

# **Florida Statewide Quality Assurance Program**

**Year 2 Annual Report**

**January - December 2011**

**Submitted to:**

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

**Prepared by Delmarva Foundation  
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## Executive Summary

In December, the second year of the Florida Statewide Quality Assurance Program (FSQAP) contract was completed, providing oversight processes of provider systems and person centered review activities for individuals receiving services through the Developmental Disabilities (DD) Home and Community-Based Services waivers or the Consumer Directed Care Plus (CDC+) program. Delmarva Foundation, under a contract with the Agency for Health Care Administration (AHCA), conducts Provider Discovery Reviews (PDR) and Person Centered Reviews (PCR) to provide AHCA and the Agency for Persons with Disabilities (APD) information about providers, individuals receiving services, and the service delivery systems. The data in this report reflect results from the second year of review activity, and comparison to Year 1 as appropriate.

Findings to date from PDR activities indicate providers have performed somewhat better than Year 1 in the review areas that cover compliance with Policies and Procedures (up about 6.6 percentage points), Training and Education requirements (up 3 points), and Service Specific requirements (SSRR) (up 3 points). Observations of group homes and Adult Day Training facilities continue to show excellent performance ratings, with an average of 98 percent compliance across the state.

Compliance with maintaining appropriate documentation for self-assessment processes is somewhat low. However, providers have improved in this area since Year 1. Approximately half of the 2,668 providers (representing all services reviewed by Delmarva) who had a PDR were cited with at least one potential recoupment item, 426 (16%) received a background screening alert, and 180 health and/or safety alerts were recorded.

During the year, 316 CDC+ Representatives were reviewed. Compliance on background screening has improved from the Year 1 average of 32 percent to 53.5 percent to date this year. Representatives showed improvement in many areas, including having complete employee and vendor packets, signed corrective action plans and appropriate receipts for goods and services received. CDC+ Consultant results were similar to Year 1.

While provider systems appear to be responding to the needs of individuals (system response of 89%), analysis suggests individuals often do not participate in making decisions about their services or life activities (individual involvement of 57%). Each of these measures is lower than results reflected in Year 1 and CDC+ participants appear to have somewhat less involvement in their life decisions than their DD waiver counterparts. Younger adults (age 18 to 21), individuals living in a group home, individuals with autism, and individuals receiving Adult Day Training appear to be less involved in decisions about their lives.

## Introduction

In January 2010, the Agency for Health Care Administration (AHCA) entered into a contract with Delmarva Foundation to provide quality assurance discovery activities for the home and community based services (HCBS) waivers and the Consumer Directed Care Plus (CDC+) Program administered by the Agency for Persons with Disabilities (APD). Through the Florida Statewide Quality Assurance Program (FSQAP), Delmarva monitors providers rendering services through Developmental Disabilities Home and Community-Based Services waivers (DD waivers) and interviews individuals to help determine the overall quality of their service delivery systems. Individuals receiving services through the Consumer Directed Care Plus (CDC+) program are also interviewed, with record reviews completed for the CDC+ Consultant and Representative.

APD has designed a Quality Management Strategy based on the HCBS Quality Framework Model developed by the Centers for Medicare and Medicaid Services (CMS). Three quality management functions are identified by CMS: discovery, remediation, and improvement. Delmarva's purpose is within the discovery framework. The information from the review processes is used by APD to help guide policies, programs, or other necessary actions to effectively remediate issues or problems uncovered through the discovery process.

Delmarva's discovery process is comprised of two major components: Person Centered Reviews (PCR) and Provider Discovery Reviews (PDR). The primary purpose of the PCR is to determine the quality of the person's service delivery system from the perspective of the person receiving services. The PCR includes an interview with the person as well as a review of records for all providers, including the support coordinator, who are providing services for the individual. The focus of the PDR is to review provider compliance with requirements and standards specified in the Developmental Disabilities Waiver Services Coverage and Limitations Handbook (The Handbook) for the waiver programs. Within the CDC+ program, consultants and representatives are reviewed on the standards set forth by APD and AHCA.

During the fourth quarter of the second contract year, October – December 2011, APD began implementation of the iBudget waiver in Areas 1 and 2. While certain aspects of the delivery of services are different, the iBudget and four other Florida waivers programs (Tier 1 through Tier 4) are very similar. Providers currently abide by the same requirements and specifications for all types of waivers. Individuals receiving services through the iBudget waiver, approximately 37 completed during the quarter, participated in the same PCR process using the same tools as individuals on the Florida waiver programs. These individuals were part of the statewide sample for the PCR and National Core Indicator surveys and are included in the overall results presented in this report.

This is the Fourth Quarter Report for the second year of the FSQAP program, October - December 2011. Information about Delmarva contract activity is presented for the quarter, e.g., workgroup progress and Area Quarterly Meeting updates. However, results from data analysis are presented for the entire year. Year 1

results are also presented as a baseline for comparison, when appropriate. 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

### Internal Quality Assurance Activities

#### Report Approval Process

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

#### Reliability

Seven PDR and seven PCR reliability sessions were conducted in the field during the fourth quarter of Year 2. All reviewers who participated received passing scores.

Three Service Specific Record Review Reliability tests were conducted as “desk reviews” with all reviewers, completing SSRR reliability for the year. All reviewers received an overall passing score of 85 percent or better.

One new reviewer completed the Handbook Modular tests and the Internal Operations Policy and Procedures test and received a passing score.

### 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 fourth quarter, there was a status meeting October 20, November 29, and December 15. Meeting sites for the meeting have rotated among the AHCA, APD and Delmarva offices.

### Area Quarterly Meetings

Quarterly Meetings are held in each Area facilitated by the Delmarva Manager responsible for the Area, with 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, and to update all entities on current activities in the Area. Face to face meetings were held in each APD Area this quarter.

### Workgroups and other Activity

#### CMS Evidentiary Report

Delmarva has worked with AHCA and APD to provide data needed for the CMS evidentiary report for individuals receiving services through the Tier 4 waiver (July 2008 through June 2011). Delmarva has begun the process of developing a Real Time Data Report which will include statewide and Area results for



standards used in the CMS reports. With this, APD will be able to track compliance and provide remediation as well as implement improvement strategies moving forward when appropriate. Work on the RTD report will continue through the next quarter.

### Public Reporting

The Public Reporting Workgroup met October 10 and December 16. Recommended changes to several pages have been forwarded to the website development staff at Delmarva so they will be ready to move forward with revisions as different sections are approved. Relevant IT and website personnel will be included in the next workgroup meeting on February 29, 2012. During that meeting, the agenda will include final approval on the standards and information to include on the website.

### Tool Revisions

Individual Interview Instrument workgroup, facilitated by Theresa Skidmore, continued to meet throughout the quarter. They have each contributed questions/ideas within several different core outcome areas. Moving into the next quarter they will finalize key probing questions and scoring method to present to AHCA and APD for approval by April for a July 1 rollout. Members meet regularly and provide updates of workgroup activity at the weekly manager's meeting, bi-weekly staff meetings, and at status meetings.

Observations Review workgroup, facilitated by Kristen Allen, has also met throughout the quarter and continues to revise and update the Observation tool.

Medical Peer Review/Health and Behavioral Assessment workgroup has modified the current Health and Behavioral Assessment tool to enhance information gathering and the ability for the MPR process to generate additional results for APD and AHCA. The revised tool is currently under review by regional managers.

### Reliability

The Reliability Workgroup completed all tasks during the quarter, and the following decisions were made:

- Decrease File Review Reliability from monthly to quarterly.
- Increase Field Review Reliability by a day to incorporate the PDR process.
- Include a reviewer in the development of the scoring key used to score reviewers on the file review reliability. The scoring key has historically been derived from a meeting where all managers come to an agreement on the correct score for the review standards. The addition of a reviewer in each session will offer a different perspective from staff in the field using the tools.
- Workgroup member collected files to be used in the file review reliability in Year 3. Files were collected from all Areas of the state, rather than two Areas as in Year 2.

### Review Schedule

The final PCR sample scheduled was generated in October.

## NCI Mail Surveys

The APD Allocation, Budget and Control (ABC) database was used to provide a sample for two different NCI mail surveys, used to gather information from families and guardians about services provided to individuals and their satisfaction with those services. A random sample of 1,200 individuals who live with a family member (Adult Family Survey) and 1200 individuals who do not live with a family member (Family Guardian Survey) was generated in July and surveys were mailed in August.

Data from returned surveys are entered into the HSRI ODESA system and made available for analysis. Delmarva received 384 Adult Family and 373 Family Guardian surveys. While HSRI requests 400 for each, they agreed that based on our overall population, this number of returns provides a large enough sample. However, because the return rates were low, 32 percent and 31 percent respectively, results should be viewed with caution. Findings from the Adult Family and Family Guardian surveys are included as Appendix 1 and Appendix 2 of this report.

## Feedback Surveys

### 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 December 2011, 143 surveys were returned to HSRI, a 10 percent return rate (143/1,387). Results from the Year 2 respondents indicate the following:

- 78.3 percent of individuals receiving services participated in answering the Consumer Survey.
- 29.4 percent of the feedback forms were completed by the person receiving services, with 58.7 percent completed by an advocate, and 20.0 percent by a staff member where the person lives or receives services.
- 68.5 percent of NCI interviews took place in the home.
- 71 percent of individuals indicated choosing where to meet for the interview.
- Almost all of the respondents felt the interview was scheduled at a convenient time (97.2%), the questions were not difficult to answer (84.6%), and the interview took the right amount of time (86.6%).
- 89.4 percent of respondents indicated the interviewer successfully explained all questions did not have to be answered, and 95.8 percent agreed the interviewer explained what the NCI survey was about.

### Provider Feedback Survey

After each PDR, providers are given the opportunity to offer feedback to Delmarva about the review process and professionalism of the reviewer(s). Providers are given a survey they can complete and mail/fax to Delmarva, or surveys can be completed online, on the FSQAP website. Between January and December

2011, 239 surveys were received from providers who participated in a PDR.<sup>1</sup> The following Table provides each question and the percent of positive responses. Results are very positive.

<b>Table 1: Results from Provider Feedback Surveys</b>	
<b>Reviews Completed January - December 2011</b>	
<b>Question</b>	<b>Pct Yes</b>
Did the Quality Assurance Reviewer (QAR) identify the documents needed to complete the review?	95.0%
Did the QAR explain the purpose of the review?	95.4%
Did the QAR explain the review process and how the QAR or Delmarva team would conduct the review?	92.5%
Did the QAR answer any questions you had in preparation for the review?	90.8%
Did the QAR refer you to the FSQAP website, including the tools and procedures?	88.7%
Did the QAR arrive at the review at the scheduled time?	93.3%
If no, did the QAR call to notify you he/she might be a little late?*	62.5%
Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving?	94.6%
If you scored Not Met on any of the standards, did the QAR explain why?***	92.0%
<b>Total Responses</b>	<b>239</b>

\*10 of 16 called to inform provider.

\*\*174 valid responses.

## Summary of Customer Service Calls

During the fourth quarter of the second contract year, October - December 2011, 163 calls were recorded in the Customer Service Log, with an average response time of one day for each call. The list of topics and number of calls per topic are presented in Attachment 2.

## Quality Council

<sup>1</sup> Survey results do not reflect the review date so all surveys entered into the system up through February 1, 2012, were analyzed.

The last Quality Council meeting for 2011 was held in Tampa. Four of the nine members were unable to attend due to vacation schedules and family emergencies. APD Participants included Jolie LaTourelle and Walt Wooten (via phone). Leigh Meadows and Jamie Franz represented AHCA, and Robyn Moorman, Sue Kelly, Bob Foley, Charmaine Pillay, Kristin Allen, and Theresa Skidmore attended from Delmarva. Other participants included Val Bradley from HSRI and Betty Kay Clements, a past member.

The Agenda included review of prior meeting and minutes, discussion of the Observation Review Checklist and the 2012 QC recommendation list, and input from members for information to be included on the public reporting website. Val Bradley presented Florida NCI data with national comparisons. Sue Kelly presented updates from the Delmarva the dashboards and began the process of helping members obtain access to the data. Updates from AHCA and APD were also provided. The next meeting will be March 22, 2012, in Tallahassee.

## **Web Site and Portal Updates**

### **Data Availability**

The data dashboards were updated with results from Year 1 and through September of Year 2, and will be updated through the end of Year 2 by February 29, 2012. These are available on the client site in the Delmarva website.

The Remediation Data Extract continues to be completed monthly and made available to APD on approximately the 7<sup>th</sup> of each month.

### **Monthly Production Report**

Monthly production reports are available on the Real Time Data Reporting System (RTDRS) web site. People with access to the report are able to pull production information for PCRs and PDRs by Area and for different timeframes. Information provided is the most current data available at the time the report is generated. The PDR report includes, by Area, provider name, score, number of services offered and providers who were not compliant with the review process. The PCR report includes the individual's name, Service Specific Record Review score for each service received and the names of individuals who declined to participate in the process.

## Section II: Data from Review Activities

### Person Centered Reviews (PCR)<sup>2</sup>

Information in Table 1 provides the number of PCRs completed by APD Area during the second year of the contract, including the number of CDC+ individuals who participated (281), the number of waiver participants (1,387), and the total number of individuals who declined.<sup>3</sup> The time period for declines is based upon the projected period of review and represents individuals who were originally scheduled to be reviewed during the quarter.

To date this year, the decline rate is 20.0 percent for waiver participants and 24.5 percent for CDC+. This is similar to Year 1 for waiver participants (20%) but considerably lower for CDC+ participants, for which the Year 1 rate was close to 41 percent. A change in the CDC+ review procedure has likely helped reduce the decline rate, whereby CDC+ Representatives are reviewed even if the individual declines. In addition, APD helped increase education to CDC+ participants about the review process.

APD Area	Number of PCRs		Number of Declines	
	Waiver	CDC+	Waiver	CDC+
1	49	15	21	4
2	87	22	25	4
3	65	8	14	6
4	119	22	37	10
7	125	35	31	17
8	62	5	33	4
9	85	16	18	5
10	138	36	29	1
11	202	43	34	5
12	59	5	12	1
13	88	15	16	7
14	47	2	13	0
15	47	12	18	10
23	214	45	46	17
<b>Total</b>	<b>1,387</b>	<b>281</b>	<b>347</b>	<b>91</b>

<sup>2</sup> 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>).

<sup>3</sup> There was no Area information for 15 individuals who declined.

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 about the PCR process and the person’s potential role in it. It also gives individuals an opportunity to change their minds about participating. An individual who declines is replaced by another individual from the oversample to ensure an adequate and representative sample is used for analysis.

