

Florida Statewide Quality Assurance Program

Year 2 Third Quarter Report

July - September 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 Developmental Disabilities (DD) Home and Community-Based Services waivers or the Consumer Directed Care Plus (CDC+) program. Delmarva Foundation, under a contract with the Agency for Health Care Administration (AHCA), conducts Provider Discovery Reviews (PDR) and Person Centered Reviews (PCR) to provide AHCA and the Agency for Persons with Disabilities (APD) information about providers, individuals receiving services, and the service delivery systems. The data in this report reflect results from the first three quarters of the second year of review activity, and represent more than half of the total number of reviews that will be completed this year.

Findings to date from PDR activities indicate providers are approximately 86 percent compliant with Policy and Procedures, 87 percent compliant with training requirements, and 85 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.

Observations of group homes and Adult Day Training facilities continue to show excellent performance ratings, with an average of 98 percent compliance across the state. However, approximately half of the 2,157 providers (representing all services reviewed by Delmarva) who had a PDR were cited with at least one potential recoupment item, 344 received a background screening alert, and 137 health and/or safety alerts were recorded.

To date this year, 245 CDC+ Representatives have been reviewed, out of approximately 330 to be scheduled for review. However, for these representatives, compliance on background screening has improved from the Year 1 average of 32 percent to 52 percent to date this year. Approximately 25 percent of the CDC+ Consultants reviewed to date this year were not aware of the participants definition of abuse, neglect and exploitation.

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

Introduction

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

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

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

This is the Third Quarter Report for the second year of the FSQAP program, July - September 2011. Because the data collected to date represent over 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

In July, a Training and Education Committee was formed to plan future internal and external training activities for the Florida program. The committee has been actively preparing for the January 2012 training in Orlando, to be attended by all Delmarva Reviewers and managers. The agenda currently being planned will include updates from AHCA, APD and Delmarva executive staff, a self-advocate's reflection on the PCR interview process, professional trainer on communication, and data presentations.

On September 21, Charmaine Pillay, Theresa Skidmore, Bob Foley, and Kristin Allen attended and presented at the Annual FARF (Florida Association of Rehabilitation Facilities) conference in Clearwater Florida, with 51 people in attendance. Delmarva staff remained on site following the presentation to answer any additional questions. The purpose of the training was threefold:

- Provide an overview and background of the Florida Statewide Quality Assurance Program
- Address questions concerning the various Service Specific Record Review tools
- Have a dialogue and facilitate feedback from members

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. A new format has been initiated to help provide informal training on the tools and Handbook. Each Manager's team has taken turns presenting, using various formats. For example, one team used a "Jeopardy" game format, providing the answers so the other teams could supply the appropriate questions, based on Handbook information.

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 third quarter of the year, with the following:

- Person Centered Review (PCR) Field Review Reliability was conducted with 11 Quality Assurance Reviewers.
- Provider Discovery Review (PDR) Reliability was completed with 10 Quality Assurance Reviewers.

- One Trivia Session (utilizing questions relevant to the review standards) occurred with all Quality Assurance Reviewers.
- The updated 2010 Handbook Module test was administered to one New Hire.

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 third quarter, there was a status meeting July 21 and August 25. There was no status meeting in September 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 14. Local APD in this Area requested it be scheduled in October. See Attachment 1 for a list of participants and agenda items for each meeting.

Workgroups and other Activity

CMS Evidentiary Report

Delmarva has worked with AHCA and APD to provide data needed for the CMS evidentiary report for individuals receiving services through the Tier 1 waiver (July 2008 through June 2011). Work will begin during the next quarter to develop the evidentiary report for individuals on the Tier 4 waiver. Delmarva will provide data and review drafts of the report as needed.

Public Reporting

The Public Reporting Workgroup has met several times during the quarter. Members of the workgroup have made suggested revisions/updates to all the pages currently on the website. During the next quarter, a list of performance measures to be posted on the website will be compiled and presented to AHCA and APD management for approval.

Tool Revisions

Delmarva currently has two different workgroups, comprised of a manager (Theresa Skidmore and Kristin Allen) and several reviewers, to revise and update the Individual Review Instrument and Observation tools. Members meet regularly and provide updates of workgroup activity at the weekly manager's meeting and bi-weekly staff meetings.

Reliability

Christie Gentry has formed a workgroup to revise and update the reliability processes. Members have been chosen and the first meeting will be in November.

Review Schedule

Caseloads from each Area for all support coordinators were received throughout the quarter. The final sample is scheduled to be generated in October.

NCI Mail Surveys

A sample of 1,200 family/guardians for each NCI family survey (Adult Family and Family Guardian) was generated in July using APD's ABC database. Surveys were mailed in August. Data from these will be input during the next quarter and results presented in the Annual report.

Feedback Surveys

NCI Consumer Survey Feedback

After each individual NCI interview, Delmarva provides the individual with a feedback survey. The individual is encouraged to complete the feedback survey, which is mailed directly to HSRI. Between January and September 2011, 115 surveys were returned to HSRI, an eight percent return rate (115/1,368). Results to date are based on a very small return rate but are very positive and indicate the following:

- 79.1 percent of individuals participated in answering the Consumer Survey.
- 31.3 percent of the feedback forms were completed by the person receiving services, with 55.7 percent completed by an advocate, and 21.7 percent by a staff member where the person lives.
- 69.6 percent of NCI interviews took place in the home.
- 72 percent of individuals indicated choosing where to meet for the interview.
- Almost all of the respondents felt the interview was scheduled at a convenient time (97.4%), the questions were not difficult to answer (84.3%), and the interview took the right amount of time (89.4%).
- 92.1 percent of respondents indicated the interviewer successfully explained all questions did not have to be answered, and 95.7 percent agreed the interviewer explained what the NCI survey was about.

Provider Feedback Survey

After each PDR, providers are given the opportunity to offer feedback to Delmarva about the review process and professionalism of the reviewer(s). Providers are given a survey they can complete and mail/fax to Delmarva, or surveys can be completed online, on the FSQAP website. Between January and September 2011, 170 surveys were received from providers who participated in a PDR.¹ The following Table provides

¹ Survey results do not reflect the review date so all surveys received up through November 7, 2011, were analyzed.

each question and the percent of positive responses. Results are extremely positive. Only one response rate is below 94 percent: two of nine reviewers who were late did not call to notify the provider.

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?	98.2%
Did the QAR explain the purpose of the review?	97.6%
Did the QAR explain the review process and how the QAR or Delmarva team would conduct the review?	96.5%
Did the QAR answer any questions you had in preparation for the review?	94.7%
Did the QAR refer you to the FSQAP website, including the tools and procedures?	95.3%
Did the QAR arrive at the review at the scheduled time?	94.7%
If no, did the QAR call to notify you he/she might be a little late?*	77.8%
Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving?	97.6%
If you scored Not Met on any of the standards, did the QAR explain why? **	96.5%
Total Responses	170

*9 Applicable Responses

**144 Applicable Responses

Summary of Customer Service Calls

During the third quarter of the third contract year, July - September 2011, 289 calls were recorded in the Customer Service Log, with an average response time of one day for each call. The list of topics and number of calls per topic are presented in Attachment 2.

Quality Council

The last Quality Council meeting was held in Tallahassee on September 21, 2011. Agenda items included:

- Refresher of activity completed during the previous QC meeting
- Review of tool revisions
- Data presentation of Delmarva reviews, including overview of activity, areas showing an increase or decrease in compliance, and measure demonstrating the degree to which individuals are involved in decisions about their service and to which provider systems respond to individuals.

- Tool revision activity for III and the Health and Behavioral Assessment, to gather input and feedback from members
- AHCA and APD updates

Web Site and Portal Updates

Data Availability

The data dashboards were updated with results from Year 1 and through June of Year 2, and will be updated through the third quarter by the end of November. 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 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.

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 three quarters of the contract year, including the number of CDC+ individuals who participated (221), the number of waiver participants (1,147), and the total number of individuals who declined.³ The time period for declines is based upon the projected period of review and represents individuals who were originally scheduled to be reviewed during the quarter.

To date this year, the decline rate is 21 percent for waiver participants and 26 percent for CDC+. This is similar to Year 1 for waiver participants (20%) but considerably lower for CDC+ participants, for which the Year 1 rate was close to 41 percent. A change in the CDC+ review procedure has likely helped reduce the decline rate, whereby CDC+ Representatives are reviewed even if the individual declines. In addition, APD helped increase education to CDC+ participants about the review process.

APD Area	Number of PCRs		Number of Declines	
	Waiver	CDC+	Waiver	CDC+
1	38	8	20	4
2	64	17	22	4
3	59	5	14	3
4	103	19	36	8
7	103	31	25	14
8	48	4	28	2
9	54	6	8	4
10	118	27	25	0
11	200	42	34	5
12	53	5	9	1
13	65	11	15	7
14	41	2	11	0
15	25	7	8	9
23	176	37	47	16
Total	1,147	221	302	77

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>).

³ There was no Area information for 15 individuals who declined.

Reasons given for the declines are shown in Table 3. Individuals are free to decline to be interviewed at any time during the process. When an individual declines participation in the PCR process, the reviewer calls the person to verify the decision. This affords the person an opportunity to ask questions or seek clarification about the PCR process and the person’s potential role in it. It also gives individuals an opportunity to change their minds about participating. An individual who declines is replaced by another individual from the oversample to ensure an adequate and representative sample is used for analysis.

Table 3: Person Centered Review Decline Reasons			
January – September 2011			
Decline Reason	DD Waiver	CDC+	Total
Refused	200	42	242
Review Later	84	21	105
No Longer Recv Svcs	26	13	39
Deceased	6	0	6
Moved Out of State	1	1	2
Total	317	77	394

Individual Interview Instrument (III) Results

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

The CDC+ program provides individuals with flexibility and opportunities not offered to individuals on the Developmental Disabilities (DD) waiver, such as the ability to direct their own budget and hire/fire providers. In addition, non-waiver providers can be utilized and provider rates can be negotiated by individuals. A non-paid 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 1,147 individuals on a DD waiver interviewed during the first three 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 baseline. It is important to note there are fewer than 50 reviews in some Areas. Therefore, results may

not be representative of the Area at this time and comparisons across Areas should be made with caution. Statewide results to date indicate approximately 80 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 – September 2011
Waiver Participants**

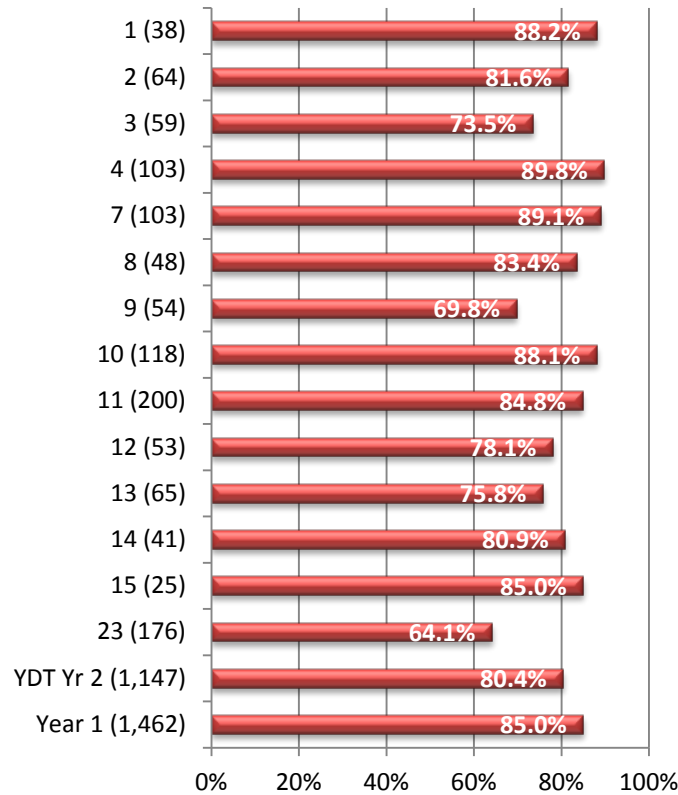


Figure 2 displays III results for DD waiver participants for each standard.⁴ III standards measure the following, from the person’s perspective:

