Florida Statewide Quality Assurance Program

Year 7 Quarter 2

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Table of Contents

[List of Acronyms 4](#_Toc459080614)

[Executive Summary 5](#_Toc459080615)

[Introduction 6](#_Toc459080616)

[Section I: Significant Contract Activity 8](#_Toc459080617)

[Information Sharing 8](#_Toc459080618)

[Staff Conference Calls 8](#_Toc459080619)

[Status Meetings 8](#_Toc459080620)

[Internal Quality Assurance Activities 8](#_Toc459080621)

[Report Approval Process 8](#_Toc459080622)

[Reliability 8](#_Toc459080623)

[Internal Training 9](#_Toc459080624)

[Training Provided 9](#_Toc459080625)

[Regional Quarterly Meetings 10](#_Toc459080626)

[Quality Council (QC) 10](#_Toc459080627)

[Abuse, Neglect, Exploitation (ANE) Verified by Department of Children and Families (DCF) 11](#_Toc459080628)

[Feedback Surveys 11](#_Toc459080629)

[National Core Indicator (NCI) Consumer Survey Feedback Survey 11](#_Toc459080630)

[Provider Feedback Survey 12](#_Toc459080631)

[Summary of Customer Service Calls 12](#_Toc459080632)

[Data Availability 13](#_Toc459080633)

[Staff Changes 13](#_Toc459080634)

[Section II: Data from Review Activities 14](#_Toc459080635)

[Person Centered Reviews (PCR) 14](#_Toc459080636)

[Demographics 15](#_Toc459080637)

[PCR Individual Interview (II) 17](#_Toc459080638)

[PCR Waiver Support Coordinator (WSC) Interview 21](#_Toc459080639)

[PCR Waiver Support Coordinator and CDC+ Consultant Record Reviews 22](#_Toc459080640)

[CDC+ Representative (CDC-R) 26](#_Toc459080641)

[Health Summary 28](#_Toc459080642)

[National Core Indicator (NCI) Adult Consumer Survey Results 29](#_Toc459080643)

[Provider Discovery Reviews (PDR) 30](#_Toc459080644)

[PDR Individual and Staff Interviews 30](#_Toc459080645)

[Observations 32](#_Toc459080646)

[Administrative Policy and Procedure 36](#_Toc459080647)

[Qualifications and Training Requirements 38](#_Toc459080648)

[Service Specific Record Review Results (SSRR) 44](#_Toc459080649)

[Summary of PDR Scores by Region 45](#_Toc459080650)

[Alerts 46](#_Toc459080651)

[Background Screening 47](#_Toc459080652)

[Section III: Discovery 48](#_Toc459080653)

[Person Centered Review Results 48](#_Toc459080654)

[Provider Discovery Review Results 50](#_Toc459080655)

[Summary 52](#_Toc459080656)

[Attachment 1: Customer Service Activity 53](#_Toc459080657)

# 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 AHCA and the Agency for Persons with Disabilities (APD) information about providers, individuals receiving services, and the quality of service delivery systems.

The Service Specific Record Review and Administrative tools were revised beginning in January 2016, to align with the iBudget waiver Handbook requirements. Delmarva presented training sessions in each region on the new tools. In addition to regular review activity, Delmarva provided information about the FSQAP during DD Awareness Day in Tallahassee, Florida Association of Rehab Facilities (FARF), Family Care Council, and Family Café in Orlando.

Findings to date this year are based on approximately half of the PCRs and PDRs that will be completed during the contract year and should be viewed only as preliminary. A summary of findings includes the following:

* Providers have continued to do well in ensuring compliance with most documentation review standards on 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 96 percent, and appear to be lowest in the areas of Autonomy and Independence.
* Interview results indicate community participation is most often not present in the person’s life and indicators pertaining to social role development are often the lowest scoring.
* Most providers are compliant with background screening documentation, with approximately 95 percent of both Service Providers and Waiver Support Coordinators.
* Close to 82 percent of CDC+ Representatives were compliant with background screening requirements.

These and other findings are discussed in this report, with recommendations provided. More in-depth analysis and trending will be possible when all the data are available for the annual report.

# 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). 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 training/qualifications, Service Specific Record Reviews, interviews with individuals receiving services and interviews with staff. Observations are completed for licensed residential facilities 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 on the iBudget waiver, the programs are fundamentally different in several aspects and therefore results are analyzed separately. In tables, we refer to Waiver Participants (DD Waiver) and CDC+ Participants to make the distinction between the two groups.

This is the report for the second quarter of the seventh year of the FSQAP contract. Contract activity is described for the second quarter (April - June 2016). 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 to 2015 as well. The report is divided into three sections.

* Section I: Significant Contract Activity During the 2nd Quarter
* Section II: Data from Review Activities (includes annual results)
* Section III: Discussion and Recommendations

# Section I: Significant Contract Activity

## Information Sharing

### Staff Conference Calls

Conference calls are conducted on a bi-weekly 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 second quarter of this contract year, status meetings were held April 21, May 19 and June 16.

## 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](http://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 eight QARs
* PDR Field Review Reliability was completed with eight QARs
* PDR Staff Interview Field Review Reliability was completed with eight QARs
* Respite File Review Reliability was completed with 28 QARs

### 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.

During the second quarter, in addition to regular updates Jacqueline Ledbetter from APD joined the call to discuss requirements and acceptable documentation providers need to be in compliance with background screening

## Training Provided

Kristin Allen and Robyn Tourlakis, Delmarva Regional Managers, conducted a free training at the FARF Annual Conference on April 20, 2016, in Tampa, Florida. This training included a review of the revisions to the Discovery tools for the PCR and PDR processes and was attended by 50-60 people.

Delmarva had an exhibit booth at the Family Café on June 10 and 11 in Orlando, Florida. Robyn Tourlakis, Charmaine Pillay, Christie Gentry, Cheryl King, Theresa Skidmore, 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 health, rights, interviewing service providers, and community activities.

Robyn Tourlakis presented a free session to the Suncoast 8 Chapter of Family Care Council on June 21, 2016. The session included an overview of the Person Centered Review and Provider Discovery Review processes. Delmarva staff answered questions related to the processes of Delmarva Foundation, as well as upcoming updates.

Trainings through CourseAvenue continue to be available to all stakeholders. 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
* **Rights Education Handout (English and Spanish).**

## 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]](#footnote-1)

## Quality Council (QC)

There was no QC meeting during the second quarter. The next meeting is scheduled for July 14, 2016, 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.

