

# **Florida Statewide Quality Assurance Program**

**Year 4 Quarter 2 Report**

**April – June 2013**

**Submitted to:**

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

**Prepared by Delmarva Foundation  
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## Executive Summary

In January 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. Providers were offered technical assistance on all new standards, which were not factored into their overall PDR score. Because of the difference, data in this report reflect results from reviews completed between February and June 2013. Only Individual Interview Instrument 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 97 percent compliance across the state.

Compliance on background has remained fairly consistent over the years. In the current time period, approximately 13 percent of providers did not have all the required documentation available. In addition, approximately 40 percent of providers had at least one potential billing discrepancy.

Results from the Individual Interview Instrument (III) indicate a small increase on most of the standards since Year 3, for waiver and CDC+ recipients. Based on these and other findings, several recommendations are provided to the state. However, additional analysis, discussion, and recommendation will be provided in subsequent reports when more data are 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 remediation activity.

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

Since October 2011, APD has been moving individuals from the Tier Waivers to the iBudget Waiver. As of June 2013, all individuals living in Areas 11 and receiving services through CDC+ 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 second quarter of 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 June 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

## Section I: Significant Contract Activity During the 4<sup>th</sup> 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 any 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

The Delmarva Quality Assurance Manager continues to provide extensive reliability testing for all reviewers and managers. During the current quarter (April – June 2013), 27 Quality Assurance Reviewers (QAR) and four Regional Managers took and passed the Residential Habilitation File Review Reliability. In addition, three QARs completed and passed both PDR and PCR Field Review Reliability.

#### Internal Training

The entire Delmarva FSQAP staff gathers once or twice a year for training and other information sharing activities. The next four-day meeting is being planned and will be in February, 2014.

### Status Meetings

Status meetings are held to provide an opportunity for Delmarva, AHCA, and APD representatives to discuss contract activities and other relevant issues as necessary. During the second quarter of this contract year, one Status Meeting was held on April 4. Due to scheduling problems no other meetings were held this quarter.

### Area Quarterly Meetings

Quarterly Meetings are held in each Area with the Delmarva Manager responsible for the Area and other APD Area personnel, including the Area Administrator and Medical Case Managers 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.<sup>1</sup>

## Workgroups and other Activity

### CMS Performance Measures

Delmarva participated in several workgroups to help develop performance measures for the Waiver renewal Application to be submitted by AHCA to CMS. Each workgroup focused on one of the CMS Assurances. Charmaine Pillay, Sue Kelly, Robyn Moorman, and Kristin Allen participated in helping develop performance measures for the following: Health and Welfare, Qualified Providers, Level of Care, Service Plan, and Financial Accountability. Charmaine Pillay facilitated the Service Plan workgroup and Sue Kelly facilitated the Health and Welfare workgroup.

## 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 June 2013, 125 surveys were returned to HSRI, a 16 percent return rate (125/798). Results to date are based on a very small return rate but are positive and indicate the following:

- 98 of the 125 respondents (78.4%) participated in answering the Consumer Survey.
- 43 (34.4%) feedback forms were completed by the person receiving services, with 74 (59.2%) completed by an advocate, and 23 (18.4%) by a staff member where the person lives or receives services.
- 100 NCI interviews (80.0%) took place in the home.
- 79 percent of individuals (N=124) indicated choosing where to meet for the interview.
- All but six respondents who responded to this question (N=124) felt the interview was scheduled at a convenient time, and 107 of 121 respondents (88.4%) felt it took about the right amount of time.
- All respondents felt the interviewer was respectful and 117 (95.1%) respondents felt the interviewer explained what the survey was about.
- Most individuals indicated the questions were not difficult to answer (81.1%).
- About 19 respondents thought some of the questions were difficult to answer and 91.7 percent indicated the interviewer explained the person did not have to answer the questions.

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<sup>1</sup> 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)).



### Provider Feedback Survey

After each PDR, providers are given the opportunity to offer feedback to Delmarva about the review process and professionalism of the reviewer(s). Providers are given a survey they can complete and mail/fax to Delmarva, or surveys can be completed online, on the FSQAP website. Between January and June 2013, 108 surveys were received from providers who participated in a PDR. The following table provides each question and the percent of positive responses. With one exception, results show over 90 percent positive responses on each measure. One out of five indicated the QAR did not send notification he/she would be late for the review.

Table 1: Results from Provider Feedback Surveys Received Between January and June 2013	
Question	Pct 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?	95%
Did the QAR answer any questions you had in preparation for the review?	91%
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? (N=5)	80%
Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving?	98%
If you scored Not Met on any of the standards, did the QAR explain why? (N=85)	99%
Total Responses	314

### Summary of Customer Service Calls

During the fourth quarter of the third contract year, April – June 2013, 292 calls were recorded in the Customer Service Log, with an average response time of one day for each call.<sup>2</sup>

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

## Quality Council

The last Quality Council meeting was held in Orlando on June 6, 2013.<sup>3</sup> Agenda items included:

- Updates from AHCA (Jamie Franz) and APD (Ed DeBardeleben)
- Refresher of activity completed during the previous QC meeting
- Presentation of data from the Annual Report (Sue Kelly)
- Workgroup discussion and activity
- Data presentation (HSRI) of Adult Family and Family Guardian Mail survey data.

## Web Site and Portal Updates

### Data Availability

- The Remediation Data Extract continues to be completed and made available to APD on approximately the 7<sup>th</sup> 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 was uploaded to the FSQAP website and is available on the private section (required member login) of the site.

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<sup>3</sup> When approved, minutes for QC meetings are available at <http://www.dfmc-florida.org/Public2/qualityCouncil/index.html>.

## Section II: Data from Review Activities

### Person Centered Reviews (PCR)<sup>4</sup>

Information in Table 2 provides the number of PCRs completed by APD Area during the third contract year, including the number of CDC+ individuals who participated (304), the number of waiver participants (650), and the total number of individuals who declined. **It is important to note that revised tools and processes were implemented in February 2013. A total of 883 PCRs were completed in the first two quarters of Year 4. However, for this report, we use data collected since February 2013, 650 PCRs. Comparisons to previous years on most all 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 the quarter. The decline rate is 18.2 percent for waiver participants and 3.9 percent for CDC+.

APD Area	Number of PCRs		Number of Declines	
	Waiver	CDC+	Waiver	CDC+
1	32	8	15	1
2	39	9	23	1
3	39	7	1	0
4	48	16	20	1
7	58	31	12	0
8	22	2	5	0
9	18	1	1	1
10	47	14	7	0
11	103	21	19	0
12	29	3	0	0
13	56	12	4	0
14	34	2	7	0
15	26	2	4	0
23	99	20	27	2
Total	650	148	145	6

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

<sup>4</sup> See Attachment 3 for a description of review protocols and sampling methodology. All review tools are posted on the FSQAP website (<http://www.dfmc-florida.org/Public2/resourceCenter/providers/>).

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.

<b>Table 3: Person Centered Review Decline Reasons</b>			
<b>February -June 2013</b>			
<b>Decline Reason</b>	<b>Waiver</b>	<b>CDC+</b>	<b>Total</b>
Refused	103	5	108
Review Next Year	26	1	27
No Longer Receiving Services	10	0	10
Deceased	3	0	3
Moved Out of State	3	0	3
<b>Total</b>	<b>145</b>	<b>6</b>	<b>151</b>

### Individual Interview Instrument (III) Results

Each individual who participates in a PCR receives a face-to-face interview that includes the National Core Indicator (NCI) Adult Consumer Survey and the III.<sup>5</sup> The III consists of 12 standards that help determine, from the individual’s perspective, how well the service delivery system is meeting needs and goals for the person. Each standard is scored Met or Not Met and is listed in Figure 2.

The CDC+ program provides individuals with flexibility and opportunities not offered to individuals on the Developmental Disabilities (DD) waiver, such as the ability to direct their own budget and hire/fire providers.<sup>6</sup> In addition, non-waiver providers can be utilized and provider rates can be negotiated by individuals. A non-paid representative helps with the financial/business aspect of the program and a CDC+ Consultant acts as a service coordinator. CDC+ Consultants must also be certified as Waiver Support Coordinators. Because of these basic differences, PCR results for CDC+ participants are analyzed separately.

