

Florida Statewide Quality Assurance Program

Year 3 Second Quarter Report

April - June 2012

Submitted to:

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

Prepared by Delmarva Foundation

August 15, 2012

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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 two quarters of the third year of review activity, and represent about one half of the total number of reviews that will be completed this year.

Findings through the second quarter, January – June 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 48 percent of the 1,303 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.

To date this year, 161 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 to and over 65 percent to date this year. Results for CDC+ Consultants reviewed to date this year were similar to Year 2 results.

Results from the III indicate a slow downward trend in the number of outcomes present in people's lives, for both DD Waiver and CDC+ participants. This is particularly evident in areas of choice, developing social roles, participating in making decision concerning services and supports, and health. In addition, many individuals are taking five or more prescription medications. These and other results are discussed in this report, with recommendations provided.

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. Data from the quarterly reports are examined during the Area Quarterly meetings to help target local remediation activity.

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

This is the Second Quarter Report for the third year of the FSQAP, April - June 2012. Because the data collected to date represent approximately portion of the total sample to be used for the year, results should be viewed with caution. Year 1 and Year 2 results are presented for comparison, when appropriate. The report is divided into three sections.

- Section I: Significant Contract Activity
- Section II: Data from Review Activities (includes Year To Date results)
- 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 often 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 nine QAR's – all passed at 85 percent or higher
- PDR Field Review Reliability was completed for nine 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

Bi-Annual Training

The entire Delmarva FSQAP staff gathers twice a year for training and other information sharing activities. The next four-day meeting is being planned and will be January 8 – 11, 2013.

Status Meetings

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 second quarter, there was a status meeting April 30. Due to scheduling conflicts, no other meetings were held during the quarter.

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. Representatives from AHCA

and APD State office have started attending meetings in each Area. Face to face meetings were held in each APD Area this quarter.¹

Workgroups and other Activity

Tool Revisions

Delmarva workgroups revising the I-Cubed, the Health and Behavioral Assessment (HBA), and Observation Review Checklist concluded in early April. A Final draft of each new tool was submitted to AHCA. The new I-cubed tool is entitled My Life.

Feedback Surveys

NCI Consumer Survey Feedback

After each individual NCI interview, Delmarva provides the individual with a feedback survey. The individual is encouraged to complete the feedback survey, which is mailed directly to HSRI. Between January and June 2012, 103 surveys were returned to HSRI, a 12 percent return rate (103/849). Results to date are based on a very small return rate but are very positive and indicate the following:

- 78 of the 103 respondents were individuals who participated in answering the Consumer Survey.
- 32 feedback forms were completed by the person receiving services, with 59 completed by an advocate, and 21 by a staff member where the person lives.
- 67 NCI interviews (65%) took place in the home.
- 72 percent of individuals (N=73 out of 101) indicated choosing where to meet for the interview.
- All but three respondents felt the interview was scheduled at a convenient time, and 92 (89%) felt it took about the right amount of time.
- All respondents felt the interviewer was respectful and 97 respondents felt the interviewer explained what the survey was about.
- Most individuals indicated the questions were not difficult to answer (86%).
- About 12 of the 103 respondents thought some of the questions were difficult to answer and 84.2 percent indicated the interviewer explained the person 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 June 2012, 189 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: One of six reviewers who were late did not call to notify the provider.

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

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

Table 1: Results from Provider Feedback Surveys	
Reviews Completed January – June 2012	
Question	Pct Yes
Did the Quality Assurance Reviewer (QAR) identify the documents needed to complete the review?	99%
Did the QAR explain the purpose of the review?	98%
Did the QAR explain the review process and how the QAR or Delmarva team would conduct the review?	97%
Did the QAR answer any questions you had in preparation for the review?	95%
Did the QAR refer you to the FSQAP website, including the tools and procedures?	95%
Did the QAR arrive at the review at the scheduled time?	97%
If no, did the QAR call to notify you he/she might be a little late? (N=6)	83%
Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving?	97%
If you scored Not Met on any of the standards, did the QAR explain why? (N=160)	98%
Total Responses	189

Summary of Customer Service Calls

During the second quarter of the third contract year, April - June 2012, 295 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 June 14, 2012.⁴ Agenda items included:

- Membership update from AHCA
- Refresher of activity completed during the previous QC meeting
- AHCA and APD updates
- Summary of data from Delmarva reviews that were used in the CMS Evidentiary Reports
- Presentation of the revised Support Coordinator data collection tool
- HSRI facilitated two workgroups: supported employment and self assessments

The next Quality Council meeting is scheduled for September 20, 2012, in Tallahassee.

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>.

Web Site and Portal Updates

Data Availability

- The data dashboards were updated with results from Year 2 and through June of Year 3. 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.
- The Public Reporting Website is nearing completion of all updates and is scheduled to “go live” in early August.
- Production reports are available for download at any time.

Real Time Data

System upgrades to provide the ability to generate Real Time Data reports should be completed in the next quarter. A request has been submitted to IT to develop a Real Time Data report to provide approved users with results for Service Specific Record Reviews, by standard and by Area, with drill down to the provider level. A second request would present data for the CMS Assurances by Area. However, because the state is moving to Regions, the requests will need to be revised based upon Regions or with Regions and the ability to drill down to Area.

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 two quarters of the third contract year, including the number of CDC+ individuals who participated (152), the number of waiver participants (697), 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 21 percent for waiver participants and two percent for CDC+.

Table 2: Person Centered Review Activity				
January - June 2012				
APD Area	Number of PCRs		Number of Declines	
	Waiver	CDC+	Waiver	CDC+
1	35	9	22	0
2	38	7	13	0
3	30	3	19	0
4	62	17	17	1
7	58	25	9	0
8	27	2	8	1
9	25	5	9	1
10	70	12	3	0
11	109	26	26	0
12	33	3	2	0
13	45	9	13	0
14	39	3	4	0
15	21	7	5	0
23	105	24	37	0
Total	697	152	187	3

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 - June 2012			
Decline Reason	Waiver	CDC+	Total
Refused	109	1	110
Review Next Year	44	2	46
No Longer Receiving Services	20	0	20
Deceased	7	0	7
Moved Out of State	7	0	7
Total	187	3	190

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 697 individuals on a DD waiver interviewed during the first half of the year are presented in Figure 1, for each Area and statewide. The average III score for Years 1 and 2 are presented for comparison. It is important to note that nine Areas have fewer 50 reviews completed. 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 77 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 – June 2012
Waiver Participants**

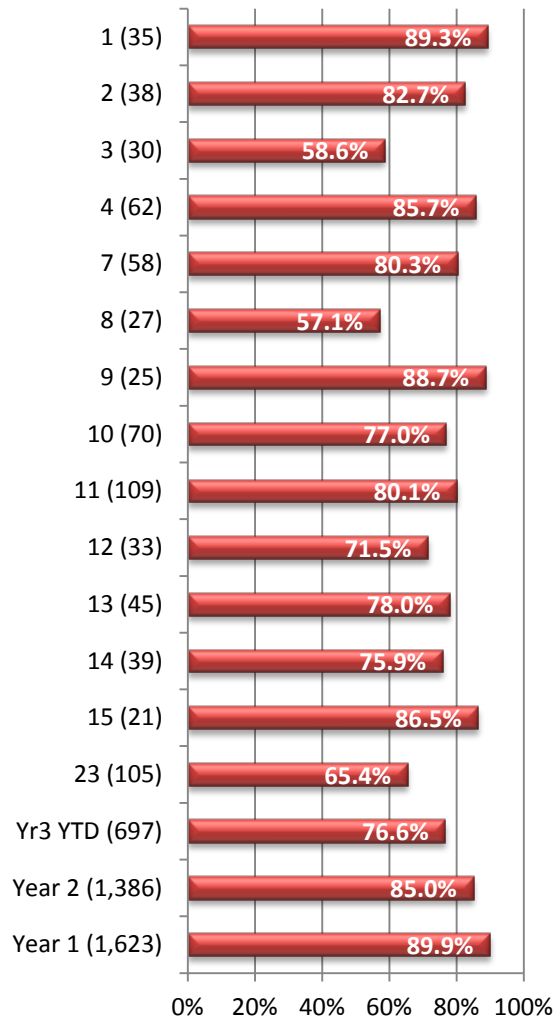


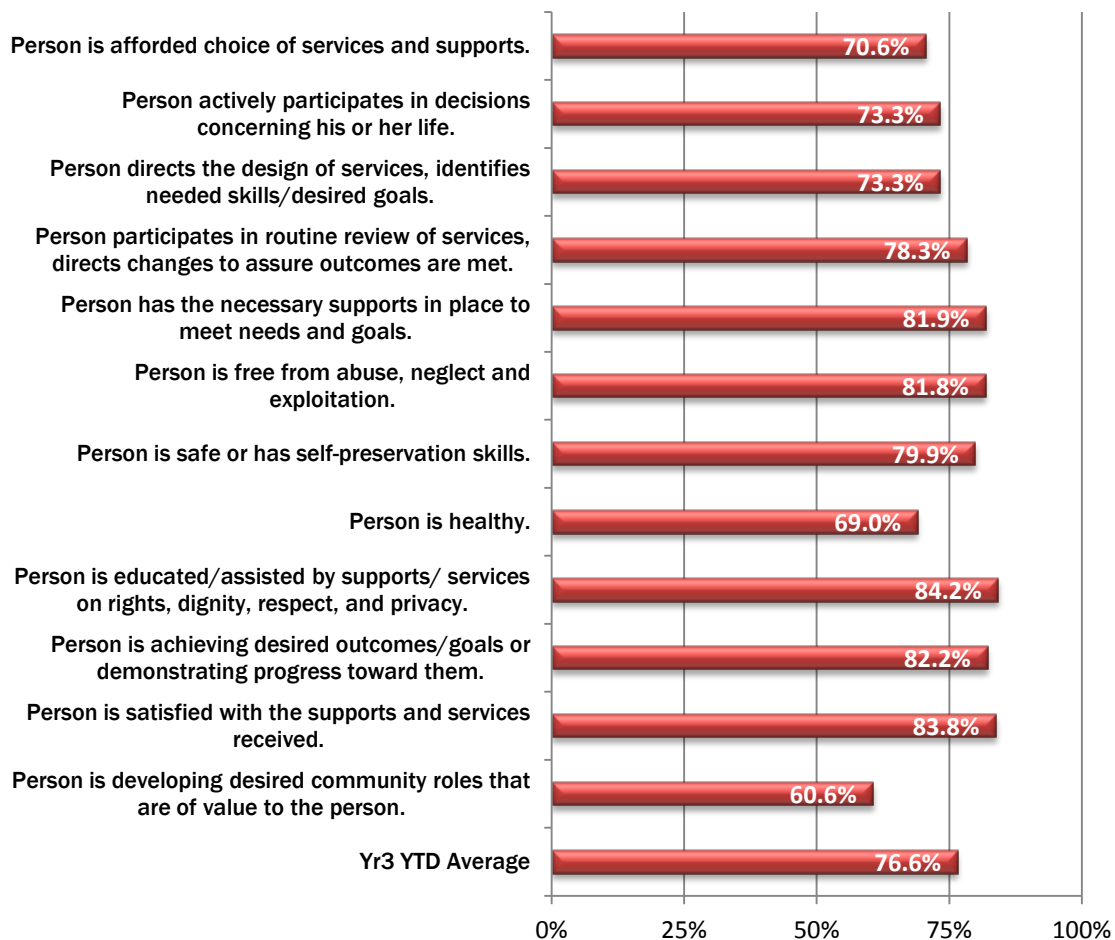
Figure 2 displays III results for DD waiver participants for each standard.⁹ III standards measure the following, from the person's perspective:

- safety and health status
- satisfaction with services
- involvement in designing supports and services

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>.

