

# **Florida Statewide Quality Assurance Program**

**Year 3 Third Quarter Report**

**July - September 2012**

**Submitted to:**

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

**Prepared by Delmarva Foundation  
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## Executive Summary

In January 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 three 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 third quarter, January – September 2012 from PDR activities indicate providers are approximately 90 percent compliant with Policy and Procedures, 89 percent compliant with training requirements, and 88 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, but many standards have shown improvement over the years.

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 50 percent of the 1,954 providers (representing all services reviewed by Delmarva) who had a PDR were cited with at least one potential recoupment item.

To date this year, 246 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 63 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 Third Quarter Report for the third year of the FSQAP, July - September 2012. Because the data collected to date do not reflect results from all providers or the entire PCR sample, results are not yet final. 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 alternate weeks managers often meet with their teams to review information, discuss any questions or issues from reviews, and gather feedback from reviewers to help inform tool/standard updates.

### Internal Quality Assurance Activities

#### Report Approval Process

In order to reduce error rates and enhance reliability, the Delmarva management team continues to review all PCR and PDR 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 eight Quality Assurance Reviewers (QAR) – all passed at 85 percent or higher
- PDR Field Review Reliability was completed for eight QARs – all passed at 85 percent or higher
- Quarterly Service Specific Record Review File reliability was completed with all QARs on In-Home Supports and Services – all QARs 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. A major focus of this meeting will be to train reviewers on the revised tools.

#### 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 third quarter, there was a status meeting August 22. Due to scheduling conflicts and work group meetings to complete the CMS Evidentiary Report, 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, and a representative from AHCA. The purpose of the meetings is to discuss and interpret data from the Delmarva

reviews to help APD develop appropriate remediation activities, and to update all entities on current activities in the Area. Face to face meetings were held in each APD Area this quarter.<sup>1</sup>

## 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 tools have been posted on the Delmarva for further feedback. Final approval is expected in the fourth quarter of the year. Workgroups for each tool included representation from Delmarva, AHCA, APD, advocacy groups, and the provider community.

### CMS Evidentiary Report

During the third quarter of the year, Delmarva worked extensively with AHCA and APD to provide data and information needed for the iBudget waiver CMS Evidentiary Report, due November 6, 2012. Several meetings with Delmarva, AHCA and APD were convened to map out the process with which to conduct PCRs with a sample of individuals in Areas 1 and 2, to include a total of 331 PCRs. Throughout the next quarter, the team will analyze the data, complete remediation, and collaborate in report writing.

## Feedback Surveys

### NCI Consumer Survey Feedback Survey

After each individual NCI interview, Delmarva provides the individual with a feedback survey. The individual is encouraged to complete the feedback survey, which is mailed directly to HSRI. Between January and September 2012, 163 surveys were returned to HSRI, a 12 percent return rate (163/1,375). Results to date are based on a very small return rate but are very positive and indicate the following:

- 123 of the 163 respondents (74.5%) participated in answering the Consumer Survey.
- 52 (31.9%) feedback forms were completed by the person receiving services, with 92 (56.4%) completed by an advocate, and 39 (23.9%) by a staff member where the person lives or receives services.
- 107 NCI interviews (65.6%) took place in the home.
- 70 percent of individuals (N=114 out of 163) indicated choosing where to meet for the interview.
- All but five respondents felt the interview was scheduled at a convenient time, and 147 (89.9%) felt it took about the right amount of time.
- All respondents felt the interviewer was respectful and 153 respondents felt the interviewer explained what the survey was about.

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<sup>1</sup> See Attachment 1 for attendees and a brief summary of each meeting.

- Most individuals indicated the questions were not difficult to answer (84.5%).
- About 23 respondents thought some of the questions were difficult to answer and 88.2 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 September 2012, 239 surveys were received from providers who participated in a PDR.<sup>2</sup> The following table provides each question and the percent of positive responses. Results show over 90 percent positive on each measure.

Table 1: Results from Provider Feedback Surveys	
Reviews Received Between January and September 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?	93%
Did the QAR arrive at the review at the scheduled time?	95%
If no, did the QAR call to notify you he/she might be a little late? (N=11)	91%
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=196)	97%
Total Responses	239

### Summary of Customer Service Calls

During the third quarter of the third contract year, July - September 2012, 274 calls were recorded in the Customer Service Log, with an average response time of one day for each call.<sup>3</sup>

<sup>2</sup> Survey results do not reflect the review date so all surveys received up through September 2012, were analyzed.

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



## Quality Council

The last Quality Council meeting was held in Tallahassee on September 20, 2012.<sup>4</sup> Agenda items included:

- Membership update from AHCA
- Updates from AHCA (Jamie Franz) and APD (Ed DeBardleben)
- Refresher of activity completed during the previous QC meeting
- Melinda Coulter presented the APD Strategic Plan
- Summary of data from Delmarva reviews: recommendations and trends
- Review of iBudget tools and performance indicators, and breakout groups to discuss

The next Quality Council meeting is scheduled for December 13, 2012, in Tampa.

## 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 next update through September 2012 should be available by mid November.
- The Remediation Data Extract continues to be completed and made available to APD on approximately the 7<sup>th</sup> of each month.
- The Public Reporting Website was completed and “went live” in 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 have been completed. 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. Work on this report has been initiated by IT.

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

## Section II: Data from Review Activities

### Person Centered Reviews (PCR)<sup>5</sup>

Information in Table 1 provides the number of PCRs completed by APD Area during the first three 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.<sup>6</sup> 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 20.6 percent for waiver participants and 2.5 percent for CDC+.

Table 2: Person Centered Review Activity				
January - September 2012				
APD Area	Number of PCRs		Number of Declines	
	Waiver	CDC+	Waiver	CDC+
1	75	10	25	0
2	105	17	21	0
3	36	7	22	0
4	86	26	25	2
7	103	33	31	1
8	39	5	12	1
9	56	10	12	1
10	108	25	13	0
11	166	34	35	0
12	53	4	4	0
13	71	13	20	1
14	49	3	9	0
15	27	11	9	0
23	169	34	58	0
<b>Total</b>	<b>1,143</b>	<b>232</b>	<b>296</b>	<b>6</b>

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

<sup>5</sup> 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>).

<sup>6</sup> There was no Area information for 15 individuals who declined.

PCR process and the person’s potential role in it. It also gives individuals an opportunity to change their minds about participating. An individual who declines is replaced by another individual from the oversample to ensure an adequate and representative sample is used for analysis.

<b>Table 3: Person Centered Review Decline Reasons</b>			
<b>January - September 2012</b>			
<b>Decline Reason</b>	<b>Waiver</b>	<b>CDC+</b>	<b>Total</b>
Refused	164	1	165
Review Next Year	71	4	75
No Longer Receiving Services	33	1	34
Deceased	15	0	15
Moved Out of State	13	0	13
<b>Total</b>	<b>296</b>	<b>6</b>	<b>302</b>

### 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.<sup>7</sup> The III consists of 12 standards that help determine, from the individual’s perspective, how well the service delivery system is meeting needs and goals for the person. Each standard is scored Met or Not Met and is listed in Figure 2.

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

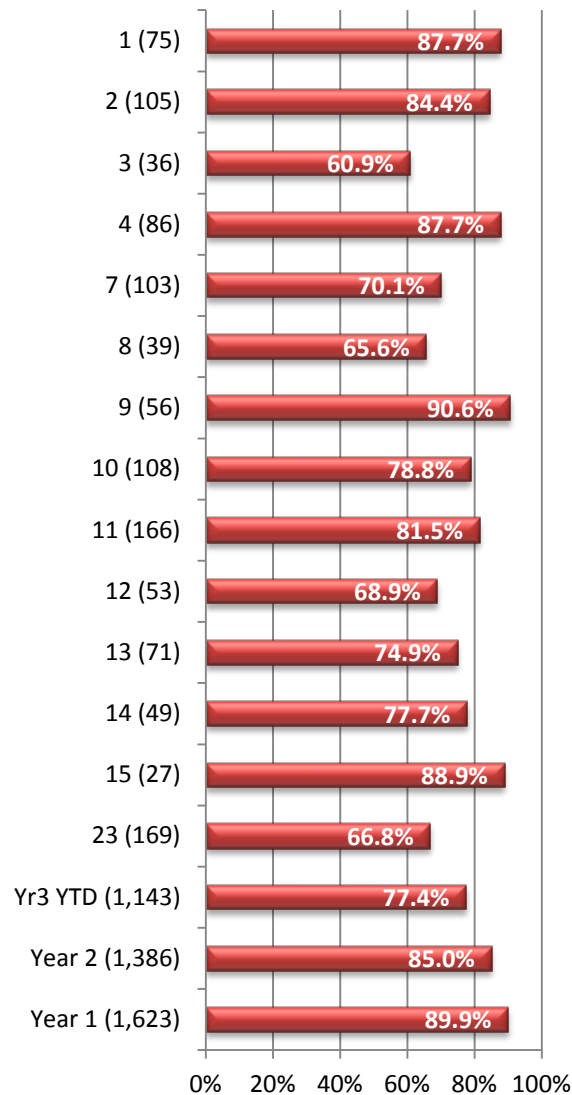
### Waiver Participants

The average III scores for the 1,143 individuals on a DD waiver interviewed during the first three quarters of the year are presented in Figure 1, for each Area and statewide. The average III score for Years 1 and 2 are presented for comparison. It is important to note several Areas have relatively small samples and three Areas have fewer than 50 reviews completed. Therefore, results may not be representative of the Area at this time

<sup>7</sup> 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.

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.<sup>8</sup>

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



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

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

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

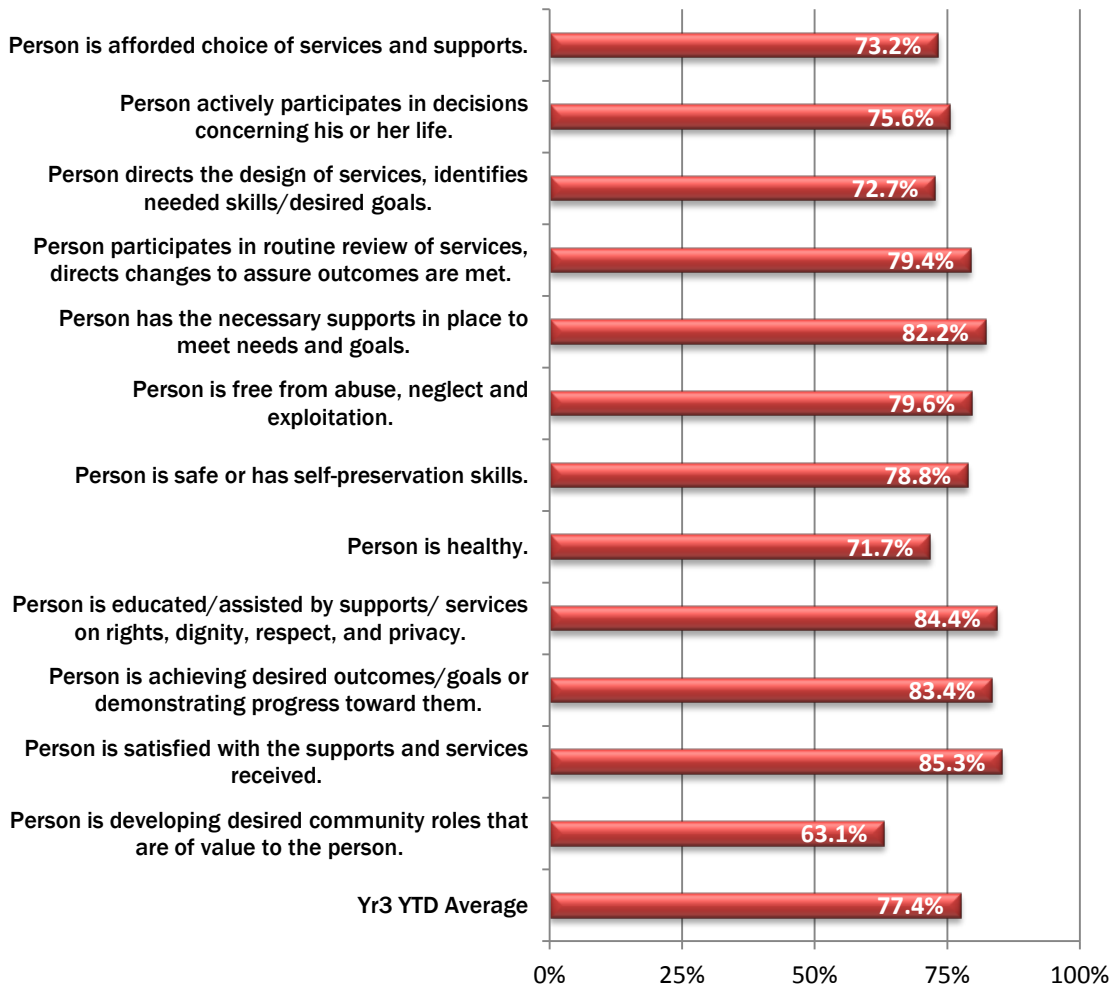
Data for the 1,143 individuals interviewed to date may not reflect true trends since Year 1. However, the downward trend seen between Year 1 and Year 2 appears to be continuing. On each standard, results are lower than in Year 1, particularly on Health for which findings have decreased by approximately five percentage points since Year 2 and 17 points since Year 1. Other areas currently showing an approximately 10 point decline since Year 1 include standards measuring:

- Being safe or having self-preservation skills, and
- Developing desired social roles

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<sup>9</sup> 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>.