### Waiver Participants

The average III scores for the 650 individuals on a DD waiver are presented in Figure 1, for each Area and statewide. The average III score for Years 1, 2, and 3 are presented for comparison. It is important to note that 10 Areas have approximately 50 or fewer reviews completed each year and results to date are based on approximately half the sample for the entire year. Therefore, comparisons across Areas and years should be

<sup>5</sup> Beginning in Year 3 children under age 18 were included in the PCR sample. Because the NCI Consumer survey is only valid for adults, children do not participate in NCI portion of the PCR process.

<sup>6</sup> Beginning July 1, 2013, all individuals receiving waiver services will be able to direct their own budget via the iBudget Waiver program.

made with caution. Through the second quarter, it appears the overall average percent of outcomes present has increased somewhat over the previous two years.

**Figure 1: Person Centered Reviews  
 Individual Interview Instrument Results by Area  
 February – June 2013**

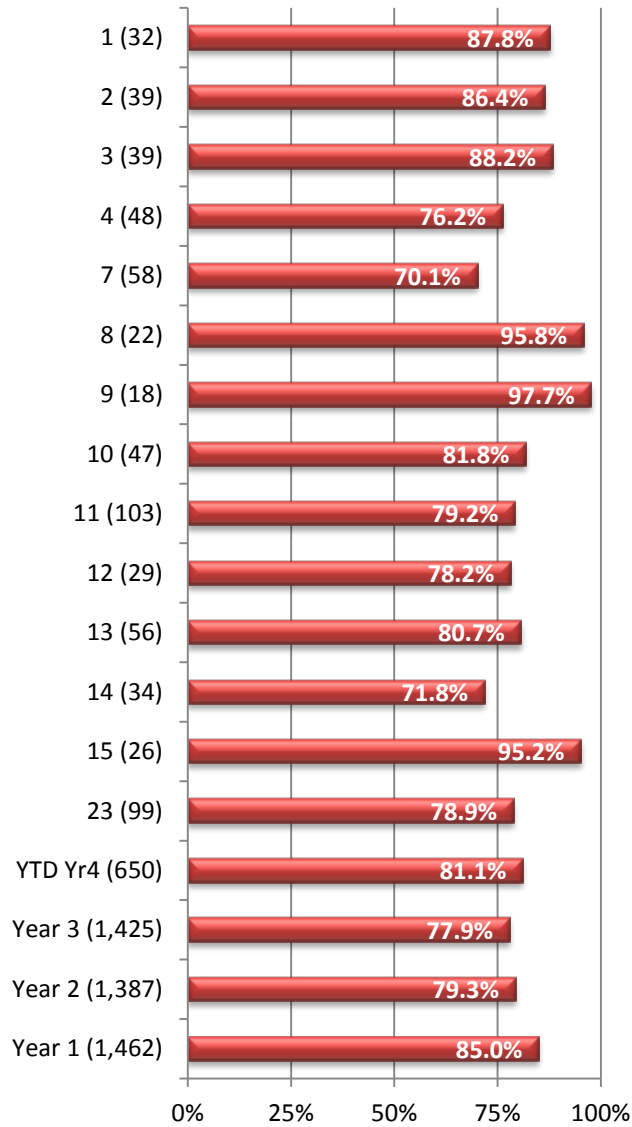
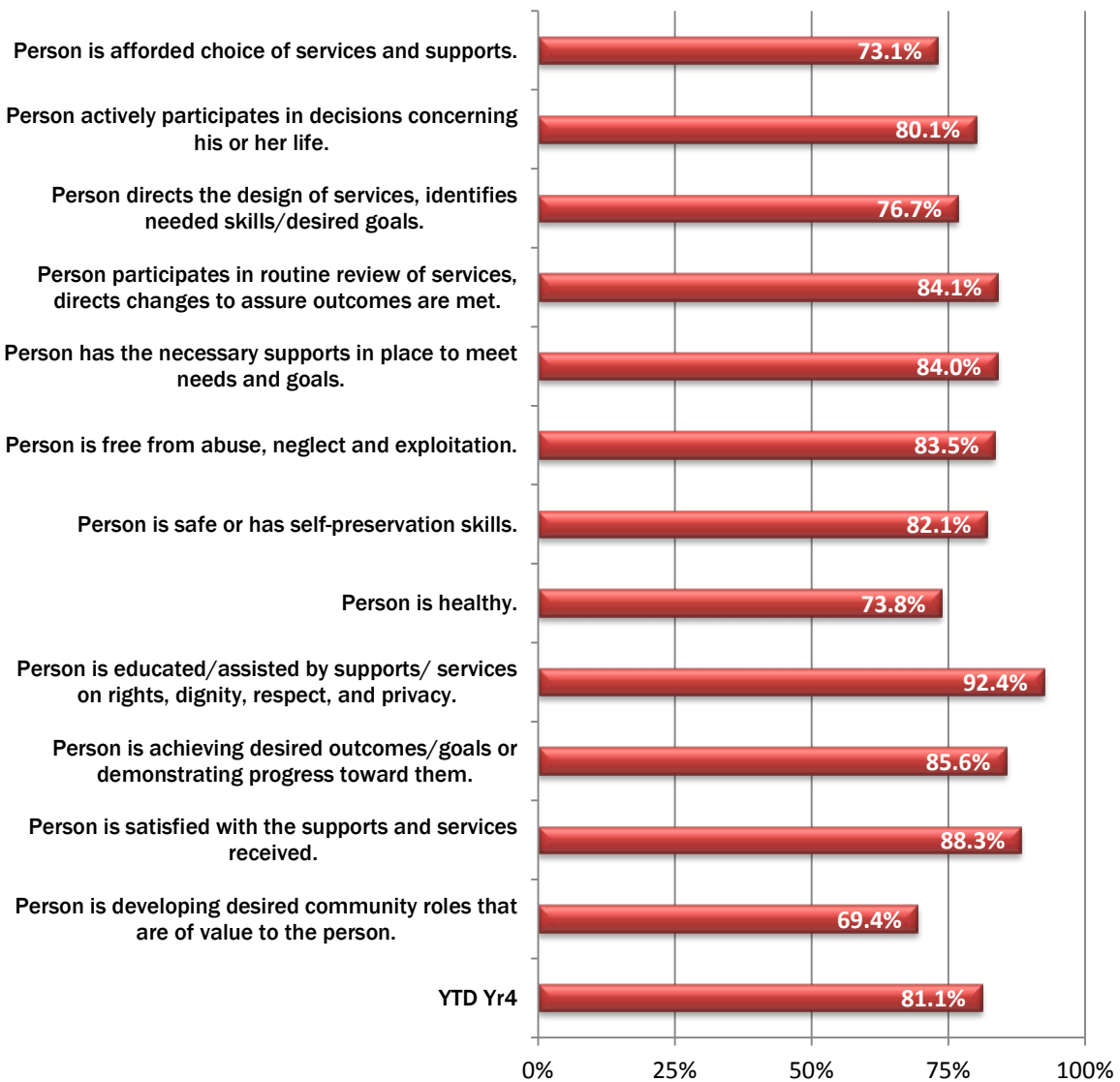


Figure 2 displays III results for DD waiver participants for each standard.<sup>7</sup> III standards measure the following, from the person’s perspective:

<sup>7</sup> The description of each standard may be paraphrased to enable it to be displayed in the graph. For more specific details, including probes used when scoring the standard, go to <http://www.dfmc-florida.org/Public2/resourceCenter/providers/>.

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

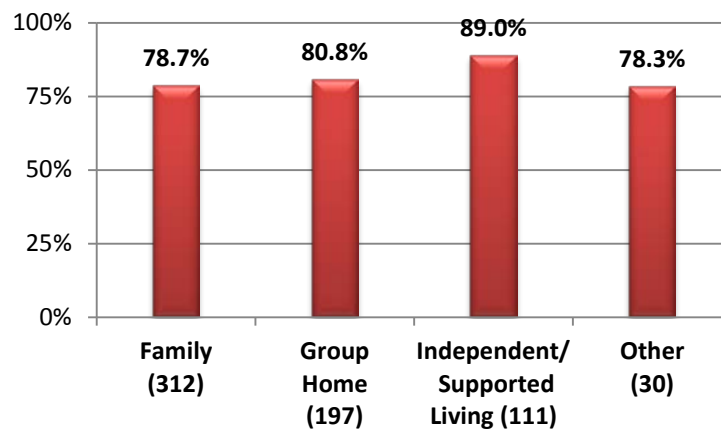
**Figure 2: Individual Interview Instrument Results by Standard  
 February – June 2013**



Compared to Year 3, results are generally better on each standard for the first half of Year 4. Standards measuring the person’s health, informed choice and community integration remain among the lowest scoring outcomes.

