

Florida Statewide Quality Assurance Program

Year 6 Annual Report

January – December 2015

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



Prepared by Delmarva Foundation
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Delmarva Foundation
Florida Statewide Quality Assurance Program

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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
IRR – Inter-rater Reliability
ISP – Individual Support Plan
IT – Information Technology
NCI – National Core Indicators
OBS - Observations
PCR – Person Centered Review
PCR II – Person Centered Review Individual Interview
PDR – Provider Discovery Review
PDR II – Provider Discovery Review Individual Interview
QA – Quality Assurance
QAR – Quality Assurance Reviewer
QC – Quality Council
QI – Quality Improvement
RM – Regional Manager
RTDR – Real Time Data Report
SC – Support Coordinator
SCI – Support Coordinator Interview
SI – Staff Interview
SSRR – Service Specific Record Review
The Handbook – Developmental Disabilities Waiver Services Coverage and Limitations Handbook

Executive Summary

In January 2015, the Florida Statewide Quality Assurance Program (FSQAP) moved into the sixth 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 waiver 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.

Revised tools and processes were implemented in January 2015 to ensure standards remain consistent with current Handbook requirements and CMS assurances. Revisions included the addition of a formal WSC interview, provider staff interview and interviews with individuals served by providers as part of the PDR. Revisions were also made to the existing PCR individual interview tool and to the observations, providing reviewers the ability to conduct unannounced observations.

Findings this year indicate providers are generally performing quite well, with over 90 percent compliance on average for each component of PCR and PDR processes. Some results indicate improvement initiatives could be helpful in increasing community connections, provider training, and information on abuse, neglect and exploitation to disseminate across the state. The following recommendations are provided:

- APD should develop a system that can be used by the regions to help ensure WSCs have and accurately use the correct forms for the Level of Care assessments. Because this is a measure for the CMS assurances, used in the evidentiary report, the state should address this as soon as possible and track results through the next year of the contract.
- As the new training modules are developed, APD should ensure all providers are required to take competency based training on understanding and implementing community involvement for individuals.
- New WSC training and mentoring is being developed through APD, with input from a Quality Council workgroup. This should include a review of the Support Plan template development and training to ensure plans have goals that pertain to social role development as desired by the person, and ways to build new relationships in the community.
- It is imperative individuals are provided information and education on abuse, neglect and exploitation. Understanding how to define and recognize these are critical in prevention of incidents. APD should work with AHCA and the Quality Council to develop new

educational materials Support Coordinators and other providers can distribute throughout the state to help provide education for families and individuals in these areas.

- When employees are noncompliant with background screening requirements, they are most often missing documentation for three key areas: FBI or FDLE clearance or Local Criminal Records verification. While programs initiated by APD appear to have positively impacted background screening compliance, the Quality Council should consider developing an initiative that may help providers with these three key areas of noncompliance.
- APD should review policies surrounding oversight required in the Behavior Focus group homes and ensure all providers are aware of the regulations, understand how they are to be applied, and offer assistance at the regional level as needed.
- The Quality Council has developed and presented to AHCA/APD a WSC training curriculum and mentoring program to help new WSCs better serve individuals. If results on this standard remain relatively low, the Council may want to incorporate new initiatives to help ensure the ongoing training is effective.
- Ensure the new training modules will help improve the providers' ability to complete the service specific annual in-service training.
- The Quality Council should consider transportation as the next theme for workgroup activity. QC could help develop regional specific information packets on public transportation that could be used by providers to enhance people's ability to use transportation and build lives in the community.

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, AHCA and APD have designed a Quality Management Strategy based on the Home and Community Based Services (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 and annual 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 composed 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, an interview with the person's support coordinator, and review of the support coordinator's record for the person. 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.

The focus of the PDR is to review provider compliance with requirements and standards specified in the Developmental Disabilities Waiver Services Coverage and Limitations Handbook (The Handbook) for the waiver program, and also to determine how well services are supporting individuals served. The PDR is composed of an Administrative Record Review of organizational policies and procedures and staff training/qualifications, Service Specific Record Reviews, interviews with individuals receiving services and interviews with staff. Observations are completed for licensed residential facilities and day programs. As possible, up to 30 percent of all observations may be unannounced.

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. Although CDC+ participants are on the waiver, the programs are fundamentally different in several aspects and therefore results are analyzed

separately. In tables we refer to Waiver Participants and CDC+ Participants to make the distinction between the two groups.

This is the report for the fourth quarter of the sixth year of the FSQAP contract (October - December 2015). Contract activity is described for the fourth quarter. However, data results are presented for the entire year. Several significant changes were implemented with the January 2015 revisions, and comparisons to previous years are not possible or appropriate. The report is divided into three sections.

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

Section I: Significant Contract Activity during the 4th 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.

Discussion during the past year has included clarification on changes to tools and standards and some of the review processes, such as the individual interview. In addition, Stephanie Giordano and Dorothy Hiersteiner, HSRI, joined a call to describe the updates to the 2015-2016 National Core Indicators survey. Those updates went into effect 7/1/2015.

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. Revisions to processes and tools may be discussed as well as policy updates from AHCA or APD that may impact the FSQAP. During the fourth quarter of this contract year, the Status Meeting scheduled for October was canceled, and the meeting in November was converted into a tool revision session with AHCA and APD (November 19). A regular Status Meeting was held December 12.

Internal Quality Assurance Activities

Report Approval Process

In order to reduce error rates and enhance reliability, the Delmarva management team reviews 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. Some information from PDR reports is added to the Public

Reporting website at www.fldresources.org for community stakeholders to find providers and view scores.

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 inter-rater reliability (IRR) testing is conducted. File reliability is used for documentation review tools (Service Specific). One file is distributed to all reviewers who, within a certain timeframe, submit responses on the specific tool being tested. Field reliability is conducted onsite with reviewers and is used to determine if protocols and procedures are followed correctly and if responses on the interview processes match the manager conducting the IRR. Administrative tool reliability is reviewed in the field. During the year the following IRR activity was completed:

- Field Review Reliability was completed with 23 QARs on the PCR's Individual Interview and all reviewers passed.
- PDR Field Review Reliability was completed with 22 QARs and all passed.
- Staff Interview Field Review Reliability for the PDR was completed with 22 QARs all passed.
- File Review Reliability was completed with 27 QARs for the CDC+ Consultant and all passed.

Internal Training

Informal training is often 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.

Delmarva Foundation held the conference in January 13 – 16, 2015 in Tampa, Florida, for all Florida associates. During the conference, reviewers were trained on all updates to the PCR and PDR processes. In addition to the updates, reviewers spent time in the field with local providers and individuals receiving services to pilot the tools. Edwin DeBardleben, APD, presented APD updates to and gave an overview of the upcoming APD training system. Tammy Brannon, AHCA, presented AHCA updates and thanked the reviewers for their efforts in the FSQAP program for Florida. A presentation from Diane McComb, Delmarva Foundation, focused national trends in intellectual/developmental disabilities.

Training Provided

Delmarva has conducted various types of training and educational sessions across the state for providers, individuals and their families. Training activity for the year is summarized in this section.

During the contract year (2015), Delmarva conducted a total of 24 training sessions, four in each of the six regions.¹ Regional Orientation Sessions were held in Orlando, Ft. Lauderdale, Miami, Jacksonville, Apollo Beach, Tallahassee, and Pensacola, including:

- Purpose of the orientation sessions
- What was driving the updates
- Processes remaining the same
- Processes being updated
- Customer service contact information

Kristin Allen and Theresa Skidmore, Delmarva Regional Managers, conducted a free training at the FARF Winter Conference on February 12, 2015 in Clearwater Beach. They reviewed revisions to the PCR and PDR Discovery tools. The session was attended by 50 to 60 people.

On March 5, 2015, Delmarva participated in DD Awareness Day at the Capital in Tallahassee. Robyn Turlakis and Charmaine Pillay attended with an exhibit and disseminated materials to parents, individuals receiving services, providers, and other attending stakeholders. The materials included information on health, rights, interviewing service providers, and community activities.

Delmarva teamed with HSRI (June Rowe and Elizabeth Pell) to present six training sessions titled “Rendering Person Centered Supports to Individuals”. Sessions were held in the Northeast (Jacksonville), Northwest (Tallahassee), and Central (Clermont) regions in May and in the Southeast (Palm Beach Gardens), Southern (Miami), and Suncoast (Riverview) regions in June. The sessions were well received by stakeholders and most of the sessions were at seating capacity. The presentation included:

- CMS Residential Settings updates
- Delmarva Discovery Observation process
- Information about Person Centered Planning at the national level
- Delmarva Discovery Interview tools for Person Centered Supports

Delmarva had an exhibit booth at the 17th Family Café in Orlando, Florida, from June 5 to 7. Theresa Skidmore, Melissa Mothersil, Kristin Allen, Charlene Henry, Robyn Turlakis and Charmaine Pillay of Delmarva Foundation attended the event and disseminated materials to parents,

¹ All training presentation materials are located on the www.dfmc-florida.org website in the training center.

individuals receiving services, providers, and other attending stakeholders. The materials included information on health, rights, interviewing service providers, and community activities. Additionally, Charmaine Pillay and Robyn Toulakis presented a session at the Family Café on June 6 titled “Yes, You Can Plan and Direct Your Services”. The session included handouts of questions to ask providers.

Delmarva conducted six regional training sessions, “How to Prepare for your Delmarva Foundation Provider Discovery Review”. The presentation included:

- Descriptions of the Delmarva Provider Discovery Review
 - Administrative Process
 - Interview Process
 - Service Specific Record Review Process
- Benefits of the Delmarva Provider Discovery Review Process
- Customer service contact information

Another presentation held in each of the six regions was titled “Community Toolkit Development”. The presentation included:

- Sharing Data
- Sharing National, State, and Local Resources
- Providing Examples
- Brainstorming Ideas
- Answering Questions

Two multimedia presentations, Healthy Aging for Persons with Developmental Disabilities and My Personal Preventive Health Plan, continue to be available to stakeholders in the Delmarva training center.

- My Personal Preventive Health Plan provides individuals with intellectual and/or developmental disabilities, as well as their paid and natural supports, a basic understanding of preventive health care needs and ways to develop a preventive health plan. Information related to specific diagnoses, healthy living and healthy lifestyles are discussed.
- The Healthy Aging with Developmental Disabilities presentation provides an overview of aging issues specific to the IDD population, including historical perspectives, demographic changes, basic theories of aging, and general aging changes associated with major body systems.

