

Florida Statewide Quality Assurance Program

Year 2 Second Quarter Report

April - June 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 two quarters of the second year of review activity, and represent about half of the total number of reviews that will be completed this year. Therefore, findings should not be over interpreted.

Findings to date indicate providers are approximately 85 percent compliant with Policy and Procedures, 87 percent compliant with training requirements, and 84 percent with Service Specific requirements (SSRR). Compliance on some specific review standards is relatively low, such as monitoring projected service outcomes and maintaining appropriate documentation for self-assessment processes. Providers of Supported Employment and Supported Living Coaching were not always receiving the required training related to implementing individually tailored services.

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 1,502 providers (representing all services reviewed by Delmarva) who had a PDR were cited with at least one potential recoupment item, 248 received a background screening alert, and 97 health and/or safety alerts were recorded.

Only 133 CDC+ Representatives have been reviewed to date this year, out of approximately 330. However, for these representatives, compliance on background screening has improved from the Year 1 average of 32 percent to 52 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 of 52.6%). 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. Variation also exists across several demographics such as APD Area, age, residential setting and service received (Figures 9-12). 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 Second Quarter Report for the second year of the FSQAP program, April - May 2011. Because the data collected to date represent about half 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

Training (April – June 2011)

Delmarva participated in the following activities during the second quarter of Year 2, April – June 2011:

- Linda Tupper and Charmaine Pillay attended the Area 13 Provider Fair on April 9, sponsored by waiver.com.
- Linda Tupper, Charmaine Pillay and several Delmarva regional managers facilitated the Quality Council meeting in Orlando on June 2.
- On June 3 and 4, Linda Tupper completed a session at the Family Café (Orlando) on Healthy Aging in Individuals with Developmental Disabilities. Charmaine Pillay and Rachel Cornwell provided an overview of the FSQAP program and Delmarva provided an informational table both Friday and Saturday.
- The Florida team met June 6 and 7 for a training conference on tool revisions.
- Conference calls continue on a weekly basis for all reviewers and managers to provide updates on procedures and/or APD policy, a forum for questions, and an avenue to support training and reliability processes.

Internal Quality Assurance Activities

Report Approval Process

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

Reliability

Reliability activities have been ongoing throughout the second quarter of the year, with the following:

- Person Centered Review (PCR) Field Review Reliability was conducted with 10 Quality Assurance Reviewers.
- Provider Discovery Review (PDR) Reliability was completed with 11 Quality Assurance Reviewers.
- Two Trivia Sessions occurred with all Quality Assurance Reviewers.
- The updated Operational Policies and Procedures test was administered to all Quality Assurance Reviewers.
- The updated 2010 Handbook Module test was administered to all Quality Assurance Reviewers.

Status Meetings

Monthly status meetings are held to provide an opportunity for Delmarva, AHCA and APD representatives to discuss contract activities and other relevant issues as necessary. During the first quarter, there was a status meeting April 21 and May 19. There was no status meeting in June 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, with the exception of Area 3. Local APD in this Area requested it be rescheduled to July or August. See Attachment 1 for a list of participants and agenda items for each meeting.

Feedback Surveys

NCI Consumer Survey Feedback

After each individual NCI interview, Delmarva provides the individual with a feedback survey. The individual is encouraged to complete the feedback survey, which is mailed directly to HSRI. Between January and June 2011, 64 surveys were returned to HSRI. Of these, 17 were in Spanish. According to HSRI, Spanish responses make up about 26.6 percent of the feedback surveys received. Results to date indicate:

- 81.3 percent of individuals participated in the survey and 32.8 percent of the forms were completed by the person receiving service, with 54.7 percent completed by an advocate, and 15.6 percent by a staff member where the person lives.
- 64.1 percent of NCI interviews took place in the home.
- 75 percent of individuals indicated choosing where to meet for the interview.
- All of the respondents felt the interview was scheduled at a convenient time (100%), the questions were not difficult to answer (81.3%), the interview took the right amount of time (93.7%), and the interviewer was respectful (100%).
- 92.2 percent of respondents indicated the interviewer successfully explained all questions did not have to be answered, and 95.3 percent agreed the interviewer explained what the NCI survey was about.

Provider Feedback Survey

After each PDR, providers are given the opportunity to offer feedback to Delmarva about the review process and professionalism of the reviewer(s). Providers are given a survey they can complete and mail/fax

to Delmarva, or surveys can be completed online, on the FSQAP website (www.dfmc-florida.org). Between January and March 2011, 125 surveys were received from providers who participated in a PDR.¹ The following Table provides each question and the percent of positive responses.

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?	93.0%
Did the QAR explain the purpose of the review?	94.4%
Did the QAR explain the review process and how the QAR or Delmarva team would conduct the review?	88.8%
Did the QAR answer any questions you had in preparation for the review?	87.2%
Did the QAR refer you to the FSQAP website, including the tools and procedures?	86.4%
Did the QAR arrive at the review at the scheduled time?	90.4%
If no, did the QAR call to notify you he/she might be a little late?*	50.0%
Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving?	91.2%
If you scored Not Met on any of the standards, did the QAR explain why?***	87.3%
Total Responses	125

**87 Applicable Responses

Summary of Customer Service Calls

During the second quarter of the second contract year, April - June 2011, 387 calls were recorded in the Customer Service Log, with an average response time of one day for each call, and only two calls required further follow up. The list of topics and number of calls per topic are presented in Attachment 2.

Quality Council

The last Quality Council meeting for the contract year was held in Orlando on June 2, 2011. Agenda items included:

- Refresher of activity completed during the previous QC meeting

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

- Val Bradley did a review of the Quality Council Regulations
- Development of templates for providers was continued
- QA tool revisions work groups and group presentations of activities
- Re-prioritized recommendations generated from the workgroups in Year 1

Web Site and Portal Updates

Data Availability

The data dashboards were updated with results from Year 1 and through June of Year 2. These are available on the client site in the Delmarva website. The Remediation Data Extract is completed monthly and made available to APD on approximately the 7th of each month.

Monthly Production Report

Monthly production reports are now available on the Real Time Data Reporting System (RTDRS) web site. People with access to the report are able to pull production information for PCRs and PDRs by Area and for different timeframes. Information provided is the most current data available at the time the report is generated.

Public Reporting

Charmaine Pillay has taken the lead in developing/updating the public reporting website (www.flddresources.org). An organizational meeting will be scheduled in August to determine members of the work group needed to help determine the purpose and content of the site. Work group activity is expected to begin during the third quarter of the year.

Miscellaneous

Schedule

The Regional Manager who oversees the PCR process has begun the process of collecting the information needed to pull the sample for Year 3. A request will go out to the Areas in August for complete case loads of all individuals served by each support coordinator in the Area.

Section II: Data from Review Activities

Person Centered Reviews (PCR)²

Information in Table 1 provides the number of PCRs completed by APD Area during the first two quarters of the contract year, including the number of CDC+ individuals who participated (120), the number of waiver participants (682), 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 - June 2011				
	Number of PCRs		Number of Declines	
APD Area	DD Waiver	CDC+	DD Waiver	CDC+
1	17	3	16	0
2	40	8	10	2
3	42	3	9	3
4	71	11	28	6
7	58	23	15	7
8	26	2	12	2
9	29	4	7	2
10	57	9	8	0
11	149	24	25	4
12	36	2	6	1
13	33	7	5	5
14	30	2	10	0
15	15	3	3	0
23	79	19	19	11
Total	682	120	173	43

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

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

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

Table 3: Person Centered Review Decline Reasons			
January – June 2011			
Decline Reason	DD Waiver	CDC+	Total
Refused	115	26	141
Review Later	50	12	62
No Longer Recv Svcs	14	5	19
Deceased	4	0	4
Moved Out of State	1	0	1
Total	184	43	227

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.

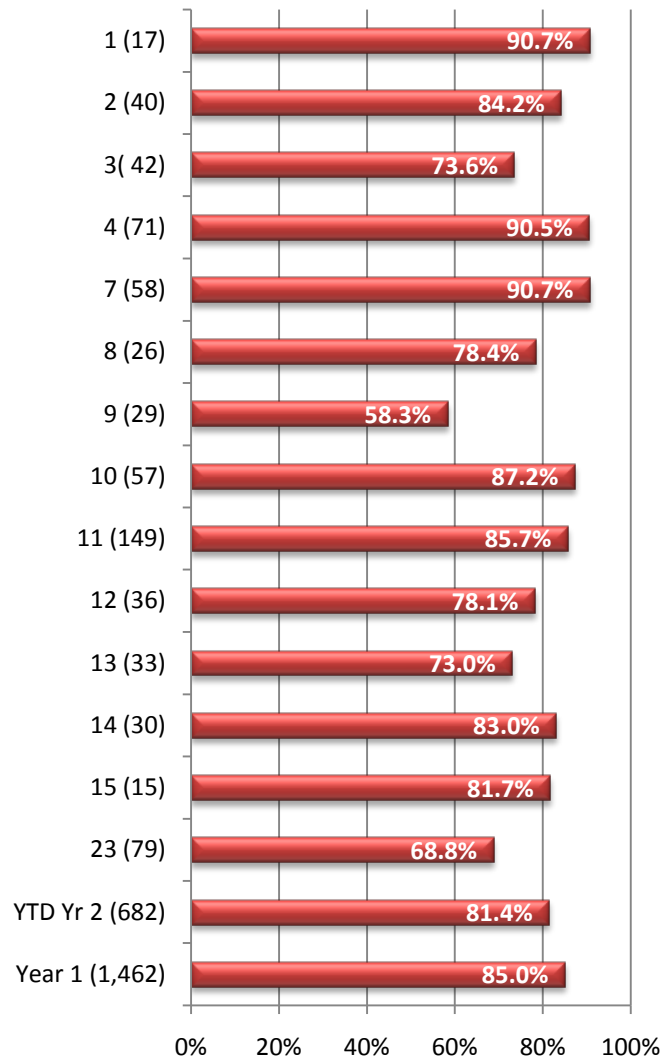
The CDC+ program provides individuals with flexibility and opportunities not offered to individuals on the Developmental Disabilities (DD) waiver, such as the ability to direct their own budget and hire/fire providers. In addition, non-waiver providers can be utilized and provider rates can be negotiated 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 682 individuals on a DD waiver interviewed during the first two quarters of the year are presented in Figure 1, for each Area and statewide. The average III score for Year 1 is presented as a benchmark. It is important to note there are only a small number of reviews in most of the Areas.

Therefore, results may not be representative of the Area at this time. Statewide results to date indicate approximately 81 percent of III standards were present in people’s lives. This rate is somewhat lower than the Year 1 benchmark (85%).