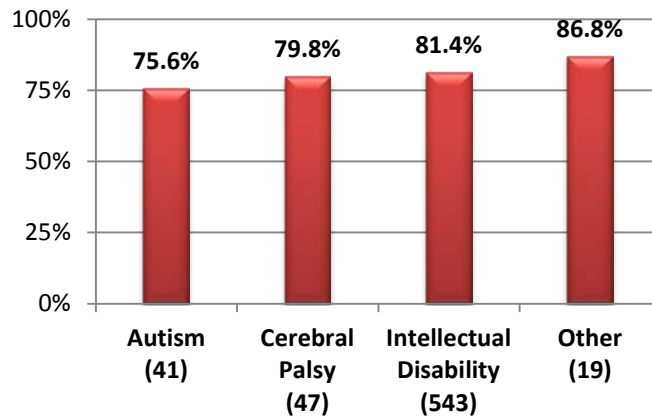
The following graphics display III results across various demographic characteristics – Residential Setting, Primary Disability, Age Groups, and Services—Figures 3 - 6.<sup>8</sup> Some results to date are similar to previous years: individuals living in independent or supported living and individuals receiving Supported Employment are more likely to have outcomes present than their counterparts in other living and day program arrangements. However, current data indicate individuals with an intellectual disability are more likely to have outcomes met than individuals with Autism or Cerebral Palsy. This finding is different than previous years that showed individuals with an Intellectual Disability (ID) less likely to have outcomes present. However, the differences between the groups to date this year are relatively small.

**Figure 3: Individual Interview Instrument Results by Residential Setting  
February – June 2013 2012**

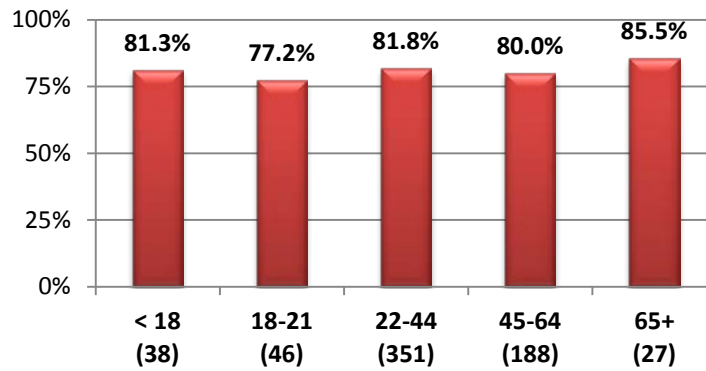


<sup>8</sup> The “Other” category for residential status includes Assisted Living Facility (11), Foster Home (9), and Residential Treatment Facility (10). “Other” for primary disability includes Epilepsy (1), Spina Bifida (7), Prader Willi (3), and Other (8).

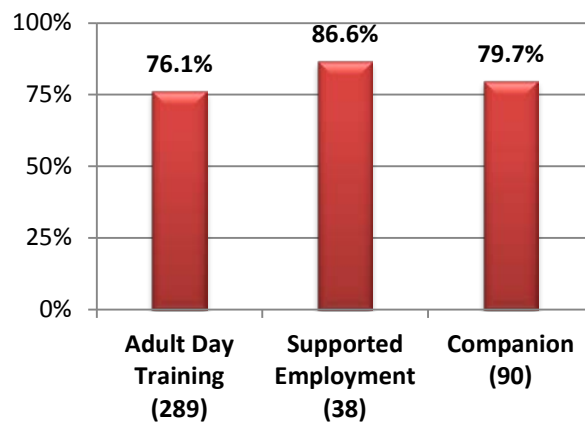
**Figure 4: Individual Interview Instrument Results by Primary Disability  
 February – June 2013**



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



**Figure 6: Individual Interview Instrument Results by Service  
 February – June 2013**



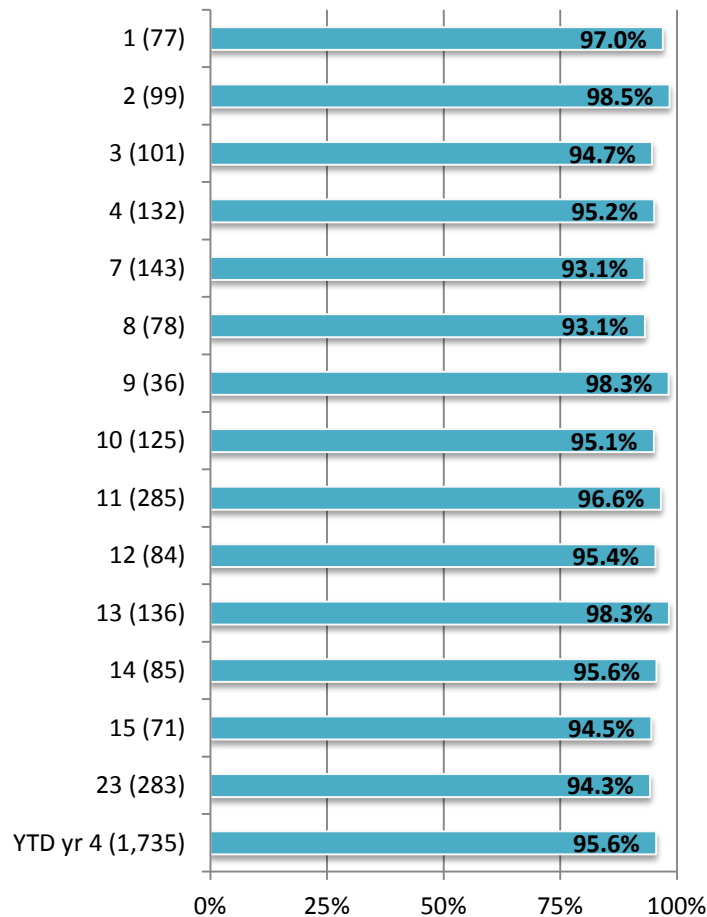


### Service Specific Record Reviews (SSRR)

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 Area are presented in Figure 7. The number of records reviewed per Area is provided parenthetically. It is important to realize results shown in Figure 7 are in conjunction with the PCR, to help determine the quality of the overall service delivery systems for individuals being served. Findings may not reflect the overall performance of each particular provider, determined through the PDR and presented later in this report.

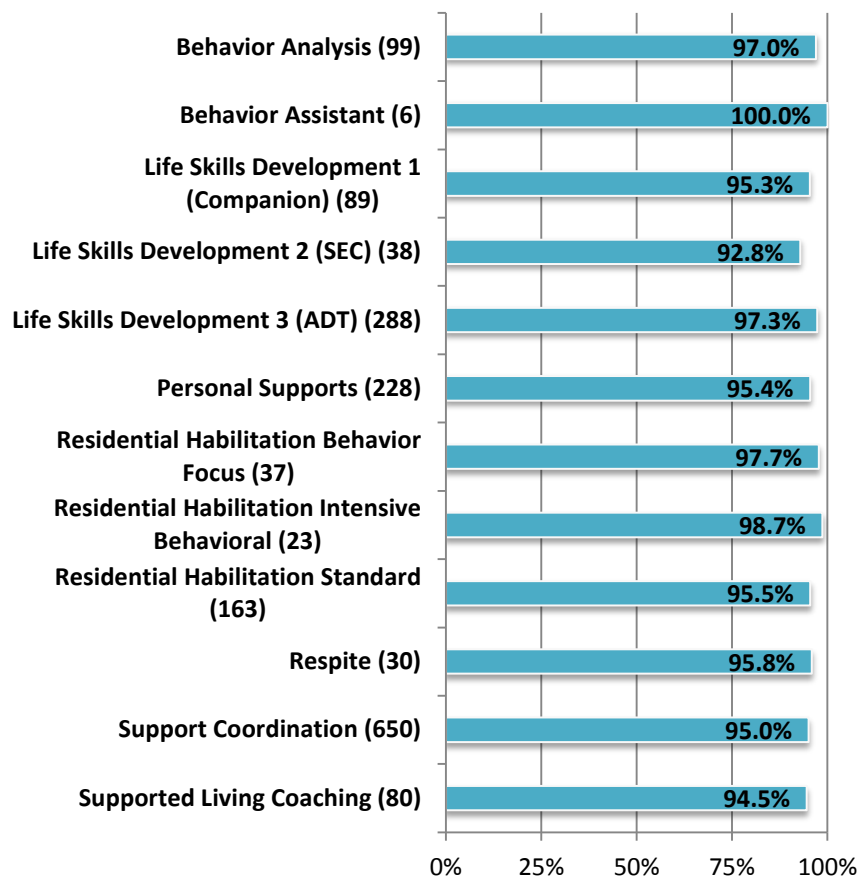
**Figure 7: Person Centered Reviews  
 Service Specific Record Reviews by APD Area  
 February - June 2013**



Between February and June 2013, 1,735 Service Specific records were reviewed as part of the 650 PCRs completed in the same timeframe. Results to date indicate all Areas have SSRR Scores greater than 90 percent (Figure 7). Because the tools and processes are different, comparisons to previous years are not appropriate.

