

Florida Statewide Quality Assurance Program

Year 5 Quarter 3 Report

July - September 2014

**Submitted to:
Agency for Health Care Administration and
Agency for Persons with Disabilities**

**Prepared by Delmarva Foundation
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Table of Contents

List of Acronyms	4
Executive Summary	5
Introduction.....	6
Section I: Significant Contract Activity During the 2nd Quarter	8
Information Sharing	8
Staff Conference Calls	8
Status Meetings	8
Internal Quality Assurance Activities	8
Report Approval Process	8
Reliability.....	8
Internal Training.....	9
Regional Quarterly Meetings.....	9
Quality Council	9
Workgroup Activities	10
Provider Tool Revisions Effective 7/1/2014	10
Feedback Surveys.....	10
National Core Indicator (NCI) Consumer Survey Feedback Survey.....	10
Provider Feedback Survey.....	11
Summary of Customer Service Calls.....	12
Data Availability.....	12
Staff Changes.....	12
Section II: Data from Review Activities.....	13
Person Centered Reviews (PCR).....	13
Individual Interview Instrument (III) Results	14
Service Specific Record Reviews (SSRR)	19
Health Summary	21
NCI Consumer Review Results.....	22
Provider Discovery Reviews (PDR).....	23
Administrative Policy and Procedure Results	24

Qualifications and Training Requirements	25
Service Specific Record Review Results (SSRR)	26
Observation Results	28
Alerts	28
Background Screening	29
Potential Billing Discrepancy Citations	31
Consumer Directed Care (CDC+)	32
CDC+ Participants	32
CDC+ Consultant	33
CDC+ Representative (CDC-R)	34
Section III: Discovery	35
Person Centered Review Results	35
Provider Discovery Review Results	36
Attachment 1: Customer Service Activity	38
Attachment 2: Overview of Review Processes	41
Person Centered Review	41
Provider Discovery Review (PDR)	42
Sample	43
Provider Performance Weighting and Scoring Methodology	44
Attachment 3: Provider Discovery Review Policy and Procedures	47
Attachment 4: PDR Qualifications and Training Standards	48
Attachment 5: CDC+ Consultant Results by Element	52
Attachment 6: CDC+ Representative Results by Element	54

List of Acronyms

ABC – Allocation, Budget, and Contract Control System

A P&P – Administrative Policy and Procedure

A Q&T – Administrative Qualifications and Training

AHCA – Agency for Health Care Administration

APD – Agency for Persons with Disabilities

CDC+ - Consumer Directed Care

DD – Developmental Disability

FSQAP – Florida Statewide Quality Assurance Program

HCBS – Home and Community-Based Services

HSRI – Human Services Research Institute

IDD – Intellectual and Developmental Disability

III – Individuals Interview Instrument

IRR – Inter-rater Reliability

ISP – Individual Support Plan

IT – Information Technology

NCI – National Core Indicators

OBS - Observations

PCR – Person Centered Review

PDR – Provider Discovery Review

QA – Quality Assurance

QAR – Quality Assurance Reviewer

QC – Quality Council

QI – Quality Improvement

RM – Regional Manager

RTDR – Real Time Data Report

SC – Support Coordinator

SSRR – Service Specific Record Review

The Handbook – Developmental Disabilities Waiver Services Coverage and Limitations Handbook

Executive Summary

In January 2014, the Florida Statewide Quality Assurance Program (FSQAP) moved into the fifth 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 quality of service delivery systems.

New tools and processes were implemented in February 2013, February 2014, and again in July 2014 to ensure standards are consistent with current Handbook requirements. Data in this report reflect results from reviews completed between January and September 2014. Because of the revisions, any comparisons made to previous years should be made with caution. Only Individual Interview Instrument and NCI results are comparable to earlier years of the contract.

Findings indicate providers are over 90 percent compliant with overall policy and procedure requirements, training requirements, and standards specific to each service rendered (Service Specific Record Reviews—SSRR). Observations of group homes and Day Program facilities continue to show excellent performance ratings, with an average of close to 97 percent compliance across the state.

Compliance on background screening has remained fairly consistent over the years, around 75 to 80 percent. However, through the first three quarters of the year, approximately 93 percent of providers had all the required documentation available. In addition, billing discrepancies have been consistently noted for approximately 40 to 50 percent of providers over the previous four years. Data to date this year show approximately 35 percent of providers had at least one potential billing discrepancy.

On average, results from the Individual Interview Instrument (III) are the same as in Year 4 but indicate a small increase on some standards and small decrease on others. However, the total sample of individuals has not been reviewed and these changes may not be noted as trends when all the data are collected and analyzed. 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 the Developmental Disabilities (DD) Home and Community-Based Services iBudget waiver utilizing individual interviews, observations and record reviews to help determine the overall quality of the service delivery system. This process includes individuals receiving services through the Consumer Directed Care Plus (CDC+) program who are also interviewed, with record reviews completed for the CDC+ Consultant and Representative.

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

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

As of July 2013, all individuals receiving waiver services, including CDC+ participants, had been transitioned to the iBudget waiver. With the iBudget, it is easier for individuals to select and change services that fall within the budget allotted to them. As requested by AHCA and APD, the Delmarva tools were revised to reflect iBudget standards and implemented in February 2013. Therefore, with the exception of the individual interview results (III and NCI), information

collected with these tools can only be trended from February 2013 when comparing results to data in the current contract. In addition, further tool revisions were implemented in July to ensure standards were coordinated with the current Handbook and some standards have been revised multiple times during the contract year.

This is the report for the first three quarters of the fifth year of the FSQAP contract (CY 2014). 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 2nd Quarter

Information Sharing

Staff Conference Calls

Conference calls are conducted on a bi-weekly basis for all reviewers and managers to provide: updates on procedures, and/or APD and AHCA 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. Reliability results are discussed, with a focus on standards that may have been most often scored inconsistently. A refresher training course from Health Services Research Institute (HSRI) on the National Core Indicator survey and processes is scheduled during one of the conference calls in the next quarter.

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 17, August 21, and September 18.

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

Reliability

Delmarva Quality Assurance Reviewers (QAR) and Regional Managers undergo rigorous reliability testing each year, including formal and informal processes. QARs are periodically shadowed by managers to ensure proper procedures and protocols are followed throughout the review processes.

In addition, formal reliability testing is conducted. During the third quarter of the year, PCR Field Review Reliability was completed with 12 Quality Assurance Reviewers (QAR) and PDR Field Review Reliability was completed with 12 QARs. All passed in both areas. Residential Habilitation File Review Reliability was completed. Twenty-six 26 QARs and all the Regional Managers took and passed the test.

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. Corporate training is also made available during these meetings on topics such as setting appropriate goals and safety.

The entire Delmarva FSQAP staff gathers once a year for training and other information sharing activities. The four-day training is scheduled in January of 2015 and organizational planning has been ongoing for this event.

Regional Quarterly Meetings

Delmarva facilitates meetings in each APD Region with the Delmarva Regional Manager(s) responsible for the review activities and staff in the Region and other APD Regional personnel, including the Regional Administrator as possible. The purpose of the meetings is to discuss and interpret data from the Delmarva reviews to guide APD toward appropriate remediation activities, and to update all entities on current activities in the Region. Representatives from AHCA and APD State office attend the meetings via phone in each Region. Face to face meetings were held in all APD Regions this quarter.¹

HSRI provided training to regional staff at the quarterly meetings held in the Southern, Southeast, and Northeast regions. The training session introduced the new CMS assurances and expectations for evidentiary reporting. Topics included person centered planning, community integration, choice, and definitions of residential and day settings.

Quality Council

The last Quality Council meeting was held in Orlando, Florida on June 5, 2014. A contract amendment for the current year decreased the number of meetings from four to three. Therefore, the next Quality Council meeting is scheduled for Thursday, October 9, 2014, in Tallahassee at the Holiday Inn on Graves Rd.

¹ Minutes for each meeting are on the FSQAP Portal Client Site and available to AHCA and APD (<http://mossbox/SiteDirectory/dfmc/pav/pm/DD/FSQAP/client/APDDelmarva%20Quarterly%20AgendasDataMinutes/Forms/AllItems.aspx>).

Workgroup Activities

Throughout the year Delmarva reviewers and managers often participate in various training and workgroup activities. During the third quarter of the year Delmarva assisted AHCA and APD in a workgroup to finalize measurements for the iBudget Waiver CMS Assurances/Sub-Assurances performance measures and identify data from the Delmarva Discovery Reviews suitable to be used for different measures. These were finalized and on a quarterly basis, Delmarva will send results for the specific data elements to AHCA for review.

Provider Tool Revisions Effective 7/1/2014

Several changes were implemented with the July 1, 2014, tool revisions. The name of the tools was changed to “Florida Statewide Quality Assurance Program (FSQAP) Discovery” to more accurately reflect their function. In the Service Specific Record Review (SSRR) tools used to evaluate provider services, “billing discrepancies” were removed from non-critical tool components. Standards were modified and/or removed to ensure the standards are applicable under the Florida Medicaid Developmental Disabilities (DD) Waiver Services Coverage and Limitations Handbook dated effective November 2010. Provider scoring continues to be based on standards reflective of this Handbook.