<b>Table 3: Person Centered Review Decline Reasons</b>			
<b>January – December 2011</b>			
<b>Decline Reason</b>	<b>DD Waiver</b>	<b>CDC+</b>	<b>Total</b>
Refused	217	45	262
Review Later	99	26	125
No Longer Receiving Services	30	19	49
Deceased	12	0	12
Moved Out of State	4	1	5
<b>Total</b>	<b>362</b>	<b>91</b>	<b>453</b>

### Individual Interview Instrument (III) Results

Each individual who participates in a PCR receives a face-to-face interview that includes the National Core Indicator (NCI) Adult Consumer Survey and the III. The III consists of 12 standards that help determine, from the individual’s perspective, how well the service delivery system is meeting needs and goals for the person. Each standard is scored Met or Not Met and is listed in Figure 2.

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. In addition, non-waiver providers can be utilized and provider rates can be negotiated by individuals. A non-paid CDC+ 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.

The average III scores for the 1,387 individuals on a DD waiver interviewed during the second contract year (CY 2011) are presented in Figure 1, for each Area and statewide. The average III score for Year 1 (CY 2010) is presented as a baseline. Statewide results indicate approximately 79 percent of III standards were present

in people’s lives. This rate is somewhat lower than the Year 1 benchmark (85%). The average score ranges from 62.5 percent in Area 3 to 87.4 percent in Area 1.

**Figure 1: Person Centered Reviews  
Individual Interview Instrument Results by Area  
January – December 2011  
Waiver Participants**

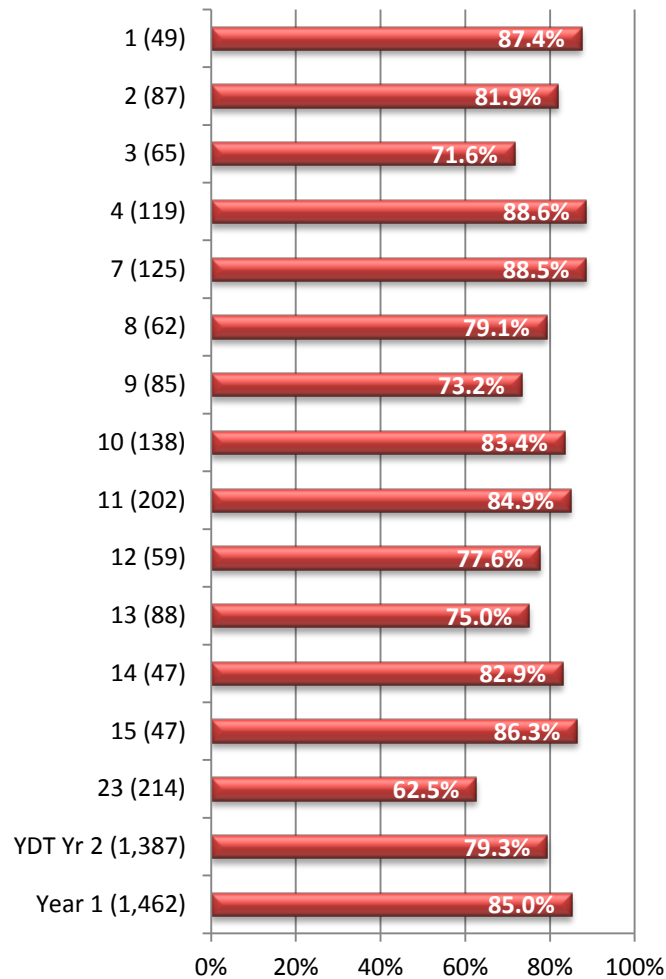


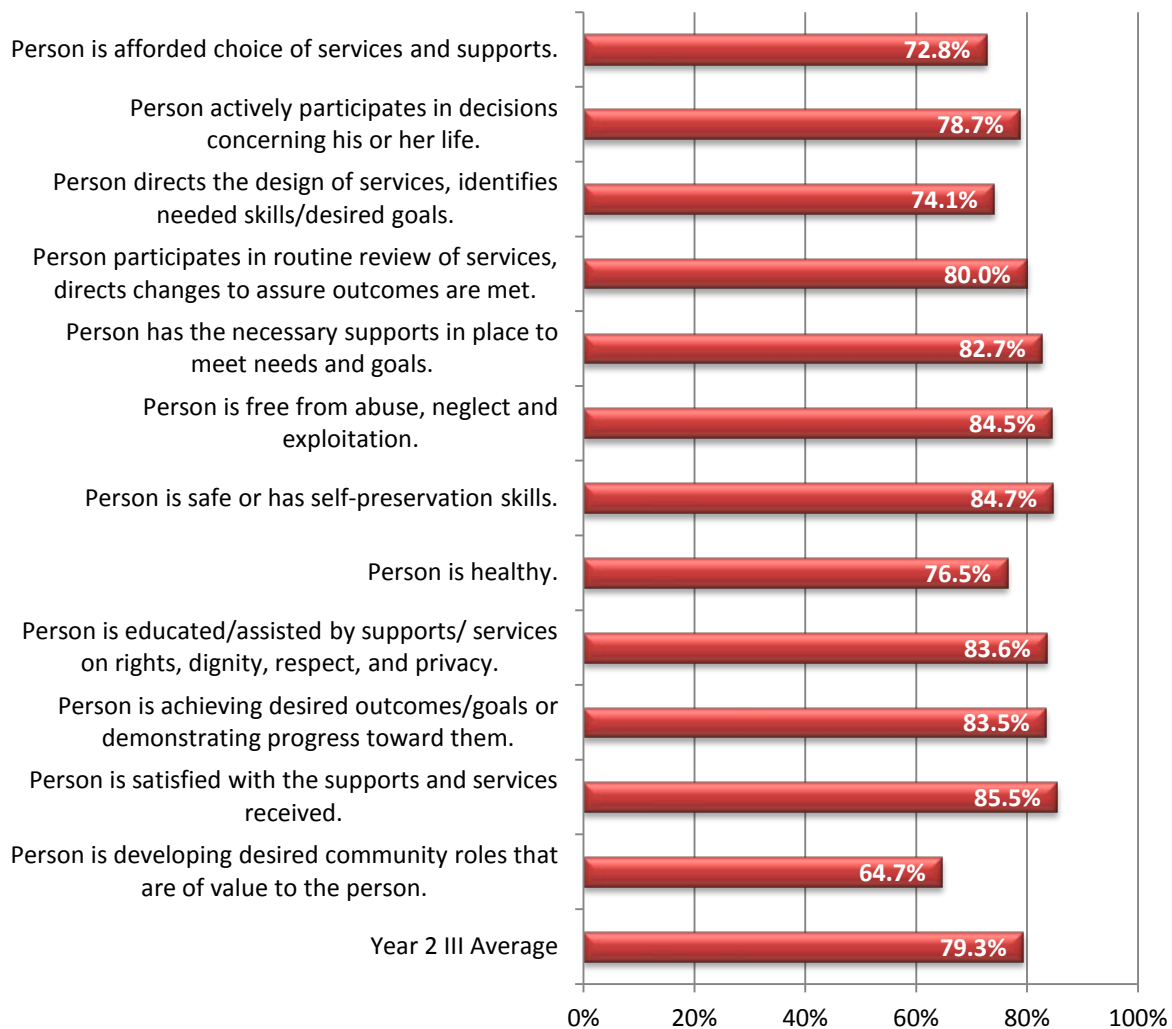
Figure 2 displays III results for DD waiver participants for each standard.<sup>4</sup> III standards measure the following, from the person’s perspective:

- safety and health status
- satisfaction with services

<sup>4</sup> The description of each standard 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>.

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

**Figure 2: Individual Interview Instrument Results by Standard  
January – December 2011  
Waiver Participants (N=1,387)**



Data for the 1,387 individuals interviewed to date indicate the following:

- Five standards reflected compliance below the statewide average: if the person is afforded choice, actively participate in decisions, directs the design of services, is healthy, and if the person is developing desired social roles.

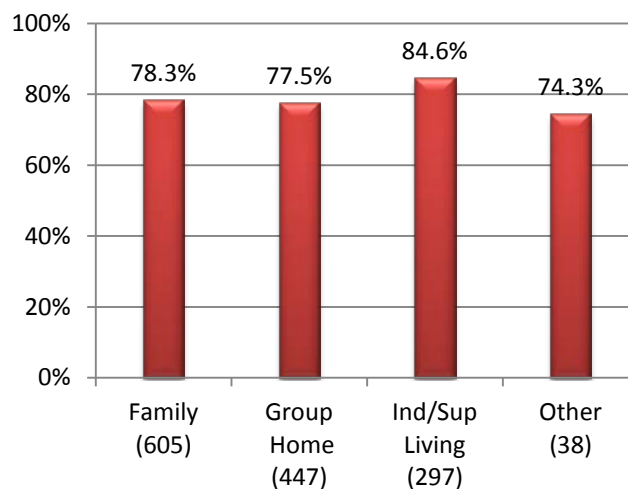


- The standard used to determine if the person is healthy was 12.5 percentage points lower than in Year 1.
- Five other standards reflect a decrease of between five and 10 points: if the person is afforded choice, actively participate in decisions, directs the design of services, is safe or has self preservation skills, or if the person is developing desired social roles
- None of the expectations shows an increase over the average results from Year 1.

The following graphics display III results across various demographic characteristics – Residential Setting, Primary Disability, Age Groups, and Services—Figures 3 - 6.<sup>5</sup> The III data indicate:

- Individuals who live independently or in a supported living facility were more likely to have III outcomes present, than were individuals in any other residential setting. Results were statistically significant with the probability of error less than 0.001.<sup>6</sup>
- Individuals with Autism were significantly less likely to have outcomes present than were individuals with an Intellectual Disability as a primary disability.
- Differences across age groups were relatively small, similar to Year 1.
- Individuals receiving Supported Employment were significantly more likely to have III outcomes present in their lives than individuals receiving either ADT or Companion. However, these results do not control for any other services the individual may have been receiving.

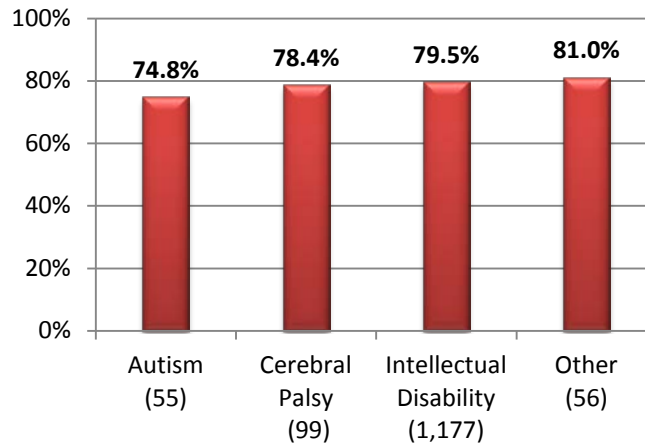
**Figure 3: Individual Interview Instrument Results by Residential Setting  
January – December 2011  
Waiver Participants**



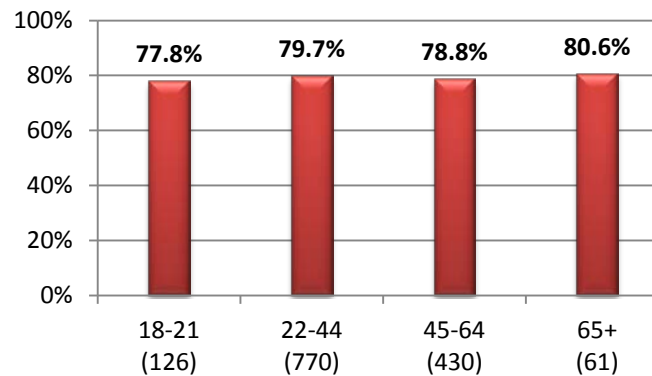
<sup>5</sup> The “Other” category for residential status includes Assisted Living Facility (17), Foster Home (11), Residential Treatment Facility (7), and Adult Family Care Home (3). “Other” for primary disability includes Epilepsy (3), Spina Bifida (27) Prader Willie (6) and Other (20).

<sup>6</sup> Unless otherwise stated, difference of proportion tests were used to determine statistical significance at the bi-variate level, not controlling for other factors.

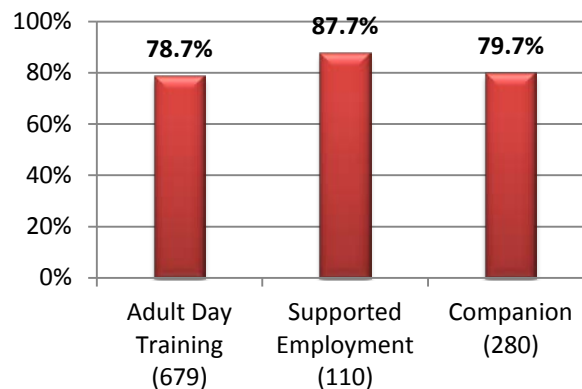
**Figure 4: Individual Interview Instrument Results by Primary Disability  
January - December 2011  
Waiver Participants**



**Figure 5: Individual Interview Instrument Results by Age Group  
January - December 2011  
Waiver Participants**



**Figure 6: Individual Interview Instrument Results by Service  
January - December 2011  
Waiver Participants**

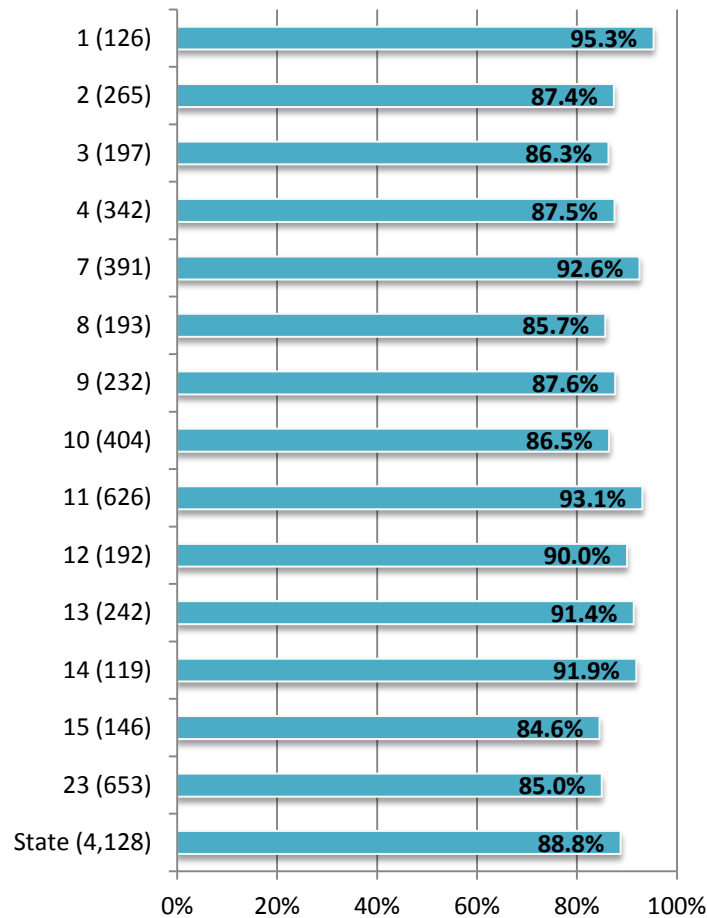


### Service Specific Record Reviews (SSRR)

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

Average SSRR results by APD Area are presented in Figure 7. The number of records reviewed per Area is provided parenthetically. It is important to realize results shown in Figure 7 are in conjunction with the PCR, to help determine the quality of the overall service delivery systems for individuals being served. Findings may not reflect the overall performance of each particular provider, determined through the more extensive PDR and presented later in this report.

