

Florida Statewide Quality Assurance Program

Annual Report

January - December 2010

Submitted to:

**Agency for Health Care Administration and
Agency for Persons with Disabilities**

Prepared by Delmarva Foundation

February 28, 2011

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Executive Summary

In January 2010, the Florida Statewide Quality Assurance Program (FSQAP), implemented in 2001, moved into a new contract with new provider oversight processes and new person centered review activities for individuals receiving services through the Development Disabilities (DD) Home and Community-Based Services waivers or 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 service delivery systems. The data in the report reflect results from the first year of review activity, and represent a baseline of system performance.

A total of three Quality Council (QC) meetings were held during the first contract year. The first two meetings focused on the purpose of the Council and Delmarva provided some training on the review processes. The final Quality Council meeting was held December 15, 2010. Using the data, information was provided to identify areas of weakness in the system. Workgroups discussed the data and provided numerous recommendations for improvement.

During the contract year, Delmarva reviewers completed 1,621 Person Centered Reviews that included 161 CDC+ participants, and 2,579 Provider Discovery Reviews, including 99 providers who were scored as non-compliant—they either did not show up for the scheduled review or Delmarva and the Area APD office were unable to locate them.

Findings to date indicate providers are approximately 81 to 85 percent compliant in most areas of the PDR components for Policy and Procedures, Training requirements, and Service Specific Record Reviews (SSRR). There is quite a bit of variation in results across the state, and this should be monitored as more data become available, both for systems that may need remediation and providers who may have best practices to share. Compliance on some specific review standards is relatively low, such as monitoring projected service outcomes; maintaining a log for grievances; having individuals sign the grievance policy within 30 days and annually; updating policies and procedure when needed; and documenting training in a person centered approach or training with an emphasis on choice and rights.

Observations of group homes and Adult Day Training facilities showed excellent performance ratings, with an average of 98 percent compliance across the state. However, over 59 percent of the 2,579 providers (representing all services reviewed by Delmarva) who had a PDR were cited with at least one potential recoupment item, 635 received a background screening alert, and 261 health and/or safety alerts were recorded. In addition, providers of Companion, Respite and Personal Care Assistance did not perform as well in their documentation as providers of other services.

The Person Centered Review (PCR) is designed to help determine how well the individual's service delivery system is meeting the expressed needs and goals of the person. The PCR includes a record review of the Support Coordinator, record reviews of service providers who provide services to the person (Service Specific Record Reviews (SSRR)), a face to face interview with the person (Individual Interview Instrument (III)), and the National Core Indicator (NCI) Adult Consumer Interview. Findings to date indicate a great deal of variation across the Areas on results from the Individual Interview Instrument, (a tool that measures outcomes and satisfaction from the perspective of the individual) and the Service Specific Record Reviews. Initial analysis of the NCI Consumer Survey indicates individuals appear to have most needs met in terms of rights and safety. However, choice is not present for many DD Waiver recipients, and community integration is not at the level many participants desire. While systems appear to be responding to needs of individuals, preliminary analysis suggests individuals often do not participate in making decisions about their services or life activities.

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 monitors providers rendering services through Developmental Disabilities Home and Community-Based Services waivers (DD waivers) and interviews individuals to help determine the overall quality of their service delivery systems. Individuals receiving services through the Consumer Directed Care Plus (CDC+) program are also interviewed, with record reviews completed for the CDC+ Consultant and Representative.

APD has designed a Quality Management Strategy based on the 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.

Delmarva's discovery process is comprised 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 as well as a review of records for all providers, including the support coordinator, who are providing services for the individual. 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 programs. Within the CDC+ program, consultants and representatives are reviewed on the standards set forth by APD and AHCA.

This is the Annual Report for the first year of the FSQAP program, January - December 2010. Because this is the first year of the new Quality Assurance program, results presented in this report should be interpreted as a baseline of performance for providers. The report is divided into three sections.

- Section I: Significant Contract Activity
- Section II: Data from Review Activities
- Section III: Discovery

Section I: Significant Contract Activity

Training

All the additional approved training sessions were completed during the 4th quarter of the contract year. Three regional training sessions were provided targeting CDC+ Participants, Representatives and Consultants. Sessions were conducted in Tallahassee on November 19th with 31 attendees, in Sunrise December 1st with 117 attendees and in Tampa December 2nd with 76 attendees. The purpose of the training was to:

- Describe the Discovery Review process
- Describe and review sample forms and the documentation CDC+ Representatives are required to keep on file
- Provide ample time for question and answer sessions

Six regional training sessions were provided around the state emphasizing the processes for DD Waiver participants and providers. Attendees included Support Coordinators, Providers and Area staff. The training was titled Quality Assurance and Documentation. Dates and locations are as follows: November 12th (Tampa), 15th (Stuart), 16th (Marianna), 17th (Jacksonville) and 30th (Weston) and December 13th (Orlando). Summary of information shared:

- Describe the Discovery Review process
- Describe and review documentation requirements specific to meeting minimum provider qualifications and documentation requirements specific to each service provided
- Provide ample time for question and answer sessions

Internal Quality Assurance Activities

Report Approval Process

In order to reduce error rates and enhance reliability, the Delmarva management team reviews all reports before they are approved. Managers work with the reviewer if an error is discovered and provide technical assistance if needed. After approval, reports are mailed to providers or support coordinators and posted to the web site for APD and AHCA.

Reliability

The Inter Rater Reliability (IRR) process has been reviewed and revised. Several processes will be used to help determine and maintain reviewer and instrument reliability, including group activity, onsite observations, and the use of trivia questions and scenarios. During the 4th quarter of the contract year regional managers met with reviewers in regions where they do not supervise reviewers to begin developing a group IRR process. Reviewers scored standards on several review tools, each using the same documentation, completing

the process at the same time. Regional managers collectively determined the correct response on each standard and reviewers were scored on the number of responses in agreement with the correct response.

Because this is a new process, results will be used to help further train reviewers during the Delmarva Annual training session in February 2011, as well as to clarify standards in each of the review tools. During the annual training, reviewers and managers will use the results to guide workshops on revisions for each of the review tools. Based on results and discussion of issues with the process and/or standards in the tools, reviewers will participate in a revised group IRR during the training week.

Regional managers will provide onsite observations of each reviewer, as well as reliability testing on certain components of the review processes that are better suited to face-to-face reliability, such as the individual interview. Managers conducted six reliability reviews onsite during the 4th quarter of the year. Christie Gentry, the new Quality Assurance manager, will also be continuing to develop trivia questions based on review procedures and scenarios for specific standards. These will periodically be distributed prior to weekly staff meetings and discussed during the meetings.

Status Meetings

Monthly status meetings are held to provide an opportunity for Delmarva, AHCA and APD representatives to discuss contract activities and other relevant issues as necessary. During the second quarter, there was a status meeting October 22 at AHCA, November 18 at APD, and December 16 at ACHA, with all entities represented.

Area Quarterly Meetings

Quarterly Meetings are held in each Area with the Delmarva Manager responsible for the Area and other APD Area personnel, including the Area Administrator and Medical Case Managers as possible. The purpose of the meetings is to discuss and interpret data from the Delmarva reviews to help APD develop appropriate remediation activities. Face to face meetings were held in all but two Areas. A number attempts were made to schedule a meeting in Area 9 and Area 15, but the Areas could not find a date. A phone meeting was held in these Areas on October 1. See Attachment 1 for a detailed description of attendees and topics discussed during each meeting.

Feedback Surveys

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. As of March 2, 2011, Delmarva had received 221 surveys from providers who participated in a PDR.¹ Approximately 54 percent were from agency providers and 46 percent from solo providers. The following Table provides each question and the percent of positive responses.

Table 1: Results from Provider Feedback Surveys	
Reviews Completed January - September 2010	
Question	Pct Yes
Did the Quality Assurance Reviewer (QAR) identify the documents needed to complete the review?	94.5%
Did the QAR explain the purpose of the review?	98.4%
Did the QAR explain the review process and how the QAR or Delmarva team would conduct the review?	94.5%
Did the QAR answer any questions you had in preparation for the review?	89.1%
Did the QAR refer you to the FSQAP website, including the tools and procedures?	90.6%
Did the QAR arrive at the review at the scheduled time?	96.1%
If no, did the QAR call to notify you he/she might be a little late?*	95.0%
Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving?	95.3%
If you scored Not Met on any of the standards, did the QAR explain why?***	92.8%
Total Responses	221

*108 Not Applicable Responses

**59 Not Applicable Responses

NCI Consumer Survey Feedback

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 HSRI. Between January and September 2010, 145 surveys had been returned to HSRI. A summary of findings includes the following:

¹ Survey results do not reflect the review date so all surveys received up through March 2 were analyzed and may include reviews completed in 2011.

- 78.6 percent of individuals participated in the survey and 25.5 percent of the forms were completed by the person receiving service, with 59.3 percent completed by an advocate, and 30.3 percent by a staff member where the person lives.
- 80.7 percent of NCI interviews took place in the home.
- 72 percent of individuals indicated choosing where to meet for the interview.
- A majority of respondents felt the interview was scheduled at a convenient time (96%), the questions were not difficult to answer (91.7%), the interview took the right amount of time (86.6%), and the interviewer was respectful (99.3%).
- 83.9 percent of respondents indicated the interviewer successfully explained all questions did not have to be answered, and 93.8 percent agreed the interviewer explained what the NCI survey was about.

Summary of Customer Service Calls

Beth Stratigeas began her position as Customer Service Representative. During the fourth quarter of the contract year, October – December 2010, 68 calls were recorded in the Customer Service Log, with an average response time of one day for each call. See Attachment 2 for a summary description of calls and responses.

Quality Council

The last Quality Council meeting for the contract year was held in Tampa December 15, 2010. Delmarva presented “problem areas” as defined in the data: alerts and reasons for the alert; background screening information and why it is most often not met; training standards most often not met; services with the lowest scores and the standards for those services most often not met. The group broke into several workgroups and used the information to generate recommendations for remediation in these areas. The recommendations were to be compiled by APD and distributed to the group to be prioritized for further work in the next QC meeting to be held in March. The format and content of the meeting was well received.

Web Site and Portal Updates

Real Time Data Reporting System (RTDRS)

During the 4th quarter of the first contract year, Delmarva began the process of developing a website and server dedicated to the RTDRS. The security certificates for the site should be in place by January or February 2011. Using this site, employees at APD and AHCA with the appropriate level of approval will be able to access the most current data, using reports developed by Delmarva.

For example, the monthly production report is currently processed each month and posted to the FSQAP portal. This report will be developed to enable APD Central and Area offices to request certain Areas and

time frames to meet their needs. All reports completed and approved at that time will be included. Delmarva will meet with AHCA and APD to discuss and prioritize reports to develop for this site.

The update for the Dashboards, to be completed in February, will include a new drill down section into the background screening information. For each Area, the providers' employees with background screening not met are listed, with the reasons the standard is not met provided for each employee.

Miscellaneous

Staffing

Michelle Dean began with Delmarva October 4, 2010, replacing Trudy Acevedo in Area 23. She received standard new hire training, both corporate and Florida QAR specific.

Sampling

The sample for Year 2 was generated during the 4th quarter. Support Coordinator caseloads were collected from WSC's throughout November and December. Delmarva completed pulling the sample for the PCRs on December 17. However, due to delays in obtaining all the WSC caseloads, the deadline for completing the schedule for Year 2 PCRs and PDRs was extended to mid January, 2011.

Section II: Data from Review Activities

Person Centered Reviews (PCR)²

Delmarva Quality Assurance Reviewers (QARs) began conducting Person Centered Reviews in March, with 1,623 PCRs completed across all of the APD Areas during the first year of the contract year. The number of PCRs for each Area is presented in Table 2, presented by the number of CDC+ individuals who participated (161), the number of waiver participants (1,462), and the total number of individuals who declined. The time period for declines is based upon the projected period of review and represents individuals who were originally scheduled to be reviewed during the contract year.

Table 2: Person Centered Review Activity				
January - December 2010				
	Number of PCRs		Number of Declines	
APD Area	DD Waiver	CDC+	DD Waiver	CDC+
1	54	5	20	11
2	94	15	23	11
3	72	7	15	5
4	128	11	32	9
7	145	24	26	14
8	67	2	28	4
9	71	12	18	3
10	141	19	19	4
11	211	26	56	3
12	57	2	13	1
13	96	6	16	12
14	44	2	15	4
15	50	6	18	5
23	232	24	60	24
Total	1462	161	359	110

Reasons given for the declines are shown in Table 3. Individuals are free to decline to be interviewed at any time during the process. When an individual declines participation in the PCR process, the reviewer calls the person to verify the decision. This affords the person an opportunity to ask questions or seek clarification

² See Attachment 3 for a description of review protocols and sampling methodology. All review tools are posted on the FSQAP website (<http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>).

about the PCR process and the person’s potential role in it. It also gives individuals an opportunity to change their minds about participating.

Table 3: Person Centered Review Decline Reasons			
January – December 2010			
Decline Reason	DD Waiver	CDC+	Total
Refused	169	78	247
Review Later	125	26	151
No Longer Recv Svcs	51	6	57
Deceased	11	1	12
Moved Out of State	5	0	5
Total	361	111	472

Individual Interview Instrument (III) Results

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 III. The III consists of 12 standards that help determine, from the individual’s perspective, how well the service delivery system is meeting needs and goals for the person. Each standard is scored Met or Not Met and is listed in Figure 2 below.

The CDC+ program provides individuals with flexibility and opportunities not offered to individuals on the Developmental Disabilities (DD) waiver, such as the ability to direct their own budget and hire/fire providers. Additionally, non-waiver providers can be utilized and provider rates can be negotiated by individuals. 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, PCR results for CDC+ participants are analyzed separately.

Waiver Participants

The average III scores for the 1,462 individuals on a DD waiver interviewed during CY 2010 are presented in Figure 1, for each Area and statewide. Results for the first year of the contract will be used as a benchmark of provider performance, understanding that processes were new to both reviewers and providers. Statewide results to date indicate 85 percent of III standards are present in people’s lives. This rate ranges from a low of 69 percent in Area 8 to a high of 95 percent in Area 2, a statistically significant difference in the proportions ($p < .000$).

**Figure 1: Person Centered Reviews
Individual Interview Instrument Results by Area
January - December 2010
Waiver Participants**

