

Florida Statewide Quality Assurance Program

2nd Quarter Report

April – June 2010

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

**Prepared by Delmarva Foundation
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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.

During the second quarter of this contract, Delmarva developed a series of Dashboard data displays that will be used with the Real Time Data Reporting System (RTDRS). Four of these have been approved by AHCA and APD and will be operational in the RTDRS by mid September. PDR and PCR report formats and the scoring methodology were approved and the data input application was completed by Delmarva. Members were recruited for the Quality Council, with the first meeting scheduled for July 28, 2010.

During the first two quarters of the year reviewers completed 494 Person Centered Reviews that included 44 CDC+ participants, and 986 Provider Discovery Reviews. Of the 986 PDRs, 16 providers 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. It is the responsibility of the Area APD office to follow up with these providers to determine the appropriate action to be taken. Delmarva expects to complete approximately 1,430 PCRs and 3,432 PDRs by the end of December 2010.

Because the data in the report represent only part of the total number of reviews to be completed, results presented in this report are preliminary. Findings to date indicate providers are approximately 80 percent compliant in most areas of the PDR: 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. Observations of group homes and Adult Day Training facilities showed excellent performance ratings, with an average of 98 percent compliance across the state. However, close to 60 percent of the 970 providers (representing all services reviewed by Delmarva) who had a PDR were cited with at least one potential recoupment item and 216 providers received a background screening alert.

The Person Centered Review is designed to help determine how well the individual's service delivery system is meeting the expressed needs and goals of the person, and includes a record review of the Support Coordinator and all service providers. 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. However, additional data will be

needed to provide further analysis for this review process and will be presented in the 3rd and 4th Quarter reports.

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, to conduct monitoring of service providers. The information is used by APD to help guide policies, programs, or other necessary actions to effectively remediate issues or problems uncovered through the discovery process.

The 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 2nd Quarter Report for the FSQAP program, April - June 2010. 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

On June 18, Linda Tupper, RN/CDDN, presented a training session on “Physical and Nutritional Management – Who needs it?” during Family Café – with approximately 20 people in attendance.¹ Ms. Tupper outlined what physical and nutritional management means and why it is important. Discussion topics included hazards of immobility, weight bearing positions, postural alignment and specific diagnosis related pathologies for physical management. A nutritional management section outlined four main problems associated with nutritional management: aspiration, dehydration, constipation and gastroesophageal reflux.

Attendees were encouraged to write down their questions and take them to their physician. Email addresses were exchanged with the group in the event that additional information is required. Feedback from the attendees at the end of the session was very positive.

Work Group Activity

Real Time Data Reporting System (RTDRS)

Several templates of graphs, in different formats, have been developed:

- Provider performance scores by service
- Provider performance scores by APD Area
- Background Screening results by APD Area
- Results by APD Area for different components of the PDR (Policy and Procedures, Training, Observation, and SSRR).

These are designed to provide a broad “at a glance” picture of statewide provider performance. Reports are interactive in that users can select specific services, time frames, or Areas with which to review the data.

During the workgroup meeting on June 24, comprised of AHCA, APD and Delmarva representatives, a few suggestions were made by APD to be incorporated into the dashboard screens. Screen shots will be made available to APD for upper management approval in early July, and final AHCA approval. The RTDRS is scheduled to be implemented September 15, 2010.

Provider Score Methodology

A work group convened in April to develop a method for weighting standards used in the PDR and PCR tools to evaluate providers. Work group participants included six representatives from APD (including CDC+), one from AHCA and five from Delmarva. Each standard used in the review process was examined and a weighted value assigned.² The scoring methodology was approved by AHCA and APD and has been

¹ Throughout this report, unless otherwise noted, dates refer to the year of the contract, 2010.

² Information in Attachment 1 identifies workgroup participants and development of the scoring methodology.

implemented. A description of the methodology and weights assigned to each standard has been posted to the FSQAP website (<http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>).

Report Formats and Approval

PCR and PDR report formats were approved May 25, 2010. Delmarva was then able to complete the data entry application and reviewers began entering data from reviews that had been completed since March.

Because data were then available in the database system, the Monthly Production report for June was generated from the live database. The report contains the names of individuals who participated in a Person Centered Review and the service specific record review score; the names of individuals who declined to participate; providers who had a Provider Discovery Review and their overall PDR score; and providers who were non-compliant. Providers who fail to appear for a scheduled review or who Delmarva and APD are unable to contact are designated as non-compliant. The information is provided for each APD Area. APD and AHCA are providing feedback on the content and format of the reports.

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 April 15 at APD, May 20 at APD, and June 24 at AHCA, 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. Due to scheduling issues, a meeting was not held in Area 12 this quarter. Please see Attachment 1 for a detailed description of attendees and topics discussed during each meeting.

Summary of Customer Service Calls

A new customer service log was developed and implemented during the second quarter of the contract year. With this system the Customer Service Representative, or any manager taking a call, is able to log the person's demographic information, date of initial contact, nature of the call, how the call was handled, as well as when and how the issue was resolved.

A total of 77 calls were logged between April and June of 2010. The majority of calls, 56 percent, pertained to address and/or phone number changes or questions from a provider regarding the next review date. Resolution to the calls took, on average, one to two days. See Attachment 2 for further details.

Web Site

Delmarva launched several website and/or portals during the second quarter of the contract year.

- The revised FSQAP public website on June 14, 2010.
- An internally developed application (fldiscovery.org – accessible only to Delmarva staff) on May 10, 2010, to allow online access to the review applications.
- The internal team portal to the FL management team (accessible only to Delmarva staff), to enhance communication for the management team.
- Key items on the portal include a new and improved call service log (launched June 4, 2010) and the production calendar (June 23, 2010).

Quality Council

The first Quality Council meeting was held in Tallahassee on is scheduled for July 28. AHCA, APD and Delmarva have developed an agenda and the meeting will be held at the TCC Capital Center of the Mary Brogan Center in downtown Tallahassee.

Miscellaneous

Staffing

Said Sanchez, the Customer Service Representative, retired in June. Delmarva is actively seeking a replacement who is bi-lingual and also has qualifications as a reviewer. Calls are currently distributed among Tampa and Tallahassee Delmarva staff.

Area 7 - Francie Young's last day was June 11. Her replacement, Jeff Coleman, has been hired and is expected to start in August.

Area 23 - Steve Baylis' last day was June 30. His replacement, Carol Taylor, is expected to start in August.

Office Move

The Delmarva office in Tampa moved the last week in May. Because calls are automatically routed through the Tallahassee office if not answered in Tampa, there was no interruption in communication with providers or other stakeholders.

Section II: Data from Review Activities

Person Centered Reviews (PCR)³

Delmarva Quality Assurance Reviewers (QARs) began conducting Person Centered Reviews in March, with 494 PCRs completed across all of the APD Areas during the first two quarters of the contract year. The number of PCRs for each Area is presented in Table 1, including the number of CDC+ individuals who participated, the total number of individuals who declined and the number of CDC+ participants 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 up through June 2010.

Table 1: Person Centered Review Activity				
January - June 2010				
	Number of PCRs		Number of Declines	
APD Area	DD Waiver	CDC+	DD Waiver	CDC+
1	15	2	15	5
2	45	6	7	5
3	21	1	4	1
4	56	3	10	4
7	18	2	8	3
8	19	1	9	3
9	21	4	4	2
10	17	0	2	0
11	93	10	10	0
12	23	1	4	0
13	26	1	7	8
14	20	2	10	2
15	20	2	5	3
23	56	9	15	19
Total	450	44	110	55

Reasons given for the declines are shown in Table 2. 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

³ 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 2: Person Centered Review Decline Reasons			
January - June 2010			
Decline Reason	DD Waiver	CDC+	Total
Refused	71	46	117
Moved out of State	3	0	3
Deceased	3	0	3
Review Later	15	7	22
No Longer Receiving Services	18	2	20
Total	110	55	165

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.⁴ 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 450 individuals on a DD waiver interviewed through June are presented in Figure 1, for each Area and statewide. It is important to note this number is only part of the total sample of 1,428 individuals to be interviewed this year. Therefore results are preliminary and may not reflect Area or statewide trends. Statewide results to date indicate 84 percent of III standards are present in people’s lives. This rate ranges from a low of 46.9 percent in Area 8 to a high of over 95 percent in Area 2.

⁴ Analysis for the NCI data will be completed for the third quarterly report.

