

Florida Statewide Quality Assurance Program

Year 4 Quarter 3 Report

July - September 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 2013. Providers have been 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 September 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. Individuals were least likely to have outcomes met on standard measuring choice, health and social role development. The Health Summary findings to date indicate a number of individuals receiving services are taking multiple prescription medications, many 10 or more. Based on these and other findings, several recommendations are provided to the state. However, additional analysis, discussion, and recommendation will be provided in the Annual Report when all data from PCRs and PDRs 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 July 2013, all individuals had been transitioned to the new waiver. With the iBudget, it is easier for individuals to select and change services that fall within the budget allotted to them. The Delmarva tools were revised to reflect iBudget standards and other changes requested by AHCA and APD. Due to the extensive tool revisions, with the exception of the Individual Interviews, comparisons to previous years' data are not possible.

This is the report for the third 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 September 2013. The report is divided into three sections.

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

Section I: Significant Contract Activity During the 3rd Quarter

Information Sharing

Staff Conference Calls

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

Status Meetings

Status meetings are held to provide an opportunity for Delmarva, AHCA, and APD representatives to discuss contract activities and other relevant issues as necessary. Data collected in previous months are often presented and reviewed for trends and potential remediation. During the third quarter of this contract year, Status Meetings were held on July 30 and August 22. The Status Meeting was not held in September as all the agencies attended the Quality Council Meeting that month.

Internal Quality Assurance Activities

Report Approval Process

In order to reduce error rates and enhance reliability, the Delmarva management team continues to review all PCR and PDR reports before they are approved. 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 (July - September 2013), 27 Quality Assurance Reviewers (QAR) took and passed the Life Skill Development 3 File Review Reliability. In addition, 10 QARs completed and passed the PDR Field Review Reliability and 11 completed and passed the PCR field reliability.

Internal Training

Informal training is provided during bi-weekly conference calls with all staff. Topics for training are generated from review activities, AHCA and APD clarifications, and reliability activities. Examples of internal training provided during conference calls include: changes in alert reporting pertaining to Background Screening, HIV/AIDS and CPR protocol changes, and scoring related to crisis management and reactive strategies.

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.

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.¹

Feedback Surveys

National Core Indicator (NCI) Consumer Survey Feedback Survey

After each individual NCI interview, Delmarva provides the individual with a feedback survey. The individual is encouraged to complete the feedback survey, which is mailed directly to Human Services Research Institute (HSRI). Between January and September 2013, 178 surveys were returned to HSRI, a 13 percent return rate (178/1,365). Results to date are based on a very small return rate but are positive and indicate the following:

- 140 of the 178 respondents (78.7%) participated in answering the Consumer Survey.
- 43 (32.0%) feedback forms were completed by the person receiving services, with 102 (57.3%) completed by an advocate, and 41 (23.1%) by a staff member where the person lives or receives services.
- 140 NCI interviews (78.8%) took place in the home.
- 80 percent of individuals (N=140) indicated choosing where to meet for the interview.
- 166 respondents (93.3%) felt the interview was scheduled at a convenient time, and 154 respondents (88.5%) felt it took about the right amount of time.

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

- All but one respondent felt the interviewer was respectful while one other person did not remember.
- 166 (94.1%) respondents felt the interviewer explained what the survey was about.
- Most individuals indicated the questions were not difficult to answer (84.0%).
- 23 respondents thought some of the questions were difficult to answer and 91.4 percent indicated the interviewer explained the person did not have to answer the questions.

Provider Feedback Survey

After each PDR, providers are given the opportunity to offer feedback to Delmarva about the review process and professionalism of the reviewer(s). Providers are given a survey they can complete and mail/fax to Delmarva, or surveys can be completed online, on the FSQAP website. Between January and September 2013, 168 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 eight respondents 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 September 2013 (N=168)	
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?	92%
Did the QAR refer you to the FSQAP website, including the tools and procedures?	95%
Did the QAR arrive at the review at the scheduled time?	95%
If no, did the QAR call to notify you he/she might be a little late? (N=8)	88%
Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving?	99%
If you scored Not Met on any of the standards, did the QAR explain why? (N=132)	98%
Total Responses	168

Summary of Customer Service Calls

During the third quarter of the fourth contract year, July - September 2013, 407 calls were recorded in the Customer Service Log, with an average response time of one day for each call.²

Quality Council³

The last Quality Council meeting was held in Tallahassee on September 26, 2013.⁴ Agenda items included:

- Updates from AHCA and APD
- Refresher of activity completed during the previous QC meeting
- Presentation of data from NCI Adult Consumer Survey
- Delmarva Quarterly Report data
- Workgroup discussion and Action Plans provided

Data Availability

- The Remediation Data Extract continues to be completed and made available to APD on approximately the 7th of each month.
- Production reports are available for download at any time, available on the private section (required member login) of the FSQAP website.
- The Results by Service Real Time Data Report is available on the private section (required member login) of the site.

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

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

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

Section II: Data from Review Activities

Person Centered Reviews (PCR)⁵

Information in Table 2 provides the number of PCRs completed by APD Area during the third quarter of the contract year, including the number of CDC+ individuals who participated (232), the number of waiver participants (1,048), 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 1,365 PCRs were completed in the first three quarters of Year 4. However, for this report, we use data collected since February 2013, 1,280 PCRs. Comparisons to previous years on most tools are not appropriate.** The time period for declines is based upon the projected period of review and represents individuals who were originally scheduled to be reviewed during the quarter. The decline rate is 19.6 percent for waiver participants and 3.4 percent for CDC+.

Table 2: Person Centered Review Activity				
February - September 2013				
APD Area	Number of PCRs		Number of Declines	
	Waiver	CDC+	Waiver	CDC+
1	44	8	27	1
2	64	21	32	2
3	55	9	7	0
4	73	25	25	1
7	91	43	15	0
8	46	5	9	0
9	61	11	21	1
10	103	21	19	1
11	151	27	28	0
12	36	5	4	0
13	87	12	16	1
14	44	2	9	0
15	37	9	7	0
23	156	34	36	2
Total	1,048	232	255	9

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

Individuals are free to decline to be interviewed at any time during the process. Reasons given for the declines are shown in Table 3. When an individual declines participation, the reviewer calls the person to verify the decision. This affords the person an opportunity to ask questions or seek clarification about the PCR process and the person’s potential role in it. It also gives individuals an opportunity to change their minds about participating. An individual who declines is replaced by another individual from the oversample to ensure an adequate and representative sample is used for analysis.

Table 3: Person Centered Review Decline Reasons			
February -September 2013			
Decline Reason	Waiver	CDC+	Total
Refused	174	7	181
Review Next Year	46	2	48
No Longer Receiving Services	24	0	24
Deceased	8	0	8
Moved Out of State	3	0	3
Total	255	9	264

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.⁶ 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.⁷ 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.

⁶ Beginning in Year 3 children under age 18 were included in the PCR sample. Because the NCI Consumer survey is only valid for adults, children do not participate in the NCI portion of the PCR process.

⁷ Beginning July 1, 2013, all individuals receiving waiver services are able to direct their own budget via the iBudget Waiver program.

