

Florida Statewide Quality Assurance Program

3rd Quarter Report

July - September 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. 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 and should be interpreted with caution.

During the third quarter of this contract, Delmarva posted a series of Dashboard data displays implementing the Real Time Data Reporting System (RTDRS). Work continues to further refine the process that feeds data to the dashboards and to develop additional “drill down” capabilities for background screening information. The first Quality Council meeting was held July 28, 2010, with all members present (one via conference call). Delmarva began developing training sessions to be conducted during the 4th quarter for APD Area staff and providers and AHCA and APD approved a modification to the PCR process, requiring a review of the CDC+ representative’s records even if the person refused to participate in the PCR.

Between January and September 2010, Delmarva reviewers completed 1,111 Person Centered Reviews that included 118 CDC+ participants, and 1,762 Provider Discovery Reviews, including 45 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. Delmarva expects to complete approximately 1,430 PCRs and 3,432 PDRs by the end of December 2010.

Findings to date indicate providers are approximately 81 to 83 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.

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 57 percent of the 1,717 providers (representing all services reviewed by Delmarva) who had a PDR were cited with at least one potential recoupment item, 427 received a background screening alert, and 123 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. 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.

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 3rd Quarter Report for the first year of the FSQAP program, July - September 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 and should be interpreted with caution. 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

Delmarva is developing a Webx training session for Central APD and Area APD staff. The training will focus on the review processes as well as address questions raised by Areas and providers throughout the implementation of the FSQAP program. The Webx session is scheduled for October 13, 2010.

In addition to the Webx training session, Delmarva will provide nine training sessions for providers, three of the sessions specific to CDC+ participants. Management staff is working to find venues, approved by AHCA and APD, to provide access to providers from several different Areas for each session. The training content is currently being developed with input from AHCA and APD, and sessions will be scheduled for November and December.

Performance Indicators Workgroup

In August, Delmarva attended two workgroup meetings at APD to help APD and AHCA identify measures collected through the Delmarva review processes that can be used as performance indicators in the CMS evidentiary package for the proposed I-Budget waiver.¹ Delmarva staff identified standards within the tools used to conduct PCRs and PDRs and presented them to APD for confirmation that current tools and processes sufficiently address the performance indicators for the I-Budget waiver. With the exception of the item addressing Level of Care (LOC) APD agreed current tools and processes adequately address the performance indicators. The topic of whether the LOC of enrolled participants is reevaluated at least annually or as specified in the approved waiver was discussed at the September Status meeting. APD and Delmarva were in agreement this indicator will be met if the Waiver Eligibility Worksheet filled out by support coordinators is completed annually during the support plan annual review, although not necessarily exactly 12 months apart. AHCA agreed to research this area.

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.

¹ This and other activities are documented in Attachment 1.

Medical Peer Review

The Delmarva Nurse Reviewer, Linda Tupper, reviews results of the Health and Behavioral Assessment for all individuals interviewed during the PCR. The purpose of the review is to identify instances that may require additional medical oversight, and refer these to the Medical Case Manager in the Area, and to provide additional recommendations if appropriate. The Delmarva Medical Director, Dr. Joe Braun, provides reliability in this process by reviewing a five percent sample of records to determine if the recommendations/referrals made by the Nurse Reviewer are in agreement with his decisions. During the previous FSQAP contract this process consistently generated 100 percent agreement between Dr. Braun and Ms. Tupper. Dr. Braun will begin sampling records again in the next quarter of the current contract.

Reliability

Inter Rater Reliability processes have been developed and implemented. Each Quality Assurance Reviewer will have reliability tested by the end of the each contract year in December. An application is being developed and will be available in the next quarter. Entering reliability data in this application will automatically compare decisions made by the reviewer with decisions made by the manager conducting the reliability. Data from the application will allow Delmarva to track any trends in “missed” elements or issues with any reviewers.

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 July 27 at AHCA, August 24 at AHCA, and September 16 at APD, 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 an accident, the Regional Manager was unable to schedule the meeting in Region 9. 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 November 3, 2010, Delmarva

had received 128 surveys from providers who participated in a PDR between January and September 2010. 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	128

*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, 112 surveys had been returned to HSRI. A summary of findings includes the following:

- Of the 112 responses to date, 24.1 percent were completed by the person receiving services, 54.5 percent were completed by an advocate, and 31.3 percent by a staff member where the person lives.
- 80.4 percent of NCI interviews took place in the home.
- 70 percent of individuals indicated choosing where to meet for the interview.

- A majority of respondents felt the interview was scheduled at a convenient time (95%), the questions were not difficult to answer (86.5%), the interview took the right amount of time (86.2%), and the interviewer was respectful (99.1%).
- 80.9 percent of respondents indicated the interviewer successfully explained all questions did not have to be answered, and 92.3 percent agreed the interviewer explained what the NCI survey was about.

Summary of Customer Service Calls

In the absence of the Customer Service Representative, calls have been forwarded to various members of the staff, including Beth Townsend who is bilingual. During the third quarter of the contract year, July – September, 141 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 first Quality Council meeting was held in Tallahassee on July 28. Nine members were named to the council. Eight were present and one member called in via a conference line. The facilitators, Walt Wooten and Beth Kidder, reviewed the purpose and member responsibilities for the council, and some ground rules were established. Key presentations included the following:

- Quality Assurance and Quality of Life for Persons with Developmental Disabilities: Steve Coleman (APD) presented a review of the APD quality assurance program’s structure and goals.
- The Discovery Processes: Bob Foley, Theresa Skidmore and Kristin Allen (Delmarva) gave a review of the Delmarva PCR and PDR processes.
- National Core Indicators/Involving Individuals, Families & Stakeholders in Quality Improvements: Val Bradley (HSRI) provided an overview of the National Core Indicator Consumer and Mail surveys, and why input from individuals with developmental disabilities is so important to a quality assurance system.
- Delmarva Reports and Other Deliverables: Elizabeth Pell and Sue Kelly presented some guidelines in what to look for in data and how to read data tables and graphs, including tips for interpreting data.

Web Site and Portal Updates

FSQAP Website

The private side of the website was revised extensively during this quarter, to add more search criteria and the dashboard reports, as well as the “Operations Manual,” aka Users Guide. To date, there have been more than 2,000 searches on the new reports section.

Real Time Data Reporting System (RTDRS)

The RTDRS system was implemented September 15, 2010. Four dashboards that had been approved by AHCA and APD were posted and are accessible to staff with access to the project team site. Dashboards will be updated with third quarter data and be made available to AHCA and APD by the end of February.

Delmarva is currently creating a drill down capacity for the Background Screening dashboard. The drill down will allow Areas to identify providers (and their employees) who were not compliant with all the background screening requirements, and the reason for the noncompliance.

Internal FSQAP Portal

Folders were created in the FSQAP portal to provide AHCA, APD and Delmarva a means to post Monthly, Quarterly, and Annual reports. Through the portal, reports can be reviewed and revised by one person at a time, providing ready access and version control and suggested edits in one document. Individuals with a need to access specific portals have been given secure access to them.

Miscellaneous

Staffing

Steve Baylis left Delmarva at the end of June and Trudy Acevedo left at the end of July. Carol Taylor and Jeff Coleman started August 16th. Carol is working primarily in Area 8 and Jeff is part time and works primarily in Area 7.

CDC-Representative Tool Update

AHCA and APD have approved a modification to the CDC+ PCR process. If the individual declines to participate in the face-to-face interview, the QAR will still review records for the CDC-Representative. Beginning October 2010, the CDC-Representative review will be completed as a PDR.

Section II: Data from Review Activities

Person Centered Reviews (PCR)²

Delmarva Quality Assurance Reviewers (QARs) began conducting Person Centered Reviews in March, with 1,111 PCRs completed across all of the APD Areas during the first three quarters of the contract year. The number of PCRs for each Area is presented in Table 2, including the number of CDC+ individuals who participated, 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 up through September 2010.

Table 2: Person Centered Review Activity				
January - September 2010				
	Number of PCRs		Number of Declines	
APD Area	DD Waiver	CDC+	DD Waiver	CDC+
1	41	4	19	11
2	67	10	19	7
3	57	6	14	5
4	89	7	28	8
7	97	19	20	12
8	40	2	20	4
9	41	10	10	3
10	86	9	9	3
11	185	25	52	3
12	22	0	8	1
13	61	2	13	12
14	32	2	11	2
15	30	3	11	4
23	145	19	38	24
Total	993	118	272	99

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 – September 2010			
Decline Reason	DD Waiver	CDC+	Total
Refused	133	75	208
Moved out of State	2	0	2
Deceased	8	1	9
Review Later	92	19	111
No Longer Rec Svcs	37	4	41
Total	272	99	371

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.³ 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 993 individuals on a DD waiver interviewed through September 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 57 percent in Area 8 to a high of 95 percent in Area 2.

³ 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 - September 2010
Waiver Participants**

