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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Entity Name: SonBest Family Services, LLC

Date(s) of Onsite Review: November 27<sup>th</sup>, 28<sup>th</sup> & 30<sup>th</sup> 2017

Date of Report: December 28, 2017

Onsite Review conducted by Philadelphia IDS

Name(s) of QA&I Review Team:

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### Introduction

This comprehensive report contains a detailed analysis of the Office of Developmental Programs (ODP) Quality Assessment & Improvement (QA&I) process for **SONBEST Family Services, LLC**. 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. **SONBEST Family Services, LLC** successfully completed their self-assessment on time, before the deadline prescribed by ODP.

#### 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 provider's Quality Management Plan does reflect ODP's Mission, Vision and Values. The Provider's initial Quality Management Plan is less than 2 years old, so the provider is still in the process of collecting data and analyzing it.

Regarding Q. #12 the provider's Restrictive Intervention Policy, it is comprehensive except for including its Internal Review Committee responsibilities and Data Collection. The reviewer also recommends that the word "Client" be changed to "Individual" in the policy. This is in keeping with "Everyday Lives" Philosophy as to how to refer to a person who is receiving services from an ODP provider.

The Annual Training Plan for staff providing direct service includes all the trainings ODP requires. Training dates, hours of each training, training certificates and sign-in sheets were available for current staff. In addition, the written curriculum for trainings provided by another ODP agency was not available for the on-site review.

### AE Onsite Review of Providers:

Philadelphia IdS conducted the onsite review of **SONBEST Family Services** from November 27<sup>th</sup>, 28<sup>th</sup> and 30<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. SONBEST Family Services' a new provider, whose office is very accessible by public transportation for staff, individuals and families to get to from Philadelphia and Delaware Counties. The Executive Director seemed very knowledgeable of the Office of Developmental Programs because he worked for many years for one of the Support Coordination Organizations in Philadelphia. The Executive Director and his assistant arranged ahead of time for 4 out of the 5 interviews to occur in the provider's office. One interview was arranged at the Pre-Vocational Program the individual attended. The administrative staff as well as the direct care staff seemed to be very compassionate about serving individuals with intellectual disabilities, as well as very open to suggestions the reviewer offered during the onsite review.

During the onsite review, personnel file with training records for back-up staff from another ODP provider was missing. It was the reviewers understanding that the back-up staff were contractors for SONBEST Family Services; Therefore, regarding Q.'s 15, 17, 18 & 19 they must meet the same ODP training requirements as their other employees if they are direct service professionals. Regarding Q.10, The policy/procedures implemented to screen contractors on all three exclusion lists is the same as for employees, also. Therefore, personnel files for contractors were incomplete.

Although the provider had a written grievance policy, documentation of grievances was not written and charted as required by ODP.

A total of 5 individuals with P/FDS waivers were selected as a part of this provider's sample, and of those sample individuals, 5 interviews were conducted during the onsite review. All 5 individuals were able to answer most of this reviewers' questions. I met all of their assigned direct care workers and some family members who also seemed very receptive to share information about the individuals they care for.

More specifically, one of the individuals (MCI# 550106256) is a single parent who receives In-home & Community Supports (Level 2) and is living with her aunt. Goals regarding money management, completing household chores, travel training and practicing safe social boundaries were discussed in the interview with the person, staff and aunt. In the last 3 months, Progress notes reflect these goals have been worked on and the notes indicate some progress. However, exploration reveals this person could benefit from behavioral health services for her hoarding behavior and sexual behaviors. The reviewers

recommends that the team discuss these behaviors further to determine if a CBH referral is needed and/or a behavior specialist can conduct an assessment, and develop a treatment plan.

Another individual (MCI# 950125610) is already receiving behavioral health services from Consortium, along with In Home & Community Supports Services from Sonbest. The primary caretaker is an elderly adoptive parent who is considering placement. In the interim, the individual started attending Consortium's behavioral health day program in August, so SONBEST Family Service hours shifted to help the individual in the A.M. to 6am-8am and after the day program to 2:30pm- 5:00pm. Saturday hours were reduced also. According to progress notes and the on-site interview, this In Home & Community Support appears to be going well; However, a critical revision is needed in the plan, to reflect these changes.

Another individual (MCI#002192419) who resides with her brother, needs Companion Service for community activities the person enjoys, as well as needing some supervision with shopping, traveling and doing household chores. The individual seems to have a good relationship with her assigned staff person, and the staff person seems to know the individuals' likes and dislikes to effectively provide companion services.