Throughout the year, Delmarva continued to support the Online training modules offered through CourseAvenue. These topics include:

- Desk Review

- Empowering Families
- Ethical Issues in Providing Support and Services
- Introduction to Implementation Planning
- Medication Highway
- Medication Review
- Preventive Health Screening
- Protecting Individual Rights
- Quality Enhancement Planning
- Recognizing and Reporting Abuse

Delmarva attended the 2nd Annual Soup to Nuts Disability Conference in Riverview, Florida, on October 17, 2015. The event was an informational session sponsored by the Disability Ministries of River of Life Christian Center. The event had 20 various exhibit tables and nine different breakout sessions with topics such as special needs planning, caregiver burnout, guardianship, disaster preparedness, Vocational Rehabilitation, senior connection and military resources. The event was free to all individuals, providers, and families. Delmarva disseminated information about the Quality Assurance process. This was an opportunity to meet stakeholders in the community and share information related to the Discovery process. Information disseminated by Delmarva included

- Overview of the Quality Council Handout
- Preventative Health Screening Guidelines
- CourseAvenue Course Listing from dfmc-florida.org
- CMS Assurances Handout
- Social Capital Handout
- Rights Education Handout (English and Spanish)

Delmarva attended the Family Care Council Florida meeting in Orlando, Florida on November 21st, 2015. An overview of the Person Centered Review and Provider Discovery Review processes was given. Delmarva staff answered questions related to the processes of Delmarva Foundation, as well as upcoming updates.

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 every quarter this contract year.²

Quality Council

Delmarva conducted three Quality Council meetings this year, two in Tallahassee and one in Orlando. Please see the Delmarva website for complete QC details, minutes, and agendas. The next Quality Council meeting is scheduled for March 10, 2016 in Tallahassee. A summary of agenda items for each meeting during the contract year includes the following:

March 4, 2015 (Tallahassee)

- AHCA Update by Tammy Brannon, Contract Manager- AHCA
- APD Update by Edwin DeBardeleben, Chief of Quality Assurance and Clinical Supports- APD
- Revised Discovery Tools: PCR by Theresa Skidmore Regional Manager- Delmarva
- Revised Discovery Tools: PDR by Kristin Allen, Regional Manager- Delmarva
- Delmarva Data by Sue Kelly, Senior Scientist- Delmarva
- Breakout Sessions and Action Plans for the QI Projects by Elizabeth Pell, Policy Associate, HSRI

June 4, 2015 (Orlando):

- AHCA Update by Tammy Brannon, Contract Manager- AHCA
- APD Update by Edwin DeBardeleben, Chief of Quality Assurance and Clinical Supports- APD
- Annual National Core Indicators Performance Data by Stephanie Giordano, Policy Associate- HSRI
- Delmarva Data by Sue Kelly, Senior Scientist- Delmarva
- Breakout Sessions and Action Plans for the QI Projects by Don Welde and Veronica Gomez, QC Members
- FLSAND (Florida Self-Advocate Network'd) Update by Tricia Riccardi, Self-Advocate

October 8, 2015 (Tallahassee):

- Refresher from June 2015 Meeting and approval of minutes
- AHCA Update
- APD Update
- Delmarva Data
- Guardianship and Rights Restoration Presentation
- HSRI National Supported Decision Making Data
- QI projects status for 2016 and Action Plans

² Minutes for each meeting are on the FSQAP Portal Client Site and available to AHCA and APD (<http://www.dfmc-florida.org/Public2/qualityCouncil/archive.html>).

- Topical Questions
- Action Items/Adjourn

Quality Improvement workgroups met throughout the year to discuss and complete work on the Quality Improvement Projects and determine next steps to address for 2016 initiatives in. The focus of the three workgroups was as follows: Improve Waiver Support Coordination Training; Community Connections/Self-Advocacy; and Employment.

Provider Tool Revisions

Several modifications were made to the review tools and processes over the course of the year. Review tools and processes for both Person Centered Reviews (PCRs) and Provider Discovery Reviews (PDRs) were revised and changes implemented January 1, 2015. Given the emphasis of the Centers for Medicare and Medicaid Services (CMS) on person centered planning and the experience of the person, it became necessary for the major components of the Discovery process (PCR and PDR) to include a person centered focus thus allowing Delmarva the opportunity to collect data pertaining to these requirements.

On May 11, AHCA requested the tools again be revised to remove all references to billing discrepancies. The tools and also the PDR reports were revised. Standards that may reflect a billing discrepancy were still scored as Met or Not Met. However, the total amount that was potentially “owed” by the provider is no longer calculated or reported. Therefore, with these changes modifications were also made to the PCR reports, removing all references to and displays of potential amount owed. Changes to the standards and scoring may impact some results when trending data over time.

Feedback Surveys

National Core Indicator (NCI) Consumer Survey Feedback Survey

After each individual NCI interview, Delmarva provides the individual with a feedback survey. The individual is encouraged to complete the feedback survey, which is mailed directly to Human Services Research Institute (HSRI). During the contract year, 2015, 194 surveys were returned to HSRI, a 11.2 percent return rate (194/1,738). Although results are generally based on a small return rate, they have remained positive and consistent over the years. Current feedback indicates the following:

- 73.6 percent of respondents (N=148) indicated the individual had participated in answering the Adult Consumer Survey.

- 61.3 percent of respondents (N=119) indicated an advocate, relative or guardian participated in the Consumer Survey.
- Only 44 feedback forms (22.7%) were completed by the person receiving services, with 59.8 percent completed by an advocate, relative or guardian, and 22.2 percent by a staff member where the person lives or receives services.
- 154 (79.4%) respondents indicated the NCI interviews took place in the home.
- 130 respondents, 67.4 percent, indicated the individual chose where to meet for the survey interview. However, 54 respondents, 28.0 percent, indicated they did not choose where to meet for the survey.
- Most respondents (97.9%) felt the interview was scheduled at a convenient time, and most (90.6%) respondents felt it took about the right amount of time.
- Most respondents (87.0%) thought the questions were not difficult to answer and 82.4 percent indicated the interviewer explained the person did not have to answer the questions.
- Almost all the respondents (97.9%) felt the interviewer was respectful.
- 92.7% of respondents 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. For reviews completed between January and December 2015, 126 surveys were received from providers who had participated in a PDR. The following table provides results for each question.³ Feedback to date this year has been extremely positive.

Table 1: Results from Provider Feedback Surveys			
Reviews Completed Between January and December 2015			
Question	# Yes	# No	#NA
Did the Quality Assurance Reviewer (QAR) identify documents needed to complete the review?	123 (99%)	1	1
Did the QAR explain the purpose of the review?	123 (98%)	3	0
Did the QAR explain the review process and how the QAR or Delmarva team would conduct the review?	120 (96%)	5	0
Did the QAR answer any questions you had in preparation for the review?	120 (98%)	2	4

³ Where row totals do not sum to 126, responses were blank.

Table 1: Results from Provider Feedback Surveys			
Reviews Completed Between January and December 2015			
Question	# Yes	# No	#NA
Did the QAR refer you to the FSQAP website, including the tools and procedures?	122 (99%)	1	2
Did the QAR arrive at the review at the scheduled time?	117 (96%)	5	3
If no, did the QAR call to notify you he/she might be a little late? (N=5)	4	1	120
Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving?	120 (99%)	1	4
If you scored Not Met on any of the standards, did the QAR explain why?	99 (94%)	6	18
Total Responses	126		

Summary of Customer Service Calls

During the last quarter of the sixth contract year, October - December 2015, 308 calls were recorded in the Customer Service Log, with an average response time of one day for each call.⁴

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 are available on the private section (required member login) of the site.

Staff Changes

Through the course of the year three new reviewers were hired, in the Southeastern, Suncoast, and Central Regions. All completed all activities of the Quality Assurance Reviewer Orientation and Training Checklist and are now in the field conducting reviews.

⁴ 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)⁵

The new tools and processes implemented in 2015 for the PCR were initially designed to have a focus on how well the support coordinator uses person centered practices to support the person to achieve outcomes with, as desired. However, during the third quarter, the focus of the individuals interview was changed to include the person’s perspective on how well **all** services are provided and the total quality of life for the person. The PCR includes an interview with the person, an interview with the support coordinator and a review of the person’s record maintained by the support coordinator. Four key areas are measured within each process: Person Centered Supports (PCS), Community Involvement (CI), Health and Safety.

Information in Table 2 provides the number of PCRs completed by APD Region during the contract year, including the number of CDC+ participants (383), the number of waiver participants (1,355), and the total number of individuals who declined. The time period for declines is based upon the projected time period of review. The decline rate is 25.8 percent for waiver participants and 3.5 percent for CDC+.

January – December 2015				
Region	Number of PCRs		Number of Declines	
	Waiver	CDC+	Waiver	CDC+
Northwest	115	38	65	2
Northeast	234	64	84	4
Central	265	88	107	3
Suncoast	287	67	100	2
Southeast	253	82	77	2
Southern	201	44	39	1
Total	1,355	383	472	14

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, the reviewer calls the person to verify the decision. This affords the person an opportunity to ask questions or seek clarification

⁵ All review tools are posted on the FSQAP website (<http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>).

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 31 percent of the declines were because the person no longer received services (N=58), had passed away (N=39), or had moved out of the state (N=17).

Decline Reason	Waiver	CDC+	Total
Refused	205	7	212
Review Later	142	6	148
No Longer Receiving Services	64	0	64
Deceased	42	1	43
Moved Out of State	19	0	19
Total	472	14	486

PCR Individual Interview (II)

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 PCR II.⁶ The PCR II consists of seven standards (four related to Community), each composed of a various number of indicators/questions, provided in parentheses. Up to 82 indicators are scored. Key outcomes such as rights and choice are embedded in and specific to each standard. The standards and number of indicators used to measure outcomes (in parentheses) are as follows:

1. Person Centered Supports (34): Individual’s needs are identified and met through person centered practices
2. Community (24): Individuals have opportunities for integration in all aspects of their lives including where they live, work, access community services and activities, and opportunities for new relationships, defined as “Tell me about”:
 - o Where you live (9) (Residence)
 - o Where you work; what you do during the day (5) (Day Activity)
 - o Your community and what you like to do for fun (6) (Participation)
 - o Who you like to spend time with (4) (Relationships)
3. Safety (13)
4. Health (10)