Waiver Participants

The average III scores for the 1,048 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 four Areas have approximately 50 or fewer reviews completed each year and results to date are based on approximately two thirds of the sample for the entire year. Therefore, comparisons across Areas and years should be made with caution. Through the third 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 – September 2013**

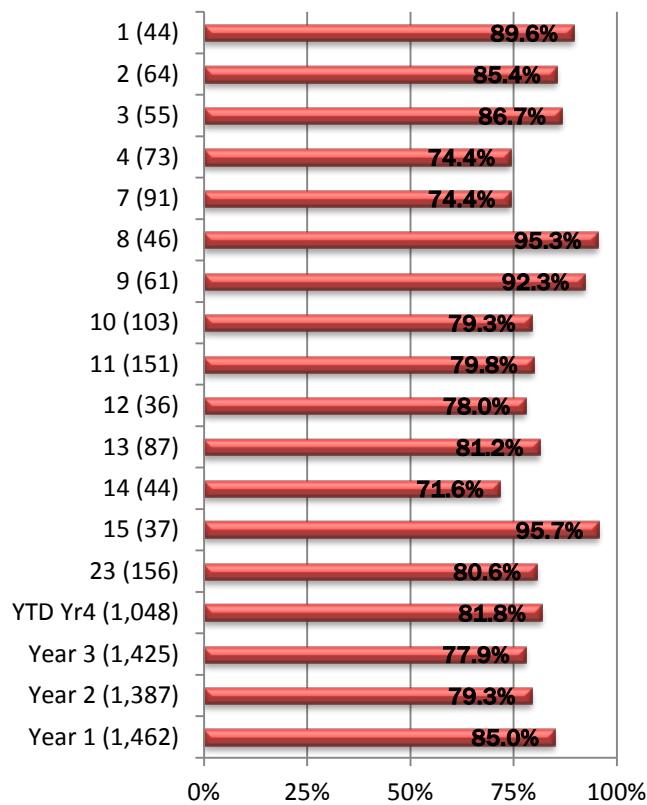


Figure 2 displays III results for DD waiver participants for each standard for the first three quarters in Year 4 (Year to Date—YTD).⁸ III standards measure the following, from the person’s perspective:

⁸ 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 – September 2013**

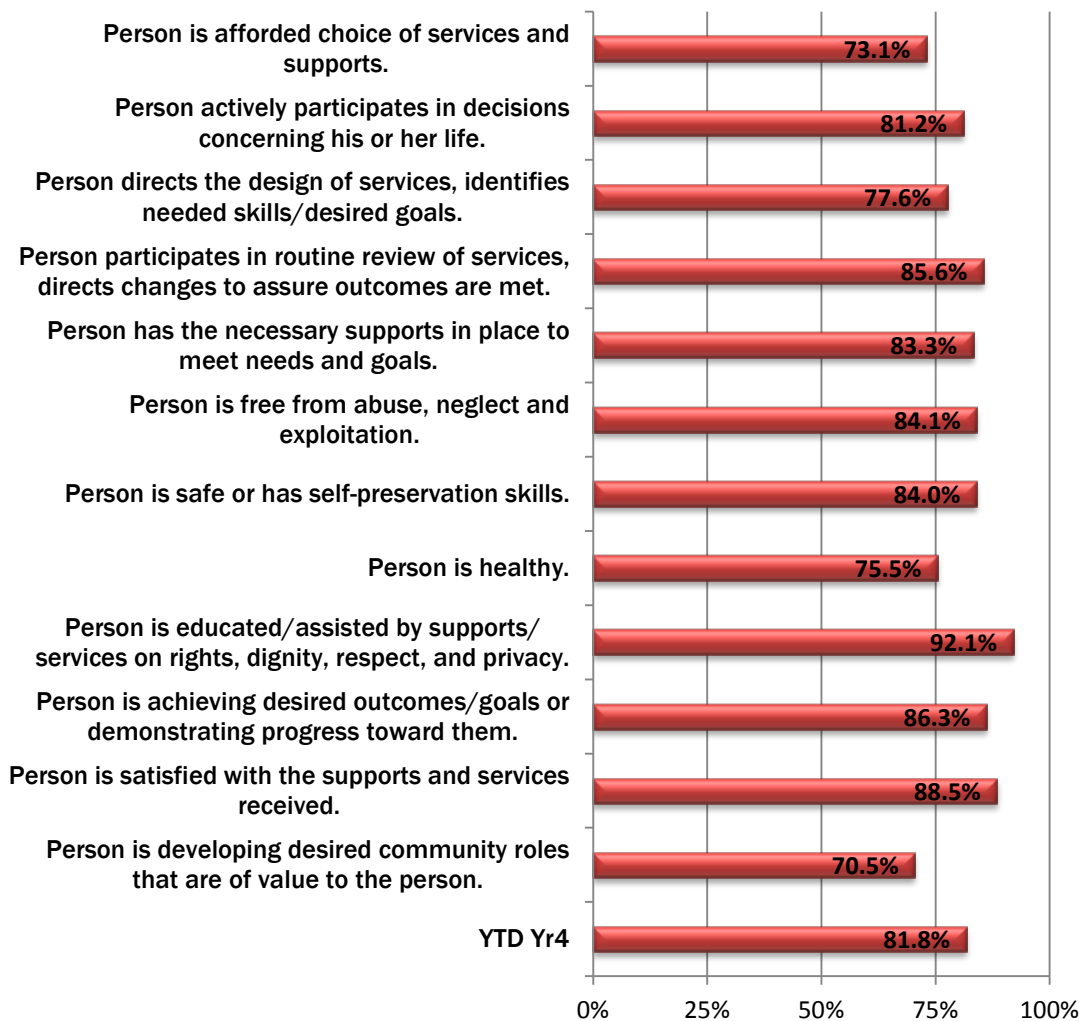


Table 4 shows results by III indicator for each year of the current contract. Compared to Year 3, results are generally better on each standard for the first half of Year 4. Standards measuring the person’s health, informed choice and social role development remain among the lowest scoring outcomes.

Table 4: Individual Interview Results by Indicator and Year				
Indicator	Review Year			
	2010	2011	2012	YTD 2013
Person is afforded choice of services and supports.	81.8%	72.8%	73.6%	73.1%
Person actively participates in decisions concerning his or her life.	83.8%	78.7%	77.1%	81.2%
Person directs the design of services and identifies needed skills/desired goals.	81.5%	74.1%	73.6%	77.6%
Person participates in routine review of services, directs changes to assure outcomes are met.	84.0%	80.0%	80.6%	85.6%
Person has the necessary supports in place to meet needs and goals.	87.3%	82.7%	81.8%	83.3%
Person is free from abuse, neglect and exploitation.	86.0%	84.5%	80.2%	84.1%
Person is safe or has self-preservation skills.	89.9%	84.7%	79.7%	84.0%
Person is healthy.	88.9%	76.5%	70.7%	75.5%
Person is educated/assisted by supports/ services on rights, dignity, respect, and privacy.	86.8%	83.6%	85.9%	92.1%
Person is achieving desired outcomes/goals or demonstrating progress toward them.	87.4%	83.5%	83.2%	86.3%
Person is satisfied with the supports and services received.	89.7%	85.5%	85.5%	88.5%
Person is developing desired community roles that are of value to the person.	72.6%	64.7%	62.8%	70.5%
Average III Results	89.9%	79.3%	77.9%	81.8%

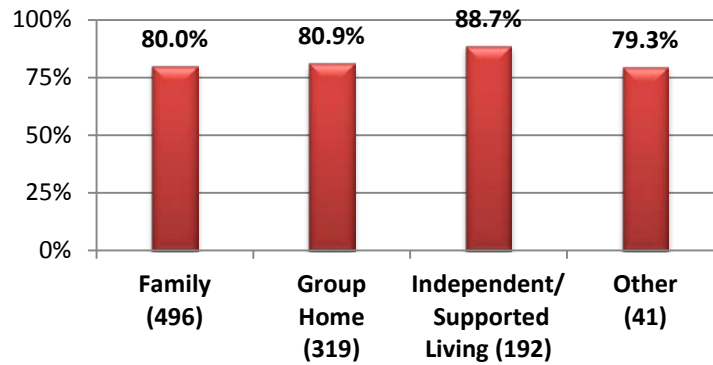
The following graphics display III results across various demographic characteristics – Residential Setting, Primary Disability, Age Groups, and Services—Figures 3 - 6.⁹ Results to date indicate:

- While few individuals (n=192) live in an independent or supported living situation, individuals living independently are more likely to have outcomes present
- To date this year, individuals with Autism were less likely to have outcomes present
- Younger adults, age 18 to 21, appear to be less likely to have outcomes present

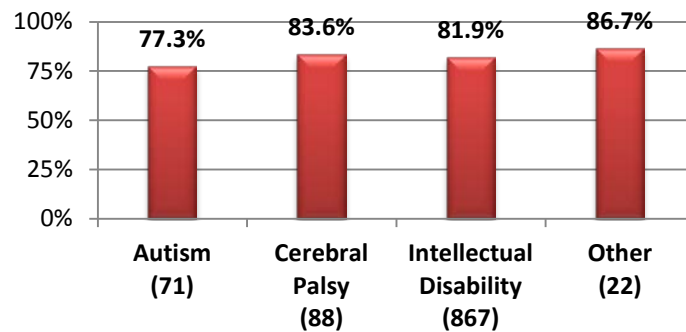
⁹ The “Other” category for residential status includes Assisted Living Facility (13), Foster Home (14), and Residential Treatment Facility (14). “Other” for primary disability includes Epilepsy (2), Spina Bifida (9), Prader Willi (3), and Other (8).