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

**Figure 2: Individual Interview Instrument Results by Standard
 January – June 2012
 Waiver Participants (N=697)**



Data for the 697 individuals interviewed to date may not reflect true 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 either previous year, particularly on Health for which findings have decreased by approximately eight percentage points since Year 2 and almost 20 points since Year 1.

Other areas currently showing more than a 10 point decline since Year 1 include standards measuring:

- Choice
- Participation in life's decisions
- Feeling safe, and
- Developing desired social roles

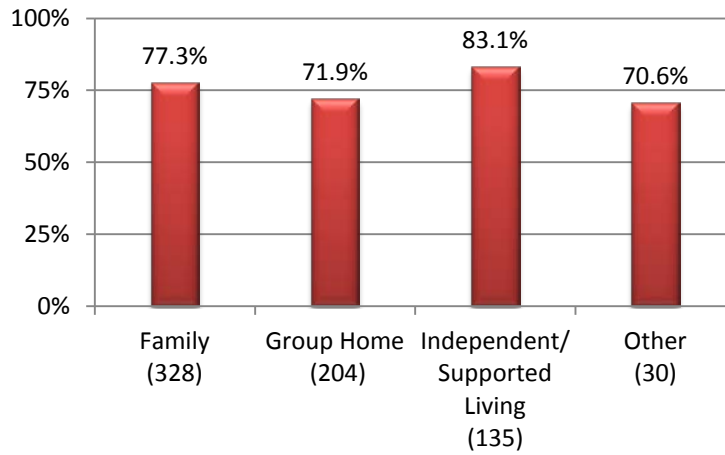
The following graphics display III results across various demographic characteristics – Residential Setting, Primary Disability, Age Groups, and Services—Figures 3 - 6.¹⁰ For the 300 individuals interviewed to date, the III data indicate:¹¹

- Individuals who live independently or in a supported living facility were more likely to have III outcomes present (83.1%), than were individuals in any other residential setting, particularly in group homes (71.9%).
- 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 between age 18 and 21, transitioning from high school, were least likely to have outcomes present (73%).
- 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.

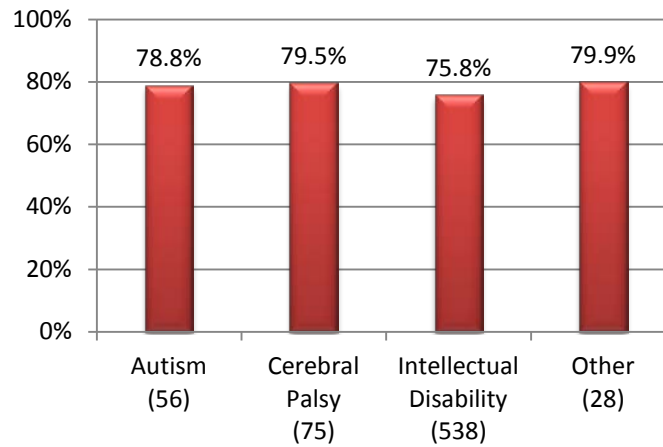
¹⁰ The “Other” category for residential status includes Assisted Living Facility (11), Foster Home (8), Residential Treatment Facility (9), and Adult Family Care Home (2). “Other” for primary disability includes Epilepsy (1), Spina Bifida (16) and Other (11).

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

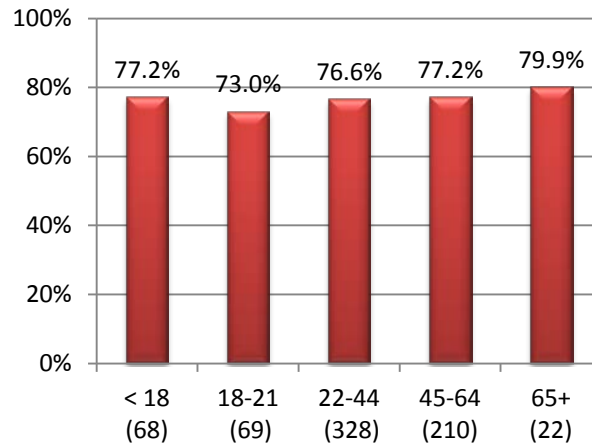
**Figure 3: Individual Interview Instrument Results by Residential Setting
January - June 2012
Waiver Participants**



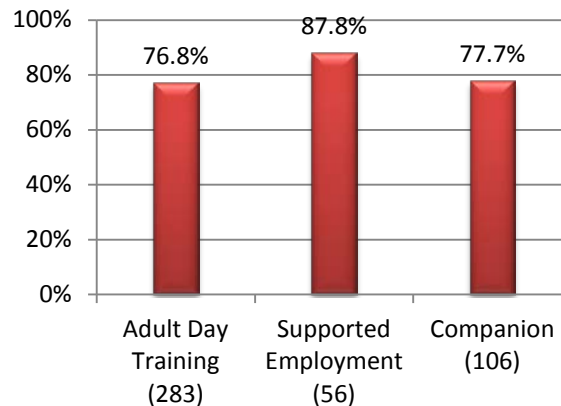
**Figure 4: Individual Interview Instrument Results by Primary Disability
January - June 2012
Waiver Participants**



**Figure 5: Individual Interview Instrument Results by Age Group
 January – June 2012
 Waiver Participants**



**Figure 6: Individual Interview Instrument Results by Service
 January – June 2012
 Waiver Participants**



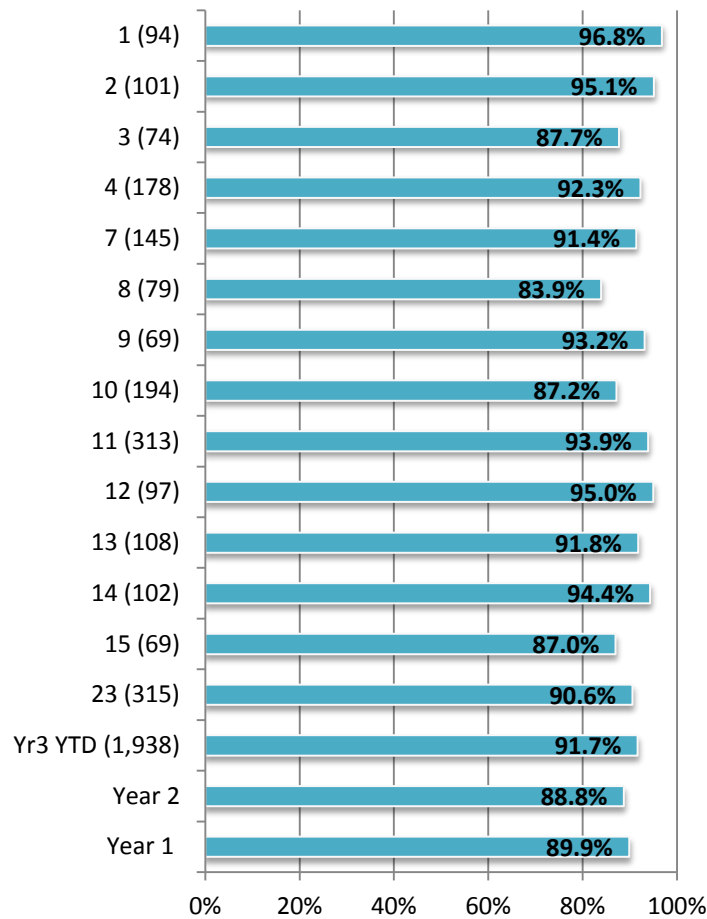
Service Specific Record Reviews (SSRR)

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 - June 2012**



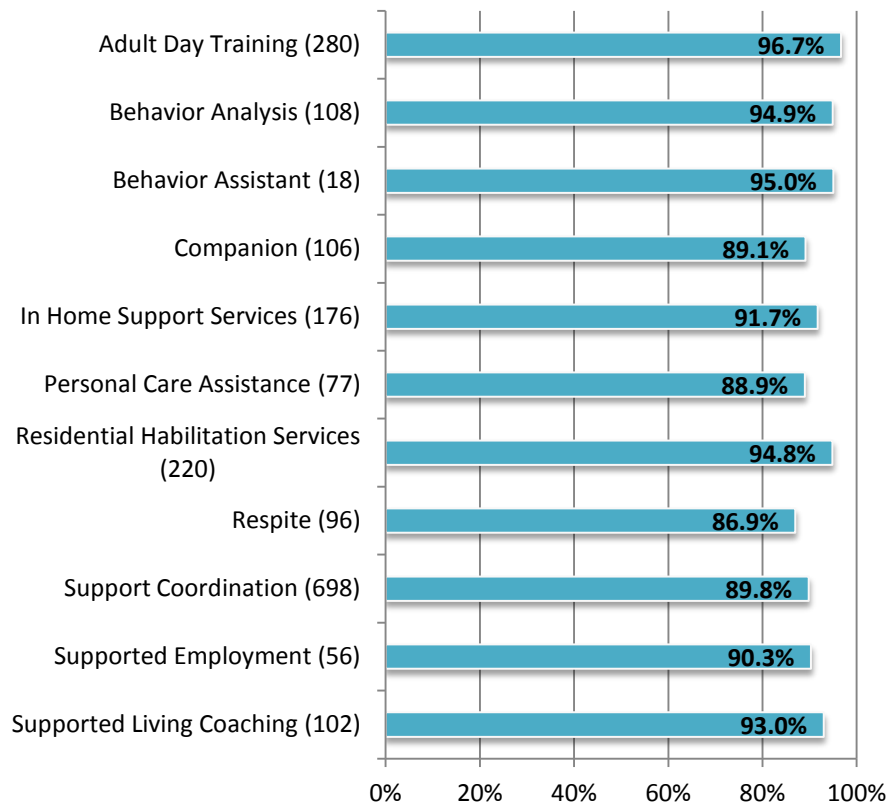
Between January and March, 2012, 1,938 service records were reviewed in conjunction with a PCR. Results to date indicate the following (Figure 7):

- The state average SSRR score was 91.7 percent, somewhat higher than earlier years;
- PCR service records show 90 percent compliance or higher in 10 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. It is important to note that some services such as Respite and Personal Care Assistance, have fewer standards reviewed, 12 and 13 respectively, compared to larger services such as Supported Living Coaching or Support Coordination, with 33 standard reviewed for each. Therefore, compliance rates are less stable.

**Figure 8: Person Centered Reviews (Waiver Participants)
 Service Specific Record Reviews by Service
 January – June 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 two quarters.

Results are similar to previous years for waiver and CDC+ participants. Information has been included about prescription drug use, in Table 4 and the following tables. Close to 45 percent of waiver participants were taking at least one prescription drug, compared to approximately 30 percent of CDC+ individuals.

