

Florida Statewide Quality Assurance Program

Year 2 First Quarter Report

January - March 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 January 2011, the Florida Statewide Quality Assurance Program (FSQAP) moved into the second year of the contract providing oversight processes of provider systems and person centered review activities for individuals receiving services through the Development Disabilities (DD) Home and Community-Based Services waivers or the Consumer Directed Care Plus (CDC+) program. Delmarva Foundation, under a contract with the Agency for Health Care Administration (AHCA), conducts Provider Discovery Reviews (PDR) and Person Centered Reviews (PCR) to provide AHCA and the Agency for Persons with Disabilities (APD) information about providers, individuals receiving services, and the service delivery systems. The data in this report reflect results from the first quarter of the second year of review activity, and represent only a portion of the total number of reviews that will be completed this year. Therefore, findings should not be over interpreted.

The first Quality Council (QC) meeting for the contract year was held in March in Tallahassee. The focus of the group was to discuss priorities generated from the workgroups in the previous meeting and to begin development of templates to assist providers in their routine documentation of various aspects of their service delivery systems. In addition, workgroups consisting of Delmarva, APD and AHCA representatives revised the Administrative and CDC+ review tools. Delmarva consultants and managers revised the service specific tools and have submitted them to AHCA and APD for revisions and/or approval.

During the contract year, Delmarva reviewers completed 249 Person Centered Reviews including 43 CDC+ participants, and 854 Provider Discovery Reviews including 37 providers who were scored as non-compliant—they either did not show up for the scheduled review or Delmarva and the Area APD office were unable to locate them.

Findings to date indicate providers are approximately 83 to 90 percent compliant in most areas of the PDR components for Policy and Procedures, Training requirements, and Service Specific Record Reviews (SSRR)¹. Compliance on some specific review standards is relatively low, such as monitoring projected service outcomes; having individuals sign the grievance policy within 30 days and annually; updating policies and procedure when needed; and documenting training in a person centered approach, training with an emphasis on choice and rights, or training on the Medicaid Waiver Services Agreement.

Observations of group homes and Adult Day Training facilities showed excellent performance ratings, with an average of 98 percent compliance across the state. However, over 52 percent of the 817 providers (representing all services reviewed by Delmarva) who had a PDR were cited with at least one potential

¹ For a description of the SSRRs, see page 15.

recoupment item, 152 received a background screening alert, and 57 health and/or safety alerts were recorded. In addition, providers of Companion, Respite, Behavior Assistance, and Personal Care Assistance did not perform as well in their documentation as providers of other services.

Only 49 CDC+ Representatives have been reviewed to date this year. However, for these representatives, compliance on background screening has improved from the Year 1 average of 32 percent to close to 55 percent.

While provider systems appear to be responding to the needs of individuals (system response), preliminary analysis suggests individuals often do not participate in making decisions about their services or life activities (individual involvement). Each of these measures is lower than results reflected in Year 1 and CDC+ participants reviewed to date this year appear to have systems that respond better to their needs than do individuals on one of the DD Waivers. However, as indicated above, results are based on only a portion of the sample. Additional analysis will be possible when more reviews have been completed.

Introduction

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

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

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

This is the First Quarter Report for the second year of the FSQAP program, January – March 2011. Because the data collected to date represent only a portion of the total sample to be used for the year, results should be viewed with caution. Year 1 results are 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 (January – March 2011)

Training

All Delmarva Quality Assurance Reviewers and managers attended a week long training session from January 31 through February 4. A majority of the time was dedicated to reviewing reliability activity that was conducted previous to the training week, and revising tools based on feedback from the reliability process and onsite review activity. Sessions throughout the week included the following:

- Data presentation
- Debriefing on reliability activity
- Training session on Working in a Virtual Environment
- Security training when using Protected Health Information
- I-Cubed training
- Tool revision workgroups

Internal Quality Assurance Activities

Report Approval Process

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

Reliability

Using feedback from the reliability activity conducted in the previous contract year, the reliability procedures were revised this quarter to help streamline the process and increase accuracy in the documentation provided for review. The new process will consist of “field” and “file” reliability. During Field Reliability reviewers will be observed while on a review, with the focus on interviewing individuals during the III and NCI Consumer Survey. File reviews will be distributed to reviewers at regular intervals throughout the year. While all reviewers will eventually receive all of the same files to review, not all reviewers will receive the same files with each distribution. The schedule for Field and File Reliability has been established and will be implemented in April.

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 first quarter, there was a status meeting January 13 and February 14. There was no status meeting in March because the Quality Council meeting was held that month.

Area Quarterly Meetings

Quarterly Meetings are held in each Area with the Delmarva Manager responsible for the Area and other APD Area personnel, including the Area Administrator and Medical Case Managers as possible. The purpose of the meetings is to discuss and interpret data from the Delmarva reviews to help APD develop appropriate remediation activities, and to update all entities on current activities in the Area. Face to face meetings were held in each APD Area. See Attachment 1 for a list of participants and agenda items for each meeting.

Workgroup Activity

Managers and reviewers began work on tool revisions during the week long training session in February. In addition, several workgroups were developed to continue revisions for all the review tools. Groups consisted of a regional manager and several reviewers and each group met for weekly conference calls. All tools were submitted to AHCA and APD for feedback

An interagency workgroup met January 26, to review and revise the Administration Tool. This group consisted of representatives from AHCA, APD, and Delmarva: Denise Arnold, Jolie LaTourelle-Jones, Pam Kyllonen, Rachel Cornwell, Melanie Johnson, Theresa Skidmore, Charmaine, Kristin Allen (Phone). Each standard was reviewed and revisions discussed. Among other revisions a modification was made to the way alerts are scored for vehicle insurance and registration.

A second interagency workgroup met February 23, to review and revise the tools and protocols for the CDC+ Consultant and Representative reviews. Participates were: Charmaine Pillay, Theresa Skidmore, Alexandra Weimorts, Liesl Ramos, Joni Presnell, Susan Nipper, Kelli Michels, Rachel Cornwell and Danielle Reatherford

Feedback Surveys

Provider Feedback Survey

After each PDR, providers are given the opportunity to offer feedback to Delmarva about the review process and professionalism of the reviewer(s). Providers are given a survey they can complete and mail/fax to Delmarva, or surveys can be completed online, on the FSQAP website (<https://www.dfmc-florida.org/>). Between January and March 2011, 58 surveys were received from providers who participated in a PDR.² Approximately 43 percent were from agency providers and 57 percent from solo providers. The following Table provides each question and the percent of positive responses.

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

Table 1: Results from Provider Feedback Surveys	
Reviews Completed January - March 2011	
Question	Pct Yes
Did the Quality Assurance Reviewer (QAR) identify the documents needed to complete the review?	86.2%
Did the QAR explain the purpose of the review?	93.1%
Did the QAR explain the review process and how the QAR or Delmarva team would conduct the review?	81.0%
Did the QAR answer any questions you had in preparation for the review?	82.8%
Did the QAR refer you to the FSQAP website, including the tools and procedures?	81.0%
Did the QAR arrive at the review at the scheduled time?	87.9%
If no, did the QAR call to notify you he/she might be a little late?*	33.3%
Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving?	87.9%
If you scored Not Met on any of the standards, did the QAR explain why?***	79.1%
Total Responses	58

*6 Applicable Responses

**43 Applicable Responses

NCI Consumer Survey Feedback

After each individual NCI interview, Delmarva provides the individual with a feedback survey. The individual is encouraged to complete the feedback survey, which is mailed directly to HSRI. Between January and March 2011, only 23 surveys were returned to HSRI.³ Of these, nine were in Spanish. According to HSRI, Spanish responses make up about 5.4 percent of the feedback surveys. More detailed results will be presented in the second quarter report, when more data are available.

Summary of Customer Service Calls

During the first quarter of the second contract year, January – March 2011, 307 calls were recorded in the Customer Service Log, with an average response time of one day for each call. See Attachment 2 for a summary description of calls and responses.

Quality Council

³ Because the sample had not been finalized until approximately mid-January, fewer PCRs were completed this quarter which in part explains the low number of feedback surveys.

The last Quality Council meeting for the contract year was held in Tallahassee on March 24, 2011. Agenda items included:

- Refresher of workgroup activity completed during the previous QC meeting
- Priorities from recommendations generated from the workgroups
- Development of templates for providers
- Tool revisions
- APD and AHCA updates

Members were given “homework” to reprioritize recommendations and send to Charmaine Pillay via email. Suggestions for the next agenda were solicited. One member would like the group to focus on development of documentation examples to help providers better document activities.

Web Site and Portal Updates

Remediation Data Extract

Delmarva met with AHCA and APD to finalize the data elements needed by APD to feed their data remediation system. Tables were created and posted to the Real Time Data Reporting System (RTDRS) web site and are available to approved staff at AHCA and APD. APD’s database manager will review the tables and provide feedback. Tables will be updated monthly.

Monthly Production Report

Work continues on the monthly production report, to make this available on the RTDRS web site. When available, staff with access to the report will be able to pull production for PCRs and PDRs by Area and for different timeframes. An interagency meeting to discuss these and other reports is scheduled for April 18, 2011. Production reports are expected to be completed and available as “real time data” during the next quarter.

Miscellaneous

Staffing

Kristen Joshnick was hired January 31, to conduct reviews in Areas 14 and 23. Elizabeth Cooper was hired on a PRN basis January 31 and shifted to full time February 27. She will conduct reviews in Area 23.

Schedule

The schedules for PCRs and PDRs were sent to AHCA and APD on February 18, 2011. This process was delayed as Delmarva waited for the Areas to gather and send all the WSC caseloads.

Section II: Data from Review Activities

Person Centered Reviews (PCR)⁴

Because the sample and schedule were not complete until mid February, Delmarva Quality Assurance Reviewers (QARs) did not begin conducting Person Centered Reviews until after that date.⁵ Data in Table 1 provide the number of PCRs completed by APD Area during the first quarter of the contract year, including the number of CDC+ individuals who participated (43), the number of waiver participants (206), and the total number of individuals who declined. The time period for declines is based upon the projected period of review and represents individuals who were originally scheduled to be reviewed during the quarter.

Table 2: Person Centered Review Activity				
January - March 2011				
	Number of PCRs		Number of Declines	
APD Area	DD Waiver	CDC+	DD Waiver	CDC+
1	2	0	0	0
2	13	1	1	1
3	19	1	5	3
4	27	4	7	6
7	27	11	4	1
8	9	0	4	1
9	10	4	4	1
10	13	1	0	0
11	29	10	8	2
12	12	0	2	0
13	7	2	0	0
14	4	0	1	0
15	5	1	0	0
23	29	8	3	2
Total	206	43	39⁶	17

⁴ 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>).

⁵ Emphasis prior to February 18 was on completing PDRs for providers who had deemed status in Year 1.

⁶ There were two additional declines that did not have an Area listed.

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.

