

# **Provider Oversight and Quality Management in the Office of Developmental Programs**

## **December 7, 2018**

### **Background / Purpose**

A Provider Oversight Subcommittee of the Information Sharing and Advisory Committee has been created to discuss provider performance and quality improvement in agencies licensed pursuant to 55 Pa.Code Chapter 6400 (Relating to Community Homes for Individuals with an Intellectual Disability or Autism). The subcommittee will:

- Review provider performance data related to licensing, incident management, and provider monitoring data obtained through the Quality Assessment and Improvement (QA&I) processes.
- Make quality improvement recommendations to the ISAC.
- Meet quarterly, or more often if needed.

This document provides an overview of ODP's provider oversight and quality management activities as they relate to provider performance.

### **Human Services Licensing**

ODP is responsible for inspecting and licensing residential and day-treatment programs that serve people with intellectual and developmental disabilities as part of its state and federal mandate to protect individual health, safety, and rights. Human services licensing regulations include the following chapters:

- 55 Pa.Code Chapter 2380 (Relating to Adult Training Facilities)
- 55 Pa.Code Chapter 2390 (Relating to Vocational Facilities)
- 55 Pa.Code Chapter 6400 (Relating to Community Homes for Individuals with an Intellectual Disability).
- 55 Pa.Code Chapter 6500 (Relating to Family Living Homes)

These regulations may be viewed in their entirety at <https://www.pacode.com/secure/data/055/055toc.html>

Please see Appendix A for an overview of the licensing process.

### **Provider Qualifications**

Waiver providers must meet minimum standards prior to and during the delivery of each waiver service. These are commonly referred to as "Provider Qualifications." Provider qualifications are established to protect the health and welfare of waiver participants during service delivery, as well as to ensure providers are sufficiently structured and prepared to provide quality waiver services. The ODP Provider Qualification Process is a structured methodology designed to ensure providers meet waiver qualification standards prior to service delivery and at least once during a 3-year monitoring cycle. Qualification verification may occur more frequently when deemed necessary by ODP.

Additional information about ODP Provider Qualifications is available at <http://www.dhs.pa.gov/provider/developmentalprograms/providerqualifications/>

### **Incident Management**

An "incident" is an occurrence or allegation of an action or situation that may negatively affect a participant's health, welfare, safety or rights. Incidents must be reported to counties/Administrative Entities and ODP. The county/AE and ODP review the incident to determine what if any follow-up actions are required.

Please see Appendix B for a list of the incidents that must be reported in accordance with Chapter 6100.

## **Quality Assessment and Improvement**

The Quality Assessment and Improvement (QA&I) process consists of a comprehensive quality management review of county programs, Administrative Entities, Supports Coordination Organizations, and providers.

The QA&I process is not limited to monitoring compliance with regulations, but will be ODP's primary means of measuring providers' compliance with Chapter 6100.

Please see Appendix C for additional detail on the scope and methods used in QA&I.

## **Independent Monitoring for Quality (IM4Q)**

The purpose of Independent Monitoring for Quality (IM4Q) is to improve the everyday living outcomes for individuals with intellectual disability and their families who are registered to receive services through the Office of Developmental Programs (ODP).

IM4Q teams conduct personal interviews with individuals using a standardized survey in order to gather information and produce reports that will enable ODP, Administrative Entities and others to evaluate the effectiveness of services in helping people achieve everyday living outcomes in the areas of choice and control, employment, rights, service planning, community inclusion, relationships and health and safety, and to identify opportunities to improve services.

IM4Q is part of National Core Indicators (<http://www.nationalcoreindicators.org>), a national project that involves the use of standard measures across states to assess the outcomes of services provided to individuals and families.

The participation of self-advocates, family members, advocates and citizens from the community as interviewers in the IM4Q activities assures an unbiased and participant-centered approach to evaluating the experience of individuals and the quality of services.

## **Provider Profiles**

ODP, in conjunction with individuals, families, and service providers, is developing an Online Provider Profile system to assist individuals and families to make informed choices when selecting Providers. The initial phase of the Provider Profile will include a 500-word provider summary completed by the provider and a Provider Data Display developed by Temple's Institute on Disabilities. The Data Display shows the Provider's IM4Q Scale Scores in the areas of Individual and Family Satisfaction, Choice, Inclusion, Dignity, and Quality of Physical Settings.

## **Individual Monitoring**

Individual monitoring by Supports Coordinators (SC) is designed to provide support to participants and their families and allows for frequent communication to address current needs and to ensure health and safety. In addition, monitoring allows for increased support to plan for services throughout the lifespan. The monitoring maximizes support to create the quality of life envisioned by the individual, the family and community.

Individual monitoring verifies that the individual is receiving the appropriate type, amount, scope, duration, and frequency of services to address the individual's assessed needs and desired outcome statements as documented in the approved and authorized service plan. It also ensures that the participant has access to services, has a current back-up plan and exercises free choice of providers. Increase of monitoring frequency may be warranted based on participant's health and safety. Information is systemically collected about the monitoring results and follow-up actions are recorded by the SC on a standardized form determined by ODP which is entered into HCSIS and/or retained in the participants record, and is reviewed by ODP through an oversight process.

