

Pennsylvania Office of Developmental Programs

Improving the Quality of Residential Services

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pennsylvania
DEPARTMENT OF HUMAN SERVICES

INTRODUCTION

PURPOSE

The mission of the Office of Developmental Programs (ODP) is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives. The office seeks to continuously improve an effective system of accessible services and supports that are flexible, innovative and person-centered. Residential supports are a key service in the overall system of supports. The purpose of this report is to share with stakeholders ODP's commitment to improved service quality to maintain the health and well-being of individuals residing in community-based homes. This report will include various activities that are both planned and in process to improve residential service quality.

BACKGROUND

A number of factors led ODP to focus on improving the delivery of residential services. First, ODP recognizes that the characteristics and needs of individuals in residential services have changed significantly since residential services began in the 1970's. Because of medical and technological advances over the past few decades, people with more complex needs are living longer. People in residential services are also aging and acquiring health conditions that come with age. Further, most people who receive services through ODP are served in home and community-based settings instead of intermediate care facilities or state centers. These factors mean that people served in residential services require providers to have a more specific level of knowledge and expertise to adequately meet people's needs. Through analysis of licensing, incident management and quality assessment and improvement data, ODP identified trends that reflect opportunities for improvement.

ODP has worked internally and in partnership with stakeholders to identify gaps in service delivery and to design approaches that will lead to better health and well-being for individuals receiving residential services. Current improvement activities are either tied to the four model practices outlined in the *Joint Report: Ensuring Beneficiary Health and Safety in Group Homes Through State Implementation of Comprehensive Compliance Oversight* (Joint Report) or recommendations from the ODP Residential Strategic Thinking Group (STG).

The Joint Report was published by the U.S. Department of Health and Human Services Office of the Inspector General (OIG) in response to congressional requests concerning abuse and neglect of individuals residing in group homes. The OIG conducted a series of audits based on a review of practices in several states and found that "residents often experienced serious injuries and medical conditions that resulted in emergency room visits." This publication provides guidance on model practices in four areas: (1) State Incident Management and Investigation, (2) Incident Management Audits, (3) State Mortality Reviews, and (4) State Quality Assurance.

In November 2017, ODP convened the Residential STG to develop recommendations for new or revised policies, guidance for provider practice, methods for incorporating person-centered practices, modifications to ODP licensing practices, and technical assistance and training.

OVERVIEW OF RESIDENTIAL SERVICES

THE 3 PRINCIPLES OF RESIDENTIAL SERVICES

1

FIRST, IT IS A HOME. Residential services are provided in people's homes. Home for all of us is a place we consider "ours." It is the place where we feel most comfortable, safe, and where we feel we belong. Home is where we live with people we care about and who care about us. It is where we visit with friends and family members. Home is the place we most want to be.

2

EVERY INDIVIDUAL HAS THE CAPACITY TO ENGAGE IN LIFELONG LEARNING. Individuals who are continuously active and engaged will get, keep, or improve the skills needed to live more independently and to participate meaningfully in community life.

3

PERSON-CENTERED PRACTICES INFORM HOW WE SUPPORT PEOPLE. The type and amount of assistance, support and guidance that an individual needs are informed by the person-centered planning process. This includes respect for personal preferences, routines, rights, and privacy. Person-centered planning is focused on achieving what the individual wants.

Home is a place we feel most comfortable, safe, and where we feel we belong.



THE SCOPE OF RESIDENTIAL SERVICES

Residential services are broad, encompassing all aspects of life. Providers of residential services are expected to assist individuals with:

- ✓ Activities of daily living
- ✓ Positive interactions and relationships
- ✓ Practices that promote health and wellness
- ✓ Management of medical care
- ✓ Mental health and emotional wellness
- ✓ Direction of services and supports
- ✓ Decision-making
- ✓ Financial stability
- ✓ Communication
- ✓ Transportation options
- ✓ Personal interests
- ✓ Rights as a citizen
- ✓ Activities of community life



FACTS ABOUT RESIDENTIAL SERVICES

DID YOU KNOW?