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

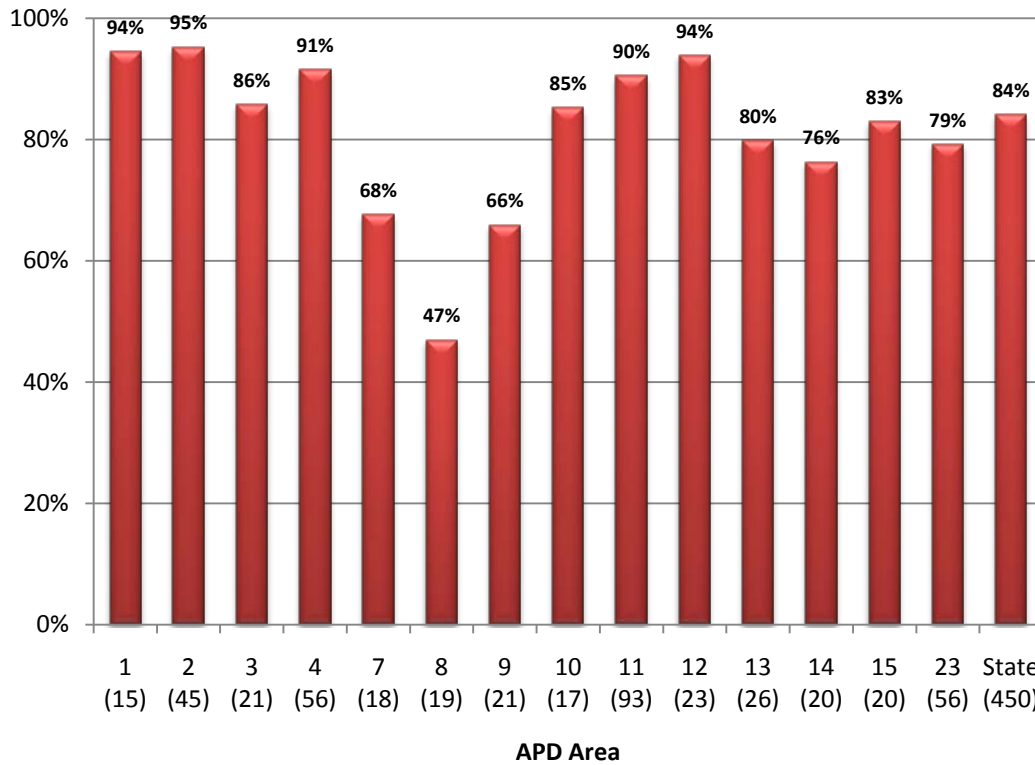


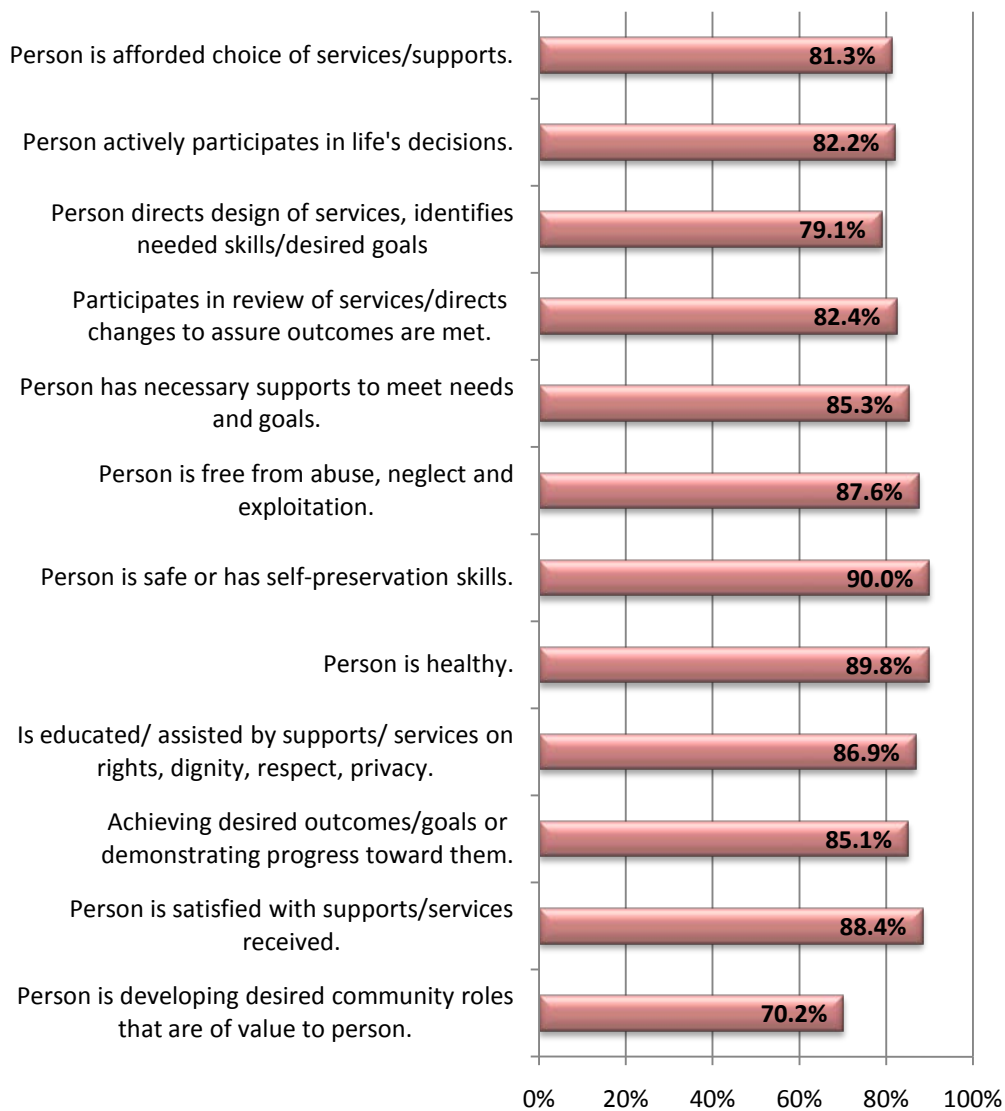
Figure 2 displays III results for DD waiver participants for each standard.⁵ III standards measure the following, from the person’s perspective:

- 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

⁵ 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 450 individuals interviewed to date this year indicate 90 percent of individuals interviewed feel safe or have self-preservation skills. However, this is the only standard scored as 90 percent or higher. Individuals were least likely to indicate they had developed desired community goals that are of value to them. Only 70 percent of individuals who were interviewed scored this as present.

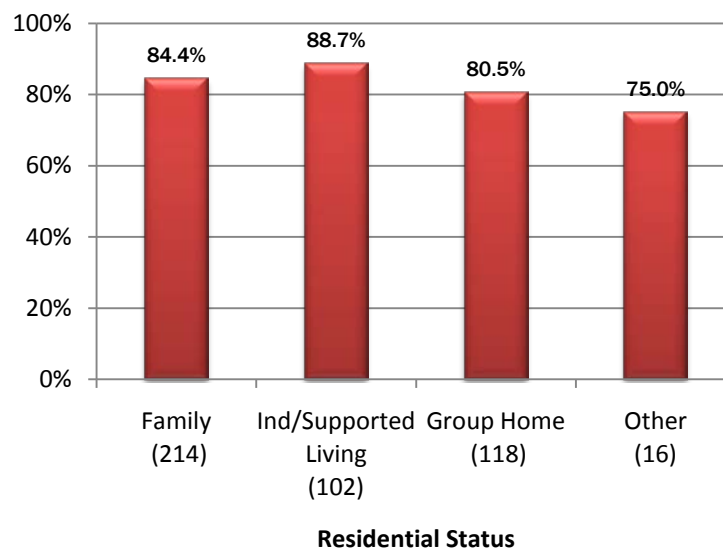
**Figure 2: Person Centered Reviews
 Individual Interview Instrument Results by Standard
 January – June 2010
 Waiver Participants (N=450)**



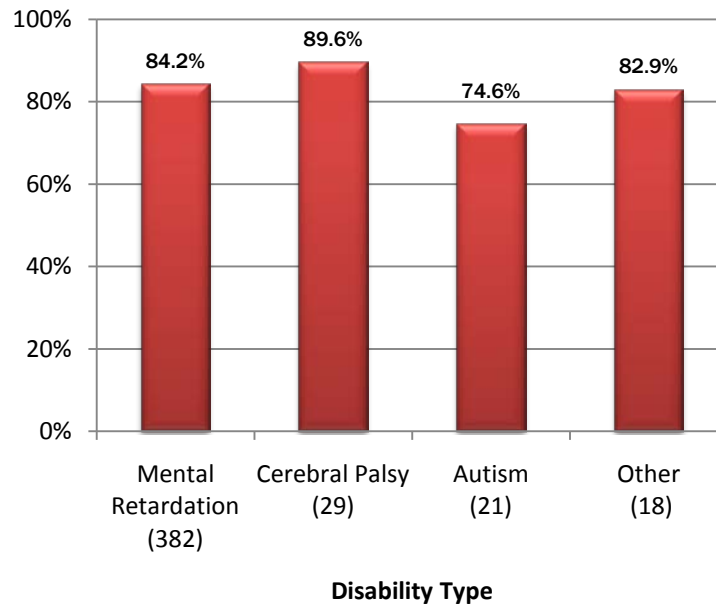
Additional analysis was used to examine III results for the 450 DD waiver participants across various demographic characteristics. To date, preliminary analysis indicates differences across age groups were very small, ranging from 82.5 percent for elderly individuals age 65 and over (N=20) to 84.9 percent for individuals age 45 to 64. The distribution of III results across residential types is shown in Figure 3 and Figure 4 displays the distribution across Disability types.

For individuals interviewed to date this year, preliminary analysis indicates residents of group homes appear to be less likely to score the III standards as present in their lives than residents in other living arrangements. The “Other” category includes Assisted Living Facilities (6), Foster Home (3), Residential Treatment Facility (6), and Adult Family Care Home (1). Preliminary analysis of III results across different disability types is presented in Figure 4. Most individuals have a primary disability of mental retardation. However, the 21 individuals with Autism did not appear to do as well on this portion of the PCR as other DD waiver participants. The 29 individuals with Cerebral Palsy scored highest, on average, on the III standards.

**Figure 3: Person Centered Reviews
Individual Interview Instrument Results by Residential Status
January – June 2010
Waiver Participants (N=450)**



**Figure 4: Person Centered Reviews
Individual Interview Instrument Results by Disability Type
January – June 2010
Waiver Participants (N=450)**



CDC+ Participants

Between January and June 2010, 44 CDC+ participants were interviewed as part of the PCR process. The average III score for these participants was just over 91 percent. While this is somewhat higher than for the DD waiver participants (84%), the sample is still relatively small.