**Figure 2: Individual Interview Instrument Results by Standard  
 January – September 2012  
 Waiver Participants (N=1,143)**



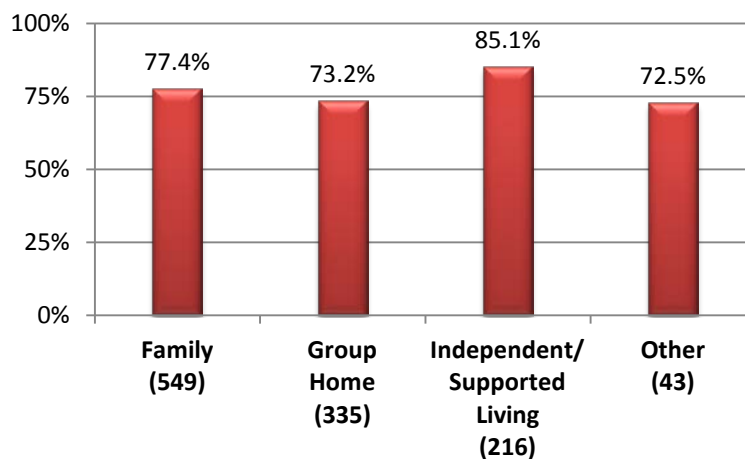
The following graphics display III results across various demographic characteristics – Residential Setting, Primary Disability, Age Groups, and Services—Figures 3 - 6.<sup>10</sup> For the 300 individuals interviewed to date, the III data indicate:<sup>11</sup>

<sup>10</sup> The “Other” category for residential status includes Assisted Living Facility (19), Foster Home (13), Residential Treatment Facility (9), and Adult Family Care Home (2). “Other” for primary disability includes Epilepsy (2), Spina Bifida (24), Prader Willi (2), and Other (19).

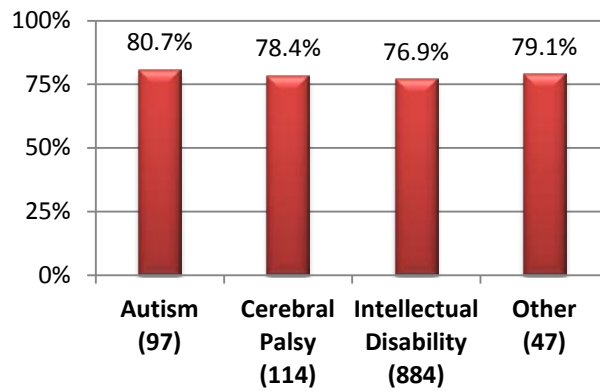
<sup>11</sup> In the annual report, when the sample is complete, tests can be completed to determine if statistically significant differences exist among categories.

- Individuals who live independently or in a supported living facility continue to be more likely to have III outcomes present (85.1%), than individuals in any other residential setting, particularly in group homes (73.2%).
- 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.
- Results across age groups show older adults (age 65+) more likely to have outcomes present (83.7%) than any other age group. Individuals between age 18 and 21, transitioning from high school, were least likely to have outcomes present (72%).
- Individuals receiving supported employment were more likely to have III outcomes present in their lives than individuals receiving either ADT or Companion. However, these results do not control for any other services the individual may have been receiving.

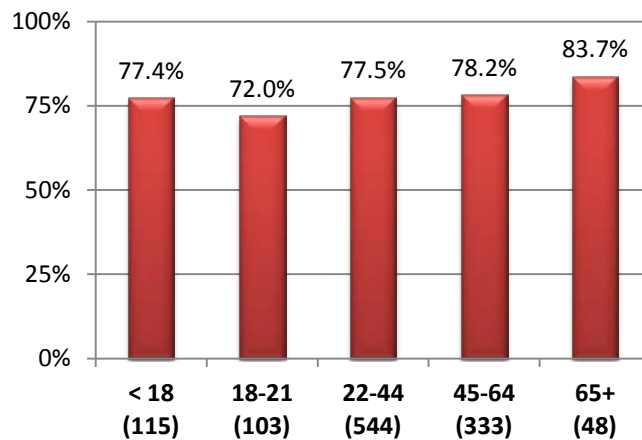
**Figure 3: Individual Interview Instrument Results by Residential Setting  
January – September 2012  
Waiver Participants**



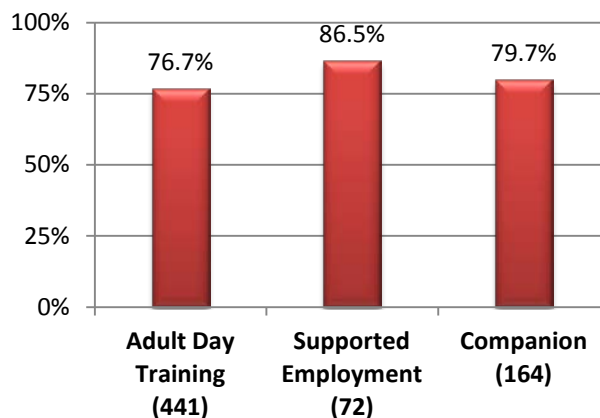
**Figure 4: Individual Interview Instrument Results by Primary Disability  
 January - September 2012  
 Waiver Participants**



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



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





### Service Specific Record Reviews (SSRR)

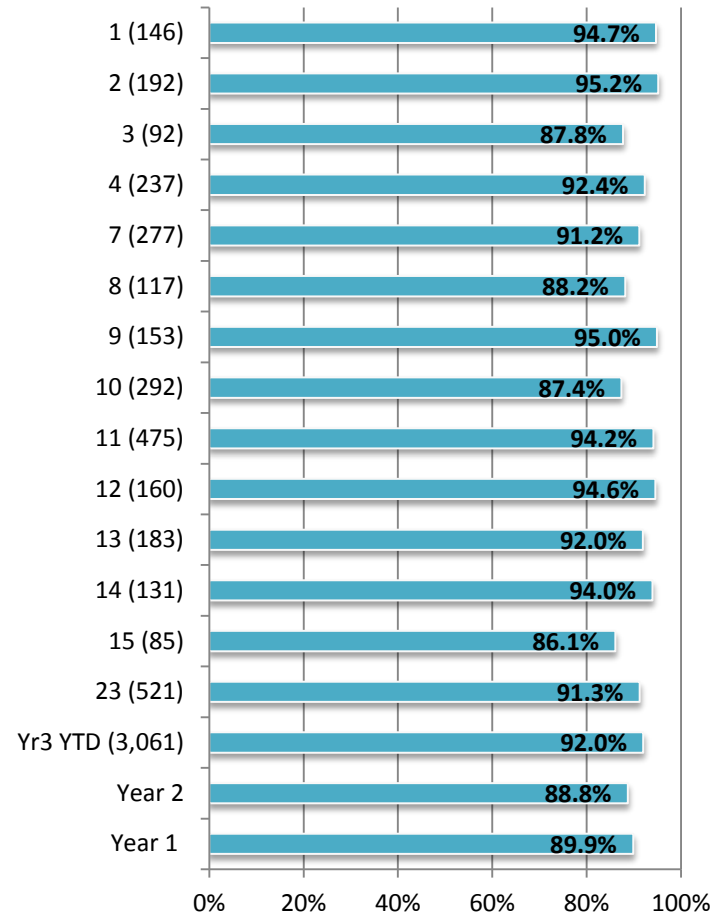
A record review is completed for every service received by individuals who participate in a PCR. Each record is analyzed to determine if the provider is rendering the service in accordance with the requirements specified in The Handbook for that particular service. The number of standards reviewed during 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.

Between January and September 2012, 3,061 service records were reviewed in conjunction with a PCR. Results to date indicate the following (Figure 7):

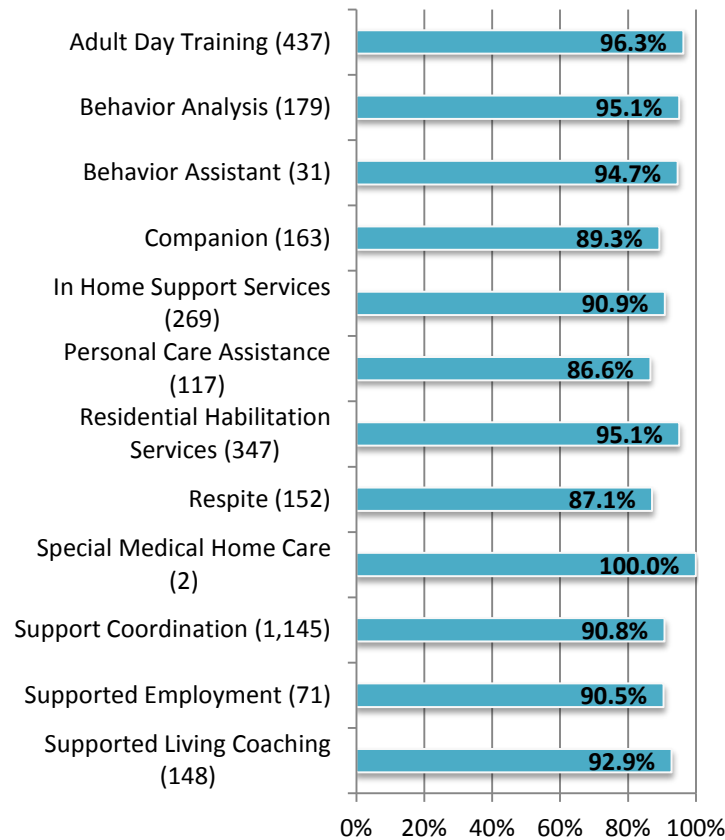
- The state average SSRR score was 92.0 percent, somewhat higher than earlier years;
- PCR service records show 90 percent compliance or higher in 10 APD Areas;
- Compliance rates to date this year across the Areas are 86 percent or higher.

**Figure 7: Person Centered Reviews (Waiver Participants)  
 Service Specific Record Reviews by APD Area  
 January – September 2012**



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, Residential Habilitation, and Special Medical Home Care (n=2) 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 standards reviewed for each. Therefore, compliance rates are less stable. Compliance rates for record reviews completed during a PCR have increased since Year 1, for each service. For five services (Behavior Assistant, Companion, In-Home Support Services, Personal Care Assistance and Respite) the increase has been between 14 and 17 percentage points.

**Figure 8: Person Centered Reviews (Waiver Participants)  
 Service Specific Record Reviews by Service  
 January – September 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 (Table 4). Information has been included about prescription drug use, in Table 4 and the following tables. Close to 44 percent of waiver participants were taking at least one prescription drug, compared to approximately 31 percent of CDC+ individuals.