## 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). During the first two quarters of contract year, January – June 2016, 94 surveys were returned to HSRI, a 12 percent return rate (94/782).[[2]](#footnote-2) Although results are generally based on a small return rate, they have remained positive and consistent over the years. Current feedback indicates the following:

* 80.9 percent of respondents indicated the individual had participated in answering the Adult Consumer Survey.
* 69.1 percent of respondents (N=119) indicated an advocate, relative or guardian participated in the Consumer Survey.
* Only 25 feedback forms (26.6%) were completed by the person receiving services, with 67.0 percent completed by an advocate, relative or guardian, and 19.2 percent by a staff member where the person lives or receives services.
* 63 (67.7%, N=93) respondents indicated the NCI interviews took place in the home.
* 72 respondents (77.4%, N=93) indicated the individual chose where to meet for the survey interview. However, 16 respondents (17.2%) indicated they did not choose where to meet for the survey.
* All but one respondent (98.9%, N=93) felt the interview was scheduled at a convenient time, and most (90.2%, N=92) respondents felt it took about the right amount of time.
* Most respondents (89.2%, N=93) thought the questions were not difficult to answer and 90.3 percent (N=93) indicated the interviewer explained the person did not have to answer the questions.
* All but one respondent (98.9%, N=93) felt the interviewer was respectful.
* 97.9% 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 2016, 65 surveys were received from providers who had participated in a PDR. On average, over 99 percent of responses were positive (504/506).

| Table 1: Results from Provider Feedback Surveys | | | |
| --- | --- | --- | --- |
| Reviews Completed Between January and June 2016 | | | |
| Question | # Yes | # No | #NA |
| Did the Quality Assurance Reviewer (QAR) identify documents needed to complete the review? | 65 | 0 | 0 |
| Did the QAR explain the purpose of the review? | 65 | 0 | 0 |
| Did the QAR explain the review process and how the QAR or Delmarva team would conduct the review? | 63 | 1 | 1 |
| Did the QAR answer any questions you had in preparation for the review? | 65 | 0 | 0 |
| Did the QAR refer you to the FSQAP website, including the tools and procedures? | 62 | 0 | 3 |
| Did the QAR arrive at the review at the scheduled time? | 63 | 1 | 1 |
| If no, did the QAR call to notify you he/she might be a little late? **(N=2)** | 2 | 0 | 63 |
| Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving? | 63 | 0 | 0 |
| If you scored Not Met on any of the standards, did the QAR explain why? | 54 | 0 | 11 |
| Total Responses | 504 | 2 | 79 |

## Summary of Customer Service Calls

During the second quarter of the seventh contract year, April - June 2016, 321calls were recorded in the Customer Service Log, with an average response time of one day for each call.[[3]](#footnote-3)

## Data Availability

* The Remediation Data Extract continues to be completed and made available to APD on approximately the 7th of each month.
* 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 are available on the private section (required member login) of the site.

## Staff Changes

All new hires complete all activities on the Quality Assurance Reviewer Orientation and Training Checklist before conducting field reviews. This quarter we hired one new reviewer in the Northwest Region.

# Section II: Data from Review Activities

## Person Centered Reviews (PCR)[[4]](#footnote-4)

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 between January and June 2016, including the number of CDC+ participants (151), the number of waiver participants (632), and the total number of individuals who declined. The time period for declines is based upon the projected time period for the review. The decline rate was approximately 19 percent for waiver participants and 12 percent for CDC+.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Table 2: Person Centered Review Activity | | | | |
| January – June 2016 | | | | |
|  | Number of  PCRs | | Number of Declines | |
| Region | Waiver | CDC+ | Waiver | CDC+ |
| Northwest | 56 | 21 | 10 | 3 |
| Northeast | 113 | 18 | 26 | 3 |
| Central | 134 | 38 | 30 | 7 |
| Suncoast | 127 | 27 | 35 | 5 |
| Southeast | 110 | 20 | 28 | 1 |
| Southern | 92 | 27 | 18 | 1 |
| **Total** | **632** | **151** | **147** | **20** |

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 the declines are shown in Table 3. When an individual declines, 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, about 53 percent. Approximately 22 percent of declines were because the person no longer received services (N=24), had passed away (N=8), or had moved out of the state (N=4). An additional 42 individuals indicated they would like to participate next year.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 3: Person Centered Review Decline Reasons** | | | |
| **January – June 2016** | | | |
| **Decline Reason** | **Waiver** | **CDC+** | **Total** |
| Refused | 77 | 12 | 89 |
| Review Next Year | 39 | 3 | 42 |
| No Longer Receiving Services | 20 | 4 | 24 |
| Deceased | 8 | 0 | 8 |
| Moved Out of State | 3 | 1 | 4 |
| **Total** | **147** | **20** | **167** |

### Demographics

The following series of figures shows the distribution of the PCR sample across Residential Setting, Age Groups and Primary Disability.[[5]](#footnote-5)

* Almost all CDC+ participants live in the family home (92.7%), compared to just under half of DD Waiver participants (48.4%).
* CDC+ participants are more likely to be younger than DD Waiver participants.
* DD Waiver participants are considerably more likely to have an intellectual disability as their primary disability than CDC+ participants, 76.6 percent and 53.6 percent respectively.
* Close to 44 percent of individuals on the DD Waiver have Cerebral Palsy or Autism as a primary disability.

### 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.[[6]](#footnote-6) The PCR II consists of seven standards (four related to Community), each composed of a various number of indicators/questions. Up to 68 indictors 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+ participants are analyzed separately.

#### **PCR II by Standard**

The average PCR II score for each standard is presented in Figure 4, for DD Waiver and CDC+ Participants.[[7]](#footnote-7) Scores on average are very high, with CDC+ participants somewhat higher consistently for all standards, particularly for Community Participation.

Of the 68 different indicators used to measure standards for the PCR II, for the DD Waiver, three showed a score of less than 90 percent, related to social role development and friendships.

**Low Scoring DD Waiver Indicators: PCR II**

Two standards for CDC+ participants showed a score of less than 90 percent, one related to the opportunities provided to develop friendships and the other to adaptive equipment.

**Low Scoring CDC+ Indicators: PCR II**

#### PCR II by Region

The average PCR II scores for the 632 individuals on the DD waiver and 454 individuals participating in CDC+ are presented in Table 3, for each region and statewide. The number completed in each region for CDC+ participants was relatively small and comparisons across regions should be made with caution. For Waiver Participants, PCR II results range from 92.6 percent in the Central Region to 97.7 percent in Suncoast. CDC+ results range from just under 96 percent to in the Northeast and Southern Regions to 99 percent in Southeast.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 4: PCR II Results by Region** | | | | |
| **January – June 2016** | | | | |
|  | Waiver | | CDC+ | |
| **Region** | **#** | **% Met** | **#** | **% Met** |
| **Northwest** | 56 | 95.8% | 21 | 97.9% |
| **Northeast** | 113 | 96.5% | 18 | 95.8% |
| **Central** | 134 | 92.6% | 38 | 98.1% |
| **Suncoast** | 127 | 97.7% | 27 | 98.7% |
| **Southeast** | 110 | 95.0% | 20 | 99.0% |
| **Southern** | 92 | 93.5% | 27 | 95.9% |
| **State** | 632 | 95.2% | 151 | 97.7% |

#### 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). Several categories have a relatively small number of cases and results to date should be viewed carefully. CDC+ results are not shown in this report as almost all the individuals live in a family home and the sample size in most of the Disability and Age Group categories is quite small, less than 35. Results to date indicate very little variation across demographic categories.

### PCR Waiver Support Coordinator (WSC) Interview[[8]](#footnote-8)

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? However, because Consultants are also certified as Support Coordinators and almost all serve individuals on the waiver, they are interviewed in their WSC role.