## **Appendix A**

### **ODP Human Services Licensing**

#### **How many licensed residential homes are there in Pennsylvania?**

There are about 6,500 residential homes in Pennsylvania, which serve persons with an intellectual disability. Of the 6,500 homes, about 5,000 are Community Homes, and about 1,500 are Life Sharing Homes.

#### **Where are the residential homes located?**

Residential homes are located in every Pennsylvania county, and in rural, suburban and city neighborhoods.

#### **Who inspects the homes? What are their qualifications?**

Community homes are inspected by licensing representatives. Licensing representatives must have a bachelor's degree and 2 years of work experience gathering and analyzing information in a social service or law enforcement program.

#### **How often does ODP inspect the facility?**

ODP inspects each agency that operates community homes once a year. ODP may inspect all homes operated by the agency or a sample of the homes each year; an onsite inspection of each home is conducted at least once every three years. ODP also inspects homes if there is an incident, complaint, or for monitoring purposes following identification of a regulatory violation.

#### **What types of things does ODP review?**

ODP measures all sections of the human services regulations during an inspection, including individual rights, staffing, physical site, fire safety, individual and staff health, nutrition, program functions, restrictive procedure use, and individual records. During full inspections, compliance with each regulation in each section is measured to determine compliance. During inspections conducted in response to an incident or complaint, or inspections conducted for monitoring ongoing compliance, only the regulations related to the incident, complaint, or monitoring are measured, although other violations may be identified through the course of the inspection.

#### **What happens if ODP finds a violation of a regulation?**

ODP finds a regulation violation, an Inspection Summary is prepared. The provider then prepares a plan to correct the violation. Plans must include steps to fix the specific violation identified and a long-term plan to prevent recurrence of the violation.

#### **What happens after the provider submits a plan?**

After a provider submits a plan to correct violations, ODP verifies whether or not the provider implemented the plan and corrected the violation. Failure to implement a plan may result in the issuance of a provisional or "warning" license; it can also result in revoking the license altogether.

## **Appendix B Reportable Incidents**

The provider shall report the following incidents, alleged incidents and suspected incidents through the Department's information management system within 24 hours of discovery by a staff person:

- (1) Death.
- (2) A physical act by an individual in an attempt to complete suicide.
- (3) Inpatient admission to a hospital.
- (4) Abuse, including abuse to an individual by another individual.
- (5) Neglect.
- (6) Exploitation.
- (7) An individual who is missing for more than 24 hours or who could be in jeopardy if missing for any period of time.
- (8) Law enforcement activity that occurs during the provision of a service or for which an individual is the subject of a law enforcement investigation that may lead to criminal charges against the individual.
- (9) Injury requiring treatment beyond first aid.
- (10) Fire requiring the services of the fire department. This provision does not include false alarms.
- (11) Emergency closure.
- (12) Theft or misuse of individual funds.
- (13) A violation of individual rights.

The provider shall report the following incidents, alleged incidents and suspected incidents through the Department's information management system within 72 hours of discovery by a staff person:

- (1) Use of a restraint.
- (2) A medication error as specified in § 6100.466 (relating to medication errors), if the medication was ordered by a health care practitioner.

## **Appendix C**

### **Quality Assessment and Improvement**

#### *Provider QA&I Review*

The QA&I process works on a 3 year cycle. ODP pulls select Providers, including AWC-FMS Providers, for QA&I onsite review, drawn in thirds across the QA&I cycle based on the last digit of the MPI number. AEs conduct onsite reviews each year for the selected pool of Providers. In the two years when an entity does not undergo an onsite review, the entity completes the self-assessment, engages in corrective action and quality improvement activities and receives technical assistance.

*QA&I reviews compliance and performance in the following areas:*

- 55 Pa. Code Chapter 51 (and 55 Pa. Code Chapter 6100 upon promulgation)
- Medical Assistance Provider Agreement
- Harry M Settlement
- Everyday Lives Performance Measures
- Waiver Performance Measures
- Federal Home and Community Based Services Settings “Final” Rule

#### *Data Collection Methods in On-site Year*

- Self-assessment
- Desk Review
- Entrance Meeting
- Individual interviews
- On-site review

Following the onsite review, a Comprehensive Report is issued for each reviewed entity. The report will compile the official findings from desk review and onsite review, face-to-face interviews, self-assessments, remediation, corrective action, directed corrective action, Plan to Prevent Recurrences (PPRs) and QM Plans. For each entity, the QA&I Comprehensive Report will highlight those areas where the AE, SCO or Provider is doing well related to person-centered services delivery and promising practices. The report process includes:

- Analyzing performance in ODP’s quality focus areas for the current QA&I cycle;
- Comparing results of the desk and onsite reviews with the entity’s self-assessment;
- Summarizing instances of non-compliance that were remediated during the onsite review;
- Recommending improvement activities to be addressed during the remainder of the QA&I cycle, including systemic quality improvement projects to incorporate into QM Plans; and.
- Including evidence of the entity’s remediation activities completed within 30 days of discovery, and Plans to Prevent Recurrence, including where QM Plans will be developed