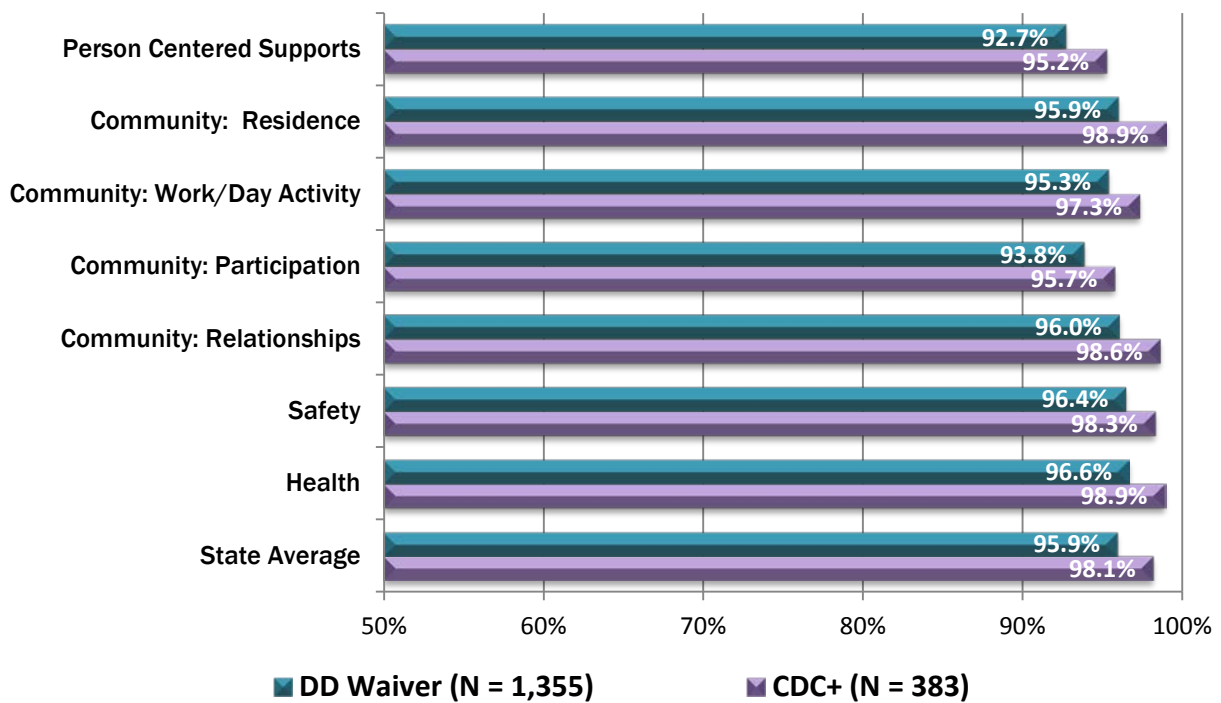
⁶ Since contract year 2012, children under age 18 have been included in the PCR sample. Because the NCI Consumer survey is only valid for adults, children do not participate in the NCI portion of the PCR process.

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.

PCR II by Standard⁷

The average PCR II score for each standard is presented in Figure 1, for DD Waiver and CDC+ Participants. Scores on average are very high, with CDC+ participants somewhat higher consistently for all standards. Community Participation and Person Centered Supports show the lowest scores to date for individuals on the DD waiver.

**Figure 1: PCR II Results by Standard and Waiver Type
January - December 2015**



⁷ Some standards in the PCR and PDR record reviews are weighted for calculating the overall provider’s score. For example, standards measuring health and safety items are generally more important and therefore weigh heavier when calculating the provider’s score. In this report, unless otherwise noted, unweighted results are shown. This provides an accurate reflection of the number and percent of providers who have the standards scored as Met.

Of the 82 different indicators used to measure standards for the PCR II, only two showed a score of less than 90 percent:

Person is provided education/information about social roles in the community (86.8%).

Person has had limited opportunities to develop new friendships/relationships (89.1%)

PCR II by Region

The average PCR II scores for the 1,355 individuals on a DD waiver and 383 individuals participating in CDC+ are presented in Table 3, for each region and statewide. The number completed in each region for CDC+ participants was relatively small and comparisons across regions should be made with caution. For Waiver Participants, PCR II results range from 94.1 percent in the Central Region to 97.7 percent in Suncoast. CDC+ results are fairly consistent across all the regions.

**Table 4: PCR Individual Interview Results by Region
January – December 2015**

Region	Waiver		CDC+	
	#	% Met	#	% Met
Northwest	115	95.5%	38	98.4%
Northeast	234	96.6%	64	99.4%
Central	265	94.1%	88	97.6%
Suncoast	287	97.7%	67	97.8%
Southeast	253	96.2%	82	98.2%
Southern	201	94.6%	44	97.6%
State	1,355	95.9%	383	98.1%

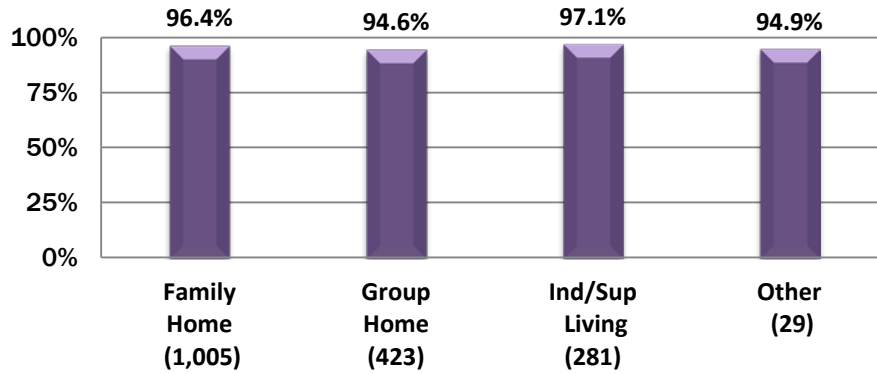
PCR II by Residential Status, Disability and Age

The following three figures display PCR II results by residential status, disability and age group (Figures 2 – 4).⁸ Several categories have a relatively small number of cases and results to date should be viewed carefully. CDC+ results are not shown by residential status or by age group: most individuals lived in a family home (92%) and most were age 22 to 44 (64%), with only five CDC+

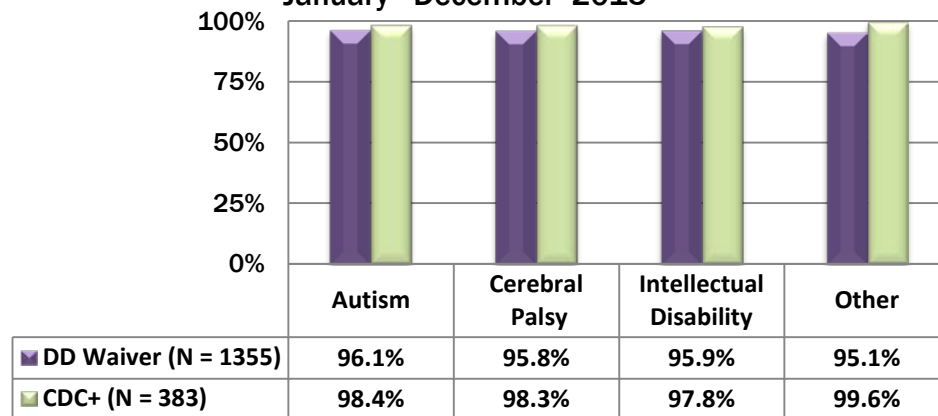
⁸ The Other category for Residential Status includes Assisted Living Facilities (17), Foster Care (11) and Adult Family Care (1). The Other Disability category for the DD waiver includes Epilepsy (2), Spina Bifida (18), Prader Willi (4) and Other (25); CDC+ includes Epilepsy (1), Spina Bifida (15), and Other (9).

participants age 65 or older. Results show very little variation across any of the demographic categories.

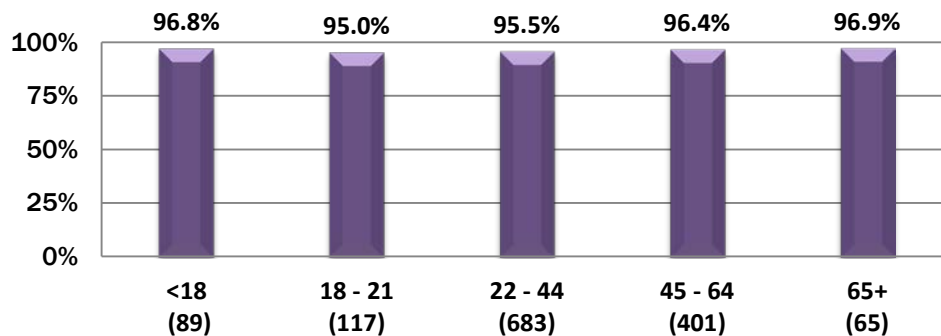
**Figure 2: PCR II Percent Met by Residential Status
DD Waiver: January - December 2015**



**Figure 3: PCR II by Disability Type and Waiver Type
January - December 2015**



**Figure 4: PCR II Percent Met by Age
DD Waiver: January - December 2015**

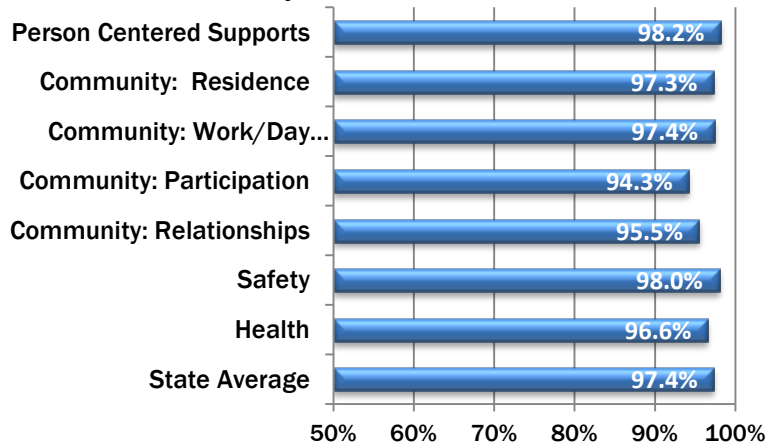


PCR Waiver Support Coordinator (WSC) Interview

The PCR process includes an interview of the WSC who is supporting the person at the time of the review. The standards are the same as described for the PCR Interview. However, the focus is from the perspective of the WSC. For example, how well does the WSC support the person to achieve person centered planning or community integration? The CDC+ Consultant is not interviewed. However, because Consultants are also certified as Support Coordinators and almost all serve individuals on the waiver, they are interviewed in their WSC role.

WSC Interview results for 1,355 PCRs are shown by Standard in Figure 5 and by Region in Table 5. Similar to the person’s interview results, Community Participation and Relationships show the lowest scores. There is little variation across regions.

**Figure 5: WSC Interview Results by Standard
January - December 2015**



**Table 5: PCR WSC Interview Results by Region
January – December 2015**

Region	#	% Met
Northwest	115	95.7%
Northeast	234	97.8%
Central	265	95.9%
Suncoast	287	98.7%
Southeast	253	98.5%
Southern	201	96.2%
State	1,355	97.4%

Of the 69 different indicators used to measure standards for the WSC Interview, only one showed a score of less than 90 percent:

Support Coordinator provides education/information to the person about social roles in the community (89.2%).

