

Florida Statewide Quality Assurance Program

Year 3 First Quarter Report

January – March 2012

Submitted to:

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

**Prepared by Delmarva Foundation
May 15, 2012**

Table of Contents

| | |
|--|----|
| Executive Summary | 4 |
| Introduction..... | 5 |
| Section I: Significant Contract Activity | 6 |
| Information Sharing..... | 6 |
| Internal Quality Assurance Activities..... | 6 |
| Report Approval Process | 6 |
| Reliability..... | 6 |
| Status Meetings | 6 |
| Area Quarterly Meetings | 6 |
| Workgroups and other Activity | 7 |
| CMS Evidentiary Report | 7 |
| Public Reporting | 7 |
| Tool Revisions..... | 7 |
| Feedback Surveys | 7 |
| NCI Consumer Survey Feedback..... | 7 |
| Provider Feedback Survey..... | 8 |
| Summary of Customer Service Calls | 9 |
| Data Availability..... | 9 |
| Monthly Production Report..... | 9 |
| Real Time Data | 9 |
| Section II: Data from Review Activities | 10 |
| Person Centered Reviews (PCR) | 10 |
| Individual Interview Instrument (III) Results..... | 11 |
| Service Specific Record Reviews (SSRR) | 16 |
| Health and Behavioral Assessment..... | 17 |
| NCI Consumer Survey Results for Focused Areas..... | 18 |
| Individual Involvement and System Response | 19 |
| Provider Discovery Reviews (PDR)..... | 20 |

| | |
|---|----|
| Administrative Policy and Procedure Results | 21 |
| Training and Education Requirements..... | 22 |
| Service Specific Record Review Results (SSRR)..... | 24 |
| Observation Results | 26 |
| Alerts..... | 27 |
| Background Screening | 28 |
| Recoupment Citations..... | 29 |
| Consumer Directed Care (CDC+) | 31 |
| CDC+ Participants | 31 |
| CDC+ Consultant | 32 |
| CDC+ Representative (CDC-R) | 33 |
| Section III: Discovery | 34 |
| Person Centered Review Results | 34 |
| Community Involvement/Choice..... | 34 |
| Health | 35 |
| Provider Discovery Review Results | 35 |
| Attachment 1: Area Quarterly Meetings | 37 |
| Attachment 2: Customer Service Activity..... | 43 |
| Attachment 3: Overview of Review Processes | 45 |
| Person Centered Review | 45 |
| Provider Discovery Review (PDR)..... | 46 |
| Sample | 47 |
| Provider Performance Scoring Methodology | 48 |
| Attachment 4: CDC+ Consultant Results by Element | 50 |
| Attachment 5: CDC+ Representative Results by Element..... | 53 |
| Attachment 6: NCI Consumer Survey - Results by Focused Area and Indicator..... | 54 |
| Attachment 7: Review Elements Used to Measure Individual’s Involvement and System Responsiveness | 57 |
| Attachment 8: Provider Discovery Review Policy and Procedures..... | 59 |
| Attachment 9: Provider Discovery Review Training Standards..... | 61 |

Executive Summary

In January 2012, the Florida Statewide Quality Assurance Program (FSQAP) moved into the third 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 quarter of the third year of review activity, and represent about one fourth of the total number of reviews that will be completed this year.

Findings through the first quarter, January – March 2012, from PDR activities indicate providers are approximately 89 percent compliant with Policy and Procedures, 88 percent compliant with training requirements, and 85 percent with Service Specific requirements (SSRR). Compliance on some specific review standards is relatively low, such as completing and using results from a self assessment.

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 46 percent of the 677 providers (representing all services reviewed by Delmarva) who had a PDR were cited with at least one potential recoupment item. This is currently somewhat lower than in the previous two years when more than half of providers reviewed had at least one recoupment citation. In addition, 87 providers received a background screening alert, and 32 health and/or safety alerts were recorded.

To date this year, 81 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 approximately 54 percent in Year 2 and over 64 percent to date this year. Approximately 25 percent of the CDC+ Consultants reviewed to date this year were not aware of the participant's definition of abuse, neglect and exploitation.

While provider systems appear to be responding to the needs of individuals (system response of 88%), analysis to date this year suggests individuals still do not often participate in making decisions about their services or life activities (individual involvement of 56%). Results from the Individual Interviews indicate an overall decline in outcomes for individuals since Year 1, from 90 percent to 79 percent. This decline is noted across all the III outcomes but particularly for “the person is healthy” and “the person is safe or has self-preservation skills”.

Introduction

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

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

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

This is the First Quarter Report for the third year of the FSQAP, January – March 2012. Because the data collected to date represent only a small portion of the total sample to be used for the year, results should be viewed with caution. Year 1 results are presented as a baseline for comparison, when appropriate. The report is divided into three sections.

- Section I: Significant Contract Activity
- Section II: Data from Review Activities
- Section III: Discovery

Section I: Significant Contract Activity

Information Sharing

Conference calls continue on a bi-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. On “off” weeks managers meet with their teams to review information, discuss any questions or issues from reviews, and interpretation of different types of documentation reviewers may see in the field.

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 testing results for the quarter are as follows:

- PCR Field Review Reliability was completed for six QAR's – all passed at 85 percent or higher
- PDR Field Review Reliability was completed for six QAR's – all passed at 85 percent or higher
- Quarterly Service Specific Record Review File reliability was completed with all 29 QAR's – all passed

Status Meetings

Monthly status meetings are held to provide an opportunity for Delmarva, AHCA, and APD representatives to discuss contract activities and other relevant issues as necessary. During the first quarter, there was a status meeting January 19 and February 23. There was no status meeting in March because the Quality Council meeting was held that month.

Area Quarterly Meetings

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

¹ See Attachment 1 for attendees and a brief summary of each meeting.

Workgroups and other Activity

CMS Evidentiary Report

Throughout the quarter, Delmarva has worked with AHCA and APD to respond to CMS feedback on the Tier 1 waiver evidentiary report (July 2008 through June 2011).

Public Reporting

The Public Reporting Workgroup has met several times during the quarter. Members of the workgroup have finalized the performance measures they would like to be included on the web site and IT has revised many of the pages to reflect the current contract.

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. The Observation Review workgroup finalized a draft version of the revised tool to meet the submission deadline of April 2, 2012. The III workgroup also continued to meet and revise the interview instrument, with a deadline of submitting on April 2.

The Health Behavioral and Safety Assessment (HBSA) Workgroup met throughout the quarter. The revised HBSA was developed in conjunction with Delmarva managers, quality assurance reviewers, Delmarva nursing and medical staff, AHCA, and APD. The goal of the workgroup was to respond to feedback from various stakeholders and to align the tool with the CMS Assurances. The new HBSA is a comprehensive document that will be used throughout the PCR and PDR process, and will indicate the source(s) of the information gathered. Responses will generate discoveries for the PCR reports.

The assessment may result in a Medical Peer Review (MPR), completed by Delmarva's Nurse. The MPR may include a request of medical records, contact with local APD Medical Case Management, and/or focused reviews by the Medical Director or Expert Specialist Reviews.

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 March 2012, 30 surveys were returned to HSRI, an 11 percent return rate (33/300). Results to date are based on a very small return rate but are very positive and indicate the following:

- 22 of the 33 individuals participated in answering the Consumer Survey.
- Nine feedback forms were completed by the person receiving services, with 21 completed by an advocate, and six by a staff member where the person lives.

- 26 NCI interviews (78.8%) took place in the home.
- 82 percent of individuals (N=27) indicated choosing where to meet for the interview.
- All 33 respondents felt the interview was scheduled at a convenient time, the interviewer was respectful and the interviewer explained what the survey was about.
- Most individuals indicated the questions were not difficult to answer (81.3%, N=27) and the interview took just the right amount of time (81.3%, N=26).
- 30 of the 33 individuals did not find any of the questions difficult to answer and 27 individuals indicated the interviewer explain they did not have to answer the questions.

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 March 2012, 81 surveys were received from providers who participated in a PDR.² The following table provides each question and the percent of positive responses. Results are extremely positive. Only one response rate is below 95 percent: two of three 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? | 97.5% |
| Did the QAR explain the purpose of the review? | 97.5% |
| Did the QAR explain the review process and how the QAR or Delmarva team would conduct the review? | 96.3% |
| Did the QAR answer any questions you had in preparation for the review? | 96.3% |
| Did the QAR refer you to the FSQAP website, including the tools and procedures? | 95.1% |
| Did the QAR arrive at the review at the scheduled time? | 96.3% |
| If no, did the QAR call to notify you he/she might be a little late? (N=3) | 66.7% |
| Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving? | 97.5% |
| If you scored Not Met on any of the standards, did the QAR explain why? (N=59) | 96.7% |
| Total Responses | 81 |

² Survey results do not reflect the review date so all surveys received up through April 2012, were analyzed.

Summary of Customer Service Calls

During the first quarter of the third contract year, January – March 2012, 373 calls were recorded in the Customer Service Log, with an average response time of one day for each call.³

Quality Council

The last Quality Council meeting was held in Tallahassee on March 22, 2012.⁴ Agenda items included:

- Membership update from AHCA
- Refresher of activity completed during the previous QC meeting
- AHCA and APD updates
- Summary of 2011 data from Delmarva reviews
- Supported Employment presentation, display of outcomes across various demographics
- Community development initiative on employment
- HSRI presented information on what a Quality Council and how these are organized in other states
- Val Bradley from HSRI presented information on the CMS Core Assurances, what they are and why they are important
- Prioritization of the QC recommendations, let by HSRI
- I-Budget Handbook and tool feedback

Web Site and Portal Updates

Data Availability

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

Monthly Production Report

Monthly production reports are 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.

Real Time Data

A request has been submitted to IT to develop a Real Time Data report that will provide approved users with results for Service Specific Record Reviews, by standard and by Area. Because system upgrades are needed, we expect to begin work on this and other RTD reports in the summer of 2012.

³ The list of topics and number of calls per topic are presented in Attachment 2.

⁴ When approved, minutes for QC meetings are available at <http://www.dfmc-florida.org/Public2/qualityCouncil/index.html>.

Section II: Data from Review Activities

Person Centered Reviews (PCR)⁵

Information in Table 1 provides the number of PCRs completed by APD Area during the first quarter of the third 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.⁶ 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 25 percent for waiver participants and less than a percent for CDC+.

| Table 2: Person Centered Review Activity | | | | |
|--|----------------|------|--------------------|------|
| January – March 2012 | | | | |
| APD Area | Number of PCRs | | Number of Declines | |
| | Waiver | CDC+ | Waiver | CDC+ |
| 1 | 20 | 6 | 7 | 0 |
| 2 | 13 | 1 | 6 | 0 |
| 3 | 16 | 3 | 16 | 0 |
| 4 | 26 | 6 | 9 | 0 |
| 7 | 30 | 16 | 4 | 0 |
| 8 | 10 | 2 | 4 | 1 |
| 9 | 8 | 2 | 7 | 1 |
| 10 | 24 | 0 | 0 | 0 |
| 11 | 52 | 16 | 17 | 0 |
| 12 | 8 | 0 | 0 | 0 |
| 13 | 20 | 5 | 4 | 0 |
| 14 | 10 | 0 | 1 | 0 |
| 15 | 9 | 4 | 2 | 0 |
| 23 | 54 | 12 | 23 | 0 |
| Total | 300 | 73 | 100 | 2 |

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

⁵ 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>).

⁶ There was no Area information for 15 individuals who declined.