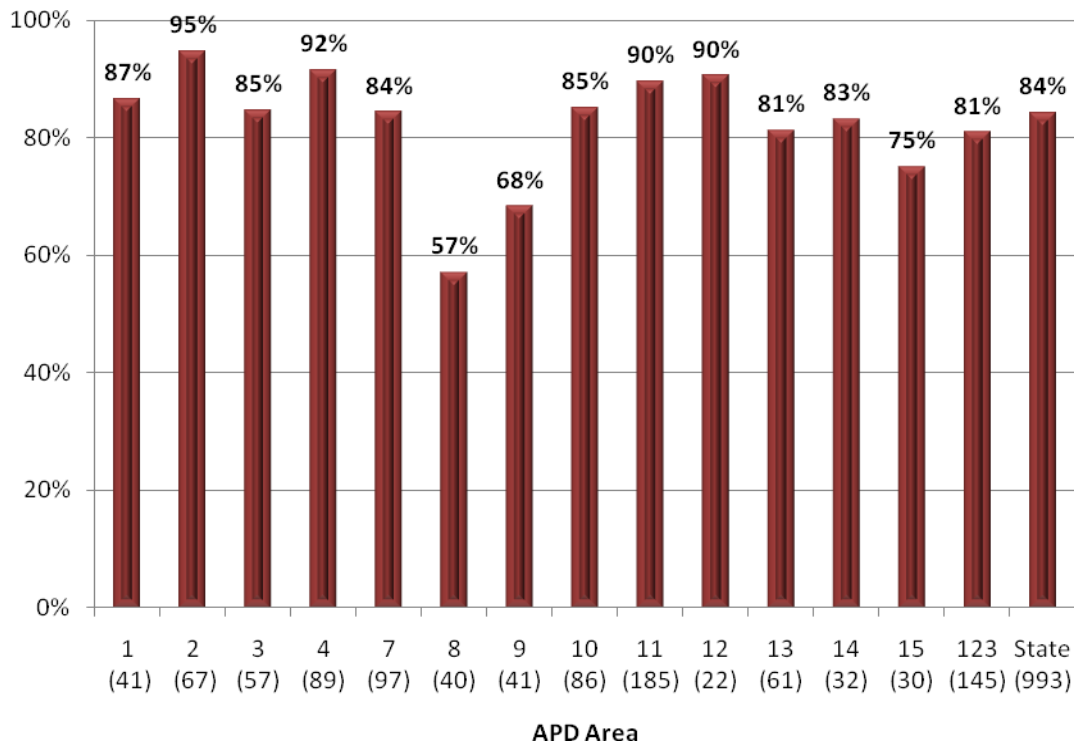


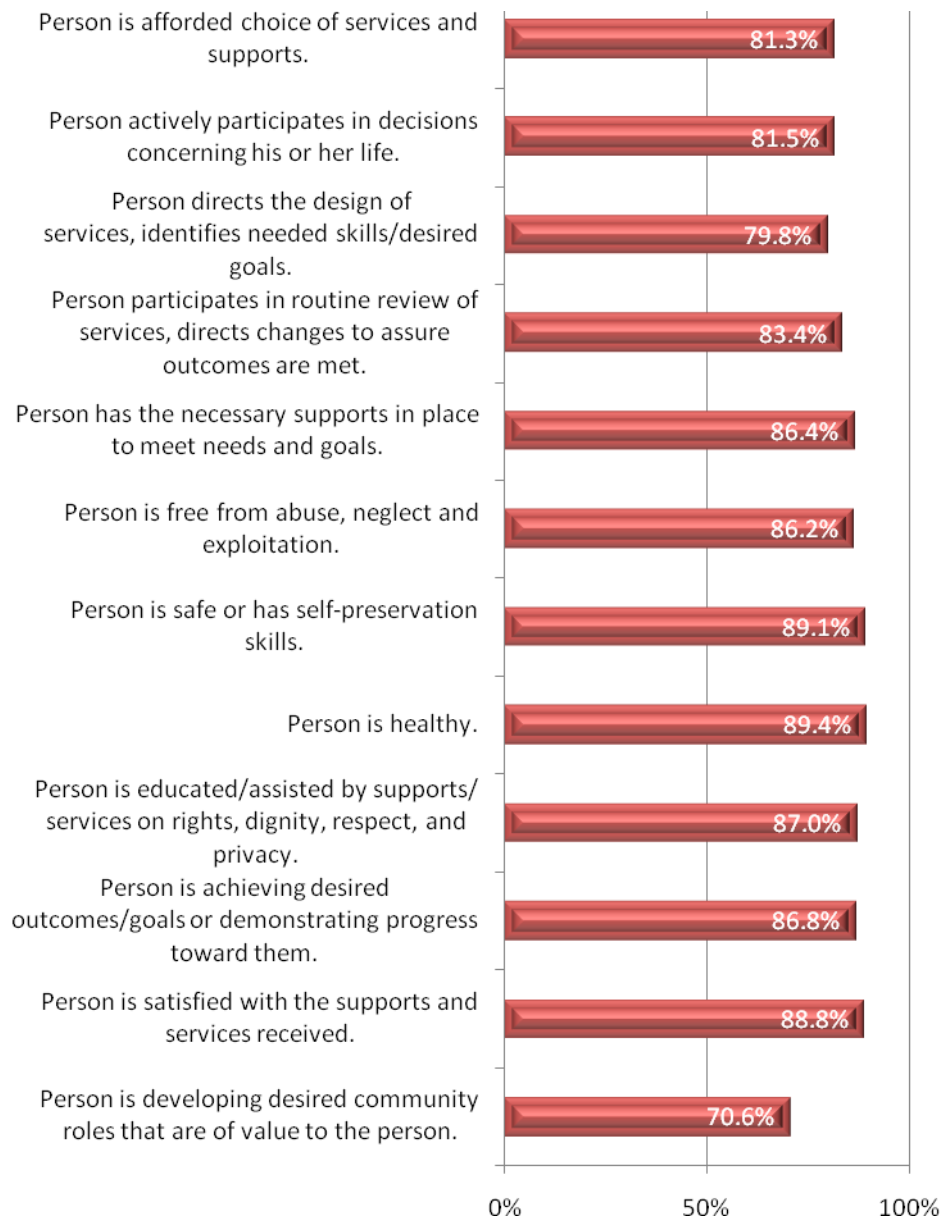
Figure 2 displays III results for DD waiver participants for each standard.⁴ III standards measure the following, from the person’s perspective:

- 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

⁴ 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 993 individuals interviewed to date this year indicate that with one exception, each standard reflects an average score within +/- five percentage points of the state average. Only 70.6 percent of individuals who were interviewed had developed desired social roles in the community.

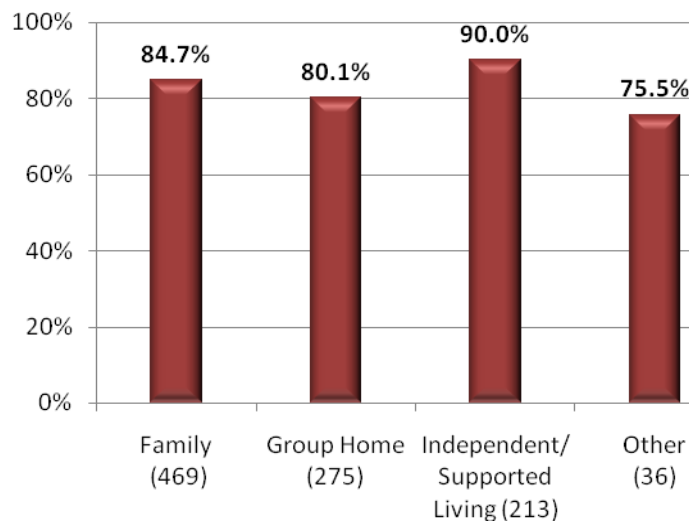
**Figure 2: Person Centered Reviews
Individual Interview Instrument Results by Standard
January – September 2010
Waiver Participants (N=993)**



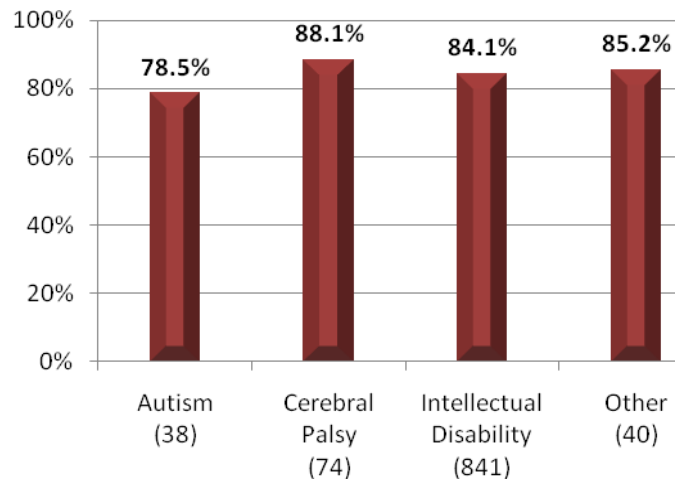
Additional analysis was used to examine III results for the 450 DD waiver participants across various demographic characteristics. The distribution of III results are displayed by residential status in Figure 3, by Primary Disability in Figure 4 and by age groups in Figure 5.

For individuals interviewed to date this year, analysis indicates 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. The “Other” category includes Assisted Living Facilities (11), Foster Home (6), Residential Treatment Facility (13), and Adult Family Care Home (6). Most individuals have a primary disability of Intellectual Disability. However, the 38 individuals with Autism did not appear to do as well on this portion of the PCR as other DD waiver participants. Individuals with Cerebral Palsy scored highest, on average, on the III standards. The “Other” category includes Epilepsy (3), High Risk (1), Other (12), Spina Bifida (20), and Prader Willi (4). Variation across age groups is small. However, results appear to be somewhat better for elderly people age 65 or over.⁵

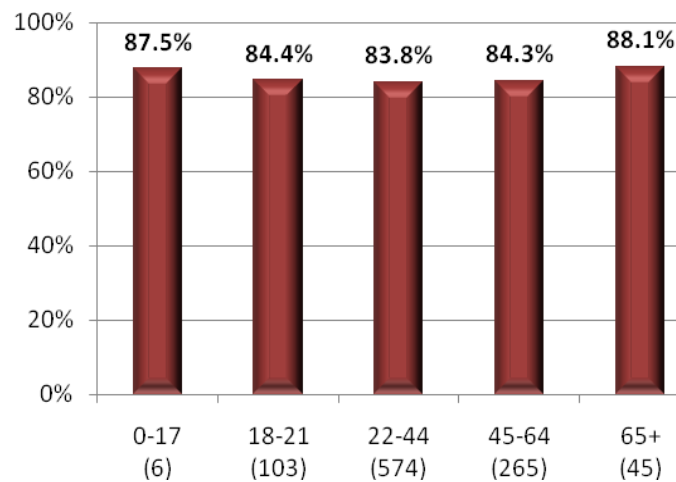
**Figure 3: Person Centered Reviews
Individual Interview Instrument Results by Residential Status
January – September 2010
Waiver Participants (N=993)**



**Figure 4: Person Centered Reviews
Individual Interview Instrument Results by Disability Type
January - September 2010
Waiver Participants (N=993)**



**Figure 5: Person Centered Reviews
Individual Interview Instrument Results by Age Group
January - September 2010
Waiver Participants (N=993)**



CDC+ Participants

Between January and June 2010, 118 CDC+ participants were interviewed as part of the PCR process. The average III score for these participants was 90 percent. This is somewhat higher than for the DD waiver participants (84%).

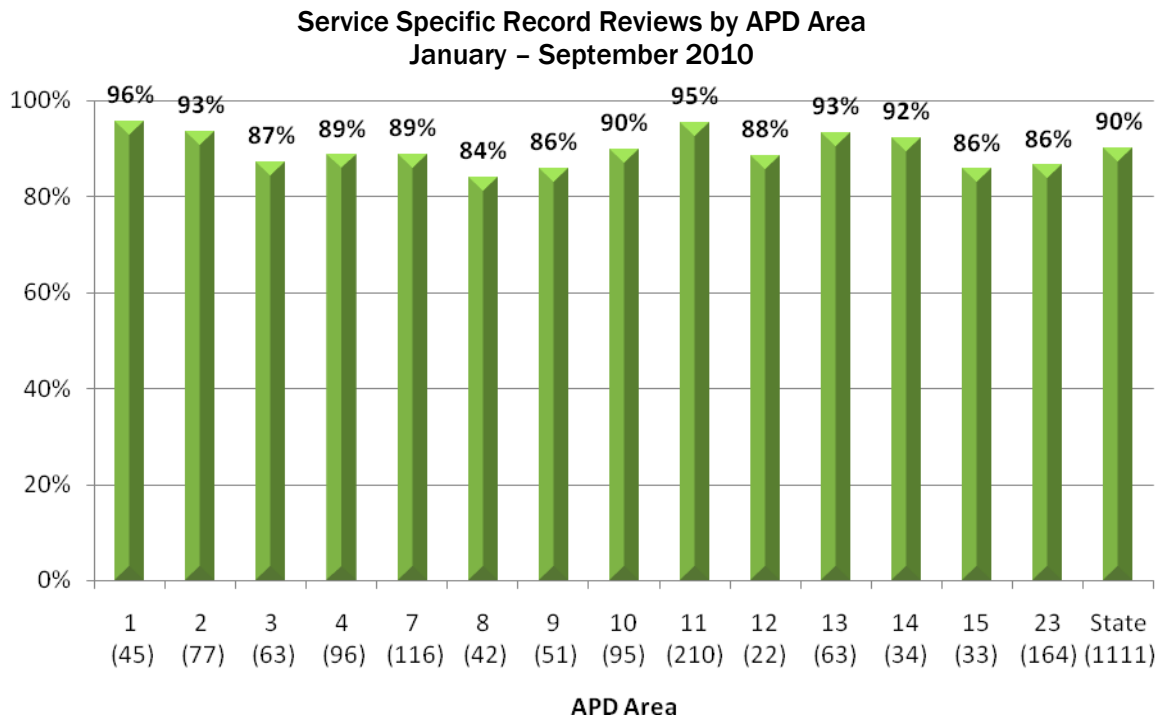
Service Specific Record Reviews (SSRR)

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. For CDC+ participants, a review of the CDC+ Consultant is completed.