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.

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



## Health Summary

During the PCR, Delmarva reviewers utilize an extensive Health Summary (revision of the Health and Behavioral Assessment) tool to help determine the individual’s health status in various areas, such as a need for adaptive equipment; if visits have been made to the doctor or dentist; if the person has been hospitalized or been to the emergency room; and type and number of psychotherapeutic drugs the person is taking. Results for prescription drug use are presented below, and additional data from the Health Summary will be presented in the next report when more information is available.

### Prescription Drug Use

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

- Fewer than 19 percent of individuals on a waiver were taking no prescription drugs, compared to approximately 26 percent of individuals on the CDC+ program.
- 246 (37.8%) individuals on the waiver were taking one to three prescription drugs, with a similar proportion of individuals (39.9%) on CDC+ taking one to three drugs.
- 46 individuals (6.9%) on a DD waiver were taking 10 or more medications. Only two individuals on the CDC+ program were taking more than 10 medications.
- The average number of drugs taken for waiver participants ranged from 1.61 in Area 9 to 4.59 in Area 12; CDC+ participant drug use varied but the number of reviews in each Area is quite small.

Number of Prescription Medications Taken				
February – June 2013				
# Rx	Waiver		CDC+	
	Pct Yes	Number	Pct Yes	Number
0	18.9%	123	25.7%	38
1	10.5%	68	16.2%	24
2	12.0%	78	13.5%	20
3	15.4%	100	10.1%	15
4	9.1%	59	12.2%	18
5	8.3%	54	8.8%	13
6	7.2%	47	4.7%	7
7	4.5%	29	3.4%	5
8	3.2%	21	2.7%	4
9	4.2%	27	1.4%	2
10	1.8%	12	0.7%	1
11	1.7%	11	0.0%	0
12	1.4%	9	0.0%	0

Number of Prescription Medications Taken				
February – June 2013				
# Rx	Waiver		CDC+	
	Pct Yes	Number	Pct Yes	Number
13	0.2%	1	0.0%	0
14	0.2%	1	0.7%	1
15+	1.8%	12		
# PCRs	650		148	

Prescription Drug Utilization Rate by APD Area				
February – June 2013				
Area	Waiver Participants		CDC+ Participants	
	# PCRs	Rx Rate	# PCRs	Rx Rate
1	32	4.06	8	2.25
2	39	3.92	9	2.22
3	39	4.41	7	2.57
4	48	3.50	16	2.63
7	58	3.16	31	2.39
8	22	4.55	2	1.50
9	18	1.61	1	1.00
10	47	3.79	14	2.50
11	103	3.58	21	2.43
12	29	4.59	3	0.33
13	56	4.00	12	4.00
14	34	2.85	2	3.50
15	26	3.23	2	3.00
23	99	4.55	20	3.65
State	650	3.80	148	2.68

## NCI Consumer Review Results

Results from the NCI interviews will be presented in the Year 4 Annual report, when data from the entire sample are available.

## Provider Discovery Reviews (PDR)<sup>9</sup>

A PDR is completed for each provider who renders services to an individual participating in a PCR. Providers who are not included in the PCR are also reviewed onsite, with the exception of “deemed”

<sup>9</sup> See Attachment 2 for a description of the review procedures and sampling methodology. All review tools are posted on the FSQAP website (<http://www.dfmc-florida.org/Public2/resourceCenter/providers/>).

providers. Deemed providers achieved a score of 95 percent in their Year 3 review, with no alerts or recoupment citations.

During the first two quarters of the fourth year of the contract (January – June 2013) 1,209 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 1,209 PDRs were completed in the first two quarters of Year 4, for this report we use data collected since February 2013, 1,079 PDRs. Comparisons to previous years are not appropriate.**

The distribution of PDRs by APD Area is presented in Table 7. Between February and June, 16 providers either failed to show up for a scheduled review or Delmarva and the APD Area offices were unable to contact them. A list of non-compliant providers is available to AHCA and APD through the monthly production report, but results from these reviews (all standards scored Not Met) are removed from the analyses in this report.

The average PDR score ranges from 88.1 percent to 94.7 percent. 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.<sup>10</sup> Because the total number of participants served may be duplicated across providers, the sum of all Waiver and CDC+ participants is not presented.

Table 7: Provider Discovery Review Activity February – June 2013					
APD Area	Number of PDRs	Waiver Participants Served	CDC+ Participants Served	Non-Compliant Providers	Average Provider Score
1	34	754	23	1	92.5%
2	75	973	22	0	93.4%
3	57	938	28	0	91.7%
4	121	2,013	130	4	88.4%
7	84	1,851	166	1	91.3%
8	43	593	15	0	90.9%
9	26	424	34	0	96.3%
10	89	1,226	78	2	88.1%
11	171	3,339	125	1	92.5%
12	49	1,017	11	0	90.8%
13	70	1,089	37	1	94.7%
14	34	843	12	0	92.9%
15	54	576	23	0	94.7%
23	172	3,179	146	6	91.5%
State	1,079			16	91.7%

<sup>10</sup> Scoring methodology is described in Attachment 2.

### Administrative Policy and Procedure Results<sup>11</sup>

Each provider is reviewed to determine compliance with Policies and Procedures as dictated in the Florida Medicaid Developmental Disabilities Waiver Services and Limitations Handbook. Compliance scores for all components of the PDR are based on a weighted value assigned to each review standard.<sup>12</sup> 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 Area, the number of standards scored with Technical Assistance (TA), the number of PDRs associated with the standards and the average number of TA standards per review.

<b>PDRs Met with Technical Assistance</b>			
<b>February – June 2013</b>			
<b>Area</b>	<b>Number Indicators</b>	<b>Number Providers</b>	<b>Number per PDR</b>
1	185	29	6.38
2	186	56	3.32
3	342	42	8.14
4	633	108	5.86
7	442	68	6.50
8	220	36	6.11
9	124	23	5.39
10	563	80	7.04
11	1,216	157	7.75
12	300	44	6.82
13	296	60	4.93
14	185	31	5.97
15	246	48	5.13
23	835	151	5.53
<b>State</b>	<b>5,773</b>	<b>933</b>	<b>6.19</b>

A description of each Standard scored within the Policy and Procedure component of the PDR is shown in Attachment 3. The average score for reviews completed between February and June 2013 was 97.2 percent.

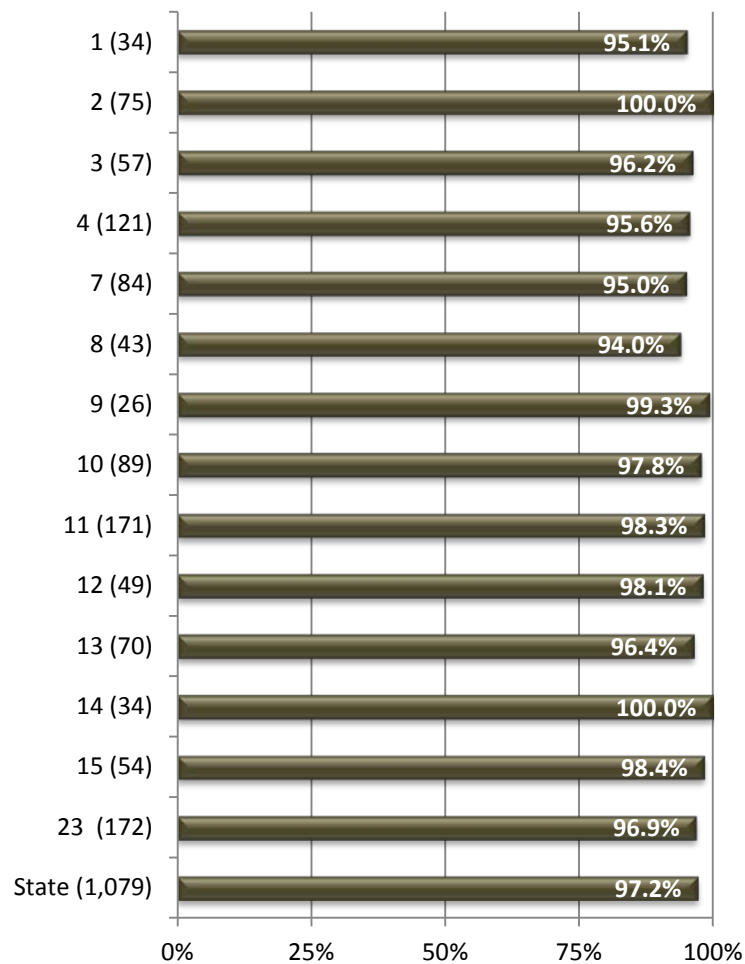
The average score on the Policy and Procedure (P&P) component of the PDR is shown for all APD Areas and statewide in Figure 12. There is little variation across the Areas. However, note that each provider is

<sup>11</sup> N sizes may vary throughout the report due to missing and/or not applicable data.