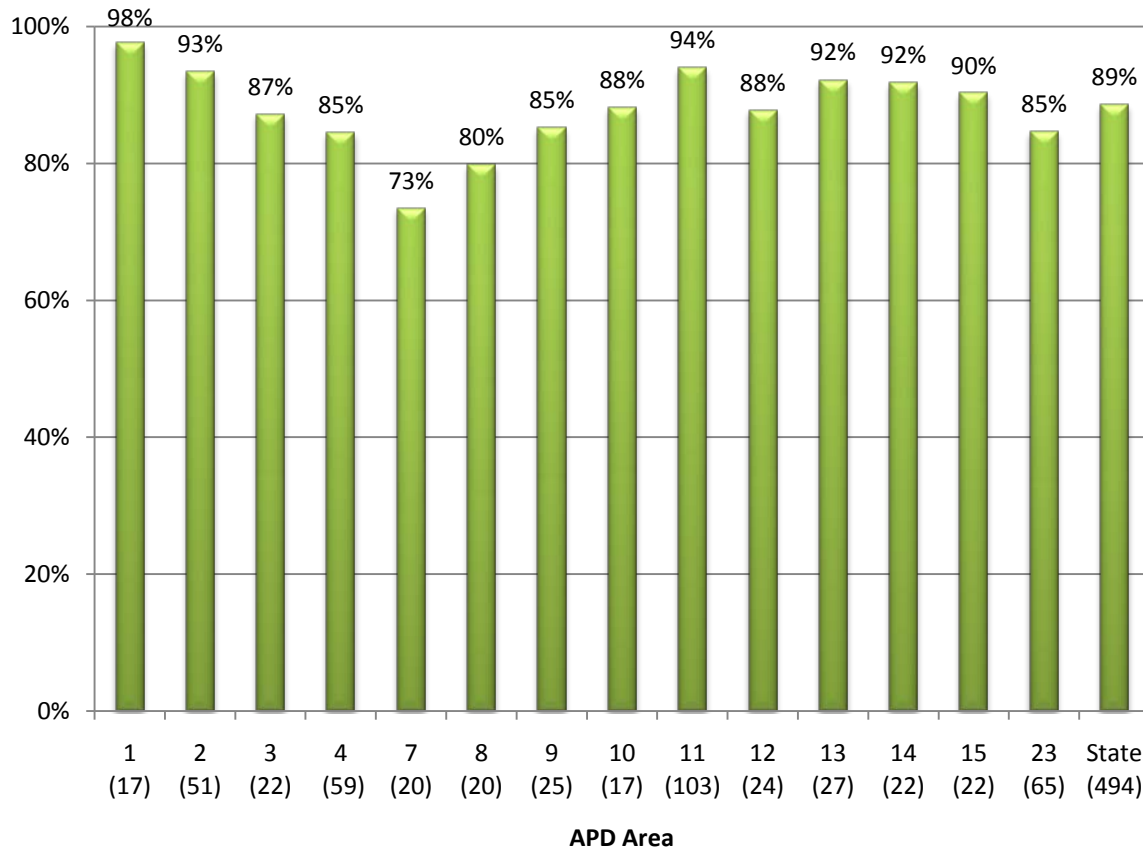
Service Specific Record Reviews (SSRR)

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 to 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.

Overall SSRR results by APD Area are presented in Figure 5. It important to realize results shown in Figure 5 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. Overall provider performance is determined through the PDR and includes a sample of additional records.

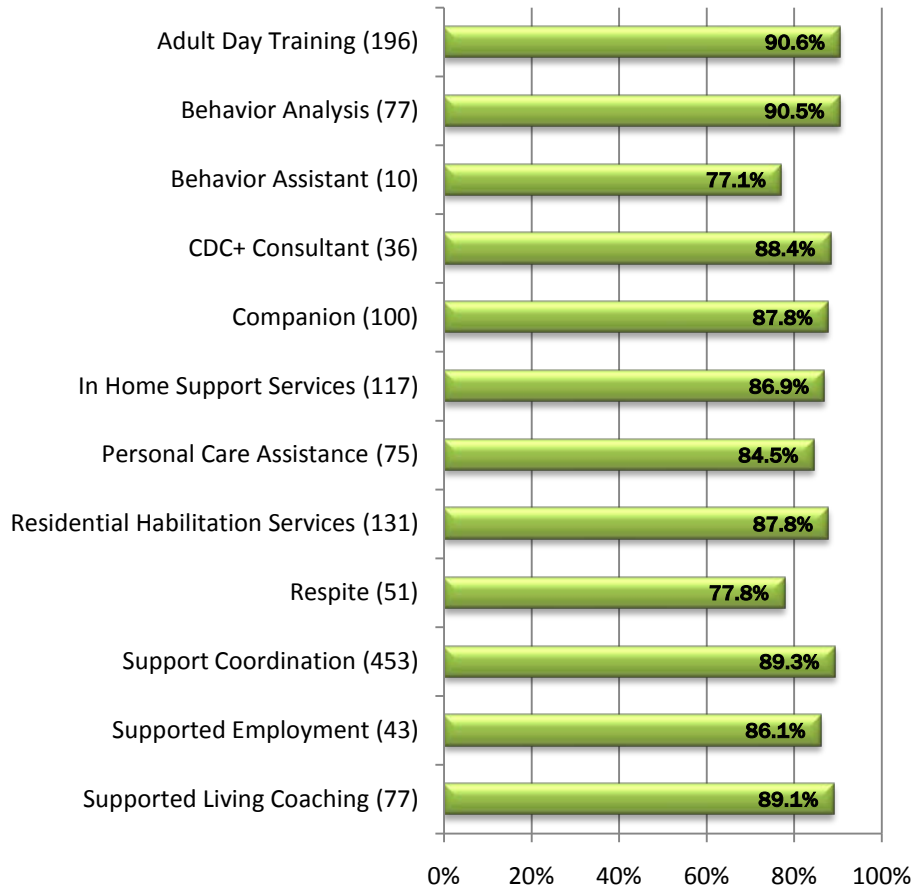
Results to date indicate a degree of variation across the Areas, from a low of 73 percent for providers in Area 7 to a high of 98 percent for providers in Area 1.

**Figure 5: Person Centered Reviews
 Service Specific Record Reviews by APD Area
 January – June 2010**



PCR results are presented by service in Figure 6. 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, are fairly consistent. Performance for Behavior Assistant and Respite services is somewhat lower than for the other services. However, results for these services are based on a small sample size. Only two services reflect a score of 90 percent or higher: Adult Day Training and Behavior Analysis.

**Figure 6: Person Centered Reviews
 Service Specific Record Reviews by Service
 January – June 2010**



CDC+ Representative

CDC+ participants have a Representative, and at times the participant is 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. As part of the PCR process, Delmarva reviewers monitor the Representative’s records to help determine if the Representative is complying with CDC+ standards and Medicaid requirements. The average compliance score through the second quarter of the year was 68.5 percent. However, only 44 Representative tools had been completed during this time period. Therefore, results are preliminary and analysis across demographic characteristics is not recommended at this time.

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 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. While more extensive analysis can be completed when results from the entire sample are available, the key indicators reflect the following:

- Most of the 494 individuals had been to the doctor at some time over the 12 months previous to the interview (98.4%).
- While 81 percent of individuals indicated having a dentist, only 77.5 percent indicated having been to the dentist in the past year. At the same time, 11 percent reported problems with teeth.
- Close to 21 percent of individuals had been to the emergency room in the previous 12 month period and 12.4 percent of individuals had been admitted to the hospital.
- 207 individuals interviewed (42%) indicated they have health problems.
- 175 individuals interviewed (35.7%) were taking some type of behavior/psychiatric medication.

Provider Discovery Reviews (PDR)⁶

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.⁷ A total of 986 PDRs were completed and approved by Delmarva management during the first two quarters of the year, January – June 2010. The current target for the contract year is just over 3,000. Therefore, results are preliminary and may not yet adequately reflect activity in the Areas.

The distribution of PDRs by APD Area is presented in Table 3. Providers reviewed up through June 2010 served over 12,500 DD Waiver participants, an average of about 13 per provider, and an additional 228 CDC+ participants. Sixteen providers either failed to show up for a scheduled review or Delmarva and the APD Area offices were unable to contact them. 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.

⁶ 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>).

⁷ 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 3: Provider Discovery Review Activity				
January - June 2010				
APD Area	Number of PDRs	Waiver Participants Served	CDC+ Participants Served	Non-Compliant Providers
1	19	601	11	0
2	80	720	1	1
3	51	570	0	6
4	101	1,216	53	0
7	66	491	5	2
8	52	501	21	0
9	26	323	2	0
10	76	1,172	35	0
11	158	1,922	24	0
12	45	639	0	0
13	84	433	1	2
14	29	849	18	0
15	63	588	8	0
23	120	2,520	49	5
Total	970	12,545	228	16