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



**Figure 2: Individual Interview Instrument Results by Standard
 January – June 2011
 Waiver Participants (N=682)**

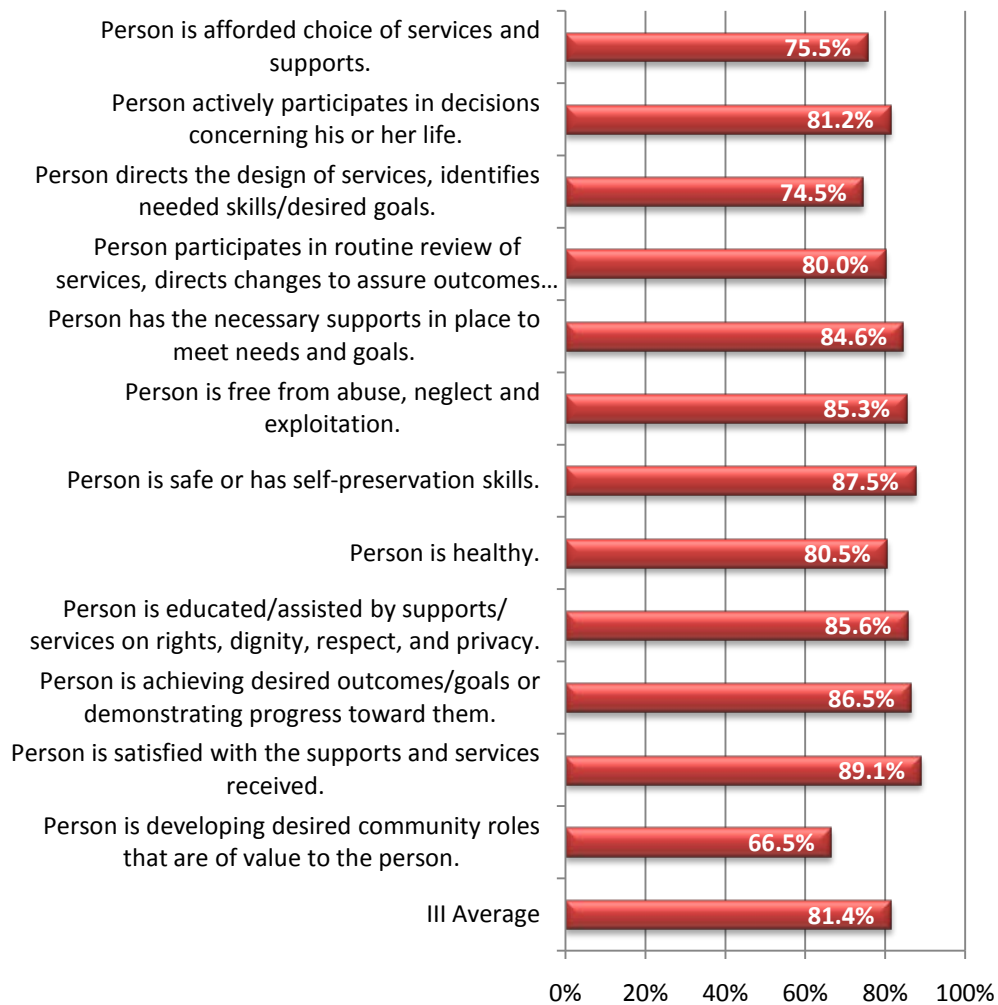


Figure 2 displays III results for DD waiver participants for each standard.³ III standards measure the following, from the person’s perspective:

- safety and health status
- satisfaction with services

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

- 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 682 individuals interviewed to date indicate the following:

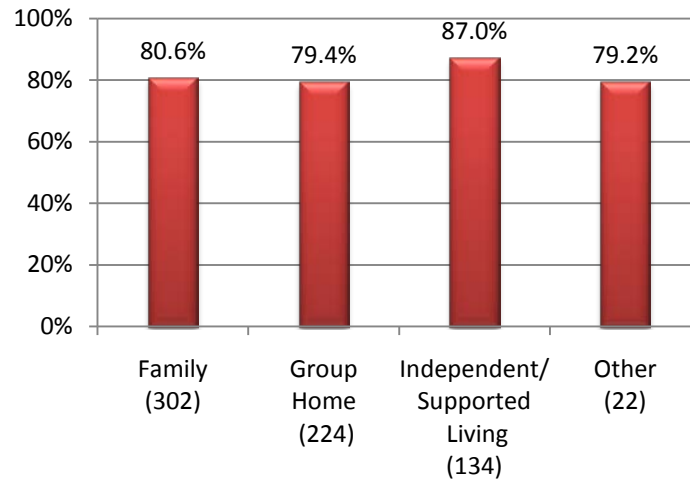
- Three standards reflected compliance below the statewide average for all providers reviewed: if the person is afforded choice, directs the design of services, and if the person is developing desired social roles.
- Four standards—indicating if the person is afforded choice of services and supports, directs the design of supports, if the person is healthy, or if the person is developing social roles—were over five percentage points lower than in Year 1.
- To date this year, none of the expectations shows an increase over the average results from Year 1.

The following graphics display III results across various demographic characteristics – Residential Setting, Primary Disability, Age Groups, and Services—Figures 3 - 6.⁴ To date, the III data indicate:

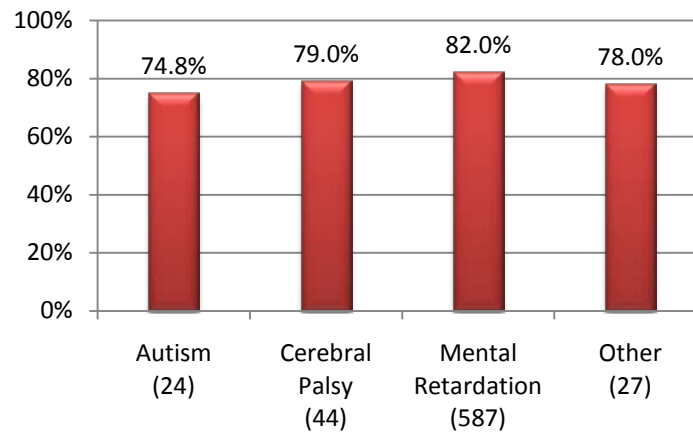
- Individuals who live independent or in a supported living facility were more likely to have III outcomes present, than were individuals in any other residential setting.
- There were some differences across primary disabilities, results indicating individuals with Autism were somewhat less likely to have the III outcomes present than were individuals with any other disability.
- Differences across age groups were relatively small.
- Individuals receiving supported employment were more likely to have III outcomes present in their lives than individuals receiving either ADT or Companion.

⁴ The “Other” category for residential status includes Assisted Living Facility (12), Foster Home (8), and Residential Treatment Facility (2). “Other” for primary disability includes Epilepsy (1), Spina Bifida (13), Prader Willie (3) and Other (10).

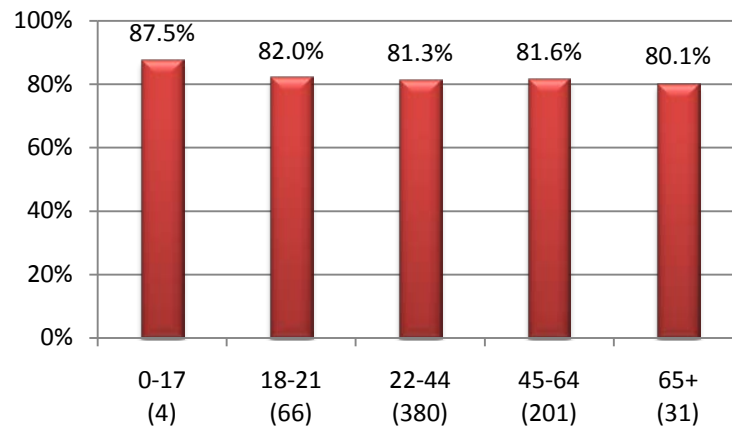
**Figure 3: Individual Interview Instrument Results by Residential Setting
January - June 2011
Waiver Participants**



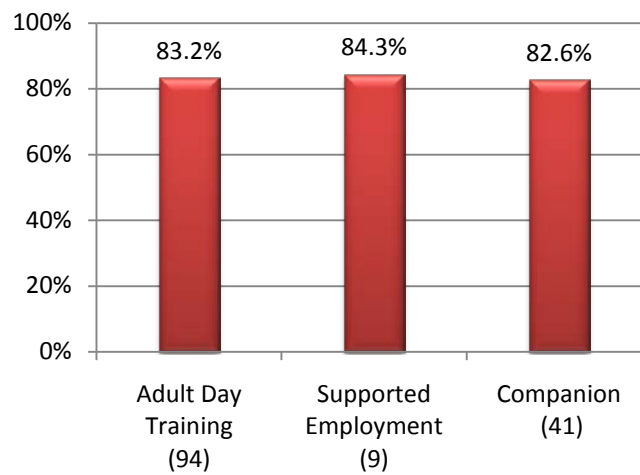
**Figure 4: Individual Interview Instrument Results by Primary Disability
January - June 2011
Waiver Participants**



**Figure 5: Individual Interview Instrument Results by Age Group
 January – June 2011
 Waiver Participants**



**Figure 6: Individual Interview Instrument Results by Service
 January – June 2011
 Waiver Participants**



Service Specific Record Reviews (SSRR)

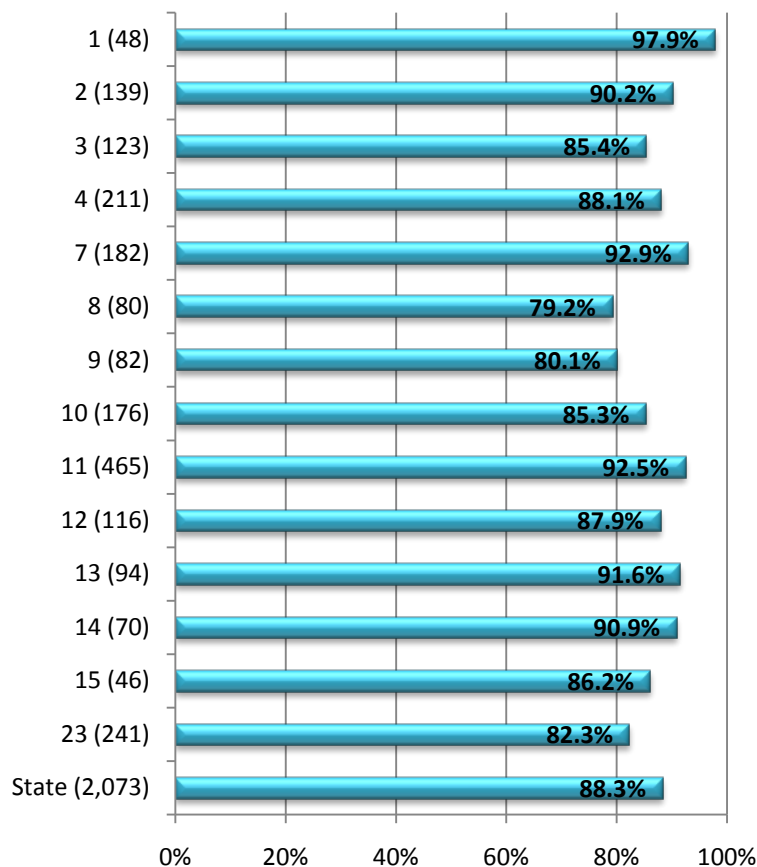
A record review is completed for every service received by individuals who participate in a PCR. Each record is analyzed to determine if the provider is rendering the service in accordance with the requirements specified in The Handbook for that particular service. The number of standards reviewed during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

Average SSRR results by APD Area are presented in Figure 7. While the number of PCRs completed in some of the Areas is relatively small, the number of weighted standards used to calculate the SSRR scores is quite large, over 1,000 per Area. 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.