Table 3: Person Centered Review Decline Reasons			
January – March 2011			
Decline Reason	DD Waiver	CDC+	Total
Refused	26	9	35
Review Later	12	5	17
No Longer Recv Svcs	3	3	6
Deceased	0	0	0
Moved Out of State	0	0	0
Total	41	17	58

Individual Interview Instrument (III) Results

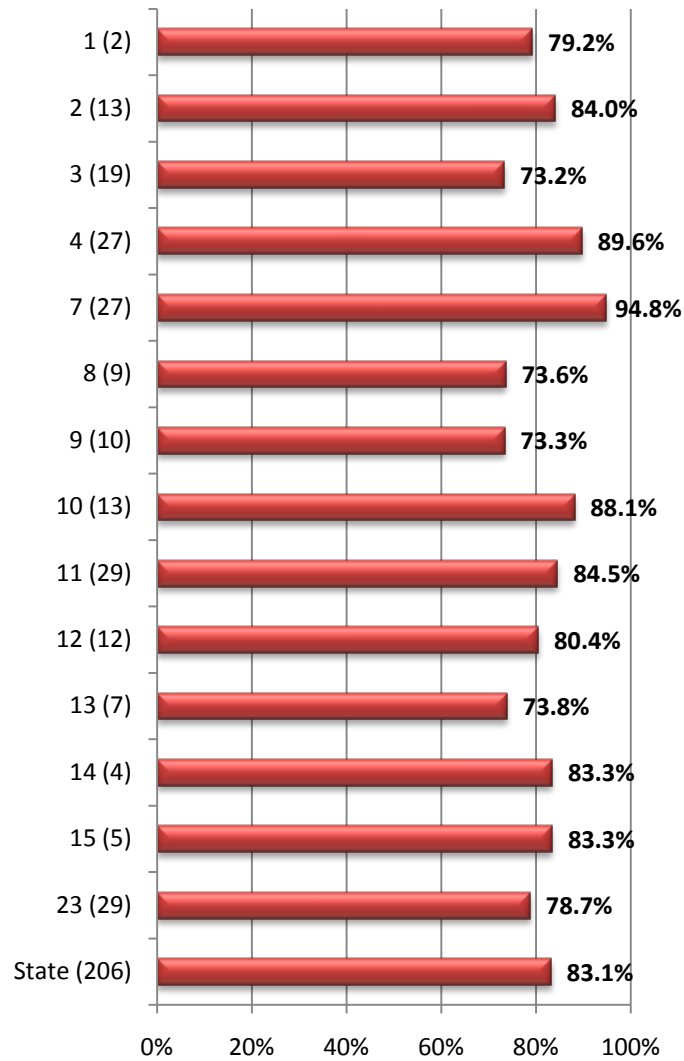
Each individual who participates in a PCR receives a face-to-face interview that includes the National Core Indicator (NCI) Adult Consumer Survey and the III. The III consists of 12 standards that help determine, from the individual’s perspective, how well the service delivery system is meeting needs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

The CDC+ program provides individuals with flexibility and opportunities not offered to individuals on the Developmental Disabilities (DD) waiver, such as the ability to direct their own budget and hire/fire providers. Additionally, non-waiver providers can be utilized and provider rates can be negotiated by individuals. A non-paid representative helps with the financial/business aspect of the program and a CDC+ Consultant acts as a service coordinator. CDC+ Consultants must also be certified as Waiver Support Coordinators. Because of these basic differences, PCR results for CDC+ participants are analyzed separately.

Waiver Participants

The average III scores for the 206 individuals on a DD waiver interviewed during CY 2010 are presented in Figure 1, for each Area and statewide. It is important to note there are only a very small number of reviews in most of the Areas. Therefore, results are not representative of the Area at this time. Statewide results to date indicate 83 percent of III standards are present in people’s lives. This rate is slightly lower than the Year 1 benchmark (85%).

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



**Figure 2: Individual Interview Instrument Results by Standard
January – March 2011
Waiver Participants (N=206)**

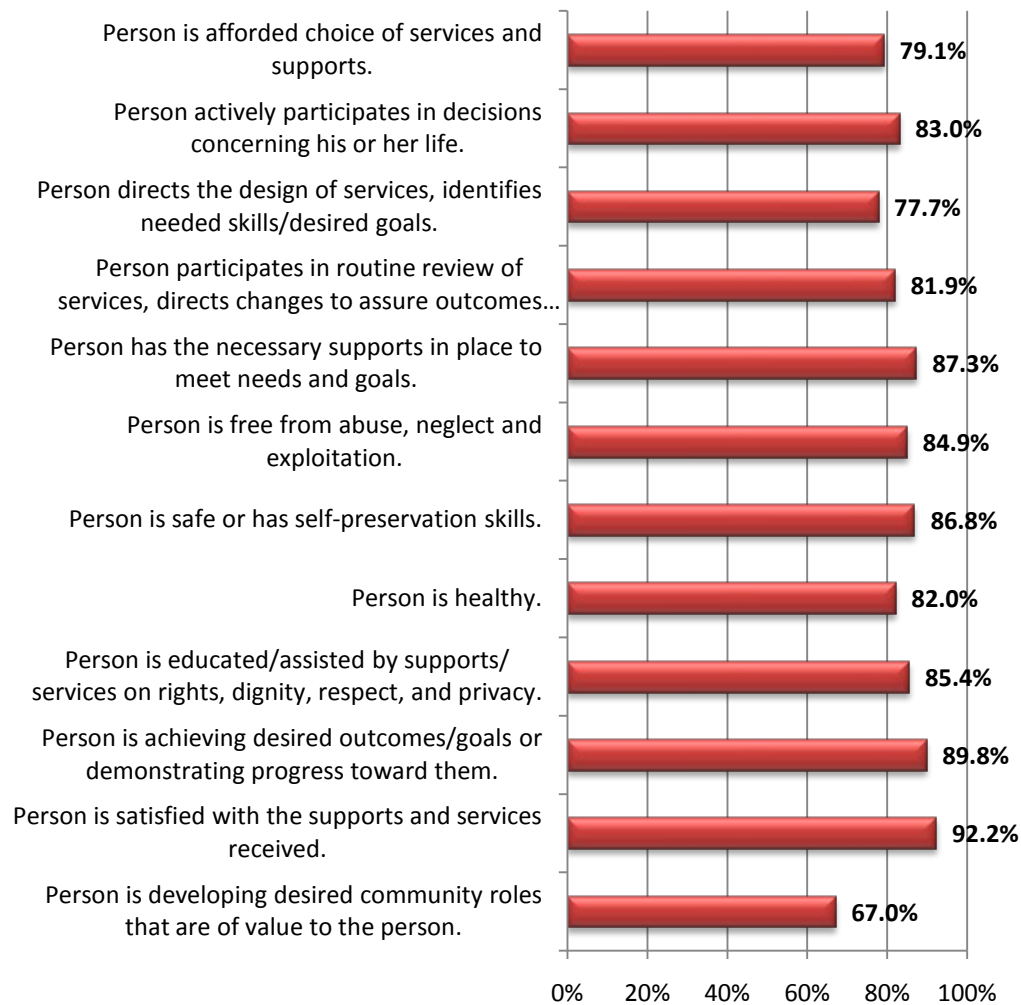


Figure 2 displays III results for DD waiver participants for each standard.⁷ III standards measure the following, from the person's perspective:

- safety and health status
- satisfaction with services

⁷ The description of each element may be truncated to enable it to be displayed in the graph. For more specific details, including probes used when scoring the standard, go to <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>.

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

Data for the 206 individuals interviewed to date imply that two standards, indicating if the person is healthy or developing social roles, are over five percentage points lower than in Year 1.

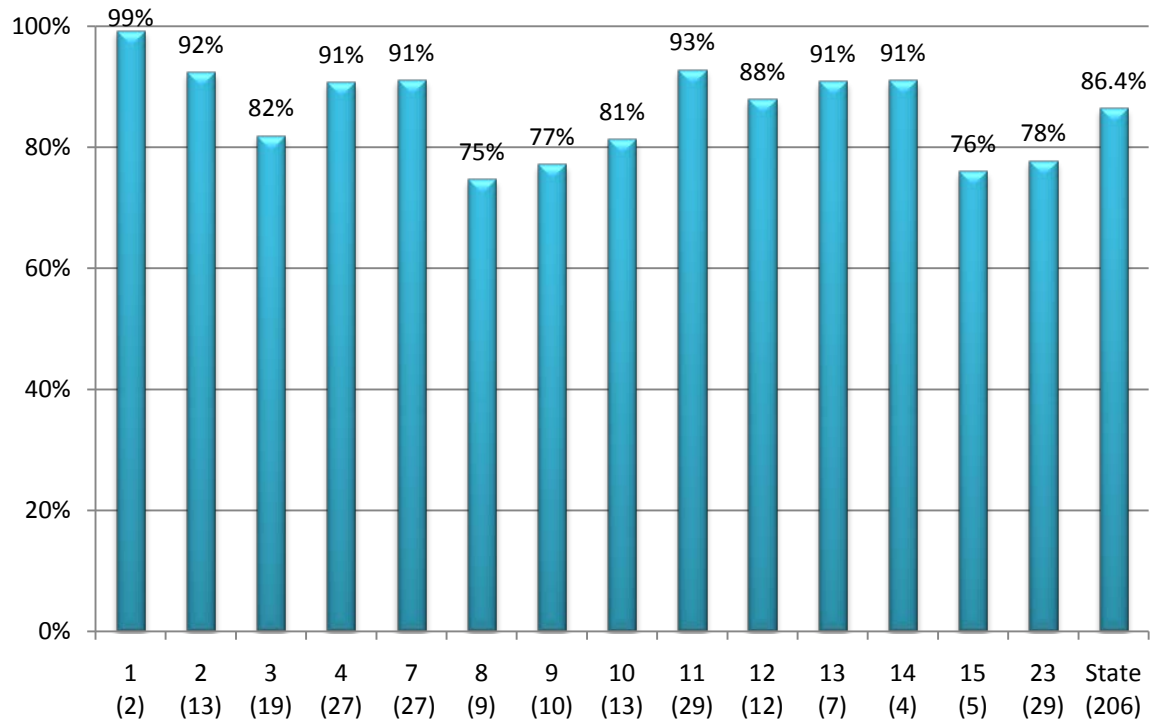
Additional analysis will be used to examine III results across various demographic characteristics in the next report when more data are available (Residential Status, Primary Disability, Age Groups, and Services— Figures 3 - 6).