Administrative Policy and Procedure Results⁸

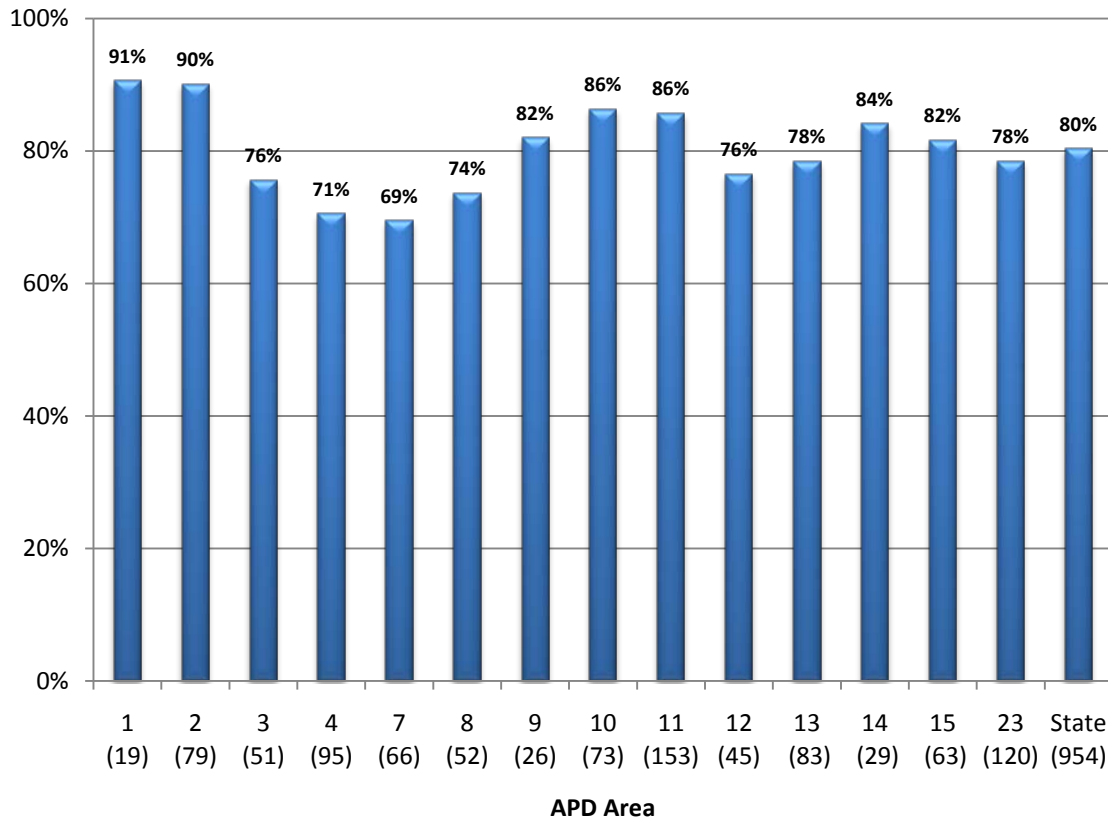
Each provider is reviewed to determine compliance with Policies and Procedures as dictated in the Florida Medicaid Developmental Disabilities Waiver Services and Limitations Handbook (the Handbook).

Compliance scores for all components of the PDR are based on a weighted value assigned to each review standard.⁹ 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. The average score on the Policy and Procedure (P&P) component of the PDR is shown in Figure 7, for all APD Areas and statewide. Scores range from a low of 69 percent in Area 7 to a high of 91 percent in Area 1, with a statewide average of 80 percent compliance.

⁸ N sizes may vary throughout the report due to missing and/or not applicable data.

⁹ See Attachment 2 for a description of the weighting process and scoring methodology.

**Figure 7: Provider Discovery Reviews
 Average Policy and Procedure Scores by APD Area
 January – June 2010**



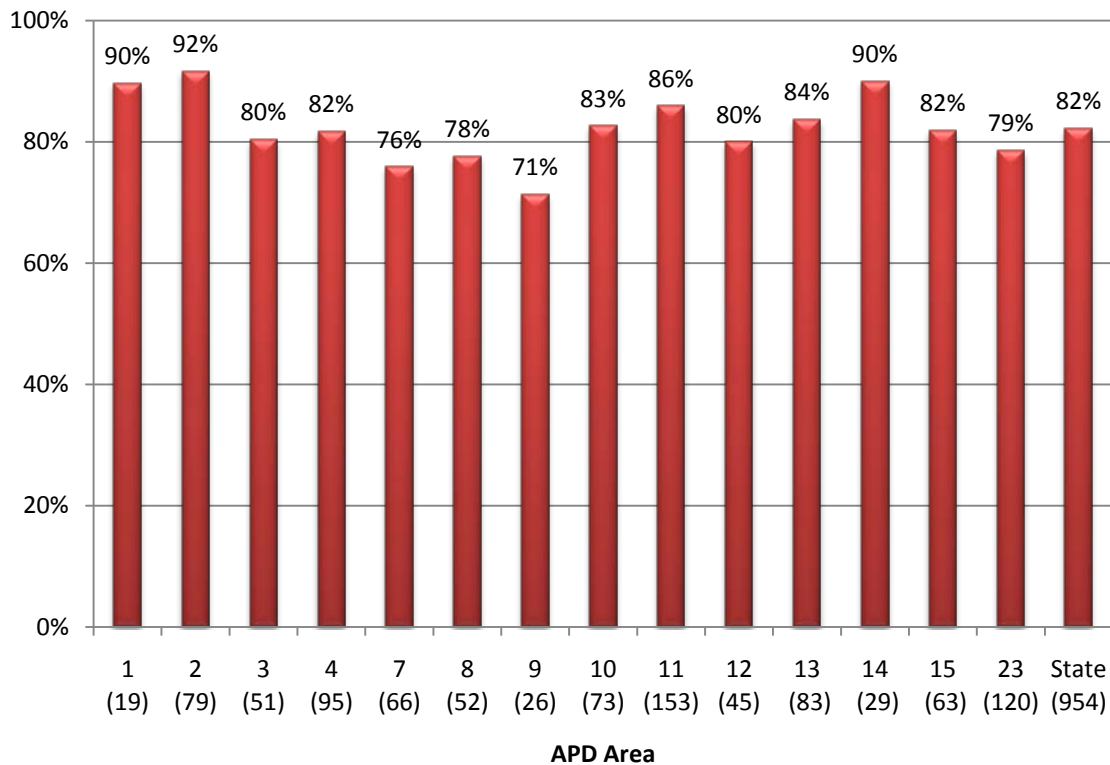
Results for each standard scored on the Policy and Procedure component of the PDR are presented in Attachment 4 at the end of this report. A summary of the data includes the following:

- 7 of the 30 standards showed over 90 percent compliance. These included procedures regarding reporting rights violations; requirements for reporting and tracking incidents of abuse, neglect or exploitation; and requirements for licensing of vehicles and drivers.
- While 79 percent of providers had a written policy to address grievances, only 68 percent of providers maintained a log of all grievances, 63 percent had evidence of teaching individuals about the policy, and only 54 percent had individuals sign the policy within the designated timeframe.
- 57 percent of providers updated policies in a timely manner.
- Provider performance monitoring and reviewing projected service outcomes ranged from 69 percent compliance for providers of Adult Day Training to 39 percent for Waiver Support Coordinators.

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. The average score for compliance on the training standards, by APD Area, is presented in Figure 8. Performance on training standards ranges from a low of 71 percent compliance in Area 9 to a high of 92 percent in Area 2, with a somewhat higher statewide average than for the Policy and Procedure component of the PDR, 82 percent compared to 80 percent respectively.

**Figure 8: Provider Discovery Reviews
Average Training Scores by APD Area
January – June 2010**



Results for each Training Standard are presented in Attachment 5 and summarized as follows:

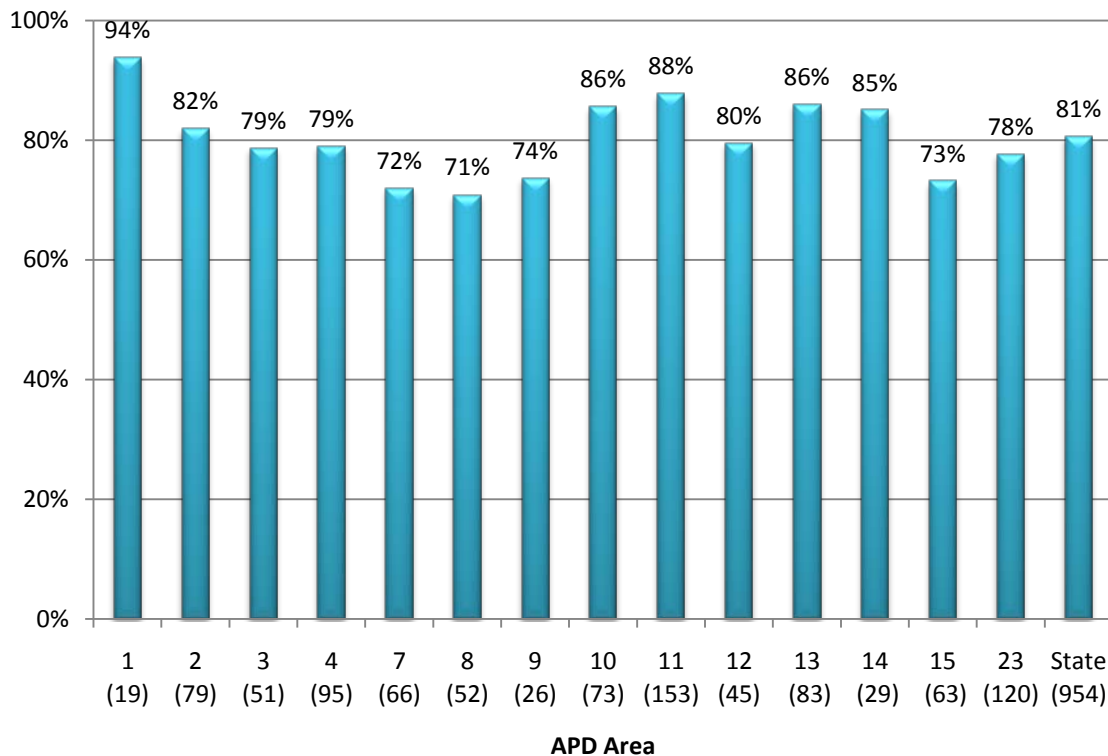
- On average, scores across the standards were fairly consistent, 12 standards reflecting over 90 percent compliance and an additional 11 standards with over 80 percent compliance.
- Providers were least likely to have attended an employment-related conference (69.4%).
- Only 69.7 percent of providers offering Adult Day Training had received eight hours of annual in-service related to implementation of individually tailored services specific to ADT.

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.

Findings in Figure 9 indicate the statewide average compliance rate for the SSRR component of the Provider Discovery Review is approximately 81 percent. Seven Areas show a rate of less than 80 percent compliance by providers. Scores range from a low of 71 percent in Area 8 to a high of 94 percent in Area 1. This statewide average is somewhat lower than the SSRR results from the PCR, of approximately 89 percent.