- safety and health status
- satisfaction with services
- involvement in designing supports and services
- abuse, neglect and exploitation
- developing community social roles

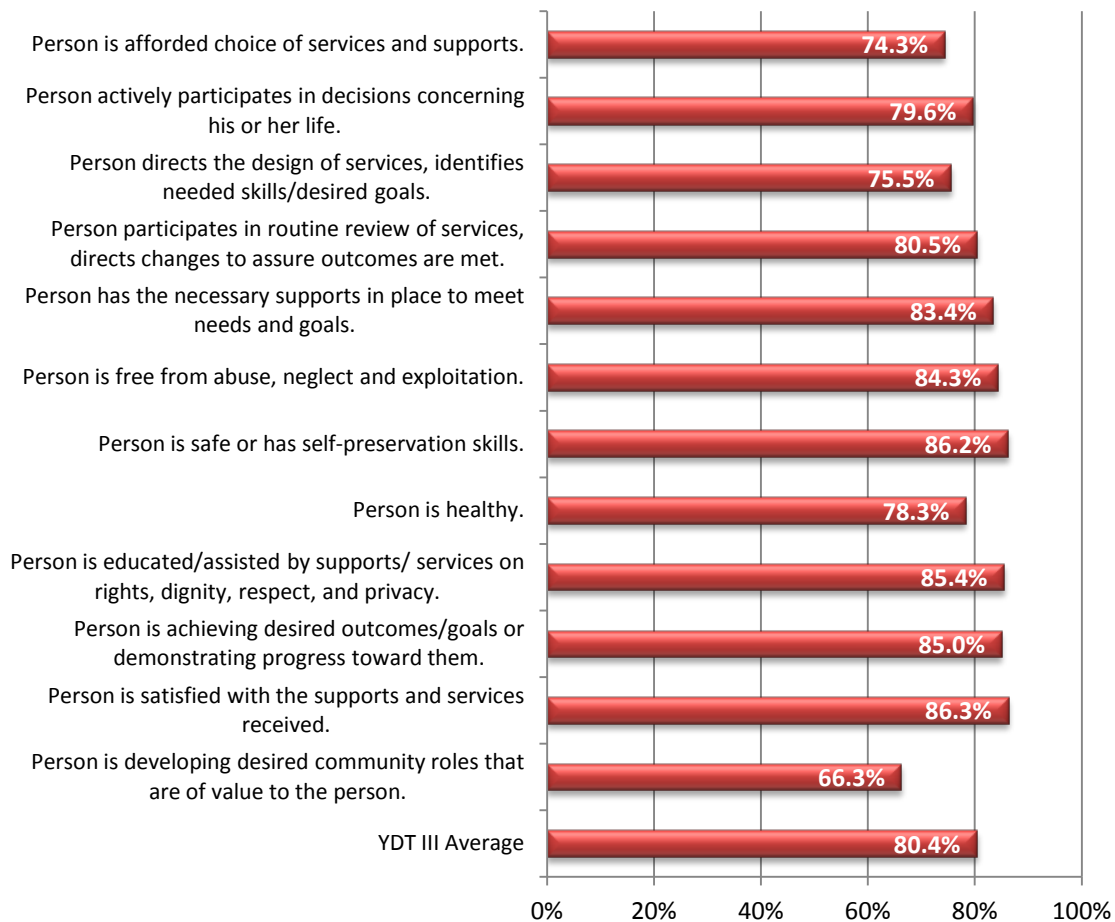
⁴ The description of each standard may be truncated to enable it to be displayed in the graph. For more specific details, including probes used when scoring the standard, go to <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>.

- education on rights and the degree to which individuals exercise those rights
- progress toward desired goals

Data for the 1,147 individuals interviewed to date indicate the following:

- Four standards reflected compliance below the statewide average: if the person is afforded choice, directs the design of services, if the person is healthy, and if the person is developing desired social roles.
- These same four standards currently reflect rates that are over five percentage points lower than in Year 1.
- The III standard that helps determine if the person is healthy is currently close to 11 points lower than in Year 1.
- To date this year, none of the expectations shows an increase over the average results from Year 1.

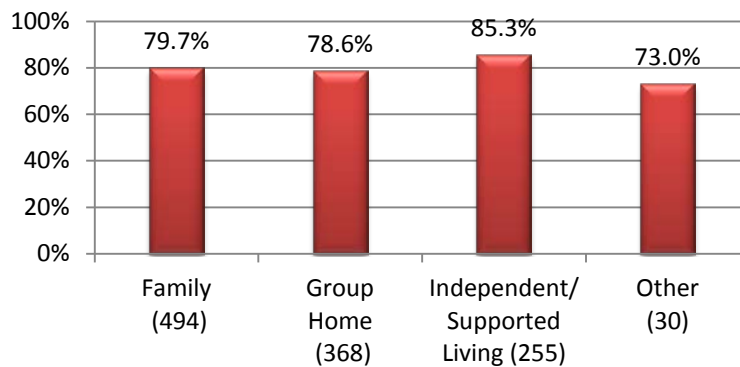
**Figure 2: Individual Interview Instrument Results by Standard
January – September 2011
Waiver Participants (N=1,147)**



The following graphics display III results across various demographic characteristics – Residential Setting, Primary Disability, Age Groups, and Services—Figures 3 - 6.⁵ To date, the III data indicate:⁶

- Individuals who live independently or in a supported living facility were more likely to have III outcomes present, than were individuals in any other residential setting.
- 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.⁷
- Individuals receiving supported employment were more likely to have III outcomes present in their lives than individuals receiving either ADT or Companion. However, these results do not control for any other services the individual may have been receiving.

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

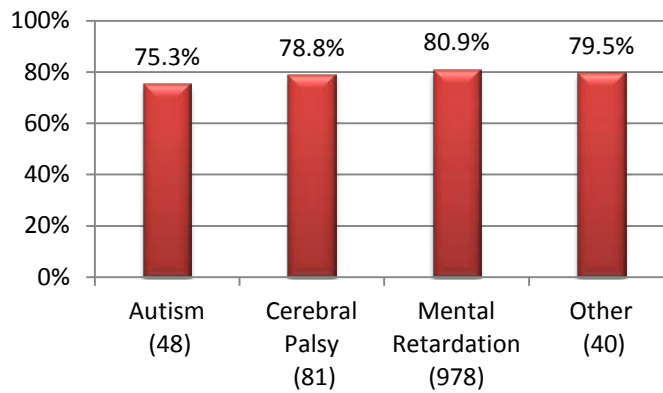


⁵ The “Other” category for residential status includes Assisted Living Facility (14), Foster Home (10), Residential Treatment Facility (5), and Adult Family Care Home (1). “Other” for primary disability includes Epilepsy (1), Spina Bifida (21) Prader Willie (4) and Other (14).

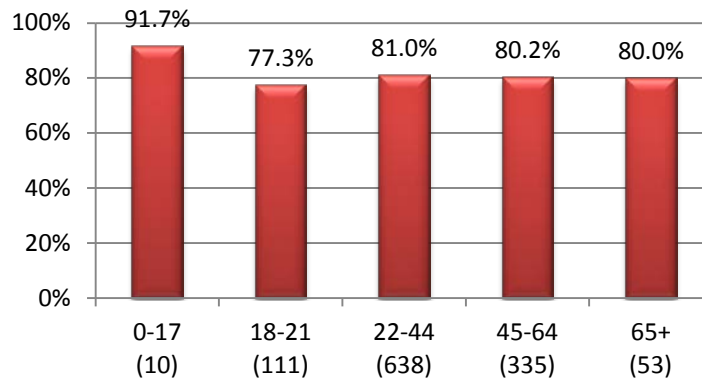
⁶ In the annual report, when the sample is complete, tests can be completed to determine if statistically significant differences exist among categories.

⁷ While the review process is for individuals age 18 and over, occasionally the date of birth is incorrect. Therefore, we have 10 individuals who were interviewed and then found to be under age 18.

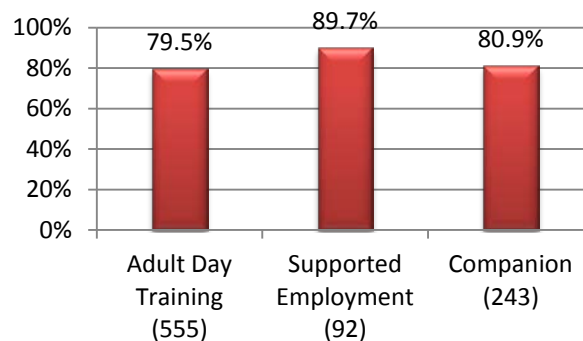
**Figure 4: Individual Interview Instrument Results by Primary Disability
January - September 2011
Waiver Participants**



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



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

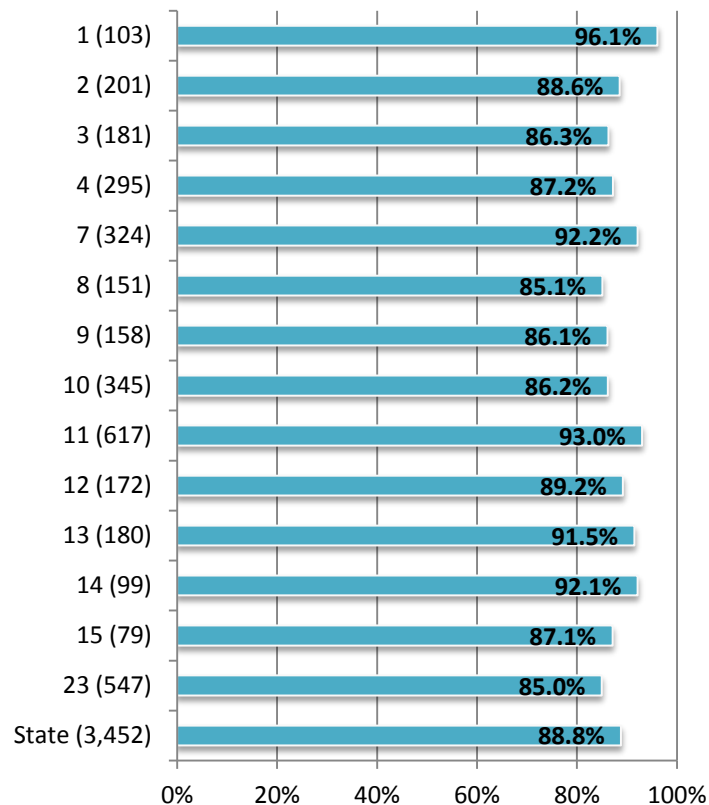


Service Specific Record Reviews (SSRR)

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

**Figure 7: Person Centered Reviews (Waiver Participants)
Service Specific Record Reviews by APD Area
(Number of Records Reviewed)
January – September 2011**

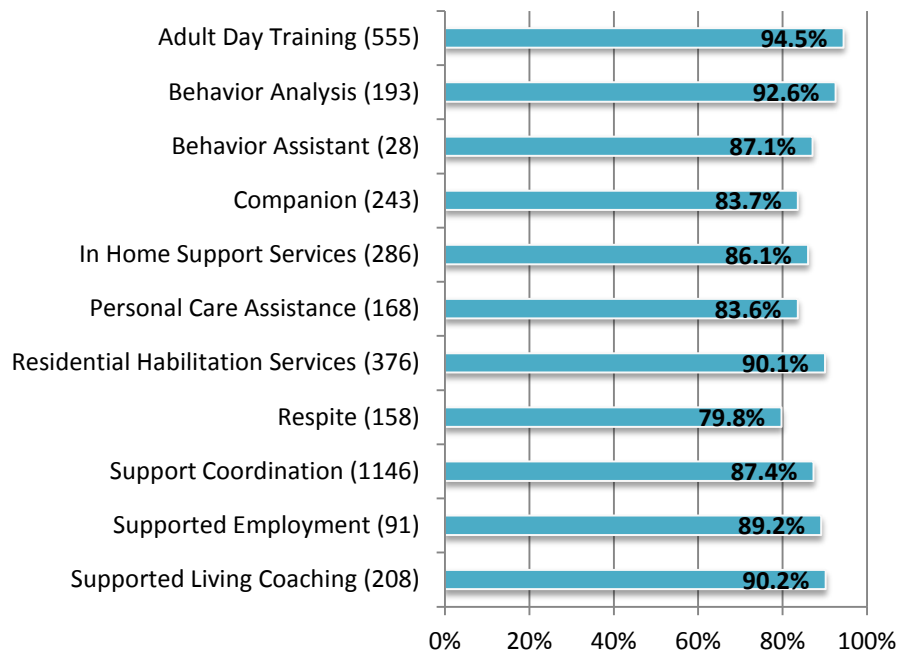


Between January and September 2011, 3,452 service records had been reviewed in conjunction with a PCR. Results to date indicate the following (Figure 7):

- The state average SSRR score was 88.8 percent, down somewhat from approximately 90 percent in Year 1;
- PCR service records show 90 percent compliance or higher in five APD Areas;
- All Areas, to date, showed compliance rates of 85 percent or higher.