<b>Table 4: Select Health and Behavioral Assessment Questions</b>		
<b>January - September 2012</b>		
	<b>Waiver Participants (N=1,143)</b>	<b>CDC+ Participants (N=232)</b>
HBA Question	% Yes	% Yes
Have you seen a doctor in the past year?	98.9%	99.6%
Do you currently have a dentist?	82.2%	85.8%
Have you been to the dentist in the past year?	76.6%	76.7%
Do you have any problems with your teeth?	16.6%	14.2%
Have you been treated in the emergency room this past year?	23.6%	15.1%
Have you been admitted to the hospital this past year?	15.5%	15.5%
Do you have any health problems?	44.6%	42.2%
In the past year is your health:		
Better	27.7%	22.8%
Same	63.3%	64.7%
Worse	8.9%	12.5%
Does the individual take behavior/psychiatric medication?	43.5%	30.6%

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 three quarters of the year indicate the following:

- Fewer than 17 percent of individuals on a waiver were taking no drugs, compared to approximately 22 percent of individuals on the CDC+ program.
- 430 (38%) individuals on the waiver were taking one to three drugs, with a similar proportion of individuals on CDC+ taking one to three drugs.
- 103 individuals (9%) on a DD waiver were taking 10 or more medications, compared to three percent of CDC+ participants taking 10 or more medications.
- The average number of drugs taken for waiver participants ranged from 2.86 in Area 7 to 4.68 in Area 11; CDC+ participant drug use ranged from 1.2 in Area 8 to 4.75 in Area 12.

<b>Number of Prescription Medications Taken</b>				
<b>January - September 2012</b>				
	<b>Waiver</b>		<b>CDC+</b>	
<b>Rx Taken</b>	<b>Individuals</b>	<b>Pct</b>	<b>Individuals</b>	<b>Pct</b>
0	193	16.9%	52	22.4%
1	118	10.3%	30	12.9%

Number of Prescription Medications Taken				
January - September 2012				
	Waiver		CDC+	
Rx Taken	Individuals	Pct	Individuals	Pct
2	166	14.5%	27	11.6%
3	146	12.8%	34	14.7%
4	111	9.7%	38	16.4%
5	89	7.8%	14	6.0%
6	89	7.8%	11	4.7%
7	59	5.2%	8	3.4%
8	39	3.4%	9	3.9%
9	30	2.6%	1	0.4%
10	34	3.0%	3	1.3%
11	20	1.7%	0	0.0%
12	12	1.0%	0	0.0%
13	8	0.7%	2	0.9%
14	11	1.0%	2	0.9%
15	6	0.5%	1	0.4%
16	0	0.0%	0	0.0%
17	3	0.3%	0	0.0%
18	3	0.3%	0	0.0%
19	4	0.3%	0	0.0%
22	1	0.1%	0	0.0%
26	1	0.1%	0	0.0%
# PCRs	1,143		232	

Prescription Drug Utilization Rate by APD Area				
January - September 2012				
	Waiver Participants		CDC+ Participants	
Area	# PCRs	Rx Rate	# PCRs	Rx Rate
1	75	4.35	10	2.90
2	105	4.42	17	2.59
3	36	3.61	7	3.71
4	86	4.14	26	3.69
7	103	2.86	33	3.61
8	39	3.59	5	1.20
9	56	3.41	10	2.90
10	108	3.65	25	2.20
11	166	4.68	34	3.03
12	53	4.38	4	4.75
13	71	3.96	13	3.62
14	49	3.88	3	3.00
15	27	3.15	11	3.00
23	169	4.30	34	2.79
State	1,143	4.01	232	3.06

### 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 - September 2012					
	# of Responses	Percent Negative	In Between	Percent Positive	Year 2 Positive
Person Centered Approach/Satisfaction	3,909	15.0%	8.5%	76.5%	78.2%
Choice	7,531	21.2%	34.5%	44.3%	44.1%
Safety/Security	2,288	2.9%	8.8%	88.3%	89.0%
Rights	5,640	7.6%	3.2%	89.1%	88.5%
Community Inclusion	10,383	31.7%	2.8%	65.5%	66.6%
		<b>Poor</b>	<b>Fair</b>	<b>Excellent/ Very Good</b>	
Health	957	6.6%	58.2%	35.2%	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”.<sup>12</sup>

The following table shows the Involvement score (percent of elements scored as met) and the Response score for individuals who participated in a PCR over the course of the first three 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. System response continues to reflect much higher scores than individual involvement in life’s decisions.

<b>Table 6: Individual Involvement and System Responsiveness</b>			
<b>January – December 2010</b>			
<b>Funding Source</b>	<b>Number of PCRs</b>	<b>Involvement Score</b>	<b>Response Score</b>
DD Waiver	1,442	61.3%	90.4%
CDC+	125	58.3%	90.6%
Total	1,567	61.2%	90.4%
<b>January – December 2011</b>			
DD Waiver	1,387	57.1%	88.8%
CDC+	216	53.9%	89.0%
Total	1,603	56.7%	88.8%
<b>January – September 2012</b>			
DD Waiver	1,143	60.4%	88.5%
CDC+	232	55.9%	85.9%
Total	1,375	59.8%	88.5%

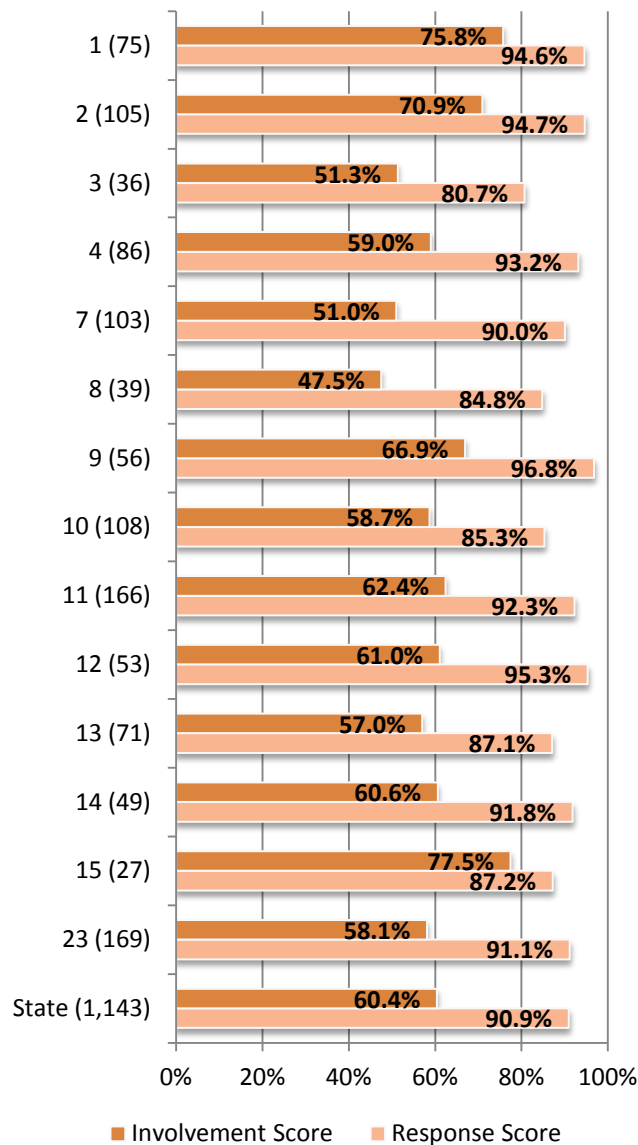
The following series of graphs shows the Involvement and Response scores by Area, Age, Residential Setting, Disability and Service. Results through the second quarter of the year indicate:

- Involvement varied across Areas from a low of 47.5 percent in Area 8 to a high of 77.5 percent in Area 15.
- The range of scores across Areas for Provider Response was not as great as for Individual Involvement, ranging from a low of 80.7 percent in Area 3 to a high of 96.8 percent in Area 9.
- Involvement was lowest for individuals between age 18 and 21 and Provider Response appears to have been greater for elderly individuals, age 65 and over.

<sup>12</sup> See Attachment 7 for a list of indicators used to create each measure.

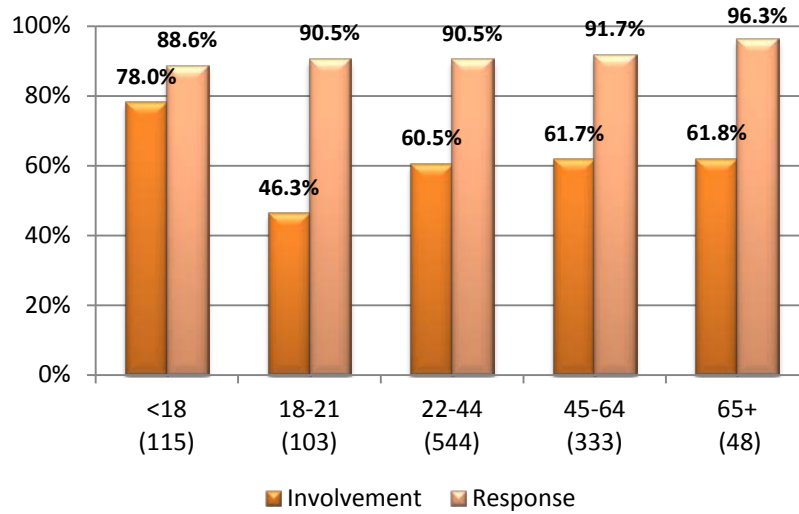
- Individuals who live in independent or supported living settings were much more likely to be involved in life’s decisions than individuals in any other residential setting, particularly individuals living in a group home.
- Individuals with a primary disability of Autism or Intellectual Disability 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, and providers were more responsive to them.

**Figure 9: Individual Involvement and Response by Area  
Waiver Participants  
January – September 2012**

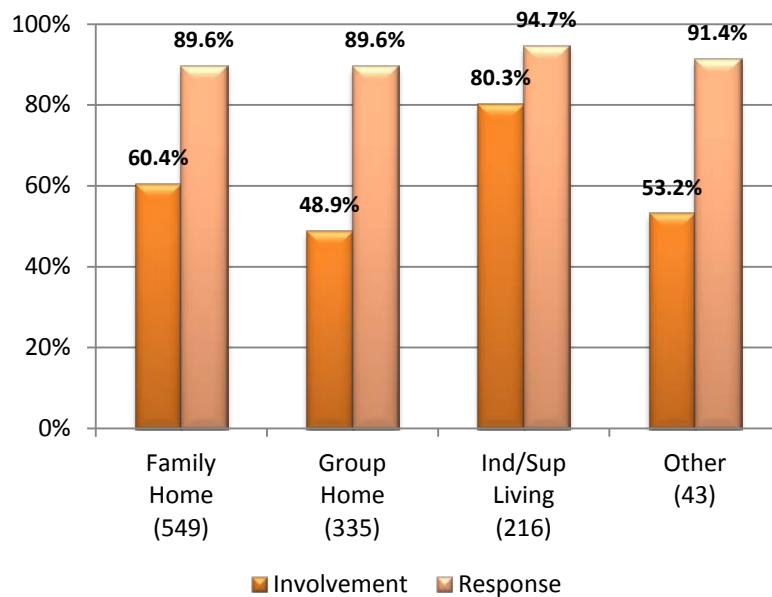




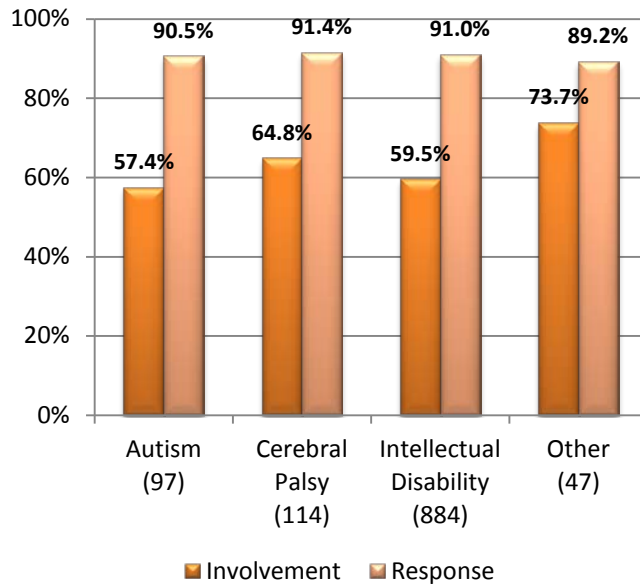
**Figure 10: Individual Involvement and Response by Age Group  
 Waiver Participants  
 January - September 2012**



