

Florida Statewide Quality Assurance Program

Year 4 Quarter 1

January – March 2013

Submitted to:

Agency for Health Care Administration and
Agency for Persons with Disabilities

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Executive Summary

In January 2012, 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.

On February 1, 2013, new tools were implemented to complete the PDR and PCR processes for providers and individuals across the state. The tools are consistent with the iBudget handbook requirements and include new and modified standards. Feedback was incorporated from AHCA, APD and a variety of provider organizations and stakeholder groups.

It was necessary to push back the original deadline for feedback to accommodate additional feedback from stakeholders. The original deadline to submit feedback for the new tools was October 26, 2012. However, AHCA requested a change to November 15, 2012, and final revisions were received from APD March 10, 2013. This also pushed back AHCA's ability to approve the new tools. Therefore, implementation of the new web-based application needed for data entry was also delayed and data for the quarterly report are not yet available.

Introduction

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

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

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

This is the report for the first quarter of the fourth year of the FSQAP (January – March 2013). Because data are not yet available for review, the report contains information on other activities completed during the quarter.

Section I: Significant Contract Activity During the 1st Quarter

Information Sharing

Conference calls continue on a bi-weekly basis for all reviewers and managers to provide: updates on procedures and/or APD policy; a forum for questions; and an avenue to support training and reliability processes. On alternate weeks managers often meet with their teams to review information, discuss questions or issues from reviews, and gather feedback from reviewers to help with updates to any tools or standards, and changes to how a standard should be interpreted based on information from AHCA and APD.

Internal Quality Assurance Activities

Report Approval Process

In order to reduce error rates and enhance reliability, the Delmarva management team continues to review all PCR and PDR reports before they are approved. Managers work with the reviewer if an error is discovered and provide technical assistance if needed. After management approval, reports are mailed to providers or support coordinators and posted to the web site for APD and AHCA.

Reliability

Reliability testing results for the quarter are as follows:

- Twenty-seven reviewers completed and passed the Supported Employment File Review Reliability.
- Two reviewers passed the PDR and PCR field review reliability.

Bi-Annual Training

The entire Delmarva FSQAP staff gathered January 8 – 11, 2013 for a training and information sharing conference. Throughout the week video conferencing technology was used to include special guests such as: Dr. Wadley, CEO for Quality Health Strategies; Arnie Saxberg, who discussed opportunities for joint efforts with the Information Technology Department; Linda Oliver, who educated the group on our External Quality Review activities; and Lauren Dulin and Deb Keller, who provided Human Resource insights. Updates from AHCA and APD were also provided. A major focus of this meeting was to train reviewers on the revised review tools. Sessions were interactive and allowed time for reviewers to provide feedback.

Before each training conference, Florida team members look for ways to give back to the community. For the conference in January, the group discovered that most school campuses have only a limited number of books about people with any type of disability, or how people overcome challenges to live everyday lives. Therefore, the Florida team collected a variety of books that focus

on abilities and inclusion, to donate to school libraries. School supplies were also collected and donated.

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. The status meeting was held February 1, 2013.

Area Quarterly Meetings

Quarterly Meetings are held in each Area/Region with the Delmarva Manager responsible for the Area and other APD personnel, including the Area 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 Area. Face-to-face meetings were held in each APD Area this quarter.¹

Workgroups and other Activity

Tool Revisions

Revisions for the iBudget Delmarva Review tools were implemented February 1, 2013.

CMS Evidentiary Report

Delmarva participated in two CMS Evidentiary workgroup meetings in March 2013, to address feedback from CMS on the iBudget report and begin work on the iBudget renewal proposal. Workgroup participants included representatives from AHCA, APD and Delmarva. Sub-workgroups were established to review each CMS Assurance and the performance measures that were developed to address each sub-assurance. The sub-workgroups will meet throughout the next quarter and present suggestions to the broader CMS Workgroup.

Standard Weighting

Since the onset of the current contract, some standards in the Delmarva review tools have been considered more critical to the health and safety of individuals served, and have been weighted more heavily when calculating performance results. The weighting system needed to be revised for standards in the new iBudget tools. A workgroup consisting of representatives from AHCA, APD

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).

and Delmarva was formed to identify weights for each standard in the new review tools, to be used when calculating the provider's performance score. The group met March 8, 9 and 13, completing the process. Weights were added to the Delmarva application.