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

- Most individuals had been to the doctor at some time over the 12 months previous to the interview, close to 100 percent.

- Approximately 32 percent of individuals on a DD waiver reported being in better health than last year, while only 22 percent of the 221 individuals participating in CDC+ reported better health.
- The percent of individuals on a waiver treated in an Emergency Room has increased somewhat since last year, a change from 21 percent to 26 percent.
- Approximately 564 of the 1,368 individuals interviewed reported having health problems (41%).
- While the sample size is considerably smaller for CDC+ participants, the individuals interviewed to date in Year 2 were more likely to have a dentist, to have been to a dentist, and less likely to have problems with their teeth, compared to Year 1.

Table 4: Select Health and Behavioral Assessment Questions		
January - September 2011		
	Waiver Participants (N=1,147)	CDC+ Participants (N=221)
HBA Question	% Yes	% Yes
Have you seen a doctor in the past year?	98.4%	99.5%
Do you currently have a dentist?	84.2%	89.1%
Have you been to the dentist in the past year?	76.2%	83.3%
Do you have any problems with your teeth?	13.1%	7.7%
Have you been treated in the emergency room this past year?	25.6%	22.6%
Have you been admitted to the hospital this past year?	15.2%	11.3%
Do you have any health problems?	41.8%	38.0%
In the past year is your health:		
Better	31.6%	21.7%
Same	60.7%	68.8%
Worse	7.7%	9.5%

NCI Consumer Survey Results for Focused Areas

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

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

in Table 5 below, and shaded for identification in Attachment 6. 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**:

- The proportion of positive responses is similar to Year 2. Achieving Results shows a small increase to date in Year 2, from 74 percent to 78.5 percent.
- Approximately 33 percent of individuals indicated having excellent health.
- Individuals were least likely to report they have choice in their lives (for example, choosing a place to live, a daily schedule, or where they work (see Attachment 6)). Results indicate less than half (44.1%) of the choice indicators showed a positive response.
- The average positive score for Community Inclusion was 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 – September 2011					
Question Description	# of Responses	Pct Negative	In Between	Pct Positive	Year 1 Positive
Achieving Results / PC Approach	4,816	14.1%	7.4%	78.5%	74.0%
Choice	9,199	22.7%	33.2%	44.1%	45.8%
Safety	2,827	3.7%	7.3%	89.1%	88.7%
Rights	6,917	8.4%	3.5%	88.0%	86.8%
Community Inclusion	12,596	30.3%	3.2%	66.4%	64.1%
		Poor	Fairly Good	Excellent	Excellent
Health	1,136	4.9%	61.7%	33.4%	32.6%

Individual Involvement and System Response

One of the primary goals of the PCR is to determine the extent to which individuals are a part of decision making regarding their services, and how well service delivery systems are responding to the individual's expressed wishes. Several indicators in the III, SSRR, and the Choice section of the NCI Consumer Survey provide a means to help determine the effectiveness of the service delivery system in terms of "Individual Involvement" and "System Response".⁸ 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.

⁸ See Attachment 7 for a list of indicators used to create each measure.

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 three quarters of this contract year, and for Year 1. On average, Individual Involvement scores were approximately 56.5 percent while System Response scores were considerably higher, at close to 90 percent. To date this year, Involvement findings were somewhat lower than reported for Year 1 (61%). Involvement findings were lower for individuals participating in the CDC+ program than for individuals receiving services through the DD waivers. However, Response findings for individuals participating in CDC+ were the same as results for individuals on one of the DD waivers.

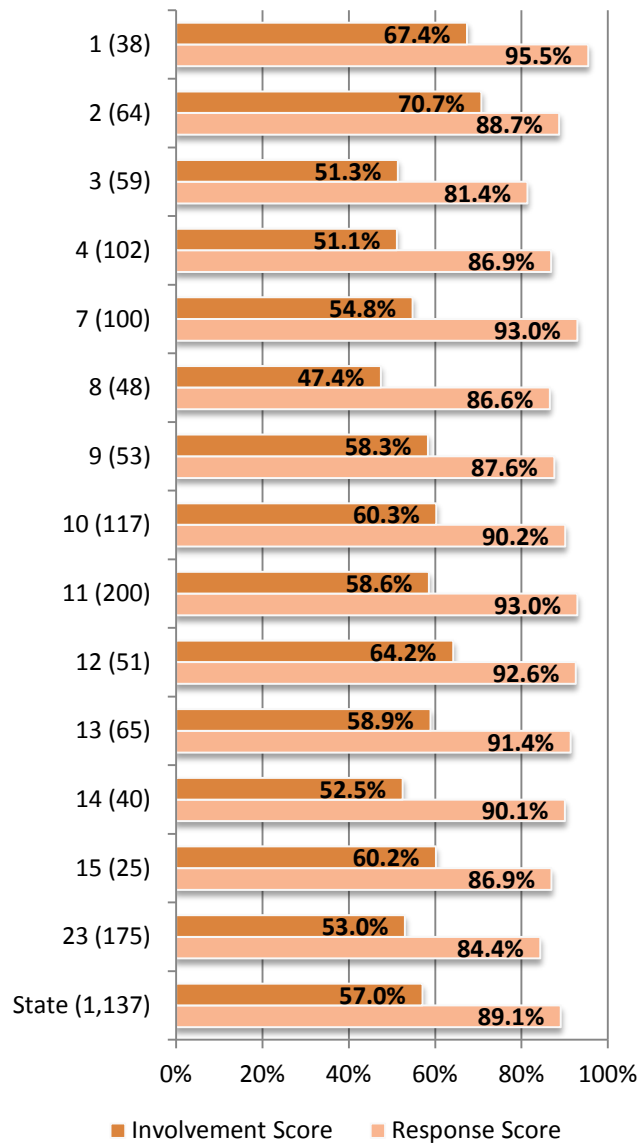
Table 6: Individual Involvement and System Responsiveness			
January - September 2011			
Funding Source	Number of PCRs	Involvement Score	Response Score
DD Waiver	1,137	57.0%	89.1%
CDC+	168	52.0%	88.0%
Total	1,305	56.5%	89.1%
January - December 2010			
DD Waiver	1,442	61.3%	90.4%
CDC+	125	58.3%	90.6%
Total	1,567	61.2%	90.4%

An overview of the Involvement and Response measures by APD Area, age group, residential setting, primary disability, and service is presented in 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:

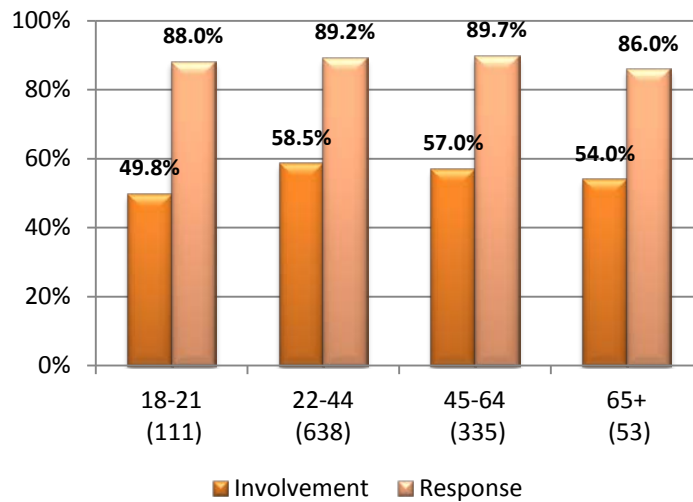
- Individual involvement in life’s decisions ranges from a score of 47.4 percent in Area 8 to almost 71 percent in Area 2.
- System response scores were lowest in Area 3 (81.4%) and highest in Area 1 (95.5%).
- While system response is fairly consistent across age groups, the youngest and oldest individuals appear to be less involved in their service and goal making decisions.
- 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. However, response scores are fairly consistent for individuals in different residential settings.
- Individuals with Autism (N=47) were least likely to be involved in life decisions (44.4%).

- Individuals receiving supported employment were much more likely to be involved in decisions about their life than individuals receiving Adult Day Training (ADT) or Companion services.

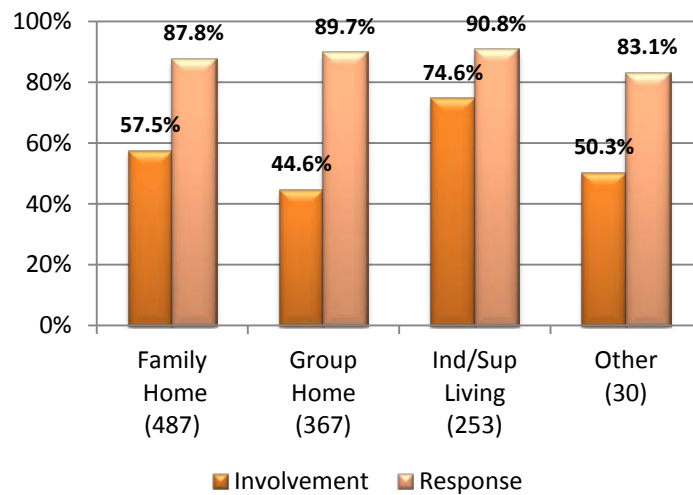
**Figure 9: Person Centered Reviews
Involvement v Responsiveness by APD Area
January - September 2011**



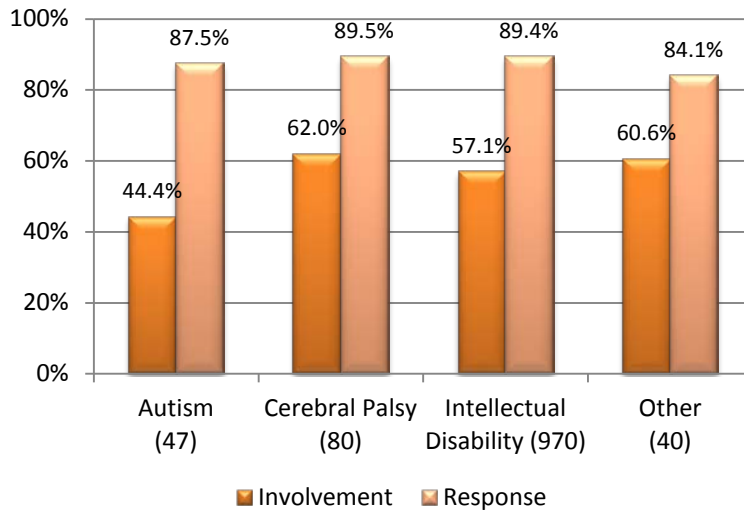
**Figure 9: Person Centered Reviews
Involvement v Responsiveness by Age Group
January - June 2011**



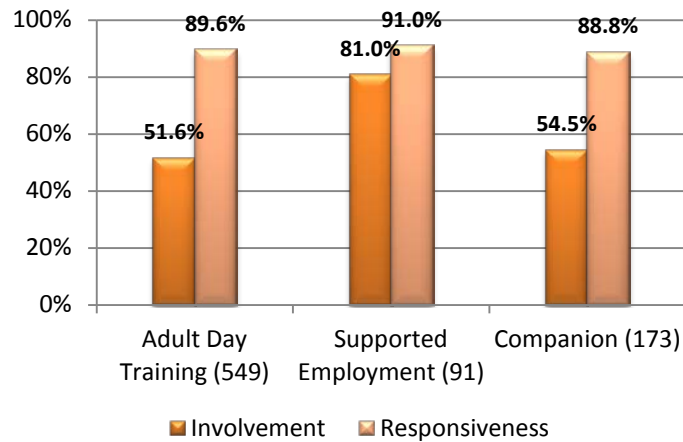
**Figure 10: Person Centered Reviews
Involvement v Responsiveness by Residential Setting
January - June 2011**



**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)⁹

A PDR is completed for each provider who renders services to an individual participating in a PCR. Providers who are not included in the PCR are also reviewed onsite, with the exception of “deemed” providers. Deemed providers achieved a score of 95 percent in their Year 1 review, with no alerts or recoupment citations. However, support coordinators are reviewed every year.