- Individuals receiving Life Skills Development (LSD) 3 (ADT) were less likely to have outcomes present than individuals receiving either LSD 2 (Supported Employment Coaching) or SLD 1 (Companion).

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



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



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

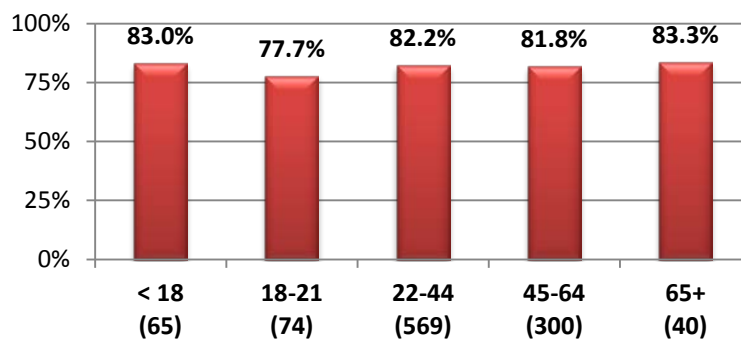
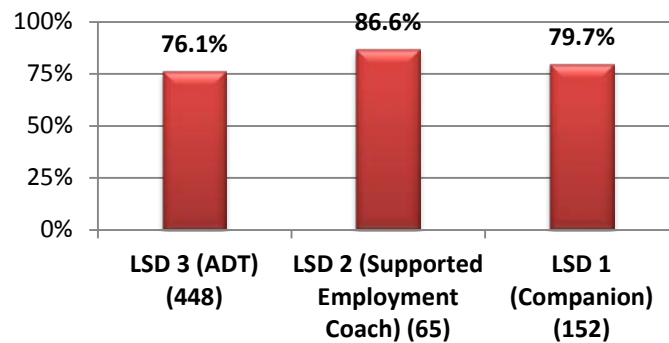


Figure 6: Individual Interview Instrument Results by Service Life Skills Development (LSD) 1, 2, and 3 February – September 2013



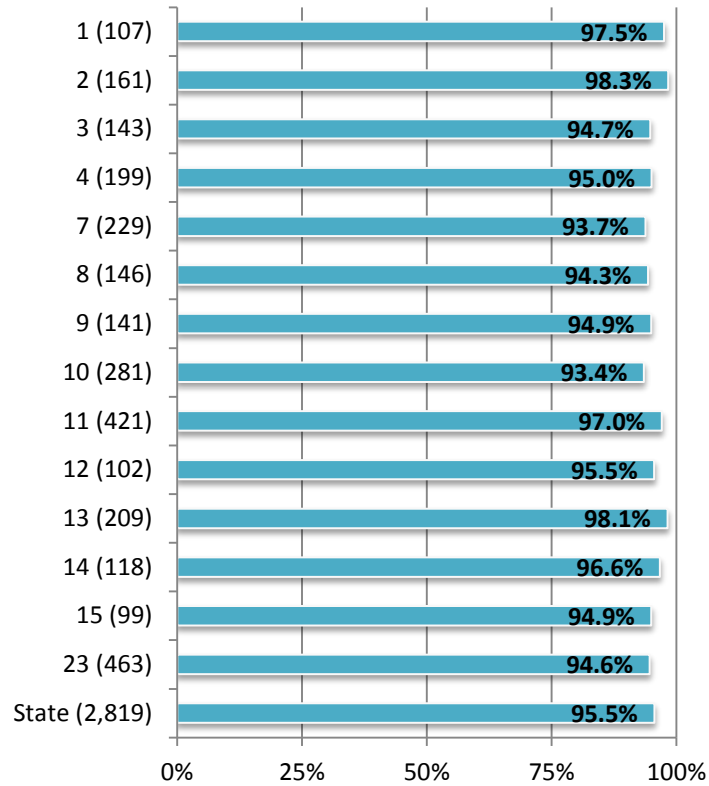
Service Specific Record Reviews (SSRR)

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

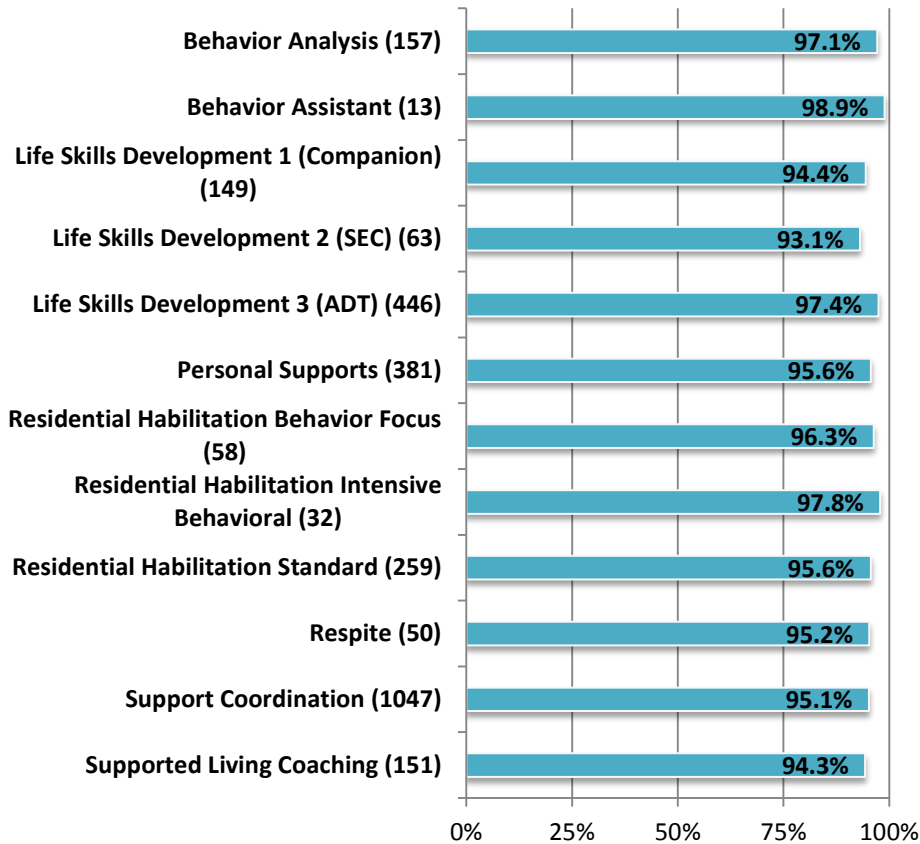
Between February and September 2013, 2,819 Service Specific records were reviewed as part of the 1,048 PCRs completed in the same timeframe. Results to date indicate all Areas have SSRR Scores greater than 90 percent (Figure 7). Because the tools and processes are different, comparisons to previous years are not appropriate.

**Figure 7: Person Centered Reviews
 Service Specific Record Reviews by APD Area
 February – September 2013**



Service Specific Record Reviews from the PCRs are presented by service in Figure 8. Each individual may receive any number of services. The number of individuals' records reviewed for the service is presented in parentheses and the percentage is calculated using the weighted values of each standard scored for the records. Results to date indicate very high compliance rates on the SSRR portion of the PCR across all the services.