**Figure 7: Person Centered Reviews (Waiver Participants)  
Service Specific Record Reviews by APD Area  
January - December 2011**

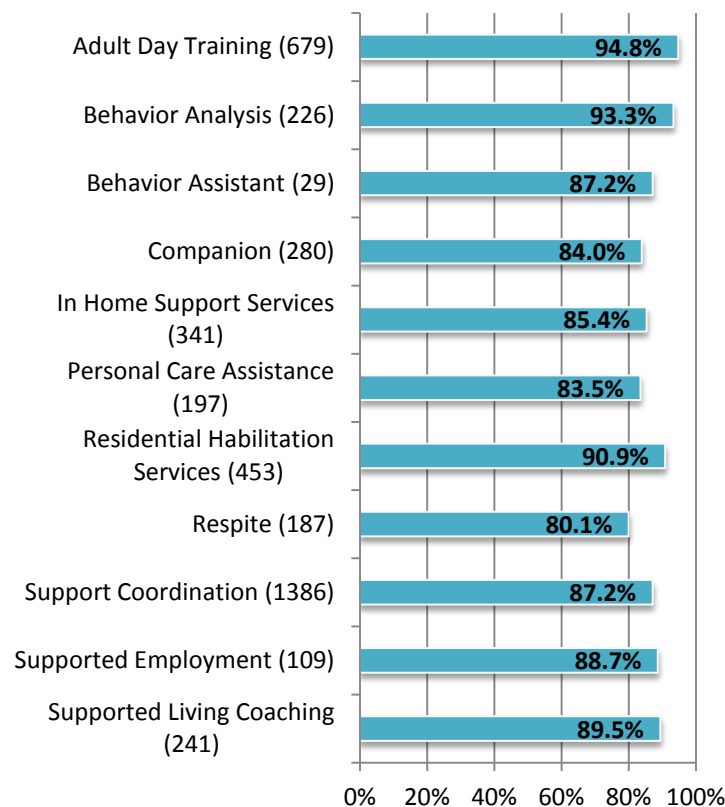


During Year 2 of the contract, CY 2011, 4,128 service records were reviewed in conjunction with one of the 1,387 PCRs completed during the same time period, approximately three records per PCR. Results indicate the following (Figure 7):

- The state average SSRR score was 88.8 percent, up from approximately 83 percent in Year 1.
- PCR service records show 90 percent compliance or higher in six APD Areas.
- All Areas, to date, showed compliance rates of close to 85 percent or higher.
- Results for each Area are similar or lower than Year 1 findings. The greatest decrease was seen in Area 2, Year 2 results approximately 4.5 points lower.

Service Specific Record Reviews from the PCRs are presented by service in Figure 8. Each individual may receive any number of services. The number of individuals/records reviewed for the service is presented in parentheses.

**Figure 8: Person Centered Reviews (Waiver Participants)  
Service Specific Record Reviews by Service  
January – December 2011**



SSRR results across the services (Figure 8), vary somewhat. Record reviews for individuals receiving Adult Day Training showed the highest compliance rate and this is over four points higher than in Year 1. Personal Care Assistance, Companion and Respite have shown the greatest improvement since Year 1, 14.6, 10.4, and 10.1 points respectively.

### Health and Behavioral Assessment

During the PCR, Delmarva reviewers utilize an extensive Health and Behavioral Assessment (HBA) tool to help determine the individual's health status in various areas, such as a need for adaptive equipment; if visits have been made to the doctor or dentist; if the person has been hospitalized or been to the emergency room; and type and number of psychotherapeutic drugs the person is taking. Results are displayed in the following table, and key indicators reflect the following:

- Most individuals had been to the doctor at some time over the 12 months previous to the interview, close to 100 percent.
- Approximately 31 percent of individuals on a DD waiver reported being in better health than last year, while only 22 percent of the 281 individuals participating in CDC+ reported better health.
- The percent of individuals on a DD waiver treated in an Emergency Room has increased somewhat since last year, a change from 21 percent to 26 percent.
- Approximately 580 of the 1,387 individuals interviewed reported having health problems (41.8%).
- While the sample size is considerably smaller for CDC+ participants, the individuals interviewed were more likely to have a dentist, to have been to a dentist, and less likely to have problems with their teeth, compared to waiver participants.
- Compared to Year 1, individuals on a DD waiver were more likely to have been treated in an Emergency Room and more likely to report having health problems, up by close to 5.0 and 3.6 percentage points respectively.
- Compared to Year 1, individuals participating in CDC+ were more likely to have a dentist and more likely to have been to the dentist, and less likely to have problems with their teeth: up 6.0 points, up 7.7 points and down 7.1 points respectively. However, the percent of individuals who report better health than last year is down by 6.5 points while those who report their health is about the same is up by close to 9.0 points.

<b>Table 4: Select Health and Behavioral Assessment Questions</b>				
<b>January - December 2011</b>				
<b>HBA Question</b>	<b>DD Waiver</b>		<b>CDC+</b>	
	<b>Pct Yes</b>	<b>N</b>	<b>Pct Yes</b>	<b>N</b>
Have you seen a doctor in the past year?	98.6%	1,387	99.6%	281
Do you currently have a dentist?	83.9%	1,387	88.6%	281
Have you been to the dentist in the past year?	75.9%	1,387	82.2%	281
Do you have any problems with your teeth?	12.5%	1,387	7.1%	281
Have you been treated in the emergency room this past year?	25.5%	1,387	21.4%	281
Have you been admitted to the hospital this past year?	14.9%	1,387	10.3%	281
Do you have any health problems?	41.8%	1,387	35.9%	281
In the past year is your health:		1,387		281
Better	31.4%		22.4%	
Same	60.5%		68.0%	
Worse	8.1%		9.6%	

### 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 6.

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

Findings from the NCI analysis indicate the following:

- The proportion of positive responses is similar to Year 1. Achieving Results/Person Centered Approach reflects the greatest difference, an increase from 74 percent to 78 percent.
- Approximately 34 percent of individuals indicated having excellent 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 6)). Results indicate less than half (44.1%) of the choice indicators showed a positive response.
- The average positive score for Community Inclusion was approximately 67 percent, a small increase since Year 1.
- Individuals were most likely to score positively on issues of safety and rights.

Table 5: NCI Consumer Survey Results by Focused Areas					
January – December 2011					
Question Description	# of Responses	Pct Negative	In Between	Pct Positive	Year 1 Positive
Achieving Results/PC Approach	5,838	14.5%	7.3%	78.2%	74.0%
Choice	11,207	23.4%	32.5%	44.1%	45.8%
Safety	3,395	3.8%	7.2%	89.0%	88.7%
Rights	8,375	9.1%	3.3%	88.5%	86.8%
Community Inclusion	15,275	30.3%	3.1%	66.6%	64.1%
		<b>Poor</b>	<b>Fairly Good</b>	<b>Excellent</b>	<b>Excellent</b>
Health	1,380	5.1%	61.2%	33.7%	32.6%

### 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”.<sup>7</sup> Because the NCI Consumer Survey is only completed for adults, age 18 or over, the analysis of Involvement and Response is completed only for adults.

The following table shows the Involvement score (percent of elements scored as met) and the Response score for adult individuals who participated in a PCR in CY 2011 and for Year 1. On average, Individual Involvement scores were approximately 57 percent while System Response scores were considerably higher,

<sup>7</sup> See Attachment 7 for a list of indicators used to create each measure.

at close to 89 percent. To date this year, Involvement findings were somewhat lower than reported for Year 1 (61%). Involvement findings were lower for individuals participating in the CDC+ program than for individuals receiving services through the DD waivers. However, Response findings for individuals participating in CDC+ were the same as results for individuals on one of the DD waivers.

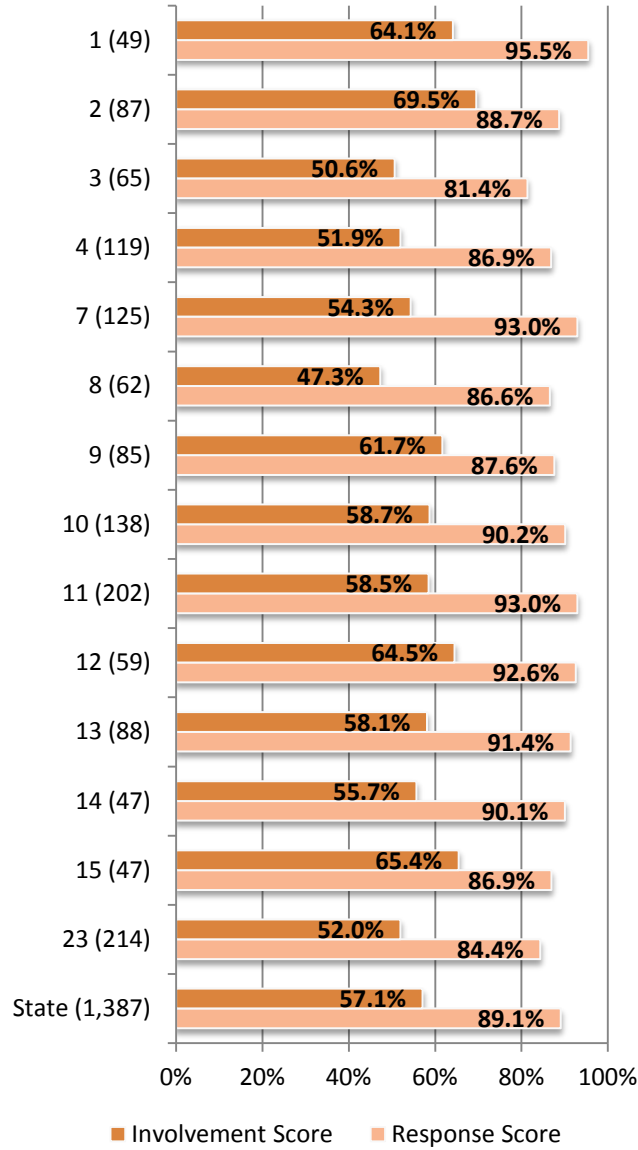
<b>Table 6: Individual Involvement and System Responsiveness</b>			
<b>January - December 2011</b>			
<b>Funding Source</b>	<b>Number of PCRs</b>	<b>Involvement Score</b>	<b>Response Score</b>
DD Waiver	1,387	57.1%	88.8%
CDC+	216	53.9%	89.0%
Total	1,603	57.1%	88.8%
<b>January - December 2010</b>			
DD Waiver	1,442	61.3%	90.4%
CDC+	125	58.3%	90.6%
Total	1,567	61.2%	90.4%

An overview of the Involvement and Response measures by APD Area, age group, residential setting, primary disability, and service is presented in Figures 9 – 13. When reviewing results by service, it is important to remember that individuals generally receive more than one service. Therefore, results for one particular service could reflect outcomes from a different service the person is receiving. A summary of findings includes the following:

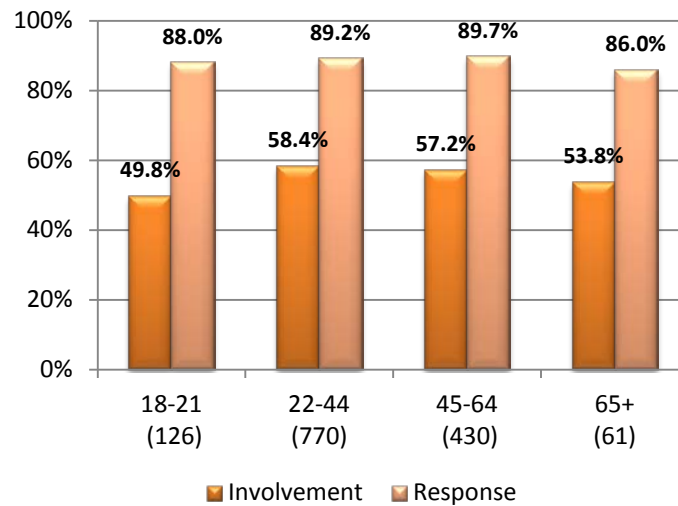
- Individual involvement in life’s decisions ranges from a score of 47.3 percent in Area 8 to almost 70 percent in Area 2.
- System response scores were lowest in Area 3 (81.4%) and highest in Area 1 (95.5%).
- While system response is fairly consistent across age groups, the youngest individuals (age 18 - 21) appear to be significantly less involved in their service and goal making decisions, ( $p < 0.001$ ).
- Individuals living in a group home were significantly less likely to be involved in decisions than were individuals in independent or supported living, 44.7 percent and 75.3 percent respectively. Individuals in a family home were more involved than their counterparts in a group home, but less involved than individuals in supported or independent living, both reflecting statistically significant differences. Response scores are fairly consistent for individuals in different residential settings.
- Individuals with Autism (N=55) were least likely to be involved in life decisions (44.2%), statistically significant differences.
- Individuals receiving Supported Employment were much more likely to be involved in decisions about their life than individuals receiving Adult Day Training (ADT) or Companion services.