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 - March 2012 | | | |
| Decline Reason | Waiver | CDC+ | Total |
| Refused | 54 | 1 | 55 |
| Review Next Year | 27 | 1 | 28 |
| No Longer Receiving Services | 11 | 0 | 11 |
| Deceased | 4 | 0 | 4 |
| Moved Out of State | 4 | 0 | 4 |
| Total | 100 | 2 | 102 |

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.⁷ 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 300 individuals on a DD waiver interviewed during the first quarter of the year are presented in Figure 1, for each Area and statewide. The average III score for Years 1 and 2 are presented as a baseline. It is important to note that only two Areas have over 50 reviews. Therefore, results are not representative of the Area at this time and comparisons across Areas should be made with caution. Statewide results to date indicate approximately 79 percent of III standards were present in people’s lives, currently showing a decline each year since the first year of the contract.⁸

⁷ Beginning in Year 3 children under age 18 were included in the PCR sample. Because the NCI Consumer survey is only valid for adults, children do not participate in NCI portion of the PCR process.

⁸ In Figures and Tables, the number of reviews completed is included in parentheses.

**Figure 1: Person Centered Reviews
Individual Interview Instrument Results by Area
January – March 2012
Waiver Participants**

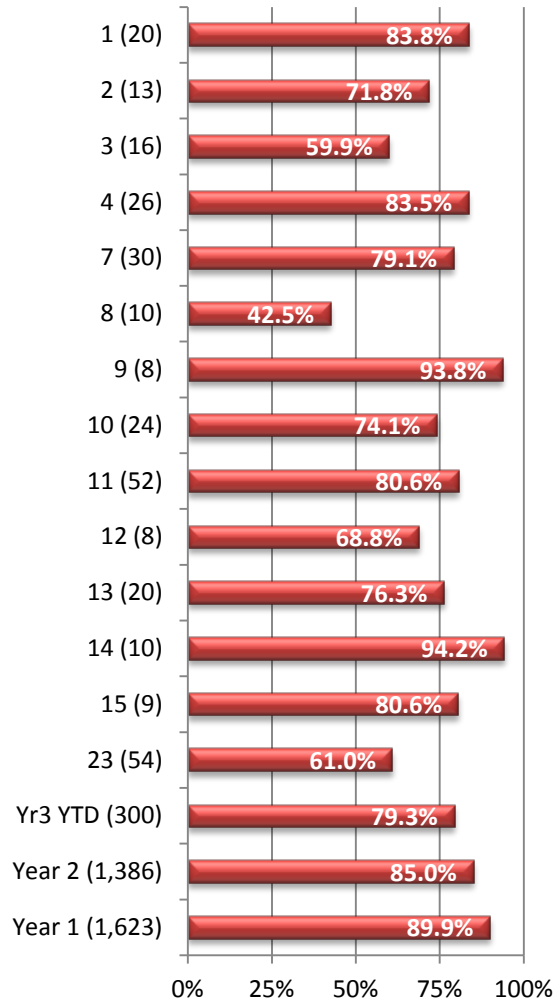


Figure 2 displays III results for DD waiver participants for each standard.⁹ III standards measure the following, from the person’s perspective:

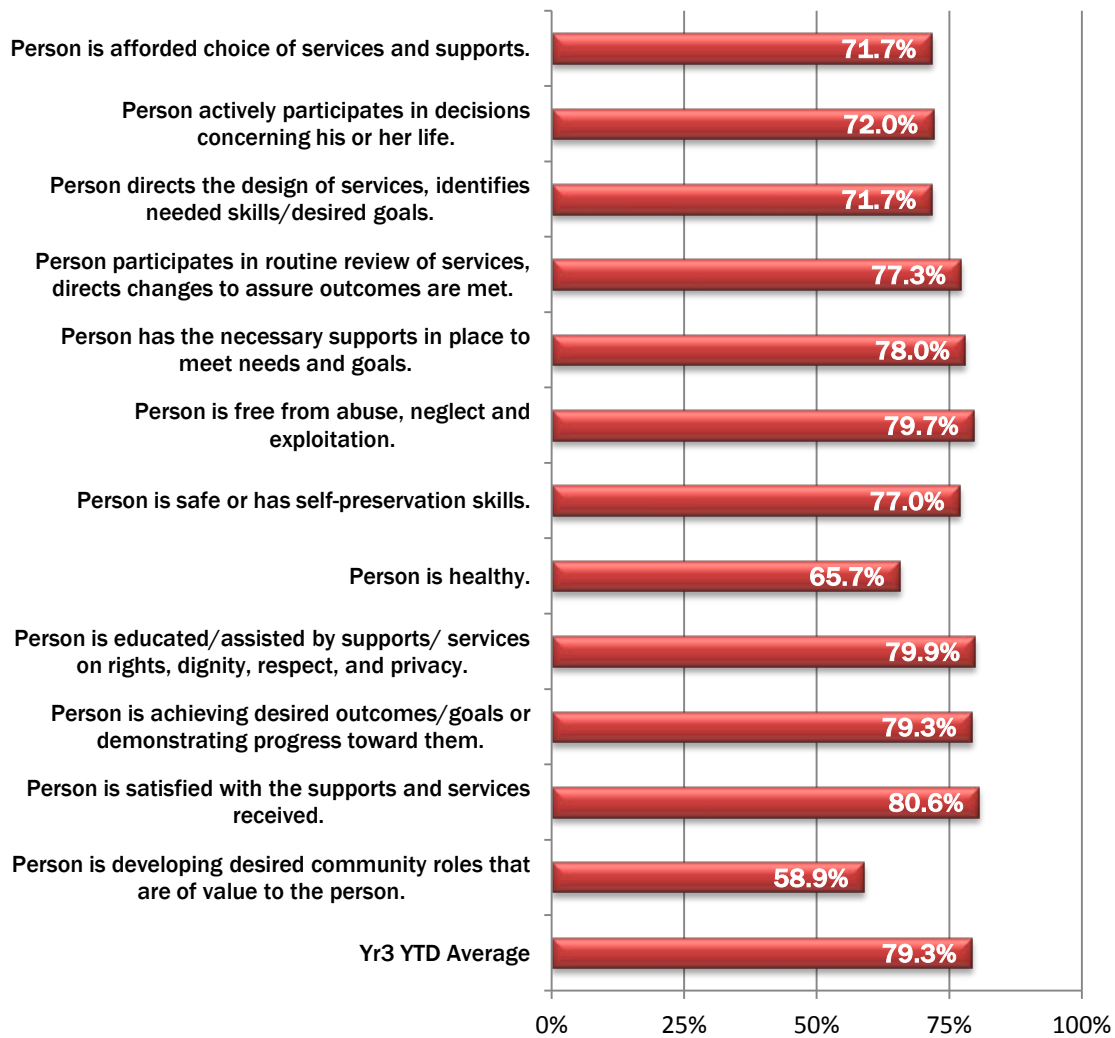
- safety and health status
- satisfaction with services
- involvement in designing supports and services
- abuse, neglect and exploitation

⁹ 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>.

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

Data for the 300 individuals interviewed to date do not necessarily reflect any trends since Year 2. However, the downward trend seen between Year 1 and Year 2 appears to be continuing. On each standard, results are lower than in Year 2, particularly on Health for which findings have decreased by approximately 10 percentage points since Year 2 and over 23 points since Year 1.

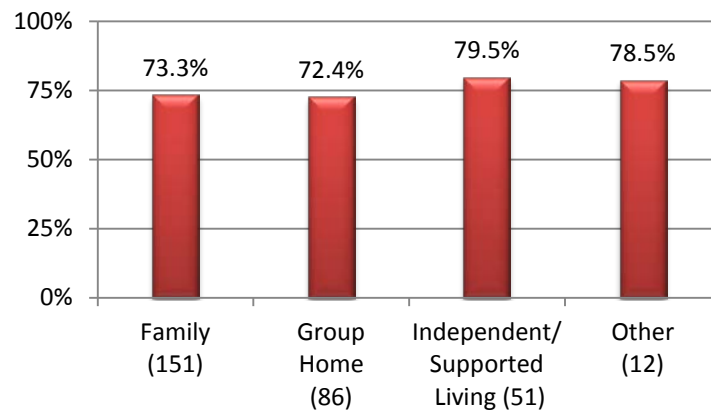
**Figure 2: Individual Interview Instrument Results by Standard
January – March 2012
Waiver Participants (N=300)**



The following graphics display III results across various demographic characteristics – Residential Setting, Primary Disability, Age Groups, and Services—Figures 3 - 6.¹⁰ For the 300 individuals interviewed to date, the III data indicate:¹¹

- 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 only small differences across primary disabilities, results indicating individuals with an Intellectual Disability were somewhat less likely to have the III outcomes present than were individuals with any other disability.
- Differences across age groups were relatively small, with a slight increase in outcomes present among older adults.
- 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.

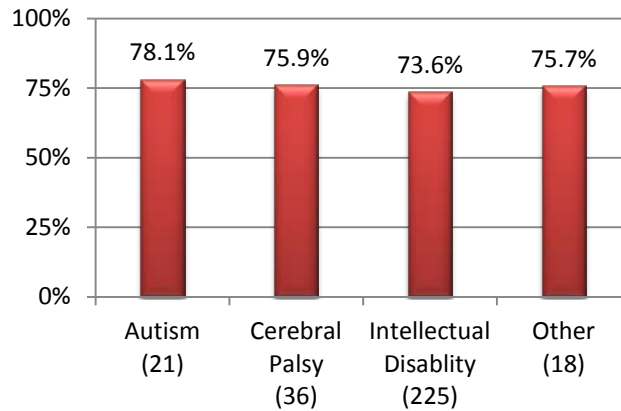
**Figure 3: Individual Interview Instrument Results by Residential Setting
January – March 2012
Waiver Participants**



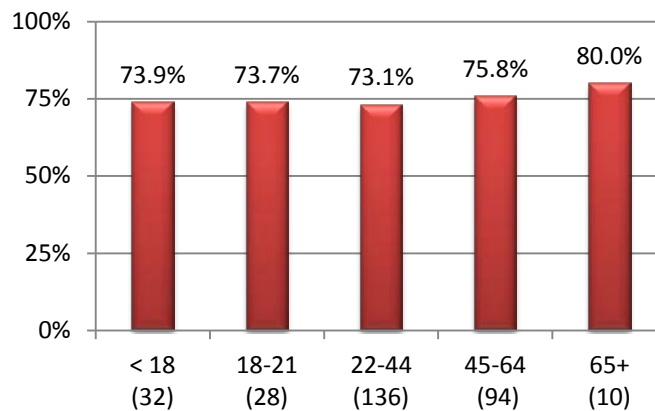
¹⁰ The “Other” category for residential status includes Assisted Living Facility (3), Foster Home (4), Residential Treatment Facility (5). “Other” for primary disability includes Epilepsy (1), Spina Bifida (10) and Other (7).

¹¹ In the annual report, when the sample is complete, tests can be completed to determine if statistically significant differences exist among categories.