Service Specific Record Reviews (SSRR)

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

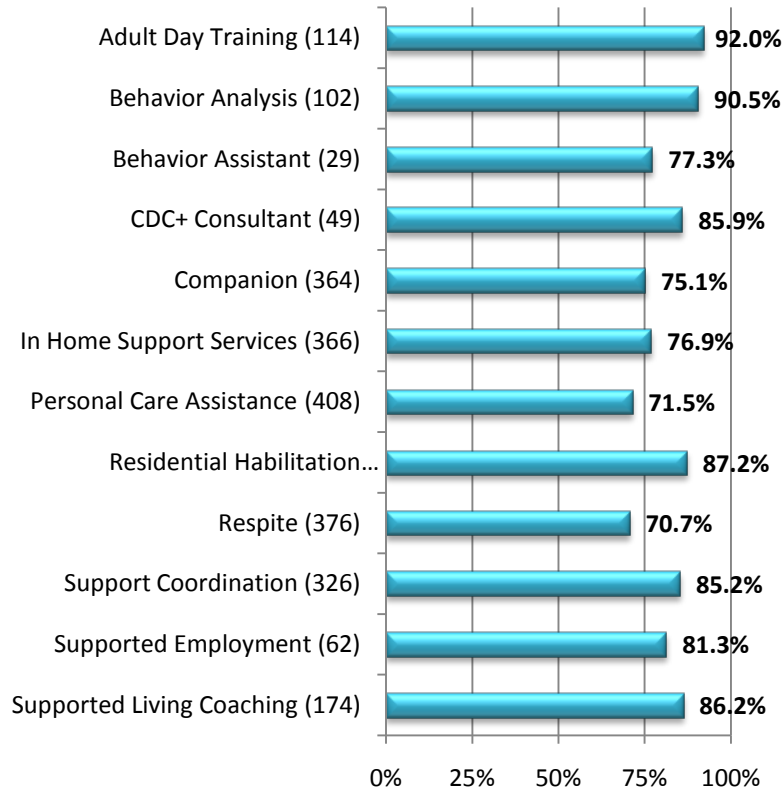
Overall SSRR results by APD Area are presented in Figure 7. While the number of PCRs completed is small and from only a part of the total sample, the number of weighted standards used to calculate the SSRR scores ranges from 256 in Area 1 to close to 5,000 in Area 11. It is important to realize results 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. While each Area had a small number of reviews completed to date, results are calculated from the number of standards scored for any number of services each individual was receiving at the time of the review. However, because the number of actual PCRs is low, results should not be over interpreted.

**Figure 7: Person Centered Reviews
Service Specific Record Reviews by APD Area
January - March 2011**



PCR results are presented by service in Figure 8. Each individual may receive any number of services. The number of individuals reviewed for the service is presented in parentheses. Results across the services, to date, vary somewhat. Record reviews for individuals receiving Personal Care Assistance and Respite services averaged a score below 75 percent, similar to Year 1 results.

**Figure 8: Person Centered Reviews
Service Specific Record Reviews by Service
January – March 2011**



Health and Behavioral Assessment

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

- Results for DD Waiver and CDC+ participants were analyzed separately, but reflected very similar outcomes. Because results represent only a small part of the total sample, comparisons across the two groups should be made with caution.
- Most individuals had been to the doctor at some time over the 12 months previous to the interview, close to 100 percent.
- Approximately 30 percent of individuals on a DD waiver reported being in better health than last year, while 19 percent of the 43 individuals participating in CDC+ reported better health.

- Approximately 115 of the 249 individuals interviewed reported having health problems.

Table 4: Select Health and Behavioral Assessment Questions				
January – March 2011				
HBA Question	DD Waiver		CDC+	
	% Yes	N	% Yes	N
Have you seen a doctor in the past year?	99.0%	206	100.0%	43
Do you currently have a dentist?	82.5%	206	93.0%	43
Have you been to the dentist in the past year?	74.8%	206	88.4%	43
Do you have any problems with your teeth?	13.1%	206	16.3%	43
Have you been treated in the emergency room this past year?	19.9%	206	20.9%	43
Have you been admitted to the hospital this past year?	13.6%	206	16.3%	43
Do you have any health problems?	47.1%	206	41.9%	43
In the past year is your health:		206		43
Better	30.1%		18.6%	
Same	60.2%		67.4%	
Worse	9.2%		14.0%	

NCI Consumer Survey Results for Focused Areas⁸

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

The following table displays a summary of results within each Focused Area. The percent positive/good for each question is given. The “positive/good” response may actually be a negative answer. For example, “Are you ever afraid or scared when you are at home?” This response is positive or good if answered as “No”. These types of questions are reverse coded for the analysis in Table 5 below, and shaded for identification in Attachment 6. Results are preliminary and only represent 206 of approximately 1,400 individuals sampled for the interviews this year.

Findings from the NCI analysis indicate the following to date:

- Approximately 37 percent of individuals indicated having excellent health.

⁸ Results for the NCI Adult Family Survey are included as Appendix 1 to this document.

- Individuals were least likely to report they have choice in their lives (for example, choosing a place to live, a daily schedule, or where they work (see Attachment 6)). Results indicate less than half (43.7%) of the choice indicators showed a positive response.
- The average positive score for Community Inclusion was 64.4 percent.
- Individuals were most likely to score positively on issues of safety and rights.

Table 5: NCI Consumer Survey Results by Focused Areas				
January – March 2011				
Question Description	Number of Responses	Pct Negative	In Between	Pct Positive
Achieving Results/ PC Approach	812	15.0%	7.9%	77.1%
Choice	1,614	25.5%	30.9%	43.7%
Safety	460	3.0%	5.9%	91.1%
Rights	1,140	8.4%	3.0%	88.6%
Community Inclusion	2,188	32.4%	3.2%	64.5%
		Poor	Fairly Good	Excellent
Health	203	5.4%	67.0%	27.6%

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".⁹ 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 over the course of the first quarter of this contract year. On average, Individual Involvement scores are just over 54 percent while System Response scores are considerably higher, at close to 82 percent. To date this year, results are somewhat lower than reported for Year 1, 61 percent and 90 percent respectively. Involvement findings are similar for individuals participating in the CDC+ program and individuals receiving services through the DD waivers. However, system

⁹ See Attachment 7 for a list of indicators used to create each measure.

response for individuals participating in CDC+ was somewhat better than for individuals on one of the DD waivers.

Table 6: Individual Involvement and System Responsiveness			
January – March 2011			
Funding Source	Number PCRs	Involvement Score	Response Score
DD Waiver	206	54.3%	81.6%
CDC+	43	55.4%	89.0%
Total	249	54.3%	81.6%

An overview of the Involvement and Response measures by APD Area, age group, residential setting, primary disability, and service (Figures 9 – 13) will be presented in the next report when more data are available for the analysis.

Provider Discovery Reviews (PDR)¹⁰

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, with the exception of support coordinators who are all reviewed each year. A total of 817 PDRs were completed and approved by Delmarva management in 2010.¹¹ The distribution of PDRs by APD Area is presented in Table 7. The number of individuals on the DD waiver or the CDC+ program is given. Individuals may be served by more than one provider. Therefore, totals are not included as they would be double counted. Thirty seven providers either failed to show up for a scheduled review or Delmarva and the APD Area offices were unable to contact them. Non-compliant providers receive a Not Met on all standards. A list of non-compliant providers is compiled and sent to AHCA and APD monthly, but results from these reviews (all standards scored Not Met) are removed from the analyses in this report.

¹⁰ 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>).

¹¹ Due to an error, four reviews did not have the Administrative Policies and Procedures component scored. These are going through the correction process. Results for the P&P section are presented for 813 PDRs and results for other components of the review utilize data from all 817 reviews.

Table 7: Provider Discovery Review Activity				
January – March 2011				
APD Area	Number of PDRs	Waiver Participants Served*	CDC+ Participants Served*	Non-Compliant Providers
1	27	172	0	0
2	77	466	12	0
3	42	279	4	2
4	92	815	24	9
7	85	796	70	10
8	16	122	0	1
9	22	279	26	0
10	59	576	5	0
11	161	1662	32	3
12	41	332	1	1
13	42	283	3	3
14	15	194	0	1
15	34	200	9	0
23	104	1169	63	7
Total	817			37

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

Administrative Policy and Procedure Results¹²

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.¹³ 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. A summary of the data for the 813 provider reviews conducted Year to Date in Year 2 includes the following:

- On average, providers scored this section at 83.9 percent.

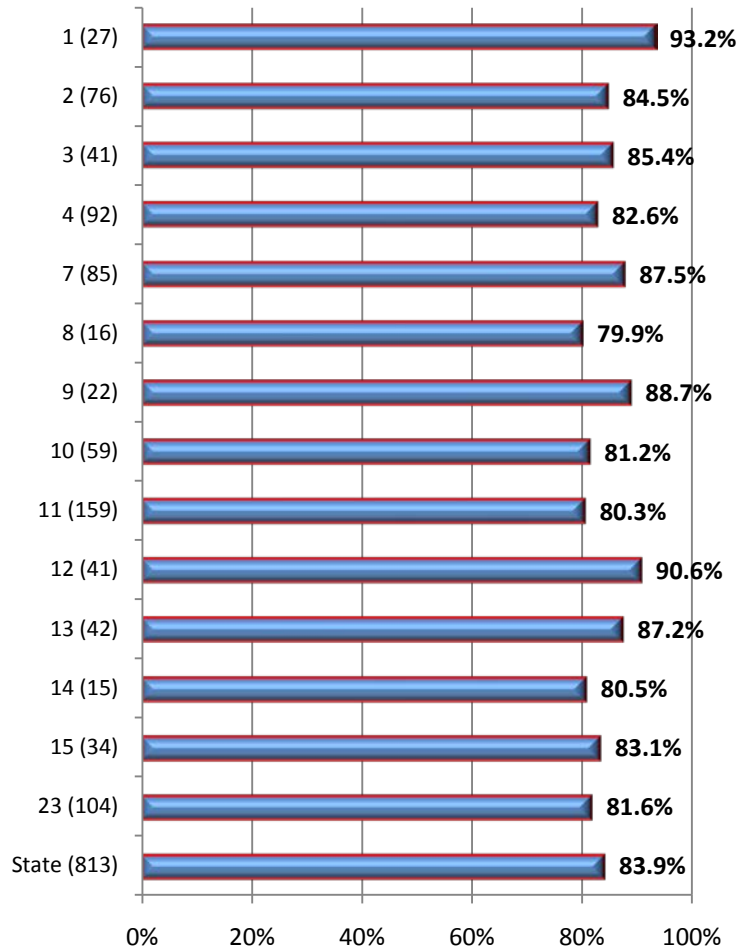
¹² N sizes may vary throughout the report due to missing and/or not applicable data.

¹³ See Attachment 3 for a description of the weighting process and scoring methodology.

- 8 of the 30 standards showed 90 percent or higher compliance. These included procedures regarding reporting rights violations; requirements for reporting and tracking incidents of abuse, neglect or exploitation; tracking and addressing all incident reports; policies and procedures that promote health and safety of individuals; the provider's ability to describe the person centered process being used; and requirements for insurance and registration of vehicles.
- Many providers had not completed a self assessment with all required components (46.4% met) and only 56.2 percent of providers had taken actions as a result of a self assessment.
- 63 percent of providers updated policies in a timely manner.
- Provider performance monitoring and reviewing projected service outcomes ranged from 66.7 percent compliance for providers of Adult Day Training to 76.7 percent for providers of Supported Employment.

The overall average score on the Policy and Procedure (P&P) component of the PDR is shown for all APD Areas and statewide in Figure 12. To date, there is some variation across the Areas. However, because several Areas have fewer than 50 reviews completed, comparisons across Areas should be viewed with caution.