Between January and June 2011, 2,073 service records had been reviewed in conjunction with a PCR. Results to date indicate the following:

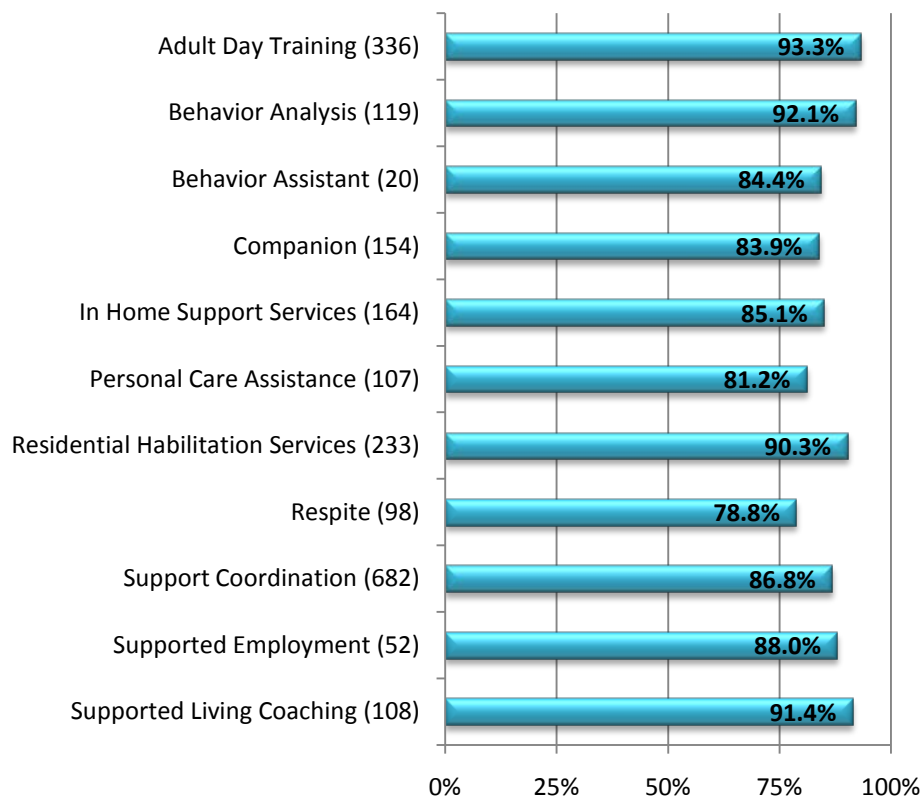
- The state average SSRR score was 88.3 percent, down from 90 percent in Year 1;
- PCR service records show 90 percent compliance or higher in six APD Areas;
- Areas 8 and 9 showed compliance rates of 80 percent or lower.

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



Service Specific Record Reviews from the PCRs are presented by service in Figure 8. Each individual may receive any number of services. The number of individuals reviewed for the service is presented in parentheses. Results across the services, to date, vary somewhat. Record reviews for individuals receiving Adult Day Training showed the highest compliance rate.

**Figure 8: Person Centered Reviews (Waiver Participants)
 Service Specific Record Reviews by Service
 January – June 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. Because findings to date represent only 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 only 18 percent of the 120 individuals participating in CDC+ reported better health.
- The percent of individuals on a waiver who were treated in an Emergency Room has increased somewhat since last year, a change from 21 percent to 26 percent.
- Approximately 330 of the 802 individuals interviewed reported having health problems (41%).

Table 4: Select Health and Behavioral Assessment Questions				
January – June 2011				
HBA Question	DD Waiver		CDC+	
	% Yes	N	% Yes	N
Have you seen a doctor in the past year?	98.4%	682	99.2%	120
Do you currently have a dentist?	85.3%	682	90.0%	120
Have you been to the dentist in the past year?	77.9%	682	80.0%	120
Do you have any problems with your teeth?	13.0%	682	8.3%	120
Have you been treated in the emergency room this past year?	26.4%	682	20.8%	120
Have you been admitted to the hospital this past year?	15.8%	682	11.7%	120
Do you have any health problems?	41.3%	682	40.0%	120
In the past year is your health:		682		120
Better	30.5%		18.3%	
Same	61.3%		70.0%	
Worse	8.1%		11.7%	

NCI Consumer Survey Results for Focused Areas⁵

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

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

Findings from the NCI analysis indicate the following **to date**:

- Approximately 32 percent of individuals indicated having excellent health.
- Individuals were least likely to report they have choice in their lives (for example, choosing a place to live, a daily schedule, or where they work (see Attachment 6)). Results indicate less than half (42.6%) of the choice indicators showed a positive response.
- The average positive score for Community Inclusion was 66 percent.
- Individuals were most likely to score positively on issues of safety and rights.

Table 5: NCI Consumer Survey Results by Focused Areas				
January – June 2011				
Question Description	Number of Responses	Pct Negative	In Between	Pct Positive
Achieving Results/ PC Approach	2,878	13.2%	6.8%	80.0%
Choice	5,506	23.4%	34.1%	42.6%
Safety	1,697	3.7%	7.0%	89.3%
Rights	4,079	8.1%	3.5%	88.4%
Community Inclusion	7,502	30.9%	3.1%	66.0%
		Poor	Fairly Good	Excellent
Health	676	5.0%	62.9%	32.1%

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”.⁶ 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 under 53 percent while System Response scores are considerably higher, at close to 80 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 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 – June 2011			
Funding Source	Number PCRs	Involvement Score	Response Score
DD Waiver	682	52.6%	79.7%
CDC+	120	51.1%	84.8%
Total	802	52.6%	79.7%

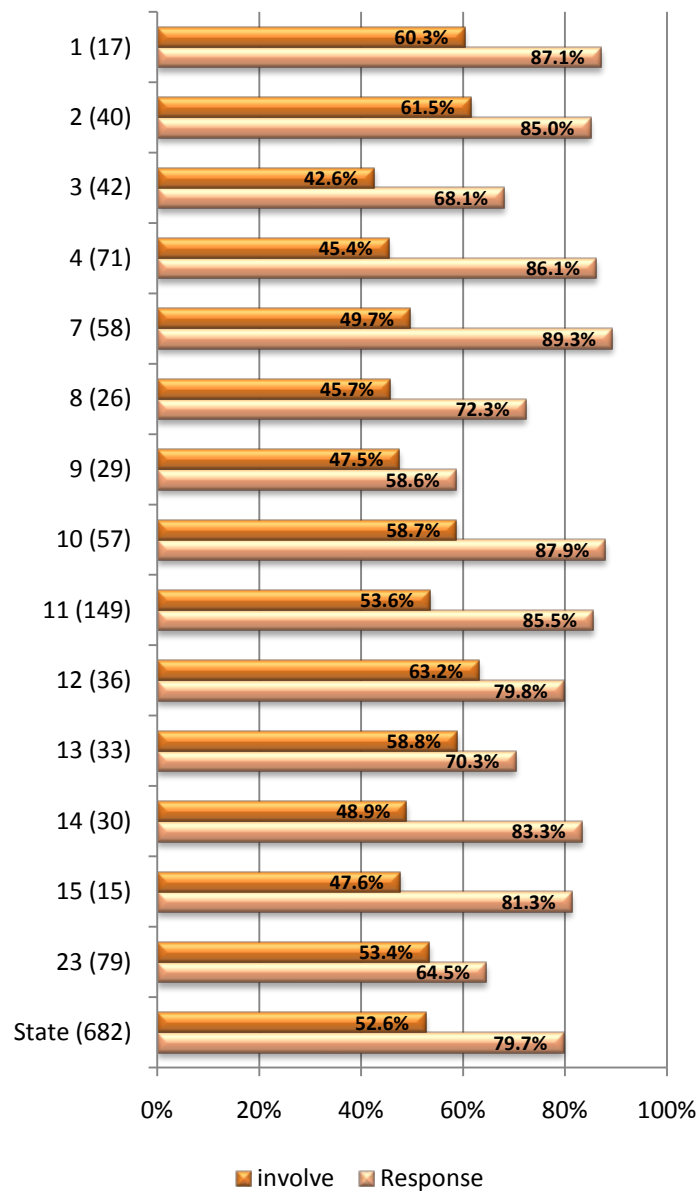
An overview of the Involvement and Response measures by APD Area, age group, residential setting, primary disability, and service is presented in the following charts (Figures 9 – 13). When reviewing results by service, it is important to remember that individuals generally receive more than one service.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

- Individual involvement in life’s decisions ranges from a score of 42.6 percent in Area 3 to just over 63.2 percent in Area 12.
- System response scores were lowest in Area 23 (64.5%) and highest in Area 7 (89.3%).
- While system response is fairly consistent across age groups, the youngest and oldest individuals appear to be less involved in their service and goal making decisions.

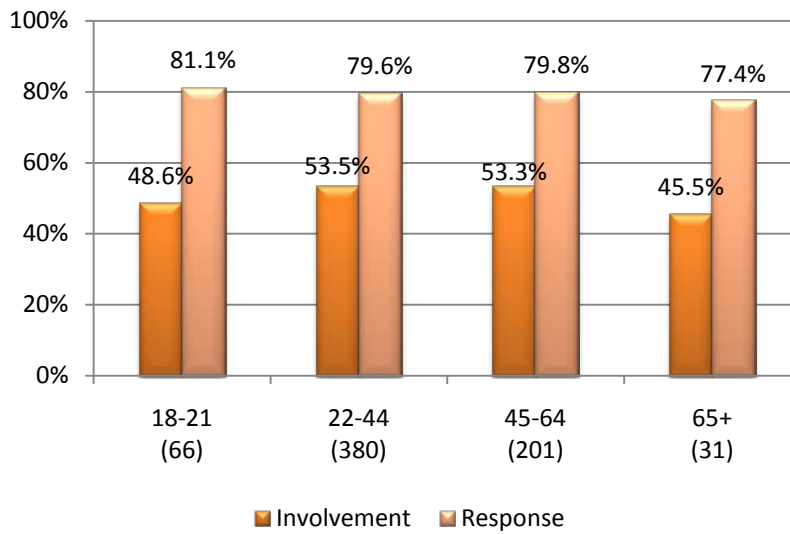
⁶ See Attachment 7 for a list of indicators used to create each measure.

- Individuals living in a group home were much less likely to be involved in decisions and individuals in independent or supported living were most likely to be involved and to have responsiveness from providers.
- Individuals receiving supported employment scored higher on both measures than individuals receiving ADT or Companion services.

