

Florida Statewide Quality Assurance Program

Year 4 Annual Report

January - December 2013

Submitted to:

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

**Prepared by Delmarva Foundation
February 28, 2014**

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Executive Summary

In January 2013, the Florida Statewide Quality Assurance Program (FSQAP) moved into the fourth 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.

New tools and processes were implemented in February 2013. Because some of the standards were new, providers were offered technical assistance on all new standards and results were not factored into their overall PDR score. Because of the differences in the tools, data in this report reflect results from reviews completed between February and December 2013. Only Individual Interview Instrument and National Core Indicator (NCI) results are comparable to earlier years of the contract.

Findings indicate providers are over 90 percent compliant with overall policy and procedure requirements, training requirements, and standards specific to each service rendered (Service Specific Record Reviews—SSRR). Observations of group homes and Day Program facilities continue to show excellent performance ratings, with an average of 98 percent compliance across the state.

Compliance on background screening was only 75 percent in the first year of the contract. However, results over the past couple of years have shown a slow improvement. In Year 4, over 87 percent of providers had all background screening documents in place at the time of the review. Although 13 percent of providers were non-compliant, the focus by AHCA and APD on improving background screening compliance across the state may be impacting the results. In addition, approximately 40 percent of providers had at least one potential billing discrepancy, a rate that has decreased from over 50 percent in the first two years of the contract.

Results from the Individual Interview Instrument (III) indicate a small increase on most of the standards since Year 3, for waiver and CDC+ recipients. Individuals were least likely to have outcomes met on standards measuring choice and social role development, similar to findings from the NCI survey data. The Health Summary findings indicate a number of individuals receiving services are taking multiple prescription medications, many seven or more, over six percent have

unmet health needs, and reactive strategies have been used in just over four percent of the individuals in the sample.

Based on these and other findings several recommendations are offered including recommendations to develop a workgroup to explore health findings, a need to examine low outcomes for the 18 to 25 year old age group, a Quality Council initiative to move individuals from group homes to independent living, and a need to provide training and/or oversight to support coordinators entering and updating data in the ABC database.

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 HCBS waiver services 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 Regional Quarterly Meetings and Quality Council meetings to help target local and statewide 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 program. The PDR includes individuals and administrative record reviews and observations of residential and day programs. Within the CDC+ program, consultants and representatives are reviewed on the standards set forth by APD and AHCA.

Since October 2011, APD has been moving individuals from the Tier Waivers to the iBudget Waiver. As of July 2013, all individuals had been transitioned to the new waiver. With the iBudget, it is easier for individuals to select and change services that fall within the budget allotted to them. The Delmarva tools were revised to reflect iBudget standards and other changes requested by AHCA and APD. Due to the extensive tool revisions, with the exception of the Individual Interviews, comparisons to previous years' data are not possible.

This is the annual report for the fourth year of the FSQAP contract (CY 2013). However, because of delays in approving the new tools, they were not implemented until February 1, 2013. Therefore, analysis of data for this report includes reviews completed between February and December 2013. The report is divided into three sections.

- Section I: Significant Contract Activity During the 4th Quarter
- Section II: Data from Review Activities (includes Year To Date results)
- Section III: Discovery and Recommendations

Section I: Significant Contract Activity During the 3rd Quarter

Information Sharing

Staff Conference Calls

Conference calls continue on a bi-weekly basis for all reviewers and managers to provide: updates on procedures, standards, and/or APD policy; a forum for questions; and an avenue to support training and reliability processes. The managers have implemented the use of webinars and go-to-meetings, when appropriate, to enhance training and presentations provided during the calls. On alternate weeks managers often meet with their teams to review information, discuss questions or issues from reviews, and gather feedback from reviewers to help with updates to tools or standards, and changes to how a standard should be interpreted based on information from AHCA and APD. The team meetings also assist with discussing issues/concerns pertinent to the specific region in which the reviewers typically work.

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. Data collected in previous months are often presented and reviewed for trends and potential remediation. During the fourth quarter of this contract year, Status Meetings were held on October 17 and November 21. The Status Meeting was not held in December as all the agencies attended the Quality Council Meeting that month.

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 and made available for analysis. Managers work with the reviewer if an error is discovered and provide technical assistance if needed. After management approval, reports are mailed to providers or support coordinators, and posted to the web site for APD and AHCA.

Reliability

The Delmarva Quality Assurance Manager continues to provide extensive reliability testing for all reviewers and managers. During the current quarter (October - December 2013):

- 26 QARs and four Regional Managers took and passed the Personal Supports File Review Reliability test
- 11 QARs passed Field PCR Reliability

- 12 QARs passed Field PDR Reliability

Internal Training

Informal training is sometimes provided during bi-weekly conference calls with all staff. Topics for training are generated from review activities, AHCA and APD clarifications, and reliability activities. Examples of internal training provided during conference calls include: changes in alert reporting pertaining to Background Screening, HIV/AIDS and CPR protocol changes, and processes related to the new billing discrepancy data collection tool.

The entire Delmarva FSQAP staff gathers once or twice a year for training and other information sharing activities. The next four-day meeting has been scheduled for February 3 - 6, 2014.

Regional Quarterly Meetings

Quarterly Meetings are held in each region with the Delmarva Manager responsible for the region and other APD regional personnel, including the Regional Administrator and Medical Case Managers if 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 region. Face-to-face meetings were held in each APD region this quarter.¹

Feedback Surveys

National Core Indicator (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 Human Services Research Institute (HSRI). Between January and December 2013, 233 surveys were returned to HSRI, a 14.5 percent return rate (233/1,604). Results to date are based on a very small return rate but are positive and indicate the following:

- 180 of the 233 respondents (77.3%) indicated the person receiving services participated in the NCI Adult Consumer Survey
- Of the 178 respondents who answered this question, 53 (30.0%) feedback forms were completed by the person receiving services, with 108 (60.9%) completed by an advocate, and 36 (23.1%) by a staff member where the person lives or receives services
- 178 NCI interviews (76.4%) took place in the home

¹ Minutes for each meeting are on the FSQAP Portal Client Site and available to AHCA and APD ([https://portal.qhs-inc.org/sites/PAV/DD/FSQAP/client/APDDelmarva Quarterly AgendasDataMinutes/Forms/AllItems.aspx](https://portal.qhs-inc.org/sites/PAV/DD/FSQAP/client/APDDelmarva%20Quarterly%20AgendasDataMinutes/Forms/AllItems.aspx)).

- 78.4 percent of individuals indicated choosing where to meet for the interview
- 224 respondents (96.6%) felt the interview was scheduled at a convenient time, and 207 respondents (90.4%) felt it took about the right amount of time
- All but one respondent felt the interviewer was respectful and the one person did not know or remember
- 207 (90.4%) respondents felt the interviewer explained what the survey was about
- Most individuals indicated the questions were not difficult to answer (86.1%).
- 25 respondents thought some of the questions were difficult to answer and 95.2 percent indicated the interviewer explained the person did not have to answer the questions

The following comments were provided in the feedback surveys. With the exception of some editing to improve clarity, they are reported here as written in the survey.

- very pleasant interviewer, we felt at ease
- Individual did an excellent job, she was very comfortable. Reviewer is very respectful
- The interviewer was very respectful and polite to me.
- The interviewer was very professional in every way
- everything ok. Professional interview very nice
- liked the lady
- make the interview shorter (30 mins). Make questions more simple for client, shorter version of survey. The reviewer was very professional and respectful
- participants should be scored as "not met" on the emergency backup plan for not including a date when no date space was provided
- great job, efficient, well-organized
- she did a good job she was very patient with me
- very pleasant interview
- I would like to pick a more convenient time and day for interviews
- staff reported that the interview was very pleasant
- interviewer was cordial, respectful and caring. Easily to explain the process and letting me know to be patient and all questions would be asked
- very nice person/interviewer
- interviewer was punctual, polite, soft spoken, patient and concerned. I appreciate those qualities.
- I enjoyed the survey
- "name" represents your company with respect, honesty, and patience. What an asset to your company. Well deserved "kudos"
- I enjoyed the interview very pleasant. "Name" was very respectful and good
- all was good

- thanks for coming out here to the house
- Delmarva interviewer was a very professional, caring, and motivating person. He took a lot of interest in my grandson giving a lot of advice
- very professional, did a great job
- working with (name) is always a pleasure, she is very respectful and always encourages and assists
- It was an easy interview because the interviewer made it so. Reviewer was very helpful and took all of our questions and answered them.
- Interviewer was polite with participants. She explained questions very well and patient
- Our main concern is that his services are been reduced tremendously and we need get reinstall back ASAP. Thank you
- The interviewer was respectful, very professional but in a most human manner. She wasn't at all like she was sitting in judgment of me or my daughter - believe me in 25 years I have met some who were very judgmental and you could tell by how rigid there whole persona was!! Thank you for keeping watch over this
- The interviewer was very nice, professional, and respectful
- The interviewer was great.
- the interviewer was very pleasant, patient and helpful to both person receiving services and everyone in home
- very nice interviewer
- Survey went well. I got tips and info on how I can better serve consumer and on improving my documentation.
- long for consumer to be present
- I need a girlfriend
- She was the nice person I ever met.
- knew his job and was very respectful. Excellent at his job.
- No, the interviewer covered everything.
- Great interviewer. Great service.
- Your service was very respectful and she made it seem like it as very natural. She was a fine lady. I enjoyed her company.
- very nice, enjoyed the meeting
- some explanation was above level of understanding of consumer
- everything was (*illegible*) today. Thank you for your time and consideration
- Interviewer did good job about rewording questions not understood by client
- As person's parent & guardian, the questions were fine and was answered to the best of my knowledge
- reviewer (name) provided me with valuable information that I will follow up with along with my worker

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 December 2013, 249 surveys were received from providers who participated in a review during the year. The following table provides each question and the percent of positive responses. Results show over 93 percent positive responses on each measure.

Table 1: Results from Provider Feedback Surveys	
Reviews Completed Between January and December 2013	
Question	Pct Yes
Did the Quality Assurance Reviewer (QAR) identify the documents needed to complete the review?	98.4%
Did the QAR explain the purpose of the review?	98.4%
Did the QAR explain the review process and how the QAR or Delmarva team would conduct the review?	96.8%
Did the QAR answer any questions you had in preparation for the review?	93.2%
Did the QAR refer you to the FSQAP website, including the tools and procedures?	94.4%
Did the QAR arrive at the review at the scheduled time?	95.2%
If no, did the QAR call to notify you he/she might be a little late? (N=11)	100.0%
Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving?	99.2%
If you scored Not Met on any of the standards, did the QAR explain why? (N=132)	97.0%
Total Responses	249

Summary of Customer Service Calls

During the fourth quarter of the fourth contract year, October - December 2013, 229 calls were recorded in the Customer Service Log, with an average response time of one day for each call.²

² The list of topics and number of calls per topic are presented in Attachment 1.

Quality Council³

The last Quality Council meeting was held in Tampa on December 13, 2013.⁴ Agenda items included:

- Review of the purpose and goals of QC (Charles Ball)
- Refresher of activity completed during the previous QC meeting (Charmaine Pillay)
- Updates from AHCA and APD (Charles Ball and Ed DeBardeleben)
- Delmarva Quarterly Report data (Sue Kelly)
- Presentation of Action Plans in the QI Projects by HSRI (Val Bradley, Elizabeth Pell)
- Breakout groups for workgroup discussion report back to the council
- Goals for QC in 2014

Quality Council formed two workgroups facilitating quality improvement initiatives. Using data provided by Delmarva the first workgroup identified that people living in rural areas were less likely to have dental services. The workgroup is drafting a proposal to access grant monies to assist in funding services to people in rural areas less likely to access dental care.

The second workgroup started a quality improvement initiative based on data showing people who are happy with their support coordination services are more likely to be satisfied in general. Given support coordination plays such a key role in individual satisfaction the Quality Council (QC) workgroup has recommended an on-going systematic review process to evaluate and examine materials and requirements for WSC training and support in order to ensure the system is current, remains relevant and responsive to stakeholder needs, and maintains and/or develops the resources necessary to implement the service successfully. Along with the overhaul of support coordinator training, an apprenticeship/mentoring program is recommended to provide support to new support coordinators.

Review Tools and Processes

Delmarva, APD and AHCA worked with providers and other stakeholders to revise the tools to be used in review activities. The revised tools include expectations per the iBudget, clear protocols to assist reviewer and provider alike, and specific reasons standards are not met. This information assists in clarifying expectations and requirements in the review process. A grace period went into

³ Information, schedules and minutes of the Quality Council meetings are available on the portal, accessible to all members (<http://portal.qhs-inc.org/sites/PAV/DD/FSQAP/Quality%20Council/Forms/AllItems.aspx?RootFolder=%2Fsites%2FPAV%2FDD%2FFSQAP%2FQuality%20Council%2FQuality%20Council%20Meeting%20Minutes%20and%20Debriefing%2FQC%202013%2FSeptember%202013>).

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

effect from February 2013 through January 2014, where provider scores were not impacted by new standards or standards related to iBudget. These revised tools went into effect February 1, 2013.

Contract Renewal

An amendment was executed December 19, 2013, renewing the Delmarva contract for one year, for calendar year 2014. As part of the new contract, quality council meetings were reduced from four meetings per year to three.

Data Availability

- The Remediation Data Extract continues to be completed and made available to APD on approximately the 7th of each month.
- Production reports are available for download at any time, available on the private section (required member login) of the FSQAP website.
- The Results by Service Real Time Data Report is available on the private section (required member login) of the site.
- Delmarva responded to approximately 15 Ad Hoc requests during the contract year, providing data for APD remediation efforts, AHCA oversight, and Legislative requests.

Staffing Updates

Two new review staff began employment with Delmarva in May 2013, Lakeshia Burke and Toni Brown.