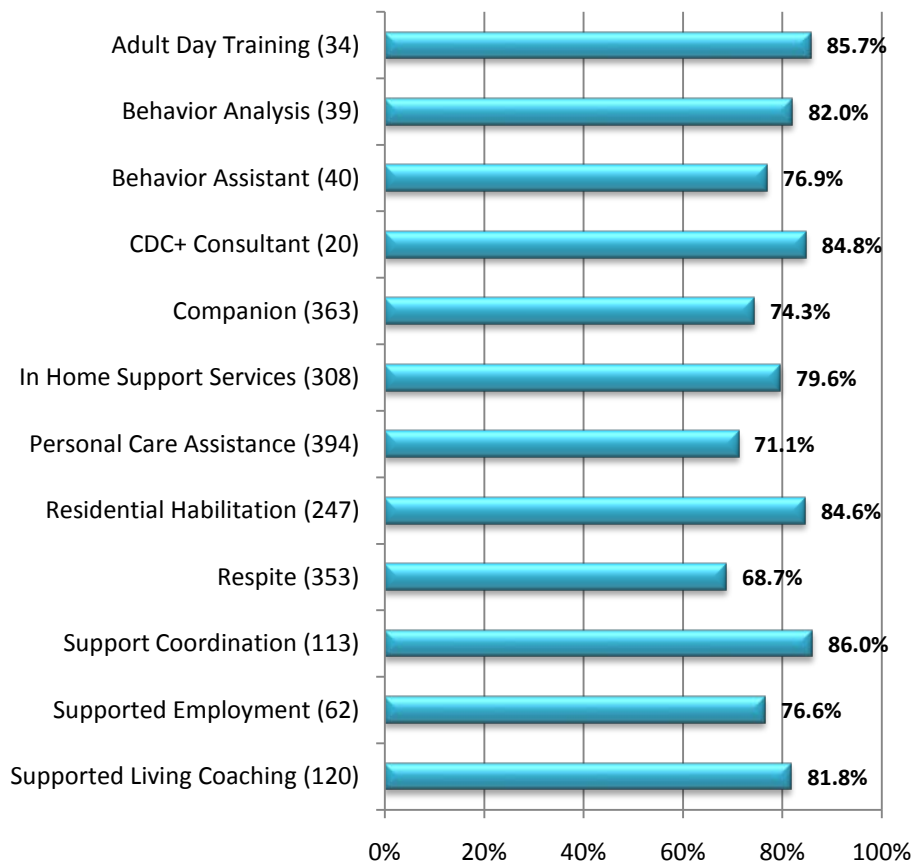
**Figure 9: Provider Discovery Reviews
 Average Service Specific Record Review Scores by APD Area
 January – June 2010**



Results by service are presented in Figure 10. It is important to note that providers generally offer more than one service. Therefore, each provider may have results included in various SSRRs.

- The 353 providers offering Respite were least likely to be in compliance with standards specific to Respite care (68.7%).
- In addition to Respite, five other services reflect a provider performance compliance rate of less than 80 percent: Behavior Assistant, Companion, In Home Support Services, Personal Care Assistance, and Supported Employment.
- Providers of Adult Day Training and Support Coordination were most likely to be in compliance with the service specific standards.

Figure 10: Provider Discovery Reviews
Average Service Specific Record Review Scores by Service
January – June 2010



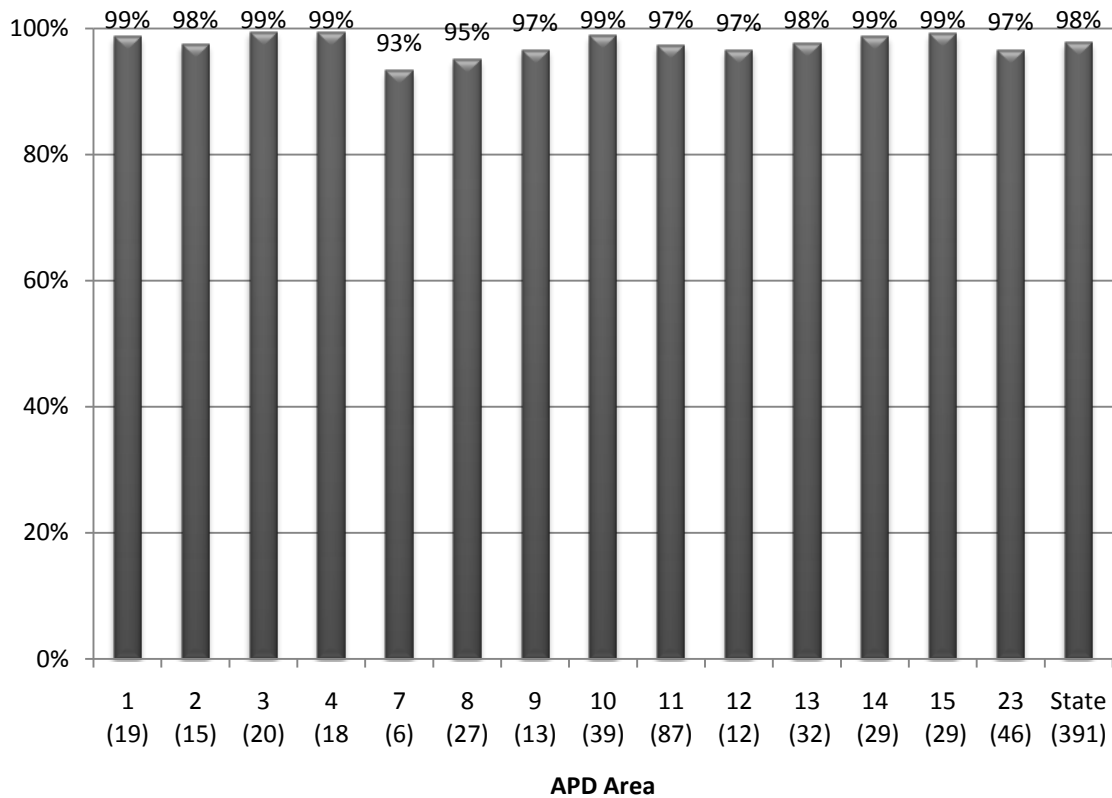
Observation Results

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 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. Between January and June 2010, Delmarva reviewers conducted observations at 39 ADTs and 352 group homes, a total of 391 locations (Table 4). The 39 ADTs served a total of 953 individuals, an average of 24 per facility. The 352 group homes served a total of 1,444 individuals, an average of four per home.

Table 4: Provider Discovery Review Number of Location Observed by Area January - June 2010				
	Adult Day Training		Residential Habilitation	
APD Area	Locations	Served	Location	Served
1	4	92	15	34
2	3	86	12	44
3	0	0	20	79
4	8	91	10	53
7	0	0	6	26
8	0	0	27	82
9	0	0	13	56
10	1	13	37	162
11	7	280	80	362
12	1	28	11	44
13	2	50	30	89
14	6	149	23	130
15	3	100	26	86
23	4	64	42	197
State	39	953	352	1,444

The average PDR Observation scores for each APD Area and statewide are presented in Figure 11. Providers across all Areas have performed quite well in this component of the PDR process, with a statewide compliance score of 98 percent. All Areas scored over 90 percent on the Observations.

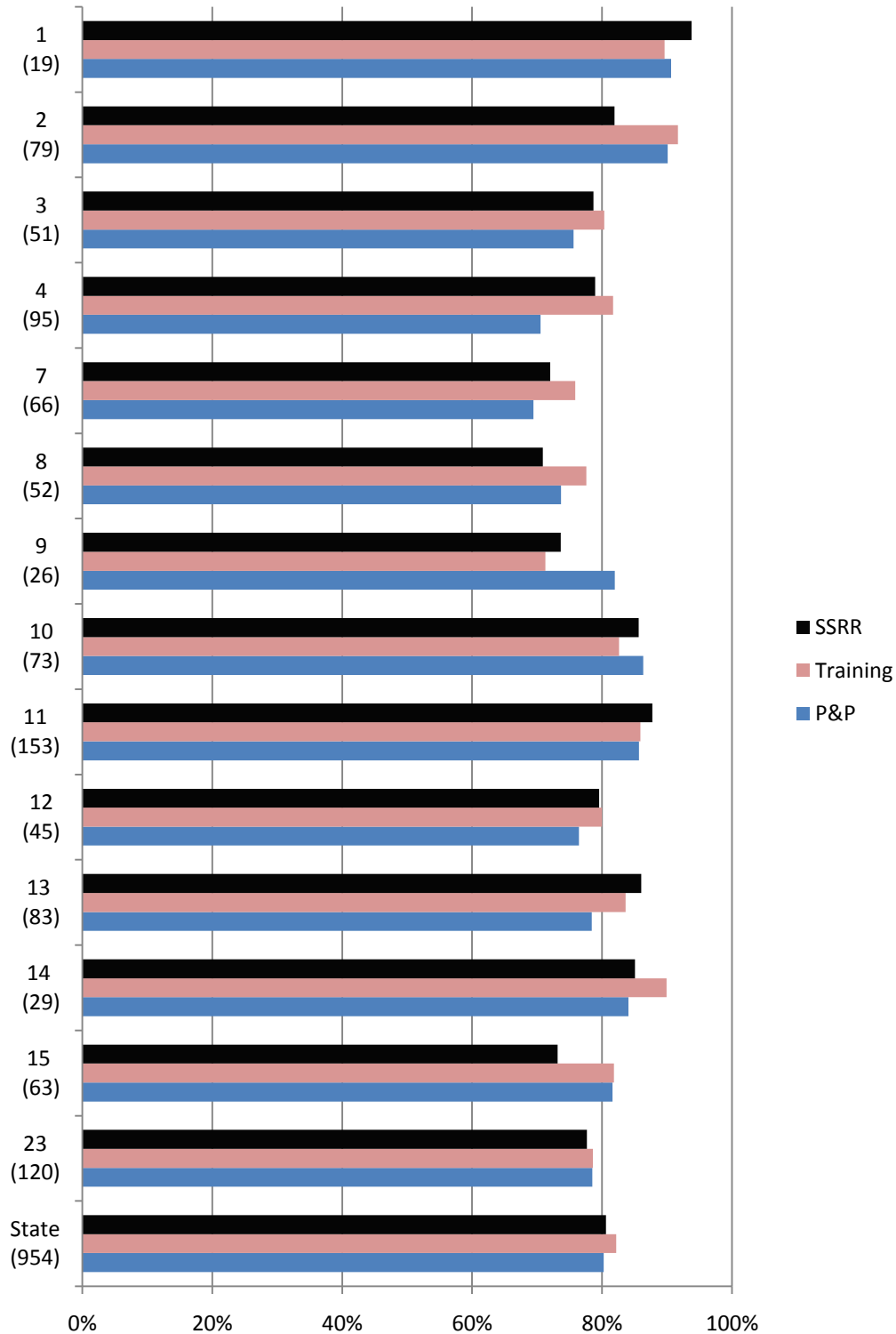
**Figure 11: Provider Discovery Reviews
Average Observation Scores by Service
January – June 2010**



