summary

Private Industry Council of the Lehigh Valley Inc., submitted the Provider Checklist, Quality Management Plan, Restrictive Intervention Policy, and Annual Training plan to the AE on August 14, 2017. The AE validated that all of the policies and procedures that were submitted with the provider checklist are in compliance with applicable regulations. The AE did not receive the completed self-assessment by the designated due date of August 31, 2017. As a result, a Directed Corrective Action Plan (DCAP) was issued to Private Industry Council of the Lehigh Valley Inc. on September 8, 2017. The DCAP directed the Provider to submit the self-assessment via the QuestionPro survey link by September 27, 2017. Private Industry Council of the Lehigh Valley Inc. successfully submitted their QA&I Self-assessment on September 22, 2017. The DCAP was returned to the AE with evidence of the completed self-assessment on September 25, 2017. The self-assessment identified no areas of non-compliance.

On November 3, 2017, the AE provided Private Industry Council of the Lehigh Valley Inc. with a two-week notification email which included the provider's sample and a list of items that would be reviewed by the AE during the on-site review. The AE selected a sample of four; one individual in the sample is a consolidated waiver participant and three of the individuals in the sample are P/FDS waiver participants.

All of the individuals in the sample were receiving Supported Employment services, specifically Job Coaching.

The QA&I on-site review of Private Industry Council of the Lehigh Valley Inc. occurred on Friday, November 17, 2017 at the provider's office location on N. 2nd Street in Easton, Pennsylvania. The on-site review began with the entrance interview which was attended by Robert Hrichak (Program Manager) and Jessica Pahountis (Lehigh County AE QA&I Lead). During the entrance interview, the AE provided an overview of the QA&I process and answered any provider questions in regards to the QA&I process. Mr. Hrichak provided the AE with a brief description of Private Industry Council of the Lehigh Valley Inc.'s vision and mission, highlighted their quality improvement priorities surrounding participation in Individual Support Plan (ISP) planning. The AE provided Mr. Hrichak with information in regards to the on-site review process and answered any questions that the Provider had in regards to the process. At the conclusion of the entrance interview, Mr. Hrichak provided the AE with all of the supporting documentation that was utilized when completing the self-assessment, as well as the four records for the individuals in the sample. The AE began the on-site review process by reviewing all of the documentation required to answer the questions in the QA&I On-site Questions Tool for Providers.

Upon completing the QA&I On-site Questions Tool for Providers, the AE conducted two staff and two individual interviews. Staff interviews were conducted with Robin Adams and Meggan Biddle, who are both job coaches. All of the interviews were conducted at Private Industry Council of the Lehigh Valley Inc.'s office location. The AE's overall impression of the Provider's staff following the completion of the interviews was that staff are well trained on the ISPs (including risk mitigation factors) and have a good understanding of the individuals' employment-related preferences and desired outcomes.

The AE also conducted interviews with MCI#760200729 (Consolidated) and MCI#120167155 (P/FDS). Both individuals who were interviewed were able to clearly express themselves verbally and fully participated in the interview process. Individuals receiving services had reported that they are "very satisfied" with the services that they are receiving with Private Industry Council of the Lehigh Valley Inc. Both individuals reported that their job coaches are helpful, know them well, and assist them in the workplace. Additionally, both individuals who were interviewed expressed satisfaction with their current places of employment and their enjoyment of working competitively. MCI#760200729 also expressed satisfaction with the relationships and friendships she has made as a result of her employment.

Upon completing the on-site review questions tool, two staff interviews, and two individual interviews, the exit interview was conducted on November 17, 2017 with the same parties that were in attendance at the Entrance Interview. The AE discussed with Private Industry Council of the Lehigh Valley Inc., areas in which they are showing promising practices, which are detailed further in this report. The AE noted that Private Industry Council of the Lehigh Valley Inc.'s progress note documentation had significantly improved since the previous Provider Monitoring on-site. It should also be noted that the Provider also has low staff turnover. This has resulted in consistency of staffing for individuals receiving services, as well

as positive rapport between individuals receiving services, their staff, and employers. The AE informed the Provider that they would be required to complete one area of remediation surrounding their policy/procedure for checking exclusion lists. This area of required remediation is detailed further in this report, as well as within the Corrective Action Plan. The next steps in the QA&I process were then discussed and additional provider questions were answered by the AE.