Table 4: Select Health and Behavioral Assessment Questions		
January - June 2012		
	Waiver Participants (N=697)	CDC+ Participants (N=152)
HBA Question	% Yes	% Yes
Have you seen a doctor in the past year?	98.9%	99.3%
Do you currently have a dentist?	80.8%	84.2%
Have you been to the dentist in the past year?	75.8%	75.0%
Do you have any problems with your teeth?	16.8%	13.8%
Have you been treated in the emergency room this past year?	22.8%	15.8%
Have you been admitted to the hospital this past year?	15.9%	17.8%
Do you have any health problems?	43.2%	41.4%
In the past year is your health:		
Better	29.7%	23.7%
Same	61.5%	61.8%
Worse	8.8%	14.5%
Does the individual take behavior/psychiatric medication?	44.6%	29.6%

Prescription Drug Use

In addition to general health information, reviewers collect information on all the prescription drugs individuals use. The following two tables show the number of prescription drugs taken, by the number of individuals and if the individual is on a waiver or the CDC+ program; and the average number of drugs taken by individuals by APD Area. Data for the first two quarters of the year indicate the following:

- Fewer than 19 percent of individuals on a waiver were taking no drugs, compared to close to 24 percent of individuals on the CDC+ program.
- 264 (38%) individuals on the waiver were taking one to three drugs, compared to 36 percent of individuals on CDC+.
- 62 individuals were taking 10 or more medications.
- The average number of drugs taken for waiver participants ranged from 2.6 in Area 9 to 4.9 in Area 11; for CDC+ participants from 1.7 in Area 10 to 4.3 in Area 13.

Number of Prescription Medications Taken				
January - June 2012				
Rx Taken	Waiver		CDC+	
	Individuals	Pct	Individuals	Pct
0	127	18.2%	36	23.7%
1	67	9.6%	18	11.8%
2	105	15.1%	16	10.5%
3	92	13.2%	21	13.8%
4	68	9.8%	22	14.5%
5	53	7.6%	12	7.9%
6	51	7.3%	11	7.2%
7	36	5.2%	5	3.3%
8	25	3.6%	5	3.3%
9	17	2.4%	0	0.0%
10	18	2.6%	2	1.3%
11	6	0.9%	0	0.0%
12	7	1.0%	0	0.0%
13	8	1.1%	2	1.3%
14	7	1.0%	1	0.7%
15	5	0.7%	1	0.7%
16	0	0.0%	0	0.0%
17	1	0.1%	0	0.0%
18	2	0.3%	0	0.0%
19	2	0.3%	0	0.0%
# PCRs	697		152	

Prescription Drug Utilization Rate by APD Area				
January - June 2012				
Area	Waiver Participants		CDC+ Participants	
	# PCRs	Ave # RX	# PCRs	Ave # Rx
1	35	3.97	9	3.22
2	38	3.76	7	2.43
3	30	3.77	3	4.00
4	62	4.10	17	4.18
7	58	2.91	25	3.68
8	27	4.44	2	2.00
9	25	2.60	5	3.60
10	70	3.44	12	1.67
11	109	4.94	26	2.88
12	33	4.67	3	3.67
13	45	3.42	9	4.33
14	39	3.56	3	3.00
15	21	3.24	7	2.29
23	105	3.84	24	2.67
State	697	3.87	152	3.14

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. Individuals continue to indicate they are least likely to have choice and community inclusion in their lives.

NCI Consumer Survey Results by Focused Areas					
January - June 2012					
	# of Responses	Percent Negative	In Between	Percent Positive	Year 2 Positive
Person Centered Approach/Satisfaction	2,592	15.2%	8.8%	76.1%	78.2%
Choice	5,024	22.5%	34.7%	42.8%	44.1%
Safety/Security	1,513	2.8%	7.9%	89.3%	89.0%
Rights	3,770	7.9%	3.1%	89.0%	88.5%
Community Inclusion	6,881	31.9%	2.8%	65.2%	66.6%
		Poor	Fair	Excellent/ Very Good	
Health	627	6.5%	59.2%	34.3%	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 two quarters of this contract year, and for Years 1 and 2. Because the number of responses is based on a portion of the total sample, generalizations are not yet possible. However, findings to date appear similar to Year 2. Both have decreased somewhat since the first year of the contract and system response continues to reflect much higher scores than individual involvement in life’s decisions.

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 – June 2012			
DD Waiver	697	58.9%	90.3%
CDC+	152	53.7%	90.0%
Total	849	58.2%	90.2%

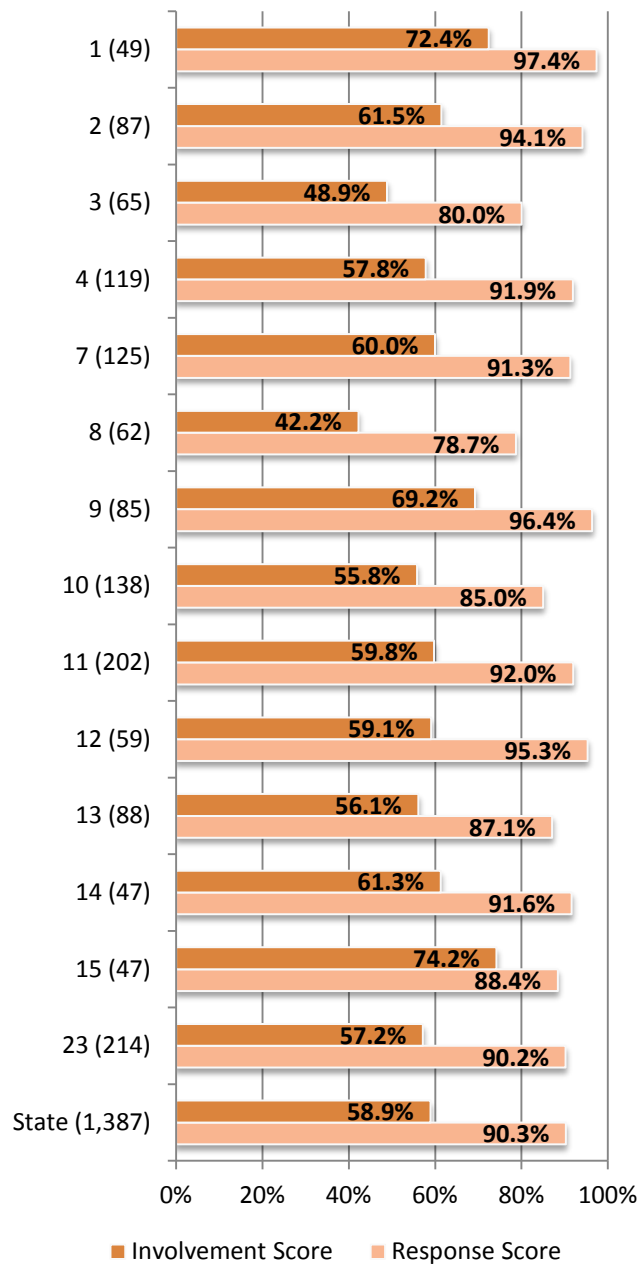
The following series of graphs show the Involvement and Response scores by Area, Age, Residential Setting, Disability and Service. Results through the second quarter of the year indicate:

- Involvement varied across Areas from a low of 42 percent in Area 8 to a high of 75 percent in Area 15.
- Provider Response ranged from a low of 79 percent in Area 8 to a high of 97 percent in Area 1.
- Involvement was lowest for individuals between age 18 and 21.
- Individuals who live in independent or supported living settings were much more likely to be involved in life’s decisions than individuals in any other residential setting.

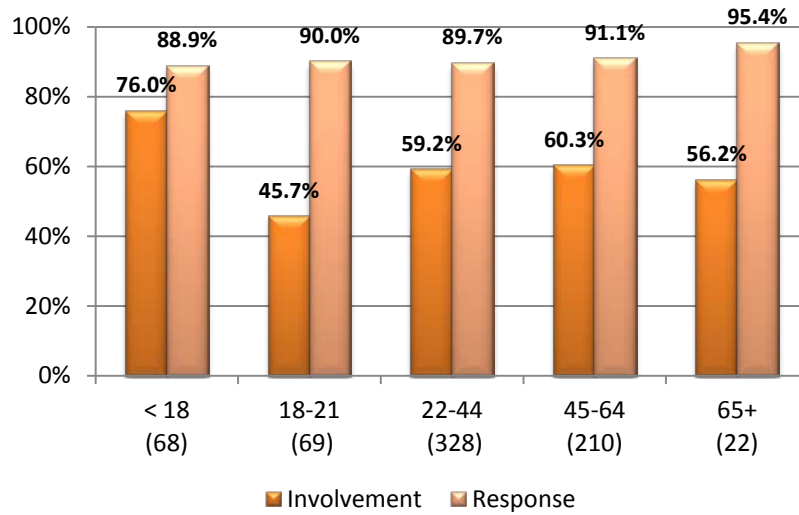
¹² See Attachment 7 for a list of indicators used to create each measure.

- Individuals with a primary disability of Autism or Intellectual Disability were less likely to be involved than individuals with Cerebral Palsy.
- Individuals receiving supported employment were much more likely to be involved in decisions about their lives than individuals receiving ADT or Companion services.

**Figure 9: Individual Involvement and Response by Area
 Waiver Participants
 January - June 2012**



**Figure 10: Individual Involvement and Response by Age Group
 Waiver Participants
 January - June 2012**



**Figure 11: Individual Involvement and Response by Residential Setting
 Waiver Participants
 January - June 2012**

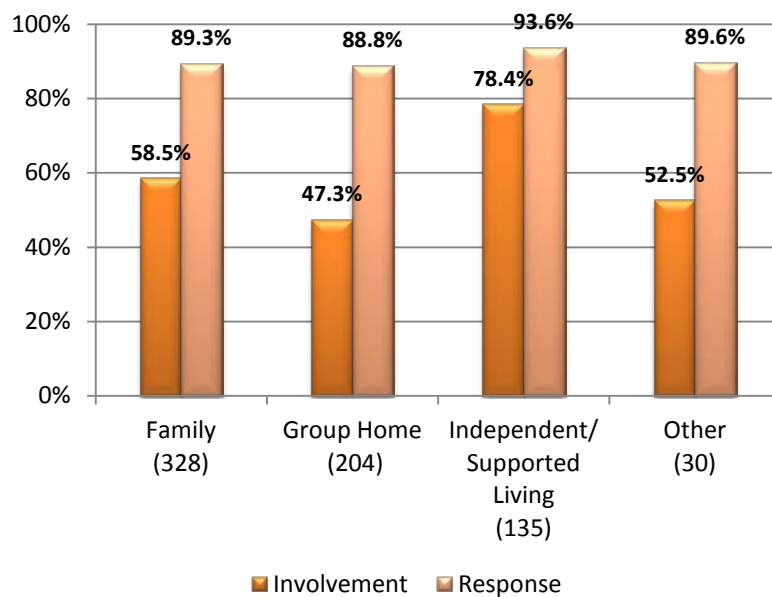


Figure 12: Individual Involvement and Response by Disability Waiver Participants January - June 2012

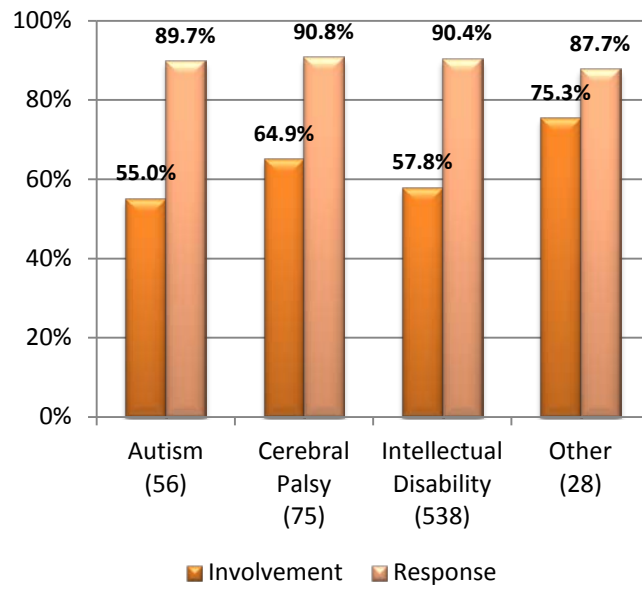
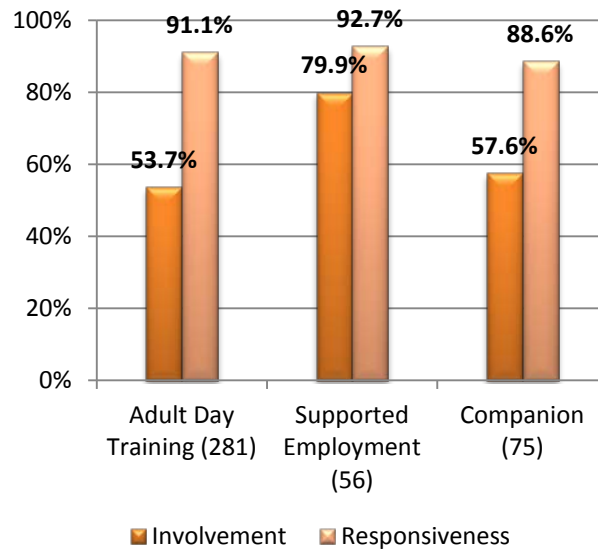


Figure 13: Individual Involvement and Response by Service Waiver Participants January - June 2012



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.