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 2014, 181 surveys were returned to HSRI, a 14 percent return rate (181/1,207). Although results are generally based on a small return rate, they have remained positive and consistent over the years. Current feedback indicates the following:

- 138 respondents (81.8%) participated in answering the Consumer Survey.
- 61 (3.7%) feedback forms were completed by the person receiving services, with 109 (60.2%) completed by an advocate, relative or guardian, and 26 (14.4%) by a staff member where the person lives or receives services.
- 144 NCI interviews (80.1%) took place in the home.
- 130 individuals (72.2%) indicated choosing where to meet for the survey interview, and 36 respondents (20%) indicated they did not choose where to meet for the survey.

- 173 respondents (96.7%) felt the interview was scheduled at a convenient time, and 164 respondents (92.1%) felt it took about the right amount of time.
- 160 respondents (89.4%) thought the questions were not difficult to answer and 156 (86.7%) indicated the interviewer explained the person did not have to answer the questions.
- Almost all the respondents (176) felt the interviewer was respectful
- 169 respondents (94.4%) indicated the interviewer explained what the survey was about.

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 2014, 205 surveys were received from providers who participated in a PDR. The following table provides each question and the percent of positive responses. Results show over 98 percent positive responses on each measure.

Table 1: Results from Provider Feedback Surveys	
Reviews Completed Between January and September 2014	
Question	Pct Yes
Did the Quality Assurance Reviewer (QAR) identify the documents needed to complete the review?	99.3%
Did the Quality Assurance Reviewer (QAR) identify documents needed to complete the review?	99.5%
Did the QAR explain the purpose of the review?	99.0%
Did the QAR explain the review process and how the QAR or Delmarva team would conduct the review?	98.5%
Did the QAR answer any questions you had in preparation for the review?	99.0%
Did the QAR refer you to the FSQAP website, including the tools and procedures?	98.5%
Did the QAR arrive at the review at the scheduled time?	98.0%
If no, did the QAR call to notify you he/she might be a little late? (N=4)	4/4
Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving?	98.5%
If you scored Not Met on any of the standards, did the QAR explain why? (N=164)	98.8%
Total Responses	205

Summary of Customer Service Calls

During the first three quarters of the fifth contract year, January – September 2014, 469 calls were recorded in the Customer Service Log, with an average response time of one day for each call.²

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. This report was reviewed and revised based on feedback from AHCA.

Staff Changes

No staff changes this quarter.

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

Section II: Data from Review Activities

Person Centered Reviews (PCR)³

Information in Table 2 provides the number of PCRs completed by APD Region during the first three quarters of the contract year, including the number of CDC+ individuals who participated (222), the number of waiver participants (985), and the total number of individuals who declined. 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 first three quarters of the year. The decline rate is 20.1 percent for waiver participants and 4.7 percent for CDC+.

Table 2: Person Centered Review Activity				
January – September 2014				
APD Region	Number of PCRs		Number of Declines	
	Waiver	CDC+	Waiver ⁴	CDC+
Northwest	86	31	33	0
Northeast	172	38	47	4
Central	200	53	61	0
Suncoast	188	39	43	7
Southeast	180	37	41	0
Southern	159	24	23	0
Total	985	222	248	11

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. Approximately 30 percent of the declines were because the person no longer received services (N=31), had passed away (N=28), or had moved out of the state (N=14).

³ See Attachment 2 for a description of review protocols and sampling methodology. All review tools are posted on the FSQAP website (<http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>).

⁴ One decline did not have the region coded.

Table 3: Person Centered Review Decline Reasons			
January – September 2014			
Decline Reason	Waiver	CDC+	Total
Refused	121	3	124
Review Later	55	8	63
No Longer Receiving Services	31	0	31
Deceased	28	0	28
Moved Out of State	14	0	14
Total	249	11	260

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.⁵ 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 hire/fire providers, use non-waiver providers who are often family members, and negotiate provider rates. 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, results for CDC+ participants are analyzed separately.

Waiver Participants

The average III scores for the 985 individuals on a DD waiver and not receiving services through CDC+ are presented in Figure 1, for each region and statewide. The average III score for Years 1, 2, 3, and 4 are presented for comparison. It is important to note that PCRs have not been completed for the entire sample. Therefore, comparisons across regions and to previous years should be made with caution. Results to date indicate that outcomes were least likely to be present in the Central region and most likely to be present in the Northwest region. Through the first three quarters of the year, the average percent of outcomes present is the same as in Year 4.

⁵ Since contract year 2012, children under age 18 have been 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.

**Figure 1: PCR Individuals Interview Instrument
Results by Region
January - September 2014**

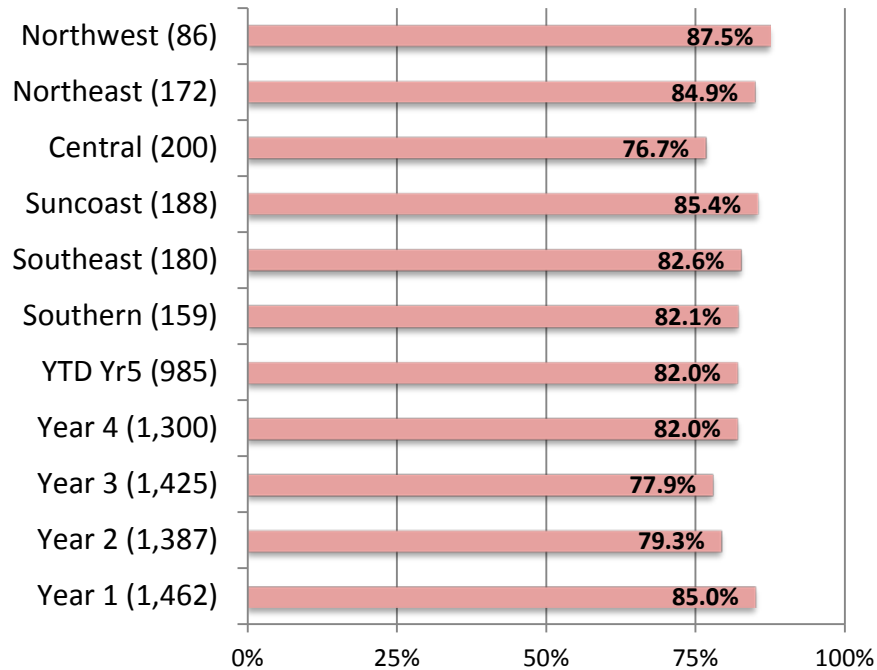
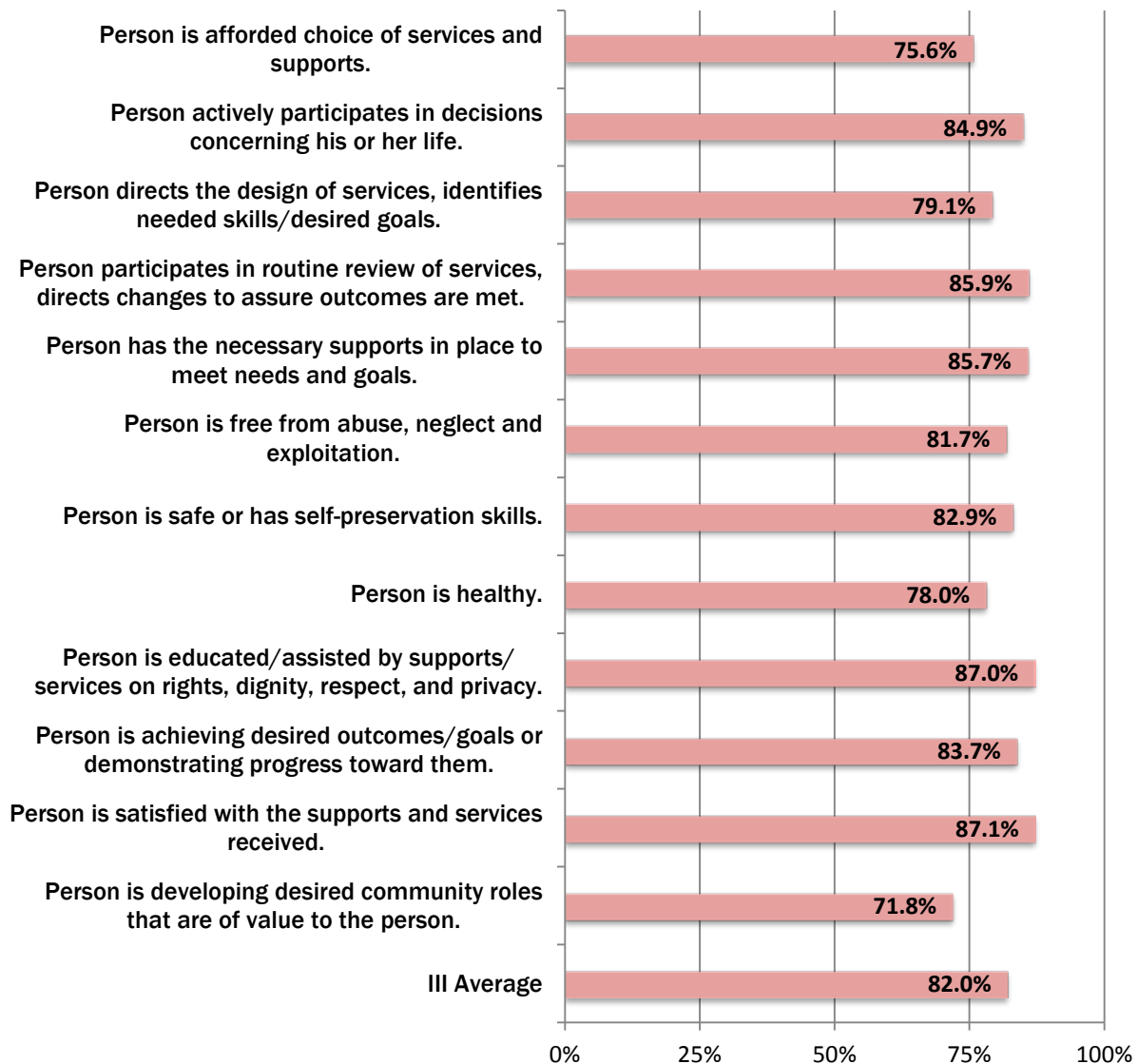