Data Analysis and Performance Evaluation

Private Industry Council of the Lehigh Valley Inc. had one area of non-compliance and is required to make remediation actions at this time. The only area of non-compliance was on question #10 of the QA&I on-site questions tool regarding the policy/procedure to screen employees and contractors. The policy/procedure did not contain all of the established criteria but there was evidence that the policy is being appropriately implemented (all 3 exclusion list checks are occurring prior to hire and monthly thereafter). The aforementioned item has been included in the Corrective Action Plan (CAP) which is located in a separate attachment. The provider will need to respond to the results of this report and the CAP within 30 days of receipt of this report. Data for every QA&I question can be located in Appendix A of this document.

The AE currently recommends that the Provider update their exclusion list policy to include all established criteria and continue to implement their exclusion list policy by completing exclusion lists checks for all employees and contractors prior to hire and on a continuous monthly basis thereafter. The AE did not have any other recommendations for the entity's system improvement, as Private Industry Council of the Lehigh Valley Inc. appears to be providing high quality employment services to individuals with an intellectual disability and/or autism spectrum disorders.

As mentioned previously, the AE noted that the Provider's Progress Notes and documentation practices in regards to outcome progress have significantly improved since the previous Provider Monitoring on-site. Additionally, Private Industry Council of the Lehigh Valley Inc. excels at retaining and training qualified staff. This is consistent with the ISAC recommendation for development and support of qualified staff. The Provider entity's ability to retain staff and provide consistency of staffing has resulted in staff who are knowledgeable and well trained on Individual Support Plans; positive rapport amongst individuals receiving services, their staff, and their employers; as well as individuals receiving services reporting overall satisfaction with services. Having a strong staff retention and consistency and improved progress notes/outcome documentation are promising practices in which the entity excels.

Private Industry Council of the Lehigh Valley Inc. did not have any non-compliances for any of the focus areas (ensuring communication, employment, quality management) which were analyzed through the QA&I process. Data analysis of performance on focus areas is located in Appendix B of this document. The AE's onsite results and entity's self-assessment results reported similar findings. The provider did not report any areas of non-compliance in their self-assessment, however, the AE found one area of non-compliance while on-site. Analysis of this data is located in Appendix C of this document.

Appendix A

AE On-site Data: Questions Tool for Providers		
Question	Findings	Comments
<u>Self-Assessment</u>		
<i>The Provider completes an annual QA&I self-assessment</i>		
6. The provider completed its annual self-assessment using the ODP specified tool.	Yes	Completed 9/22/2017
<u>Quality Management</u>		
<i>There are systemic efforts to continuously improve quality</i>		
7. The Provider has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision, and Values.	Yes	Effective 1/18/2017
8. The Provider reviews and evaluates performance data in selecting priorities for the QMP.	Yes	There is documentation to show that the provider reviewed and evaluated performance data in selecting priorities for the QMP.
9. The Provider analyzes and revises the QMP every 2 years.	Yes	There is documentation to show that the Provide analyzes and revises the QMP every 2 years.
<u>Person-Centered Planning, Service Delivery & Outcomes</u>		
<i>The system of support is straightforward</i>		
10. The Provider implements a policy/procedure to screen employees and contractors.	NO	The policy/procedure does not meet all criteria, however, there is evidence that it is being implemented.
11. The Provider documents grievances in accordance with regulation.	Yes	The grievances were completed in accordance with regulation.
12. The Provider has a policy that addresses restrictive interventions.	Yes	The provider has a policy that includes all required criteria.
13. In residential habilitation, the individual has a signed department-approved room and board contract.	NA	4/4 records reviewed. The individuals in the sample do not receive residential habilitation services from the Provider.
<u>Qualified Providers</u>		
<i>The individual's Provider(s) meet necessary training requirements</i>		
14. Staff receive training to meet the needs of the individual they support as identified in the current, approved Individual	Yes	10/10 staff records reviewed. Training records indicate that staff received training on the current, approved ISP prior to