A total of 2,157 PDRs were completed and approved by Delmarva management between January and September 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. Seventy-two 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 - September 2011				
APD Area	Number of PDRs	Waiver Participants Served	CDC+ Participants Served	Non-Compliant Providers
1	57	1,401	24	0
2	166	2,087	77	2
3	133	1,551	16	6
4	275	4,230	159	11
7	197	3,251	225	14
8	81	1,222	39	1
9	70	1,338	48	1
10	176	2,836	118	2
11	340	7,338	238	11
12	101	1,861	27	1
13	120	1,596	31	6
14	55	1,204	15	2
15	87	756	59	3
23	299	6,488	262	12
State	2,157			72

⁹ 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 Results¹⁰

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.¹¹ 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 2,157 provider reviews conducted Year to Date in Year 2 includes the following:

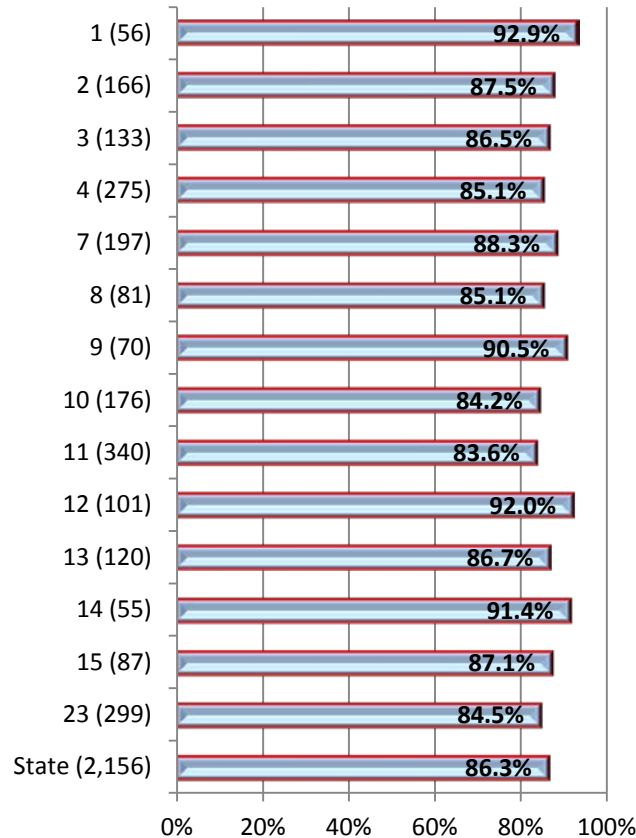
- On average, providers scored this section at 86.3 percent, six percentage points higher than in Year 1 (80.5%).
- 12 of the 29 standards showed 90 percent or higher compliance. These included procedures regarding reporting rights violations; requirements for reporting and tracking incidents of abuse, neglect or exploitation; tracking and addressing all incident reports; policies and procedures that promote health and safety of individuals including tracking medication errors; the provider's ability to describe the person centered process being used and written policies on the person centered approach; maintaining written policies and procedures to address grievances; and requirements for insurance and registration of vehicles.
- Many providers had not completed a self assessment with all required components (47.0%) and only 57.1 percent of providers had taken actions as a result of a self assessment.
- 66.4 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 15.8 and 17.6 percentage points respectively.

The average score on the Policy and Procedure (P&P) component of the PDR is shown for all APD Areas and statewide in Figure 12. To date, there is some variation across the Areas, ranging from 83.6 percent in Area 11 to 92.9 percent in Area 1.

¹⁰ N sizes may vary throughout the report due to missing and/or not applicable data.

¹¹ See Attachment 3 for a description of the weighting process and scoring methodology.

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



Training and Education Requirements

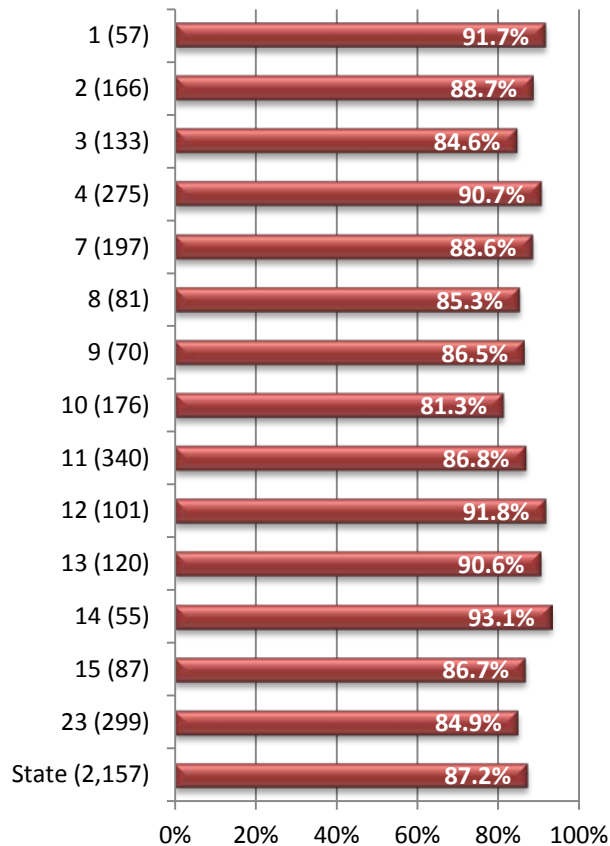
Providers are required to have certain training and education completed in order to render specific services. They can be scored on up to 37 standards depending on the type and number of services offered. A description of each standard scored within the Training and Education component of the PDR is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

- Providers reviewed during the first three 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 76.6 percent, indicating providers received training related to the Medicaid Waiver Services Agreement, to close to 100 percent on educational requirements for Behavior analysis providers.¹²

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

The average score for compliance on the training standards, by APD Area, is presented in Figure 13. Average compliance scores range from 81 percent in Area 10 to 93 percent in Area 14

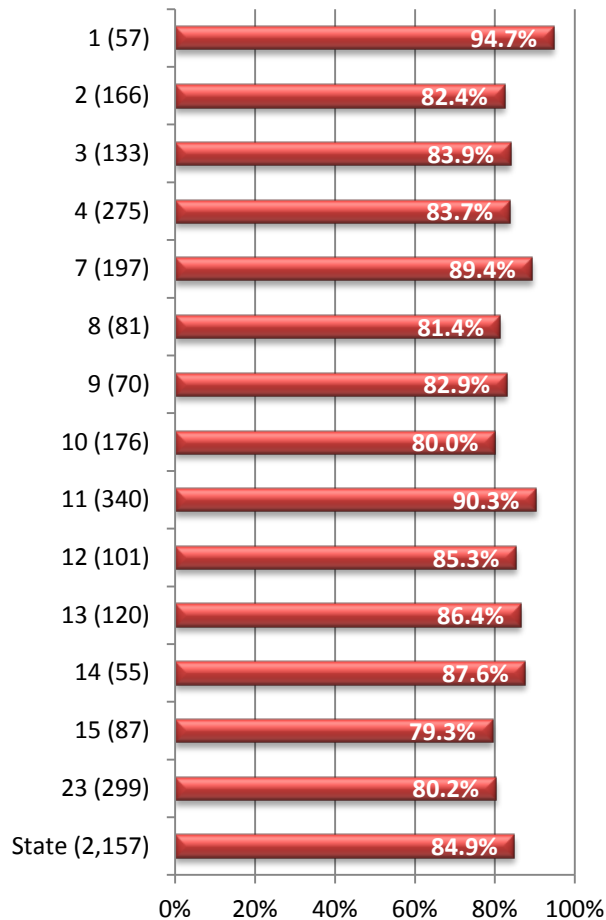
**Figure 13: Provider Discovery Reviews
Average Qualifications and Training Scores by APD Area
January – September 2011**



Service Specific Record Review Results (SSRR)

During the PDR, a sample of individuals is used to review records for each service offered by the provider. The number of records reviewed depends upon the size of the organization and the number of services provided. At least one record per service is reviewed, up to a minimum of 10 records for larger providers (caseload of 200 or more). The SSRR tool includes a review of standards specific to each service, ranging from 12 to over 30 standards each. Records reviewed during a PCR are incorporated in the providers' PDR results, if the records are reviewed prior to conducting the PDR.

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



Findings in Figure 14 indicate the following to date:

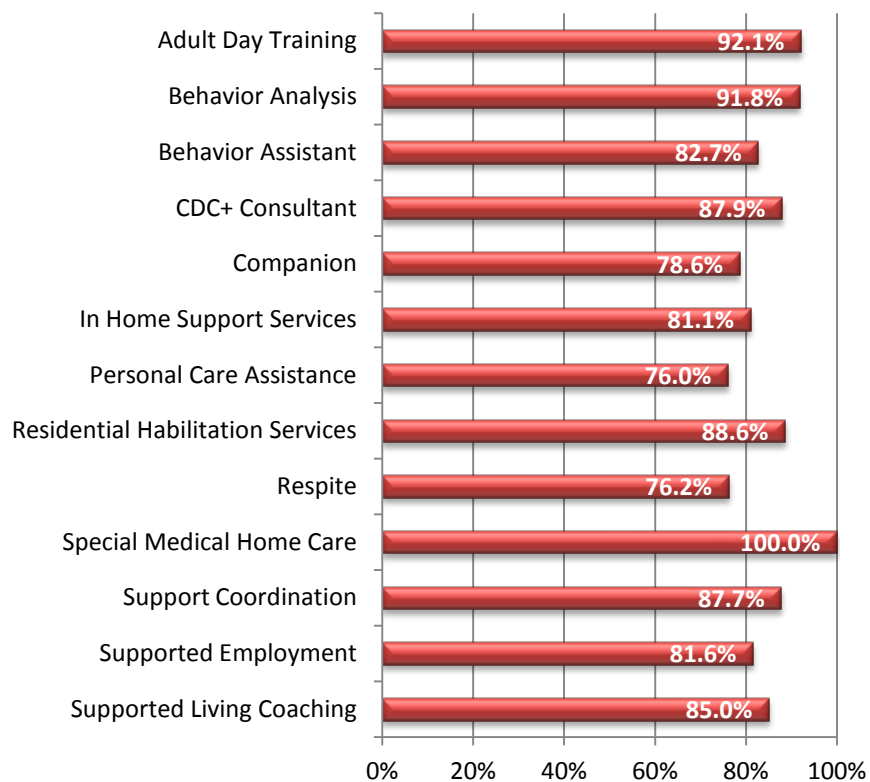
- The statewide average compliance rate for the SSRR component of the Provider Discovery Review is approximately 85 percent, slightly higher than in Year 1 (82%).
- Three Areas showed a provider performance rate of 80 percent or less.
- Scores ranged from a low of 79.3 percent in Area 15 to a high of 94.7 percent in Area 1.
- The SSRR average for the PDR is slightly lower than the SSRR results from the PCR, of approximately 89 percent. For the PCR, the WSC is provided the names of two PCR participants up to 30 days in advance of the review. For the PDR, names of individuals selected for the record reviews are given to the provider the first day of the review.