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

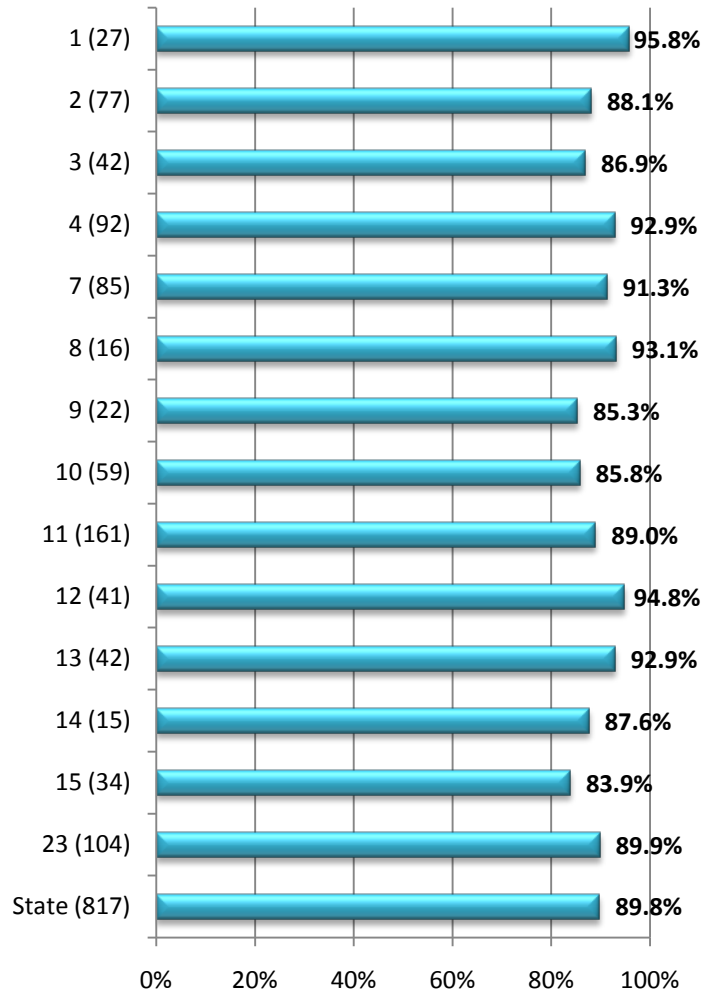


Training Requirements

Providers are required to have certain types of training completed in order to render specific services. They can be scored on up to 34 standards depending on the type and number of services offered. A description of each standard scored within the Training component of the PDR is shown in Attachment 9, with the statewide average score for each standard presented. For each provider, several employee records may be reviewed per standard. Providers reviewed during the first quarter showed an average compliance score of 86.7 percent, with compliance on the standards ranging from approximately 74 percent to 100 percent.

The average score for compliance on the training standards, by APD Area, is presented in Figure 13. Because many Areas had fewer than 50 reviews completed, comparisons across Areas should be viewed with caution as results may not reflect overall provider performance in the Areas.

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

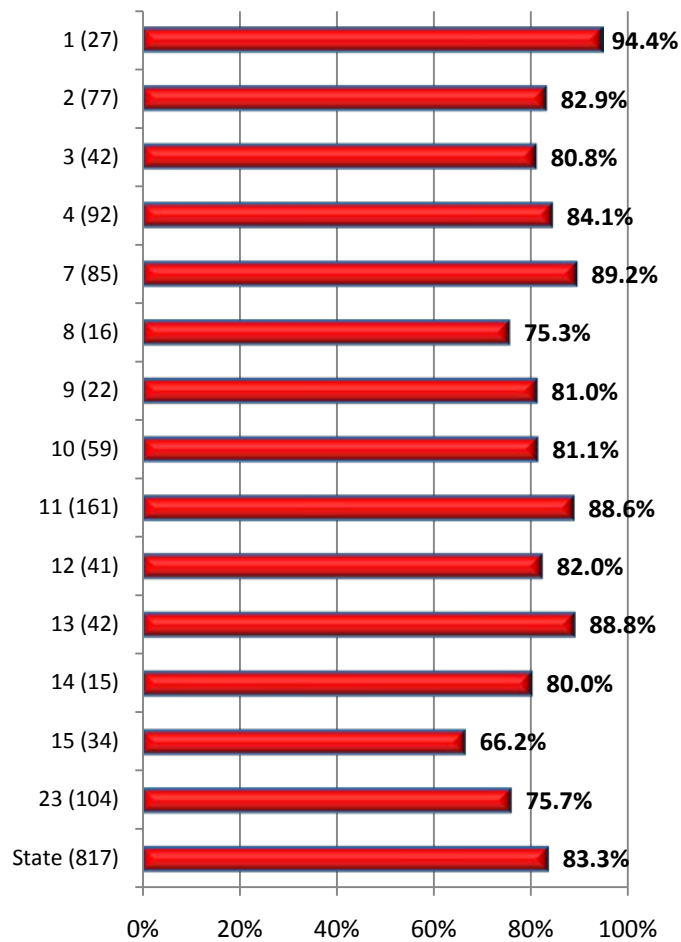


Service Specific Record Review Results (SSRR)

During the PDR, a sample of individuals is used to review records for each service offered by the provider. The number of records reviewed depends upon the size of the organization and the number of services provided. At least one record per service is reviewed, up to a minimum of 10 records for larger providers (caseload of 200 or more). Records reviewed during a PCR are incorporated in the providers' PDR results, if the records are reviewed prior to conducting the PDR.

Findings in Figure 14 indicate the statewide average compliance rate to date for the SSRR component of the Provider Discovery Review is approximately 83.3 percent. Only three Areas show a provider performance rate of less than 80 percent. Scores range from a low of 66.2 percent in Area 15 to a high of 94.4 percent in Area 1. This statewide average is slightly lower than the SSRR results from the PCR, of approximately 86 percent. For the PCR, the WSC is provided the names of two PCR participants up to 30 days in advance of the review. For the PDR, names of individuals selected for the record reviews are given to the provider the first day of the review.

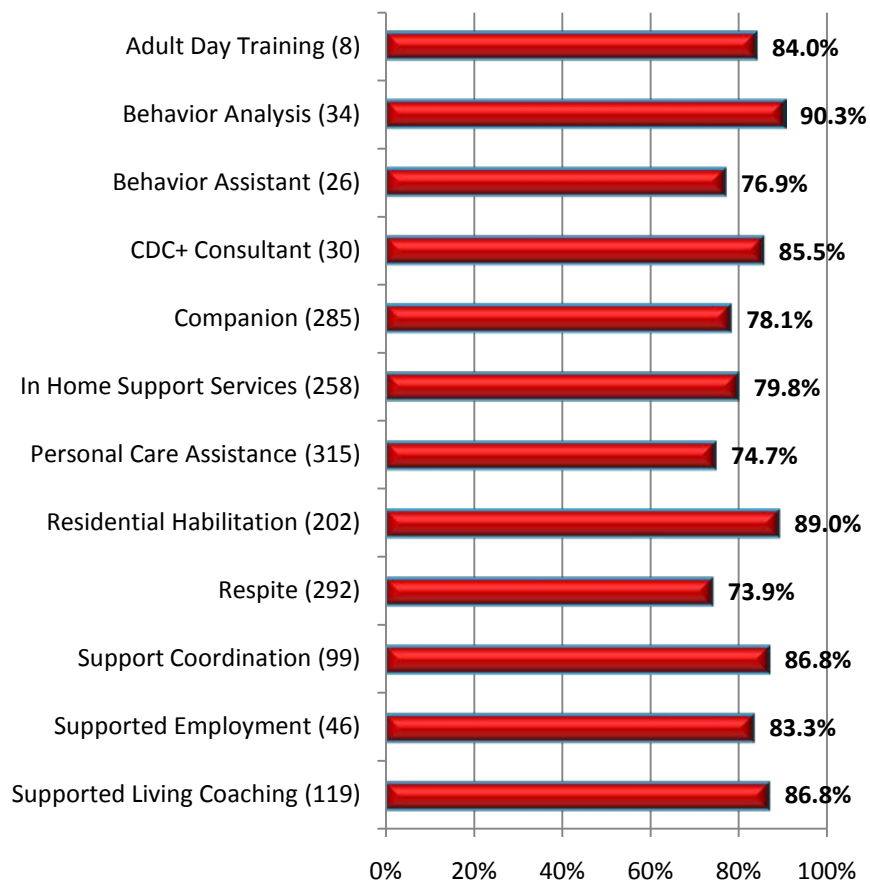
**Figure 14: Provider Discovery Reviews
Average Service Specific Record Review Score by APD Area
January - March 2011**



Results by service are presented in Figure 15. The number of records reviewed ranged from eight (ADT) to 315 (PCA). It is important to note that providers generally offer more than one service. Therefore, each provider may have results included in various SSRRs.

- During the first quarter, providers offering Behavior Assistance, 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.
- Only providers of Behavior Analysis have currently maintained compliance at 90 percent.

**Figure 15: Provider Discovery Reviews
Average Service Specific Record Review Scores by Service
January – March 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. To date this year, Delmarva reviewers conducted observations at seven ADTs and 260 group homes (Table 7). The ADTs served a total of 105 individuals, an average of about 15 per facility. The 260 group homes were operated by providers who served a total of 1,100 individuals, an average of slightly over 4 people per home.

Table 7: Provider Discovery Review				
Number of Locations Observed by Area				
January – March 2011				
	Adult Day Training		Residential Habilitation	
APD Area	Locations	Served	Locations	Served
1	0	0	7	17
2	2	26	2	13
3	0	0	10	51
4	2	24	4	15
7	0	0	18	76
8	0	0	11	40
9	0	0	7	15
10	0	0	30	150
11	1	19	83	367
12	0	0	20	90
13	0	0	17	47
14	2	36	5	22
15	0	0	9	42
23	0	0	37	155
State	7	105	260	1,100

The average statewide PDR Observation score for the first contract year was almost 98 percent. Results by Area and standard will be presented in the next report when more data are available.

Comparison of Component Scores by APD Area

The analysis comparing different components of the PDR process, by Area (Figure 16), will be completed in the next quarter when more data are available.

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.

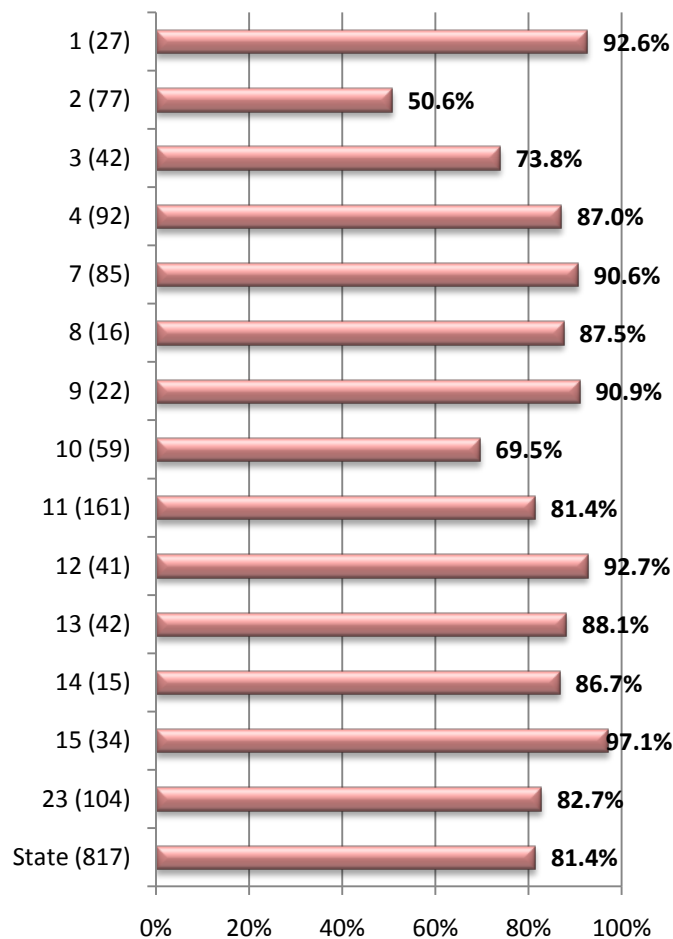
The number of Alerts recorded during the contract year, by APD Area, is shown in the following table. The majority of Alerts was due to a lack of required documentation needed to provide evidence background screening has been completed.