Training

On February 5, 2013, Delmarva offered a training session in Clearwater Beach, on the new iBudget tools, with 62 attendees. This interactive session was delivered to members of Florida Association of Rehabilitation Facilities (FARF) at their quarterly meeting and Community Supports Forum. The purpose of the training was threefold:

- Provide overview of development and implementation of iBudget service tools
- Describe decisions regarding review scores for the one year grace period
- Gather feedback on new service tools

The session was delivered in two parts to accommodate FARF needs. A review of the Provider Discovery Review (PDR) process included a discussion of the evolution of service tools and the wide range of stakeholder input. Attendees were informed of the service tool workgroup activities and the time lines associated with implementation of new tools. Intended outcomes of the new tools were discussed along with recommended scoring of standards. Explanation of intended outcomes included discussion on:

- Responsiveness to stakeholder feedback
- Shortened tools
- Removal of 'perfect compliance'
- Opportunities for technical assistance
- Removal of recoupment for non critical components
- Alignment with CMS assurances

Delmarva staff prompted and initiated questions to ensure the information was understood by all. Time for questions was somewhat limited due to a last minute change in schedule to accommodate a phone – in presentation by APD. FARF attendees were provided with email addresses of Delmarva staff to send in additional questions or recommendations.

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). During the current quarter, 61 surveys were returned to HSRI. Results to date are based on a small number but are very positive and indicate the following:

- 46 of the 61 respondents (75.4%) participated in answering the Consumer Survey.
- 25 (41.0%) feedback forms were completed by the person receiving services, with 36 (59.0%) completed by an advocate, and 15 (24.6%) by a staff member where the person lives or receives services.
- 52 NCI interviews (85.2%) took place in the home.
- 74 percent of individuals (N=45) indicated choosing where to meet for the interview.
- All but three respondents felt the interview was scheduled at a convenient time, and 49 of 61 respondents (81.7%) felt it took about the right amount of time.
- Most individuals indicated the questions were not difficult to answer (81.7%). However, 10 individuals did feel some questions asked during the interview were difficult to answer.
- All respondents felt the interviewer was respectful and 58 respondents felt the interviewer explained what the survey was about (the remaining three respondents answered as “don’t know or can’t remember”).
- Most respondents indicated the interviewer explained what the survey was about (95.1%) and 88.3 percent indicated the interviewer explained the person did not have to answer the questions.

Remarks related to the interviewer and interview process included the following:

- everything ok. Professional interview very nice
- dentist not give my teeth
- 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
- 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.

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. During the first quarter of the fourth contract year, 56 surveys were received from providers who participated in a PDR.² The following table provides each question and the percent of positive responses. Results show over 90 percent positive on each measure.

Table 1: Results from Provider Feedback Surveys	
Reviews Received Between January and December 2012	
Question	Percent Yes
Did the Quality Assurance Reviewer (QAR) identify the documents needed to complete the review?	98%
Did the QAR explain the purpose of the review?	98%
Did the QAR explain the review process and how the QAR or Delmarva team would conduct the review?	98%
Did the QAR answer any questions you had in preparation for the review?	93%
Did the QAR refer you to the FSQAP website, including the tools and procedures?	96%
Did the QAR arrive at the review at the scheduled time?	95%
If no, did the QAR call to notify you he/she might be a little late? (2 of 3 called to notify)	-
Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving?	100%

² Survey results do not reflect the review date so all surveys received in 2012 were analyzed.

Table 1: Results from Provider Feedback Surveys	
Reviews Received Between January and December 2012	
Question	Percent Yes
If you scored Not Met on any of the standards, did the QAR explain why? (N=46)	100%
Total Responses	56

Summary of Customer Service Calls

During the first quarter of the fourth contract year, January – March 2013, 290 calls were recorded in the Customer Service Log, with an average response time of one day for each call.³

Quality Council

The last Quality Council meeting was held in Tallahassee on March 8, 2013.⁴ Agenda items included:

- Refresher from the last meeting
- AHCA and APD updates
- APD remediation process
- Presentation of Delmarva’s 2012 data and trends
- Small group discussion of data to generate recommendations for action
- Anecdotal iBudget feedback from Quality Assurance Reviewers

The next Quality Council meeting is scheduled for June 6, 2013, in Orlando.