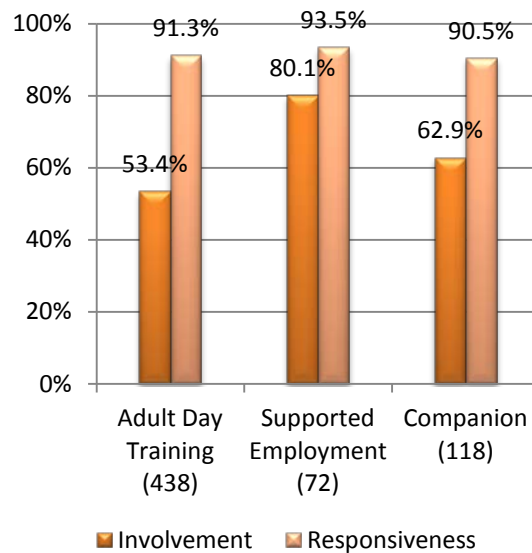
**Figure 11: Individual Involvement and Response by Residential Setting  
 Waiver Participants  
 January - September 2012**



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



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



### Provider Discovery Reviews (PDR)<sup>13</sup>

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 1,954 PDRs were completed by reviewers and approved by Delmarva management between January and September 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. Forty-two 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
1	44	1,115	30	0	89.5%
2	122	1,992	115	0	86.7%
3	131	1,391	23	6	87.2%
4	199	3,008	109	5	83.2%
7	139	2,886	201	6	85.8%
8	73	1,056	31	3	85.8%
9	66	1,568	42	0	91.0%
10	177	4,148	156	1	83.3%
11	294	5,810	154	5	87.6%
12	78	1,356	27	0	89.3%
13	122	1,542	34	0	84.9%
14	57	1,485	23	2	92.6%
15	81	806	68	0	87.4%
23	371	6,742	200	14	85.4%
State	1,954			42	86.2%

<sup>13</sup> See Attachment 2 for a description of the review procedures and sampling methodology. All review tools are posted on the FSQAP website (<http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>).

### Administrative Policy and Procedure Results<sup>14</sup>

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.<sup>15</sup> 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. Providers reviewed through the first three 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.

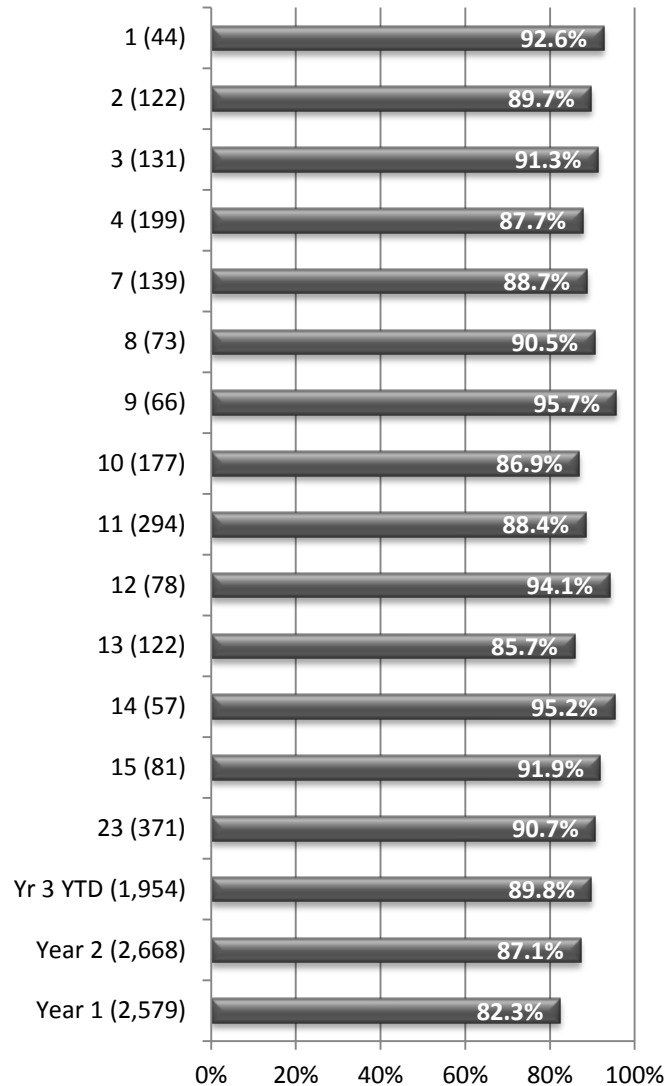
The average score on the Policy and Procedure (P&P) component of the PDR is shown for all APD Areas and statewide in Figure 12. To date, there is some variation across the Areas, ranging from 85.7 percent in Area 13 to close to 96 percent in Area 9. However, the lowest score to date this year, in Area 13, is higher than the Year 1 average.

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

<sup>15</sup> See Attachment 3 for a description of the weighting process and scoring methodology.

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



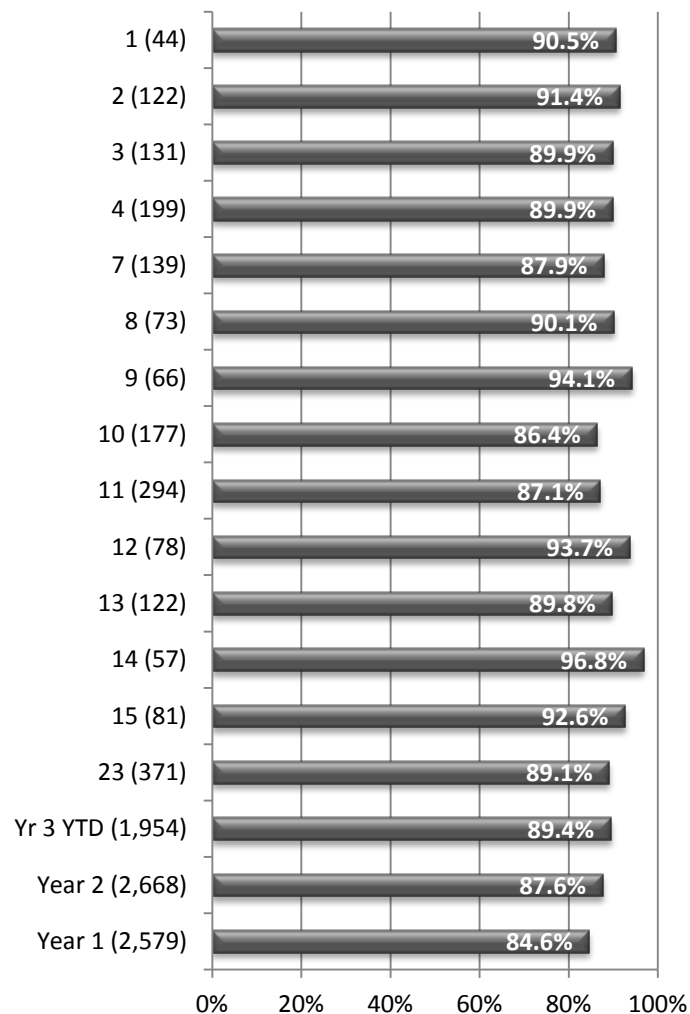
### Training and Education Requirements

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 and Years 1 and 2 results presented for comparison.

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 approximate 85 percent to 89 percent. . The greatest gains to since Year 1, 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 86.4 percent 96.8 percent.

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



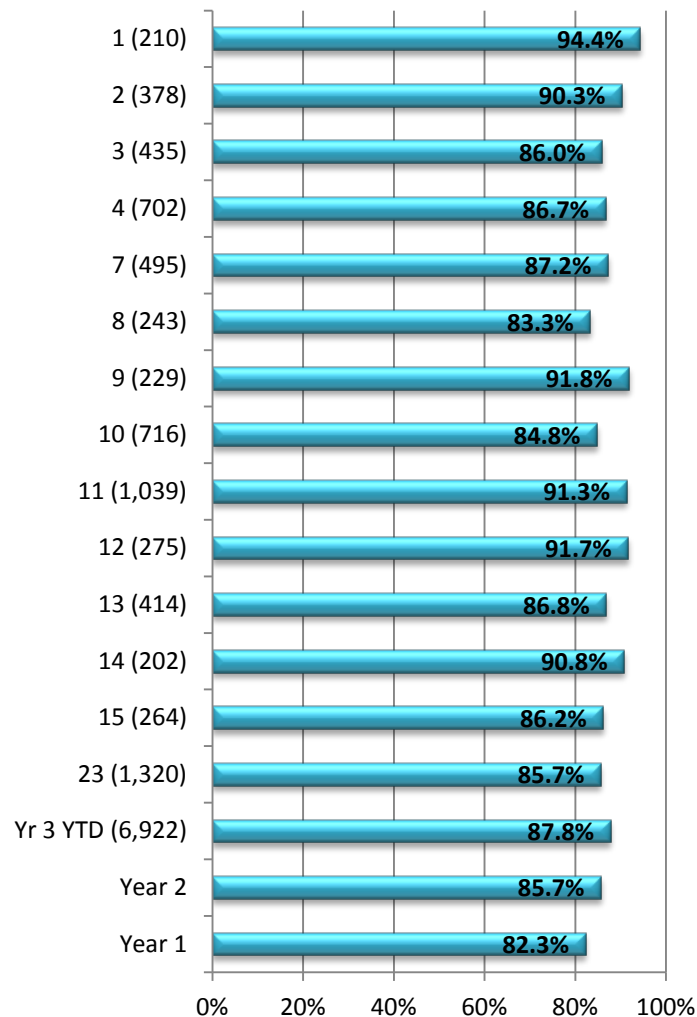
**Service Specific Record Review Results (SSRR)**

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.

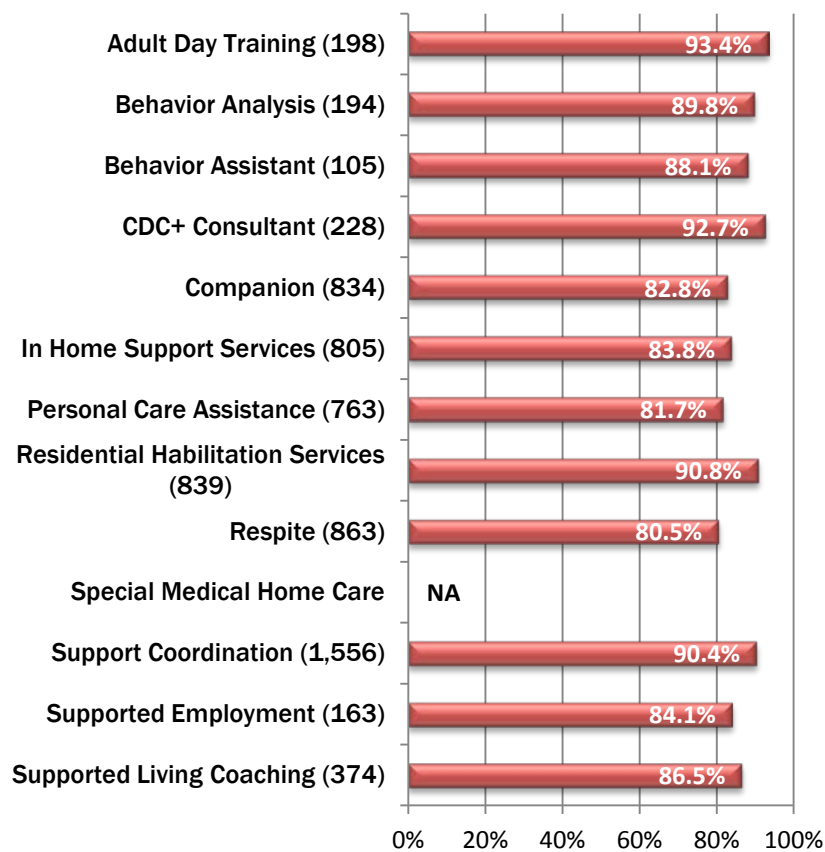
A total of 6,922 SSRRs were completed during the first three quarters of Year 3. The distribution of results across APD Areas is presented in Figure 14. On average, the 1,954 providers reviewed scored 87.8 percent, higher than in Year 1 and Year 2. Variation across Areas ranges from 83.3 percent to 94.4 percent. The lowest score, in Area 8, is higher than the statewide average score in Year 1.