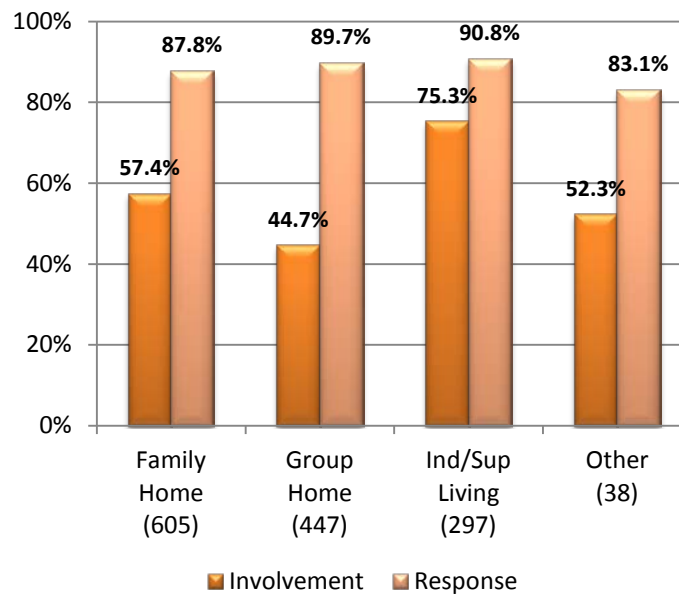
**Figure 9: Person Centered Reviews  
 Involvement v Responsiveness by APD Area  
 January - December 2011**



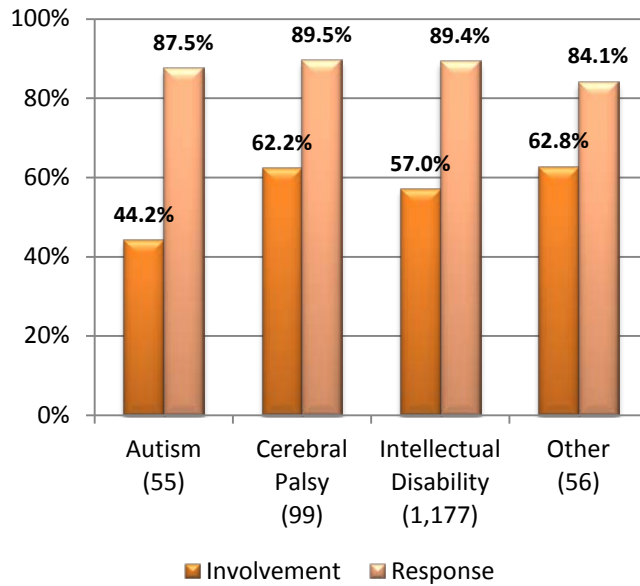
**Figure 9: Person Centered Reviews  
Involvement v Responsiveness by Age Group  
January - December 2011**



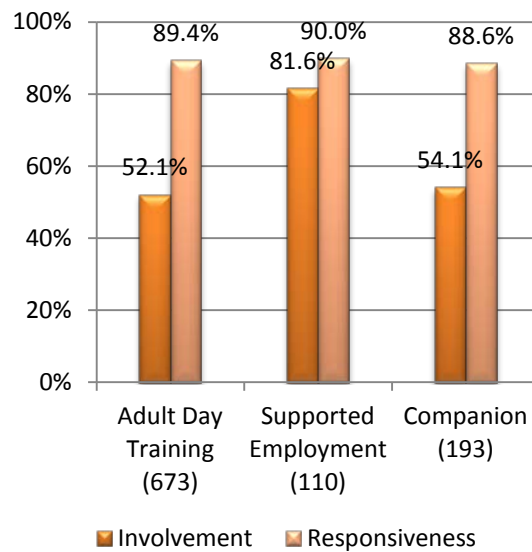
**Figure 10: Person Centered Reviews  
Involvement v Responsiveness by Residential Setting  
January - December 2011**



**Figure 11: Person Centered Reviews  
Involvement v Responsiveness by Primary Disability  
January - December 2011**



**Figure 12: Person Centered Reviews  
Involvement v Responsiveness by Service  
January - December 2011**



## Provider Discovery Reviews (PDR)<sup>8</sup>

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 score of 95 percent in their Year 1 review, with no alerts or recoupment citations. However, support coordinators are reviewed every year.

A total of 2,668 PDRs were completed and approved by Delmarva management between January and December 2011. The distribution of PDRs by APD Area is presented in Table 7. The number of individuals served by providers in each Area, on the DD waiver or the CDC+ program, is given. Individuals may be served by more than one provider. Therefore, totals are not included. Eighty-five providers either failed to show up for a scheduled review or Delmarva and the APD Area offices were unable to contact them. Non-compliant providers receive a Not Met on all standards. A list of non-compliant providers is available to AHCA and APD through the monthly production report, but results from these reviews (all standards scored Not Met) are removed from the analyses in this report.

APD Area	Number of PDRs	Waiver Participants Served	CDC+ Participants Served	Non-Compliant Providers
1	75	2,403	35	0
2	206	3,577	93	2
3	149	2,786	82	6
4	300	5,047	172	13
7	246	5,399	269	14
8	116	2,338	44	1
9	103	2,766	81	1
10	229	4,872	212	2
11	359	8,632	243	12
12	118	2,109	27	1
13	141	3,301	69	6
14	70	1,829	15	3
15	124	1,974	140	3
23	432	11,349	380	21
State	2,668			85

<sup>8</sup> 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>).

## Administrative Policy and Procedure Results<sup>9</sup>

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

Compliance scores for all components of the PDR are based on a weighted value assigned to each review standard.<sup>10</sup> 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 8, with the statewide average score for each Standard presented for Year 2 and Year 1. A summary of the data includes the following:

- On average, providers scored this section at 87.1 percent, 6.6 percentage points higher than in Year 1 (80.5%).
- 12 of the 29 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; tracking and addressing all incident reports; policies and procedures that promote health and safety of individuals including tracking medication errors; the provider's ability to describe the person centered process being used and written policies on the person centered approach; maintaining written policies and procedures to address grievances; and requirements for insurance and registration of vehicles.
- Many providers had not completed a self assessment with all required components (47.0%) and only 57.8 percent of providers had taken actions as a result of a self assessment. However, providers have shown improvement in this area since Year 1, when they scored 41.7 percent and 48.6 percent respectively.
- With the exception of Projected Service Outcomes, 13 standards showed an increase of five percentage points or more when compared to Year 1, particularly in areas regarding grievance policy requirements.<sup>11</sup>

The average score on the Policy and Procedure (P&P) component of the PDR is shown for all APD Areas and statewide in Figure 12, with number of PDRs in parentheses. Findings indicate the following:

- Scores range from a low of 84.0 percent in Area 11 to a high of 93.6 percent in Area 1.
- Areas 1, 9, 12 and 14 all showed compliance rates on the Policies and Procedures of 90 percent or higher.
- Areas 4, 7, 9 and 12 each reflect an increase of at least 10 percentage points over the Year 1 compliance rate.

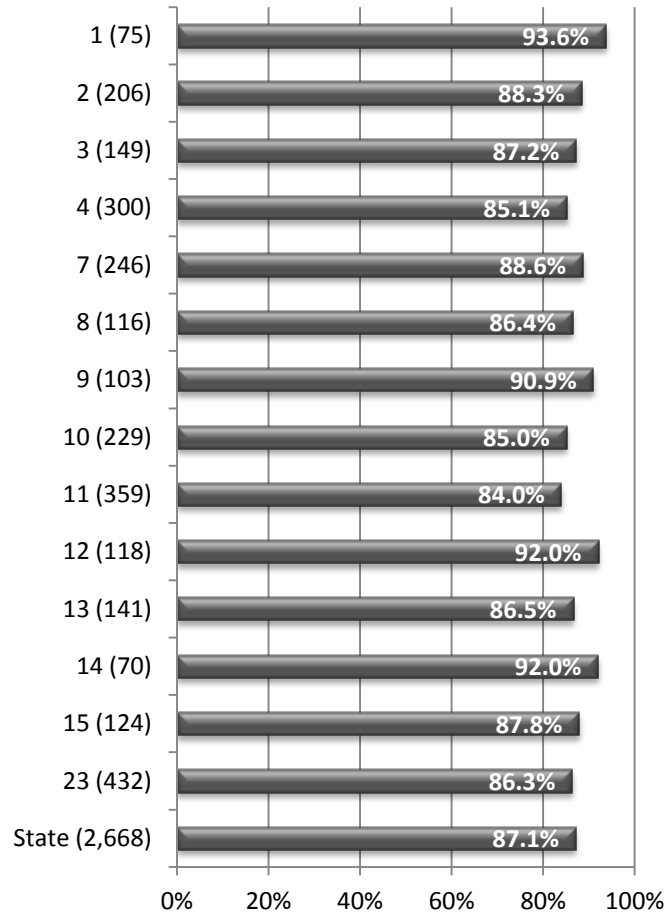
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<sup>9</sup> N sizes may vary throughout the report due to missing and/or not applicable data.

<sup>10</sup> See Attachment 3 for a description of the weighting process and scoring methodology.

<sup>11</sup> Moving forward with revised tools, Projected Service Outcomes will no longer be scored as part of the review.

**Figure 12: Provider Discovery Reviews  
Average Policy and Procedure  
January - December 2011**



### Qualifications, Training and Education Requirements

Providers are required to have certain training and education completed in order to render specific services. They can be scored on up to 37 standards depending on the type and number of services offered. A description of each standard scored within the Training and Education component of the PDR is shown in Attachment 9, with the statewide average score for each standard presented for Year 1 and Year 2. For each provider, several employee records may be reviewed per standard.

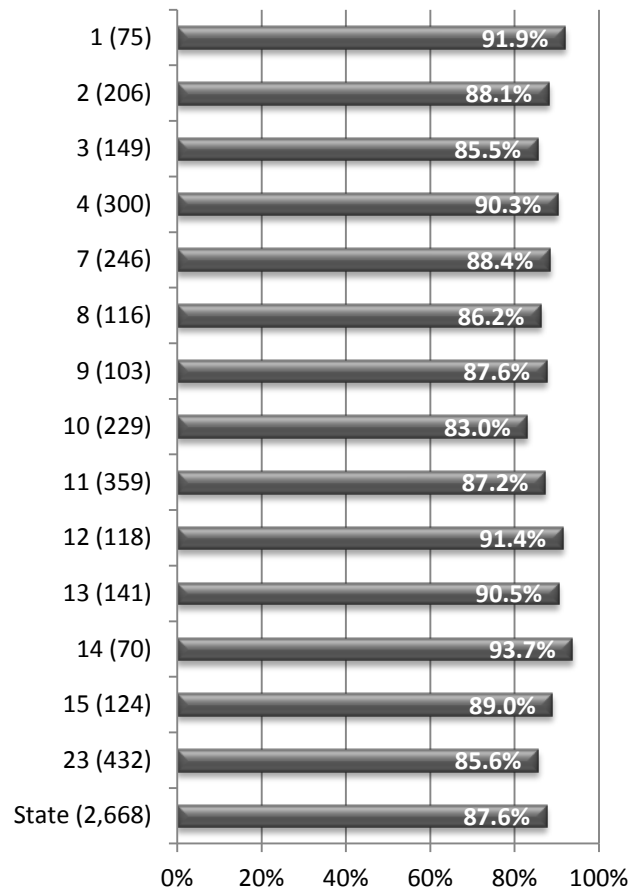
- Providers reviewed during Year 2 showed an average compliance score of 87.6 percent, three percentage points higher than in Year 1 (84.6%).

- Compliance on the standards ranged from approximately 76.5 percent, indicating providers received training related to the Medicaid Waiver Services Agreement, to close to 98.6 percent on educational requirements for support coordinators.<sup>12</sup>
- Compared to Year 1, provider compliance was at least five points higher on six of the standards, with the greatest gain in attending an employment related conference, up by close to 10 points.

The average score for compliance on the training standards, by APD Area, is presented in Figure 13.

- Average compliance scores range from 83.0 percent in Area 10 to 93.7 percent in Area 14
- Areas 4, 9, 12, and 15 showed an increase of at least five percentage points over Year 1 compliance rates, with Area 9 reflecting the greatest gain of 11.7 points.

**Figure 13: Provider Discovery Reviews  
Average Qualifications and Training Scores by APD Area  
January - December 2011**

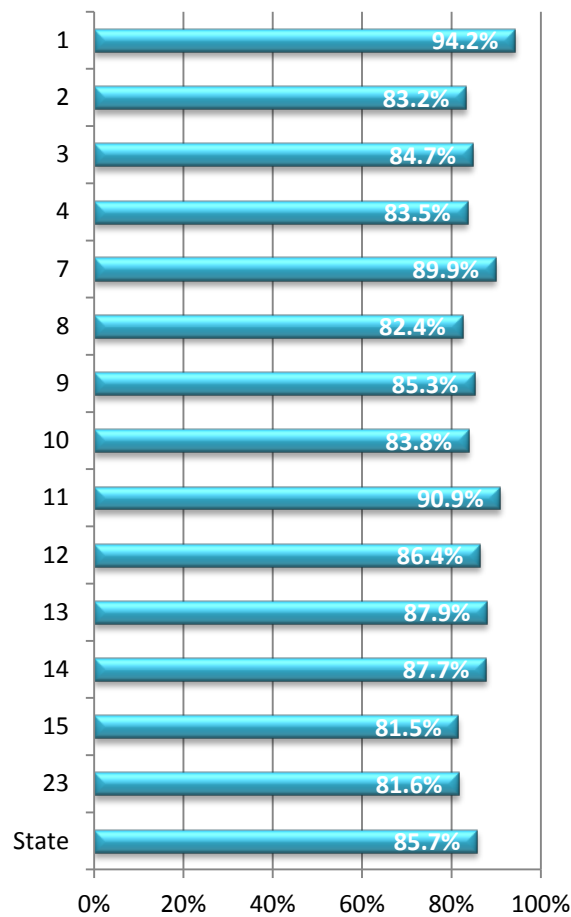


<sup>12</sup> The one provider offering Special Medical Home Care received 100% on this educational requirement.

### 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). The SSRR tool includes a review of standards specific to each service, ranging from 12 to over 30 standards each. Records reviewed during a PCR are incorporated in the providers' PDR results, if the records are reviewed prior to conducting the PDR.

**Figure 14: Provider Discovery Reviews  
Average Service Specific Record Review Score by APD Area  
January - December 2011**



Findings in Figure 14 indicate the following:

- The statewide average compliance rate for the SSRR component of the Provider Discovery Review was approximately 85.7 percent, slightly higher than in Year 1 (82.3%).
- Every Area showed a provider performance rate of 80 percent or greater.
- Areas 7, 9, 12, and 15 reflected compliance rates at least five points greater than in Year 1.