Section II: Data from Review Activities

Person Centered Reviews (PCR)⁵

Information in Table 2 provides the number of PCRs completed by region during the fourth contract year (CY 2013), including the number of CDC+ individuals who participated (313), the number of waiver participants (1,376), and the total number of individuals who declined. Areas were assigned to Regions as follows:

- Northwest:⁶ 1 and 2
- Northeast: 3, 4 and 12
- Central: 7, 13 and 14
- Suncoast: 8 and 23
- Southeast: 9, 10 and 15⁷
- Southern: 11

It is important to note that revised tools and processes were implemented in February 2013. A total of 1,689 PCRs were completed during Year 4. However, for analyses presented in this report, we use data collected since February 2013, 1,300 DD waiver PCRs and 304 CDC+ PCRs. Comparisons to previous years on most tools are not appropriate. The time period for declines is based upon the projected period of review and represents individuals who were originally scheduled to be reviewed during each quarter. The decline rate is 19.5 percent for waiver participants and 4.0 percent for CDC+.⁸

Table 2: Person Centered Review Activity				
January - December 2013				
APD Region	Number of PCRs		Declines	
	Waiver	CDC+	Waiver	CDC+
Northwest	129	31	70	6
Northeast	228	51	59	3
Central	261	71	54	1
Suncoast	285	53	53	2
Southeast	280	67	67	2
Southern	193	40	30	0
Total	1,376	313	333	14

⁵ See Attachment 3 for a description of review protocols and sampling methodology. All review tools are posted on the FSQAP website (<http://www.dfmc-florida.org/Public2/resourceCenter/providers/>).

⁶ Two counties in Area 2 were assigned to the Northeast Region

⁷ In this report data from Area 15 are included in the Central Region. Area 15 moved to the Southeast Region in the 4th quarter of 2013.

⁸ See Attachment 7 for Tables and Graphs by Area.

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 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. Although most declines were because the person simply refused to participate, almost 14 percent of the declines were because the person had moved, was no longer receiving services, or had passed away.

Table 3: Person Centered Review Decline Reasons			
February -December 2013			
Decline Reason	Waiver	CDC+	Total
Refused	216	12	228
Review Next Year	61	2	63
No Longer Receiving Services	32	0	32
Deceased	11	0	11
Moved Out of State	3	0	3
Total	323	14	337

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.⁹ 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.¹⁰ 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

⁹ 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 the NCI portion of the PCR process.

¹⁰ Beginning July 1, 2013, all individuals receiving waiver services are able to direct their own budget via the iBudget Waiver program.

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 1,300 individuals on a DD waiver are presented in Figure 1, for each region and statewide. The average III score for Years 1, 2, and 3 are presented for comparison. Results for Year 4 indicate the statewide average percent of outcomes present has increased somewhat over the previous two years. Outcomes were least likely to be present in the Central Region and most likely to be present in the Northwest Region.

**Figure 1: Person Centered Reviews
Individual Interview Instrument Results by Region
February – December 2013**

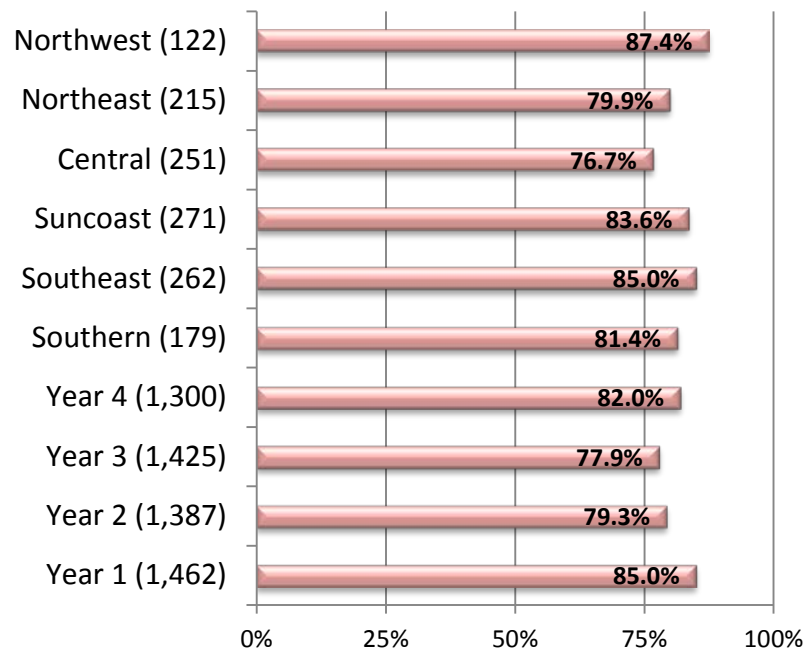


Figure 2 displays III results for DD waiver participants for Year 4 by standard.¹¹ III standards measure the following, from the person’s perspective:

- safety and health status
- satisfaction with services

¹¹ The description of each standard may be paraphrased to enable display in the graph. For more specific details, go to <http://www.dfmc-florida.org/Public2/resourceCenter/providers/>.

- 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

**Figure 2: Individual Interview Instrument Results by Standard
February – December 2013**

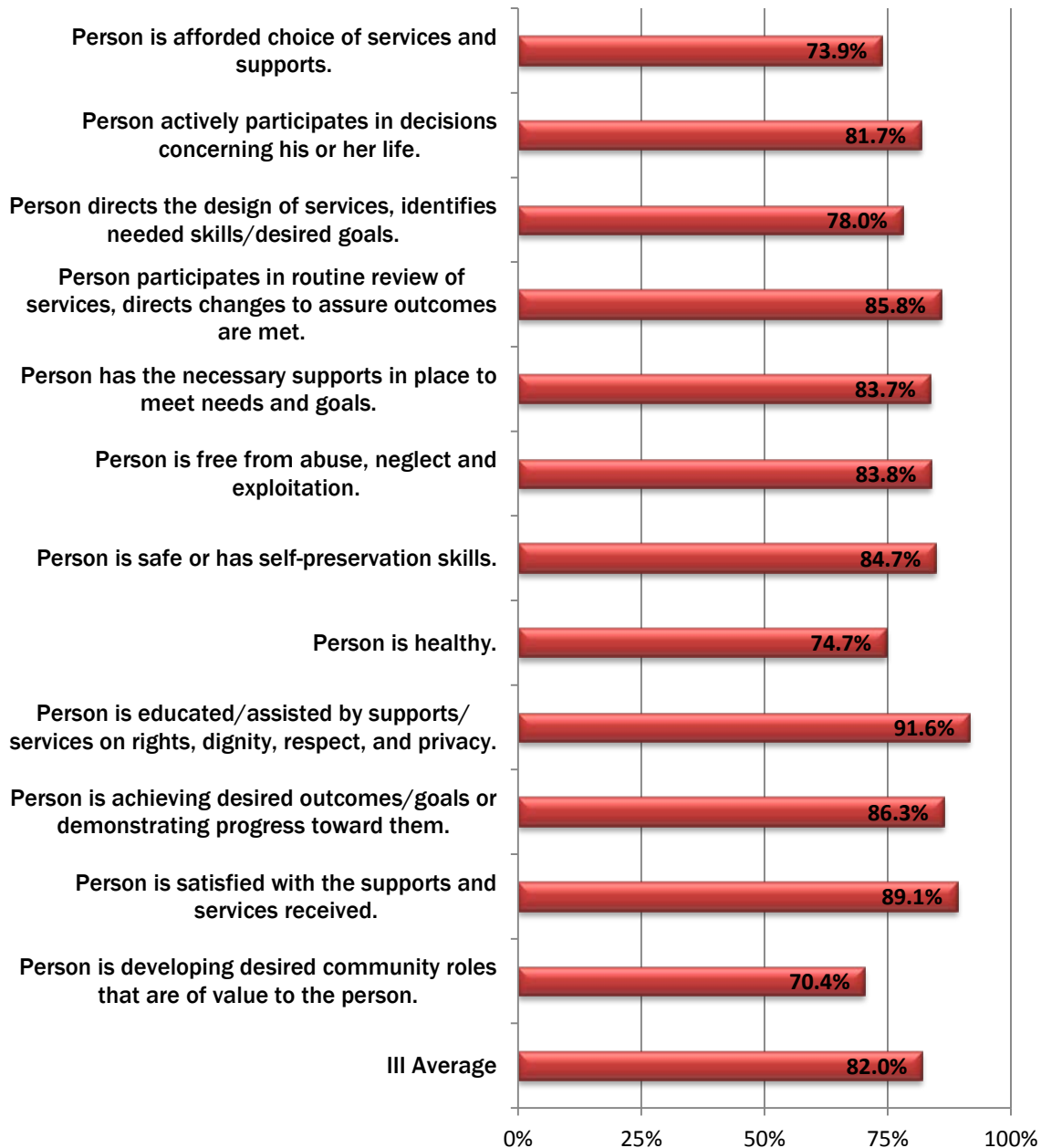


Table 4 shows results by III indicator for each year of the current contract. Compared to Year 3, results in Year 4 (2013) are generally better on each standard. Standards measuring the person’s health, informed choice and social role development remain among the lowest scoring outcomes. However, findings indicate improvement in social role development, 7.6 percentage points higher than in Year 3.

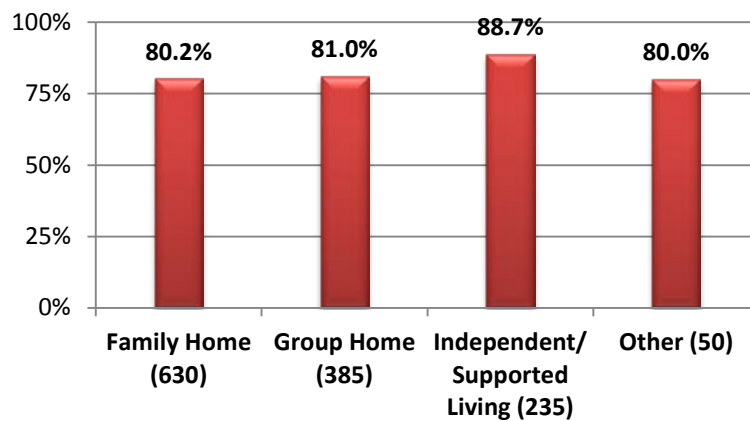
Table 4: Individual Interview Results by Indicator and Year				
Indicator	Review Year			
	2010	2011	2012	2013
Person is afforded choice of services and supports.	81.8%	72.8%	73.6%	73.9%
Person actively participates in decisions concerning his or her life.	83.8%	78.7%	77.1%	81.7%
Person directs the design of services and identifies needed skills/desired goals.	81.5%	74.1%	73.6%	78.0%
Person participates in routine review of services, directs changes to assure outcomes are met.	84.0%	80.0%	80.6%	85.8%
Person has the necessary supports in place to meet needs and goals.	87.3%	82.7%	81.8%	83.7%
Person is free from abuse, neglect and exploitation.	86.0%	84.5%	80.2%	83.8%
Person is safe or has self-preservation skills.	89.9%	84.7%	79.7%	84.7%
Person is healthy.	88.9%	76.5%	70.7%	74.7%
Person is educated/ assisted by supports/ services on rights, dignity, respect, and privacy.	86.8%	83.6%	85.9%	91.6%
Person is achieving desired outcomes/goals or demonstrating progress toward them.	87.4%	83.5%	83.2%	86.3%
Person is satisfied with the supports and services received.	89.7%	85.5%	85.5%	89.1%
Person is developing desired community roles that are of value to the person.	72.6%	64.7%	62.8%	70.4%
Average III Results	89.9%	79.3%	77.9%	82.0%

The following graphics display III results across various demographic characteristics – Residential Setting, Primary Disability, Age Groups, and Services—Figures 3 - 6.¹² Results to date indicate:

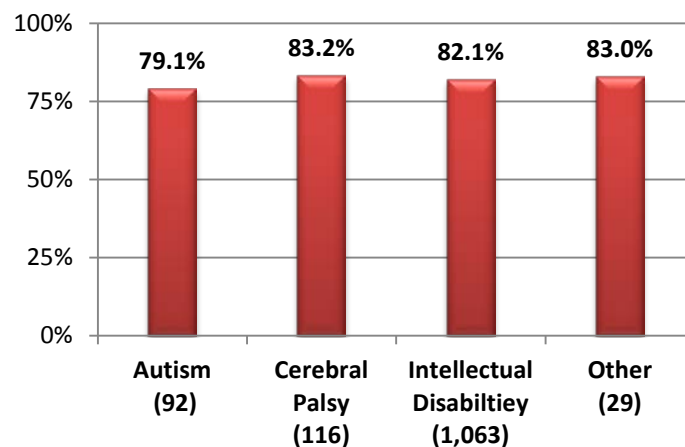
¹² The “Other” category for residential status includes Assisted Living Facility (21), Foster Home (14), and Residential Treatment Facility (15). “Other” for primary disability includes Epilepsy (4), Spina Bifida (11), Prader Willi (4), and Other (10).

- Individuals who live in an independent or supported living situation are more likely to have outcomes present. This pattern has persisted over the four years of the contract.
- Results show only a small degree of variation across services.
- Younger adults, age 18 to 21, appear to be less likely to have outcomes present. This was noted in Year 3 as well, reflecting a continuation of the pattern.
- Individuals receiving Life Skills Development (LSD) 2 (Supported Employment Coaching) have consistently shown a higher proportion of outcomes present than individuals receiving either ADT or Companion, a pattern that has persisted over the four years of the contract.