<sup>12</sup> See Attachment 2 for a description of the weighting process and scoring methodology.

currently scored on a maximum of 11 P&P standards, five Areas had fewer than 50 PDRs completed in this time period, and many standards are only scored for Agency providers.

**Figure 12: Provider Discovery Reviews  
 Average Policy and Procedure  
 February – June 2013**



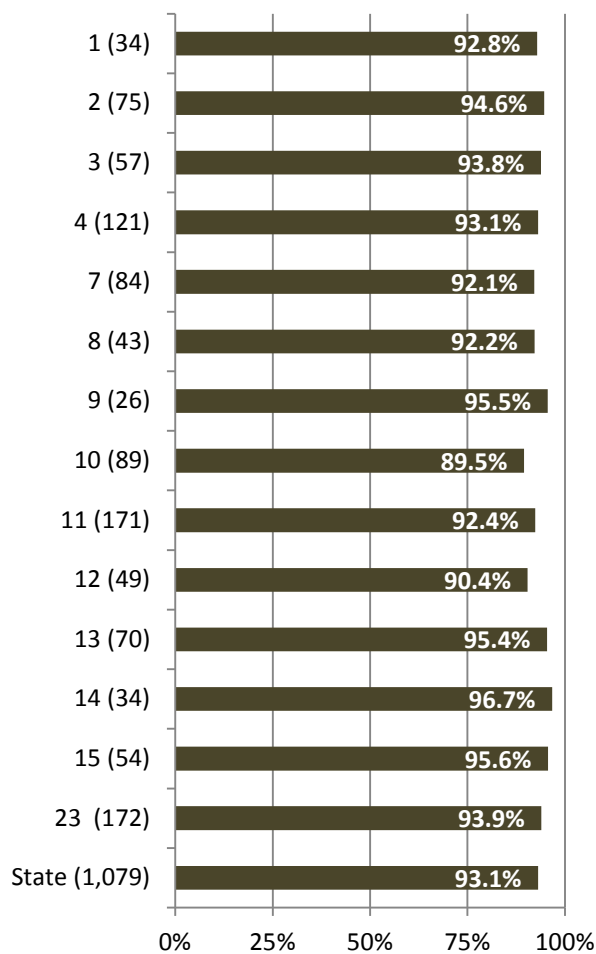
### Qualifications and Training Requirements

Providers are required to have certain training and education completed in order to render specific services. They can be scored on up to 31 standards depending on the type and number of services offered. A description of each standard scored within the 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 compliance on standards measuring the provider’s compliance with qualifications and training was 93.1 percent. Compliance rates across the standards were quite high with 23 of 34 standards reflecting a rate of 95 percent or greater.

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

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



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

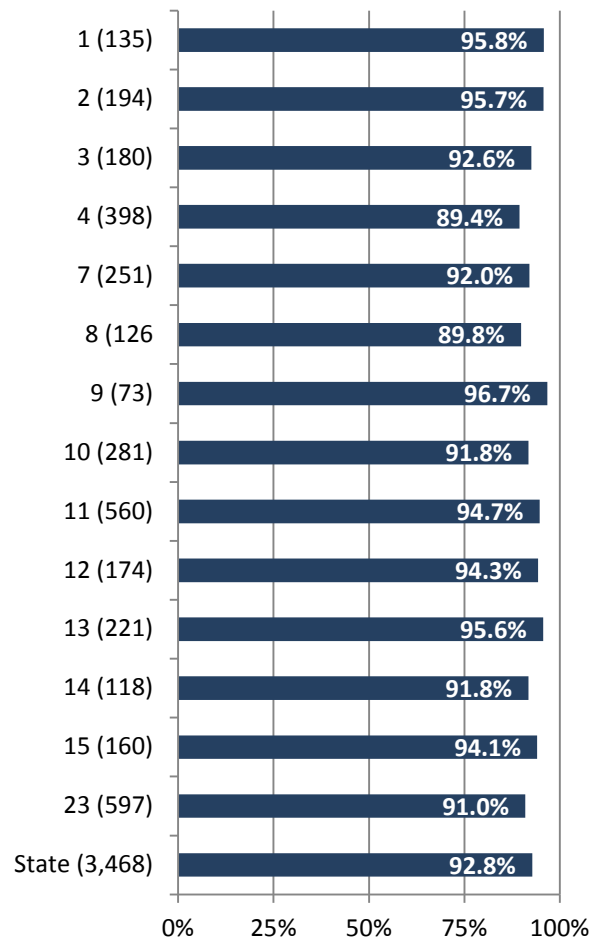
During the PDR, a sample of individuals is used to review records for each service offered by the provider. The number of records reviewed depends upon the size of the organization and the number of services provided. At least one record per service is reviewed, up to a minimum of 10 records for larger 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.

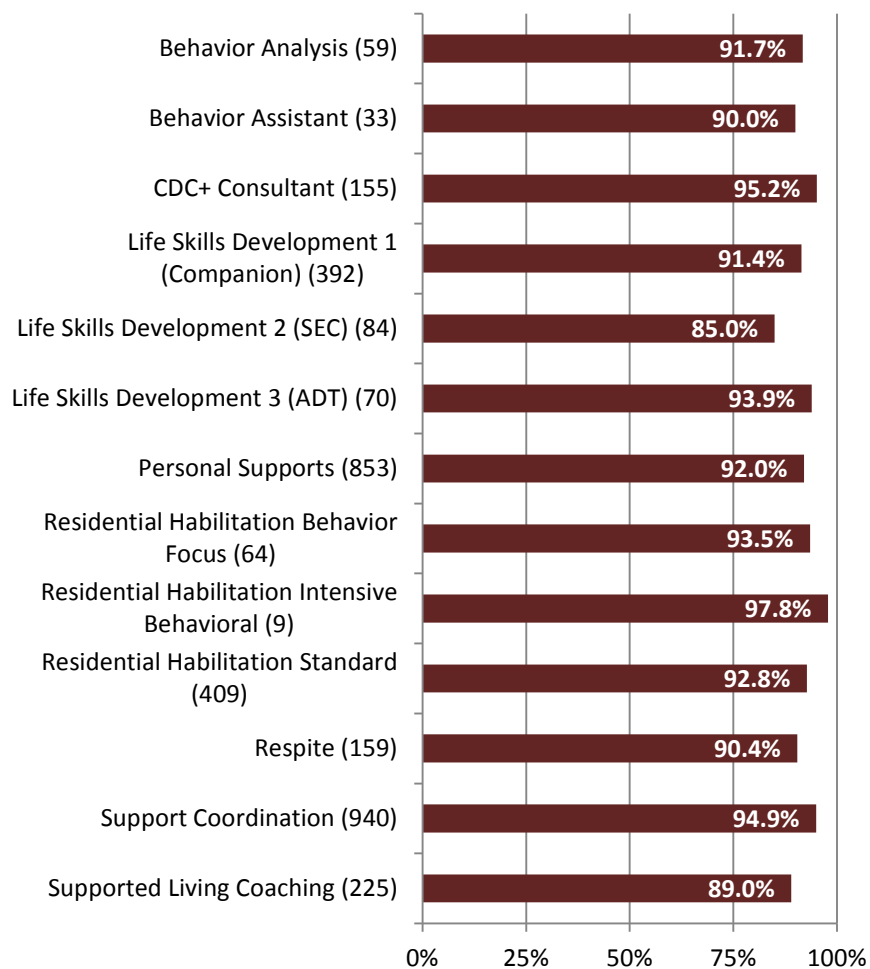
A total of 3,468 SSRRs were completed between February and June 2013 as part of a PDR. The distribution of results across APD Areas is presented in Figure 14, with the number of records reviewed in parentheses. On average, the 1,079 providers reviewed scored 92.8 percent, somewhat lower than for the SSRRs completed as part of the PCR (95.6%). There is a small degree of variation across Areas, from 89.4 percent in Area 4 to 96.7 percent in Area 9.