PCR Waiver Support Coordinator and CDC+ Consultant Record Reviews

During the PCR process the records maintained by the WSC or CDC+ consultant working for the person are reviewed. Compliance rates are presented by Region in Table 6 for Consultants and WSCs, and by Standard for WSCs in Table 7 and CDC+ Consultants in Table 8. Findings in Table 7 are shown for the average score, taking into consideration the weights assigned to each standard (Weighted Score), and the average percent of WSCs/Consultant who scored the standard met (Unweighted Score). Results indicate the following:

- There is very little variation across regions in record review results for either weighted or unweighted scores.
- All the Support Coordinators were in compliance with billing procedures and the Medicaid provider agreement but were least likely to ensure the Level of Care was completed accurately and with the correct instrument (89.3%).
- Consultants were least likely to document how they assist individuals to understand definitions of abuse, neglect and exploitation.

Table 6: PCR WSC and CDC+ Record Review Results by Region January - December 2015						
Region	Waiver Support Coordinator			CDC+ Participant		
	# of Reviews	Weighted Score	Unweighted Score	# of Reviews	Weighted Score	Unweighted Score
Northwest	115	96.3%	96.4%	38	98.6%	98.3%
Northeast	234	95.1%	96.0%	64	97.1%	98.0%
Central	265	95.1%	95.6%	88	97.7%	97.7%
Suncoast	287	96.2%	96.2%	67	96.1%	96.7%
Southeast	253	96.7%	96.7%	82	98.2%	98.4%
Southern	201	95.3%	95.8%	44	98.8%	98.8%
State	1355	95.8%	96.1%	383	97.6%	97.9%

Table 7: WSC Record Review Results by Standard		
January - December 2015		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least annually and contains all required components for billing.	1,354	94.6%
Level of care is reevaluated at least annually and contains all required components for compliance.	1,353	97.6%
Level of care is completed accurately using the correct instrument/form.	1,355	89.3%
Person receiving services is given a choice of waiver services or institutional care at least annually.	1,353	98.5%
The Support Plan is updated within 12 months of recipient's last Support Plan.	1,340	98.8%
An Annual Summary of progress is in the record.	1,329	92.0%
The Support Plan is updated/revised when warranted by changes in the needs of the person receiving services.	748	96.9%
WSC documents the Support Plan is provided to the individual and when applicable, the legal representative, within required time frames.	1,347	96.7%
WSC documents the Support Plan is provided to the providers identified on the support plan within required time frames.	1,307	92.8%
Support Plan includes supports and services consistent with assessed needs.	1,342	99.2%
Support Plan reflects support and services necessary to address assessed risks.	1,322	99.0%
Support Plan reflects the personal goals of the person receiving services.	1,352	99.6%
The current Support Plan includes natural, generic, community and paid supports for the person receiving services.	1,351	98.8%
WSC documentation indicates current, accurate and approved Service Authorizations were issued to provider(s).	1,339	96.3%
WSC documentation indicates services are delivered in accordance with the Cost Plan, including type, scope, amount, duration, and frequency specified in the Cost Plan.	1,353	99.5%
The Support Coordinator is in compliance with billing procedures and the Medicaid provider agreement.	1,352	100.0%
The Support Coordinator billed for services only after service is rendered.	1,351	96.7%
Progress Notes reflect required monthly contact/activities and are in the record.	1,355	93.7%

Table 7: WSC Record Review Results by Standard		
January - December 2015		
Standard	Number Reviewed	Percent Met
The Support Coordinator documents efforts to support the person receiving services to make informed decisions regarding choice of waiver services & supports.	1,350	96.0%
The Support Coordinator documents efforts to support the person receiving services to make informed decisions regarding choice among waiver service providers.	1,344	95.5%
The Support Coordinator documents efforts to assist the individual/legal representative to know about rights.	1,355	97.8%
The Support Coordinator documents efforts to ensure the person's health and health care needs are addressed.	1,355	95.6%
The Support Coordinator documents efforts to ensure person's safety needs are addressed.	1,354	96.4%
The Support Coordinator has a method in place to document information about the individual's history regarding abuse, neglect, and/or exploitation.	1,349	91.1%
The Support Coordinator documents efforts to assist the person receiving services to define abuse, neglect, and exploitation including how the person receiving services would report any incidents.	1,353	90.7%
Average WSC Record Review Result	33,063	96.1%

Table 8: CDC+ Consultant Results by Element		
January - December 2015		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least annually and contains all required components for billing.	383	97.9%
Level of care is reevaluated at least annually and contains all required components for compliance.	383	99.0%
Level of care is completed accurately using the correct instrument/form.	383	94.0%
Person receiving services is given a choice of waiver services or institutional care at least annually.	383	99.5%
The Support Plan is updated within 12 months of recipient's last Support Plan.	378	99.7%
An Annual Summary of progress is in the record.	378	96.8%
The Support Plan is updated/revised when warranted by changes in the needs of the person receiving services.	210	97.6%
WSC documents the Support Plan is provided to the individual and when applicable, the legal representative, within required time frames.	377	97.6%

Table 8: CDC+ Consultant Results by Element		
January - December 2015		
Standard	Number Reviewed	Percent Met
WSC documents the Support Plan is provided to the providers identified on the support plan within required time frames.	271	98.5%
Support Plan includes supports and services consistent with assessed needs.	377	99.7%
Support Plan reflects support and services necessary to address assessed risks.	368	100.0%
Support Plan reflects the personal goals of the person receiving services.	382	99.7%
The current Support Plan includes natural, generic, community and paid supports for the person receiving services.	382	99.0%
Services are delivered in accordance with the Cost Plan.	383	99.7%
The Support Coordinator is in compliance with billing procedures and the Medicaid provider agreement.	382	100.0%
The Support Coordinator billed for services only after service is rendered.	382	97.4%
Participant Monthly Review forms & Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	383	96.6%
The Support Coordinator documents efforts to assist the individual/legal representative to know about rights.	383	98.7%
The Support Coordinator documents efforts to ensure the person's health and health care needs are addressed.	381	97.9%
The Support Coordinator documents efforts to ensure person's safety needs are addressed.	380	98.7%
The Support Coordinator has a method in place to document information about the individual's history regarding abuse, neglect, and/or exploitation..	378	93.7%
The Support Coordinator documents efforts to assist the person receiving services to define abuse, neglect, and exploitation including how the person receiving services would report any incidents.	381	91.1%
Completed/signed Participant-Consultant Agreement is in the record.	383	97.9%
Completed/signed CDC+ Consent Form is in the record.	383	95.8%
Completed/signed Participant-Representative Agreement is in the record.	382	98.4%
All applicable completed/signed Purchasing Plans are in the record.	380	98.4%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	382	99.2%
All applicable completed/signed Quick Updates are in the Record.	125	97.6%
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	185	97.8%

Table 8: CDC+ Consultant Results by Element January - December 2015		
Standard	Number Reviewed	Percent Met
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	354	97.5%
Consultant provides technical assistance to participant as necessary to meet participant's and representative's needs.	363	99.7%
Consultant has taken action to correct any overspending by the Participant.	64	98.4%
If applicable, Consultant initiates Corrective Action.	21	100.0%
Completed/signed Corrective Action Plan is in the record.	22	95.5%
If applicable, an approved Corrective Action Plan is being followed.	24	100.0%
The Emergency Backup Plan is in the record and is reviewed annually.	375	97.1%
Average CDC+ Consultant Result	383	97.9%

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 December 2015, 414 CDC+ Representatives were reviewed. Participants may decline to participate in the CDC+ PCR process. However, the Representative for the person still receives a review. CDC-R results for each standard are presented by region in Table 9 and by standard in Table 10.

- On average, Representatives reviewed throughout 2015 showed 94.1 percent compliance.
- Representatives in the Northwest and Suncoast Regions were least likely to have the standards met, 89.4 percent and 89.9 percent respectively.
- Over 98 percent of participants obtained services consistent with stated and documented needs and goals; made purchases consistent with the Purchasing Plan.
- 26 Representatives required a Corrective Action Plan and of these, five (80%) did not have one available for review.
- Fewer than 90 percent of Representatives had background screening requirements in place (82.4%); had documentation available to support reconciliation for monthly statements (83.5%); had accurate and signed timesheets for all directly hired employees (89.1%).

Table 9: CDC+ Representative Reviews			
January - December 2015			
Region	# of Reviews	Weighted Score	Unweighted Score
Northwest	44	90.8%	89.4%
Northeast	76	95.2%	94.5%
Central	95	94.2%	92.9%
Suncoast	69	90.5%	89.8%
Southeast	86	95.6%	95.1%
Southern	44	97.8%	97.4%
State	414	94.1%	93.3%

Table 10: CDC+ Representative Results by Standard		
January - June 2015		
Standard	Number Reviewed	Percent Met
Complete and signed Participant/ Representative Agreement is available for review.	412	96.6%
Accurate Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	377	89.1%
Signed and approved Invoices for Vendor Payments are available for review.	237	93.7%
Signed and approved receipts/statement of Goods and Services for reimbursement items are available for review.	150	94.0%
Complete Employee Packets for all Directly Hired Employees are available for review.	378	96.8%
Complete Vendor Packets for all vendors and independent contractors are available for review.	260	93.5%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	380	91.3%
Signed Employer/Employee Agreement for each Directly Hired Employee (DHE) is available for review.	378	92.6%
All applicable signed and approved Purchasing Plans are available for review.	413	93.2%
Copies of Support Plan(s) are available for entire period of review.	414	95.9%
Copies of approved Cost Plans are available for entire period of review.	414	94.0%

Table 10: CDC+ Representative Results by Standard		
January - June 2015		
Standard	Number Reviewed	Percent Met
Emergency Backup Plan is complete and available for review.	413	96.6%
Corrective Action Plan (if applicable) is available for review.	26	80.8%
Background screening results for all providers who render direct care are available for review.	393	82.4%
All applicable signed and approved Quick Updates are available for review.	134	96.3%
Monthly Statements are available for review.	412	95.1%
Documentation is available to support the reconciliation of Monthly Statements.	412	83.5%
The Participant obtains services consistent with stated/documentated needs and goals.	412	98.5%
The Participant makes purchases that are consistent with the Purchasing Plan.	387	98.4%
Average CDC+ Representative Compliance Rate	6,402	93.3%

Health Summary

During the PCR, Delmarva reviewers utilize an extensive Health Summary tool to help determine the individual’s health status in various areas, such as a need for adaptive equipment; if visits have been made to the doctor or dentist; if the person has been hospitalized or been to the emergency room; and type and number of psychotherapeutic drugs the person is taking.

The following tables show the percent of individuals who were taking prescription medications for Waiver and CDC+ participants, by the number of medications taken (Table 11), four or more medications taken and the percent with health concerns by region (Table 12) and common health and welfare indicators (Table 13). Findings to date this year indicate the following:

- Compared to the Waiver, CDC+ participants were much more likely to be taking one to three medications as opposed to four or more.
- Close to 40 percent of individuals on the Waiver were taking four or more prescription medications, compared to 26.6 percent of CDC+ participants.
- Most individuals with a health concern indicated needs were met.
- Individuals receiving services through the waiver in the Central Region were more likely than in any other region to have health concerns with unmet needs.