**Figure 8: Person Centered Reviews
 Service Specific Record Reviews by Service
 February – September 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 annual report.

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 (Table 5); and the average number of drugs taken by individuals by APD Area (Table 6). Data to date this year indicate the following:

- Fewer than 18 percent of individuals on a waiver were taking no prescription drugs, compared to approximately 25 percent of individuals on the CDC+ program.
- 386 (36.8%) individuals on the waiver were taking one to three prescription drugs, with a somewhat higher proportion of individuals (41.8%) on CDC+ taking one to three drugs.
- 67 individuals (6.4%) on a DD waiver were taking 10 or more medications while four individuals on the CDC+ program were taking 10 or more medications.
- The average number of drugs taken for waiver participants ranged from 2.79 in Area 9 to 4.97 in Area 12; CDC+ participant drug use varied but the number of reviews in each Area is quite small.

Table 5: Number of Prescription Medications Taken				
February - September 2013				
# Rx	Waiver		CDC+	
	Pct Yes	Number	Pct Yes	Number
0	17.6%	184	25.4%	59
1	10.8%	113	18.5%	43
2	11.5%	121	13.8%	32
3	14.5%	152	9.5%	22
4	9.5%	100	9.9%	23
5	8.6%	90	9.9%	23
6	7.3%	76	5.2%	12
7	5.9%	62	2.6%	6
8	3.6%	38	2.2%	5
9	4.3%	45	1.3%	3
10	1.9%	20	0.9%	2
11	1.5%	16	0.4%	1
12	1.1%	12	0.0%	0
13	0.4%	4	0.0%	0
14	0.3%	3	0.4%	1
15+	1.1%	12		
# PCRs	1,048		232	

Table 6: Prescription Drug Utilization Rate by APD Area				
February - September 2013				
Area	Waiver Participants		CDC+ Participants	
	# PCRs	Rx Rate	# PCRs	Rx Rate
1	44	4.32	8	2.25
2	64	4.16	21	2.67
3	55	4.35	9	3.00
4	73	3.58	25	1.84
7	91	3.24	43	2.63
8	46	3.78	5	1.40
9	61	2.79	11	2.18
10	103	3.99	21	2.62
11	151	3.92	27	2.33
12	36	4.97	5	3.00
13	87	4.06	12	4.08
14	44	3.30	2	3.50
15	37	3.16	9	2.33
23	156	4.37	34	3.09
State	1,048	3.89	232	2.61

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)¹⁰

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

During the first three quarters of the fourth year of the contract (January – September 2013) 1,761 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 1,761 PDRs were completed in the first three quarters of Year 4, for this report we use data collected since February 2013, 1,629 PDRs. Comparisons to previous years are not appropriate.**

¹⁰ 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/>).

The distribution of PDRs by APD Area is presented in Table 7. Between February and September, 22 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 88.4 percent to 95.3 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.¹¹ 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 - September 2013					
APD Area	Number of PDRs	Waiver Participants Served	CDC+ Participants Served	Non-Compliant Providers	Average Provider Score
1	55	1,385	31	1	92.6%
2	100	2,174	131	0	93.0%
3	92	1,447	29	0	91.8%
4	191	3,215	171	7	88.4%
7	129	3,567	229	1	91.5%
8	71	1,509	40	0	92.0%
9	47	1,372	53	0	95.3%
10	151	2,437	115	2	89.2%
11	251	5,167	131	1	92.5%
12	69	1,378	28	0	91.4%
13	105	1,638	42	1	93.8%
14	51	1,569	12	0	94.0%
15	76	950	70	0	95.0%
23	241	5,117	255	9	91.4%
State	1,629			22	91.7%

Administrative Policy and Procedure Results¹²

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

¹¹ Scoring methodology is described in Attachment 2.

¹² N sizes may vary throughout the report due to missing and/or not applicable data.

Compliance scores for all components of the PDR are based on a weighted value assigned to each review standard.¹³ 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 standards scored with TA per review. Since implementing the new tools, 86.9 percent of providers reviewed up through the end of September scored at least one of the “new” standards Not Met, and were provided technical assistance to help ensure the standard is Met during the next PDR.

Table 8: PDRs Met with Technical Assistance			
February – September 2013			
Area	Number Indicators	Number Providers	Number per PDR
1	298	48	6.21
2	289	72	4.01
3	580	75	7.73
4	983	166	5.92
7	755	108	6.99
8	438	62	7.06
9	195	36	5.42
10	969	139	6.97
11	1819	233	7.81
12	370	62	5.97
13	514	93	5.53
14	312	46	6.78
15	343	62	5.53
23	1203	214	5.62
State	9,068	1416	6.40

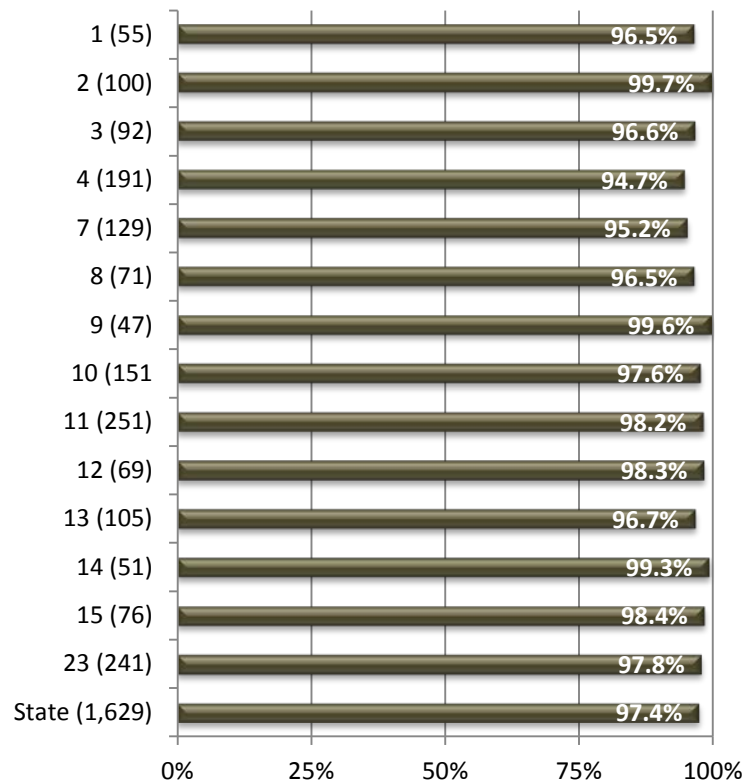
A description of each standard scored within the Policy and Procedure component of the PDR is shown in Attachment 3. The average score for each standard is shown. New standards scored with

¹³ See Attachment 2 for a description of the weighting process and scoring methodology.

TA are shown as Not Applicable (NA). The average score for reviews completed between February and September 2013 was 97.4 percent, with little variation across the scored standards.

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

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



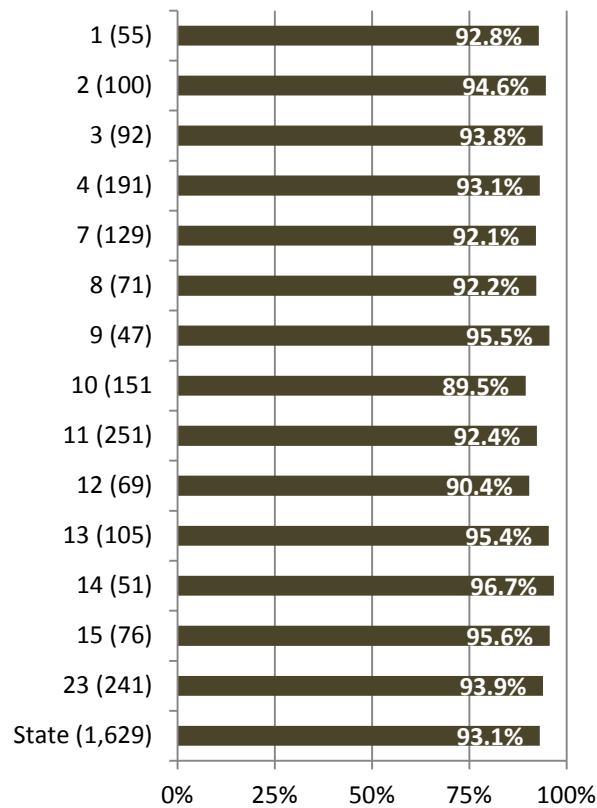
Qualifications and Training Requirements

Providers are required to have specific training and education completed in order to render services. They can be scored on up to 31 standards depending on the type and number of services offered. A description of each standard scored within the Administrative Qualifications and Training component of the PDR is shown in Attachment 4. For each provider, several employee records may be reviewed per standard. The average score for each standard is provided, ranging from 70.7 percent to almost 100 percent compliance, with a state average of 93.2 percent. Providers offering

Supported Employment Coaching and providers offering Supported Living Coaching were least likely to have training requirements documented, with 70.7 percent and 73.23 percent compliance respectively.