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 more extensive PDR and includes a sample of additional records. PDR results to date indicate a degree of variation across the Areas, from a low of 84 percent for providers in Area 8 to a high of 96 percent for providers in Area 1.⁶

Figure 5: Person Centered Reviews

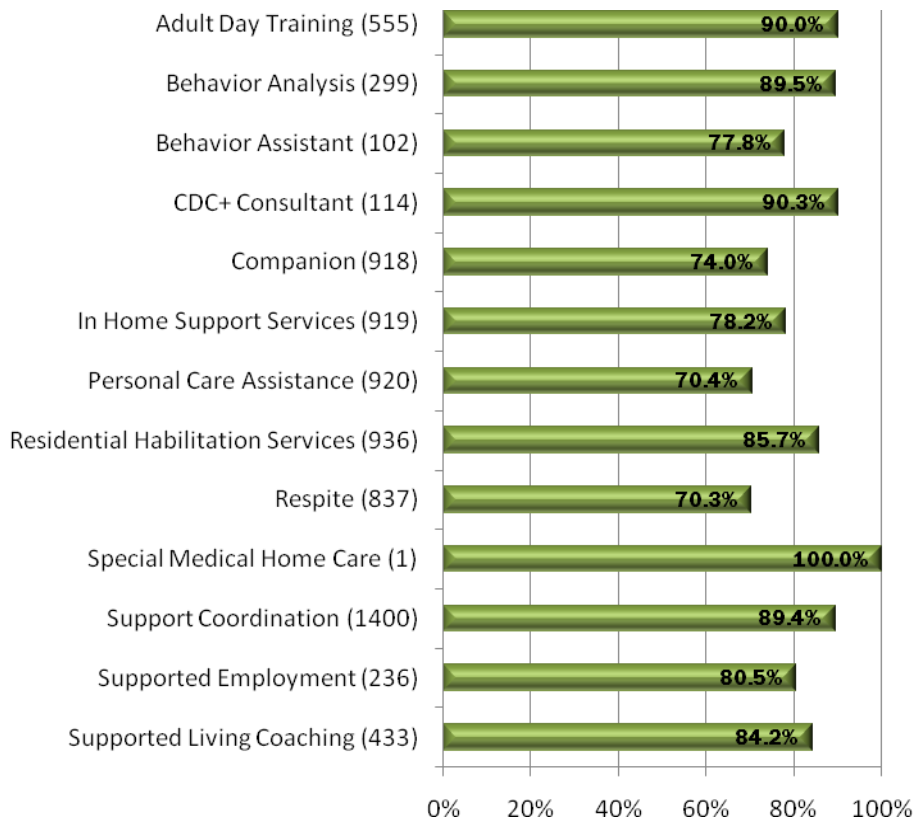
⁶ Results for full sample will be presented in the Annual Report.



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, vary somewhat. Record reviews for individuals receiving Companion, Personal Care Assistance, and Respite services averaged a score below 75 percent.

Figure 6: Person Centered Reviews

**Service Specific Record Reviews by Service
January – September 2010**



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. 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 third quarter of the year was 70 percent.

CDC-R results for each standard are presented in Attachment 4. Representatives scored 80 percent or higher on six of the 14 standards and scored 70 percent or higher on an additional four standards. However, only a third of the Representatives (39) had documentation for background screening requirements. Fewer than 65 percent of Representatives had a signed employer/employee agreement for each directly hired employee and fewer than 65 percent had a signed Corrective Action Plan, if applicable.

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. Key indicators reflect the following:

- Results for DD Waiver and CDC+ participants were analyzed separately, but showed very similar outcomes.
- Most individuals had been to the doctor at some time over the 12 months previous to the interview (98%).
- While approximately 83 percent of individuals indicated having a dentist, only 76 percent indicated having been to the dentist in the past year. At the same time, 11 percent of DD waiver and 15 percent of CDC+ participants reported problems with teeth.
- Approximately 19 percent of individuals on a DD waiver and 16 percent of CDC+ participants had been to the emergency room in the previous 12 month period and approximately 12 percent of individuals had been admitted to the hospital, about the same for both groups.
- Approximately 424 individuals interviewed reported having health problems.

NCI Consumer Survey Results for Focused Areas

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 5. 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 (Attachment 5).

Positive responses include only responses that indicate the person was primarily responsible for the decision. For example, if the person had "some input" that is not included. Therefore, results adhere to a conservative definition. Findings from the NCI analysis indicate the following:

- Only 5.1 percent of individuals indicated having excellent health but approximately 64 percent self-reported fairly good to excellent health. Approximately 33 percent of individuals indicated poor health.
- 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 5)). Results indicate less than half (45.8%) of the choice indicators showed a positive response.

- The average score for Community Inclusion was only 64.1 percent. While individuals do report they can go out to go shopping (90.1%), to see family (86.0%), or to a restaurant or café (86.0%), only 147 individuals (17%) have a job in the community and 214 (27%) have a volunteer position somewhere, and fewer than half appear to go to religious services or go on vacation.
- Individuals were most likely to score positively on issues of safety and rights.

Table 4: 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	4,563	16.5%	9.5%	74.0%
Choice	8,069	23.8%	30.4%	45.8%
Health*	1,088	32.6%	53.5%	4.6%
Safety	2,611	3.2%	8.1%	88.7%
Rights	6,189	8.9%	4.2%	86.8%
Community Inclusion	11,200	32.3%	3.7%	64.1%

*Health categories are Excellent, Fairly Good, and Poor.

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, this preliminary 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 between January and September, 2010.⁸ On average, Individual Involvement scores are just over 60 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.

⁷ See Attachment 6 for a list of indicators used to create each measure.

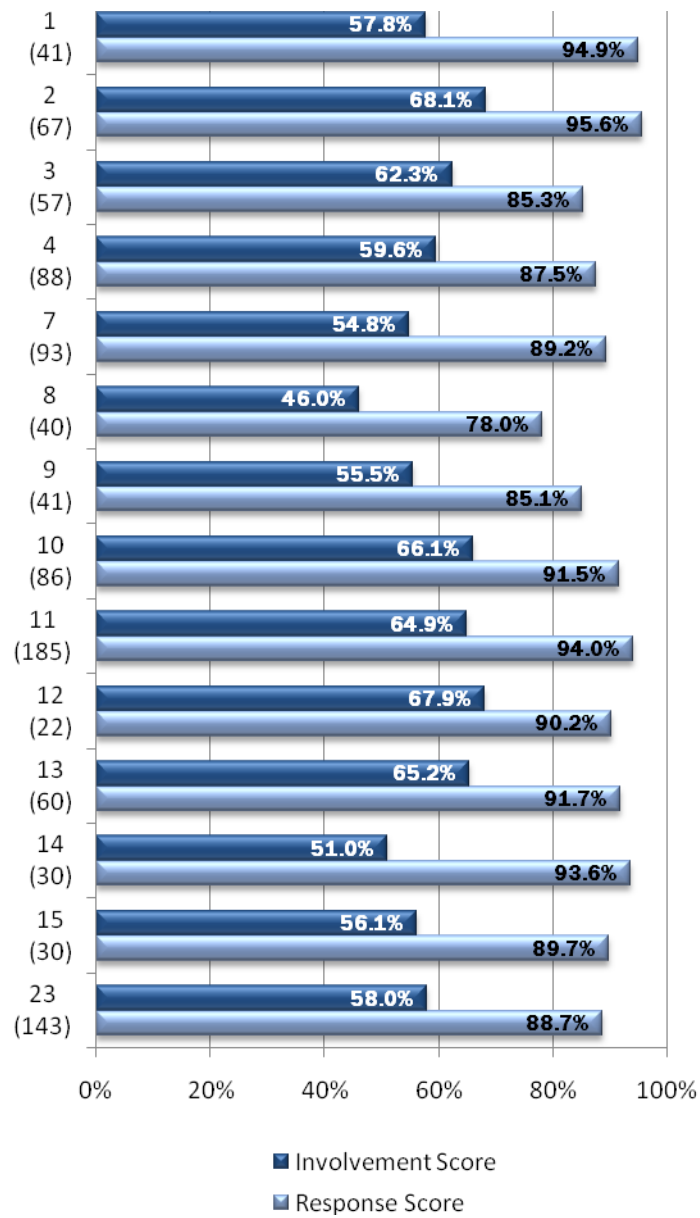
⁸ Results are preliminary. The measures may be modified based upon AHCA and APD input.

Table 5: Individual Involvement and System Responsiveness			
January - September 2010			
Funding Source	Number PCRs	Involvement Score	Response Score
DD Waiver	983	60.6%	90.2%
CDC+	90	58.1%	92.1%
Total	1,073	60.4%	90.2%

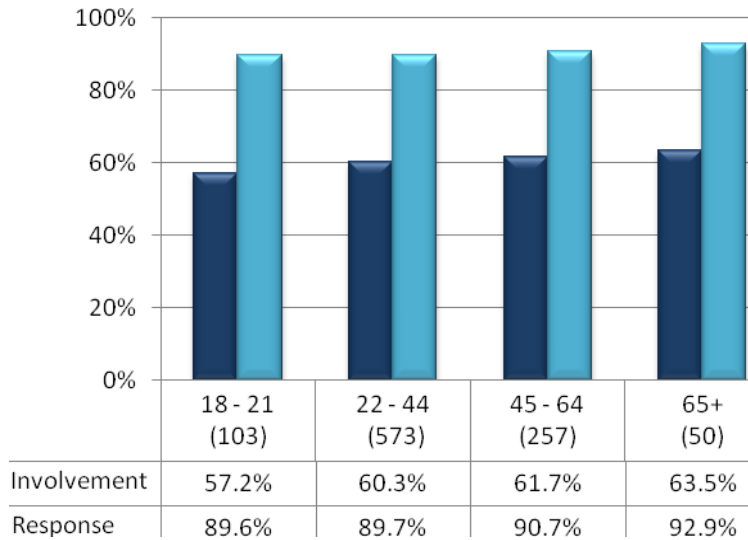
The following figures provide an overview of the Involvement and Response measures by APD Area, age group, residential setting, and primary disability. Results are presented for DD waiver participants only. A summary of findings indicates the following:

- There is some variation across the Areas in how well systems respond to individuals' needs, from a low of 78 percent in Area 8 to a high of 95.6 percent in Area 2. However, Area 8 is the only Area with a score below 80 percent.
- Variation across the Areas regarding the individual's participation in the process is greater, from a low of 46 percent in Area 8 to a high of 68 percent in Area 2.
- Four Areas (7, 8, 9, and 14) reflected an Individual Involvement score of approximately 55 percent or lower.
- There appears to be a small but steady increase in the degree of individual involvement in decisions as age increases, from 57 percent among individuals age 18 to 21 to over 63 percent for elderly individuals age 65 or over.
- 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 $p < .000$).
- Only 34 individuals were identified with Autism as their primary disability. However, for these individuals, the degree of participation in decisions appears to have been significantly less than for individuals with any other developmental disability (significant at $p < .000$).