Comparison of Component Scores by APD Area

The following graph shows the 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 12 indicates Areas 1, 3, 10, 11 and 23 are fairly consistent in all three of the review components. However, PDR performance in some Areas does not show the same consistency. For example, it appears that for providers reviewed through June, Areas 2 and 15 providers performed better on P&P and Training than on the SSRRs, and Area 4 providers did not do as well on P&P. Providers in Area 9 did much better on Policies than on Training or service specific requirements.

**Figure12: Provider Discovery Reviews
Component Scores by APD Area
January – June 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 and Delmarva, calls the abuse hotline if appropriate, and records

an Alert in the provider review record. 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 APD is notified.

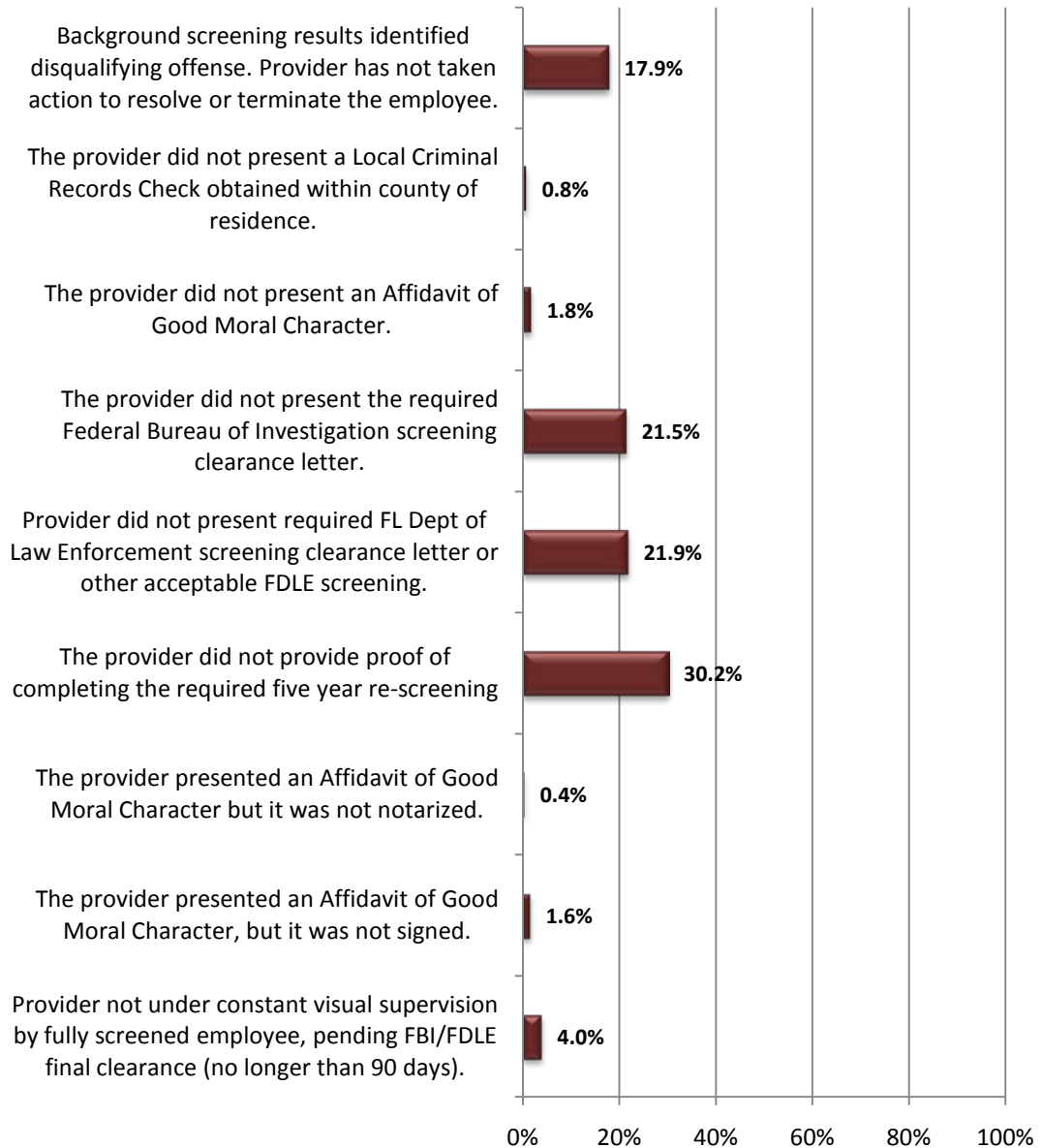
The number of Alerts recorded during the first two quarters of this contract year, by APD Area, is shown in the following table. The majority of Alerts was due to a lack of required documentation needed to provide evidence background screening has been completed.

Table 5: Provider Discovery Reviews				
Number of Alerts by APD Area				
January – June 2010				
APD Area	Rights	Health	Safety	Background Screening
1	0	2	0	1
2	0	1	0	15
3	0	1	1	15
4	0	0	1	12
7	0	1	1	19
8	0	7	10	16
9	0	0	7	10
10	2	1	2	14
11	0	0	2	33
12	0	0	5	5
13	0	2	4	21
14	0	2	0	2
15	1	1	9	15
23	1	4	11	38
State	4	22	53	216

While 216 providers received an alert for lack of background screening, 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 503 reasons were cited. Figure 13 displays the reasons the standard was Not Met for all employee records reviewed for the 216 providers with a background screening alert. Employees were most likely to not have

their 5-year rescreening completed (30.2%). Over 20 percent of employees did not present the required FBI clearance letter or the required FL Department of Law Enforcement clearance documentation.

**Figure13: Provider Discovery Reviews
 Reason Background Screening Not Met
 January – June 2010
 (N=503)**



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 two quarters of the contract year. Presented in the table are the following:

- 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 6: Provider Discovery Reviews					
Recoupment Citations by APD Area					
January - June 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	36	13	19	68.4%	2.8
2	166	62	80	77.5%	2.7
3	97	40	51	78.4%	2.4
4	169	75	101	74.3%	2.3
7	108	38	66	57.6%	2.8
8	188	40	52	76.9%	4.7
9	84	19	26	73.1%	4.4
10	124	35	76	46.1%	3.5
11	100	30	158	19.0%	3.3
12	79	30	45	66.7%	2.6
13	93	35	84	41.7%	2.7
14	68	18	29	62.1%	3.8
15	232	46	63	73.0%	5.0
23	346	90	120	75.0%	3.8
State	1,890	571	970	58.9%	3.3

Findings from the reviews completed to date this contract year indicate 1,890 recoupment standards were scored as Not Met. This involved 571 providers, or close to 60 percent of providers reviewed. The average number of citations per provider is just over three. The percent of providers with a recoupment varied from a low of 41.7 percent in Area 13 to a high of 78.4 percent in Area 3. More than 70 percent of providers reviewed in Areas 2, 3, 4, 8, 9, 15, and 23 had at least one potential recoupment.

Section III: Discovery

During the first two quarters of the FSQAP contract, Delmarva has worked with AHCA and APD to continue to develop and approve report formats used to display data. Dashboards for the Real Time Data Reporting System have been provided to AHCA and APD for final approval. Monthly production reports are now being generated from the database and PCR/PDR reports are being sent to providers and/or posted to the website for APD and AHCA staff with viewing permission. The first Quality Council Meeting is scheduled for July 28 in Tallahassee and Delmarva is helping facilitate the agenda and presentation topics.

Findings in this report reflect data from PCR and PDR review activities from January through June 30, 2010. A total of 494 PCRs and 986 PDRs were completed, approved and available for analysis. Because these represent only a portion of the total sample of reviews to be completed by the end of the contract year in December, results must be viewed as preliminary and may not reflect patterns across Areas or the state. However, some results are worth noting and if similar findings continue to be documented, they may be areas of focus for APD remediation efforts.

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. While data are preliminary, results in Area 7, 8, and 9 appear to be relatively low on this portion of the PCR, particularly for the 19 individuals interviewed in Area 8. If this continues as a pattern, it could indicate that service delivery systems in these Areas are not adequately helping many individuals with their own specific needs, goals, and outcomes, and remediation would be indicated.

In addition to the interview, during the PCR records are reviewed from each provider serving the individual. Overall, these results are good. However, findings indicate providers serving individuals who had a PCR in Areas 7 and 8, to date, have the lowest compliance rates compared to the other Areas, with 73 percent and 80 percent respectively. Again, the sample is small and results are preliminary. However, because these Areas fell behind in both the III and SSRR results from the PCR, this is likely worth monitoring as more data are gathered.