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 – September 2013**

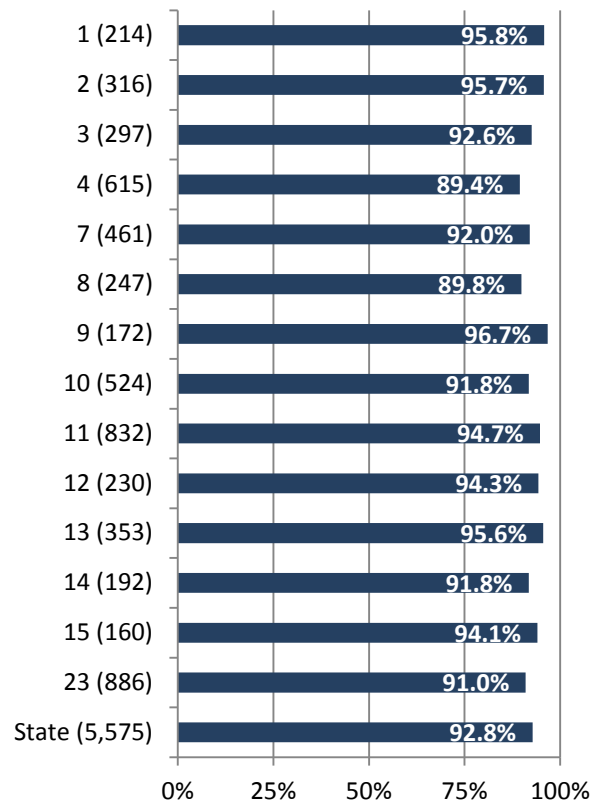


Service Specific Record Review Results (SSRR)

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.

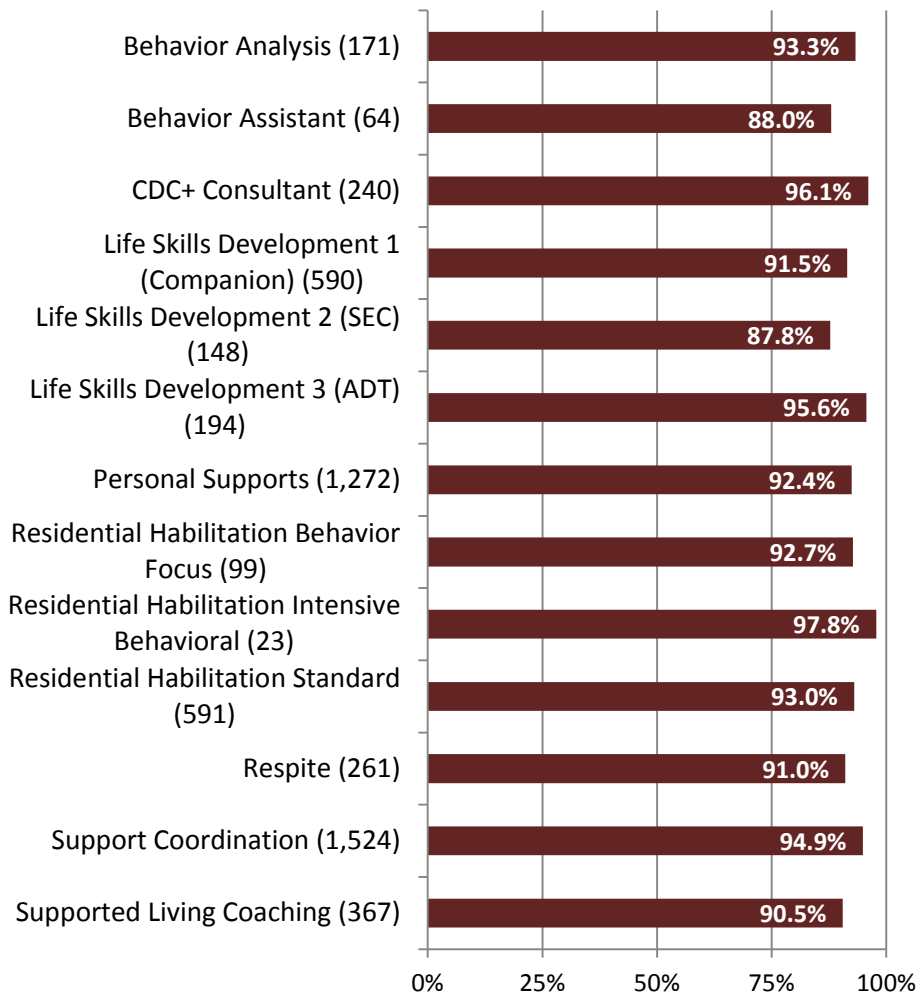
A total of 5,947 SSRRs were completed between February and September 2013 as part of a PDR. The distribution of results across APD Areas is presented in Figure 14, with the number of records reviewed in parentheses. On average, the 1,629 providers reviewed scored 92.8 percent, somewhat lower than for the SSRRs completed as part of the PCR (95.5%). There is little variation across the Areas.

**Figure 14: Provider Discovery Reviews
 Average Service Specific Record Review Score by APD Area
 February – September 2013**



Service Specific Record Review results by service are presented in Figure 15, with the number of records reviewed in parentheses. It is important to note that providers generally offer more than one service. Therefore, each provider may have results included in various services. Results show a variation from 88 percent for Life Skills Development 2 (Supported Employment) and Behavior Analyst, to almost 98 percent for providers of Residential Habilitation Intensive Behavioral. However, only 23 records were reviewed for providers of Intensive Behavioral services.

**Figure 15: Provider Discovery Reviews
 Average Service Specific Record Review Scores by Service
 February – September 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 80 LSD 3 locations and 675 group homes (Table 9). The Day Programs served 2,714 individuals and the group homes were operated by providers who served 3,257 individuals.

Table 9: Provider Discovery Review				
Number of Locations Observed by Area				
February - September 2013				
	Adult Day Training		Residential Habilitation	
APD Area	Locations	Served	Location	Served
1	1	23	18	53
2	4	135	13	70
3	2	184	37	168
4	14	228	61	333
7	7	489	52	326
8	8	274	36	145
9	1	9	21	107
10	4	84	82	416
11	12	378	121	529
12	5	171	27	146
13	4	93	41	139
14	7	254	30	167
15	2	49	28	120
23	9	343	108	538
State	80	2,714	675	3,257

The average statewide PDR Observation score for reviews completed between February and September 2013 was 97 percent.¹⁴ Data to date indicate little variation across the Areas.

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, 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 (205). An additional 48 alerts were reported, primarily for a Medication or Driver’s License issue.