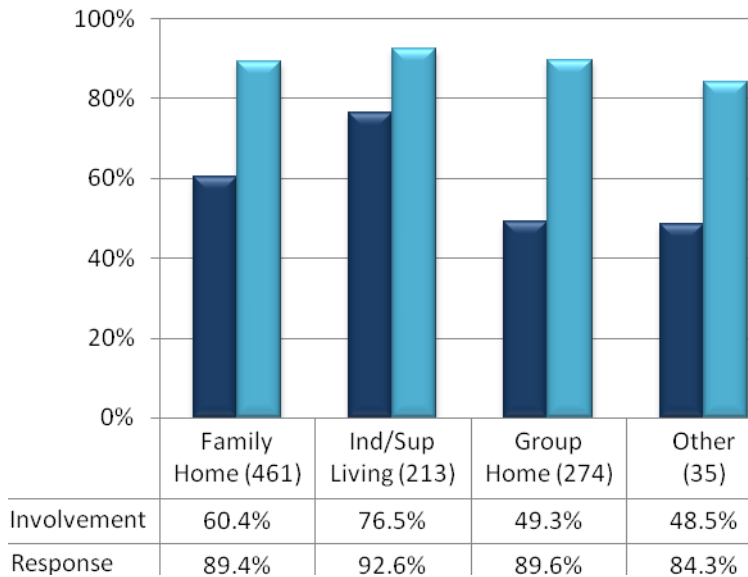
**Figure 7: Person Centered Reviews
 Individual Involvement and System Response by APD Area
 January - September 2010**



**Figure 8: Person Centered Reviews
Individual Involvement and System Response by Age Group
January - September 2010**

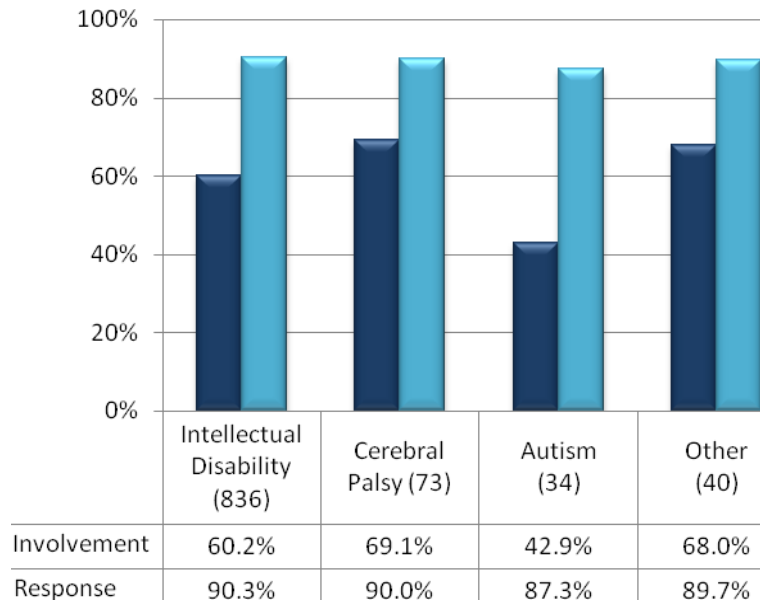


**Figure 9: Person Centered Reviews
Individual Involvement and System Response by Residential Setting⁹
January - September 2010**



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

**Figure 10: Person Centered Reviews
Individual Involvement and System Response by Primary Disability¹⁰
January – September 2010**



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 1,717 PDRs were completed and approved by Delmarva management during the first three quarters of the year, January – September 2010.

The distribution of PDRs by APD Area is presented in Table 6 for the first three quarters of the contract year. Providers reviewed up through September 2010 served over 25,200 DD Waiver participants, an

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

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.

average of about 15 per provider, and an additional 497 CDC+ participants. Forty five 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.

Table 6: Provider Discovery Review Activity				
January - September 2010				
APD Area	Number of PDRs	Waiver Participants Served*	CDC+ Participants Served*	Non-Compliant Providers
1	34	1281	24	0
2	140	1210	23	5
3	109	1827	23	7
4	199	2131	85	5
7	153	2296	63	8
8	73	1188	26	1
9	63	1012	11	0
10	135	1880	96	1
11	255	3631	51	6
12	71	818	1	0
13	124	1588	7	5
14	41	1148	18	0
15	115	1023	11	0
23	205	4239	58	7
Total	1,717	25,272	497	45

* 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

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

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.

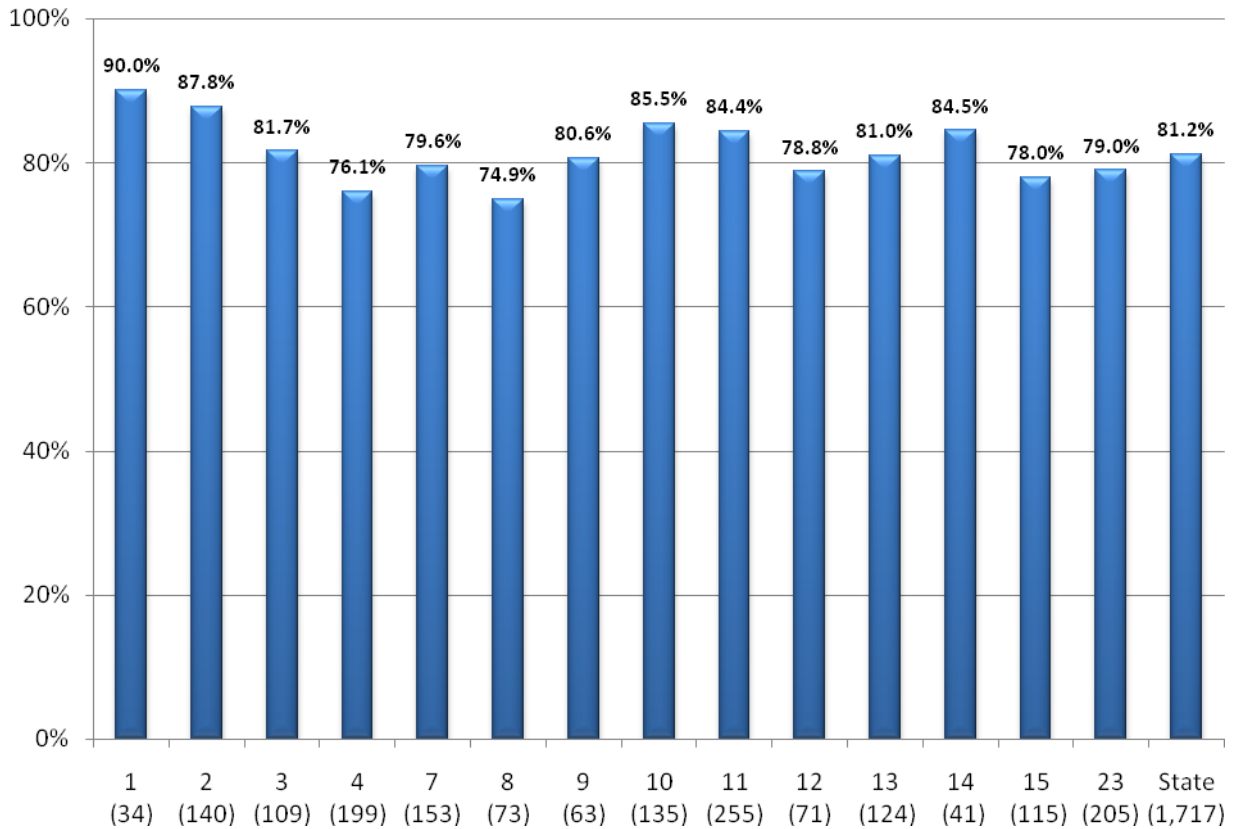
A description of each Standard scored within the Policy and Procedure component of the PDR is shown in Attachment 7, with the statewide average score for each Standard presented. A summary of the data includes the following:

- 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 licensing of vehicles and drivers.
- While 80 percent of providers had a written policy to address grievances, only 68 percent of providers maintained a log of all grievances, 66 percent had evidence of teaching individuals about the policy, and only 55 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, 42 percent and 49 percent respectively.
- Provider performance monitoring and reviewing projected service outcomes ranged from 66 percent compliance for providers of Adult Day Training to 41 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 11. Scores range from a low of 75 percent in Area 8 to a high of 90 percent in Area 1, with a statewide average of 81 percent compliance. Areas 4, 8, 12, 15, and 23 currently show compliance rates of less than 80 percent.

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

**Figure 11: Provider Discovery Reviews
 Average Policy and Procedure Scores by APD Area
 January – September 2010**



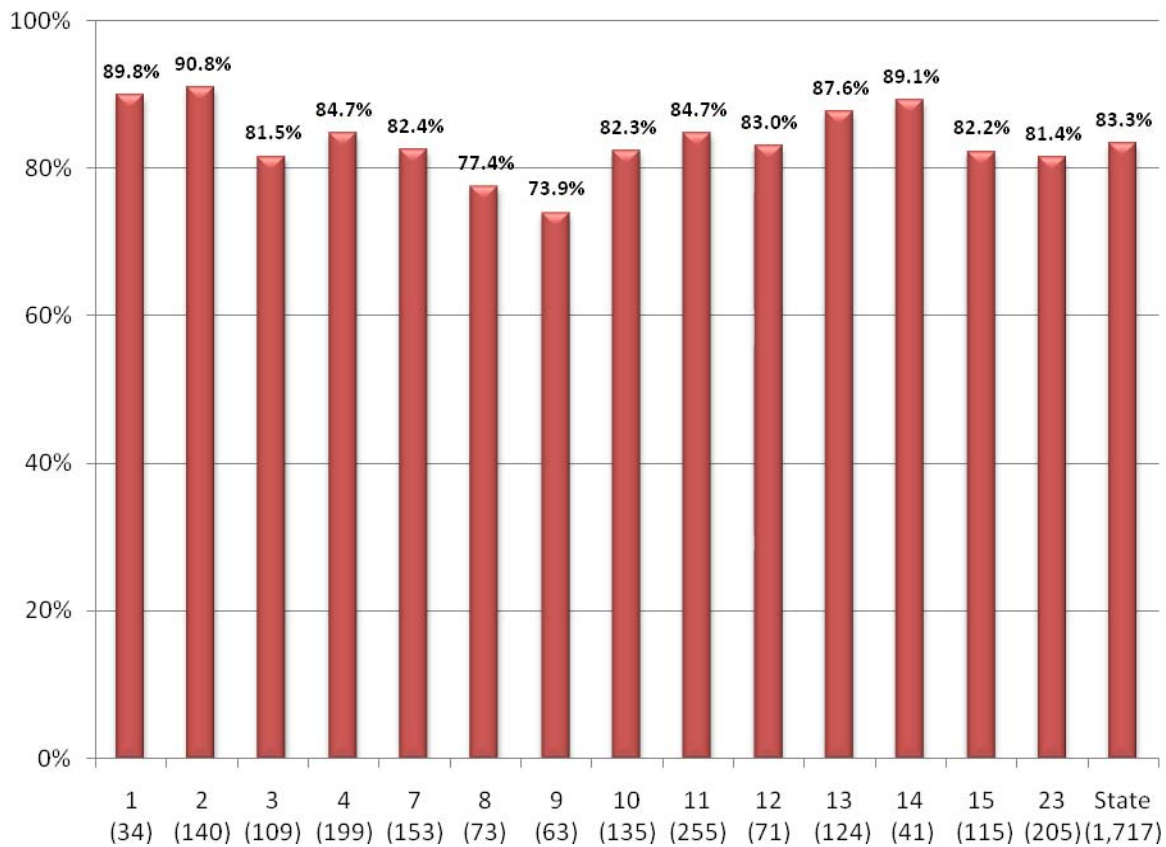
Training Requirements

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 8, with the statewide average score for each Standard presented. A summary of the data includes the following:

- On average, scores on the Training Standards ranged from a low of 71.4 percent to 98.4 percent.
- 13 standards reflect over 90 percent compliance and an additional 11 standards showed between 80 percent and 89 percent compliance.
- Providers were least likely to have received the annual in-service related to ADT (71.4%).

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 74 percent compliance in Area 9 to a high of 91 percent in Area 2, with a somewhat higher statewide average than for the Policy and Procedure component of the PDR, 83 percent compared to 81 percent respectively. However, only two Areas (8 and 9) scored the Training component below 80 percent.