A total of 1,303 PDRs were completed by reviewers and approved by Delmarva management between January and June 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 so totals are not included. Thirty-five providers either failed to show up for a scheduled review or Delmarva and the APD Area offices were unable to contact them. A list of non-compliant providers is available to AHCA and APD through the monthly production report, but results from these reviews (all standards scored Not Met) are removed from the analyses in this report.

APD Area	Number of PDRs	Waiver Participants Served	CDC+ Participants Served	Non-Compliant Providers	Average Provider Score ¹⁴
1	18	844	28	0	90.4%
2	80	1,075	80	0	84.0%
3	89	1,029	23	6	86.4%
4	136	1,918	88	3	83.2%
7	87	1,815	171	5	84.2%
8	50	637	23	3	84.2%
9	41	683	32	0	91.2%
10	108	1,921	61	1	82.2%
11	211	3,884	119	5	87.6%
12	54	884	9	0	88.4%
13	89	781	34	0	83.7%
14	43	1,093	23	0	92.8%
15	49	564	29	0	84.8%
23	248	3,541	142	12	86.3%
State	1,303			35	85.8%

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>).

¹⁴ Calculated as the average of the provider percentage scores, so each provider score is weighted the same regardless of the number of standards scored or services provided.

Administrative Policy and Procedure Results¹⁵

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.¹⁶ 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.

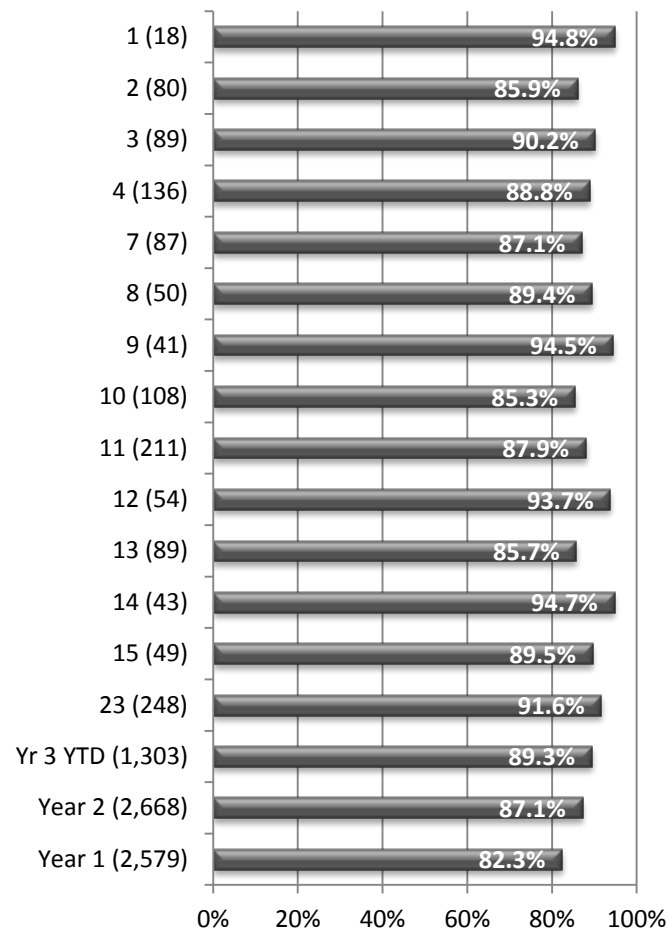
A description of each Standard scored within the Policy and Procedure component of the PDR is shown in Attachment 8, with the statewide average score for each Standard presented. Results for Year 1 and Year 2 are presented for comparison. However, because only about half of the total number of providers to be reviewed this year has been completed, findings are preliminary. Providers reviewed through the first two quarters of the year appear to be performing at approximately the same level as in previous years, with an upward trend in the overall score since Year 1. While performing and acting on self-assessments remains relatively low, this has improved since Year 1. Also, about one fourth of providers reviewed this year did not update policies and procedures when required. However, this is better than in previous years as well.

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 85.3 percent in Area 10 to just over 94 percent in Areas 9 and 14. The number of reviews in many Areas is relatively small and results are preliminary.

¹⁵ N sizes may vary throughout the report due to missing and/or not applicable data.

¹⁶ See Attachment 3 for a description of the weighting process and scoring methodology.

**Figure 12: Provider Discovery Reviews
 Average Policy and Procedure
 January – June 2012**



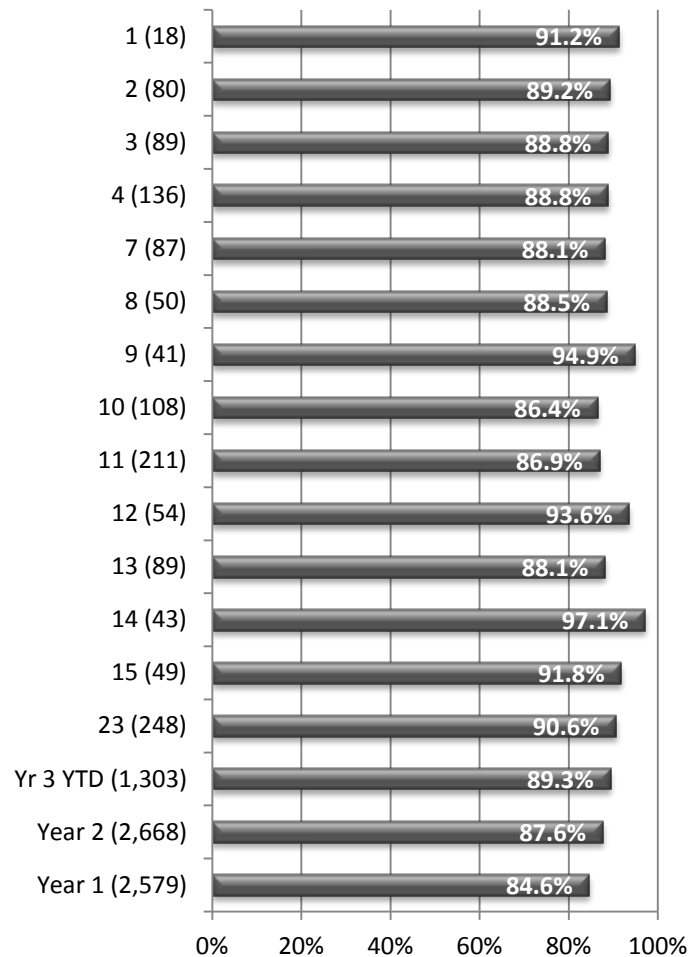
Training and Education Requirements

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 an upward trend since Year 1, from 84.6 percent to 89.2 percent. . The greatest gains to since Year 1, up through the second quarter of Year 3, have been in the Person-Centered Approach/Personal Outcomes training, training with an emphasis on choice and rights, and training specific to the scope of services rendered.

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.

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

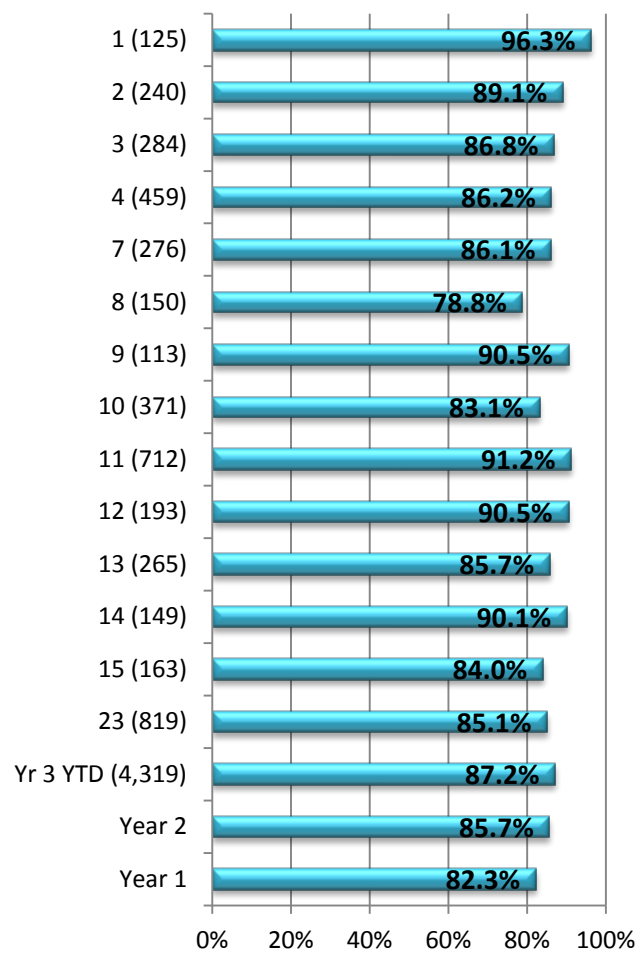


Service Specific Record Review Results (SSRR)

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.

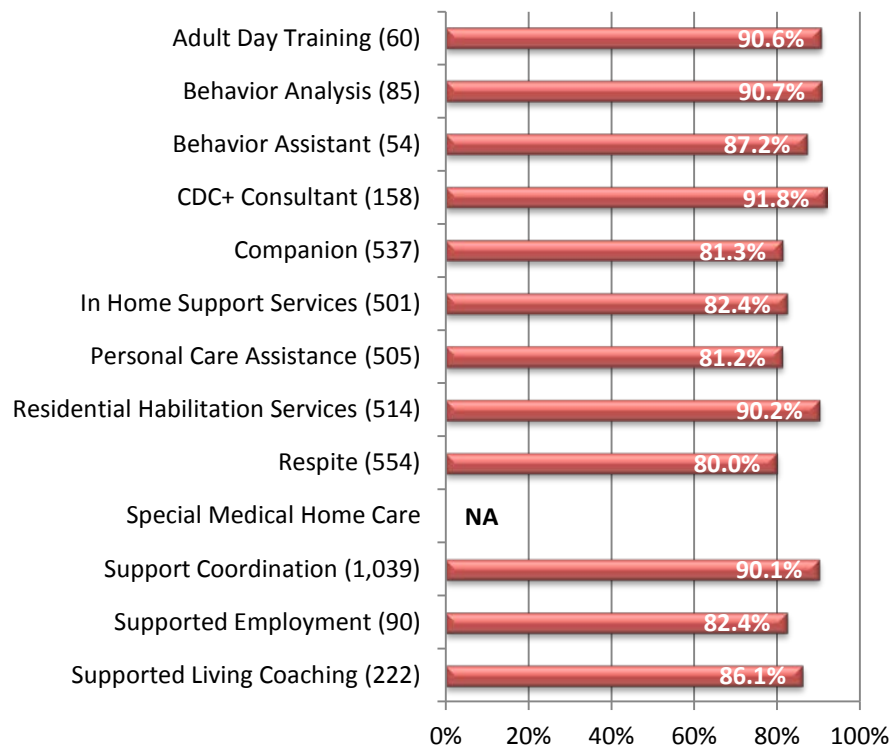
A total of 4,319 SSRRs were completed during the first two quarters of Year 3. The distribution of results across APD Areas is presented in Figure 14. On average, the 1,303 providers reviewed scored just over 87 percent, higher than in Year 1 and similar to Year 2. Variation across Areas ranges from 78.8 percent to 96.3 percent.

