
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Transitional Employment Consultants

1-8-18

Table of Contents

Introduction

This is a comprehensive report of the on-site and desk review completed by the Washington County AE to give you an overview of the results and findings in order to provide you positives that were notes, in addition to areas needing corrected and approved. There was also non-scored items regarding Deaf services and Employment that will be included in the question review.

QA&I Summary

Your organization submitted your QA & I documents to ODP and the AE within expected timeframes. At that time the AE desk review began with overviews of EIM and HCSIS. Our last review stage leading to the results in this report was our on-site visit to your agency utilizing the ODP established tool/questions for review, including interviews with staff and an individual.

As we discussed at your entrance and exit interviews, the purpose of this process is to help you identify positives and areas of improvement for your agency. The purpose of the review is Quality Assurance and Improvement.

We selected a sample of 5 individuals to review (MCI #'s 4901441628, 3601073285, 3800002358, 0401414396, and 6401300410) that received Supported Employment services. One individual (MCI #040141396) was interviewed, in part with their mother present, followed by an interview with his job coach. He said he likes to sweep floors, talk to people, play games with them, and that the staff tell him what to do if there is a problem. He has been working with his job coach for 4 years. She said at times she will remind him to do things, and other times he will come and ask if unsure. Overall, he and his mother felt services were going well. She said that she transports him to work and they are both fine with that arrangement. The job coach feels he may be able to reduce hours, Mom and the individual are uncomfortable about that so the team will need to discuss this and whether the job coach is necessary for the number of hours allotted. He did say he currently works one half hour without staff present.

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.

Upon the entrance interview, and throughout the QA&I process, many positives were noted. Some of these include:

- At your first meeting with the individual you get to know them and decide if it's a match. Your philosophy was stated to be that you individualize services, make them unique and not "cookie cutter."

- You are willing to think outside of the box (i.e. working with the individual who is interested in possible self-employment with her art)
- Finding a wide variety of work opportunities, and always being willing to look for more.
- Building positive relationships in the community, including walking to the employers about disabilities, taking away misconceptions, showing the meaning and value to the business and the individual.
- Looking at possibly providing other services that would tie in well with Supported Employment.
- You have stated you prefer quality of service over quantity served.

Areas for improvement include:

- Your QM process for writing the plan, doing your reviews and peer reviews, and incident management needs to improve as reviews were not performed as required.
- You need to ensure all aspects of your training plan are completed by all employees as applicable.
- You need to ensure that you have proof of participation in all ISPs, as can be evidenced with invitation letters and signature sheets.
- Job interviewing should become a focus area and ensure that outcomes are related to that key piece.

In comparing your self-assessment submission with our on-site review the following was found

You had put N/A for reviewing and evaluation performance data in relation to QM plan priorities, due to it being a finding last year. However, the corrective action plan from last year was not met and pieces were still missing, including IM data being reviewed and compliance with the requirements of 42 CFR 441.302.

You had put N/A for screening contractors but you are required to and I saw proof that you do and are in compliance with it.

For staff training on annual plan you had marked yes, however upon on-site review there were items missing/not shown as covered for the staff we reviewed.

You had marked 100% for supporting job interviewing but upon on-site review there was no record of this and it was not reflected in the individual's ISPs.

You had stated that you did not have administrative staff review the deaf webinar but at on-site review I was able to verify that administrative staff had completed the training.

You had listed 88.89% for implementing the back-up plan. However, upon on-site record review there was not an instance in which this would have been needed during the time period covered by the review. Along with this, you had noted an incident of neglect was submitted. While there was an incident involving this, it was outside of our review period. You had also marked the investigation was completed

but there was not an investigation during the period of our review. It is a positive that you did report, investigate, and implement a corrective action plan when it occurred. It will just not be reflected in this review.

You had marked that you did not finalize all incident within 30 days, however you had no incidents during the time period of our review. This also relates to the questions on corrective action implementation and reporting of critical incidents.

You had marked that you reviewed and analyzed incidents quarterly, however that just began so it would not be in compliance as there was a large timeframe without it occurring.

Please refer to My ODP for information on completing the CAP, PPR, and timelines needing met. Your items require remediation within 30 days. There are items that fall below 86%. All of these areas are ones that you are aware of. Please submit the corrections for all. The tool has recommended/required remediation to refer to in order to assist at you complete your CAP on the attached form to submit within required timeframes. If you need any assistance, please call Jennifer Scott or Sheila Fullerton at 724-228-6832.

Appendices

The results of each question from the Onsite Questions Tool for Providers are below, as were reviewed in our Exit Interview. They are marked yes if in compliance or No with a note if they are not in compliance. They may also be marked N/A if it is not applicable.

1. Yes
2. Yes
3. Yes
4. Yes
5. Yes
6. Yes
7. Yes
8. No-There were not minutes/record of this to cover the entire review period.
9. Yes
10. Yes
11. Yes
12. Yes
13. N/A
14. Yes
15. Yes
16. Yes
17. No-On your training plan record, there were missing topics for each staff person reviewed.

18. Yes
19. Yes
20. Yes
21. No-There were not signature sheets to show that you participated in the ISP development.
22. Yes
23. N/A
24. N/A
25. Yes
26. Yes
27. No-Job interviewing was not addressed for the individuals seeking employment.
28. Yes
29. N/A
30. N/A
31. N/A
32. N/A
33. N/A
34. Yes
35. Yes
36. N/A
37. N/A
38. N/A
39. N/A
40. N/A
41. N/A
42. N/A
43. No-quarterly reviews/analysis did not occur for each quarter in the review period.
44. No-there have not been peer reviews completed for any investigations.
45. No-refer to #44
46. N/A
47. N/A
48. N/A

The Corrective Action Plan document for you to utilize to respond to areas found out of compliance is attached, as well as the MCI tracker.