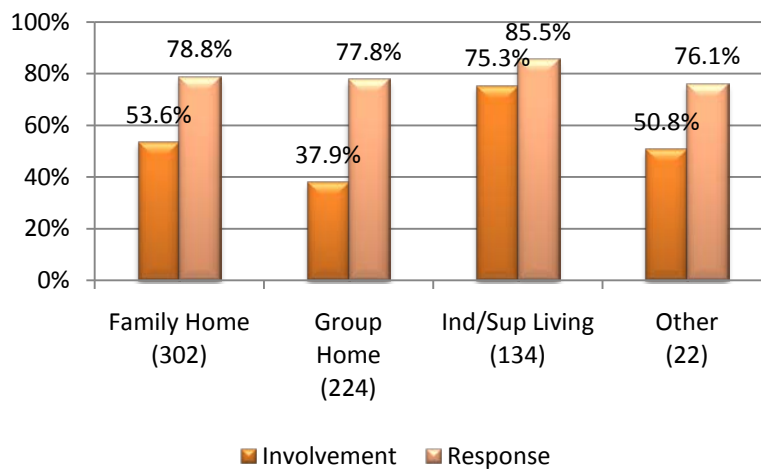
**Figure 9: Person Centered Reviews
 Involvement v Responsiveness by APD Area
 January – June 2011**



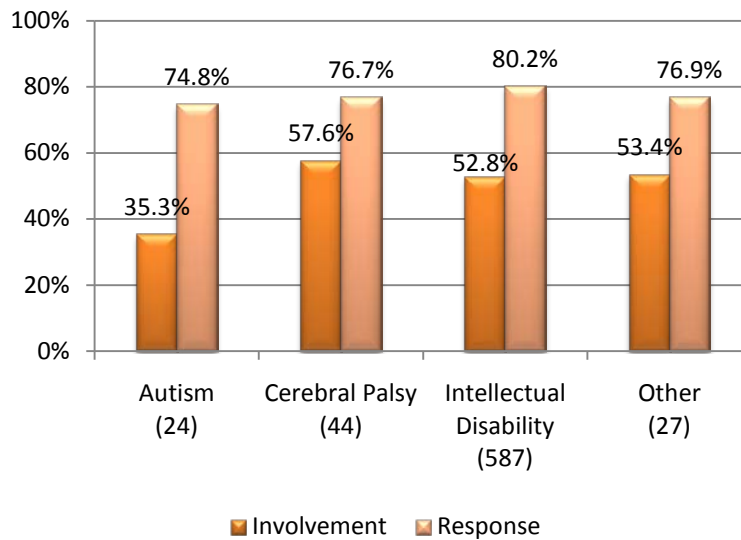
**Figure 9: Person Centered Reviews
 Involvement v Responsiveness by Age Group
 January - June 2011**



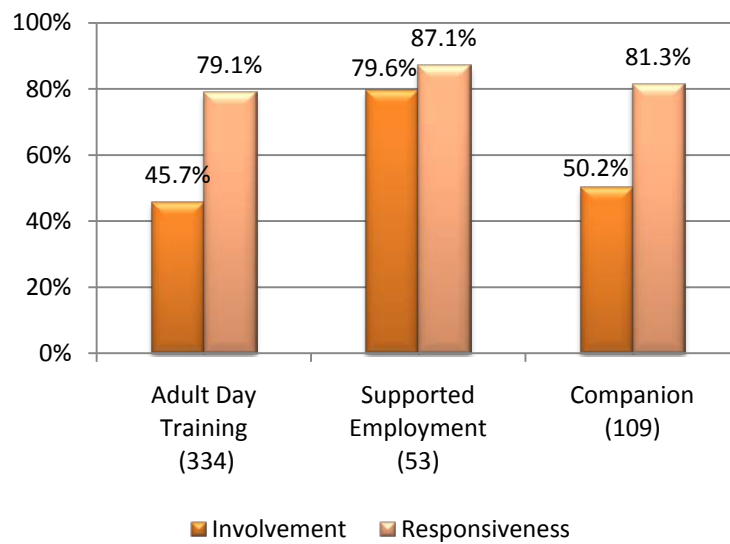
**Figure 10: Person Centered Reviews
 Involvement v Responsiveness by Residential Setting
 January - June 2011**



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



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



Provider Discovery Reviews (PDR)⁷

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. A total of 1,502 PDRs were completed and approved by Delmarva management during the first two quarters of Year 2, January – June 2011. The distribution of PDRs by APD Area is presented in Table 7. The number of individuals served by providers in each Area, on the DD waiver or the CDC+ program, is given. Individuals may be served by more than one provider. Therefore, totals are not included. Fifty nine providers either failed to show up for a scheduled review or Delmarva and the APD Area offices were unable to contact them. Non-compliant providers receive a Not Met on all standards. A list of non-compliant providers is available to AHCA and APD through the monthly production report, but results from these reviews (all standards scored Not Met) are removed from the analyses in this report.

Table 7: Provider Discovery Review Activity				
January – June 2011				
APD Area	Number of PDRs	Waiver Participants Served	CDC+ Participants Served	Non-Compliant Providers
1	44	357	0	0
2	119	1,167	32	2
3	82	962	14	4
4	185	2,523	123	11
7	144	1,776	153	12
8	41	557	31	1
9	49	781	33	1
10	111	1,569	58	1
11	262	4,947	136	9
12	72	1,098	7	1
13	82	752	23	5
14	37	849	15	1
15	63	471	23	1
23	211	2,770	125	10
State	1,502			59

⁷ See Attachment 2 for a description of the review procedures and sampling methodology. All review tools are posted on the FSQAP website (<http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>).

Administrative Policy and Procedure Results⁸

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

Compliance scores for all components of the PDR are based on a weighted value assigned to each review standard.⁹ Providers can be scored on up to 30 different standards depending upon the requirements of the services provided. Each standard is scored as Met, Not Met, or Not Applicable.

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 1,502 provider reviews conducted Year to Date in Year 2 includes the following:

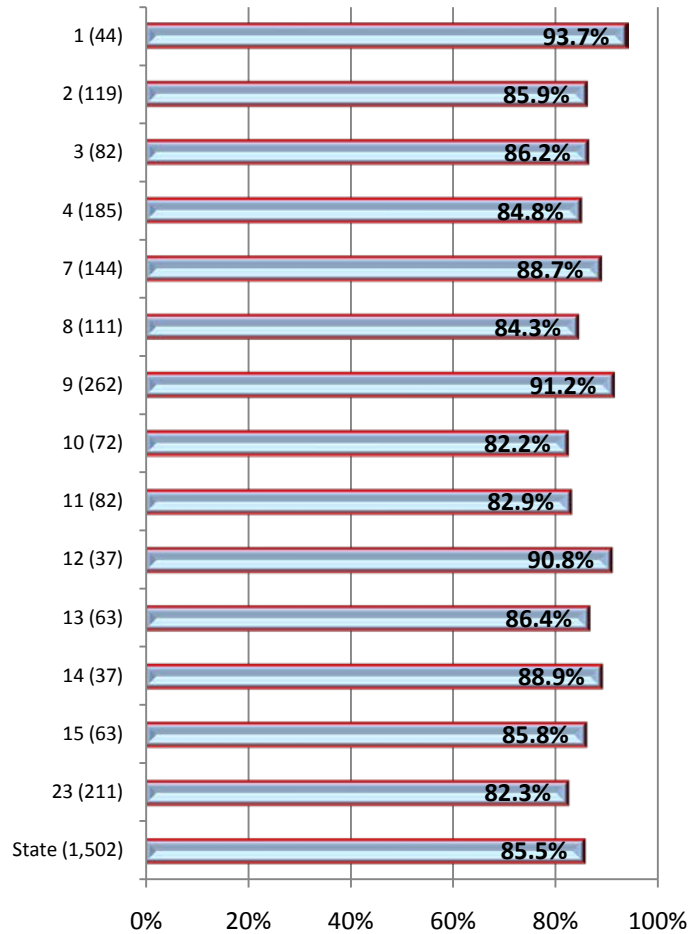
- On average, providers scored this section at 85.5 percent, five percentage points higher than in Year 1 (80.5%).
- 9 of the 29 standards showed 90 percent or higher compliance. These included procedures regarding reporting rights violations; requirements for reporting and tracking incidents of abuse, neglect or exploitation; tracking and addressing all incident reports; policies and procedures that promote health and safety of individuals; the provider's ability to describe the person centered process being used; maintaining written policies and procedures to address grievances; and requirements for insurance and registration of vehicles.
- Many providers had not completed a self assessment with all required components (46.7% met) and only 56.3 percent of providers had taken actions as a result of a self assessment.
- 64.4 percent of providers updated policies in a timely manner.
- For each standard, performance to date in Year 2 reflects the same or better compliance than in Year 1, particularly for teaching individuals about the grievance policy and having the person sign the policy within 30 days of beginning services, increases of 14.2 and 16.7 percentage points respectively.

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.

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

⁹ See Attachment 3 for a description of the weighting process and scoring methodology.

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



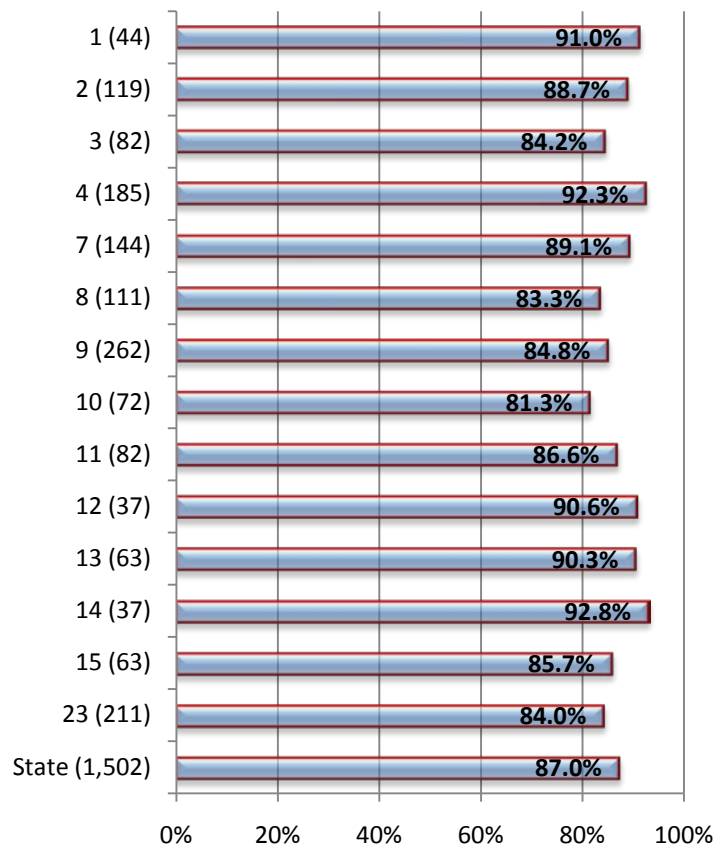
Training Requirements

Providers are required to have certain types of training completed in order to render specific services. They can be scored on up to 37 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 two quarters of Year 2 showed an average compliance score of 87.2 percent, six percentage points higher than in Year 1 (81%).

- Compliance on the standards ranged from approximately 72 percent, indicating providers of Supported Living Coaching have training related to implementation of individually tailored services, to 100 percent, indicating the provider meets all minimum educational requirements for Behavioral Analysis.¹⁰
- On average, Support Coordinators reviewed to date have shown improvement since Year 1 in meeting the minimum educational requirements and experience, an increase of close to eight percentage points (96.5%); and ADT providers were more likely to have completed eight years of annual in-service training, up 8.6 points since Year 1 to 87.7 percent.