Figure 14: Provider Discovery Reviews
Average Service Specific Record Review Score by APD Area
January - June 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 80 percent for Respite to almost 92 percent for CDC+ Consultant.

**Figure 15: Provider Discovery Reviews
 Average Service Specific Record Review Scores by Service
 January – June 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 25 ADTs and 445 group homes (Table 7).

The ADTs served a total of 528 individuals, an average of about 21 per facility. The 198 group homes were operated by providers who served a total of 1,896 individuals.

Table 8: Provider Discovery Review				
Number of Locations Observed by Area				
January - June 2012				
	Adult Day Training		Residential Habilitation	
APD Area	Locations	Served	Location	Served
1	1	12	8	26
2	0	0	7	28
3	2	28	25	119
4	3	28	26	105
7	2	92	8	39
8	0	0	36	113
9	0	0	21	98
10	1	24	49	228
11	7	200	90	376
12	3	34	18	87
13	0	0	23	72
14	3	110	14	75
15	0	0	15	57
23	3	0	105	473
State	25	528	445	1,896

The average statewide PDR Observation score for the first two quarters of Year 3 was 98 percent, the same as the average for the previous two years. There was only a small number of locations monitored in each Area over the course of the first two quarters and comparisons across Areas are inappropriate at this time.¹⁷

¹⁷ Review tools are posted here and include detailed descriptions of each standard: <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>.

In addition, because the observation scores have remained quite high, variation across Areas has been small, all scoring above 90 percent compliance.

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 and State offices. 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.

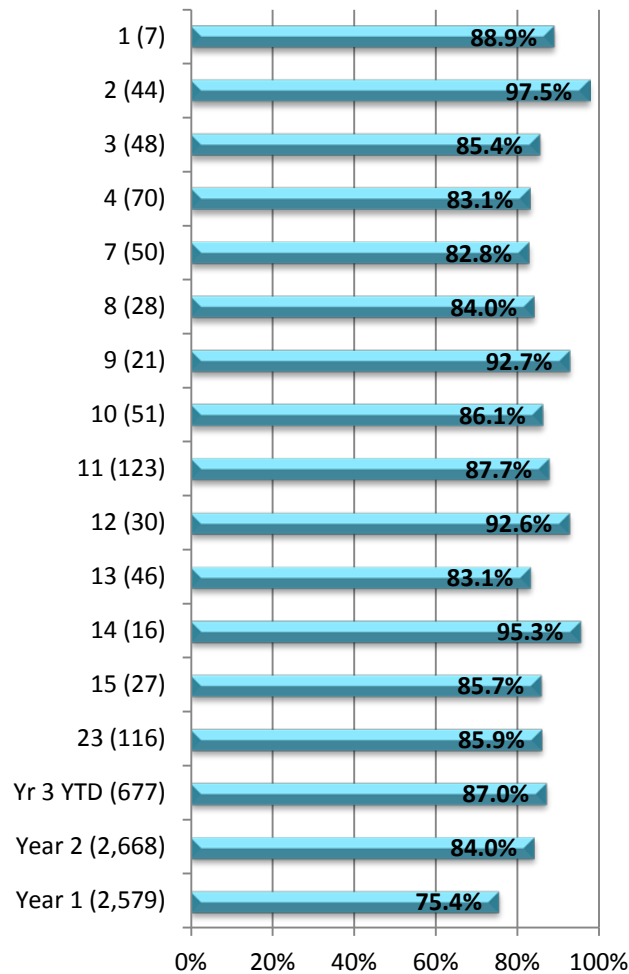
The number of Alerts recorded during the contract year, by APD Area, is shown in the following table. The majority of Alerts was due to a lack of required documentation needed to provide evidence background screening has been completed (n=170). An additional 66 rights, health and/or safety Alerts were recorded. Details of each alert are included in a report to AHCA and APD, and also included in the provider report.

Table 9: Provider Discovery Reviews				
Number of Alerts by APD Area				
January - June 2012				
APD Area	Rights	Health	Safety	Background Screening
1	0	1	0	2
2	0	0	0	2
3	0	2	3	13
4	1	2	6	23
7	0	1	1	15
8	0	0	0	8
9	0	0	0	3
10	2	1	0	15
11	1	2	3	26
12	1	0	6	4
13	1	3	6	15
14	0	0	0	2
15	0	1	1	7
23	1	12	8	35
State	7	25	34	170

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. 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 - June 2012**



While 170 providers received an alert for lack of background screening (13%), 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 170 providers with a background screening alert. Employees were most likely to be missing the local criminal records check from the county of residence (29.1%), the Affidavit of Good Moral Conduct (24.7%), and the required FBI screening letter (18.4%).

Table 10: Provider Discovery Reviews	
Reason Background Screening Scored Not Met	
January - June 2012	
Reason	Pct
Background screening results identified a disqualifying offense and the provider has not taken action.	0.5%
The provider did not present a Local Criminal Records Check obtained within county of residence.	29.1%
The provider did not present an Affidavit of Good Moral Character.	24.7%
The provider presented an Affidavit of Good Moral Character but it was not notarized.	0.3%
The provider presented an Affidavit of Good Moral Character, but it was not signed.	0.5%
The provider did not present the required Federal Bureau of Investigation screening clearance letter.	18.4%
Provider did not present required FL Department of Law Enforcement screening clearance letter or other acceptable FDLE screening.	12.6%
The provider did not provide proof of completing the required five year re-screening	13.1%
Provider was not under constant visual supervision of another fully screened employee when working.	0.8%

Recoupment Citations

Standards are identified as a Recoupment if the standard applies to billing documentation requirements. If scored as Not Met, these are flagged by the reviewer as a potential Recoupment for the provider and the Area APD office and AHCA are notified. The following table provides an overview of potential recoupment documented during the PDRs for the first two quarters of the third contract year. For the 1,303 PDRs completed to date, approximately 48 percent had at least one recoupment citation. While preliminary, this represents a lower rate than in Years 1 or 2, with eight Areas showing recoupment rates greater than 50 percent.

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	47	13	18	72.2%	65.3%	78.0%
2	121	53	80	66.3%	68.0%	81.5%
3	112	44	89	49.4%	63.8%	68.9%
4	279	83	136	61.0%	53.0%	66.3%
7	114	31	87	35.6%	34.6%	49.3%
8	103	34	50	68.0%	56.9%	64.9%
9	31	10	41	24.4%	56.3%	74.2%
10	197	60	108	55.6%	52.4%	59.6%
11	142	57	211	27.0%	29.8%	24.0%
12	106	36	54	66.7%	55.9%	59.0%
13	101	35	89	39.3%	40.4%	34.5%
14	22	11	43	25.6%	34.3%	53.9%
15	107	37	49	75.5%	73.4%	75.3%
23	434	127	248	51.2%	65.7%	65.0%
State	1,916	631	1,303	48.4%	52.5%	59.4%

Consumer Directed Care (CDC+)

CDC+ Participants

During the first two quarters of the year, January – June 2012, 152 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 - June 2012		
Area	Number	Percent
1	9	5.9%
2	7	4.6%
3	3	2.0%
4	17	11.2%
7	25	16.4%
8	2	1.3%
9	5	3.3%
10	12	7.9%
11	26	17.1%
12	3	2.0%
13	9	5.9%
14	3	2.0%
15	7	4.6%
23	24	15.8%
Total	152	

Results are presented by III Standard in Table 13 for the 152 PCRs completed for CDC+ participants. The average score appears to be trending down, particularly on several standards:

- Person actively participate in life’s decisions;
- Person is healthy
- Identification of needed skills and strategies to accomplish goals; and,
- Person is developing desired social roles.

Table 13: Consumer Directed Care + Person Centered Reviews			
Individual Interview Instrument Results by Standard			
January - June 2012			
Standard	Percent Met		
	Year 1	Year 2	Yr3 YTD
The person is afforded choice of services and supports.	91.3%	86.7%	84.9%
The person actively participates in decisions concerning his or her life.	90.1%	84.9%	79.6%
Person directs design of services and participates in identification of needed skills and strategies to accomplish desired goals.	90.7%	81.0%	80.3%
Person participates in routine review of services, and directs changes desired to ensure outcomes/ goals are met.	90.1%	87.5%	83.3%
Person has the necessary supports in place to meet needs and goals.	90.0%	87.5%	84.2%
The person is free from abuse, neglect and exploitation.	88.2%	88.6%	92.1%
The person is safe or has self-preservation skills.	87.0%	82.9%	88.8%
The person is healthy.	92.5%	78.6%	75.0%
Person is educated and assisted by supports/services to learn about rights/fully exercise rights that matter most to the person. T	90.1%	88.9%	85.5%
The person is achieving desired outcomes/goals or receiving supports that demonstrate progress toward specified outcomes/goals	91.3%	89.3%	84.0%
The person is satisfied with the supports and services received.	94.4%	88.8%	90.8%
The person is developing desired community roles that are of value to the person.	85.9%	77.5%	75.0%
Average CDC+ III Score	90.7%	85.2%	83.6%

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 152 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 152 consultants reviewed to date is similar to previous years. These consultants scored considerably higher than in Year 2 maintaining an emergency backup plan in the record (92%

compared to 78%) and documenting the individual's personal outcome notes/measures (100% compliance to date this year).

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 two quarters of the current contract year, 161 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. 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. Representatives have increased compliance over 20 percentage points on five standards: maintaining documentation for background screening, employee and vendor packets, having a signed corrective action plan, and signed and approved receipts of goods and services.

CMS Core Assurances

Several standards monitored during the Delmarva reviews are used to measure the CMS Core Assurances and sub-assurance, used as part of the CMS Evidentiary report. Results for these will be compiled and presented in Attachment 10 of this report.

Section III: Discovery

Findings in this report reflect data from PCR and PDR review activities for the first two quarters of the third FSQAP contract year, January – June 2012, with comparisons to Year 1 and Year 2 results when possible. A total of 849 PCRs and 1,303 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 Public Reporting Website workgroup finalized information and page content to complete revisions for the website; Delmarva helped facilitate the Quality Council meeting in June, and quarterly meetings were held in each APD Area. The Delmarva nurse continues to attend the monthly MCM conference calls.

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. Reviewers use the Health and Behavioral Assessment to help determine if basic health needs and services are being met and to identify the types of prescription drugs used by the person.

III and NCI Outcomes

Individual interviews to date indicate an average III score of 76.6 percent, representing a downward trend since Year 1 (89.9%) and Year 2 (85.0%). The Standard showing the lowest rate measures the degree to which the individual is developing desired community social roles (60.6%), and this is lower than in Year 1 by approximately 12 percentage points. Individuals interviewed to date this year indicate a continuing decline in outcomes measured during the interview process, particularly in areas of: health, choice, participation in life's decisions and developing desired social roles.