**Figure 14: Provider Discovery Reviews  
 Average Service Specific Record Review Score by APD Area  
 February – June 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 85 percent for Life Skills Development 2, to almost 98 percent for providers of Residential Habilitation Intensive Behavioral. However, only nine records were reviewed for providers of Intensive Behavioral providers.

**Figure 15: Provider Discovery Reviews  
 Average Service Specific Record Review Scores by Service  
 February – June 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 33 LSD 3 locations and 411 group homes (Table 8). The Day Programs served 951 individuals and the group homes were operated by providers who served 1,884 individuals.

Table 8: Provider Discovery Review				
Number of Locations Observed by Area				
February - June 2013				
	Life Skills Development 3		Residential Habilitation	
APD Area	Locations	Served	Location	Served
1	1	23	10	29
2	1	41	10	53
3	1	25	17	95
4	9	147	38	213
7	1	87	17	76
8	2	50	29	115
9	0	0	8	35
10	2	13	50	244
11	7	251	73	289
12	4	153	23	128
13	2	64	24	80
14	0	0	7	37
15	0	0	23	101
23	3	97	82	389
State	33	951	411	1,884

The average statewide PDR Observation score for reviews completed between February and June 2013 was 97 percent.<sup>13</sup> Data to date indicate a small degree of variation across the Areas. Results by Area will be displayed in the next quarterly report. To date, only three Areas had more than 50 locations reviewed.

### Alerts

At any time during a review if a situation is noted that could cause harm to an individual, the reviewer immediately informs the local APD office. Delmarva calls the abuse hotline, if appropriate, records an Alert,

<sup>13</sup> Review tools are posted here and include detailed descriptions of each standard:  
<http://www.dfmc-florida.org/Public2/resourceCenter/providers/>.

and notifies both the local APD Area and State offices. Alerts can be related to health, safety or rights. In addition, when any provider or employee who has direct contact with individuals does not have all the appropriate background screening documentation on file, an Alert is recorded and both the APD Area and Central offices are notified.

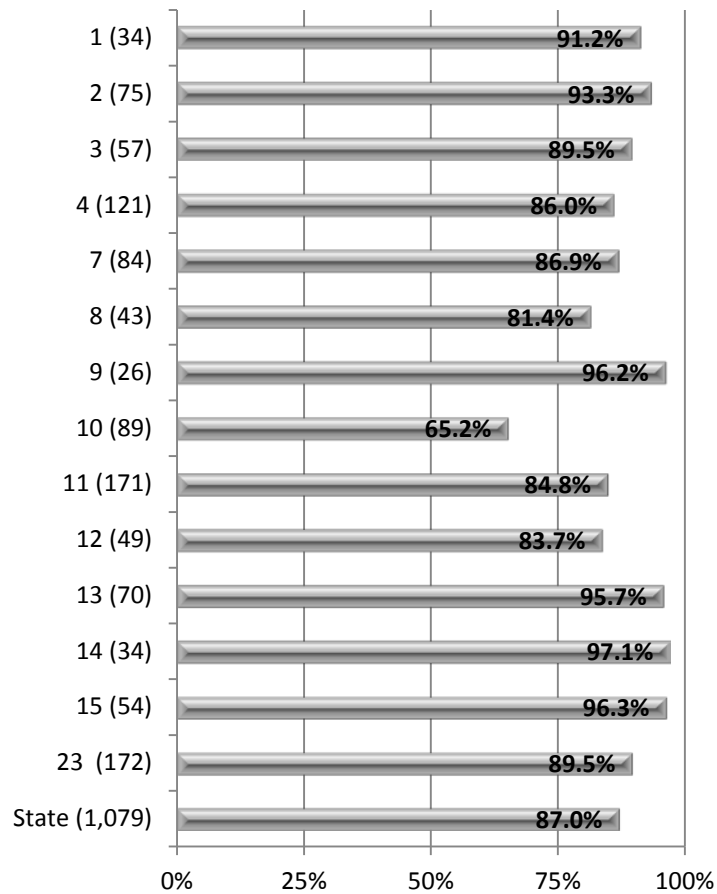
The number of alerts recorded during the contract year is shown in the following table, by APD Area. As with previous years, the majority of Alerts was due to a lack of required documentation needed to provide evidence background screening had been completed (140). An additional 48 alerts were reported, primarily for a Medication or Driver’s License issue.

<b>Table 9: Provider Discovery Reviews</b>							
<b>Number of Alerts by APD Area (Feb – Jun 2013)</b>							
<b>APD Area</b>	<b>Rights</b>	<b>Health &amp; Safety</b>	<b>Abuse, Neglect, Exploitation</b>	<b>Medication</b>	<b>Driver's License</b>	<b>Vehicle Insurance</b>	<b>Background Screening</b>
1				1	2		3
2							5
3				2	3		6
4				2	3		17
7				1	2		11
8				2			8
9							1
10	2	3		1			31
11	3	3		3	2		26
12		1		1	1		8
13		1		1	1		3
14							1
15							2
23		3		3		1	18
<b>State</b>	<b>5</b>	<b>11</b>	<b>0</b>	<b>17</b>	<b>14</b>	<b>1</b>	<b>140</b>

### Background Screening

The following figure shows the percent of providers in each APD Area 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, with approximately 91 percent of employee records reviewed in compliance with the background screening requirements. Variation across the Areas, to date this year, is wide: 65 percent of providers in Area 10 were compliant while approximately 95 percent or more providers in Areas 9, 13, 14, and 15 were compliant on the standard.

**Figure17: Provider Discovery Reviews  
 Background Screening by APD Area; Percent Met  
 February – June 2013**



While 140 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 174 reasons were cited. Table 10 displays the reason the standard was Not Met for all employee records reviewed for the 396 providers with a background screening alert. Employees were most likely to be missing the Affidavit of Good Moral Conduct (29.3%), the local criminal records check from the county of residence (27.6%), or did not complete all components of the screening within the 12 month timeframe (26.4%).

<b>Table 10: Provider Discovery Reviews</b>	
<b>Reason Background Screening Scored Not Met (N=174)</b>	
<b>February - June 2013</b>	
<b>Reason</b>	<b>Percent</b>
Provider did not present a current complete, signed and notarized Affidavit of Good Moral Character.	29.3%
Provider presented a current Affidavit of Good Moral Character, but it was not signed.	2.3%
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.	5.2%
Provider presented a current Affidavit of Compliance with Background Screening Requirements, but it was not signed.	0.6%
Provider did not present a current Local Criminal Records Check obtained within county of residence.	27.6%
Provider did not present a current Florida Department of Law Enforcement screening clearance letter or other acceptable form of FDLE screening.	12.1%
Provider did not present a current Federal Bureau of Investigation screening clearance letter or other acceptable form of FBI screening.	12.6%
Provider has not completed the five-year re-screening. (Pre 8/2010 FDLE Only)	8.0%
Provider was not fully re-screened following a greater than 90 day lapse in employment in an appropriate field.	1.1%
Provider was fully screened/re-screened but all components of a level 2 screening were not completed within a 12 month timeframe.	26.4%

### Potential Billing Discrepancy Citations

Standards are identified as a Recoupment if the standard applies to billing documentation requirements. If scored as Not Met, these are flagged by the reviewer as a potential Recoupment for the provider and the Area APD office and AHCA are notified. The following table provides an overview of potential recoupment documented during the 1,079 PDRs completed between February and June 2013. Data indicate the following:

- Approximately 40 percent of the providers reviewed had at least one recoupment citation.
- The percent of providers with a potential recoupment varied widely across Areas, from 18 percent in Area 11 to 57.1 percent in Area 12.
- In four Areas, over half of the providers reviewed had a potential recoupment.
- The average number of citation per provider is 2.3.