Residential services began in 1974 through an appropriation from the General Assembly. Early years focused on the development of services for people leaving state institutions, beginning with Pennhurst State School. Growth over the years has been steady. Current data on residential services reflects:

- 11,776 individuals receive residential services
- There are 329 providers of residential services in Pennsylvania
- Residential service providers provide services in 6,204 locations across Pennsylvania
- People served range in age from 12 to 96

THE CHANGING POPULATION

The needs of individuals receiving residential services have changed over the years. Today, individuals living in residential group homes have more complex needs, including behavioral health concerns, physical disabilities and other health conditions. An estimated 30-35% of all individuals with an intellectual or developmental disability have a co-occurring psychiatric disorder. As the complexity of the population has changed, residential services have changed as well, requiring heightened clinical competence for both behavioral and physical health expertise. The demand for more clinical expertise, as well as the shift to the Everyday Lives mission, vision and values, has challenged the service system to create new structures that more effectively support the needs of the people requiring this level of care.

The Complex Needs of Group Home Beneficiaries

Behavioral Health	Physical Disabilities	Health Conditions
<ul style="list-style-type: none">• Trauma• Mood/Anxiety disorders• Psychotic disorders• Neurodiversity/Autism Spectrum Disorder	<ul style="list-style-type: none">• Mobility Impairment• Dysphagia: swallowing difficulties• Neurologic: low muscle tone, seizures• Communication challenges, including deaf/hard of hearing and visual impairments	<ul style="list-style-type: none">• Diabetes• Respiratory• Heart Disease• Age related conditions: falls, dementia, and changes in metabolism



WHAT DRIVES CHANGE?

ODP believes that group homes are part of the continuum of community-based supports where services are accessible, flexible, innovative and person-centered. This involves a process to continuously improve service delivery, informed by various factors and considerations and aided by engagement with stakeholders.



FACTORS AND CONSIDERATIONS INFORMING IMPROVEMENT

There are a number of external influences that inform ODP's strategies for improvement of residential services. These include person-centered planning, best practices in provider licensing and trauma informed care. Another is the changing workforce. The demographics of the workforce today are vastly different than the workforce of the late 70s and early 80s. Provider agencies find themselves competing for employees with an expanding human service industry, internet related companies, and others. With record low unemployment numbers and baby boomers retiring, agencies find themselves looking for new solutions for the workforce demands. National studies have shown upwards of 30% staff turnover for direct service professionals. Many agencies are looking to create innovative business models to meet these challenges including, incorporating technology, new human resource solutions, and incentives to stabilize and energize the work environment. In addition, the [Joint Report](#) has been an external influence on improvement strategies.

Four Compliance Oversight Model Practices

The Joint Report outlines four model practices states and providers should implement to further protect the health and safety of those living in group homes. There are several key activities that inform each of the model practices.

State Incident Management and Investigation

- Defines and captures information on potential instances of abuse, neglect or exploitation.
- Emphasizes importance of awareness of incident management requirements and process.
- Identifies critical incidents.

Incident Management Audits

- Ensures information on all occurrences meeting the state's definition of a critical incident are reported.
- Implements corrective action plans and administrative oversight.
- Implements audit protocols that capture the state's definition of critical incidents and locations in which incidents occur.
- Used in retrospective review.

Mortality Reviews

- Requires a preliminary review of all beneficiary deaths but focuses on deaths that are: (1) unusual, (2) suspicious, (3) sudden and unexpected, and (4) potentially preventable.
- Reviews all deaths alleged or suspected to be associated with neglect, abuse or criminal acts.

- Focuses on ensuring the provision of person-centered planning and services.
- Includes beneficiaries and other stakeholders in the development and implementation of a Home and Community Based Services (HCBS) quality oversight program.
- Closes the feedback loop with individuals experiencing difficulties in receiving HCBS.



STAKEHOLDER ENGAGEMENT TO DRIVE IMPROVEMENT

ODP works with its stakeholders in many ways. Administrative Entities (AEs) support provider monitoring activities, individuals are asked about their experience with services through interviews and work groups are in place to help ODP think differently about how services are provided. Another important way to engage with stakeholders is through the Residential Strategic Thinking Group (STG).