One interesting finding to date is the difference between the SSRR scores from the PCR and the PDR processes, 89 percent and 81 percent respectively. During the PCR, providers are given the name of the individual in advance so they can make those specific records available to the Delmarva Quality Assurance Reviewer. However, during the PDR, reviewers request additional records when onsite—“unannounced” record reviews. If this pattern continues it may indicate providers have time to prepare records for the PCR but their overall documentation systems may need improvement.

Results to date from the 986 PDRs conducted through the end of June 2010 indicate providers are performing, on average, about the same documenting their Policies & Procedures, Training requirements, and Service Specific requirements: 80 percent, 82 percent and 81 percent compliance respectively. However, there is quite a bit of variation across the Areas. In addition, while the SSRR results statewide show 81 percent compliance, results for providers of Respite, to date, are quite a bit lower, with only 68.7 percent compliance. However, providers of Residential Habilitation and Adult Day Training, on a whole, have performed quite well on the Observation component of the PDR.

One final noteworthy finding to date 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 970 providers who completed the PDR process, close to 60 percent were reported with at least one recoupment item.

As PDR reports have become available to Area Administrators they have been able to begin the process of determining which providers may need assistance developing quality improvement initiatives, and where to direct those efforts. However, as more data become available aggregately across the state, in the 3rd and 4th quarterly reports, it will be possible to complete additional analysis to help guide APD's remediation processes, particularly at the systems level. With more data, future reports will include the following to aide in that process:

- Alerts generated from the PCRs
- Reasons for health, safety, and rights alerts
- Results from the NCI consumer surveys
- Aggregate analysis of standards scored during the PCR that directly measures the degree to which providers address the specific needs, goals, and communicated choices and preferences of individuals
- Because each standard references one of the assurances from CMS's Quality Framework, comparisons could be made across various components of the review processes, to help determine where the assurances are best addressed and where remediation processes could help improve the system.

Attachment 1: Area Quarterly Meetings

April – June 2010

Date	Area	Summary
04/09/2010	7	<p>APD participants: Merari Perez, Carol Solomon, Jeff Coleman, Andrea Currence, Sharon Jennings, Cydney Yerushalmi, Mary Martin DFMC participants: Beth Townsend, Brenda McConnell, Francie Young, Cheryl King</p> <p>Summary:</p> <ul style="list-style-type: none"> • Discussed new review processes, including sampling, scheduling, notification of alerts to APD • Addressed providers' concerns about how often Delmarva will be at their offices by describing the connections between Record Reviews for PCRs and the PDRs • Discussed many of the similarities between the old review process and the new, including the distribution of Preliminary Findings at the end of the review • Reviewed upcoming schedule of reviews, and Area 7 gave DFMC their concerns about specific providers on the schedule. Merari Perez will follow-up with Beth Townsend if there are any further concerns • Background screenings were discussed, including the tendency for providers to rely on APD for maintaining that documentation. Area 7 updated DFMC on some changes in background screening requirements • Area 7 reported that they are scaling back on their training activities as the heavy schedule is becoming time consuming and costly
04/15/10	11	<p>APD participants: Kirk Ryon, Lourdes M. Salgado DFMC participants: Carol McDuff, Wanda Nitiss</p> <p>Summary:</p> <ul style="list-style-type: none"> • New system for conducting reviews (PCR and PDR) • The need for provider's to update contact information with Area Office • Non-compliance process • Reporting alerts to Area Office ASAP • Providers who have been terminated by AHCA and APD

Date	Area	Summary
4/15/2010	10	<p>APD participants: Martha Martinez, David Gillis, Pam Womack, Bonnie Florom and Nancy.</p> <p>DFMC participants: Wanda Nitiss, Avril Wilson, Jose Navarro, Anna Quintyne, and Carol McDuff.</p> <p>Summary:</p> <ul style="list-style-type: none"> • Carol followed up on questions presented at the previous quarterly i.e. role of Delmarva and APD within the new quality framework (Delmarva's role is discovery and APD's role is remediation/action) • Discussed and described new tools and processes to include one provider discovery tool • Described scoring procedures • NCI instrument developed by HSRI • Health and behavior questionnaire continues to be part of tool • Activities removed from new PDR process: role of IQC • APD thanked Delmarva for maintaining consistent communication between the two groups
04/16/10	9	<p>APD participants: Frank Houston, Adonisia Brathwaite, Linda Williams</p> <p>DFMC participants: Carol McDuff</p> <p>Summary:</p> <ul style="list-style-type: none"> • New system for conducting reviews (PCR and PDR) • The need for provider's to update contact information with Area Office • Non-compliance process • Reporting alerts to Area Office ASAP • Providers who have been terminated by AHCA and APD
04/19/10	3	<p>APD participants: Steve Malu, Lucy Degenhardt, Jennifer Valenzuela, Delores Robinson, Vernita Hughes, Jim Smith, Elaine Hutchinson & Cynthia Tyson.</p> <p>DFMC participants: Theresa Skidmore</p> <p>Summary:</p> <ul style="list-style-type: none"> • Discussion regarding Discovery Process and Review tools • How scheduling will work • Provider eligibility • Upcoming PCR & PDR schedule

Date	Area	Summary
04/20/10	15	<p>APD participants: Peter Karlan, Ashley Cole, Brad Graske, Sandra Cain DFMC participants: Anna Quintyne, Michelle Ceville, Noeline Coore, Carol McDuff</p> <p>Summary:</p> <ul style="list-style-type: none"> • New system for conducting reviews (PCR and PDR) • The need for provider's to update contact information with Area Office • Non-compliance process • Reporting alerts to Area Office ASAP • Providers who have been terminated by AHCA and APD
05/06/10	1	<p>APD participants: Sandra Hill, Anna Marie MacArthur, Joanne David, Walt Wooten, Gisela Fisher, Ali Stanley, Malva Weaver, Rose Salter, Mary Farr & Deborah Rancifer.</p> <p>DFMC participants: Theresa Skidmore</p> <p>Summary:</p> <ul style="list-style-type: none"> • Discussion regarding Discovery Process and Review tools • How scheduling will work • Provider eligibility • Upcoming PCR & PDR schedule
5/7/2010 – 5/11/2010		<p>Developmental Disabilities Nurse Association Conference (DDNA) attended by Linda Tupper.</p> <p>Approximately 350 members attended the Annual Conference. Medication Issues in the Community as well as interactive sessions on Why Individuals with ID/DD Should Be Granted MUP Status rounded out the week.</p>
05/17/2010	4	<p>APD participants: Sherndina Moreland, Chris Crusciel, Cathy Guiry, Nicole Francis, Patti Smith</p> <p>DFMC participants: Beth Townsend, Janice Newman, Sheila Butler</p> <p>Summary:</p> <ul style="list-style-type: none"> • Discussed the feedback providers are giving regarding the new process. They seem to like this. We reviewed the new process, including sampling, scheduling, reviewing records, and preliminary findings. • Based on questions that providers brought to the Area 4 office, several topics came under discussion, including the use of Respite on a daily basis, the requirement for the individual's name to be on the list when receiving In Home Supports in the home, and the need to maintain proof of education requirements of staff. • Best Practices suggested by Area 4 to providers were also discussed,

Date	Area	Summary
		including the use of public records to determine who owns the house the person receiving IHSS lives in.
6/3/10	23	<p>APD participants: Brenda Porter, Kim Wojick, Marcie DeGrazia, Dale Zinn, Ryan Oetinger, Kathy Freeman, Dave Lepere and Anne Hendon.</p> <p>DFMC participants: Kristin Allen, Krista McCracken, Steve Baylis, Linda Tupper, Trudy Acevedo, Robyn Moorman and Chris Kulaga.</p> <p>Summary:</p> <ul style="list-style-type: none"> • Discussed follow-up from previous meeting, Delmarva staffing updates, status of review activities and reports and current trends • Discussed VR referrals and QAR interpretation, new Area 23 Complaint Report and upcoming on-line reporting form • Also, APD internal process for addressing non-compliant providers, questions regarding how to address background screening for CDC+, Alert and recoupment reporting and an update on the Lunch Bunch training series • Next meeting 9/8/10
6/9/10	14	<p>APD participants: Heather Monteath, Linda Gibson, Dr. Kathleen Rosetter and Carla Bettis. Late arrivals, Melody Taylor and Connie Miller.</p> <p>DFMC participants: Kristin Allen and Christie Gentry</p> <p>Summary:</p> <ul style="list-style-type: none"> • Discussed follow-up from previous meeting, Delmarva staffing updates, APD staffing updates: Jeannette Estes new AA Assistant, status of review activities and reports and current trends • Also discussed effectiveness of current non-compliant provider reporting and alert/recoupment reporting • Next meeting 9/9/10
6/8/10 – 6/10/10		Sue Kelly attended the National AAIDD Conference and presented data from two Florida Quality Improvement Studies.
6/14/10	8	<p>APD participants: Todd Ryan Ryan, Diane Whisman, Carrie Meehan and Bob Steinhauer.</p> <p>DFMC participants: Kristin Allen and Krista McCracken</p> <p>Summary:</p> <ul style="list-style-type: none"> • Discussed follow-up from previous meeting, Delmarva staffing updates, APD staffing updates: Jeannette Estes new AA Assistant • Also discussed status of review activities and reports and current trends