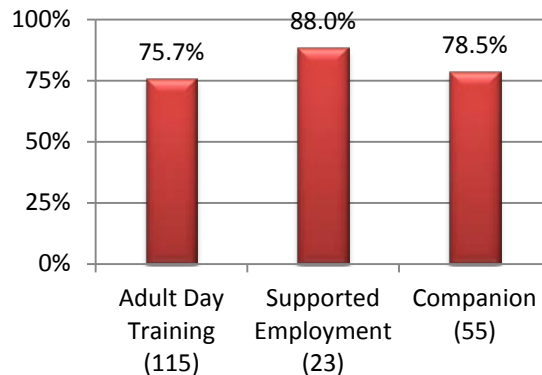
**Figure 4: Individual Interview Instrument Results by Primary Disability
January - March 2012
Waiver Participants**



**Figure 5: Individual Interview Instrument Results by Age Group
January - March 2012
Waiver Participants**



**Figure 6: Individual Interview Instrument Results by Service
January - March 2012
Waiver Participants**

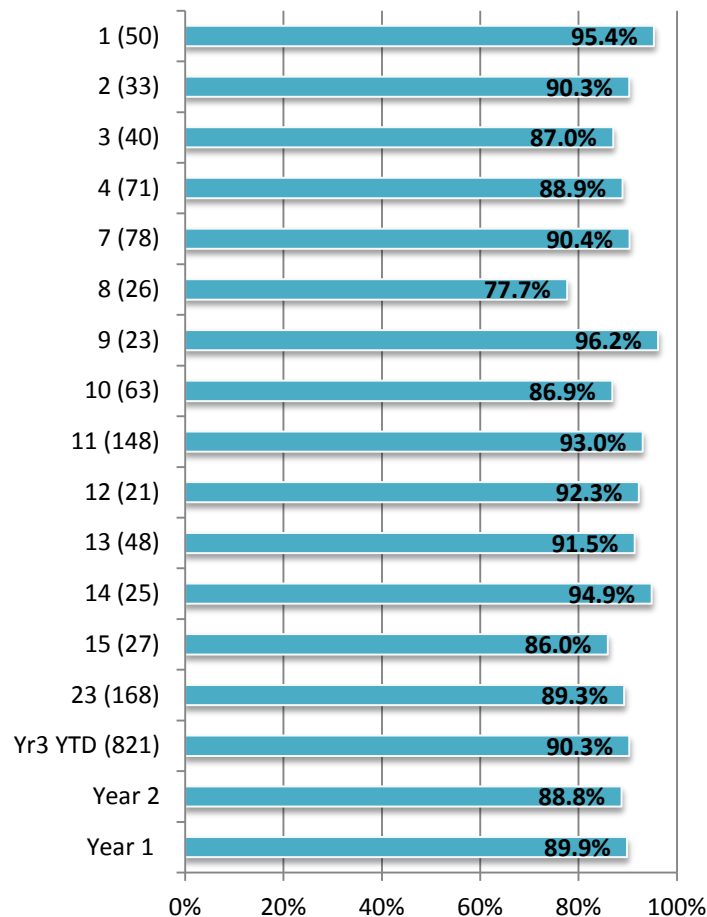


Service Specific Record Reviews (SSRR)

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 – March 2012**

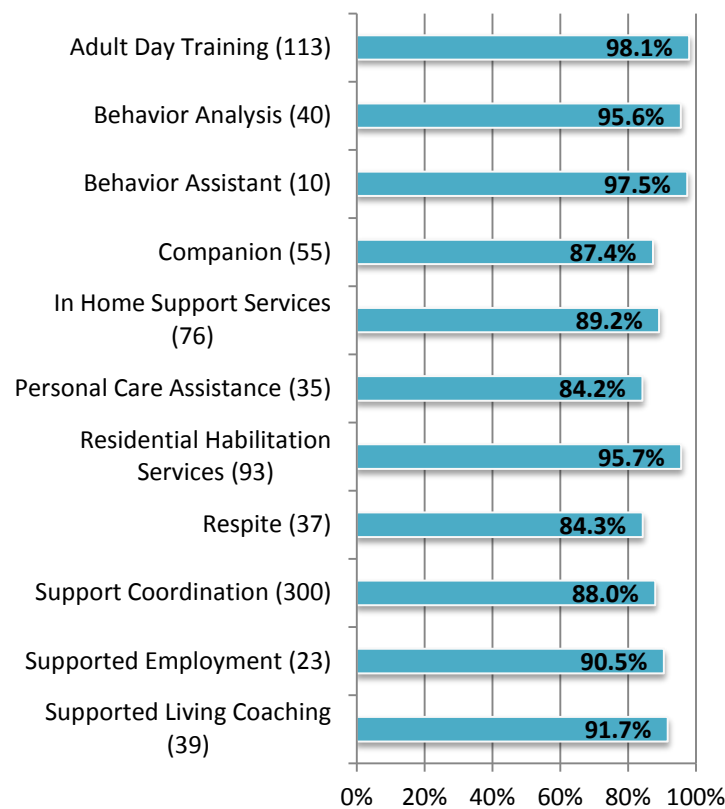


Between January and March, 2012, 4,128 service records were reviewed in conjunction with a PCR. Results to date indicate the following (Figure 7):

- The state average SSRR score was 90.3 percent, similar to other years;
- PCR service records show 90 percent compliance or higher in eight APD Areas;
- With the exception of Area 8, compliance rates to date across the Areas are 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 – March 2012**



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 for reviews completed during the first quarter, but are from only a small portion of the 1,610 PCRs expected to be completed this year and may not reflect overall system performance.

Results are similar to previous years with a couple of exceptions for waiver participants:

- A smaller proportion has a dentist – down seven percentage points since 2011
- A greater proportion has problems with teeth – up close to seven points
- A somewhat higher proportion indicated having health problems – up close to five points

| Table 4: Select Health and Behavioral Assessment Questions | | |
|---|------------------------------------|---------------------------------|
| January - March 2012 | | |
| | Waiver Participants (N=300) | CDC+ Participants (N=73) |
| HBA Question | % Yes | % Yes |
| Have you seen a doctor in the past year? | 98.3% | 100.0% |
| Do you currently have a dentist? | 76.7% | 79.5% |
| Have you been to the dentist in the past year? | 73.0% | 72.6% |
| Do you have any problems with your teeth? | 19.3% | 13.7% |
| Have you been treated in the emergency room this past year? | 25.3% | 19.2% |
| Have you been admitted to the hospital this past year? | 17.7% | 26.0% |
| Do you have any health problems? | 46.3% | 46.6% |
| In the past year is your health: | | |
| Better | 33.3% | 23.3% |
| Same | 58.7% | 61.6% |
| Worse | 8.0% | 15.1% |

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 similar to Year 2 findings, but represent only a portion of the waiver recipients expected to be interviewed this year.

| NCI Consumer Survey Results by Focused Areas | | | | | |
|--|----------------|------------------|-------------|---------------------------------|-----------------|
| January - March 2012 | | | | | |
| | # of Responses | Percent Negative | In Between | Percent Positive | Year 2 Positive |
| Person Centered Approach/Satisfaction | 1,102 | 15.9% | 10.1% | 74.0% | 78.2% |
| Choice | 2,163 | 24.7% | 34.9% | 40.5% | 44.1% |
| Safety/Security | 642 | 3.0% | 7.5% | 89.6% | 89.0% |
| Rights | 1,617 | 8.9% | 3.3% | 87.8% | 88.5% |
| Community Inclusion | 2,932 | 31.8% | 2.8% | 65.4% | 66.6% |
| | | Poor | Fair | Excellent/ Very Good | |
| Health | 267 | 6.7% | 57.7% | 35.6% | 33.7% |

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”.¹²

The following table shows the Involvement score (percent of elements scored as met) and the Response score for individual who participated in a PCR over the course of the first quarter of this contract year, and for Years 1 and 2. Because the number of responses is still relatively small, generalizations are not yet possible. However, findings to date appear similar to Year 2. Results for these measures will be presented across various demographics in the next quarterly report when more data are available.

¹² See Attachment 7 for a list of indicators used to create each measure.

| Table 6: Individual Involvement and System Responsiveness | | | |
|--|-----------------------|--------------------------|-----------------------|
| January – December 2010 | | | |
| Funding Source | Number of PCRs | Involvement Score | Response Score |
| DD Waiver | 1,442 | 61.3% | 90.4% |
| CDC+ | 125 | 58.3% | 90.6% |
| Total | 1,567 | 61.2% | 90.4% |
| January – December 2011 | | | |
| DD Waiver | 1,387 | 57.1% | 88.8% |
| CDC+ | 216 | 53.9% | 89.0% |
| Total | 1,603 | 56.7% | 88.8% |
| January – March 2012 | | | |
| DD Waiver | 300 | 57.2% | 88.5% |
| CDC+ | 73 | 52.4% | 85.9% |
| Total | 373 | 56.4% | 88.5% |

Provider Discovery Reviews (PDR)¹³

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 2 review, with no alerts or recoupment citations. However, support coordinators are reviewed every year and providers who were deemed in Year 2 will be reviewed in Year 3 regardless of their Year 2 PDR score.

A total of 677 PDRs were completed and approved by Delmarva management between January and March 2012. 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. However, individuals may be served by more than one provider. Therefore, some duplication exists and totals are not included. Twenty 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.

¹³ 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>).

| Table 7: Provider Discovery Review Activity | | | | |
|---|----------------|----------------------------|--------------------------|-------------------------|
| January - March 2012 | | | | |
| APD Area | Number of PDRs | Waiver Participants Served | CDC+ Participants Served | Non-Compliant Providers |
| 1 | 7 | 26 | 1 | 0 |
| 2 | 44 | 377 | 13 | 0 |
| 3 | 48 | 587 | 23 | 2 |
| 4 | 70 | 852 | 24 | 2 |
| 7 | 50 | 962 | 99 | 3 |
| 8 | 28 | 275 | 23 | 0 |
| 9 | 21 | 215 | 26 | 0 |
| 10 | 51 | 662 | 8 | 1 |
| 11 | 123 | 1,985 | 48 | 4 |
| 12 | 30 | 259 | 0 | 0 |
| 13 | 46 | 353 | 24 | 0 |
| 14 | 16 | 182 | 0 | 0 |
| 15 | 27 | 236 | 22 | 0 |
| 23 | 116 | 1,707 | 106 | 8 |
| State | 677 | | | 20 |

Administrative Policy and Procedure Results¹⁴

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.¹⁵ Providers can be scored on up to 23 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. Results for Year 1 and Year 2 are presented for comparison. However, because only a small proportion of the total number of providers to be reviewed this year has been completed, findings are only preliminary. With the exception of completing a self assessment and using results from the assessment to improve service delivery systems, the providers reviewed this quarter performed well on the Policy and Procedure standards, continuing to improve in several areas compared to previous years.

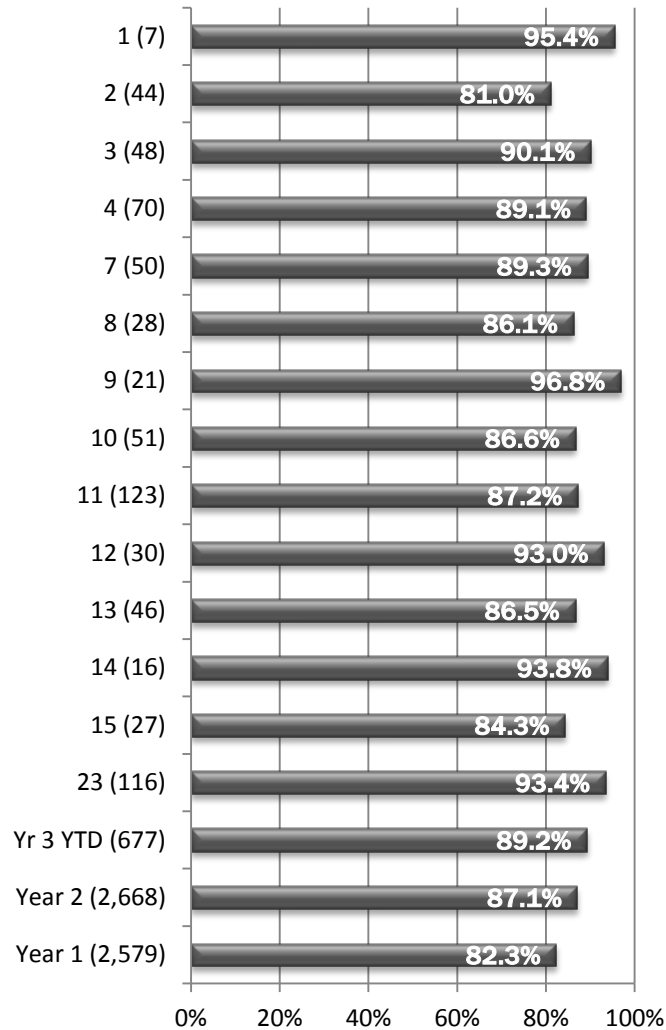
The average score on the Policy and Procedure (P&P) component of the PDR is shown for all APD Areas and statewide in Figure 12. To date, there is some variation across the Areas, ranging from 81.0 percent in

¹⁴ N sizes may vary throughout the report due to missing and/or not applicable data.