Table 8: Provider Discovery Reviews				
Number of Alerts by APD Area				
January – March 2011				
APD Area	Rights	Health	Safety	Background Screening
1	0	0	0	2
2	0	1	0	38
3	0	1	6	11
4	0	2	3	12
7	0	2	6	8
8	0	0	0	2
9	0	0	2	2
10	0	1	3	18
11	0	3	4	30
12	0	1	0	3
13	0	0	2	5
14	0	2	0	2
15	0	3	1	1
23	2	7	5	18
State	2	23	32	152

Background Screening

The following figure shows the percent of providers in each APD Area for which all provider records reviewed had adequately documented background screening requirements. Compliance ranges from a high of 97 percent in Area 15 to a low of 51 percent in Area 2. The number of reviews completed in several Areas is relatively small and may not yet reflect Area-wide performance.

**Figure17: Provider Discovery Reviews
Background Screening by APD Area; Percent Met (N=817)
January - March 2011**



While 152 providers received an alert for lack of background screening (22%), each provider could have one or more employees who were found to be non-compliant on background screening. One or more reasons can be provided by the reviewer as to why the provider was not in compliance with this standard. A total of 348 reasons were cited. Table 9 displays the reason the standard was Not Met for all employee records

reviewed for the 152 providers with a background screening alert. Employees were most likely to not have the required FBI screening letter (30.2%).

Table 9: Provider Discovery Reviews	
Reason Background Screening Scored Not Met	
January - March 2011	
Reason	Pct
Background screening results identified a disqualifying offense and the provider has not taken action to resolve or terminate the employee.	1.7%
The provider did not present a Local Criminal Records Check obtained within county of residence.	19.3%
The provider did not present an Affidavit of Good Moral Character.	17.2%
The provider did not present the required Federal Bureau of Investigation screening clearance letter.	30.2%
Provider did not present required FL Department of Law Enforcement screening clearance letter or other acceptable FDLE screening.	16.1%
The provider did not provide proof of completing the required five year re-screening	12.6%
The provider presented an Affidavit of Good Moral Character but it was not notarized.	2.3%
The provider presented an Affidavit of Good Moral Character, but it was not signed.	0.6%
Total Number of Reasons Not Met	348

Recoupment Citations

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

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

Table 9: Provider Discovery Reviews					
Recoupment Citations by APD Area					
January – March 2011					
Area	Recoupment Standards Not Met	Providers w/ Recoupment Citation	Total Number of PDRs	Pct Providers w/ at Least 1 Recoupment	Ave # Citations /Provider
1	37	18	27	66.7%	2.1
2	103	53	77	68.8%	1.9
3	78	30	42	71.4%	2.6
4	125	48	92	52.2%	2.6
7	84	28	85	32.9%	3.0
8	31	10	16	62.5%	3.1
9	39	17	22	77.3%	2.3
10	92	30	59	50.8%	3.1
11	101	45	161	28.0%	2.2
12	65	27	41	65.9%	2.4
13	28	11	42	26.2%	2.5
14	22	6	15	40.0%	3.7
15	104	28	34	82.4%	3.7
23	274	71	104	68.3%	3.9
State	1,183	422	817	51.7%	2.8

Findings from reviews completed to date this contract year indicate 1,183 recoupment standards were scored as Not Met. This involved 422 providers, or close to 52 percent of providers reviewed. The average number of citations per provider is 2.8. The percent of providers with a recoupment varied from a low of 26.2 percent in Area 13 to 82.4 percent in Area 15. More than 70 percent of providers reviewed in Areas 3, 9, and 15 had at least one potential recoupment.

Consumer Directed Care (CDC+)

CDC+ Participants

During the first quarter of the year, January – March 2011, 43 CDC+ participants were interviewed as part of the PCR process. The number of CDC+ PCRs completed by Area is provided in the following table.

Area	Number	Percent
1	0	3.1%
2	1	9.3%
3	1	4.3%
4	4	6.8%
7	11	14.9%
8	0	1.2%
9	4	7.5%
10	1	11.8%
11	10	16.1%
12	0	1.2%
13	2	3.7%
14	0	1.2%
15	1	3.7%
23	8	14.9%
Total	43	

Results are presented by III Standard in Table 10 and show very little variation across the different standards. The average III score for these participants was 89.5percent. This is somewhat higher than for DD waiver participants (83.1%).

Table 10: Consumer Directed Care + Person Centered Reviews	
Individual Interview Instrument Results by Standard	
January - March 2011	
Standard	Pct Met
The Person is afforded choice of services and supports.	90.7%
The Person actively participates in decisions concerning his or her life.	86.0%
Person directs design of services and participates in identification of needed skills and strategies to accomplish desired goals.	86.0%
The Person participates in routine review of services, and directs changes desired to assure outcomes/ goals are met.	88.4%
The person has the necessary supports in place to meet needs and goals.	88.4%
The Person is free from abuse, neglect and exploitation.	95.2%
The Person is safe or has self-preservation skills.	90.7%
The Person is healthy.	83.7%
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.	90.7%
The Person is achieving desired outcomes/goals or receiving supports that demonstrate progress toward specified outcomes/goals	90.7%
The person is satisfied with the supports and services received.	93.0%
The Person is developing desired community roles that are of value to the person.	90.5%
Average CDC+ III Score	89.5%

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 49 CDC+ Consultant record reviews. On average, record reviews showed a 98 percent compliance rate. Seventeen of the 37 standards showed compliance rates of 90 percent or higher. On average, the CDC+ Consultants were least likely to have an Emergency Backup Plan in the record that has been reviewed annually (68.8%).

CDC+ Representative (CDC-R)

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

During the first three quarters of the contract, if the individual selected for the PCR declined to participate, the Representative was not reviewed. During this time period approximately 117 CDC Representatives were reviewed. 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 first quarter of the current contract year, 49 CDC+ Representatives were reviewed, with an average record review score of 86.6 percent.

CDC-R results for each standard are presented in Attachment 5. Representatives scored 90 percent or higher on five of the 14 standards and scored 80 percent or higher on an additional four standards. Just over half the Representatives (55.3%) had documentation for background screening requirements. However, this is up from 32 percent in the first contract year.

Section III: Discovery

Findings in this report reflect data from PCR and PDR review activities for the first quarter of the second FSQAP contract year, January – March 2011. A total of 206 PCRs and 817 PDRs were completed, approved and available for analysis. Because these represent only a small portion of the reviews to be completed this year, results should be viewed as preliminary only. Based upon feedback from providers, reviewers, APD, and inter-rater reliability procedures, tool revision workshops were conducted and revised tools were submitted to AHCA for final approval. Delmarva helped facilitate the Quality Council meeting in March and quarterly meetings in each APD Area. Consultants attended a week long training session with a focus on reliability and tool revisions.

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. Because results for only 206 individual interviews were available for this report, some comparisons to Year 1 are made but no conclusions can be drawn as yet from the Year 2 data.

Individual interview to date indicate an average III score of 83 percent, similar to Year 1 (85%). III results also indicate that approximately 138 individuals (67%) were not developing desired community social roles. This continues to be the lowest scoring standard for the III results. Reasons most often cited for this have indicated the person was not aware of community options, the provider had not educated the person on community options, the person wanted more connections in the community through membership in a church club or community organization, and the person would like to do more in the community. According to the NCI survey, involvement in the community appears to most often be for shopping, going to a restaurant or coffee shop, or going out to run errands or for an appointment.

Results to date from the National Core Indicators Consumer Survey are very similar to Year 1 findings. Individuals appear to be scoring quite well on indicators of rights and safety. The greatest percentage of negative answers was in the area of community inclusion (32.4), which supports III findings as discussed above. Health and Behavioral Assessment findings are also similar to Year 1. Most of the 206 individuals had seen a doctor, have a dentist, have been to the dentist and have about the same or better health that in the past year.

Analysis was completed measuring the degree to which individuals are involved in their services and life decisions as well as the degree to which systems are responding to the expressed needs of the individuals.

Results to date this year vary from Year 1. Each measure, involvement and response, is somewhat lower, by approximately seven to eight percentage points. In Year 1, system response was the same for individuals on a DD Waiver and participants in CDC+. However, for the individuals interviewed to date this year, system response was somewhat higher for CDC+ participants, 89 percent compared to 81.6 percent. If this pattern continues throughout the year, APD should consider examining the reasons for this and determine if processes used in CDC+ could be utilized within the Waiver system to improve system response to individuals' needs.

Results from Year 1 reflected low levels of compliance for CDC+ Representatives on maintaining background screening documentation (32.2%), documenting completed and signed job descriptions for all directly hired employees (59.0%), and maintaining a signed Corrective Action Plan (67%). Because this was the first time representatives have received an onsite review, the expectation was that with continued onsite contact and education, performance in these areas will improve. The 49 representatives reviewed to date this year have shown marked improvement in these areas: 55.3 percent, 76.1 percent and 100 percent respectively.

Provider Discovery Review Results

Results from the 817 PDRs conducted between January and March 2011 indicate providers are performing, on average, about the same documenting their Policies & Procedures, and Service Specific requirements: 83.9 percent and 83.3 percent, and similar to Year 1. Providers performed somewhat better on qualifications and training and somewhat higher than in Year 1, 89.9 percent compared to 85 percent in Year 1.

Of the 817 providers who participated in a PDR, 152 received a citation for not having proper documentation to support completion of required background screening procedures. In addition to the background screening alerts, 57 health, safety, or rights alerts were reported.

The proportion of providers with at least one recoupment citation is down somewhat compared to Year 1, from 59 percent to 52 percent, but with still over half of providers reviewed with a citation. When a provider receives a citation from the Delmarva reviewer it is reported to AHCA and APD, via the provider report.

Summary

Many results from the first quarter of data in Year 2 are similar to results from Year 1. Because findings for the quarter are based on a small portion of the total to be completed in Year 2, results presented here were limited to broad categories and findings should not be over interpreted. Additional findings will be reported in the second quarter report.