**Figure 12: Provider Discovery Reviews
 Average Training Scores by APD Area
 January - September 2010**



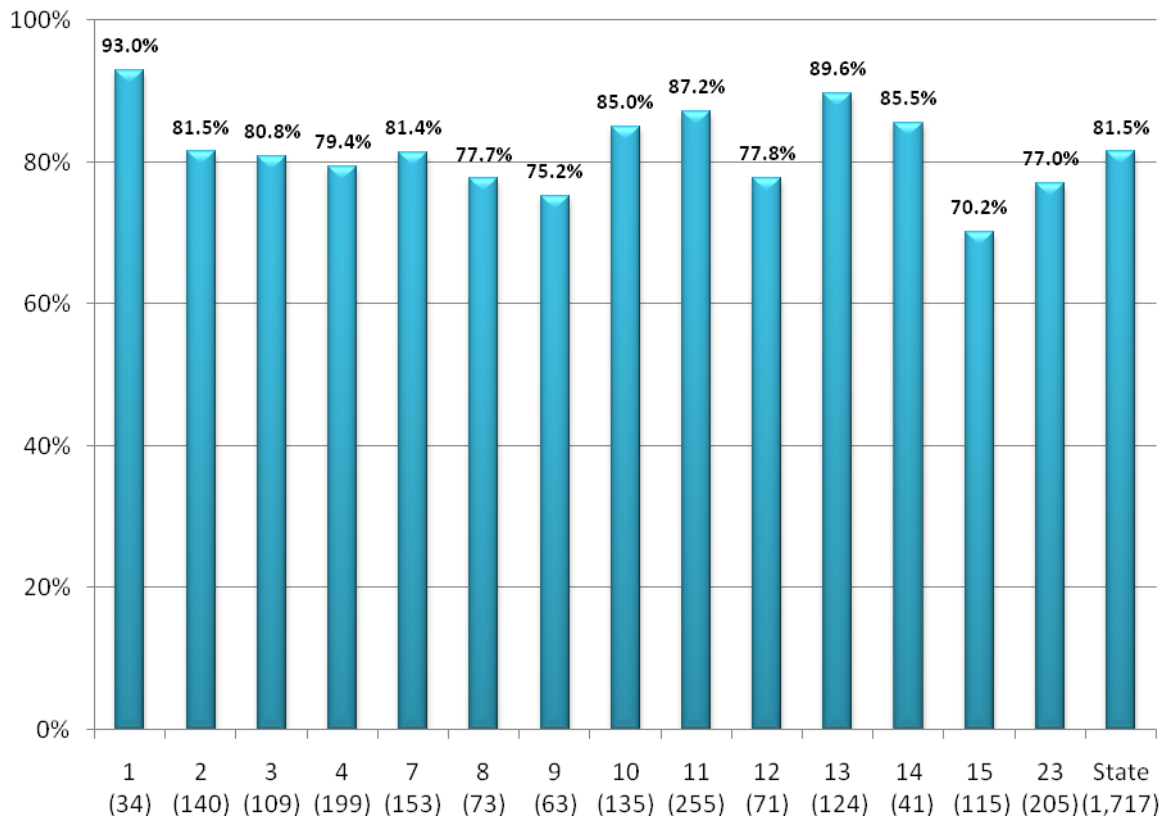
Service Specific Record Review Results (SSRR)

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 13 indicate the statewide average compliance rate for the SSRR component of the Provider Discovery Review is approximately 81 percent. Six Areas show a provider performance rate of less than 80 percent. Scores range from a low of 70 percent in Area 15 to a high of 93 percent in Area 1. This statewide average is somewhat lower than the SSRR results from the PCR, of approximately 90 percent.

**Figure 13: Provider Discovery Reviews
Average Service Specific Record Review Scores by APD Area
January – September 2010**

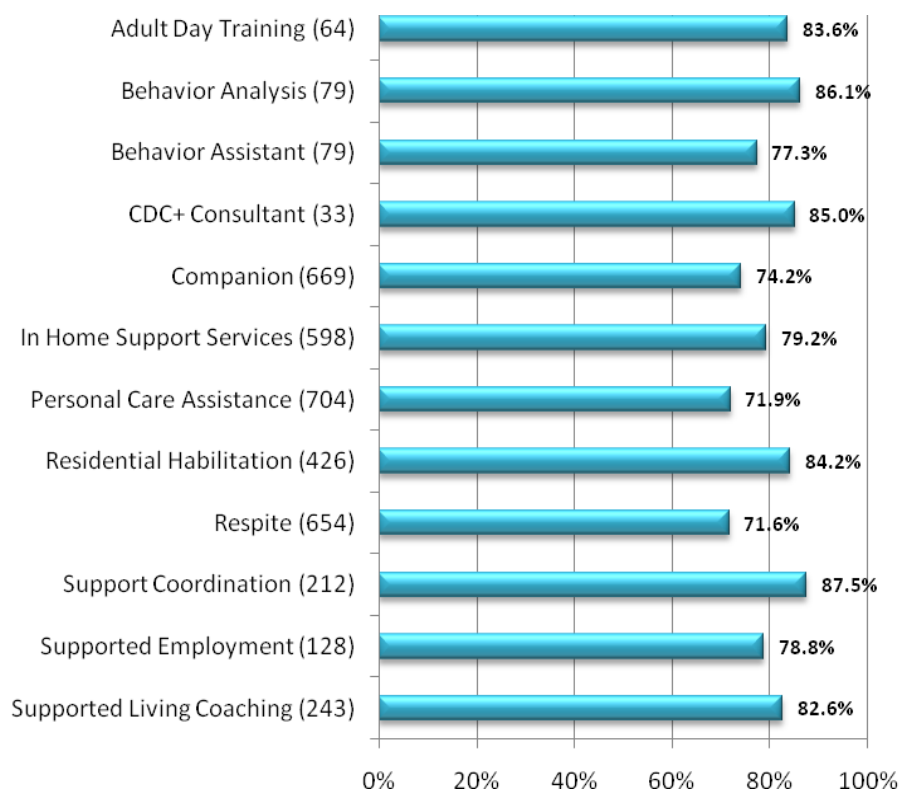


Results by service are presented in Figure 14. It is important to note that providers generally offer more than one service. Therefore, each provider may have results included in various SSRRs.

- Providers offering Respite or Personal Care Assistance were least likely to be in compliance with standards specific to the service, 71.6 percent and 71.9 percent respectively.

- In addition to Respite and PCA, four other services reflect a provider performance compliance rate of less than 80 percent: Behavior Assistant, Companion, In Home Support Services, and Supported Employment.
- Providers of Behavior Analysis and Support Coordination were most likely to be in compliance with the service specific standards.

**Figure 14: Provider Discovery Reviews
 Average Service Specific Record Review Scores by Service
 January - September 2010**



Observation Results

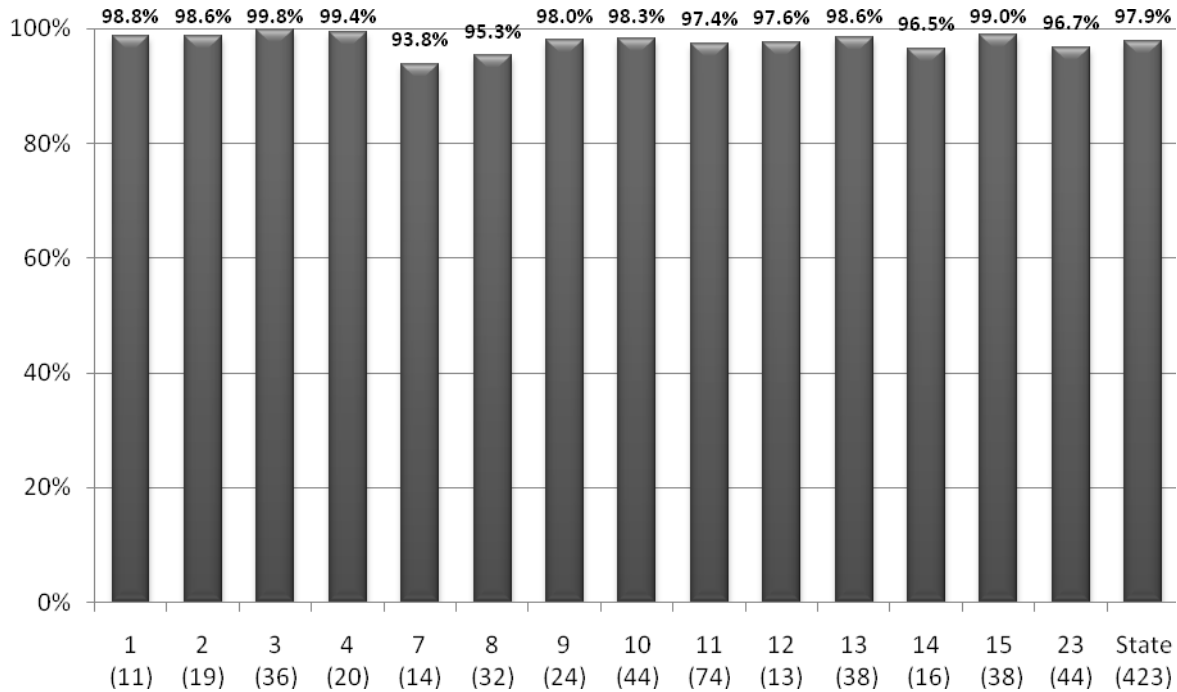
Delmarva reviewers conduct onsite observations of up to 10 group homes when reviewing providers of Residential Habilitation. For Adult Day Training facilities, all locations operated by the ADT providers receive an onsite observation. During this portion of the PDR process, reviewers observe the physical facility and also informally interview staff, residents, and ADT participants as needed and as possible. Between January and September 2010, Delmarva reviewers conducted observations at 69 ADTs and 610 group homes,

a total of 679 locations (Table 6). The ADTs served a total of 1,675 individuals, an average of about 24 per facility. The 610 group homes were operated by providers who served a total of 2,635 individuals.

Table 6: Provider Discovery Review				
Number of Locations Observed by Area				
January - September 2010				
APD Area	Adult Day Training		Residential Habilitation	
	Locations	Served	Location	Served
1	4	92	21	47
2	4	119	26	127
3	2	39	50	220
4	14	136	27	144
7	3	7	28	149
8	1	56	36	127
9	2	83	32	143
10	1	13	72	303
11	13	503	120	516
12	1	28	16	66
13	4	67	58	237
14	8	189	27	149
15	4	116	44	152
23	8	227	53	255
State	69	1675	610	2635

The average PDR Observation scores for each APD Area and statewide are presented in Figure 15, with the total number of PDRs completed that included any observation in parentheses. 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.