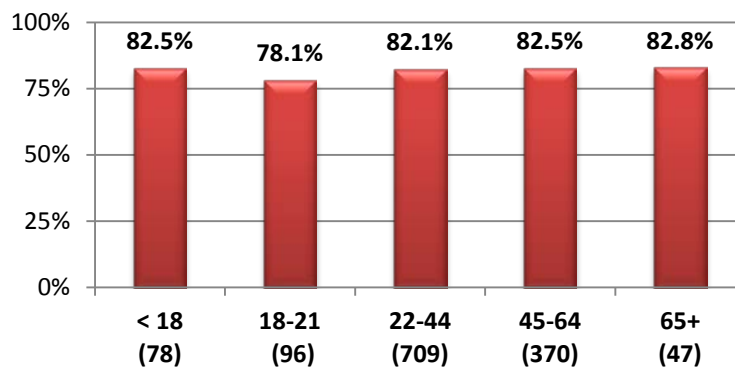
**Figure 3: Individual Interview Instrument Results by Residential Setting
February – December 2013**



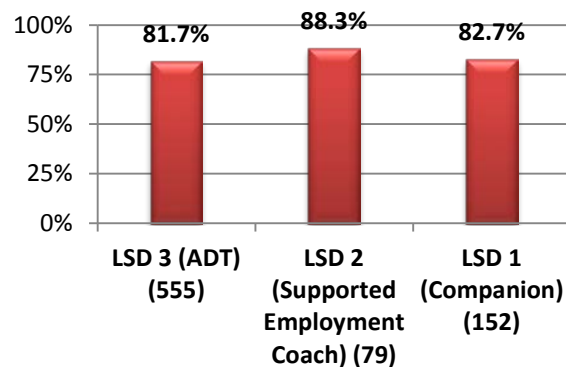
**Figure 4: Individual Interview Instrument Results by Primary Disability
February – December 2013**



**Figure 5: Individual Interview Instrument Results by Age Group
February – December 2013**



**Figure 6: Individual Interview Instrument Results by Service
Life Skills Development (LSD) 1, 2, and 3
February – December 2013**



Service Specific Record Reviews (SSRR)

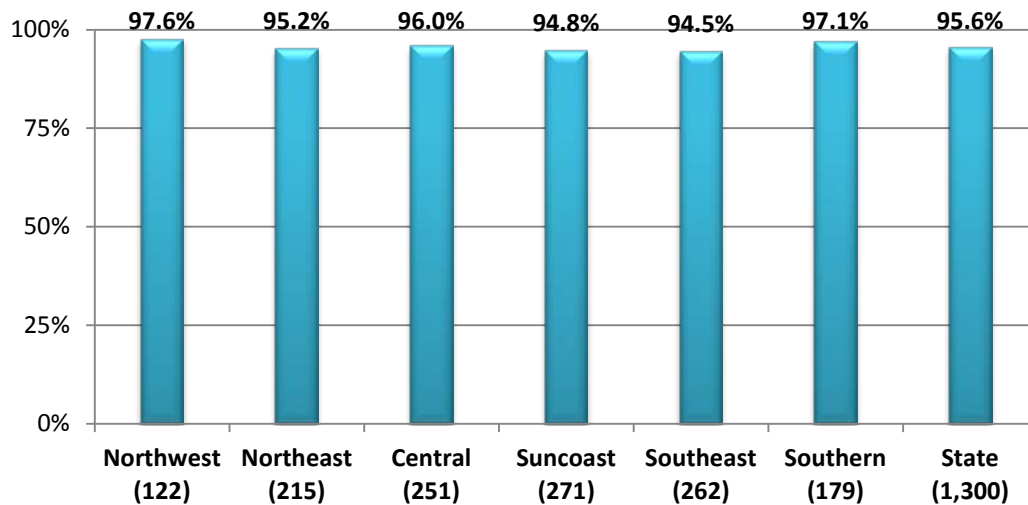
A record review is completed for every service received by individuals who participate in a PCR. Each record is analyzed to determine if the provider is rendering the service in accordance with the requirements specified in The Handbook for that particular service. The number of standards reviewed during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

Average SSRR results by APD Region are presented in Figure 7. The number of records reviewed per Region is provided parenthetically. The number of standards reviewed per record varies by service and provider. 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 PDR and presented later in this report.

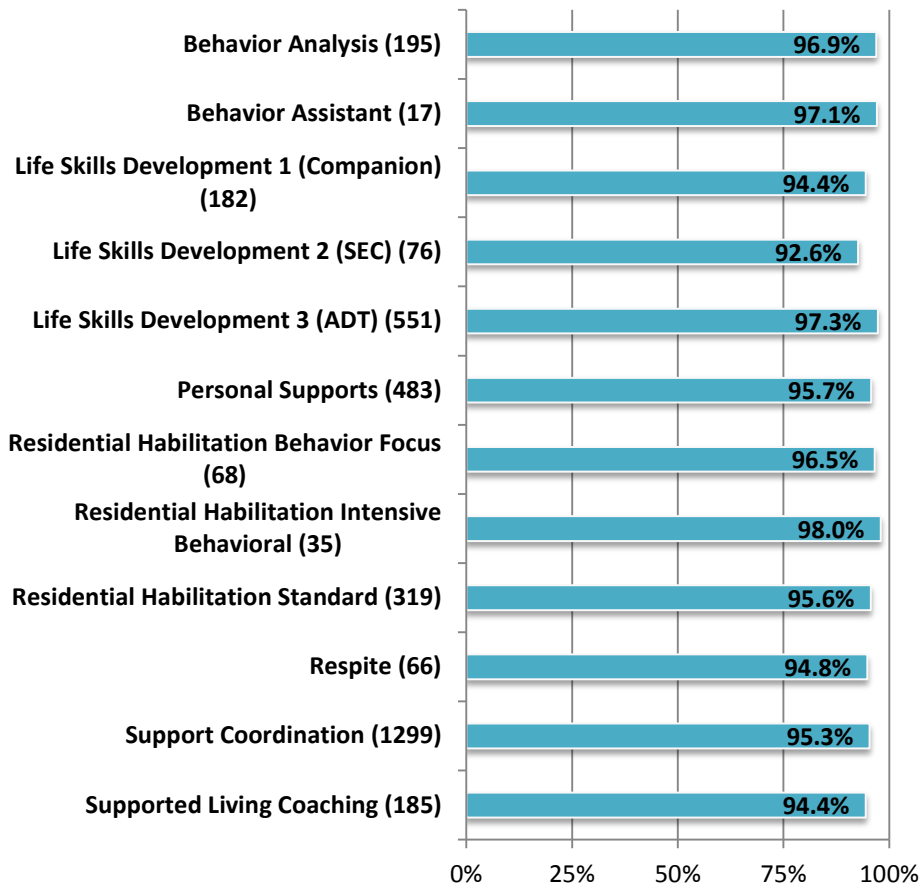
Between February and December 2013, 3,493 Service Specific records were reviewed as part of the 1,300 PCRs completed in the same timeframe. Results to date indicate all Regions have SSRR Scores greater than 94 percent (Figure 7), with a statewide average of 95.6 percent. Because the tools and processes are different, comparisons to previous years are not appropriate.

**Figure 7: Person Centered Reviews
Service Specific Record Reviews by APD Region
February – December 2013**



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 and the percentage is calculated using the weighted values of each standard scored for the records. Results to date indicate very high compliance rates on the SSRR portion of the PCR across all the services.

**Figure 8: Person Centered Reviews
Service Specific Record Reviews by Service
February – December 2013**



Health Summary

During the PCR, Delmarva reviewers utilize an extensive Health Summary 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.

In addition to general health information, reviewers collect information on all the prescription drugs individuals use. The following 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 (Table 5). Data indicate the following:

- 234 individuals (18%) on a waiver were taking no prescription drugs, compared to 73 individuals (24%) on the CDC+ program.
- Individuals on one of the waivers were much more likely to be taking seven or more prescription medications than were individuals on CDC+, 20 percent and 10 percent respectively.

Table 5: Number of Prescription Medications Taken		
# Rx	Waiver (1,300)	CDC+ (304)
0	18.0%	24.0%
1 - 3	36.8%	43.1%
4 - 6	25.4%	23.4%
7+	19.8%	9.5%

Information in Table 6 provides responses to the question: Do you have any health concerns? Most individuals indicate they do but their needs are being met. Findings are very similar for both the DD waiver and CDC+ participants. While a small percent of individuals appear to have an unmet need, “yes, I do and needs are not being met”, this represents 100 individuals from the representative sample and could indicate a much greater number of individuals in the population have health needs that are not being met ($30,000 * 6\% = 1,800$).

Table 6: Response to "Do you have any health concerns?"		
February - December 2013		
	Waiver (1,300)	CDC+ (304)
Maybe, I am not sure	2.4%	0.7%
No, I do not	31.1%	30.0%
Yes, I do and needs are not being met	6.4%	5.6%
Yes, I do but needs are being met	60.1%	63.7%

Information in Table 7 indicates the percent of individuals who responded yes to the health related questions. Approximately one quarter of individuals had been to an emergency room and close to 14 percent had been admitted to the hospital. Among Waiver services recipients, reactive strategies had been used on approximately four percent of individuals, three percent had been Baker Acted, and three percent contacted the abuse hotline. Because this is a representative sample, this means

that reactive strategies may have been used on up to 1,200 individuals in the Waiver population and approximately 850 individuals may have contacted the abuse hotline.

Table 7: Health Summary: February - December 2013		
In the past 12 months:	Waiver (1,300)	CDC+ (304)
Have Reactive Strategies under 65G-8 been used due to behavioral concerns?	4.1%	1.3%
Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation?	2.9%	1.6%
Have you been Baker Acted?	3.1%	1.0%
Have you been to an Urgent Care Center?	5.2%	2.6%
Have you been to an Emergency Room?	24.0%	21.4%
Have you been admitted to the hospital?	13.6%	13.8%
Have you been a patient in a same day surgery center?	3.8%	3.0%

NCI Consumer Review Results

Focused Outcome Areas (FOA) of the PCR reviews include key themes from the CMS Quality Framework: Person Centered Approach, Choice, Health, Safety, Rights, and Community Inclusion. To examine individual responses on the FOAs, results from several questions in the NCI Consumer Survey were grouped and analyzed. Each question grouped within the Focused Outcome Areas is provided in Attachment 7. Because NCI data are not based on the Delmarva tools, we present results for the entire contract year, January – December 2013.

Table 8: NCI Consumer Survey Results by Focused Outcome Areas						
January - December 2013						
	Number Responses	Percent Negative	In Between	Percent Positive	2012 Positive	2011 Positive
Person Centered Approach	5,268	15.6%	9.7%	74.7%	76.1%	78.2%
Choice	8,786	18.6%	33.9%	47.5%	43.8%	44.1%
Safety/Security	3,148	3.2%	7.1%	89.6%	88.3%	89.0%
Rights	6,284	8.2%	3.1%	88.7%	89.1%	88.5%
Community Inclusion	13,903	31.8%	3.6%	64.6%	65.5%	66.6%
		Poor	Fair	Excellent/ Very Good		
Health	1,261	4.6%	40.5%	54.9%	35.6%	33.7%

Table 8 displays a summary of results within each Focused Outcome Area for individuals on one of the HCBS waivers. The percent positive/good, percent negative/bad, and in between responses for each question are provided. 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 8, and shaded for identification in Attachment 7. Results by FOA indicate:

- A decline in the percent of positive responses for the Person Centered Approach, from 78.2 percent in Year 2 (2011) to 74.7 percent in Year 4
- Individuals continue to indicate they are least likely to have choice and community inclusion in their lives. However, both have shown a small increase since Year 2.
- The percent of individuals who indicate health is excellent or very good has increased by over 20 percentage points since 2011, from 33.7 percent to 54.9 percent.

Provider Discovery Reviews (PDR)¹³

A PDR is completed for each provider who renders services to an individual participating in a PCR. Providers who are not included in the PCR are also reviewed onsite, with the exception of “deemed” providers. Deemed providers achieved a score of 95 percent in their Year 3 review, with no alerts or recoupment citations.

During the fourth year of the contract (2013) 2,391 PDRs were completed by reviewers and approved by Delmarva management. **It is important to note that revised tools and processes were implemented in February 2013. While 2,391 PDRs were completed in Year 4, for this report we use data collected since February 2013, 2,261 PDRs. Comparisons to previous years are not appropriate.**¹⁴

The distribution of PDRs by APD Region is presented in Table 9. Between February and December, 27 providers either failed to show up for a scheduled review or Delmarva and the APD regional 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.

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

¹⁴ Deemed providers were offered the option of participating in a PDR in Year 4 to take advantage of the technical assistance being provided by Delmarva, on the new standards based on iBudget requirements.

The average PDR score is fairly consistent across the Regions. However, this is the calculated score from all standards reviewed and does not take into account the impact of having an alert. Each alert reduces the score by five percentage points, up to a total of 15 points.¹⁵

APD Region	Number of PDRs	Non-Compliant Providers	Average Provider Score
Northwest	220	1	91.9%
Northeast	481	10	89.7%
Central	508	2	92.1%
Suncoast	450	9	91.6%
Southeast	296	4	92.0%
Southern	306	1	92.4%
State	2,261	27	91.5%

Administrative Policy and Procedure Results¹⁶

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

Compliance scores for all components of the PDR are based on a weighted value assigned to each review standard.¹⁷ Each standard is scored as Met, Not Met, or Not Applicable. However, standards new to the iBudget waiver will not be scored until February 2014. Providers with these standards Not Met are offered technical assistance but the overall PDR score is not impacted.

The following table shows, by Region, the number of standards scored with Technical Assistance (TA), the number of PDRs associated with the standards and the average number of standards scored with TA per review. Since implementing the new tools, 86.6 percent of providers reviewed in Year 4 scored at least one of the “new” standards Not Met, and were provided technical assistance to help ensure the standard is Met during the next PDR.

¹⁵ Scoring methodology is described in Attachment 2.

¹⁶ N sizes may vary throughout the report due to missing and/or not applicable data.