<b>Table 11: Provider Discovery Reviews</b>					
<b>Recoupment Citations by APD Area</b>					
<b>February - June 2013</b>					
<b>Area</b>	<b>Recoupment Standards Not Met</b>	<b>Providers w/ Recoupment Citation</b>	<b>Total Number of PDRs</b>	<b>Providers w/ at Least 1 Recoupment</b>	<b>Ave # Citations /Provider</b>
1	38	18	34	52.9%	2.1
2	51	35	75	46.7%	1.5
3	69	31	57	54.4%	2.2
4	198	63	121	52.1%	3.1
7	74	36	84	42.9%	2.1
8	47	20	43	46.5%	2.4
9	11	4	26	15.4%	2.8
10	77	32	89	36.0%	2.4
11	60	31	171	18.1%	1.9
12	51	28	49	57.1%	1.8
13	25	15	70	21.4%	1.7
14	21	11	34	32.4%	1.9
15	50	23	54	42.6%	2.2
23	228	83	172	48.3%	2.7
State	1,000	430	1,079	39.9%	2.3

## Consumer Directed Care (CDC+)

### CDC+ Participants

Between February and June 2013, 148 CDC+ participants were interviewed as part of the PCR process. The number and percent of CDC+ PCRs completed by Area is provided in the following table.

<b>Table 12: CDC+ Person Centered Reviews</b>		
<b>February - June 2013</b>		
<b>Area</b>	<b>Number</b>	<b>Percent</b>
1	8	5.9%
2	9	4.6%
3	7	2.0%
4	16	11.2%
7	31	16.4%
8	2	1.3%
9	1	3.3%
10	14	7.9%
11	21	17.1%

<b>Table 12: CDC+ Person Centered Reviews</b>		
<b>February - June 2013</b>		
<b>Area</b>	<b>Number</b>	<b>Percent</b>
12	3	2.0%
13	12	5.9%
14	2	2.0%
15	2	4.6%
23	20	15.8%
State	148	

Results are presented by III Standard in Table 13 for the 148 PCRs completed for CDC+ participants, with comparisons to previous years. Scores to date are similar to the previous two years.

<b>Table 13: Consumer Directed Care + Person Centered Reviews</b>				
<b>Individual Interview Instrument Results by Standard</b>				
<b>February - June 2013</b>				
	<b>Percent Met</b>			
<b>Standard</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>YTD Yr 4</b>
The person is afforded choice of services and supports.	91.3%	86.7%	82.6%	<b>86.5%</b>
The person actively participates in decisions concerning his or her life.	90.1%	84.9%	82.6%	<b>90.4%</b>
Person directs design of services and participates in identification of needed skills and strategies to accomplish desired goals.	90.7%	81.0%	81.3%	<b>79.6%</b>
Person participates in routine review of services, and directs changes desired to ensure outcomes/ goals are met.	90.1%	87.5%	84.6%	<b>86.1%</b>
Person has the necessary supports in place to meet needs and goals.	90.0%	87.5%	86.2%	<b>89.9%</b>
The person is free from abuse, neglect and exploitation.	88.2%	88.6%	89.8%	<b>86.5%</b>
The person is safe or has self-preservation skills.	87.0%	82.9%	82.9%	<b>87.2%</b>
The person is healthy.	92.5%	78.6%	78.0%	<b>76.4%</b>
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%	<b>90.5%</b>
The person is achieving desired outcomes/goals or receiving supports that demonstrate progress toward specified outcomes/goals	91.3%	89.3%	87.0%	<b>91.2%</b>
The person is satisfied with the supports and services received.	94.4%	88.8%	92.7%	<b>93.2%</b>
The person is developing desired community roles that are of value to the person.	85.9%	77.5%	73.8%	<b>80.1%</b>
Average CDC+ III Score	90.7%	85.2%	84.2%	<b>86.5%</b>



### **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 148 CDC+ Consultant record reviews. To date, findings on each standard are relatively high with all but one at over 90 percent compliance.

### **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 June 2013, 171 CDC+ Representatives were reviewed.

CDC-R results for each standard are presented in Attachment 6. On average, Representatives showed 92 percent compliance on the record reviews. The lowest scoring standard, compliance with background screening, indicated 82 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.

## Section III: Discovery

Findings in this report reflect data from PCR and PDR review activities completed between February and June 2013. Because new tools and processes were implemented February 1, comparisons to previous years were only possible with results from the individual interviews. A total of 798 PCRs and 1,079 PDRs were completed, approved and available for analysis. Over the time period, only 16 providers were non-compliant, either did not respond to attempts to schedule a review or did not show up for a scheduled review.

During this most recent quarter (April – June 2013) Delmarva helped facilitate the Quality Council meeting in June, and Delmarva participated on the two different workgroups organized by the council. Delmarva helped facilitate and/or participated in the workgroups organized to develop new performance measures for the Waiver renewal. Quarterly meetings were held in each APD Area to discuss data, trends, issues, and remediation. Regional managers continue to review all reports before final approval and conduct bi-weekly meetings for all reviewers. The Delmarva nurse attends the monthly Medical Case Managers conference calls and is 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.

Results from the Individual Interview show an increase on all but one standard compared to Year 3. While reflecting the lowest score, there is over a six percentage point increase in the degree to which individuals are developing social roles and integrating into the community. In addition, 92 percent of individuals interviewed felt educated on rights. 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 Standard showing the lowest rate measures the degree to which the individual is developing desired community social roles (69%). A little over one quarter of individuals indicate not having choice of supports and services and approximately one quarter did not feel they had participated in the design of their own services as they would like to.

**Recommendation 1:** Efforts should continue to be made to move individuals from group home settings to independent and supported living, with a goal to increase the percent of people with competitive employment to support them to live independently.

**Recommendation 2:** Development of accountability based training on choice and community integration has been recommended in several reports. Perhaps APD and AHCA should review current training sessions offered across the state to ensure they address provider implementation of informed choice and they ensure families and individuals understand choices available to them.

### **Provider Discovery Review Results**

Results from the 1,079 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. Providers of Life Skills Development 2 were least likely to have all the service specific requirements met, with an average score was 85 percent.

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 1,074 PDR completed, 933 (87%) scored at least one of these standards Not Met.

**Recommendation 3:** Regional APD offices should help ensure training is completed for LSD2 and Supported Living Coaching providers, and that all providers attend the training. If online options are appropriate, web-based modules could be developed to help ensure providers have access to required training.

**Recommendation 4:** Regional APD offices should consider providing training to all providers on expectations once the iBudget handbook is promulgated. The Quality Council may be useful in helping to develop the training curriculum.

**Recommendation 5:** State APD should consider enhancing the pre-service training curriculum for support coordinators in the area of person centered service delivery. This will help support coordinators facilitate informed choice of supports and serves for individuals.

**Recommendation 6:** State APD should develop standard follow-up/remediation methods to help ensure provider training has been completed and other service specific requirements are understood and applied.

Additional discussion of findings and recommendations will be provided when more data are available in the next quarterly and the 4<sup>th</sup> Annual report.

## Attachment 1: Customer Service Activity

April – June 2013

Customer Service Topic	#	Description	Outcome	Ave Time to Resolve
Address/ Phone Update	40	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 consultant 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+	2	Parents call with questions regarding the CDC+ program.	Questions are answered according to the CDC+ rules.	1 day
Clarification	15	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 complained that we would not accept documentation after the review was completed. One provider complained that the review was lasting too long.	Process of review was explained to provider, and provider rescinded complaint citing his misunderstanding. Regional Manager investigated the second provider's complaint and resolved the concerns.	1 day
Contact QAR	10	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 register or are referred to the helpdesk for technical assistance.	1 day
Misc.	15	Family stakeholders and providers called	All questions were answered.	1 day

Customer		Description	Outcome	Ave
		with requests unrelated to our process, e.g. how to access services, requesting copies of preliminary findings, concerns regarding specific providers.		
Name Correction	1	Provider asked her name to be corrected on her report.	Name was clarified and information relayed to QAR and RM for report correction.	1 day
New Tools	15	Providers called asking questions regarding the Discovery tools.	Providers are referred to our website and shown the current tools posted.	1 day
Next Review	63	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 Search Website	12	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 this website.	1 day
Question	42	Providers and APD staff call with questions regarding documentation or qualification requirements; for assistance accessing resources on our	Questions are answered with references to appropriate documents or entities.	1 day

Customer		Description	Outcome	Ave
		website; for explanations of the review processes.		
Recon	4	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 reconsideration is checked and relayed to the provider.	1 day
Recoup	3	Provider 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 that their report be re-sent to them.	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	26	Providers and provider consultants call asking about training requirements.	Training requirements are explained, including reference to the Handbook.	1 day

## 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.<sup>14</sup> 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 I<sup>3</sup>) to help assess individuals' perspectives of their rights, choices, involvement in Support Plan development and making life decisions, community inclusion, health, safety, and satisfaction with services. A Health Summary is used to further explore the individual's specific health issues including: psychotropic drug

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<sup>14</sup> HSRI developed the NCI survey instruments. More information can be found at the following web site: <http://www.hsri.org/>.



use; hospital and emergency room use; dental and family practitioner care; and an assessment of a wide variety of health issues and service needs.<sup>15</sup>

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
- Respite

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<sup>15</sup> Delmarva review tools and procedures are available here:  
<http://www.dfmc-florida.org/Public2/resourceCenter/providers/>.