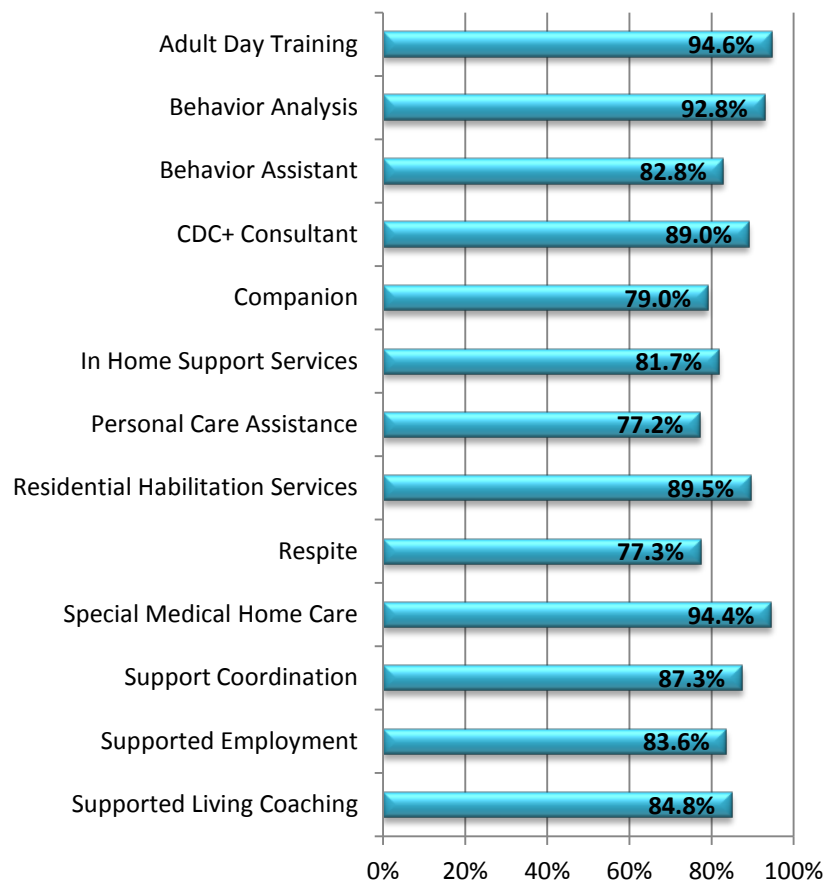


- The SSRR average for the PDR is slightly lower than the SSRR results from the PCR, of approximately 89 percent. For the PCR, the WSC is provided the names of two PCR participants up to 30 days in advance of the review. For the PDR, names of individuals selected for the record reviews are given to the provider the first day of the review.

Service Specific Record Review results by service are presented in Figure 15. The number of indicators reviewed ranged from only 26 for Special Medical Home Care to over 50,000 for Support Coordination. It is important to note that with the exception of support coordination, providers generally offer more than one service. Therefore, each provider may have results included in various SSRRs.

- During Year 2, providers of Companion, Personal Care Assistance, and Respite were least likely to be in compliance with standards specific to the service, with average scores below 80 percent. However compliance on these has improved since Year 1 by 3.6, 5.3, and 5.0 percentage points respectively.
- Providers of ADT also showed a five point increase in compliance compared to Year 1.

**Figure 15: Provider Discovery Reviews  
Average Service Specific Record Review Scores by Service  
January – December 2011**



## Observation Results

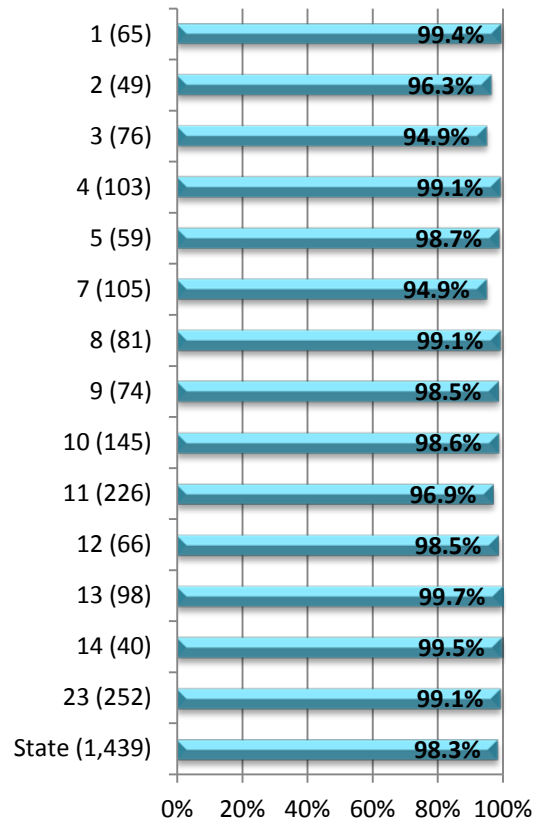
Delmarva reviewers conduct onsite observations of up to 10 group homes when reviewing providers of Residential Habilitation. For Adult Day Training facilities, all locations operated by the ADT providers receive an onsite observation. During this portion of the PDR process, reviewers observe the physical facility and also informally interview staff, residents, and ADT participants as needed and as possible. Delmarva reviewers conducted observations at 201 ADT's and 1,238 group homes (Table 8). The ADT's served a total of 9,661 individuals, an average of about 48 per facility. The 1,238 group homes were operated by providers who served a total of 6,009 individuals.

Table 8: Provider Discovery Review				
Number of Locations Observed by Area				
January - December 2011				
APD Area	Adult Day Training		Residential Habilitation	
	Locations	Served	Location	Served
1	15	486	50	175
2	14	339	35	191
3	6	304	70	317
4	23	850	80	420
7	10	825	95	547
8	11	377	70	310
9	8	492	66	323
10	8	904	137	668
11	28	1,103	198	932
12	8	248	58	297
13	11	646	87	368
14	9	354	31	152
15	9	327	50	216
23	41	2,406	211	1,093
State	201	9,661	1,238	6,009

The average statewide PDR Observation score for Year 2 was 98 percent, the same as the average for Year 1. Observation results by Area are presented in the Figure 16, with the number of locations observed in parentheses. Findings are quite positive with all Areas showing compliance rates of 94 percent or higher.<sup>13</sup>

<sup>13</sup> Review tools are posted here and include detailed descriptions of each standard: <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>.

**Figure 16: Provider Discovery Reviews  
Average Observation Scores by APD Area  
January - December 2011**



### Alerts

At any time during a review if a situation is noted that could cause harm to an individual, the reviewer immediately informs the local APD office. Delmarva calls the abuse hotline, if appropriate, records an Alert in the provider review record, and notifies both the local APD Area office and Central Office. Alerts can be related to health, safety or rights. In addition, when any provider or employee who has direct contact with individuals does not have all the appropriate background screening documentation on file, an Alert is recorded and both APD Area office and Central Office are notified.

The number of Alerts recorded during the contract year, by APD Area, is shown in the following table. The majority of Alerts was due to a lack of required documentation needed to provide evidence background screening has been completed. However, 187 health and/or safety Alerts were recorded.

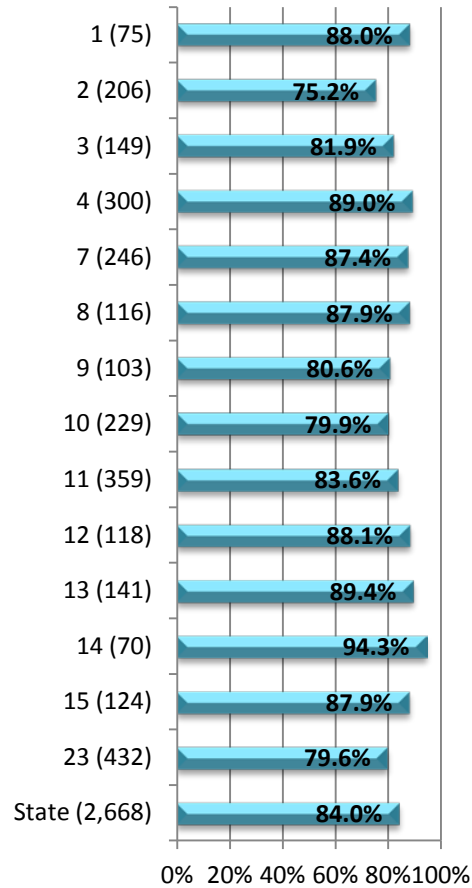
Table 9: Provider Discovery Reviews				
Number of Alerts by APD Area				
January - December 2011				
APD Area	Rights	Health	Safety	Background Screening
1	0	2	3	9
2	0	6	0	51
3	1	9	12	27
4	1	3	12	33
7	0	5	15	31
8	0	1	2	14
9	2	0	7	20
10	3	7	8	46
11	1	4	11	59
12	0	3	0	14
13	0	4	4	15
14	0	2	0	4
15	0	8	4	15
23	3	33	22	88
State	11	87	100	426

### Background Screening

The following figure shows the percent of providers in each APD Area for which all provider records reviewed had adequately documented background screening requirements. The percent met is based on the total number of providers for which all employees had the correct documentation for background screening compliance. If a provider has one or more employees not in compliance with the standard, it is recorded as an alert for the provider. Findings to date indicate:

- Statewide compliance is approximately 84.0 percent, greater than in Year 1 (75.4%).
- Compliance ranges from a high of 94.3 percent in Area 14 to a low of 75.2 percent in Area 2.
- Compared to Year 1, the percent of providers with background screening compliance in place has increased by 10 or more percentage points in Areas 3, 7, 8, 9, 13 and 15.

**Figure17: Provider Discovery Reviews  
Background Screening by APD Area; Percent Met  
January – December 2011**



While 426 providers received an alert for lack of background screening (16%), 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 employee was not in compliance with this standard. A total of 1,003 reasons were cited. Table 10 displays the reason the standard was Not Met for all employee records reviewed for the 426 providers with a background screening alert. Employees were most likely to be missing the required FBI screening letter (24.3%), and were also likely to be missing the local criminal records check from the county of residence (23.2%), findings similar to Year 1.

<b>Table 10: Provider Discovery Reviews</b>	
<b>Reason Background Screening Scored Not Met</b>	
<b>January - December 2011</b>	
<b>Reason</b>	<b>Pct (N=426)</b>
Background screening results identified a disqualifying offense and the provider has not taken action.	1.7%
The provider did not present a Local Criminal Records Check obtained within county of residence.	23.2%
The provider did not present an Affidavit of Good Moral Character.	17.1%
The provider presented an Affidavit of Good Moral Character but it was not notarized.	2.6%
The provider presented an Affidavit of Good Moral Character, but it was not signed.	1.2%
The provider did not present the required Federal Bureau of Investigation screening clearance letter.	24.3%
Provider did not present required FL Department of Law Enforcement screening clearance letter or other acceptable FDLE screening.	15.0%
The provider did not provide proof of completing the required five year re-screening	14.1%
Provider was not under constant visual supervision of another fully screened employee when working.	0.8%

### 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 second contract year and includes:

- Total number of recoupment standards scored as Not Met
- Number of providers with a potential recoupment
- Total number of PDRs completed in each Area
- The percent of providers with at least one recoupment citation
- Percent of providers with at least one recoupment citation during Year 1.

Table 11 : Provider Discovery Reviews					
Recoupment Citations by APD Area					
January - December 2011					
Area	Recoupment Standards Not Met	Providers w/ Recoupment Citation	Total Number of PDRs	Pct Providers w/ at Least 1 Recoupment	
				Year 2	Year 1
1	149	49	75	65.3%	78.0%
2	366	140	206	68.0%	81.5%
3	283	95	149	63.8%	68.9%
4	471	159	300	53.0%	66.3%
7	257	85	246	34.6%	49.3%
8	217	66	116	56.9%	64.9%
9	216	58	103	56.3%	74.2%
10	472	120	229	52.4%	59.6%
11	295	107	359	29.8%	24.0%
12	170	66	118	55.9%	59.0%
13	145	57	141	40.4%	34.5%
14	66	24	70	34.3%	53.9%
15	316	91	124	73.4%	75.3%
23	1107	284	432	65.7%	65.0%
State	4,530	1,401	2,668	52.5%	59.4%

Findings indicate the following:

- 4,530 recoupment standards were scored as Not Met. This involved 1,401 providers, or just over 52 percent of providers reviewed (down from 59.4 percent in Year 1).
- The percent of providers with a recoupment varied from a low of 29.8 percent in Area 11 to 73.4 percent in Area 15.
- Ten of the Areas show that over 50 percent of providers reviewed had at least one recoupment citation.
- Six Areas (1, 2, 4, 7, 9, and 14) have shown a decrease of 10 points or more in the percent of providers with at least one recoupment citation.

## Consumer Directed Care (CDC+)

### CDC+ Participants

During Year 2, CY 2011, 281 CDC+ participants were interviewed as part of the PCR process. The number of CDC+ PCRs completed by Area is provided in the following table.

<b>Table 12: CDC+ Person Centered Reviews</b>		
<b>January - September 2011</b>		
<b>Area</b>	<b>Number</b>	<b>Percent</b>
1	15	5.3%
2	22	7.8%
3	8	2.8%
4	22	7.8%
7	35	12.5%
8	5	1.8%
9	16	5.7%
10	36	12.8%
11	43	15.3%
12	5	1.8%
13	15	5.3%
14	2	0.7%
15	12	4.3%
23	45	16.0%
<b>Total</b>	<b>281</b>	<b>100.0%</b>

Results are presented by III Standard in Table 13 for Year 1 and Year 2, and show some variation across the different standards:

- The average III score for these participants was 85.2 percent, somewhat lower than in Year 1 (90.7%), and about the same as for individuals on one of the DD waivers (85.0%).
- No standards reflect a higher score than in Year 1.
- The standard indicating if the person is healthy has decreased by almost 14 percentage points compared to Year 1.
- Individuals also appear to be less likely to address the design of their services or to develop desired social roles, down 9.7 and 8.4 points respectively since Year 1.



<b>Table 13: Consumer Directed Care + Person Centered Reviews</b>		
<b>Individual Interview Instrument Results by Standard</b>		
<b>January - December 2011</b>		
<b>Standard</b>	<b>Percent Met</b>	
	<b>Year 1</b>	<b>Year 2</b>
The person is afforded choice of services and supports.	91.3%	86.7%
The person actively participates in decisions concerning his or her life.	90.1%	84.9%
Person directs design of services and participates in identification of needed skills and strategies to accomplish desired goals.	90.7%	81.0%
Person participates in routine review of services, and directs changes desired to ensure outcomes/ goals are met.	90.1%	87.5%
Person has the necessary supports in place to meet needs and goals.	90.0%	87.5%
The person is free from abuse, neglect and exploitation.	88.2%	88.6%
The person is safe or has self-preservation skills.	87.0%	82.9%
The person is healthy.	92.5%	78.6%
Person is educated and assisted by supports/services to learn about rights and fully exercise rights, but especially those that matter most to the person. This includes dignity, respect, and privacy.	90.1%	88.9%
The person is achieving desired outcomes/goals or receiving supports that demonstrate progress toward specified outcomes/goals	91.3%	89.3%
The person is satisfied with the supports and services received.	94.4%	88.8%
The person is developing desired community roles that are of value to the person.	85.9%	77.5%
Average CDC+ III Score	90.7%	85.2%

### CDC+ Consultant

For each individual CDC+ participant who participated in the PCR process, a review of the person’s record held by the CDC+ Consultant (CDC-C) who works with the person is completed. Results by standard are shown in Attachment 4 for the 281 CDC+ Consultant record reviews, with Year 1 results displayed for comparison.