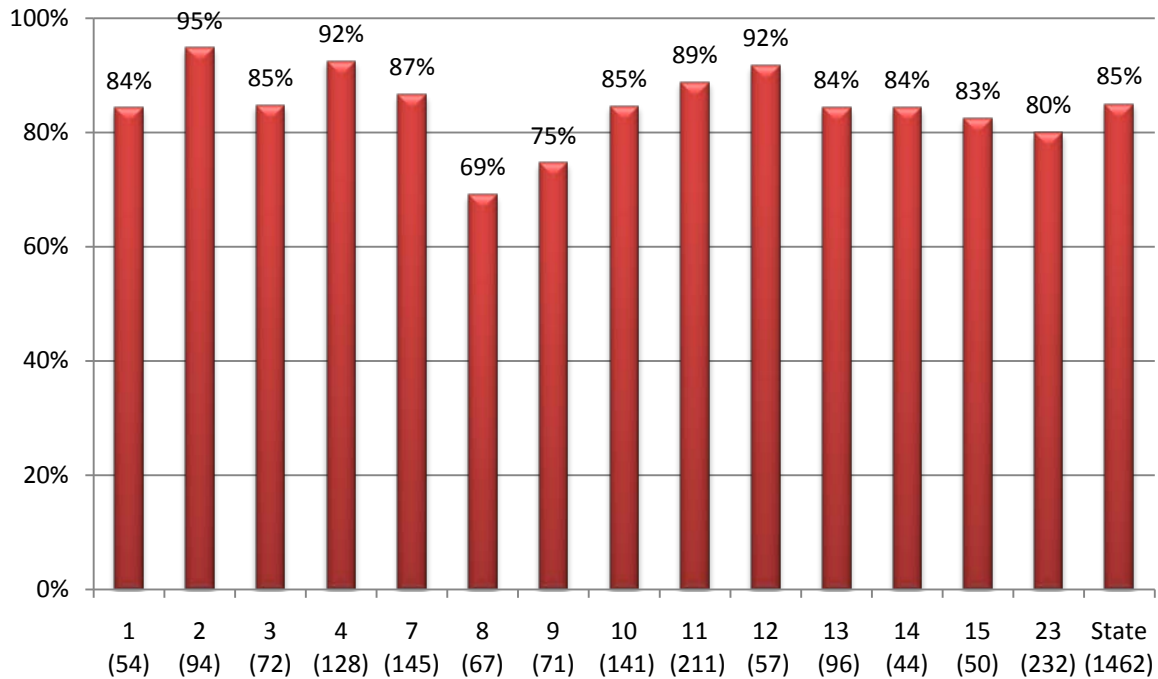


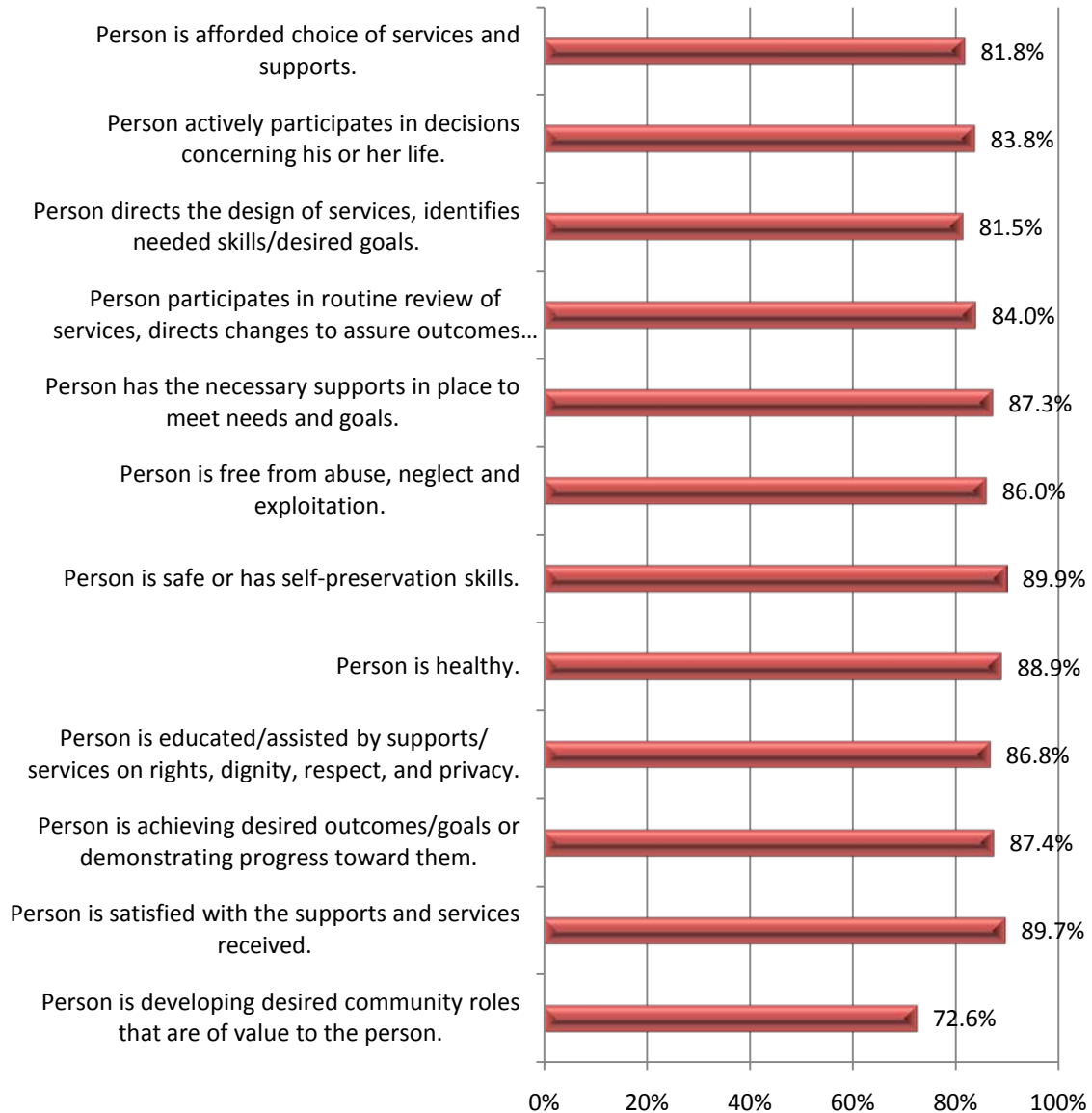
Figure 2 displays III results for DD waiver participants for each standard.³ III standards measure the following, from the person's perspective:

- safety and health status
- satisfaction with services
- involvement in designing supports and services
- abuse, neglect and exploitation
- developing community social roles
- education on rights and the degree to which they exercise those rights
- progress toward desired goals

³ The description of each element may be truncated to enable it to be displayed in the graph. For more specific details, including probes used when scoring the standard, go to <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>.

Data for the 1,462 individuals interviewed this year indicate that with one exception, each standard reflects an average score within +/- five percentage points of the state average. Only 72.6 percent of individuals who were interviewed had developed desired social roles in the community.

**Figure 2: Individual Interview Instrument Results by Standard
January – December 2010
Waiver Participants (N=1,462)**

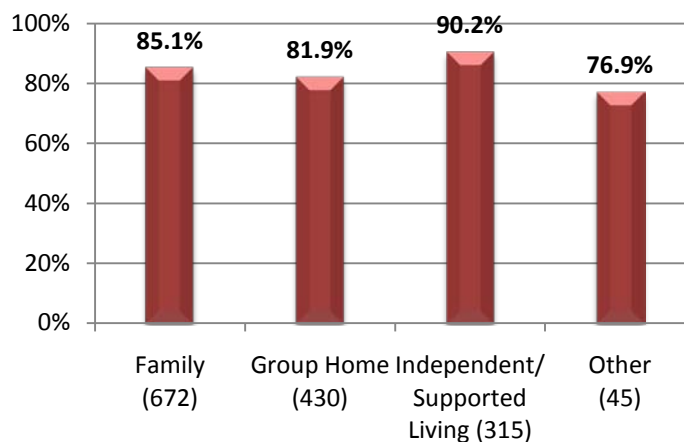


Additional analysis was used to examine III results for the 1,462 DD waiver participants across various demographic characteristics. The distribution of III results is displayed by Residential Status in Figure 3, by Primary Disability in Figure 4 and by Age Groups in Figure 5.

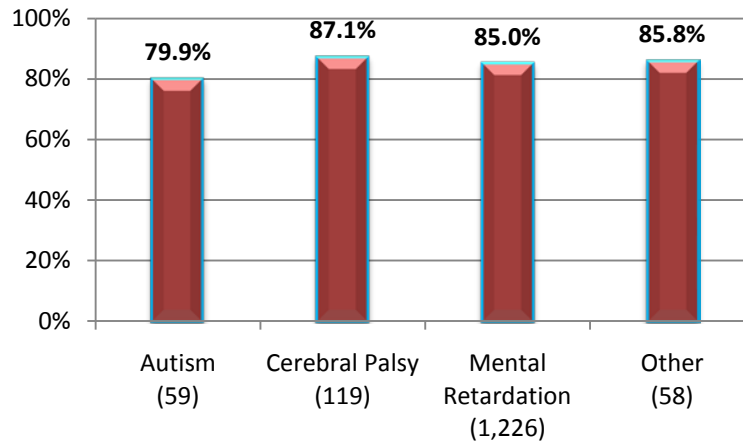
For individuals interviewed to date this year, analysis indicates the following:

- Residents of group homes appear to be less likely to score the III standards as present in their lives, than individuals living in a family home or independently (significant at $p < .000$). The “Other” category includes Assisted Living Facilities (15), Foster Home (9), Residential Treatment Facility (14), and Adult Family Care Home (7).
- Most individuals have a primary disability of Intellectual Disability. However, the 59 individuals with Autism did not appear to do as well on this portion of the PCR as other DD waiver participants (significant at $p < .000$). Individuals with Cerebral Palsy scored highest, on average, on the III standards. The “Other” category includes Epilepsy (3), High Risk (1), Other (19), Spina Bifida (31), and Prader Willi (4).
- Variation across age groups is small. However, the difference of proportions tests indicates the variations are statistically significant.

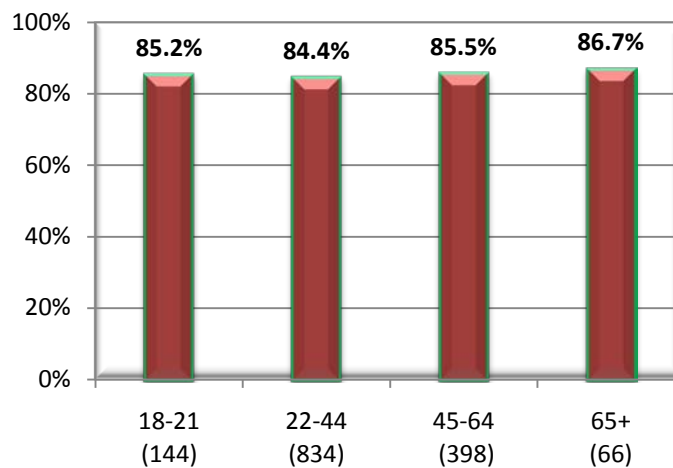
**Figure 3: Individual Interview Instrument Results by Residential Status
January - December 2010
Waiver Participants (N=1,462)**



**Figure 4: Individual Interview Instrument Results by Disability Type
January – December 2010
Waiver Participants (N=1,462)**



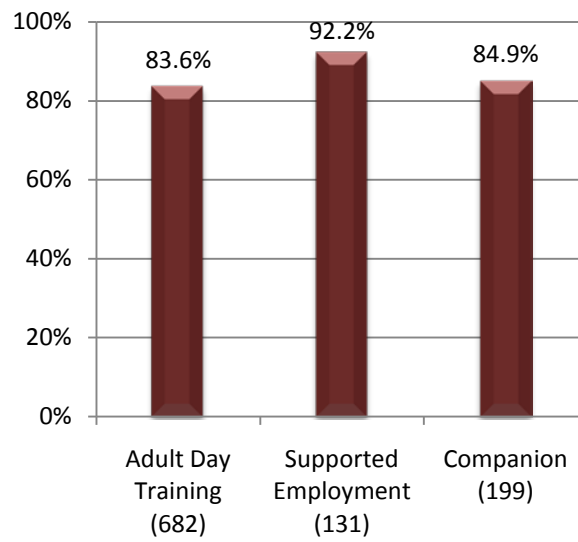
**Figure 5: Individual Interview Instrument Results by Age Group
January – December 2010
Waiver Participants (N=1,462)**



Adult Day Training (ADT), Supported Employment (SE) and Companion Services help ensure individuals participate in meaningful daily life activities, as measured by the Individual Interview Instrument (III). Average III results for these services are displayed in Figure 6. It is very important to note that people usually receive two or more of these and/or other services, making it difficult to offer a definitive statement as to which service has the greatest impact on responses to the III, or what impact the interaction of multiple services has on quality of life outcomes. However, past studies have been conducted to control for possible interactions of these and other services, as well as other factors including age, living situation and level of disability. Consistent with the data presented here, results supported the finding that receiving Supported

Employment, particularly in conjunction with Supported Living Coaching, was the best predictor of a higher quality of life.⁴

**Figure 6: Individual Interview Instrument Results by Service
January – December 2010
Waiver Participants**



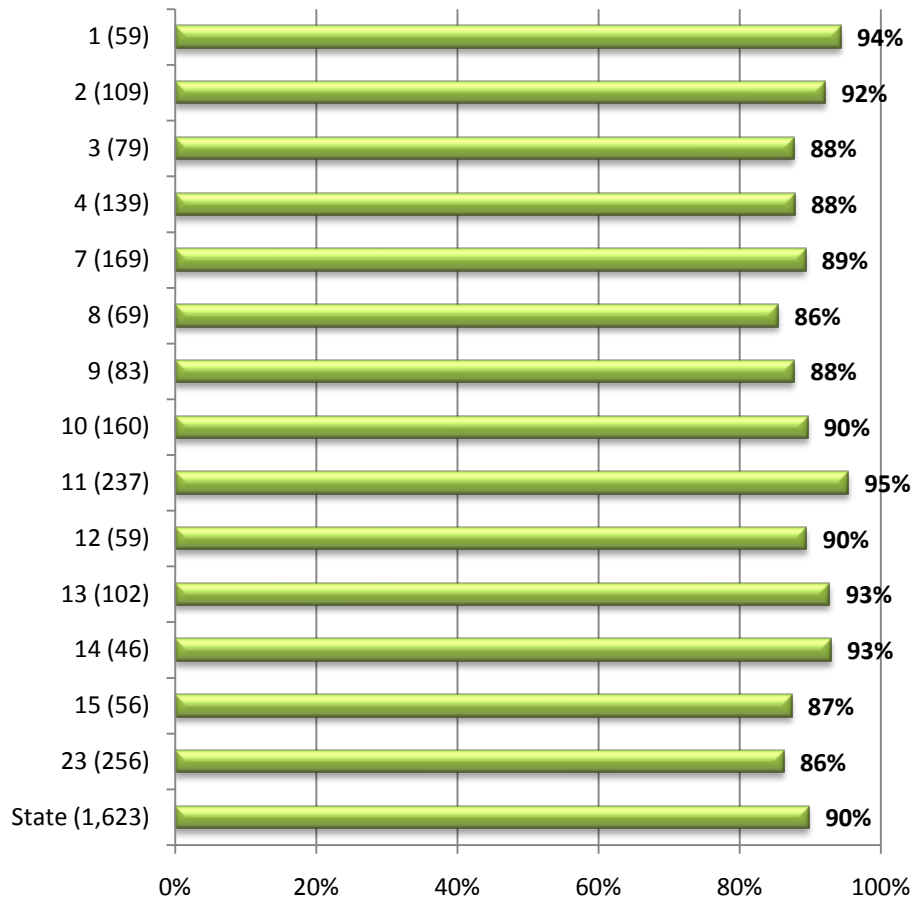
Service Specific Record Reviews (SSRR)

A record review is completed for every service received by individuals who participate in a PCR. Each record is analyzed to determine if the provider is rendering the service in accordance with the requirements specified in The Handbook for that particular service. The number of standards reviewed during the SSRR portion of the PCR varies depending upon type and number of services the person was receiving at the time of the review. For CDC+ participants, a review of the CDC+ Consultant's record for the person is completed.

Overall SSRR results by APD Area are presented in Figure 6. It is important to realize results shown in Figure 7 are in conjunction with the PCR, to help determine the quality of the overall service delivery systems for individuals being served. Findings may not reflect the overall performance of each particular provider, determined through the more extensive PDR. SSRR results from the PCR to date indicate a degree of variation across the Areas, from a low of 86 percent (Area 8) to a high of 95 percent (Area 11).

⁴ Results were based on Personal Outcome Measures and are presented in the QI study completed for the previous FSQAP contract (http://www.dfmc-florida.org/public/quality_improvement_studies/index.aspx).

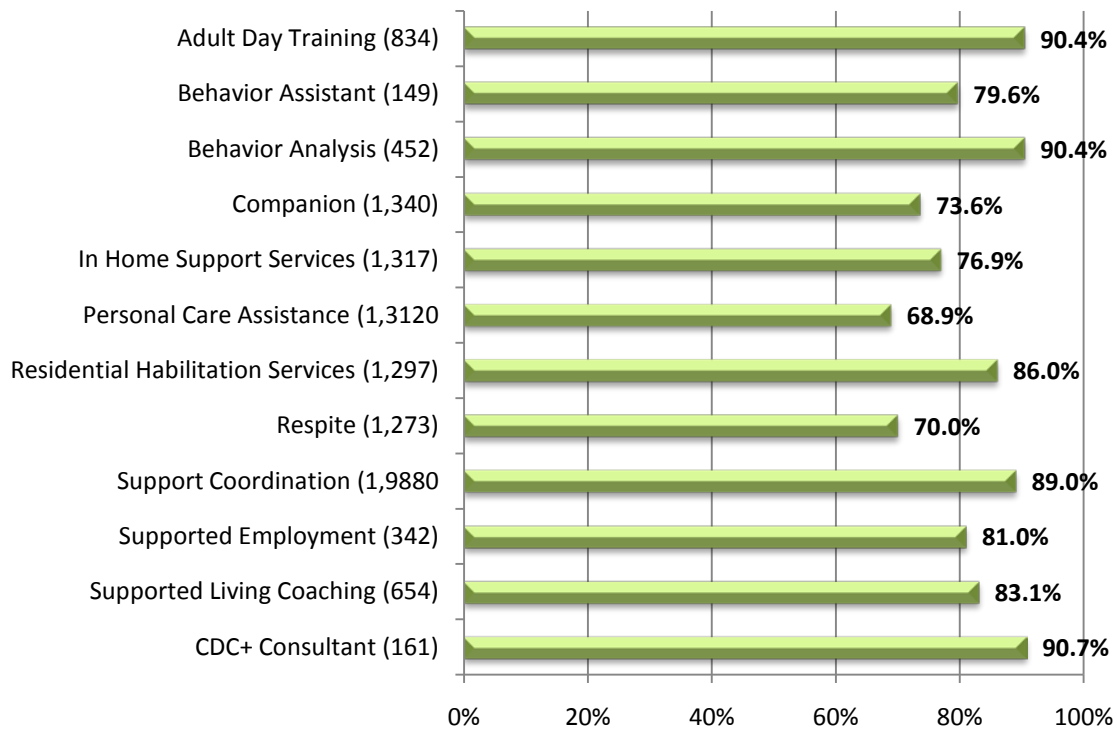
**Figure 7: Person Centered Reviews
Service Specific Record Reviews by APD Area
January - December 2010**



PCR results are presented by service in Figure 8. Each individual may receive any number of services. The number of individuals reviewed for the service is presented in parentheses. Results across the services, to date, vary somewhat. Record reviews for individuals receiving Companion, Personal Care Assistance, and Respite services averaged a score below 75 percent.⁵

⁵ One record was reviewed for Special Medical Home Care showed 100 percent compliance.