**Figure 13: Provider Discovery Reviews
 Average Training Scores by APD Area
 January – June 2011**



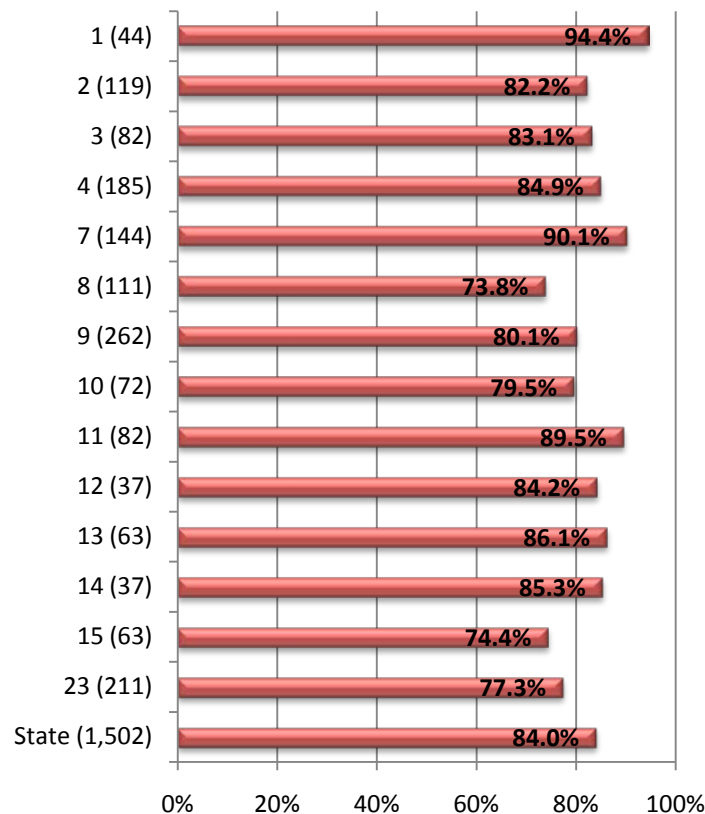
The average score for compliance on the training standards, by APD Area, is presented in Figure 13. Because some Areas had fewer than 50 reviews completed, comparisons across Areas should be viewed with caution as results may not reflect overall provider performance in the Areas. Average compliance scores range from 81 percent in Area 10 to

¹⁰ The providers having training specific to the needs and characteristics of the individual actually showed 68 percent compliance, but this standard has been discontinued. Special Medical Home Care showed 100% compliance, but for only one provider.

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.

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



Findings in Figure 14 indicate the following to date:

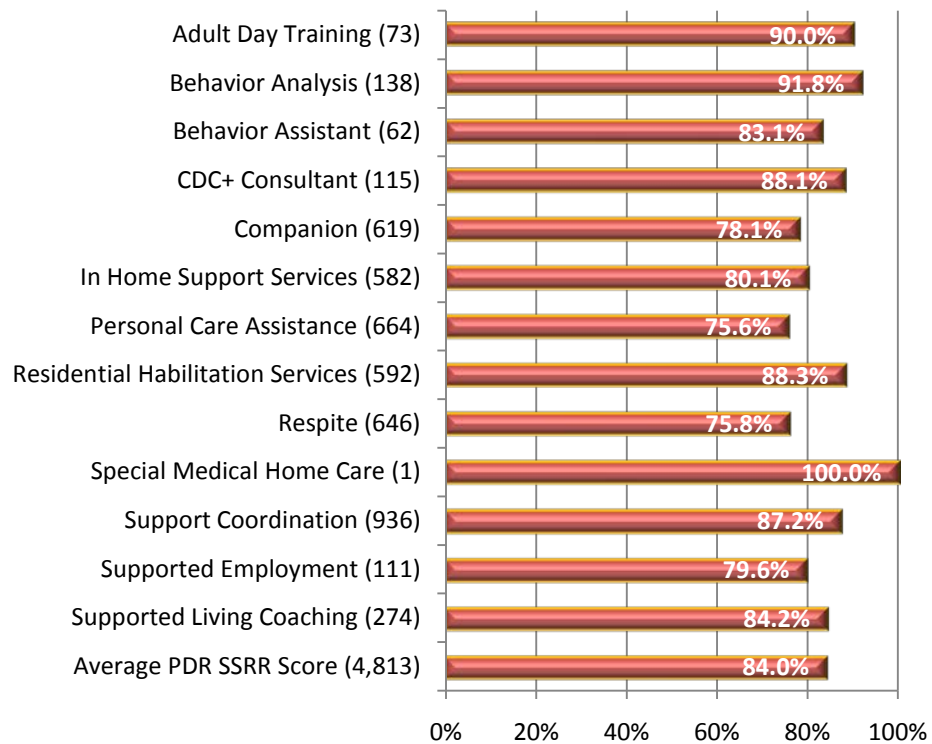
- The statewide average compliance rate for the SSRR component of the Provider Discovery Review is approximately 84 percent, slightly higher than in Year 1 (82.3%).
- Five Areas showed a provider performance rate of 80 percent or less.
- Scores ranged from a low of 73.8 percent in Area 8 to a high of 94.4 percent in Area 1.
- The SSRR average for the PDR is slightly lower than the SSRR results from the PCR, of approximately 88 percent. For the PCR, the WSC provided the names of two PCR participants up

to 30 days in advance of the review. For the PDR, names of individuals selected for the record reviews are given to the provider the first day of the review.

Service Specific Record Review results by service are presented in Figure 15. The number of records reviewed is shown in parentheses. 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 two quarters of Year 2, providers of Companion, Personal Care Assistance, and Respite were least likely to be in compliance with standards specific to the service, with average scores below 80 percent.
- Providers of ADT, Behavior Analysis, and the one provider offering Special Medical Home Care have currently maintained compliance at 90 percent or above.
- Since Year 1, scores for ADT providers have shown the most improvement, up six percentage points.

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



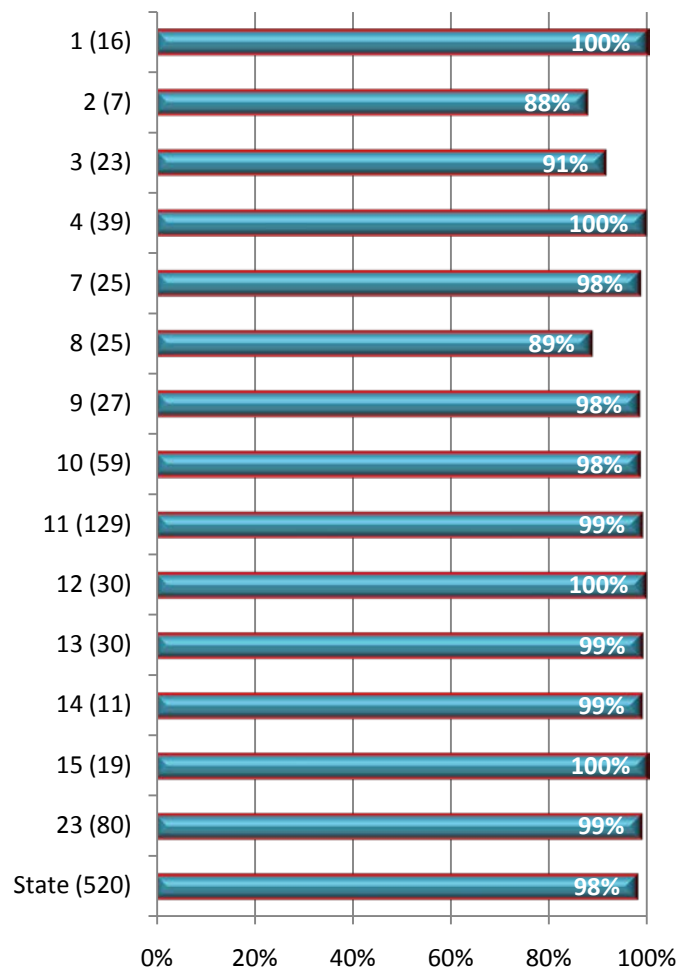
Observation Results

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 27 ADTs and 493 group homes (Table 7). The ADTs served a total of 842 individuals, an average of about 31 per facility. The 493 group homes were operated by providers who served a total of 2,181 individuals.

Table 7: Provider Discovery Review				
Number of Locations Observed by Area				
January – June 2011				
APD Area	Adult Day Training		Residential Habilitation	
	Locations	Served	Locations	Served
1	2	43	14	38
2	2	26	5	25
3	1	33	22	100
4	7	290	32	155
7	1	115	24	110
8	0	0	25	98
9	0	0	27	114
10	1	20	58	289
11	7	205	122	560
12	2	43	28	131
13	0	0	30	86
14	3	53	8	35
15	0	0	19	82
23	1	14	79	358
State	27	842	493	2,181

The average statewide PDR Observation score for the first two quarters of Year 2 was 98 percent, the same as the average for Year 1. Observation results by Area and Standard are presented in the Figure 16 and Table 8. Findings show that only Areas 2 and 8 scored below 90 percent and there is very little variation across the Observation Standards.¹¹

**Figure 16: Provider Discovery Reviews
Average Observation Scores by APD Area
January – June 2011**



¹¹ Review tools are posted here and include detailed descriptions of each standard: <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>.

Table 8: Provider Performance Reviews	
Observation Results by Standard	
January - June 2011	
Standard	Percent Met
Civic and Human Rights	96.0%
Critical Incidents	97.7%
Cultural Competency	96.0%
Housing and Environment	98.4%
Medication management	96.9%
Natural Disasters /Other Public Emergencies	97.5%
Participant and Stakeholder Involvement	97.8%
Participant Decision Making	95.4%
Participant Decision Making Authority	98.3%
Participant Direction	97.9%
Participant Outcomes	99.1%
Participant Satisfaction	98.3%
Provider Networks and Availability	99.6%
Provider Performance	98.7%
Responsiveness to Changing Needs	98.2%
Restrictive Interventions	97.1%
Risk and Safety Planning	99.4%
Service Provision	98.3%

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.

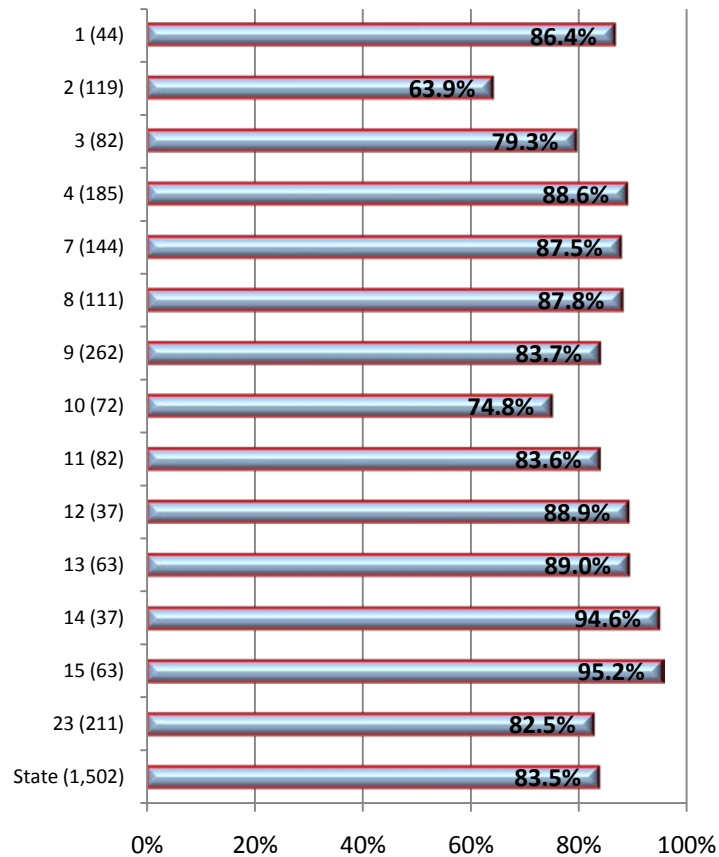
Table 9: Provider Discovery Reviews				
Number of Alerts by APD Area				
January – June 2011				
APD Area	Rights	Health	Safety	Background Screening
1	0	1	1	6
2	0	3	0	43
3	1	4	8	17
4	1	3	4	21
7	0	4	9	18
8	0	0	1	5
9	0	0	2	8
10	2	3	5	28
11	0	4	7	43
12	0	1	0	8
13	0	1	3	9
14	0	2	0	2
15	0	6	1	3
23	3	17	7	37
State	7	49	48	248

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. Findings to date indicate:

- Statewide compliance is approximately 83.5 percent, greater than in Year 1 (75.4%).
- Compliance ranges from a high of 95.2 percent in Area 15 to a low of 63.9 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=1,502)
 January - June 2011**



While 248 providers received an alert for lack of background screening (16.5%), 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 584 reasons were cited. Table 9 displays the reason the standard was Not Met for all employee records reviewed for the 248 providers with a background screening alert. Employees were most likely to not have the required FBI screening letter (28.4%), and were also likely to be missing the local criminal records check from the county of residence, findings similar to Year 1.

