
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Penndel Mental Health Center

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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

Penndel MHC completed the QA&I C1YI self-assessment by the required deadline. All requested documentation was submitted in a timely manner. The self-assessment noted 2 questions with a score below 86%, Q30 and Q67. Questions 41, 42, 44, 51, and 52 scored at 90% for the self-assessment.

An onsite review was completed on 11/16/2017. During the onsite review an entrance was held in order to introduce the new QA&I process. The onsite review was completed by The Regional Coordinator and the Central Office Record Reviewer, as well as the PennDel SCO Director. Following the onsite review an exit was held where results of the review were shared and time frames for remediation were shared. The Core Sample consisted of 16 records: 8 Consolidated, 5 P/FDS and 3 SC only records.

Data Analysis and Performance Evaluation

PennDel MHC did a great job overall with during the C1YI review of QA&I with an overall score of 95.25%. Questions 20-40 all scored 100%, questions 44-49 scored 100%, questions 53-65 scored 100% and questions 68-90 scored 100%. All onsite record review information was found to be 100% compliant. PennDel MHC scored 100% in two of the three focus areas. 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.

Questions 15, 41, 42, 50, 51, 52 and 67 all had areas of non-compliance. A Plan to Prevent Recurrence (PPR) will be needed for questions 15, 42 and 67.

Question 41 and 42 both had scores below 100% for the onsite review and the self-assessment. Question 41 and 42 will not require record remediation as the questions related to timeliness and plans have been submitted, but question 42 will require a PPR due to having a score below 86%. Question 51 is also noted in both the onsite and the self-assessment as having a score below 100%, the self-assessment scored it a 90% and a score 93.75% in the Core Sample Review. This one non-compliance has been remediated and documentation submitted. This was also remediation for the one non-compliance for question 50 and 52.

Appendices

Appendix A- SCO Spreadsheet

Appendix B- CAP