- 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 Methodology<sup>16</sup>

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.

Standard	Not Met Reason	Category	Weight
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<sup>16</sup> The scoring methodology was developed in May 2010 by a workgroup consisting of representatives from the Agency for Health Care Administration, the Agency for Persons with Disabilities, and Delmarva Foundation.

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

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

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 – June 2013

Policy and Procedure Results by Review Standard	
Standard	% Met
Vehicles used for transportation are properly insured.	98.4%
Vehicles used for transportation are properly registered.	96.1%
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.	96.8%
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.	96.8%
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.	96.1%
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.	93.8%
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.	99.0%
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.	99.1%
If applicable, all instances of abuse, neglect, and exploitation have been reported.	97.5%
If applicable, the provider addresses medication errors.	98.0%
The provider addresses all incident reports.	98.5%
<b>Total Policy and Procedure</b>	<b>97.2%</b>

## Attachment 4: Provider Discovery Review Training Standards

February – June 2013

Administrative Qualifications and Training	
Standard	% Met
The provider has completed all aspects of required Level II Background Screening.	91.4%
The provider received training in Zero Tolerance.	89.1%
The provider received training in Direct Care Core Competency.	94.6%
The provider received training in Person Centered Approach/Personal Outcome Measures.	88.8%
The provider received training with an emphasis on choice and rights.	91.7%
The provider received training in the development and implementation of the required documentation for each waiver service provided.	92.1%
The provider received training specific to the scope of the services rendered.	92.4%
The provider received training in HIPAA.	85.8%
The provider received training in HIV/AIDS/Infection Control.	NA
The provider received training in HIV/AIDS/Infection Control.	91.5%
The provider received training in CPR.	NA
The provider received training in CPR.	94.4%
The provider received training in First Aid.	NA
If applicable, the provider received training in Medication Administration.	98.3%
If applicable, the provider has been validated on medication administration.	97.2%
When applicable, the provider received training in an Agency approved curriculum for crisis management procedures consistent with the requirements of the Reactive Strategies rule (65G-4, FAC).	NA
Drivers of transportation vehicles are licensed to drive vehicles used.	99.8%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	97.7%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	100.0%
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.	97.5%
Provider completed at least eight hours of supplemental training in general behavior analysis skills for annual recertification for Behavior Assistant.	NA
Quarterly evidence of monthly supervision by the responsible Behavior Analyst is documented for Behavior Assistant.	NA
Provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	97.0%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	98.4%
The provider has completed 4 hours of annual in-service training for Life Skills	NA

Administrative Qualifications and Training	
Standard	% Met
Development 1.	
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	96.5%
The provider has completed standardized, pre-service training for Life Skills Development 2.	97.6%
The provider has completed eight hours of annual in-service training related to employment for Life Skills Development 2.	67.9%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	98.1%
The provider completed eight hours of annual in-service training related to the implementation of individually designed services for Life Skills Development 3.	95.9%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	97.9%
The provider has completed 4 hours of annual in-service training for Personal Supports.	NA
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	99.4%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	99.2%
The provider completed eight hours of annual in-service training related to behavior modification for Residential Habilitation-Behavior Focus.	NA
The provider has completed at least 20 contact hours of face-to-face competency-based instruction with performance-based validation/re-certification for Residential Habilitation-Behavior Focus.	NA
The provider has completed at least 20 contact hours of face-to-face competency-based instruction with performance-based validation/re-certification for Residential Habilitation-Intensive Behavior.	NA
If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	NA
The provider meets all minimum educational requirements and levels of experience for Respite.	99.5%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	99.0%
The provider received mandatory Statewide pre-service training for Support Coordination.	99.4%
The provider received mandatory Region/Area- specific training for Support Coordination.	99.4%
The provider received 24 hours of ongoing annual job related training for Support Coordination.	95.7%
The provider successfully completed APD's web-based course entitled Introduction	NA



Administrative Qualifications and Training	
Standard	% Met
to Social Security Work Incentives	
The provider meets all minimum educational requirements and levels of experience for Supported Living Coach.	97.4%
The provider completed required Supported Living Pre-Service training for Supported Living Coach.	97.0%
The provider completed eight hours of annual in-service training for Supported Living Coach.	74.0%
Vehicles used for transportation are properly insured.	95.2%
Vehicles used for transportation are properly registered.	94.4%
<b>Total Qualifications and Training</b>	<b>93.1%</b>

## Attachment 5: CDC+ Consultant Results by Element

February - June 2013 (N=148)

CDC+ Consultant Results by Element	
Standard	Pct Met
Level of care is re-evaluated at least annually.	98.0%
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.	99.3%
The Support Plan is updated within 12 months of recipient's last Support Plan.	98.6%
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.	93.2%
The Support Plan is provided to the providers identified on the support plan within required time frames.	95.5%
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.	97.3%
The current Support Plan includes natural, generic, community and paid supports for the person receiving services.	97.3%
Services are delivered in accordance with the Cost Plan.	NA
The Support Coordinator is in compliance with billing procedures and the Medicaid provider agreement.	99.0%
Participant Monthly Review forms & Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	95.9%
The provider has evidence of assisting individual/legal representative to know about rights.	98.0%
The Support Coordinator monitors to ensure the person's health and health care needs are addressed.	97.1%
The Support Coordinator monitors to ensure person's safety needs are addressed.	95.5%
The Support Coordinator is aware of the person's history regarding abuse, neglect, and/or exploitation.	82.6%
The Support Coordinator assists the person receiving services to define abuse, neglect, and exploitation including how the person receiving services would report any incidents.	90.3%

<b>CDC+ Consultant Results by Element</b>	
<b>Standard</b>	<b>Pct Met</b>
Completed/signed Participant-Consultant Agreement is in the record.	96.6%
Completed/signed CDC+ Consent Form is in the record.	93.9%
Completed/signed Participant-Representative Agreement is in the record.	97.9%
All applicable completed/signed Purchasing Plans are in the record.	98.0%
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.	100.0%
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	93.9%
Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	98.6%
Consultant has taken action to correct any overspending by the Participant.	96.9%
If applicable, Consultant initiates Corrective Action.	100.0%
Completed/signed Corrective Action Plan is in the record.	95.7%
If applicable, an approved Corrective Action Plan is being followed.	NA
The Emergency Backup Plan is in the record and is reviewed annually.	93.0%
How many DHE/Vendor changes for the Participant? (not scored just data collected)	NA
Average PCR CDC+ Consultant Reviews	95.4%

## Attachment 6: CDC+ Representative Results by Element

February – June 2013

CDC+ Representative Record Review Results by Standard (N=171)	
Standard	Pt Met
Complete and signed Participant/ Representative Agreement is available for review.	97.0%
Accurate Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	85.6%
Signed and approved Invoices for Vendor Payments are available for review.	93.2%
Signed and approved receipts/statement of “Goods and Services” for reimbursement items are available for review.	90.0%
Complete Employee Packets for all Directly Hired Employees are available for review.	91.0%
Complete Vendor Packets for all vendors and independent contractors are available for review.	96.3%
Background screening results for all providers who render direct care are available for review.	82.0%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	89.9%
Signed Employer/Employee Agreement for each Directly Hired Employee (DHE) is available for review.	91.0%
All applicable signed and approved Purchasing Plans are available for review.	93.8%
All applicable signed and approved Quick Updates are available for review.	NA
Copies of Support Plan(s) are available for entire period of review.	94.7%
Copies of approved Cost Plans are available for entire period of review.	91.2%
Emergency Backup Plan is complete and available for review.	95.9%
Corrective Action Plan (if applicable) is available for review.	90.3%
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/documentated needs and goals.	NA
The Participant makes purchases that are consistent with the Purchasing Plan.	NA
Average CDC+ Representative Compliance Rate	92.0%