- Individuals in the Northwest and Southern Regions, receiving services through the waiver, were more likely to be taking four or more medications than in other areas of the state.
- A higher proportion of individuals on the DD waiver had been to the emergency room than CDC+ participants, 21.4 percent and 15.4 percent respectively.

Table 11: Prescription Medications Taken		
January – December 2015		
Number of Medications	Waiver (N=1,355)	CDC+ (N=383)
0	1.0%	0.8%
1 - 3	59.6%	72.6%
4 - 6	29.8%	20.9%
7+	9.5%	5.7%

Table 12: Health Results by Region				
Region	Taking 4+ Prescription Medications		Have Health Concerns, Needs Not Met	
	Waiver	CDC+	Waiver	CDC+
Northwest	43.5%	21.1%	2.6%	0.0%
Northeast	38.0%	28.1%	3.0%	1.6%
Central	37.7%	25.0%	5.7%	2.3%
Suncoast	38.3%	29.9%	2.4%	1.5%
Southeast	36.8%	23.2%	0.8%	1.2%
Southern	45.3%	34.1%	0.5%	0.0%
State	39.3%	26.6%	2.6%	1.3%

Table 13: Health Summary:		
January – December 2015		
	Waiver (1,355)	CDC+ (383)
In the past 12 months:		
Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation?	2.8%	0.3%
Have Reactive Strategies under 65G-8 been used due to behavioral concerns?	2.4%	0.5%
Have you been admitted to the hospital (including baker acts)?	15.8%	10.9%
Have you been to an Emergency Room?	21.4%	15.4%
Have you been to an Urgent Care Center?	4.2%	3.4%

National Core Indicator (NCI) Adult Consumer Survey Results

The Delmarva PCRs include the NCI Adult Consumer Survey. In the following table we present a number of the questions grouped into Focus Outcome Areas (FOA). Results for each question included in the FOAs are presented in Attachment 2. Because many of the questions have changed, we do not draw comparisons to previous years. Data from the NCI Survey indicate the following:

- Individuals were most likely to indicate there was a person centered approach to their services and supports
- Individuals were least likely to have elements of choice present in their lives
- Community Inclusion and Choice were most likely to have negative responses, 31.5 percent and 18.4 percent respectively

Table 16: NCI Consumer Survey Results by Focused Outcome Areas				
January - December 2015				
	Number Responses	Percent Negative	% In-Between	Percent Positive
Person Centered Approach	4,878	11.1%	9.8%	79.1%
Choice	8,440	18.4%	32.1%	49.5%
Safety	4,284	3.1%	2.7%	94.2%
Rights	6,675	8.9%	15.5%	75.6%
Community Inclusion	12,808	31.5%	2.3%	66.2%
		Poor	Good	Excellent /Very Good
Health	1,494	3.8%	28.4%	67.7%

Provider Discovery Reviews (PDR): Service Providers⁹

During this contract year, a PDR will be completed for all providers who render at least one of the following services through the iBudget HCBS Waiver:

- Behavior Analysis
- Behavior Assistant
- Life Skills Development 1 (Companion)
- Life Skills Development 2 (SEC)

⁹ All review tools are posted on the FSQAP website <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>.

- Life Skills Development 3 (ADT)
- Personal Supports
- Residential Habilitation Behavior Focus
- Residential Habilitation Intensive Behavioral
- Residential Habilitation Standard
- Respite
- Special Medical Home Care
- Support Coordination
- Supported Living Coaching

The PDR is composed of up to six different review components: Interviews with individuals receiving services (PDR II) (SI), Interviews with staff rendering services, Observations at licensed residences and day programs (OBS), Policy and Procedure (P&P), Qualification and Training (Q&T), and Service Specific Record Reviews (SSRR). We provide PDR results separately for WSCs and providers of other services. During the contract year (January – December 2015) 1,783 PDRs were completed by reviewers and approved by Delmarva management; 1,288 for service providers and 495 for WSCs. The PDR tools have been revised multiple times since February 2013 and again in January 2015 and comparisons to earlier years are not appropriate.

PDR Individual and Staff Interviews

Beginning in January 2015, the PDR incorporated an interview with individuals receiving services from the provider and an interview with staff providing services. The staff may or may not be providing services to individuals interviewed but all services are monitored during the interview processes. The purpose of the interviews is to determine from the individual's perspective how well services are provided and determine from the staff how well individuals are being supported in each service. The standards are the same as for the PCR interview but the indicators used to measure those standards are specific to the PDR.¹⁰ Figure 6 shows Individual and Staff Interview results by Standard and Table 14 shows the results by region.

- Delmarva completed 2,130 Staff and 2,180 Individual Interviews in 2015
- There was little variation across the Standards and very little variation between individual and staff responses on each Standard
- Community Participation was least likely to be present
- There was little variation across regions

¹⁰ All PCR and PDR tools can be viewed on the DFMC website: <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>

**Figure 4: PDR Interview Results by Standard
January - December 2015**

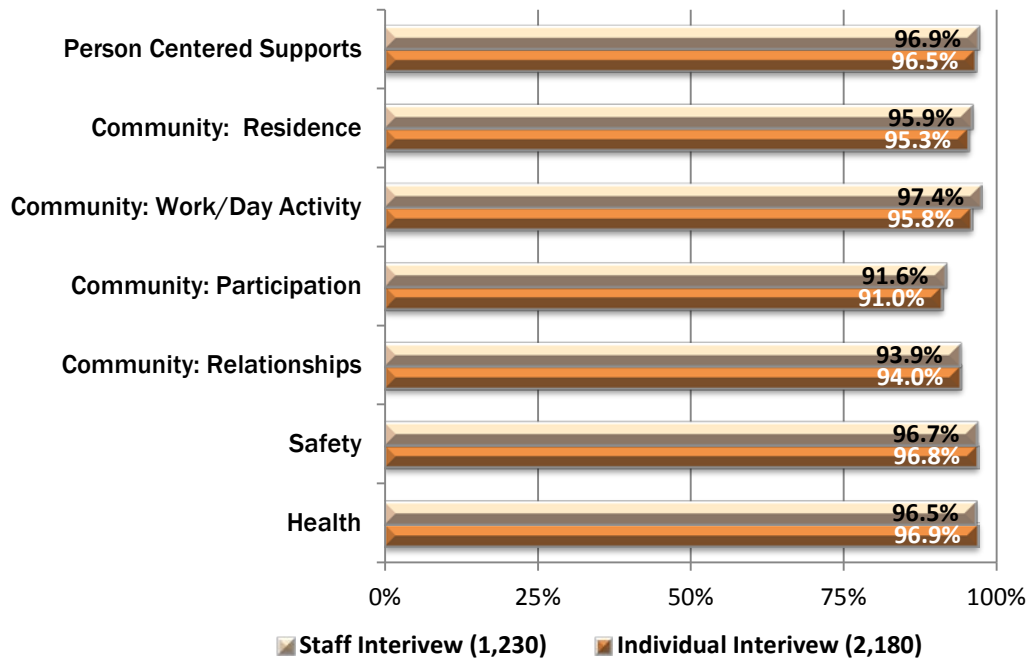


Table 14: PDR Interviews by Region January - December 2015				
Region	Individual		Staff	
	#	% Met	#	% Met
Northwest	197	96.8%	198	96.7%
Northeast	417	96.8%	398	97.0%
Central	342	94.0%	334	93.7%
Suncoast	507	97.0%	500	98.0%
Southeast	407	95.2%	410	94.9%
Southern	310	95.2%	290	95.6%
State	2,180	95.9%	2,130	96.1%

Observations

Delmarva reviewers conduct onsite observations of up to 10 group homes when reviewing providers of Residential Habilitation in Licensed Residential Facilities (LRFs). 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, reviewers observe the physical facility and also

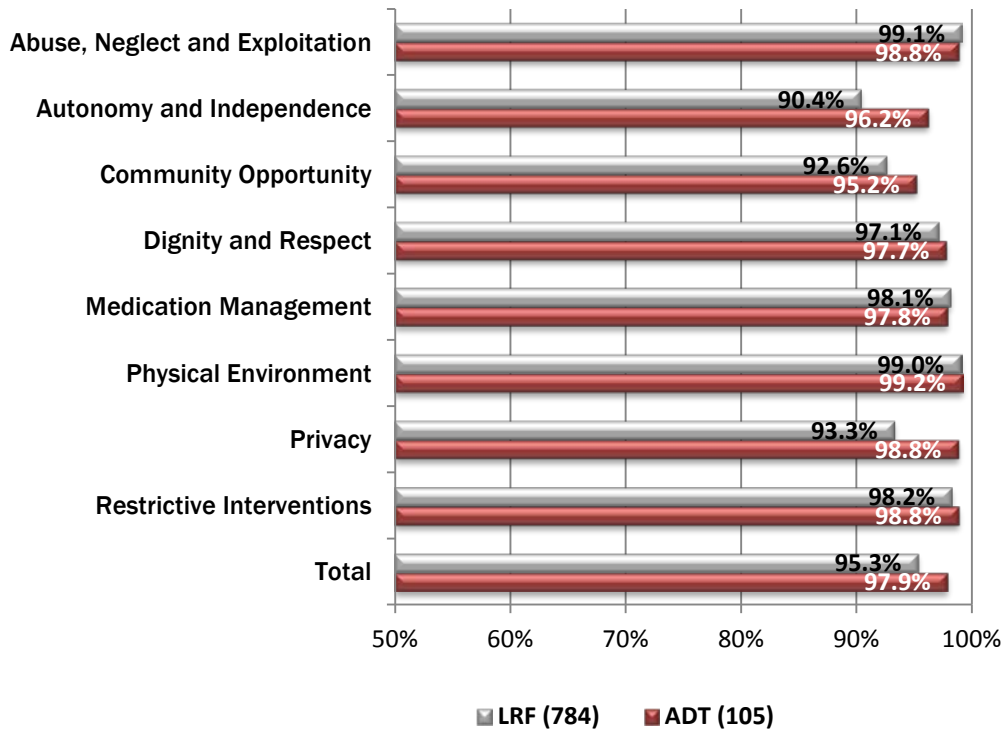
informally interview staff, residents, and day program participants as needed and as possible. In 2015, observations were completed at 105 LSD 3 (ADT) locations and 784 LRFs. Approximately 22 percent of the total number was conducted as unannounced. While providers knew when the PDR would occur, they did not always know what facilities would be chosen for the Observation and when it would occur. PDR Observation scores are shown by Region for ADT and LRFs in Table 15. Observations scores for ADT are on average somewhat higher.¹¹

Table15: PDR Observation Scores by Region and Location				
January - December 2015				
	ADT		ResHab	
Region	# OBS	% Met	# OBS	% Met
Northwest	8	98.5%	24	92.6%
Northeast	18	98.2%	111	96.0%
Central	18	96.8%	148	92.5%
Suncoast	32	98.9%	222	96.4%
Southeast	14	97.9%	157	96.2%
Southern	15	95.8%	122	95.5%
State	105	97.9%	784	95.3%

Observations are shown by location and Standard in Figure 7. The greatest differences are in Autonomy and Independence and Privacy. Scores in these areas were lower in LRFs than for day programs.