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



Service Specific Record Review results by service are presented in Figure 15. The number of indicators reviewed ranged from only 105 for ADT to 1,556 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 80.5 percent for Respite to 93.4 percent for providers of Adult Day Training.

**Figure 15: Provider Discovery Reviews  
 Average Service Specific Record Review Scores by Service  
 January – September 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 81 ADTs and 806 group homes (Table 7).

The ADTs served a total of 3,281 individuals, an average of about 40 per facility. The 806 group homes were operated by providers who served a total of 3,609 individuals.

Table 8: Provider Discovery Review				
Number of Locations Observed by Area				
January - September 2012				
APD Area	Adult Day Training		Residential Habilitation	
	Locations	Served	Location	Served
1	3	45	18	57
2	4	128	12	55
3	3	38	52	218
4	13	222	53	258
7	4	135	43	262
8	0	0	51	164
9	4	271	30	133
10	6	702	110	556
11	14	422	154	636
12	3	34	25	117
13	0	0	43	147
14	6	248	29	145
15	0	0	23	83
23	21	993	163	778
State	81	3,238	806	3,609

The average statewide PDR Observation score for the first three quarters of Year 3 was 98 percent, the same as the average for the previous two years.<sup>16</sup> In addition, because the observation scores have remained quite high, variation across Areas has been small, all scoring above 95 percent compliance.

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

## Alerts

At any time during a review if a situation is noted that could cause harm to an individual, the reviewer immediately informs the local APD office. Delmarva calls the abuse hotline, if appropriate, records an Alert in the provider review record, and notifies both the local APD Area 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=285). An additional 100 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.

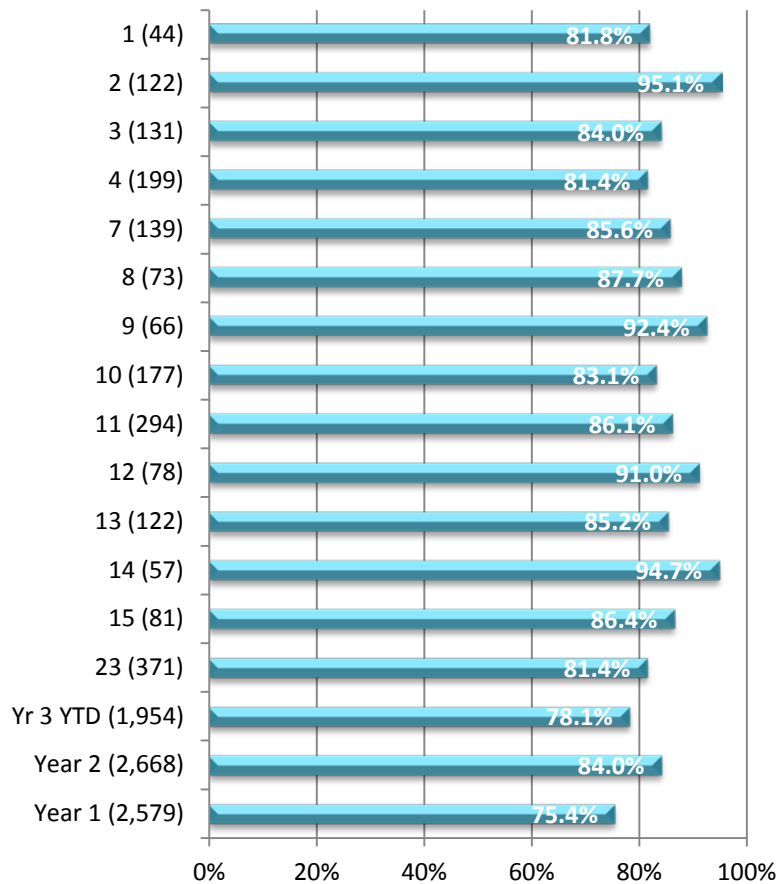
Table 9: Provider Discovery Reviews				
Number of Alerts by APD Area				
January - September 2012				
APD Area	Rights	Health	Safety	Background Screening
1	0	1	0	8
2	0	1	0	6
3	0	2	3	21
4	1	2	10	37
7	0	3	3	20
8	0	0	1	9
9	0	0	0	5
10	2	2	1	30
11	1	4	4	41
12	1	0	6	7
13	1	3	10	18
14	0	0	0	3
15	0	2	1	11
23	2	19	14	69
State	8	39	53	285

## 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 78 percent, greater than in Year 1 (75.4%) but lower than in Year 2 (84.0%).

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



While 285 providers received an alert for lack of background screening (22%), each provider could have one or more employees who were found to be non-compliant on background screening. One or more reasons can be provided by the reviewer as to why the provider was not in compliance with this standard. A total of 636 reasons were cited. Table 10 displays the reason the standard was Not Met for all employee records reviewed for the 285 providers with a background screening alert. Employees were most likely to be missing the local criminal records check from the county of residence (27%), the Affidavit of Good Moral Conduct (23%), and the required FBI screening letter (17%). In addition, just over 18 percent of employees did not have the appropriate five year re-screening completed.

<b>Table 10: Provider Discovery Reviews</b>	
<b>Reason Background Screening Scored Not Met</b>	
<b>January - September 2012</b>	
<b>Reason</b>	<b>Pct</b>
Background screening results identified a disqualifying offense and the provider has not taken action.	0.6%
The provider did not present a Local Criminal Records Check obtained within county of residence.	27.0%
The provider did not present an Affidavit of Good Moral Character.	23.3%
The provider presented an Affidavit of Good Moral Character but it was not notarized.	0.2%
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.	16.5%
Provider did not present required FL Department of Law Enforcement screening clearance letter or other acceptable FDLE screening.	13.2%
The provider did not provide proof of completing the required five year re-screening	18.2%
Provider was not under constant visual supervision of another fully screened employee when working.	0.5%
<b>Total Number of Reasons Cited</b>	<b>636</b>

### Recoupment Citations

Standards are identified as a Recoupment if the standard applies to billing documentation requirements. If scored as Not Met, these are flagged by the reviewer as a potential Recoupment for the provider and the Area APD office and AHCA are notified. The following table provides an overview of potential recoupment documented during the PDRs for the first three quarters of the third contract year. For the 1,954 PDRs completed to date, half had at least one recoupment citation. The percent of providers with a potential recoupment varies widely across Areas, from 29 percent in Area 9 to 71 percent in Area 8.

Table 11 : Provider Discovery Reviews						
Recoupment Citations by APD Area						
January - September 2012						
Area	Recoupment Standards Not Met	Providers w/ Recoupment Citation	Total Number of PDRs	Pct Providers w/ at Least 1 Recoupment		
				Yr3 YTD (1,954)	Year 2 (2,668)	Year 1 (2,579)
1	87	26	44	59.1%	65.3%	78.0%
2	164	72	122	59.0%	68.0%	81.5%
3	200	67	131	51.1%	63.8%	68.9%
4	452	132	199	66.3%	53.0%	66.3%
7	217	60	139	43.2%	34.6%	49.3%
8	156	52	73	71.2%	56.9%	64.9%
9	62	19	66	28.8%	56.3%	74.2%
10	338	96	177	54.2%	52.4%	59.6%
11	230	89	294	30.3%	29.8%	24.0%
12	128	50	78	64.1%	55.9%	59.0%
13	128	47	122	38.5%	40.4%	34.5%
14	36	18	57	31.6%	34.3%	53.9%
15	150	52	81	64.2%	73.4%	75.3%
23	678	198	371	53.4%	65.7%	65.0%
State	3,026	978	1,954	50.1%	52.5%	59.4%

## Consumer Directed Care (CDC+)

### CDC+ Participants

During the first three quarters of the year, January – September 2012, 232 CDC+ participants were interviewed as part of the PCR process. The number of CDC+ PCRs completed by Area is provided in the following table.

<b>Table 12: CDC+ Person Centered Reviews</b>		
<b>January - September 2012</b>		
<b>Area</b>	<b>Number</b>	<b>Percent</b>
1	10	5.9%
2	17	4.6%
3	7	2.0%
4	26	11.2%
7	33	16.4%
8	5	1.3%
9	10	3.3%
10	25	7.9%
11	34	17.1%
12	4	2.0%
13	13	5.9%
14	3	2.0%
15	11	4.6%
23	34	15.8%
<b>Total</b>	<b>232</b>	

Results are presented by III Standard in Table 13 for the 232 PCRs completed for CDC+ participants. The average scores are lower than in Year 1 but, to date this year, similar to results in year 2.

<b>Table 13: Consumer Directed Care + Person Centered Reviews</b>			
<b>Individual Interview Instrument Results by Standard</b>			
<b>January - September 2012</b>			
	<b>Percent Met</b>		
<b>Standard</b>	<b>Year 1 (221)</b>	<b>Year 2 (281)</b>	<b>Yr3 YTD (232)</b>
The person is afforded choice of services and supports.	91.3%	86.7%	85.8%
The person actively participates in decisions concerning his or her life.	90.1%	84.9%	82.8%

<b>Table 13: Consumer Directed Care + Person Centered Reviews</b>			
<b>Individual Interview Instrument Results by Standard</b>			
<b>January - September 2012</b>			
<b>Standard</b>	<b>Percent Met</b>		
	<b>Year 1 (221)</b>	<b>Year 2 (281)</b>	<b>Yr3 YTD (232)</b>
Person directs design of services and participates in identification of needed skills and strategies to accomplish desired goals.	90.7%	81.0%	83.2%
Person participates in routine review of services, and directs changes desired to ensure outcomes/ goals are met.	90.1%	87.5%	85.5%
Person has the necessary supports in place to meet needs and goals.	90.0%	87.5%	85.8%
The person is free from abuse, neglect and exploitation.	88.2%	88.6%	90.9%
The person is safe or has self-preservation skills.	87.0%	82.9%	84.5%
The person is healthy.	92.5%	78.6%	76.7%
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%	88.8%
The person is achieving desired outcomes/goals or receiving supports that demonstrate progress toward specified outcomes/goals	91.3%	89.3%	86.4%
The person is satisfied with the supports and services received.	94.4%	88.8%	91.8%
The person is developing desired community roles that are of value to the person.	85.9%	77.5%	73.8%
Average CDC+ III Score	90.7%	85.2%	84.7%

### **CDC+ Consultant**

For each individual CDC+ participant who participated in the PCR process, a review of the person’s record held by the CDC+ Consultant (CDC-C) who works with the person is completed. Results by standard are shown in Attachment 4 for the 232 CDC+ Consultant record reviews, with Year 1 and Year 2 results displayed for comparison.

The statewide average to date this year is somewhat higher than in 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 three quarters of the current contract year, 246 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 89 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.



## Section III: Discovery

Findings in this report reflect data from PCR and PDR review activities for the first three quarters of the third FSQAP contract year, January – September 2012, with comparisons to Year 1 and Year 2 results when possible. A total of 1,375 PCRs and 1,954 PDRs were completed, approved and available for analysis. Because the sample for the PCR and the remaining PDRs will be completed during the 4<sup>th</sup> quarter, results in this report should be viewed as preliminary.

During this quarter Delmarva helped facilitate the Quality Council meeting in September, and quarterly meetings were held in each APD Area. Regional managers continue to review all reports before final approval, to conduct bi-weekly meetings for all reviewers, and have completed revisions to several tools that have been submitted to AHCA for approval. 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

Results up through the end of the third quarter this year are similar to results presented in the report for the second quarter. Individual interviews indicate an average III score of 77.4 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 (63.1%), and this is lower than in Year 1 by approximately 10 percentage points. Individuals interviewed to date this year indicate a continuing decline in outcomes measured during the interview process, particularly in areas of: health, safety, 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 44.3 percent. Only a small percent of individuals chose a place to live (31.4%), who to live with (37.9%), who helps at home (36.9%), who helps at work (33.6%), who helps during the day (27.2%), or a daily schedule (42.0%). The NCI area measuring community inclusion has also remained relatively low (65.5%).

Results continue to that individuals living independently, or with supported living, are more likely to have outcomes met than individuals living in a group home. They are also more likely to be involved in the decisions made about their services and supports. Only 16.8 percent of respondents to date indicated having a job in the community and only 29.4 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, and less likely to be involved in the decisions concerning their services and supports. 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.