**Figure 8: Person Centered Reviews
Service Specific Record Reviews by Service
January – December 2010**



Health and Behavioral Assessment

During the PCR, Delmarva reviewers utilize an extensive Health and Behavioral Assessment (HBA) 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. Results are displayed in the following table, and key indicators reflect the following:

- Results for DD Waiver and CDC+ participants were analyzed separately, but reflected very similar outcomes.
- Most individuals had been to the doctor at some time over the 12 months previous to the interview, close to 99 percent.
- A slightly lower proportion of the CDC participants had been to the dentist in the past year while at the same time a slightly higher proportion indicated having problems with teeth.

- Approximately 33 percent of individuals on a DD waiver reported being in better health than last year, and 29 percent of individuals participating in CDC+ reported better health.
- Approximately 618 individuals interviewed reported having health problems.

Table 4: Select Health and Behavioral Assessment Questions				
January - December 2010				
HBA Question	DD Waiver		CDC+	
	% Yes	N	% Yes	N
Have you seen a doctor in the past year?	98.2%	1459	98.8%	161
Do you currently have a dentist?	83.2%	1459	82.6%	161
Have you been to the dentist in the past year?	77.7%	1459	74.5%	161
Do you have any problems with your teeth?	11.3%	1459	14.3%	161
Have you been treated in the emergency room this past year?	20.8%	1459	21.1%	161
Have you been admitted to the hospital this past year?	13.0%	1459	13.0%	161
Do you have any health problems?	38.2%	1459	37.9%	161
In the past year is your health:		1452		159
Better	32.6%		28.9%	
Same	59.6%		59.1%	
Worse	7.7%		11.3%	

NCI Consumer Survey Results for Focused Areas⁶

Focus Areas of the PCR reviews include key themes from the CMS Quality Framework: Achieving Results/Person Centered Approach, Choice, Health, Safety, Rights, and Community Inclusion. To examine individual responses on the Focused Areas, results from several questions in the NCI Consumer Survey were grouped and analyzed. Each question grouped within the Focused Areas is provided in Attachment 6.

The following table displays a summary of results within each Focused Area. The percent positive/good for each question is given. The “positive/good” response may actually be a negative answer. For example, “Are you ever afraid or scared when you are at home?” This response is positive or good if answered as “No”. These types of questions are reverse coded for the analysis in Table 5 below, and shaded for identification in Attachment 6.

Findings from the NCI analysis indicate the following:

- Approximately 37 percent of individuals indicated having excellent health but just over 63 percent self-reported fairly good to poor health.

⁶ Results for the NCI Adult Family Survey are included as Appendix 1 to this document.

- Individuals were least likely to report they have choice in their lives (for example, choosing a place to live, a daily schedule, or where they work (see Attachment 6)). Results indicate less than half (45.9%) of the choice indicators showed a positive response.
- The average score for Community Inclusion was 64.6 percent. While individuals do report they can go out to go shopping (90.1%), to see family (86.6%), or to a restaurant or café (85.7%), only 195 individuals (16%) have a job in the community and 321 (28.4%) have a volunteer position somewhere, and approximately half of the individuals reported going to religious services or on vacation.
- Individuals were most likely to score positively on issues of safety and rights.

Table 5: NCI Consumer Survey Results by Focused Areas				
January - September 2010				
Question Description	Number of Responses	Pct Negative	In Between	Pct Positive
Achieving Results/ PC Approach	6,551	14.2%	8.9%	77.0%
Choice	11,747	23.4%	30.7%	45.9%
Safety	3,747	3.0%	8.0%	89.0%
Rights	8,973	9.0%	4.0%	87.1%
Community Inclusion	16,286	31.7%	3.6%	64.6%
		Poor	Fairly Good	Excellent
Health	1,444	5.3%	57.8%	36.9%

Individual Involvement and System Response

One of the primary goals of the PCR is to determine the extent to which individuals are a part of decision making regarding their services, and how well service delivery systems are responding to the individual's expressed wishes. Several indicators in the III, SSRR, and the Choice section of the NCI Consumer Survey provide a means to help determine the effectiveness of the service delivery system in terms of "Individual Involvement" and "System Response".⁷ Because the NCI survey is only completed for adults, age 18 or over, the analysis of Involvement and Response is completed only for adults.

The following table shows the Involvement score (percent of elements scored as met) and the Response score for adult individuals who participated in a PCR over the course of the year (2010). On average,

⁷ See Attachment 7 for a list of indicators used to create each measure.

Individual Involvement scores are just over 61 percent while System Response scores are considerably higher, at just over 90 percent. Findings are similar for individuals participating in the CDC+ program and individuals receiving services through the DD waivers. However, individuals participating in CDC+ were somewhat less likely to be involved in their life’s decisions than individuals on one of the DD waivers, 58.3 percent and 61.3 percent respectively (significant at $p \leq .05$).

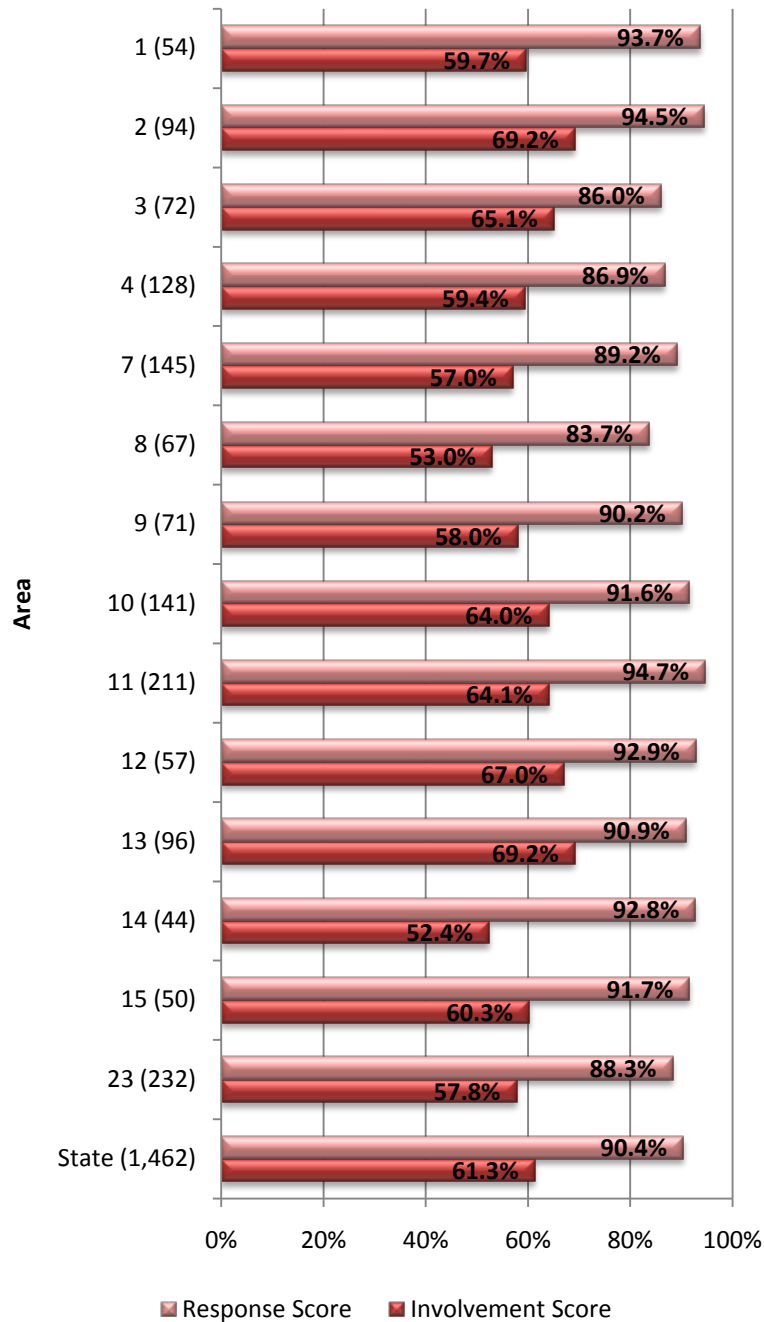
Table 6: Individual Involvement and System Responsiveness			
January – December 2010			
Funding Source	Number PCRs	Involvement Score	Response Score
DD Waiver	1,442	61.3%	90.4%
CDC+	125	58.3%	90.6%
Total	1,567	61.2%	90.4%

The following figures provide an overview of the Involvement and Response measures by APD Area, age group, residential setting, primary disability, and service.⁸ A summary of findings indicates the following:

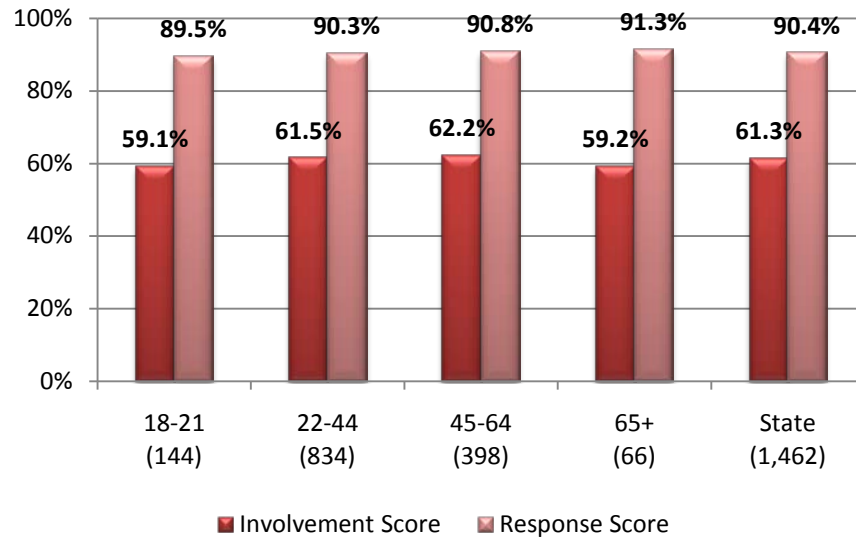
- There is some variation across the Areas in how well systems respond to individuals’ needs, from a low of 83.8 percent in Area 11 to a high of 94.8 percent in Area 8.
- Variation across the Areas regarding the individual’s participation in the process is greater, from a low of 51.8 percent in Area 15 to a high of 68.6 percent in Areas 2 and 13.
- Eight Areas reflected an Individual Involvement score lower than 60 percent.
- Involvement is lowest among individuals age 18 to 21, 57.9 percent.
- Compared to individuals living in a family home or independently, individuals in group home settings are less likely to participate in the decisions about their services or activities (significant at $p < .000$). There is little variation in system response to individuals.
- The 81 individuals identified with Autism as their primary disability were significantly less likely to be involved in their life’s decisions than were individuals with any other developmental disability (significant at $p < .000$). There is no variation across the various disabilities in system response to individuals.
- Individuals receiving Supported Employment were most likely to be involved in decisions about their services and were more likely to have systems respond to their needs.

⁸ When viewing results by service please note the same limitations apply as described in the III section above. Individuals usually receive more than one service.

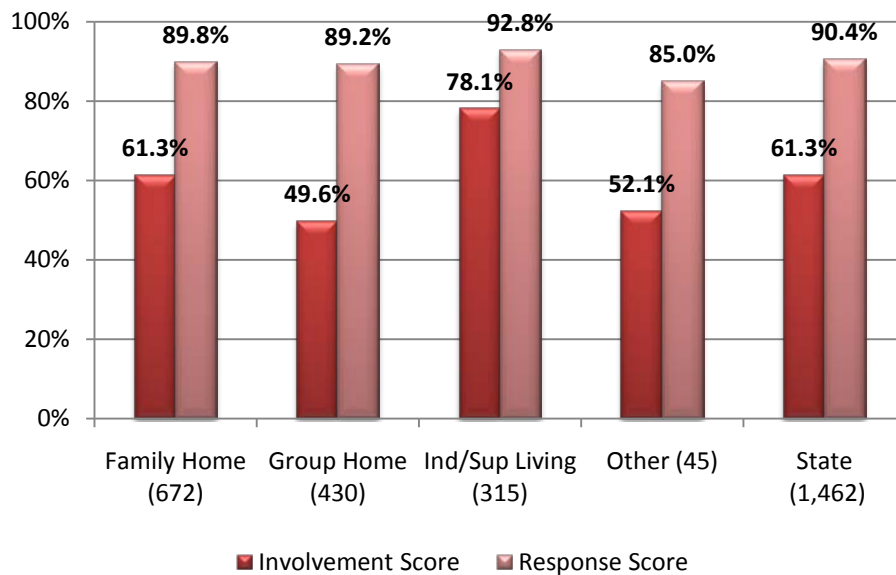
**Figure 9: Person Centered Reviews
Individual Involvement and System Response by APD Area
January - December 2010**



**Figure 10: Person Centered Reviews
Individual Involvement and System Response by Age Group
January - December 2010**

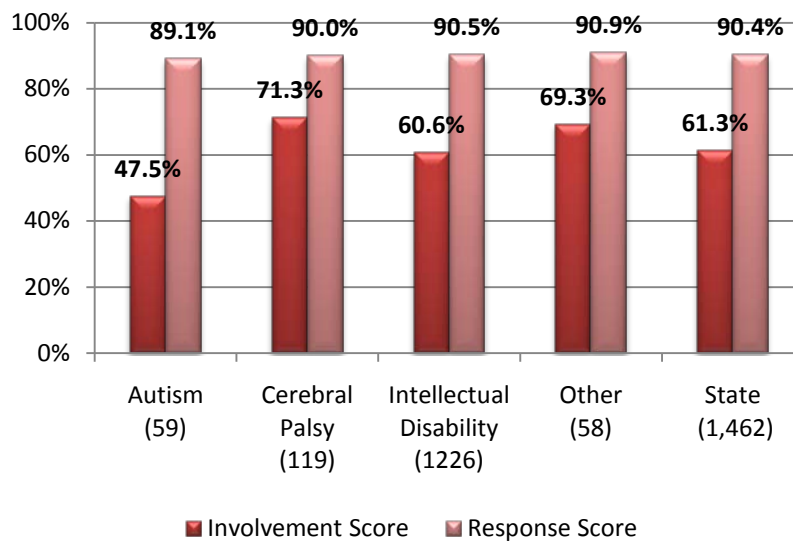


**Figure 11: Person Centered Reviews
Individual Involvement and System Response by Residential Setting⁹
January - December 2010**

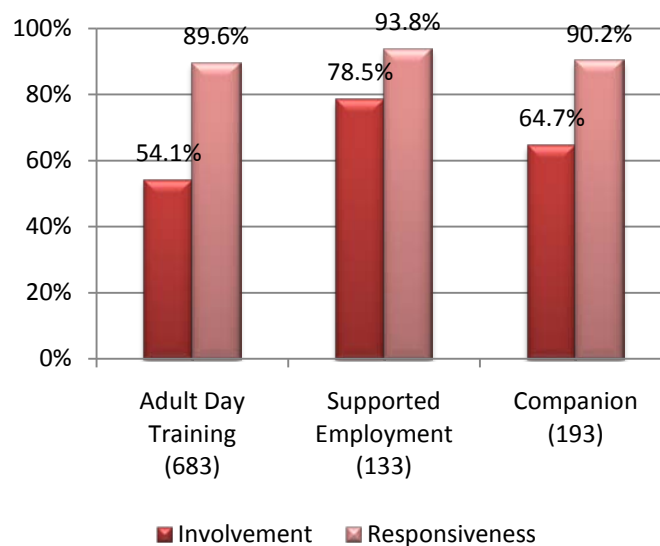


⁹ Other consists of ALF (11), Foster Home (6), Residential Treatment Facility (12), and Adult Family Care Home (6).

**Figure 12: Person Centered Reviews
Individual Involvement and System Response by Primary Disability¹⁰
January - December 2010**



**Figure 13: Person Centered Reviews
Individual Involvement and System Response by Service
January - December 2010**



¹⁰ “Other” consists of Epilepsy (3), High Risk (1), Other (12), Spina Bifida (20) and Praeder Willi (4).

Provider Discovery Reviews (PDR)¹¹

A PDR is completed for each provider who renders services to an individual participating in a PCR. Providers who are not included in the PCR are also reviewed onsite, with the exception of “deemed” providers. Deemed providers achieved a high performance score on their last review and are exempt from a PDR during the first year of the FSQAP contract.¹² A total of 2,579 PDRs were completed and approved by Delmarva management in 2010.

The distribution of PDRs by APD Area is presented in Table 7. The number of individuals on the DD waiver or the CDC+ program is given. Individuals may be served by more than one provider. Therefore, totals are not included as there would be duplicates. Ninety-nine providers either failed to show up for a scheduled review or Delmarva and the APD Area offices were unable to contact them. Non-compliant providers receive a Not Met on all standards. A list of non-compliant providers is compiled and sent to AHCA and APD monthly, but results from these reviews (all standards scored Not Met) are removed from the analyses in this report.