Service Specific Record Review results by service are presented in Figure 15. The number of indicators reviewed ranged from only 13 for Special Medical Home Care to over 50,000 for Support Coordination. It is

important to note that providers generally offer more than one service. Therefore, each provider may have results included in various SSRs.

- During the first three 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 eight percentage points.

**Figure 15: Provider Discovery Reviews
Average Service Specific Record Review Scores by Service
January – September 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 82 ADTs and 779 group homes (Table 7). The ADTs

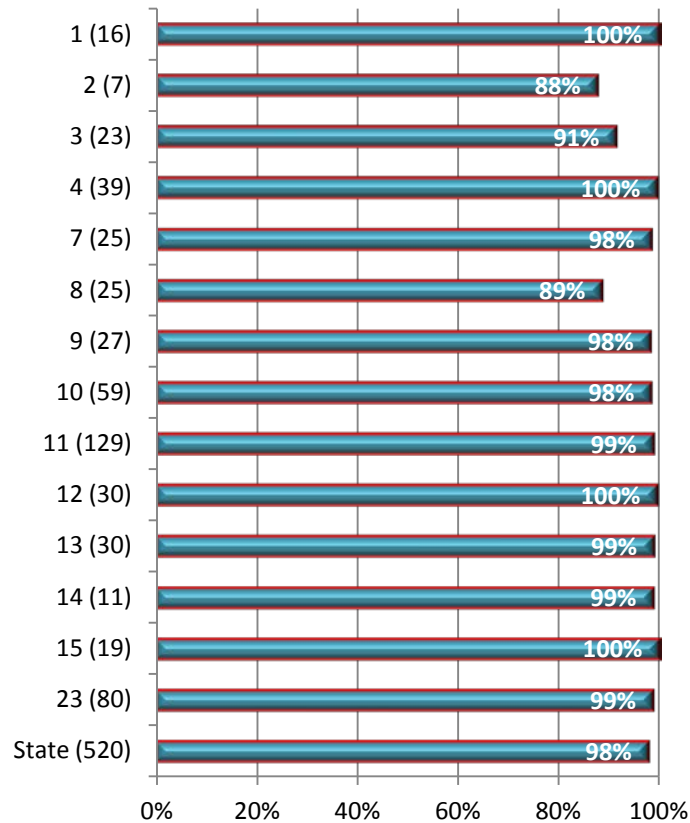
served a total of 2,822 individuals, an average of about 34 per facility. The 779 group homes were operated by providers who served a total of 3,435 individuals.

Table : Provider Discovery Review				
Number of Locations Observed by Area				
January - September 2011				
APD Area	Adult Day Training		Residential Habilitation	
	Locations	Served	Location	Served
1	4	86	29	73
2	6	83	11	56
3	3	68	54	232
4	19	536	69	348
7	3	269	39	199
8	3	39	46	179
9	0	0	34	147
10	1	20	91	426
11	18	478	168	761
12	7	233	42	207
13	0	0	44	130
14	4	103	16	75
15	1	16	29	108
23	13	891	107	494
State	82	2,822	779	3,435

The average statewide PDR Observation score for the first three quarters of Year 2 was 98 percent, the same as the average for Year 1. Observation results by Area are presented in the Figure 16. Findings show that only Areas 2 and 8 scored below 90 percent (number of locations given in parentheses).¹³

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

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



Alerts

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

The number of Alerts recorded during the contract year, by APD Area, is shown in the following table. The majority of Alerts was due to a lack of required documentation needed to provide evidence background screening has been completed. However, 135 health and/or safety Alerts were recorded.

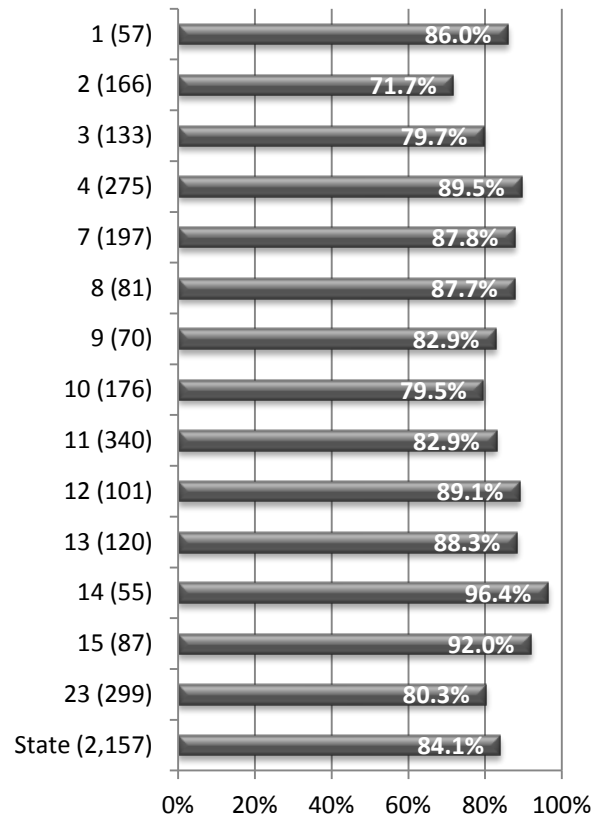
Table 9: Provider Discovery Reviews				
Number of Alerts by APD Area				
January - September 2011				
APD Area	Rights	Health	Safety	Background Screening
1	0	1	2	8
2	0	4	0	47
3	1	6	12	27
4	1	3	9	29
7	0	4	11	24
8	0	1	1	10
9	0	0	4	12
10	2	3	7	36
11	1	4	11	58
12	0	1	0	11
13	0	1	4	14
14	0	2	0	2
15	0	8	3	7
23	3	24	11	59
State	8	62	75	344

Background Screening

The following figure shows the percent of providers in each APD Area for which all provider records reviewed had adequately documented background screening requirements. The percent met is based on the total number of providers who had at least one employee who did not have the correct documentation for background screening compliance. One provider may have one or several employees not in compliance with the standard. Findings to date indicate:

- Statewide compliance is approximately 84.1 percent, greater than in Year 1 (75.4%).
- Compliance ranges from a high of 96.4 percent in Area 14 to a low of 71.7 percent in Area 2.

**Figure17: Provider Discovery Reviews
Background Screening by APD Area; Percent Met (N=1,502)
January - September 2011**



While 344 providers received an alert for lack of background screening (15.9%), 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 826 reasons were cited. Table 10 displays the reason the standard was Not Met for all employee records reviewed for the 344 providers with a background screening alert. Employees were most likely to be missing the required FBI screening letter (26%), and were also likely to be missing the local criminal records check from the county of residence (22%), findings similar to Year 1.

Table 10: Provider Discovery Reviews	
Reason Background Screening Scored Not Met	
January - September 2011	
Reason	Pct
Background screening results identified a disqualifying offense and the provider has not taken action.	1.9%
The provider did not present a Local Criminal Records Check obtained within county of residence.	22.0%
The provider did not present an Affidavit of Good Moral Character.	16.2%
The provider did not present the required Federal Bureau of Investigation screening clearance letter.	26.0%
Provider did not present required FL Department of Law Enforcement screening clearance letter or other acceptable FDLE screening.	15.4%
The provider did not provide proof of completing the required five year re-screening	14.3%
The provider presented an Affidavit of Good Moral Character but it was not notarized.	2.4%
The provider presented an Affidavit of Good Moral Character, but it was not signed.	0.8%
Provider was not under constant visual supervision of another fully screened employee when working.	0.8%
Total Number of Reasons	826

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 three quarters of the second contract year and includes:

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

Table 11: Provider Discovery Reviews					
Recoupment Citations by APD Area					
January - September 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	112	38	57	66.7%	2.9
2	297	120	166	72.3%	2.5
3	245	85	133	63.9%	2.9
4	417	140	275	50.9%	3.0
7	199	65	197	33.0%	3.1
8	130	41	81	50.6%	3.2
9	140	43	70	61.4%	3.3
10	384	96	176	54.5%	4.0
11	283	101	340	29.7%	2.8
12	163	62	101	61.4%	2.6
13	110	45	120	37.5%	2.4
14	49	16	55	29.1%	3.1
15	200	60	87	69.0%	3.3
23	784	206	299	68.9%	3.8
State	3,513	1,118	2,157	51.8%	3.1

Findings from reviews completed to date this contract year indicate 3,513 recoupment standards were scored as Not Met. This involved 1,118 providers, or just over half of providers reviewed (down from 59.4 percent in Year 1). The average number of citations per provider is 3.1. The percent of providers with a recoupment varied from a low of 29.1 percent in Area 14 to 72.3 percent in Area 2. 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 three quarters of the year, January – September 2011, 221 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 12: CDC+ Person Centered Reviews		
January - September 2011		
Area	Number	Percent
1	8	3.6%
2	17	7.7%
3	5	2.3%
4	19	8.6%
7	31	14.0%
8	4	1.8%
9	6	2.7%
10	27	12.2%
11	42	19.0%
12	5	2.3%
13	11	5.0%
14	2	0.9%
15	7	3.2%
23	37	16.7%
Total	221	100.0%

Results are presented by III Standard in Table 13 and show some variation across the different standards:

- The average III score for these participants was 84.6 percent, somewhat lower than in Year 1 (90.7%), but higher than for individuals on one of the DD waivers (80.4%).
- No standards reflect a higher score than in Year 1.
- To date this year, the standard indicating if the person is healthy has decreased by almost 14 percentage points compared to Year 1.
- Individuals also appear to be less likely to address the design of their services or to participate in identifying needed skill to accomplish their goals, down close to 12 percentage points since Year 1.

Table 13: Consumer Directed Care + Person Centered Reviews		
Individual Interview Instrument Results by Standard		
January - September 2011		
Standard	Percent Met	
	YTD Yr 2	Year 1
The person is afforded choice of services and supports.	85.5%	91.3%
The person actively participates in decisions concerning his or her life.	83.2%	90.1%
Person directs design of services and participates in identification of needed skills and strategies to accomplish desired goals.	79.1%	90.7%
Person participates in routine review of services, and directs changes desired to ensure outcomes/ goals are met.	86.9%	90.1%
Person has the necessary supports in place to meet needs and goals.	86.4%	90.0%
The person is free from abuse, neglect and exploitation.	88.6%	88.2%
The person is safe or has self-preservation skills.	85.1%	87.0%
The person is healthy.	78.6%	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. ¹⁴	86.8%	90.1%
The person is achieving desired outcomes/goals or receiving supports that demonstrate progress toward specified outcomes and goals	88.7%	91.3%
The person is satisfied with the supports and services received.	89.0%	94.4%
The person is developing desired community roles that are of value to the person.	77.1%	85.9%
Average CDC+ III Score	84.6%	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 221 CDC+ Consultant record reviews, with Year 1 results displayed for comparison.