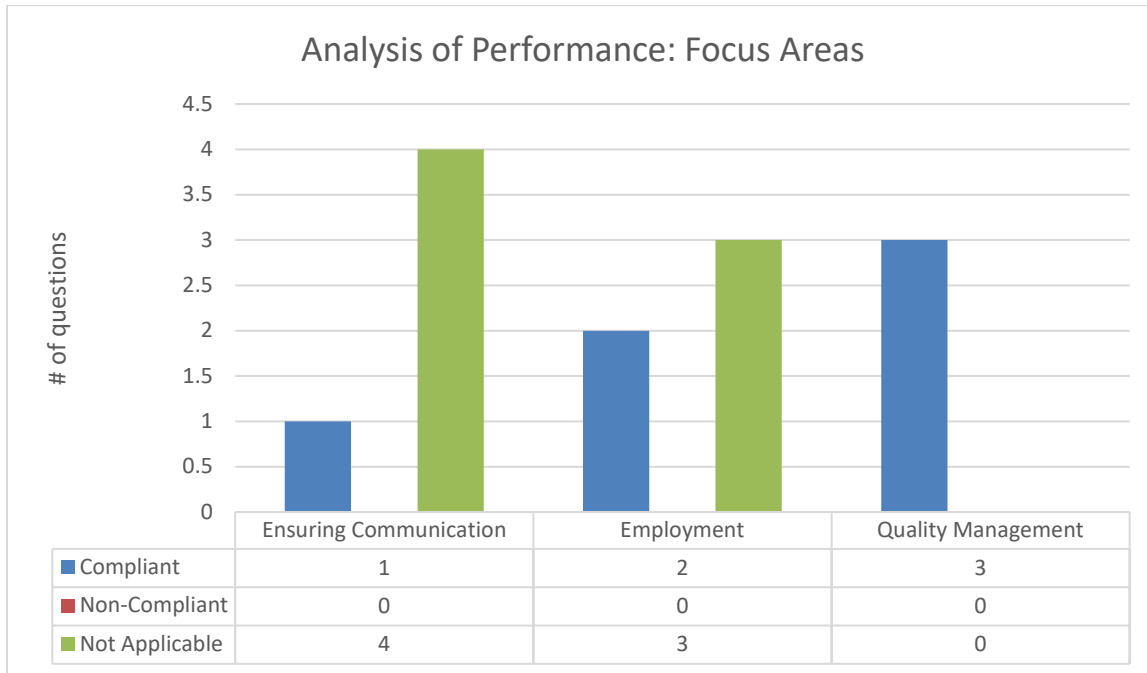
Support Plan (ISP) before providing services.		beginning work with the individual.
15. If a provider has any new hire staff, the new hire staff received training to meet the needs of the individual they support as identified in the current, approved ISP before providing services to the individual.	NA	0/0 records reviewed. The Provider did not have any new hire staff for the review period.
16. The provider has an annual training plan that meets all requirements.	Yes	The provider has an annual training plan that meets all requirements.
17. The provider and the provider's staff completed all components of the Annual Training plan as required.	Yes	10/10 staff records reviewed were in compliance. The provider records indicate completion of the annual training plan.
18. Provider staff receive annual incident management training on preventing, recognizing, reporting, and responding to incidents and assuring a participant is safe.	Yes	10/10 staff records reviewed were in compliance. The provider records indicate completion of the annual incident management training.
19. The staff receive training on the Provider's policy/procedure on how to respond in cases of individual health, behavioral emergencies, and crises.	Yes	10/10 staff records reviewed were in compliance. The provider records indicate completion of the annual training on how to respond to individual health, behavioral emergencies and crises.
20. The staff receive training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communications and/or operational procedures.	Yes	10/10 staff records reviewed were in compliance. The provider records indicate that staff were trained on the Emergency Disaster Response plan.
<u>Person-Centered Planning, Service Delivery & Outcomes</u>		
<i>The individual is supported in developing their own ISP, including involvement of people chosen by the individual</i>		
21. The provider participates in the development of the ISP.	Yes	4/4 records reviewed. 4/4 records indicate ISP signature sheet indicates that a provider representative participated in the ISP Annual Meeting.
22. The provider documents delivery of services/supports in	Yes	4/4 records reviewed.