WSC and CDC+ C Interview results are shown by Standard in Figure 8 and by Region in Table 5. Interview scores are very high with very little variation across the standards or regions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Table 5: WSC and CDC+ C Interview Results by Region | | | | |
| January - June 2016 | | | | |
|  | WSC | | CDC+ | |
| Region | # | % Met | # | % Met |
| Northwest | 56 | 97.1% | 21 | 98.7% |
| Northeast | 113 | 98.3% | 18 | 98.6% |
| Central | 134 | 96.2% | 38 | 98.9% |
| Suncoast | 127 | 98.9% | 27 | 99.4% |
| Southeast | 110 | 98.8% | 20 | 99.0% |
| Southern | 92 | 95.6% | 27 | 98.9% |
| State Average | 632 | 97.6% | 151 | 98.9% |

Of the 52 different indicators used to measure standards for the WSC/CDC+ Interview, only one showed a score of less than 90 percent, which was for the WSCs:

### 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 by Region in Table 6 for Consultants and WSCs, and by Standard for WSCs in Table 7 and CDC+ Consultants in Table 8. Findings in Table 7 are shown for the average score, taking into consideration the weights assigned to each standard (Weighted Score), and the average percent of WSCs/Consultant who scored the standard met (Unweighted Score).

Results are preliminary and further analysis will be completed when more data are available. To date, the average percent of standards met (unweighted) on the record reviews for WSCs and CDC+ Consultants are similar, 94.5 percent and 97.5 percent respectively. 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, both WSCs and Consultants scored below 90 percent on standards indicating the Annual Report was in the record and assisting the person to define and report abuse, neglect and exploitation.

| Table 6: PCR WSC and CDC+ Record Review Results by Region | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| January – June 2016 | | | | | | |
|  | Waiver Support Coordinator | | | CDC+ Participant | | |
| Region | # of Reviews | Weighted Score | Percent Met | # of Reviews | Weighted Score | Percent Met |
| Northwest | 56 | 96.5% | 96.4% | 21 | 99.1% | 98.9% |
| Northeast | 113 | 95.3% | 96.0% | 18 | 93.3% | 95.2% |
| Central | 134 | 91.9% | 92.1% | 38 | 96.2% | 97.0% |
| Suncoast | 127 | 93.4% | 93.0% | 27 | 97.6% | 97.5% |
| Southeast | 110 | 96.9% | 96.8% | 20 | 96.8% | 97.0% |
| Southern | 92 | 94.1% | 94.2% | 27 | 98.6% | 99.0% |
| State | 632 | 94.4% | 94.5% | 151 | 97.0% | 97.5% |

| Table 7: WSC Record Review Results by Standard | | |
| --- | --- | --- |
| January – March 2016 | | |
| Standard | Number Reviewed | Percent  Met |
| Level of care is reevaluated at least every 365 days and contains all required components for billing. | 592 | 94.0% |
| Level of care is reevaluated at least every 365 days and contains all required components for compliance. | 593 | 94.3% |
| Level of care is completed accurately using the correct instrument/form. | 586 | 92.7% |
| Person receiving services is given a choice of waiver services or institutional care at least annually. | 607 | 96.2% |
| The Support Plan is updated within 12 months of the person's last Support Plan. | 612 | 99.0% |
| The current Annual Report is in the record. | 533 | 86.2% |
| The Support Plan is updated and revised when warranted by changes in the needs of the person. | 290 | 96.7% |
| 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. | 595 | 94.7% |
| 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. | 544 | 89.0% |
| Support Plan includes supports and services consistent with assessed needs. | 612 | 98.9% |
| Support Plan reflects support and services necessary to address assessed risks. | 599 | 98.7% |
| Support Plan includes a current Safety Plan. | 22 | 95.7% |
| Support Plan reflects the personal goals/outcomes of the person. | 615 | 97.9% |
| The current Support Plan includes natural, generic, community and paid supports for the person. | 616 | 97.9% |
| WSC documentation demonstrates current, accurate, and approved Service Authorizations are issued to service provider(s). | 603 | 96.0% |
| 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. | 551 | 89.4% |
| The Support Coordinator is in compliance with billing procedures and the Medicaid Waiver Services Agreement. | 630 | 99.8% |
| The Support Coordinator bills for services only after services are rendered. | 602 | 95.4% |
| The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted. | 344 | 84.9% |
| The Support Coordination Progress Notes demonstrate required monthly contact/activities were completed and are in the record. | 594 | 94.1% |
| For individuals in supported living arrangements Progress Notes demonstrate required activities are covered during each quarterly home visit. | 87 | 91.6% |
| For persons living in Supported Living Arrangements the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider. | 85 | 97.7% |
| The Support Coordinator documents efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis. | 597 | 95.2% |
| The Support Coordinator documents efforts to support the person to make informed decisions when choosing among waiver service providers on an ongoing basis. | 597 | 95.2% |
| The Support Coordinator documents efforts to assist the person/legal representative to know about rights on an ongoing basis. | 608 | 96.4% |
| The Support Coordinator documents efforts to ensure the person's health and health care needs are addressed on an ongoing basis. | 595 | 94.1% |
| The Support Coordinator documents efforts to ensure person's safety needs are addressed on an ongoing basis. | 605 | 96.0% |
| 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. | 520 | 90.8% |
| 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. | 562 | 89.2% |
| Average WSC Record Review Score | 14996 | 94.5% |

| Table 8: CDC+ Consultant Results by Standard | | |
| --- | --- | --- |
| January – June 2016 | | |
| Standard | Number Reviewed | Percent Met |
| Level of care is reevaluated at least every 365 days and contains all required components for billing. | 150 | 99.3% |
| Level of care is reevaluated at least every 365 days and contains all required components for compliance. | 148 | 98.7% |
| Level of care is completed accurately using the correct instrument/form. | 142 | 94.0% |
| Person receiving services is given a choice of waiver services or institutional care at least annually. | 149 | 98.7% |
| The Support Plan is updated within 12 months of the person's last Support Plan. | 148 | 99.3% |
| The current Annual Report is in the record. | 132 | 89.2% |
| The Support Plan is updated and revised when warranted by changes in the needs. | 60 | 100.0% |
| Consultant documents the Support Plan is provided to the person or the legal representative, within 10 days of the Support Plan effective date. | 148 | 100.0% |
| Consultant documentation demonstrates a copy of the Support Plan is provided to all service providers within 30 calendar days of the Support Plan effective date. | 114 | 95.8% |
| Support Plan includes supports and services consistent with assessed needs. | 144 | 99.3% |
| Support Plan reflects support and services necessary to address assessed risks. | 142 | 100.0% |
| Support Plan includes a current Safety Plan. | 2 | 100.0% |
| Support Plan reflects the personal goals of the person. | 149 | 99.3% |
| The current Support Plan includes natural, generic, community and paid supports for the person. | 148 | 99.3% |
| Services are delivered in accordance with the Cost Plan. | 151 | 100.0% |
| The Consultant is in compliance with billing procedures and the Medicaid Waiver Services Agreement. | 150 | 100.0% |
| The Consultant bills for services only after service is rendered | 149 | 98.7% |
| Participant Monthly Review forms & Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month. | 149 | 98.7% |
| The Consultant documents efforts to assist the person/legal representative to know about rights on an ongoing basis. | 145 | 96.0% |
| The Consultant documents efforts to ensure the person's health and health care needs are addressed on an ongoing basis. | 141 | 93.4% |
| The Consultant documents efforts to ensure the person's safety needs are addressed on an ongoing basis. | 143 | 94.7% |
| Consultant has a method in place to document information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis. | 121 | 95.3% |
| 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. | 134 | 88.7% |
| Completed/signed Participant-Consultant Agreement is in the record. | 149 | 98.7% |
| Completed/signed CDC+ Consent Form is in the record. | 149 | 98.7% |
| Completed/signed Participant-Representative Agreement is in the record. | 149 | 99.3% |
| All applicable completed/signed Purchasing Plans are in the record. | 148 | 98.0% |
| The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan. | 150 | 100.0% |
| All applicable completed/signed Quick Updates are in the Record. | 59 | 100.0% |
| Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed. | 70 | 97.2% |
| When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month. | 135 | 97.1% |
| Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs. | 142 | 98.6% |
| Consultant has taken action to correct any overspending by the Participant. | 11 | 100.0% |
| If applicable, Consultant initiates Corrective Action. | 5 | 83.3% |
| Completed/signed Corrective Action Plan is in the record. | 3 | 75.0% |
| If applicable, an approved Corrective Action Plan is being followed. | 3 | 100.0% |
| The Emergency Backup Plan is in the record and is reviewed annually. | 142 | 96.6% |
| Average CDC+ Consultant Result | **4,374** | **97.5%** |