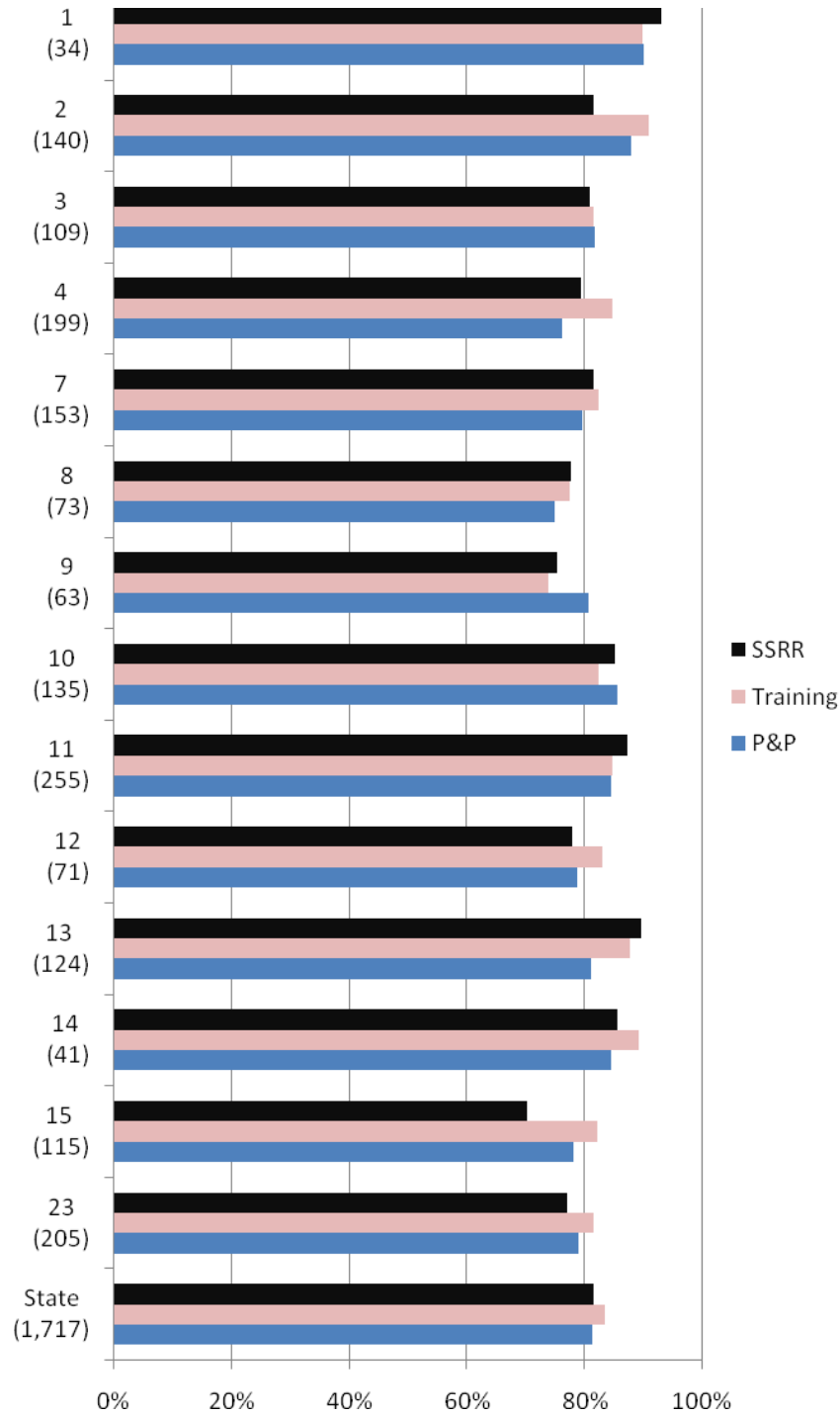
**Figure 15: Provider Discovery Reviews
 Average Observation Scores by Service
 January - September 2010**



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. Areas 2, 4, and 15 have performed considerably better on training requirements than on service specific standards. Providers in Area 9 did much better documenting policies and procedures, and providers in Areas 1, 11, and 13 reflect the best documentation on the service specific standards.

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



Alerts

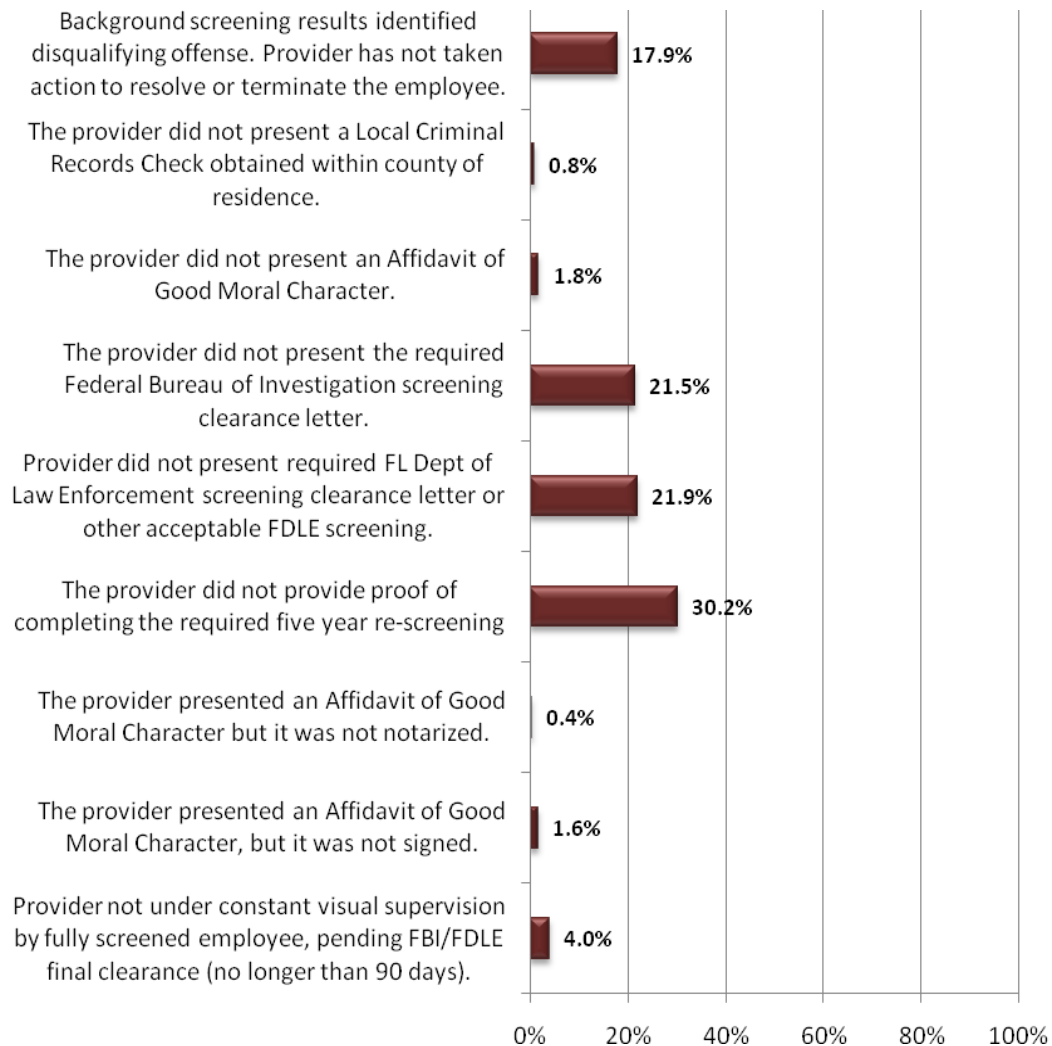
At any time during a review if a situation is noted that could cause harm to an individual, the reviewer immediately informs the local APD office. Delmarva calls the abuse hotline if appropriate, records an Alert in the provider review record, and notifies both the local APD Area office and Central Office. 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 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. However, 52 Health and 123 Safety Alerts have also been documented for providers reviewed up through September 2010.

Table 7: Provider Discovery Reviews				
Number of Alerts by APD Area				
January – September 2010				
APD Area	Rights	Health	Safety	Background Screening
1	0	1	1	4
2	0	1	0	28
3	0	2	5	32
4	0	1	3	37
7	0	3	6	43
8	1	10	15	28
9	0	1	18	20
10	4	4	2	34
11	1	5	5	58
12	0	0	9	10
13	0	3	7	29
14	0	3	2	6
15	2	5	23	33
23	1	13	27	65
State	9	52	123	427

While 427 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 1,018 reasons were cited. Figure 17 displays the reason the standard was Not Met for all employee records reviewed for the 427 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.

**Figure17: Provider Discovery Reviews
 Reason Background Screening Not Met (N=1,018)
 January – September 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 two quarters of the contract year:

- 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 8: 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	70	24	34	70.6%	2.9
2	294	109	140	77.9%	2.7
3	194	76	109	69.7%	2.6
4	322	124	199	62.3%	2.6
7	249	78	153	51.0%	3.2
8	251	55	73	75.3%	4.6
9	208	46	63	74.2%	4.5
10	252	73	135	54.1%	3.5
11	179	60	255	23.5%	3.0
12	123	43	71	60.6%	2.9
13	114	41	124	33.1%	2.8
14	104	24	41	58.5%	4.3
15	437	89	115	77.4%	4.9
23	577	142	205	69.3%	4.1
State	3,374	984	1717	57.3%	3.4

Findings from the reviews completed to date this contract year indicate 3,374 recoupment standards were scored as Not Met. This involved 984 providers, or over 57 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 23.5 percent in Area 11 to more than 77 percent in Areas 2 and 15. More than 70 percent of providers reviewed in Areas 1, 2, 8, 9, and 15 had at least one potential recoupment.

Section III: Discovery

Findings in this report reflect data from PCR and PDR review activities from January through September 2010. A total of 1,111 PCRs and 1,717 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 or process improvement efforts.

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. Results to date indicate that on average individuals have 84 percent of the III standards present in their lives. However, results in Area 7 and 8 appear to be relatively low on this portion of the PCR, particularly for the 40 individuals interviewed in Area 8. III results also indicate that approximately 292 individuals (29.3%) were not developing desired community social roles, a vital aspect of Home and Community Based Services.

Results to date from the National Core Indicators Consumer Survey indicate that while the majority of individuals self reported as being in fairly good to excellent health, over 36 percent indicated having poor health. Individuals appear to be scoring quite well on indicators of rights and safety. Few (20, 2.7%) indicated they were ever afraid at home, in their neighborhoods (25, 3.4%), or at work (14, 2.4%), and if they did feel afraid most knew who to go to for help (91.4%). Most individuals indicated people at their job (81.5%), day program (95.4%), or in their homes (92.8%) are polite to them, and they feel they have privacy at home (90.7%).

However, from the data collected to date, there may be issues surrounding choice for individuals on the DD waivers: for 406 individuals (43.8%) someone else chose where they live; 384 individuals (42.4%) indicated they did not choose with whom they were living; and 198 individuals (46.5%) indicated someone else chose their support coordinator for them. NCI data support the III results regarding community inclusion, with an average score of 64 percent. Most individuals did not have a job in the community and most did not have a volunteer position.

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. Based on data from the III, community involvement was least likely to be present for individuals. 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.

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 individual in family homes or independent/supported living settings than in group homes.

Only 118 individuals on the CDC+ program participated in a PCR. These individuals had very similar results on the Health and Behavioral Assessment and a slightly higher percent of III standards present in their lives. The CDC+ participants used in the analysis of individual involvement and system response showed results very similar to individuals on the DD waivers. 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 to date from the 1,717 PDRs conducted through the end of September 2010 indicate providers are performing, on average, about the same documenting their Policies & Procedures, Training requirements, and Service Specific requirements: 81.2 percent, 83.3 percent and 81.5 percent compliance respectively. However, there is quite a bit of variation across the Areas and across the standards. Providers scored 80 percent or higher on 15 of the Policy and Procedure standards. However, 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 450 providers had not updated their policies and procedures in a timeframe required in the Medicaid Handbook.

In addition, while the SSRR results statewide show 81 percent compliance, results for providers of Respite and Personal Care Assistance, to date, are lower, with only 71.6 percent and 71.9 percent respectively. Providers offering Companion services also scored this relatively low, with 74 percent compliance.

Of the 1,717 providers who participated in a PDR, 427 received a citation for not having proper documentation to support completion of required background screening procedures. Most of the employees cited were missing their 5-year rescreening, the FDLE clearance letter, or the FBI screening clearance letter. In addition to the background screening alerts, 123 safety alerts were reported.

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 1,717 providers who completed the PDR process, Over 57 percent were reported with at least one recoupment item. In five Areas (1, 2, 8, 9, and 15) 70 percent or more of the providers reviewed to date this year received a recoupment citation.