Figure 2 displays III results for DD waiver participants for each standard.⁶ III standards measure the following, from the person's perspective:

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

⁶ 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/discoveryReviewTools/index.html>.

**Figure 2: PCR Individual Interview Instrument
 Results by Standard
 January - September 2014**



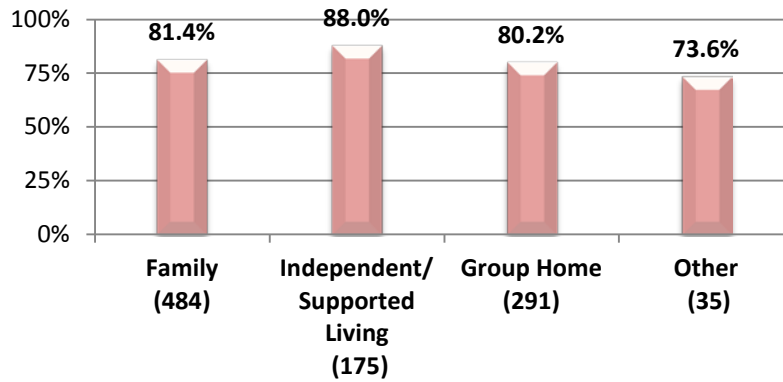
Between January and September 2014, four outcomes showed less than 80 percent present: outcomes measuring choice, directing services to achieve goals, health, and developing desired community roles. Table 4 provides III results since January 2010. Compared to 2013, year to date results in 2014 indicate some outcomes have improved (choice and participation in decisions, and having needed supports); while results other outcomes have declined (education on rights and achieving outcomes/goals).

Table 4: Individual Interview Results by Indicator and Year					
Indicator	2010	2011	2012	2013	YTD 2014
Person is afforded choice of services and supports.	81.8%	72.8%	73.6%	73.9%	75.6%
Person actively participates in decisions concerning his or her life.	83.8%	78.7%	77.1%	81.7%	84.9%
Person directs the design of services, identifies needed skills/desired goals.	81.5%	74.1%	73.6%	78.0%	79.1%
Person participates in routine review of services, directs changes to assure outcomes are met.	84.0%	80.0%	80.6%	85.8%	85.9%
Person has the necessary supports in place to meet needs and goals.	87.3%	82.7%	81.8%	83.7%	85.7%
Person is free from abuse, neglect and exploitation.	86.0%	84.5%	80.2%	83.8%	81.7%
Person is safe or has self-preservation skills.	89.9%	84.7%	79.7%	84.7%	82.9%
Person is healthy.	88.9%	76.5%	70.7%	74.7%	78.0%
Person is educated/assisted by supports/ services on rights, dignity, respect, and privacy.	86.8%	83.6%	85.9%	91.6%	87.0%
Person is achieving desired outcomes/goals or demonstrating progress toward them.	87.4%	83.5%	83.2%	86.3%	83.7%
Person is satisfied with the supports and services received.	89.7%	85.5%	85.5%	89.1%	87.1%
Person is developing desired community roles that are of value to the person.	72.6%	64.7%	62.8%	70.4%	71.8%
Average III Results	89.9%	79.3%	77.9%	82.0%	82.0%

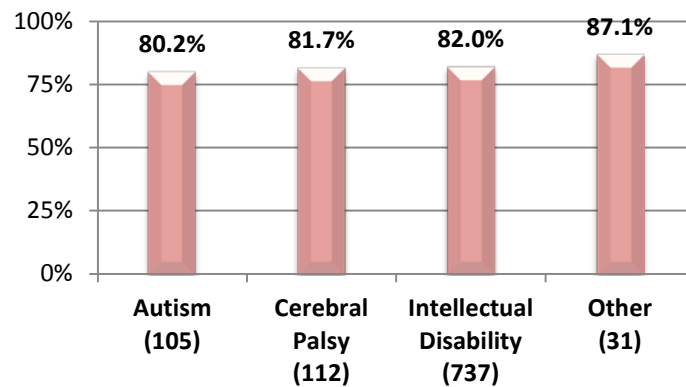
The following graphics display III results across various demographic characteristics to date this year – Residential Setting, Primary Disability, Age Groups, and Services—Figures 3 - 6.⁷ Results are similar to previous years and indicate individuals living in independent/supported living and individuals receiving supported employment (LSD 2) were more likely to have outcomes present than individuals in other residential settings or receiving ADT or Companion services.

⁷ The “Other” category for residential status includes Assisted Living Facility (21), Foster Home (7), Residential Treatment Facility (6), and Adult Family Care Home (1). “Other” for primary disability includes Epilepsy (2), Spina Bifida (17), Prader Willi (5), DD PL Eligible (3), and Other (4).

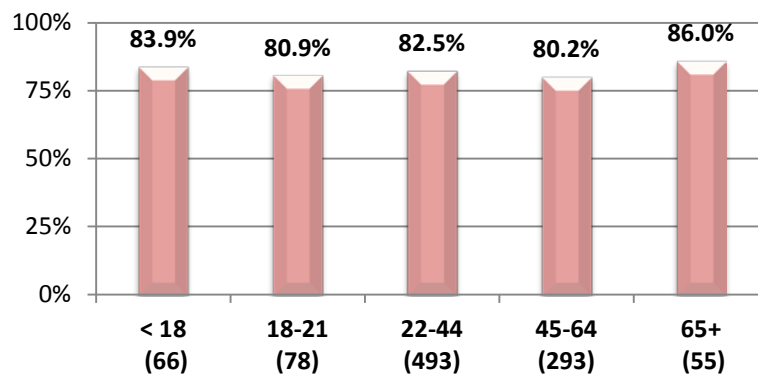
**Figure 3: Individual Interview Instrument Results by Residential Setting
 January – September 2014**



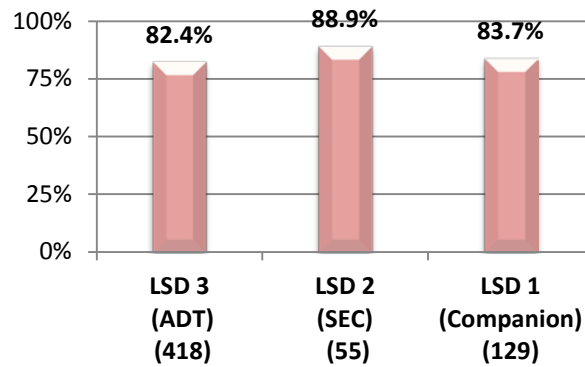
**Figure 4: Individual Interview Instrument Results by Primary Disability
 January – September 2014**



**Figure 5: Individual Interview Instrument Results by Age Group
 January – June 2014**



**Figure 6: Individual Interview Instrument Results by Service
 January - September 2014**

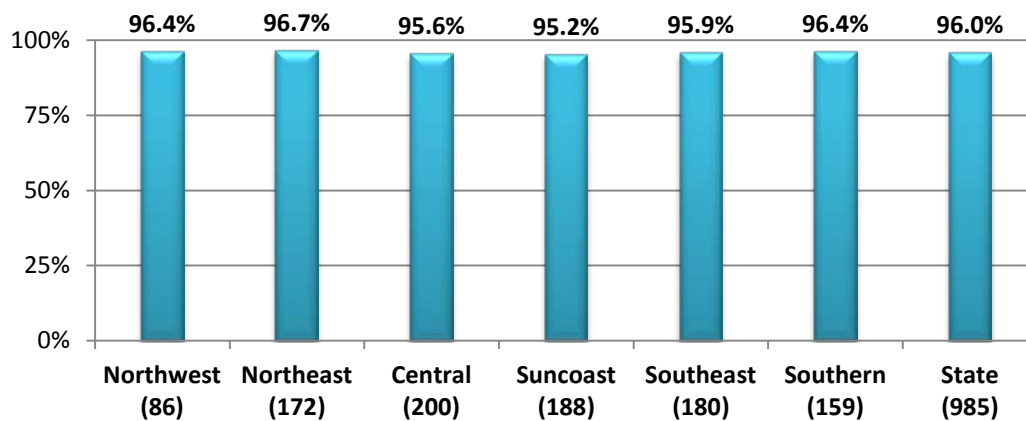


Service Specific Record Reviews (SSRR)

A record review is completed for every service received by individuals who participate in a PCR. Each record is analyzed to determine if the provider is rendering the service in accordance with the requirements specified in The Handbook for that particular service. The number of standards reviewed during the SSRR portion of the PCR varies depending upon type and number of services the person was receiving at the time of the review. For CDC+ participants, Delmarva completes a review of the CDC+ Consultant’s record for the person.