According to the NCI survey, individuals scored relatively low in the Focused Area of Community Inclusion, a rate just over 65 percent. If individuals are able to develop desired social roles in the community, inclusion is enhanced. 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. However, desired social roles may be to join a church choir, not just attend the church, or work at a community center.

NCI results to date indicate individuals have a limited amount of choice in their lives. This NCI Focused Area of Choice reflected a lower score than any other Focused Area, with a rate of just under 43 percent. Only a small percent of individuals chose a place to live (31%), who to live with (37%), who helps at home

(35%), who helps at work (31%), who helps during the day (26%), or a daily schedule (55%). The NCI area measuring community inclusion has also remained relatively low (65%).

Results to date indicate that individuals living independently, or with supported living, are more likely to have outcomes met than individuals living in a group home. Only 16.5 percent of respondents to date indicated having a job in the community and only 26.0 percent indicated having any volunteer work. Also, individuals with Supported Employment were much more likely to have outcomes met. These results have been reflected over the years using Delmarva data from the previous contract and also Personal Outcome Data from the Council on Quality and Leadership interview process.

An additional finding to date is that young adults, age 18 to 21, appear to be less likely to have outcomes met than individuals in any other age group. Individuals with an intellectual or developmental disability often remain in high school until age 21, and have typically maintained a higher level of outcomes due to the additional supports offered through the school system. However, although preliminary, these results may suggest either supports in the school system for young adults have been reduced or students are leaving school at an earlier age and the transition from school to work or a day program has not always been optimal.

Recommendation 1: Providers, particularly Support Coordinators, should work to ensure individuals are participating in the development of their support plans and implementation plans, so they include goals important to the person that will help develop important community connections—person centered goals.

Recommendation 2: Delmarva should work with APD and AHCA to develop choice training, with sessions targeting providers and sessions for individuals and families. These should be offered across the state or through a web-based training module. Provider training should be accountability based.

Recommendation 3: Evidence continues to indicate that efforts to increase the number of individuals working in the community should continue. The workgroup from the Quality Council has selected Supported Employment as a quality improvement initiative, including a member from the Supported Employment state initiative as well. Efforts from this group should be shared with the state and used to help increase delivery of this important service.

Recommendation 4: An individual's transition plan, developed in school, is an integral part of moving into adulthood, independent living, and an integrated work environment. Outcome results by age group should be monitored through the end of the contract year. If the 18 to 21 year old group continues to show lower outcomes than others, focus groups across the state may be helpful to gather information about the transition process, how it is working and where it may need revisions, if supports have been reduced for schools, or if some other factors are impacting outcomes for these young adults.

Health

The III Standard that helps determine if the person is healthy dropped close to 20 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 been to a dentist, a larger proportion had dental problems, and a larger proportion had health problems. In addition, 45 percent of individuals take behavioral or psychiatric medication, approximately 80 percent of individuals take some type of prescription medication, 34 percent of waiver services recipients were taking five or more medications and 62 individuals were taking 10 or more medications.

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.

Recommendation 6: The number and type of drugs taken by individuals should be included in the Person Centered Report provided to the Support Coordinator. The report should be modified to contain a type of alert if specific combinations and/or number of drugs are listed—to be determined with input from a medical advisor. The alert should be sent to the Support Coordinator, the Medical Case Manager for the Area, the Local and State APD office and to AHCA.

Provider Discovery Review Results

Results from the 1,303 PDRs conducted between January and June 2012 indicate providers are performing well documenting their Policies & Procedures, Qualifications and Training, and Service Specific requirements. Documentation compliance has increased since Year 1 on Policies and Procedures (81% to 89%) and Service Specific Record Reviews (82% to 87%). Results for the Qualification and Training standards increased from Year 1 (85%) to Year 2 (96%), but are somewhat lower to date in Year 3 (89%).

SSRR results from the PCR process were approximately five percentage points higher than from the PDR process. During the PCR process, providers know fairly well in advance (at least 30 days) which records will be reviewed. However, during the PDR, individual names for record reviews are not provided in advance of the review. Advanced notice for the ADT and Group Home Observations may also be impacting Delmarva's ability to accurately assess the facilities. Observation scores have been very high over the years.

Of interest to date is the apparent lack of consistency between compliance on record reviews (SSRR) and III outcomes. SSRR results for individuals receiving ADT showed a high degree of compliance (97%) while SSRR compliance for Supported Employment was one of the lowest (82%). At the same time, individuals receiving ADT were much less likely to have outcomes present than were individuals receiving Supported

Employment. Compliance with documentation requirements does not appear to produce better outcomes for individuals.

Of the 1,303 providers who participated in a PDR, 170 (13%) 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: AHCA and APD have worked over the years to create efficiencies in paperwork required by providers. However, perhaps a workgroup with Delmarva, APD, AHCA and provider representatives could further examine the amount of documentation required by providers. Identifying and eliminating unnecessary or duplicative work will increase time for providers to better focus on individuals, their needs and goals.

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. AHCA, APD and Delmarva should work with the Quality Council and perhaps implement one or more of the recommendations developed by QC members to address this issue.

Consumer Directed Care +

Data to date appear to indicate the outcomes for CDC+ participants have decreased since Year 1, from 91 percent to 84 percent. CDC+ Consultant review results have remained fairly consistent but the CDC+ Representative results have improved from 71 percent in Year 1 to almost 91 percent in Year 3. Results are based on a relatively small number of reviews, but do indicate that a review process for representatives appears to have greatly improved their systems for maintaining documentation for billing and other requirements. Background screening compliance alone has increased from 32 percent to 65 percent. When more data are available comparisons and recommendation can be provided. However, currently we recommend continued review of CDC+ Representatives in the review process.

Attachment 1: Area Quarterly Meetings

April - June 2012

Area Quarterly Meetings		
Date	Area	Summary
06-20-2012	1	<p>APD Participants: Rita Hughes, Walt Wooten, Joanne David, Anna Marie MacArthur, Kelly Lucas, Sandra Hill, Deborah Rancifer, Annette Zelb, Ali Stanley, Colleen Foley & Lynne Daw</p> <p>AHCA Participants (if any): N/A</p> <p>Delmarva Participants: Theresa Skidmore</p> <p>Brief Summary: Agenda items included: Provider updates & Terminations, Status of reviews/scheduling, feedback on reports. Detailed discussion was held regarding APD's transition from Area's to Regions, I-Budget Cost Plans and Service Authorization's, 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 3 Quarter 1 were discussed and next meeting date set.</p>
06-08-2012	2	<p>APD Participants: Ann Douglas, Lynne Daw, Kristin Brandon, Deborah McQueen, Marnie Millender, Cydeon Trueblood, Cheryl Smith, Nilda Barretto, Eddie Tanner (phone), Bonnie Williams (phone), Colleen Foley (phone), Faye Johnson (phone).</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Theresa Skidmore, Sandra Rowe, Bernadette Mitchell (phone)</p> <p>Brief Summary: Agenda items included: Provider updates & Terminations, Status of reviews/scheduling, feedback on reports. Detailed discussion was held regarding APD's transition from Area's to Regions, I-Budget Cost Plans and Service Authorization's, 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 3 Quarter 1 were discussed and next meeting date set.</p>
06-11-2012	3	<p>APD Participants: Alicia Stancin, Synester Rollins, Steve Malu, Elaine Hutchinson, Lucy Degenhardt & Vernita Hughes.</p>

Area Quarterly Meetings		
Date	Area	Summary
		<p>AHCA Participants (if any): N/A Delmarva Participants: Theresa Skidmore Brief Summary: Agenda items included: Provider updates & Terminations, Status of reviews/scheduling, feedback on reports. Detailed discussion was held regarding APD's transition from Area's to Regions, I-Budget Roll Out schedule, 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 3 Quarter 1 were discussed and next meeting date set.</p>
05-11-2012	4	<p>APD Participants: Terry Mothershed Newman, Gayle Granger, and Chris Chrusciel AHCA Participants (if any): Delmarva Participants: Christie Gentry, Shiela Butler, Gary Baird, Janice Newman Brief Summary: Agenda items included: Follow-up from previous meeting; Delmarva updates included a staffing update, tool revision update and discussion regarding scale down of reviews through June; APD updates included iBudget roll-out, regionalization, which will result in a loss of 68 positions statewide, with 5 of those being from Area 4, which will be absorbed by current positions; other agenda items included: Status of reviews/scheduling, feedback on reports, and the next Quality Council Meeting (June 4, 2012). The next quarterly meeting is scheduled for August 27, 2012 at 10:00 a.m.</p>
06-08-2012	7	<p>APD Participants: Cydney Yerushalmi, Nancy Micheal, Sharon Jennings, Jennifer Monje, Merari Perez, Paula Bowser, Stacey Fowler, Mary Martin, Nancy Michael, Carol Solomon, and Andrea Currence AHCA Participants (if any): Delmarva Participants: Christie Gentry, Jeff Coleman, Brenda McConnell, and Cheryl King Brief Summary: Agenda items included: Delmarva updates included staffing and tool updates; APD Updates included discussion of regionalization of the State, standardized positions, and APD's attempt to rejuvenate the Family Care Council and increase member</p>

Area Quarterly Meetings		
Date	Area	Summary
		involvement; grant awards were also discussed; Status of reviews/scheduling, Non-Compliant Providers, Feedback on reports, Alerts/Recoupments, and the next Quality Council Meeting (June 14, 2012). The next quarterly meeting is scheduled for August 24, 2012 at 10:00 a.m.
06-04-2012	8	<p>APD Participants: Jeff Smith and Jim Vidrine AHCA Participants (if any): Delmarva Participants: Kristin Allen and Michelle Kenyon</p> <p>Brief Summary: Follow-up from Previous Meeting; Delmarva update included a report on work-force reduction related to Area 11; APD update included a staffing update relating that Jim Vidrine has fully transitioned and the hire of Tracey Craver-Brickley (replacing Todd Ryan), and the departure of Ed Ruley as a primary provider enrollment person (he is now assigned to cost plans/CDC+, regionalization was a topic of discussion, with no specifics to report at this time, implementation of iBudget will be 1/1/2012; Other agenda items included status of reviews/scheduling, non-compliant providers, alerts/recoupments, feedback on reports, and current trends, and miscellaneous (status of tool revisions). Next Quarterly Meeting: September 17, 2012.</p>
05-17-2012	9	<p>APD Participants: Doni Braithwaite, Maria Rubin, Bernadette Snyder, Claurette DeVallon, and Elizabeth Torres AHCA Participants (if any): Delmarva Participants: Robyn Moorman and Noeline Coore-Brown</p> <p>Brief Summary: Agenda items included Follow- up from Prior Meeting; Delmarva updates which included My Life, Observation Review Checklist, and Health and Behavioral Assessment Workgroups and Revised SSRR tools; APD updates, which included the introduction of Claurette DeVallon and the departure of Bernadette and Hermi, preparation of iBudget and, in the category of "other" it was shared that the Health Dept. is no longer able to do health inspections at residential homes: APD residential licensure staff will be doing water temperature checks and additional discussions are in process related to the residential fee collection; it was also shared that A & D Group Home has closed down and Resources for Human Development has</p>