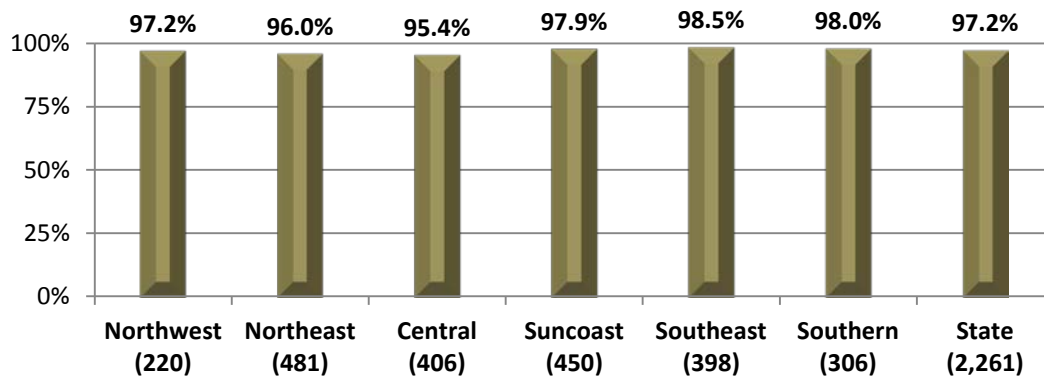
¹⁷ See Attachment 2 for a description of the weighting process and scoring methodology.

Table 10: PDRs Met with Technical Assistance			
February - December 2013			
APD Region	Number Indicators	Number Providers	Number per PDR
Northwest	884	175	5.05
Northeast	2,718	409	6.65
Central	2,439	354	6.89
Suncoast	2,503	393	6.37
Southeast	2,294	346	6.63
Southern	2,290	282	8.12
Statewide	13,128	1,959	6.70

A description of each standard scored within the Policy and Procedure component of the PDR is shown in Attachment 3, with the average score for each standard. New standards scored with TA are shown as Not Applicable (NA). The average score for reviews completed between February and December 2013 was 97.2 percent, with very little variation across the scored standards.

The average score on the Policy and Procedure (P&P) component of the PDR is shown for all APD Regions in Figure 12, with little variation shown across the Regions. However, note that each provider is currently scored on a maximum of 11 P&P standards, and many standards are only scored for agency and not solo providers.

**Figure 12: Provider Discovery Reviews
Average Policy and Procedure by APD Region
February - December 2013**

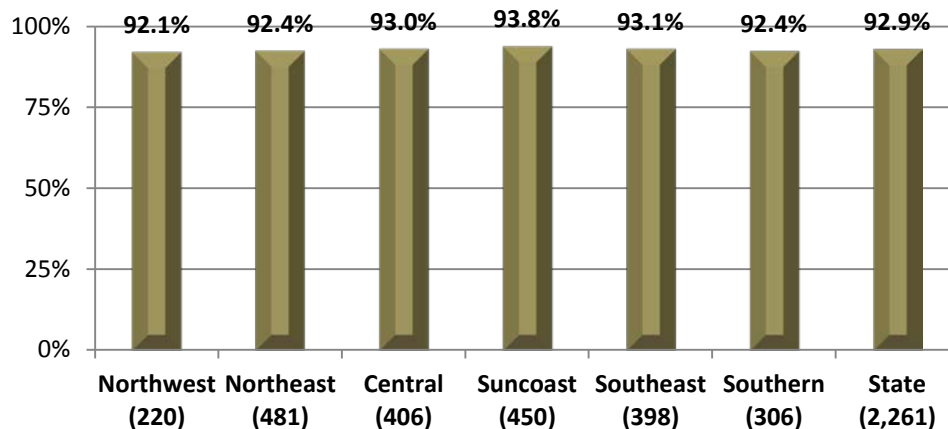


Qualifications and Training Requirements

Providers are required to have specific training and education completed in order to render 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 Administrative Qualifications and Training component of the PDR is shown in Attachment 4. For each provider, several employee records may be reviewed per standard. The average score for each standard is provided, ranging from 75.6 percent to 100 percent compliance, with a state average of 92.9 percent. Providers offering Supported Employment Coaching (LSD 2) and providers offering Supported Living Coaching were least likely to have training requirements documented, with 75.6 percent and 76.7 percent compliance respectively.

The average compliance score for the training standards, by APD Region, is presented in Figure 13. Findings show little variation across the state.

**Figure 13: Provider Discovery Reviews
Average Qualifications and Training Scores by APD Region
February –December 2013**

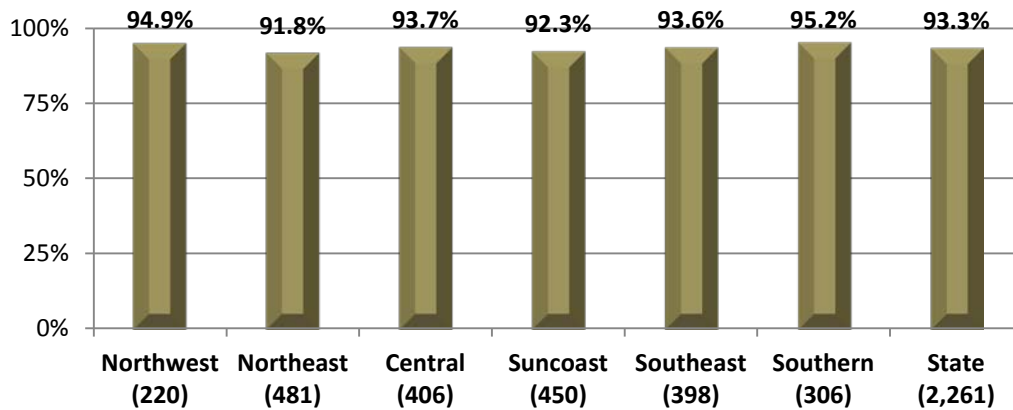


Service Specific Record Review Results (SSRR)

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

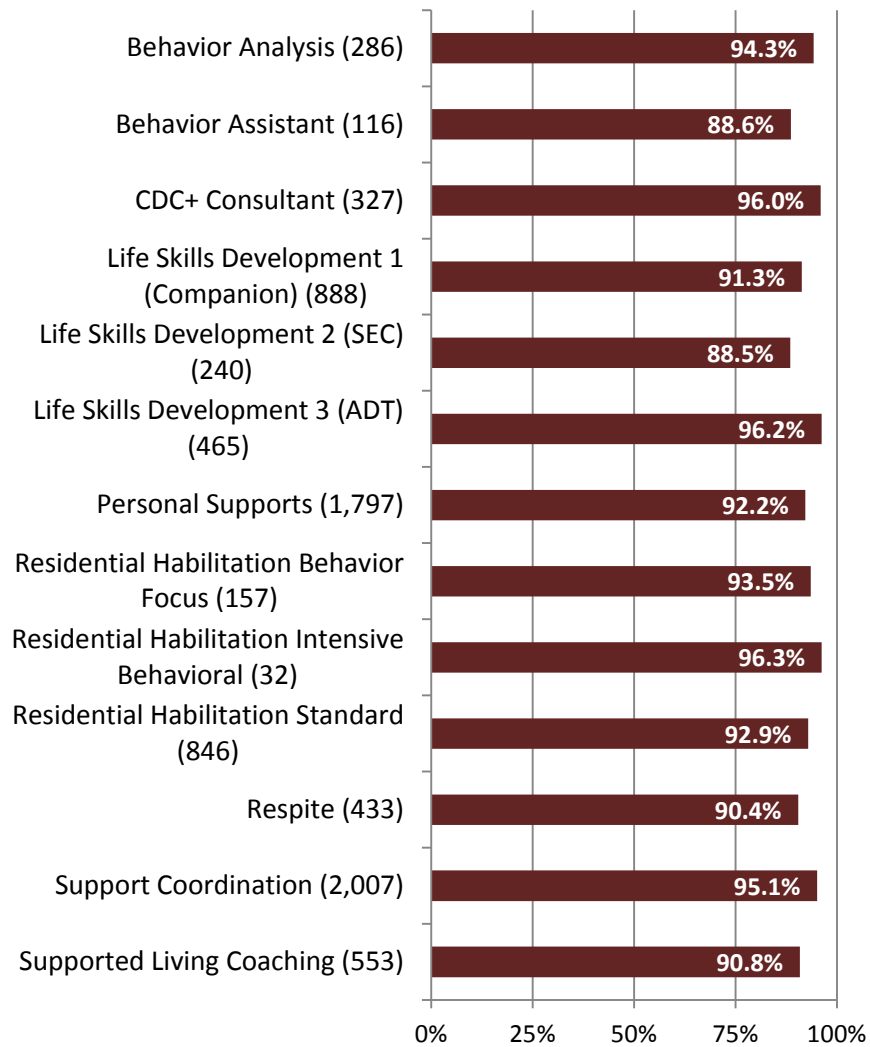
A total of 8,565 SSRRs were completed between February and December 2013 as part of a PDR. The distribution of results across APD Regions is presented in Figure 14, with the number of records reviewed in parentheses. On average, the 2,261 providers reviewed scored 93.3 percent, somewhat lower than for the SSRRs completed as part of the PCR (95.6%). There is little variation across the Areas.

**Figure 14: Provider Discovery Reviews
Average Service Specific Record Review Score by APD Region
February - December 2013**



Service Specific Record Review results by service are presented in Figure 15, with the number of records reviewed in parentheses. It is important to note that providers generally offer more than one service. Therefore, each provider may have results included in various services. Results show a variation from 88.5 percent for Life Skills Development 2 (Supported Employment, to almost 96.3 percent for providers of Residential Habilitation Intensive Behavioral. However, only 32 records were reviewed for providers of Intensive Behavioral services.

**Figure 15: Provider Discovery Reviews
Average Service Specific Record Review Scores by Service
February – December 2013**



Observation Results

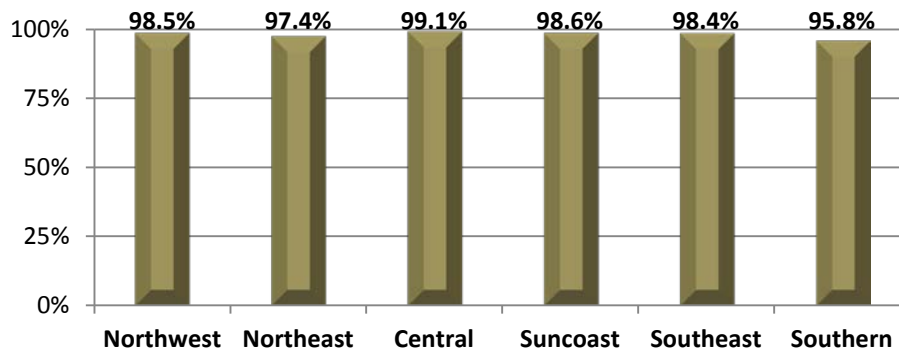
Delmarva reviewers conduct onsite observations of up to 10 group homes when reviewing providers of Residential Habilitation. For Life Skills Development 3 (ADT) facilities (Day Programs), all locations operated by the providers receive an onsite observation. During this portion of the PDR process, reviewers observe the physical facility and also informally interview staff, residents, and day program participants as needed and as possible. To date this year, Delmarva reviewers conducted

observations at 160 LSD 3 locations and 1,068 group homes (Table 11). The Day Programs served 7,860 individuals and the group homes were operated by providers who served 5,409 individuals.

Table 11 : Provider Discovery Review				
Number of Locations Observed by Region				
February - December 2013				
	Adult Day Training		Residential Habilitation	
APD Region	Locations	Served	Location	Served
Northwest	14	416	37	165
Northeast	35	1,280	193	1,075
Central	30	1,969	219	1,104
Suncoast	39	2,153	256	1,303
Southeast	21	1,198	210	1,081
Southern	21	844	153	681
State	160	7,860	1,068	5,409

The average statewide PDR Observation score for reviews completed between February and December 2013 was 98 percent.¹⁸ Data indicate very little variation across the Regions.

**Figure 16: Provider Discovery Reviews
Average Observation Scores by APD Region
February - December 2013**



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,

¹⁸ Review tools are posted here and include detailed descriptions of each standard:
<http://www.dfmc-florida.org/Public2/resourceCenter/providers/>.

records an Alert, and notifies both the local APD Regional 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 the APD Regional and Central offices are notified.

The number of alerts recorded during the contract year is shown in the following table, by APD Region. As with previous years, the majority of Alerts was due to a lack of required documentation needed to provide evidence background screening had been completed (289). An additional 70 alerts were reported due to Medication or Health/Safety issues.

Table 12: Provider Discovery Reviews

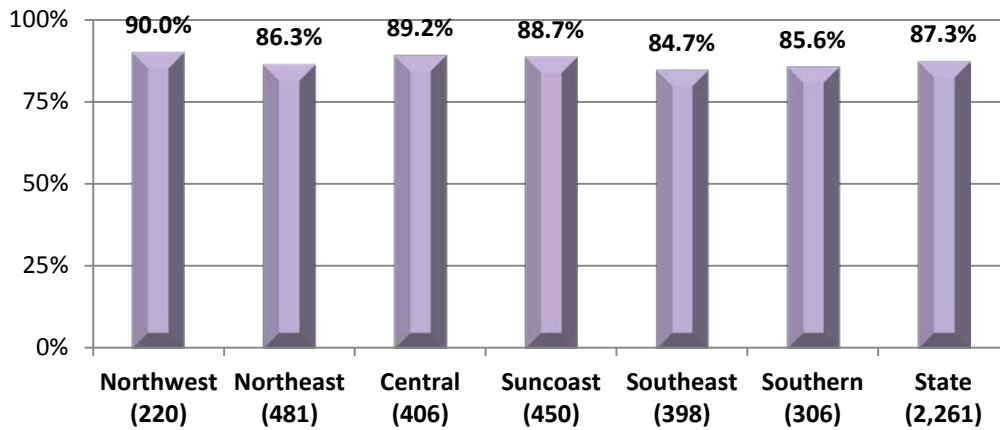
Number of Alerts by APD Region

APD Region	Rights	Health & Safety	Abuse, Neglect, Exploitation	Medication	Driver's License	Vehicle Insurance	Background Screening
Northwest	0	0	0	8	3	0	22
Northeast	0	4	0	12	11	1	67
Central	0	2	0	6	7	1	44
Suncoast	2	11	0	7	3	1	51
Southeast	2	4	0	6	0	2	61
Southern	5	5	0	5	4	2	44
State	9	26	0	44	28	7	289

Background Screening

The following figure shows the percent of providers in each APD Region for which all provider records reviewed for all employees had adequately documented background screening requirements. One provider may have one or several employees not in compliance with the standard. Statewide compliance is approximately 87 percent, showing an increase over previous years, an increase from approximately 75 percent in 2010. There is some variation across the Regions, from a low of 85 percent in the Southeast to a high of 90 percent in the Northwest.