¹¹ See Attachment 2 for a description of the review procedures and sampling methodology. All review tools are posted on the FSQAP website (<http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>).

¹² For the first year of the contract, deemed providers who participated in a CORE or WiSCC received a score of Achieving or Implementing with all the Minimum Service Requirements met and no alerts; or a score of 85 percent for providers who had a Desk Review. Please see the FSQAP web site for more information on these reviews and the type of scoring used (<http://www.dfmc-florida.org/public.aspx>). This will be revised for the Year 2 process based on current PDR scores.

Table 7: Provider Discovery Review Activity				
January - December 2010				
APD Area	Number of PDRs	Waiver Participants Served*	CDC+ Participants Served*	Non-Compliant Providers
1	50	2,200	34	0
2	216	2,850	52	8
3	151	2,745	39	11
4	291	3,608	86	11
7	213	4,618	115	9
8	131	2,298	28	1
9	97	2,138	36	0
10	188	3,821	171	2
11	267	3,784	56	10
12	105	1,624	20	0
13	171	2,036	13	10
14	76	1,892	18	4
15	146	1,521	27	1
23	477	9,270	80	32
Total	2,579			99

* Indicates the number of participants served by providers who received a PDR.

Administrative Policy and Procedure Results¹³

Each provider is reviewed to determine compliance with Policies and Procedures as dictated in the Florida Medicaid Developmental Disabilities Waiver Services and Limitations Handbook (the Handbook).

Compliance scores for all components of the PDR are based on a weighted value assigned to each review standard.¹⁴ Providers can be scored on up to 30 different standards depending upon the requirements of the services provided. Each standard is scored as Met, Not Met, or Not Applicable.

¹³ N sizes may vary throughout the report due to missing and/or not applicable data.

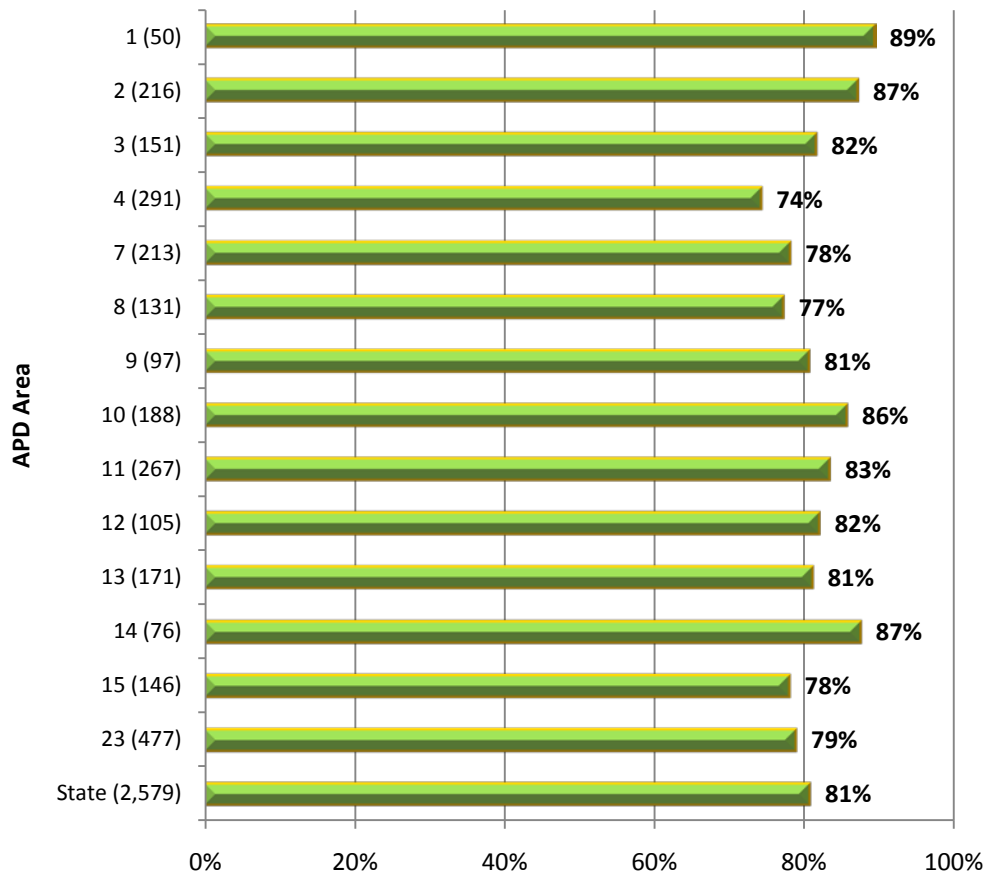
¹⁴ See Attachment 3 for a description of the weighting process and scoring methodology.

A description of each Standard scored within the Policy and Procedure component of the PDR is shown in Attachment 8, with the statewide average score for each Standard presented. A summary of the data for the 2,579 provider reviews conducted in Year 1 includes the following:

- 7 of the 30 standards showed 90 percent or higher compliance. These included procedures regarding reporting rights violations; requirements for reporting and tracking incidents of abuse, neglect or exploitation; the provider's ability to describe the person centered process being used; and requirements for insurance and registration of vehicles.
- While 81.6 percent of providers had a written policy to address grievances, only 68.2 percent of providers maintained a log of all grievances, 66.7 percent had evidence of teaching individuals about the policy, and only 55.3 percent had individuals sign the policy within the designated timeframe.
- 63 percent of providers updated policies in a timely manner.
- Provider performance in the area of completing and utilizing information from self assessments is relatively low, 41.7 percent and 48.6 percent respectively.
- Provider performance monitoring and reviewing projected service outcomes ranged from 69.5 percent compliance for providers of Adult Day Training to 42.5 percent for Waiver Support Coordinators.

The overall average score on the Policy and Procedure (P&P) component of the PDR is shown for all APD Areas and statewide in Figure 12. Scores range from a low of 74 percent in Area 4 to a high of 89 percent in Area 1, with a statewide average of 81 percent compliance. APD Areas 4, 7, 8, 15, and 23 reflect compliance rates of less than 80 percent.

**Figure 12: Provider Discovery Reviews
Average Policy and Procedure
January - December 2010**



Training Requirements

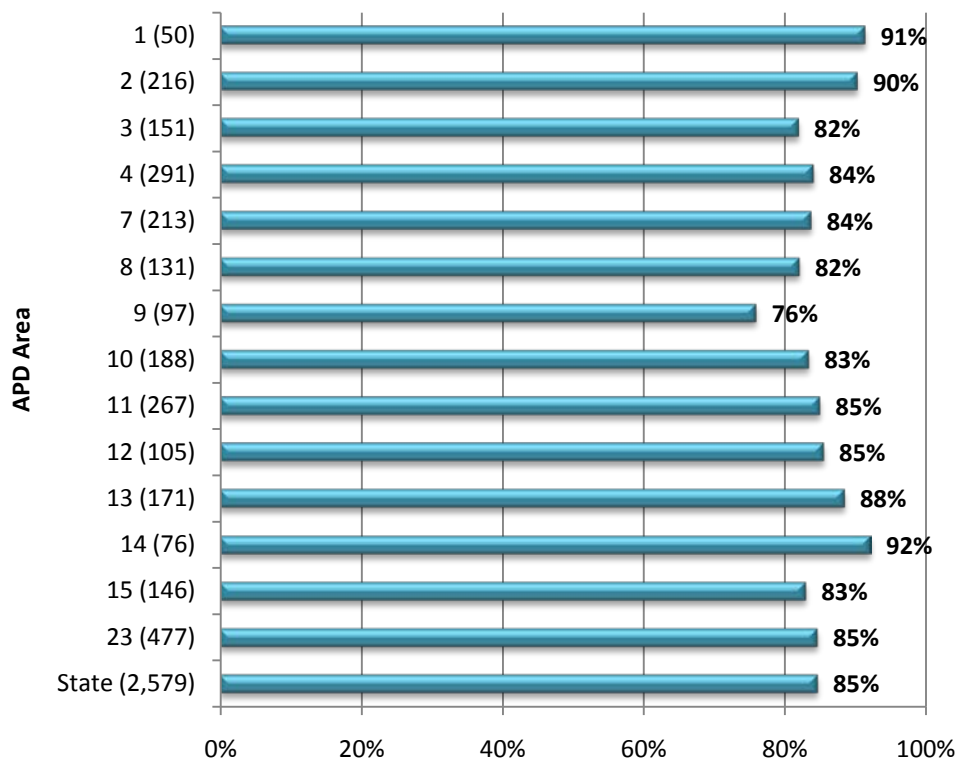
Providers are required to have certain types of training completed in order to render specific services. They can be scored on up to 34 standards depending on the type and number of services offered. A description of each Standard scored within the Training component of the PDR is shown in Attachment 9, with the statewide average score for each Standard presented. For each provider, several employee records may be reviewed for each standard. A summary of the data includes the following:

- On average, scores on the Training Standards ranged from 71.0 percent to 98.4 percent. However this lowest scoring standard, receiving training specific to the needs and characteristics of the individual, has been discontinued.
- 17 of the 33 standards reflect over 90 percent compliance and an additional eight standards showed between 80 percent and 89 percent compliance.

- A little over ¼ of the employee records reviewed did not have documentation of having received training in Person Centered Approaches/Outcomes, and over ¼ of employee records did not document training with an emphasis on choice and rights.

The average score for compliance on the training standards, by APD Area, is presented in Figure 12. Performance on training standards ranges from a low of 76percent compliance in Area 9 to a high of 92 percent in Area 14, with a somewhat higher statewide average than for the Policy and Procedure component of the PDR, 85 percent compared to 81 percent respectively. However, only three Areas (1, 2, and 14) scored the Training component 90 percent or greater.

**Figure 13: Provider Discovery Reviews
Average Training Scores by APD Area
January – December 2010**

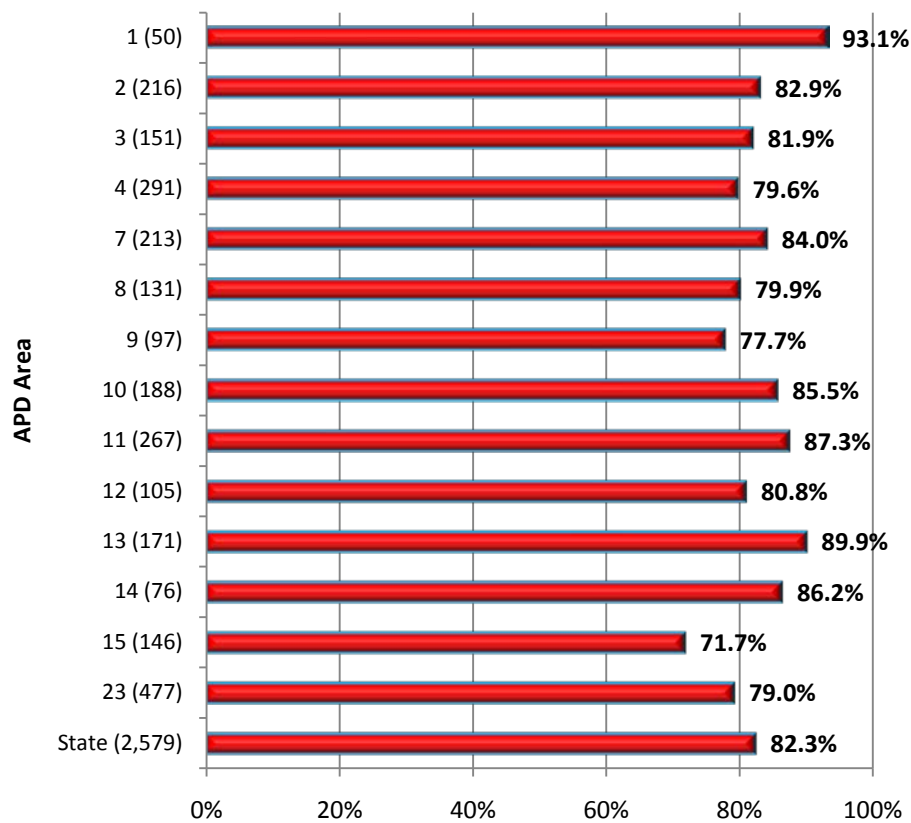


Service Specific Record Review Results (SSRR)

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, up to a minimum of 10 records for larger providers (caseload of 200 or more). Records reviewed during a PCR are incorporated in the providers' PDR results, if the records are reviewed prior to conducting the PDR.

Findings in Figure 14 indicate the statewide average compliance rate for the SSRR component of the Provider Discovery Review is approximately 82 percent. Five Areas show a provider performance rate of less than 80 percent. Scores range from a low of 71.7 percent in Area 15 to a high of 93.1 percent in Area 1. This statewide average is lower than the SSRR results from the PCR, of approximately 90 percent. For the PCR, the WSC is provided the names of two PCR participants up to 30 days in advance of the review. For the PDR, names of individuals selected for the record reviews are given to the provider the first day of the review.

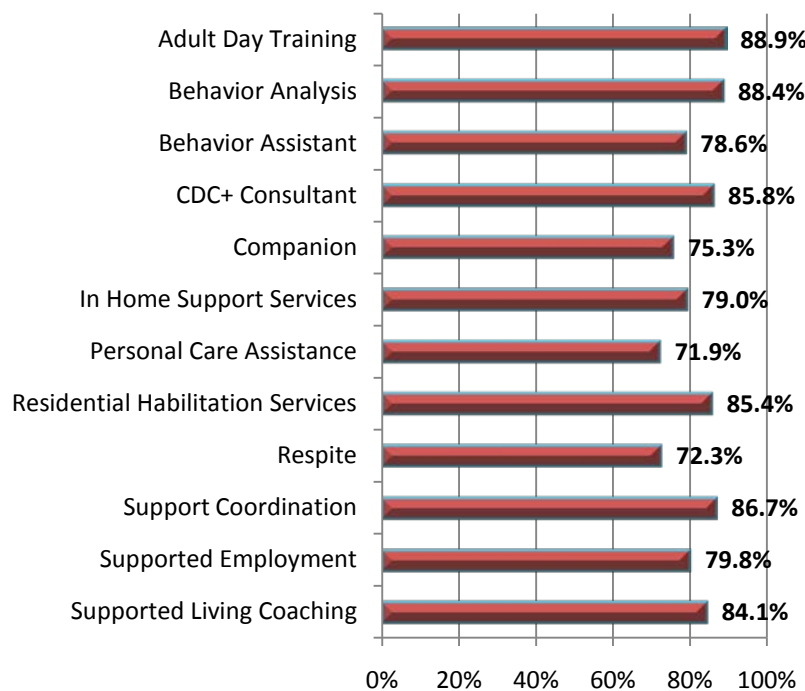
**Figure 14: Provider Discovery Reviews
Average Service Specific Record Review Score by APD Area
January - December 2010**



Results by service are presented in Figure 15. The number of records reviewed ranged from 72 (CDC+ Consultant) to 1,292 (Support Coordination). It is important to note that providers generally offer more than one service. Therefore, each provider may have results included in various SSRRs.

- Providers offering Personal Care Assistance and Respite were least likely to be in compliance with standards specific to the service, 71.9 percent and 72.3 percent respectively.
- In addition, four other services reflect a provider performance compliance rate of less than 80 percent: Behavior Assistant, Companion, In Home Support Services, and Supported Employment.

**Figure 15: Provider Discovery Reviews
Average Service Specific Record Review Scores by Service
January – December 2010**



Observation Results

Delmarva reviewers conduct onsite observations of up to 10 group homes when reviewing providers of Residential Habilitation. For Adult Day Training facilities, all locations operated by the ADT providers receive an onsite observation. During this portion of the PDR process, reviewers observe the physical facility and also informally interview staff, residents, and ADT participants as needed and as possible. During the first contract year, 2010, Delmarva reviewers conducted observations at 180 ADTs and 1,049 group homes, a total of 1,229 locations (Table 7). The ADTs served a total of 7,759 individuals, an average of about 43 per facility. The 1,049 group homes were operated by providers who served a total of 4,966 individuals.