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.	1.7%
The provider did not present a Local Criminal Records Check obtained within county of residence.	19.5%
The provider did not present an Affidavit of Good Moral Character.	15.6%
The provider did not present the required Federal Bureau of Investigation screening clearance letter.	28.4%
Provider did not present required FL Department of Law Enforcement screening clearance letter or other acceptable FDLE screening.	16.3%
The provider did not provide proof of completing the required five year re-screening	14.2%
The provider presented an Affidavit of Good Moral Character but it was not notarized.	2.6%
The provider presented an Affidavit of Good Moral Character, but it was not signed.	0.7%
Total Number of Reasons Not Met	584

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 10: Provider Discovery Reviews					
Recoupment Citations by APD Area					
January – June 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	61	28	44	63.6%	2.2
2	214	88	119	73.9%	2.4
3	160	56	82	68.3%	2.9
4	253	94	185	50.8%	2.7
7	133	44	144	30.6%	3.0
8	76	24	41	58.5%	3.2
9	102	34	49	69.4%	3.0
10	222	58	111	52.3%	3.8
11	214	78	262	29.8%	2.7
12	113	47	72	65.3%	2.4
13	60	27	82	32.9%	2.2
14	44	13	37	35.1%	3.4
15	165	49	63	77.8%	3.4
23	530	143	211	67.8%	3.7
State	2,347	783	1502	52.1%	3.0

Findings from reviews completed to date this contract year indicate 2,347 recoupment standards were scored as Not Met. This involved 783 providers, or close to one half of providers reviewed (down from 59.4 percent in Year 2). The average number of citations per provider is 3.0. The percent of providers with a recoupment varied from a low of 29.8 percent in Area 11 to 77.8 percent in Area 15. Ten of the Areas show that over 50 percent of providers reviewed had at least one recoupment citation.

Consumer Directed Care (CDC+)

CDC+ Participants

During the first two quarters of the year, January – June 2011, 120 CDC+ participants were interviewed as part of the PCR process. The number of CDC+ PCRs completed by Area is provided in the following table.

Table 10: CDC+ Person Centered Reviews		
Area	Number	Percent
1	3	2.5%
2	8	6.7%
3	3	2.5%
4	11	9.2%
7	23	19.2%
8	2	1.7%
9	4	3.3%
10	9	7.5%
11	24	20.0%
12	2	1.7%
13	7	5.8%
14	2	1.7%
15	3	2.5%
23	19	15.8%
Total	120	

Results are presented by III Standard in Table 10 and show some variation across the different standards:

- The average III score for these participants was 87.4 percent, somewhat lower than in Year 1 (90.7%), but higher than for individuals on one of the DD waiver participants (81.4%).
- Only one standard reflects a slightly higher score than in Year 1—if the person is free from abuse and neglect.
- To date this year, the standard indicating if the person is healthy has decreased by 10 percentage points compared to Year 1.

Table 10: Consumer Directed Care + Person Centered Reviews		
Individual Interview Instrument Results by Standard		
January - June 2011		
Standard	Percent Met	
	YTD Yr 2	Year 1
The Person is afforded choice of services and supports.	88.3%	91.3%
The Person actively participates in decisions concerning his or her life.	86.6%	90.1%
Person directs design of services and participates in identification of needed skills and strategies to accomplish desired goals.	85.7%	90.7%
The Person participates in routine review of services, and directs changes desired to assure outcomes/ goals are met.	89.2%	90.1%
The person has the necessary supports in place to meet needs and goals.	88.3%	90.0%
The Person is free from abuse, neglect and exploitation.	91.7%	88.2%
The Person is safe or has self-preservation skills.	86.7%	87.0%
The Person is healthy.	82.5%	92.5%
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.	87.4%	90.1%
The Person is achieving desired outcomes/goals or receiving supports that demonstrate progress toward specified outcomes/goals	90.0%	91.3%
The person is satisfied with the supports and services received.	92.4%	94.4%
The Person is developing desired community roles that are of value to the person.	79.7%	85.9%
Average CDC+ III Score	87.4%	90.7%

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 120 CDC+ Consultant record reviews, with Year 1 results for displayed for comparison. On average, record reviews showed an 89 percent compliance rate, similar to Year 1 (90.7%). Twenty three of the 37 standards showed compliance rates of 90 percent or higher. On average, the CDC+ Consultants were least likely to ensure the participant and representative are educated on the benefits of medication reviews and preventive health screenings (72.6%) or to have an Emergency Backup Plan in the record that has been reviewed annually (74.6%).

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 two quarters of the current contract year, 133 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, with Year 1 results displayed for comparison. Representatives scored an average of 86.6 percent, higher to date than in Year 1 (70.5%). Just over half the Representatives (50.8%) had documentation for background screening requirements, up from 32 percent in Year 1. Findings to date also indicate a much higher percent of Representatives have complete employee packets for all directly hired employees, complete vendor packets, and signed and approved receipts of goods and services, compared to Year 1. However, a smaller percent of Representatives has a signed employee/employer agreement for each directly hired employee, 87 percent in Year 1 and 77 percent year to date in Year 2.

Section III: Discovery

Findings in this report reflect data from PCR and PDR review activities for the first two quarters of the second FSQAP contract year, January – June 2011, with comparisons to Year 1 results when possible. A total of 802 PCRs and 1,502 PDRs were completed, approved and available for analysis. Because these represent only a portion of the reviews to be completed this year, results should be viewed as preliminary. During the Quarter the Delmarva tools were revised and submitted to APD and AHCA for feedback and approval. Weights used for scoring were added to each standard and final approval is expected in August. Delmarva helped facilitate the Quality Council meeting in June and quarterly meetings in each APD Area, except Area 3. Consultants attended a three day training session with a focus on the 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. Results are for part of the total sample to be completed by the end of the year and are therefore preliminary. Year 1 findings are included as a benchmark when possible.

Individual interviews to date indicate an average III score of 81.4 percent, somewhat lower than in Year 1 (85%). III results also indicate that approximately 226 individuals on a DD waiver (33%) were not supported to develop 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 (30.9), which supports III findings as discussed above. Health and Behavioral Assessment findings are also similar to Year 1. Most (98%) of the 682 individuals had seen a doctor, have a dentist (85%), have been to the dentist (78%) and have about the same or better health than in the past year (92%).

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. To

date, for individuals on a DD waiver, scores for involvement and response vary across APD Areas, age groups, residential setting and services received, and results are somewhat lower than reported for Year 1, which were 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 response for individuals participating in CDC+ was somewhat better than for individuals on one of the DD waivers. If this pattern continues throughout the year, APD should examine 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.

Provider Discovery Review Results

Results from the 1,502 PDRs conducted between January and June 2011 indicate providers are performing, on average, somewhat better documenting their Policies & Procedures, Qualifications and Training, and Service Specific requirements compared to Year 1. Providers are showing the most improvement in maintaining a grievance log and ensuring individuals sign the grievance policy. ADT providers were somewhat more likely to have their 8-hour annual in-service training completed and also scored somewhat higher on service specific requirements when compared to Year 1.

Of the 1,502 providers who participated in a PDR, 248 (16.5%) received a citation for not having proper documentation to support completion of required background screening procedures. This is somewhat lower than Year 1 (18.6%). In addition to the background screening alerts, 104 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. Data in 10 of the Areas indicated that over 50 percent of the providers reviewed had at least one recoupment citation. When a provider receives a citation during the Delmarva review, it is reported to AHCA and APD, via the provider report.

Attachment 1: Area Quarterly Meetings

January - June 2011

Area Quarterly Meetings		
Date	Area	Summary
06/29/2011	1	<p>APD Participants: Walt Wooten, Ali Stanley, Anna Marie MacArthur & Kelly Lucas</p> <p>Delmarva Participants: Theresa Skidmore</p> <p>Brief Summary: Agenda items included: Provider updates & Terminations, Status of reviews/scheduling, feedback on reports. Detailed discussion was held regarding pending Delmarva tool revisions and Customer Central Record (CCR) pilot taking place in Area 1. Update on Quality Council activities was provided. Dashboards were reviewed and current trends/data were discussed.</p>
06/30/2011	2	<p>APD Participants: Lynn Daw, Ann Douglas, Marnie Millender, Jane Tillman, Cheryl Smith, Nilda Barreto, Kristin Brandon & Bonnie Williams</p> <p>Delmarva Participants: Theresa Skidmore</p> <p>Brief Summary: Agenda items included: Provider updates & Terminations, Status of reviews/scheduling, feedback on reports. Detailed discussion was held regarding pending Delmarva tool revisions and questions were addressed concerning what Delmarva Reviewers look for when scoring certain services and standards. Update on Quality Council activities was provided. Dashboards were reviewed and current trends/data were discussed.</p>
	3	<p>APD Participants:</p> <p>Delmarva Participants:</p> <p>Brief Summary: Area 3 requested Quarterly meeting scheduled for June 27th be cancelled, meeting to be rescheduled for July-August 2011.</p>
06/15/2011	4	<p>APD Participants: Kerrie Wimberly, Sherndina Moreland, Gayle Granger, Conchetta Wilcox. Cathy Guiry, and Chris Chruscial</p> <p>Delmarva Participants: Christie Gentry, Shiela Butler, Janice Newman</p> <p>Brief Summary: Agenda items included: Delmarva Updates, APD Updates Status of reviews/scheduling, Non-Compliant Providers, Alerts/Recoupment, and Feedback on reports. Detailed discussion was held regarding pending Delmarva tool revisions and questions were addressed concerning what Delmarva Reviewers look for when scoring certain services and standards. Update on Quality Council activities was provided. Dashboards were reviewed and current trends/data were discussed. Discussed Cost Plan requirements</p>