Table 9: Provider Discovery Reviews

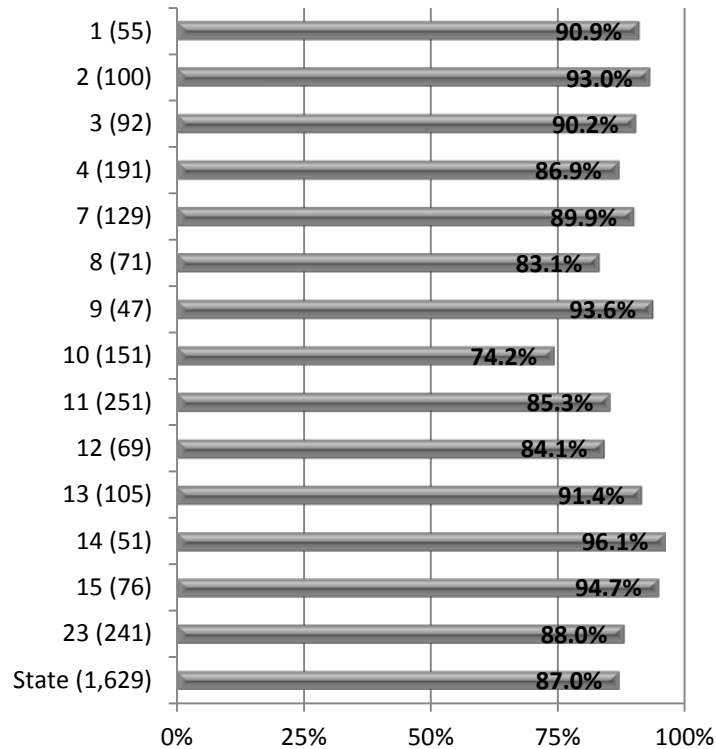
¹⁴ Review tools are posted here and include detailed descriptions of each standard:
<http://www.dfmc-florida.org/Public2/resourceCenter/providers/>.

Number of Alerts by APD Area (Feb – Sep 2013)							
APD Area	Rights	Health & Safety	Abuse, Neglect, Exploitation	Medication	Driver's License	Vehicle Insurance	Background Screening
1				4	2		5
2				2			7
3				3	5		9
4		1		5	3		25
7				2	3		13
8				2			12
9							3
10	2	4		3		1	39
11	5	5		5	2	2	37
12		1		1	1		11
13		1		1	2		9
14							2
15							4
23		4		4	2	1	29
State	7	16	0	32	20	4	205

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, fairly consistent with previous years of the contract. There is some variation across the Areas, to date this year from a low of 74 percent in Area 10 to a high of approximately 96 percent in Area 14.

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



While 205 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 266 reasons were cited. Table 10 displays the reason the standard was Not Met for all employee records reviewed for the 205 providers with a background screening alert. While employees were most likely to be missing the Affidavit of Good Moral Conduct (33.1%) close to 26 percent did not have evidence of either the Federal Bureau of Investigation or Florida Department of Law Enforcement Screening requirements.

Table 10: Provider Discovery Reviews	
Reason Background Screening Scored Not Met	
February - September 2013	
Reason	Percent
Provider did not present a current complete, signed and notarized Affidavit of Good Moral Character.	33.1%
Provider presented a current Affidavit of Good Moral Character, but it was not signed.	1.9%
Provider presented a current Affidavit of Good Moral Character but it was not notarized.	2.3%
Provider did not present a current complete and signed Affidavit of Compliance with Background Screening Requirements.	4.5%
Provider presented a current Affidavit of Compliance with Background Screening Requirements, but it was not signed.	0.4%
Provider did not present a current Local Criminal Records Check obtained within county of residence.	31.2%
Provider presented a current Local Criminal Records Check but it was not obtained within county of residence.	0.8%
Provider did not present a current Florida Department of Law Enforcement screening clearance letter or other acceptable form of FDLE screening.	13.9%
Provider did not present a current Federal Bureau of Investigation screening clearance letter or other acceptable form of FBI screening.	12.0%
Provider has not completed the five-year re-screening. (Pre 8/2010 FDLE Only)	7.9%
Provider was not fully re-screened following a greater than 90 day lapse in employment in an appropriate field.	0.8%
Provider was fully screened/re-screened but all components of a level 2 screening were not completed within a 12 month timeframe.	18.0%

Potential Billing Discrepancy Citations

Standards are identified as a potential billing discrepancy if the standard applies to billing documentation requirements. If scored as Not Met, these are flagged by the reviewer as a potential discrepancy for the provider, and the Area APD office and AHCA are notified. The following table provides an overview of potential discrepancies documented during the 1,629 PDRs completed between February and September 2013. Data indicate the following:

- Approximately 40 percent of the providers reviewed had at least one billing discrepancy citation.
- The percent of providers with a potential discrepancy varied widely across Areas, from 20 percent in Area 13 to 54.3 percent in Area 3.

- In four Areas, over half of the providers reviewed had a potential billing discrepancy.
- The average number of citations per provider is 2.3.

Table 11: Provider Discovery Reviews					
Billing Discrepancy Citations by APD Area					
February - September 2013					
Area	Standards Not Met	Providers w/ a Citation	Total Number of PDRs	Pct Providers w/ at Least 1 Citation	Ave # Citations /Provider
1	61	28	55	50.9%	2.2
2	73	44	100	44.0%	1.7
3	111	50	92	54.3%	2.2
4	290	101	191	52.9%	2.9
7	130	60	129	46.5%	2.2
8	83	35	71	49.3%	2.4
9	19	11	47	23.4%	1.7
10	139	53	151	35.1%	2.6
11	92	46	251	18.3%	2.0
12	64	37	69	53.6%	1.7
13	49	21	105	20.0%	2.3
14	33	18	51	35.3%	1.8
15	66	33	76	43.4%	2.0
23	304	115	241	47.7%	2.6
State	1,514	652	1,629	40.0%	2.3

Consumer Directed Care (CDC+)

CDC+ Participants

Between February and September 2013, 238 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.

Table 12: CDC+ Person Centered Reviews		
February - September 2013		
Area	Number	Percent
1	8	3.4%
2	21	9.1%
3	9	3.9%
4	25	10.8%

Table 12: CDC+ Person Centered Reviews		
February – September 2013		
7	43	18.5%
8	5	2.2%
9	11	4.7%
10	21	9.1%
11	27	11.6%
12	5	2.2%
13	12	5.2%
14	2	0.9%
15	9	3.9%
23	34	14.7%
Total	232	

Results are presented by III Standard in Table 13 for the 232 PCRs completed for CDC+ participants, with comparisons to previous years. The average score of 86.9 percent of outcomes present is somewhat higher than for the population not participating in CDC+ (81.8%). To date this year, outcomes of choice, participating in decisions, and achieving desired goals show an increase of five or more percentage points since Year 3.

Table 13: Consumer Directed Care + Person Centered Reviews				
Individual Interview Instrument Results by Standard				
January 2010 - September 2013				
	Percent Met			
Standard	Year 1	Year 2	Year 3	YTD Yr 4
The person is afforded choice of services and supports.	91.3%	86.7%	82.6%	87.9%
The person actively participates in decisions concerning his or her life.	90.1%	84.9%	82.6%	89.6%
Person directs design of services and participates in identification of needed skills and strategies to accomplish desired goals.	90.7%	81.0%	81.3%	80.5%
Person participates in routine review of services, and directs changes desired to ensure outcomes/ goals are met.	90.1%	87.5%	84.6%	85.5%
Person has the necessary supports in place to meet needs and goals.	90.0%	87.5%	86.2%	90.9%
The person is free from abuse, neglect and exploitation.	88.2%	88.6%	89.8%	87.1%
The person is safe or has self-preservation skills.	87.0%	82.9%	82.9%	86.2%
The person is healthy.	92.5%	78.6%	78.0%	79.3%
Person is educated and assisted by supports/services to learn about rights and fully exercise rights, but especially those that matter most to the person.	90.1%	88.9%	89.5%	91.8%

Table 13: Consumer Directed Care + Person Centered Reviews				
Individual Interview Instrument Results by Standard				
January 2010 - September 2013				
Standard	Percent Met			
	Year 1	Year 2	Year 3	YTD Yr 4
The person is achieving desired outcomes/goals or receiving supports that demonstrate progress toward specified outcomes/goals	91.3%	89.3%	87.0%	92.2%
The person is satisfied with the supports and services received.	94.4%	88.8%	92.7%	91.3%
The person is developing desired community roles that are of value to the person.	85.9%	77.5%	73.8%	80.9%
Average CDC+ III Score	90.7%	85.2%	84.2%	86.9%

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 232 CDC+ Consultant record reviews. To date, findings on each standard are 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 September 2013, 328 CDC+ Representatives were reviewed.