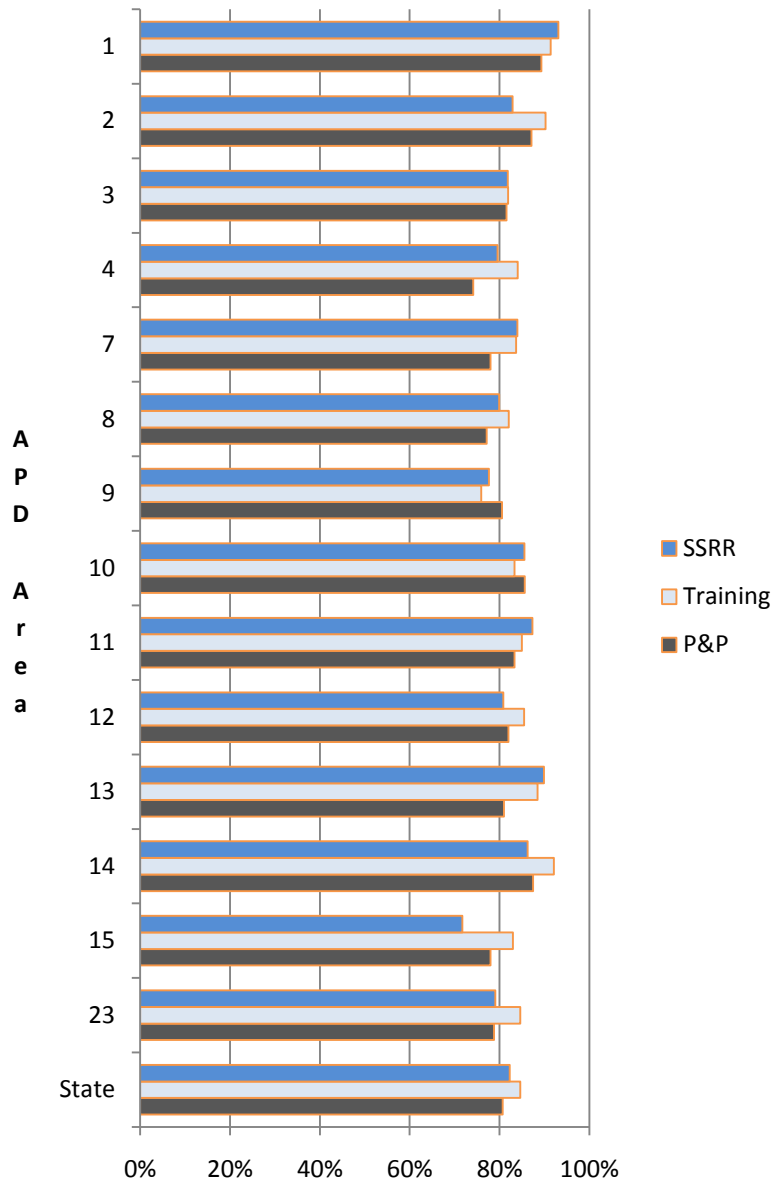
Table 7: Provider Discovery Review Number of Locations Observed by Area January - September 2010				
APD Area	Adult Day Training		Residential Habilitation	
	Locations	Served	Locations	Served
1	12	351	41	140
2	17	562	41	213
3	10	545	76	387
4	26	780	65	347
7	12	631	61	390
8	11	510	75	282
9	9	528	46	251
10	4	614	109	482
11	14	517	122	526
12	5	194	27	137
13	6	230	82	330
14	14	487	40	218
15	7	219	66	249
23	33	1,591	198	1014
State	180	7,759	1,049	4,966

The average statewide PDR Observation score for the first contract year was almost 98 percent. The variation across APD Areas was quite small, each area scoring approximately 96 percent or higher.

Comparison of Component Scores by APD Area

The following graph shows average scores for three of the PDR components across the APD Areas and Statewide: Policy and Procedure (P&P), Training, and Service Specific Record Reviews (SSRR). Performance scores for the Observation component are not included because these were consistently high for all Areas. Information in Figure 16 indicates no clear consistent pattern of performance across the different Areas.

**Figure16: Provider Discovery Reviews
Component Scores by APD Area
January - December 2010**



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. Delmarva calls the abuse hotline if appropriate, records an Alert in the provider review record, and notifies both the local APD Area office and Central Office. 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 and both APD Area office and Central Office are notified.

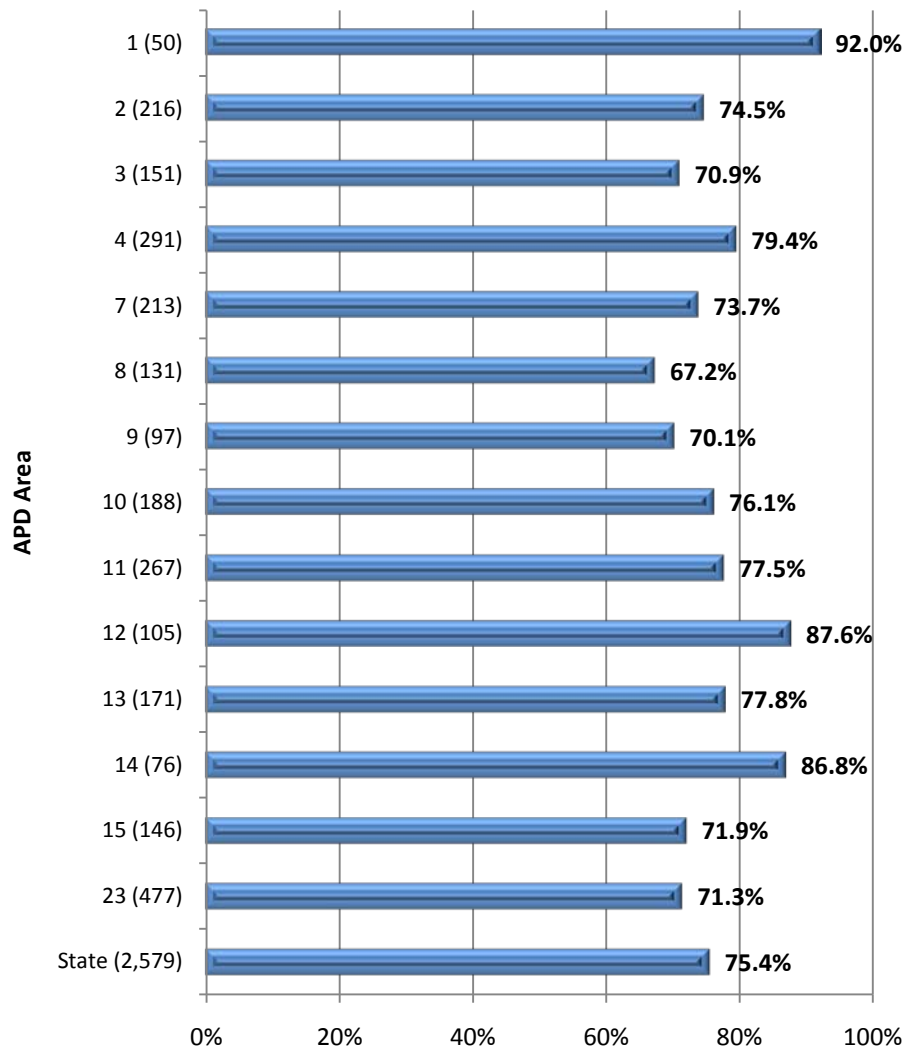
The number of Alerts recorded during the contract year, by APD Area, is shown in the following table. The majority of Alerts was due to a lack of required documentation needed to provide evidence background screening has been completed. However, 82 Health and 179 Safety Alerts have also been documented for providers reviewed throughout the year.

Table 8: Provider Discovery Reviews				
Number of Alerts by APD Area				
January - December 2010				
APD Area	Rights	Health	Safety	Background Screening
1	0	1	1	4
2	0	1	2	55
3	0	3	8	44
4	0	2	6	60
7	0	3	9	56
8	2	14	20	43
9	0	3	24	29
10	4	7	3	45
11	1	5	6	60
12	0	0	9	13
13	0	3	9	38
14	0	4	1	10
15	2	6	31	41
23	4	30	50	137
State	13	82	179	635

Background Screening

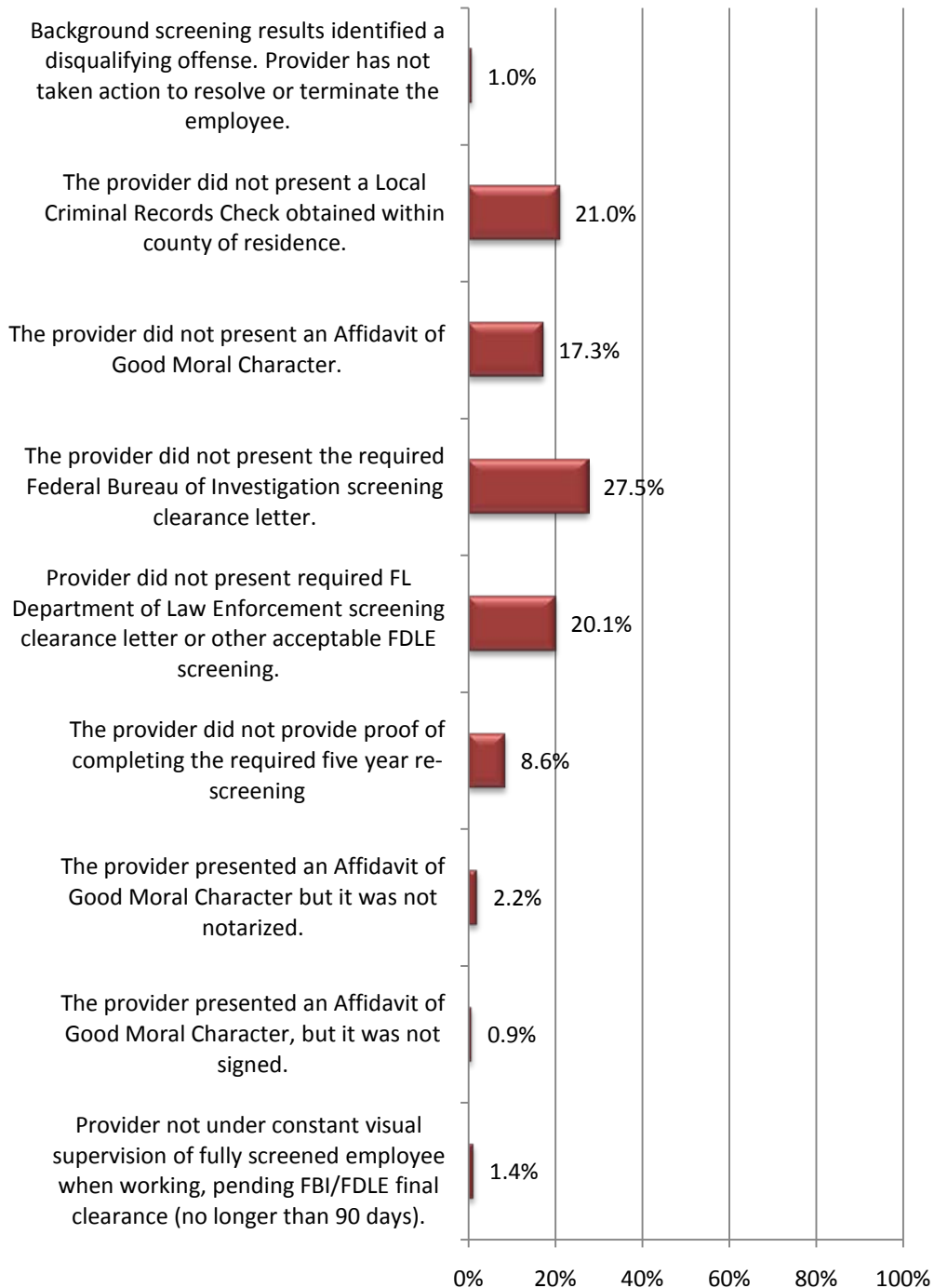
The following figure shows the percent of providers in each APD Area for which all provider records reviewed had adequately documented background screening requirements. Compliance ranges from a high of 92 percent in Area 1 to a low of 67 percent in Area 8. Only three Areas scored above 80 percent, with a statewide average of 75.4 percent compliance.

**Figure17: Provider Discovery Reviews
Background Screening by APD Area; Percent Met (N=2,579)
January - December 2010**



While 635 providers received an alert for lack of background screening (25%), each provider could have one or more employees who were found to be non-compliant on background screening. One or more reasons can be provided by the reviewer as to why the provider was not in compliance with this standard. A total of 1,639 reasons were cited. Figure 18 displays the reason the standard was Not Met for all employee records reviewed for the 635 providers with a background screening alert. Employees were most likely to not have the required FBI screening letter (27.5%). Just over 20 percent of employees did not present the required FDLE clearance letter.

**Figure18: Provider Discovery Reviews
Reason Background Screening Not Met (N=1,639)
January – December 2010**



Recoupment Citations

Standards are identified as a Recoupment if the standard applies to billing documentation requirements. If scored as Not Met, these are flagged by the reviewer as a potential Recoupment for the provider and the Area APD office and AHCA are notified. The following table provides an overview of potential recoupment documented during the PDRs for the first contract year and includes:

- Total number of recoupment standards scored as Not Met
- Number of providers with a potential recoupment
- Total number of PDRs completed in each Area
- The percent of providers with at least one recoupment citation
- The average number of recoupment citations for providers who had at least one citation

Table 9: Provider Discovery Reviews					
Recoupment Citations by APD Area					
January - September 2010					
Area	Recoupment Standards Not Met	Providers w/ Recoupment Citation	Total Number of PDRs	Pct Providers w/ at Least 1 Recoupment	Ave # Citations /Provider
1	121	39	50	78.0%	3.1
2	483	176	216	81.5%	2.7
3	289	104	151	68.9%	2.8
4	519	193	291	66.3%	2.7
7	345	105	213	49.3%	3.3
8	328	85	131	64.9%	3.9
9	297	72	97	74.2%	4.1
10	375	112	188	59.6%	3.3
11	186	64	267	24.0%	2.9
12	166	62	105	59.0%	2.7
13	149	59	171	34.5%	2.5
14	132	41	76	53.9%	3.2
15	567	110	146	75.3%	5.2
23	1274	310	477	65.0%	4.1
State	5,231	1,532	2,579	59.4%	3.4

Findings from the reviews completed this contract year indicate 5,231 recoupment standards were scored as Not Met. This involved 1,532 providers, or over 59 percent of providers reviewed. The average number of citations per provider is 3.4. The percent of providers with a recoupment varied from a low of 24 percent in Area 11 to more than 81 percent in Area 2. More than 70 percent of providers reviewed in Areas 1, 2, 9, and 15 had at least one potential recoupment.

Consumer Directed Care (CDC+)

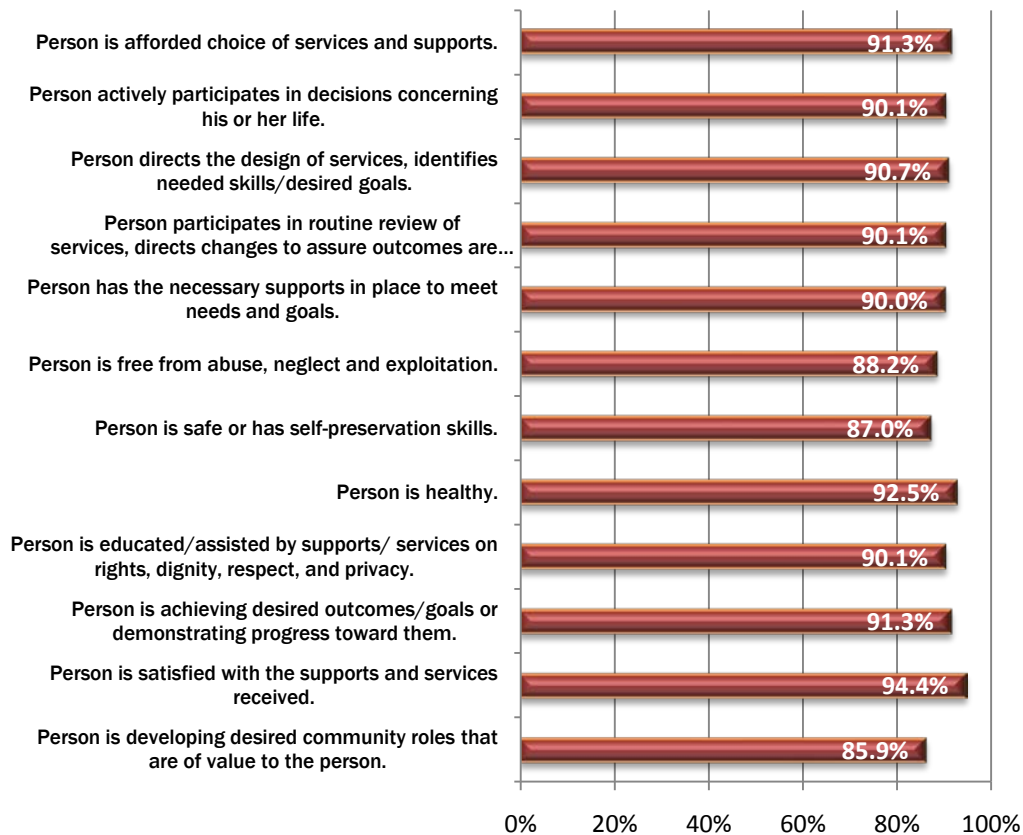
CDC+ Participants

During the first contract year January - December 2010, 161 CDC+ participants were interviewed as part of the PCR process. The average III score for these participants was 90.7 percent. This is somewhat higher than for the DD waiver participants (85%). The number of CDC+ PCRs completed in Year 1 by Area is provided in the following table.

Table 10: CDC+ Person Centered Reviews		
Area	Number	Percent
1	5	3.1%
2	15	9.3%
3	7	4.3%
4	11	6.8%
7	24	14.9%
8	2	1.2%
9	12	7.5%
10	19	11.8%
11	26	16.1%
12	2	1.2%
13	6	3.7%
14	2	1.2%
15	6	3.7%
23	24	14.9%
Total	161	

Results are presented by III Standard in Figure 19 and show very little variation across the different measures. The lowest score, 85.9 percent, is in the same area as for waiver recipients, developing desired community social roles.