¹¹ Review tools are posted here and include detailed descriptions of each standard: <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>.

**Figure 7: Observation Results by Standard
January - December 2015**

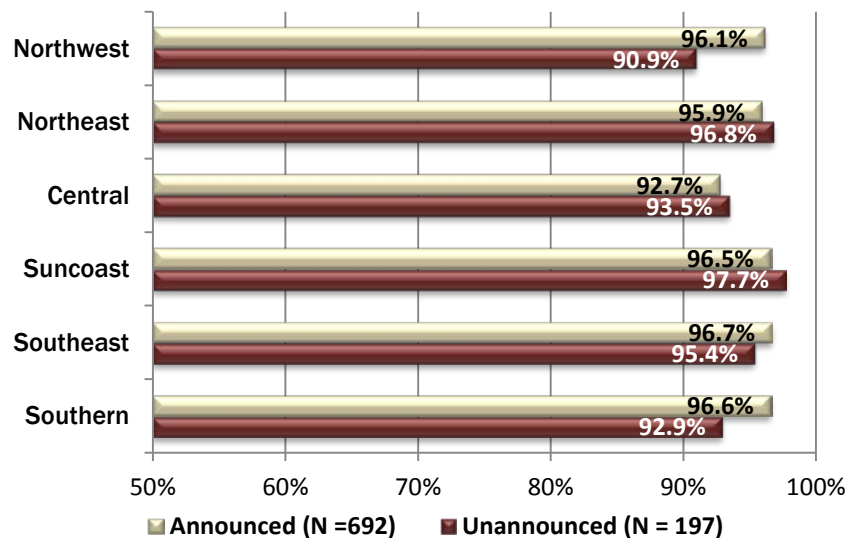


Announced vs Unannounced Observations

The following table shows Observation results by location and Observation Type, Announced and Unannounced visits. Results are presented in Figure 8 by Observation Type and Region. Differences between the types of Observations appear to be small. However, in the Northwest and Southern Regions scores for Unannounced Observations were lower.

Table 16: Observations by Location and Type				
Observation Type	ADT		LRF	
Announced	77	98.5%	615	95.5%
Unannounced	28	96.1%	169	94.7%
Total	105	97.9%	784	95.3%

**Figure 8: Announced v. Unannounced Observations
by Region
January - December 2015**



Results by Indicator

Each location is scored on up to 71 different indicators. For day programs, 63 indicators (88.7%) reflected scores of 95 percent or higher. This was somewhat lower for LRFs, for which 51 or 71.8 percent of indicators were scored 95 percent or higher. The following indicators showed the lowest scores for 2015, lower than 80 percent present:

Training in the use of public transportation is not available and/or facilitated (ADT : 72.1%; LRF: 76.3%)

Individuals do not have a key to their home (LRF: 52.3%)

Individuals did not participate in the development of the 'house rules' (LRF: 79.6%)

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. Each standard is scored as Met, Not Met, or Not Applicable. Results for all P&P Standards reviewed this

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

year are shown in Table 17 and indicate a high degree of compliance across most standards for both service providers and support coordinators. Service providers were least likely to have written policies related to onsite oversight for Behavior Focused group homes. There was little variation across regions (Table 18).

Table 17: PDR Policies and Procedures Results by Standard				
January - December 2015				
P&P Standard	PDR		WSC PDR	
	# Reviewed	% Met	# Reviewed	% Met
Vehicles used for transportation are properly insured.	400	98.0%	NA	NA
Vehicles used for transportation are properly registered.	401	97.8%	NA	NA
If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	22	100.0%	NA	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.	957	97.7%	97	100.0%
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.	963	97.5%	100	100.0%
The provider has written policies and procedures which detail how the provider will ensure the individual's medications are administered and handled safely.	742	98.1%	NA	NA
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.	964	95.6%	99	98.0%
The provider has written policies and procedures detailing the process that the provider will go through to address individual complaints and grievances regarding possible service delivery issues to address grievances.	963	99.3%	100	100.0%
The provider has identified and addressed concerns related to abuse, neglect, and exploitation.	345	99.1%	196	99.5%
If applicable, all instances of abuse, neglect, and exploitation have been reported.	174	98.3%	167	99.4%
If applicable, the provider addresses medication errors.	162	96.9%	NA	NA
The provider addresses all incident reports.	644	98.0%	394	97.1%
If applicable, the provider has written policies and procedures related to the use of Reactive Strategies.	215	93.0%	NA	NA

Table 17: PDR Policies and Procedures Results by Standard January - December 2015				
P&P Standard	PDR		WSC PDR	
	# Reviewed	% Met	# Reviewed	% Met
If provider operates Behavior Focus group homes, required on-site oversight for residential services is provided.	99	87.9%	NA	NA
Average Policies and Procedures	7,051	97.5%	1,138	98.1%

Table 18: Administrative Policy and Procedure by Region January - December 2015				
Region	PDR		WSC PDR	
	# Reviewed	% Met	# Reviewed	% Met
Northwest	141	98.8%	36	98.0%
Northeast	262	97.3%	90	99.5%
Central	197	95.8%	111	99.3%
Suncoast	284	98.0%	93	97.3%
Southeast	229	97.9%	99	98.4%
Southern	175	97.6%	66	100.0%
State	1,288	97.5%	495	98.7%

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 Table 19 for service providers and Table 20 for WSCs and in Table 21 by region. For each provider/WSC, several employee records may be reviewed per standard. Qualifications and Training compliance rates across the standards were quite high, and to indicate:¹³

- Average compliance for service providers was 94.4 percent and for WSCs was 96.3 percent
- Service providers scored approximately 95 percent or higher on 23 of 36 standards reviewed
- Service providers were least likely to have completed eight hours of annual in-service training for Supported Living Coach (82.7%)

¹³ For some of the standards only a few records were reviewed so comparisons across the standards should be made with caution till more data are available.

- Support coordinators scored approximately 95 percent or higher on 11 of 13 standards
- WSCs were least likely to have received 24 hours of ongoing annual job related training for Support Coordination (89.1%)
- There is little variation across regions

Table 19: PDR Qualifications and Training Service Provider Results by Standard		
January - December 2015		
Q&T Standard	Number Reviewed	Percent Met
The provider has completed all aspects of required Level II Background Screening.	3,101	94.1%
If applicable, the provider received training in Medication Administration.	1,379	95.3%
Drivers of transportation vehicles are licensed to drive vehicles used.	2,343	99.6%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	137	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.	87	98.9%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	175	99.4%
The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care.	2	100.0%
Vehicles used for transportation are properly insured.	1,773	95.5%
Vehicles used for transportation are properly registered.	1,776	94.6%
The provider received training in Zero Tolerance.	3,101	92.7%
The provider received training in Direct Care Core Competency.	3,085	95.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	87	96.6%
The provider has completed standardized, pre-service training for Life Skills Development 2.	163	94.5%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	1,584	98.4%
The provider meets all minimum educational requirements and levels of experience for Respite.	515	98.4%
The provider completed required Supported Living Pre-Service training for Supported Living Coach.	374	96.5%
If applicable, the provider has been validated on medication administration.	1,362	91.9%
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).	492	96.3%

Table 19: PDR Qualifications and Training Service Provider Results by Standard		
January - December 2015		
Q&T Standard	Number Reviewed	Percent Met
The provider has completed eight hours of annual in-service training related to employment for Life Skills Development 2.	147	86.4%
The provider completed eight hours of annual in-service training related to the implementation of individually designed services for Life Skills Development 3.	144	88.2%
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.	209	95.7%
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.	35	100.0%
The provider received training in HIPAA.	3,096	90.4%
The provider received training in HIV/AIDS/Infection Control.	2,909	97.5%
The provider received training in CPR.	2,913	96.9%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	167	99.4%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coach.	376	98.7%
The provider received training in Person Centered Approach/Personal Outcome Measures.	3,077	91.5%
The provider received training with an emphasis on choice and rights.	3,080	92.0%
The provider received training in the development and implementation of the required documentation for each waiver service provided.	3,080	91.8%
The provider received training specific to the scope of the services rendered.	3,077	92.3%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	834	99.3%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	893	99.4%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	210	99.0%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	36	100.0%
The provider completed eight hours of annual in-service training for Supported Living Coach.	342	82.7%
Average Qualifications and Training	46,161	94.4%

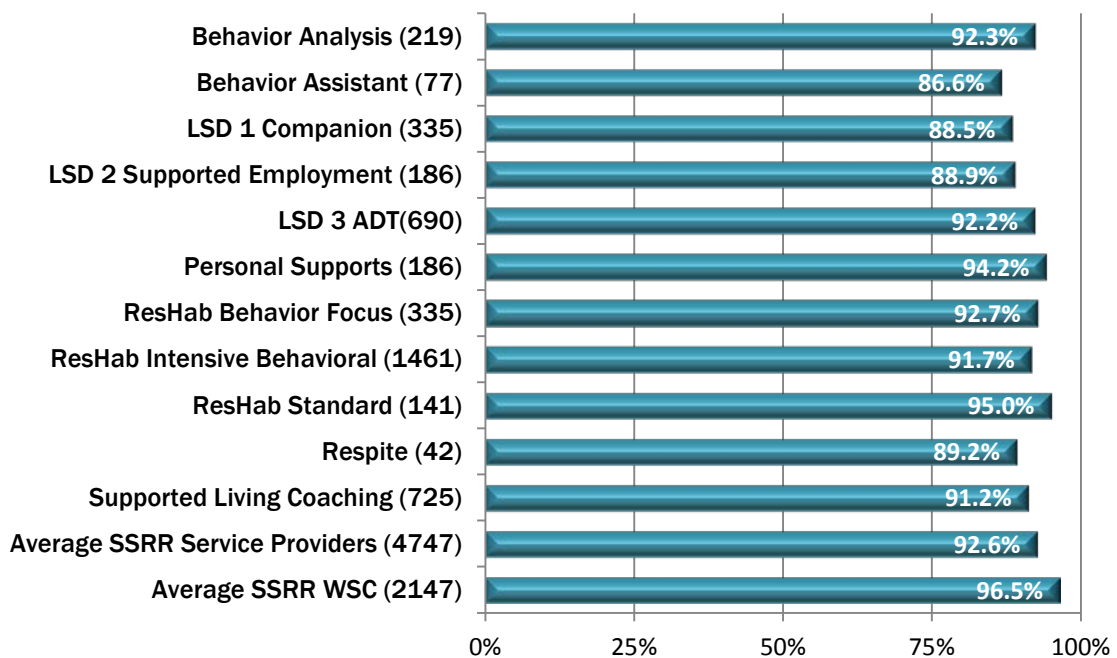
Table 20: PDR Qualifications and Training WSC Results by Standard		
January - December 2015		
Q&T Standard	Number Reviewed	Percent Met
The provider has completed all aspects of required Level II Background Screening.	656	96.0%
Drivers of transportation vehicles are licensed to drive vehicles used.	75	100.0%
Provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	191	99.0%
The provider received mandatory Statewide pre-service training for Support Coordination.	653	99.7%
Vehicles used for transportation are properly insured.	62	96.8%
Vehicles used for transportation are properly registered.	62	96.8%
The provider received training in Zero Tolerance.	656	95.7%
The provider received training in Direct Care Core Competency.	656	98.3%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	648	99.8%
The provider received mandatory Region/Area- specific training for Support Coordination.	653	97.1%
The provider received training in HIPAA.	651	93.9%
The provider received 24 hours of ongoing annual job related training for Support Coordination.	622	89.1%
The provider received training in Person Centered Approach/Personal Outcome Measures.	649	95.8%
Average Qualifications and Training (WSC)	6,236	96.3%

Table 21: Qualifications and Training by Region				
January - December 2015				
Region	PDR		WSC PDR	
	# Reviewed	% Met	# Reviewed	% Met
Northwest	141	95.1%	36	97.6%
Northeast	262	95.3%	90	96.9%
Central	197	92.2%	111	95.7%
Suncoast	284	95.3%	93	96.4%
Southeast	229	94.3%	99	96.0%
Southern	175	93.8%	66	96.4%
State	1,288	94.4%	495	96.3%

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). The SSRR tool includes a review of standards specific to each service. There were 4,747 SSRRs completed between January and December 2015 as part of the 1,288 PDRs for service providers and 2,147 SSRRs completed as part of the 495 WSC PDRs. Records for WSCs who are reviewed as part of the PCR are included in the WSC PDR, supplemented with additional unannounced records requested at the time of the review.

**Figure 9: SSRR Scores by Service
Percent Met
January - December 2015**



SSRR results are presented by service in Figure 9 and by region in Table 22. Because many of the standards have a weight of more than one, for regional comparisons we provide both the weighted and the percent of standards scored as met, an unweighted score. Data indicate:

- On average, providers and WSCs have performed well on Service Specific requirements
- WSCs weighted scores were somewhat better than providers of other services, on average, 96.5 percent and 92.6 percent respectively
- Average weighted scores were lowest for providers of Respite Services (89.2%), Supported Employment (88.9%), Companion (88.5%), and Behavior Assistant (86.6%)
- There was little variation across regions

Table 22: PDR Service Specific Record Review Results by Region						
January - December 2015						
	Service Providers			WSCs		
Region	# Records Reviewed	Weighted Score	Unweighted Score	# Records Reviewed	Weighted Score	Unweighted Score
Northwest	418	90.9%	91.5%	115	96.1%	96.2%
Northeast	895	90.1%	91.2%	228	94.5%	95.5%
Central	751	88.9%	90.2%	270	95.1%	95.6%
Suncoast	1,167	91.4%	92.2%	286	95.2%	95.2%
Southeast	874	91.4%	92.3%	257	96.8%	96.7%
Southern	642	91.3%	92.0%	201	95.5%	96.0%
State	4,747	90.7%	91.6%	1,357	95.5%	95.8%

Overall PDR Scores by Region

Information in Tables 23 and 24 provides a summary of the average weighted PDR results by region for service providers and WSCs respectively. For support coordinators, the Announced record reviews are completed as part of a PCR. Unannounced record reviews are for records that are requested the first day of the onsite PDR for the WSC. Results for service providers indicate relatively high scores across all regions and review components. The service record reviews have the majority of the weighted standards, and providers scored somewhat lower on this component of the PDR. There is little difference, on average, between WSC Announced and Unannounced record review compliance.

Table 23: PDR Weighted Scores for Service Providers						
January - December 2015						
Region	Policy & Procedure (N=1,288)	Qualifications & Training (N=1,288)	Service Record Reviews (N= 4,747)	Staff Interview (N=2,130)	Provider Individual Interview (N=2,180)	OBS (N= 889)
Northwest	98.8%	95.1%	90.9%	96.7%	96.8%	93.9%
Northeast	97.3%	95.3%	90.1%	97.0%	96.8%	96.2%
Central	95.8%	92.2%	88.9%	93.7%	94.0%	92.9%
Suncoast	98.0%	95.3%	91.4%	98.0%	97.0%	96.7%
Southeast	97.9%	94.3%	91.4%	94.9%	95.2%	96.4%
Southern	97.6%	93.8%	91.3%	95.6%	95.2%	95.5%
State	97.5%	94.4%	90.7%	96.1%	95.9%	95.5%

Table 24: PDR Weighted Scores for WSCs January - December 2015				
Region	Policy & Procedure (N=495)	Qualifications & Training (N=495)	WSC Record Reviews	
			Announced (N = 1,357)	Unannounced (N = 790)
Northwest	98.0%	97.6%	96.3%	95.9%
Northeast	99.5%	96.9%	95.0%	93.6%
Central	99.3%	95.7%	95.0%	95.3%
Suncoast	97.3%	96.4%	96.1%	93.4%
Southeast	98.4%	96.0%	96.6%	97.1%
Southern	100.0%	96.4%	95.2%	96.0%
State	98.7%	96.3%	95.8%	95.2%

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, unless the only reason cited is noncompliance with the Affidavit of Good Moral Conduct.

During the year, 286 alerts were recorded. 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, 121 for providers and 53 for CDC+ Representatives. An additional 112 alerts were reported as shown in the following table.

Table 25: Alerts by Type January - December 2015	
Alert Type	Times Cited
Rights	11
Health & Safety	28
Abuse/Neglect/Exploitation	9
Background Screening	174
Medication Administration/Training	52
Driver’s License/Insurance (Employee)	11

Table 25: Alerts by Type	
January - December 2015	
Alert Type	Times Cited
Vehicle Insurance (administrative)	1
Total Alerts	286

Background Screening

When examining background screening results, it is important to remember that a provider may have several employee records reviewed for which the person did not have the standard met. Each provider receives only one alert, if one or more employee records are out of compliance. In addition, each employee may have multiple reasons as to why the standard is not met. The following table shows the percent of providers with background screening compliance met (i.e., no employee records were out of compliance) for service providers and CDC+ Representatives. Data indicate:

- CDC+ Representatives were less likely to have all background screening components in place.
- Service providers in the Central and Southern Regions were less likely to have background screening met than their counterparts in other regions.
- Results for Representatives ranged from a low of 71.6 percent in Suncoast to a high of 92.9 percent in the Southern Region.

Table 26: Percent of Providers with Background Screening Met				
January - December 2015				
Region	Service Providers		CDC+ Representatives	
	# Reviews	% Met	# Reviews	% Met
Northwest	141	90.1%	40	80.0%
Northeast	262	90.8%	70	85.7%
Central	197	86.3%	91	81.3%
Suncoast	284	91.2%	67	71.6%
Southeast	229	90.8%	83	85.5%
Southern	175	86.9%	42	92.9%
State	1,288	89.6%	393	82.4%

Information in Table 27 provides the reason background screening was not met for each employee record reviewed, for services providers (PDR and CDC+ Representatives). In addition to often not having the Affidavit of Moral Good Moral Conduct in place:

- Service providers and WSCs were most likely to be missing the Local Criminal Records Check
- CDC+ Representatives were most likely to be missing the Federal Bureau of Investigation screening clearance letter or the Florida Department of Law Enforcement screening clearance letter

Table 27: Reason Background Screening was Not Met		
January - December 2015		
Reason	PDR	CDC-R
Non-Compliant - Provider did not make individual records available for review purposes.	2.4%	0.8%
Provider did not present a current Federal Bureau of Investigation screening clearance letter or other acceptable form of FBI screening.	17.6%	30.3%
Provider did not present a current Florida Department of Law Enforcement screening clearance letter or other acceptable form of FDLE screening.	17.9%	31.1%
Provider did not present a current Local Criminal Records Check obtained within county of residence.	30.7%	NA
Provider did not present a current complete and signed Affidavit of Compliance with Background Screening Requirements.	1.0%	NA
Provider did not present a current complete, signed and notarized Affidavit of Good Moral Character.	24.7%	18.0%
Provider has not completed the five-year re-screening. (Pre 8/2010 FDLE Only)	1.4%	17.2%
Provider presented a current Affidavit of Good Moral Character but it was not notarized.	2.4%	0.8%
Provider presented a current Affidavit of Good Moral Character, but it was not signed.	0.3%	1.6%
Provider presented a current Local Criminal Records Check but it was not obtained within county of residence.	0.3%	NA
Provider was not fully re-screened following a greater than 90 day lapse in employment in an appropriate field.	1.4%	0.8%
Total	296	122

Section III: Discovery

Findings in this report reflect data from PCR and PDR reviews and other contract activity completed between January and December 2015. A total of 1,738 PCRs, 1,288 PDRs and 414 CDC+ Representative reviews were completed, approved and available for analysis. Feedback from providers about the reviewer and review processes as well as feedback concerning the NCI interview processes has been extremely positive. In addition to the new tools and processes implemented in January 2015, in May revisions on the tools and reports were requested from AHCA and completed by Delmarva, excluding all references to the amount of potential billing discrepancies identified during reviews. New revisions were completed to once again include the billing discrepancies and will be implemented in January 2016.

During contract year Delmarva facilitated three Quality Council meeting and participated in various workgroups organized by the Quality Council. Regional managers continue to review all reports before final approval and conduct bi-weekly meetings for all reviewers. They also facilitated the quarterly meetings in each region each quarter this year to review data, explore trends, and discuss other relevant regional issues or best practices. 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. All managers and reviewers have taken and passed reliability tests on various components of the review processes.

Person Centered Review Results

The PCR is composed of an interview with the person and the person's support coordinator, and a review of the record maintained by the support coordinator for that person. Results for all the PCR components were high:

Individual Interview (Waiver) – 95.9%
Individual Interview (CDC+) – 98.1%
WSC Interview – 97.4%
WSC Record Review – 96.1%
CDC+ Consultant Record Review – 97.9%
CDC+ Representative Review – 93.3%

Only a few results show findings that should be tracked as more data are collected in the next year of the contract:

- Individual interviews showed the lowest scores on Community Participation (93.8%) and Person Centered Supports (92.7%), compared to the other standards.
- WSC interviews also showed the lowest scores on Community Participation (94.3%)
- Indicators from the individual interview also point to issues with community integration. The two lowest scoring indicate individuals are often not provided information about developing social roles in the community or provided opportunities to develop new friendships
- Support Coordinators also indicated they are not always providing education or information for individuals to develop social roles in the community
- NCI data showed the highest percent of negative responses on the Community Inclusion FOA (31%)
- Results from the record reviews indicate WSCs did not:
 - Use the correct instrument to accurately complete the Level of Care assessment (89.3%)
 - Document efforts to assist the person receiving services to define abuse, neglect, and exploitation, including how the person receiving services would report any incidents (90.7%)

Two standards in the WSC record reviews with the lowest scores, using the correct instrument to complete the Level of Care assessment and assisting the person to define abuse, neglect and exploitation, are critical components of the CMS assurances.