**Figure17: Provider Discovery Reviews
Background Screening by APD Region; Percent Met
February - December 2013**



While 288 providers received an alert for lack of background screening (13%), each provider could have one or more employees who were found to be non-compliant on background screening. One or more reasons can be provided by the reviewer as to why the provider was not in compliance with this standard. A total of 398 reasons were cited. Table 13 displays the reason the standard was Not Met for all employee records reviewed for the 288 providers with a background screening alert. While employees were most likely to be missing the Affidavit of Good Moral Conduct (35.4%) close to 15 percent did not have evidence of Florida Department of Law Enforcement Screening requirements and 12 percent did not have evidence of completing the Federal Bureau of Investigation screening.

Table 13: Provider Discovery Reviews	
Reason Background Screening Scored Not Met	
February - December 2013	
Reason	Percent
Provider did not present a current complete, signed and notarized Affidavit of Good Moral Character.	35.4%
Provider presented a current Affidavit of Good Moral Character, but it was not signed.	1.3%
Provider presented a current Affidavit of Good Moral Character but it was not notarized.	2.3%
Provider did not present a current complete and signed Affidavit of Compliance with Background Screening Requirements.	4.3%

Table 13: Provider Discovery Reviews	
Reason Background Screening Scored Not Met	
February - December 2013	
Reason	Percent
Provider presented a current Affidavit of Compliance with Background Screening Requirements, but it was not signed.	0.3%
Provider did not present a current Local Criminal Records Check obtained within county of residence.	28.9%
Provider presented a current Local Criminal Records Check but it was not obtained within county of residence.	1.0%
Provider did not present a current Florida Department of Law Enforcement screening clearance letter or other acceptable form of FDLE screening.	14.6%
Provider did not present a current Federal Bureau of Investigation screening clearance letter or other acceptable form of FBI screening.	12.1%
Provider has not completed the five-year re-screening. (Pre 8/2010 FDLE Only)	6.5%
Provider was not fully re-screened following a greater than 90 day lapse in employment in an appropriate field.	1.5%
Provider was fully screened/re-screened but all components of a level 2 screening were not completed within a 12 month timeframe.	12.1%

Potential Billing Discrepancy Citations

Standards are identified as a potential billing discrepancy if the standard applies to billing documentation requirements. If scored as Not Met, these are flagged by the reviewer as a potential discrepancy for the provider, and the Regional APD office and AHCA are notified. The following table provides an overview of potential discrepancies documented during the 2,261 PDRs completed between February and December 2013. Data indicate the following:

- Approximately 43 percent of the providers had at least one billing discrepancy citation. This is somewhat lower than in previous years when at least of providers had at least discrepancy.
- The percent of providers with a potential discrepancy varied widely across Regions, from 21.6 percent in the Southern Region to 51.8 percent in the Northwest.
- In the Northeast, Northwest and Suncoast Regions, over half of the providers had a potential billing discrepancy.
- The average number of citations per provider is 2.2.

Table 14: Provider Discovery Reviews					
Recoupment Citations by APD Region					
February - December 2013					
Region	Recoupment Standards Not Met	Providers w/ Recoupment Citation	Total Number of PDRs	Pct Providers w/ at Least 1 Recoupment	Ave # Citations /Provider
Northwest	234	114	220	51.8%	2.1
Northeast	582	245	481	50.9%	2.4
Central	314	151	406	37.2%	2.1
Suncoast	583	236	450	52.4%	2.5
Southeast	342	158	398	39.7%	2.2
Southern	121	66	306	21.6%	1.8
Statewide	2,176	970	2,261	42.9%	2.2

Consumer Directed Care (CDC+)

CDC+ Participants

Between February and December 2013, 238 CDC+ participants were interviewed as part of the PCR process. The number and percent of CDC+ PCRs completed by Region is provided in the following table.

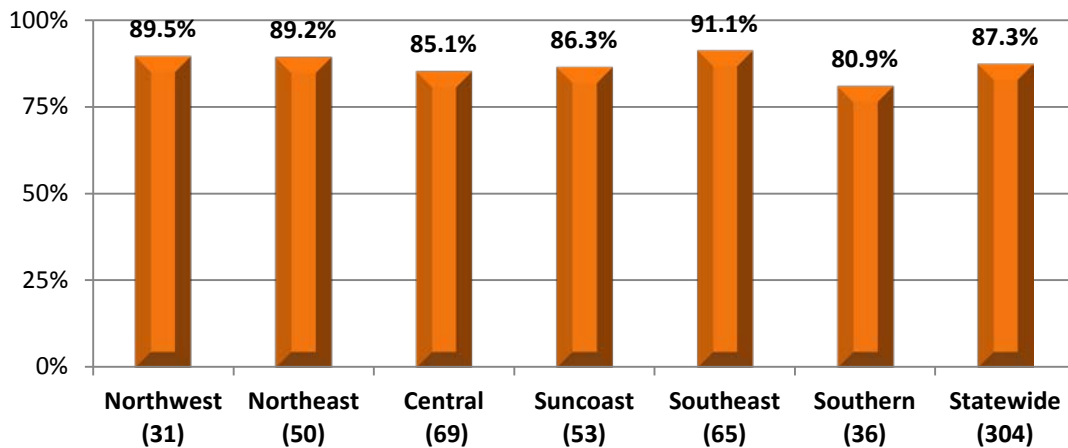
CDC+ Person Centered Reviews		
Region	Number	Percent
Northwest	31	10.2%
Northeast	50	16.4%
Central	69	22.7%
Suncoast	53	17.4%
Southeast	65	21.4%
Southern	36	11.8%
State	304	

Results are presented by III Standard in Table 13 for the 304 PCRs completed for CDC+ participants, with comparisons to previous years. Results are displayed by Region in Figure 14. Results indicate:

- The average score of 87.3 percent of outcomes present is somewhat higher than for the population not participating in CDC+ (82.0%)
- Standards measuring the person’s involvement in decisions, having supports in place to meet goals, and the person being safe or having self-preservation skills have increase between four and five percentage points since Year 2 (2011)
- Regional results vary from approximately 81 percent in the Southern Region to 91 percent in the Southeast

Table 13: Consumer Directed Care + Person Centered Reviews				
Individual Interview Instrument Results by Standard				
January 2010 - December 2013				
Standard	Percent Met			
	Year 1	Year 2	Year 3	Year 4
The person is afforded choice of services and supports.	91.3%	86.7%	82.6%	87.2%
The person actively participates in decisions concerning his or her life.	90.1%	84.9%	82.6%	89.7%
Person directs design of services and participates in identification of needed skills and strategies to accomplish desired goals.	90.7%	81.0%	81.3%	81.1%
Person participates in routine review of services, and directs changes desired to ensure outcomes/ goals are met.	90.1%	87.5%	84.6%	86.0%
Person has the necessary supports in place to meet needs and goals.	90.0%	87.5%	86.2%	91.8%
The person is free from abuse, neglect and exploitation.	88.2%	88.6%	89.8%	86.8%
The person is safe or has self-preservation skills.	87.0%	82.9%	82.9%	87.2%
The person is healthy.	92.5%	78.6%	78.0%	81.3%
Person is educated and assisted by supports/services to learn about rights and fully exercise rights, but especially those that matter most to the person.	90.1%	88.9%	89.5%	92.1%
The person is achieving desired outcomes/goals or receiving supports that demonstrate progress toward specified outcomes/goals	91.3%	89.3%	87.0%	91.7%
The person is satisfied with the supports and services received.	94.4%	88.8%	92.7%	91.7%
The person is developing desired community roles that are of value to the person.	85.9%	77.5%	73.8%	80.4%
Average CDC+ III Score	90.7%	85.2%	84.2%	87.3%

**Figure18: CDC+ Participants
Individual Interview Instrument Results by Region
February – December 2013**



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 5 for the 304 CDC+ Consultant record reviews. Findings on each standard are high with all but one at over 90 percent compliance. Approximately 87 percent of coordinators documented an awareness of the person’s history of abuse, neglect and exploitation.

CDC+ Representative (CDC-R)

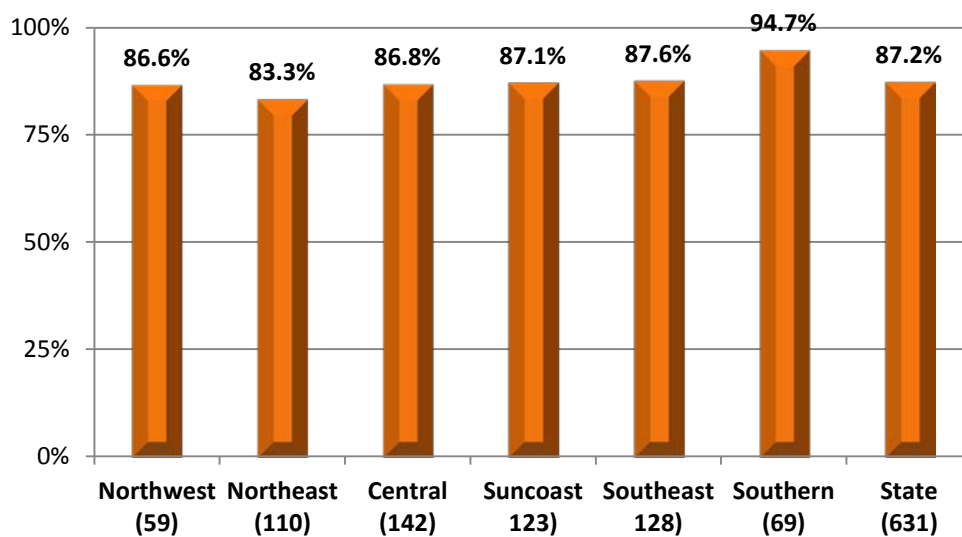
CDC+ participants have a Representative (the participant is sometimes also the Representative), who helps with the “business” aspect of the program: such as hiring providers, completing and submitting timesheets, or paying providers. This is a non-paid position and is most often filled by a family member. Delmarva reviewers monitor the Representative’s records to help determine if the Representative is complying with CDC+ standards and Medicaid requirements. Between February and December 2013, 631 CDC+ Representatives were reviewed.

CDC-R results for each standard are presented in Attachment 6 and presented by Region in Figure 19. Findings indicate the following:

- On average, Representatives showed 87.2 percent compliance on the record reviews.

- The lowest scoring standard, compliance with background screening, indicated 72.7 percent of CDC Representatives had all background documentation present at the time of the review. This shows significant improvement over previous years, beginning at approximately 32 percent in Year 1 of the contract.
- There appears to be some variation across the Regions, from a low of 83.3 percent in the Northeast to a high of 94.7 percent in the Southern Region.

**Figure18: CDC+ Participants
CDC+ Representative Results by Region
February – December 2013**



Section III: Discovery

Findings in this report reflect data from PCR and PDR review activities completed between February and December 2013. Because new tools and processes were implemented February 1, comparisons to previous years were only possible with results from the Individual Interview Instrument and the NCI Adult Consumer Survey. A total of 1,300 PCRs and 2,261 PDRs were completed, approved and available for analysis. Over the time period, only 27 providers were non-compliant—either did not respond to attempts to schedule a review or did not show up for a scheduled review.

Communication among the three primary organizations, AHCA, APD and Delmarva, continues to be enhanced through various activities, including a monthly status meeting and a weekly meeting between the Delmarva Director and the AHCA Contract Manager. In addition, during the contract year Delmarva facilitated four Quality Council (QC) meetings, bringing together providers, stakeholders, self-advocates and family members to provider oversight for the quality assurance program and enhancing communication across the state. Two workgroups were established as part of the QC activity and have initiated development of two different quality improvement projects: a mentorship program for support coordinators and a grant program to help provide dental services in rural, underserved areas.

In addition to the QC meetings, the Delmarva Regional Managers facilitated quarterly meetings in each APD Region to discuss data, trends, issues, and remediation. Regional managers reviewed all reports completed during the year, before final approval, and conducted bi-weekly meetings for all reviewers. The Regional Manager in charge of quality assurance designed and administered extensive inter-rater reliability tests that each reviewer passed. Finally, the Delmarva nurse attended monthly Medical Case Managers conference calls and continues to be available for all reviewers if health or medication issues surface during a review.

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, using 12 different standards that measure choice, rights, health, safety, the person's involvement in the service planning process, community involvement and other outcomes.

At any time during the PCR process, the individual may decline to participate in the process. However, almost 14 percent of the declines were because the person had moved, was no longer receiving services, or had passed away. The PCR is based on a representative sample of individuals, extracted from the Allocation and Budget Control (ABC) database. Therefore, it is possible there are over 4,000 similar errors in the database, where information has not been updated to reflect current status of individuals.

Recommendation 1: APD should consider quality improvement measures for the ABC database prior to transferring the data into the new centralized database to be constructed.

Recommendation 2: As the Quality Council develops the Support Coordination mentoring and training program, a component covering the need for accurate and updated data should be included.

Results from the III show an overall increase in the percent of outcomes present, from 78 percent in Year 3 to 82 percent in Year 4. The improvement is reflected in almost all of the III standards. Nevertheless, three standards showed the levels of compliance below 80 percent: developing desired social role, having choice of services and supports, being involved in the design of services received. NCI data also reflected low outcome scores for choice and community involvement, particularly in choosing where and with whom to live, choosing staff; and having a job or volunteer work in the community—important aspects of developing social roles.