Attachment 1: Area Quarterly Meetings

July - September 2010

Date	Area	Summary
08/16/2010	1	<p>APD Participants: Walt Wooten, Joanne David, Rose Salter, Donna Ross, Allie Stanley RN & Anna Marie McArthur</p> <p>Delmarva Participants: Theresa Skidmore & Kathryn Harkleroad</p> <p>Brief Summary: Discussion was held regarding Review Activity, what's been done so far and trends being identified. Procedures for Alert Reporting and Non-Compliance were reviewed. In addition, substantial time was spent reviewing a sample PCR & PDR report, discussing the scoring methodology and how Area office staff can search and access reports on the website.</p>
09/30/2010	2	<p>APD Participants: Cheryl Smith, Floyd Booth, Nilda Barreto, Cydeon Trueblood, Kristin Brandon, Marnie, Millender, Deborah McQueen RN, Lynne Daw and Regina Schouest & Kathy Roberts participated via phone.</p> <p>Delmarva Participants: Theresa Skidmore, Sandra Rowe & Kara Cowart</p> <p>Brief Summary: Agenda items included alert reporting, report corrections & reconsiderations, Area office notification of scheduled reviews, accessing reports on the web site, and CDC+ Representatives reviewed as a PDR. Review activity for the past quarter was discussed. Delmarva Reviewers shared identified trends and answered questions on the review process. Data from the Second Quarter Report were reviewed.</p>
08/09/2010	3	<p>APD Participants: Vernita Hughes, Jane McFarland, Jennifer Valenzuela, Lucy Degenhardt RN, Steve Malu, Cynthia Tyson, Synester Rollins & Jim Smith</p> <p>Delmarva Participants: Theresa Skidmore, Gwen Williams and Mark Williams</p> <p>Brief Summary: Discussion regarding review activity, what's been done so far and what trends are being identified. The procedures for alert reporting and non-compliance were reviewed. Substantial time was spent reviewing a sample PCR & PDR report, discussing the scoring methodology and how Area office staff can search and access reports on the website. Also discussed the first Quality Council meeting held in July. Area 3 has two Self Advocates on the Council.</p>

Date	Area	Summary
8/16/2010	4	<p>APD Participants: Terry Mothershed Neuman, Sherndina Moreland, Cathy Guiry, Nicole Francis, Chris Crusciel, Conchetta Wilcox, Kerry Wimberly Pledger, Patty Smith</p> <p>Delmarva Participants: Janice Newman, Beth Townsend</p> <p>Brief Summary: Agenda items included provider changes (newly enrolled, terminations/resignations) and paper v electronic documentation (what is allowed to be stored electronically). The May 2010 Handbook has been promulgated but the effective date is still under discussion. Area 4 is receiving calls from providers regarding the PCR and PDR reports and they indicate a need for more detail regarding the Not Met Reasons. They shared with us their spreadsheet for tracking PDR citations and the letter they send to providers following their review. Area 4 was recently told of an AHCA rule that prohibits 3 or more unrelated people living together in an unlicensed home. This may have an impact on provider performance. Area 4 indicated they like that Delmarva has asked about any concerns regarding providers with deemed status. Next meeting is scheduled for 11/15/2010</p>
7/9/2010	7	<p>APD Participants: Merari Perez, Carol Solomon, Mary Martin, Grisela Hernandez, Andrea Currence, Sharon Jennings</p> <p>Delmarva Participants: Beth Townsend, Charlene Henry, Cheryl King, Brenda McConnell</p> <p>Brief Summary: Discussion began with feedback regarding the new Discovery process; both providers and the Area 7 office have positive feedback. Walked through the process, including scheduling, sampling, non-compliance procedures, and alert reporting. Reviewers shared anecdotal information regarding provider performance seen so far. Delmarva identified providers soon to be reviewed about whom which Area 7 may have concerns. Also discussed whether providers being scheduled are also under MPI/MFCU investigation. Next meeting: 10/08/2010</p>

Date	Area	Summary
9/14/2010	8	<p>APD Participants: Marcia Vollmar, Todd Ryan, Jeff Smith, Diane Whisman, Beverly Benkhatar and Dennis Coppola.</p> <p>Delmarva Participants: Kristin Allen and Carol Taylor</p> <p>Brief Summary: Agenda items included follow-up from previous meeting, status of reviews/reports/notification letters, APD review notification process, feedback on reports and the process, process for non-compliant providers and alert/recoupment reporting procedures. APD staff shared information regarding the Americore Grant and how Area 8 will be impacted. Next quarterly scheduled for 12/15/10 at 10am in Fort Myers.</p>
	9	Rescheduled for 4 th Quarter
7/21/2010	10	<p>APD Participants: Martha Martinez, David Gillis, Connie Wadsworth, Heidi Torro</p> <p>DFMC Participants: Anna Quintyne, Carol McDuff</p> <p>Brief Summary: Discussion on new PDR and PCR Review System, Area trends, DFMC trends, and possible future training needs.</p>
7/21/2010	11	<p>APD Participants: Kirk Ryon, Lourdes Delgado</p> <p>DFMC Participants: Janet Tynes, Carol McDuff</p> <p>Brief Summary: Discussion on new PDR and PCR Review System, Area trends, DFMC trends, and possible future training needs.</p>
7/16/2010	12	<p>APD Participants: Ed DeBardleben, Sandra Mills, Vanessa Carter, Patrick Burwell, Linda Basbagill-Burris, Dylan Gale, Jonathan Wells</p> <p>Delmarva Participants: Beth Townsend, Charlene Henry, Shiela Butler, Gary Baird</p> <p>Brief Summary: Agenda items included feedback to the Area office and Delmarva on the new Discovery process, which was positive. Area 12 gave an update regarding providers (newly enrolled, terminated, resignations). Delmarva gave the Area office a walk-through of the Discovery process, including tools and application. Reviewers shared anecdotal evidence on common areas of provider performance that need improvement. Discussed training, i.e. the gap between the end of POM training and implementation of Person Centered Planning training; the effective date of HIV/Infection Control accepted as part of Direct Care Core Competency; Choice and Rights; train-the-trainer update for Zero Tolerance and Direct Care Core Competency. Next meeting: 10/15/2010</p>
09/27/2010	13	<p>APD Participants: Wayne Perry, Joyce Leonard, Priscilla Weeks, Mary Nally RN, Aquinette Harrison, Karen Eramo, Patricia Morse & Clarence Lewis.</p>

Date	Area	Summary
		<p>Penny Taylor & Laurie Ragan also Attended form AHCA/MPI</p> <p>Delmarva Participants: Theresa Skidmore, Mark Williams & Kathy Silfies</p> <p>Brief Summary: Agenda items included 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 and Training Standards from the review tools were discussed. Since AHCA personnel with Medicaid Program Integrity unit were in attendance, substantial discussion was held concerning recoupment and provider updates/concerns. Review activity for the past quarter was discussed. Delmarva reviewers shared identified trends and responded to questions on the review process. Data from the Second Quarter Report were reviewed.</p>
9/9/2010	14	<p>APD Participants: Heather Monteath, Jeanette Estes, Carla Bettis, Connie Miller and Melody Taylor</p> <p>Delmarva Participants: Kristin Allen and Christie Gentry</p> <p>Brief Summary: Agenda items included follow-up from previous meeting, status of reviews/reports/notification letters, APD review notification process, feedback on reports/process, process for non-compliant providers, current trends and alert/recoupment reporting procedures. APD staff shared information regarding the Americore Grant and how Area 14 will be impacted. APD also shared that as of the previous week APD staff has been instructed by central office to cease all recoupment efforts. Next quarterly scheduled for 12/9/10 at 10am in Lakeland.</p>
7/14/10	15	<p>APD Participants: Peter Karlan, Ashley Cole, Sandra Cain</p> <p>Delmarva Participants: Carol McDuff</p> <p>Brief Summary:</p> <ol style="list-style-type: none"> 1) Discussion on new PDR and PCR Review System 2) Area trends 3) DFMC trends 4) Possible future training needs
9/8/2010	23	<p>APD Participants: Geri Williams, Laurie Harlow, Marcia Digrazia, Judith Redding, Ryan Oetinger, Kim Wojick, Anne Hendon, Kim Houston and Eileen O'Brien.</p> <p>Delmarva Participants: Kristin Allen, Robyn Moorman, Krista McCracken and Christie Gentry.</p>

Date	Area	Summary
		<p>Brief Summary: Agenda items included follow-up from previous meeting, status of reviews/reports/notification letters, APD review notification process, feedback on reports/process/tools, process for non-compliant providers, current trends and alert/recoupment reporting procedures. Ms. Geri Williams was introduced as the new Quality Improvement Administrator. APD staff shared information regarding the Americore Grant and how Area 23 will be impacted. APD also shared that as of the previous week APD staff has been instructed by central office to cease all recoupment efforts. Next quarterly scheduled for 12/8/10 at 1pm in St. Pete.</p>
<p>Other Contacts/Meetings</p>		
Date	Area	Summary
<p>10/02/2010</p>	<p>13</p>	<p>What: APD Quarterly Waitlist Forum Who attended: Regional Manager Theresa Skidmore Brief Summary: Delmarva set up a table, provided information and answered questions. Event was hosted by APD Area 13, Area 13 family Council & Aaron Nangle with Waiverprovider.com. Attendees included families and individuals receiving services or on the waitlist for services. APD Director Jim DeBeaugrine spoke to attendees about current issues and future plans of APD.</p>
<p>7/1/10</p>		<p>MCM conference call attended by Linda Tupper</p>
<p>8/4/10</p>		<p>MCM conference call attended by Linda Tupper</p>
<p>8/14/10 – 8/18/10</p>		<p>National DDNA Board of Directors Meeting attended by Linda Tupper</p>
<p>9/1/10</p>		<p>MCM conference call attended by Linda Tupper</p>

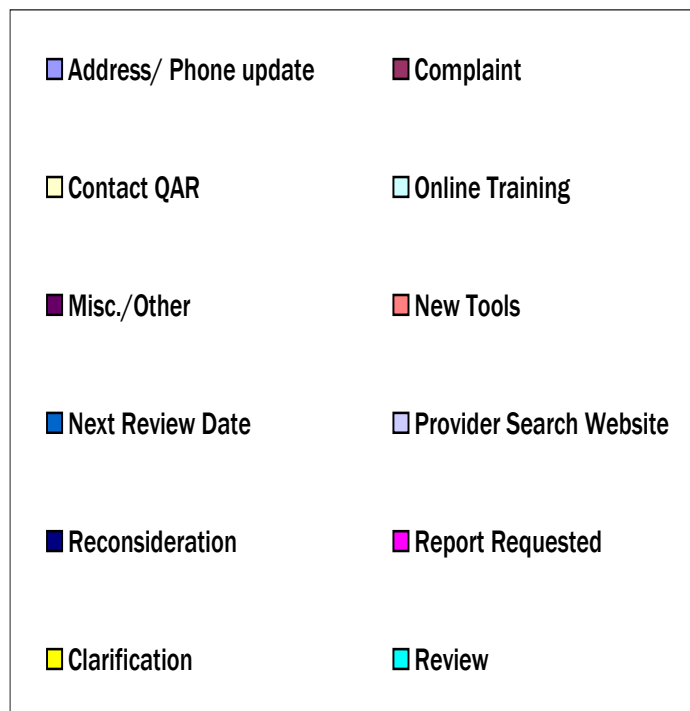
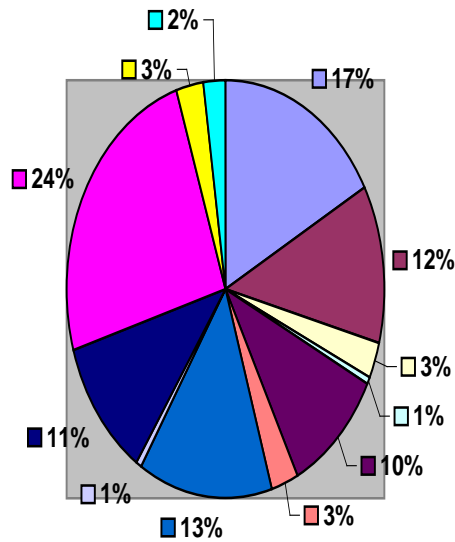
Attachment 2: Customer Service Activity

July - September 2010

Reason for Call	# of Calls	Description	Outcomes/Responses	Average Resolution Time
Address/ Phone update	24	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	17	<ol style="list-style-type: none"> 1. Provider called because not listed on provider search website. 2. Concern about QAR. 3. Provider Concerns and Individual Concerns 	<ol style="list-style-type: none"> 1. Forwarded to Reg. Mgr. and spoke with IT. Issue was resolved that day. 2. Reg. Mgr. called provider to discuss. 3. Various issues assigned to Manger 4. Reg. Mgr. called back and assigned a new QAR 	1 Day
Contact QAR	4	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	14	Miscellaneous Questions to receptionist/admin.	Answered or directed to correct reg. mgr. for answer.	1 Day
New Tools	4	Providers/People calling to get access to online tools, etc.	Referred to website or faxed information.	1 Day

Reason for Call	# of Calls	Description	Outcomes/Responses	Average Resolution Time
Next Review Date	19	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
Provider Search Website	1	New providers calling about getting listed on website.	Spoke with Information Technology and added if provider was missing.	1 Day
Reconsideration	15	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	35	Providers requesting to get copy of reports.	Copies were sent or provider was referred to online access.	1 Day
Clarification	4	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
Review	3	Question regarding Review	Answered or forwarded to QAR for answer.	1 Day

Type of Call Placed to Customer Service July - September 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, 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:

¹⁵ 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.¹⁶

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

¹⁶ 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 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

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.