		and requirements for training certificates.
05/27/2011	7	<p>APD Participants: Sharon Jennings, Nancy Michael, Carol Solomon, Merari Perez, Andrea Currence, Mary Martin, Grisela Hernandez, Leslie Varhol, Joe Balazowich and Cydney Yerushalmi</p> <p>Delmarva Participants: Christie Gentry, Cheryl King, Brenda McConnell, and Jeff Coleman.</p> <p>Brief Summary: Agenda items included: Delmarva Updates, APD Updates Status of reviews/scheduling, Non-Compliant Providers, Alerts/Recoupment, and Feedback on reports. Detailed discussion was held regarding pending Delmarva tool revisions and questions were addressed concerning what Delmarva Reviewers look for when scoring certain services and standards. Update on Quality Council activities was provided. Dashboards were reviewed and current trends/data were discussed. Background Screening and recoupment amounts identified on reports were also discussed.</p>
06/16/2011	8	<p>APD Participants: Todd Ryan, Diane Whisman and Jeff Smith (Briefly)</p> <p>Delmarva Participants: Kristin Allen and Carol Taylor</p> <p>Brief Summary: Agenda items included Delmarva and APD updates, status of reviews/scheduling, discussion of alerts and recoupments.</p>
06/14/2011	9	<p>APD Participants: Adonisia Brathwaite, Gerry Driscoll, Marie DuBuisson</p> <p>Delmarva Participants: Robyn Moorman</p> <p>Brief Summary: Agenda items included Delmarva and APD updates; AHCA monitoring; status of reviews/scheduling; non-compliant providers; discussion of alerts and recoupments; feedback on reports; current data trends; and the next Quality Council meeting.</p>
06/15/2011	10	<p>APD Participants: Martha L. Martinez, David Gillis, Haydee Toro, Ph.D, Pam Romack</p> <p>Delmarva Participants: Robyn Moorman, Delmarva; Avril Wilson, Delmarva; Anna Quintyne</p> <p>Brief Summary: Agenda items included Delmarva and APD updates; AHCA monitoring; status of reviews/scheduling; non-compliant providers; discussion of alerts and recoupments; feedback on reports; current data trends; and the next Quality Council meeting.</p>
06/22/2011	11	<p>APD Participants: Kirk Ryon</p> <p>Delmarva Participants: Christie Gentry, Robyn Moorman, Jose Navarro, Wanda Nitiss, Mario Areaga, Berta Santos, Janet Tynes</p>

		Brief Summary: Agenda items included Delmarva and APD updates; AHCA monitoring; status of reviews/scheduling; non-compliant providers; discussion of alerts and recoupments; feedback on reports; current data trends; and the next Quality Council meeting.
05/25/2011	12	APD Participants: Ed DeBardeleben, Dylan Gale, Sandra Mills, Linda Burress, Diveka Anderson, Amanda Brown, Delmarva Participants: Christie Gentry, Charlene Henry Brief Summary: Agenda items included: Delmarva Updates, APD Updates Status of reviews/scheduling, Non-Compliant Providers, Alerts/Recoupment, and Feedback on reports. Detailed discussion was held regarding pending Delmarva tool revisions and questions were addressed concerning what Delmarva Reviewers look for when scoring certain services and standards. Update on Quality Council activities was provided. Dashboards were reviewed and current trends/data were discussed.
06/20/2011	13	APD Participants: Patricia Morse, Wayne Perry & Karen Eramo Delmarva Participants: Theresa Skidmore, Mark Williams & Kathy Silfies Brief Summary: Agenda items included: Provider updates & Terminations, Status of reviews/scheduling, feedback on reports. Detailed discussion was held regarding pending Delmarva tool revisions and Area staff questions concerning review processes. Update on Quality Council activities was provided. Dashboards were reviewed and current trends/data were discussed.
06/13/2011	14	APD Participants: Heather Monteath, Jeanette Estes, Melody Taylor and Art Ceisla Delmarva Participants: Kristin Allen and Kristen Joshnick Brief Summary: Agenda items included Delmarva and APD updates, status of reviews/scheduling, discussion of alerts and recoupments.
06/21/2011	15	APD Participants: Peter Karlan, Ashley Cole, Sandra Cain, Wayne Robb, Alisha Dawson, Cordroy Charles Delmarva Participants: Robyn Moorman, Theresa Skidmore, Michelle Ceville Brief Summary: Agenda items included Delmarva and APD updates; AHCA monitoring; status of reviews/scheduling; non-compliant providers; discussion of alerts and recoupments; feedback on reports; current data trends; and the next Quality Council meeting.
06/20/2011	23	APD Participants: Kim Wojick, Marilyn Figueroa, Ryan Oetinger, Marcia Digrazia, Laurie Harlow and Geri Williams (phone) Delmarva Participants: Kristin Allen, Krista McCracken, Elizabeth Cooper,

		Michelle Dean and Chris Kulaga. AHCA Participants: Rachel Cornwell (phone) Brief Summary: Agenda included Delmarva and APD updates; status of reviews/scheduling; non-compliant providers; discussion of alerts and recoupments; feedback from reports; and data trends.
Other Activity		
	Area	Summary
04/02/2011		Linda Tupper attended the Lecanto Provider Fair
04/06/2011 05/04/2011 06/01/2011		Linda Tupper attended the monthly MCM conference calls
04/07/2011		Linda Tupper attended the DDNA Mid Florida Meeting
05/11/2011 – 05/18/2011		Linda Tupper attended the Nation DDNA Board Meeting and Conference
06/04/2011 – 06/05/2011		Linda Tupper attended Family Café with a presentation on the 5 th

Attachment 2: Customer Service Activity

April _ June 2011

Reason for Call	# of Calls	Description	Outcomes/Responses	Avg. Resolution Time
Address/ Phone update	80	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	7	Calls regarding having a QAR contact caller for information, to schedule appointments or other information, such as QAR's name	QAR contacted or forwarded to correct contact person.	1 Day
Online Training	11	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	105	Miscellaneous Questions to receptionist/admin., general questions from individuals and providers,	Answered or directed to correct reg. mgr. for answer.	1 Day
New Tools	7	Providers/People calling to get access to online tools, etc.	Referred to website or faxed information.	1 Day
Next Review Date	68	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	12	New Providers calling about getting listed on website.	Spoke with Technology and added if provider was missing.	1 Day
Reconsideration	18	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	21	Providers requesting to get copy of reports.	Copies were sent or provider was referred to online access.	1 Day
Clarification	10	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	53	Question regarding Review	Answered or forwarded to QAR for answer.	1 Day

Attachment 3: Overview of Review Processes

Person Centered Review

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

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

The PCR includes several components:

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

The individual interview begins with the National Core Indicator (NCI) Adult Consumer Survey. The National Core Indicators is a collaboration among participating National Association of State Directors of Developmental Disability Services (NASDDDS) member state agencies and the Human Services Research Institute (HSRI), with the goal of developing a systematic approach to performance and outcome measurement. Data from this survey are used by Human Services Research Institute (HSRI), Delmarva's subcontractor on this contract, to draw comparisons at the national level to over 25 other states also using the NCI survey.¹² 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.¹³

¹² HSRI developed the NCI survey instruments. More information can be found at the following web site: <http://www.hsri.org/>.

¹³ 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 Methodology¹⁴

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.

¹⁴ 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 – June 2011 (N=120)

Standard	Percent Met	
	YTD Yr 2	Year 1
Current Support Plan is in the record and is complete.	96.7%	98.1%
Current Support Plan was submitted to the APD Area office in required timeframes.	85.0%	85.6%
Current Support Plan was distributed within the required timeframes.	87.4%	88.1%
Current Medicaid Waiver Eligibility Worksheet is in the record and complete.	95.8%	95.0%
The current approved Cost Plan is in the record.	80.8%	90.1%
Consultant assists participant with Medicaid eligibility & notifies CDC+ liaison when a participant is ineligible.	100.0%	100.0%
The record includes current outcome notes/personal outcome measures for the individual.	88.5%	89.7%
The current APD approved assessment is in the record.	100.0%	100.0%
Generic resources/supports are identified in the current Support Plan.	97.4%	93.6%
The current Support Plan reflects the individual's communicated personal goals.	99.2%	98.1%
The Consultant addresses the individual's communicated personal goals.	94.2%	97.5%
The Support Plan reflects the individual's communicated choices and preferences.	99.2%	98.8%
Community life is addressed in the current Support Plan.	96.7%	95.7%
The Consultant is aware of the person's recent progress towards or achievement of personal goals.	92.5%	93.8%
Consultant addresses the individual's expectations of the services he/she is receiving.	88.3%	93.2%
Participant & CDC+ Rep are educated about the benefits of Medication Reviews & preventive health screenings.	72.6%	79.5%
Participant and CDC+ Rep are educated about safety needs - natural disasters, community & home safety.	78.3%	81.9%
The Consultant addresses the participant's health and health care needs.	93.3%	90.6%
The Consultant addresses the participant's safety needs and safety skills.	88.3%	94.4%
Consultant can describe how participants are empowered to make informed decisions about their health.	79.5%	88.1%

Consultant can describe how participants are empowered to make informed decisions about their safety.	79.7%	90.0%
Consultant is aware of any history regarding abuse, neglect and/or exploitation for the participant.	78.2%	89.0%
Consultant is aware of the participant's definition of abuse, neglect, & exploitation, & how participant would report incidents.	77.1%	86.3%
Consultant has responded to fraud, abuse, neglect or exploitation & reported findings to authorities.	100.0%	100.0%
Consultant has a back-up Consultant to provide supports in the event he/she is unavailable.	99.2%	93.8%
Completed/signed Participant-Consultant Agreement is in the record.	91.7%	86.3%
Completed/signed CDC+ Consent Form is in the record.	92.4%	91.3%
Completed/signed Participant-Representative Agreement is in the record.	95.0%	88.6%
Completed/signed Purchasing Plan is in the record.	98.3%	96.9%
Participant's Information Update form is completed & submitted to Area CDC+ liaison as needed.	98.7%	93.8%
When correctly submitted by participant, Consultant submits Purchasing Plans by the 10th of the month.	91.8%	96.0%
Consultant provides technical assistance to participant to meet participant's needs.	99.1%	93.5%
Participant Monthly Review forms are filed in the participant's record prior to billing each month.	97.5%	92.5%
Consultant uses cash receipts log to track expenditures and cash on hand.	80.0%	85.2%
Consultant has taken action to correct any overspending by the participant.	96.9%	93.0%
Consultant initiates Corrective Action when appropriate & Plan is in the record.	92.9%	87.9%
The Emergency Back-up Plan is in the record and is reviewed annually.	74.6%	72.8%
Average PCR CDC+ Consultant Reviews	89.0%	90.7%

Attachment 5: CDC+ Representative Results by Element

January – June 2011 (N=133)

Standard	Percent Met	
	YTD Yr 2	Year 1
Background screening results for all Directly Hired Employees are available for review.	50.8%	32.2%
Complete Employee Packets for all Directly Hired Employees are available for review. CDC+ Participant Notebook v. 3.0 p. 62	87.8%	59.3%
Complete Vendor packets for active Vendors and independent contractors are available for review. CDC+ Participant Notebook v. 3.0 p. 66 & 67	94.5%	71.1%
Complete and signed Job Descriptions for each service provider are available for review. CDC+ Participant Notebook v. 3.0 p. 49 & 63	83.2%	72.8%
Complete and signed Participant/Representative Agreement is available for review. CDC+ Participant Notebook v. 3.0 p. 31	87.9%	86.6%
Copies of Current Support Plan and approved Cost Plan are available for review. CDC+ Participant Notebook v. 3.0 p. 77 & 98	84.2%	78.5%
Corrective Action Plan (if applicable) is signed by Participant /Representative and available for review. CDC+ Participant Notebook v. 3.0 p. 98 & 99	87.5%	66.7%
Emergency Backup Plan is complete and available for review. CDC+ Participant Notebook v. 3.0 p. 75 & 98	86.0%	75.4%
Receipts and Detailed Monthly Logs for Cash Purchases are available for review. CDC+ Participant Notebook v. 3.0 p. 95	87.5%	79.2%
Signed Employee/Employer Agreement for each Directly Hired Employee (DHE) is available for review. CDC+ Participant Notebook v. 3.0 p. 63	77.0%	87.3%
Signed and approved Invoices for Vendor Payments are available for review. CDC+ Participant Notebook v. 3.0 p. 92 & 93	92.8%	83.3%
Signed and approved Purchasing Plan is available for review. CDC+ Participant Notebook v. 3.0 p. 79	89.5%	85.0%
Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review. CDC+ Participant Notebook v. 3.0 p. 91 & 92	91.1%	87.3%
Signed and approved receipts and/or statement of "Goods & Services" received are available for review. CDC+ Participant Notebook v. 3.0 p. 45 & 98	94.1%	64.3%
Average CDC Representative Record Review	86.6%	70.5%