Recommendation 3: An Ad Hoc report could be developed analyzing the III and NCI data by Area and/or Region. If some areas in the state have systems in place that enhance individuals' degree of choice and social role development, perhaps these could be shared and implemented statewide.

Recommendation 4: A recommendation in the last quarterly report stated that APD should consider enhancing the pre-service training curriculum for support coordinators in the area of person centered service delivery and particularly choice. This will help support coordinators facilitate informed choice of supports and services for individuals. In addition, the QC workgroup should ensure choice and social role development are both included in the new mentoring program being developed.

Individuals in independent living environments and individuals receiving Supported Employment continue to have better outcomes than individuals in other residential settings or receiving other types of services. The chance to live more independently continues to positively impact people's lives. However, the greatest proportion of individuals live in a group home (48.5%) while only about 18 percent live in independent or supported living residences.

In addition, a finding we noted previously appears to be consistent this year as well in that individuals age 18 to 21 have lower outcomes than individuals in other age groups. A finding that could indicate a problem with the transition of individuals from school to work life styles: the supports offered within the school system not sufficiently provided post graduation.

Recommendation 5: We recommend again, as in the previous report, that APD, along with the Quality Council, explore avenues that would help move people from group homes to more independent residential settings. When the current QC workgroups have completed their quality improvement projects, the council may want to consider this as the next initiative.

Recommendation 6: Because the 18 to 25 year old age group has continued to show lower outcomes than other age groups, APD should use their regular meetings with the Regional offices to explore reasons for this trend and share ideas on how to improve outcomes for these young adults moving out of a school environment.

The Year 4 data inform us that from the person's perspective, the percentage of individuals who indicate being in excellent health has increased over 20 percentage points since 2012, from 33.7 percent to 54.9 percent. However, findings from the sample may be indicative of issues on a broader scale in the population. Close to 20 percent of individuals were taking seven or more prescription medications, 6.4 percent had health needs that were not being met, 4.1 percent had been treated with reactive strategies, 2.9 percent had called the abuse hotline, and close to one quarter had been to the emergency room. Based on a population of approximately 30,000 individuals receiving HCBS waiver services, these would translate to fairly large numbers or approximately:

- 6,000 individuals taking seven or more medications
- 920 with unmet health needs
- 1,200 subject to reactive strategies
- 850 people who called the abuse hotline
- 7,200 individuals who had been to the emergency room

Recommendation 7: A workgroup consisting of stakeholders from across the state should explore these health issues and determine how to reduce the number of unmet health needs and medication use among this population. Ad Hoc requests for more in-depth data analysis, to explore these standards across different demographics, should be used to help guide the initial discussions.

Provider Discovery Review Results

Results from the 2,261 PDRs indicate providers are performing very well documenting their Policies & Procedures (97%), Qualifications and Training (93%), and Service Specific requirements (93%). Providers of Life Skills Development 2 (Supported Employment Coaching) and Supported Living Coaching are not always receiving their in-service training as required, compliance averaging about 75 percent for each. Providers, particularly CDC+ Representatives, have responded well to the compliance requirements in the review processes.

Standards new to the iBudget waiver will not be scored until February 2014. Providers with these standards Not Met are offered technical assistance but the overall PDR score is not impacted. These standards are scored as Technical Assistance (TA) and demonstrate a need for training on iBudget rules and expectations. Of the 2,261 PDR completed, 1,959 (87%) scored at least one of these standards Not Met.

Recommendation 7: A majority of providers missed at least one of the new iBudget standards. As we move into Year 5 of the contract, APD and Delmarva should monitor these new standards and determine if providers responded to the technical assistance and are now meeting the standards. If not, Regional offices should consider additional training and/or assistance for providers to meet these standards.

Attachment 1: Customer Service Activity

October - December 2013

Customer Service Topic	Num	Description	Outcome	Ave Time
Address/ Phone Update	29	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 and provider consultants call with questions regarding FL background screening requirements.	Background screening requirements are explained to providers, with reference to the Handbook and FL rule.	1 day
CDC+	1	Parents call with questions regarding the CDC+ program.	Questions are answered according to the CDC+ rules.	1 day
Clarification	33	Providers and APD staff called asking for clarification on our tools.	Questions were answered, and where necessary, callers were referred to source documents.	1 day
Complaint	2	One provider called to complain about the timing of the scheduling of her review. A parent who received an HSRI family survey called to complain because her family member is deceased and, thus, she should not have received it.	Calls were forwarded to the Regional Manager and Director (respectively) who addressed and resolved the issues.	1 day
Contact QAR	6	Providers call to contact the QAR assigned to do their review.	QAR is contacted by office staff and asked to contact the provider	1 day
Delmarva Online Training	8	Providers call with questions about how to access training.	Providers are assisted with following the instructions online to register or are referred to the helpdesk for technical assistance.	1 day

Customer Service Topic	Num	Description	Outcome	Ave Time
HSRI Family Survey	11	Family members who received the HSRI surveys called with questions regarding completion.	Assistance was provided to the callers in completing the surveys.	1 day
Miscellaneous/	19	Family stakeholders and providers called with requests unrelated to our process, e.g. how to access services, requesting copies of preliminary findings, concerns regarding specific providers.	All questions were answered.	1 day
Name Correction	0			1 day
New Tools	5	Providers called asking questions regarding the Discovery tools.	Providers are referred to our website and shown the current posted tools.	1 day
Next Review	46	Providers call asking when their next review will occur. Some providers called asking for a specific reviewer or to have their review postponed to a future date.	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 Information	0			1 day
Provider Feedback Survey	3	Provider requesting a copy of the feedback survey.	Sent provider the link to the web based survey.	1 day
Provider Search Website	2	Providers call asking why their names are not on the provider search website or for instructions on becoming listed on the 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	1 day

Customer Service Topic	Num	Description	Outcome	Ave Time
			this website.	
Question	29	Providers and APD staff call with questions regarding documentation or qualification requirements; for assistance accessing resources on our website; for explanations of the review processes.	Questions are answered with references to appropriate documents or entities.	1 day
Reconsideration	38	Providers call asking for clarification on the process to submit a request for reconsideration or inquiring as to the status of a request already submitted.	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. Status of each is checked and relayed to the provider.	1 day
Billing Discrepancies	7	Providers call asking how to handle the potential recoupment identified in their PDR reports.	Providers are referred to their local APD office with recoupment questions.	1 day
Report Requested	11	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	24	Providers call asking for explanation of their reports.	Their reports are explained; providers are referred to their local APD office for technical assistance.	1 day
Training	22	Providers and provider consultants call asking about training	Training requirements are explained, including reference to the Handbook.	1 day

Customer Service Topic	Num	Description	Outcome	Ave Time
		requirements.		
Total Number of Calls: 229				

Attachment 2: 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 service, through a Developmental Disabilities (DD) waiver or Consumer Directed Care (CDC+). If appropriate the family member or legal representative is interviewed instead of the individual receiving services.

Through the interview and Service Specific Record Reviews (SSRR), Delmarva Reviewers 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 Summary;
- 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 to over 25 other states that also collect the data.¹⁹ Data will also be available for Delmarva to use aggregately in annual reports to AHCA and APD.

In addition to the NCI Consumer Survey, the interview process includes the Individual Interview Instrument (III or I³) to help assess individuals' perspectives of their rights, choices, involvement in Support Plan development and making life decisions, community inclusion, health, safety, and

¹⁹ HSRI developed the NCI survey instruments. More information can be found at the following web site: <http://www.hsri.org/>.

satisfaction with services. A Health Summary 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.²⁰

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 indicate being 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 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 reviewer 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:

- Behavior Analysis
- Behavior Assistant
- CDC+ Consultant
- Life Skills Development (Companion)
- Life Skills Development 2 (SEC)
- Life Skills Development 3 (ADT)
- Personal Supports
- Residential Habilitation Behavior Focus
- Residential Habilitation Intensive Behavior
- Residential Habilitation Standard

²⁰ Delmarva review tools and procedures are available here:
<http://www.dfmc-florida.org/Public2/resourceCenter/providers/>.

- Respite
- Support Coordination
- Supported Living Coaching

The PDR has several components:

- Administrative Record Review
- Service Specific Record Review
- Onsite Observation (ADT and Residential Habilitation)
- Interviews with provider and other staff

During the Administrative Record Review, Delmarva Quality Assurance Reviewers (QAR) 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 (SSRR) 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 reviewers observe the day to day activities of the facility as well as noting the physical condition of the building. Reviewers 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 (WSC) 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 stratified by CDC+ Consultant status.

2. A 10 percent random sample of the CDC+ population 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.
3. 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 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 Weighting and Scoring Methodology²¹

On February 1, 2013, new tools for the iBudget were implemented statewide. When calculating scores from the process some Standards are weighted heavier than others, particularly Standards vital to the service (Support Coordinator has a current copy of the Support Plan) or the health and welfare of individuals (reporting incidences of abuse, neglect or exploitation).

A workgroup consisting of representatives from AHCA, APD and Delmarva convened to determine weights to be assigned to standards in the new iBudget tools, ranging from 0 to 3. A standard is weighted zero (0) if it is scored Not Met through no fault of the provider. For example, the provider does not have a specific required training because it was available. This document outlines the method for weighting Standards in the recently implemented tools.

Weight

Each Standard has one or more reasons provided as to why the Standard is not met. Some reasons for noncompliance are more egregious than others. Therefore, each reason is weighted, with a majority weighted as one (1). The weighted value for the standard will be the value assigned to the reason(s) with the highest weight. In the following example the first and third reasons are more critical to the health and safety of the person than the second reason and are weighted more heavily. The standard has a weighted score of three (3) due to the potential impact on health and safety.

²¹ 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.

Standard	Reason Not Met	Category	Weight
The provider has a method in place to gather information about the individual's physical, behavioral and emotional health on an ongoing basis.	1) Provider has no method in place to gather information about the individual's physical, behavioral and emotional health	Health & Safety	3
	2) The provider is knowledgeable of the individual's physical, behavioral and emotional health but documentation does not demonstrate provider's efforts to gather information for the records.		1
	3) Key/Critical pieces of health and behavioral information were absent from the file.	Health & Safety	3

The following Standard is related to person centered practices, with a weighted score of two (2).

Standard	Not Met Reason	Category	Weight
The provider assists the individual/legal representative to know about rights.	1) Provider documentation did not reflect evidence of assisting the individual/legal representative to know about rights.	Person Centered	2
	2) Provider was able to describe efforts to assist the individual/legal representative to know about rights, but had not documented the information.		1

The following example shows a Standard that if not met is a **potential** billing discrepancy because this Standard could be scored not met but not be a recoupment. These reasons are weighted as one (1). The reasons that drive the recoupment are weighted more heavily (2). The weighted score for the Standard is two (2).

Standard	Not Met Reason	Category	Weight
The third Quarterly/Annual Report covering services provided and billed during the period under review is in the record.	1) Current third Quarterly/Annual Report covering services provided/billed during the period under review was not in the record. (R)	Recoupable	2
	2) Third Quarterly/Annual Report covering services provided/billed during the period under review did not contain a summary of the recipient's progress toward achieving Support Plan goal(s).		1
	3) Third Quarterly/Annual Report covering services provided/billed during the period under review did not contain a summary of the first three quarters of the Support Plan year.		1
	4) Third Quarterly/Annual Report covering services provided/billed during the period under review was completed, but not within required timeframes. (R)	Recoupable	2

The following example is typical of most Standards scored during the review. All reasons are weighted as one (1).

Standard	Not Met Reason	Category	Weight
Training for parents, caregivers and staff on the Behavior Analysis Service Plan is documented.	1) Documentation did not reflect training for parents/other caregivers on the Behavior Analysis Service Plan.	Do It	1
	2) Documentation did not reflect training for staff on the Behavior Analysis Service Plan.	Do It	1
	3) Documentation reflected training for some, but not all of the people integral to the plan.	Do It	1

The overall PDR Score is calculated using the weighted value of the sum of all standards scored: Administrative, SSRR and Observations. The total Met is divided by the total scored. However, because alerts are considered quite egregious, five (5) percentage points per alert are subtracted from the calculated score, up to a total of 15 points.