- On average, record reviews showed an 89.1 percent compliance rate, slightly lower than Year 1 results (90.7%).
- Twenty five of the 37 standards showed compliance rates of 90 percent or higher.
- On average, the CDC+ Consultants were least likely:
  - to ensure the participant and representative are educated on the benefits of medication reviews and preventive health screenings (74.5%);
  - to be aware of the participant’s definition of abuse, neglect & exploitation or how to report incidents (77.1%);

- to ensure participants are educated about safety needs (77.4%);
- to have a current approved cost plan in the record (77.9%);
- or, to have an Emergency Backup Plan in the record that has been reviewed annually (78.4%).
- Compared to Year 1, Consultants reviewed this year were much less likely to have an approved cost plan in the record, down 12 percentage points.
- Compared to Year 1, the following standards show a decrease of between five and 10 percentage points:
  - Describing how participants are empowered to make informed decisions about their safety or their health
  - Being aware of any history of abuse, neglect or exploitation
  - And being aware of the participant's definition of abuse, neglect and exploitation and how the participant would report such incidents.

### **CDC+ Representative (CDC-R)**

CDC+ participants have a Representative (the participant is sometimes also the Representative), who helps with the “business” aspect of the program: such as hiring providers, completing and submitting timesheets, or paying providers. This is a non-paid position and is most often filled by a family member. Delmarva reviewers monitor the Representative's records to help determine if the Representative is complying with CDC+ standards and Medicaid requirements.

During the first three quarters of the contract in Year 1, if the individual selected for the PCR declined to participate, the Representative was not reviewed. During this time period approximately 117 CDC Representatives were reviewed. However, since October 2010, the CDC-R has been reviewed as a PDR, regardless of the decision of the individual to participate or not. During the second contract year, 316 CDC+ Representatives were reviewed.

CDC-R results for each standard are presented in Attachment 5, with Year 1 results displayed for comparison. Representatives scored an average of 84.1 percent, higher than in Year 1 (70.5%). Findings indicate several areas in which Representatives appear to be improving their documentation:

- Just over half the Representatives (53.5%) had documentation for background screening requirements, up from 32.2 percent in Year 1.
- Maintaining complete employee packets for all directly hired employees, 86.8 percent and up 27.5 percentage points from 59.3 percent in Year 1.
- Maintaining complete vendor packets, 93.2 percent and up 22 points from 71.1 percent in Year 1.
- Having signed and approved receipts of goods and services, 89.7 percent and up 25.4 points compared to Year 1.

- Ensuring the Corrective Action Plan is signed by the participant and is available for review, 88.9 percent and up from 66.7 percent in Year 1.

However, a smaller percent of Representatives has a signed employee/employer agreement for each directly hired employee, 87.3 percent in Year 1 and 75.9 percent year to date in Year 2.

## Section III: Discovery

Findings in this report reflect data from PCR and PDR review activities for the 2011, the second FSQAP contract year, with comparisons to Year 1 results when possible. A total of 1,387 PCRs and 2,668 PDRs were completed, approved and available for analysis. During this quarter the Delmarva management team provided AHCA and APD information needed for the Tier 4 CMS Evidentiary Report; the Public Reporting Website workgroup met to revise/update pages on the current website to reflect the new processes and scoring elements; Delmarva helped facilitate the Quality Council meeting in December, and quarterly meetings were held in each APD Area. Work has continued on tool revisions

Since inception of the new FSQAP contract in January 2010, Delmarva had been instructed not to include any recommendations to the State in the quarterly or annual reports. However, Director Hansen has indicated he would like to include recommendations in the reports, based on results from the data analysis. Therefore, the Discovery section has been reformatted and includes recommendations from the PCR and PDR data.

### Person Centered Review Results

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

### Individual Involvement in Community and Service/Life's Decisions

Individual interviews to date indicate an average III score of 79.34 percent, somewhat lower than in Year 1 (85%). None of the III Standards has shown an increase since Year 1. The Standard showing the lowest rate measures the degree to which the individual is developing desired community social roles (64.7%), and this is lower than in Year 1 by approximately eight percentage points. According to the NCI survey, individuals scored relatively low in the Focused Area of Community Inclusion, a rate of 66.6 percent. Involvement in the community appears to most often be for shopping, going to a restaurant or coffee shop, or going out to run errands or for an appointment. Only 17 percent of respondents to date indicated having a job in the community and only 30 percent indicated having any volunteer work.

The calculated Individual Involvement score is lower than in Year 1. Individuals in group homes and individuals who are young (age 18-21) appear to be less involved in their service system decisions than their counterparts. Because group homes may often have regular “trips for shopping” and standard procedures for all residents, the person’s involvement in those choices may be compromised. If younger individuals still live in the family home, parents may be more likely to make service system decisions than the individual.

Individuals receiving Supported Employment were much more likely to be involved in their own life's decisions than individuals receiving ADT or Companion services. Supported Employment empowers individuals by giving them the ability to work in the community in integrated positions and generally more money to spend on activities of their choice. This helps increase self esteem and self confidence and an ability to be included in decisions about life. However, individuals in sheltered workshops such as ADTs are much less likely to have community involvement, and are likely to be working at the facility and less money to spend on activities. Companion offers individuals who do not work an opportunity to have a provider take them into the community but with excursions that do not necessarily foster community connections and relationships, such as trips for shopping or to run errands, as corroborated in the NCI data. However, it is less clear why individuals with Autism, while represented by only 55 waiver participants, were significantly less likely to be involved in decisions about their life than individuals with other type of developmental disabilities.

Finally, data in this report inform us that documentation maintained by providers indicates providers are, for the most part, responsive to the needs and goals chosen by individuals. However, because individual involvement in the community and in their own life's decisions appears to be relatively low, documentation does not seem to guarantee intended outcomes.

Recommendation 1: A recommendation in the 3<sup>rd</sup> Quarter report is still relevant. Training on developing social roles and other aspects of becoming more involved in the community should be offered at various locations across the state. Two different sessions could be provided, one session with a provider focus to help providers develop service systems that enhance community integration; and one with a focus for individuals and families to help them identify options available to them and ways to exploit natural supports in the community. Alternatively, web based modules could be created for all to access when time allows.

Recommendation 2: It was recommended in the last report that APD initiatives be developed, or expanded, to help individuals obtain work in integrated environments in the community. However, economic conditions have created financial and employment difficulties for all people, making a movement from ADT to Supported Employment even more difficult. Therefore, ADT providers should be offered training and/or support to help them offer opportunities to individuals that would get them into the community in various capacities: integrated work, volunteer positions, meaningful activities that go beyond shopping and running errands, and/or a means to help them develop their own business.

Recommendation 3: Members of the Quality Council could develop community supports to promote work opportunities in the state. Perhaps a facebook page or blog could be implemented to post organizations that are willing to hire people with disabilities and other resources to help empower individuals and families to make community connections.

Recommendation 4: APD should provide some type of incentive to ADT providers who use creative ways to move individuals into Supported Employment and/or more meaningful activities, such as unique business opportunities for individuals as part of the ADT.

Recommendation 5: A workgroup should be developed to ensure all tools used by Delmarva and APD, are revised and developed to ensure person directed practices are occurring and individuals have choice in all areas of their life, including work and home.

Recommendation 6: APD should investigate why individuals with Autism appear to have less involvement in their services and supports than individuals with other types of disabilities.

Recommendation 7: APD and AHCA should consider a Quality Improvement Study to focus on the degree to which documentation of policies and procedures results in better outcomes for individuals. A similar study was completed during the previous contract. However, with a focus on documentation in the current contract a new study could provide valuable information when modifying current processes and procedures.

### Choice

NCI results to date indicate individuals have a limited amount of choice in their lives. This NCI Focused Area reflected a lower score than any other Focused Area, with a rate of just under 46 percent. Relatively few individuals chose a place to live (30%), who to live with (43%), a daily schedule (53%), who helps them during the day (24%), who helps them at work (36%), or where they go during the day (40%). Approximately one quarter of individuals did not have a choice of support coordinators (only 46 percent answered yes and 30 percent were “in between”). The III standard measuring if individuals have choice of services and supports reflected close to a 10 point decrease since last year and overall satisfaction with services appears to be down as well, from 89.7 percent to 85.5 percent.

Recommendation 8: When The Handbook is revised, it is recommended that a stronger emphasis be placed on choice for individuals.

Recommendation 9: Delmarva, AHCA and APD should develop training sessions for providers and individuals. Provider training should focus on helping providers understand how to implement policies that promote individual choice. A training session for individuals and families should be developed to help them understand how and when they can make decisions, to help make them aware of the power they have in their lives.

## Health

The III Standard that helps determine if the person is healthy has dropped by 12.5 percentage points since Year 1. While most all individuals have a doctor and had been to a doctor, approximately 42 percent of individuals indicated having health problems, up from 38 percent in Year 1. The proportion of individuals treated in an emergency room increased by close to five points since last year. In addition, 187 health and/or safety alerts were cited during the course of the year.

For CDC+ participants, the III Standard measuring health has decreased by close to 10 points. However, a larger percent of CDC+ participants, compared to DD Waiver, had been to the dentist (82.2% and 75.9% respectively) and a smaller percent of CDC+ participants had problems with teeth (7.0% and 12.5% respectively).

Recommendation 10: AHCA should explore ways for DD Waiver participants to acquire dental care in the way CDC+ provides this opportunity.

Recommendation 11: The Delmarva Nurse, Linda Tupper, has several different types of health related trainings that could be beneficial to offer in the state. Identifying and addressing various health problems specific to individuals with developmental disabilities or individuals in a wheel chair could be the focus of one training session.

Recommendation 12: When an alert is given, a report is generated that includes a description of circumstances that lead to the alert. The 187 health/safety alerts should be examined. If any trends are discovered as to the source of health alerts, such as inappropriate medication administration, quality improvement initiatives should be developed to further protect the health and safety of individuals.

## Provider Discovery Review Results

Results from the 2,668 PDRs conducted between January and December 2011 indicate providers are performing, on average, somewhat better documenting their Policies & Procedures (up about 6.6 points), Qualifications and Training (up 3 points), and Service Specific (up 3 points) requirements compared to Year 1. Providers are showing the most improvement in maintaining a grievance log and ensuring individuals sign the grievance policy. Most providers had not completed a self-assessment with all the requirements and approximately 58 percent of providers had actually taken action on results from the self-assessment. However, compliance on these two Standards has improved since Year 1.

Recommendation 13: The recommendation from the previous report is still relevant. Area offices should help ensure providers have a system in place to perform an adequate self-assessment. A workgroup, including Delmarva, could be used to help develop a standardized survey as a base for collecting data in each

Area, with additional provider specific questions as needed. Presentations could be provided at provider or Area meetings to explain how to develop data driven quality improvement initiatives. The Quality Council could also help with this initiative.

Of the 2,668 providers who participated in a PDR, 426 (16%) received a citation for not having proper documentation to support completion of required background screening procedures. This is somewhat lower than in Year 1 (18.6%). Providers or staff most often failed to present the required Federal Bureau of Investigation screening clearance letter and often did not present the Local Criminal Records Check obtained through the county office.

Recommendation 14: Over the years, APD has implemented various methods to ensure providers have all background screening documentation in place. The Council should review ideas that were shared concerning background screening compliance and explore two specific areas: develop a recommendation for the state to help reduce the number of providers working without this documentation in place; and develop a new procedure to be implemented by the APD Areas to ensure providers have all documentation onsite and not just at the APD office.

When a provider receives a citation during the Delmarva review, it is reported to AHCA and APD, via the provider report. The proportion of providers with at least one recoupment citation is down somewhat compared to Year 1, from 59.4 percent to 52.5 percent, but with still over half of providers reviewed receiving a citation. Data in 10 of the Areas indicated that over 50 percent of the providers reviewed had at least one recoupment citation. However, six Areas (1, 2, 4, 7, 9, and 14) have shown at least a 10 point decrease in the percent of providers with a recoupment citation. While this could be partly because “deemed” provider, or the better scoring providers from Year 1, were not reviewed this year, it is also possible these Areas have implemented some policies or initiatives to help reduce recoupment issues.

Recommendation 15: APD central office should investigate the Areas noted here to determine if they have recoupment initiatives that could be shared across the state to help reduce the proportion of providers receiving recoupment citations each year.



## Attachment 1: Area Quarterly Meetings

October - December 2011

Area Quarterly Meetings		
Date	Area	Summary
12/14/2011	1	<p>APD Participants: Rita Hughes, Walt Wooten, Joanne David, Anna Marie MacArthur, Kelly Lucas &amp; Ali Stanley</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Theresa Skidmore &amp; Kathy Harkleroad</p> <p>Brief Summary: Agenda items included: Provider updates &amp; Terminations, Status of reviews/scheduling, feedback on reports. Detailed discussion was held regarding, Year 3 Delmarva Review schedule, pending Delmarva tool revisions, I-Budget and termination of APD Connects, Customer Central Record (CCR) pilot that had been taking place in Area 1. Update on Quality Council activities was provided. Current trends/data were discussed and next meeting date set.</p>
12/02/2011	2	<p>APD Participants: Ann Douglas, Lynne Daw, Kristin Brandon, Deborah McQueen, Marnie Millner, Jane Tillman, Eddie Tanner (phone), Bonnie Williams (phone).</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Theresa Skidmore, Sandra Rowe &amp; Kara Cowart</p> <p>Brief Summary: Agenda items included: Provider updates &amp; Terminations, Status of reviews/scheduling, feedback on reports. Detailed discussion was held regarding Delmarva Year 3 schedule, I-Budget roll out and termination of APD Connects Customer Central Record (CCR) pilot. Questions from a few WSC's were addressed and Delmarva Reviewers shared some concerns regarding recently reviewed providers. Update on Quality Council activities was provided. Current trends/data were discussed and next meeting date set.</p>
12/05/2011	3	<p>APD Participants: Jim Smith, Lucy Degenhardt, Alicia Stancin, Cynthia Tyson, Synester Rollins, Steve Malu &amp; Vernita Hughes.</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Theresa Skidmore, Mark Williams &amp; Gwen Williams</p> <p>Brief Summary: Agenda items included: Provider updates &amp; Terminations, Status of reviews/scheduling, feedback on reports. Detailed discussion was held regarding Delmarva Year 3 sample and schedule, I-Budget roll out and termination of APD Connects Customer Central Record (CCR) pilot. Update on Quality Council activities was provided. Current trends/data were discussed</p>

		and next meeting date set.
12/06/2011	4	<p>APD Participants: Terry Mothershed Newman, Shernadina Moreland, Chris Crusciel, Cathy Guiry</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Christie Gentry, Shiela Butler, Gary Baird, Janice Newman</p> <p>Brief Summary: Agenda items included: Delmarva/APD Updates, Status of reviews/scheduling, feedback on reports, Current Trends/Data. Detailed discussion was held regarding liability insurance, I-Budget roll out and APD Connects Customer Central Record (CCR), and Delmarva Report format.</p>
12/12/2011	7	<p>APD Participants: Joe Balazowich, Cydney Yerushalmi, Mary Martin, Nancy Micheal, Sharon Jennings, Jennifer Monje, Grisela Hernandez, Carol Solomon, Merari Perez, Claudia Mazza</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Christie Gentry, Jeff Coleman, Brenda McConnell, Chery King (by phone)</p> <p>Brief Summary: Agenda items included: Delmarva/APD Updates, Status of reviews/scheduling, feedback on reports, Current Trends/Data. Detailed discussion was held regarding Cost Plan Reviews, IB Rates, Liability Insurance, I-Budget roll out and APD Connects Customer Central Record (CCR), year 3 Delmarva schedule, and Delmarva Report format.</p>
11/30/11	8	<p>APD Participants: Marsha Vollmar, Todd Ryan, Diane Whisman and Jeff Smith</p> <p>AHCA Participants (if any): None</p> <p>Delmarva Participants: Kristin Allen and Michelle Kenyon</p> <p>Brief Summary: Follow-up from previous meeting including expansion of character limit on Medicaid claims search; Michelle Kenyon was introduced. Other agenda items included preparation for APD Connects and iBudget and Status of Reviews/scheduling. The number of alerts is declining and most continue to be related to background screening deficiencies. Area office staff expressed satisfaction with trends shown in the data as they have seen overall provider scores starting to improve.</p>
12/13/2011	9	<p>APD Participants: Gerry Driscoll, APD; Berndette Snyder, APD; Maria Rubin, APD; Elizabeth Torres, APD; Christina Tookes, APD</p> <p>AHCA Participants (if any): n/a</p> <p>Delmarva Participants: Robyn Moorman, Delmarva; Noeline Coore-Brown, Delmarva</p> <p>Brief Summary: Agenda items included follow up from prior meeting,</p>