Residential Strategic Thinking Group

In November 2017, ODP convened a Residential STG composed of various stakeholders, including an individual living in a residential home, a family member, an advocate, an AE representative, a supports coordinator and providers committed to person-centered thinking and Everyday Lives.

The purpose of the Residential STG was to develop a vision and recommendations to determine the need for new or revised policies, guidance for provider practice, methods for incorporating person-centered practices and the Life Course concepts, modifications to ODP licensing practices, and the need for technical assistance and training.

The Residential STG identified six key domains for residential services improvement and recommended change actions for each domain.

Six Key Domains for Residential Improvement



ODP TAKES ACTION

The Four Model Practices: ODP Improvements

ODP is implementing a series of improvements that align with the OIG Joint Report's Four Model Practices.

1. Incident Management and Investigation

- ODP is revising policies related to critical incident reporting requirements and incident management. Implementation of the new policies will occur following the adoption of the Chapter 6100 regulations, with an anticipated roll out in spring 2019.
- ODP is developing administrative review teams to evaluate incident management actions and determine the need for system improvement. The process and guidelines for these teams are expected to work in tandem with the incident management process.



2. Incident Management Audits

- ODP is improving use of data analysis and predictive analytics to reduce critical incidents and improve outcomes. This includes examination of all incident reporting, responses and actions to correct issues. These improvements were implemented in the spring of 2018 and are ongoing. ODP is also developing an Incident & Risk Management Quality Action Plan, which will be completed in the fall of 2019.



3. Mortality Reviews

- ODP implemented improved processes to identify causes and circumstances of individual deaths. This includes conducting state-level reviews to facilitate ongoing measures of systemic improvement and needed policy changes. These new procedures went into effect in 2018.



4. Quality Assurance

- In July 2018, ODP implemented more robust oversight practices and procedures to assess provider practices and identify areas of risks before they become systemic. The new Quality Assessment and Improvement (QA&I) process is in its second year and places greater emphasis on evaluating the individual's experience with services and supports, developing plans to prevent recurrence of quality issues, providing technical assistance on improving quality to providers and developing a partnership with stakeholders for improving the overall quality of service delivery. ODP released the first annual QA&I Statewide Comprehensive Report in August 2018.



Recommended STG Change Actions: ODP Improvements

ODP is actively pursuing improvement projects for each change action recommended by the Residential STG. In many cases, ODP will seek additional feedback from stakeholders as improvement plans are developed and implemented.



LICENSING

1. Regulatory Interpretive Guidelines

- Interpretive Guidelines for licensing are being drafted to assure a consistent approach to how ODP staff apply the regulations when doing initial and ongoing reviews for residential service providers. The Interpretive Guidelines are targeted for implementation to coincide with the adoption of the Chapter 6100 regulations. There will be an opportunity for stakeholder input.

2. Standards of Practice for ODP Licensing Staff

- Licensing Standards of Practice are currently under development and targeted for implementation in spring 2019. The practices will be the foundation for training staff responsible for ODP licensing activities. The Standards of Practice will cover person-centered interactions, timely responses to customer inquiries, balance of individual risk and opportunity and Everyday Lives values.

3. Transform Licensing Inspection Experience

- ODP is devising a two-part training plan. There will be changes to onboarding of new ODP licensing staff, targeted for implementation in spring 2019. Enhancements for training of existing licensing staff will occur by July 2019. The overall intent is to approach licensing with greater emphasis on enforcement and more opportunities for provider technical assistance.

4. Revised Definitions of Abuse and Neglect

- ODP is drafting new Incident Management guidance to more clearly define abuse and neglect, as well as expectations for determining how results of an incident investigation are 'founded.' Stakeholder feedback will be included in the guidance, targeted for implementation to coincide with the adoption of the Chapter 6100 regulations.



POLICY

1. Flexible Staffing Ratios and Supervision

- ODP is conducting a pilot for flexible staffing ratios and supervision and determining its effects on risk. ODP is exploring revisions to the Individual Support Plan (ISP) to allow identification of risk and mitigation strategies, as well as identification of crisis and behavioral needs. Resource availability is a consideration for this change action. A target date is dependent upon the pilot results.