### CDC+ Representative (CDC-R)

CDC+ participants 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 2016, 271 CDC+ Representatives were reviewed. CDC-R results are presented by region in Table 9 and by standard in Table 10.

* On average, Representatives reviewed to date in 2016 showed 92.5 percent compliance (Percent Met).
* The number of reviews completed in each region is relatively small and comparisons across regions should be made with caution.
* To date, Representatives were least likely to have documentation supporting reconciliation of monthly statements (81.9%) or background screening (81.6%).

|  |  |  |  |
| --- | --- | --- | --- |
| Table 9: CDC+ Representative Results by Region | | | |
| January - June 2016 | | | |
| Region | # of Reviews | Weighted Score | Percent Met |
| Northwest | 29 | 91.4% | 89.8% |
| Northeast | 45 | 92.6% | 92.2% |
| Central | 67 | 93.7% | 93.1% |
| Suncoast | 55 | 92.8% | 91.8% |
| Southeast | 39 | 92.8% | 92.4% |
| Southern | 36 | 95.6% | 94.9% |
| State | 271 | 93.2% | 92.5% |

| Table 10: CDC+ Representative Results by Standard | | |
| --- | --- | --- |
| January – June 2016 | | |
| Standard | Number  Reviewed | Percent Met |
| Complete and signed Participant/ Representative Agreement is available for review. | 268 | 96.3% |
| Accurate signed and approved timesheets for all Directly Hired Employees (DHE) are available for review. | 256 | 86.3% |
| Signed and approved Invoices for Vendor Payments are available for review. | 149 | 93.3% |
| Signed and approved receipts/statement of “Goods and Services” for reimbursement items are available for review. | 74 | 97.3% |
| Complete Employee Packets for all Directly Hired Employees are available for review. | 256 | 94.5% |
| Complete Vendor Packets for all vendors and independent contractors are available for review. | 169 | 94.7% |
| Completed and signed Job Descriptions for each Directly Hired Employee are available for review. | 258 | 89.1% |
| Signed Employer/Employee Agreement for each Directly Hired Employee (DHE) is available for review. | 257 | 89.9% |
| All applicable signed and approved Purchasing Plans are available for review. | 270 | 91.1% |
| Copies of Support Plan(s) are available for entire period of review. | 271 | 95.2% |
| Copies of approved Cost Plans are available for entire period of review. | 271 | 95.6% |
| Emergency Backup Plan is complete and available for review. | 271 | 94.8% |
| Corrective Action Plan (if applicable) is available for review. | 13 | 100.0% |
| Background screening results for all providers who render direct care are available for review. | 267 | 81.6% |
| All applicable signed and approved Quick Updates are available for review. | 85 | 100.0% |
| Monthly Statements are available for review. | 269 | 95.5% |
| Documentation is available to support the reconciliation of Monthly Statements. | 270 | 81.9% |
| The Participant obtains services consistent with stated/documented needs and goals. | 268 | 98.1% |
| The Participant makes purchases that are consistent with the Purchasing Plan. | 255 | 98.4% |
| Average CDC+ Representative Score | **4,197** | **93.2%** |

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

* Approximately 75 percent of CDC+ Participants were taking up to three medications, compared to 62 percent of individuals on the DD Waiver.
* Almost twice the proportion of Waiver participants were taking seven or more medications compared to CDC+, 8.1 percent and 4.6 percent respectively.
* Most individuals with a health concern indicated needs were met.
* CDC+ participants were more likely to have been admitted to the hospital or been to an emergency room than were individuals on the DD Waiver.

|  |  |  |
| --- | --- | --- |
| Table 11: Prescription Medications Taken | | |
| January – June 2016 | | |
| Number of Medications | Waiver | CDC+ |
| 0 | 14.9% | 17.9% |
| 1 - 3 | 47.3% | 57.0% |
| 4 - 6 | 29.7% | 20.5% |
| 7+ | 8.1% | 4.6% |
| Total N | 632 | 151 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Table 12: Health Summary | | | | | | | | |
|  | **2013** | | **2014** | | **2015** | | **YTD 2016** | |
|  | Waiver (1,300) | CDC (304) | Waiver (1,047) | CDC (270) | Waiver (1,355) | CDC+ (385) | Waiver (632) | CDC+ (151) |
| **Taking 4 or More Prescription Medications** | 45.2% | 32.9% | 28.7% | 19.3% | 39.3% | 26.6% | 37.8% | 25.2% |
| **Have Health Concerns and Needs are Not Being Met** | 6.4% | 5.6% | 2.8% | 3.0% | 2.6% | 1.3% | 3.2% | 2.6% |

| Table 13: Health Summary | | |
| --- | --- | --- |
| January – June 2016 | | |
| In the past 12 months: | Waiver (632) | CDC+ (151) |
| Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation? | 2.8% | 1.1% |
| Have Reactive Strategies under 65G-8 been used due to behavioral concerns? | 2.8% | 0.0% |
| Have you been admitted to the hospital (including baker acts)? | 11.9% | 21.7% |
| Have you been to an Emergency Room? | 19.0% | 25.0% |
| Have you been to an Urgent Care Center? | 4.1% | 6.5% |

## National Core Indicator (NCI) Adult Consumer Survey Results

The Delmarva PCRs include the NCI Adult Consumer Survey for adults age 18 and over. Data from these are entered directly into the system maintained by HSRI. Results will be analyzed in the annual report when data collection from everyone in the sample has been completed and available for analysis.