CDC-R results for each standard are presented in Attachment 6. On average, Representatives showed 90.5 percent compliance on the record reviews. The lowest scoring standard, compliance with background screening, indicated 70.8 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 September 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 1,048 PCRs and 1,629 PDRs were completed, approved and available for analysis. Over the time period, only 22 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 (July – September 2013) Delmarva helped facilitate the Quality Council meeting in September and quarterly meetings 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.

Between February and September 2013, 1,048 PCRs were completed. Results from the III show an overall increase in the percent of outcomes present, from 78 percent in Year 3 to 82 percent YTD in Year 4. Findings show a small increase on all but one standard compared to Year 3. While typically reflecting the lowest scores, individuals developing desired social roles and reporting they are healthy have increased by five and close to eight percentage points respectively. However, 25 to 30 percent of individuals still indicate they have little choice in decisions about their lives or in developing important social roles by connecting to their communities.

Individuals in independent living environments and individuals receiving Supported Employment continue to have better outcomes than individuals in other residential settings or receiving other types of services. The chance to live more independently continues to positively impact people's lives. In addition, a trend we have noted previously appears to be consistent to date this year as well in that individuals age 18 to 21 have lower outcomes than individuals in other age groups. A finding

that could indicate a problem with the transition of individuals from school to work life styles: the supports offered within the school system not sufficiently provided post graduation.

Recommendation 1: APD, along with the Quality Council, should explore avenues that would help move people from group homes to more independent residential settings. This effort should include working closely with the unit in APD focused on expanding Supported Employment for individuals with developmental disabilities.

Recommendation 2: Continue to monitor results for social role development/community involvement. With the annual data, review findings by Area/Region to determine if some Areas are performing better than others, and share best practices from the higher performers if appropriate.

Recommendation 3: APD should consider enhancing the pre-service training curriculum for support coordinators in the area of person centered service delivery and particularly choice. This will help support coordinators facilitate informed choice of supports and services for individuals.

Additional Health Summary data will be available when results are presented in the Annual Report. However, currently we find that from the person's perspective, the percentage of individuals who indicate being healthy has increased somewhat since Year 3. However, close to 25 percent of individuals had not reported a good health status. In addition, 68 individuals were taking 10 or more prescription medications, with close to four per person on average. Because a large number of and combination of medications can create a high degree of risk for side effects, this finding is concerning.

Recommendation 4: A workgroup, including a representative of APD's medical case managers, should be formed to explore medication use among individuals in the FSQAP program. As part of that effort, Delmarva could provide more in-depth analysis of medication use and medication management for individuals identified through the PCR process who may be at high risk from use of multiple types of psychotropic and other medications. Findings should be used to guide quality improvement initiatives for medication case managers to ensure medications are not over prescribed or miss-managed.

Provider Discovery Review Results

Results from the 1,629 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. Supported Employment

providers were least likely to have all the service specific requirements met, with an average score of 70.7 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 1,629 PDR completed, 1,416 (87%) scored at least one of these standards Not Met.

Recommendation 5: A recommendation from the second quarter report remains relevant. Regional APD offices should help ensure training is provided for Supported Employment 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 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.

Recommendation 7: Because the majority of providers have missed at least one of the new iBudget standards, Delmarva could work with the Quality Council to help ensure providers meet these requirements in Year 5. A drill down could be completed showing the standards most often missed. This could provide information needed to develop a training curriculum that would target specific standards and impact most providers. The Quality Council may be useful in helping to develop the training.

To date compliance on background screening has waivered around 85 percent to 87 percent each year. Current data indicate that approximately 25 percent of providers in Area 10 were non-compliant on this important standard.

Recommendation 8: The background screening compliance rate in Area 10 is currently considerably lower than in other Areas. While APD is developing methods to improve background screening compliance across the state, the APD Area 10 office should examine the systems currently in place to ensure compliance and revise these as appropriate. Perhaps procedures implemented in higher scoring Areas could be incorporated into the Area 10 processes.

Additional analysis, discussion and recommendations will be possible in the Annual Report when all the PDRs and PCR's have been completed.

Attachment 1: Customer Service Activity

July - September 2013

Customer Service Topic		Description	Outcome	Ave Time
Address/ Phone Update	49	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	8	Providers and provider consultants call with questions regarding FL background screening requirements.	Background screening requirements are explained to providers, with reference to the Handbook and FL rule.	1 day
CDC+	0			
Clarification	55	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 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	5	Providers call with questions about how to access training.	Providers are assisted with following the instructions online to register or are referred to the helpdesk for technical assistance.	1 day
HSRI Family Survey	4	Family members who received the HSRI surveys called with questions regarding completion.	Assistance was provided to the callers in completing the surveys.	1 day
Miscellaneous/	58		All questions were answered.	1 day

Customer		Description	Outcome	Ave
Name Correction	5	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	7	Providers called asking questions regarding the Discovery tools.	Providers are referred to our website and shown the current posted tools.	1 day
Next Review	58	Providers call asking when their next review will occur. Some providers called asking for a specific reviewer or to have their review postponed to a future date.	The review process is explained to the providers, including all the factors that are involved in scheduling. Providers are informed that PDRs are conducted each contract year with those who are eligible. Providers are referred to their 90-day notification letters and advised to wait for the phone call from the reviewer to schedule their review.	1 day
Provider Information	2	A provider and a friend of a provider called to update the provider's information (not related to demographics).	Information was received and relayed to the appropriate regional manager.	1 day
Provider Search Website	7	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	30	Providers and APD staff call with questions regarding documentation or qualification requirements; for assistance accessing resources on our website; for explanations of the review processes.	Questions are answered with references to appropriate documents or entities.	1 day
Reconsideration	24	Providers call asking	The reconsideration process is	1 day

Customer		Description	Outcome	Ave
		for clarification on the process to submit a request for reconsideration or inquiring as to the status of a request already submitted	explained to providers, including reference to our Operational Policies and Procedures and their report cover letters; reconsiderations submitted are researched and providers are given an expected delivery date. Status of each is checked and relayed to the provider.	
Billing Discrepancies	6	Providers call asking how to handle the potential billing discrepancy identified in their PDR reports.	Providers are referred to their local APD office with billing discrepancy questions.	1 day
Report Requested	9	Providers call or email requesting their report be re-sent to them.	Reports are re-sent with address confirmation and providers are advised of same.	1 day
Review	32	Providers call asking for explanation of their reports.	Their reports are explained; providers are referred to their local APD office for technical assistance.	1 day
Training	36	Providers and provider consultants call asking about training requirements.	Training requirements are explained, including reference to the Handbook.	1 day
Total Number of Calls: 407				

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.¹⁵ Data will also be available for Delmarva to use aggregately in annual reports to AHCA and APD.

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

¹⁵ HSRI developed the NCI survey instruments. More information can be found at the following web site: <http://www.hsri.org/>.

satisfaction with services. A Health Summary is used to further explore the individual's specific health issues including: psychotropic drug use; hospital and emergency room use; dental and family practitioner care; and an assessment of a wide variety of health issues and service needs.¹⁶

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

¹⁶ Delmarva review tools and procedures are available here:
<http://www.dfmc-florida.org/Public2/resourceCenter/providers/>.

- Respite
- Support Coordination
- Supported Living Coaching

The PDR has several components:

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

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

The Service Specific Record Review (SSRR) component uses the same documentation review tool as described for the PCR to review a random sample of individual records for each service the provider offers. At least one record per service is reviewed, up to a minimum of 10 records for larger providers (caseload of 200 or more).