Recommendations from the previous report remain relevant. Additional analysis and recommendations will be possible in the annual report when data from the full sample are available.

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, including a focus on Supported Employment, which will help integrate individuals into the community and build natural supports.

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 approximately 17 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, 43.5 percent of individuals take behavioral or psychiatric medication, approximately 83 percent of individuals take some type of prescription medication, 35.8 percent of waiver services recipients were taking five or more medications and 112 individuals were taking 10 or more medications. Recommendations from the previous report apply this quarter. Additional analysis and recommendations will be possible when all data are available for the annual report.

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 1,954 PDRs conducted between January and September 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%).

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 1,954 providers who participated in a PDR, 258 (14.6%) 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. In addition, over 18 percent of employees did not have a proper five year screening completed. Several recommendations have been made to help improve the background screening compliance rate. One additional recommendation here addresses the re-screening

Recommendation 7: The APD Area/Regional office should take steps to help ensure all providers and their employees are re-screened every five years and they maintain the documentation in their records. Reminders should be part of the agenda at provider meetings.

## Attachment 1: Area Quarterly Meetings

July – September 2012

Area Quarterly Meetings		
Date	Area	Summary
09-26-2012	1	<p><b>APD Participants:</b> Joanne David, Ali Stanley &amp; Colleen Foley. Beth Mann-Pace from APD State office via phone.</p> <p><b>AHCA Participants:</b> Jamie Franz via Phone</p> <p><b>Delmarva Participants:</b> Theresa Skidmore &amp; Kathy Harkleroad. Charmaine Pillay via phone.</p> <p><b>Brief Summary:</b> Agenda items included: APD updates, Provider updates &amp; Terminations, Status of reviews/scheduling, feedback on reports. Detailed discussion was held regarding CMS Evidentiary report and I-Budget PCRs being conducted in the Region. Status of pending service specific tool revisions as well as pending revisions to the Individual Interview Instrument, Observation Review Checklist and Health &amp; Behavioral Questionnaire were also discussed. Update on Quality Council activities was provided. Current trends/data/dash boards from Year 3 Quarter 2 were discussed and next meeting date set.</p>
09-28-2012	2	<p><b>APD Participants:</b> Lynne Daw, Marnie Millender, Cydeon Trueblood, Cheryl Smith, Nilda Barretto, Colleen Foley (phone). Beth Mann-Pace from APD State office via phone.</p> <p><b>AHCA Participants:</b> Jamie Franz via Phone</p> <p><b>Delmarva Participants:</b> Theresa Skidmore &amp; Sandra Rowe.</p> <p><b>Brief Summary:</b> Agenda items included: APD updates, Provider updates &amp; Terminations, Status of reviews/scheduling, feedback on reports. Detailed discussion was held regarding CMS Evidentiary report and I-Budget PCRs being conducted in the Region. Status of pending service specific tool revisions as well as pending revisions to the Individual Interview Instrument, Observation Review Checklist and Health &amp; Behavioral Questionnaire were also discussed. Update on Quality Council activities was provided. Current trends/data/dash boards from Year 3 Quarter 2 were discussed and next meeting date set.</p>
09-18-2012	3	<p><b>APD Participants:</b> Jim Smith, Alicia Stanciu, Synester Rollins, Steve Malu, Jennifer Valenzuela &amp; Vernita Hughes. Beth Mann-Pace and Ed DeBardeleben form APD State office via phone.</p> <p><b>AHCA Participants:</b> Jamie Franz via phone</p> <p><b>Delmarva Participants:</b> Theresa Skidmore &amp; Gwen Williams</p> <p><b>Brief Summary:</b> Agenda items included: APD Updates, Provider updates &amp; Terminations, Status of reviews/scheduling feedback on reports. Detailed discussion was held regarding status of APD's transition from Area's to Regions, I-Budget, CMS Evidentiary Report</p>

		and I-Budget PCR project underway in the NW Region. Status of pending service specific tool revisions as well as pending revisions to the Individual Interview Instrument, Observation Review Checklist and Health & Behavioral Questionnaire were also discussed. Update on Quality Council activities was provided. Current trends/data/dash boards from Year 3 Quarter 2 were discussed and next meeting date set.
09-28-2012	4	<p><b>APD Participants:</b> Patti Smith, Cathy Guiry, Sherndina Moreland, Terry Mothershed, Kerrie Wimberly</p> <p><b>AHCA Participants:</b></p> <p><b>Delmarva Participant(s):</b> Christie Gentry,</p> <p><b>Brief Summary:</b> Agenda items included: Follow-up from previous meeting; <u>Delmarva updates</u> included a staffing update (Robert Mounts was hired to replace Shiela Butler in Area 4), Area 4 coverage (Discussed the special project in Areas 1 and 2 and how it will affect coverage in Area 4), tool development (ongoing); <u>APD updates</u> included discussion regarding the impact of losing positions and how they do not have enough people to monitor the group homes. They reported to remedy this situation by recruiting 14 volunteers from within APD, the roll-out of the I-Budget and BS portal; Other agenda items included: Status of reviews/scheduling, feedback on reports, and the next Quality Council Meeting. The next quarterly meeting is scheduled for December 18, 2012 at 10:00 a.m.</p>
08-24-2012	7	<p><b>APD Participants:</b> Sharon Jennings, Andrea Currence, Carol Solomon, Paula Bowser, Nancy Michael, Mary Martin, Stacey Fowler, Grisela Hernandez, Cydney Yerushalmi, Merari Perez, Beth Pace</p> <p><b>AHCA Participants:</b> Jamie Franz</p> <p><b>Delmarva Participants:</b> Christie Gentry, Cheryl King, Jeff Coleman, Brenda McConnell</p> <p><b>Brief Summary:</b> Agenda items included: follow-up from previous meeting; <u>Delmarva updates</u> included a staffing update (Robert Mounts was hired to replace Shiela Butler in Area 4), Tool development (ongoing) and Quality Council (QC) looking for new members; <u>APD Updates</u> included discussion regarding Cost Plans are now in the I-Budget system; Status of reviews/scheduling, Non-Compliant Providers, Feedback on reports, Alerts/Recoupments, and the next Quality Council Meeting (September 20, 2012). The next quarterly meeting is scheduled for December 13, 2012 at 10:00 a.m.</p>
09-17-2012	8	<p><b>APD Participants:</b> Jeff Smith, Tracey Craver-Brickley, Karen Jones, Lynore Dickinson, Ed DeBardeleben, via telephone and Beth Mann Pace, via telephone</p> <p><b>AHCA Participants:</b> Jamie Franz, via telephone</p> <p><b>Delmarva Participants:</b> Kristin Allen, Michelle Kenyon, and Charmaine</p>

		<p>Pillay, via telephone</p> <p><b>Brief Summary:</b> Follow-up from Previous Meeting; <u>Delmarva update</u> included a staffing update; <u>APD update</u> included a staffing update, ongoing regionalization, and iBudget planning; Other agenda items included status of Reviews/Scheduling, Non-Compliant Providers, Alerts/Recoupments, Feedback on Reports, and Current Trends, and Miscellaneous. Next Quarterly Meeting: December 3, 2012 @ 10:00, Ft. Myers; Next Quality Council Meeting: December 13, 2012.</p>
08-16-2012	9	<p><b>APD Participants:</b> Doni Braithwaite, Maria Rubin, Claurette DeVallon, Christina Tookes, Ed DeBardeleben, via telephone and Beth Pace, via telephone</p> <p><b>AHCA Participants:</b> Jamie Franz via telephone</p> <p><b>Delmarva Participants:</b> Robyn Moorman and Noeline Coore-Brown</p> <p><b>Brief Summary:</b> Agenda items included Follow- up from Prior Meeting; <u>Delmarva updates</u> included Staffing (opening in Jacksonville Area, currently interviewing), iBudget tools (in process to coincide with CMS Assurances), Public Reporting Website (is active), Delmarva is working on the Year 4 Schedule; <u>APD updates</u>, included the fact that Bernadette S. has now officially left APD; Area 9 will be on iBudget beginning January 2013, Claurette asked about email and PHI, WSC training, scheduling and Areas to Region impact of Delmarva review activity; Doni brought up concerns related to consultants coming into the Area to provide training, Delmarva consultation prior t review, concerns related to confidentiality and HIPAA, and Background Screening; Status of Reviews/Scheduling; Notifications; Non-Compliant providers; Alerts/Recoupment, Feedback on Reports; Current Trends/Data were shared and reviewed (Data Dashboards can be found at: <a href="https://www.dfmc-florida.org/private/reports_menu.aspx">https://www.dfmc-florida.org/private/reports_menu.aspx</a> for those with approved access); Next Quarterly Meeting was scheduled (November 15) and upcoming QC dates were shared (9/20/12 in Tallahassee and 12/13/2012 in Tampa).</p>
08-01-2012	10	<p><b>APD Participants:</b> Gerry Driscoll, David Gills, Martha Martinez, Susan Meza, Hayden Toro, Ed DeBardeleben, via telephone, and Beth Pace, via telephone</p> <p><b>AHCA Participants:</b> Jamie Franz, via telephone</p> <p><b>Delmarva Participants:</b> Robyn Moorman, Anna Quintyne, and Charmaine Pillay, via telephone</p> <p><b>Brief Summary:</b> Agenda items included Follow up from previous meeting; <u>Delmarva updates</u> included Staffing (opening in Jacksonville Area, currently interviewing), iBudget tools (in process to coincide with CMS Assurances), Public Reporting Website (is active), Delmarva is working on the Year 4 Schedule <u>APD updates</u> included Gerry Driscoll shared that reviewing the components of the Region are still being established and Martha is heading up Residential Services (Martha</p>



		<p>shared that 5 positions had been removed with a loss of 4 staff), Area 10 will move to iBudget beginning April 2013 and training will be scheduled, Dr. Steve Coleman (APD) will be organizing a committee comprised of behavior analysts, providers, agencies and members of the Behavior Analysis Peer Review Committee to establish further guidelines regarding fading and Dr. Toro will provide input that way; Status of reviews and notifications, Non-compliant providers (none); Alerts/Recoupments; and Feedback on Reports. Current Trenda Data were shared and reviewed (Data Dashboards can be found at: <a href="https://www.dfmc-florida.org/private/reports_menu.aspx">https://www.dfmc-florida.org/private/reports_menu.aspx</a> for those with approved access); Next Quarterly Meeting was scheduled (November 14) and 2012 QC dates were shared (9/20/2012 in Tallahassee and 12/13/2012 in Tampa); There was follow-up on miscellaneous items.</p>
<p>08-14-2012</p>	<p>11</p>	<p><b>APD Participants:</b> Kirk Ryon, Evelyn Alvarez, Ed DeBardeleben, via telephone, and Beth Pace, via telephone  <b>AHCA Participants:</b> Jamie Franz, via telephone  <b>Delmarva Participants:</b> Robyn Moorman, Mario Arreaga, Berta Santos,  <b>Brief Summary:</b> Agenda items included Follow-up from Prior Meeting; <u>Delmarva updates</u> included Staffing (opening in Jacksonville Area, currently interviewing), iBudget tools (in process to coincide with CMS Assurances), Public Reporting Website (is active), Delmarva is working on the Year 4 Schedule; <u>APD updates</u> included Evelyn Alvarez sharing components of the Region are still being established, the Southern Regions will be the final region to move to iBudget, scheduled for July 2013 (trainings will be scheduled), Kirk had a question regarding Background Screening and also asked a questions about the possibility of service log templates being developed, and Evelyn also shared that changes are likely regarding training; Status of Reviews /Scheduling; Non-Compliant Providers; Alerts/Recoupment; and Feedback on Reports. Data was shared and reviewed (Data Dashboards for January-June 2012 can be found at: <a href="https://www.dfmc-florida.org/private/reports_menu.aspx">https://www.dfmc-florida.org/private/reports_menu.aspx</a> for those with approved access. The next Quarterly meeting was scheduled (November 13) and 2012 QC dates were shared (9/20/2012 in Tallahassee and 12/13/2012 in Tampa). There was follow-up on miscellaneous items.</p>
<p>09-14-2012</p>	<p>12</p>	<p><b>APD Participants:</b> Vanessa Carter, Diveka Anderson, Linda Burress, Dylan Gale, Sandra Mills, Cindy Camplin, Patrick Burwell, Leslie Richards, Beth Pace  <b>AHCA Participants:</b> Jamie Franz  <b>Delmarva Participants:</b> Christie Gentry and Charlene Henry  <b>Brief Summary:</b> Meeting agenda included: Follow-up from previous meeting; <u>Delmarva updates</u> included a staffing update (Robert Mounts was hired to replace Shiela Butler in Area 4), Tool development</p>