the type, scope, amount, frequency and duration specified in the ISP.		The daily documentation and progress notes reflect that services/supports were provided in accordance with the individual's ISP.
23. The Provider continued to provide the authorized services to ensure continuity of care during transition.	NA	0/0 records reviewed. The provider did not transition any individuals to a new provider for the previous year.
24. If a progress note indicates lack of progress in achieving an outcome, the provider progress note indicates what actions have been taken.	NA	4/4 records reviewed. 4/4 records reviewed indicated that progress is being made in achieving an outcome.
25. The individual receives employment supports from the provider.	Yes	4/4 records reviewed. The individuals do receive employment supports from the provider.
26. The individual is supported in exploring employment opportunities through job development and assessment.	NA	4/4 records reviewed. The individuals in the sample receive job coaching services.
27. The employment provider supports the individual in obtaining employment through job interviewing.	NA	4/4 records reviewed. The individuals in the sample receive job coaching services.
28. The employment provider supports the individual in maintaining employment through job support and follow-along services.	Yes	4/4 records reviewed. The daily documentation and progress notes reflect how the employment Provider supported the individual in maintaining employment through job support and follow-along services in accordance with the individuals' ISPs.
29. The residential provider supports the individual to maintain employment by facilitating transportation.	NA	0/0 records reviewed. The Provider is not a provider of residential habilitation services.
<u>Person-Centered Planning, Service Delivery & Outcomes</u>		
<i>The individual is supported to communicate</i>		
30. Staff are trained on the person's communication plan and/or formal communication system.	NA	4/4 records reviewed. The individuals' ISPs did not have any communication supports and services identified.

31. The provider provides communication assistance as indicated in the ISP.	NA	4/4 records reviewed. The ISPs do not have any communication assistance identified for the individuals in the sample.
32. The provider has been entering the individual's progress related to their communication outcomes into the progress notes.	NA	4/4 records reviewed. The ISPs do not have a communication outcome the Provider is responsible to implement.
33. The provider serves one or more Consolidated and/or P/FDS waiver participants who are deaf.	NO	4/4 records reviewed. The provider is not currently serving any individuals.
34. The provider ensures that one or more of the provider's administrative staff have viewed ODP's webinar.	Yes	1/1 records reviewed were in compliance. The training records indicate that the Program Manager, Robert Hrichak, completed the required ODP training.
35. The provider ensures that provider staff who serve a deaf waiver participant(s) have viewed ODP's webinar.	NA	4/4 records reviewed. The provider does not serve any individuals who are deaf.
<u>Health & Welfare</u>		
<i>The individual's health, safety, and rights are protected</i>		
36. The provider implements the individual's back-up plan as specified in the ISP.	NA	4/4 records reviewed. 4/4 records indicate that there were no events which required implementation of a back-up plan.
37. If an individual's back-up plan is not implemented as designed, an incident report of neglect was submitted.	NA	4/4 records reviewed. There were no events that occurred which required the implementation of a back-up plan.
38. The provider ensures the replacement of an individual's lost or damaged property in accordance with regulation.	NA	4/4 records reviewed. The individuals did not have any lost or damaged property.
39. The provider finalizes incidents within 30 days.	NA	The Provider had no incidents for the timeframe reviewed.
40. The provider offered victim's assistance to the individual as appropriate.	NA	The Provider did not have any individuals in the sample with an incident for the timeframe reviewed.

41. The provider implemented the corrective action for each individual's incidents.	NA	The Provider had no incidents for the timeframe reviewed.
42. The provider reported all critical incidents.	NA	4/4 records reviewed. There is no documentation to indicate that any incidents occurred that were required to be reported.
43. The provider reviews and analyzes incidents at least quarterly.	NA	There were no incidents for the previous year.
44. The provider's peer review process to review the quality of investigations was completed and documented.	NA	There have been no Certified Investigations completed by the Provider.
45. The provider implements follow-up recommendations from the Certified Investigation peer review process.	NA	There have been no Certified Investigations completed by the Provider.
46. The provider completes all health care appointments, screenings, and follow-ups as prescribed.	NA	4/4 records reviewed. The Provider is not responsible for health care appointments for anyone in the sample.
47. All required investigations are completed by a Department certified incident investigator.	NA	There were no investigations.
48. If the individual has a dual diagnosis, the individual is receiving needed mental health (MH) services.	NA	4/4 records reviewed. Provider is not responsible for ensuring MH services for anyone in the selected sample.
49. The provider promotes wellness.	NA	4/4 records reviewed. The Provider is not responsible for providing health promotion options for anyone in the sample.