¹⁵ See Attachment 3 for a description of the weighting process and scoring methodology.

Area 2 to 93.8 percent in Area 9. The number of reviews per Area is relatively small and results are preliminary. There does appear to be an upward trend in the overall score since Year 1.

**Figure 12: Provider Discovery Reviews
Average Policy and Procedure
January - March 2012**



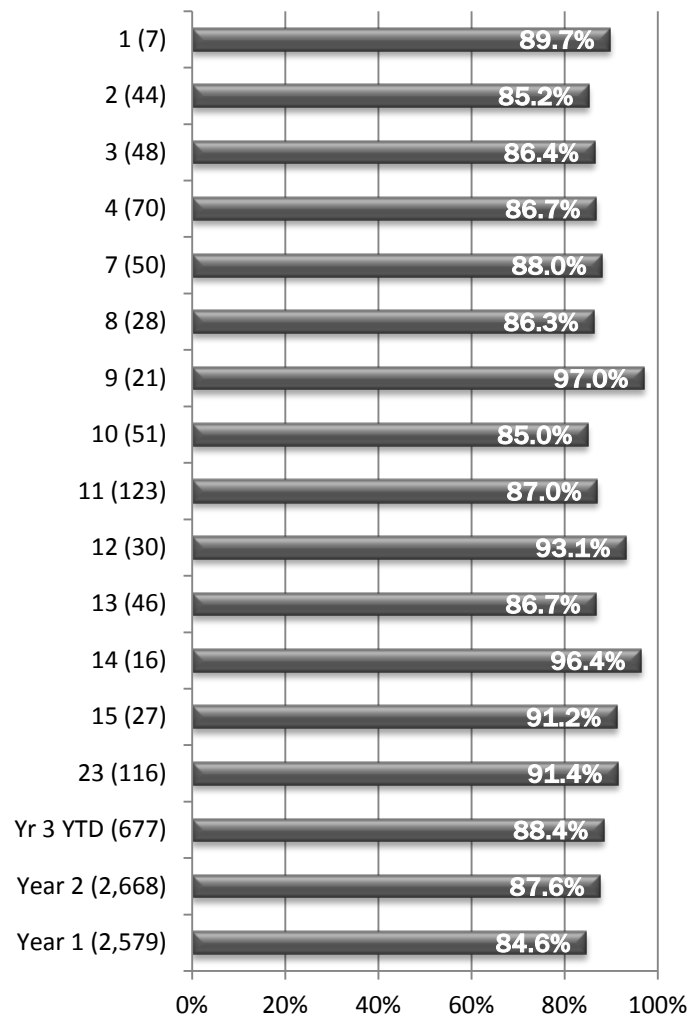
Training and Education Requirements

Providers are required to have certain training and education completed in order to render specific services. They can be scored on up to 31 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. Results to date in Year 3 indicate a small increase since Year 1 but a decline since Year 2 of just over seven percentage points. The greatest decline to date is for minimal education requirements for Behavior Assistants, 20 hours of instruction required for Behavior Assistants, and receiving 24 hours of ongoing annual on the job training.

The average compliance score for the training standards, by APD Area, is presented in Figure 13. Scores range from 85 percent 97 percent. However, the number of reviews completed in each Area is relatively small. The upward trend noted from Year 1 to Year 2 appears to be continuing.

**Figure 13: Provider Discovery Reviews
Average Qualifications and Training Scores by APD Area
January - March 2012**

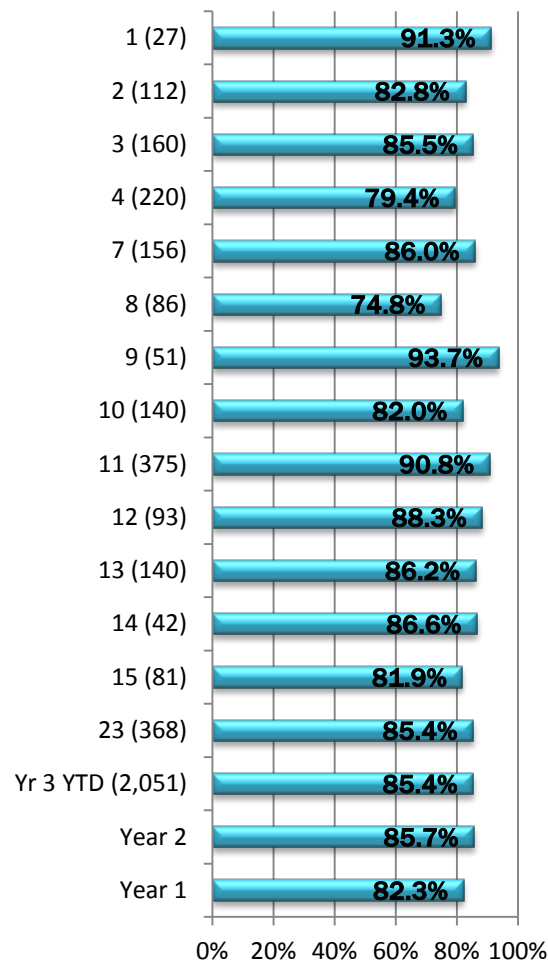


Service Specific Record Review Results (SSRR)

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.

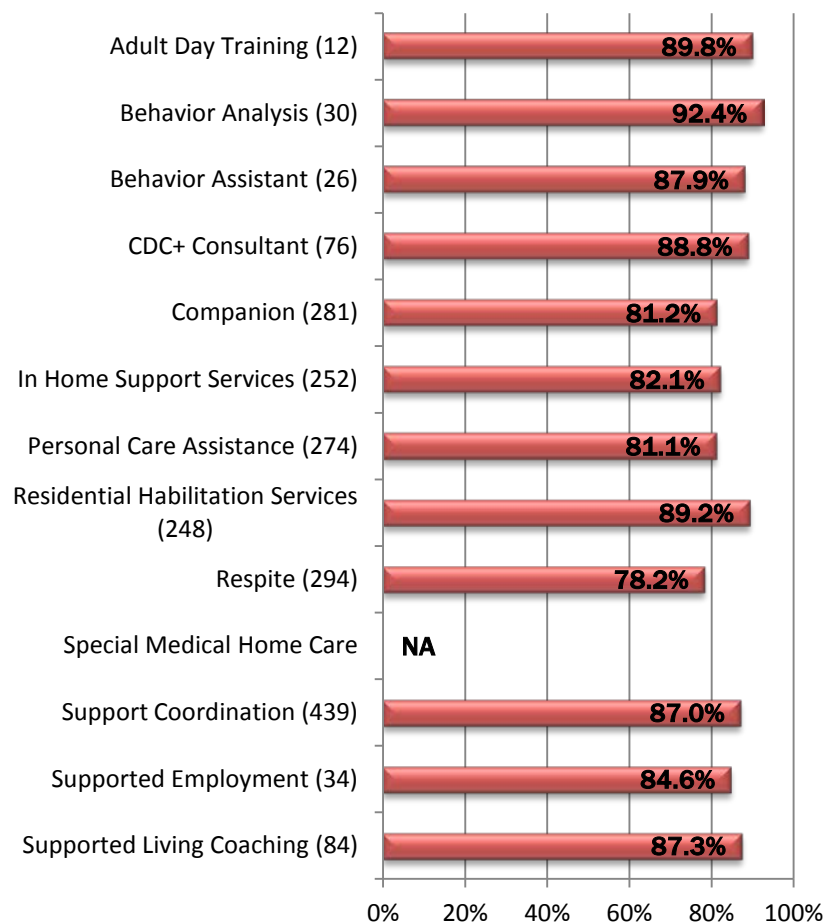
A total of 2,204 SSRRs were completed during the first quarter of Year 3. The distribution of results is presented in Figure 14. On average, the 677 providers reviewed scored just over 85 percent, slightly higher than in Year 1 and similar to Year 2. Variation across Areas ranges from 74.8 percent to 93.7 percent.

**Figure 14: Provider Discovery Reviews
Average Service Specific Record Review Score by APD Area
January - March 2012**



Service Specific Record Review results by service are presented in Figure 15. The number of indicators reviewed ranged from only 468 for ADT to close to 25,000 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 SSRRs. Results to date show a variation from 78.2 percent for Respite to 92.4 percent for Behavior Analysis.

**Figure 15: Provider Discovery Reviews
Average Service Specific Record Review Scores by Service
January – March 2012**



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 five ADTs and 198 group homes (Table 7).

The ADTs served a total of 75 individuals, an average of about 15 per facility. The 198 group homes were operated by providers who served a total of 835 individuals.

| Table 8: Provider Discovery Review | | | | |
|--------------------------------------|--------------------|--------|--------------------------|--------|
| Number of Locations Observed by Area | | | | |
| January - March 2012 | | | | |
| | Adult Day Training | | Residential Habilitation | |
| APD Area | Locations | Served | Location | Served |
| 1 | 0 | 0 | 2 | 5 |
| 2 | 0 | 0 | 1 | 4 |
| 3 | 1 | 7 | 12 | 50 |
| 4 | 0 | 0 | 11 | 45 |
| 7 | 1 | 13 | 5 | 23 |
| 8 | 0 | 0 | 17 | 67 |
| 9 | 0 | 0 | 15 | 70 |
| 10 | 0 | 0 | 22 | 95 |
| 11 | 2 | 41 | 49 | 214 |
| 12 | 1 | 14 | 8 | 39 |
| 13 | 0 | 0 | 6 | 18 |
| 14 | 0 | 0 | 4 | 13 |
| 15 | 0 | 0 | 6 | 18 |
| 23 | 0 | 0 | 40 | 174 |
| State | 5 | 75 | 198 | 835 |

The average statewide PDR Observation score for the first quarter of Year 3 was 98 percent, the same as the average for the previous two years. Observation results by Area are presented in the Figure 16. There were only a small number of locations monitored in each Area over the course of the first quarter and comparisons across Areas are inappropriate at this time.¹⁶ Results will be displayed when more data are available.

¹⁶ Review tools are posted here and include detailed descriptions of each standard: <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>.

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.

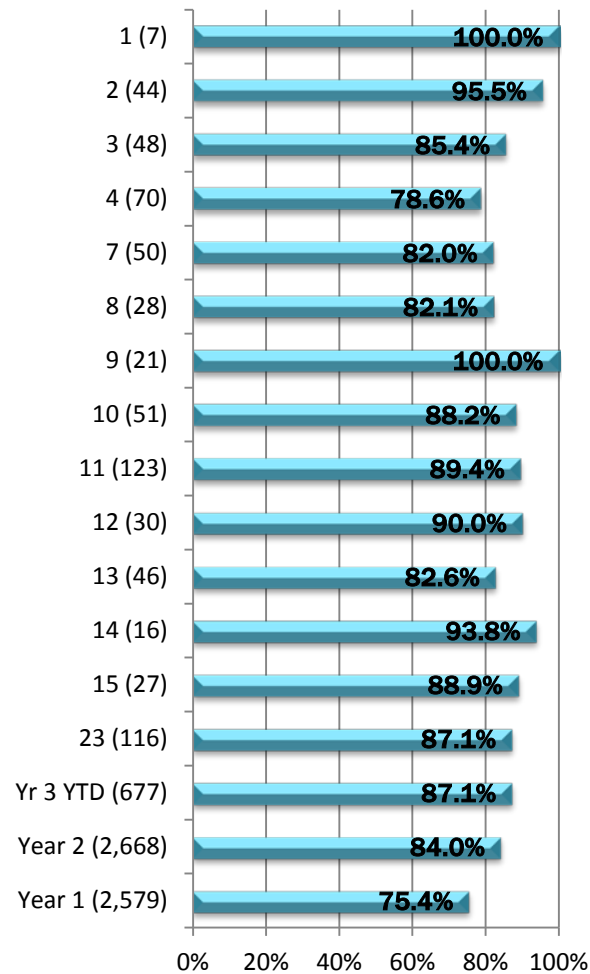
The number of Alerts recorded during the contract year, by APD Area, is shown in the following table. The majority of Alerts was due to a lack of required documentation needed to provide evidence background screening has been completed (n=87). An additional 32 rights, health and/or safety Alerts were recorded.

| Table 9: Provider Discovery Reviews | | | | |
|-------------------------------------|--------|--------|--------|----------------------|
| Number of Alerts by APD Area | | | | |
| January - March 2012 | | | | |
| APD Area | Rights | Health | Safety | Background Screening |
| 1 | 0 | 0 | 0 | 0 |
| 2 | 0 | 0 | 0 | 2 |
| 3 | 0 | 1 | 1 | 7 |
| 4 | 1 | 0 | 3 | 15 |
| 7 | 0 | 1 | 1 | 9 |
| 8 | 0 | 0 | 0 | 5 |
| 9 | 0 | 0 | 0 | 0 |
| 10 | 1 | 1 | 0 | 6 |
| 11 | 1 | 2 | 1 | 13 |
| 12 | 1 | 0 | 4 | 3 |
| 13 | 1 | 1 | 3 | 8 |
| 14 | 0 | 0 | 0 | 1 |
| 15 | 0 | 1 | 1 | 3 |
| 23 | 0 | 3 | 3 | 15 |
| State | 5 | 10 | 17 | 87 |

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 are based on a small number of reviews completed in each Area. Statewide compliance is approximately 87 percent, greater than in Year 1 (75.4%) and Year 2 (84.0%).