³ The list of topics and number of calls per topic are presented in Attachment 1.

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

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.

Real Time Data

Delmarva Information Technology (IT) developed a Real Time Data report to provide approved users with results for Service Specific Record Reviews, by standard and by Area, with drill down to the reason the standard is not met. Final feedback from APD is expected in April.

Attachment 1: Customer Service Activity

January – March 2013

Customer Service Topic	# Calls	Description	Outcome	Ave Time to Resolve
Address/ Phone Update	48	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	4	Providers call with questions regarding FL background screening requirements.	Background screening requirements are explained to providers, with reference to the Handbook and FL rule.	1 day
CDC+	0	APD personnel relayed concerns from a provider regarding the conduct of a QAR.	Regional Manager investigated the concerns.	1 day
Clarification	15	Provider and APD staff called asking for clarification on the Delmarva tools.	Questions were answered and, where necessary, referred to source documents.	1 day
Complaint	1	APD personnel relayed concerns from a provider regarding the conduct of a QAR.	Regional Manager investigated the concerns.	1 day
Contact QAR	17	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	4	Providers call with questions about how to access training.	Providers are assisted with following the instructions online to	1 day

			register or are referred to the helpdesk for technical assistance.	
Miscellaneous/ Other	18	Family stakeholders and providers called with requests unrelated to our process, e.g. how to access services, requesting copies of preliminary	All questions were answered.	1 day
New Tools	14	Providers called asking questions regarding the Discovery tools.	Providers are referred to our website and shown the current tools posted.	1 day
Next Review	60	Providers call asking when their next review will occur.	The review process is explained to the providers, including all the factors that are involved in scheduling. Providers are informed that PDRs are conducted each contract year with those who are eligible. Providers are referred to their 90-day notification letters and advised to wait for the phone call from the reviewer to schedule their review.	1 day
Provider Search Website	7	Providers call asking why their names are not on the provider search website.	The mechanics of the website are explained to the providers, including that only active (billing) providers rendering	1 day

			services reviewed by Delmarva are captured on this website.	
Question	55	Providers and APD staff call with questions regarding documentation or qualification requirements; for assistance accessing resources on our website; and/or for explanations of the review processes.	Questions are answered with references to appropriate documents or entities.	1 day
Reconsideration	18	Providers call asking for clarification on how to submit a request for a reconsideration, or inquiring about the status of a previous request.	The reconsideration process is explained to providers, including reference to our Operational Policies and Procedures and their report cover letters; reconsiderations submitted are researched and providers are given an expected delivery date.	1 day
Recoupment	0			
Report Requested	9	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	14	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	15	Providers and provider consultants call asking about	Training requirements are explained,	1 day

		training requirements.	including reference to the Handbook.	
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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 services, 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 Quality Assurance Reviewers (QARs) assess several aspects of the system including:

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

The PCR includes several components:

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

The individual interview begins with the National Core Indicator (NCI) Adult Consumer Survey. The National Core Indicators is a collaboration among participating National Association of State Directors of Developmental Disability Services (NASDDDS) member state agencies and the Human Services Research Institute (HSRI), with the goal of developing a systematic approach to performance and outcome measurement. Data from this survey are used by Human Services Research Institute (HSRI), Delmarva's subcontractor on this contract, to draw comparisons at the national level to over 25 other states also using the NCI survey.⁵ Data will also be available for Delmarva to use aggregately in quarterly and annual reports to AHCA and APD.

In addition to the NCI Consumer Survey, the interview process includes the Individual Interview Instrument (III or I³) to help assess individuals' perspectives of their rights, choices, involvement in

⁵ HSRI developed the NCI survey instruments. More information can be found at the following web site: <http://www.hsri.org/>.