## Provider Discovery Reviews (PDR)[[9]](#footnote-9)

During this contract year, a PDR will be completed for all providers who rendered at least one of the following services through the iBudget HCBS Waiver for six months or more:[[10]](#footnote-10)

* 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 is composed 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 for WSCs and Service Providers. During the first two quarters of this contract year (January – June 2016), 933 PDRs were completed by reviewers and approved by Delmarva management; 668 Service Providers and 265 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 during the interview processes. The purpose of the interview is to determine from the individual’s perspective how well services are provided and determine from the staff how well individuals are being supported in each service. The standards are the same as for the PCR interview but the indicators used to measure those standards are specific to the PDR.[[11]](#footnote-11) Figure 9 shows Individual and Staff Interview results by Standard and Table 14 shows the results by region.

* Delmarva completed 1,017 Staff and 1,038 Individual Interviews between January and June 2016.
* There was little variation across the Standards and little variation between individual and staff responses on each Standard.
* Community Participation was least likely to be present.

| Table 14: PDR Interview Results by Region | | | | |
| --- | --- | --- | --- | --- |
| January - June 2016 | | | | |
|  | Individual | | Staff | |
| Region | # | % Met | # | % Met |
| Northwest | 44 | 98.4% | 39 | 99.2% |
| Northeast | 217 | 97.9% | 200 | 97.8% |
| Central | 179 | 96.2% | 187 | 96.3% |
| Suncoast | 191 | 97.2% | 182 | 98.2% |
| Southeast | 209 | 95.3% | 208 | 95.9% |
| Southern | 198 | 96.1% | 201 | 96.9% |
| State | **1,038** | **96.7%** | **1,017** | **97.1%** |

While scores on the Individual and Staff Interviews through the first two quarters of the year have been quite high, four indicators showed results of less than 90 percent, three on the PDR II and one on the Staff Interview. All pertain to social roles and building friendships.

**Low Scoring PDR II Indicators**

**Low Scoring PDR Staff Interview Indicator**

### Observations

Delmarva reviewers conduct onsite observations of up to 10 licensed residential facilities (LRF) 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.

During the first two quarters of 2016, observations were completed at 33 Day Program locations and 428 LRFs. PDR Observation scores are shown by Region for LSD 3 (N=33) and LRFs (N=428) in Table 15. The number of Observations completed at Day Programs is quite small in most regions and should not be used for comparative analysis. All results to date are only preliminary and should not be used to generalize to the population or make cross-regional comparisons.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Table 15: PDR Observation Scores by Region and Location | | | | |
| January – June 2016 | | | | |
|  | LSD 3 | | LRF | |
| Region | # OBS | % Met | # OBS | % Met |
| Northwest | 0 | - | 18 | 97.2% |
| Northeast | 5 | 99.2% | 67 | 96.4% |
| Central | 11 | 98.8% | 94 | 95.4% |
| Suncoast | 8 | 99.5% | 83 | 97.2% |
| Southeast | 1 | 100.0% | 93 | 96.0% |
| Southern | 8 | 97.1% | 73 | 95.8% |
| State | 33 | 98.6% | 428 | 96.2% |

Observations are shown by Standard and Location in Figure 10. To date, scores are generally quite high across all the standards. Given the preliminary results, measures of Autonomy/Independence and Privacy showed somewhat lower compliance than did other areas during the Observation in LRFs.

#### Observation Type: Announced vs Unannounced

Of the 461 Observations, 126 (27.3%) 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. There is some variation across regions and standards by location and type. However, results are preliminary and further analysis will be completed when more data from the sample are available.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Table 16: Observation Scores by Observation Type and Location  January – June 2016 | | | | |
| Observation Type | LSD 3 | | LRF | |
| # OBS | % Met | # OBS | % Met |
| Announced | 17 | 99.9% | 318 | 96.7% |
| Unannounced | 16 | 98.4% | 110 | 94.6% |
| Total | 33 | 98.6% | 428 | 96.2% |

#### Observation Results by Indicator

Each location is scored on up to 71 different indicators. For day programs, 53 indicators (76.8%) reflected scores of 100 percent, compared to 13 indicators (33.3%) for the LRF Observations that had a score of 100 percent. For Day Programs, no indicators showed a score lower than 85 percent. The following indicators showed the lowest scores to date for LRF Observations, lower than 85 percent present:

**Low scoring indicators for LRFs**

**Bedroom doors lock (81.7%, N=426))**

### Administrative Policy and Procedure

Each agency provider is reviewed to determine compliance with Policies and Procedures 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 high degree of compliance across most standards for both service providers (93.0%) and support coordinators (98.2%).[[12]](#footnote-12) Findings by region are presented in Table 18.[[13]](#footnote-13) Service providers were least likely to have documentation detailing their management of personal funds for individuals receiving services. There is little variation across regions.

| Table 17: PDR Policies and Procedures Results by Standard | | | | |
| --- | --- | --- | --- | --- |
| January - June 2016 | | | | |
|  | Service Providers | | WSCs | |
| P&P Standard | # Reviewed | %  Met | # Reviewed | %  Met |
| If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst. | 13 | 100.0% | NA | NA |
| Agency vehicles used for transportation are properly insured. | 230 | 98.3% | NA | NA |
| Agency vehicles used for transportation are properly registered. | 231 | 96.5% | 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. | 487 | 98.2% | 59 | 100.0% |
| 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. | 487 | 97.9% | 60 | 100.0% |
| The provider maintains written policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening. | 485 | 82.5% | 60 | 96.7% |
| 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. | 485 | 84.9% | 60 | 96.7% |
| The provider maintains written policies and procedures detailing how the provider will ensure the individuals' medications are administered and handled safely. | 379 | 100.0% | 23 | 100.0% |
| The provider maintains written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider. | 486 | 95.7% | 60 | 98.3% |
| The provider maintains written policies and procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues. | 488 | 99.6% | 60 | 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. | 485 | 88.0% | 60 | 95.0% |
| 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. | 383 | 75.5% | 11 | 100.0% |
| The provider maintains written policies and procedures in compliance with 65G-8.003 (Reactive Strategy Policy and Procedures). | 123 | 94.3% | 3 | 100.0% |
| The provider addresses all incident reports. | 349 | 99.1% | 206 | 97.6% |
| The provider identifies and addresses concerns related to abuse, neglect, and exploitation. | 138 | 98.6% | 96 | 99.0% |
| All instances of abuse, neglect, and exploitation are reported. | 86 | 97.7% | 78 | 98.7% |
| The provider identifies addresses and reports all medication errors. | 110 | 99.1% | 19 | 100.0% |
| Average Policies and Procedures | 5,445 | 93.0% | 855 | 98.2% |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Table 18: Policies and Procedures by Region | | | | |
| January - June 2016 | | | | |
|  | Service Providers | | Agency WSCs | |
| Region | # of Reviews | % Met | # of Reviews | % Met |
| Northwest | 6 | 94.3% | 4 | 100.0% |
| Northeast | 80 | 92.5% | 6 | 97.5% |
| Central | 93 | 91.4% | 9 | 98.1% |
| Suncoast | 86 | 93.3% | 11 | 97.2% |
| Southeast | 121 | 94.4% | 12 | 100.0% |
| Southern | 96 | 93.0% | 11 | 97.5% |
| State | 482 | 93.0% | 53 | 98.2% |