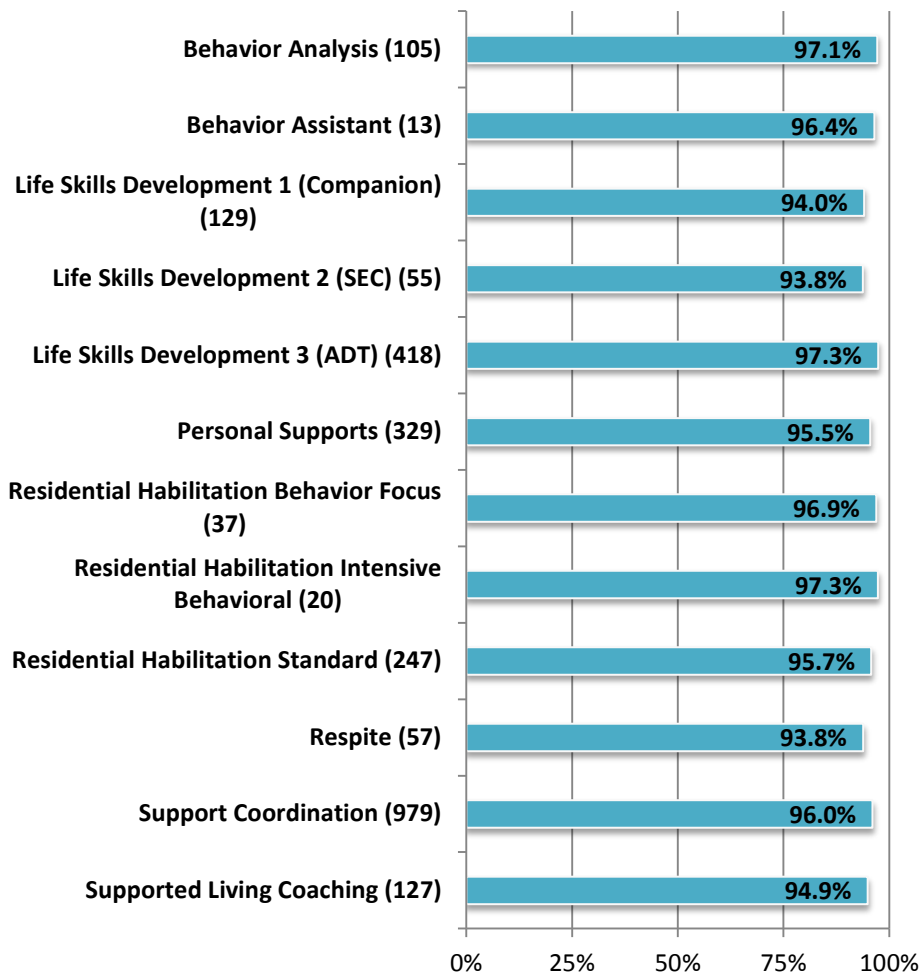
Average SSRR results by APD Region are presented in Figure 7. The number of PCRs completed per region is provided parenthetically. It is important to realize results shown in Figure 7 are in conjunction with the PCR, to help determine the quality of overall service delivery for specific individuals being 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 Region
 January - September 2014**



Between January and September 2014, 2,517 Service Specific records were reviewed as part of the 985 PCRs completed in the same timeframe. Results by Region and Service are presented in Figures 7 and 8 respectively. The number of individuals' records reviewed is presented in parentheses and the percentage is calculated using the weighted values of each standard scored for the records. Results to date indicate the average is very similar to Year 4 results. All regions have SSRR Scores greater than approximately 95 percent. Service Specific Record Review results are presented by service in Figure 8, showing little variation across all services.⁸

**Figure 8: Person Centered Reviews
 Service Specific Record Reviews by Service
 January – September 2014**



⁸ One record was reviewed for Special Medical Home Care, and all 11 standards were scored as Met.

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.

Data to date this year (January through June 2014) indicate some variation compared to Year 4 (February through December 2013):	Individuals were much more likely to be taking one to three medications and less likely to be taking seven or more.
	A smaller proportion of Waiver and CDC+ participants indicated having health concerns and needs were not being met.
	A somewhat smaller proportion of individuals used the Emergency room while a somewhat larger proportion reported using a same day surgery center (Table 7).
	Findings for CDC+ participants to date indicate an increase in the proportion of individuals who have been to urgent care or to a day surgery center.

In addition to general health information, reviewers collect information on all the prescription drugs individuals use. The following tables show the number of prescription drugs taken, by the number of individuals and if the individual is on a waiver or the CDC+ program and responses to some broad health related questions.

# Rx	YTD Year 5		Year 4	
	Waiver (985)	CDC+ (222)	Waiver (1,300)	CDC+ (304)
0	18.4%	24.8%	18.0%	24.0%
1-3	47.3%	50.5%	36.8%	43.1%
4-6	26.1%	22.1%	25.4%	23.4%
7+	8.2%	2.7%	19.8%	9.5%

Table 6: Response to "Do you have any health concerns?"				
	YTD Year 5		Year 4	
	Waiver (985)	CDC+ (222)	Waiver (1,300)	CDC+ (304)
Maybe, I am not sure	0.9%	0.5%	2.4%	0.7%
No, I do not	24.2%	26.1%	31.1%	30.0%
Yes, I do and needs are not being met	3.2%	3.2%	6.4%	5.6%
Yes, I do but needs are being met	71.7%	70.3%	60.1%	63.7%

Table 7: Response to Selected Health Questions				
Percent Who Answered Yes				
	YTD Year 5		Year 4	
	Waiver (985)	CDC+ (222)	Waiver (1300)	CDC+ (304)
In the past 12 months				
Have Reactive Strategies under 65G-8 been used due to behavioral concerns?	2.9%	0.9%	4.1%	1.3%
Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation?	2.7%	0.9%	2.9%	1.6%
Have you been Baker Acted?	3.1%	1.8%	3.1%	1.0%
Have you been to an Urgent Care Center?	4.1%	6.3%	5.2%	2.6%
Have you been to an Emergency Room?	22.8%	21.6%	24.0%	21.4%
Have you been admitted to the hospital?	13.3%	11.7%	13.6%	13.8%
Have you been a patient in a same day surgery center?	5.0%	7.7%	3.8%	3.0%

NCI Consumer Review Results

Complete results from the NCI interviews will be presented in the Year 5 Annual report, when data from the entire sample are available. For this report, we have calculated results through the first three quarters of the contract year, for each Focused Outcome Area (FOA). FOAs address key themes from the CMS Quality Framework: Person Centered Approach, Choice, Health, Safety, Rights, and Community Inclusion. To examine individual responses on the FOAs, results from several questions in the NCI Consumer Survey were grouped and analyzed. Because NCI data are not based on the revised Delmarva tools, comparisons across the years are appropriate.

Table 8 displays a summary of results within each Focused Outcome Area for individuals receiving services. The percent positive/good, percent negative/bad, and in between responses for each question are provided. The “positive/good” response may actually be a negative answer. For example, “Are you ever afraid or scared when you are at home?” This response is positive or good if answered as “No”.

Results to date this contract year are similar to 2013, with an apparent continued decline in community inclusion. The percent negative for Community Inclusion is over 33 percent, considerably higher than for any other area. The “In Between” response category for Choice, 33.7 percent, is higher than in any other area. This informs us that approximately one third of individuals indicate having some input or help with decisions.