**Figure17: Provider Discovery Reviews
Background Screening by APD Area; Percent Met
January - March 2012**



While 87 providers received an alert for lack of background screening (12.9%), 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 191 reasons were cited. Table 10 displays the reason the standard was Not Met for all employee records reviewed for the 87 providers with a background screening alert. Employees were most likely to be missing the local criminal records check from the county of residence (28%), the Affidavit of Good Moral Conduct (25%), and the required FBI screening letter (21%).

| Table 10: Provider Discovery Reviews | |
|---|------------|
| Reason Background Screening Scored Not Met | |
| January – March 2012 | |
| Reason | Pct |
| Background screening results identified a disqualifying offense and the provider has not taken action. | 0.0% |
| The provider did not present a Local Criminal Records Check obtained within county of residence. | 28.3% |
| The provider did not present an Affidavit of Good Moral Character. | 24.6% |
| The provider did not present the required Federal Bureau of Investigation screening clearance letter. | 0.0% |
| Provider did not present required FL Department of Law Enforcement screening clearance letter or other acceptable FDLE screening. | 0.0% |
| The provider did not provide proof of completing the required five year re-screening | 20.9% |
| The provider presented an Affidavit of Good Moral Character but it was not notarized. | 14.1% |
| The provider presented an Affidavit of Good Moral Character, but it was not signed. | 10.5% |
| Provider was not under constant visual supervision of another fully screened employee when working. | 1.6% |
| Total Number of Reasons | 191 |

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 quarter of the third contract year. For the 677 PDRs completed to date, approximately 46 percent had at least one recoupment citation. While preliminary, this represents a lower rate than in Years 1 or 2.

| Table 11 : Provider Discovery Reviews | | | | | | |
|---------------------------------------|------------------------------|----------------------------------|----------------------|--|--------|--------|
| Recoupment Citations by APD Area | | | | | | |
| January – March 2012 | | | | | | |
| Area | Recoupment Standards Not Met | Providers w/ Recoupment Citation | Total Number of PDRs | Pct Providers w/ at Least 1 Recoupment | | |
| | | | | Yr3 YTD | Year 2 | Year 1 |
| 1 | 18 | 6 | 7 | 85.7% | 65.3% | 78.0% |
| 2 | 76 | 29 | 44 | 65.9% | 68.0% | 81.5% |
| 3 | 63 | 23 | 48 | 47.9% | 63.8% | 68.9% |
| 4 | 137 | 41 | 70 | 58.6% | 53.0% | 66.3% |
| 7 | 45 | 16 | 50 | 32.0% | 34.6% | 49.3% |
| 8 | 67 | 22 | 28 | 78.6% | 56.9% | 64.9% |
| 9 | 9 | 3 | 21 | 14.3% | 56.3% | 74.2% |
| 10 | 85 | 26 | 51 | 51.0% | 52.4% | 59.6% |
| 11 | 48 | 27 | 123 | 22.0% | 29.8% | 24.0% |
| 12 | 46 | 18 | 30 | 60.0% | 55.9% | 59.0% |
| 13 | 58 | 20 | 46 | 43.5% | 40.4% | 34.5% |
| 14 | 8 | 5 | 16 | 31.3% | 34.3% | 53.9% |
| 15 | 60 | 20 | 27 | 74.1% | 73.4% | 75.3% |
| 23 | 156 | 54 | 116 | 46.6% | 65.7% | 65.0% |
| State | 876 | 310 | 677 | 45.8% | 52.5% | 59.4% |

Consumer Directed Care (CDC+)

CDC+ Participants

During the first quarter of the year, January – March 2012, 73 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 - March 2012 | | |
| Area | Number | Percent |
| 1 | 6 | 8.2% |
| 2 | 1 | 1.4% |
| 3 | 3 | 4.1% |
| 4 | 6 | 8.2% |
| 7 | 16 | 21.9% |
| 8 | 2 | 2.7% |
| 9 | 2 | 2.7% |
| 10 | 0 | 0.0% |
| 11 | 16 | 21.9% |
| 12 | 0 | 0.0% |
| 13 | 5 | 6.8% |
| 14 | 0 | 0.0% |
| 15 | 4 | 5.5% |
| 23 | 12 | 16.4% |
| Total | 73 | |

Results are presented by III Standard in Table 13 for the 73 PCRs completed during the quarter for CDC+ participants. The average score appears to be trending down. However, more data for analysis will be available in the next quarterly report.

| Table 13: Consumer Directed Care + Person Centered Reviews | | | |
|---|--------------------|---------------|----------------|
| Individual Interview Instrument Results by Standard | | | |
| January - March 2012 | | | |
| Standard | Percent Met | | |
| | Year 1 | Year 2 | YR3 YTD |
| The person is afforded choice of services and supports. | 91.3% | 86.7% | 86.3% |
| The person actively participates in decisions concerning his or her life. | 90.1% | 84.9% | 76.7% |
| Person directs design of services and participates in identification of needed skills and strategies to accomplish desired goals. | 90.7% | 81.0% | 78.1% |
| Person participates in routine review of services, and directs changes desired to ensure outcomes/ goals are met. | 90.1% | 87.5% | 82.2% |
| Person has the necessary supports in place to meet needs and goals. | 90.0% | 87.5% | 84.9% |
| The person is free from abuse, neglect and exploitation. | 88.2% | 88.6% | 95.9% |
| The person is safe or has self-preservation skills. | 87.0% | 82.9% | 90.4% |
| The person is healthy. | 92.5% | 78.6% | 69.9% |
| Person is educated and assisted by supports/services to learn about rights and fully exercise rights, but especially those that matter most to the person. This includes dignity, respect, and privacy. | 90.1% | 88.9% | 86.3% |
| The person is achieving desired outcomes/goals or receiving supports that demonstrate progress toward specified outcomes/goals | 91.3% | 89.3% | 82.2% |
| The person is satisfied with the supports and services received. | 94.4% | 88.8% | 91.8% |
| The person is developing desired community roles that are of value to the person. | 85.9% | 77.5% | 72.6% |
| Average CDC+ III Score | 90.7% | 85.2% | 83.1% |

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 73 CDC+ Consultant record reviews, with Year 1 and Year 2 results displayed for comparison. While some variances exist across standards and years, because the sample is small generalizations to the population are not yet appropriate.

The statewide average for the 73 consultants reviewed to date is similar to previous years. These consultants scored somewhat higher than in Year 2 having an emergency backup plan in the record and documentation of the individual’s personal outcome notes/measures. However, they scored lower documenting monthly review forms in the record and using cash receipt logs to track expenditures.

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 quarter of the current contract year, 81 CDC+ Representatives were reviewed. CDC-R results for each standard are presented in Attachment 5, with Year 1 and Year 2 results displayed for comparison. While only a small number of representatives has been reviewed to date, the upward trend noted from Year 1 to Year 2 appears to be continuing. The average score for these representatives was just over 90 percent, compared to 71 percent in Year 1 and 84 percent in Year 2.

Section III: Discovery

Findings in this report reflect data from PCR and PDR review activities for the first quarter of the third FSQAP contract year, January – March 2012, with comparisons to Year 1 and Year 2 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. Since data collected during the first quarter represent only a small portion of the total number of reviews to be completed, recommendations will be more appropriate when additional data are available for analysis in the next quarter's report.

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.

Community Involvement/Choice

Individual interviews to date indicate an average III score of 79.3 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 (58.9%), and this is lower than in Year 1 by approximately 13 percentage points. According to the NCI survey, individuals scored relatively low in the Focused Area of Community Inclusion, a rate just over 65 percent. Historically, involvement in the community has most often been to go shopping, to a restaurant or coffee shop, or out to run errands or for an appointment. Only 14 percent of respondents to date indicated having a job in the community and only 30 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 41 percent. Only a small percent of individuals chose a place to live (27%), who to live with (30%), who helps at home (31%), who helps at work (25%), who helps during the day (41%), or a daily schedule (53%).

Because results are based on a limited number of reviews, we reiterate recommendations from the last report when findings were similar

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.

Health

The III Standard that helps determine if the person is healthy dropped by over 23 percentage points since Year 1. While most all participants have a doctor and had been to a doctor, compared to the previous years, a smaller proportion of individuals had a dentist, a larger proportion had health problems, and a larger proportion had dental problems.

Recommendation 4: AHCA should explore ways for DD Waiver participants to acquire dental care.

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 677 PDRs conducted between January and March 2012 indicate providers are performing well documenting their Policies & Procedures, Qualifications and Training, and Service Specific requirements. To date, 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 60 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 677 providers who participated in a PDR, 87 (12.9%) received a citation for not having proper documentation to support completion of required background screening procedures. While this is somewhat lower than in Year 2, it indicates less than zero tolerance on this vital aspect of a provider's records. Providers or staff most often failed to present the required Federal Bureau of Investigation screening clearance letter, the Affidavit of Good Moral Conduct, and/or 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.