2. Provider Readiness

- ODP is updating its webcasts for new provider applicants to review before an applicant attends the in-person Provider Applicant Orientation (PAO) training. By completing these webinars, provider applicants will obtain knowledge of specific subject areas before they come to the PAO training. By having these webinars reviewed before the all-day session, trainers can now spend the in-person PAO training going over critical areas that will be more beneficial to the applicant when trained in person. Once the webcasts are completed, provider applicants can register for the PAO training. The new orientation will begin in February 2019.
- ODP has strengthened the training standards for newly enrolled residential habilitation providers. New residential habilitation providers will need to complete the Dual Diagnosis Curriculum, which consists of 20 core-training modules. The training provides basic information on how to support an individual who has a dual diagnosis and is intended to ensure the provider is knowledgeable and equipped to meet the ongoing health and safety needs of individuals with complex challenges. This new requirement began in September 2018.
- Other future onboarding initiatives include an introduction to licensing, a review of the licensing chapter requirements for prospective providers with the review of the four common medical conditions that are associated with preventable health complications and death.

3. Best Practices Becoming Policy

- ODP continually evaluates best practices from the field to inform changes to policy. This is an ongoing process and includes regular conversation with stakeholders about policy improvements.

4. Administrative Entity Operating Agreement

- ODP and county/AEs are partnering to modify the Operating Agreement, which specifies the role of the AE in exercising delegated authority from ODP. The changes to the Operating Agreement will heighten and standardize core elements of risk management. AEs will establish a provider risk screening process to identify potential systemic issues that place the health and welfare of waiver participants at risk and determine the viability of the provider agency. In conjunction with this, ODP has strengthened the Supports Coordination service definition to create enhanced coordination of care for individuals by requiring additional communication between AEs and Supports Coordination Organizations (SCOs).



Practice of Everyday Lives Values

- Everyday Lives will be reinforced throughout the entire orientation process so that new providers understand that these values are expected to be at the core of all service provision. The new orientation process will begin in February 2019.

2. Provider Accountability

- ODP's revisions to the orientation curriculum will include clear descriptions of SCO and AE roles in the system of supports. Providers will learn to whom they are accountable and the expectations of their role as providers of services and supports. The curriculum also will emphasize SCO and AE roles in the quality monitoring process as part of the chain of accountability. The new orientation curriculum will begin to be used in February 2019.

3. Provider Qualifications

- ODP has increased requirements for provider qualifications. Provider organizations are expected to demonstrate appropriate staffing levels for the service being delivered and the specific needs of the individuals supported. Providers must offer evidence that each staff person has the knowledge and expertise to provide supports or, in particular, for provision of necessary clinical services, the provider must demonstrate the ability to secure qualified staff through subcontracts with outside entities. These new requirements were effective July 1, 2017. ODP will continually evaluate the need for additional provider requirements.



TECHNICAL ASSISTANCE AND TRAINING

1. Behavioral Supports

- ODP adopted new standards for behavior specialists. These standards are included in the waiver application and pending regulatory changes. ODP's Clinical Team is developing companion guidance for the new standards. The new standards for behavior specialists were effective July 1, 2017.
- The ODP Clinical Team is redesigning the Positive Approaches Journal. This is a quarterly publication that provides a forum to translate empirically validated and best practices to direct support in home and community based settings. The journal will focus on relevant topics specific to Pennsylvania's providers and current trends and data in the field. The first edition of the journal will be released in early 2019.

2. Training Needs Assessment

- The development of a Provider Training Needs Assessment is underway at ODP. This survey-based assessment will determine if training currently offered by ODP is meeting provider needs. It also will evaluate if there are specific gaps in training for providers. The Provider Training Needs Assessment is due for release in April 2019.

3. Effective Communication

- ODP has developed changes for the AE Operating Agreement that will create avenues for a more effective communication process between the AE, SCO and providers. The draft of the Agreement was distributed to the counties in early November 2018 with anticipated implementation in February 2019. The agreement will highlight communication channels with SCO and providers. Strategies encouraged to implement the requirements are the use of quarterly webinars and regional meetings as effective communication outlets.

4. Build Provider Capacity

- ODP will procure a new vendor for training and technical assistance of providers, SCOs and AEs. A new contractor is expected to be in place by October 2019.
- ODP is undertaking specific initiatives regarding supports for individuals with a dual diagnosis.