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: CDC+ Representative Results by Element January – September 2010

Standard	Pct Met
Complete and signed Participant/Representative Agreement is available for review. <i>CDC+ Participant Notebook v. 3.0 p. 31</i>	70.2%
Receipts and Detailed Monthly Logs for Cash Purchases are available for review. <i>CDC+ Participant Notebook v. 3.0 p. 95</i>	80.0%
Signed and approved Invoices for Vendor Payments are available for review. <i>CDC+ Participant Notebook v. 3.0 p. 92 & 93</i>	86.7%
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>	86.5%
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>	83.9%
Complete Employee Packets for all Directly Hired Employees are available for review. <i>CDC+ Participant Notebook v. 3.0 p. 62</i>	72.0%
Complete Vendor packets for active Vendors and independent contractors are available for review. <i>CDC+ Participant Notebook v. 3.0 p. 66 & 67</i>	85.9%
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>	33.3%
Complete and signed Job Descriptions for each service provider are available for review. <i>CDC+ Participant Notebook v. 3.0 p. 49 & 63</i>	59.5%
Signed Employee/Employer Agreement for each Directly Hired Employee (DHE) is available for review. <i>CDC+ Participant Notebook v. 3.0 p. 63</i>	64.8%
Signed and approved Purchasing Plan is available for review. <i>CDC+ Participant Notebook v. 3.0 p. 79</i>	82.3%
Copies of Current Support Plan and approved Cost Plan are available for review. <i>CDC+ Participant Notebook v. 3.0 p. 77 & 98</i>	78.1%
Emergency Backup Plan is complete and available for review. <i>CDC+ Participant Notebook v. 3.0 p. 75 & 98</i>	74.8%
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>	64.3%
Total	70.2%

Attachment 5: NCI Consumer Survey Results by Focused Area and Indicator

Question Description	Applicable Responses	Pct Negative	In Between	Pct Positive
1. Achieving Results/Person Centered Approach				
Q3. Do you like working there (job)?	195	31.3%	5.6%	63.1%
Q4. Would you like to work somewhere else?	202	19.3%	8.9%	71.8%
Q8. Do you like going there/doing this activity (day program)?	477	3.4%	5.7%	91.0%
Q9. Would you like to go somewhere else or do something else during the day (day program)?	450	59.1%	10.2%	30.7%
Q13. Do you like your home or where you live?	805	3.7%	7.6%	88.7%
Q14. Would you like to live somewhere else?	767	24.8%	9.6%	65.6%
Q39. If you ask for something, does your case manager/service coordinator help you get what you need?	711	1.7%	7.9%	90.4%
Q79. Do you get the services you need?	956	14.4%	14.6%	70.9%
Total Achieving Results	4,563	16.5%	9.5%	74.0%
2. Choice				
Q61. Who chose the place where you live?	927	43.8%	23.8%	32.4%
Q63. Did you choose the people you live with?	911	42.2%	15.8%	42.0%
Q64. Do you choose who helps you at home?	734	25.9%	32.7%	41.4%
Q65. Who decides your daily schedule?	965	15.9%	30.6%	53.6%
Q66. Who decides how you spend your free time?	955	9.0%	26.3%	64.7%
Q67. Who chose the place where you work?	231	19.0%	24.2%	56.7%
Q69. Do you choose who helps you at work?	163	20.9%	42.9%	36.2%

Question Description	Applicable Responses	Pct Negative	In Between	Pct Positive
Q70. Who chose where you go during the day?	650	24.2%	33.1%	42.8%
Q72. Do you choose who helps you during the day?	671	22.2%	48.9%	28.9%
Q73. Do you choose what you buy with your spending money?	961	12.8%	36.0%	51.2%
Q74. Did you choose your case manager/service coordinator?	901	22.0%	31.5%	46.5%
Total Choice	8,069	23.8%	30.4%	45.8%
3. Health				
BI14. Overall, how would you describe this person's health? (scale)*	987	36.0%	59.0%	5.1%
4. Safety				
Q22. Are you ever afraid or scared when you are at home?	746	2.7%	10.1%	87.3%
Q23. Are you ever afraid or scared when you are out in your neighborhood?	735	3.4%	10.3%	86.3%
Q24. Are you ever afraid or scared at work or at your day program?	594	2.4%	6.4%	91.2%
Q25. If you feel afraid, is there someone you can go to for help?	536	4.5%	4.1%	91.4%
Total Safety	2,611	3.2%	8.1%	88.7%
5. Rights				
Q6. Are the staff who help you at your job nice and polite to you?	124	12.1%	6.5%	81.5%
Q11. Are the staffs at your day program activity nice and polite to you?	458	1.3%	3.3%	95.4%
Q18. Are they (people helping you at home) nice and polite to you?	583	0.7%	6.5%	92.8%
Q19. Do people let you know before they come into your home?	757	5.0%	9.1%	85.9%
Q20. Do people let you know before coming into your bedroom?	756	7.5%	8.5%	84.0%
Q21. Do you have enough privacy at home?	721	9.3%	0.0%	90.7%
Q30. Can you go on a date if you want to?	517	13.3%	13.3%	73.3%

Question Description	Applicable Responses	Pct Negative	In Between	Pct Positive
Q75. Do people read your mail or email without asking you first?	772	14.1%	0.0%	85.9%
Q76. Can you be alone with friends or visitors at your home?	742	17.8%	0.0%	82.2%
Q77. Are you allowed to use the phone and internet when you want to?	759	7.2%	0.0%	92.8%
Total Rights	6,189	8.9%	4.2%	86.8%
6. Community Inclusion / Social Role				
Q1. Do you have a job in the community?	849	82.7%	0.0%	17.3%
Q12. Do you have any volunteer work?	788	72.8%	0.0%	27.2%
Q29. Can you see your friends when you want to see them?	610	9.8%	19.8%	70.3%
Q32. Do you have family that you see?	772	14.0%	0.0%	86.0%
Q33. Can you see your family when you want to?	692	8.1%	18.9%	73.0%
Q42. When you want to go somewhere, do you always have a way to get there?	738	1.5%	22.0%	76.6%
Q54. In the past month, did you go shopping?	967	9.9%	0.0%	90.1%
Q55. In the past month, did you go out on errands or appointments?	961	19.3%	0.0%	80.7%
Q56. In the past month, did you go out for entertainment?	960	27.0%	0.0%	73.0%
Q57. In the past month did you go out to a restaurant or coffee shop?	972	14.0%	0.0%	86.0%
Q58. In the past month, did you go out to a religious service?	955	50.7%	0.0%	49.3%
Q59. In the past month, did you go out for exercise?	972	44.0%	0.0%	56.0%
Q60. In the past year, did you go away on a vacation?	964	53.2%	0.0%	46.8%
Total Community Inclusion	11,200	32.3%	3.7%	64.1%

Attachment 6: 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 7: Provider Discovery Review Policy and Procedures

Policy and Procedure Results by Review Standard (N=1,716)	
January - September 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.	82.8%
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.	81.5%
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).	89.3%
The provider can describe procedures for reporting any rights violations.	92.7%
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.	73.7%
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.	94.9%
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.	80.2%
The provider tracks and addresses medication errors (if administering medication).	86.8%
The provider has written policies and procedures to ensure the smooth transition of the recipient between providers and other supports and services.	79.9%
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.	80.0%
The provider has written policies and procedures to address grievances.	80.4%

Policy and Procedure Results by Review Standard (N=1,716)	
January - September 2010	
Standard	Percent Met
The provider maintains a log of all grievances.	68.2%
The provider has evidence of teaching the individual/legal representative about the grievance policy.	65.7%
Individuals sign the provider's grievance policy within 30 days of beginning services and annually thereafter.	55.4%
The provider has a written policy for conducting self-assessments.	78.7%
The provider has completed a Self Assessment including all required components at least once in the past year.	41.9%
The provider has taken quality improvement actions as a result of the self assessment.	48.5%
The provider maintains a current table of organization, including board of directors (when applicable), directors, supervisors, support staff, and all other employees.	79.0%
The provider tracks and addresses all incident reports.	86.0%
The provider updates policies and procedures in a timely manner.	62.6%
Vehicles used for transportation are properly insured and properly registered.	90.3%
The provider has evidence of monitoring and reviewing projected service outcomes for Adult Day Training.	65.6%
Drivers of transportation vehicles are licensed to drive vehicles used.	97.2%
The provider has evidence of monitoring and reviewing projected service outcomes for Residential Habilitation.	47.4%
The provider has evidence of monitoring and reviewing projected service outcomes for Waiver Support Coordination.	40.6%
The provider has evidence of monitoring and reviewing projected service outcomes for Supported Employment.	50.8%
The provider has evidence of monitoring and reviewing projected service outcomes for Supported Living Coaching.	52.7%

Attachment 8: Provider Discovery Review Training Standards

Training Results by Review Standard (N=1,716)	
January - September 2010	
Standard	Percent Met
The provider meets all minimum educational requirements and levels of experience for Adult Day Training.	88.2%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	98.1%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	87.8%
The provider meets all minimum educational requirements and levels of experience for Companion.	89.5%
The provider meets all minimum educational requirements and levels of experience for In Home Support.	84.3%
The provider meets all minimum educational requirements and levels of experience for Personal Care Assistance.	90.6%
The provider meets all minimum educational requirements and levels of experience for Respite Care.	90.3%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation.	83.2%
The provider meets all minimum educational requirements and levels of experience for Waiver Support Coordination/CDC+ Consultant.	97.4%
The provider meets all minimum educational requirements and levels of experience for Supported Employment.	89.4%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	88.0%
The provider received training in Zero Tolerance.	80.2%
The provider received training in Direct Care Core Competency.	82.5%
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)	72.8%
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)	74.0%

Training Results by Review Standard (N=1,716)	
January - September 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)	76.8%
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	73.9%
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)	76.3%
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)	72.1%
If applicable, the provider received training in Medication Administration per FAC 65G-7.	93.5%
If applicable, the provider has been validated on medication administration per FAC 65G-7.	91.1%
The provider received training in HIV/AIDS. (Infection Control now captured in Core Comp.)	94.1%
The provider received training in Cardiopulmonary Resuscitation (CPR).	93.7%
The provider received 8-hrs of annual in-service related to implementation of individually tailored services specific to Adult Day Training.	71.4%
The provider received 34 hours of Statewide pre-service training.	96.3%
The provider received 26 hours of Area- specific training.	96.3%
The provider received 24 hours of ongoing annual job related training.	92.9%
Provider received a Certificate of Consultant Training from a designated APD trainer.	98.4%
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.	96.5%
The provider has attended an employment-related conference.	76.0%
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 (N=1,716)	
January - September 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.	89.4%