Attachment 1: Area Quarterly Meetings

January - March 2011

Area Quarterly Meetings		
Date	Area	Summary
03/29/2011	1	<p>APD Participants: Walt Wooten, Joanne David, Malva Weaver, Rita Hughes, Anna Marie McArthur, Ali Stanley, Sandra Hill, Rose Salter.</p> <p>Delmarva Participants: Theresa Skidmore, Kathy Harkleroad</p> <p>Brief Summary: Agenda items included Delmarva staffing updates, status of reviews/scheduling, provider updates, alert reporting, Area office notification of scheduled reviews, feedback on reports and E-mail notification of when reports post to the website. Questions regarding submission of Support Plans and approved Cost Plans for Support Coordinator's were addressed. Draft Annual Report from year one was reviewed and trends discussed. Next meeting scheduled for June, date still to be determined.</p>
03/18/2011	2	<p>APD Participants: Nilda Barreto, Ann Douglas, Kristin Brandon, Cydeon Trueblood, Jane Tillman, Cheryl Smith, Marnie, Millender</p> <p>Delmarva Participants: Theresa Skidmore, Kara Cowart, Sandra Rowe</p> <p>AHCA Participants: Rachel Cornwell, Contract Manager</p> <p>Brief Summary: Agenda items included Delmarva staffing updates, status of reviews/scheduling, provider updates, alert reporting, recoupment, non-compliance, Area office notification of scheduled reviews, feedback on reports and E-mail notification of when reports post to the website. Questions regarding Waiver Support Coordination tool were addressed, including requirements for the standard related to approved Cost Plans and how reviewers gather information from individuals who do not use words to communicate. Draft Annual Report from year one and data dashboards were reviewed and any trends in the data discussed. Next meeting scheduled for June 24th at 9:30am.</p>

03/28/2011	3	<p>APD Participants: Jim Smith, Vernita Hughes, Steve Malu, Synester Rollins, Delores Rollins and Cynthia Tyson.</p> <p>Delmarva Participants: Theresa Skidmore, Mark Williams and Gwen Williams</p> <p>Brief Summary: Agenda items included Delmarva staffing updates, status of reviews/scheduling, provider updates, alert reporting, recoupment, non-compliance, Area office notification of scheduled reviews, feedback on reports and E-mail notification of when reports post to the website.</p> <p>Questions regarding Local Law checks, preliminary findings and Delmarva Training's per contract year were discussed. Draft Annual report from year 1 was reviewed and any trends in the data discussed. Next meeting scheduled for June 27th at 10:30am.</p>
	4	<p>APD Participants: Gayle Granger, Terry Mothershed, Kerrie Wimberly, Sherndina Moorland, Cathy Guiry, Nicole Fancis, Chris Chrusciah</p> <p>Delmarva Participants: Beth Stratigeas, Christie Gentry, Janice Newman, Shiela Butler</p> <p>Brief Summary: Agenda items included Delmarva and APD updates; non-compliant provider notification; review schedule; alert notification; feedback on reports, current trends from the quarterly report; and review of dashboard data.</p>
	7	<p>APD Participants: Merari Perez, Carol Solomon, Paula Bowser, Sheila Mott, Stacey Fowler, Andrea Currence, Sharon Jennings, Grisela Hernandez, Mary Martin, Nancy Michael</p> <p>Delmarva Participants: Beth Stratigeas, Christie Gentry, Cheryl King, Brenda McConnell, Jeff Coleman</p> <p>Brief Summary: Agenda items included Delmarva and APD updates; non-compliant provider notification; review schedule; alert notification; feedback on reports, current trends from the quarterly report; and review of dashboard data.</p>

<p>3/8/2011</p>	<p>8</p>	<p>APD Participants: Marsha Vollmar, Todd Ryan, Diane Whisman and Jeff Smith Delmarva Participants: Kristin Allen and Carol Taylor</p> <p>Brief Summary: Discussion was held regarding follow-up from last meeting. All original follow-up items have been addressed. Discussed DFMC and APD staffing updates. DFMC is fully staffed in Area 8 but APD no longer has a lead trainer. Cost Plan unit is fully staffed. Nurse Case Manager Carrie Mehan may return in April. Discussed the recent change and corresponding memo regarding HIPAA training for providers. Todd Ryan has developed and recently delivered provider training on policies and procedures.</p> <p>Area office continues to receive weekly notification of upcoming reviews. A very small number of non-compliant providers has been identified in Area 8. Current procedure is working well. Area states they receive alert notifications timely and are acting immediately to resolved identified issues. No significant recoupment issues have been identified over this last quarter. Data Dashboards were reviewed. Area staff is very pleased with the layout and the information available. Trends seen in the field were shared by Carol Taylor. These included the misuse of companion services and providers seeming to be completely in the dark about required training requirements.</p> <p>Next meeting: June 7th at 10am</p>
	<p>9</p>	<p>APD Participants: Marie DuBuisson, Senior Human Service Program Specialist; Donni Braithwaite; Gerry Driscoll, Area Administrator Delmarva Participants: Michelle Ceville; Carol McDuff</p> <p>Brief Summary: Agenda included Follow up from the previous meeting; Delmarva updates, APD updates; Status of reviews and scheduling; Non-compliant providers; alerts and recoupments; current data trends; QC meeting. Next meeting scheduled for June 14.</p>
	<p>10</p>	<p>APD Participants: David Gillis Delmarva Participants: Anna Quintyne; Avril Wilson; Jose Navarro; Carol McDuff</p> <p>Brief Summary: Agenda included Delmarva updates, APD updates; Status of reviews and scheduling; Non-compliant providers; alerts and recoupments; Feedback on reports; QC meeting. Next meeting scheduled for June 15.</p>

	11	<p>APD Participants: Kirk Ryon; Daliana Lee</p> <p>Delmarva Participants: Mario Arreaga; Janet Tynes; Carol McDuff</p> <p>Brief Summary: Agenda included Follow up from the previous meeting; Delmarva updates, APD updates; Status of reviews and scheduling; Non-compliant providers; alerts and recoupment's; current data trends; QC meeting. Next meeting scheduled for June 22.</p>
	12	<p>APD Participants: Diveka Anderson, Corie Hatcher, Cindy Camplin, Amanda Brown, Sandra Mills, Robin Keller, Ed DeBardeleben</p> <p>Delmarva Participants: Beth Stratigeas, Christie Gentry, Charlene Henry, Gary Baird</p> <p>Brief Summary: Agenda items included Delmarva and APD updates; non-compliant provider notification; review schedule; alert notification; feedback on reports, current trends from the quarterly report; and review of dashboard data.</p>
	13	<p>APD Participants: Clarence Lewis, Wayne Perry, Pat Morse, Aquinette Harrison, Judy Brinkley, Priscilla Weeks, Joyce Leonard, Mary Nally and Karen Eramo.</p> <p>Delmarva Participants: Theresa Skidmore, Mark Williams and Kathy Silfies.</p> <p>Brief Summary: Agenda items included Delmarva staffing updates, status of reviews/scheduling, provider updates, alert reporting, recoupment, non-compliance, Area office notification of scheduled reviews, feedback on reports and E-mail notification of when reports post to the website. Questions regarding CDC+ Background Screening Requirements were addressed. Draft Annual report from year 1 was reviewed and any trends in the data discussed. Next meeting scheduled for June 20th at 1:00pm.</p>

<p>3/10/2011</p>	<p>14</p>	<p>APD Participants: Heather Monteath, Jeanette Estes, Carla Bettis and Art Ceisla Delmarva Participants: Kristin Allen and Kristen Joshnick Brief Summary: PCR/PDR Notification upon posting – Still working on a resolution. Status of Public Reporting Website – On year two priorities but not high on the list right now. Delmarva Updates: Kristen Joshnick has been hired to cover Area 14. Area office continues to receive weekly notification of upcoming reviews. Reminded Area this the quarterly meeting is an opportunity to share relevant information with DFMC prior to the review. Area office requested special focus on Help is on the Way and would suggest a manager accompany Kristen on this review. It will be scheduled sometime this month. Very small number of non-compliant providers has been identified in Area 14. Current procedure is working well. Area requests all issues with non-compliant providers be sent to Carla Bettis and cc'd to Art Ciesla and Jeannette Estes. Area states they receive alert notifications timely and are acting immediately to resolve identified issues. No significant recoupment issues have been identified over this last quarter. Data Dashboards were reviewed. Area staff is very pleased with the layout and the information available. Area office relayed some concern regarding WSCs not conducting required home visits in group homes. Would like for us to let them know if we see any indications of this. Next meeting: June 8th at 10am</p>
<p>2/22/11</p>	<p>15</p>	<p>APD Participants: Tracy John, Residential Planning Coordinator/Court Liaison; Wayne Robb, Sr. Behavior Analyst; Peter Karlan, Area Administrator; Sandra Cain, Delmarva Liaison; Ashley Cole, QA Supervisor; Steve Dunaway; Steve Coleman; Jolie LaTourelle AHCA Participants: Rachel Cornwell, Leigh Meadows Delmarva Participants: Charmaine Pillay; Carol McDuff; Sue Kelly Brief Summary: Agenda included APD updates. Peter Karlan presented data related to reviews in Area 15 and expressed concerns about reviewer reliability and showing data by Area on the Dashboards; Status of reviews/scheduling; Non-compliant providers. Charmaine Pillay requested area concerns be sent to her as well the regional manager in future. Ideas were discussed regarding turning area performance around.</p>

3/9/2011	23	<p>APD Participants: Kim Wojick, Kim Houston, Marilyn Figueroa, Ryan Oetinger, Marcia Degrazia, David Lepere and Denise Oetinger</p> <p>Delmarva Participants: Kristin Allen, Robyn Moorman, Krista McCracken, Elizabeth Cooper, Michelle Dean and Chris Kulaga.</p> <p>Brief Summary: PCR/PDR Notification upon posting – Still working on a resolution. Status of Public Reporting Website – On year two priorities but not high on the list right now. Kristen Joshnick and Elizabeth Cooper have been hired by DFMC to cover Areas 14 and 23. Marilyn Figueroa has joined the QA/QI team. Kathy Lopez (Acting AA Administrative Assistant) will begin taking minutes at the next meeting. Area office continues to receive weekly notification of upcoming reviews. Reminded Area the quarterly meeting is an opportunity to share relevant information with DFMC prior to the review. Process for non-compliant providers is working well in Area 23. Ryan Oetinger will send the MWDB to me monthly to ensure we have the most current provider contact info available. Area states alert notifications are timely and Area is acting immediately to resolved identified issues. No significant recoupment issues have been identified over this last quarter. Data Dashboards were reviewed. Area staff is very pleased with the layout and the information available. Area office is actively referring providers for termination for loss of contact.</p> <p>Marcia Degrazia reviewed mandatory training requirements to make sure we were all on the same page.</p> <p>Kim Houston reviewed a new template being used in Area 23 for the Individual Employment Plan.</p> <p>Denise Oetinger attempted to share clarification on certain aspects of behavior services in the absence of Ken Winn.</p> <p>Formally thanked Denise Oetinger for her efforts in gathering the Area 23 WSC caseloads. Only 4 were not received. More than 55 were not received last year so this was a monumental and much appreciated result.</p> <p>Next meeting: June 9th at 9am in St. Pete</p>
	Area	Summary
January		<p>DDNA Board Meeting 13th-17th, Training for Fl. Staff 31st-February 4th</p> <p>MCM Conference Call 2nd</p> <p>Delmarva participants: Linda Tupper</p>