Not only does one of the individuals attend WES' Pre-Vocational Program, the person (MCI# 630000800) receives In-Home & Community Support Services from Sonbest. Although the progress notes explained supervision given for community activities/events the person participated in, many of the progress notes focused learning to trace his name and learning his colors. The Outcome Action Plan in the ISP did not indicate that learning to trace his name and learning his colors was needed. According to the provider, this focus was discussed in a team meeting but documentation was not in the individual's record. Some revision of the ISP also may be needed, because according to the provider his mother is no longer considering community living in a CLA. The current ISP indicates that living in a CLA is being considered.

The 5<sup>th</sup> individual this reviewer interviewed was MCI# 001584009 in the provider's office. Frequency and duration has changed since the ISP was submitted to meet the person's needs. Currently, the staff is providing 3X's per week instead of 4x's per week. Documentation of team meetings was not in the individual's record, but explained to this reviewer verbally. The person has a history of episodes of aggression, depression and recent suicide attempt. It is unclear whether the individual is receiving on-going behavioral health services. At the time of the interview on 11-30-17, it was also concerning that the individual's hand was in a cast, and he/she described being in an altercation with a neighbor and was treated in a Hospital Emergency Room on 11-28-17. Because the provider's staff was not with the person when the individual injured the hand nor when the individual went to the ER, the provider did not submit an incident report. However, I advised the provider to contact the SCO to follow-up with this accident/altercation the person described. The reviewer also reported this situation to the Risk Management Unit in the Philadelphia AE Office, so the incident could be submitted in EIM system. It

appears that the individual's behavioral health issues, override the support this provider can give. A PCHC referral and/or CBH referral for a comprehensive evaluation appears to be needed. Progress notes also indicates times that the individual does not answer her telephone or the individual is not at the location or home when assigned staff is due to meet the individual. Although progress notes reflect proactive attempts to reach the individual, the service is a face-to-face service and only the face-to-face contact is billable for In-Home & Community Support Services.

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.

### Data Analysis and Performance Evaluation

SONBEST Family Services seems committed to provide quality service for individuals who have a disability, and may need assistance with daily living activities and being able to participate in events/activities with In-Home & Community Supports as well as providing companion service and/or Respite In-Home Services.

The provider needs to update the office address to 2500 S. 68<sup>th</sup> St. Philadelphia, Pa. 19142 in the SSD.

- **Items requiring remediation within 30 days – items listed on the CAP that require remediation**

Q. 10. The provider has a written policy but the procedure to terminate staff/contractors who are found on one or more of the lists still needs to be added to the policy. Claims connected to those staff/contractors also need to be voided.

Q. 11 Documentation of grievances was not written and charted.

Q. 12. The policy was missing Internal Review Responsibilities and Data Collection.

Q. 22 documentation of frequency/duration changing from what is specified in the ISP.

Q. 24 Progress notes indicating lack of progress in achieving an outcome and what action has been

**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. – items listed on the CAP that require plan to prevent recurrence (PPR).**

- **The following areas require a PPR:**

- Regarding the training questions, the following fell below 86% of compliance. They were Q. 15, 16, 17, 18,19 & 20. The PPR should establish policy or procedures designed to ensure that all staff are trained on an annual basis on the regulatory required training topics, and describe the plan to maintain compliance in the future.

- It is recommended that the provider develop its own written curriculum and not rely on another provider to train staff on the ODP requirements. If the provider continues to send staff to some outside trainings, better documentation of the content taught in the ODP trainings is needed for the provider's personnel files. Additionally, on-line training from Philadelphia Coordinated Health Care(PCHC) could also be helpful on various topics like Challenging Behaviors, Understanding Aggression, Autism, Positive Approaches, etc. This is not an ODP requirement but can be helpful.

The provider should improve its documentation of team meetings with the support coordinators regarding changes in frequency/duration of service. The provider should file it in the individual's record,

as well as retain copies of emails to the SCO requesting critical revisions in ISP's. It appears several of the individuals this reviewer met may need critical revisions in their ISP's. Documentation of collaboration with team members of the individuals they support should be kept in the record, also.

In addition, the term "Home & Community Habilitation" for Service Type should be changed to "In Home & Community Supports" on the progress note forms.

**Appendices**

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet