

Florida Statewide Quality Assurance Program

**Year 8
Close Out Report for MED109**

January - June 2017

**Submitted to:
Agency for Health Care Administration and
Agency for Persons with Disabilities**



**Prepared by Delmarva Foundation
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List of Acronyms

ABC – Allocation, Budget, and Contract Control System
A P&P – Administrative Policy and Procedure
A Q&T – Administrative Qualifications and Training
AHCA – Agency for Health Care Administration
APD – Agency for Persons with Disabilities
CDC+ - Consumer Directed Care
DD – Developmental Disability
FSQAP – Florida Statewide Quality Assurance Program
HCBS – Home and Community-Based Services
HSRI – Human Services Research Institute
IDD – Intellectual and Developmental Disability
IRR – Inter-rater Reliability
ISP – Individual Support Plan
IT – Information Technology
NCI – National Core Indicators
OBS - Observations
PCR – Person Centered Review
PCR II – Person Centered Review Individual Interview
PDR – Provider Discovery Review
PDR II – Provider Discovery Review Individual Interview
QA – Quality Assurance
QAR – Quality Assurance Reviewer
QC – Quality Council
QI – Quality Improvement
RM – Regional Manager
RTDR – Real Time Data Report
SC – Support Coordinator
SCI – Support Coordinator Interview
SI – Staff Interview
SSRR – Service Specific Record Review
The Handbook – Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook

Executive Summary

In January 2016, the Florida Statewide Quality Assurance Program (FSQAP) moved into the seventh year of the contract providing oversight processes of provider systems and person centered review activities for individuals receiving services through the Developmental Disabilities (DD) Home and Community-Based Services waiver, including the Consumer Directed Care Plus (CDC+) program. Delmarva Foundation, under a contract with the Agency for Health Care Administration (AHCA), conducts Provider Discovery Reviews (PDR) and Person Centered Reviews (PCR) to provide information about providers, individuals receiving services, and the quality of service delivery systems.

During the second (final) quarter of the current contract year, Delmarva continued formal and information reliability processes, regional managers reviewed all reports before final approval and conducted bi-monthly meetings for all reviewers. Quarterly meetings were facilitated by Delmarva managers in each region to review data, explore trends, and discuss other relevant regional issues or best practices. Delmarva facilitated the Quality Council meeting in March, bringing together stakeholders to discuss data trends and other aspects of the Quality Management System. In addition, feedback from individuals, families and providers via feedback surveys indicates very positive experiences related to the Delmarva review processes.

AHCA decided to terminate the current contract on June 30, 2017, and begin a new contract with Delmarva July 1, 2017. Therefore, this report serves as the Close Out Report for the current contract. It is important to note data are from half of the PCR sample and half the number of eligible providers scheduled to be reviewed, and comparisons across groups or to previous years should be made with caution. Findings in this report are based on 893 PCRs and 991 PDRs. A summary of findings includes the following:

- Providers have continued to do well in ensuring compliance with most documentation review standards from record reviews, with average compliance rates over 90 percent for Policies and Procedures, Qualifications and Training, and Service Specific Record Reviews.
- Observation results show an average score of approximately 98 percent; scores from unannounced visits somewhat lower, particularly in the area of Restrictive Interventions.
- Observations to date indicate improvement in some areas of rights and privacy such as having locks on bedroom and bathroom doors and participating in development of house rules.
- Individuals were more likely to indicate Person Centered Practices were present.
- Similar to previous findings, interview results from individuals, staff and Support Coordinators are generally higher than for documentation results.

- Information from interviews also indicates community participation is most often not present in the person's life and indicators pertaining to social role development are often the lowest scoring.
- Health needs for individuals are generally addressed; however, approximately 38 percent of individuals were taking four or more prescribed medications, with over 60 percent of group home residents taking multiple medications.
- Only about one third of providers and 20 percent of WSCs had a score of 85 percent or higher on requirement training requirements.

These and other findings are discussed in this report, with recommendations provided.

Introduction

In January 2010, the Agency for Health Care Administration (AHCA) entered into a contract with Delmarva Foundation to provide quality assurance discovery activities for the Home and Community-Based Services (HCBS) waivers and the Consumer Directed Care Plus (CDC+) program, administered by the Agency for Persons with Disabilities (APD). Through the Florida Statewide Quality Assurance Program (FSQAP), Delmarva, AHCA and APD have designed a Quality Management Strategy based on the Home and Community Based Services (HCBS) Quality Framework Model developed by the Centers for Medicare and Medicaid Services (CMS). Three quality management functions are identified by CMS: discovery, remediation, and improvement.

Delmarva's purpose is within the discovery framework. The information from the review processes is used by APD to help guide policies, programs, or other necessary actions to effectively remediate issues or problems uncovered through the discovery process. Data from the quarterly and annual reports are examined during the Regional Quarterly Meetings and Quality Council meetings to help target local and statewide remediation activity.

Delmarva's discovery process is composed of two major components: Person Centered Reviews (PCR) and Provider Discovery Reviews (PDR). Each process ensures the person receiving services has a voice. The primary purpose of the PCR is to determine the quality of the person's service delivery system from the perspective of the person receiving services. The PCR includes an interview with the person, an interview with the person's Support Coordinator, and review of the Support Coordinator's record for the person. This process includes individuals receiving services through the Consumer Directed Care Plus (CDC+) program who are also interviewed, with record reviews completed for the CDC+ Consultant and Representative.

The focus of the PDR is to review provider compliance with requirements and standards specified in the Developmental Disabilities Waiver Services Coverage and Limitations Handbook (The

Handbook) for the waiver program, and also to determine how well services are supporting individuals served. The PDR is composed of an Administrative Record Review of organizational Policies and Procedures and staff Qualifications and Training, Service Specific Record Reviews, interviews with individuals receiving services and interviews with staff. Observations are completed for licensed residential homes (LRH) and day programs. As possible, up to 30 percent of all observations may be unannounced.

Within the CDC+ program, consultants and representatives are reviewed on the standards set forth by APD and AHCA. Although CDC+ participants are funded through the iBudget waiver, the programs are fundamentally different in several aspects and therefore results are analyzed separately. In tables, we refer to Waiver (DD Waiver) and CDC+ to make the distinction between the two groups.

AHCA decided to terminate the current contract on June 30, 2017, and begin a new contract with Delmarva July 1, 2017. Therefore, this report serves as the Close Out Report for the current contract, the eighth year of the FSQAP contract, and includes information for six months of reviews. The report is divided into three sections.

- Section I: Significant Contract Activity During the Quarter
- Section II: Data from Review Activities (includes final results and comparisons to previous years as appropriate)
- Section III: Discussion and Recommendations

Contract activity is described primarily for the quarter (April - June 2017). Data analysis is for reviews completed from January through June, with comparisons to earlier years as appropriate. Several significant changes were implemented with the January 2015 revisions, and comparisons to data from years prior to 2015 are not possible or appropriate. Additional changes to some tools, e.g., the Administrative Record Reviews, in January 2016 limit comparisons as well. Discussion of results and evidence based recommendations are offered.

Section I: Significant Contract Activity

Contract Update

The current contract, which was initiated January 2010, was terminated June 30, 2017, ending six months prior to the expected end date. A new contract with Delmarva will be initiated July 1, 2017, putting the contract on a Fiscal Year (FY) cycle. PCRs and PDRs scheduled to be completed between July and December 2017, as part of the 2010 contract, will be completed as part of the first year of the new contract, July 2017 – June 2018. A new PCR sample of people receiving services will be generated and scheduled by August, for reviews to be completed between January and June 2018.

Information Sharing

Staff Conference Calls

Conference calls are conducted on a bi-monthly basis for all reviewers and managers to provide: updates on procedures and/or APD and AHCA policy; a forum for questions; and an avenue to support training and reliability processes. The managers have implemented the use of webinars and go-to-meetings, when appropriate, to enhance training and presentations provided during the calls. Reliability results are discussed, with a focus on standards that may have been most often scored inconsistently.

On alternate weeks, managers often meet with their teams to review information, discuss questions or issues from reviews, and gather feedback from reviewers to help with updates to tools or standards, and changes to how a standard should be interpreted based on information from AHCA and APD. The team meetings also assist with discussing issues/concerns pertinent to the specific region in which the reviewers typically work.

Status Meetings

Status meetings are held to provide an opportunity for Delmarva, AHCA, and APD representatives to discuss contract activities and other relevant issues as necessary. Revisions to processes and tools may be discussed as well as policy updates from AHCA or APD that may impact the FSQAP. During the last quarter of this contract year, status meetings were held April 20 and May 18. Because many people from AHCA, APD and Delmarva attend Family Café, the June meeting was canceled.

Internal Quality Assurance Activities

Report Approval Process

In order to reduce error rates and enhance reliability, the Delmarva management team reviews all PCR and PDR reports before they are approved, posted, and included in the database for analysis. Managers work with the reviewer if an error is discovered and provide technical assistance if needed.

After management approval, reports are mailed to providers or Support Coordinators, and posted to the web site for APD and AHCA. Some information from PDR reports is added to the Public Reporting website at www.flddresources.org to help community stakeholders find providers and view scores.

Reliability

Delmarva Quality Assurance Reviewers (QAR) and Regional Managers undergo rigorous reliability testing each year, including formal and informal processes. QARs are periodically shadowed by managers to ensure proper procedures and protocols are followed throughout the review processes. In addition, formal inter-rater reliability (IRR) testing is conducted.

- File reliability is used for documentation review tools (Service Specific). One file is distributed to all reviewers who, within a certain timeframe, submit responses on the specific tool being tested. An “Ask the Provider” session is offered to all reviewers to better simulate the actual interactive review activity to ensure all necessary information is collected and interpreted correctly.
- Field reliability is conducted onsite with reviewers and is used to determine if protocols and procedures are followed correctly and if responses on the interview processes match the manager conducting the IRR. Administrative tool reliability is conducted in the field.

The following IRR activity was completed for which all participants passed:

- PCR Individual Interview Field Review Reliability was completed with three QARs this quarter and all passed.
- PDR Field Review Reliability was completed with three QARs this quarter and all passed.
- PDR Staff Interview Field Review Reliability was completed with three QARs this quarter and all passed.
- Behavior Analysis File Review Reliability was completed with 26 QARs – all passed

Internal Training

Informal training is often provided during bi-weekly conference calls with all staff. Topics for training are generated from review activities, AHCA and APD clarifications, and reliability activities. Corporate training may also be made available during these meetings on various topics.

Delmarva hosted their annual conference for their reviewers June 6th-9th, 2017 in Orlando, Florida. External speakers included AndraLica McCorvey-Reddick from AHCA, Ed DeBardeleben, APD, and Meghan Murray, APD.

Manager Meetings

Every two weeks the management team, including Bob Foley (Sr. VP for Disability Related Programs), Sue Kelly (Sr Scientist with Delmarva), and IT support, meet to discuss various topics including issues, application changes, agenda items for staff meetings, reliability results and production. The time is also used to brainstorm solutions or innovative revisions to systems and processes.

During this past quarter the team came together for two days for in-depth discussion of current needs and future possibilities. The primary purpose was to discuss how to implement quality improvement strategies and new efficiencies in the review processes.

Training Provided

Delmarva provided an exhibit booth at the Family Café on June 16th and 17th in Orlando, Florida. Theresa Skidmore, Robyn Toulakis, Christie Gentry, Charlene Henry, Gladys Brewer, Cheryl King, and Kristin Allen of Delmarva attended the event and disseminated materials to parents, individuals receiving services, providers, and other attending stakeholders. The materials included information on the Able Act, Protecting Information, Rights, Supported Decision Making and Community Activities.

Trainings through CourseAvenue were available to all stakeholders through the end of June. These topics include:

- Desk Review
- Empowering Families
- Ethical Issues in Providing Support and Services
- Introduction to Implementation Planning
- Medication Highway
- Medication Review
- Preventive Health Screening
- Protecting Individual Rights
- Quality Enhancement Planning
- Recognizing and Reporting Abuse

Regional Quarterly Meetings

Delmarva facilitates meetings in each APD Region with the Delmarva Regional Manager(s) responsible for the review activities and staff in the Region and other APD Regional personnel,

including the Regional Administrator as possible. The purpose of the meetings is to discuss and interpret data from the Delmarva reviews to guide APD toward appropriate remediation activities, and to update all entities on current activities in the Region. Representatives from AHCA and APD State office may attend the meetings via phone in each Region. Face to face meetings were held in all APD Regions this quarter.¹

Quality Council (QC)

The last QC meeting was held on March 22, 2017.² A summary of the meeting was included in the FSQAP First Quarter report this year. The next QC meeting will be July 13, 2017, in Orlando.

Abuse, Neglect, Exploitation (ANE) Verified by Department of Children and Families (DCF)

Verified ANE reports are provided to the Agency for Persons with Disabilities (APD) by DCF. A verified report means an allegation of ANE was reported, formally investigated, verified, and closed by DCF. Effective February 2016, these reports are provided to Delmarva. As per APD’s request, the PDR reports issued by the Delmarva Foundation began including the number of verified ANE reports for incidents that occurred over the 12 months previous to the providers’ scheduled PDR. The provider’s overall PDR score is reduced by 10 percentage points for one verified report and 15 percentage points for two or more verified reports. If a verified ANE report is received for a deemed provider, the provider will be added to the PDR schedule. Between January and June, 2017, 26 alerts were reported to Delmarva in conjunction with 21 scheduled PDRs:

# of Providers	# of ANE Reported	Total ANE
19	1	19
1	3	3
1	4	4
21		26

Feedback Surveys

National Core Indicator (NCI) Consumer Survey Feedback Survey

After each individual NCI interview, Delmarva provides the individual with a feedback survey. The individual is encouraged to complete the feedback survey, which is mailed directly to Human Services Research Institute (HSRI). Between January and June 2017, 87 surveys were returned to

¹ Minutes for each meeting are on the FSQAP Portal Client Site and available to AHCA and APD (<http://www.dfmc-florida.org/Public2/qualityCouncil/archive.html>).

² The agenda and minutes from the QC meeting are available at <http://www.dfmc-florida.org/Public2/qualityCouncil/archive.html>.

HSRI.³ Although results are generally based on a small return rate, they have remained positive and consistent over the years. Current feedback indicates the following:

- 78.2 percent of respondents indicated the individual had participated in answering the Adult Consumer Survey.
- 62.1 percent of respondents indicated an advocate, relative or guardian participated in the Consumer Survey.
- 25 feedback forms (28.7%) were completed by the person receiving services, with 55.2 percent completed by an advocate, relative or guardian, and 24.1 percent by a staff member where the person lives or receives services.
- 68.7percent of respondents indicated the NCI interviews took place in the home.
- Respondents indicated 72.4 percent of individuals chose where to meet for the survey interview. However, 19 respondents (21.8%) indicated the individual did not choose where to meet for the survey.
- All but one respondent (98.9%) felt the interview was scheduled at a convenient time, and most (92.0%) respondents felt it took about the right amount of time.
- Most respondents (94.2%) thought the questions were not difficult to answer and 84.9 percent indicated the interviewer explained the person did not have to answer the questions.
- All but two respondents felt the interviewer was respectful.
- 100 percent of respondents indicated the interviewer explained what the survey was about.

Provider Feedback Survey

After each PDR, providers are given the opportunity to offer feedback to Delmarva about the review process and professionalism of the reviewer(s). Providers are given a survey they can complete and mail/fax to Delmarva, or surveys can be completed online on the FSQAP website. Between January and June 2017, 148 surveys were received from providers who had participated in a PDR. On average, 98.1 percent of responses were positive (1,152/1,174).

Table 1: Results from Provider Feedback Surveys			
Reviews Received Between January and June 2017			
Question	# Yes	# No	#NA⁴
Did the Quality Assurance Reviewer (QAR) identify documents needed to complete the review?	146	1	1
Did the QAR explain the purpose of the review?	145	3	0
Did the QAR explain the review process and how the QAR or Delmarva team would conduct the review?	146	2	0

³ N sizes listed with the results indicate when the total number of responses was less than 87.

⁴ Includes responses left blank.

Table 1: Results from Provider Feedback Surveys			
Reviews Received Between January and June 2017			
Question	# Yes	# No	#NA⁴
Did the QAR answer any questions you had in preparation for the review?	146	1	1
Did the QAR refer you to the FSQAP website, including the tools and procedures?	143	4	1
Did the QAR arrive at the review at the scheduled time?	146	2	0
If no, did the QAR call to notify you he/she might be a little late? (N=2)	0	2	0
Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving?	145	3	0
If you scored Not Met on any of the standards, did the QAR explain why?	135	4	8
Total Responses	1,152	22	11

Summary of Customer Service Calls

During the last quarter of the contract, April – June 2017, 169 calls were recorded in the Customer Service Log, with an average response time of one day for each call.⁵

Data Availability

- Production reports are available for download at any time, available on the private section (required member login) of the FSQAP website.
- The Results by Service Real Time Data Report is available on the private section (required member login) of the site.
- The Delmarva Review database is sent to APD monthly.

Staff Changes

- Noeline Coore-Brown in the Southeast Region resigned in April 2017.
- Ivonne Gonzalez started in May 2017, working in Southern Region.
- Dianna Durnulc joined Delmarva May 22 in a combined capacity as Customer Service Representative and Quality Assurance Reviewer.
- Two other new QARs started May 22: Kristi Daniel and Debra Winters

All new hires completed all activities on the Quality Assurance Reviewer Orientation and Training Checklist and are now in the field conducting reviews.

⁵ The list of topics and number of calls per topic are presented in Attachment 1.

Section II: Data from Review Activities

Person Centered Reviews (PCR)⁶

The PCR includes an interview with the person, an interview with the Support Coordinator and a review of the person’s record maintained by the support coordinator. Four key areas are measured within each PCR process: Person Centered Supports (PCS), Community Involvement (CI), Health and Safety. The new tools and processes implemented in January 2015 for the PCR were initially designed to have a focus on how well the Support Coordinator uses person centered practices to support the person to achieve outcomes, as desired. However, during the third quarter of 2015, the focus of the individual interview was changed to include the person’s perspective on how well all services are provided and the total quality of life for the person.

Information in Table 2 provides the number of PCRs completed by APD Region for the final quarters of the contract, January – June 2017, including the number of people participating in CDC+ (183), the number participating in the waiver (710), and the total number of individuals who declined.⁷ The time period for declines is based upon the projected time period for the review. The decline rate was approximately 20.4 percent for the waiver and 13.3 percent for CDC+.

Table 2: Person Centered Review Activity				
January – June 2017				
	Number of PCRs		Number of Declines	
Region	Waiver	CDC+	Waiver	CDC+
Northwest	45	25	12	2
Northeast	109	25	20	5
Central	188	43	53	4
Suncoast	136	33	39	9
Southeast	119	31	40	6
Southern	113	26	18	2
Total	710	183	182	28

Individuals are free to decline to be interviewed at any time during the process. An individual who declines, or may be otherwise unable to participate, is replaced by another individual from the oversample to ensure an adequate and representative sample is used for analysis. Reasons given for

⁶ All review tools are posted on the FSQAP website (<http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>).

⁷ It is important to note this represents approximately half the sample intended to be completed by the end of December, and therefore results should be considered with caution.

the declines are shown in Table 3. When an individual declines to participate, the reviewer calls the person to verify the decision. This affords the person an opportunity to ask questions or seek clarification about the PCR process and the person’s potential role in it. It also gives individuals an opportunity to change their minds about participating.

The largest percent of declines was for people who refused to participate, 51.4 percent. An additional 39 (18.6%) declines were because the person no longer received services (n=25), had passed away (n=5), or had moved out of the state (n=9). Approximately 30 percent of individuals indicated a preference to participate next year.

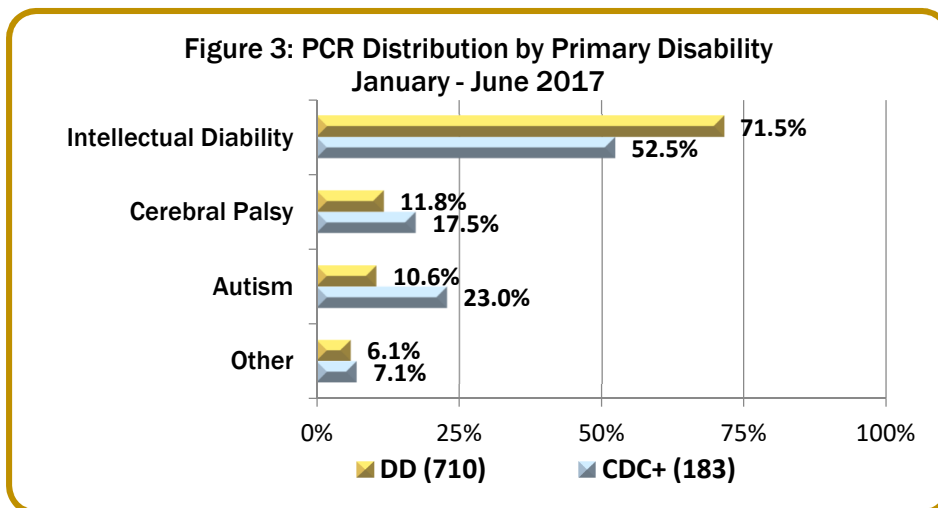
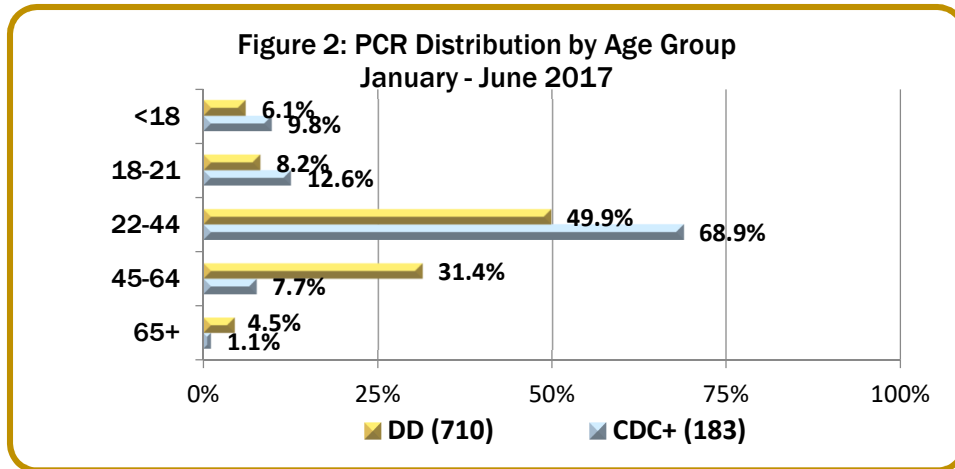
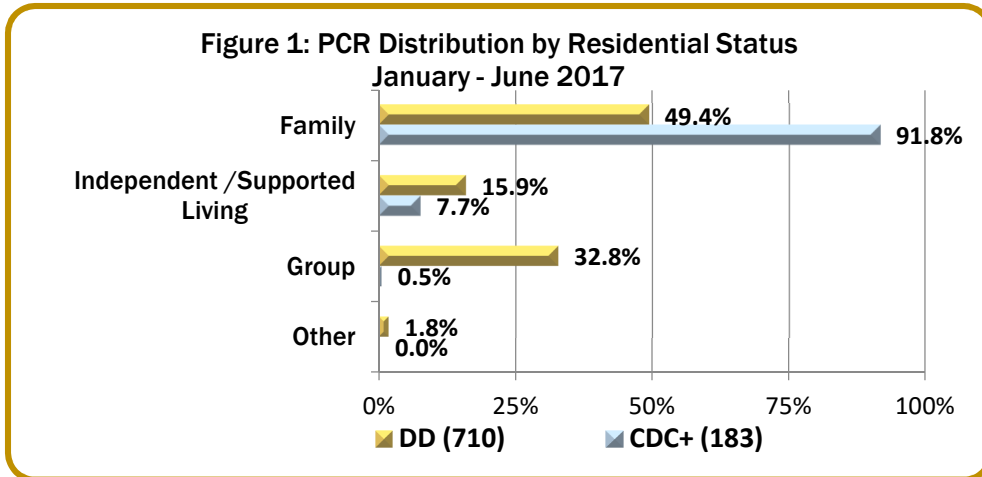
Table 3: Person Centered Review Decline Reasons			
January – June 2017			
Decline Reason	Waiver	CDC+	Total
Refused	95	13	108
Review Next Year	54	9	63
No Longer Receiving Services	22	3	25
Deceased	3	2	5
Moved Out of State	8	1	9
Total	182	28	210

Demographics

The following series of figures shows the distribution of the PCR sample across Residential Setting, Age Groups and Primary Disability.⁸

- Almost all CDC+ participants live in the family home (91.8%), compared to just under half of DD Waiver participants (49.4%).
- CDC+ participants are more likely to be younger than DD Waiver participants.
- DD Waiver participants are much more likely to have an intellectual disability as their primary disability than CDC+ participants, 71.5 percent and 52.5 percent respectively.
- Approximately 41 percent of people using CDC+ had Cerebral Palsy or Autism as a primary disability compared to about 22 percent of people using the waiver.

⁸ The Other category for Residential Status for the DD Waiver includes Assisted Living Facilities (4) and Foster Care (1). The Other Disability category includes Spina Bifida (11), Down Syndrome (15), and Other (33). The Other category for CDC+ Disability is Spina Bifida (2), Down Syndrome (5) and Other (6).



PCR Individual Interview (II)

Each individual who participates in a PCR receives a face-to-face interview that includes the National Core Indicator (NCI) Adult Consumer Survey and the PCR II.⁹ The PCR II consists of seven standards (four related to Community), each composed of a various number of indicators/questions. Up to 68 indicators are scored. Indicators addressing key areas such as rights and choice are embedded in and specific to each standard. The standards and number of indicators used to measure them (in parentheses) are as follows:

1. Person Centered Supports (27): Individual's needs are identified and met through person centered practices
2. Community: Individuals have opportunities for integration in all aspects of their lives including where they live (majority of findings apply to individuals in Supported Living and licensed settings) (9) (Residence)
3. Community: Individuals have opportunities for integration in all aspects of their lives including where they work (majority of findings apply to individuals receiving LSD 1, 2 or 3, or Personal Supports if used as a meaningful day activity) (4) (Work)
4. Community: Individuals have opportunities for integration in all aspects of their lives including access to community services and activities (5) (Access)
5. Community: Individuals have opportunities for integration in all aspects of their lives including opportunities for new relationships (4) (Relationships)
6. Individuals are safe (12)
7. Individuals are in best possible health (7)

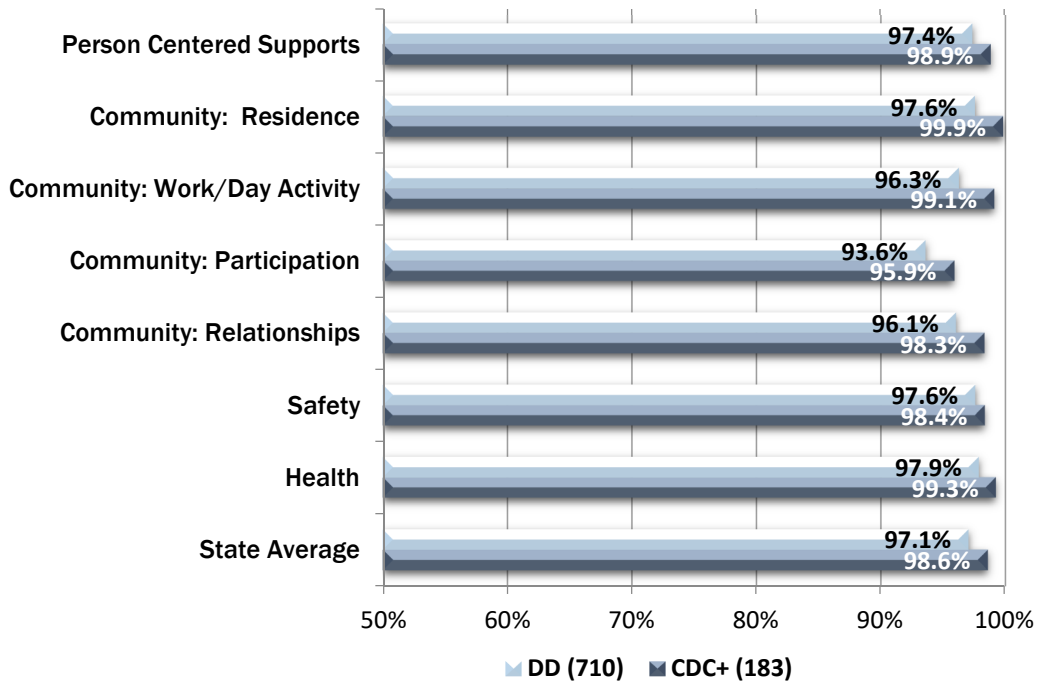
The CDC+ program provides individuals with flexibility and opportunities not offered to individuals on the Developmental Disabilities (DD) waiver, such as the ability to hire/fire providers, use non-waiver providers who are often family members, and negotiate provider rates. A non-paid representative helps with the financial/business aspect of the program and a CDC+ Consultant acts as a service coordinator. CDC+ Consultants must also be certified as Waiver Support Coordinators. Because of these basic differences, results for CDC+ are analyzed separately.

PCR Individual Interview (II) by Standard

The average PCR II score for each standard is presented in Figure 4, for DD Waiver and CDC+. Scores on average are high, with CDC+ somewhat higher consistently for almost all standards. People using the DD waiver were less likely to have community relationships or participation present than other outcomes, and community participation was the area for which CDC+ showed the lowest score.

⁹ Since contract year 2012, children under age 18 have been included in the PCR sample. Because the NCI Consumer survey is only valid for adults, children do not participate in the NCI portion of the PCR process.

**Figure 4: PCR II Results by Standard and Waiver v CDC+
January - June 2017**



Of the 68 different indicators used to measure standards for the PCR II, only one standard for the DD Waiver reflected a score of less than 90 percent and no standards in CDC+ were below 90 percent.

Low Scoring DD Waiver Indicator: PCR II

Person is provided education/information about social roles in the community (87.3%; n=692).

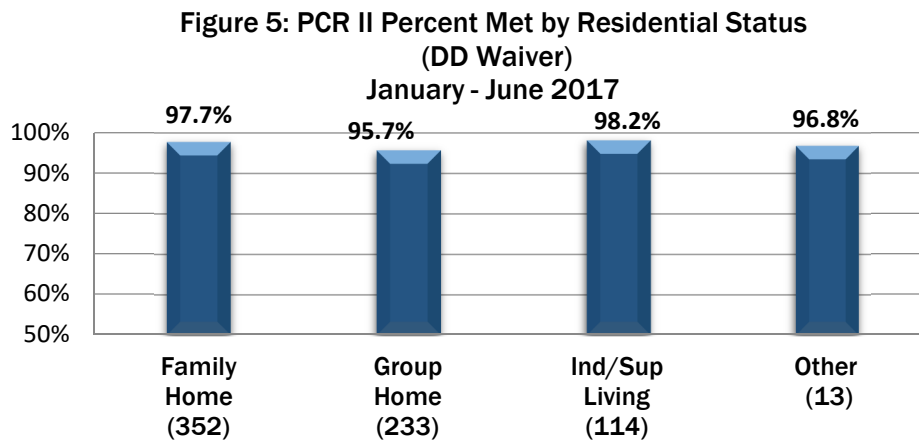
PCR II by Region

The average PCR II scores for the 710 individuals on the DD waiver and 183 individuals participating in CDC+ are presented in Table 3, for each region and statewide. There is very little variation across regions for with Waiver or CDC+ results from the individual interviews.

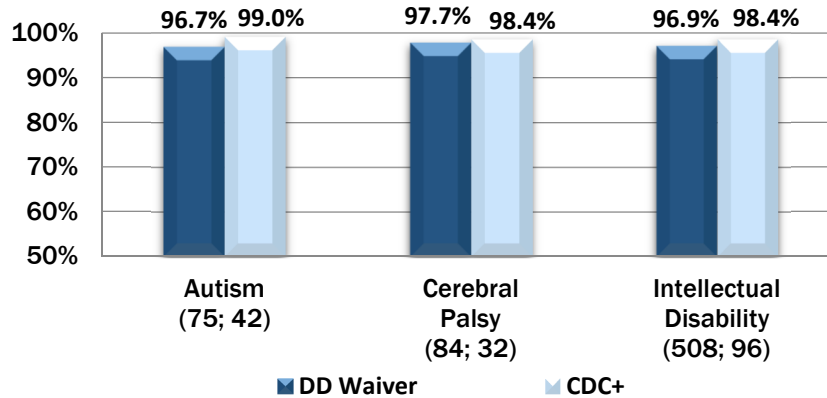
Table 4: PCR II Results by Region				
January - June 2017				
Region	Waiver		CDC+	
	#	% Met	#	% Met
Northwest	45	97.6%	25	98.4%
Northeast	109	97.4%	25	98.9%
Central	188	96.5%	43	98.7%
Suncoast	136	97.8%	33	98.3%
Southeast	119	96.6%	31	98.3%
Southern	113	97.2%	26	99.2%
State	710	97.1%	183	98.6%

PCR II by Residential Status, Disability and Age

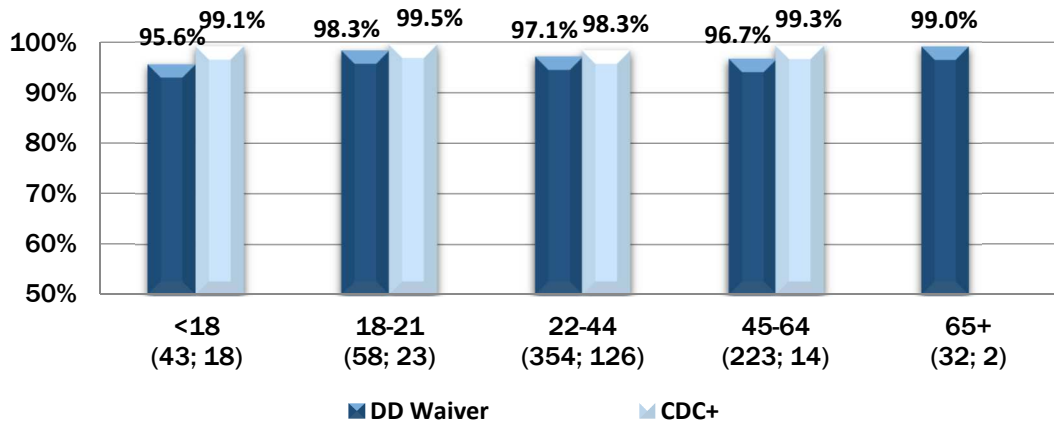
The following three figures display PCR II results by residential status, disability and age group (Figures 5 – 7). CDC+ results by Residential Status are not shown in this report as almost all the individuals live in a family home. CDC+ results are not shown for the two individuals age 65 or over. Results indicate very little variation across demographic categories.



**Figure 6: PCR II by Disability and Waiver Type
January - June 2017**



**Figure 7: PCR II Percent Met by Age and Waiver Type
January - June 2017**



PCR Waiver Support Coordinator (WSC) Interview¹⁰

The PCR includes an interview with the WSC or CDC+ Consultant (CDC+ C) who is supporting the person at the time of the review. The standards are the same as described for the PCR Interview. However, the focus of the indicators is from the perspective of the WSC/CDC+ C. For example, how well does the WSC support the person to achieve person centered planning or community integration?

¹⁰ Some standards in the PCR and PDR record reviews are weighted for calculating the overall provider’s score. For example, standards measuring health and safety items are generally more important and therefore weigh heavier when calculating the provider’s score. In this report, unless otherwise noted, unweighted results are shown. This provides an accurate reflection of the number and percent of providers who have the standards scored as Met.

WSC and CDC+ Interview results are shown by Standard in Figure 8 and by Region in Table 5.¹¹ Interview scores are very high for both CDC+ and the Waiver, 99.4 percent and 98.8 percent respectively. WSCs appear to be scoring somewhat lower in Community Participation than in other areas. There is little variation across regions.

Figure 8: Interview Results by Standard, WSC and CDC+ January - June 2017

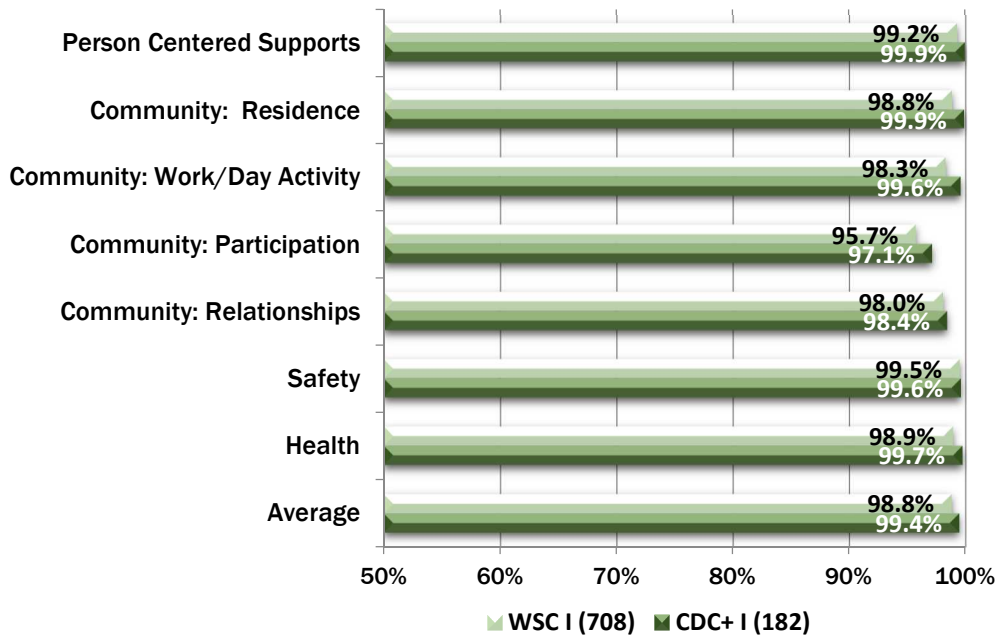


Table 5: WSC and CDC+ C Interview Results by Region January - June 2017				
Region	WSC		CDC+	
	#	% Met	#	% Met
Northwest	45	98.4%	25	99.5%
Northeast	109	98.6%	24	99.8%
Central	188	97.8%	43	98.8%
Suncoast	134	99.2%	33	99.6%
Southeast	119	99.6%	31	99.4%
Southern	113	99.3%	26	100.0%
State Average	708	98.8%	182	99.4%

¹¹ Two WSC and one CDC+ Consultant were noncompliant with the review process.

Of the 62 different indicators used to measure standards for the WSC/CDC+ Interview, none showed a score of less than 90 percent.

PCR Waiver Support Coordinator and CDC+ Consultant Record Reviews

During the PCR the records maintained by the WSC or CDC+ consultant working for the person are reviewed. Compliance rates are presented for WSCs and CDC+ Consultants by Region in Table 6 and by Standard for WSCs in Table 7 and CDC+ Consultants in Table 8.

Because the number of CDC+ reviews in each region is relatively small, comparisons between WSCs and Consultants across regions should be made with caution. To date, findings indicate:

- Both WSCs and Consultants score high on the record reviews, with 95 percent and 98 percent of standards met respectively.
- Generally, WSCs score somewhat lower on record reviews than interviews.
- Fewer than 90 percent of WSCs and Consultants had the Annual Report in the record, 87.0 percent and 88.9 percent respectively.
- WSCs also scored below 90 percent in ensuring the Level of Care was completed accurately with the correct form (88.8%); services are delivered in accordance with the Support Plan (85.6%); efforts to assist the person define abuse, neglect and exploitation are documented (89.2%); and in demonstrating pre-Support Plan planning activities were conducted (76.4%). The latter being the lowest scoring indicator for the WSC record review results.

Table 6: PCR WSC and CDC+ Record Review Results by Region				
January – June 2017				
Region	Waiver Support Coordinator		CDC+ Consultant	
	# of Reviews	Percent Met	# of Reviews	Percent Met
Northwest	45	97.1%	25	99.7%
Northeast	109	93.0%	24	98.5%
Central	188	94.4%	43	96.8%
Suncoast	134	94.9%	33	97.4%
Southeast	119	96.0%	31	97.9%
Southern	113	95.9%	26	98.8%
State	708	95.0%	182	98.0%

Table 7: WSC Record Review Results by Standard		
January – June 2017 (n=708)		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	705	96.5%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	701	96.1%
Level of care is completed accurately using the correct instrument/form.	708	88.8%
Person receiving services is given a choice of waiver services or institutional care at least annually.	707	97.5%
The Support Plan is updated within 12 months of the person's last Support Plan.	693	99.0%
The current Annual Report is in the record.	687	87.0%
The Support Plan is updated/revised when warranted by changes in the needs of the person.	331	98.2%
WSC documents a copy of the Support Plan is provided to the person or legal representative within 10 days of the Support Plan effective date.	704	96.0%
WSC documentation demonstrates a copy of the Support Plan is provided to all service providers within 30 calendar days of the Support Plan effective date.	671	93.1%
Support Plan includes supports and services consistent with assessed needs.	706	99.2%
Support Plan reflects support and services necessary to address assessed risks.	690	99.6%
Support Plan includes a current Safety Plan.	32	96.9%
Support Plan reflects the personal goals/outcomes of the person.	706	99.0%
The current Support Plan includes natural, generic, community and paid supports for the person.	707	98.4%
WSC documentation demonstrates current, accurate, and approved Service Authorizations are issued to service provider(s).	690	97.5%
The Support Coordinator documents efforts to ensure services are delivered in accordance with the service plan, including type, scope, amount, duration, and frequency specified in the Cost Plan.	689	85.6%
The Support Coordinator is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	707	100.0%
The Support Coordinator bills for services only after service is rendered.	707	97.2%
The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted.	691	76.4%
The Support Coordination Progress Notes demonstrate required monthly contact/activities were completed and are in the record.	706	95.0%
For individuals in supported living arrangements Progress Notes demonstrate required activities are covered during each quarterly home visit.	110	90.0%
For persons living in Supported Living Arrangements the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider.	102	92.2%

Table 7: WSC Record Review Results by Standard		
January – June 2017 (n=708)		
Standard	Number Reviewed	Percent Met
The Support Coordinator documents efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis.	700	98.3%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing among waiver service providers on an ongoing basis.	703	98.2%
The Support Coordinator documents efforts to assist the person/legal representative to know about rights on an ongoing basis.	705	93.2%
The Support Coordinator documents efforts to ensure the person's health and health care needs are addressed on an ongoing basis.	708	98.2%
The Support Coordinator documents efforts to ensure person's safety needs are addressed on an ongoing basis.	708	98.7%
The Support Coordinator has a method in place to document information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis.	543	95.0%
The Support Coordinator documents efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents on an ongoing basis.	706	89.2%
Average WSC Record Review Score	17,923	95.0%

Table 8: CDC+ Consultant Results by Standard		
January – June 2017		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	182	98.9%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	182	97.3%
Level of care is completed accurately using the correct instrument/form.	182	94.5%
Person receiving services is given a choice of waiver services or institutional care at least annually.	182	97.8%
The Support Plan is updated within 12 months of the person's last Support Plan.	179	100.0%
The current Annual Report is in the record.	180	88.9%
The Support Plan is updated/revised when warranted by changes in the needs.	83	98.8%
Consultant documents the Support Plan is provided to the person or the legal representative, within 10 days of the Support Plan effective date.	182	100.0%
Support Plan includes supports and services consistent with assessed needs.	182	100.0%
Support Plan reflects support and services necessary to address assessed risks.	180	100.0%

Table 8: CDC+ Consultant Results by Standard		
January – June 2017		
Standard	Number Reviewed	Percent Met
Support Plan includes a current Safety Plan.	8	100.0%
Support Plan reflects the personal goals of the person.	182	99.5%
The current Support Plan includes natural, generic, community and paid supports for the person.	182	99.5%
Services are delivered in accordance with the Cost Plan.	182	100.0%
The Consultant is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	182	100.0%
The Consultant bills for services only after service is rendered	182	98.4%
Participant Monthly Review forms & Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	182	98.9%
The Consultant documents efforts to assist the person/legal representative to know about rights on an ongoing basis.	182	97.3%
The Consultant documents efforts to ensure the person's health and health care needs are addressed on an ongoing basis.	182	95.6%
The Consultant documents efforts to ensure the person's safety needs are addressed on an ongoing basis.	181	98.3%
The Consultant has a method in place to document information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis.	141	94.3%
The Consultant documents efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents on an ongoing basis.	182	91.8%
Completed/signed Participant-Consultant Agreement is in the record.	182	97.8%
Completed/signed CDC+ Consent Form is in the record.	182	97.3%
Completed/signed Participant-Representative Agreement is in the record.	180	98.9%
All applicable completed/signed Purchasing Plans are in the record.	182	98.9%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	182	100.0%
All applicable completed/signed Quick Updates are in the Record.	71	100.0%
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	91	100.0%
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	169	98.8%
Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	176	100.0%
Consultant has taken action to correct any overspending by the Participant.	16	100.0%
If applicable, Consultant initiates Corrective Action.	5	100.0%
Completed/signed Corrective Action Plan is in the record.	4	100.0%

Table 8: CDC+ Consultant Results by Standard January – June 2017		
Standard	Number Reviewed	Percent Met
If applicable, an approved Corrective Action Plan is being followed.	4	100.0%
The Emergency Backup Plan is in the record and is reviewed annually.	181	97.8%
Consultant documentation demonstrates a copy of the Support Plan is provided to the CDC+ Representative within 30 calendar days of the Support Plan effective date.	172	98.8%
Average PCR CDC+ Consultant Result	5,479	98.0%

CDC+ Representative (CDC-R)

Participants in CDC+ have a Representative (the participant is sometimes also the Representative), who helps with the “business” aspect of the program: such as hiring providers, completing and submitting timesheets, and paying providers. This is a non-paid position and is most often filled by a family member. Delmarva reviewers monitor the Representative’s records to help determine if the Representative is complying with CDC+ standards and other requirements. Participants may decline to participate in the CDC+ PCR process. However, the Representative for the person still receives a review. Between January and June 2017, 192 CDC+ Representatives were reviewed. Results are presented by region in Table 9 and by standard in Table 10.

- On average, Representatives reviewed during the time period showed 93.8 percent compliance, with 16 of the 19 standards showing scores over 90.0 percent.
- There is some variation across regions, with the Southeast Region showing the lowest compliance (89.8%).
- The lowest scoring standards indicated documentation is most often missing to support background screening compliance and reconciliation of monthly statements, 79.7 percent and 88.0 percent respectively.

Table 9: CDC+ Representative Record Review Results by Region January – June 2017		
Region	# of Reviews	Percent Met
Northwest	25	94.2%
Northeast	26	96.7%
Central	41	95.0%
Suncoast	34	92.4%
Southeast	38	89.8%

Table 9: CDC+ Representative Record Review Results by Region		
January – June 2017		
Region	# of Reviews	Percent Met
Southern	28	96.1%
State	192	93.8%

Table 10: CDC+ Representative Results by Standard		
January – June 2017		
Standard	Number Reviewed	Percent Met
Complete and signed Participant/ Representative Agreement is available for review.	191	95.3%
Accurate Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	177	89.3%
Signed and approved Invoices for Vendor Payments are available for review.	115	95.7%
Signed and approved receipts/statement of “Goods and Services” for reimbursement items are available for review.	61	96.7%
Complete Employee Packets for all Directly Hired Employees are available for review.	176	97.2%
Complete Vendor Packets for all vendors and independent contractors are available for review.	124	94.4%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	178	93.3%
Signed Employer/Employee Agreement for each Directly Hired Employee (DHE) is available for review.	177	92.1%
All applicable signed and approved Purchasing Plans are available for review.	192	94.3%
Copies of Support Plan(s) are available for entire period of review.	192	96.9%
Copies of approved Cost Plans are available for entire period of review.	192	93.2%
Emergency Backup Plan is complete and available for review.	192	94.3%
Corrective Action Plan (if applicable) is available for review.	5	100.0%
Background screening results for all providers who render direct care are available for review.	182	79.7%
All applicable signed and approved Quick Updates are available for review.	75	94.7%
Monthly Statements are available for review.	191	97.4%
Documentation is available to support the reconciliation of Monthly Statements.	192	88.0%

Standard	Number Reviewed	Percent Met
The Participant obtains services consistent with stated/documentated needs and goals.	192	99.5%
The Participant makes purchases that are consistent with the Purchasing Plan.	181	99.4%
Average CDC+ Representative Record Review Score	2985	93.8%

Health Summary

During the PCR, Delmarva reviewers utilize an extensive Health Summary tool to help determine the individual’s health status in various areas, such as a need for adaptive equipment; if visits have been made to the doctor or dentist; if the person has been hospitalized or been to the emergency room; and type and number of psychotherapeutic drugs the person is taking.

The following tables show the percent of Waiver and CDC+ participants who were taking prescription medications by the number of medications taken (Table 11); for four or more medications taken, and the percent of individuals with health concerns by year (Table 12); and by common health and welfare indicators (Table 13). Findings relative to prescription medications indicate the following:

- People using the Waiver and CDC+ were about equally likely to not be taking any prescription medications.
- Individuals using the Waiver were much more likely to be taking seven or more medications compared to CDC+, 9.3 percent and 1.6 percent respectively.
- The proportion of people taking four or more medications for both Waiver and CDC+ has remained fairly consistent since 2014: close to 40 percent and approximately 25 percent respectively.
- The proportion of individuals taking four or more medications appears to vary across regions. Multiple medication use rates for the Waiver range from 31.9 percent in the Southeast to 47.8 percent in the Southern Region. The number of CDC+ reviews in each region is relatively small, but the rates range from 16.0 percent in the Northwest to just over 30 percent in Suncoast.

Table 11: Prescription Medications Taken		
January – June 2017		
Number of Medications	Waiver	CDC+
0	18.2%	16.4%
1 - 3	42.7%	57.9%
4 - 6	29.9%	24.0%
7+	9.3%	1.6%
Total N	710	183

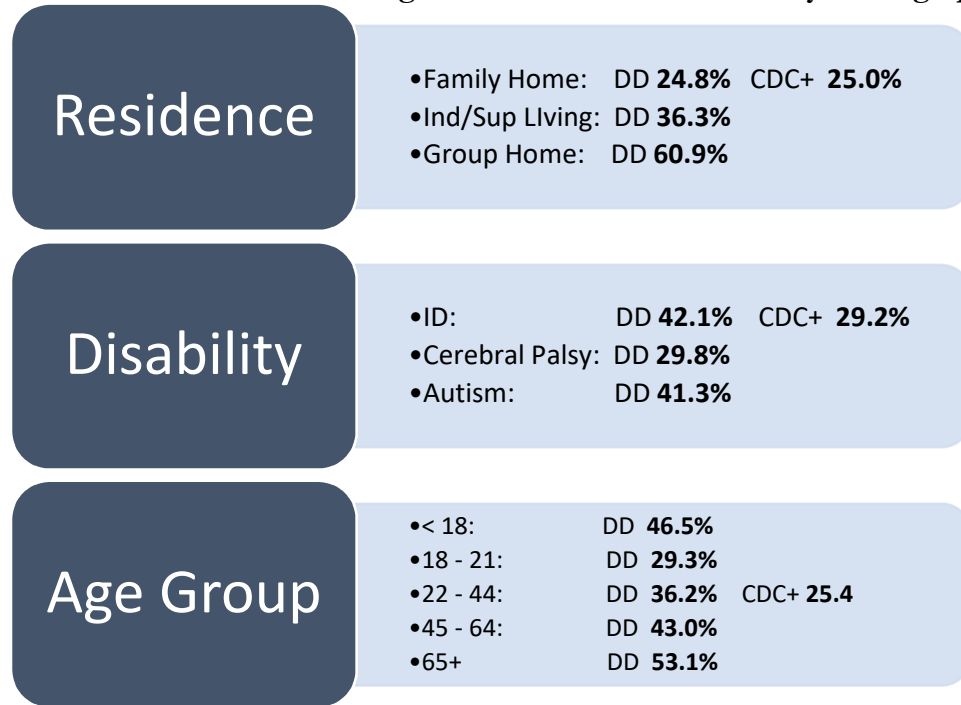
Table 12: Medications and Health Concerns								
	2014		2015		2016		2017 (Q1&Q2)	
	Waiver (1,047)	CDC (270)	Waiver (1,3557)	CDC (385)	Waiver (987)	CDC+ (226)	Waiver (710)	183
Taking 4 or More Prescription Medications	28.7%	19.3%	39.3%	26.6%	37.5%	27.4%	39.2%	25.7%
Have Health Concerns and Needs are Not Being Met	2.8%	3.0%	2.6%	1.3%	2.5%	3.1%	1.5%	1.6%

Table 12a: Individuals Taking 4 or More Mediations by Region January – June 2017				
Region	DD Waiver		CDC+	
	Number of PCRs	Percent Taking 4+ Meds	Number of PCRs	Percent Taking 4+ Meds
Northwest	45	33.3%	25	16.0%
Northeast	109	44.0%	24	28.0%
Central	188	38.3%	43	23.3%
Suncoast	136	37.5%	33	30.3%
Southeast	119	31.9%	31	32.3%
Southern	113	47.8%	26	23.1%
State	710	39.2%	182	25.7%

Information for people taking four or more medications is shown for different demographic categories in the following graphics. Results are shown when the number in the category is at least 25. Findings indicate:

- Residents of group homes were much more likely to take four or more medications than residence in other settings, with a rate close to 61 percent.
- Individuals with ID using CDC+ were less likely to take four or more medications than their Waiver counterparts.
- Children under age 18 and people age 65 and over were most likely to take four or more medications. For adults, the rate increased with each age group.

Percent of Individuals Taking Four or More Medications by Demographics



Other health questions are shown in Table 13. Rates for each are fairly consistent with 2016 findings.

Table 13: Health Summary Questions by Year and Waiver Type						
	2015		2016		2017 (Q1&Q2)	
In the past 12 months:	Waiver (1,355)	CDC+ (385)	Waiver (987)	CDC+ (226)	Waiver (710)	CDC+ (183)
Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation?	2.8%	0.3%	2.5%	0.4%	3.0%	0.0%
Have Reactive Strategies under 65G-8 been used due to behavioral concerns?	2.4%	0.5%	2.7%	0.4%	3.0%	0.5%

Table 13: Health Summary Questions by Year and Waiver Type						
In the past 12 months:	2015		2016		2017 (Q1&Q2)	
	Waiver (1,355)	CDC+ (385)	Waiver (987)	CDC+ (226)	Waiver (710)	CDC+ (183)
Have you been admitted to the hospital (In 2015 added if person was baker acted)	15.8%	10.9%	12.4%	17.3%	11.4%	12.0%
Have you been to an Emergency Room?	21.4%	15.3%	18.3%	23.5%	17.5%	16.9%
Have you been to an Urgent Care Center?	13.1%	10.9%	3.4%	5.3%	3.5%	4.4%

Provider Discovery Reviews (PDR)¹²

During the course of the contract year, a PDR is completed for all providers who rendered at least one of the following services through the iBudget HCBS Waiver, for six months or more:¹³

- Behavior Analysis
- Behavior Assistant
- Life Skills Development 1 (Companion)
- Life Skills Development 2 (SEC)
- Life Skills Development 3 (ADT)
- Personal Supports
- Residential Habilitation Behavior Focus
- Residential Habilitation Intensive Behavioral
- Residential Habilitation Standard
- Respite
- Special Medical Home Care
- Support Coordination/CDC+ Consultant
- Supported Living Coaching

The PDR consists of up to six different review components: Interviews with individuals receiving services (PDR II), Interviews with staff rendering services (SI), Observations at waiver funded licensed residences and day programs (OBS), Policy and Procedure (P&P), Qualification and Training (Q&T), and Service Specific Record Reviews (SSRR). We provide PDR results separately

¹² All review tools are posted on the FSQAP website <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>.

¹³ Deemed providers are permitted to skip one year for the PDR. Deemed is defined as a score of 95% or higher with no alerts or potential billing discrepancies.

for WSCs and Service Providers. Between January and June 2017), 991 PDRs were completed by reviewers and approved by Delmarva management; 720 Service Providers and 271 WSCs.

PDR Individual and Staff Interviews

Beginning in January 2015, the PDR incorporated an interview with individuals receiving services from the provider and an interview with staff providing services. The staff may or may not be providing services to individuals interviewed but all services are monitored through the interview processes. The purpose of the interviews is to determine from the person's perspective how well services are provided and determine from the staff how well people are being supported in each service. The standards for the PDR Individual Interview are the same as for the PCR II but the focus is specific to the provider participating in the PDR.^{14 15} Figure 9 shows Individual and Staff Interview results by Standard and Table 14 shows the results by region.

- Delmarva completed 1,152 Staff and 1,142 Individual Interviews between January and June 2017.
- There was very little variation across the standards or regions, and little variation between individual and staff responses on each Standard.
- Community Participation was least likely to be present.

¹⁴ All PCR and PDR tools can be viewed on the DFMC website: <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>

¹⁵ See the PCR Individual Interview Section for a more detailed description of the interview standards.

**Figure 9: PDR Individual and Staff Interviews
January - June 2017**

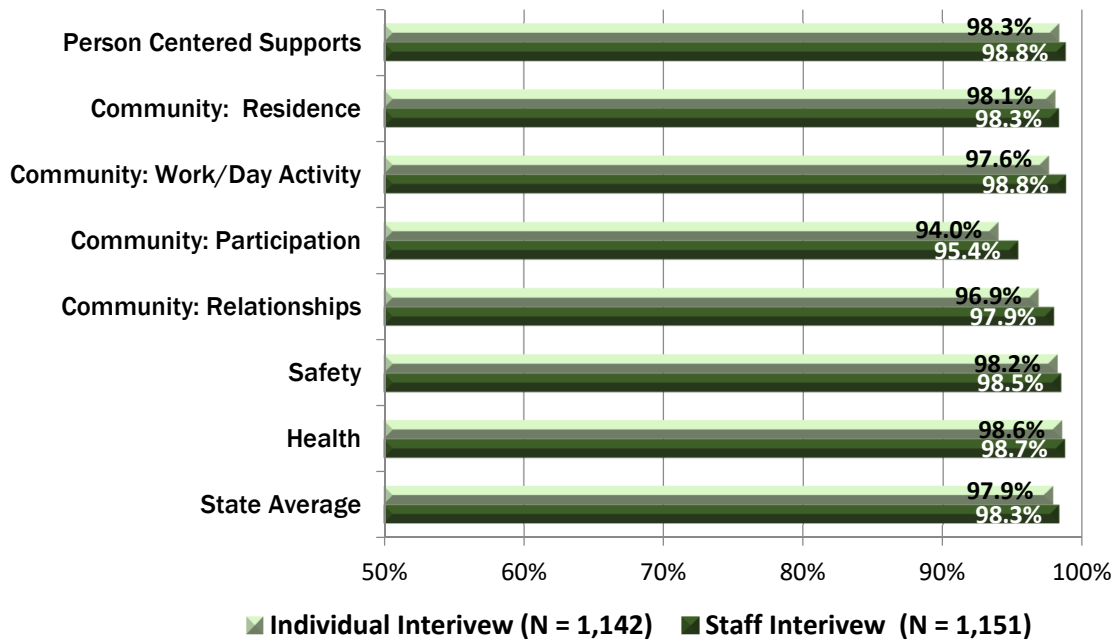


Table 14: PDR Interview Results by Region January - June 2017				
Region	Individual		Staff	
	#	% Met	#	% Met
Northwest	91	98.0%	99	98.3%
Northeast	208	97.8%	200	97.9%
Central	143	96.9%	148	97.6%
Suncoast	263	97.7%	269	98.9%
Southeast	256	98.7%	252	98.5%
Southern	181	98.0%	183	98.4%
State	1,142	97.9%	1,151	98.3%

While scores on the Individual and Staff Interviews through the years have been quite high, two indicators showed results of less than 90 percent, one on the PDR II and one on the Staff Interview. Both pertain to social role development, particularly ensuring the person has information about social roles in the community.

Low Scoring PDR II Indicator

Person is provided information about social roles in the community. (88.2%; N=831).

Low Scoring PDR Staff Interview Indicator

Person is provided information about potential social roles in the community. (89.8%; N=892).

Observations

Observations by Location: Licensed Residential Homes and Day Programs

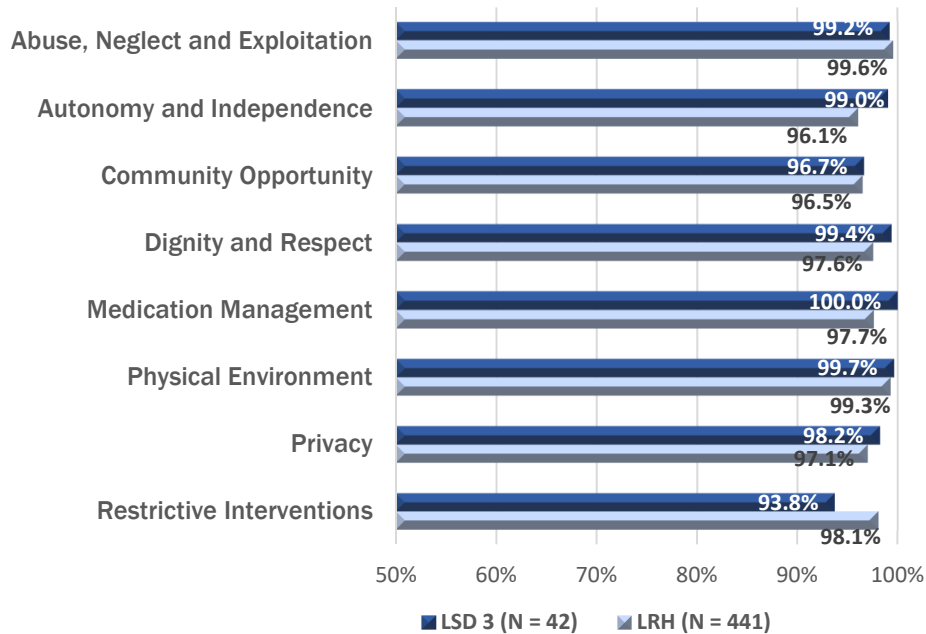
Delmarva reviewers conduct onsite observations of up to 10 licensed residential homes (LRH) when reviewing providers of Residential Habilitation. For Life Skills Development 3 (LSD 3) facilities (Day Programs), all locations operated by the providers receive an onsite observation. During this portion of the PDR, reviewers observe the physical facility, interactions among staff and individuals, and informally interview staff, residents, and day program participants as needed and as possible.

From January through June 2017, observations were completed at 41 Day Program locations and 441 LRHs. PDR Observation scores are shown by Region and type of location in Table 15. The number of Observations completed at Day Programs is quite small in all regions and comparative analysis across regions or to LRHs should be made with caution.

Table 15: PDR Observation Scores by Region and Location				
January – June 2017				
	LRH		LSD 3	
Region	# OBS	% Met	# OBS	% Met
Northwest	20	97.3%	5	100.0%
Northeast	66	97.5%	9	99.6%
Central	84	96.7%	8	98.6%
Suncoast	101	98.0%	7	99.7%
Southeast	112	98.1%	6	95.6%
Southern	58	97.9%	7	98.6%
State	441	97.7%	42	98.7%

Observations are shown by Standard and Location Type in Figure 10. To date, scores are generally high across all the standards, over 93 percent. Autonomy/Independence and Privacy showed a three point difference between the two different types of location, with LRH scores somewhat lower than for day programs. However, LRH scores were approximately four points higher than day programs on the proper use of Restrictive Interventions.

**Figure 10: Observation Results by Standard and Location
January - June 2017**



Observations by Type: Announced vs Unannounced

Of the 483 Observations completed, 121 (25.1%) were unannounced observations. While providers knew when the PDR would occur, they did not always know which facilities would be chosen for the Observation and when it would occur. Table 16 shows results by location and Observation Type (Announced vs. Unannounced). Findings for Observation Type by Region are shown in Figure 11 and by Standard in Figure 12. Findings to date indicate:

- On average, Unannounced Observations showed somewhat lower scores.
- Mostly small differences across regions, with the greatest difference in the Central Region for which Unannounced Observations were 5.3 points lower than Announced Observations.
- Differences across standards were relatively small, with the exception of Medication Management and the use of restrictive interventions, for which Unannounced Observations were 3.9 and 6.4 points lower respectively.

Table 16: Observation Scores by Observation Type and Location Type January - June 2017				
Observation Type	LSD 3		LRH	
	# OBS	% Met	# OBS	% Met
Announced	32	99.1%	330	98.0%
Unannounced	10	97.4%	111	96.7%
Total	42	98.7%	441	97.7%

Figure 11: Announced v. Unannounced Observations
by Region
January - June 2017

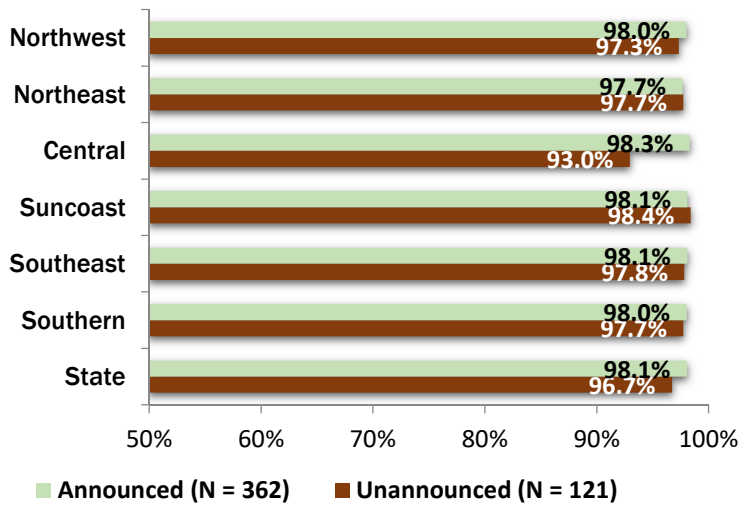
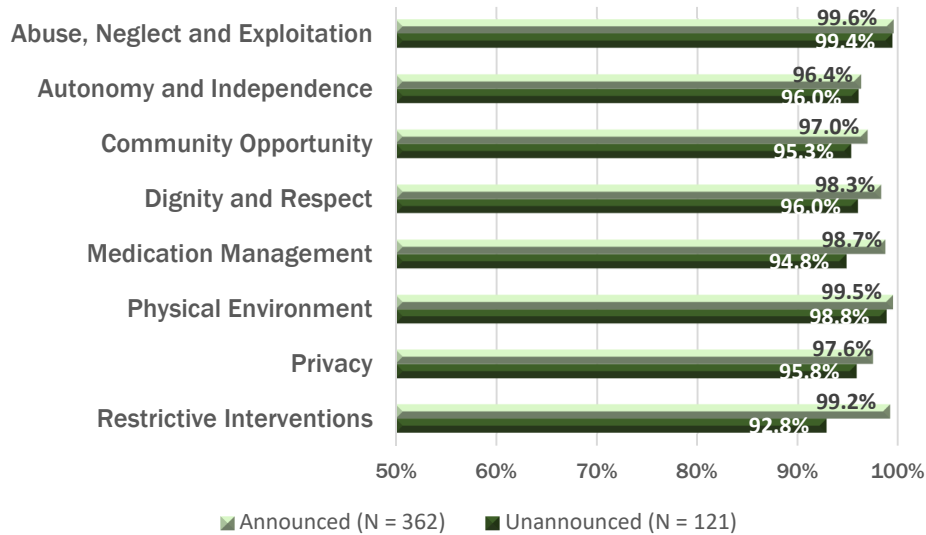


Figure 12: Observation Results by Standard and Observation Type
January - June 2017



Observation Results by Indicator

Each LRH is scored on up to 71 different indicators and each day program is scored on up to 70 indicators. A majority of indicators reflected scores of at least 95 percent of higher: 94.4 percent for Day Program and 90.1 percent for LRH Observations. The following indicators showed the lowest scores to date for LRH and Day Program Observations, lower than 85 percent present.

Low scoring indicators for LRHs

Individuals have a key to their home. (82.0%, N=417)

Living areas reflect the person's interests and hobbies (89.8%, N=441)

Individuals participate in the development of the 'house rules.' (89.6%, N= 423)

Bedroom doors lock. (89.3%, N=440)

Low scoring indicators for LSD 3

Training in the use of public transportation is available and/or facilitated. (85.2%, (N=27)).

Six Restrictive Interventions were observed, for which one was prohibited.

Observation Indicator Differences by Type

There was a small difference, on average, between the Announced and Unannounced Observation scores, 98.1 percent and 96.7 percent respectively. However, data indicate some differences between the two Observation types at the indicator level. The following table lists the indicators for which the score from Announced onsite reviews was 4.5 or more points higher than the score from Unannounced onsite reviews. The greatest differences indicate when the observation is not announced in advance, providers are less likely to show use of appropriate behavioral intervention, observed restrictions are not as likely to be documented in the behavior plan and rights are more likely to be restricted without proper approval.

Observation Indicators: Announced v Unannounced			
January – June 2017			
	Percent Met		
Indicator Text	Announced	Unannounced	Difference
Provider utilizes appropriate behavioral interventions.	100.0%	88.9%	11.1%
Observed restrictive intervention is identified in the behavior plan.	98.4%	90.0%	8.4%
Rights are being restricted without proper approval.	98.6%	90.9%	7.7%
Bathroom doors lock	95.3%	89.2%	6.1%
Individuals can come and go as they please.	98.9%	93.1%	5.8%
Staff demonstrated respect.	99.7%	94.2%	5.5%
Controlled medications are stored separately from other prescription and OTC medications in a locked container within a locked enclosure.	98.3%	93.0%	5.3%
Individuals are treated with respect by staff.	99.7%	95.0%	4.7%
Observed use of prohibited restrictive interventions.	100.0%	95.5%	4.5%
Non-controlled medications are centrally stored in a locked container in a secured enclosure.	98.8%	94.3%	4.5%

Administrative Policies and Procedures

Each agency provider is reviewed to determine compliance with Policies and Procedures (P&P) as dictated in the Florida Medicaid Developmental Disabilities Waiver Services and Limitations Handbook. Each standard is scored as Met, Not Met, or Not Applicable. Results for all P&P Standards reviewed to date this year are shown in Table 17 and indicate a relatively high degree of compliance across most standards for both Service Providers (90.5%) and Support Coordinators (97.8%).¹⁶ Findings by region are presented in Table 18. Most of the Administrative P&P tool is applied to agency providers; however, some questions may also be asked of solo providers. Because Solo WSCs are not reviewed on many standards, we present findings separately by region.

Service Providers were least likely to have written policies and procedures detailing:

- Compliance with background screening and 5-year rescreening requirements
- Hours and days of operation and the notification process to be used if the provider is unable to provide services for a specific time and day as scheduled
- Methods for ensuring person’s confidentiality and storing records in secure manner
- Methods for management and accounting of personal funds

Waiver Support Coordinators (WSC) were least likely to have written policies and procedures detailing:

- Compliance with background screening and 5-year rescreening requirements
- Methods for management and accounting of personal funds

Table 17: PDR Policies and Procedures Results by Standard January – June 2017				
P&P Standard	Service Providers		WSCs	
	N	% Met	N	% Met
If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	10	100.0%	NA	NA
Agency vehicles used for transportation are properly insured.	219	99.5%	NA	NA
Agency vehicles used for transportation are properly registered.	221	99.1%	NA	NA
The provider maintains written policies and procedures with a detailed description of how the provider uses a person-centered approach to identify individually determined goals and promote choice.	558	95.5%	57	100.0%

¹⁶ N sizes may vary throughout the report due to missing and/or not applicable data.

Table 17: PDR Policies and Procedures Results by Standard January – June 2017				
P&P Standard	Service Providers		WSCs	
	N	% Met	N	% Met
The provider maintains written policies and procedures with a detailed description of how the provider will protect health, safety, and wellbeing of the individuals served.	558	94.8%	57	100.0%
The provider maintains written policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening.	558	79.0%	57	89.5%
The provider maintains written policies and procedures detailing hours and days of operation and the notification process to be used if the provider is unable to provide services for a specific time and day scheduled.	557	77.9%	57	98.2%
The provider maintains written policies and procedures detailing how the provider will ensure the individuals' medications are administered and handled safely.	388	94.6%	14	92.9%
The provider maintains written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider.	558	90.0%	57	94.7%
The provider maintains written policies and procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues.	558	96.8%	57	100.0%
The provider maintains written policies and procedures, which detail methods for ensuring the person's confidentiality and maintaining and storing records in a secure manner.	558	87.8%	57	94.7%
The provider maintains written policies and procedures, which detail the methods for management and accounting of any personal funds, of all individuals in the care of, or receiving services from, the provider.	401	78.3%	9	88.9%
The provider maintains written policies and procedures in compliance with 65G-8.003 (Reactive Strategy Policy and Procedures).	129	92.2%	3	100.0%
The provider addresses all incident reports.	378	98.7%	204	100.0%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	129	98.5%	91	98.9%
All instances of abuse, neglect, and exploitation are reported.	95	97.9%	80	97.5%
The provider identifies addresses and reports all medication errors.	73	98.6%	16	100.0%
Average Policies and Procedures	5,948	90.5%	686	97.8%

Information in Table 18 indicates:

- Agency WSCs on average and in every region scored higher than Service Providers agencies

- Service Providers in the Southeast and Southern regions seem to perform better in documenting policies than providers in other regions

Table 18: Policies and Procedures by Region								
January - June 2017								
	Service Providers				WSCs			
	Agency		Solo		Agency		Solo	
Region	N	% Met	N	% Met	N	% Met	N	% Met
Northwest	29	87.8%	35	100%	3	93.5%	19	100%
Northeast	80	89.6%	48	78.1%	5	95.7%	32	100%
Central	82	88.1%	22	81.3%	12	91.2%	52	100%
Suncoast	141	87.8%	30	100%	12	98.4%	40	100%
Southeast	131	93.1%	26	90.0%	11	98.8%	48	100%
Southern	91	96.1%	5	0.0%	14	99.1%	23	100%
State	554	90.5%	166	88.4%	57	96.5%	214	100%

Qualifications and Training Requirements

Service Providers, Waiver Support Coordinators and all direct service employees are required to have certain training and education completed in order to render specific services. For each Service Provider and WSC, several employee records are reviewed. The total number of employee records sampled for review varies, depending on the number of people receiving services. Of the 720 providers and 271 WSCs who participated in a PDR between January and June 2017, 1,723 and 360 employee records were reviewed, respectively.

A description of each standard scored within the Administrative Qualifications and Training component of the PDR is shown in Table 19 for Service Providers and Table 20 for WSCs. Each table shows the number of employee records, the number of providers reviewed (for which the standard was applicable) and the percent of providers with the standard met. For the provider to score the standard met, all employee records reviewed must show compliance with the standard. If one record is out of compliance, the standard is Not Met.¹⁷

- On 75 percent of the standards (33 out of 44), 85 percent or more of providers were in compliance with the standard. 85 percent or more of the WSCs were in compliance on 87 percent of the Q&T standards (20 out of 23).

¹⁷ For some of the standards only a few records and providers were reviewed so comparisons across these standards should be made with caution.

- Service Providers and WSCs were least likely to have received training in all waiver requirements, 52.2 percent and 64.6 percent respectively
- Of the remaining 10 lowest scoring standards for providers, seven showed challenges with compliance on in-service training for various services.
- Three other areas showed fewer than 85 percent of providers in compliance with the training/requirements:
 - HIPPA
 - Introduction to Social Security Work Incentives
 - Level II Background Screening
- Fewer than 85 percent of WSCs completed HIPPA or the annual in-service training.

Table 19: PDR Qualifications and Training Service Provider Results by Standard			
January - June 2017			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The provider has completed all aspects of required Level II Background Screening.	1,723	720	82.6%
The provider received training in Zero Tolerance.	1,722	720	88.2%
The provider received training in Basic Person Centered Planning.	1,352	632	86.7%
The provider received training on Individual Choices, Rights and Responsibilities	1,353	633	86.9%
The provider received training in Requirements for all Waiver Providers	1,433	613	52.2%
The provider received training in HIPAA.	1,719	720	78.3%
The provider received training in HIV/AIDS/Infection Control.	1,664	704	88.9%
The provider maintains current CPR certification.	1,671	702	93.0%
The provider received training in First Aid.	1,659	701	88.4%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	822	374	97.1%
The provider maintains current medication administration validation.	811	368	97.0%
The provider received training in an Agency approved curriculum for behavioral emergency procedures consistent with the requirements of the Reactive Strategies rule (65G-8, FAC).	230	105	95.2%
Drivers of transportation vehicles are licensed to drive vehicles used.	1,331	650	99.8%
Personal vehicles used for transportation are properly insured.	927	504	94.4%
Personal vehicles used for transportation are properly registered.	925	502	93.8%

Table 19: PDR Qualifications and Training Service Provider Results by Standard			
January - June 2017			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.	17	16	81.3%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	471	307	95.4%
The provider has completed standardized, pre-service training for Life Skills Development Level 2.	75	66	98.5%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	75	35	100.0%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	807	462	97.0%
The provider meets all minimum educational requirements and levels of experience for Respite.	246	176	93.2%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	186	151	98.0%
The provider completed required Supported Living Pre-Service training.	186	151	98.7%
The Supported Living Coach completed Introduction to Social Security Work Incentives.	161	133	78.9%
The provider received training in Direct Care Core Competency.	1,299	623	96.3%
The provider received training in Direct Care Core Competencies.	456	271	90.4%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	55	40	100.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	22	19	94.7%
The Behavior Assistant provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	21	18	94.4%
The Life Skills Development 1 provider completes 4 hours of annual in-service training related to the specific needs of at least one person currently receiving services	391	269	68.8%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	76	66	100.0%
The Life Skills Development 2 provider completed Introduction to Social Security Work Incentives.	70	62	91.9%

Table 19: PDR Qualifications and Training Service Provider Results by Standard			
January - June 2017			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment.	73	63	79.4%
The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services.	55	32	78.1%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	587	237	94.5%
The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	487	220	64.5%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	117	49	87.8%
The Residential Habilitation - Behavior Focus provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	117	49	95.9%
The Residential Habilitation - Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.	91	42	78.6%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	9	7	100.0%
The Residential Habilitation - Intensive Behavior provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	8	7	85.7%
The Supported Living Coach provider completes eight hours of annual in-service training.	169	138	85.5%
The Personal Support provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	705	435	64.1%
The Residential Habilitation - Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics.	6	5	100.0%

Table 20: PDR Qualifications and Training WSC Results by Standard			
January - June 2017			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The provider has completed all aspects of required Level II Background Screening.	360	271	90.0%
The provider received training in Zero Tolerance.	358	271	94.5%
The provider received training in Basic Person Centered Planning.	337	259	90.7%
The provider received training on Individual Choices, Rights and Responsibilities	95	77	96.1%
The provider received training in Requirements for all Waiver Providers	291	212	64.6%
The provider received training in HIPAA.	360	271	81.9%
The provider received training in HIV/AIDS/Infection Control.	353	267	88.4%
The provider maintains current CPR certification.	338	255	91.8%
The provider received training in First Aid.	339	256	90.2%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	3	3	100.0%
The provider maintains current medication administration validation.	2	2	100.0%
The provider received training in an Agency approved curriculum for behavioral emergency procedures consistent with the requirements of the Reactive Strategies rule (65G-8, FAC).	4	3	100.0%
Drivers of transportation vehicles are licensed to drive vehicles used.	33	24	100.0%
Personal vehicles used for transportation are properly insured.	24	21	100.0%
Personal vehicles used for transportation are properly registered.	23	20	100.0%
The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	96	80	98.8%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	358	269	99.3%
The Support Coordinator completed required Statewide pre-service training.	360	271	99.3%
The Support Coordinator completed required Region Specific training.	356	271	96.3%
The Support Coordinator completed Introduction to Social Security Work Incentives.	340	260	92.7%
The Support Coordinator completes 24 hours of job related annual in-service training.	335	265	83.0%
The provider received training in Direct Care Core Competency.	315	245	98.0%
The provider received training in Direct Care Core Competencies.	52	40	92.5%

Compliance rates by region are provided in Table 21. The percent shown represents the percent of providers who were in compliance with at least 85 percent of all Q&T standard. The provider is out of compliance if any employee is missing any of the required trainings. Results indicate approximately 81 percent of support coordinators scored 85 percent or higher, compared to 67 percent of service providers. Training compliance rates varied somewhat by region, ranging from 62.5 percent (Central) to 73.4 percent (Northwest) for service providers and 37.8 percent (Southeast) to 90.4 percent (Suncoast) for WSCs.

Table 21: Qualifications and Training Results by Region January – June 2017				
	Service Providers		WSCs	
Region	# PDRs	% =>85%	# PDRs	% =>85%
Northwest	64	73.4%	22	86.4%
Northeast	128	64.8%	37	89.2%
Central	104	62.5%	64	75.0%
Suncoast	171	63.7%	52	90.4%
Southeast	157	68.2%	59	67.8%
Southern	96	71.9%	37	81.1%
Total	720	66.7%	271	80.1%

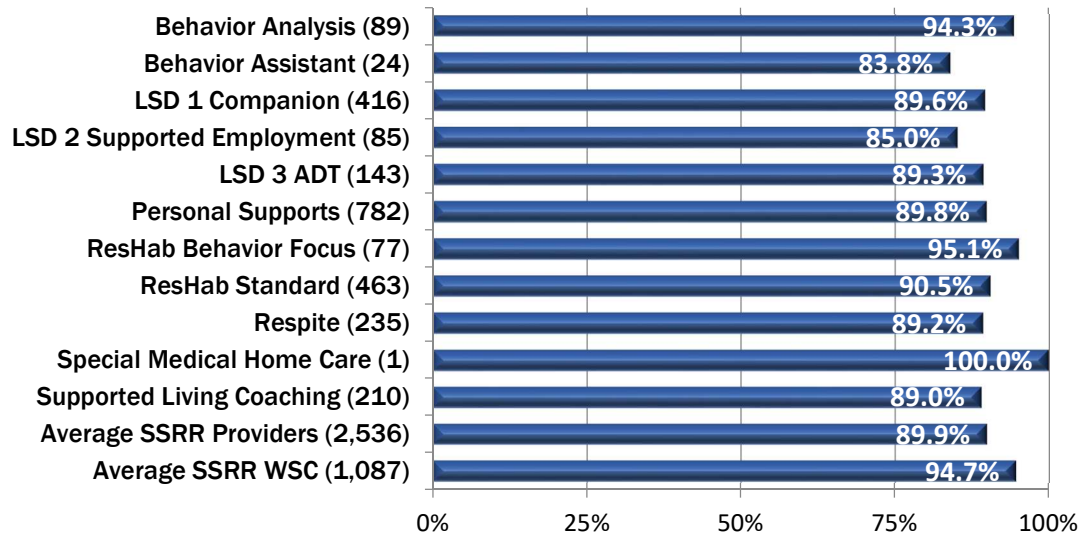
Service Specific Record Review Results (SSRR)

During the PDR, a sample of individuals is used to review records for each service offered by the provider. The number of records reviewed depends upon the size of the organization and the number of services provided. At least one record per service is reviewed, a minimum of 10 records for larger providers (caseload of 200 or more). The SSRR tool includes a review of standards specific to each service. There were 2,536 SSRRs completed in 2017 as part of the 720 PDRs for service providers and 1,087 SSRRs completed as part of the 271 WSC PDRs. All WSCs had two records reviewed as part of the PCR. These are included in the WSC PDR and are supplemented with additional unannounced records requested at the time of the review.

SSRR results are presented by service in Figure 13 and by region in Table 22. Because many of the standards have a weight of more than one, for regional comparisons we provide both the weighted score and the percent of standards scored as met, the Percent Met. Data indicate:

- On average, WSCs have performed somewhat higher than providers on the Service Specific requirements, approximately 94.7 percent and 89.0 percent met respectively.
- Behavior Assistant and Support Employment (LSD 2) showed lower scores than for any other service, 83.8 percent and 85.0 percent respectively.
- There is little variation across regions.

**Figure 13: SSRR Scores by Service
Percent Met
January - June 2017**



**Table 22: PDR Service Specific Record Review Results by Region
January - June 2017**

Region	Service Providers			WSCs		
	# Records Reviewed	Weighted Score	Percent Met	# Records Reviewed	Weighted Score	Percent Met
Northwest	190	92.8%	92.4%	80	97.5%	97.3%
Northeast	450	87.4%	86.6%	154	91.9%	92.1%
Central	332	90.6%	90.2%	270	93.7%	93.9%
Suncoast	616	91.8%	91.2%	215	94.4%	94.3%
Southeast	558	88.8%	87.4%	190	95.7%	96.1%
Southern	390	94.9%	93.7%	178	95.7%	95.8%
State	2,536	90.7%	89.9%	1,087	94.5%	94.7%

Summary of PDR Scores by Region

Information in Tables 23 and 24 provides a summary of the average PDR results by region and interview component, for Service Providers and WSCs respectively. For providers, interview and observation results in general showed somewhat higher scores than documentation/record reviews. WSCs were least likely to be in compliance with qualification and training requirements.

Region	PDR Score (N=720)	Policy & Procedure (N=720)	Qualifications & Training (N=1,723) ¹⁸	SSRR (N=2,536) ¹⁹	Staff Interview (N=1,151)	Individual Interview (N=1,142)	OBS (N= 483)
Northwest	93.4%	89.0%	92.4%	92.8%	98.3%	98.0%	97.7%
Northeast	89.8%	88.9%	87.9%	87.4%	97.9%	97.8%	97.7%
Central	91.2%	88.0%	89.9%	90.6%	97.6%	96.9%	96.8%
Suncoast	91.9%	88.0%	90.7%	91.8%	98.9%	97.7%	98.1%
Southeast	91.4%	93.1%	90.0%	88.8%	98.5%	98.7%	98.0%
Southern	94.5%	96.1%	93.5%	94.9%	98.4%	98.0%	98.0%
State	91.8%	90.5%	90.5%	90.7%	98.3%	97.9%	97.7%

Region	# of PDRs	PDR Score (N=271)	Policy & Procedure (N=271)	Qualifications & Training (N=360)	SSRR (N=1,087)
Northwest	22	97.8%	96.6%	93.3%	97.3%
Northeast	37	95.3%	97.4%	93.5%	92.1%
Central	64	94.4%	95.1%	91.2%	93.9%
Suncoast	52	95.5%	99.0%	95.1%	94.3%
Southeast	59	96.0%	99.3%	88.7%	96.1%
Southern	37	96.5%	99.3%	92.2%	95.8%
State	271	95.7%	97.8%	92.1%	94.7%

¹⁸ Data based on the number of employee records reviewed. Percent Met is the percent of standards met relative to all the standards scored on all the records.

¹⁹ The Service Specific Record Review results use the weighted standards to reflect the impact in the score from standards considered more critical to quality, assigned a higher weight. For other tools, standards all have a weight of 1.

Alerts

At any time during a review if a situation is noted that could cause harm to an individual, the reviewer immediately informs the local APD office. The Delmarva reviewer calls the abuse hotline, if appropriate, records an alert, and notifies the local APD Regional and State offices, and AHCA. Alerts can be related to health, safety or rights. In addition, when any provider or employee who has direct contact with individuals does not have all the appropriate background screening documentation on file, an alert is recorded, unless the only reason cited is noncompliance with the Affidavit of Good Moral Conduct.

Between January and June 2017, 137 alerts were recorded. Approximately 67 percent (n=92) of the alerts was due to a lack of required documentation needed to provide evidence background screening had been completed. An additional 45 alerts were reported as shown in the following table, with 33 related to health, safety, or medication administration/ training.

Alert Type	Times Cited
Rights	6
Health & Safety	15
Abuse/Neglect/Exploitation	1
Background Screening	92
Medication Administration/Training	18
Driver’s License/Insurance (Employee)	4
Vehicle Insurance (Administrative)	1
Total Alerts	137

Background Screening

When examining background screening results, a varying number of employee records are reviewed to determine compliance with each Q&T standard listed in Tables 19 and 20. The percent met for each is shown, based on the total number of records reviewed. For Background Screening, if any one staff record indicates a lack of any required documentation, the provider is reported as having the standard Not Met. The following information (Table 26) shows the number and percent of Service Providers and WSCs with at least one record showing a lack of compliance on Background Screening.

- Service Providers were less likely to have the BG requirements than were WSCs, 82.6 percent and 90.0 percent respectively.

- Providers and WSCs in the Northeast were most likely to be in compliance with Background Screening.

Table 26: Percent of Providers with Background Screening Met by Region

Region	Service Providers		Support Coordinators	
	PDRs	% With BG Screening Met	PDRs	% With BG Screening Met
Northwest	64	89.1%	22	100.0%
Northeast	128	78.9%	37	94.6%
Central	104	82.7%	64	85.9%
Suncoast	171	80.1%	52	90.4%
Southeast	157	84.7%	59	88.1%
Southern	96	84.4%	37	89.2%
Total	720	82.6%	22	90.0%

Billing Discrepancy

For each service, several applicable standards related to billing requirements are score by reviewers. If any of the standards are scored Not Met, it is noted on the PDR Report as a potential billing discrepancy. Table 27 provides the percent standards reviewed that were in compliance of billing requirement. Services with the highest proportion of Billing Discrepancy standards scored Not Met include Behavioral Assistant, LSD 1 and 2 (Companion and Supported Employment), Personal Supports, Respite and Supported Living Coaching. Within the services, the standards most often missed were related to maintaining accurate and signed service logs or progress notes.

**Table 27: Billing Discrepancy Standards by Service
January - June 2017**

Service	# Reviewed	% Met
Behavior Analysis	89	84.3%
Behavior Assistant	24	70.8%
CDC+ Consultant	181	97.8%
Life Skills Development 1 (Companion)	415	72.0%
Life Skills Development 2 (SEC)	85	74.1%
Life Skills Development 3 (ADT)	143	84.6%
Personal Supports	781	76.3%

Table 27: Billing Discrepancy Standards by Service		
January - June 2017		
Service	# Reviewed	% Met
Residential Habilitation Behavior Focus	77	94.8%
Residential Habilitation Intensive Behavioral	11	81.8%
Residential Habilitation Standard	463	95.9%
Respite	235	75.7%
Special Medical Home Care	0	NA
Support Coordination	1,087	90.4%
Supported Living Coaching	210	70.5%
Total	3,801	83.7%

Some Trends

Findings from all components of the PCRs completed between January and June 2017 were very similar to findings from years. In some areas for Waiver results, the differences were three or more percentage points when compared to 2015 findings:²⁰

- Findings from the Individual Interviews showed an increase on the Person Centered Supports standard, up 4.7 points to 95.9%.
- Waiver Support Coordinator Interview results indicate WSCs were more likely to help individuals build relationships in the community, up to 3.4 points to 97.4 percent.
- Records indicate WSCs were likely to show documentation of the individual’s history regarding abuse, neglect or exploitation, up 3.9 points to 95.0 percent.

Finding from PDRs are also on average very similar to previous years, with some exceptions:

- The percent of providers reviewed to date this year, for which all employee records were in compliance with Level II Background screening, has decreased since 2015, from 89.6 percent to 82.6 percent.
- Compared to 2016, providers reviewed this year were less likely to maintain written policies detailing hours and day of operation and the notification process if unable to provide the service, down 5.6 points to 77.9%.
- Compared to 2016, providers reviewed this year were less likely to have documentation detailing how they ensure a smooth transition from one provider to another, down 5.1 points to 90.0 percent

²⁰ Difference of Proportions Test indicates each of these difference is significant at p<.05.

Section III: Discovery

Findings in this report reflect data from PCR and PDR reviews and other contract activity completed between January and June 2017. This is the final report for the MED109 FSQAP contract. The contract was terminated after six months with a new contract implemented July 1, 2017. Therefore, data in the report represent half the reviews that were to be completed. A total of 890 PCRs, 991 PDRs and 192 CDC+ Representative reviews were completed, approved and available for analysis. Feedback from providers about the reviewer and review processes has been extremely positive throughout the contract years. Revisions to the tools in 2015 and again in January 2016 to once again include the billing discrepancies prevent many comparisons over time.

During the current contract year (January – June 2017), regional managers reviewed all reports before final approval and facilitated a quarterly meeting in each region to review data, explore trends, and discuss other relevant regional issues or best practices. Managers met bi-weekly and attended a three-day retreat to brainstorm and develop quality improvement initiatives and incorporate efficiencies into the review processes. Managers and reviewers continue to participate in rigorous field and file review reliability testing, and the bi-weekly conference calls enhance training and reliability efforts through discussion of real situations and review questions. Delmarva facilitated the Quality Council meeting in March and continues to maintain online training modules for providers and families.

Results in this report are based on PCRs and PDRs completed between January and June 2017, with trends to previous years as appropriate. Many findings appear to be consistent with results in previous years. Key findings and trends are discussed in the following sections.

Overall Review Findings

The PCR is composed of an interview with the person and the person’s support coordinator, and a review of the record maintained by the support coordinator for that person. Results for all the PCR components were relatively high, each over 90 percent:



Results from the 1,142 PDRs conducted with service providers and 271 conducted with WSCs indicate providers performed very well in all aspects of the review, as shown in the following graphic.



Observations at LRHs appear to indicate improvement in rights and privacy. Individuals interviewed this year were more likely to have a key to their home, bedroom and bathroom doors that lock, and the ability to participate in the “House Rules” where they live. Individuals indicated Person Centered Supports were more likely to be incorporated into their service delivery systems and Support Coordinators were more likely to help people build relationships in their communities.

Community Integration

However, similar to findings in previous years, areas surrounding community participation appear to be somewhat lower than other standards, although each is somewhat higher than in 2016: from the person’s perspective, in the PCR for individuals using the Waiver (93.6%) and CDC+ (PDR (95.9%) and individual interviews completed during the PDR (94.0%); from the Support Coordinator Interview (95.7%); and the Staff Interview (95.4%). These are important to track because the person’s ability to be involved in the community, the same as other individuals who do not have disabilities, is a key component of the CMS settings rule.

Results to date indicate several areas where provision of education is somewhat low, social role preferences are often not solicited and opportunities to gain new social connections may be limited:

- The lowest scoring areas indicate individuals interviewed during the PCR and the PDR are not always provided education or information about social roles in the community, 87.3 percent and 88.2 percent respectively.
- Individuals indicate they feel their preferences concerning social roles in the community are sometimes not addressed (91.9%).

- Staff is not always providing information about potential social roles in the community (89.9%).
- Observation findings indicate an essential component in connecting to the community, training in the use of public transportation, is not always offered with approximately 88.9 percent compliance.

Recommendation 1: APD may want to ensure all providers are required to take competency based training (TRAIN system) on understanding and implementing community involvement for individuals, including education about social role development. This training should be mandatory for all direct support staff and should be taken within the first 90 days of offering services.

Recommendation 2: Findings show providers are not always providing needed education about community-based social roles to individuals they serve, in ways accessible to each person. The Quality Council could work to develop processes to help providers and Support Coordinators offer educational programs to individuals.

Recommendation 3: The APD Regional offices may want to work with providers to develop a brief training guide on various types of transportation relevant to each provider's location. APD should consider having providers offer a quarterly "outing" with individuals interested in learning to use the bus, taxi, Uber or some other way to get around the community, and include in these outings the options to go out to some other desired activity.

Recommendation 4: The Quality Council should consider working with regional APD offices to develop "Community Action Groups" (CAG) in each APD region to consist of self-advocates and family members as well as other stakeholders as relevant. The CAGs would incorporate community activity such as always meeting in community settings and organizing outings in communities like "walk arounds" to learn more about how to build and strengthen community connections by actually interacting with community stores, groups, and other organizations.

Recommendation 5: Increasing the ability for individuals to work at a paid job in the community is one of the strongest ways to improve the person's capacity to develop social roles and relationships with non-paid friends and acquaintances. The CAGs noted in Recommendation 4 could be used to explore ways to connect individuals not only to community groups and activities but to job opportunities.

Support Coordination Documentation

Information from the records maintained by the WSCs showed several standards with less than a 90 percent compliance rate. The lowest scoring standards from the WSC record reviews indicate:

- The current Annual Report is often not in the record (87.0%).
- Progress notes do not always demonstrate that pre-Support Plan activities were conducted (76.4%).
- There is not always evidence the WSC documents efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents on an ongoing basis is (89.2%).
- The Support Coordinator documents efforts to ensure services are delivered in accordance with the service plan, including type, scope, amount, duration, and frequency specified in the Cost Plan (85.6%).

Recommendation 6: While incidents of abuse, neglect and exploitation (ANE) within the APD system do not appear to be widespread, and most WSCs ensure the person is able to define ANE, it is critical for all individuals to learn about ANE, to be able to define and recognize it, and know how to report it. In Recommendation 2 it is suggested the Quality Council help develop templates to assist providers and Support Coordinators to offer educational programs based on individualized learning styles and communication needs. These should include ways to help individuals learn to define ANE and how to report any incidents that may occur.

Recommendation 7: It is important to ensure WSCs are including Pre-Support Plan activities when developing plans with the person. It is not clear from the data if the activities do not always occur or if WSCs need to better document them. APD may want to consider a brief training in each Region on how to document Pre-Support Plan activities in the Progress Notes and the importance of doing so. APD is currently developing a new Support Plan document to help WSCs better comply with requirements and assist individuals. If findings during the next year do not improve, APD may want to review the Support Coordinator training requirements and ensure this is adequately and clearly covered.

Recommendation 8: Regional APD staff should include as an agenda item in a meeting with regional WSCs discussion of methods to help ensure the Annual Report is always included in the person's record and contains all of the requirements, and also to ensure services are delivered as indicated in the Cost Plan. This meeting could also be a venue to gather input from WSCs as to barriers they may be facing in completing this requirement.

CDC+ Representatives

Since the FSQAP incorporated a review of the CDC+ Representative's documentation in 2010, compliance rates have improved from 70.5 percent to almost 94 percent. In some areas the improvements have been extensive. For example, compliance with background screening is up from 32.3 percent to 79.7 percent. However, three areas in which CDC+ Representatives seem to struggle the most with continued improvement are documenting background screening and having accurate/signed timesheets for all who render direct care for the person), and maintaining documentation to support reconciliation of monthly statements. In these areas Representatives scored between approximately 80 to 89 percent.

Recommendation 8: APD should ensure initial and ongoing training for CDC+ Representatives includes competency based sessions on developing and accurately maintaining timesheets and monthly statements, as well as requirements for job descriptions and the Employee/Employer Agreements.

Recommendation 9: The Quality Council and Delmarva may want to consider conducting some focus groups across the state to gather input from CDC+ Representatives and providers on ways to improve background screening compliance, as well as the support they may need to document reconciliation of monthly statements.

Medication Use

While many individuals reported they have health concerns only a very small proportion indicated their health needs were not being addressed. However, the proportion of individuals taking four or more prescription medications has remained about the same since 2014: approximately 40 percent for the DD Waiver and 25 percent for CDC+. Individuals living in group homes were much more likely to be taking four or more prescription medications than individuals in other residential settings, almost half of children were taking multiple prescription medications, and individuals in the Northeast and Southern Regions were more likely to be taking multiple medications than people living in other regions across the state.

Recommendation 10: APD may want to work with the Quality Council, including additional Support Coordinators if needed, to explore the data showing that over 60 percent of individuals living in group homes are prescribed four or more medications. APD should ensure when individuals residing in a LRH are taking two or more medications for seizure management or psychotropic medications, the WSC documents in the support coordination progress notes all attempts and efforts to ensure a review is completed annually by a licensed psychiatrist, neurologist, or an ARNP, or PA who acts pursuant to a protocol with the psychiatrist or neurologist.

Recommendation 11: APD should consider addressing multiple drug use at their quarterly meetings when all regions are represented. Best practices could be shared and brainstorming could help identify why some regions have much higher multiple drug use rates than others. Delmarva could help provide information, if available, by drilling down into the data to explore mitigating factors that could be impacting these findings, such as age of individuals in the Region since people tend to be on more medications as they age.

Observations

Data from Announced and Unannounced Observations were similar on average; however, there were some interesting differences between the two review types at the indicator level. When the Delmarva reviewers conducted Unannounced reviews they were less likely to see demonstration of appropriate behavioral interventions, behavior plans that supported observed restrictive interventions, or approved rights restrictions.

Recommendation 12: It is clear from the data providers may be able to “prepare” for an onsite observation. In order to get a more accurate picture of each day and residential program, APD should consider including a random sample of Unannounced Observations across the state as an integral part of the next FSQAP system.

Recommendation 13: Restrictive interventions are tracked and reported to CMS as part of the evidence for HCBS waiver requirements. Because Unannounced observations indicate there may be some issues with use of approved restrictive intervention, APD should address this with each regional office and ensure providers receive all the training they need to properly use any type of behavioral or restrictive interventions, or rights restrictions.

Service Provider Qualifications and Training

It is important for providers to be qualified and to keep all required training up to date. Evidence in this report suggests employees for many providers (33%) and WSCs (20%) do not have at least 85 percent of training requirements needed for the specific services rendered. In addition to training, maintaining proper documentation for Level II Background Screening is critical. Data suggests the percent of provider who have all employees (from the staff sample) compliant with all screening requirements is around 83 percent and has not increased from this for several years.

Recommendation 14: APD may want to consider using data to drill down into the specific training modules providers may be most likely to miss. Training specific to these could be developed and incorporated into the TRAIN system maintained by APD.

Recommendation 15: APD has worked extensively to improve background screen compliance. Compliance rates were steady for many years at approximately 70 percent. Various programs have helped improve these to over 80 percent. However, rates have remained there for several years. APD should consider working with the Quality Council to identify barriers providers may still face in maintaining this documentation for themselves or their employees.

Summary

While the focus of a Quality Improvement (QI) report is to identify problem areas that may need QI initiatives, findings from reviews completed during the last part of the contract period, January – June 2017, are generally very positive. Compliance rates in general are quite high and improvements have been shown across many areas, including in person centered practices. APD has worked cooperatively with AHCA and Delmarva to continue to improve the Florida Statewide Quality Assurance Program, creating an extensive training system that should help improve compliance on all the training standards and increase the providers' ability to offer build better community connections for individuals receiving services.

Attachment 1: Customer Service Activity

April – June 2017

Customer Service Topic	#	Description	Outcome	Ave Time
Address/ Phone Update	27	Providers call to update their phone numbers/ addresses	Phone numbers/ addresses are updated in the Discovery application, and providers are advised to update with AHCA.	1 day
Background Screening	2	Providers and provider consultants call with questions regarding FL background screening requirements.	Background screening requirements are explained to providers, with reference to the Handbook and FL rule.	1 day
CDC+	1	CDC+ Representative called with questions about the review	Questions were answered and Representative was referred to APD for technical assistance.	1 day
Clarification	9	Providers called asking for clarification on our tools.	Questions were answered, and where necessary, callers were referred to source documents.	1 day
Complaint	2	Family member called to express dissatisfaction related with WSC score. Provider called with concerns related to documents not accepted at time of the review.	Both calls were referred to and handled by a Regional Manager	1 day
Contact QAR	6	Providers call to contact the QAR assigned to do their review.	QAR is contacted by office staff and asked to contact the provider	1 day
Delmarva Online Training	0	Providers called with questions about how to access training and if they can use the online training modules for annual in-service requirements.	Providers are assisted with following the instructions online to register or are referred to the helpdesk for technical assistance. Callers are referred to the statement in the training center that the modules may not be used toward annual in-service training requirements.	1 day
HSRI Family Surveys	0	Callers are requesting information on the purpose of the surveys and whether they are mandatory; some callers are requesting surveys in Spanish.	The purpose of the surveys is explained, including that they are voluntary. Mailing information is collected for Spanish versions to be sent.	1 day
Miscellaneous/ Other	16	Family stakeholders and providers called with requests unrelated to our process, e.g. how to access services in other states.	All questions were answered. Where appropriate, callers are referred to APD.	1 day

Customer Service Topic	#	Description	Outcome	Ave Time
New Tools	1	Providers called asking questions regarding the Discovery tools.	Providers are referred to our website and shown the current tools posted. Questions regarding the tools were answered, with references to the protocols and the not met reasons.	1 day
Next Review	35	Providers call asking when their next review will occur. Some providers called asking for a specific reviewer or to have their review postponed to a future date.	The review process is explained to the providers, including all the factors that are involved in scheduling. Providers are informed that PDRs are conducted each contract year with those who are eligible. Providers are referred to their 90-day notification letters and advised to wait for the phone call from the reviewer to schedule their review.	1 day
Provider Feedback Survey - callback	0	Provider requested a call from the Regional Manager in order to provide more information regarding the review.	Regional Manager called the provider and gathered the information.	1 day
Provider Search Website	4	Providers call asking why their names are not on the provider search website or for instructions on becoming listed on the website.	The mechanics of the website are explained to the providers, including that only active (billing) providers rendering services reviewed by Delmarva are captured on this website.	1 day
Question	9	Providers and APD staff call with questions regarding documentation or qualification requirements; for assistance accessing resources on our website; for explanations of the review processes.	Questions are answered with references to appropriate documents or entities.	1 day
Reconsideration	16	Providers called asking for clarification on the process to submit a request for reconsideration or inquiring as to the status of a request already submitted.	The reconsideration process is explained to provider, including reference to our Operational Policies and Procedures and their report cover letters; reconsiderations submitted are researched and providers are given an expected delivery date.	1 day
Recoupment	1	Providers called with questions about how to repay money identified as billing discrepancy in their quality assurance review report.	Providers were referred to Tammy Brannon or AndraLica McCorvey at AHCA.	1 day
Report Requested	12	Providers call or email requesting their report be re-sent.	Mailing addresses are confirmed and reports are re-sent..	1 day

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Customer Service Topic	#	Description	Outcome	Ave Time
Review Reports	14	Providers called asking for an explanation of their reports.	Reports are explained; providers are referred to their local APD office for technical assistance.	1 day
Training	12	Providers and provider consultants call asking about training requirements.	Training requirements are explained, including reference to the Handbook.	1 day
Total Number of Calls	169			