- On average, record reviews showed an 88.6 percent compliance rate, slightly lower than Year 1 results (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 (73.3%); to be aware of the participant’s definition of abuse, neglect & exploitation or how to report incidents

¹⁴ Standard includes dignity, respect and privacy.

(74.0%); or to have an Emergency Backup Plan in the record that has been reviewed annually (76.6%).

- Compared to Year 1, Consultants reviewed to date this year have scored 10 to 12 percentage points lower in the following areas:
 - Ensuring the approved cost plan is in the record
 - Describing how participants are empowered to make informed decisions about their safety or
 - Being aware of any history of abuse, neglect or exploitation
 - And being aware of the participant's definition of abuse, neglect and exploitation and how the participant would report such incidents.

CDC+ Representative (CDC-R)

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

During the first three quarters of the contract in Year 1, if the individual selected for the PCR declined to participate, the Representative was not reviewed. During this time period approximately 117 CDC Representatives were reviewed. However, since October 2010, the CDC-R has been reviewed as a PDR, regardless of the decision of the individual to participate or not. During the first three quarters of the current contract year, 245 CDC+ Representatives were reviewed.

CDC-R results for each standard are presented in Attachment 5, with Year 1 results displayed for comparison. Representatives scored an average of 88.9 percent, higher to date than in Year 1 (70.5%).

Findings to date indicate several areas in which Representatives appear to be improving their documentation:

- Just over half the Representatives (51.5%) had documentation for background screening requirements, up from 32 percent in Year 1.
- Maintaining complete employee packets for all directly hired employees, 85.7 percent and up 26.4 percentage points since Year 1
- Maintaining complete vendor packets, 91.9 percent and up almost 21 points over Year 1
- Having signed and approved receipts of goods and services, 92.5 percent and up 28.2 points 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 76 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 three quarters of the second FSQAP contract year, January – September 2011, with comparisons to Year 1 results when possible. A total of 1,147 PCRs and 1,257 PDRs were completed, approved and available for analysis. Because the sample for the PCR and the remaining PDRs will be completed during the 4th quarter, results in this report should be viewed as preliminary. During this quarter the Delmarva management team helped provide AHCA and APD information needed for the Tier 1 CMS Evidentiary Report; the Public Reporting Website workgroup met to revise/update pages on the current website to reflect the new processes and scoring elements; Delmarva helped facilitate the Quality Council meeting in September, and quarterly meetings were held in each APD Area, except Area 14, which was rescheduled for the following quarter.

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

Person Centered Review Results

The PCR is designed to help determine how well the service delivery system is meeting the specific needs of the individual. As part of the PCR, responses on the Individual Interview Instrument reflect outcomes and satisfaction with services from the perspective of the individual. NCI consumer data further explore issues of choice, rights and community involvement. Year 1 findings are included as a benchmark when possible.

Community Involvement/Choice

Individual interviews to date indicate an average III score of 80.4 percent, somewhat lower than in Year 1 (85%). None of the III Standards has shown an increase since Year 1. The Standard showing the lowest rate measures the degree to which the individual is developing desired community social roles (66.3%), and this is lower than in Year 1 by approximately seven percentage points. According to the NCI survey, individuals scored relatively low in the Focused Area of Community Inclusion, a rate just over 66 percent. Involvement in the community appears to most often be for shopping, going to a restaurant or coffee shop, or going out to run errands or for an appointment. Only 17 percent of respondents to date indicated having a job in the community and only 29 percent indicated having any volunteer work.

NCI results to date indicate individuals have a limited amount of choice in their lives. This NCI Focused Area reflected a lower score than any other Focused Area, with a rate of just under 46 percent. Fewer than approximately 25 percent of individuals chose a place to live, who to live with, or a daily schedule.

Approximately one quarter of individuals did not have a choice of services and supports (III). The calculated Individual Involvement score, which includes choice elements from the III and NCI data, is lower to date this year than in Year 1. Individuals in group homes, with autism, or who receive Adult Day Training appear to be less involved in their service system decisions than their counterparts. Individuals receiving Supported Employment had a much higher Involvement rate than individuals receiving ADT, and were also more likely to have outcomes met based on the III process.

Recommendation 1: Training on developing social roles and other aspects of becoming more involved in the community should be offered at various locations across the state. Two different sessions could be provided, one session with a provider focus to help providers develop service systems that enhance community integration; and one with a focus for individuals and families to help them identify options available to them and ways to exploit natural supports in the community.

Recommendation 2: APD initiatives should be developed, or expanded, to help individuals obtain work in integrated environments in the community.

Recommendation 3: APD should investigate why individuals with Autism appear to have less involvement in their services and supports than individuals with other types of disabilities.

Health

The III Standard that helps determine if the person is healthy has dropped by 11 percentage points since Year 1. While most all participants have a doctor and had been to a doctor, approximately 42 percent of individuals indicated having health problems. A larger percent of CDC+ participants, compared to DD Waiver, had been to the dentist (83% and 76% respectively) and a smaller percent of CDC+ participants had problems with teeth (8% and 13% respectively).

Recommendation 4: AHCA should explore ways for DD Waiver participants to acquire dental care in the way CDC+ provides this opportunity.

Recommendation 5: The Delmarva Nurse, Linda Tupper, has several different types of health related trainings that could be beneficial to offer in the state. Identifying and addressing various health problems specific to individuals with developmental disabilities or individuals in a wheel chair could be the focus of one training session.

Provider Discovery Review Results

Results from the 2,157 PDRs conducted between January and September 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. However, most providers had not completed a self-assessment with all the requirements and approximately 43 percent of providers had actually taken action on results from the self-assessment.

Recommendation 6: Area offices should help ensure providers have a system in place to perform an adequate self-assessment. A workgroup, including Delmarva, could be used to help develop a standardized survey as a base for collecting data in each Area, with additional provider specific questions as needed. Presentations could be provided at provider or Area meetings to explain how to develop data driven quality improvement initiatives. The Quality Council could also help with this initiative.

Of the 2,157 providers who participated in a PDR, 344 (15.9%) 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%). Providers or staff most often failed to present the required Federal Bureau of Investigation screening clearance letter and often did not present the Local Criminal Records Check obtained through the county office.

Recommendation 7: Over the years, APD has implemented various methods to ensure providers have all background screening documentation in place. Often the Area office will have documents that need to also be in the provider's file but are not. The Quality Council addressed this issue early last year. The Council should review ideas that were shared concerning background screening compliance and develop a recommendation for the state to help reduce the number of providers working without this documentation in place.

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 receiving 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 - September 2011

Area Quarterly Meetings		
Date	Area	Summary
09/26/2011	1	<p>APD Participants: Joann David, Ali Stanley & Donna Ross</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Theresa Skidmore & Kathy Harkleroad</p> <p>Brief Summary: Agenda items included provider updates & terminations, status of reviews/scheduling, and feedback on reports. Detailed discussion was held regarding pending Delmarva tool revisions and APD Connects Customer Central Record (CCR) pilot taking place in Area 1. Update on Quality Council activities was provided. APD provided update regarding status of I-Budget roll out scheduled for 10/1/2011.</p>
09/30/2011	2	<p>APD Participants: Ann Douglas, Nilda Barretto, Janet Herring, Deborah McQueen, Eddie Tanner (phone), Bonnie Williams (phone)</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Theresa Skidmore, Kara Cowart, Sandra Rowe</p> <p>Brief Summary: Agenda items included provider updates & terminations, status of reviews/scheduling, and feedback on reports. Detailed discussion was held regarding I-Budget roll out and APD Connects Customer Central Record (CCR). Questions from an Area 2 WSC were addressed and Delmarva reviewers shared some concerns with recently reviewed providers. Update on Quality Council activities was provided. Current trends/data were discussed and next meeting date set.</p>
08/15/2011	3	<p>APD Participants: Vernita Hughes, Jim Smith, Lucy Degenhardt, Sylvia B.</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Theresa Skidmore, Gwen Williams & Mark Williams</p> <p>Brief Summary: Agenda items included provider updates & terminations, status of reviews/scheduling, and feedback on reports. Detailed discussion was held regarding I-Budget roll out and APD Connects Customer Central Record (CCR). Area 3 will be conducting enrollment and training sessions for APD Connects to providers on September 1st & 2nd. Update on Quality Council activities was provided. Current trends/data were discussed and next meeting date set.</p>

	4	<p>APD Participants: Patti Smith, Nicole Francis, Cathy Guiry, Gayle Granger, Terry Mothershed</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Christie Gentry, Janice Newman, Shiela Butler</p> <p>Brief Summary: Agenda items included: Delmarva/APD Updates, Status of reviews/scheduling, feedback on reports, Current Trends/Data. Detailed discussion was held regarding I-Budget roll out and APD Connects Customer Central Record (CCR), background screening alerts and ADT/Res. Hab. Ratios.</p>
	7	<p>APD Participants: Andrea Currence, Maryjane Wysocki, Sharon Jennings, Jennifer Monje, Grisela Hernandez, Merari Perez, Carol Solomon, Mary Martin, Cydney Yerushalmi, Stacey Fowler</p> <p>AHCA Participants (if any): Joe Balazowich</p> <p>Delmarva Participants: Christie Gentry, Jeff Coleman, Cheryl King, Brenda McConnell</p> <p>Brief Summary: Agenda items included: Delmarva/APD Updates, Status of reviews/scheduling, feedback on reports, Current Trends/Data. Detailed discussion was held regarding I-Budget roll out and APD Connects Customer Central Record (CCR), Grievance Procedures, Self-Assessment, and Medication review, Delmarva QAR's notifying APD staff of service misuse identified in the field.</p>
9/27/11	8	<p>APD Participants: Todd Ryan, Diane Whisman, Marsha Vollmar (AA)</p> <p>AHCA Participants (if any): None</p> <p>Delmarva Participants: Kristin Allen</p> <p>Brief Summary: No follow up from previous meeting. Brief discussion was held regarding QAR Carol Taylor's departure and the vacant position. Two strong candidates have completed the interview process. Final selection will be made within the next week or two. No APD staff changes or updates reported. No non-compliant providers this quarter. A discussion was held regarding the perception of "double dinging". Procedures for handling record reviews conducted less than 12 months apart were explained. Feedback on reports included continued concern regarding the standard related to mutually agreed upon time and location for service delivery. Information related to the next Quality Council meeting was shared. Next scheduled quarterly will be December 5th at 2pm in Fort Myers.</p>
9/8/2011	9	<p>APD Participants: Adonisia Brathwaite, Maria Rubin, Bernadette Synder, Christina Tucks, Elizabeth Torres</p> <p>AHCA Participants (if any): none</p>

		<p>Delmarva Participants: Robin Moorman, Noeline Coore Brown</p> <p>Brief Summary: Discussed follow up items from prior meeting, reviewed revised alert reporting formats, discussed deadline for stakeholder feedback on revised tools, discussed continued confusion regarding ACPRT1 as cost plan screen due before 7/1/XX annually, shared staffing updates and changes, discussed status of Plans of Remediation and current steps for APD Connects, reviewed data and dashboards as well as alert data. Shared data trends and set December meeting. APD requested 2 reviews of newer providers for Year 2. Reviewed non compliant provider procedures.</p>
9/21/2011	10	<p>APD Participants: Martha Martinez, David Gillis, Teisha Fender, Pam Romack, Kathy Coleman</p> <p>AHCA Participants (if any):none</p> <p>Delmarva Participants: Robin Moorman, Avril Wilson, Anna Quintyne</p> <p>Brief Summary: Discussed follow up items from prior meeting, reviewed revised alert reporting formats, discussed deadline for stakeholder feedback on revised tools, discussed continued confusion regarding ACPRT1 as cost plan screen due before 7/1/XX annually, shared staffing updates and changes, discussed status of Plans of Remediation and current steps for APD Connects, reviewed data and dashboards as well as alert data. Discussed need for ongoing discussions related to provider concerns between quarterly meetings. Shared data trends and set December meeting.</p>
9/16/2011	11	<p>APD Participants: Evelyn Alvarez, Kirk Ryon, Hillary Jackson, Sharon Powell, Carolyn Eleby</p> <p>AHCA Participants (if any): none</p> <p>Delmarva Participants: Robin Moorman, Wanda Nitiss, Janet Tynes, Mario Arreaga</p> <p>Brief Summary: Discussed follow up items from prior meeting, reviewed revised alert reporting formats, discussed deadline for stakeholder feedback on revised tools, discussed continued confusion regarding ACPRT1 as cost plan screen due before 7/1/XX annually, shared staffing updates and changes, discussed status of Plans of Remediation and current steps for APD Connects, reviewed data and dashboards as well as alert data. Shared data trends and set December meeting.</p>