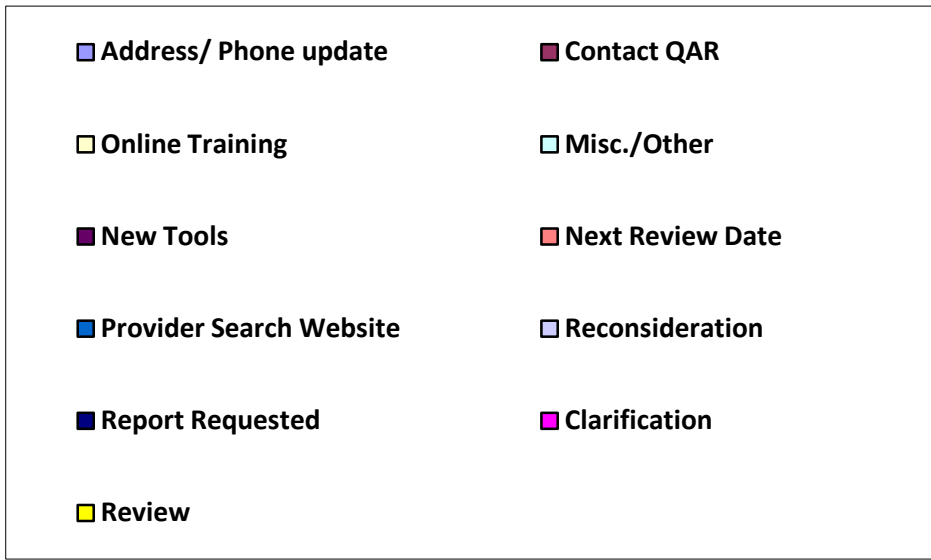
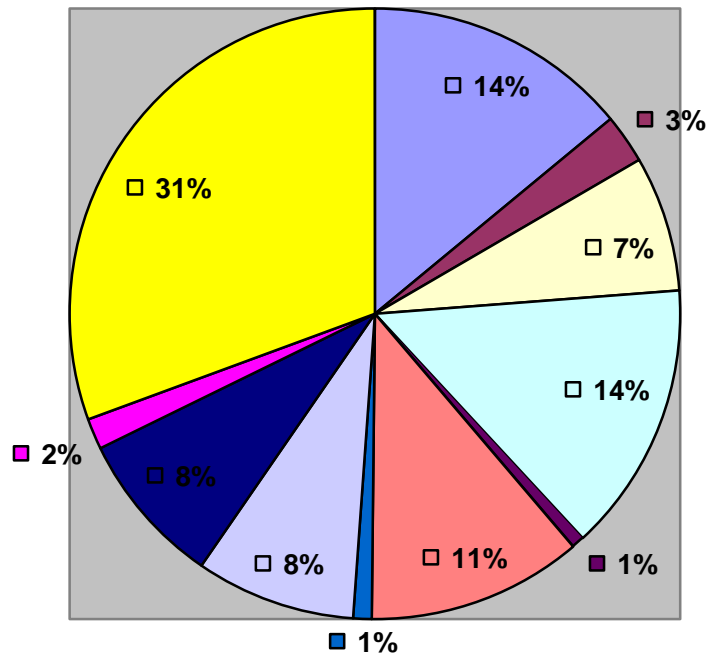
03/23/2011		DD Day at the Capitol Delmarva participants: Linda Tupper, Carol McDuff
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Attachment 2: Customer Service Activity

January – March 2011

Reason for Call	# of Calls	Description	Outcomes/Responses	Avg. Resolution Time
Address/ Phone update	43	Providers call in to give us their correct contact information.	All proper contact information was reported to mgr. or designated to correct place to update info.	1 Day
Contact QAR	8	Calls regarding having a QAR contact caller for information, to schedule appointments or other information, such as QAR's name, etc.	QAR contacted or forwarded to correct contact person.	1 Day
Online Training	22	Needed info for on line training or training dates and locations.	Told they must go onto TCC website or DFMC website for this.	1 Day
Misc./Other Question	44	Miscellaneous Questions to receptionist/admin.	Answered or directed to correct reg. mgr. for answer.	1 Day
New Tools	2	Providers/People calling to get access to online tools, etc.	Referred to website or faxed information.	1 Day
Next Review Date	35	Providers calling to reschedule reviews or to ask questions regarding reviews and review dates.	Answered most questions or forwarded to QAR for correct information	1 Day
Provider Search Website	3	New Providers calling about getting listed on website.	Spoke with Technology and added if provider was missing.	1 Day
Reconsideration	26	Wanted to speak to someone about getting a reconsideration review or the status of a currently submitted reconsideration.	The regional manager of Area pertaining to will call.	1 Day
Report Requested	25	Providers requesting to get copy of reports.	Copies were sent or provider was referred to online access.	1 Day
Clarification	5	Called to clarify or ask about handbook questions or documents needed for review, etc.	Sent to website for information or confirmed they had correct handbook.	1 Day
Review	94	Question regarding Review	Answered or forwarded to QAR for answer.	1 Day

Type of Call Placed to Customer Service January - March 2011



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.¹⁴ Data will also be available for Delmarva to use aggregately in quarterly and annual reports to AHCA and APD.

In addition to the NCI Consumer Survey, the interview process includes the Individual Interview Instrument (III or I³) to help assess individuals' perspectives of their rights, choices, involvement in Support Plan development and life decisions, community inclusion, health, safety, and satisfaction with services. A Health and Behavioral Assessment is used to further explore the individual's specific health issues including: psychotropic drug use; hospital and emergency room use; dental and family practitioner care; and an assessment of a wide variety of health issues and service needs.¹⁵

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

¹⁵ Delmarva review tools and procedures are available here: http://www.dfmc-florida.org/public/review_tools.aspx.

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

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

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

Provider Discovery Review (PDR)

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

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

The PDR has several components:

- Administrative Record Review
- Service Specific Record Review

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

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

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

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

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

Sample

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

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

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

Provider Performance Scoring Methodology¹⁶

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.

¹⁶ 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 – March 2011 (N=49)

Standard	Percent Met
Current Support Plan is in the record and is complete.	98.0%
Current Support Plan was submitted to the APD Area office in required timeframes.	81.6%
Current Support Plan was distributed within the required timeframes.	85.4%
Current Medicaid Waiver Eligibility Worksheet is in the record and complete.	93.9%
The current approved Cost Plan is in the record.	79.6%
Consultant assists participant with Medicaid eligibility & notifies CDC+ liaison when a participant is ineligible.	100.0%
The record includes current outcome notes/personal outcome measures for the individual.	85.7%
The current APD approved assessment is in the record.	100.0%
Generic resources/supports are identified in the current Support Plan.	95.7%
The current Support Plan reflects the individual's communicated personal goals.	98.0%
The Consultant addresses the individual's communicated personal goals.	93.9%
The Support Plan reflects the individual's communicated choices and preferences.	98.0%
Community life is addressed in the current Support Plan.	93.9%
The Consultant is aware of the person's recent progress towards or achievement of personal goals.	89.8%
Consultant addresses the individual's expectations of the services he/she is receiving.	83.7%
Participant & CDC+ Rep are educated about the benefits of Medication Reviews & preventive health screenings.	70.2%
Participant and CDC+ Rep are educated about safety needs - natural disasters, community & home safety.	73.5%
The Consultant addresses the participant's health and health care needs.	89.8%
The Consultant addresses the participant's safety needs and safety skills.	77.6%
Consultant can describe how participants are empowered to make informed decisions about their health.	77.6%
Consultant can describe how participants are empowered to make informed decisions about their safety.	73.5%
Consultant is aware of any history regarding abuse, neglect and/or exploitation for the participant.	77.8%

Standard	Percent Met
Consultant is aware of the participant's definition of abuse, neglect, & exploitation, & how participant would report incidents.	71.4%
Consultant has responded to fraud, abuse, neglect or exploitation & reported findings to authorities.	100.0%
Consultant has a back-up Consultant to provide supports in the event he/she is unavailable.	100.0%
Completed/signed Participant-Consultant Agreement is in the record.	87.8%
Completed/signed CDC+ Consent Form is in the record.	87.8%
Completed/signed Participant-Representative Agreement is in the record.	91.7%
Completed/signed Purchasing Plan is in the record.	100.0%
Participant's Information Update form is completed & submitted to Area CDC+ liaison as needed.	100.0%
When correctly submitted by participant, Consultant submits Purchasing Plans by the 10th of the month.	83.7%
Consultant provides technical assistance to participant to meet participant's needs.	100.0%
Participant Monthly Review forms are filed in the participant's record prior to billing each month.	93.9%
Consultant uses cash receipts log to track expenditures and cash on hand.	76.2%
Consultant has taken action to correct any overspending by the participant.	93.3%
Consultant initiates Corrective Action when appropriate & Plan is in the record.	80.0%
The Emergency Back-up Plan is in the record and is reviewed annually.	68.8%
Average PCR CDC+ Consultant Reviews	98.0%

Attachment 5: CDC+ Representative Results by Element

January – March 2011 (N=49)

Standard	Pct Met
Background screening results for all Directly Hired Employees are available for review.	55.3%
Complete Employee Packets for all Directly Hired Employees are available for review. CDC+ Participant Notebook v. 3.0 p. 62	89.1%
Complete Vendor packets for active Vendors and independent contractors are available for review. CDC+ Participant Notebook v. 3.0 p. 66 & 67	97.3%
Complete and signed Job Descriptions for each service provider are available for review. CDC+ Participant Notebook v. 3.0 p. 49 & 63	76.1%
Complete and signed Participant/Representative Agreement is available for review. CDC+ Participant Notebook v. 3.0 p. 31	83.3%
Copies of Current Support Plan and approved Cost Plan are available for review. CDC+ Participant Notebook v. 3.0 p. 77 & 98	79.6%
Corrective Action Plan (if applicable) is signed by Participant/Representative and available for review. CDC+ Participant Notebook v. 3.0 p. 98 & 99	100.0%
Emergency Backup Plan is complete and available for review. CDC+ Participant Notebook v. 3.0 p. 75 & 98	83.3%
Receipts and Detailed Monthly Logs for Cash Purchases are available for review. CDC+ Participant Notebook v. 3.0 p. 95	91.7%
Signed Employee/Employer Agreement for each Directly Hired Employee (DHE) is available for review. CDC+ Participant Notebook v. 3.0 p. 63	76.1%
Signed and approved Invoices for Vendor Payments are available for review. CDC+ Participant Notebook v. 3.0 p. 92 & 93	97.0%
Signed and approved Purchasing Plan is available for review. CDC+ Participant Notebook v. 3.0 p. 79	91.8%
Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review. CDC+ Participant Notebook v. 3.0 p. 91 & 92	89.1%
Signed and approved receipts and/or statement of "Goods & Services" received are available for review. CDC+ Participant Notebook v. 3.0 p. 45 & 98	95.2%
Average CDC Representative Record Review	86.6%

Attachment 6: NCI Consumer Survey - Results by Focused Area and Indicator¹⁷

January – March 2011

Question Description	Applicable Responses	Pct Negative	In Between	Pct Positive
1. Achieving Results/Person Centered Approach				
Q3. Do you like working there (job)?	20	0.0%	10.0%	90.0%
Q4. Would you like to work somewhere else?	20	75.0%	5.0%	20.0%
Q8. Do you like going there/doing this activity (day program)?	85	3.5%	8.2%	88.2%
Q9. Would you like to go somewhere else or do something else during the day (day program)?	79	67.1%	8.9%	24.1%
Q13. Do you like your home or where you live?	150	2.0%	2.7%	95.3%
Q14. Would you like to live somewhere else?	138	62.3%	12.3%	25.4%
Q39. If you ask for something, does your case manager/service coordinator help you get what you need?	126	0.8%	5.6%	93.7%
Q79. Do you get the services you need?	194	23.7%	9.8%	66.5%
Total Achieving Results	812	25.5%	7.9%	66.6%
2. Choice				
Q61. Who chose the place where you live?	190	50.5%	17.4%	32.1%
Q63. Did you choose the people you live with?	191	41.4%	14.1%	44.5%
Q64. Do you choose who helps you at home?	152	27.0%	42.1%	30.9%
Q65. Who decides your daily schedule?	198	14.1%	32.3%	53.5%
Q66. Who decides how you spend your free time?	198	8.6%	28.3%	63.1%
Q67. Who chose the place where you work?	37	18.9%	27.0%	54.1%
Q69. Do you choose who helps you at work?	24	20.8%	41.7%	37.5%
Q70. Who chose where you go during the day?	122	29.5%	28.7%	41.8%
Q72. Do you choose who helps you during the day?	135	26.7%	49.6%	23.7%

¹⁷ Shaded questions were reverse coded for analysis presented in Table 5.