Table 8: NCI Consumer Survey Results by Focused Outcome Areas							
January -September 2014							
	Number Responses	Percent Negative	In Between	Percent Positive	2013 Positive	2012 Positive	2011 Positive
Person Centered Approach	4,339	13.5%	9.3%	77.2%	74.7%	76.1%	78.2%
Choice	7,019	18.3%	33.7%	48.0%	47.5%	43.8%	44.1%
Safety/Security	2,657	4.3%	7.7%	88.0%	89.6%	88.3%	89.0%
Rights	5,891	8.7%	3.1%	88.2%	88.7%	89.1%	88.5%
Community Inclusion	11,953	33.5%	3.1%	63.4%	64.6%	65.5%	66.6%
		Poor	Fair	Excellent/ Very Good			
Health	1,085	5.6%	37.6%	56.7%	54.9%	35.6%	33.7%

Provider Discovery Reviews (PDR)⁹

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 4 review, with no alerts or recoupment citations. During the first three quarters of the fifth year of the contract

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

(January – September 2014) 2,046 PDRs were completed by reviewers and approved by Delmarva management. The PDR tools were revised in February and again in July.¹⁰

The distribution of PDRs by APD Region is presented in Table 9. Between January and September, only eight providers either failed to show up for a scheduled review or Delmarva and the APD Regional offices were unable to contact them. A list of non-compliant providers is available to AHCA and APD through the monthly production report, but results from these reviews (all standards scored Not Met) are removed from the analyses in this report.

The average PDR score is fairly consistent across the regions. The score presented in Table 9 is an un-weighted average of all providers reviewed in the Region. The overall provider score takes into account the impact of having an alert. Each alert reduces the score by five percentage points, up to a total of 15 points. PDR scores show little variation across the different regions in the state.

Table 9: Provider Discovery Review Activity January - September 2014			
APD Region	Number of PDRs	Non-Compliant Providers	Average Provider Score
Northwest	163	0	95.4%
Northeast	430	2	93.5%
Central	348	2	94.1%
Suncoast	437	2	93.5%
Southeast	353	0	94.0%
Southern	315	2	94.2%
State	2,046	8	94.1%

Administrative Policy and Procedure Results¹¹

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.¹² Each standard is scored as Met, Not Met, or Not Applicable.

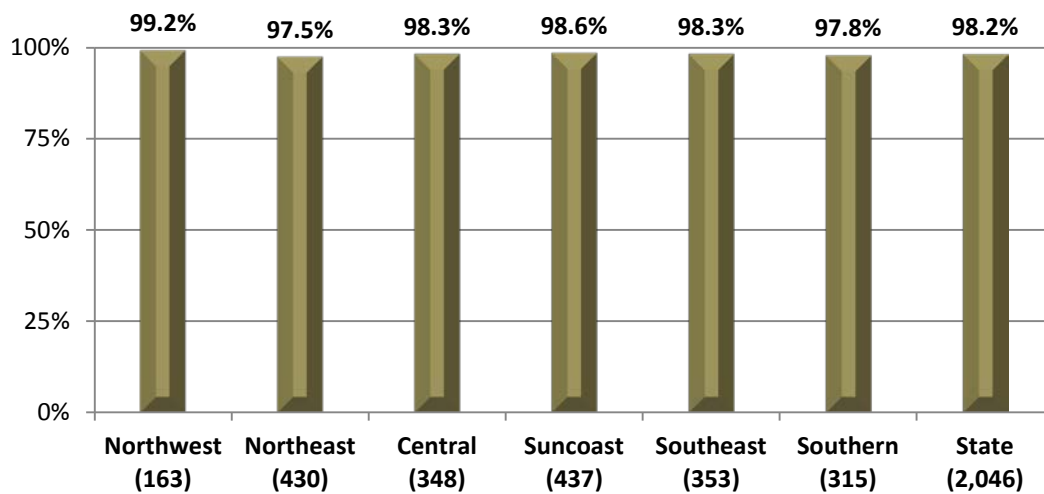
¹⁰ Because the iBudget Handbook has not yet been promulgated, Delmarva revised review tools in July 2014 removing any standards based on the iBudget Handbook. The Administrative and Behavior Assistant Tools were the only tools with iBudget standards removed. The majority of revisions were “Not Met Reasons” that had been added to standards.

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

¹² See Attachment 2 for a description of the weighting process and scoring methodology.

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 January and September 2014 was 98.2 percent, with little variation across the different standards or regions (Figure 9).

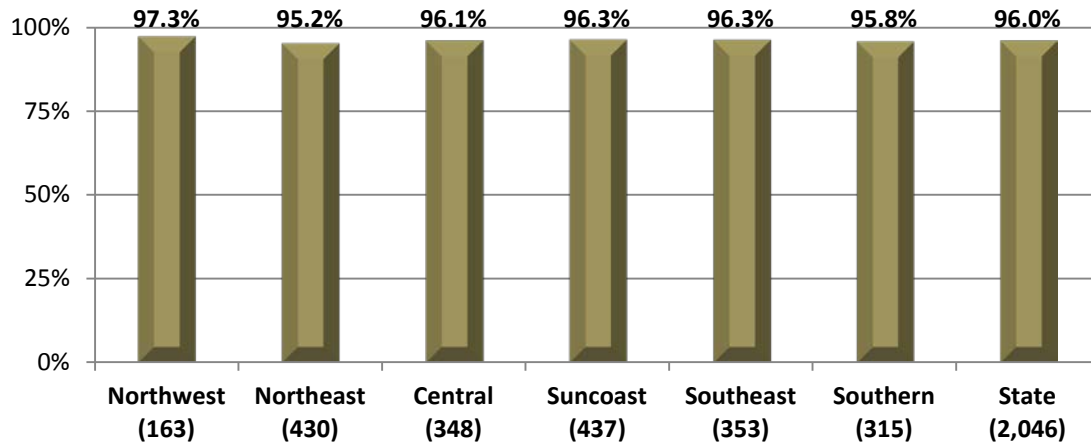
**Figure 9: Provider Discovery Reviews
 Average Policy and Procedure
 January – September 2014**



Qualifications and Training Requirements

Providers are required to have certain training and education completed in order to render specific services. 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 96 percent. Compliance rates across the standards were quite high with only one with standard showing compliance of less than 85 percent: completing eight hours of annual in-service training for Supported Living Coaching (82.6%). The average compliance score for the training standards, by APD Region, is presented in Figure 10. Findings show little variation across the state.

**Figure 10: Provider Discovery Reviews
 Average Qualifications and Training Scores by APD Area
 January – September 2014**



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. Close to 7,000 SSRRs were completed between January and September 2014 as part of the 2,046 PDRs.

The distribution of results across APD Regions is presented in Figure 11, with the number of PDR reviews in parentheses.¹³ On average, providers reviewed scored 92.0 percent, somewhat lower than for the SSRRs completed as part of the PCR (96.0%). There is some variation in scores across regions, from a low of 88.4 percent in Suncoast to a high of 96.1 in the Northwest region. SSRR results are presented by service in Figure 12, with the number of records reviewed in parentheses. Supported Employment (LSD 3) reflected the lowest compliance rate (82.0%).

¹³ Reviews related to CDC+ (Consultant and Representative record reviews) are excluded from this analysis and shown in the CDC+ Consultant section.

Figure 11: Provider Discovery Reviews
Average Service Specific Record Review Score by APD Region
 January – September 2014

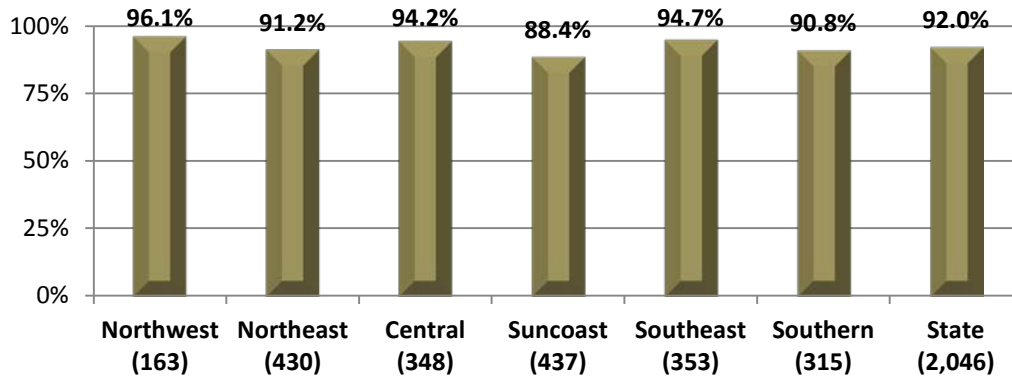
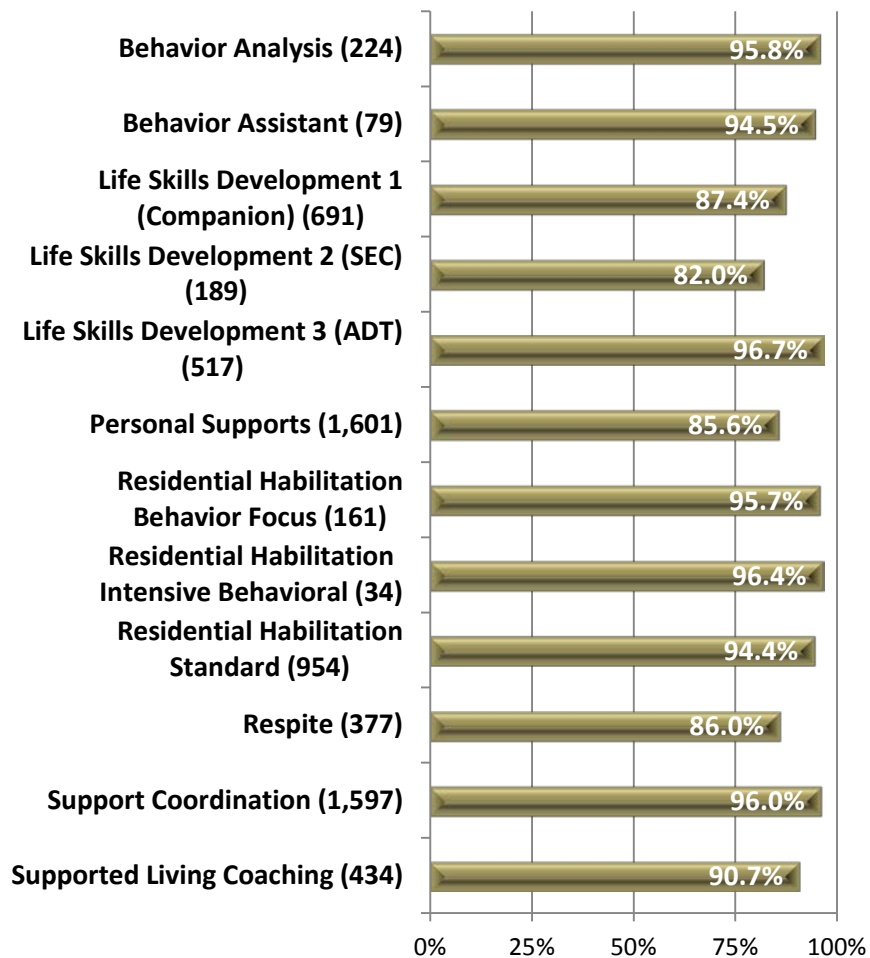