		<p>(ongoing), CMS Evidentiary Report - Reviewers are completing extra reviews in Area's 1 &amp; 2 to assist with gaining extra data for the CMS Evidentiary report, On-Line Training Modules – Just a reminder that we have free training online, Use of ZixMail – To help ensure that PHI and PII are not inadvertently transmitted; <u>APD Updates</u> included: Michael Ayers is the Chief of Staff, iBudget roll-out in Area 12 was discussed - was reported that things are going smoothly and it is felt that the new system is easier than ABC, Discussed the State moving towards standardized forms; Other agenda items included: status of reviews/scheduling, non-compliant Providers, alerts/recoupments, feedback on reports, current trends/data, and the next Quality Council Meetings (September 20, 2012 in Tallahassee &amp; December 13, 2012 in Tampa). The next quarterly meeting is scheduled for November 9, 2012 at 2:00 p.m.</p>
09-10-2012	13	<p>APD Participants: Mary Nally, Patricia Morse, Joyce Leonard, Clarence Lewis, Wayne Perry, Priscilla Weeks and Karen Eramo. Beth Mann-Pace and Ed DeBardeleben form APD state office via phone.                  AHCA Participants (if any): Jamie Franz via phone.                  Delmarva Participants: Theresa Skidmore, Kathy Silfies &amp; Mark Williams  <b>Brief Summary:</b> Agenda items included: APD Updates, Provider updates &amp; Terminations, Status of reviews/scheduling feedback on reports. Detailed discussion was held regarding status of APD's transition from Area's to Regions, I-Budget, CMS Evidentiary Report and I-Budget PCR project underway in the NW Region. Status of pending service specific tool revisions as well as pending revisions to the Individual Interview Instrument, Observation Review Checklist and Health &amp; Behavioral Questionnaire were also discussed. Update on Quality Council activities was provided. Current trends/data/dash boards from Year 3 Quarter 2 were discussed and next meeting date set.</p>
09-10-2012	14	<p>APD Participants: Heather Monteath, Jeannette Estes, Art Ceisla, Carla Bettis, Beth Mann Pace, via telephone, and Ed DeBardeleben, via telephone                  AHCA Participants (if any): Jamie Franz, via telephone                  Delmarva Participants: Kristin Allen, Kristen Joshnick, and Charmaine Pillay, via telephone  <b>Brief Summary:</b> Follow-up from Previous meeting; <u>Delmarva Update</u> included a staffing update; <u>APD Updates</u> included staffing updates, regionalization (in process) and iBudget planning; Other agenda items included: Status of Reviews/scheduling, Non-Compliant Providers, Alerts/Recoupments, Feedback on Reports, Current Trends/Data, and Miscellaneous; Next Quality Council Meeting is December 13, 2012 in Tampa; Next Quarterly Meeting: December 10, 2012 @ 10:00 a.m. in</p>

		Lakeland.
08-02-2012	15	<p>APD Participants: Marie Dubussion, Wayne Robb, Ashley Cole, Ed DeBardeleben, via telephone and Beth Pace, via telephone, and Marari Perez, via telephone</p> <p>AHCA Participants (if any): Jamie Franz, via telephone</p> <p>Delmarva Participants: Robyn Moorman, Michelle Ceville, and Charmaine Pillay, via telephone</p> <p><b>Brief Summary:</b> Agenda items included Follow up from Previous Meeting; <u>Delmarva updates</u> included Staffing (opening in Jacksonville Area, currently interviewing), iBudget tools (in process to coincide with CMS Assurances), Public Reporting Website (is active), Delmarva is working on the Year 4 Schedule; <u>APD updates</u> included the Central Region moving to iBudget beginning October 2012 and APD and WSC's are working on the requirements; State APD is in the process of updating the table of organization and there was discussion regarding a provider; Status of Reviews/Scheduling; Non-Compliant Providers; Alerts/Recoupments; Feedback on Reports; Current Trends/Data were shared and reviewed (Data Dashboards can be found at: <a href="https://www.dfmc-florida.org/private/reports_menu.aspx">https://www.dfmc-florida.org/private/reports_menu.aspx</a> for those with approved access). The next Quarterly meeting was scheduled (November 12) and upcoming QC dates were shared (9/20/2012 in Tallahassee and 12/13/2012 in Tampa). There was follow-up on miscellaneous items.</p>
09-12-2012	23	<p>APD Participants: Marcia DeGrazia, Marilyn Figueroa, Gloria Moreno, David Lepere, Anne Hendon, Jeff Smith, via telephone, Beth Mann Pace, via telephone</p> <p>AHCA Participants (if any): Jamie Franz, Robi Olmstead, Danielle Reatherford, Susan DeBeaugrine, all via telephone</p> <p>Delmarva Participants: Kristin Allen, Michelle Dean, Elizabeth Cooper, Beth Stratigeas, Jan Valle, Chris Kulaga, and Charmaine Pillay, via telephone</p> <p><b>Brief Summary:</b> <u>Delmarva Update</u> included a staff update; <u>APD Updates</u> included a staffing update, Regionalization (in process), and iBudget planning; Other agenda items included: Status of Reviews/Scheduling, Non-Compliant Providers, Alerts/Recoupments, Feedback on Reports, Current Trends/Data, and Miscellaneous; Next Quality Council Meeting, December 13, 2012 in Tampa; Next Quarterly Meeting: December 5, 2012 @ 10:00, Tampa.</p>
<b>Other Meetings and Conferences</b>		
07-11-2012		MCM Conference Call

08-01-2012		MCM Conference Call
09-05-2012		MCM Conference Call
09-26-2012		Medical Case Management Strategic Initiative Call

## Attachment 2: Customer Service Activity

July - September 2012

<b>Customer Service Topic</b>	<b># Calls</b>	<b>Description</b>	<b>Outcome</b>	<b>Ave Time to Resolve</b>
Address/ Phone Update	60	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	3	Providers call with questions regarding FL background screening requirements.	Background screening requirements are explained to providers, with reference to the Handbook and FL rule.	1 day
CDC+	0			
Clarification	0			
Complaint	0			
Contact QAR	11	Providers call to contact the QAR assigned to do their review.	QAR is contacted by office staff and asked to contact the provider	1 day
Delmarva Online Training	7	Providers call with questions about how to access training.	Providers are assisted with following the instructions online to	1 day

			register or are referred to the helpdesk for technical assistance.	
Miscellaneous/ Other	7	Parents/family members who received the HSRI surveys called asking for explanation as to what the surveys are.	The surveys were explained to the callers.	1 day
New Tools	7	Providers called to verify the current Discovery tools.	Providers are referred to our website and shown the current tools posted.	1 day
Next Review	62	Providers called having received their 90-day notification letter and questioned having their 2012 review less than 12 months since their 2011 review.  Providers call asking when their next review will occur.	The review process is explained to the providers, including all the factors that are involved in scheduling. Providers are informed that PDRs are conducted each contract year with those who are eligible.  Providers are referred to their 90-day notification letters and advised to wait for the phone call from the reviewer to schedule their review.	1 day
Provider Search Website	6	Providers call asking why their names are not on the provider search website.	The mechanics of the website are explained to the providers, including that only active (billing) providers rendering services reviewed by Delmarva are captured on this website.	1 day
Question	51	Providers call with questions regarding documentation or	Questions are answered with	1 day

		qualification requirements; for assistance accessing resources on our website; for explanations of the review processes.	references to appropriate documents or entities.	
Reconsideration	8	Providers call with questions regarding how to submit a request for reconsideration or when to expect their reconsideration results.	The reconsideration process is explained to providers, including reference to our Operational Policies and Procedures and their report cover letters; reconsiderations submitted are researched and providers are given an expected delivery date.	1 day
Recoupment	2	Providers called asking if the potential recoupment identified in their report could be explained.	The potential recoupment was explained; questions related to actual recoupment were referred to APD for clarification.	1 day
Report Requested	3	Providers call or email requesting their report be re-sent.	Reports are re-sent with address confirmation and providers are advised of same.	1 day
Review	32	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

## 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.<sup>17</sup> 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 I<sup>3</sup>) 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.<sup>18</sup>

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

<sup>18</sup> Delmarva review tools and procedures are available here: [http://www.dfmc-florida.org/public/review\\_tools.aspx](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 Methodology<sup>19</sup>

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.

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

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

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

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

## Attachment 4: CDC+ Consultant Results by Element

January – September 2012 (N=232)

CDC+ Consultant Results by Element	Percent Met		
	Year 1 (N=221)	Year 2 (N=281)	Yr3 YTD (232)
Standard			
Current Support Plan is in the record and is complete.	98.1%	97.5%	99.1%
Current Support Plan was submitted to the APD Area office in required timeframes.	85.6%	86.7%	93.9%
Current Support Plan was distributed within the required timeframes.	88.1%	88.4%	94.4%
Current Medicaid Waiver Eligibility Worksheet is in the record and complete.	95.0%	96.4%	97.8%
The current approved Cost Plan is in the record.	90.1%	77.9%	84.1%
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%	97.7%
The current Support Plan reflects the individual's communicated personal goals.	98.1%	97.5%	97.4%
The Consultant addresses the individual's communicated personal goals.	97.5%	95.0%	98.3%
The Support Plan reflects the individual's communicated choices and preferences.	98.8%	98.6%	99.6%
Community life is addressed in the current Support Plan.	95.7%	97.5%	98.3%
The Consultant is aware of the person's recent progress towards or achievement of personal goals.	93.8%	91.5%	96.1%
Consultant addresses the individual's expectations of the services he/she is receiving.	93.2%	90.0%	94.8%
Participant & CDC+ Rep are educated about the benefits of Medication Reviews & preventive health screenings.	79.5%	74.5%	86.1%
Participant and CDC+ Rep are educated about safety needs - natural disasters, community & home safety.	81.9%	77.4%	86.1%
The Consultant addresses the participant's health and health care needs.	90.6%	90.7%	94.8%

CDC+ Consultant Results by Element	Percent Met		
	Year 1 (N=221)	Year 2 (N=281)	Yr3 YTD (232)
The Consultant addresses the participant's safety needs and safety skills.	94.4%	88.6%	91.4%
Consultant can describe how participants are empowered to make informed decisions about their health.	88.1%	81.6%	91.9%
Consultant can describe how participants are empowered to make informed decisions about their safety.	90.0%	81.0%	89.7%
Consultant is aware of any history regarding abuse, neglect and/or exploitation for the participant.	89.0%	80.9%	83.1%
Consultant is aware of the participant's definition of abuse, neglect, & exploitation, & how participant would report incidents.	86.3%	77.1%	85.8%
Consultant has responded to fraud, abuse, neglect or exploitation & reported findings to authorities.	100.0%	100.0%	98.6%
Consultant has a back-up Consultant to provide supports in the event he/she is unavailable.	93.8%	97.9%	97.4%
Completed/signed Participant-Consultant Agreement is in the record.	86.3%	93.2%	94.8%
Completed/signed CDC+ Consent Form is in the record.	91.3%	91.8%	94.4%
Completed/signed Participant-Representative Agreement is in the record.	88.6%	94.2%	94.7%
Completed/signed Purchasing Plan is in the record.	96.9%	97.5%	98.3%
Participant's Information Update form is completed & submitted to Area CDC+ liaison as needed.	93.8%	98.5%	98.8%
When correctly submitted by participant, Consultant submits Purchasing Plans by the 10th of the month.	96.0%	94.1%	98.3%
Consultant provides technical assistance to participant to meet participant's needs.	93.5%	98.8%	98.6%
Participant Monthly Review forms are filed in the participant's record prior to billing each month.	92.5%	95.4%	93.1%
Consultant uses cash receipts log to track expenditures and cash on hand.	85.2%	84.0%	84.9%
Consultant has taken action to correct any overspending by the participant.	93.0%	98.2%	98.3%
Consultant initiates Corrective Action when appropriate & Plan is in the record.	87.9%	92.5%	98.3%