Question Description	Applicable Responses	Pct Negative	In Between	Pct Positive
Q73. Do you choose what you buy with your spending money?	196	12.2%	41.8%	45.9%
Q74. Did you choose your case manager/service coordinator?	171	24.6%	29.2%	46.2%
Total Choice	190	50.5%	17.4%	32.1%
3. Health				
BI14. Overall, how would you describe this person's health? ¹⁸	203	5.4%	67.0%	27.6%
4. Safety				
Q22. Are you ever afraid or scared when you are at home?	136	88.2%	9.6%	2.2%
Q23. Are you ever afraid or scared when you are out in your neighborhood?	134	90.3%	5.2%	4.5%
Q24. Are you ever afraid or scared at work or at your day program?	108	90.7%	4.6%	4.6%
Q25. If you feel afraid, is there someone you can go to for help?	82	0.0%	2.4%	97.6%
Total Safety	460	73.7%	5.9%	20.4%
5. Rights				
Q6. Are the staff members who help you at your job nice and polite to you?	14	7.1%	0.0%	92.9%
Q11. Are the staffs at your day program activity nice and polite to you?	85	1.2%	5.9%	92.9%
Q18. Are they (people helping you at home) nice and polite to you?	100	0.0%	6.0%	94.0%
Q19. Do people let you know before they come into your home?	129	3.9%	4.7%	91.5%
Q20. Do people let you know before coming into your bedroom?	127	11.0%	8.7%	80.3%
Q21. Do you have enough privacy at home?	120	11.7%	0.0%	88.3%
Q30. Can you go on a date if you want to?	98	16.3%	6.1%	77.6%
Q75. Do people read your mail or email without asking you first?	161	91.9%	0.0%	8.1%
Q76. Can you be alone with friends or visitors at your home?	162	13.6%	0.0%	86.4%

¹⁸ Scale for Health, from left to right, is Poor, Fairly Good, Excellent.

Question Description	Applicable Responses	Pct Negative	In Between	Pct Positive
Q77. Are you allowed to use the phone and internet when you want to?	144	6.9%	0.0%	93.1%
Total Rights	1,140	20.3%	3.0%	76.8%
6. Community Inclusion / Social Role				
Q1. Do you have a job in the community?	155	86.5%	0.0%	13.5%
Q12. Do you have any volunteer work?	144	75.7%	0.0%	24.3%
Q29. Can you see your friends when you want to see them?	113	5.3%	23.0%	71.7%
Q32. Do you have family that you see?	142	9.9%	0.0%	90.1%
Q33. Can you see your family when you want to?	124	8.9%	20.2%	71.0%
Q42. When you want to go somewhere, do you always have a way to get there?	132	0.8%	13.6%	85.6%
Q54. In the past month, did you go shopping?	197	11.2%	0.0%	88.8%
Q55. In the past month, did you go out on errands or appointments?	194	12.9%	0.0%	87.1%
Q56. In the past month, did you go out for entertainment?	196	27.0%	0.0%	73.0%
Q57. In the past month did you go out to a restaurant or coffee shop?	198	11.6%	0.0%	88.4%
Q58. In the past month, did you go out to a religious service?	198	54.5%	0.0%	45.5%
Q59. In the past month, did you go out for exercise?	197	46.2%	0.0%	53.8%
Q60. In the past year, did you go away on a vacation?	198	56.1%	0.0%	43.9%
Total Community Inclusion	2,188	32.4%	3.2%	64.5%

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

Person's Involvement in Process

III

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

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

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

SSRR

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

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

NCI Consumer Survey

Who chose the place where you live?

Did you choose the people you live with?

Do you choose who helps you at home?

Who decides your daily schedule?

Who decides how you spend your free time?

Who Chose the place where you work?

Who chose where you go during the day?

Do you choose who helps you during the day?

Do you choose what you buy with your spending money?

Did you choose your case manager/service coordinator?

System's Responsiveness to the Person

III

Person is afforded choice of supports and services.

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

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

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

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

SSRR

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Attachment 8: Provider Discovery Review Policy and Procedures

Policy and Procedure Results by Review Standard (N=813)	
January – March 2011	
Standard	Percent Met
The provider has written P&P on use of the personal outcome process, and how this information will be incorporated into service delivery planning.	88.4%
The provider has written P&P governing how a person-centered approach will be provided to meet the needs of recipients and achieve the personal goals on the support plan.	88.2%
The provider is able to describe the organization's person centered planning process, i.e. developing Implementation Plans, Support Plans, etc.	95.2%
The provider has written P&P that will promote the health and safety of every recipient who receives services (to include Abuse/Neglect, Incident Reports, Bill of Rights).	90.3%
The provider can describe procedures for reporting any rights violations.	96.3%
The provider has evidence of teaching individuals/legal representatives about their rights, e.g. signed receipt of the Bill of Rights of Persons with developmental disability, at least once annually.	74.9%
The provider can describe reporting procedures for any incidents of abuse, neglect, and/or exploitation.	97.0%
The provider has identified and addressed trends related to abuse, neglect, and exploitation.	95.3%
All instances of abuse, neglect, and exploitation have been reported.	97.8%
The provider has written P&P detailing safe administration/ handling of medication to assure the health and safety of recipients served; if it is the policy the provider or the provider's staff should not administer medication it should be clearly stated.	84.9%
The provider tracks and addresses medication errors (if administering medication).	86.4%
The provider has written policies and procedures to ensure the smooth transition of the recipient between providers and other supports and services.	83.1%
The provider has written P&P that address the staff training plan and specify how pre-service and in-service activities will be carried out including HIV/AIDS training pursuant to Chapter 381.0035, F.S., CPR, and all other mandated training.	78.8%
The provider has written policies and procedures to address grievances.	86.7%
The provider maintains a log of all grievances.	72.9%

Policy and Procedure Results by Review Standard (N=813)	
January – March 2011	
Standard	Percent Met
The provider has evidence of teaching the individual/legal representative about the grievance policy.	78.4%
Individuals sign the provider's grievance policy within 30 days of beginning services and annually thereafter.	67.0%
The provider has a written policy for conducting self-assessments.	80.1%
The provider has completed a Self Assessment including all required components at least once in the past year.	46.4%
The provider has taken quality improvement actions as a result of the self assessment.	56.2%
The provider maintains a current table of organization, including board of directors (when applicable), directors, supervisors, support staff, and all other employees.	85.5%
The provider tracks and addresses all incident reports.	92.1%
The provider updates policies and procedures in a timely manner.	62.6%
Vehicles used for transportation are properly insured and properly registered.	90.5%
The provider has evidence of monitoring and reviewing projected service outcomes for Adult Day Training (N=9).	66.7%
The provider has evidence of monitoring and reviewing projected service outcomes for Residential Habilitation (N=204).	72.1%
The provider has evidence of monitoring and reviewing projected service outcomes for Waiver Support Coordination (N=101).	68.3%
The provider has evidence of monitoring and reviewing projected service outcomes for Supported Employment (N=48).	76.7%
The provider has evidence of monitoring and reviewing projected service outcomes for Supported Living Coaching (N119).	75.2%
Total Administrative Policy and Procedure	83.9%

Attachment 9: Provider Discovery Review Training Standards

Training Results by Review Standard (N=817)	
January – March 2011	
Standard	Percent Met
Provider meets all minimum educational requirements/ levels of experience for Adult Day Training.	73.7%
Provider meets all minimum educational requirements /levels of experience for Behavior Analysis.	100.0%
Provider meets all minimum educational requirements /levels of experience for Behavior Assistant.	95.1%
Provider meets all minimum educational requirements and levels of experience for Companion.	96.2%
Provider meets all minimum educational requirements /levels of experience for In Home Support.	91.7%
Provider meets all minimum educational requirements /levels of experience for Personal Care Asst.	96.1%
Provider meets all minimum educational requirements and levels of experience for Respite Care.	95.9%
Provider meets all minimum educational requirements /levels of experience for Res Habilitation.	85.4%
Provider meets all minimum educational requirements/ levels of experience for WSC/CDC+ Con.	98.1%
Provider meets all minimum educational requirements / levels of experience for Supported Employment.	95.0%
Provider meets all minimum educational requirements /levels of experience for Supported Living Coach.	95.5%
The provider received training in Zero Tolerance.	81.0%
The provider received training in Direct Care Core Competency.	85.7%
The provider received training in HIPAA.	89.7%
The provider received training in Person Centered Approach/Personal Outcome Measures. (5 day POM training for WSCs addressed under WSC specific training requirements)	77.1%
If applicable, the provider received training in Medication Administration per FAC 65G-7.	93.7%
If applicable, the provider has been validated on medication administration per FAC 65G-7.	93.8%
The provider received training in HIV/AIDS. (Infection Control now captured in Core Comp.)	96.5%
The provider received training in Cardiopulmonary Resuscitation (CPR).	96.0%
The provider received 8-hrs of annual in-service related to implementation of individually tailored services specific to Adult Day Training.	100.0%
The provider received 34 hours of Statewide pre-service training.	95.2%
The provider received 26 hours of Area- specific training.	95.3%

Training Results by Review Standard (N=817)	
January – March 2011	
Standard	Percent Met
The provider received 24 hours of ongoing annual job related training.	94.3%
Provider received a Certificate of Consultant Training from a designated APD trainer.	100.0%
The provider received 18 hours of Supported Employment pre-service certification training. If enrolled before March 1, 2004, a solo provider or agency staff is required to have 12 hours of pre-service training.	98.3%
The provider has attended an employment-related conference.	84.0%
The provider received 12 or 18 hours of Supported Living Coaching pre-service certification training. (12 hrs prior to October 2003-18 hrs after October 2003).	98.1%
The provider received 20 contact hours of instruction in a curriculum, meeting the requirements specified by the APD and approved by the APD-designated behavior for Behavior Assistants.	97.6%
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)	78.4%
The provider received training in the development and implementation of required documentation for each waiver service provided. (Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants)	79.7%
The provider received training on the Medicaid Waiver Services Agreement, its Attachments and the Developmental Disabilities Waiver Services Coverage and Limitations Handbook and its appendices. (Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants)	77.7%
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)	79.8%
Average Qualification and Training	86.7%