		Delmarva updates including year 3 schedule and staffing, APD updated including iBudget, Status of reviews and notifications, Non Compliant Providers, Alerts/Recoupment, and feedback on reports. Data was shared and reviewed. 2012 meetings were scheduled and 2012 QC dates were shared. Detailed discussions held on Consultants entering the area assisting providers with preparation for QA activities from APD and DF and the local law results.
12/14/2011	10	APD Participants: Martha Martinez, APD; David Gillis, APD AHCA Participants (if any): n/a Delmarva Participants: Robyn Moorman, Delmarva; Avril Wilson, Delmarva; Anna Quintyne, Delmarva Brief Summary: Agenda items included follow up from prior meeting, Delmarva updates including year 3 schedule and staffing, APD updated including iBudget, Status of reviews and notifications, Non Compliant Providers, Alerts/Recoupment, and feedback on reports. Data was shared and reviewed. 2012 meetings were scheduled and 2012 QC dates were shared.
12/6/2011	11	APD Participants: Kirk Ryon, APD AHCA Participants (if any): n/a Delmarva Participants: Robyn Moorman, Delmarva; Jose Navarro, Delmarva; Berta Santos; Delmarva; Janet Tynes, Delmarva Brief Summary: Agenda items included follow up from prior meeting, Delmarva updates including year 3 schedule and staffing, APD updated including iBudget, Status of reviews and notifications, Non Compliant Providers, Alerts/Recoupment, and feedback on reports. Data was shared and reviewed. 2012 meetings were scheduled and 2012 QC dates were shared. For drilled down data, Kirk would like to have more specifics on Supported Living.
12/07/2011	12	APD Participants: Diveka Anderson, Dylan Gale, Vanessa Carter, Linda Burris, Cindy Camplin, Ed DeBardeleben, Sandra Mills AHCA Participants (if any): Delmarva Participants: Christie Gentry, Charlene Henry, Gary Baird Brief Summary: Agenda items included: Delmarva/APD Updates, Status of reviews/scheduling, feedback on reports, Current Trends/Data. Detailed discussion was held regarding Cost Plan Reviews, Liability Insurance, Accepting School system Background Screening, I-Budget roll out and APD Connects Customer Central Record (CCR), year 3 Delmarva schedule, and Delmarva Report format.

12/07/2011	13	<p>APD Participants: Mary Nally, Patricia Morse, Angela Green, Joyce Leonard, Wayne Perry, Aquinette Harrison &amp; Priscilla Weeks.</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Theresa Skidmore, Mark Williams &amp; Kathy Silfies</p> <p>Brief Summary: Agenda items included: Provider updates &amp; Terminations, Status of reviews/scheduling, feedback on reports. Detailed discussion was held regarding status of pending Delmarva tool revisions, year 3 sample &amp; schedule, requested changes to report format and question regarding preliminary findings. Update on Quality Council activities was provided. Current trends/data were discussed and next meeting date set.</p>
12/12/11	14	<p>APD Participants: Heather Monteath, Jeannette Estes, Art Ciesla, Carla Bettis</p> <p>AHCA Participants (if any): None</p> <p>Delmarva Participants: Kristin Allen and Kristen Joshnick</p> <p>Brief Summary: Delmarva Updates: APD Updates no firm rollout date for iBudget in Area 14; Status of Reviews/scheduling</p> <p>Discussed non-compliant process. Alerts/recoupment Reporting process is working; Current Trends/data</p> <ul style="list-style-type: none"> <li>• New Reconsideration procedures effective 1/1/12</li> <li>• Status of tool revisions – new and current</li> </ul>
12/14/2011	15	<p>APD Participants: Marie Dubussion, APD; Wayne Robb, APD; Cordroy Charles, APD; Noreen Ruffolo, APD; Carla Sterling, APD</p> <p>AHCA Participants (if any): n/a</p> <p>Delmarva Participants: Robyn Moorman, Delmarva</p> <p>Brief Summary: Agenda items included follow up from prior meeting, Delmarva updates including year 3 schedule and staffing, APD updated including iBudget, Status of reviews and notifications, Non Compliant Providers, Alerts/Recoupment, and feedback on reports. Data was shared and reviewed. 2012 meetings were scheduled and 2012 QC dates were shared. Detailed discussions held on providers accessing the local law results and the most commonly missed Standards for the Area.</p>
12/7/11	23	<p>APD Participants: Laurie Harlow</p> <p>AHCA Participants (if any): None</p> <p>Delmarva Participants: Kristin Allen, Bob Foley, Chris Kulaga, Michelle Dean, Elizabeth Cooper and Krista McCracken</p> <p>Brief Summary: There is a new reviewer, Michelle Kenyon in Area 8 and Kristen Joshnick in Area 14. There is still no firm rollout date for iBudget in Area 8. New Reconsideration procedures effective 1/1/12. Status of tool</p>

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		revisions was provided.
		<b>Other Meetings and Conferences</b>
9/6/2012		Medical Case Management (MCM) Conference call (Linda Tupper)
10/2/2012		MCM Conference call (Linda Tupper)
10/26/2012		Board Meeting – Developmental Disabilities Nurses Association (Linda Tupper)
11/2/2012		MCM Conference call (Linda Tupper)
12/7/2012		MCM Conference call (Linda Tupper)

## Attachment 2: Customer Service Activity

October - December 2011

Reason for Call	# of Events	Description	Outcomes	Average Resolution Time
Address/ Phone Update	13	Providers call to update their phone numbers/addresses	Phone numbers/ addresses are updated in the Discovery application and providers are advised to update same with AHCA	1 day
Background Screening	0			
CDC+	2			
Clarification	0			
Complaint	0			
Contact QAR	3	Providers call to contact the QAR assigned to do their review.	QAR is contacted by office staff and asked to contact the provider	1 day
Delmarva Online Training	7	Providers call with questions about how to access training.	Providers are assisted with following the instructions online to register or are referred to the helpdesk for technical assistance.	1 day
Miscellaneous/ Other	4	Many were inquiries regarding the HSRI Family/Guardian surveys.	The surveys were explained.	1 day
New Tools	3	Providers and stakeholders questioned the Discovery tools, specific standards, and asked for them to be defined/clarified.	The tools/standards were explained, including references to Handbook requirements.	1 day
Next Review	22	Providers called asking when their next review will occur.	Providers were referred back to their notification letters and/or to the calls they received from their assigned QAR with the date and time agreed upon.	1 day
Provider Search Website	0			
Question	31	Providers call with questions regarding documentation or qualification requirements; for assistance accessing resources on our	Questions are answered with references to appropriate documents or entities.	1 day

		website; for explanations of the review processes.		
Reconsideration	15	Providers call with questions regarding how to submit a request for reconsideration or when to expect their reconsideration results.	The reconsideration process is explained to providers, including reference to our Operational Policies and Procedures and their report cover letters; reconsiderations submitted are researched and providers are given an expected delivery date.	1 day
Report Requested	18	Providers call or email requesting that their report be re-sent to them.	Reports are re-sent with address confirmation and providers are advised of same.	1 day
Review	42	Providers call asking for explanation of their reports.	Their reports are explained; providers are referred to their local APD office for technical assistance.	1 day
Training	3	Providers and stakeholders call asking about training requirements.	Training requirements are explained, including reference to the Handbook.	1 day

## 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.<sup>14</sup> 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 I<sup>3</sup>) to help assess individuals' perspectives of their rights, choices, involvement in Support Plan development and life decisions, community inclusion, health, safety, and satisfaction with services. A Health and Behavioral Assessment is used to further explore the individual's specific health issues including: psychotropic drug use; hospital and emergency room use; dental and family practitioner care; and an assessment of a wide variety of health issues and service needs.<sup>15</sup>

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<sup>14</sup> HSRI developed the NCI survey instruments. More information can be found at the following web site: <http://www.hsri.org/>.

<sup>15</sup> Delmarva review tools and procedures are available here: [http://www.dfmc-florida.org/public/review\\_tools.aspx](http://www.dfmc-florida.org/public/review_tools.aspx).



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

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

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

### **Provider Discovery Review (PDR)**

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

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

The PDR has several components:

- Administrative Record Review
- Service Specific Record Review

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

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

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

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

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

## Sample

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

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

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

## Provider Performance Scoring Methodology<sup>16</sup>

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

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

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

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

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

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<sup>16</sup> The scoring methodology was developed in May 2010 by a workgroup consisting of representatives from the Agency for Health Care Administration, the Agency for Persons with Disabilities, and Delmarva Foundation.

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

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

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

## Attachment 4: CDC+ Consultant Results by Element

January – December 2011

CDC+ Consultant Results by Element	Percent Met	
	Year 1 (N=221)	Year 2 (N=281)
Standard		
Current Support Plan is in the record and is complete.	98.1%	97.5%
Current Support Plan was submitted to the APD Area office in required timeframes.	85.6%	86.7%
Current Support Plan was distributed within the required timeframes.	88.1%	88.4%
Current Medicaid Waiver Eligibility Worksheet is in the record and complete.	95.0%	96.4%
The current approved Cost Plan is in the record.	90.1%	77.9%
Consultant assists participant with Medicaid eligibility & notifies CDC+ liaison when a participant is ineligible.	100.0%	100.0%
The record includes current outcome notes/personal outcome measures for the individual.	89.7%	90.0%
The current APD approved assessment is in the record.	100.0%	100.0%
Generic resources/supports are identified in the current Support Plan.	93.6%	97.0%
The current Support Plan reflects the individual's communicated personal goals.	98.1%	97.5%
The Consultant addresses the individual's communicated personal goals.	97.5%	95.0%
The Support Plan reflects the individual's communicated choices and preferences.	98.8%	98.6%
Community life is addressed in the current Support Plan.	95.7%	97.5%
The Consultant is aware of the person's recent progress towards or achievement of personal goals.	93.8%	91.5%
Consultant addresses the individual's expectations of the services he/she is receiving.	93.2%	90.0%
Participant & CDC+ Rep are educated about the benefits of Medication Reviews & preventive health screenings.	79.5%	74.5%
Participant and CDC+ Rep are educated about safety needs - natural disasters, community & home safety.	81.9%	77.4%

CDC+ Consultant Results by Element	Percent Met	
	Year 1 (N=221)	Year 2 (N=281)
The Consultant addresses the participant's health and health care needs.	90.6%	90.7%
The Consultant addresses the participant's safety needs and safety skills.	94.4%	88.6%
Consultant can describe how participants are empowered to make informed decisions about their health.	88.1%	81.6%
Consultant can describe how participants are empowered to make informed decisions about their safety.	90.0%	81.0%
Consultant is aware of any history regarding abuse, neglect and/or exploitation for the participant.	89.0%	80.9%
Consultant is aware of the participant's definition of abuse, neglect, & exploitation, & how participant would report incidents.	86.3%	77.1%
Consultant has responded to fraud, abuse, neglect or exploitation & reported findings to authorities.	100.0%	100.0%
Consultant has a back-up Consultant to provide supports in the event he/she is unavailable.	93.8%	97.9%
Completed/signed Participant-Consultant Agreement is in the record.	86.3%	93.2%
Completed/signed CDC+ Consent Form is in the record.	91.3%	91.8%
Completed/signed Participant-Representative Agreement is in the record.	88.6%	94.2%
Completed/signed Purchasing Plan is in the record.	96.9%	97.5%
Participant's Information Update form is completed & submitted to Area CDC+ liaison as needed.	93.8%	98.5%
When correctly submitted by participant, Consultant submits Purchasing Plans by the 10th of the month.	96.0%	94.1%
Consultant provides technical assistance to participant to meet participant's needs.	93.5%	98.8%
Participant Monthly Review forms are filed in the participant's record prior to billing each month.	92.5%	95.4%
Consultant uses cash receipts log to track expenditures and cash on hand.	85.2%	84.0%
Consultant has taken action to correct any overspending by the participant.	93.0%	98.2%
Consultant initiates Corrective Action when appropriate & Plan is in the record.	87.9%	92.5%

CDC+ Consultant Results by Element	Percent Met	
Standard	Year 1 (N=221)	Year 2 (N=281)
The Emergency Back-up Plan is in the record and is reviewed annually.	72.8%	78.4%
Average PCR CDC+ Consultant Reviews	90.7%	89.1%