Onsite Observations are completed for all ADT sites and up to 10 group homes (ResHab) operated by the provider. During the onsite visit reviewers observe the day to day activities of the facility as well as noting the physical condition of the building. Reviewers interview staff present at the time and individuals willing to participate in a conversation.

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

Sample

Each Waiver Support Coordinator (WSC) and CDC+ Consultant in the state was incorporated into the sample selection process. All individuals receiving services through either the DD waivers or CDC+ program were part of the sampling frame. The sample is random and the probability of selection is known, making it suitable for national comparisons and analysis with standard statistical tests (t-test). The sampling process followed the steps outlined here:

1. WSCs were stratified by CDC+ Consultant status.

2. A 10 percent random sample of the CDC+ population was first sampled from each CDC+ Consultant, with no more than one individual sampled per Consultant. At the time the sample was pulled, only five CDC+ Consultants were not also serving individuals on the DD waiver as a WSC.
3. Up to two individuals receiving services through the DD waivers were randomly selected from each WSC selected in the second step, one individual if a CDC+ participant had already been selected.

This random sample chosen for the PCR is representative of the population of individuals receiving services through the HCBS DD waivers, stratified by Waiver Support Coordinator.

Provider Performance Weighting and Scoring Methodology¹⁷

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.

¹⁷ The scoring methodology was developed in May 2010 by a workgroup consisting of representatives from the Agency for Health Care Administration, the Agency for Persons with Disabilities, and Delmarva Foundation.

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

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

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

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

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

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

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

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

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

Policy and Procedure Results by Review Standard	
Standard	% Met
Vehicles used for transportation are properly insured.	98.6%
Vehicles used for transportation are properly registered.	96.5%
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.	97.1%
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.	96.8%
The provider has written policies and procedures that will include a description of how the provider will ensure a smooth transition to and from another provider if desired by the individual or their legal representative.	94.3%
The provider has written policies and procedures detailing the process that the provider will go through to address individual complaints and grievances regarding possible service delivery issues to address grievances.	98.9%
NEW The provider has written policies and procedures detailing how the provider will ensure individual confidentiality and the maintaining and storage of records in a secure manner.	NA
NEW If applicable, the provider has written policies and procedures related to the use of Reactive Strategies.	NA
The provider has identified and addressed concerns related to abuse, neglect, and exploitation.	99.1%
If applicable, all instances of abuse, neglect, and exploitation have been reported.	97.7%
If applicable, the provider addresses medication errors.	97.8%
The provider addresses all incident reports.	98.5%
Total Policy and Procedure	97.4%

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

Administrative Qualifications and Training	
Standard	% Met
The provider has completed all aspects of required Level II Background Screening.	91.8%
The provider received training in Zero Tolerance.	89.1%
The provider received training in Direct Care Core Competency.	94.7%
The provider received training in Person Centered Approach/Personal Outcome Measures.	89.0%
The provider received training with an emphasis on choice and rights.	91.9%
The provider received training in the development and implementation of the required documentation for each waiver service provided.	92.4%
The provider received training specific to the scope of the services rendered.	92.7%
The provider received training in HIPAA.	86.1%
The provider received training in HIV/AIDS/Infection Control.	NA
The provider received training in HIV/AIDS/Infection Control.	90.6%
The provider received training in CPR.	NA
The provider received training in CPR.	93.9%
The provider received training in First Aid.	NA
If applicable, the provider received training in Medication Administration.	98.0%
If applicable, the provider has been validated on medication administration.	97.0%
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.	99.7%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	98.3%
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.	98.6%
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+).	98.0%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	98.5%
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.	97.7%
The provider has completed standardized, pre-service training for Life Skills Development 2.	98.5%
The provider has completed eight hours of annual in-service training related to employment for Life Skills Development 2.	70.7%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	98.5%
The provider completed eight hours of annual in-service training related to the implementation of individually designed services for Life Skills Development 3.	89.2%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	98.1%
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.	98.9%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	97.5%
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.	99.6%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	99.3%
The provider received mandatory Statewide pre-service training for Support Coordination.	99.4%
The provider received mandatory Region/Area- specific training for Support Coordination.	98.3%
The provider received 24 hours of ongoing annual job related training for Support Coordination.	96.1%
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.	97.8%
The provider completed required Supported Living Pre-Service training for Supported Living Coach.	97.2%
The provider completed eight hours of annual in-service training for Supported Living Coach.	73.2%
Vehicles used for transportation are properly insured.	94.8%
Vehicles used for transportation are properly registered.	93.7%
Total Qualifications and Training	93.2%

Attachment 5: CDC+ Consultant Results by Element

February - September 2013 (N=232)

CDC+ Consultant Results by Element	
Standard	Pct Met
Level of care is reevaluated at least annually.	97.9%
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.	99.1%
The Support Plan is updated within 12 months of recipient's last Support Plan.	99.1%
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.	94.3%
The Support Plan is provided to the providers identified on the support plan within required time frames.	96.5%
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.	98.3%
The current Support Plan includes natural, generic, community and paid supports for the person receiving services.	97.4%
Services are delivered in accordance with the Cost Plan.	NA
The Support Coordinator is in compliance with billing procedures and the Medicaid provider agreement.	99.4%
Participant Monthly Review forms & Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	96.1%
The provider has evidence of assisting individual/legal representative to know about rights.	98.1%
The Support Coordinator monitors to ensure the person's health and health care needs are addressed.	97.8%
The Support Coordinator monitors to ensure person's safety needs are addressed.	96.7%

CDC+ Consultant Results by Element	
Standard	Pct Met
The Support Coordinator is aware of the person's history regarding abuse, neglect, and/or exploitation.	87.5%
The Support Coordinator assists the person receiving services to define abuse, neglect, and exploitation including how the person receiving services would report any incidents.	92.9%
Completed/signed Participant-Consultant Agreement is in the record.	97.4%
Completed/signed CDC+ Consent Form is in the record.	93.5%
Completed/signed Participant-Representative Agreement is in the record.	97.8%
All applicable completed/signed Purchasing Plans are in the record.	97.6%
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.	94.3%
Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	99.1%
Consultant has taken action to correct any overspending by the Participant.	98.1%
If applicable, Consultant initiates Corrective Action.	100.0%
Completed/signed Corrective Action Plan is in the record.	97.5%
If applicable, an approved Corrective Action Plan is being followed.	NA
The Emergency Backup Plan is in the record and is reviewed annually.	92.7%
How many DHE/Vendor changes for the Participant? (not scored just data collected)	NA
How many WSC/Consultant changes for the Participant? (not scored just data collected)	NA
Average PCR CDC+ Consultant Reviews	96.3%

Attachment 6: CDC+ Representative Results by Element

February – September 2013

CDC+ Representative Record Review Results by Standard (N=328)	
Standard	Pct Met
Complete and signed Participant/ Representative Agreement is available for review.	96.0%
Accurate Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	85.9%
Signed and approved Invoices for Vendor Payments are available for review.	92.6%
Signed and approved receipts/statement of "Goods and Services" for reimbursement items are available for review.	91.6%
Complete Employee Packets for all Directly Hired Employees are available for review.	90.1%
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.	70.8%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	84.8%
Signed Employer/Employee Agreement for each Directly Hired Employee (DHE) is available for review.	87.9%
All applicable signed and approved Purchasing Plans are available for review.	94.3%
All applicable signed and approved Quick Updates are available for review.	NA
Copies of Support Plan(s) are available for entire period of review.	92.4%
Copies of approved Cost Plans are available for entire period of review.	91.5%
Emergency Backup Plan is complete and available for review.	95.1%
Corrective Action Plan (if applicable) is available for review.	91.9%
Monthly Statements are available for review.	NA
Documentation is available to support the reconciliation of Monthly Statements.	NA
The Participant obtains services consistent with stated/documented needs and goals.	NA
The Participant makes purchases that are consistent with the Purchasing Plan.	NA
Average CDC+ Representative Compliance Rate	90.5%