Figure 12: Provider Discovery Reviews
Average Service Specific Record Review Scores by Service
 January –September 2014



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 277 LSD 3 (ADT) locations and 953 group homes (Table 10). The average statewide PDR Observation score for reviews completed between January and September 2014 was 96.5 percent and shows very little variation across the regions.¹⁴

Table 10: Provider Discovery Review			
Number of Locations and Observation Score by Region			
January -September 2014			
APD Region	ResHab	ADT	Average Score
Northwest	39	14	97.2%
Northeast	166	81	96.3%
Central	183	86	96.6%
Suncoast	243	58	96.6%
Southeast	173	18	96.4%
Southern	149	20	96.5%
State	953	277	96.5%

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

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

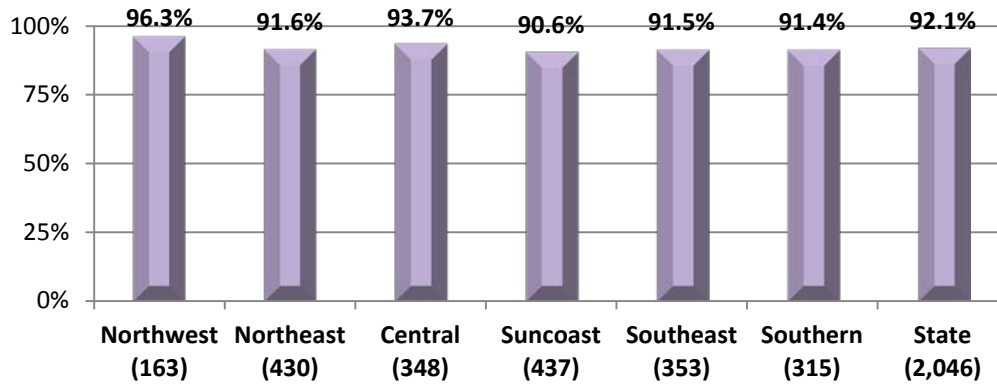
The number of alerts (192) recorded during the contract year is shown in the following table, by APD Region. As with previous years, the majority of Alerts was due to a lack of required documentation needed to provide evidence background screening had been completed (120). An additional 72 alerts were reported, with one reported for abuse, neglect or exploitation.

Table 11: Provider Discovery Reviews						
Number of Alerts by APD Region: January - June 2014						
APD Region	Rights	Health & Safety	Abuse, Neglect, Exploitation	Medication	Driver's License/ Insurance	Background Screening
Northwest	1	0	0	3	1	4
Northeast	0	1	0	6	4	28
Central	0	1	1	1	5	14
Suncoast	2	14	0	3	3	30
Southeast	5	3	0	2	5	28
Southern	2	3	0	4	2	16
State	10	22	1	19	20	120

Background Screening

The following figure shows the percent of providers in each APD Region for which all provider records reviewed for all employees had adequately documented background screening requirements. In addition, since May 2014, if the provider did not have documentation of Good Moral Conduct, the standard is scored Not Met but no alert is generated. Therefore, while there were 120 background screening alerts, a total of 162 providers were non-compliant on one or more requirements for background screening documentation. Statewide compliance is approximately 92.1 percent, an increase from 87 percent in Year 4. There is some variation across the regions, to date this year, with the highest rate in the Northwest (96.3%).

**Figure17: Provider Discovery Reviews
 Background Screening by APD Region; Percent Met
 January - September 2014**



Background Screening documentation is provided through a sample of employee records reviewed by Delmarva while onsite for the PDR. Each provider could have one or more employees who were found to be non-compliant on background screening and each employee has one or more reasons provided by the reviewer as to why the provider was not in compliance with this standard. A total of 276 reasons were cited for reviews completed between January and September 2014. Table 12 displays the reason the standard was Not Met for all employee records reviewed for the 162 providers with a background screening non-compliance. Employees were likely to be missing the local criminal records check from the county of residence (28.3%), the FDLE screening clearance letter (17.8%), or the FBI screening letter (14.5%).

Table 10: Provider Discovery Reviews		
Reason Background Screening Scored Not Met		
January - September 2014		
Reason	#	%
Provider did not present a current complete and signed Affidavit of Compliance with Background Screening Requirements.	13	4.7%
Provider did not present a current complete, signed and notarized Affidavit of Good Moral Character.	70	25.4%
Provider did not present a current Federal Bureau of Investigation screening clearance letter or other acceptable form of FBI screening.	40	14.5%
Provider did not present a current Florida Department of Law Enforcement screening clearance letter or other acceptable form of FDLE screening.	49	17.8%
Provider did not present a current Local Criminal Records Check obtained within county of residence.	78	28.3%
Provider has not completed the five-year re-screening. (Pre 8/2010 FDLE Only)	9	3.3%

Table 10: Provider Discovery Reviews		
Reason Background Screening Scored Not Met		
January - September 2014		
Reason	#	%
Provider presented a current Affidavit of Good Moral Character but it was not notarized.	3	1.1%
Provider presented a current Affidavit of Good Moral Character, but it was not signed.	3	1.1%
Provider presented a current Local Criminal Records Check but it was not obtained within county of residence.	8	2.9%
Provider was not fully re-screened following a greater than 90 day lapse in employment in an appropriate field.	3	1.1%
Total Number of Reasons Provided	276	

Potential Billing Discrepancy Citations

Standards are identified as a Billing Discrepancy if the standard applies to billing documentation requirements. If scored as Not Met, these are flagged by the reviewer as a potential discrepancy for the provider and the Regional APD office and AHCA are notified. The total amount of the potential discrepancy is included in the report to the provider at the conclusion of the review. The following table provides an overview of potential Billing Discrepancies documented during the 2,046 PDRs completed between January and September 2014. Data indicate the following:

- Approximately 35.0 percent of the providers reviewed had at least one billing discrepancy citation, a decrease for an average of 50 percent over previous years.
- The percent of providers with a potential discrepancy varied widely across Regions, from 22.2 percent in the Southern region to 41.7 percent in the Northwest.
- In five of the six regions, over a quarter of the providers reviewed had a potential recoupment.

Table 14: Provider Discovery Reviews			
Recoupment Citations by APD Region			
January - September 2014			
Region	# of Providers w/ a Recoupment Citation	Total Number of PDRs	Pct w/ at Least 1 Recoupment
Northwest	68	163	41.7%
Northeast	168	430	39.1%
Central	108	348	31.0%

Table 14: Provider Discovery Reviews			
Recoupment Citations by APD Region			
January - September 2014			
Region	# of Providers w/ a Recoupment Citation	Total Number of PDRs	Pct w/ at Least 1 Recoupment
Suncoast	179	437	41.0%
Southeast	116	353	32.9%
Southern	70	315	22.2%
Statewide	709	2,046	34.7%

Consumer Directed Care (CDC+)

CDC+ Participants

Between January and September 2014, 222 CDC+ participants were interviewed as part of the PCR process. The number and percent of CDC+ PCRs completed by Region is provided in the following table.

