
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Lenape Valley Foundation

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Introduction

The Office of Developmental Programs (ODP) 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.

The mission of 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. This QA&I process is one of the tools that ODP uses to evaluate the current system of supports and identify ways to improve it for all individuals.

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 useable data to manage system performance; and
- Use data to manage the service delivery system with a continuous quality improvement approach.

Additionally, the QA&I process is used to demonstrate AE outcomes in the AE Operating Agreement, collect data for the Consolidated and/or Person/Family Directed Support (P/FDS) waiver performance measures and validate that SCOs and Providers comply with 55 Pa. Code Chapter 51 or Chapter 6100 regulations, as promulgated, federal and state requirements and the current *Provider Agreement for Participation in Pennsylvania's Consolidated and P/FDS Waivers* (Provider Agreement).

ODP maintains responsibility for carrying out the QA&I process for all AEs and SCOs. ODP delegates the authority to carry out the Provider QA&I process to the AEs. The comprehensive quality management review will be accomplished using a combination of self-assessment, desk review, onsite review, corrective action, plan to prevent recurrence, and quality management plans.

QA&I Summary

Lenape Valley Foundation (LVF) SCO submitted their QA&I Self-Assessment by the 08/31/17 deadline. All information as requested was submitted on time. Many of the questions in the Self-Assessment were found to be compliant at 100%. LVF had many questions where they scored 100% for the Core Sample

review; questions 5-14 were 100% compliant; questions 16-41 are 100% compliant; question 44 was 100% compliant; questions 46-51 were 100% compliant; and questions 53-90 were 100% compliant. Lenape Valley Foundation has an overall score of 96.02% on their core sample review which consisted of both a desk review and on-site review. An onsite review was conducted by the Central Office Record Reviewer and Southeast Regional Coordinator on November 15, 2017. Part of the onsite review consisted of a discussion portion where they were able to explain how processes in the 3 focus areas of Communication, Employment and Quality are applied. During the onsite review portion the Regional Coordinator and the Record Reviewer met with the agency Supervisors, Director and Executive Director to answer any questions and introduces themselves. An exit discussion was held at the end of the review where results of the onsite and desk review were given to all that attended. The Core Sample consisted of 11 records; 5 Consolidated, 4 P/FDS, and 1 SC only. Individuals from LVF SCO were interviewed for the face to face portion prior to the onsite review.

Data Analysis and Performance Evaluation

Lenape Valley Foundation did very well during their first QA&I C1Y1 review with an overall score of 96.02%. 100% scores are noted in the QA&I focus area of Employment and Quality. Improvement is needed in the focus area of Communication.

The following questions have needed remediation actions:

- Question 15: If an individual is deaf, the SCO ensures that when an SC gets an individual who is deaf on their caseload, the SC is trained in all required training within 30 days of the individual being added to the SC's caseload, was answered N/A for the self-assessment but was found to be non-compliant during the on-site review. An improvement plan will need to be implemented.
- Question 42: Annual Review ISP submitted 30 days before Annual Review Update Date, has a score of 81.82%, 9 out of 11 records complaint, this question will require an improvement plan due to the score being below 86% but no record remediation will occur since the plans have all been submitted.
- Question 45: SC documents service frequency for all services in the ISP, has one record needing remediation.
- Question 52: Monitoring documentation meets quality standards, has one record needing remediation.

Appendices

Appendix A – CAP

Appendix B – SCO Spreadsheet.