### Qualifications and Training Requirements

Providers 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. During the first two quarters, of the 668 providers and 265 WSCs who participated in a PDR, 1,563 and 345 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. Compliance rates by region provided in Table 21. Qualifications and Training compliance rates across the standards were quite high, and indicate:[[14]](#footnote-14)

* Average compliance for service providers was 96.0 percent and 96.9 percent for WSCs
* Service providers reviewed to date scored showed lowest compliance in receiving eight hours of annual in-service training (79.5%)
* WSCs were least likely to have received annual training in HIPAA. (89.2%)
* Through the first two quarters of the year, there is very little variation across regions

| Table 19: PDR Qualifications and Training Service Provider Results by Standard | | |
| --- | --- | --- |
| January – June 2016 (668 PDRs) | | |
| Standard | Number Reviewed | Percent Met |
| The provider has completed all aspects of required Level II Background Screening. | 1,563 | 93.3% |
| The provider received training in Zero Tolerance. | 1,563 | 95.5% |
| The provider received training in Direct Care Core Competency. | 812 | 96.4% |
| The provider received training in Direct Care Core Competencies. | 71 | 100.0% |
| The provider received training in Basic Person Centered Planning. | 1,543 | 94.4% |
| The provider received training on Individual Choices, Rights and Responsibilities | 1,502 | 94.9% |
| The provider received training in Requirements for all Waiver Providers | 569 | 99.5% |
| The provider received training in HIPAA. | 1,559 | 87.3% |
| The provider received training in HIV/AIDS/Infection Control. | 1,538 | 97.4% |
| The provider maintains current CPR certification. | 1,534 | 97.9% |
| The provider received training in First Aid. | 1,446 | 98.3% |
| The provider received training in Medication Administration prior to administering or supervising the self-administration of medication. | 786 | 98.2% |
| The provider maintains current medication administration validation. | 775 | 95.5% |
| 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). | 237 | 97.9% |
| Drivers of transportation vehicles are licensed to drive vehicles used. | 1,195 | 99.8% |
| Personal vehicles used for transportation are properly insured. | 812 | 97.2% |
| Personal vehicles used for transportation are properly registered. | 812 | 95.1% |
| The provider meets all minimum educational requirements and levels of experience for Behavior Analysis. | 27 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Behavior Assistant. | 11 | 100.0% |
| The 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. | 11 | 100.0% |
| The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant. | 14 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1. | 372 | 99.5% |
| The provider completes 4 hours of annual in-service training related to the specific needs of at least one person currently receiving services | 71 | 95.8% |
| The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2. | 33 | 100.0% |
| The provider has completed standardized, pre-service training for Life Skills Development Level 2. | 68 | 100.0% |
| The provider completed Introduction to Social Security Work Incentives. | 21 | 95.2% |
| The provider completes eight hours of annual in-service training related to employment. | 32 | 93.8% |
| The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3. | 52 | 100.0% |
| The provider completes eight hours of annual in-service training related to the individually tailored services. | 22 | 90.9% |
| The provider meets all minimum educational requirements and levels of experience for Personal Supports. | 697 | 98.6% |
| The provider completes four hours of annual in-service training related to the specific needs of at least one person currently served. | 168 | 92.9% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard. | 332 | 99.1% |
| The provider completes eight hours of annual in-service training related to the implementation of individually tailored services. | 92 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus. | 56 | 98.2% |
| The 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. | 56 | 100.0% |
| The provider completes eight hours of annual in-service training related to behavior analysis and related topics. | 24 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior. | 1 | 100.0% |
| The 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. | 1 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Respite. | 196 | 98.5% |
| The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching. | 170 | 97.6% |
| The provider completed required Supported Living Pre-Service training. | 170 | 99.4% |
| The Supported Living Coach completed Introduction to Social Security Work Incentives. | 68 | 98.5% |
| The provider completes eight hours of annual in-service training. | 83 | 79.5% |
| The provider received training in Direct Care Core Competency. | 724 | 97.8% |
| The provider received training in Direct Care Core Competencies. | 53 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Behavior Analysis. | 12 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Behavior Assistant. | 12 | 91.7% |
| 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. | 12 | 100.0% |
| 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 | 77 | 97.4% |
| The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2. | 35 | 94.3% |
| The Life Skills Development 2 provider completed Introduction to Social Security Work Incentives. | 25 | 96.0% |
| The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment. | 31 | 80.6% |
| The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services. | 23 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard. | 282 | 96.8% |
| The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services. | 73 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus. | 68 | 98.5% |
| 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. | 67 | 98.5% |
| The Residential Habilitation - Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics. | 40 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior. | 3 | 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. | 3 | 100.0% |
| The Supported Living Coach provider completes eight hours of annual in-service training. | 74 | 81.1% |
| The Personal Support provider completes four hours of annual in-service training related to the specific needs of at least one person currently served. | 147 | 93.9% |
| Average Service Provider Q&T Score | **22,926** | **96.0%** |

| Table 20: PDR Qualifications and Training WSC Results by Standard | | |
| --- | --- | --- |
| January - June 2016 (265 WSC PDR ) | | |
| **Q&T Standard** | **Number Reviewed** | **Percent Met** |
| The provider has completed all aspects of required Level II Background Screening. | 345 | 95.7% |
| The provider received training in Zero Tolerance. | 345 | 96.8% |
| The provider received training in Direct Care Core Competency. | 344 | 98.3% |
| The provider received training in Direct Care Core Competencies. | 30 | 100.0% |
| The provider received training in Basic Person Centered Planning. | 343 | 94.5% |
| The provider received training on Individual Choices, Rights and Responsibilities | 82 | 96.3% |
| The provider received training in Requirements for all Waiver Providers | 98 | 100.0% |
| The provider received training in HIPAA. | 343 | 89.2% |
| The provider received training in HIV/AIDS/Infection Control. | 255 | 99.6% |
| The provider maintains current CPR certification. | 170 | 99.4% |
| The provider received training in First Aid. | 154 | 99.4% |
| 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). | 3 | 100.0% |
| Drivers of transportation vehicles are licensed to drive vehicles used. | 36 | 100.0% |
| Personal vehicles used for transportation are properly insured. | 31 | 100.0% |
| Personal vehicles used for transportation are properly registered. | 31 | 96.8% |
| The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+). | 98 | 99.0% |
| The provider meets all minimum educational requirements and levels of experience for Support Coordination. | 342 | 99.7% |
| The Support Coordinator completed required Statewide pre-service training. | 344 | 99.4% |
| The Support Coordinator completed required Region Specific training. | 344 | 98.8% |
| The Support Coordinator completed Introduction to Social Security Work Incentives. | 258 | 99.2% |
| The Support Coordinator completes 24 hours of job related annual in-service training. | 334 | 91.0% |
| Average Qualifications and Training (WSC) | 4,330 | 96.9% |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Table 21: Qualifications and Training Results by Region | | | | |
| January - June 2016 | | | | |
|  | Service Providers | | WSCs | |
| Region | Records Reviewed | % Met | Records Reviewed | % Met |
| Northwest | 36 | 97.5% | 26 | 97.6% |
| Northeast | 306 | 96.4% | 59 | 96.2% |
| Central | 286 | 96.0% | 68 | 96.2% |
| Suncoast | 281 | 96.1% | 70 | 96.2% |
| Southeast | 364 | 96.1% | 67 | 97.7% |
| Southern | 290 | 95.2% | 55 | 98.0% |
| State | 1,563 | 96.0% | 345 | 96.9% |