Area Quarterly Meetings		
Date	Area	Summary
		closed, but was purchased by MacTown (for the Redding Group Home); Status of Reviews/Scheduling and Notifications; Non-Compliant providers; Alerts/Recoupment, and Feedback on Reports. Data was shared and reviewed. 2012 meetings were scheduled and 2012 QC dates were shared.
05-02-2012	10	<p>APD Participants: David Gillis, Kathy Coleman and Hayden Toro</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Robyn Moorman and Anna Quintyne</p> <p>Brief Summary: Agenda items included Follow up from previous meeting; Delmarva updates which included reviews of HBSA, My Life, ORC, and revised tools; APD updates which included the introduction of Quintin Davis, licensing coordinator for Area 10, Lee Helmick in the MW Unit, and Gerry Driscoll becoming the Regional Director. Areas 9 & 10 will merge due to the regional structure now implemented. No update on iBudget at this time; status of reviews and notifications, non-compliant providers-there were none; alerts/recoupments-BGS: 4-Local law, 1-FBI, 2 Affidavits of GMC, and 2 FDLE; 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>
05-15-2012	11	<p>APD Participants: Kirk Ryon, Hillary Jackson, Carolyn Eleby, and Evelyn Alvarez</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Robyn Moorman, Mario Arreaga, Berta Santos, and Janet Tynes</p> <p>Brief Summary: Agenda items included Follow-up from Prior Meeting; Delmarva updates which included My Life, Observation Review Checklist, and Health and Behavioral Assessment workgroups and Revised SSRR Tools; APD updates which included staffing (congratulations to Evelyn Alvarez, new Regional Director), preparation for iBudget, and Focus Groups; Status of Reviews /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>

Area Quarterly Meetings		
Date	Area	Summary
06-21-2012	12	<p>APD Participants: Dylan Gayle, Diveka Anderson, Linda Burress, Cindy Camplin, & Patrick Burwell</p> <p>AHCA Participants:</p> <p>Delmarva Participants: Christie Gentry and Charlene Henry</p> <p>Brief Summary: Delmarva update included tool and staffing updates; APD Updates included: regionalization and iBudget roll-out, and that Leslie Richards is sitting in temporarily as the Administrator in Ed Debardeleben's place as he is the new Delmarva Liaison; 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 (September 20, 2012). 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 September 14, 2012 at 2:00 p.m.</p>
06-25-2012	13	<p>APD Participants: Mary Nally, Patricia Morse, Joyce Leonard, Aquinette Harrison, Scott Traynor, Clarence Lewis and Karen Eramo.</p> <p>AHCA Participants (if any): N/A</p> <p>Delmarva Participants: Theresa Skidmore, Kathy Silfies & Mark Williams</p> <p>Brief Summary: Agenda items included: Provider updates & Terminations, Status of reviews/scheduling, feedback on reports. Detailed discussion was held regarding APD's transition from Area's to Regions, I-Budget Roll Out schedule, pending revisions to the Individual Interview Instrument, Observation Review Checklist and Health & Behavioral Questionnaire as well as status of pending service specific tool revisions. Current trends/data/dash boards from Year 3 Quarter 1 were discussed with in depth discussion looking at decline in Residential Habilitation scores. Update on Quality Council activities was provided and next meeting date set.</p>
06-11-2012	14	<p>APD Participants: Heather Monteath, Jeannette Estes, Art Ceisla</p> <p>AHCA Participants (if any):</p> <p>Delmarva Participants: Kristin Allen and Kristen Joshnick</p> <p>Brief Summary: Follow-up from Previous meeting; Delmarva update included: staffing update related to work-force reduction in Area 11. APD Updates included: Loss of 3 positions and regionalization and</p>

Area Quarterly Meetings		
Date	Area	Summary
		implementation of iBudget (effective 10/1/2012); Other agenda items included: status of reviews/scheduling, non-compliant providers, alerts/recoupments, feedback on reports, current trends/data, and miscellaneous (status of tool revisions); Next Quarterly Meeting: September 10, 2012.
05-03-2012	15	<p>APD Participants: Marie Dubussion, Wayne Robb, and Cord Charles AHCA Participants (if any): Delmarva Participants: Robyn Moorman and Michelle Ceville</p> <p>Brief Summary: Agenda items included follow up from previous meeting; Delmarva updates which included reports on the HBSA, My Life, ORC, and Revised SSRR tools workgroups; APD updated which included staffing changes-Alice is new support worker in the office for Area15, Merari Perez is the new Regional Director and impacts with the new regional structure which means Area 7 will merge with Area 15, there were questions regarding Statewide training for WSC’s as there seems to be an indication of limited knowledge of their job duties on their part; Status of reviews and scheduling; Non-Compliant Providers-there were none; Alerts/Recoupments-BGS: 2-local law, 2 Affidavits of GMC, 3 FDLE, 1 Five-Year Screening, and 1 Medication course/validation; 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>
06-13-2012	23	<p>APD Participants: Marcia DeGrazia, Marilyn Figueroa, Gloria Moreno, and Ryan Oetinger AHCA Participants (if any): Delmarva Participants: Kristin Allen, Michelle Dean, Elizabeth Cooper , Beth Stratigeas, and Jan Valle</p> <p>Brief Summary: Delmarva update included the work-force reduction related to Area 11; APD Updates included: staffing update (Anne Hendon is officially back) and regionalization, and implementation of iBudget (effective 1/1/2013); Other agenda items included: status of reviews/scheduling, non-compliant Providers, alerts/recoupments, feedback on reports, current trends/data, and miscellaneous (status of tool revisions and “Delmarva Documentation Templates”; Next Quarterly Meeting: September 12, 2012.</p>

Area Quarterly Meetings		
Date	Area	Summary
Other Meetings and Conferences		
04-04-2012		Linda Tupper attended MCM Conference Call
05-02-2012 Thru 05-07-2012		Linda Tupper attended National DDNA Conference
06-06-2012		Linda Tupper attended MCM Conference Call

Attachment 2: Customer Service Activity

April - June 2012

Customer Service Topic	Number of Events	description	Outcome	Ave Time to Resolve
Address/ Phone Update	64	Providers call to update their phone numbers/addresses	Phone numbers/addresses are updated in the Discovery application and providers are advised to update same with AHCA	1 day
Background Screening	0	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+	1			
Clarification	0			
Complaint	2	One provider complained about the QAR. A mother		1 day

Customer Service Topic	Number of Events	description	Outcome	Ave Time to Resolve
		complained about the results of her son's PCR results.		
Contact QAR	6	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	5	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	7	On caller asked for our website address. A mother called asking for help to get more services for her son. One person called asking about employment with Delmarva Foundation. A husband and wife (who is receiving services) reported receiving harassing phone calls from the support coordinator. A mother wanted to know how long it takes to get a wheelchair repaired. A provider staff reported issues with her pay.	All calls were responded to; where appropriate, the caller was referred to another source for assistance.	1 day
New Tools	4	Providers called to verify the current Discovery tools being used.	Providers are referred to our website and shown the current tools posted.	1 day
Next Review	64	Providers called having received their 90-day notification letter and questioned having their 2012 review less than 12 months since their 2011 review.	The review process is explained to the providers, including all the factors that are involved in scheduling. Providers are informed that	1 day

Customer Service Topic	Number of Events	description	Outcome	Ave Time to Resolve
		Providers call asking when their next review will occur.	<p>PDRs are conducted each contract year with those who are eligible.</p> <p>Providers are referred to their 90-day notification letters and advised to wait for the phone call from the reviewer to schedule their review.</p>	
Provider Search Website	6	Providers call asking why their names are not on the provider search website.	The mechanics of the website are explained to the providers, including that only active (billing) providers rendering services reviewed by Delmarva are captured on this website.	1 day
Question	71	Providers call with questions regarding documentation or qualification requirements; for assistance accessing resources on our website; for explanations of the review processes.	Questions are answered with references to appropriate documents or entities.	1 day
Reconsideration	11	Providers call with questions regarding how to submit a request for reconsideration or when to expect their reconsideration results. One APD Area staff inquired about the status of a provider's reconsideration request.	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	1 day

Customer Service Topic	Number of Events	description	Outcome	Ave Time to Resolve
			providers are given an expected delivery date.	
Report Requested	13	Providers call or email requesting that their report be re-sent to them.	Reports are re-sent with address confirmation and providers are advised of same.	1 day
Review	30	Providers call asking for explanation of their reports.	Their reports are explained; providers are referred to their local APD office for technical assistance.	1 day
Training	11	Providers and stakeholders call asking about training requirements.	Training requirements are explained, including reference to the Handbook.	1 day

Attachment 3: Overview of Review Processes

Person Centered Review

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

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

The PCR includes several components:

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

The individual interview begins with the National Core Indicator (NCI) Adult Consumer Survey. The National Core Indicators is a collaboration among participating National Association of State Directors of Developmental Disability Services (NASDDDS) member state agencies and the Human Services Research Institute (HSRI), with the goal of developing a systematic approach to performance and outcome measurement. Data from this survey are used by Human Services Research Institute (HSRI), Delmarva's subcontractor on this contract, to draw comparisons at the national level to over 25 other states also using the NCI survey.¹⁸ 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.¹⁹

¹⁸ HSRI developed the NCI survey instruments. More information can be found at the following web site: <http://www.hsri.org/>.

¹⁹ 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 Methodology²⁰

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.

²⁰ The scoring methodology was developed in May 2010 by a workgroup consisting of representatives from the Agency for Health Care Administration, the Agency for Persons with Disabilities, and Delmarva Foundation.

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

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

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

Attachment 4: CDC+ Consultant Results by Element

January - June 2012 (N=152)

CDC+ Consultant Results by Element Standard	Percent Met		
	Year 1 (N=221)	Year 2 (N=281)	Yr3 YTD (152)
Current Support Plan is in the record and is complete.	98.1%	97.5%	99.3%
Current Support Plan was submitted to the APD Area office in required timeframes.	85.6%	86.7%	93.4%
Current Support Plan was distributed within the required timeframes.	88.1%	88.4%	94.0%
Current Medicaid Waiver Eligibility Worksheet is in the record and complete.	95.0%	96.4%	98.7%
The current approved Cost Plan is in the record.	90.1%	77.9%	82.2%
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%	97.2%
The current Support Plan reflects the individual's communicated personal goals.	98.1%	97.5%	98.0%
The Consultant addresses the individual's communicated personal goals.	97.5%	95.0%	97.4%
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%	99.3%
The Consultant is aware of the person's recent progress towards or achievement of personal goals.	93.8%	91.5%	94.7%
Consultant addresses the individual's expectations of the services he/she is receiving.	93.2%	90.0%	95.4%
Participant & CDC+ Rep are educated about the benefits of Medication Reviews & preventive health screenings.	79.5%	74.5%	82.8%
Participant and CDC+ Rep are educated about safety needs - natural disasters, community & home safety.	81.9%	77.4%	84.8%
The Consultant addresses the participant's health and health care needs.	90.6%	90.7%	92.1%

CDC+ Consultant Results by Element	Percent Met		
	Year 1 (N=221)	Year 2 (N=281)	Yr3 YTD (152)
Standard			
The Consultant addresses the participant's safety needs and safety skills.	94.4%	88.6%	89.5%
Consultant can describe how participants are empowered to make informed decisions about their health.	88.1%	81.6%	89.0%
Consultant can describe how participants are empowered to make informed decisions about their safety.	90.0%	81.0%	87.1%
Consultant is aware of any history regarding abuse, neglect and/or exploitation for the participant.	89.0%	80.9%	80.4%
Consultant is aware of the participant's definition of abuse, neglect, & exploitation, & how participant would report incidents.	86.3%	77.1%	80.9%
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%	98.0%
Completed/signed Participant-Consultant Agreement is in the record.	86.3%	93.2%	95.4%
Completed/signed CDC+ Consent Form is in the record.	91.3%	91.8%	95.4%
Completed/signed Participant-Representative Agreement is in the record.	88.6%	94.2%	96.0%
Completed/signed Purchasing Plan is in the record.	96.9%	97.5%	99.3%
Participant's Information Update form is completed & submitted to Area CDC+ liaison as needed.	93.8%	98.5%	98.2%
When correctly submitted by participant, Consultant submits Purchasing Plans by the 10th of the month.	96.0%	94.1%	98.0%
Consultant provides technical assistance to participant to meet participant's needs.	93.5%	98.8%	97.8%
Participant Monthly Review forms are filed in the participant's record prior to billing each month.	92.5%	95.4%	90.8%
Consultant uses cash receipts log to track expenditures and cash on hand.	85.2%	84.0%	80.6%
Consultant has taken action to correct any overspending by the participant.	93.0%	98.2%	97.2%
Consultant initiates Corrective Action when appropriate & Plan is in the record.	87.9%	92.5%	100.0%