Attachment 6: NCI Consumer Survey - Results by Focused Area and Indicator¹⁵

January – June 2011

Question Description	Applicable Responses	Pct Negative	In Between	Pct Positive
1. Achieving Results/Person Centered Approach				
Q3. Do you like working there (job)?	81	0.0%	8.6%	91.4%
Q4. Would you like to work somewhere else?	82	59.8%	8.5%	31.7%
Q8. Do you like going there/doing this activity (day program)?	311	2.3%	5.5%	92.3%
Q9. Would you like to go somewhere else or do something else during the day (day program)?	292	62.0%	6.5%	31.5%
Q13. Do you like your home or where you live?	517	1.4%	3.9%	94.8%
Q14. Would you like to live somewhere else?	486	67.5%	9.1%	23.5%
Q39. If you ask for something, does your case manager/service coordinator help you get what you need?	453	1.1%	5.7%	93.2%
Q79. Do you get the services you need?	656	19.5%	8.5%	72.0%
Total Achieving Results	2,878	24.5%	6.8%	68.7%
2. Choice				
Q61. Who chose the place where you live?	635	46.9%	25.4%	27.7%
Q63. Did you choose the people you live with?	630	39.7%	17.5%	42.9%
Q64. Do you choose who helps you at home?	516	23.1%	44.0%	32.9%
Q65. Who decides your daily schedule?	665	12.8%	34.6%	52.6%
Q66. Who decides how you spend your free time?	664	8.0%	28.8%	63.3%
Q67. Who chose the place where you work?	142	17.6%	28.2%	54.2%
Q69. Do you choose who helps you at work?	101	12.9%	54.5%	32.7%
Q70. Who chose where you go during the day?	427	29.5%	31.4%	39.1%
Q72. Do you choose who helps you during the day?	474	18.8%	58.2%	23.0%

¹⁵ 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?	652	11.7%	41.7%	46.6%
Q74. Did you choose your case manager/service coordinator?	600	25.3%	29.8%	44.8%
Total Choice	5,506	23.4%	34.1%	42.6%
3. Health		Excellent	Fairly Good	Poor
BI14. Overall, how would you describe this person's health? ¹⁶	676	32.1%	62.9%	5.0%
4. Safety				
Q22. Are you ever afraid or scared when you are at home?	487	87.1%	10.1%	2.9%
Q23. Are you ever afraid or scared when you are out in your neighborhood?	475	88.4%	8.0%	3.6%
Q24. Are you ever afraid or scared at work or at your day program?	395	89.9%	6.3%	3.8%
Q25. If you feel afraid, is there someone you can go to for help?	340	5.0%	2.1%	92.9%
Total Safety	1,697	71.7%	7.0%	21.3%
5. Rights				
Q6. Are the staff members who help you at your job nice and polite to you?	69	4.3%	4.3%	91.3%
Q11. Are the staff members at your day program activity nice and polite to you?	310	1.6%	3.2%	95.2%
Q18. Are they (people helping you at home) nice and polite to you?	375	1.3%	4.3%	94.4%
Q19. Do people let you know before they come into your home?	477	5.2%	8.0%	86.8%
Q20. Do people let you know before coming into your bedroom?	475	6.5%	7.6%	85.9%
Q21. Do you have enough privacy at home?	435	8.3%	0.0%	91.7%
Q30. Can you go on a date if you want to?	334	12.6%	12.0%	75.4%
Q75. Do people read your mail or email without asking you first?	552	92.9%	0.0%	7.1%
Q76. Can you be alone with friends or visitors at your home?	554	20.0%	0.0%	80.0%

¹⁶ 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?	498	6.6%	0.0%	93.4%
Total Rights	4,079	19.7%	3.5%	76.8%
6. Community Inclusion / Social Role				
Q1. Do you have a job in the community?	534	83.9%	0.0%	16.1%
Q12. Do you have any volunteer work?	501	73.1%	0.0%	26.9%
Q29. Can you see your friends when you want to see them?	408	7.8%	21.8%	70.3%
Q32. Do you have family that you see?	492	11.4%	0.0%	88.6%
Q33. Can you see your family when you want to?	439	9.3%	18.2%	72.4%
Q42. When you want to go somewhere, do you always have a way to get there?	472	1.1%	13.1%	85.8%
Q54. In the past month, did you go shopping?	668	8.7%	0.0%	91.3%
Q55. In the past month, did you go out on errands or appointments?	661	12.4%	0.0%	87.6%
Q56. In the past month, did you go out for entertainment?	662	25.8%	0.0%	74.2%
Q57. In the past month did you go out to a restaurant or coffee shop?	668	12.4%	0.0%	87.6%
Q58. In the past month, did you go out to a religious service?	663	49.8%	0.0%	50.2%
Q59. In the past month, did you go out for exercise?	667	46.3%	0.0%	53.7%
Q60. In the past year, did you go away on a vacation?	667	50.7%	0.0%	49.3%
Total Community Inclusion	7,502	30.9%	3.1%	66.0%

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=1,502)	
January – June 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.	89.5%
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.	89.0%
The provider is able to describe the organization's person centered planning process, i.e. developing Implementation Plans, Support Plans, etc.	96.5%
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).	90.9%
The provider can describe procedures for reporting any rights violations.	97.6%
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.	77.9%
The provider can describe reporting procedures for any incidents of abuse, neglect, and/or exploitation.	98.0%
The provider has identified and addressed trends related to abuse, neglect, and exploitation.	96.0%
All instances of abuse, neglect, and exploitation have been reported.	97.9%
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.	85.7%
The provider tracks and addresses medication errors (if administering medication).	89.3%
The provider has written policies and procedures to ensure the smooth transition of the recipient between providers and other supports and services.	85.5%
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.	79.5%
The provider has written policies and procedures to address grievances.	90.0%
The provider maintains a log of all grievances.	77.2%

Policy and Procedure Results by Review Standard (N=1,502)	
January – June 2011	
Standard	Percent Met
The provider has evidence of teaching the individual/legal representative about the grievance policy.	80.8%
Individuals sign the provider's grievance policy within 30 days of beginning services and annually thereafter.	71.8%
The provider has a written policy for conducting self-assessments.	82.3%
The provider has completed a Self Assessment including all required components at least once in the past year.	46.7%
The provider has taken quality improvement actions as a result of the self assessment.	56.3%
The provider maintains a current table of organization, including board of directors (when applicable), directors, supervisors, support staff, and all other employees.	86.2%
The provider tracks and addresses all incident reports.	93.3%
The provider updates policies and procedures in a timely manner.	64.4%
Vehicles used for transportation are properly insured and properly registered.	90.6%
The provider has evidence of monitoring and reviewing projected service outcomes for Adult Day Training (N=9).	75.0%
The provider has evidence of monitoring and reviewing projected service outcomes for Residential Habilitation (N=204).	73.5%
The provider has evidence of monitoring and reviewing projected service outcomes for Waiver Support Coordination (N=101).	69.4%
The provider has evidence of monitoring and reviewing projected service outcomes for Supported Employment (N=48).	73.7%
The provider has evidence of monitoring and reviewing projected service outcomes for Supported Living Coaching (N119).	73.5%
Total Administrative Policy and Procedure	85.5%

Attachment 9: Provider Discovery Review Training Standards

Qualifications and Training Results by Review Standard (N=1,502)	
January – June 2011	
Standard	Percent Met
Drivers of transportation vehicles are licensed to drive vehicles used.	98.3%
If applicable, the provider has been validated on medication administration per FAC 65G-7.	93.9%
If applicable, the provider received training in Medication Administration per FAC 65G-7.	94.5%
Provider received a Certificate of Consultant Training from a designated APD trainer.	99.0%
The provider has attended an employment-related conference.	83.2%
The provider meets all minimum educational requirements and levels of experience for Adult Day Training.	88.7%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	100.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	94.1%
The provider meets all minimum educational requirements and levels of experience for Companion.	96.0%
The provider meets all minimum educational requirements and levels of experience for In Home Support.	89.6%
The provider meets all minimum educational requirements and levels of experience for Personal Care Assistance.	96.0%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation.	87.9%
The provider meets all minimum educational requirements and levels of experience for Respite Care.	95.8%
The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care.	100.0%
The provider meets all minimum educational requirements and levels of experience for Supported Employment.	94.9%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	96.5%
The provider meets all minimum educational requirements and levels of experience for Waiver Support Coordination/CDC+ Consultant.	99.0%
The provider received 12 or 18 hours of Supported Living Coaching pre-service certification training.	96.5%

Qualifications and Training Results by Review Standard (N=1,502)	
January – June 2011	
Standard	Percent Met
(12 hrs prior to October 2003-18 hrs after October 2003).	
The provider received 18 hours of Supported Employment pre-service certification training. If enrolled before March 1, 2004, a solo provider or agency staff is only required to have twelve (12) hours of pre-service training.	94.9%
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.	96.5%
The provider received 24 hours of ongoing annual job related training.	94.8%
The provider received 26 hours of Area- specific training.	96.1%
The provider received 34 hours of Statewide pre-service training.	97.8%
The provider received 8-hrs of annual in-service related to implementation of individually tailored services specific to Adult Day Training.	87.7%
The provider received 8-hrs of annual in-service related to implementation of individually tailored services specific to Supported Employment.	69.3%
The provider received 8-hrs of annual in-service related to implementation of individually tailored services specific to Supported Living Coaching.	72.0%
The provider received training in Cardiopulmonary Resuscitation (CPR).	95.6%
The provider received training in Direct Care Core Competency.	86.8%
The provider received training in HIPAA.	90.0%
The provider received training in HIV/AIDS. (Infection Control now captured in Core Comp.)	96.6%
The provider received training in Person Centered Approach/Personal Outcome Measures. (5 day POM training for WSCs addressed under WSC specific training requirements)	76.7%
The provider received training in the development and implementation of the required documentation for each waiver service provided. (Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants)	79.1%
The provider received training in Zero Tolerance.	82.4%
The provider received training on the Medicaid Waiver Services Agreement, its Attachments and the Developmental Disabilities Waiver Services Coverage and Limitations Handbook and its appendices. (Included in 34 hour Statewide and 26 hour Area Specific tra	75.9%

Qualifications and Training Results by Review Standard (N=1,502)	
January - June 2011	
Standard	Percent Met
The provider/staff received training specific to the needs or characteristics of the individual as required to successfully provide services and supports. (Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants)	68.7%
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)	79.4%
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)	79.1%
Total Administrative Qualifications and Training	87.2%