CDC+ Person Centered Reviews		
Region	Number	Percent
Northwest	31	14.0%
Northeast	38	17.1%
Central	53	23.9%
Suncoast	39	17.6%
Southeast	37	16.7%
Southern	24	10.8%
State	222	

Results are presented by III Standard in Table 14 for the 222 PCRs completed for CDC+ participants, with comparisons to previous years.

Table 14: Consumer Directed Care + Person Centered Reviews					
Individual Interview Instrument Results by Standard					
January 2010 - September 2014					
	Percent Met				
Standard	Year 1	Year 2	Year 3	Year 4	YTD Yr5
The person is afforded choice of services and supports.	91.3%	86.7%	82.6%	87.2%	84.7%
The person actively participates in decisions concerning his or her life.	90.1%	84.9%	82.6%	89.7%	91.4%
Person directs design of services and participates in identification of needed skills and strategies to accomplish desired goals.	90.7%	81.0%	81.3%	81.1%	81.4%
Person participates in routine review of services, and directs changes desired to ensure outcomes/ goals are met.	90.1%	87.5%	84.6%	86.0%	88.2%
Person has the necessary supports in place to meet needs and goals.	90.0%	87.5%	86.2%	91.8%	89.2%
The person is free from abuse, neglect and exploitation.	88.2%	88.6%	89.8%	86.8%	83.3%
The person is safe or has self-preservation skills.	87.0%	82.9%	82.9%	87.2%	83.3%
The person is healthy.	92.5%	78.6%	78.0%	81.3%	79.7%
Person is educated/assisted by supports/services to learn about rights, fully exercise rights,. This includes dignity, respect, and privacy.	90.1%	88.9%	89.5%	92.1%	92.3%
The person is achieving desired outcomes/goals or receiving supports that demonstrate progress toward specified outcomes/goals	91.3%	89.3%	87.0%	91.7%	91.9%
The person is satisfied with the supports and services received.	94.4%	88.8%	92.7%	91.7%	88.3%
The person is developing desired community roles that are of value to the person.	85.9%	77.5%	73.8%	80.4%	77.0%
Average CDC+ III Score	90.7%	85.2%	84.2%	87.3%	85.9%

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 222 CDC+ Consultant record reviews. To date,

findings on each standard are relatively high with all but one (Level of Care completed accurately and with the correct instrument/form) at 90 percent compliance or higher.

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 January and September 2014, 241 CDC+ Representatives were reviewed.

CDC-R results for each standard are presented in Attachment 6. On average, Representatives showed 90 percent compliance on the record reviews. The lowest scoring standard indicated 72.2 percent of CDC Representatives had documentation to support reconciliation of monthly statements.

Section III: Discovery

Findings in this report reflect data from PCR and PDR review activities completed between January and September 2014. A total of 1,207 PCRs and 2,046 PDRs were completed, approved and available for analysis. Over the time period, only eight providers were non-compliant, indicating they either did not respond to attempts to schedule a review or did not show up for a scheduled review. Feedback from providers about the reviewer and review processes as well as feedback concerning the NCI interview processes has been extremely positive.

During this most recent quarter (January – September 2014) Delmarva participated in the workgroups organized to finalize standards for the new performance measures in the iBudget Waiver. Quarterly meetings were held in each APD Region to discuss data, trends, issues, and remediation. At several of these meetings, HSRI presented information on the new CMS Assurances and Residential and Community integration definitions. 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. Managers and reviewers continue to participate in rigorous field and file review reliability testing, and bi-weekly conference calls enhance training and reliability efforts through discussion of real situations and review questions.

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 the average score is approximately the same as in Year 4. However, there was a decrease in the degree to which individuals felt educated on rights and an increase in the active participation in decisions made about services and supports. Data to date this year reflect proportionately lower percent of outcomes present in the Central Region and a higher percent in the Northwest. Similar to previous years, 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. However, providers of Supported Employment were less likely to have all standards met on the Service Specific Record Review.

These findings are tentative and will be tracked for the remainder of the year as we include a greater number of interviews from the sample.

Recommendation 1: Service Specific Record Review results in the Northwest Region were higher than in any other region. If this pattern persists when data are analyzed for the annual report, it may be helpful to work with the regional office to identify best practices in documentation for the person's record and share this across the state.

Recommendation 2: Individuals receiving Supported Employment have traditionally had more outcomes present than individuals receiving other service settings, particularly Adult Day Training and Companion. However, these providers also show the lowest documentation compliance rates. The state should explore possible solutions to maintaining the high degree of satisfaction and outcomes but at the same time create systems to help the providers complete all required documentation.

Health Summary data to date indicate CDC+ participants appear to be more likely than in previous years to be using an Urgent Care center or a Same Day Surgery center, and slightly less likely to be admitted to the hospital. This may or may not be a trend and it is not clear if individuals receive more appropriate care from the centers than in a hospital. However, while the percentages using the centers are low, an increase from two percent to over seven percent may be worth monitoring.

Allowing the person opportunities to develop desired social roles, having a choice of services and supports, and the person's health were most likely to be missing from an individual's life. Person centered planning and community inclusion, as any other person in the community is able to participate in community activity, are essential components of CMSs new assurances and requirements for waiver programs. The recommendation from the previous report is still relevant.

Recommendation 3: As the workgroups established through the Quality Council bring their current quality initiatives to an end, we recommend the council focus efforts on ways to help providers and family members improve the person's ability to choose activities in integrated settings and participate in those activities as desired.

Provider Discovery Review Results

Results from the 2,046 PDRs indicate providers continue to perform very well documenting their Policies & Procedures (98.2%), Qualifications and Training (96.0%), and Service Specific requirements (92.0%). Extremely positive findings to date this year are the **increase** in the percent of providers with all background screening compliance requirements met and the **decrease** in the

proportion of providers with a potential billing discrepancy. Background screening compliance is approximately 93 percent for the first time since this standard has been tracked in 2001. While the previous four years of the current contract have reflected a slow decline in the number of providers with a billing discrepancy, the rate has remained close the 50 percent—data to date this year show approximately 33 percent of providers with a billing discrepancy.

Additional discussion of findings and recommendations will be provided when more data are available in the 5th Annual report.

Attachment 1: Customer Service Activity

July - September 2014

Customer Service Topic	#	Description	Outcome	Ave Time
Abuse Hotline	2	Questions as to how to make the call, and when the call should be made.	The type of calls that should go to the hotline is explained.	1 day
Address/ Phone Update	46	Providers call to update their phone numbers/ addresses	Phone numbers/addresses are updated in the Discovery application, and providers are advised to update same with AHCA	1 day
Background Screening	3	Providers and provider consultants call with questions regarding FL background screening requirements.	Background screening requirements are explained to providers, with reference to the Handbook and FL rule.	1 day
CDC+	4			
Clarification	28	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	Provider staffed lodged complaint about a provider/employer.	Delmarva director forwarded to the AHCA contract manager, Charles Ball for follow up.	1 day
Contact QAR	21	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	9	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	1	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/	17	Family stakeholders and providers called with questions unrelated to our processes, e.g., how to access services or	All questions were answered.	1 day

Customer Service Topic	#	Description	Outcome	Ave Time
		concerns with a specific provider		
Name Correction	1	Provider called asking their name to be corrected in our system.	Provider was advised the name would be corrected for purposes of the report; referred provider to AHCA for name correction.	1 day
New Tools	23	Providers called asking questions regarding the Discovery tools.	Providers are referred to our website and shown the current posted tools.	1 day
Next Review	87	Providers called 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 Feedback Survey	3	Provider called with further (positive) feedback for the reviewer.	Caller was thanked and referred to survey on the website; information was forwarded to appropriate supervisor.	1 day
Provider Search Website	4	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	69	Providers and APD staff call with questions regarding documentation or qualification requirements; for assistance accessing resources on our website; for explanations	Questions are answered with references to appropriate documents or entities.	1 day

Customer Service Topic	#	Description	Outcome	Ave Time
		of the review processes.		
Reconsideration	72	Providers call asking for clarification on the process to submit a request for reconsideration or inquiring as to the status of a request already submitted	The reconsideration process is explained to providers, including reference to our Operational Policies and Procedures and their report cover letters; reconsiderations submitted are researched and providers are given an expected delivery date. Status of each is checked and relayed to the provider.	1 day
Report Requested	10	Providers called or emailed requesting their report be re-sent.	Reports are re-sent with address confirmation and providers are advised of same.	1 day
Review Reports	33	Providers called asking for explanation of their reports.	Their reports are explained; providers are referred to their local APD office for technical assistance.	1 day
Training	33	Providers and provider consultants called asking about training requirements.	Training requirements are explained, including reference to the Handbook.	1 day
Total Number of Calls: 469				

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 40 other states that also collect the data.¹⁵ Data are available in the aggregate for use 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
- Respite

¹⁶ Delmarva review tools and procedures are available here: http://www.dfmc-florida.org/public/review_tools.aspx.