Attachment 1: Area Quarterly Meetings

January – March 2012

| Area Quarterly Meetings | | |
|-------------------------|------|--|
| Date | Area | Summary |
| 03/28/2012 | 1 | <p>APD Participants: Rita Hughes, Walt Wooten, Joanne David, Anna Marie MacArthur, Lara Boyd & Ali Stanley</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, feedback on reports. Detailed discussion was held regarding I-Budget, pending revisions to the Individual Interview Instrument, Observation Review Checklist and Health & Behavioral Questionnaire as well as status of pending service specific tool revisions. Update on Quality Council activities was provided. Current trends/data/dash boards from Year 2 were discussed and next meeting date set.</p> |
| 03/16/2012 | 2 | <p>APD Participants: Ann Douglas, Lynne Daw, Kristin Brandon, Deborah McQueen, Marnie Millender, Jane Tillman, Mindy Wien, Cydeon Trueblood, Janet Herring, Nilda Barretto, Eddie Tanner (phone), Bonnie Williams (phone).</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Theresa Skidmore & Sandra Rowe</p> <p>Brief Summary: Agenda items included: provider updates & terminations, status of reviews/scheduling, feedback on reports. Detailed discussion was held regarding review of dashboards and data for Year 2, I-Budget, pending revisions to the Individual Interview Instrument, Observation Review Checklist and Health & Behavioral Questionnaire as well as status of pending service specific tool revisions. Questions from a few WSC's were addressed, Year 3 WSC review schedule for 2A discussed and an update on Quality Council activities was provided. Next meeting date set.</p> |
| 03/26/2012 | 3 | <p>APD Participants: Alicia Stancin, Synester Rollins, Steve Malu, Jennifer Valenzuela, Delores Robinson, Sylvia Bamburg, Elaine Hutchinson & Vernita Hughes.</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Theresa Skidmore, Mark Williams & Gwen Williams</p> <p>Brief Summary: Agenda items included: provider updates & terminations, status of reviews/scheduling, feedback on reports. Detailed discussion was held regarding I-Budget roll out, pending revisions to the Individual Interview Instrument, Observation Review Checklist and Health & Behavioral Questionnaire as well as status of pending service specific tool revisions. Update on Quality Council activities was provided. Current</p> |

| | | |
|-----------|---|---|
| | | trends/data/dashboards from year 2 were discussed and next meeting date set. |
| 3/27/2012 | 4 | <p>APD Participants: Terry Mothershed Newman, Shernadina Moreland, Cathy Guiry, Jamie Hernandez, Gayle Granger, and Kerry Wimberly</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Christie Gentry, Shiela Butler, Gary Baird, Janice Newman</p> <p>Brief Summary: Agenda items included: Delmarva updates which included an Area 2 staffing update that Area 2 QAR position has been filled and new tool implementation discussion; APD updates, including CCR discussion and iBudget updates, Provider Scorecard discussion, LTRC discussion, and Area 4 cut-backs. Other agenda items included: Status of reviews/scheduling, feedback on reports, Current Trends/Data, and the next Quality Council Meeting (June 4, 2012). Follow-up items included a 5-year re-screening question and a question regarding clarification of Agency vs. Solo rates. The next quarterly meeting is scheduled for May 11, 2012 at 10:00 a.m.</p> |
| 3/2/2012 | 7 | <p>APD Participants: Cydney Yerushalmi, Nancy Micheal, Sharon Jennings, Jennifer Monje, Grisela Hernandez, Merari Perez, Paula Bowser, Stacey Fowler, and Andrea Currence,</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Christie Gentry, Jeff Coleman, Brenda McConnell, Cheryl King</p> <p>Brief Summary: Agenda items included: Delmarva updates including the staffing update that Area 2 part-time QAR vacancy has been filled and new tool implementation discussion; APD Updates including iBudget discussion, supported employment 5-year tracking, VR pilot project, Ticket-to Work discussion, and other items; Status of reviews/scheduling, Non-Compliant Providers, Feedback on reports, Alerts/Recoupments, Current Trends/Data, and the next Quality Council Meeting (June 4, 2010). The next quarterly meeting is scheduled for June 8, 2012 at 10:00 a.m.</p> |
| 3/25/2012 | 8 | <p>APD Participants: Marsha Vollmar, Todd Ryan, Diane Whisman and Jeff Smith</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Kristin Allen and Michelle Kenyon</p> <p>Brief Summary: Delmarva update included a staffing update on the part-time QAR vacancy for Area 2 has been filled. APD update included a staffing update (departing of Diane Whisman and arriving of Daniel Stordahl), preparation for iBudget, provider scorecards, and remediation efforts. Other agenda items included status of reviews/scheduling, non-compliant providers, alerts/recoupments, feedback on reports, and current trends, and miscellaneous (reconsideration procedures and tool revisions). Next</p> |

| | | |
|-----------|----|---|
| | | Quarterly Meetings: June 4, 2012 and September 17, 2012. |
| 2/15/2012 | 9 | <p>APD Participants: Doni Braithwaite and Christina Tookes</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Robyn Moorman and Noeline Coore-Brown</p> <p>Brief Summary: Agenda items included follow up from prior meeting, Delmarva updates including year 3 schedule, Area 2 vacancy, I-Cubed and Observation Review Checklist, and Health and Behavioral Assessment workgroups, due to AHCA and APD by 4-1-2012; APD updated including staffing changes; status of reviews and notifications, non-compliant providers, alerts/recoupment, and feedback on reports. Data were shared and reviewed. 2012 meetings were scheduled and 2012 QC dates were shared. There was follow-up on miscellaneous items.</p> |
| 2/15/2-12 | 10 | <p>APD Participants: David Gillis, Martha Martinez, Connie Wadsworth, PD MCM; Haydee Toro, and Pam Romack</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Robyn Moorman, Avril Wilson, and Anna Quintyne</p> <p>Brief Summary: Agenda items included follow up from prior meeting; Delmarva updates including year 3 schedule Area 2 vacancy, I-Cubed and Observation Review Checklist, and Health and Behavioral Assessment workgroups, due to AHCA and APD by 4-1-2012; APD updates including APD updated including staffing changes and preparation for iBudget; status of reviews and notifications, non-compliant providers, alerts/recoupment, and feedback on reports. Data were shared and reviewed. 2012 meetings were scheduled and 2012 QC dates were shared. There was follow-up on miscellaneous items.</p> |
| 2/14/2012 | 11 | <p>APD Participants: Kirk Ryon, Hillary Jackson, Carolyn Eleby, Jacqueline Reyes</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Robyn Moorman, José Navarro, Berta Santos, Mario Arreaga, and Wanda Nitiss</p> <p>Brief Summary: Agenda items included follow-up from prior meeting; Delmarva updates including year 3 schedule, Area 2 vacancy, I-Cubed and Observation Review Checklist, and Health and Behavioral Assessment workgroups, due to AHCA and APD by 4-1-2012; APD updates including POR's, UIR's, alerts, new providers showing proof of liability insurance, request for Delmarva to look for related to identification as a corporation; status of reviews and scheduling including report volume and difficult or impossible to locate providers; Non-Compliant Providers, Alerts/Recoupment, and Feedback</p> |

| | | |
|------------|----|---|
| | | on reports. Data was shared and reviewed. 2012 meetings were scheduled and 2012 QC dates were shared. There was follow-up on miscellaneous items. |
| 3/28/2012 | 12 | <p>APD Participants: Dylan Gayle, Vanessa Carter, Ed DeBardeleben, and Sandra Mills.</p> <p>AHCA Participants:</p> <p>Delmarva Participants: Christie Gentry</p> <p>Brief Summary: Delmarva update included the staffing update that the part-time Area 2 QAR vacancy has been filled. APD Updates included: CCR discussion and iBudget updates. Other agenda items included: status of reviews/scheduling, non-compliant Providers, alerts/recoupments, feedback on reports, current trends/data, and the next Quality Council Meeting (June 4, 2010). Follow up items included sending a request to IT to see if email addresses can be added to reports and if the QC meeting is recorded and available to listen to. The next quarterly meeting is scheduled for June 14, 2012 at 2:00 p.m.</p> |
| 03/12/2012 | 13 | <p>APD Participants: Mary Nally, Patricia Morse, Joyce Leonard, Wayne Perry, Aquinette Harrison & Priscilla Weeks, Clarence Lewis, Diane Camella and Karen Eramo.</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Theresa Skidmore & Mark Williams</p> <p>Brief Summary: Agenda items included: Provider updates & Terminations, Status of reviews/scheduling, feedback on reports. Detailed discussion was held regarding Alert reporting, I-budget roll out, pending revisions to the Individual Interview Instrument, Observation Review Checklist and Health & Behavioral Questionnaire as well as status of pending service specific tool revisions. Also discussed were requested changes to report format and current trends/data/dashboards for Year 2. An update on Quality Council activities was provided and next meeting date set.</p> |
| 3/9/2012 | 14 | <p>APD Participants: Heather Monteath, Jeannette Estes, Carla Bettis</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Kristin Allen and Kristen Joshnick</p> <p>Brief Summary: Delmarva update included: a staffing update that the Area 2 part-time QAR vacancy has been filled and provider scorecards. APD Updates included: preparation for iBudget. Other agenda items included: status of reviews/scheduling, non-compliant providers, alerts/recoupments, feedback on reports, current trends/data, and miscellaneous (reconsideration procedures, status of current tool revisions and tool revisions workgroups). Next Quarterly Meetings: June 11, 2012 and September 10, 2012.</p> |
| | 15 | APD Participants: Marie Dubussion, Ashley Cole, Wayne Robb, and Cordroy |

| | | |
|---------------------------------------|----|--|
| 2/15/2012 | | <p>Charles</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Robyn Moorman</p> <p>Brief Summary: Agenda items included follow up from prior meeting; Delmarva updates including year 3 schedule Area 2 vacancy, and I-Cubed, Observation Review Checklist, and Health and Behavioral Assessment workgroups, due to AHCA and APD by 4-1-2012; APD updated including staffing changes and preparation for iBudget; Status of reviews and scheduling; Non-Compliant Providers, Alerts/Recoupment, and Feedback on reports. Data was shared and reviewed. 2012 meetings were scheduled and 2012 QC dates were shared. There was follow-up on miscellaneous items.</p> |
| 3/14/2012 | 23 | <p>APD Participants: Laurie Harlow, Marcia DeGrazia, Marilyn Figueroa</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Kristin Allen, Michelle Dean, Elizabeth Cooper and Jan Valle</p> <p>Brief Summary: Delmarva update included the staffing update that the part-time Area 2 QAR vacancy has been filled. APD Updates included: Area 2 staffing update, preparation for iBudget, provider scorecards, and training for APD staff on Delmarva tools. Other agenda items included: status of reviews/scheduling, non-compliant Providers, alerts/recoupments, feedback on reports, current trends/data, and miscellaneous (reconsideration procedures, tool revisions, status of tool revision workgroups, and the upcoming Quality Council Meeting. Next Quarterly Meetings: June 13, 2012 and September 12, 2012.</p> |
| Other Meetings and Conferences | | |
| 1/4/2012 | | MCM Conference Call |
| 1/13 thru 1/17, 2012 | | DDNA Board Meeting |
| 2/1/2012 | | MCM Conference Call |
| 3/7/2012 | | MCM Conference Call |
| 1/9/2012- 1/12/2012 | | <p>The Florida Delmarva team met in Orlando, Florida for a 3 day conference. The theme of Inspire. Dream. Believe was utilized throughout the conference to energize the Florida team. Sessions included internal sessions regarding the Discovery Process, updates from corporate Delmarva and Human Resources, and updates from HSRI, APD and AHCA staff. The team completed a training session in PrioSys, a communication method, as well as the concept of FISH and how it can be used in the work we do, stress management techniques,</p> |

| | | |
|-----------|--|---|
| | | use of Civitan for community resources, Emergency Management, and a presentation from a self advocate on the Discovery PCR process. |
| 2/1/2012 | | Charmaine Pillay and Robyn Moorman attended and presented materials at DD Awareness Day at the Capitol in Tallahassee, Florida on 2/1/2012. Providers, family members, and individuals on the wait list and on the waiver were in attendance. |
| 3/22/2012 | | The first of the 2012 Quality Council Meetings was held in Tallahassee Florida with QC membership, APD, AHCA, HSRI and DF in attendance. The agenda included updates from AHCA and APD staff, presentations related to Supported Employment Data, Delmarva Year 2 Data, the CMS Assurances, and Quality Council roles and responsibilities in Florida and what other State QC's are working on. Interactive sessions included discussions about the future iBudget Discovery tools, Supported Employment Initiatives, and selection of a Quality Council quality improvement project. Members will be working on action items for these areas over the next quarter for presentation at the June 14 th meeting in Orlando Florida. |
| 3/31/2012 | | Robyn Moorman attended and presented materials at a provider fair sponsored by APD Area 15 and WaiverProvider.com on 3/31/2012. The event was held at the campus of Florida Atlantic University. Providers, family members, and individuals on the wait list and on the waiver were in attendance. |