Attachment 3: Provider Discovery Review Policy and Procedures February – December 2013

Policy and Procedure Results by Review Standard	
Standard	% Met
Vehicles used for transportation are properly insured.	98.7%
Vehicles used for transportation are properly registered.	96.6%
If provider operates Behavior Focus group homes, required on-site oversight for residential services is provided.	NA
The provider has written policies and procedures governing how the provider will use a person centered approach to identify individually determined goals and in promoting choice.	96.4%
The provider has written policies and procedures with a detailed description of how the provider will protect health, safety and wellbeing of the individuals served.	96.7%
NEW The provider has written policies and procedures detailing how the provider will ensure compliance with background screening and five year rescreening.	NA
NEW The provider has written policies and procedures detailing hours/days of operation and notification process used if the provider is unable to provide services for a specific time/day scheduled, including arrangement of a qualified backup provider.	NA
The provider has written policies and procedures that detail how the provider will ensure the individuals' medications are administered and handled safely.	96.6%
The provider has written policies and procedures that will include a description of how the provider will ensure a smooth transition to and from another provider if desired by the individual or their legal representative.	94.0%
The provider has written policies and procedures detailing the process that the provider will go through to address individual complaints and grievances regarding possible service delivery issues to address grievances.	98.9%
NEW The provider has written policies and procedures detailing how the provider will ensure individual confidentiality and the maintaining and storage of records in a secure manner.	NA
NEW If applicable, the provider has written policies and procedures related to the use of Reactive Strategies.	NA
The provider has identified and addressed concerns related to abuse, neglect, and exploitation.	99.0%
If applicable, all instances of abuse, neglect, and exploitation have been reported.	97.8%
If applicable, the provider addresses medication errors.	97.7%
The provider addresses all incident reports.	98.5%
Total Policy and Procedure	97.2%

Attachment 4: Provider Discovery Review Training Standards February – December 2013

Administration Qualifications and Training	
Standard	Pct Met
Drivers of transportation vehicles are licensed to drive vehicles used.	99.7%
If applicable, the provider has been validated on medication administration.	96.8%
If applicable, the provider received training in Medication Administration.	98.3%
Provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	98.5%
The provider completed eight hours of annual in-service training for Supported Living Coach.	76.7%
The provider completed eight hours of annual in-service training related to the implementation of individually designed services for Life Skills Development 3.	91.0%
The provider completed required Supported Living Pre-Service training for Supported Living Coach.	98.0%
The provider has completed at least 20 contact hours of face-to-face competency-based instruction with performance-based validation/re-certification for Behavior Assistant.	97.7%
The provider has completed eight hours of annual in-service training related to employment for Life Skills Development 2.	75.6%
The provider has completed standardized, pre-service training for Life Skills Development 2.	97.5%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	99.2%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	98.5%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	98.0%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	99.2%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	97.8%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	98.4%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	100.0%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	98.6%

Administration Qualifications and Training	
Standard	Pct Met
The provider meets all minimum educational requirements and levels of experience for Respite.	98.7%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	98.9%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coach.	97.4%
The provider received 24 hours of ongoing annual job related training for Support Coordination.	94.4%
The provider received mandatory Region/Area- specific training for Support Coordination.	97.9%
The provider received mandatory Statewide pre-service training for Support Coordination.	98.9%
The provider received training in CPR.	94.7%
The provider received training in Direct Care Core Competency.	94.0%
The provider received training in HIPAA.	85.1%
The provider received training in HIV/AIDS/Infection Control.	92.2%
The provider received training in Person Centered Approach/Personal Outcome Measures.	88.9%
The provider received training in the development and implementation of the required documentation for each waiver service provided.	91.4%
The provider received training in Zero Tolerance.	89.5%
The provider received training specific to the scope of the services rendered.	91.7%
The provider received training with an emphasis on choice and rights.	91.7%
The provider received training with an emphasis on choice and rights.	91.2%
Vehicles used for transportation are properly insured.	94.4%
Vehicles used for transportation are properly registered.	93.9%

Attachment 5: CDC+ Consultant Results by Element

February – December 2013 (N=232)

CDC+ Consultant Results by Element	
Standard	Pct Met
Level of care is reevaluated at least annually.	97.4%
Level of care is completed accurately using the correct instrument/form.	NA
Person receiving services is given a choice of waiver services or institutional care at least annually.	98.0%
The Support Plan is updated within 12 months of recipient's last Support Plan.	99.0%
The Support Plan is updated/revised when warranted by changes in the needs of the person receiving services.	NA
The Support Plan is provided to the individual and when applicable, the legal representative, within required time frames.	93.3%
The Support Plan is provided to the providers identified on the support plan within required time frames.	95.3%
Support Plan includes supports and services consistent with assessed needs.	NA
Support Plan reflects support and services necessary to address assessed risks.	NA
Support Plan reflects the personal goals of the person receiving services.	98.4%
The current Support Plan includes natural, generic, community and paid supports for the person receiving services.	98.0%
Services are delivered in accordance with the Cost Plan.	NA
The Support Coordinator is in compliance with billing procedures and the Medicaid provider agreement.	98.7%
Participant Monthly Review forms & Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	95.7%
The provider has evidence of assisting individual/legal representative to know about rights.	98.4%
The Support Coordinator monitors to ensure the person's health and health care needs are addressed.	97.4%
The Support Coordinator monitors to ensure person's safety needs are addressed.	96.9%

CDC+ Consultant Results by Element	
Standard	Pct Met
The Support Coordinator is aware of the person's history regarding abuse, neglect, and/or exploitation.	87.2%
The Support Coordinator assists the person receiving services to define abuse, neglect, and exploitation including how the person receiving services would report any incidents.	93.1%
Completed/signed Participant-Consultant Agreement is in the record.	97.7%
Completed/signed CDC+ Consent Form is in the record.	93.4%
Completed/signed Participant-Representative Agreement is in the record.	97.3%
All applicable completed/signed Purchasing Plans are in the record.	96.9%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	NA
All applicable completed/signed Quick Updates are in the Record.	NA
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	99.5%
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	94.4%
Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	99.3%
Consultant has taken action to correct any overspending by the Participant.	98.5%
If applicable, Consultant initiates Corrective Action.	100.0%
Completed/signed Corrective Action Plan is in the record.	95.6%
If applicable, an approved Corrective Action Plan is being followed.	NA
The Emergency Backup Plan is in the record and is reviewed annually.	92.1%
Average PCR CDC+ Consultant Reviews	96.0%

Attachment 6: CDC+ Representative Results by Element

February – September 2013

CDC+ Representative Record Review Results by Standard (N=328)	
Standard	Pct Met
Complete and signed Participant/ Representative Agreement is available for review.	93.4%
Accurate Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	86.2%
Signed and approved Invoices for Vendor Payments are available for review.	90.3%
Signed and approved receipts/statement of "Goods and Services" for reimbursement items are available for review.	88.8%
Complete Employee Packets for all Directly Hired Employees are available for review.	89.9%
Complete Vendor Packets for all vendors and independent contractors are available for review.	92.8%
Background screening results for all providers who render direct care are available for review.	72.7%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	83.4%
Signed Employer/Employee Agreement for each Directly Hired Employee (DHE) is available for review.	85.8%
All applicable signed and approved Purchasing Plans are available for review.	89.4%
All applicable signed and approved Quick Updates are available for review.	NA
Copies of Support Plan(s) are available for entire period of review.	92.1%
Copies of approved Cost Plans are available for entire period of review.	92.7%
Emergency Backup Plan is complete and available for review.	92.5%
Corrective Action Plan (if applicable) is available for review.	88.9%
Monthly Statements are available for review.	NA
Documentation is available to support the reconciliation of Monthly Statements.	NA
The Participant obtains services consistent with stated/documented needs and goals.	NA
The Participant makes purchases that are consistent with the Purchasing Plan.	NA
Average CDC+ Representative Compliance Rate	87.2%

Attachment 7: NCI Consumer Survey - Results by Focused Area and Indicator²²

January – December 2013 update

Question Description	Applicable Responses	% No	% In-Between	% Yes
1. Achieving Results/Person Centered Approach				
Q3. Do you like working there (job)?	160	4.4%	4.4%	91.3%
Q4. Would you like to work somewhere else?	167	64.1%	13.2%	22.8%
Q6. Do you like going there/doing this activity (day program)?	543	3.5%	5.9%	90.6%
Q7. Would you like to go somewhere else or do something else during the day (day program)?	521	60.3%	12.7%	27.1%
Q9. Do you like your home or where you live?	937	3.1%	6.9%	90.0%
Q10. Would you like to live somewhere else?	899	64.0%	10.3%	25.7%
Q31. If you ask for something, does your case manager/service coordinator help you get what you need?	815	0.7%	7.5%	91.8%
Q68. Do you get the services you need?	1,226	23.1%	13.5%	63.4%
Total Achieving Results	5,268			
2. Choice				
Q55. Who chose the place where you live?	961	40.8%	26.2%	33.0%
Q56. Did you choose the people you live with?	698	43.1%	19.9%	37.0%
Q57. Who decides your daily schedule?	1,247	9.8%	34.3%	55.9%
Q58. Who decides how you spend your free time?	1,244	4.8%	25.7%	69.5%
Q59. Who chose the place where you work?	272	11.8%	24.3%	64.0%
Q60. Who chose where you go during the day?	870	20.2%	33.6%	46.2%
Q61. Do you choose what you buy with your spending money?	1,232	10.3%	44.5%	45.2%
Q62. Did you choose your case manager/service coordinator?	1,141	20.4%	35.0%	44.6%
Q63. Do you choose your staff?	1,121	16.8%	47.7%	35.5%
Total Choice	8,786			
3. Health		Poor	Fairly Good	Excellent
BI14. Overall, how would you describe this person's health? (scale)	1,261	4.6%	40.5%	54.9%
4. Safety				

²² Shaded questions were reverse coded for analysis presented in Table 5.

Question Description	Applicable Responses	% No	% In-Between	% Yes
Q15. Are you ever afraid or scared when you are at home?	889	87.5%	9.4%	3.0%
Q16. Are you ever afraid or scared when you are out in your neighborhood?	869	86.1%	9.9%	4.0%
Q17. Are you ever afraid or scared at work or at your day program?	638	92.3%	5.0%	2.7%
Q18. If you feel afraid, if there someone you can go to for help?	752	2.9%	3.1%	94.0%
Total Safety	3,148			
5. Rights				
Q12. Do people let you know before they come into your home?	866	3.5%	6.6%	90.0%
Q13. Do people let you know before coming into your bedroom?	858	6.1%	8.9%	85.1%
Q14. Do you have enough privacy at home?	825	6.3%	0.0%	93.7%
Q22. Can you go on a date if you want to?	681	10.7%	9.3%	80.0%
Q64. Do people read your mail or email without asking you first?	1,026	92.5%	0.0%	7.5%
Q65. Can you be alone with friends or visitors at your home?	1,060	16.7%	0.0%	83.3%
Q66. Are you allowed to use the phone and internet when you want to?	968	5.5%	0.0%	94.5%
Total Rights	6,284			
6. Community Inclusion / Social Role				
Q1. Do you have a job in the community?	926	82.5%	0.0%	17.5%
Q8. Do you have any volunteer work?	899	72.6%	0.0%	27.4%
Q21. Can you see your friends when you want to see them?	788	4.9%	20.3%	74.7%
Q24. Do you have family that you see?	873	11.5%	0.0%	88.5%
Q25. Can you see your family when you want to?	806	7.7%	21.3%	71.0%
Q38. When you want to go somewhere, do you always have a way to get there?	861	1.3%	20.0%	78.7%
Q48. In the past month, did you go shopping?	1,255	9.8%	0.0%	90.2%
Q49. In the past month, did you go out on errands or appointments?	1,250	14.9%	0.0%	85.1%
Q50. In the past month, did you go out for entertainment?	1,250	26.7%	0.0%	73.3%
Q51. In the past month did you go out to a restaurant or coffee shop?	1,249	15.5%	0.0%	84.5%

Question Description	Applicable Responses	% No	% In-Between	% Yes
Q52. In the past month, did you go out to a religious service?	1,241	55.2%	0.0%	44.8%
Q53. In the past month, did you go out for exercise?	1,256	46.4%	0.0%	53.6%
Q54. In the past year, did you go away on a vacation?	1,249	55.1%	0.0%	44.9%
Total Community Inclusion	13,903			