	12	<p>APD Participants: Diveka Anderson, Dylan Gale, Vanessa Carter, Linda Burris, Cindy Camplin, Ed DeBardleben, Sandra Mills</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Christie Gentry, Charlene Johnson-Henry</p> <p>Brief Summary: Agenda items included: Delmarva/APD Updates, Status of reviews/scheduling, feedback on reports, Current Trends/Data. Detailed discussion was held regarding I-Budget roll out and APD Connects Customer Central Record (CCR), Requirements for Provider insurance.</p>
09/28/2011	13	<p>APD Participants: Patricia Morse, Mary Nally, Wayne Perry, Aquinette Harrison, Karen Eramo, Diane Camella, Clarence Lewis and Priscilla Weeks,</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Theresa Skidmore, Mark Williams & Kathy Silfies</p> <p>Brief Summary: Agenda items included provider updates & Terminations, status of reviews/scheduling, and feedback on reports. Detailed discussion was held regarding pending Delmarva tool revisions, questions Area had submitted prior to meeting and Monthly versus Quarterly Summaries. Update on Quality Council activities was provided. Current trends/data were discussed and next meeting date set.</p>
	14	<p>APD Participants:</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants:</p> <p>Brief Summary: Per Area request and after considering several dates in September, this quarterly meeting was moved to October 3rd.</p>
9/7/2011	15	<p>APD Participants: Ashley Cole, Marie DuBussion, Cordroy Charles, Wayne Robb</p> <p>AHCA Participants (if any): none</p> <p>Delmarva Participants: Robin Moorman, Noeline Coore-Brown, Michelle Ceville</p> <p>Brief Summary: Discussed follow up items from prior meeting, reviewed revised alert reporting formats, discussed deadline for stakeholder feedback on revised tools, discussed continued confusion regarding ACPRT1 as cost plan screen due before 7/1/XX annually, shared staffing updates and changes, discussed status of Plans of Remediation and current steps for APD Connects, reviewed data and dashboards as well as alert data. Shared data trends and set December meeting.</p>
9/26/11	23	<p>APD Participants: Laurie Harlow</p> <p>AHCA Participants (if any): None</p>

		<p>Delmarva Participants: Kristin Allen</p> <p>Brief Summary: Per Area request meeting was rescheduled from September 14th resulting in myself and Laurie Harlow being the only attendees. Standard agenda items were briefly discussed or deferred. Ms. Harlow has requested that all alerts be reported to her via cell phone with the follow-up email from the Mgr. Non-compliant providers are also to be sent to her. General conversations were held regarding status of revised review tools, iBudget and CCR implications and basically the impact of all the current activity on all involved. No significant concerns reported. Next meeting will be scheduled at a later date.</p>
Other Meetings and Conferences		
9/22/2011		Quality Council Meeting held in Tallahassee Florida facilitated in conjunction with QC membership, APD, AHCA, and DF.
7/30/2011	11	Berta Santos and Robin Moorman attended and presented materials at a provider fair sponsored by APD Area 11 and WaiverProvider.com
8/20/2011	3	Mark Williams and Robin Moorman attended and presented materials at a provider fair sponsored by POPIN (Parents of the Panhandle Information Network) and Family Network on Disabilities.

Attachment 2: Customer Service Activity

July – September 2011

Reason for Call	# of Events	Description	Outcomes	Average Resolution Time
Address/ Phone Update	47	Providers call to update phone numbers/addresses	Phone numbers/addresses are updated in the Discovery application and providers are advised to update same with AHCA	1 day
Background Screening	0			
CDC+	1	Mother called to confirm that her concerns are valid concerns within the CDC+ program	Referred mother to the local APD office	1 day
Clarification	0			
Complaint	0			
Contact QAR	4	Providers call to contact the QAR assigned to do their review.	QAR is contacted by office staff and asked to contact the provider	1 day
Delmarva Online Training	7	Providers call with questions about how to access training.	Providers are assisted with following the instructions online to register or are referred to the helpdesk for technical assistance.	1 day
Miscellaneous/ Other	23	Many were inquiries regarding the HSRI Family/Guardian surveys.	The surveys were explained.	1 day
New Tools	13	Providers and stakeholders questioned the Discovery tools, specific standards, and asked for them to be defined/clarified.	The tools/standards were explained, including references to Handbook requirements.	1 day
Next Review	60	Providers called asking when their next review will occur.	Providers were referred back to their notification letters and/or to the calls they received from their assigned QAR with the date and time agreed upon.	1 day
Provider Search Website	6	Providers call asking why their names are not on the provider search website.	The mechanics of the website are explained to the providers, including that only active (billing) providers rendering services reviewed by Delmarva are captured on this website.	1 day

Reason for Call	# of Events	Description	Outcomes	Average Resolution Time
Question	56	Providers call with questions regarding documentation or qualification requirements; for assistance accessing resources on our website; for explanations of the review processes.	Questions are answered with references to appropriate documents or entities.	1 day
Reconsideration	20	Providers call with questions regarding how to submit a request for reconsideration or when to expect their reconsideration results.	The reconsideration process is explained to providers, including reference to our Operational Policies and Procedures and their report cover letters; reconsiderations submitted are researched and providers are given an expected delivery date.	1 day
Report Requested	14	Providers call or email requesting that their report be re-sent to them.	Reports are re-sent with address confirmation and providers are advised of same.	1 day
Review	27	Providers call asking for explanation of their reports.	Their reports are explained; providers are referred to their local APD office for technical assistance.	1 day
Training	11	Providers and stakeholders call asking about training requirements.	Training requirements are explained, including reference to the Handbook.	1 day

Attachment 3: Overview of Review Processes

Person Centered Review

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

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

The PCR includes several components:

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

The individual interview begins with the National Core Indicator (NCI) Adult Consumer Survey. The National Core Indicators is a collaboration among participating National Association of State Directors of Developmental Disability Services (NASDDDS) member state agencies and the Human Services Research Institute (HSRI), with the goal of developing a systematic approach to performance and outcome measurement. Data from this survey are used by Human Services Research Institute (HSRI), Delmarva's subcontractor on this contract, to draw comparisons at the national level to over 25 other states also using the NCI survey.¹⁵ Data will also be available for Delmarva to use aggregately in quarterly and annual reports to AHCA and APD.

In addition to the NCI Consumer Survey, the interview process includes the Individual Interview Instrument (III or I³) to help assess individuals' perspectives of their rights, choices, involvement in Support Plan development and life decisions, community inclusion, health, safety, and satisfaction with services. A Health and Behavioral Assessment is used to further explore the individual's specific health issues including: psychotropic drug use; hospital and emergency room use; dental and family practitioner care; and an assessment of a wide variety of health issues and service needs.¹⁶

¹⁵ HSRI developed the NCI survey instruments. More information can be found at the following web site: <http://www.hsri.org/>.

¹⁶ 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 Methodology¹⁷

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

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

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

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

In addition, a weighted overall provider performance score is calculated using all three of these review components together, with the total number of points for elements scored as Met divided by the total 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.

¹⁷ The scoring methodology was developed in May 2010 by a workgroup consisting of representatives from the Agency for Health Care Administration, the Agency for Persons with Disabilities, and Delmarva Foundation.

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 – September 2011 (N=221)

CDC+ Consultant Results by Element Standard	Percent Met	
	YTD Yr 2	Year 1
Current Support Plan is in the record and is complete.	96.8%	98.1%
Current Support Plan was submitted to the APD Area office in required timeframes.	87.3%	85.6%
Current Support Plan was distributed within the required timeframes.	88.1%	88.1%
Current Medicaid Waiver Eligibility Worksheet is in the record and complete.	95.9%	95.0%
The current approved Cost Plan is in the record.	78.3%	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.	90.6%	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.	97.2%	93.6%
The current Support Plan reflects the individual's communicated personal goals.	97.3%	98.1%
The Consultant addresses the individual's communicated personal goals.	95.0%	97.5%
The Support Plan reflects the individual's communicated choices and preferences.	99.1%	98.8%
Community life is addressed in the current Support Plan.	97.7%	95.7%
The Consultant is aware of the person's recent progress towards or achievement of personal goals.	91.4%	93.8%
Consultant addresses the individual's expectations of the services he/she is receiving.	88.7%	93.2%
Participant & CDC+ Rep are educated about the benefits of Medication Reviews & preventive health screenings.	73.3%	79.5%
Participant and CDC+ Rep are educated about safety needs - natural disasters, community & home safety.	77.8%	81.9%
The Consultant addresses the participant's health and health care needs.	91.4%	90.6%
The Consultant addresses the participant's safety needs and safety skills.	89.1%	94.4%
Consultant can describe how participants are empowered to make informed decisions about their health.	80.3%	88.1%

CDC+ Consultant Results by Element Standard	Percent Met	
	YTD Yr 2	Year 1
Consultant can describe how participants are empowered to make informed decisions about their safety.	79.9%	90.0%
Consultant is aware of any history regarding abuse, neglect and/or exploitation for the participant.	78.3%	89.0%
Consultant is aware of the participant's definition of abuse, neglect, & exploitation, & how participant would report incidents.	74.0%	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.	96.8%	93.8%
Completed/signed Participant-Consultant Agreement is in the record.	92.3%	86.3%
Completed/signed CDC+ Consent Form is in the record.	91.4%	91.3%
Completed/signed Participant-Representative Agreement is in the record.	93.6%	88.6%
Completed/signed Purchasing Plan is in the record.	98.6%	96.9%
Participant's Information Update form is completed & submitted to Area CDC+ liaison as needed.	98.1%	93.8%
When correctly submitted by participant, Consultant submits Purchasing Plans by the 10th of the month.	94.3%	96.0%
Consultant provides technical assistance to participant to meet participant's needs.	98.5%	93.5%
Participant Monthly Review forms are filed in the participant's record prior to billing each month.	94.6%	92.5%
Consultant uses cash receipts log to track expenditures and cash on hand.	82.6%	85.2%
Consultant has taken action to correct any overspending by the participant.	95.7%	93.0%
Consultant initiates Corrective Action when appropriate & Plan is in the record.	90.0%	87.9%
The Emergency Back-up Plan is in the record and is reviewed annually.	76.6%	72.8%
Average PCR CDC+ Consultant Reviews	88.6%	90.7%

Attachment 5: CDC+ Representative Results by Element

January – September 2011 (N=245)

