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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Penn Foundation MR Case Management

*12/18/2017*

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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

Penn Foundation SCO submitted their self-assessment and all required documentation by the established deadlines. Their self-assessment noted non-compliances in question 50 and 51 relating to monitoring frequency and location. Each question had one record that was not compliant. It also noted non-

compliance in question 67: Individual receives information on how to report abuse, neglect, and exploitation.

Prior to the onsite review the QA&I Coordinator completed face to face interviews along with the IM4Q teams of Core Sample individuals.

On 11/16/2018 an onsite review was completed by the ODP QA&I Regional Coordinator and Record Reviewer. On the date of the onsite an entrance discussion was held prior to the start of the onsite review. Introductions of the QA&I Coordinator and Reviewer were held and questions of the new QA&I were answered. Following the onsite review the QA&I Coordinator and Reviewer shared all areas of non-compliance so that remediation could begin.

The Core sample consisted of 12 records: 4 P/FDS and 8 Consolidated.

### Data Analysis and Performance Evaluation

Penn Foundation did a great job and has an overall score of 91.93% from all questions. 100% scores were achieved in two of the focus areas, Employment and Quality. 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 the sole focus area question that did not score 100%. 100% scores are noted in question 5, 7-14, 16-41, 44, 46-49, 52-65, and 68-90. During the onsite review all core sample questions were found to be 100% compliant.

The Employment and Quality focus areas both scored 100% for all questions. Communication had one question where a 100% was not achieved and that is Q15.

The following questions scored below 100%; questions 06, 15, 42, 45, 50, 51, and 67. Question 06 and 42 do not need to be remediated. Question 6 is a data collection question and question 42 has already been remediated. Questions 45 and 67 have records that require remediation.

Questions 50 and 51 were also noted in the self-assessment to have a score that fell below 100%.

Questions 15, 45, 50, 51 and 67 will require a Plan to Prevent Recurrence since all had scores that fell below 86%.

### Appendices

Appendix A- CAP

Appendix B- SCO Spreadsheet