These initiatives include:

- Annual Dual Diagnosis Conference to increase provider capacity in serving individuals in the community, supporting transitions to community settings and improving direct service outcomes.
- Capacity Building Institute is a monthly education opportunity to focus on promising practices for individuals with dual diagnoses, state of the art supports for those with significant behavioral health challenges, and collaboration on community inclusion.
- Professional Conference Series is a specialized opportunity for psychiatric residents, licensed social workers and behavioral specialists to get enhanced exposure to the needs of individuals with dual diagnoses.
- Mental Health First Aid is an eight-hour training session on the identification, understanding and response to signs of mental illness and substance use disorder aimed to increase awareness and recognition of the signs and symptoms of these disabilities.
- Dual Diagnosis Curriculum is built into the trainings offered through the MyODP website. It is specifically designed for direct support professionals and others who work in the developmental disability and mental health fields. This curriculum was released in June 2018 and is currently available.
- Statewide Transition Coordinator is an ODP staff person dedicated to work with individuals transitioning to the community from institutional settings or residential treatment facilities. This position ensures an individual's service and funding needs are addressed and supports diversion activities for individuals at risk of institutional placement.
- Functional Behavioral Assessment online modules were developed by the ODP Bureau of Autism Services and were available October 2018.

5. Risk Management

- ODP hosted 10 regional meetings targeted to executive level staff of residential service providers and county administrative leaders. The focus of these meetings was to specifically address expectations for risk and incident management by service providers. ODP presented statistics and key indicators to raise awareness of critical incidents involving dehydration, bowel obstruction and constipation, aspiration and seizure, commonly referred to as the "fatal four." ODP outlined various resources to support a robust risk management strategy, including education opportunities and the Health Risk Training Tool for Residential Services.



TOOLS FOR DIRECT SUPPORT PROFESSIONALS

- ODP is exploring opportunities to develop tools for use by direct support professionals including:
 - Use of Technology in Residential Services
 - Mentorship Training
 - Life Course, Community of Practice and Trauma 101 Training
 - Residential Service Staff Empowerment
 - Staff and Family Communication



DEVELOPING A LEARNING COLLABORATIVE

- ODP is developing a series of Learning Collaboratives designed to share best practices and lessons from the field. Initial topics for the series include Behavior Supports, Direct Supports Professional coaching and mentoring, and a Framework for a Successful Residential Program. The first Learning Collaborative will begin in winter 2018.

ODP CONTINUOUS IMPROVEMENT

Our sincere appreciation to the members of the Residential Strategic Thinking Group who provided insight and candor surrounding challenging issues that have emerged in the system related to the provision of residential services. Members of the Residential STG included Sam Hoffer, Amilynn Harris, Becky Cunningham, Amy Nemirow, Don Clark, Jacque Beilharz, James Henry, Janice Knowlton, Kenneth Gibat, Nancy Murray, Rayann Rohrer, Ruth Siegfried, Sarah Drob, Terry McNelis, Peg VanSchaick, Denise Sloand, Nancy Thaler, Kristin Ahrens, Sheila Theodorou, Regina Wall, Angela Fortney, Pia Newman, Stacy Nonnemacher, Noraliz Campanella, and Julie Mochon. The Office of Developmental Programs understands that change is a process, not an event. That is why ODP embraces a culture of continuous quality improvement.

This report highlights many accomplishments, as well as activities underway, and is the first step in a journey we take together, remaining focused on the north star of our program as articulated by *Everyday Lives Values in Action*. ODP leadership is pleased to report progress in the areas of licensing and policy, modifications to the AE Operating Agreement, QA&I, provider onboarding and technical assistance and training. These are foundational changes on which ODP will continue to build, resulting in a much stronger system of supports for Pennsylvanians with developmental disabilities and their families.

This type of change initiative requires a firm organizational commitment coupled with ongoing stakeholder engagement. ODP is making that commitment in partnership with a strong and supportive stakeholder community. Together we are making it possible for all Pennsylvanians with developmental disabilities to have an Everyday Life. We welcome feedback, as well as participation by others who are passionate to join us as we build for the future.