Standard	Percent Met	
	YTD Yr 2	Year 1
Background screening results for all Directly Hired Employees are available for review.	51.5%	32.2%
Complete Employee Packets for all Directly Hired Employees are available for review. CDC+ Participant Notebook v. 3.0 p. 62	85.7%	59.3%
Complete Vendor packets for active Vendors and independent contractors are available for review. CDC+ Participant Notebook v. 3.0 p. 66 & 67	91.9%	71.1%
Complete and signed Job Descriptions for each service provider are available for review. CDC+ Participant Notebook v. 3.0 p. 49 & 63	77.9%	72.8%
Complete and signed Participant/Representative Agreement is available for review. CDC+ Participant Notebook v. 3.0 p. 31	88.9%	86.6%
Copies of Current Support Plan and approved Cost Plan are available for review. CDC+ Participant Notebook v. 3.0 p. 77 & 98	83.3%	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	85.7%	66.7%
Emergency Backup Plan is complete and available for review. CDC+ Participant Notebook v. 3.0 p. 75 & 98	82.8%	75.4%
Receipts and Detailed Monthly Logs for Cash Purchases are available for review. CDC+ Participant Notebook v. 3.0 p. 95	86.4%	79.2%
Signed Employee/Employer Agreement for each Directly Hired Employee (DHE) is available for review. CDC+ Participant Notebook v. 3.0 p. 63	76.0%	87.3%
Signed and approved Invoices for Vendor Payments are available for review. CDC+ Participant Notebook v. 3.0 p. 92 & 93	92.7%	83.3%
Signed and approved Purchasing Plan is available for review. CDC+ Participant Notebook v. 3.0 p. 79	88.2%	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	87.3%	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	92.5%	64.3%
Average CDC Representative Record Review	88.9%	70.5%

Attachment 6: NCI Consumer Survey - Results by Focused Area and Indicator¹⁸

January – September 2011

Question Description	Applicable Responses	Pct Negative	In Between	Pct Positive
1. Achieving Results/Person Centered Approach				
Q3. Do you like working there (job)?	144	1.4%	7.6%	91.0%
Q4. Would you like to work somewhere else?	143	55.9%	12.6%	31.5%
Q8. Do you like going there/doing this activity (day program)?	505	3.6%	5.9%	90.5%
Q9. Would you like to go somewhere else or do something else during the day (day program)?	474	59.9%	8.4%	31.6%
Q13. Do you like your home or where you live?	867	3.2%	3.9%	92.8%
Q14. Would you like to live somewhere else?	818	65.3%	8.6%	26.2%
Q39. If you ask for something, does your case manager/service coordinator help you get what you need?	758	1.8%	5.8%	92.3%
Q79. Do you get the services you need?	1,107	18.6%	10.0%	71.4%
Total Achieving Results	4,816	24.2%	7.4%	68.4%
2. Choice				
Q61. Who chose the place where you live?	1,061	45.5%	25.4%	29.0%
Q63. Did you choose the people you live with?	1,054	38.6%	17.6%	43.8%
Q64. Do you choose who helps you at home?	864	23.1%	41.9%	35.0%
Q65. Who decides your daily schedule?	1,115	13.6%	32.9%	53.5%
Q66. Who decides how you spend your free time?	1,117	7.4%	26.1%	66.4%
Q67. Who chose the place where you work?	229	15.3%	27.1%	57.6%
Q69. Do you choose who helps you at work?	169	16.6%	50.3%	33.1%
Q70. Who chose where you go during the day?	696	27.9%	32.3%	39.8%
Q72. Do you choose who helps you during the day?	786	19.7%	56.6%	23.7%
Q73. Do you choose what you buy with your spending money?	1,099	11.1%	40.1%	48.8%

¹⁸ Shaded questions were reverse coded for analysis presented in Table 5.

Question Description	Applicable Responses	Pct Negative	In Between	Pct Positive
Q74. Did you choose your case manager/service coordinator?	1,009	22.9%	31.9%	45.2%
Total Choice	9,199	22.7%	33.2%	44.1%
3. Health		Excellent	Fairly Good	Poor
BI14. Overall, how would you describe this person's health? ¹⁹	1,136	33.4%	61.7%	4.9%
4. Safety				
Q22. Are you ever afraid or scared when you are at home?	816	86.0%	10.8%	3.2%
Q23. Are you ever afraid or scared when you are out in your neighborhood?	799	88.6%	7.9%	3.5%
Q24. Are you ever afraid or scared at work or at your day program?	649	90.1%	6.3%	3.5%
Q25. If you feel afraid, is there someone you can go to for help?	563	4.8%	2.3%	92.9%
Total Safety	2,827	71.5%	7.3%	21.2%
5. Rights				
Q6. Are the staff members who help you at your job nice and polite to you?	122	4.1%	3.3%	92.6%
Q11. Are the staff members at your day program activity nice and polite to you?	505	1.2%	3.8%	95.0%
Q18. Are they (people helping you at home) nice and polite to you?	628	1.0%	4.6%	94.4%
Q19. Do people let you know before they come into your home?	799	4.5%	7.3%	88.2%
Q20. Do people let you know before coming into your bedroom?	794	6.5%	8.2%	85.3%
Q21. Do you have enough privacy at home?	738	9.5%	0.0%	90.5%
Q30. Can you go on a date if you want to?	588	12.1%	11.9%	76.0%
Q75. Do people read your mail or email without asking you first?	936	91.3%	0.0%	8.7%
Q76. Can you be alone with friends or visitors at your home?	945	20.5%	0.0%	79.5%
Q77. Are you allowed to use the phone and internet when you want to?	862	7.1%	0.0%	92.9%

¹⁹ Scale for Health, from left to right, is Poor, Fairly Good, Excellent.

Question Description	Applicable Responses	Pct Negative	In Between	Pct Positive
Total Rights	6,917	19.6%	3.5%	76.9%
6. Community Inclusion / Social Role				
Q1. Do you have a job in the community?	896	83.3%	0.0%	16.7%
Q12. Do you have any volunteer work?	839	70.7%	0.0%	29.3%
Q29. Can you see your friends when you want to see them?	682	7.6%	21.7%	70.7%
Q32. Do you have family that you see?	819	11.0%	0.0%	89.0%
Q33. Can you see your family when you want to?	738	8.9%	19.0%	72.1%
Q42. When you want to go somewhere, do you always have a way to get there?	790	1.1%	14.8%	84.1%
Q54. In the past month, did you go shopping?	1,122	8.0%	0.0%	92.0%
Q55. In the past month, did you go out on errands or appointments?	1,114	12.8%	0.0%	87.2%
Q56. In the past month, did you go out for entertainment?	1,116	25.5%	0.0%	74.5%
Q57. In the past month did you go out to a restaurant or coffee shop?	1,123	12.7%	0.0%	87.3%
Q58. In the past month, did you go out to a religious service?	1,117	49.5%	0.0%	50.5%
Q59. In the past month, did you go out for exercise?	1,122	45.0%	0.0%	55.0%
Q60. In the past year, did you go away on a vacation?	1,118	48.9%	0.0%	51.1%
Total Community Inclusion	12,596	30.3%	3.2%	66.4%

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=2,147)	
January – September 2011	
Standard	Percent Met
The provider has written policies and procedures on the use of the personal outcome process, and how individual outcome information will be incorporated into service delivery planning.	90.4%
The provider has written policies and procedures governing how a person-centered approach to services will be provided in order to meet the needs of the recipients served and to achieve the personal goals on the support plan.	90.0%
The provider is able to describe the organization's person centered planning process, i.e. developing Implementation Plans, Support Plans, etc.	97.1%
The provider has written policies and procedures that promote the health and safety of every recipient who receives services (to include Abuse/Neglect, Incident Reports, Bill of Rights).	91.0%
The provider can describe procedures for reporting any rights violations.	97.9%
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.	79.4%
The provider can describe reporting procedures for any incidents of abuse, neglect, and/or exploitation.	97.9%
The provider has identified and addressed trends related to abuse, neglect, and exploitation.	96.7%
All instances of abuse, neglect, and exploitation have been reported.	98.0%
The provider has written policies and procedures which detail the safe administration and handling of medication to ensure the health and safety of recipients; if it is the provider's policy to not administer or assist in administration of medication, this should be clearly stated.	86.1%
The provider tracks and addresses medication errors (if administering medication).	90.5%
The provider has written policies and procedures to ensure the smooth transition of the recipient between providers and other supports and services.	87.2%
The provider has written policies and procedures that address staff training plan and specify how pre-service and in-service activities will be carried out including HIV/AIDS training pursuant to Chapter 381.0035, F.S., CPR, and all other mandated training.	80.7%
The provider has written policies and procedures to address grievances.	91.4%
The provider maintains a log of all grievances.	79.1%
The provider has evidence of teaching the individual/legal representative about the grievance policy.	82.4%
Individuals sign the provider's grievance policy within 30 days of beginning services and annually thereafter.	72.7%
The provider has a written policy for conducting self-assessments.	82.5%
The provider has completed a self assessment including all required components, at least once in the past year.	47.0%

Policy and Procedure Results by Review Standard (N=2,147)	
January – September 2011	
Standard	Percent Met
The provider has taken quality improvement actions as a result of the self assessment.	57.1%
The provider maintains a current table of organization, including board of directors (when applicable), directors, supervisors, support staff, and all other employees.	87.4%
The provider tracks and addresses all incident reports.	93.3%
The provider updates policies and procedures in a timely manner.	66.4%
Vehicles used for transportation are properly insured and properly registered.	90.8%
The provider has evidence of monitoring and reviewing projected service outcomes for Adult Day Training.	80.0%
The provider has evidence of monitoring and reviewing projected service outcomes for Residential Habilitation.	75.5%
The provider has evidence of monitoring and reviewing projected service outcomes for Waiver Support Coordination.	71.6%
The provider has evidence of monitoring and reviewing projected service outcomes for Supported Employment.	74.7%
The provider has evidence of monitoring and reviewing projected service outcomes for Supported Living Coaching.	74.9%
Total Administrative Policy and Procedure	86.3%

Attachment 9: Provider Discovery Review Training Standards

Qualifications and Training Results by Review Standard (N=1,257)	
January – September 2011	
Standard	Percent Met
The provider meets all minimum educational requirements and levels of experience for Adult Day Training.	89.9%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	99.3%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	93.2%
The provider meets all minimum educational requirements and levels of experience for Companion.	95.6%
The provider meets all minimum educational requirements and levels of experience for In Home Support.	89.7%
The provider meets all minimum educational requirements and levels of experience for Personal Care Assistance.	95.4%
The provider meets all minimum educational requirements and levels of experience for Respite Care.	95.6%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation.	88.8%
The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care (1 provider).	100.0%
The provider meets all minimum educational requirements and levels of experience for Waiver Support Coordination/CDC+ Consultant.	98.8%
The provider meets all minimum educational requirements and levels of experience for Supported Employment.	93.6%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	94.7%
The provider received training in Zero Tolerance.	82.9%
The provider received training in Direct Care Core Competency.	87.3%
The provider received training in HIPAA.	89.8%
The provider received training in Person Centered Approach/Personal Outcome Measures.	77.5%
If applicable, the provider received training in Medication Administration per FAC 65G-7.	94.9%
If applicable, the provider has been validated on medication administration per FAC 65G-7.	94.0%
The provider received training in HIV/AIDS. (Infection Control now captured in Core Comp.)	96.5%
The provider received training in Cardiopulmonary Resuscitation (CPR).	95.2%
The provider received 8-hrs of annual in-service related to implementation of individually tailored services specific to Adult Day Training.	78.8%

Qualifications and Training Results by Review Standard (N=1,257)	
January – September 2011	
Standard	Percent Met
The provider received 34 hours of Statewide pre-service training.	97.9%
The provider received 26 hours of Area- specific training.	96.7%
The provider received 24 hours of ongoing annual job related training.	94.3%
Provider received a Certificate of Consultant Training from a designated APD trainer.	98.8%
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.	95.6%
The provider has attended an employment-related conference.	80.8%
The provider received 12 or 18 hours of Supported Living Coaching pre-service certification training. (12 hrs prior to October 2003-18 hrs after October 2003).	95.8%
The provider received 20 contact hours of instruction in a curriculum, meeting requirements specified by APD and approved by APD-designated behavior for Behavior Assistants.	97.0%
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)	79.6%
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)	79.0%
The provider received training on the Medicaid Waiver Services Agreement, its Attachments and the Developmental Disabilities Waiver Services Coverage and Limitations Handbook and its appendices. (Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants)	76.6%
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)	79.5%
Total Administrative Qualifications and Training	87.2%