**Figure 19: Individual Interview Instrument Results
January – December 2010
CDC+ Participants (N=161)**



CDC+ Consultant

For each individual CDC+ participant who participated in the PCR process, a review of the person’s record held by the CDC+ Consultant (CDC-C) who works with the person is completed. Results by standard are shown in Attachment 4. On average, record reviews showed a 90.7 percent compliance rate. Twenty four of the 37 standards showed compliance rates of 90 percent or higher. On average, the CDC+ Consultants were least likely to have an Emergency Backup Plan in the record that has been reviewed annually (72.8%).

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: hiring providers, completing and submitting timesheets, paying providers, etc. 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 Medicaid requirements.

During the first three quarters of the contract, if the individual selected for the PCR declined to participate, the Representative was not reviewed. During this time period approximately 117 CDC Representatives were reviewed and results were presented in the third quarter report. However, since October 2010, the CDC-R has been reviewed as a PDR, regardless of the decision of the individual to participate or not. Since October, 121 CDC-R reviews have been completed, with an average compliance score of 70.5 percent.

CDC-R results for each standard are presented in Attachment 5. Representatives scored 80 percent or higher on four of the 14 standards and scored 70 percent or higher on an additional five standards. However, less than a third of the Representatives (32.2%) had documentation for background screening requirements. Just over 59 percent of Representatives had complete and signed job descriptions for each directly hired employee and approximately 67 percent had a signed Corrective Action Plan, if applicable.

Section III: Discovery

Findings in this report reflect data from PCR and PDR review activities for the first year of the FSQAP contract, CY 2010. A total of 1,111 PCRs and 1,717 PDRs were completed, approved and available for analysis. Because these represent the first year of new procedures for both reviewers and providers, results should be viewed as a baseline for Areas and the state. Based upon feedback from providers and reviewers throughout the course of the year, tool revision workshops are scheduled to begin in the early part of Year 2, to include representatives from Delmarva, AHCA and APD.

Person Centered Review Results

The PCR is designed to help determine how well the service delivery system is meeting the specific needs of the individual. As part of the PCR, responses on the Individual Interview Instrument reflect outcomes and satisfaction with services from the perspective of the individual. NCI consumer data further explore issues of choice, rights and community involvement.

Results to date indicate that on average individuals have 85 percent of the III standards present in their lives. However, results in Area 8 and 9 appear to be relatively low on this portion of the PCR, particularly for the 40 individuals interviewed in Area 8 (69%). III results are somewhat lower for individuals with Autism as a primary disability and for individuals living in a group home, compared to individuals with other disabilities or in other residential settings.

III results also indicate that approximately 415 individuals (27.4%) were not developing desired community social roles, a vital aspect of Home and Community Based Services. Reasons most often cited for this indicated the person was not aware of community options, the provider had not educated the person on community options, the person wanted more connections in the community through membership in a church club or community organization, and the person would like to do more in the community. According to the NCI survey, involvement in the community appears to most often be for shopping, visiting family, going to a restaurant or coffee shop, or going out to run errands or for an appointment.

Results from Personal Outcome Interviews conducted during the previous FSQAP contract also indicated individuals are not connecting to their communities as they would desire. Between July 2008 and December 2010, approximately 40 percent of individuals indicated having participation in the community or interaction with members of the community, and approximately 20 percent performed different types of desired social roles. While the POM process was a very different type of interview, evidence from the III, the NCI data and the POMs suggests community integration has been and remains an issue for many individuals receiving services through one of Florida's DD waivers.

Analysis was completed measuring the degree to which individuals are involved in their services and life decisions as well as the degree to which systems are responding to the expressed needs of the individuals. Preliminary work in this area would suggest the systems are responding fairly well to individuals. However, on average, individuals are often not providing input into the decisions in their lives. Involvement is greater for individuals in family homes or independent/supported living settings than in group homes. Of interest is that CDC+ participants were somewhat less likely to be involved in decisions and services than DD waiver recipients. While the difference was small, the purpose of the program is to allow individuals to direct their own services and choose their own providers.

Results to date from the National Core Indicators Consumer Survey indicate individuals appear to be scoring quite well on indicators of rights and safety. Few (25, 2.3%) indicated they were ever afraid at home, in their neighborhoods (31, 2.9%), or at work (20, 2.4%), and if they did feel afraid most knew who to go to for help (91.8%). Most individuals indicated people at their job (79.9%), day program (95.2%), or in their homes (93.2%) are polite to them, and they feel they have privacy at home (90.9%).

However, there may be issues surrounding choice for individuals on the DD waivers, which may also impact a person's ability to integrate into the community as desired. For 604 individuals (44.8%) someone else chose where they live; 553 individuals (41.5%) indicated they did not choose with whom they were living; and 288 individuals (21.8%) indicated someone else chose their support coordinator for them. NCI data support the III results regarding community inclusion, with an average score of 64.6 percent. III results inform us that approximately 18 percent of individuals (263) were not afforded choice of services and supports.

One hundred sixty one individuals on the CDC+ program participated in a PCR. These individuals had very similar results on the Health and Behavioral Assessment, with a few exceptions. The CDC+ participants were somewhat less likely to have been to the dentist and more likely to have problems with their teeth, than were DD waiver participants. In addition, compared to the DD waiver, CDC+ participants were less likely to have indicated their health was better than in the previous year and more likely to indicate their health was worse.

CDC+ Representatives scored relatively low on maintaining background screening documentation or completed and signed job descriptions for all directly hired employees. Because this is the first time representatives have received an onsite review, the expectation is that with continued onsite contact and education, performance in these areas will improve.

Provider Discovery Review Results

Results from the 2,579 PDRs conducted in 2010 indicate providers are performing, on average, about the same documenting their Policies & Procedures, Training requirements, and Service Specific requirements: 81

percent, 85 percent and 82 percent compliance respectively. However, there is quite a bit of variation across the Areas and across the standards. Performance on standards measuring the completion and use of a self assessment process was relatively low, as was performance on the projected service outcomes. Over 668 providers had not updated their policies and procedures in a timeframe required in the Medicaid Handbook.

In addition, while the SSRR results statewide show 82 percent compliance, results for providers of Respite, Personal Care Assistance, and Companion were lower, with only 75.8 percent, 72.5 percent and 77.3 percent respectively.

Of the 2,579 providers who participated in a PDR, 635 received a citation for not having proper documentation to support completion of required background screening procedures. This varied across Areas, but only Area 8 showed compliance under 70 percent. Most of the employees cited were missing their FBI screening clearance letter or acceptable FDLE clearance letter or screening. In addition to the background screening alerts, 261 health or safety alerts were reported.

One final noteworthy finding is the high proportion of providers who had at least one potential recoupment citation during the PDR. When a provider receives a citation from the Delmarva reviewer it is reported to AHCA and APD, via the provider report. Of the 2,579 providers who completed the PDR process, over 59 percent were reported with at least one recoupment item, an average of 3.4 per review. In four Areas (1, 2, 9, and 15) 70 percent or more of the providers reviewed received a recoupment citation.

Attachment 1: Area Quarterly Meetings

October - December 2010

Area Quarterly Meetings		
Date	Area	Summary
12/29/2010	1	<p>APD Participants: Joanne David, Walt Wooten, Anna Marie McArthur, Allie Stanley, Malva Weaver, Dorean Nevins, Donna Ross & Rita Hughes</p> <p>Delmarva Participants: Theresa Skidmore</p> <p>Brief Summary: Agenda items included Delmarva staffing updates, alert reporting, report corrections & reconsiderations, Area office notification of scheduled reviews, accessing reports on the web site and CDC+ Representatives reviewed as a PDR. Questions regarding Policies & Procedures, Training Standards and Service Specific standards were addressed. Review activity & trends noted for the past quarter were discussed. Update was provided on status of Year 2 sample and schedule. Data from the Third Quarter Report were reviewed. Support was provided on accessing the FSQAP Client site in order to view monthly reports.</p>
12/10/2010	2	<p>APD Participants: Lynne Daw, Jane Tillman, Nilda Barreto, Marnie Millender, Cheryl Smith, Cydeon Trueblood, Kristin Brandon & Deborah McQueen</p> <p>Delmarva Participants: Theresa Skidmore & Sandra Rowe</p> <p>Brief Summary: Agenda items included Delmarva & APD staffing updates, alert reporting, report corrections & reconsiderations, Area office notification of scheduled reviews, accessing reports on the web site and CDC+ Representatives reviewed as a PDR. Questions regarding Policies & Procedures, Training Standards and Service Specific standards were addressed. Review activity & trends noted for the past quarter were discussed. Update was provided on status of Year 2 sample and schedule. Data from the Third Quarter Report were reviewed.</p>
12/17/2010	3	<p>APD Participants: Vernita Hughes, Chetana Mehta, Steve Malu, Jim Smith, Delores Robinson & Synester Rollins</p> <p>Delmarva Participants: Theresa Skidmore</p> <p>Brief Summary: Agenda items included Delmarva staffing updates, alert reporting, report corrections & reconsiderations, Area office notification of scheduled reviews, accessing reports on the web site and CDC+ Representatives reviewed as a PDR. Non-compliance procedures and Area office role discussed. Questions concerning information in PDR/PCR reports were answered, specifically standards related to recoument and</p>

Area Quarterly Meetings		
Date	Area	Summary
		recoupment detail. Review activity & trends noted for the past quarter were discussed. Update was provided on status of Year 2 sample and schedule. Data from the Third Quarter Report were reviewed.
11/15/2//010	4	<p>APD Participants: Chris Crusciel, Terry Mothershed Neuman, Kerrie Wimberly-Pledger, Gayle Granger, Cathy Guiry, Nicole Francis</p> <p>Delmarva Participants: Gary Baird, Janice Newman, Shiela Butler, Beth Stratigeas</p> <p>Brief Summary: discussed newly enrolled (none) and terminated/resigned providers; discussed upcoming reviews, including PCRs that are not attached to any PDRs and CDC+ Rep PDRs; discussed adding new WSCs to the PCR schedule (Area 4 very interested in this); reviewed the Provider Discovery Review Dashboard Data; explained the preliminary findings and that QARs explain during the course of the review what is Met/Not Met on the tools; discussed time/credit given for quarterly SLC provider meetings for training requirements; reminder of upcoming regional training in Jacksonville on 11/17/2010; Area 4 has been instructing providers to contact Medicaid to do their billing adjustments; next meeting scheduled for February 28, 2011</p>
10/08/2010	7	<p>APD Participants: Merari Perez, Sharon Jennings, Sheila Mott, Paula Bowser, Andrea Currence, Nancy Michael</p> <p>Delmarva Participants: Brenda McConnell, Cheryl King, Charlene Henry, Jeff Coleman, Beth Stratigeas</p> <p>Brief Summary: discussed Provider Discovery Review Dashboard Data and what the PCR and PDR reports look like; Delmarva asking Area 7 to remind providers to have their remittance vouchers available during the reviews; discussed reconsiderations, including what is eligible, what is not eligible, and that plans of corrections are being sent to Delmarva when they should be sent to Area 7; Area 7 has been doing letters for providers stating they have their background screenings because of a pending case with Medicaid Fraud where FBI background screening was edited; MPI/MFCU has been asking Area 7 about providers who have recoupment cited in their Delmarva reviews but the documentation is now in the files; non-compliant letters from Area 7 to providers have been a great help with Delmarva's scheduling; Beth to cc Carol Solomon on emails to Merari identifying non-compliant providers; next meeting scheduled for January 14, 2011</p>

Area Quarterly Meetings		
Date	Area	Summary
12/17/10	8	<p>APD Participants: Todd Ryan, Jeff Smith and Diane Whisman Delmarva Participants: Kristin Allen and Carol Taylor</p> <p>Brief Summary: Agenda topics included follow-up from previous meeting, Delmarva and APD staffing updates, status of reviews, report distribution, notification letters to providers and notification to APD, feedback on reports received, current trends, process for non-compliant providers and alert/recoupment reporting process. Relayed that Elizabeth Stratigeas will be moving from the Regional Manager's position to the Customer Service Position. Christie Gentry will be leaving as the Area 14 reviewer effective 12/31/2010 and assuming the Regional Manager Role for Areas 7, 12 and 4. Area staff expressed positive comments regarding the dashboards. Specific standards were discussed relating to service authorizations, mutually agreed upon times and places and review requirements for Behavior Focus. A short discussion was held regarding APD remediation activities. Lastly, questions were answered regarding required training.</p>
	9	<p>APD Participants: Doni Braithwaite. Delmarva Participants: Carol McDuff</p> <p>Brief Summary: Met via phone. Discussed trends using PDR and PCR data; discussed ideas for training venues for upcoming area trainings to be provided by Delmarva.</p>
12/22/2010	10	<p>APD Participants: Martha Martinez, David Gillis & Bonnie Florum Delmarva Participants: Anna Quintyne & Theresa Skidmore</p> <p>Brief Summary: Agenda items included Delmarva staffing updates, alert reporting, report corrections & reconsiderations, Area office notification of scheduled reviews, accessing reports on the web site and CDC+ Representatives reviewed as a PDR. Questions regarding Policies & Procedures, Training Standards and Service Specific standards were addressed. Review activity & trends noted for the past quarter were discussed. Update was provided on status of Year 2 sample and schedule. Data from the Third Quarter Report were reviewed. Support was provided on accessing the FSQAP Client site in order to view monthly reports.</p>
11/29/10	11	<p>APD Participants: Kirk Ryon Delmarva Participants: Kristin Allen and Berta Santos</p> <p>Brief Summary: Agenda topics included follow-up from previous meeting, Delmarva and APD staffing updates, status of reviews, report distribution, notification letters to providers and notification to APD, feedback on reports received, current trends, process for non-compliant providers and alert/recoupment reporting process. Mr. Ryon was informed the manager</p>

Area Quarterly Meetings		
Date	Area	Summary
		(Kristin Allen) will be the primary Delmarva contact for Area 11 until Carol McDuff returns. Relayed that Elizabeth Stratigeas will be moving from the Regional Manager's position to the Customer Service Position. Christie Gentry will be leaving as the Area 14 reviewer effective 12/31/2010 and assuming the Regional Manager Role for Areas 7, 12 and 4. Mr. Ryon went on to share there are about 45 providers so far they are unable to locate in order to conduct remediation activities. Mr. Ryon indicated he is pleased with the dashboards but stated printing them is problematic. Regarding APD weekly notification Mr. Ryon indicated he was not receiving this email. Regional manager will follow-up to determine if Mr. Ryon's name is on the Area 11 list to receive this notification. A discussion was held regarding background screening. Mr. Ryon acknowledged he now understands why so many providers in Area 11 were cited in this area and recognizes what providers need to be able to present documentation to a reviewer as evidence of full compliance. Date, time and location of the next Quality Council Meeting was shared---12.15.10.
10/15/2010	12	APD Participants: Ed DeBardeleben, Sandra Mills, Vanessa Carter, Diveka Anderson, Linda Basbagill Burris, Patrick Burwell Delmarva Participants: Charlene Henry, Beth Stratigeas Brief Summary: Discussion included review of Provider Discovery Review Dashboard Data; why providers may not understand their reports and how they are laid out; if provider does not have documentation but has not billed, Delmarva scores Not Met and adds a Discovery that there is no identified potential recoupment for that standard. Ed asked for a list of providers that participate in both the PCR and PDR processes. Area 12 is beginning to have quarterly meetings with MPI and MFCU and is planning to develop a class for providers on how to operate as a business. Also discussed reconsiderations, including what is eligible and what is not eligible and reports to be corrected by Delmarva. Next meeting scheduled for January 21, 2011
12/14/2010	13	APD Participants: Patricia Morse, Karen Eramo, Joyce Leonard, Wayne Perry & Priscilla Weeks Delmarva Participants: Theresa Skidmore Brief Summary: Agenda items included Delmarva staffing updates, alert reporting, report corrections & reconsiderations, Area office notification of

Area Quarterly Meetings		
Date	Area	Summary
		scheduled reviews and CDC+ Representatives reviewed as a PDR. Questions regarding Policies & Procedures, Training Standards and Service Specific standards were addressed. Review activity & trends noted for the past quarter were discussed. Update was provided on status of Year 2 sample and schedule. Data from the Third Quarter Report were reviewed. Support was provided on accessing the FSQAP Client site in order to view monthly reports.
12/9/10	14	<p>APD Participants: Jeannette Estes and Heather Monteath</p> <p>Delmarva Participants: Christie Gentry</p> <p>Brief Summary: Agenda topics included follow-up from previous meeting, Delmarva and APD staffing updates, status of reviews, report distribution, notification letters to providers and notification to APD, feedback on reports received, current trends, process for non-compliant providers and alert/recoupment reporting process. Relayed that Elizabeth Stratigeas will be moving from the Regional Manager's position to the Customer Service Position. Christie Gentry will be leaving as the Area 14 reviewer effective 12/31/2010 and assuming the Regional Manager Role for Areas 7, 12 and 4. Area 14 will hire 4 new part-time positions to assist with the Americore contract. The persons hired in these positions will be responsible for addressing the needs of the individuals on the wait list. Discussion was held regarding the fact that a number of smaller providers were being reviewed in this last quarter who only received a desk review in previous years and scores appeared to be lower as a result. Date, time and location of the next Quality Council Meeting was shared---12.15.10.</p>
	15	<p>APD Participants: Peter Karlan, Brad Graske, Sandra Cain.</p> <p>Delmarva Participants: Carol McDuff</p> <p>Brief Summary: Met via phone. Discussed trends using PDR and PCR data; discussed ideas for training venues for upcoming area trainings to be provided by Delmarva.</p>
12/8/10	23	<p>APD Participants: Anne Hendon, Judith Redding, Ryan Oetinger , Laurie Harlow and Penny Taylor (Medicaid Program Integrity)</p> <p>Delmarva Participants: Kristin Allen, Robyn Moorman, Krista McCracken, Chris Kulaga, Christie Gentry and Michelle Dean.</p> <p>Brief Summary: Agenda topics included follow-up from previous meeting, Delmarva and APD staffing updates, status of reviews, report distribution,</p>