Appendix B



Appendix C

Question	Onsite Findings	Self-Assessment Findings
<u>Quality Management</u>		
<i>There are systemic efforts to continuously improve quality</i>		
The Provider has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision, and Values.	Yes	Yes
The Provider reviews and evaluates performance data in selecting priorities for the QMP.	Yes	Yes
The Provider analyzes and revises the QMP every 2 years.	Yes	Yes
<u>Person-Centered Planning, Service Delivery & Outcomes</u>		
<i>The system of support is straightforward</i>		
The Provider implements a policy/procedure to screen employees and contractors.	NO	Yes
The Provider documents grievances in accordance with regulation.	Yes	Yes
The Provider has a policy that addresses restrictive interventions.	Yes	Yes
In residential habilitation, the individual has a signed department-approved room and board contract.	NA	NA
<u>Qualified Providers</u>		
<i>The individual's Provider(s) meet necessary training requirements</i>		
Staff receive training to meet the needs of the individual they support as identified in the current, approved Individual Support Plan (ISP) before providing services.	Yes	Yes
If a provider has any new hire staff, the new hire staff received training to meet the needs of the individual they support as identified in the current, approved ISP before providing services to the individual.	NA	Yes
The provider has an annual training plan that meets all requirements.	Yes	Yes

The provider and the provider's staff completed all components of the Annual Training plan as required.	Yes	Yes
Provider staff receive annual incident management training on preventing, recognizing, reporting, and responding to incidents and assuring a participant is safe.	Yes	Yes
The staff receive training on the Provider's policy/procedure on how to respond in cases of individual health, behavioral emergencies, and crises.	Yes	Yes
The staff receive training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communications and/or operational procedures.	Yes	Yes
<u>Person-Centered Planning, Service Delivery & Outcomes</u>		
<i>The individual is supported in developing their own ISP, including involvement of people chosen by the individual</i>		
The provider participates in the development of the ISP.	Yes	Yes
The provider documents delivery of services/supports in the type, scope, amount, frequency and duration specified in the ISP.	Yes	Yes
The Provider continued to provide the authorized services to ensure continuity of care during transition.	NA	Yes
If a progress note indicates lack of progress in achieving an outcome, the provider progress note indicates what actions have been taken.	NA	Yes
The individual receives employment supports from the provider.	Yes	Yes
The individual is supported in exploring employment opportunities through job development and assessment.	NA	NA

The employment provider supports the individual in obtaining employment through job interviewing.	NA	NA
The employment provider supports the individual in maintaining employment through job support and follow-along services.	Yes	Yes
The residential provider supports the individual to maintain employment by facilitating transportation.	NA	NA

Person-Centered Planning, Service Delivery & Outcomes

The individual is supported to communicate

Staff are trained on the person's communication plan and/or formal communication system.	NA	Yes
The provider provides communication assistance as indicated in the ISP.	NA	Yes
The provider has been entering the individual's progress related to their communication outcomes into the progress notes.	NA	Yes
The provider serves one or more Consolidated and/or P/FDS waiver participants who are deaf.	NO	NO
The provider ensures that one or more of the provider's administrative staff have viewed ODP's webinar.	Yes	Yes
The provider ensures that provider staff who serve a deaf waiver participant(s) have viewed ODP's webinar.	NA	NA

Health & Welfare

The individual's health, safety, and rights are protected

The provider implements the individual's back-up plan as specified in the ISP.	NA	Yes
If an individual's back-up plan is not implemented as designed, an incident report of neglect was submitted.	NA	NA

The provider ensures the replacement of an individual's lost or damaged property in accordance with regulation.	NA	Yes
The provider finalizes incidents within 30 days.	NA	NA
The provider offered victim's assistance to the individual as appropriate.	NA	NA
The provider implemented the corrective action for each individual's incidents.	NA	NA
The provider reported all critical incidents.	NA	NA
The provider reviews and analyzes incidents at least quarterly.	NA	NA
The provider's peer review process to review the quality of investigations was completed and documented.	NA	NA
The provider implements follow-up recommendations from the Certified Investigation peer review process.	NA	NA
The provider completes all health care appointments, screenings, and follow-ups as prescribed.	NA	NA
All required investigations are completed by a Department certified incident investigator.	NA	NA
If the individual has a dual diagnosis, the individual is receiving needed Mental Health (MH) services.	NA	NA
The Provider promotes wellness.	NA	NA