Attachment 2: Customer Service Activity

January – March 2012

| Reason for Call | # of Events | Description | Outcomes | Average Resolution Time |
|--------------------------|-------------|--|---|-------------------------|
| Address/ Phone Update | 90 | Providers call to update their phone numbers/addresses | Phone numbers/addresses are updated in the Discovery application and providers are advised to update same with AHCA. | 1 day |
| Background Screening | 6 | Providers call with questions regarding FL background screening requirements. | Background screening requirements are explained to providers, with reference to the Handbook and FL rule. | 1 day |
| CDC+ | 0 | | | |
| Clarification | 0 | | | |
| Complaint | 0 | | | |
| Contact QAR | 16 | 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 | 8 | 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 | 11 | An individual receiving services called several time to let us know she knows what her providers are required to do. Other calls/emails were received and responded to with no subsequent response from the caller/sender. Other calls were unrelated to FSQAP activities. | All calls/emails were responded to; where appropriate, the caller was referred to another source for assistance. | 1 day |
| New Tools | 7 | Providers and stakeholders questioned the Discovery tools, specific standards, and asked for them to be defined or clarified. | The tools/standards were explained, including references to Handbook requirements. | 1 day |
| Next Review | 111 | Providers called having received their 90-day notification letter and questioned having their | The review process is explained to the providers, including all the factors that are involved in scheduling. Providers are informed | 1 day |

| Reason for Call | # of Events | Description | Outcomes | Average Resolution Time |
|-------------------------|-------------|---|--|-------------------------|
| | | 2012 review less than 12 months since their 2011 review. Providers call asking when their next review will occur. | that PDRs are conducted each contract year with those who are eligible. Providers are referred to their 90-day notification letters and advised to wait for the phone call from the reviewer to schedule their review. | |
| Provider Search Website | 0 | | | |
| Question | 7 | 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 are captured on this website. | 1 day |
| Reconsideration | 52 | 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 |
| Report Requested | 19 | 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 |
| Review | 14 | Providers call or email requesting their report be re-sent to them. | Reports are re-sent with address confirmation and providers are advised of same. | 1 day |
| Training | 32 | Providers call asking for explanation of their reports. | Reports are explained; providers are referred to their local APD office for technical assistance. | 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.¹⁷ 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.¹⁸

¹⁷ HSRI developed the NCI survey instruments. More information can be found at the following web site: <http://www.hsri.org/>.

¹⁸ 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 Methodology¹⁹

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.

¹⁹ The scoring methodology was developed in May 2010 by a workgroup consisting of representatives from the Agency for Health Care Administration, the Agency for Persons with Disabilities, and Delmarva Foundation.

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

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

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

Attachment 4: CDC+ Consultant Results by Element

January – March 2012 (N=73)

| CDC+ Consultant Results by Element Standard | Percent Met | | |
|--|-------------------|-------------------|-------------------|
| | Year 1 (N=221) | Year 2 (N=281) | Yr3 YTD (N=73) |
| Current Support Plan is in the record and is complete. | 98.1% | 97.5% | 100.0% |
| Current Support Plan was submitted to the APD Area office in required timeframes. | 85.6% | 86.7% | 93.2% |
| Current Support Plan was distributed within the required timeframes. | 88.1% | 88.4% | 93.2% |
| Current Medicaid Waiver Eligibility Worksheet is in the record and complete. | 95.0% | 96.4% | 98.6% |
| The current approved Cost Plan is in the record. | 90.1% | 77.9% | 80.8% |
| Consultant assists participant with Medicaid eligibility & notifies CDC+ liaison when a participant is ineligible. | 100.0% | 100.0% | 100.0% |
| The record includes current outcome notes/personal outcome measures for the individual. | 89.7% | 90.0% | 100.0% |
| The current APD approved assessment is in the record. | 100.0% | 100.0% | 100.0% |
| Generic resources/supports are identified in the current Support Plan. | 93.6% | 97.0% | 94.2% |
| The current Support Plan reflects the individual's communicated personal goals. | 98.1% | 97.5% | 97.3% |
| The Consultant addresses the individual's communicated personal goals. | 97.5% | 95.0% | 95.9% |
| The Support Plan reflects the individual's communicated choices and preferences. | 98.8% | 98.6% | 100.0% |
| Community life is addressed in the current Support Plan. | 95.7% | 97.5% | 98.6% |
| The Consultant is aware of the person's recent progress towards or achievement of personal goals. | 93.8% | 91.5% | 91.8% |
| Consultant addresses the individual's expectations of the services he/she is receiving. | 93.2% | 90.0% | 90.4% |
| Participant & CDC+ Rep are educated about the benefits of Medication Reviews & preventive health screenings. | 79.5% | 74.5% | 75.3% |
| Participant and CDC+ Rep are educated about safety needs - natural disasters, community & home safety. | 81.9% | 77.4% | 74.0% |

| CDC+ Consultant Results by Element | Percent Met | | |
|--|-------------------|-------------------|-------------------|
| | Year 1 (N=221) | Year 2 (N=281) | Yr3 YTD (N=73) |
| The Consultant addresses the participant's health and health care needs. | 90.6% | 90.7% | 90.4% |
| The Consultant addresses the participant's safety needs and safety skills. | 94.4% | 88.6% | 83.6% |
| Consultant can describe how participants are empowered to make informed decisions about their health. | 88.1% | 81.6% | 83.3% |
| Consultant can describe how participants are empowered to make informed decisions about their safety. | 90.0% | 81.0% | 79.2% |
| Consultant is aware of any history regarding abuse, neglect and/or exploitation for the participant. | 89.0% | 80.9% | 74.3% |
| Consultant is aware of the participant's definition of abuse, neglect, & exploitation, & how participant would report incidents. | 86.3% | 77.1% | 72.6% |
| Consultant has responded to fraud, abuse, neglect or exploitation & reported findings to authorities. | 100.0% | 100.0% | 100.0% |
| Consultant has a back-up Consultant to provide supports in the event he/she is unavailable. | 93.8% | 97.9% | 97.3% |
| Completed/signed Participant-Consultant Agreement is in the record. | 86.3% | 93.2% | 91.8% |
| Completed/signed CDC+ Consent Form is in the record. | 91.3% | 91.8% | 94.5% |
| Completed/signed Participant-Representative Agreement is in the record. | 88.6% | 94.2% | 95.7% |
| Completed/signed Purchasing Plan is in the record. | 96.9% | 97.5% | 98.6% |
| Participant's Information Update form is completed & submitted to Area CDC+ liaison as needed. | 93.8% | 98.5% | 100.0% |
| When correctly submitted by participant, Consultant submits Purchasing Plans by the 10th of the month. | 96.0% | 94.1% | 97.3% |
| Consultant provides technical assistance to participant to meet participant's needs. | 93.5% | 98.8% | 95.6% |
| Participant Monthly Review forms are filed in the participant's record prior to billing each month. | 92.5% | 95.4% | 84.9% |
| Consultant uses cash receipts log to track expenditures and cash on hand. | 85.2% | 84.0% | 72.2% |
| Consultant has taken action to correct any overspending by the participant. | 93.0% | 98.2% | 100.0% |

| CDC+ Consultant Results by Element | Percent Met | | |
|--|-------------------|-------------------|-------------------|
| Standard | Year 1 (N=221) | Year 2 (N=281) | Yr3 YTD (N=73) |
| Consultant initiates Corrective Action when appropriate & Plan is in the record. | 87.9% | 92.5% | 100.0% |
| The Emergency Back-up Plan is in the record and is reviewed annually. | 72.8% | 78.4% | 91.4% |
| Average PCR CDC+ Consultant Reviews | 90.7% | 89.1% | 88.9% |

Attachment 5: CDC+ Representative Results by Element

January – March 2012 (N=81)

| Standard | Percent Met | | |
|---|-----------------|-----------------|-----------------|
| | Year 1 (125) | Year 2 (316) | Yr3 YTD (81) |
| Background screening results for all Directly Hired Employees are available for review. | 32.2% | 53.5% | 64.9% |
| Complete Employee Packets for all Directly Hired Employees are available for review. CDC+ Participant Notebook v. 3.0 p. 62 | 59.3% | 86.8% | 85.1% |
| Complete Vendor packets for active Vendors and independent contractors are available for review. CDC+ Participant Notebook v. 3.0 p. 66 & 67 | 71.1% | 93.2% | 93.2% |
| Complete and signed Job Descriptions for each service provider are available for review. CDC+ Participant Notebook v. 3.0 p. 49 & 63 | 72.8% | 76.6% | 78.5% |
| Complete and signed Participant/Representative Agreement is available for review. CDC+ Participant Notebook v. 3.0 p. 31 | 86.6% | 88.5% | 93.6% |
| Copies of Current Support Plan and approved Cost Plan are available for review. CDC+ Participant Notebook v. 3.0 p. 77 & 98 | 78.5% | 83.2% | 87.7% |
| Corrective Action Plan (if applicable) is signed by Participant /Representative and available for review. CDC+ Participant Notebook v. 3.0 p. 98 & 99 | 66.7% | 88.9% | 100.0% |
| Emergency Backup Plan is complete and available for review. CDC+ Participant Notebook v. 3.0 p. 75 & 98 | 75.4% | 82.6% | 91.0% |
| Receipts and Detailed Monthly Logs for Cash Purchases are available for review. CDC+ Participant Notebook v. 3.0 p. 95 | 79.2% | 85.4% | 90.5% |
| Signed Employee/Employer Agreement for each Directly Hired Employee (DHE) is available for review. CDC+ Participant Notebook v. 3.0 p. 63 | 87.3% | 75.9% | 89.2% |
| Signed and approved Invoices for Vendor Payments are available for review. CDC+ Participant Notebook v. 3.0 p. 92 & 93 | 83.3% | 91.8% | 90.7% |
| Signed and approved Purchasing Plan is available for review. CDC+ Participant Notebook v. 3.0 p. 79 | 85.0% | 87.0% | 96.3% |
| Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review. CDC+ Participant Notebook v. 3.0 p. 91 & 92 | 87.3% | 87.1% | 93.2% |
| Signed and approved receipts and/or statement of "Goods & Services" received are available for review. CDC+ Participant Notebook v. 3.0 p. 45 & 98 | 64.3% | 89.7% | 93.1% |
| Average CDC Representative Record Review | 70.5% | 84.1% | 90.2% |

Attachment 6: NCI Consumer Survey - Results by Focused Area and Indicator²⁰

January – March 2012

| Question Description | Applicable Responses | Pct Negative | In Between | Pct Positive |
|---|----------------------|--------------|------------|--------------|
| 1. Achieving Results/Person Centered Approach | | | | |
| Q3. Do you like working there (job)? | 27 | 3.7% | 14.8% | 81.5% |
| Q4. Would you like to work somewhere else? | 28 | 60.7% | 10.7% | 28.6% |
| Q8. Do you like going there/doing this activity (day program)? | 118 | 0.0% | 5.1% | 94.9% |
| Q9. Would you like to go somewhere else or do something else during the day (day program)? | 112 | 55.4% | 15.2% | 29.5% |
| Q13. Do you like your home or where you live? | 194 | 4.1% | 6.2% | 89.7% |
| Q14. Would you like to live somewhere else? | 189 | 61.4% | 8.5% | 30.2% |
| Q39. If you ask for something, does your case manager/service coordinator help you get what you need? | 173 | 2.3% | 5.2% | 92.5% |
| Q79. Do you get the services you need? | 261 | 24.5% | 16.9% | 58.6% |
| Total Achieving Results | 1,102 | 24.7% | 10.1% | 65.2% |
| 2. Choice | | | | |
| Q61. Who chose the place where you live? | 257 | 51.8% | 21.0% | 27.2% |
| Q63. Did you choose the people you live with? | 170 | 48.8% | 20.6% | 30.6% |
| Q64. Do you choose who helps you at home? | 208 | 23.6% | 45.7% | 30.8% |
| Q65. Who decides your daily schedule? | 264 | 15.5% | 31.1% | 53.4% |
| Q66. Who decides how you spend your free time? | 265 | 8.3% | 29.1% | 62.6% |
| Q67. Who chose the place where you work? | 54 | 22.2% | 25.9% | 51.9% |
| Q69. Do you choose who helps you at work? | 47 | 19.1% | 55.3% | 25.5% |
| Q70. Who chose where you go during the day? | 189 | 27.0% | 31.7% | 41.3% |
| Q72. Do you choose who helps you during the day? | 198 | 17.2% | 57.1% | 25.8% |
| Q73. Do you choose what you buy with your spending money? | 261 | 10.7% | 43.3% | 46.0% |