### 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 2,209 SSRRs completed between January and June 2016 as part of the 668 PDRs for service providers and 993 SSRRs completed as part of the 265 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 unweighted score. Data gathered to date indicate:

* On average, providers and WSCs have performed well on Service Specific requirements, approximately 93 percent and 94 percent met respectively
* Through the first two quarters of the year, there is little variation across services or regions

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Table 22: PDR Service Specific Record Review Results by Region | | | | | | |
| January – June 2016 | | | | | | |
|  | Service Providers | | | WSCs | | |
| Region | # Records Reviewed | Weighted Score | Unweighted Score | # Records Reviewed | Weighted Score | Unweighted Score |
| Northwest | 73 | 92.8% | 93.4% | 100 | 96.1% | 96.0% |
| Northeast | 430 | 91.3% | 91.1% | 177 | 94.6% | 95.4% |
| Central | 423 | 93.4% | 93.6% | 181 | 93.3% | 93.9% |
| Suncoast | 415 | 93.4% | 93.3% | 206 | 92.3% | 91.9% |
| Southeast | 445 | 91.7% | 90.9% | 174 | 97.0% | 96.9% |
| Southern | 423 | 93.4% | 93.0% | 155 | 93.7% | 93.4% |
| State | **2,209** | **92.6%** | **92.4%** | **993** | **94.3%** | **94.4%** |

### Summary of PDR Scores by Region

Information in Tables 23 and 24 provides a summary of the average weighted PDR results by region for service providers and WSCs respectively. For support coordinators, the Announced record reviews are completed as part of a PCR. Unannounced record reviews are requested once the reviewer is onsite and ready to begin the record review process. Until all reviews are completed for the year, findings should not be generalized to the population and comparisons across regions and review components should be made with caution.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Table 23: PDR Weighted Scores for Service Providers | | | | | | |
| January – June 2016 | | | | | | |
| Region | Policy & Procedure (N=668) | Qualifications & Training (N=668) | Service Record Reviews  (N= 2,209) | Staff Interview (N=1,017) | Provider Individual Interview (N=1,038) | OBS  (N= 461) |
| Northwest | 100.0% | 96.8% | 96.1% | 99.3% | 97.7% | 97.2% |
| Northeast | 93.8% | 96.8% | 89.8% | 97.4% | 97.2% | 96.6% |
| Central | 91.4% | 96.8% | 95.2% | 96.8% | 97.3% | 95.7% |
| Suncoast | 94.4% | 97.8% | 94.9% | 98.3% | 97.8% | 97.4% |
| Southeast | 93.2% | 94.6% | 89.7% | 95.2% | 96.5% | 96.0% |
| Southern | 86.7% | 94.7% | 91.2% | 96.6% | 94.5% | 95.9% |
| **State** | **92.6%** | **96.4%** | **92.5%** | **97.1%** | **97.0%** | **96.3%** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Table 24: PDR Weighted Scores for WSCs | | | | |
| January – June 2016 | | | | |
|  |  |  | WSC Record Reviews | |
| Region | Policy & Procedure (N=265) | Qualifications  & Training (N=265) | Announced  (N=598) | Unannounced  (N=395) |
| Northwest | 100.0% | 96.8% | 96.4% | 95.7% |
| Northeast | 97.3% | 97.2% | 95.5% | 93.3% |
| Central | 98.0% | 95.8% | 93.3% | 93.3% |
| Suncoast | 94.6% | 96.6% | 93.3% | 90.7% |
| Southeast | 100.0% | 97.6% | 96.9% | 97.1% |
| Southern | 95.6% | 96.8% | 94.1% | 93.1% |
| State | **97.4%** | **96.8%** | **94.8%** | **93.6%** |

### 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.

During the first two quarters of the year (January – June 2016), 134 alerts were recorded. Half the alerts were due to a lack of required documentation needed to provide evidence background screening had been completed. An additional 67 alerts were reported as shown in the following table, with 52 related to health, safety, or medication administration or training.

| Table 25: Alerts by Type | |
| --- | --- |
| January – June 2016 | |
| Alert Type | Times Cited |
| Rights | 7 |
| Health & Safety | 20 |
| Abuse/Neglect/Exploitation | 1 |
| Background Screening | 67 |
| Medication Administration/Training | 32 |
| Driver’s License/Insurance (Employee) | 4 |
| Vehicle Insurance (Administrative) | 3 |
| Total Alerts | **134** |

### Background Screening

When examining background screening results, it is important to remember that a provider may have several employee records reviewed for which the person did not have the standard met. Each provider receives only one alert, if one or more employee records are out of compliance. In addition, each employee may have multiple reasons as to why the standard is not met.

The following table shows the percent of providers with background screening compliance met (i.e., no employee records were out of compliance) for service providers, WSCs, and CDC+ Representatives. Results to date are preliminary, and comparisons across regions and provider type should be made with caution.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Table 26: Percent of Providers with Background Screening Met | | | | | | |
| January – June 2016 | | | | | | |
|  | Service Providers | | WSC | | CDC+ Representatives | |
| Region | # Reviews | % Met | # Reviews | % Met | # Reviews | % Met |
| Northwest | 23 | 94.4% | 20 | 96.2% | 29 | 72.4% |
| Northeast | 146 | 96.1% | 47 | 93.2% | 45 | 81.8% |
| Central | 117 | 95.1% | 57 | 94.1% | 67 | 84.8% |
| Suncoast | 126 | 94.3% | 49 | 94.3% | 55 | 75.9% |
| Southeast | 143 | 94.8% | 54 | 98.5% | 39 | 89.5% |
| Southern | 113 | 93.4% | 38 | 98.2% | 36 | 83.3% |
| State | **668** | **94.8%** | **265** | **95.7%** | **271** | **81.6%** |

# Section III: Discovery

Findings in this report reflect data from PCR and PDR reviews and other contract activity completed between January and June 2016. A total of 783 PCRs, 933 PDRs and 271 CDC+ Representative reviews were completed, approved and available for analysis. Feedback from providers about the reviewer and review processes has been extremely positive. In May 2015, revisions on the tools and reports were requested from AHCA and completed by Delmarva, excluding all references to the amount of potential billing discrepancies identified during reviews. New revisions were completed to once again include the billing discrepancies and were implemented in January 2016.

During the second quarter of the current contract year, Regional managers reviewed all reports before final approval, conducted bi-weekly meetings for all reviewers, and facilitated a quarterly meeting in each region to review data, explore trends, and discuss other relevant regional issues or best practices. 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 presented a training session at the FARF annual meeting (Revisions to Discovery Tools), staffed an exhibit at Family Café, and presented a training session for the Suncoast 8 Chapter of the Family Care Council (Overview of PCR and PDR processes).

Results in this report are based on approximately half of the total number of PCRs and PDRs that will be completed by the end of the contract year. While findings appear to be consistent with results in previous years, results to date are not representative of the population and should be interpreted with caution. Additional analysis and recommendation will be provided as more data become available.