CDC+ Consultant Results by Element	Percent Met		
Standard	Year 1 (N=221)	Year 2 (N=281)	Yr3 YTD (232)
The Emergency Back-up Plan is in the record and is reviewed annually.	72.8%	78.4%	92.1%
Average PCR CDC+ Consultant Reviews	90.7%	89.1%	93.1%

## Attachment 5: CDC+ Representative Results by Element

January – September 2012 (N=246)

Standard	Percent Met		
	Year 1 (125)	Year 2 (316)	Yr3 YTD (246)
Background screening results for all Directly Hired Employees are available for review.	32.2%	53.5%	63.1%
Complete Employee Packets for all Directly Hired Employees are available for review. CDC+ Participant Notebook v. 3.0 p. 62	59.3%	86.8%	86.6%
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%	93.8%
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%	82.1%
Complete and signed Participant/Representative Agreement is available for review. CDC+ Participant Notebook v. 3.0 p. 31	86.6%	88.5%	93.8%
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%	86.9%
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%	93.3%
Emergency Backup Plan is complete and available for review. CDC+ Participant Notebook v. 3.0 p. 75 & 98	75.4%	82.6%	93.4%
Receipts and Detailed Monthly Logs for Cash Purchases are available for review. CDC+ Participant Notebook v. 3.0 p. 95	79.2%	85.4%	87.9%
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%	84.0%
Signed and approved Invoices for Vendor Payments are available for review. CDC+ Participant Notebook v. 3.0 p. 92 & 93	83.3%	91.8%	90.1%
Signed and approved Purchasing Plan is available for review. CDC+ Participant Notebook v. 3.0 p. 79	85.0%	87.0%	93.1%
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%	88.3%
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%	92.8%
Average CDC Representative Record Review	70.5%	84.1%	89.2%

## Attachment 6: NCI Consumer Survey - Results by Focused Area and Indicator<sup>20</sup>

January – September 2012

Question Description	Applicable Responses	% No	% In-Between	% Yes
<b>1. Achieving Results/Person Centered Approach</b>				
Q3. Do you like working there (job)?	111	2.7%	8.1%	89.2%
Q4. Would you like to work somewhere else?	112	58.0%	10.7%	31.3%
Q8. Do you like going there/doing this activity (day program)?	417	0.5%	6.5%	93.0%
Q9. Would you like to go somewhere else or do something else during the day (day program)?	398	60.3%	11.3%	28.4%
Q13. Do you like your home or where you live?	689	4.1%	4.4%	91.6%
Q14. Would you like to live somewhere else?	662	64.0%	8.6%	27.3%
Q39. If you ask for something, does your case manager/service coordinator help you get what you need?	604	2.2%	4.0%	93.9%
Q79. Do you get the services you need?	916	23.3%	14.0%	62.8%
Total Achieving Results	3,909	25.3%	8.5%	66.2%
<b>2. Choice</b>				
Q61. Who chose the place where you live?	894	44.9%	23.7%	31.4%
Q63. Did you choose the people you live with?	583	42.2%	19.9%	37.9%
Q64. Do you choose who helps you at home?	742	20.6%	42.5%	36.9%
Q65. Who decides your daily schedule?	935	12.1%	32.9%	55.0%
Q66. Who decides how you spend your free time?	935	6.0%	25.8%	68.2%
Q67. Who chose the place where you work?	196	14.8%	30.1%	55.1%
Q69. Do you choose who helps you at work?	152	17.1%	49.3%	33.6%
Q70. Who chose where you go during the day?	645	22.8%	35.2%	42.0%
Q72. Do you choose who helps you during the day?	681	15.7%	57.1%	27.2%
Q73. Do you choose what you buy with your spending money?	916	10.6%	41.5%	47.9%
Q74. Did you choose your case manager/service coordinator?	852	26.1%	32.4%	41.5%

<sup>20</sup> Shaded questions were reverse coded for analysis presented in Table 5.

Question Description	Applicable Responses	% No	% In-Between	% Yes
Total Choice	7,531	21.2%	34.5%	44.3%
<b>3. Health</b>		<b>Excellent</b>	<b>Fairly Good</b>	<b>Poor</b>
BI14. Overall, how would you describe this person's health? (scale)	957	35.2%	58.2%	6.6%
<b>4. Safety</b>				
Q22. Are you ever afraid or scared when you are at home?	650	83.7%	13.5%	2.8%
Q23. Are you ever afraid or scared when you are out in your neighborhood?	637	86.8%	10.2%	3.0%
Q24. Are you ever afraid or scared at work or at your day program?	507	91.5%	6.3%	2.2%
Q25. If you feel afraid, if there someone you can go to for help?	494	3.6%	3.2%	93.1%
Total Safety	2,288	69.0%	8.8%	22.2%
<b>5. Rights</b>				
Q6. Is staff who helps you at your job nice and polite to you?	92	4.3%	1.1%	94.6%
Q11. Is staff at your day program activity nice and polite to you?	408	0.7%	2.5%	96.8%
Q18. Are they (people helping you at home) nice and polite to you?	523	1.3%	4.2%	94.5%
Q19. Do people let you know before they come into your home?	638	2.8%	6.7%	90.4%
Q20. Do people let you know before coming into your bedroom?	613	7.5%	7.7%	84.8%
Q21. Do you have enough privacy at home?	587	8.7%	0.0%	91.3%
Q30. Can you go on a date if you want to?	502	14.3%	12.0%	73.7%
Q75. Do people read your mail or email without asking you first?	774	91.9%	0.0%	8.1%
Q76. Can you be alone with friends or visitors at your home?	795	16.5%	0.0%	83.5%
Q77. Are you allowed to use the phone and internet when you want to?	708	4.9%	0.0%	95.1%
Total Rights	5,640	19.1%	3.2%	77.6%
<b>6. Community Inclusion / Social Role</b>				
Q1. Do you have a job in the community?	708	83.2%	0.0%	16.8%
Q12. Do you have any volunteer work?	656	70.6%	0.0%	29.4%



<b>Question Description</b>	<b>Applicable Responses</b>	<b>% No</b>	<b>% In-Between</b>	<b>% Yes</b>
Q29. Can you see your friends when you want to see them?	571	4.7%	17.3%	77.9%
Q32. Do you have family that you see?	657	11.9%	0.0%	88.1%
Q33. Can you see your family when you want to?	598	8.2%	17.4%	74.4%
Q42. When you want to go somewhere, do you always have a way to get there?	637	1.4%	14.1%	84.5%
Q54. In the past month, did you go shopping?	939	9.8%	0.0%	90.2%
Q55. In the past month, did you go out on errands or appointments?	933	15.3%	0.0%	84.7%
Q56. In the past month, did you go out for entertainment?	934	24.1%	0.0%	75.9%
Q57. In the past month did you go out to a restaurant or coffee shop?	942	13.5%	0.0%	86.5%
Q58. In the past month, did you go out to a religious service?	935	53.5%	0.0%	46.5%
Q59. In the past month, did you go out for exercise?	938	50.7%	0.0%	49.3%
Q60. In the past year, did you go away on a vacation?	935	54.5%	0.0%	45.5%
<b>Total Community Inclusion</b>	<b>10,383</b>	<b>31.7%</b>	<b>2.8%</b>	<b>65.5%</b>

## 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 – September 2012			
Standard	Percent Present		
	Year 1 (2,579)	Year 2 (2,668)	Yr3 YTD (1,954)
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%	95.3%
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%	97.9%
The provider has written policies and procedures that promote the health and safety of every recipient who receives services (to include Abuse/Neglect, Incident Reports, Bill of Rights).	88.4%	91.7%	94.0%
The provider can describe procedures for reporting any rights violations.	93.5%	98.0%	97.9%
The provider has evidence of teaching individuals/legal representatives about their rights, e.g. signed receipt of the Bill of Rights of Persons with developmental disability, at least once annually.	71.4%	80.6%	82.8%
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%	97.3%
All instances of abuse, neglect, and exploitation have been reported.	98.7%	97.9%	98.4%
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%	92.7%
The provider tracks and addresses medication errors (if administering medication).	89.1%	91.8%	95.2%
The provider has written policies and procedures to ensure the smooth transition of the recipient between providers and other supports and services.	80.7%	88.5%	93.7%
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%	86.9%
The provider has written policies and procedures to address grievances.	81.6%	92.5%	96.8%
The provider maintains a log of all grievances.	68.2%	81.0%	88.1%

<b>Policy and Procedure Results by Review Standard</b>			
<b>January – September 2012</b>			
<b>Standard</b>	<b>Percent Present</b>		
	<b>Year 1 (2,579)</b>	<b>Year 2 (2,668)</b>	<b>Yr3 YTD (1,954)</b>
The provider has evidence of teaching the individual/legal representative about the grievance policy.	66.7%	83.6%	87.7%
Individuals sign the provider's grievance policy within 30 days of beginning services and annually thereafter.	55.3%	74.6%	78.5%
The provider has a written policy for conducting self-assessments.	79.1%	81.8%	81.7%
The provider has completed a self assessment including all required components, at least once in the past year.	41.7%	47.5%	50.4%
The provider has taken quality improvement actions as a result of the self assessment.	48.6%	57.8%	62.4%
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%	91.8%
The provider tracks and addresses all incident reports.	86.6%	93.8%	94.5%
The provider updates policies and procedures in a timely manner.	63.2%	68.1%	76.9%
Vehicles used for transportation are properly insured and properly registered.	91.1%	90.7%	91.1%
<b>Total Administrative Policy and Procedure</b>	<b>80.5%</b>	<b>87.1%</b>	<b>89.8%</b>

## Attachment 9: Provider Discovery Review Training Standards

Qualifications and Training Results by Review Standard			
January – September 2012			
Standard	Percent Present		
	Year 1 (2,579)	Year 2 (2,668)	Yr3 YTD (1,954)
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%	90.9%
The provider received training in HIPAA.	83.4%	88.9%	82.3%
The provider received training in Person Centered Approach/Personal Outcome Measures.	73.7%	78.5%	83.2%
If applicable, the provider received training in Medication Administration per FAC 65G-7.	93.8%	95.3%	96.6%
If applicable, the provider has been validated on medication administration per FAC 65G-7.	92.1%	94.1%	94.6%
The provider received training in HIV/AIDS. (Infection Control now captured in Core Comp.)	94.3%	96.7%	97.4%
The provider received training in Cardiopulmonary Resuscitation (CPR).	93.4%	95.4%	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%	81.4%
The provider received 34 hours of Statewide pre-service training.	96.5%	97.9%	98.2%
The provider received 26 hours of Area- specific training.	94.6%	96.0%	94.9%
The provider received 24 hours of ongoing annual job related training.	93.5%	93.8%	91.8%
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%	98.9%
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%	96.4%
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%	85.2%

<b>Qualifications and Training Results by Review Standard</b>			
<b>January – September 2012</b>			
<b>Standard</b>	<b>Percent Present</b>		
	<b>Year 1 (2,579)</b>	<b>Year 2 (2,668)</b>	<b>Yr3 YTD (1,954)</b>
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%	86.3%
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%	83.2%
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%	87.3%
The provider meets all minimum educational requirements and levels of experience for Adult Day Training.	89.4%	92.6%	96.1%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	98.4%	98.7%	99.2%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	90.3%	94.2%	92.9%
The provider meets all minimum educational requirements and levels of experience for Companion.	90.3%	96.0%	97.1%
The provider meets all minimum educational requirements and levels of experience for In Home Support.	84.0%	89.4%	91.4%
The provider meets all minimum educational requirements and levels of experience for Personal Care Assistance.	89.8%	95.6%	97.1%
The provider meets all minimum educational requirements and levels of experience for Respite Care.	90.0%	96.1%	97.4%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation.	85.0%	89.5%	91.0%
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%	99.2%
The provider meets all minimum educational requirements and levels of experience for Supported Employment.	90.3%	94.7%	95.6%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	89.0%	93.7%	93.1%
<b>Total Administrative Qualifications and Training</b>	<b>84.6%</b>	<b>88.4%</b>	<b>89.4%</b>