- 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 January – September 2014

Policy and Procedure Standard	# Met	% Met
Vehicles used for transportation are properly insured.	569	99.1%
Vehicles used for transportation are properly registered.	564	98.3%
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.	1,146	98.1%
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.	1,156	98.5%
The provider has written policies and procedures which detail how the provider will ensure the individuals' medications are administered and handled safely.	941	98.4%
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.	1,134	96.6%
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.	1,174	99.6%
The provider has identified and addressed concerns related to abuse, neglect, and exploitation.	584	98.8%
If applicable, all instances of abuse, neglect, and exploitation have been reported.	344	98.6%
If applicable, the provider addresses medication errors.	250	97.7%
The provider addresses all incident reports.	1,146	98.6%
If applicable, the provider has written policies and procedures related to the use of Reactive Strategies.	272	92.8%
If provider operates Behavior Focus group homes, required on-site oversight for residential services is provided.	45	97.8%
Average Policy and Procedure		98.2%

Attachment 4: PDR Qualifications and Training Standards

January – September 2014 (2,046 PDRs)

Qualification and Training Standard	# Met	% Met
The provider has completed all aspects of required Level II Background Screening.	3,819	95.5%
The provider received training in CPR.	1,776	98.2%
If applicable, the provider received training in Medication Administration.	1,712	99.4%
If applicable, the provider has been validated on medication administration.	146	97.3%
Drivers of transportation vehicles are licensed to drive vehicles used.	2,661	99.8%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	116	98.3%
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.	93	97.9%
Provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	132	98.5%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	421	99.8%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	176	100.0%
The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care.	1	100.0%
The provider received mandatory Statewide pre-service training for Support Coordination.	494	99.4%
The provider received mandatory Region/Area- specific training for Support Coordination.	184	97.9%
Vehicles used for transportation are properly insured.	1,905	96.7%
Vehicles used for transportation are properly registered.	1,897	96.2%
The provider received training in Zero Tolerance.	3,745	93.7%
The provider received training in Direct Care Core Competency.	3,838	96.5%
The provider received training in Person Centered Approach/Personal Outcome Measures.	283	94.0%
The provider received training with an emphasis on choice and rights.	1,922	95.0%
The provider received training in the development and implementation of the required documentation for each waiver service provided.	1,923	95.1%

Qualification and Training Standard	# Met	% Met
The provider received training specific to the scope of the services rendered.	1,942	96.0%
The provider received training in HIPAA.	1,920	90.1%
The provider received training in HIV/AIDS/Infection Control.	1,721	96.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	95	100.0%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	68	100.0%
The provider has completed standardized, pre-service training for Life Skills Development 2.	158	96.3%
The provider has completed eight hours of annual in-service training related to employment for Life Skills Development 2.	6	85.7%
The provider completed eight hours of annual in-service training related to the implementation of individually designed services for Life Skills Development 3.	9	100.0%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	1,666	99.0%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	744	99.6%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	140	99.3%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	6	100.0%
The provider meets all minimum educational requirements and levels of experience for Respite.	464	99.4%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	494	100.0%
The provider received 24 hours of ongoing annual job related training for Support Coordination.	306	93.3%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coach.	195	99.5%
The provider completed required Supported Living Pre-Service training for Supported Living Coach.	379	97.9%
The provider completed eight hours of annual in-service training for Supported Living Coach.	21	95.5%
The provider received training in Person Centered Approach/Personal Outcome Measures.	1,732	95.4%
If applicable, the provider has been validated on medication administration.	1,475	95.7%

Qualification and Training Standard	# Met	% Met
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-8, FAC).	656	96.0%
The provider has completed eight hours of annual in-service training related to employment for Life Skills Development 2.	125	86.8%
The provider completed eight hours of annual in-service training related to the implementation of individually designed services for Life Skills Development 3.	119	85.0%
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.	261	97.8%
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.	25	100.0%
The provider completed eight hours of annual in-service training for Supported Living Coach.	138	82.6%
The provider received mandatory Region/Area- specific training for Support Coordination.	306	98.7%
The provider received training in HIPAA.	1,687	91.0%
The provider received training in HIV/AIDS/Infection Control.	1,563	97.9%
The provider received training in CPR.	1,556	97.3%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	96	99.0%
The provider received 24 hours of ongoing annual job related training for Support Coordination.	151	95.0%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coach.	186	98.4%
The provider received training in Person Centered Approach/Personal Outcome Measures.	1,721	93.0%
The provider received training with an emphasis on choice and rights.	1,666	93.4%
The provider received training in the development and implementation of the required documentation for each waiver service provided.	1,689	94.9%
The provider received training specific to the scope of the services rendered.	1,708	96.1%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	385	99.7%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	524	99.6%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	147	100.0%

Qualification and Training Standard	# Met	% Met
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	19	95.0%
The provider completed eight hours of annual in-service training for Supported Living Coach.	157	89.7%
Average Qualifications and Training		95.9%

Attachment 5: CDC+ Consultant Results by Element

January - September 2014 (N=222)

CDC+ Consultant Results by Element		
January - September 2014		
Standard	# Met	% Met
All applicable completed/signed Purchasing Plans are in the record.	213	96.4%
All applicable completed/signed Quick Updates are in the Record.	53	94.6%
Completed/signed CDC+ Consent Form is in the record.	206	93.6%
Completed/signed Corrective Action Plan is in the record.	15	93.8%
Completed/signed Participant-Consultant Agreement is in the record.	219	99.1%
Completed/signed Participant-Representative Agreement is in the record.	213	97.7%
Consultant has taken action to correct any overspending by the Participant.	30	96.8%
Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	206	99.5%
If applicable, an approved Corrective Action Plan is being followed.	13	100.0%
If applicable, Consultant initiates Corrective Action.	15	100.0%
Level of care is completed accurately using the correct instrument/form.	181	81.9%
Level of care is reevaluated at least annually.	215	97.3%
Participant Monthly Review forms & Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	212	95.9%
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	105	98.1%
Person receiving services is given a choice of waiver services or institutional care at least annually.	220	99.5%
Services are delivered in accordance with the Cost Plan.	221	100.0%
Support Plan includes supports and services consistent with assessed needs.	219	99.1%
Support Plan reflects support and services necessary to address assessed risks.	211	99.5%

CDC+ Consultant Results by Element		
January - September 2014		
Standard	# Met	% Met
Support Plan reflects the personal goals of the person receiving services.	217	98.2%
The current Support Plan includes natural, generic, community and paid supports for the person receiving services.	219	99.1%
The Emergency Backup Plan is in the record and is reviewed annually.	212	96.8%
The provider has evidence of assisting individual/legal representative to know about rights.	219	99.1%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	218	98.6%
The Support Coordinator assists the person receiving services to define abuse, neglect, and exploitation including how the person receiving services would report any incidents.	191	86.4%
The Support Coordinator is aware of the person's history regarding abuse, neglect, and/or exploitation.	192	89.7%
The Support Coordinator is in compliance with billing procedures and the Medicaid provider agreement.	216	98.6%
The Support Coordinator monitors to ensure person's safety needs are addressed.	213	96.4%
The Support Coordinator monitors to ensure the person's health and health care needs are addressed.	213	96.4%
The Support Plan is provided to the individual and when applicable, the legal representative, within required time frames.	213	96.8%
The Support Plan is provided to the providers identified on the support plan within required time frames.	139	96.5%
The Support Plan is updated within 12 months of recipient's last Support Plan.	217	98.6%
The Support Plan is updated/revised when warranted by changes in the needs of the person receiving services.	113	97.4%
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	199	97.5%
Average Consultant Score		96.5%

Attachment 6: CDC+ Representative Results by Element

January – September 2014 (N=241)

CDC+ Representative Results by Element		
January - September 2014		
Standard	# Met	% Met
Accurate Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	206	89.2%
All applicable signed and approved Purchasing Plans are available for review.	200	83.7%
All applicable signed and approved Quick Updates are available for review.	59	92.2%
Background screening results for all providers who render direct care are available for review.	190	81.2%
Complete and signed Participant/ Representative Agreement is available for review.	229	96.2%
Complete Employee Packets for all Directly Hired Employees are available for review.	217	93.5%
Complete Vendor Packets for all vendors and independent contractors are available for review.	137	95.8%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	204	87.9%
Copies of approved Cost Plans are available for entire period of review.	225	93.4%
Copies of Support Plan(s) are available for entire period of review.	234	97.1%
Corrective Action Plan (if applicable) is available for review.	15	93.8%
Documentation is available to support the reconciliation of Monthly Statements.	174	72.2%
Emergency Backup Plan is complete and available for review.	232	96.3%
Monthly Statements are available for review.	222	92.5%
Signed and approved Invoices for Vendor Payments are available for review.	100	88.5%
Signed and approved receipts/statement of "Goods and Services" for reimbursement items are available for review.	60	88.2%
Signed Employer/Employee Agreement for each Directly Hired Employee (DHE) is available for review.	198	85.7%

CDC+ Representative Results by Element		
January - September 2014		
Standard	# Met	% Met
The Participant makes purchases that are consistent with the Purchasing Plan.	211	97.7%
The Participant obtains services consistent with stated/documentated needs and goals.	236	98.3%
Total Number and Average CDC+ Representative Score	241	90.5%