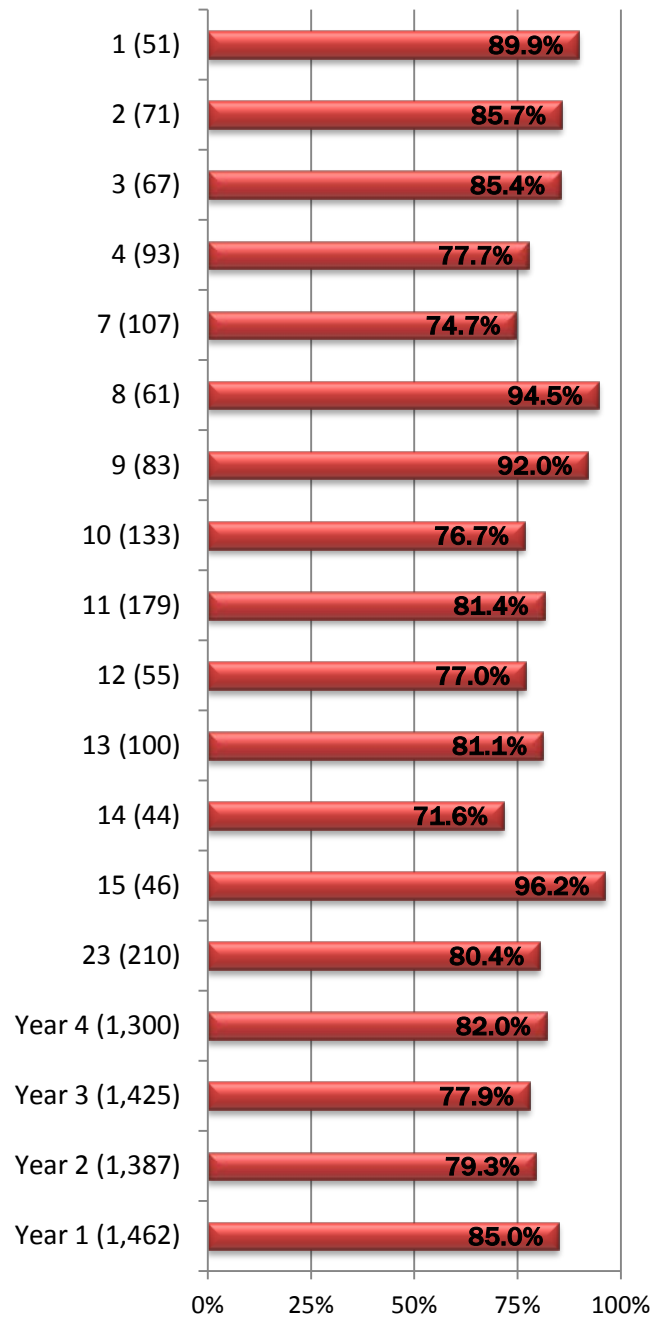
Attachment 7: Results by APD Area

Person Centered Reviews

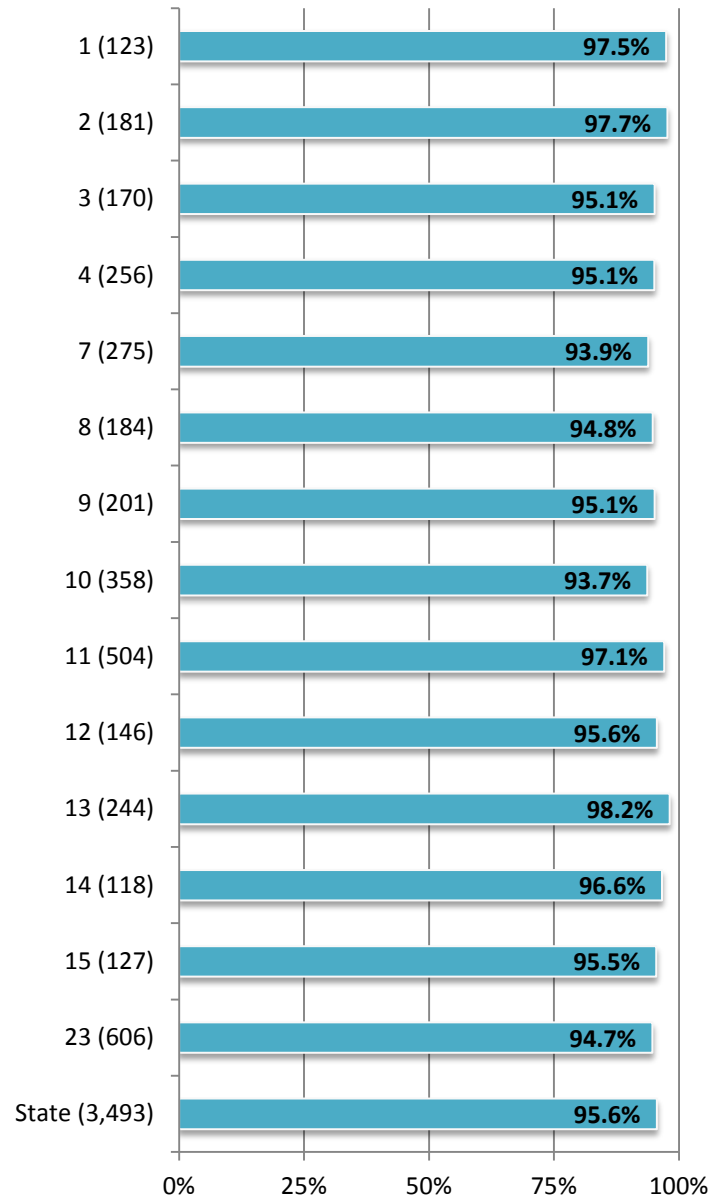
Table A7_1: Person Centered Review Activity				
January - December 2013				
APD Area	Number of PCRs		Number of Declines	
	Waiver	CDC+	Waiver	CDC+
1	54	10	35	3
2	75	21	35	3
3	71	13	13	0
4	98	30	36	3
7	109	52	20	0
8	65	6	10	0
9	85	19	28	1
10	143	35	30	1
11	193	40	30	0
12	59	8	10	0
13	104	17	25	1
14	48	2	9	0
15	52	13	9	0
23	220	47	43	2
Total	1,376	313	333	14

Table A7_2: Prescription Drug Utilization Rate by APD Area				
February - December 2013				
Area	Waiver Participants		CDC+ Participants	
	# PCRs	Rx Rate	# PCRs	Rx Rate
1	51	4.57	32	2.70
2	71	4.13	34	2.67
3	67	4.24	13	2.69
4	93	3.40	35	2.24
7	107	3.21	19	2.72
8	61	3.54	10	1.50
9	83	2.84	28	3.12
10	133	3.82	30	2.37
11	179	3.77	30	2.28
12	55	4.84	9	2.13
13	100	3.96	24	3.65
14	44	3.30	9	3.50
15	46	2.96	9	3.62
23	210	4.30	41	3.02
State	1,300	3.81	323	2.70

**Figure A7_1: Person Centered Reviews
Individual Interview Instrument Results by Area
February - December 2013**



**Figure A7_2: Person Centered Reviews
Service Specific Record Reviews by APD Area
February - December 2013**



Provider Discovery Reviews

Table A7_3: Provider Discovery Review Activity February - December 2013				
APD Area	# PDRs January	Number of PDRs	Non- Compliant Providers ²³	Average Provider Score
1	0	72	1	91.3%
2	11	148	0	92.2%
3	10	125	0	91.5%
4	18	262	10	88.3%
7	12	198	1	90.2%
8	3	114	0	92.3%
9	5	81	0	94.2%
10	10	214	4	90.0%
11	19	306	1	92.4%
12	7	94	0	91.4%
13	5	149	1	93.7%
14	4	59	0	94.4%
15	3	103	0	94.5%
23	23	336	9	91.3%
State	130	2,261	27	91.5%

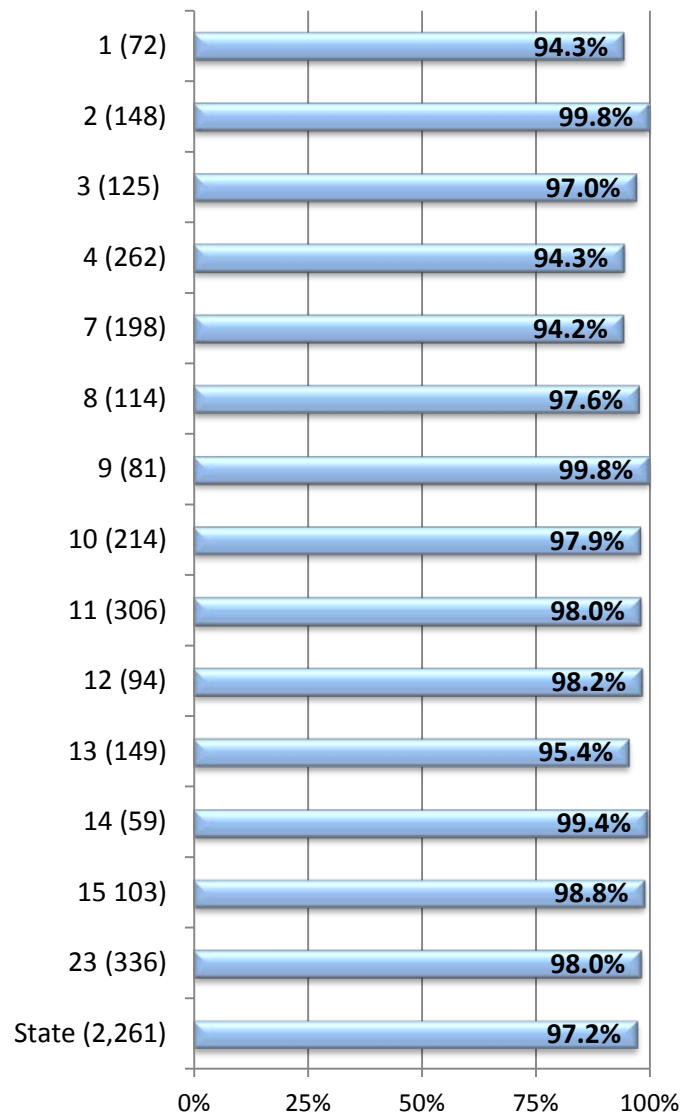
Table A7_4: PDRs Met with Technical Assistance February - December 2013			
Area	Number Indicators	Number Providers	Number per PDR
1	403	63	6.40
2	481	112	4.29
3	855	104	8.22
4	1369	221	6.19
7	1253	170	7.37
8	698	100	6.98
9	405	66	6.14
10	1418	197	7.20
11	2290	282	8.12

²³ There were two additional non-compliant providers in January.

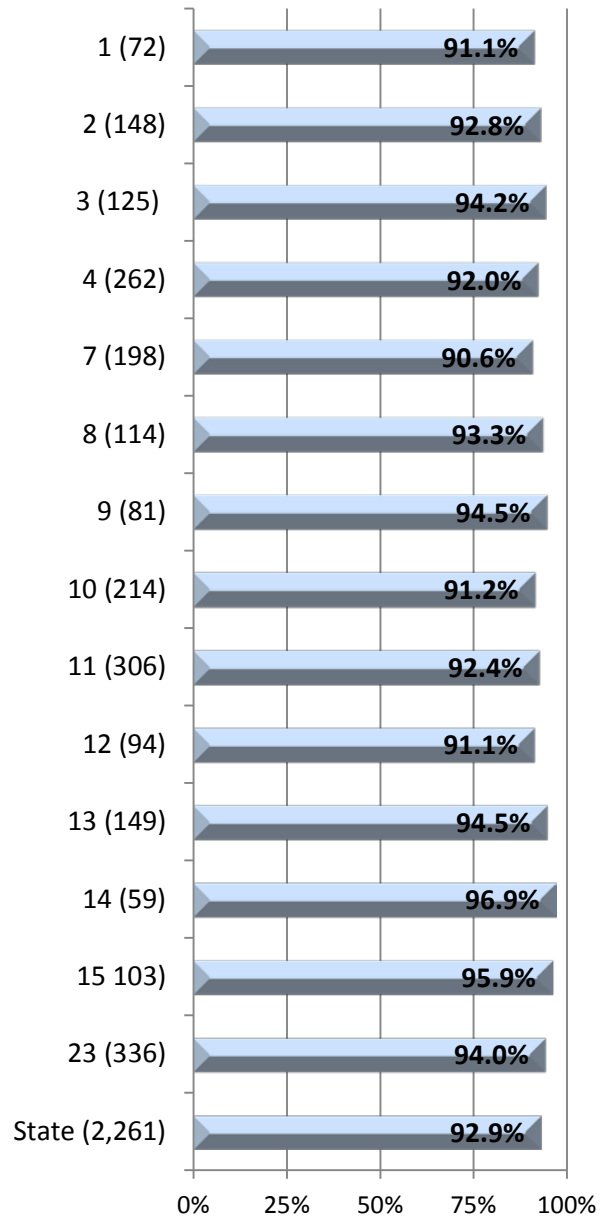
Table A7_4: PDRs Met with Technical Assistance			
February - December 2013			
Area	Number Indicators	Number Providers	Number per PDR
12	494	84	5.88
13	799	132	6.05
14	365	52	7.02
15	493	83	5.94
23	1805	293	6.16
State	13,128	1959	6.70

Table A7_5: Provider Discovery Reviews					
Recoupment Citations by APD Area					
February - December 2013					
Area	Recoupment Standards Not Met	Providers w/ Recoupment Citation	Total Number of PDRs	Pct Providers w/ at Least 1 Recoupment	Ave # Citations /Provider
1	103	41	72	56.9%	2.5
2	131	73	148	49.3%	1.8
3	151	67	125	53.6%	2.3
4	356	133	262	50.8%	2.7
7	206	97	198	49.0%	2.1
8	120	57	114	50.0%	2.1
9	59	30	81	37.0%	2.0
10	183	81	214	37.9%	2.3
11	121	66	306	21.6%	1.8
12	75	45	94	47.9%	1.7
13	70	32	149	21.5%	2.2
14	38	22	59	37.3%	1.7
15	100	47	103	45.6%	2.1
23	463	179	336	53.3%	2.6
State	2,176	970	2,261	42.9%	2.2

**Figure A7_3: Provider Discovery Reviews
Average Policy and Procedure Scores by APD Area
February - December 2013**



**Figure A7_4: Provider Discovery Reviews
Average Qualification and Training Scores by APD Area
February - December 2013**



**Figure A7_5: Provider Discovery Reviews
Average Service Specific Record Review Scores by APD Area
February – December 2013**

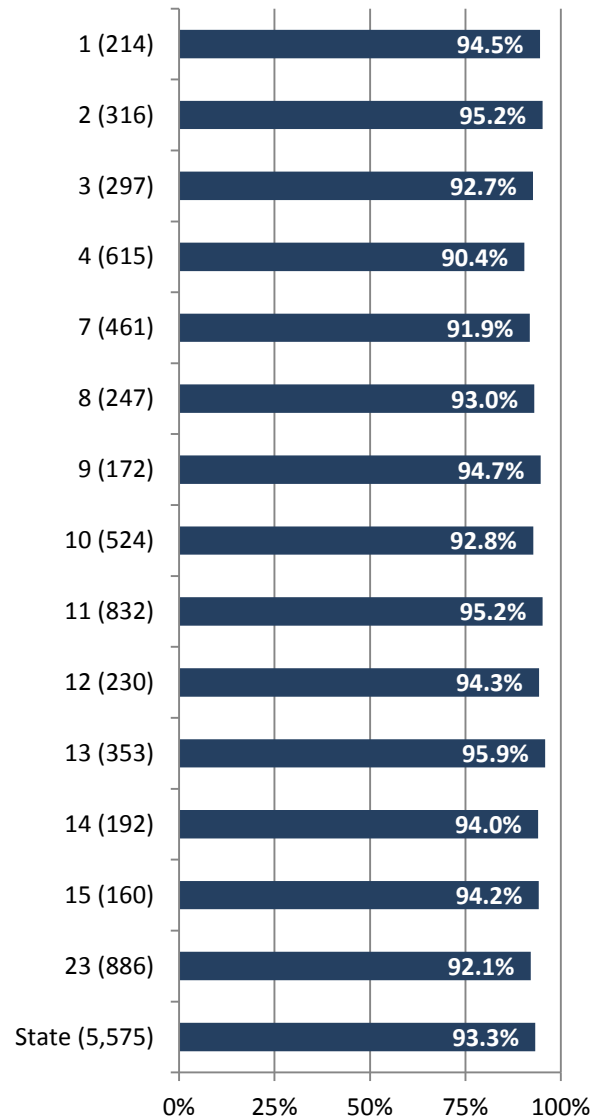


Table A7_5 : PDR Observations				
February - December 2013				
APD Area	Adult Day Training		Residential Habilitation	
	Locations	Served	Location	Served
1	4	133	18	53
2	10	283	19	112
3	4	242	51	235
4	22	668	89	491
7	12	1008	99	575
8	12	555	64	277
9	6	154	37	226
10	9	830	134	680
11	21	844	153	681
12	9	370	53	349
13	10	695	81	329
14	8	266	39	200
15	6	214	39	175
23	27	1598	192	1026
State	160	7,860	1,068	5,409

**Figure A7_6: Provider Discovery Reviews
Background Screening by APD Area; Percent Met
February - December 2013**