Date	Area	Summary
		<ul style="list-style-type: none"> • Effectiveness of current non-compliant provider reporting and alert/recoupment reporting. • Next meeting 9/15/10.
6/18/2010	Family Café	<p>Approximately 20 attended a session entitled “Physical and Nutritional Management – Who Needs It?” This interactive session included an overview of the individuals who require P& N and what P & N consists of. A question and answer session followed with specific examples given.</p>
06/25/10	2	<p>APD participants: Lynne Daw, Cydeon Trueblood, Jane Tillman, Deborah McQueen, Marnie Millender, Nilda Barreto & Bonnie Williams by phone. DFMC participants: Theresa Skidmore</p> <p>Summary:</p> <ul style="list-style-type: none"> • Discussion regarding Review Activity, PCRs & PDRs completed so far. • Review of Non-Compliance procedures, Scoring Methodology, timeline for Reports being mailed and posted to website • Review of a sample PCR and PDR Reports
06/28/10	13	<p>APD participants: Wayne Perry, Joyce Leonard, Mary Nally, Patricia Morse, Judy Brinkley, Karen Eramo, Aquinette Harrison, David Johnston & Brenda Stevens. DFMC participants: Theresa Skidmore, Mark Williams & Kathy Haydt.</p> <p>Summary:</p> <ul style="list-style-type: none"> • Discussion regarding Review Activity, PCRs & PDRs completed so far. • Review of Non-Compliance procedures, Scoring Methodology, timeline for Reports being mailed and posted to website • Review of a sample PCR and PDR Reports

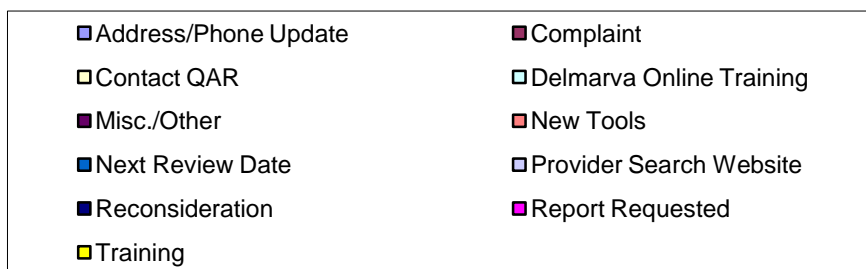
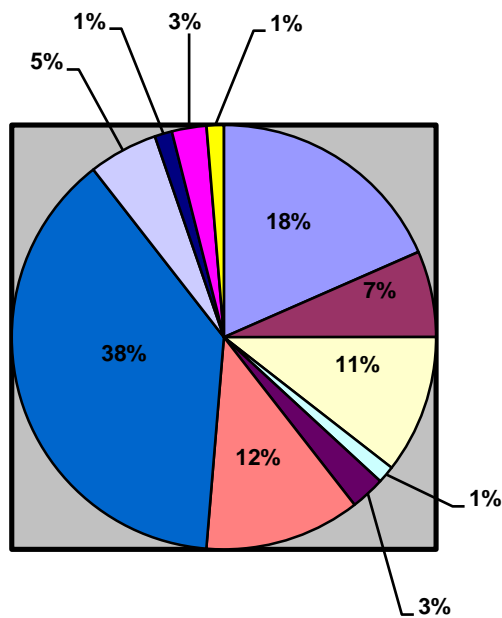
Attachment 2: Customer Service Activity

April – June 2010

Reason for Call	# of Calls	Description	Outcomes/Responses	Average Resolution Time
Address/ Phone update	14	Providers call in to give us their correct contact information.	All proper contact information was reported to manager or designated to the correct place to update information.	1 Day
Complaint	5	<ol style="list-style-type: none"> 1. Provider called because not listed on provider search website. 2. Concern about QAR. 3. QAR called to set up appt. and QAR was unaware that provider had a stroke; family was offended. 4. Licensed Clinical Social worker called with a concern about a Rehabilitation center in Florida. 5. Concern about a QAR. 	<ol style="list-style-type: none"> 1. Forwarded to Reg. Mgr. and spoke with I.T. Issue was resolved that day. 2. Reg. Mgr. called provider to discuss and assigned a new QAR. 3. Reg. Mgr. called back and reassured her it was not Delmarva's fault and the state is requiring the onsite reviews now. 4. Advised to call local APD office. 5. Reg. Mgr. called back and assigned a new QAR 	1 Day
Contact QAR	8	Calls regarding having a QAR contact caller for information, to schedule appointments or other information, such as QAR's	QAR contacted or forwarded to correct contact person.	1 Day

		name, etc.		
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	Called to say mail was lost and needed to reschedule since it was too late to complete review.	Was forwarded to QAR to help reschedule.	1 Day
New Tools	9	Providers/People calling to get access to online tools, etc.	Referred to website or faxed information.	1 Day
Next Review Date	29	Providers calling to reschedule reviews or to ask questions regarding reviews and review dates.	Answered most questions or forwarded to QAR for correct information	1-2 Days
Provider Search Website	4	New providers calling about getting listed on website.	Spoke with Information Technology and added if provider was missing.	1-2 Days
Reconsideration	1	Wanted to speak to someone about getting a reconsideration review.	The regional manager of in Area 4 will call.	1 Day
Report Requested	2	Providers trying to get copies of reports.	Copies were sent or provider was referred to online access.	1-2 Days
Training	1	Provider called saying she did not know her PIN or QAR name and has never heard of zero tolerance or APD.	Referred provider to all online access information: APD website and Delmarva discovery tools, etc.	1 Day

Type of Call Placed to Customer Service April – June 2010



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 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.¹⁰ 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:

¹⁰ HSRI developed the NCI survey instruments. More information can be found at the following web site: <http://www.hsri.org/>.

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.¹¹

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

¹¹ Delmarva review tools and procedures are available here: http://www.dfmc-florida.org/public/review_tools.aspx.

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 Methodology¹²

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

¹² 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.

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.

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: Provider Discovery Review Policy and Procedures

Policy and Procedure Results by Review Standard	
January - June 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.	81.0%
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.	79.3%
The provider is able to describe the organization's person centered planning process, i.e. developing Implementation Plans, Support Plans, etc.	93.3%
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).	87.2%
The provider can describe procedures for reporting any rights violations.	92.2%
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.	74.6%
The provider can describe reporting procedures for any incidents of abuse, neglect, and/or exploitation.	97.5%
The provider has identified and addressed trends related to abuse, neglect, and exploitation.	94.4%
All instances of abuse, neglect, and exploitation have been reported.	98.5%
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.	79.5%
The provider tracks and addresses medication errors (if administering medication).	87.4%
The provider has written policies and procedures to ensure the smooth transition of the recipient between providers and other supports and services.	80.2%
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.	80.1%
The provider has written policies and procedures to address grievances.	79.4%

Policy and Procedure Results by Review Standard	
January - June 2010	
Standard	Percent Met
The provider maintains a log of all grievances.	68.3%
The provider has evidence of teaching the individual/legal representative about the grievance policy.	62.8%
Individuals sign the provider's grievance policy within 30 days of beginning services and annually thereafter.	54.2%
The provider has a written policy for conducting self-assessments.	77.3%
The provider has completed a Self Assessment including all required components at least once in the past year.	39.8%
The provider has taken quality improvement actions as a result of the self assessment.	45.3%
The provider maintains a current table of organization, including board of directors (when applicable), directors, supervisors, support staff, and all other employees.	78.8%
The provider tracks and addresses all incident reports.	84.3%
The provider updates policies and procedures in a timely manner.	57.3%
Vehicles used for transportation are properly insured and properly registered.	91.3%
The provider has evidence of monitoring and reviewing projected service outcomes for Adult Day Training.	63.6%
Drivers of transportation vehicles are licensed to drive vehicles used.	98.0%
The provider has evidence of monitoring and reviewing projected service outcomes for Residential Habilitation.	45.3%
The provider has evidence of monitoring and reviewing projected service outcomes for Waiver Support Coordination.	39.1%
The provider has evidence of monitoring and reviewing projected service outcomes for Supported Employment.	49.2%
The provider has evidence of monitoring and reviewing projected service outcomes for Supported Living Coaching.	51.3%

Attachment 5: Provider Discovery Review Training Standards

Training Results by Review Standard	
January - June 2010	
Standard	Percent Met
The provider meets all minimum educational requirements and levels of experience for Adult Day Training.	87.9%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	98.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	85.2%
The provider meets all minimum educational requirements and levels of experience for Companion.	88.8%
The provider meets all minimum educational requirements and levels of experience for In Home Support.	81.7%
The provider meets all minimum educational requirements and levels of experience for Personal Care Assistance.	90.1%
The provider meets all minimum educational requirements and levels of experience for Respite Care.	87.9%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation.	83.6%
The provider meets all minimum educational requirements and levels of experience for Waiver Support Coordination/CDC+ Consultant.	96.5%
The provider meets all minimum educational requirements and levels of experience for Supported Employment.	92.5%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	87.6%
The provider received training in Zero Tolerance.	78.0%
The provider received training in Direct Care Core Competency.	82.8%
The provider received training in HIPAA.	81.5%
The provider received training in Person Centered Approach/Personal Outcome Measures. (5 day POM training for WSCs addressed under WSC specific training requirements)	74.3%
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)	74.4%

Training Results by Review Standard	
January - June 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)	77.2%
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	74.5%
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)	75.9%
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)	71.7%
If applicable, the provider received training in Medication Administration per FAC 65G-7.	93.6%
If applicable, the provider has been validated on medication administration per FAC 65G-7.	91.8%
The provider received training in HIV/AIDS. (Infection Control now captured in Core Comp.)	94.5%
The provider received training in Cardiopulmonary Resuscitation (CPR).	94.3%
The provider received 8-hrs of annual in-service related to implementation of individually tailored services specific to Adult Day Training.	69.7%
The provider received 34 hours of Statewide pre-service training.	95.1%
The provider received 26 hours of Area- specific training.	93.1%
The provider received 24 hours of ongoing annual job related training.	87.9%
Provider received a Certificate of Consultant Training from a designated APD trainer.	90.6%
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.	100.0%
The provider has attended an employment-related conference.	69.4%
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).	95.9%

Training Results by Review Standard	
January - June 2010	
Standard	Percent Met
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.	88.5%