²⁰ 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? | 250 | 28.8% | 34.0% | 37.2% |
| Total Choice | 2,163 | 24.7% | 34.9% | 40.5% |
| 3. Health | | Excellent | Fairly Good | Poor |
| BI14. Overall, how would you describe this person's health? ²¹ | 267 | 35.6% | 57.7% | 6.7% |
| 4. Safety | | | | |
| Q22. Are you ever afraid or scared when you are at home? | 184 | 87.0% | 9.8% | 3.3% |
| Q23. Are you ever afraid or scared when you are out in your neighborhood? | 181 | 87.8% | 8.3% | 3.9% |
| Q24. Are you ever afraid or scared at work or at your day program? | 144 | 91.7% | 6.9% | 1.4% |
| Q25. If you feel afraid, is there someone you can go to for help? | 133 | 3.0% | 3.8% | 93.2% |
| Total Safety | 642 | 70.9% | 7.5% | 21.7% |
| 5. Rights | | | | |
| Q6. Are the staff members who help you at your job nice and polite to you? | 25 | 4.0% | 0.0% | 96.0% |
| Q11. Are the staff members at your day program activity nice and polite to you? | 114 | 0.9% | 1.8% | 97.4% |
| Q18. Are they (people helping you at home) nice and polite to you? | 151 | 1.3% | 5.3% | 93.4% |
| Q19. Do people let you know before they come into your home? | 183 | 3.3% | 7.1% | 89.6% |
| Q20. Do people let you know before coming into your bedroom? | 173 | 9.8% | 8.1% | 82.1% |
| Q21. Do you have enough privacy at home? | 169 | 13.0% | 0.0% | 87.0% |
| Q30. Can you go on a date if you want to? | 142 | 15.5% | 11.3% | 73.2% |
| Q75. Do people read your mail or email without asking you first? | 225 | 91.1% | 0.0% | 8.9% |
| Q76. Can you be alone with friends or visitors at your home? | 231 | 17.7% | 0.0% | 82.3% |
| Q77. Are you allowed to use the phone and internet when you want to? | 204 | 5.9% | 0.0% | 94.1% |

²¹ Scale for Health, from left to right, is Poor, Fairly Good, Excellent.

| Question Description | Applicable Responses | Pct Negative | In Between | Pct Positive |
|--|----------------------|--------------|------------|--------------|
| Total Rights | 1,617 | 20.3% | 3.3% | 76.4% |
| 6. Community Inclusion / Social Role | | | | |
| Q1. Do you have a job in the community? | 205 | 85.9% | 0.0% | 14.1% |
| Q12. Do you have any volunteer work? | 190 | 70.0% | 0.0% | 30.0% |
| Q29. Can you see your friends when you want to see them? | 160 | 3.8% | 18.1% | 78.1% |
| Q32. Do you have family that you see? | 185 | 13.0% | 0.0% | 87.0% |
| Q33. Can you see your family when you want to? | 166 | 7.2% | 17.5% | 75.3% |
| Q42. When you want to go somewhere, do you always have a way to get there? | 180 | 0.6% | 13.3% | 86.1% |
| Q54. In the past month, did you go shopping? | 266 | 8.6% | 0.0% | 91.4% |
| Q55. In the past month, did you go out on errands or appointments? | 261 | 14.2% | 0.0% | 85.8% |
| Q56. In the past month, did you go out for entertainment? | 262 | 26.3% | 0.0% | 73.7% |
| Q57. In the past month did you go out to a restaurant or coffee shop? | 265 | 14.3% | 0.0% | 85.7% |
| Q58. In the past month, did you go out to a religious service? | 263 | 48.3% | 0.0% | 51.7% |
| Q59. In the past month, did you go out for exercise? | 265 | 55.1% | 0.0% | 44.9% |
| Q60. In the past year, did you go away on a vacation? | 264 | 53.0% | 0.0% | 47.0% |
| Total Community Inclusion | 2,932 | 31.8% | 2.8% | 65.4% |

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 | | | |
|--|-----------------|--------|----------|
| January – March 2012 (N=677) | | | |
| Standard | Percent Present | | |
| | Year 1 | Year 2 | Yr 3 YTD |
| The provider has written policies and procedures governing how a person-centered approach to services will be provided in order to meet the needs of the recipients served and to achieve the personal goals on the support plan. | 83.3% | 90.8% | 94.2% |
| The provider is able to describe the organization's person centered planning process, i.e. developing Implementation Plans, Support Plans, etc. | 94.3% | 97.2% | 96.9% |
| The provider has written policies and procedures that promote the health and safety of every recipient who receives services (to include Abuse/Neglect, Incident Reports, Bill of Rights). | 88.4% | 91.7% | 92.5% |
| The provider can describe procedures for reporting any rights violations. | 93.5% | 98.0% | 97.8% |
| The provider has evidence of teaching individuals/legal representatives about their rights, e.g. signed receipt of the Bill of Rights of Persons with developmental disability, at least once annually. | 71.4% | 80.6% | 83.8% |
| The provider can describe reporting procedures for any incidents of abuse, neglect, and/or exploitation. | 97.8% | 98.1% | 97.6% |
| The provider has identified and addressed trends related to abuse, neglect, and exploitation. | 95.0% | 96.4% | 96.2% |
| All instances of abuse, neglect, and exploitation have been reported. | 98.7% | 97.9% | 98.3% |
| The provider has written policies and procedures which detail the safe administration and handling of medication to ensure the health and safety of recipients; if it is the provider's policy to not administer or assist in administration of medication, this should be clearly stated. | 81.5% | 87.3% | 90.2% |
| The provider tracks and addresses medication errors (if administering medication). | 89.1% | 91.8% | 92.2% |
| The provider has written policies and procedures to ensure the smooth transition of the recipient between providers and other supports and services. | 80.7% | 88.5% | 92.0% |
| The provider has written policies and procedures that address staff training plan and specify how pre-service and in-service activities will be carried out including HIV/AIDS training pursuant to Chapter 381.0035, F.S., CPR, and all other mandated training. | 80.3% | 81.8% | 85.9% |
| The provider has written policies and procedures to address grievances. | 81.6% | 92.5% | 95.9% |
| The provider maintains a log of all grievances. | 68.2% | 81.0% | 86.9% |

| Policy and Procedure Results by Review Standard | | | |
|---|------------------------|---------------|-----------------|
| January – March 2012 (N=677) | | | |
| Standard | Percent Present | | |
| | Year 1 | Year 2 | Yr 3 YTD |
| The provider has evidence of teaching the individual/legal representative about the grievance policy. | 66.7% | 83.6% | 88.2% |
| Individuals sign the provider's grievance policy within 30 days of beginning services and annually thereafter. | 55.3% | 74.6% | 80.6% |
| The provider has a written policy for conducting self-assessments. | 79.1% | 81.8% | 83.6% |
| The provider has completed a self assessment including all required components, at least once in the past year. | 41.7% | 47.5% | 48.5% |
| The provider has taken quality improvement actions as a result of the self assessment. | 48.6% | 57.8% | 59.7% |
| The provider maintains a current table of organization, including board of directors (when applicable), directors, supervisors, support staff, and all other employees. | 79.4% | 88.4% | 93.1% |
| The provider tracks and addresses all incident reports. | 86.6% | 93.8% | 93.2% |
| The provider updates policies and procedures in a timely manner. | 63.2% | 68.1% | 77.1% |
| Vehicles used for transportation are properly insured and properly registered. | 91.1% | 90.7% | 91.6% |
| Total Administrative Policy and Procedure | 80.5% | 87.1% | 89.3% |

Attachment 9: Provider Discovery Review Training Standards

| Qualifications and Training Results by Review Standard (N=677) | | | |
|---|-----------------|--------|---------|
| January – March 2012 | | | |
| Standard | Percent Present | | |
| | Year 1 | Year 2 | Yr3 YTD |
| The provider received training in Zero Tolerance. | 81.1% | 83.8% | 85.5% |
| The provider received training in Direct Care Core Competency. | 83.9% | 87.9% | 90.0% |
| The provider received training in HIPAA. | 83.4% | 88.9% | 82.5% |
| The provider received training in Person Centered Approach/Personal Outcome Measures. | 73.7% | 78.5% | 82.2% |
| If applicable, the provider received training in Medication Administration per FAC 65G-7. | 93.8% | 95.3% | 96.5% |
| If applicable, the provider has been validated on medication administration per FAC 65G-7. | 92.1% | 94.1% | 94.9% |
| The provider received training in HIV/AIDS. (Infection Control now captured in Core Comp.) | 94.3% | 96.7% | 97.4% |
| The provider received training in Cardiopulmonary Resuscitation (CPR). | 93.4% | 95.4% | 94.7% |
| The provider received 8-hrs of annual in-service related to implementation of individually tailored services specific to Adult Day Training. | 78.7% | 83.5% | 83.3% |
| The provider received 34 hours of Statewide pre-service training. | 96.5% | 97.9% | 97.0% |
| The provider received 26 hours of Area- specific training. | 94.6% | 96.0% | 95.2% |
| The provider received 24 hours of ongoing annual job related training. | 93.5% | 93.8% | 86.5% |
| Provider received a Certificate of Consultant Training from a designated APD trainer. | 98.0% | 98.5% | 100.0% |
| The provider received 18 hours of Supported Employment pre-service certification training. If enrolled before March 1, 2004, a solo provider or agency staff is only required to have twelve (12) hours of pre-service training. | 94.5% | 95.6% | 100.0% |
| The provider received 12 or 18 hours of Supported Living Coaching pre-service certification training. (12 hrs prior to October 2003-18 hrs after October 2003). | 95.3% | 95.0% | 96.7% |
| The provider received 20 contact hours of instruction in a curriculum, meeting requirements specified by APD and approved by APD-designated behavior for Behavior Assistants. | 93.0% | 96.9% | 90.0% |
| 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) | 73.7% | 80.5% | 85.6% |
| 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) | 76.7% | 79.9% | 85.6% |

| | | | |
|---|-------|--------|--------|
| The provider received training on the Medicaid Waiver Services Agreement, its Attachments and the Developmental Disabilities Waiver Services Coverage and Limitations Handbook and its appendices. (Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants) | 73.8% | 76.5% | 83.3% |
| The provider received training specific to the scope of the services rendered. (Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants) | 76.0% | 80.3% | 87.2% |
| The provider meets all minimum educational requirements and levels of experience for Adult Day Training. | 89.4% | 92.6% | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Behavior Analysis. | 98.4% | 98.7% | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Behavior Assistant. | 90.3% | 94.2% | 83.3% |
| The provider meets all minimum educational requirements and levels of experience for Companion. | 90.3% | 96.0% | 96.0% |
| The provider meets all minimum educational requirements and levels of experience for In Home Support. | 84.0% | 89.4% | 91.1% |
| The provider meets all minimum educational requirements and levels of experience for Personal Care Assistance. | 89.8% | 95.6% | 96.9% |
| The provider meets all minimum educational requirements and levels of experience for Respite Care. | 90.0% | 96.1% | 96.0% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation. | 85.0% | 89.5% | 90.4% |
| The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care (1 provider). | NA | 100.0% | NA |
| The provider meets all minimum educational requirements and levels of experience for Waiver Support Coordination/CDC+ Consultant. | 97.5% | 98.6% | 99.4% |
| The provider meets all minimum educational requirements and levels of experience for Supported Employment. | 90.3% | 94.7% | 97.1% |
| The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching. | 89.0% | 93.7% | 94.4% |
| Average Qualifications and Training | 84.6% | 96.0% | 88.4% |