Support Plan development and making life decisions, community inclusion, health, safety, and satisfaction with services. A Health and Behavioral Assessment is used to further explore the individual's specific health issues including: psychotropic drug use; hospital and emergency room use; dental and family practitioner care; and an assessment of a wide variety of health issues and service needs.⁶

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, the claims data indicate multiple trips to the hospital. This would generate a Focused Review that may involve APD's Medical Case Manager.

Service Specific Record Reviews (SSRR) are completed for each service the individual receives. Services included in this process are the twelve services reviewed through the Provider Discovery Review (PDR) as specified in the contract (See PDR section for list of services). Record reviews help determine provider documentation of the extent to which the service is rendered as delineated in the Support Plan and whether records are maintained to justify billing.

At any time during the PCR process if a QAR notes a situation that presents immediate danger to the health or safety of an individual, an alert is recorded and the local APD office, central APD office, and/or AHCA are notified, depending upon the nature and severity of the alert. The abuse hotline is called if appropriate.

Provider Discovery Review (PDR)

The Provider Discovery Review is an onsite evaluation of the provider's overall organization to help determine compliance with standards in the Developmental Disabilities Waiver Services Coverage and Limitations Handbook and other APD requirements. Providers rendering the following services are eligible for a PDR:

- Adult Day Training (ADT)
- Behavior Analysis
- Behavior Assistant Services
- Companion Services
- In Home Support Services
- Personal Care Assistance (PCA)
- Residential Habilitation Services (ResHab)

⁶ Delmarva review tools and procedures are available here:
<http://www.dfmc-florida.org/Public2/resourceCenter/providers/>.

- Respite Care
- Special Medical Home Care
- Waiver Support Coordination (WSC)
- Supported Employment
- Supported Living Coaching

The PDR has several components:

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

During the Administrative Record Review, Delmarva QARs review documentation for the organization's policies and procedures, as well as compliance with background screening and all relevant training requirements. A sample of employee records is used to determine compliance with all standards for each service rendered by the provider.

The Service Specific Record Review (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 QARs observe the day to day activities of the facility as well as noting the physical condition of the building. QARs interview staff present at the time and individuals willing to participate in a conversation.

At any time during the PDR process if a QAR notes a situation that presents immediate danger to the health or safety of an individual, an alert is recorded and the local APD office, central APD office, and/or AHCA are notified, depending upon the nature and severity of the alert. The abuse hotline is called if appropriate.

Sample

Each Waiver Support Coordinator (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 follows the steps outlined here:

- A 10 percent random sample of the CDC+ population (N=199) was first sampled from each CDC+ Consultant, with no more than one individual sampled per Consultant.
- 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 is representative of the population of individuals receiving services through the HCBS DD waivers.

Provider Performance Scoring Methodology⁷

The PDR includes the SSRRs as well as the Administrative record review and Onsite Observation Checklist, when appropriate. Each standard/element in these tools was reviewed by a work group with representation from AHCA, APD and Delmarva. Every element in the tools has one or more “Reason Not Met” provided. Some reasons for noncompliance are more egregious than others.

Therefore, each reason was weighted as follows:

- 1 – a majority of reasons
- 2 – recoupment and person centered reasons
- 3 – health and safety reasons

The weighted value for the standard is 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.

Standard	Not Met Reason	Category	Weight
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⁷ The scoring methodology was developed in March 2013 by a workgroup consisting of representatives from the Agency for Health Care Administration, the Agency for Persons with Disabilities, and Delmarva Foundation.

Standard	Not Met Reason	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 recoupment. This Standard can 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. 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

Standard	Not Met Reason	Category	Weight
	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

A weighted overall provider performance score is calculated using all three components of the PDR, with the total number of points for Standards scored as Met divided by the total number of points for all the Standards scored. Results from all Standards in each component are included in this overall score, using the point values assigned to each Reason Not Met.

Alerts are an important part of a provider's performance, and many types of alerts are often not tied to a specific element. Each alert will result in a five (5) percentage point decrease in this score. For example, if the overall weighted score for the provider is calculated to be 85 percent, an alert will reduce that score to 80 percent. Each additional alert will result in an additional five point decrease, up to a maximum of 15 points per provider.