CDC+ Consultant Results by Element	Percent Met		
Standard	Year 1 (N=221)	Year 2 (N=281)	Yr3 YTD (152)
The Emergency Back-up Plan is in the record and is reviewed annually.	72.8%	78.4%	91.9%
Average PCR CDC+ Consultant Reviews	90.7%	89.1%	92.0%

Attachment 5: CDC+ Representative Results by Element

January – June 2012 (N=161)

Standard	Percent Met		
	Year 1 (125)	Year 2 (316)	Yr3 YTD (161)
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%	86.7%
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%	93.7%
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%	83.5%
Complete and signed Participant/Representative Agreement is available for review. CDC+ Participant Notebook v. 3.0 p. 31	86.6%	88.5%	93.7%
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%	89.4%
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%	94.3%
Emergency Backup Plan is complete and available for review. CDC+ Participant Notebook v. 3.0 p. 75 & 98	75.4%	82.6%	92.4%
Receipts and Detailed Monthly Logs for Cash Purchases are available for review. CDC+ Participant Notebook v. 3.0 p. 95	79.2%	85.4%	91.7%
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%	88.7%
Signed and approved Invoices for Vendor Payments are available for review. CDC+ Participant Notebook v. 3.0 p. 92 & 93	83.3%	91.8%	92.1%
Signed and approved Purchasing Plan is available for review. CDC+ Participant Notebook v. 3.0 p. 79	85.0%	87.0%	95.0%
Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review. CDC+ Participant Notebook v. 3.0 p. 91 & 92	87.3%	87.1%	91.3%
Signed and approved receipts and/or statement of "Goods & Services" received are available for review. CDC+ Participant Notebook v. 3.0 p. 45 & 98	64.3%	89.7%	93.0%
Average CDC Representative Record Review	70.5%	84.1%	90.5%

Attachment 6: NCI Consumer Survey - Results by Focused Area and Indicator²¹

January – June 2012

Question Description	Applicable Responses	% No	% In-Between	% Yes
1. Achieving Results/Person Centered Approach				
Q3. Do you like working there (job)?	72	1.4%	8.3%	90.3%
Q4. Would you like to work somewhere else?	74	62.2%	10.8%	27.0%
Q8. Do you like going there/doing this activity (day program)?	276	0.4%	6.5%	93.1%
Q9. Would you like to go somewhere else or do something else during the day (day program)?	264	59.8%	11.0%	29.2%
Q13. Do you like your home or where you live?	457	4.4%	4.2%	91.5%
Q14. Would you like to live somewhere else?	442	63.3%	8.4%	28.3%
Q39. If you ask for something, does your case manager/service coordinator help you get it?	400	2.3%	4.8%	93.0%
Q79. Do you get the services you need?	607	23.1%	15.0%	61.9%
Total Achieving Results	2,592	25.3%	8.8%	66.0%
2. Choice				
Q61. Who chose the place where you live?	591	45.7%	23.7%	30.6%
Q63. Did you choose the people you live with?	393	45.5%	18.8%	35.6%
Q64. Do you choose who helps you at home?	493	21.3%	44.0%	34.7%
Q65. Who decides your daily schedule?	617	13.8%	31.4%	54.8%
Q66. Who decides how you spend your free time?	618	6.3%	26.4%	67.3%
Q67. Who chose the place where you work?	137	16.8%	27.7%	55.5%
Q69. Do you choose who helps you at work?	119	20.2%	48.7%	31.1%
Q70. Who chose where you go during the day?	431	25.1%	34.3%	40.6%
Q72. Do you choose who helps you during the day?	450	16.4%	58.0%	25.6%
Q73. Do you choose what you buy with your spending money?	608	11.3%	42.3%	46.4%
Q74. Did you choose your case manager/service coordinator?	567	27.2%	34.2%	38.6%
Total Choice	5,024	22.5%	34.7%	42.8%
3. Health		Excellent	Fairly	Poor

²¹ Shaded questions were reverse coded for analysis presented in Table 5.

Question Description	Applicable Responses	% No	% In-Between	% Yes
			Good	
BI14. Overall, how would you describe this person's health? (scale)	627	34.3%	59.2%	6.5%
4. Safety				
Q22. Are you ever afraid or scared when you are at home?	432	85.9%	11.3%	2.8%
Q23. Are you ever afraid or scared when you are out in your neighborhood?	423	88.7%	8.5%	2.8%
Q24. Are you ever afraid or scared at work or at your day program?	339	91.4%	6.5%	2.1%
Q25. If you feel afraid, if there someone you can go to for help?	319	3.8%	3.8%	92.5%
Total Safety	1,513	70.6%	7.9%	21.5%
5. Rights				
Q6. Is staff who helps you at your job nice and polite to you?	65	4.6%	0.0%	95.4%
Q11. Is staff at your day program activity nice and polite to you?	271	0.7%	2.6%	96.7%
Q18. Are they (people helping you at home) nice and polite to you?	348	1.4%	4.6%	94.0%
Q19. Do people let you know before they come into your home?	426	2.8%	6.1%	91.1%
Q20. Do people let you know before coming into your bedroom?	408	8.1%	6.9%	85.0%
Q21. Do you have enough privacy at home?	394	8.9%	0.0%	91.1%
Q30. Can you go on a date if you want to?	336	14.0%	11.6%	74.4%
Q75. Do people read your mail or email without asking you first?	523	90.6%	0.0%	9.4%
Q76. Can you be alone with friends or visitors at your home?	530	16.8%	0.0%	83.2%
Q77. Are you allowed to use the phone and internet when you want to?	469	5.1%	0.0%	94.9%
Total Rights	3,770	19.2%	3.1%	77.7%
6. Community Inclusion / Social Role				
Q1. Do you have a job in the community?	478	83.5%	0.0%	16.5%
Q12. Do you have any volunteer work?	439	74.0%	0.0%	26.0%
Q29. Can you see your friends when you want to see them?	373	5.4%	16.9%	77.7%
Q32. Do you have family that you see?	439	11.8%	0.0%	88.2%
Q33. Can you see your family when you want to?	396	7.1%	17.9%	75.0%

Question Description	Applicable Responses	% No	% In-Between	% Yes
Q42. When you want to go somewhere, do you always have a way to get there?	427	1.4%	14.5%	84.1%
Q54. In the past month, did you go shopping?	621	8.7%	0.0%	91.3%
Q55. In the past month, did you go out on errands or appointments?	615	15.9%	0.0%	84.1%
Q56. In the past month, did you go out for entertainment?	616	24.7%	0.0%	75.3%
Q57. In the past month did you go out to a restaurant or coffee shop?	622	13.7%	0.0%	86.3%
Q58. In the past month, did you go out to a religious service?	616	52.3%	0.0%	47.7%
Q59. In the past month, did you go out for exercise?	620	51.1%	0.0%	48.9%
Q60. In the past year, did you go away on a vacation?	619	54.9%	0.0%	45.1%
Total Community Inclusion	6,881	31.9%	2.8%	65.2%

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 – June 2012 (N=1,303)			
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%	94.8%
The provider is able to describe the organization's person centered planning process, i.e. developing Implementation Plans, Support Plans, etc.	94.3%	97.2%	97.5%
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%	93.4%
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%	84.3%
The provider can describe reporting procedures for any incidents of abuse, neglect, and/or exploitation.	97.8%	98.1%	98.1%
The provider has identified and addressed trends related to abuse, neglect, and exploitation.	95.0%	96.4%	96.7%
All instances of abuse, neglect, and exploitation have been reported.	98.7%	97.9%	97.9%
The provider has written policies and procedures which detail the safe administration and handling of medication to ensure the health and safety of recipients; if it is the provider's policy to not administer or assist in administration of medication, this should be clearly stated.	81.5%	87.3%	91.8%
The provider tracks and addresses medication errors (if administering medication).	89.1%	91.8%	93.1%
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%	92.8%
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%	86.1%
The provider has written policies and procedures to address grievances.	81.6%	92.5%	96.2%
The provider maintains a log of all grievances.	68.2%	81.0%	87.9%

Policy and Procedure Results by Review Standard			
January – June 2012 (N=1,303)			
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%	87.6%
Individuals sign the provider's grievance policy within 30 days of beginning services and annually thereafter.	55.3%	74.6%	79.6%
The provider has a written policy for conducting self-assessments.	79.1%	81.8%	82.0%
The provider has completed a self assessment including all required components, at least once in the past year.	41.7%	47.5%	49.3%
The provider has taken quality improvement actions as a result of the self assessment.	48.6%	57.8%	59.9%
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%	91.9%
The provider tracks and addresses all incident reports.	86.6%	93.8%	93.7%
The provider updates policies and procedures in a timely manner.	63.2%	68.1%	75.4%
Vehicles used for transportation are properly insured and properly registered.	91.1%	90.7%	91.8%
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=1,303)			
January – June 2012			
Standard	Percent Present		
	Year 1	Year 2	Yr3 YTD
The provider received training in Zero Tolerance.	81.1%	83.8%	86.9%
The provider received training in Direct Care Core Competency.	83.9%	87.9%	90.4%
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%	83.7%
If applicable, the provider received training in Medication Administration per FAC 65G-7.	93.8%	95.3%	95.7%
If applicable, the provider has been validated on medication administration per FAC 65G-7.	92.1%	94.1%	94.0%
The provider received training in HIV/AIDS. (Infection Control now captured in Core Comp.)	94.3%	96.7%	97.5%
The provider received training in Cardiopulmonary Resuscitation (CPR).	93.4%	95.4%	95.5%
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%	80.4%
The provider received 34 hours of Statewide pre-service training.	96.5%	97.9%	98.3%
The provider received 26 hours of Area- specific training.	94.6%	96.0%	95.4%
The provider received 24 hours of ongoing annual job related training.	93.5%	93.8%	91.9%
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%	99.0%
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%	96.6%
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%	94.4%
The provider received training with an emphasis on choice and rights(Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants)	73.7%	80.5%	85.5%
The provider received training in the development and implementation of the required documentation for each waiver service provided. (Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants)	76.7%	79.9%	85.7%

Qualifications and Training Results by Review Standard (N=1,303)			
January – June 2012			
Standard	Percent Present		
	Year 1	Year 2	Yr3 YTD
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%	83.7%
The provider received training specific to the scope of the services rendered. (Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants)	76.0%	80.3%	87.7%
The provider meets all minimum educational requirements and levels of experience for Adult Day Training.	89.4%	92.6%	96.4%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	98.4%	98.7%	94.1%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	90.3%	94.2%	93.2%
The provider meets all minimum educational requirements and levels of experience for Companion.	90.3%	96.0%	96.9%
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%	97.1%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation.	85.0%	89.5%	90.9%
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%	99.7%
The provider meets all minimum educational requirements and levels of experience for Supported Employment.	90.3%	94.7%	95.0%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	89.0%	93.7%	92.8%
Average Qualifications and Training	84.6%	96.0%	89.2%