Recommendation 1: APD should develop a system that can be used by the regions to help ensure WSCs have and accurately use the correct forms for the Level of Care assessments. Because this is a measure for the CMS assurances, used in the evidentiary report, the state should address this as soon as possible and track results through the next year of the contract.

The ability to be involved in the community the same as other individuals without disabilities is a key component of the new CMS standards. While results for the PCRs are relatively high, the community participation standards are somewhat low compared to other results and NCI data suggest a high proportion of individuals are not participating in the community as they may desire.

Recommendation 2: As the new training modules are developed, APD should ensure all providers are required to take competency based training on understanding and implementing community involvement for individuals.

Recommendation 3: New WSC training and mentoring is being developed through APD, with input from a Quality Council workgroup. This should include a review of the Support Plan Development and training to ensure plans have goals that pertain to social role development as desired by the person, and ways to build new relationships in the community.

Recommendation 4: It is imperative individuals are provided information and education on abuse, neglect and exploitation. Understanding how to define and recognize these are critical in prevention of incidents. APD should work with AHCA and the Quality Council to develop new educational materials Support Coordinators and other providers can distribute throughout the state to help provide education for families and individuals in these areas.

Provider Discovery Review Results

Results from the 1,288 PDRs conducted with service providers indicate providers performed very well in all aspects of the review, as shown in the following graphic. The lowest scoring area is on standards specific to services rendered, particularly for Respite, Supported Employment, Companion, and Behavior Assistant.



APD has implemented several policies in the past year that have increased background screening compliance from an average of 70 percent to close to 90 percent. However, this is a zero tolerance standard and all employees for all providers must have background screening documentation in the record. In addition, background compliance appears to be lower in the Central and Southern Regions than in other areas across the state.

Recommendation 5: When employees are noncompliant with background screening requirements, they are most often missing documentation for three key areas: FBI or FDLE clearance or Local Criminal Records verification. While programs initiated by APD appear to have positively impacted

background screening compliance, the Quality Council should consider developing an initiative that may help providers with these three key areas of noncompliance.

Recommendation 6: If current trends continue, the Central and Southern Regional offices should explore why providers are not maintaining all the necessary background screening documentation and develop initiatives to help increase compliance in this area.

Providers offering Behavior Focus group homes are required to provide onsite oversight for residential services. Close to 12 percent of these providers, 99 reviewed this year, did not have this in place.

Recommendation 7: APD should review policies surrounding oversight required in the Behavior Focus group homes and ensure all providers are aware of the regulations, understand how they are to be applied, and offer assistance at the regional level as needed.

One training standard for WSCs that showed a lower score than other standards, 89 percent compliance, is if the coordinator received 24 hours of ongoing annual job related training for Support Coordination. In addition, the eight hours of annual in-service training related to several services is often not completed.

Recommendation 8: The Quality Council has developed and presented to AHCA/APD a WSC training curriculum and mentoring program to help new WSCs better serve individuals. If results on this standard remain relatively low, the Council may want to incorporate new initiatives to help ensure the ongoing training is effective.

Recommendation 9: Ensure the new training modules will help improve the providers' ability to complete the service specific annual in-service training.

Observation results inform us individuals living in group homes or participating in a day program are often not trained in the use of public transportation. Transportation is essential to building social roles and helping individuals connect to the community as they desire. It can help build independence, improve the person's ability to get a job in an integrated environment, and make connections with non-paid friends and family members.

Recommendation 10: The Quality Council should consider transportation as the next theme for workgroup activity. QC could help develop regional specific information packets on public transportation that could be used by providers to enhance people's ability to use transportation and build lives in the community.

Summary

Findings from reviews completed during the year, January – December 2015, are generally very positive. Providers have been receptive to the new processes implemented in January and have provided valuable feedback that has been and will continue to be used to improve all the components of the PCRs and PDRs. APD has worked cooperatively with AHCA and Delmarva to continue to improve the Florida Statewide Quality Assurance Program, creating an extensive training system that should help improve compliance on all the training standards and increase the providers' ability to offer more person centered services and build community connections for individuals receiving services.

Attachment 1: Customer Service Activity

October - December 2015

Customer Service Topic	#	Description	Outcome	Ave Time
Address/ Phone Update	11	Providers call to update their phone numbers/ addresses	Phone numbers/ addresses are updated in the Discovery application, and providers are advised to update with AHCA.	1 day
Background Screening	5	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
Clarification	5	Providers called asking for clarification on our tools.	Questions were answered, and where necessary, callers were referred to source documents.	1 day
Complaint	1	Individual receiving services called to complain about her services from her Support Coordinator.	Caller was referred to APD.	1 day
Contact QAR	11	Providers call to contact the QAR assigned to do their review.	QAR is contacted by office staff and asked to contact the provider	1 day
Delmarva Online Training	8	Providers call with questions about how to access training and if they can use the online training modules for annual in-service requirements.	Providers are assisted with following the instructions online to register or are referred to the helpdesk for technical assistance. Callers are referred to the statement in the training center that the modules may not be used toward annual in-service training requirements.	1 day
HSRI Family Survey	19	Family members requested clarification on survey questions; requested a copy of the survey in Spanish be sent to them.	Survey questions were explained. Versions in Spanish were mailed.	1 Day
Misc/ Other	24	Family stakeholders and providers called with requests unrelated to our process, e.g. how to access services in other states.	All questions were answered. Where appropriate, callers are referred to APD.	1 day

Customer Service Topic	#	Description	Outcome	Ave Time
New Tools	8	Providers called asking questions regarding the Discovery tools.	Providers are referred to our website and shown the current tools posted.	1 day
Next Review	26	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	1	Provider received an email request from a third party regarding her information as a provider and called us for follow-up.	Provider was informed this email was not related to DF in any way.	1 day
Provider Search Website	5	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	58	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	7	Providers called 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 provider, including reference to our Operational Policies and Procedures and their report cover letters; reconsiderations submitted are researched and providers are given an expected delivery date.	1 day

Customer Service Topic	#	Description	Outcome	Ave Time
Report Requested	0	Providers call or email requesting that their report be re-sent to them.	Reports are re-sent with address confirmation and providers are advised of same.	1 day
Review Reports	15	Providers called asking for an explanation of their reports.	Their reports are explained; providers are referred to their local APD office for technical assistance.	1 day
Training	104	Providers and provider consultants call asking about training requirements. Providers called asking for information regarding or assistance in registering for the training sessions held this quarter.	Training requirements are explained, including reference to the Handbook. Providers were referred to the registration site for training and assisted through registration; questions regarding training were answered.	1 day
Total Number of Calls	308			

Attachment 1: NCI Results by Question for each Focused Outcome Area January - December 2015

Question Description	Applicable Responses	% Negative	% In-Between	% Positive
1. Achieving Results/Person Centered				
Do you like your job in the community?	152	2.0%	8.6%	89.5%
Would you like to work somewhere else?	152	16.4%	10.5%	73.0%
Do you like your day program/day activity? (Jan. - June Only)	305	3.6%	7.5%	88.9%
Would you like to go/do something else during?	471	20.4%	36.7%	42.9%
Do you like where you live?	1,057	3.3%	5.3%	91.4%
Would like to live somewhere else?	1,007	20.9%	8.9%	70.2%
Case Manager/Support Coordinator helps get what you need. (Jan. - June only)	511	1.8%	4.7%	93.5%
Case Manager/Support Coordinator asks what you want. (July - Dec. Only)	404	1.0%	4.0%	95.0%
Person gets needed services. (Jan - June Only)	819	18.3%	8.1%	73.6%
Total Achieving Results	4,878	11.1%	9.8%	79.1%
2. Choice				
Person chooses what to buy with his/her money.	1,483	14.0%	44.4%	41.6%
Person chose their CM/SC.	1,399	22.3%	31.4%	46.3%
Person chose day activity.	1,150	17.1%	28.8%	54.1%
Person chose staff.	1,385	20.7%	34.4%	44.9%
Persons chose home.	636	31.3%	28.8%	39.9%
Person chose job.	237	6.8%	32.1%	61.2%
Person chooses how to spend free time.	1,501	5.7%	28.4%	65.9%
Person chose roommates.	649	37.9%	18.3%	43.8%
Person chooses daily schedule.	1,498	8.5%	38.0%	53.5%
Total Achieving Results	8,440	18.4%	32.1%	49.5%
3. Health		Poor	Good	Very Good/Excellent
Person's health	1,494	3.8%	28.4%	67.7%
4. Safety				
Ever afraid at home?	1,181	3.0%	3.3%	93.6%

Ever afraid in neighborhood?	1,164	2.7%	2.9%	94.3%
Ever afraid at day program?	976	2.7%	1.5%	95.8%
If you ever feel afraid, is there someone you can talk to?	963	4.0%	2.8%	93.1%
Total Safety	4,284	3.1%	2.7%	94.2%
5. Rights				
Do people let you know before entering home?	977	4.1%	91.8%	4.1%
Do people let you know before entering bedroom?	937	5.3%	7.2%	87.5%
Do you have enough privacy at home?	934	5.8%	0.0%	94.2%
can you go on a date if you want to?	731	12.0%	9.8%	78.1%
Mail is read without person asking first.	1,056	8.6%	0.0%	91.4%
Can be alone with guests.	1,066	17.2%	0.0%	82.8%
Person is allowed to use the phone.	974	8.9%	0.0%	91.1%
Total Rights	6,675	8.9%	15.5%	75.6%
6. Community Inclusion/Social Role				
In the past month, did you go out to eat?	1,503	16.5%	0.0%	83.5%
In the past month, did person go out for entertainment?	1,499	25.0%	0.0%	75.0%
In the past month, did person go out on errands or appointments?	1,500	15.6%	0.0%	84.4%
Do you have a paid job in the community?	1,023	84.9%	0.0%	15.1%
Do you have family that you see? (Jan - June only)	543	10.3%	0.0%	89.7%
Person has friends.	985	8.7%	18.1%	73.2%
In the past month, did you go shopping?	1,507	10.6%	0.0%	89.4%
In the past month, did person go out for exercise? (Jan - June only)	836	52.6%	0.0%	47.4%
Person has transportation when want to go.	942	1.1%	11.8%	87.2%
In the past year, did person go on vacation?	1,493	53.0%	0.0%	47.0%
Do you volunteer?	977	78.6%	0.0%	21.4%
Total Community Inclusion	12,808	31.5%	2.3%	66.2%