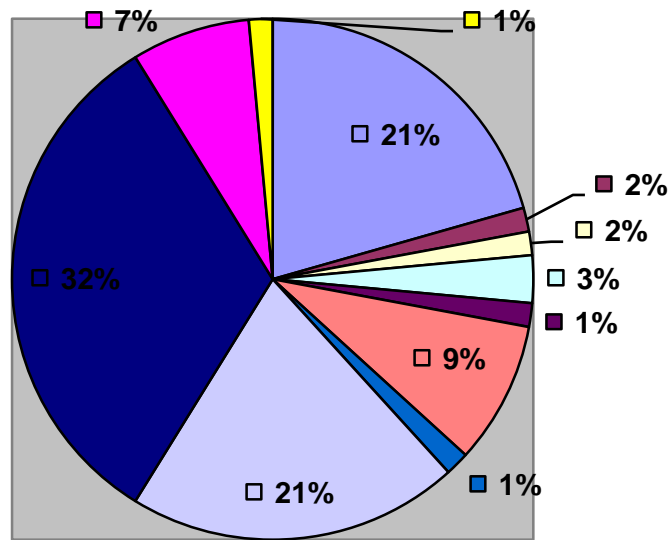
Area Quarterly Meetings		
Date	Area	Summary
		notification letters to providers and notification to APD, feedback on reports received, current trends, process for non-compliant providers and alert/recoupment reporting process. Relayed that Elizabeth Stratigeas will be moving from the Regional Manager's position to the Customer Service Position. Christie Gentry will be leaving as the Area 14 reviewer effective 12/31/2010 and assuming the Regional Manager Role for Areas 7, 12 and 4. General discussions were held regarding the review process and report generation. More specific discussions included standards relating to mutually agreed upon times and settings and requirement for LRC approval. Question was raised regarding APD notification when a report has been posted. There is currently no system in place for this. Discussion was also held regarding sending Delmarva the MWDB (provider directory) on a monthly basis. This task was assigned to Ryon Oetinger. Kim Wojick (APD Primary Delmarva Contact) will be returning at the end of this month. Until then continue reporting alerts to Laurie Harlow. Date, time and location of the next Quality Council Meeting was shared---12.15.10.
Other Contacts/Meetings		
Date	Area	Summary
10/6/2010		What: Medical Case Management conference call Who attended: Linda Tupper
11/03/2010		What: Medical Case Management conference call Who attended: Linda Tupper
12/01/2010		What: Medical Case Management conference call Who attended: Linda Tupper
10/6 – 10/11		What: DDNA Board Meeting, Harford, Conn. Who attended: Linda Tupper

Attachment 2: Customer Service Activity

October - December 2010

Reason for Call	# of Calls	Description	Outcomes/Responses	Avg. Resolution Time
Address/ Phone update	14	Providers call in to give us their correct contact information.	All proper contact information was reported to mgr. or designated to correct place to update info.	1 Day
Contact QAR	1	Calls regarding having a QAR contact caller for information, to schedule appointments or other information, such as QAR's name, etc.	QAR contacted or forwarded to correct contact person.	1 Day
Online Training	1	Needed info for on line training for core assurance & zero tolerance.	Told they must go onto TCC website for this	1 Day
Misc./Other	2	Miscellaneous Questions to receptionist/admin.	Answered or directed to correct reg. mgr. for answer.	1 Day
New Tools	1	Providers/People calling to get access to online tools, etc.	Referred to website or faxed information.	1 Day
Next Review Date	6	Providers calling to reschedule reviews or to ask questions regarding reviews and review dates.	Answered most questions or forwarded to QAR for correct information	1 Day
CDC+	1	Question about the CDC+ program.	Forwarded to Theresa Skidmore.	1 Day
Reconsideration	14	Wanted to speak to someone about getting a reconsideration review or the status of a currently submitted reconsideration.	The regional manager of Area pertaining to will call.	1 Day
Report Requested	22	Providers requesting to get copy of reports.	Copies were sent or provider was referred to online access.	1 Day
Clarification	5	Called to clarify or ask about handbook questions or documents needed for review, etc.	Sent to website for information or confirmed they had correct handbook.	1 Day
Recoupment	1	Question regarding Recoupments	Forwarded to manager for answer	1 Day

Type of Call Placed to Customer Service October – December 2010



- Address/ Phone update
- Contact QAR
- Online Training
- Misc./Other
- New Tools
- Next Review Date
- CDC+
- Reconsideration
- Report Requested
- Clarification
- Recoupment

Attachment 3: Overview of Review Processes

Person Centered Review

The purpose of the Person Centered Review is to evaluate an individual's service delivery system, from the perspective of the individual. The process begins with an interview of an individual receiving services, or family/ guardian when appropriate, through a Developmental Disabilities (DD) waiver or Consumer Directed Care (CDC+). Through the interview and Service Specific Record Reviews (SSRR), Delmarva Quality Assurance Reviewers (QARs) assess several aspects of the system including:

- Consumer satisfaction with services;
- Person's involvement in the Support Plan process;
- Deployment of services as specified in the Support Plan;
- Health and safety of the individual.

The PCR includes several components:

- NCI Adult Consumer Survey;
- Individual Interview Instrument;
- Health and Behavioral Assessment;
- Medical Peer Review;
- Service Specific Record Reviews.

The individual interview begins with the National Core Indicator (NCI) Adult Consumer Survey. The National Core Indicators is a collaboration among participating National Association of State Directors of Developmental Disability Services (NASDDDS) member state agencies and the Human Services Research Institute (HSRI), with the goal of developing a systematic approach to performance and outcome measurement. Data from this survey are used by Human Services Research Institute (HSRI), Delmarva's subcontractor on this contract, to draw comparisons at the national level to over 25 other states also using the NCI survey.¹⁵ Data will also be available for Delmarva to use aggregately in quarterly and annual reports to AHCA and APD.

In addition to the NCI Consumer Survey, the interview process includes the Individual Interview Instrument (III or I³) to help assess individuals' perspectives of their rights, choices, involvement in Support Plan development and life decisions, community inclusion, health, safety, and satisfaction with services. A Health and Behavioral Assessment is used to further explore the individual's specific health issues including: psychotropic drug use; hospital and emergency room use; dental and family practitioner care; and an assessment of a wide variety of health issues and service needs.¹⁶

¹⁵ HSRI developed the NCI survey instruments. More information can be found at the following web site: <http://www.hsri.org/>.

¹⁶ Delmarva review tools and procedures are available here: http://www.dfmc-florida.org/public/review_tools.aspx.

The Delmarva Nurse Administrator conducts a Medical Peer Review to determine if further action may be needed to benefit the individual. For example, the individual may state he/she is in good health. However, through the Medical Peer Review claims data indicate multiple trips to the hospital. This would generate a Focused Review that may involve APD's Medical Case Manager.

Service Specific Record Reviews (SSRR) are completed for each service the individual receives. Services included in this process are the twelve services reviewed through the Provider Discovery Review (PDR) as specified in the contract (See PDR section for list of services). Record reviews help determine provider documentation of the extent to which the service is rendered as delineated in the Support Plan and whether records are maintained to justify billing.

At any time during the PCR process if a QAR notes a situation that presents immediate danger to the health or safety of an individual, an alert is recorded and the local APD office, central APD office, and/or AHCA are notified, depending upon the nature and severity of the alert. The abuse hotline is called if appropriate.

Provider Discovery Review (PDR)

The Provider Discovery Review is an onsite evaluation of the provider's overall organization to help determine compliance with standards in the Developmental Disabilities Waiver Services Coverage and Limitations Handbook and other APD requirements. Providers rendering the following services are eligible for a PDR:

- Adult Day Training (ADT)
- Behavior Analysis
- Behavior Assistant Services
- Companion Services
- In Home Support Services
- Personal Care Assistance (PCA)
- Residential Habilitation Services (ResHab)
- Respite Care
- Special Medical Home Care
- Waiver Support Coordination (WSC)
- Supported Employment
- Supported Living Coaching

The PDR has several components:

- Administrative Record Review
- Service Specific Record Review

- Onsite Observation (ADT and ResHab)
- Interviews with provider and other staff

During the Administrative Record Review, Delmarva QARs review documentation for the organization's policies and procedures, as well as compliance with background screening and all relevant training requirements. A sample of employee records is used to determine compliance with all standards for each service rendered by the provider.

The Service Specific Record Review component uses the same documentation review tool as described for the PCR, to review a random sample of individual records for each service the provider offers. At least one record per service is reviewed, up to a minimum of 10 records for larger providers (caseload of 200 or more).

Onsite Observations are completed for all ADT sites and up to 10 group homes (ResHab) operated by the provider. During the onsite visit QARs observe the day to day activities of the facility as well as noting the physical condition of the building. QARs interview staff present at the time and individuals willing to participate in a conversation.

At any time during the PDR process if a QAR notes a situation that presents immediate danger to the health or safety of an individual, an alert is recorded and the local APD office, central APD office, and/or AHCA are notified, depending upon the nature and severity of the alert. The abuse hotline is called if appropriate.

Sample

Each Waiver Support Coordinator and CDC+ Consultant in the state was incorporated into the sample selection process. All individuals receiving services through either the DD waivers or CDC+ program were part of the sampling frame. The sample is random and the probability of selection is known, making it suitable for national comparisons and analysis with standard statistical tests (t-test). The sampling process followed the steps outlined here:

1. WSCs were first stratified by whether they were a solo or agency provider.
2. Out of 369 agency WSCs, 306 were randomly selected.
3. A 10 percent random sample of the CDC+ population (N=199) was first sampled from each CDC+ Consultant, with no more than one individual sampled per Consultant. At the time the sample was pulled, only five CDC+ Consultants were not also serving individuals on the DD waiver as a WSC.
4. Up to two individuals receiving services through the DD waivers were randomly selected from each WSC selected in the second step, one individual if a CDC+ participant had already been selected.

This random sample of 1,438 individuals chosen for the PCR is representative of the population of individuals receiving services through the HCBS DD waivers, stratified by Waiver Support Coordinator.

Provider Performance Scoring Methodology¹⁷

The record review portion of the PCR consists of the Service Specific Record Reviews (SSRR). The PDR includes the SSRRs as well as the Administrative record review and Onsite Observation Checklist, when appropriate. Each element in these tools was reviewed by the work group and placed into one of four categories, based upon the number of points the group determined the element to be worth. Point values were assigned as follows:

- 1 – Most elements
- 3 – Recoupment and/or recoupment like elements
- 4 – Elements that pertain to person centered processes, rights, or are core to the specific service
- 5 – Elements that pertain to health and safety

Weighted scores are calculated using a point value for all elements scored as Met divided by the total point value for all the elements scored. While the PCR does not receive an “overall” score, each SSRR receives a weighted score—a score for each service the person received at the time of the PCR. Therefore, if a person receives Companion and Personal Care Assistance, the PCR report will show a weighted score for each of these services.

A PDR report will show a weighted SSRR score for each service rendered by the provider (individual records); a weighted score for the Administrative review specific to organizational policies, procedures, training, and background screening requirements (employee records); and a score for the Onsite Observations, when applicable. All elements in the Observation Review Checklist are weighted as one (1). To calculate the scores for each of these components, the number of points for elements scored as Met is divided by the total number of points for all elements scored for that component, including all individual and employee records reviewed. For example, a provider offers ADT and Companion. If four records are reviewed for ADT and three records are reviewed for Companion, each of these is included when calculating the service specific score—results from the four records for ADT and the three records for Companion.

In addition, a weighted overall provider performance score is calculated using all three of these review components together, with the total number of points for elements scored as Met divided by the total number of points for all the elements scored. Results from all elements in each component are included in this overall score, using the point values assigned to each element.

¹⁷ The scoring methodology was developed in May 2010 by a workgroup consisting of representatives from the Agency for Health Care Administration, the Agency for Persons with Disabilities, and Delmarva Foundation.

Alerts are an important part of a provider's performance, and many types of alerts are often not tied to a specific element. Therefore, with a few exceptions as noted below, they are not included in the weights for the scoring process for each component of the review. However, because situations that trigger an alert could seriously impact individuals receiving services, APD feels these should be incorporated into the overall performance score for the provider. Therefore, the overall provider performance score will first be calculated as described above. Each alert will result in a five (5) percentage point decrease in this score. For example, if the overall weighted score for the provider is calculated to be 85 percent, an alert will reduce that score to 80 percent. Each additional alert will result in an additional five point decrease, up to a maximum of 15 points per provider.

Four elements in the Administrative tool are directly tied to alerts, meaning when these are scored as Not Met they trigger an automatic alert. These elements will be treated as an alert in the scoring methodology and have a weight of one (1). These are:

- The provider has completed all aspects of required Level II Background Screening.
- If applicable, the provider received training in Medication Administration per FAC 65G-7.
- If applicable, the provider has been validated on medication administration per FAC 65G-7.
- Drivers of transportation vehicles are licensed to drive vehicles used.

Attachment 4: CDC+ Consultant Results by Element January - December 2010 (N=161)

Standard	Percent Met
Current Support Plan is in the record and is complete.	98.1%
Current Support Plan was submitted to the APD Area office in required timeframes.	85.6%
Current Support Plan was distributed within the required timeframes.	88.1%
Current Medicaid Waiver Eligibility Worksheet is in the record and complete.	95.0%
The current approved Cost Plan is in the record.	90.1%
Consultant assists participant with Medicaid eligibility & notifies CDC+ liaison when a participant is ineligible.	100.0%
The record includes current outcome notes/personal outcome measures for the individual.	89.7%
The current APD approved assessment is in the record.	100.0%
Generic resources/supports are identified in the current Support Plan.	93.6%
The current Support Plan reflects the individual's communicated personal goals.	98.1%
The Consultant addresses the individual's communicated personal goals.	97.5%
The Support Plan reflects the individual's communicated choices and preferences.	98.8%
Community life is addressed in the current Support Plan.	95.7%
The Consultant is aware of the person's recent progress towards or achievement of personal goals.	93.8%
Consultant addresses the individual's expectations of the services he/she is receiving.	93.2%
Participant & CDC+ Rep are educated about the benefits of Medication Reviews & preventive health screenings.	79.5%
Participant and CDC+ Rep are educated about safety needs - natural disasters, community & home safety.	81.9%
The Consultant addresses the participant's health and health care needs.	90.6%
The Consultant addresses the participant's safety needs and safety skills.	94.4%
Consultant can describe how participants are empowered to make informed decisions about their health.	88.1%
Consultant can describe how participants are empowered to make informed decisions about their safety.	90.0%
Consultant is aware of any history regarding abuse, neglect and/or exploitation for the participant.	89.0%
Consultant is aware of the participant's definition of abuse, neglect, & exploitation, & how participant would report incidents.	86.3%

Standard	Percent Met
Consultant has responded to fraud, abuse, neglect or exploitation & reported findings to authorities.	100.0%
Consultant has a back-up Consultant to provide supports in the event he/she is unavailable.	93.8%
Completed/signed Participant-Consultant Agreement is in the record.	86.3%
Completed/signed CDC+ Consent Form is in the record.	91.3%
Completed/signed Participant-Representative Agreement is in the record.	88.6%
Completed/signed Purchasing Plan is in the record.	96.9%
Participant's Information Update form is completed & submitted to Area CDC+ liaison as needed.	93.8%
When correctly submitted by participant, Consultant submits Purchasing Plans by the 10th of the month.	96.0%
Consultant provides technical assistance to participant to meet participant's needs.	93.5%
Participant Monthly Review forms are filed in the participant's record prior to billing each month.	92.5%
Consultant uses cash receipts log to track expenditures and cash on hand.	85.2%
Consultant has taken action to correct any overspending by the participant.	93.0%
Consultant initiates Corrective Action when appropriate & Plan is in the record.	87.9%
The Emergency Back-up Plan is in the record and is reviewed annually.	72.8%
Average PCR CDC+ Consultant Reviews	90.7%

Attachment 5: CDC+ Representative Results by Element January - December 2010 (N=125)