## Attachment 5: CDC+ Representative Results by Element

January – December 2011

Standard	Percent Met	
	Year 1 (125)	Year 2 (316)
Background screening results for all Directly Hired Employees are available for review.	32.2%	53.5%
Complete Employee Packets for all Directly Hired Employees are available for review. CDC+ Participant Notebook v. 3.0 p. 62	59.3%	86.8%
Complete Vendor packets for active Vendors and independent contractors are available for review. CDC+ Participant Notebook v. 3.0 p. 66 & 67	71.1%	93.2%
Complete and signed Job Descriptions for each service provider are available for review. CDC+ Participant Notebook v. 3.0 p. 49 & 63	72.8%	76.6%
Complete and signed Participant/Representative Agreement is available for review. CDC+ Participant Notebook v. 3.0 p. 31	86.6%	88.5%
Copies of Current Support Plan and approved Cost Plan are available for review. CDC+ Participant Notebook v. 3.0 p. 77 & 98	78.5%	83.2%
Corrective Action Plan (if applicable) is signed by Participant /Representative and available for review. CDC+ Participant Notebook v. 3.0 p. 98 & 99	66.7%	88.9%
Emergency Backup Plan is complete and available for review. CDC+ Participant Notebook v. 3.0 p. 75 & 98	75.4%	82.6%
Receipts and Detailed Monthly Logs for Cash Purchases are available for review. CDC+ Participant Notebook v. 3.0 p. 95	79.2%	85.4%
Signed Employee/Employer Agreement for each Directly Hired Employee (DHE) is available for review. CDC+ Participant Notebook v. 3.0 p. 63	87.3%	75.9%
Signed and approved Invoices for Vendor Payments are available for review. CDC+ Participant Notebook v. 3.0 p. 92 & 93	83.3%	91.8%
Signed and approved Purchasing Plan is available for review. CDC+ Participant Notebook v. 3.0 p. 79	85.0%	87.0%
Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review. CDC+ Participant Notebook v. 3.0 p. 91 & 92	87.3%	87.1%
Signed and approved receipts and/or statement of "Goods & Services" received are available for review. CDC+ Participant Notebook v. 3.0 p. 45 & 98	64.3%	89.7%
Average CDC Representative Record Review	70.5%	84.1%



## Attachment 6: NCI Consumer Survey - Results by Focused Area and Indicator<sup>17</sup>

January – December 2011

Question Description	Applicable Responses	% No	% In-Between	% Yes
<b>1. Achieving Results/Person Centered Approach</b>				
Q3. Do you like working there (job)?	178	2.2%	7.3%	90.4%
Q4. Would you like to work somewhere else?	174	56.9%	12.1%	31.0%
Q8. Do you like going there/doing this activity (day program)?	616	3.2%	6.0%	90.7%
Q9. Would you like to go somewhere else or do something else during the day (day program)?	572	60.0%	8.0%	32.0%
Q13. Do you like your home or where you live?	1,045	3.1%	4.3%	92.6%
Q14. Would you like to live somewhere else?	989	64.1%	8.5%	27.4%
Q39. If you ask for something, does your case manager/service coordinator help you get what you need?	916	1.9%	5.8%	92.4%
Q79. Do you get the services you need?	1,348	19.7%	9.6%	70.7%
Total Achieving Results	5,838	24.2%	7.3%	68.4%
<b>2. Choice</b>				
Q61. Who chose the place where you live?	1,292	45.7%	25.2%	29.2%
Q63. Did you choose the people you live with?	1,290	40.1%	16.9%	43.0%
Q64. Do you choose who helps you at home?	1,037	25.1%	40.8%	34.1%
Q65. Who decides your daily schedule?	1,359	14.0%	32.5%	53.5%
Q66. Who decides how you spend your free time?	1,360	7.6%	26.1%	66.3%
Q67. Who chose the place where you work?	267	15.4%	25.8%	58.8%
Q69. Do you choose who helps you at work?	196	16.3%	48.0%	35.7%
Q70. Who chose where you go during the day?	862	28.3%	31.6%	40.1%
Q72. Do you choose who helps you during the day?	962	20.7%	55.6%	23.7%
Q73. Do you choose what you buy with your spending money?	1,343	11.4%	39.7%	48.9%
Q74. Did you choose your case manager/service coordinator?	1,239	23.9%	30.0%	46.1%
Total Choice	11,207	23.4%	32.5%	44.1%
<b>3. Health</b>		<b>Excellent</b>	<b>Fairly Good</b>	<b>Poor</b>

<sup>17</sup> Shaded questions were reverse coded for analysis presented in Table 5.

Question Description	Applicable Responses	% No	% In-Between	% Yes
BI14. Overall, how would you describe this person's health? (scale)	1,380	33.7%	61.2%	5.1%
<b>4. Safety</b>				
Q22. Are you ever afraid or scared when you are at home?	986	85.9%	10.8%	3.3%
Q23. Are you ever afraid or scared when you are out in your neighborhood?	966	88.6%	7.7%	3.7%
Q24. Are you ever afraid or scared at work or at your day program?	773	90.0%	6.2%	3.8%
Q25. If you feel afraid, if there someone you can go to for help?	670	4.6%	2.7%	92.7%
Total Safety	3,395	71.6%	7.2%	21.2%
<b>5. Rights</b>				
Q6. Are the staff who help you at your job nice and polite to you?	146	3.4%	2.7%	93.8%
Q11. Are the staffs at your day program activity nice and polite to you?	610	1.1%	3.6%	95.2%
Q18. Are they (people helping you at home) nice and polite to you?	737	1.2%	4.9%	93.9%
Q19. Do people let you know before they come into your home?	966	5.0%	6.7%	88.3%
Q20. Do people let you know before coming into your bedroom?	956	6.9%	7.4%	85.7%
Q21. Do you have enough privacy at home?	892	9.0%	0.0%	91.0%
Q30. Can you go on a date if you want to?	716	11.6%	10.6%	77.8%
Q75. Do people read your mail or email without asking you first?	1,148	91.2%	0.0%	8.8%
Q76. Can you be alone with friends or visitors at your home?	1,159	19.5%	0.0%	80.5%
Q77. Are you allowed to use the phone and internet when you want to?	1,045	6.5%	0.0%	93.5%
Total Rights	8,375	19.6%	3.3%	77.2%
<b>6. Community Inclusion / Social Role</b>				
Q1. Do you have a job in the community?	1,086	83.1%	0.0%	16.9%
Q12. Do you have any volunteer work?	1,010	70.0%	0.0%	30.0%
Q29. Can you see your friends when you want to see them?	822	6.8%	20.7%	72.5%
Q32. Do you have family that you see?	987	10.6%	0.0%	89.4%

Question Description	Applicable Responses	% No	% In-Between	% Yes
Q33. Can you see your family when you want to?	889	8.0%	17.9%	74.1%
Q42. When you want to go somewhere, do you always have a way to get there?	953	1.2%	15.2%	83.6%
Q54. In the past month, did you go shopping?	1,366	8.2%	0.0%	91.8%
Q55. In the past month, did you go out on errands or appointments?	1,353	13.1%	0.0%	86.9%
Q56. In the past month, did you go out for entertainment?	1,359	25.7%	0.0%	74.3%
Q57. In the past month did you go out to a restaurant or coffee shop?	1,367	12.7%	0.0%	87.3%
Q58. In the past month, did you go out to a religious service?	1,360	50.1%	0.0%	49.9%
Q59. In the past month, did you go out for exercise?	1,366	44.5%	0.0%	55.5%
Q60. In the past year, did you go away on a vacation?	1,357	49.7%	0.0%	50.3%
Total Community Inclusion	15,275	30.3%	3.1%	66.6%

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

### Person's Involvement in Process

#### III

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

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

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

### SSRR

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

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

### NCI Consumer Survey

Who chose the place where you live?

Did you choose the people you live with?

Do you choose who helps you at home?

Who decides your daily schedule?

Who decides how you spend your free time?

Who Chose the place where you work?

Who chose where you go during the day?

Do you choose who helps you during the day?

Do you choose what you buy with your spending money?

Did you choose your case manager/service coordinator?

### System's Responsiveness to the Person

#### III

Person is afforded choice of supports and services.

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

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

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

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

## SSRR

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Attachment 8: Provider Discovery Review Policy and Procedures

(Year 1 N=2,579, Year 2 N=2,668)

Policy and Procedure Results by Review Standard		
January – December 2011		
Standard	Year 1 Pct Present	Year 2 Pct Present
The provider has written policies and procedures on the use of the personal outcome process, and how individual outcome information will be incorporated into service delivery planning.	84.6%	90.9%
The provider has written policies and procedures governing how a person-centered approach to services will be provided in order to meet the needs of the recipients served and to achieve the personal goals on the support plan.	83.3%	90.8%
The provider is able to describe the organization's person centered planning process, i.e. developing Implementation Plans, Support Plans, etc.	94.3%	97.2%
The provider has written policies and procedures that promote the health and safety of every recipient who receives services (to include Abuse/Neglect, Incident Reports, Bill of Rights).	88.4%	91.7%
The provider can describe procedures for reporting any rights violations.	93.5%	98.0%
The provider has evidence of teaching individuals/legal representatives about their rights, e.g. signed receipt of the Bill of Rights of Persons with developmental disability, at least once annually.	71.4%	80.6%
The provider can describe reporting procedures for any incidents of abuse, neglect, and/or exploitation.	97.8%	98.1%
The provider has identified and addressed trends related to abuse, neglect, and exploitation.	95.0%	96.4%
All instances of abuse, neglect, and exploitation have been reported.	98.7%	97.9%
The provider has written policies and procedures which detail the safe administration and handling of medication to ensure the health and safety of recipients; if it is the provider's policy to not administer or assist in administration of medication, this should be clearly stated.	81.5%	87.3%
The provider tracks and addresses medication errors (if administering medication).	89.1%	91.8%
The provider has written policies and procedures to ensure the smooth transition of the recipient between providers and other supports and services.	80.7%	88.5%
The provider has written policies and procedures that address staff training plan and specify how pre-service and in-service activities will be carried out including HIV/AIDS training pursuant to Chapter 381.0035, F.S., CPR, and all other mandated training.	80.3%	81.8%
The provider has written policies and procedures to address grievances.	81.6%	92.5%

<b>Policy and Procedure Results by Review Standard</b>		
<b>January – December 2011</b>		
<b>Standard</b>	<b>Year 1 Pct Present</b>	<b>Year 2 Pct Present</b>
The provider maintains a log of all grievances.	68.2%	81.0%
The provider has evidence of teaching the individual/legal representative about the grievance policy.	66.7%	83.6%
Individuals sign the provider's grievance policy within 30 days of beginning services and annually thereafter.	55.3%	74.6%
The provider has a written policy for conducting self-assessments.	79.1%	81.8%
The provider has completed a self assessment including all required components, at least once in the past year.	41.7%	47.5%
The provider has taken quality improvement actions as a result of the self assessment.	48.6%	57.8%
The provider maintains a current table of organization, including board of directors (when applicable), directors, supervisors, support staff, and all other employees.	79.4%	88.4%
The provider tracks and addresses all incident reports.	86.6%	93.8%
The provider updates policies and procedures in a timely manner.	63.2%	68.1%
Vehicles used for transportation are properly insured and properly registered.	91.1%	90.7%
The provider has evidence of monitoring and reviewing projected service outcomes for Adult Day Training.	69.5%	83.3%
The provider has evidence of monitoring and reviewing projected service outcomes for Residential Habilitation.	52.4%	75.9%
The provider has evidence of monitoring and reviewing projected service outcomes for Waiver Support Coordination.	42.5%	72.5%
The provider has evidence of monitoring and reviewing projected service outcomes for Supported Employment.	52.8%	75.9%
The provider has evidence of monitoring and reviewing projected service outcomes for Supported Living Coaching.	55.9%	75.0%
<b>Total Administrative Policy and Procedure</b>	<b>80.5%</b>	<b>87.1%</b>

## Attachment 9: Provider Discovery Review Qualifications and Training Standards

(Year 1 N=2,579, Year 2 N=2,668)

<b>Qualifications and Training Results by Review Standard</b>		
<b>January – December 2011</b>		
<b>Standard</b>	<b>Year 1 Pct Present</b>	<b>Year 2 Pct Present</b>
The provider meets all minimum educational requirements and levels of experience for Adult Day Training.	89.4%	92.6%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	98.4%	98.7%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	90.3%	94.2%
The provider meets all minimum educational requirements and levels of experience for Companion.	90.3%	96.0%
The provider meets all minimum educational requirements and levels of experience for In Home Support.	84.0%	89.4%
The provider meets all minimum educational requirements and levels of experience for Personal Care Assistance.	89.8%	95.6%
The provider meets all minimum educational requirements and levels of experience for Respite Care.	90.0%	96.1%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation.	85.0%	89.5%
The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care (1 provider).	0.0%	100.0%
The provider meets all minimum educational requirements and levels of experience for Waiver Support Coordination/CDC+ Consultant.	97.5%	98.6%
The provider meets all minimum educational requirements and levels of experience for Supported Employment.	90.3%	94.7%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	89.0%	93.7%
The provider received training in Zero Tolerance.	81.1%	83.8%



<b>Qualifications and Training Results by Review Standard</b>		
<b>January – December 2011</b>		
<b>Standard</b>	<b>Year 1 Pct Present</b>	<b>Year 2 Pct Present</b>
The provider received training in Direct Care Core Competency.	83.9%	87.9%
The provider received training in HIPAA.	83.4%	88.9%
The provider received training in Person Centered Approach/Personal Outcome Measures.	73.7%	78.5%
If applicable, the provider received training in Medication Administration per FAC 65G-7.	93.8%	95.3%
If applicable, the provider has been validated on medication administration per FAC 65G-7.	92.1%	94.1%
The provider received training in HIV/AIDS. (Infection Control now captured in Core Comp.)	94.3%	96.7%
The provider received training in Cardiopulmonary Resuscitation (CPR).	93.4%	95.4%
The provider received 8-hrs of annual in-service related to implementation of individually tailored services specific to Adult Day Training.	78.7%	83.5%
The provider received 34 hours of Statewide pre-service training.	96.5%	97.9%
The provider received 26 hours of Area- specific training.	94.6%	96.0%
The provider received 24 hours of ongoing annual job related training.	93.5%	93.8%
Provider received a Certificate of Consultant Training from a designated APD trainer.	98.0%	98.5%
The provider received 18 hours of Supported Employment pre-service certification training. If enrolled before March 1, 2004, a solo provider or agency staff is only required to have twelve (12) hours of pre-service training.	94.5%	95.6%
The provider has attended an employment-related conference.	74.6%	84.4%
The provider received 12 or 18 hours of Supported Living Coaching pre-service certification training. (12 hrs prior to October 2003-18 hrs after October 2003).	95.3%	95.0%
The provider received 20 contact hours of instruction in a curriculum, meeting requirements specified by APD and approved by APD-designated behavior for Behavior Assistants.	93.0%	96.9%

<b>Qualifications and Training Results by Review Standard</b>		
<b>January – December 2011</b>		
<b>Standard</b>	<b>Year 1 Pct Present</b>	<b>Year 2 Pct Present</b>
The provider received training with an emphasis on choice and rights(Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants)	73.7%	80.5%
The provider received training in the development and implementation of the required documentation for each waiver service provided. (Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants)	76.7%	79.9%
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 training for WSCs/CDC+ Consultants)	73.8%	76.5%
The provider received training specific to the scope of the services rendered. (Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants)	76.0%	80.3%
<b>Total Administrative Qualifications and Training</b>	<b>84.6%</b>	<b>87.6%</b>