## Person Centered Review Results

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 high:

Some results, similar to findings in 2015, areas surrounding community participation and the development of social roles in the community appear to be somewhat problematic and should be tracked as more data are collected during the year. This is 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 new CMS settings rule. Results to date indicate the following:

* Individual and Support Coordinator interviews showed the lowest scores on Community Participation, 89.5 percent and 93.1 percent respectively.
* Indicators from the individual interview also point to possible issues with community integration. The lowest scoring areas indicate individuals are often not provided education or information about social roles in the community (79.3%), feel their preferences concerning social roles in the community are often not addressed (86.3%), and have only limited opportunities to develop new friendships or relationships.
* Information obtained from WSCs during the interview supports that information about community-based social roles is often not provided to individuals (84.4%).

Recommendation 1: New WSC training and mentoring is being developed through APD, with input from a Quality Council workgroup. This should include a process to ensure plans have goals that pertain to social role development as desired by the person, and ways to build new relationships and social roles in the community. This could be included in APD’s online training curriculum for support coordinators.

Recommendation 2: APD should ensure all providers are required to take competency based training (TRAIN system) on understanding and implementing community involvement for individuals. Community involvement should include both participation in community events and the development of relationships and social roles within the community.

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 (86.2%).
  + Progress notes do not always demonstrate that pre-Support Plan activities were conducted (84.9%).

Recommendation 3: APD should include as an agenda item in a meeting with regional offices discussion of ways to help ensure WSCs are including the Annual Report in the person’s record.

Recommendation 4: Because pre-Support Plan activities are an important part of the process, it is important to ensure WSCs are including this when developing plans with the person. If this continues to be one of the lower scoring indicators for WSCs, an initiative should be developed to help APD and Delmarva reviewers determine if the activities are actually not occurring or if WSCs need refresher training on how to accurately document these in the progress notes.

The three areas in which CDC+ Representatives seem to struggle the most are in maintaining accurate and signed timesheets for all direct hires (86.3%), documenting background screening results for all who render direct care for the person (81.6%), and maintaining documentation to support reconciliation of monthly statements.

Recommendation 5: Since 2010 when Delmarva first began to review CDC+ Representatives, they have improved greatly in documenting background screening results, from approximately 36 percent to over 80 percent. However, there is room for improvement in the zero tolerance area. The Quality Council may want to consider this as a work group activity, to determine how to best help improve this for Representatives across the state.

Recommendation 6: APD should ensure initial and ongoing training for CDC+ Representatives includes competency based sessions on developing and accurately maintaining timesheets and monthly statements.

## Provider Discovery Review Results

Results from the 933 PDRs conducted with service providers and WSCs indicate providers performed very well in all aspects of the review, as shown in the following graphic.

Similar to results from the PCR, individual and staff interviews indicated Community Participation as the lowest scoring area, identifying indicators measuring social role preferences, and the extent to which providers offer education and opportunities to develop social roles as key factors most often missed. Social role development also assumes individuals have the autonomy and independence to determine how and where and when to participate in various community activities. However, Observation results were lowest on Autonomy and Independence for individuals in day or residential programs.

Observation results also inform us individuals living in LRFs are often not trained in the use of public transportation, do not have a key to their homes, and are not making meaningful connections in the community. Transportation and access in and out of one’s home are essential in building independence, autonomy, and meaningful relationships with people outside of paid providers who can help improve the person’s ability to get a job in an integrated environment and make connections with non-paid friends and family members.

Recommendation 7: The Quality Council should consider developing a program for service providers, similar to the mentoring one developed for WSCs, to promote ways to enhance social role development by ensuring implementation plans address community integration goals and providers have resources needed to act on these goals.

Recommendation 8: The Quality Council should consider transportation as the next theme for workgroup activity. QC could help develop regional specific information packets on public transportation that could be used by providers to enhance people’s ability to use transportation and build lives in the community.

Recommendation 9: An additional QC consideration may be to develop a training session to help families and individuals embrace methods that will help with safely integrate individuals into the community. APD might consider setting up an educational session with a panel of individuals and families willing to share positive experiences regarding community access and activities that can be used in the training session.

## Summary

Findings from reviews completed during the quarter, January – June 2016, are generally very positive. Providers have been receptive to the new processes implemented since January 2015 and have provided valuable feedback that has been and will continue to be used to improve all the components of the PCRs and PDRs. 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 more person centered services and build community connections for individuals receiving services.

# Attachment 1: Customer Service Activity

**April - June 2016**

| **Customer Service Topic** | **#** | **Description** | **Outcome** | **Ave Time** |
| --- | --- | --- | --- | --- |
| Address/ Phone Update | 59 | 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 | 12 | 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 | Parent called with questions about CDC+ providers | Caller was referred to his CDC+ Consultant and his liaison at his local APD office. | 2 day |
| Clarification | 26 | Providers called asking for clarification on our tools. | Questions were answered, and where necessary, callers were referred to source documents. | 1 day |
| Complaint | 1 | Provider complained about the review process. | Regional Manager clarified the review process for the provider; issue was resolved. | 1 day |
| Contact QAR | 7 | 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 | 1 | 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 |
| New Tools | 10 | 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 | 52 | 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 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 | 45 | 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 | 7 | 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 |
| Records | 1 | Medical office called regarding a medical record request. | Question was answered | 1 day |
| Recoupment | 2 | 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 at AHCA. | 1 day |
| Report Requested | 8 | Providers call or email requesting their report be re-sent to them. | Reports are re-sent with address confirmation and providers are advised of same. | 1 day |
| Review Reports | 21 | 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 | 48 | Providers and provider consultants call asking about training requirements. | Training requirements are explained, including reference to the Handbook. | 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 |
| **Total Number of Calls** | **321** |  |  |  |

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>). [↑](#footnote-ref-1)
2. N sizes listed with the results indicate when the total number of responses was less than 94. [↑](#footnote-ref-2)
3. The list of topics and number of calls per topic are presented in Attachment 1. [↑](#footnote-ref-3)
4. All review tools are posted on the FSQAP website (<http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>). [↑](#footnote-ref-4)
5. The Other category for Residential Status for the DD Waiver includes Assisted Living Facilities (11) and Foster Care (3). The Other Disability category includes Spina Bifida (9) and Other (28). The Other category for CDC+ Disability is listed as Other(4). [↑](#footnote-ref-5)
6. 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. [↑](#footnote-ref-6)
7. It is important to remember results to date are for only about half of the total sample and should not be considered final. [↑](#footnote-ref-7)
8. 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. [↑](#footnote-ref-8)
9. All review tools are posted on the FSQAP website <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html> . [↑](#footnote-ref-9)
10. 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. [↑](#footnote-ref-10)
11. All PCR and PDR tools can be viewed on the DFMC website: <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html> [↑](#footnote-ref-11)
12. N sizes may vary throughout the report due to missing and/or not applicable data. [↑](#footnote-ref-12)
13. Some questions on the Administrative P&P may also be asked of Solo providers. [↑](#footnote-ref-13)
14. For some of the standards only a few records were reviewed so comparisons across the standards should be made with caution till more data are available. [↑](#footnote-ref-14)