Standard	Pct Met
Complete and signed Participant/Representative Agreement is available for review. <i>CDC+ Participant Notebook v. 3.0 p. 31</i>	71.1%
Receipts and Detailed Monthly Logs for Cash Purchases are available for review. <i>CDC+ Participant Notebook v. 3.0 p. 95</i>	79.2%
Signed and approved Invoices for Vendor Payments are available for review. <i>CDC+ Participant Notebook v. 3.0 p. 92 & 93</i>	87.3%
Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review. <i>CDC+ Participant Notebook v. 3.0 p. 91 & 92</i>	87.3%
Signed and approved receipts and/or statement of "Goods & Services" received are available for review. <i>CDC+ Participant Notebook v. 3.0 p. 45 & 98</i>	85.0%
Complete Employee Packets for all Directly Hired Employees are available for review. <i>CDC+ Participant Notebook v. 3.0 p. 62</i>	72.8%
Complete Vendor packets for active Vendors and independent contractors are available for review. <i>CDC+ Participant Notebook v. 3.0 p. 66 & 67</i>	86.6%
Background screening results for all Directly Hired Employees are available for review. (Screening level requirements are outlined on pg 64 in the Participant Notebook) <i>CDC+ Participant Notebook v. 3.0 p. 64</i>	32.2%
Complete and signed Job Descriptions for each service provider are available for review. <i>CDC+ Participant Notebook v. 3.0 p. 49 & 63</i>	59.3%
Signed Employee/Employer Agreement for each Directly Hired Employee (DHE) is available for review. <i>CDC+ Participant Notebook v. 3.0 p. 63</i>	64.3%
Signed and approved Purchasing Plan is available for review. <i>CDC+ Participant Notebook v. 3.0 p. 79</i>	83.3%
Copies of Current Support Plan and approved Cost Plan are available for review. <i>CDC+ Participant Notebook v. 3.0 p. 77 & 98</i>	78.5%
Emergency Backup Plan is complete and available for review. <i>CDC+ Participant Notebook v. 3.0 p. 75 & 98</i>	75.4%
Corrective Action Plan (if applicable) is signed by Participant/Representative and available for review. <i>CDC+ Participant Notebook v. 3.0 p. 98 & 99</i>	66.7%
Average CDC Representative Record Review	70.5%

Attachment 6: NCI Consumer Survey - Results by Focused Area and Indicator¹⁸

January – December 2010

Question Description	Applicable Responses	Pct Negative	In Between	Pct Positive
1. Achieving Results/Person Centered Approach				
Q3. Do you like working there (job)?	254	30.7%	5.1%	64.2%
Q4. Would you like to work somewhere else?	264	70.1%	9.1%	20.8%
Q8. Do you like going there/doing this activity (day program)?	698	3.7%	6.0%	90.3%
Q9. Would you like to go somewhere else or do something else during the day (day program)?	662	59.8%	10.1%	30.1%
Q13. Do you like your home or where you live?	1,157	4.1%	6.8%	89.0%
Q14. Would you like to live somewhere else?	1,102	65.2%	9.1%	25.7%
Q39. If you ask for something, does your case manager/service coordinator help you get what you need?	1,020	1.9%	7.3%	90.9%
Q79. Do you get the services you need?	1,394	15.9%	13.0%	71.1%
Total Achieving Results	6,551	25.8%	8.9%	65.3%
2. Choice				
Q61. Who chose the place where you live?	1,349	44.8%	23.8%	31.4%
Q63. Did you choose the people you live with?	1,332	42.4%	16.1%	41.5%
Q64. Do you choose who helps you at home?	1,089	24.7%	34.4%	40.9%
Q65. Who decides your daily schedule?	1,408	14.0%	31.3%	54.8%
Q66. Who decides how you spend your free time?	1,395	8.2%	25.5%	66.2%
Q67. Who chose the place where you work?	319	18.8%	23.8%	57.4%

¹⁸ Shaded questions were reverse coded for analysis presented in Table 5.

Question Description	Applicable Responses	Pct Negative	In Between	Pct Positive
Q69. Do you choose who helps you at work?	225	21.3%	44.0%	34.7%
Q70. Who chose where you go during the day?	939	24.1%	32.6%	43.3%
Q72. Do you choose who helps you during the day?	972	20.7%	50.7%	28.6%
Q73. Do you choose what you buy with your spending money?	1,399	12.6%	36.3%	51.1%
Q74. Did you choose your case manager/service coordinator?	1,320	21.8%	32.0%	46.1%
Total Choice	11,747	23.4%	30.7%	45.9%
3. Health				
BI14. Overall, how would you describe this person's health? ¹⁹	1,444	5.3%	57.8%	36.9%
4. Safety				
Q22. Are you ever afraid or scared when you are at home?	1,080	87.5%	10.2%	2.3%
Q23. Are you ever afraid or scared when you are out in your neighborhood?	1,065	87.1%	10.0%	2.9%
Q24. Are you ever afraid or scared at work or at your day program?	842	90.7%	6.9%	2.4%
Q25. If you feel afraid, is there someone you can go to for help?	760	5.0%	3.2%	91.8%
Total Safety	3,747	71.4%	8.0%	20.7%
5. Rights				
Q6. Are the staff members who help you at your job nice and polite to you?	174	14.4%	5.7%	79.9%
Q11. Are the staffs at your day program activity nice and polite to you?	669	1.0%	3.7%	95.2%
Q18. Are they (people helping you at home) nice and polite to you?	840	1.0%	5.8%	93.2%
Q19. Do people let you know before they come into your home?	1,091	5.2%	8.6%	86.2%
Q20. Do people let you know before coming into your bedroom?	1,085	7.6%	7.6%	84.7%
Q21. Do you have enough privacy at home?	1,030	9.1%	0.0%	90.9%

¹⁹ Scale for Health, from left to right, is Poor, Fairly Good, Excellent.

Question Description	Applicable Responses	Pct Negative	In Between	Pct Positive
Q30. Can you go on a date if you want to?	754	13.4%	12.6%	74.0%
Q75. Do people read your mail or email without asking you first?	1,131	86.5%	0.0%	13.5%
Q76. Can you be alone with friends or visitors at your home?	1,100	18.1%	0.0%	81.9%
Q77. Are you allowed to use the phone and internet when you want to?	1,099	7.1%	0.0%	92.9%
Total Rights	8,973	18.2%	4.0%	77.9%
6. Community Inclusion / Social Role				
Q1. Do you have a job in the community?	1,220	84.0%	0.0%	16.0%
Q12. Do you have any volunteer work?	1,132	71.6%	0.0%	28.4%
Q29. Can you see your friends when you want to see them?	891	9.2%	19.8%	71.0%
Q32. Do you have family that you see?	1,112	13.4%	0.0%	86.6%
Q33. Can you see your family when you want to?	999	7.3%	19.8%	72.9%
Q42. When you want to go somewhere, do you always have a way to get there?	1,072	1.4%	20.1%	78.5%
Q54. In the past month, did you go shopping?	1,417	9.9%	0.0%	90.1%
Q55. In the past month, did you go out on errands or appointments?	1,402	18.5%	0.0%	81.5%
Q56. In the past month, did you go out for entertainment?	1,401	26.6%	0.0%	73.4%
Q57. In the past month did you go out to a restaurant or coffee shop?	1,419	14.3%	0.0%	85.7%
Q58. In the past month, did you go out to a religious service?	1,395	49.9%	0.0%	50.1%
Q59. In the past month, did you go out for exercise?	1,418	42.9%	0.0%	57.1%
Q60. In the past year, did you go away on a vacation?	1,408	52.3%	0.0%	47.7%
Total Community Inclusion	16,286	31.7%	3.6%	64.6%

Attachment 7: Review Elements Used to Measure Individual's Involvement and System Responsiveness

Person's Involvement in Process

III

The Person actively participates in decisions concerning his or her life.

The person directs the design of services and participates in the identification of needed skills and strategies to accomplish desired goals.

The person participates in routine review of services, and directs changes desired to assure outcomes/goals are met.

SSRR

Services are provided at mutually agreed upon times and settings. (BA, BAS, Comp, IHSS, PCA, Respite, WSC, SLC)

Services are provided in the individual's place of employment, in the community or in a setting mutually agreed to by the supported employee, the employment coach/consultant and the employer. (SE)

NCI Consumer Survey

Who chose the place where you live?

Did you choose the people you live with?

Do you choose who helps you at home?

Who decides your daily schedule?

Who decides how you spend your free time?

Who Chose the place where you work?

Who chose where you go during the day?

Do you choose who helps you during the day?

Do you choose what you buy with your spending money?

Did you choose your case manager/service coordinator?

System's Responsiveness to the Person

III

Person is afforded choice of supports and services.

Person has necessary supports in place to meet needs and goals.

Person is educated and assisted by supports and services to learn about rights and to fully exercise rights, but especially those that matter most to the person.

Person is achieving desired outcomes/goals or receiving supports that demonstrate progress toward specified outcomes/goals.

Person is developing desired community roles that are of value to the person.

SSRR

Provider, Support Plan, and/or Implementation Plan address the individuals' communicated goals. (ADT, BA, TAS, CDC-C, Companion, IHSS, PCA, ResHab, Respite, WSC, SE, SLC)

Provider or Support Plan address individual's communicated choices and preferences. (ADT, BA, BAS, CDC-C, Companion, IHSS, PCA, ResHab, Respite, WSC, SE, SLC)

Provider addresses person's interests regarding community participation and involvement. (ADT, BA, BAS, Companion, IHSS, PCA, ResHab, WSC, SLC)

Provider is aware of person's recent progress toward or achievement of personal goals. (ADT, BA, BAS, CDC-C, Companion, IHSS, PCA, ResHab, Respite, SE)

Approved Behavior Plan is being implemented as written and as approved. (BA, BAS)

Community life is addressed in the current Support Plan (CDC-C, WSC)

Provider/consultant/WSC addresses the person's/legal representative's expectations of the services he/she is receiving. (ADT, BA, BAS, CDC-C, Companion, IHSS, PCA, ResHab, Respite, WSC, SE, SLC)

Service provided is directly related to an outcome on the individual's current Support Plan. (Companion, IHSS)

If the service is rendered in the family home (to a child age 16-18), the service is directly related to a training goal on the person's support plan. (ResHab)

The WSC/provider knows which rights are important to the individual. (WSC, SLC)

The individual/legal representative is provided with education related to his/her own health needs. (WSC)

Provider/WSC is able to identify methods for teaching individuals about their rights that are tailored to their learning style. (WSC, SE)

The provider assists individuals in securing employment according to their desired outcomes, including type of work environment, activities, hours of work, level of pay and supports needed. (SE)

The provider addresses the person's interests regarding community employment related outreach, linkage. (SE)

The provider/WSC addresses the individual's health and health care needs. (WSC, SLC)

The WSC addresses the individual's safety needs and safety skills. (WSC)

Provider can describe (or is aware of) how participants are empowered to make informed decisions regarding their own health. (CDC-C, WSC, SLC)

Provider can describe (or is aware of) how participants are empowered to make informed decisions regarding their own Safety. (CDC-C, WSC, SLC)

Attachment 8: Provider Discovery Review Policy and Procedures

Policy and Procedure Results by Review Standard (N=2,759)	
January - December 2010	
Standard	Percent Met
The provider has written P&P on use of the personal outcome process, and how this information will be incorporated into service delivery planning.	84.6%
The provider has written P&P governing how a person-centered approach will be provided to meet the needs of recipients and achieve the personal goals on the support plan.	83.3%
The provider is able to describe the organization's person centered planning process, i.e. developing Implementation Plans, Support Plans, etc.	94.3%
The provider has written P&P that will promote the health and safety of every recipient who receives services (to include Abuse/Neglect, Incident Reports, Bill of Rights).	88.4%
The provider can describe procedures for reporting any rights violations.	93.5%
The provider has evidence of teaching individuals/legal representatives about their rights, e.g. signed receipt of the Bill of Rights of Persons with developmental disability, at least once annually.	71.4%
The provider can describe reporting procedures for any incidents of abuse, neglect, and/or exploitation.	97.8%
The provider has identified and addressed trends related to abuse, neglect, and exploitation.	95.0%
All instances of abuse, neglect, and exploitation have been reported.	98.7%
The provider has written P&P detailing safe administration/ handling of medication to assure the health and safety of recipients served; if it is the policy the provider or the provider's staff should not administer medication it should be clearly stated.	81.5%
The provider tracks and addresses medication errors (if administering medication).	89.1%
The provider has written policies and procedures to ensure the smooth transition of the recipient between providers and other supports and services.	80.7%
The provider has written P&P that address the staff training plan and specify how pre-service and in-service activities will be carried out including HIV/AIDS training pursuant to Chapter 381.0035, F.S., CPR, and all other mandated training.	80.3%
The provider has written policies and procedures to address grievances.	81.6%
The provider maintains a log of all grievances.	68.2%

Policy and Procedure Results by Review Standard (N=2,759)	
January - December 2010	
Standard	Percent Met
The provider has evidence of teaching the individual/legal representative about the grievance policy.	66.7%
Individuals sign the provider's grievance policy within 30 days of beginning services and annually thereafter.	55.3%
The provider has a written policy for conducting self-assessments.	79.1%
The provider has completed a Self Assessment including all required components at least once in the past year.	41.7%
The provider has taken quality improvement actions as a result of the self assessment.	48.6%
The provider maintains a current table of organization, including board of directors (when applicable), directors, supervisors, support staff, and all other employees.	79.4%
The provider tracks and addresses all incident reports.	86.6%
The provider updates policies and procedures in a timely manner.	63.2%
Vehicles used for transportation are properly insured and properly registered.	91.1%
The provider has evidence of monitoring and reviewing projected service outcomes for Adult Day Training.	69.5%
Drivers of transportation vehicles are licensed to drive vehicles used.	97.4%
The provider has evidence of monitoring and reviewing projected service outcomes for Residential Habilitation.	52.4%
The provider has evidence of monitoring and reviewing projected service outcomes for Waiver Support Coordination.	42.5%
The provider has evidence of monitoring and reviewing projected service outcomes for Supported Employment.	52.8%
The provider has evidence of monitoring and reviewing projected service outcomes for Supported Living Coaching.	55.9%

Attachment 9: Provider Discovery Review Training Standards

Training Results by Review Standard (N=2,579)	
January – December 2010	
Standard	Percent Met
The provider meets all minimum educational requirements and levels of experience for Adult Day Training.	89.4%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	98.4%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	90.3%
The provider meets all minimum educational requirements and levels of experience for Companion.	90.3%
The provider meets all minimum educational requirements and levels of experience for In Home Support.	84.0%
The provider meets all minimum educational requirements and levels of experience for Personal Care Assistance.	89.8%
The provider meets all minimum educational requirements and levels of experience for Respite Care.	90.0%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation.	85.0%
The provider meets all minimum educational requirements and levels of experience for Waiver Support Coordination/CDC+ Consultant.	97.5%
The provider meets all minimum educational requirements and levels of experience for Supported Employment.	90.3%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	89.0%
The provider received training in Zero Tolerance.	81.1%
The provider received training in Direct Care Core Competency.	83.9%
The provider received training in HIPAA.	83.4%
The provider received training in Person Centered Approach/Personal Outcome Measures. (5 day POM training for WSCs addressed under WSC specific training requirements)	73.7%
The provider received training with an emphasis on choice and rights (Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants)	73.7%

Training Results by Review Standard (N=2,579)	
January – December 2010	
Standard	Percent Met
The provider received training in the development and implementation of the required documentation for each waiver service provided. (Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants)	76.7%
The provider received training on the Medicaid Waiver Services Agreement, its Attachments and the Developmental Disabilities Waiver Services Coverage and Limitations Handbook and its appendices. (Included in 34 hour Statewide and 26 hour Area Specific tra	73.8%
The provider received training specific to the scope of the services rendered. (Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants)	76.0%
The provider received training specific to the needs or characteristics of the individual as required to successfully provide services and supports. (Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants)	71.0%
If applicable, the provider received training in Medication Administration per FAC 65G-7.	93.8%
If applicable, the provider has been validated on medication administration per FAC 65G-7.	92.1%
The provider received training in HIV/AIDS. (Infection Control now captured in Core Comp.)	94.3%
The provider received training in Cardiopulmonary Resuscitation (CPR).	93.4%
The provider received 8-hrs of annual in-service related to implementation of individually tailored services specific to Adult Day Training.	78.7%
The provider received 34 hours of Statewide pre-service training.	96.5%
The provider received 26 hours of Area- specific training.	94.6%
The provider received 24 hours of ongoing annual job related training.	93.5%
Provider received a Certificate of Consultant Training from a designated APD trainer.	98.0%
The provider received 18 hours of Supported Employment pre-service certification training. If enrolled before March 1, 2004, a solo provider or agency staff is only required to have twelve (12) hours of pre-service training.	94.5%
The provider has attended an employment-related conference.	74.6%
The provider received 12 or 18 hours of Supported Living Coaching pre-service certification training. (12 hrs prior to October 2003-18 hrs after October 2003).	95.3%
The provider received 20 contact hours of instruction in a curriculum, meeting the requirements specified by APD and approved by the APD-designated Behavior Analyst for Behavior Assistants.	93.0%