

# **Florida Statewide Quality Assurance Program**

**Year 6 Quarter 1 Report**

**January - March 2015**

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

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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  
III – Individuals Interview Instrument  
IRR – Inter-rater Reliability  
ISP – Individual Support Plan  
IT – Information Technology  
NCI – National Core Indicators  
OBS - Observations  
PCR – Person Centered Review  
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

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## 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.

New tools and processes were implemented in January 2015 to ensure standards are consistent with current Handbook requirements. Revisions also included the addition of individual and staff interviews for the PDR and unannounced observations as possible. Because of these revisions, comparisons to previous years are not appropriate. Only NCI results are comparable to earlier years of the contract with no revisions to any standards. Some NCI questions may have been modified over the years of the contract, but these are noted when applicable. NCI data will be presented when additional results are available.

Findings to date this year are generally quite high, over 90 percent on average for each component of PCR and PDR processes. Some results reflect findings from previous years, such as possible issues with community participation and the fact that providers of Supported Employment generally have lower documentation scores than other providers. Additional analysis and recommendations will be possible in the next report when more data are available.

## Introduction

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

APD has designed a Quality Management Strategy based on the HCBS Quality Framework Model developed by the Centers for Medicare and Medicaid Services (CMS). Three quality management functions are identified by CMS: discovery, remediation, and improvement. Delmarva's purpose is within the discovery framework. The information from the review processes is used by APD to help guide policies, programs, or other necessary actions to effectively remediate issues or problems uncovered through the discovery process. Data from the quarterly 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). Several significant changes were implemented with the January 2015 revisions. 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.

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, Service Specific Record Reviews, interviews with individuals receiving services and interviews with staff. Observations continue at licensed residential facilities and day programs. However, 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 new 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 first quarter of the sixth year of the FSQAP contract (January – March 2015). The report is divided into three sections.

- Section I: Significant Contract Activity During the 1st Quarter
- Section II: Data from Review Activities (includes Year To Date results)
- Section III: Discovery and Recommendations

## Section I: Significant Contract Activity During the 1st 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.

On alternate weeks managers often meet with their teams to review information, discuss questions or issues from reviews, and gather feedback from reviewers to help with updates to tools or standards, and changes to how a standard should be interpreted based on information from AHCA and APD. The team meetings also assist with discussing issues/concerns pertinent to the specific region in which the reviewers typically work.

#### Status Meetings

Status meetings are held to provide an opportunity for Delmarva, AHCA, and APD representatives to discuss contract activities and other relevant issues as necessary. Data collected in previous months are often presented and reviewed for trends and potential remediation. During the first quarter of this contract year, Status Meetings were held on January 22, February 19, and March 19.

### Internal Quality Assurance Activities

#### Report Approval Process

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

#### Reliability

Delmarva Quality Assurance Reviewers (QAR) and Regional Managers undergo rigorous reliability testing each year, including formal and informal processes. QARs are periodically shadowed by managers to ensure proper procedures and protocols are followed throughout the review processes. In addition, formal inter-rater reliability (IRR) testing is conducted. File reliability is used for documentation review tools (Administrative and 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. During the first quarter of the year the following IRR activity was completed:

- PCR Individual Interview Field Review Reliability was completed and passed by one QAR
- PDR Field Review Reliability was completed and passed by one QAR
- PDR Staff Interview Field Review Reliability was completed and passed by one QAR
- Life Skills Development 1 File Review Reliability was completed and passed by 27 QARs

### **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.

The entire Delmarva staff gathered January 13 – 16 for the annual conference in Tampa, Florida. The focus for the week was to train reviewers on the new and revised PCR and PDR tools and procedures. An in-depth presentation was provided on each of the tools, including a session on interviewing skills. The sessions included hands-on practice with time in the field, reviewers interviewing individuals and providers, and conducting observations. In addition, the following presentations were offered:

- Edwin DeBardeleben, APD, presented APD updates and provided 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.
- Diane McComb, Delmarva Foundation, shared the trends for intellectual/developmental disabilities around the nation.
- A session was provided to help reviewers “share the bad news” if review results are not what the provider might have expected
- A data presentation provided an overview of results for the year and trends over time.

### **Training Provided**

Delmarva conducted seven Regional Orientation Sessions this quarter from January 5 – 12, 2015, in Orlando, Ft. Lauderdale, Miami, Jacksonville, Apollo Beach, Tallahassee, and Pensacola. Delmarva presenters reviewed all the revisions to the Discovery processes to be implemented in 2015. The presentation materials can be located on the [www.dfmc-florida.org](http://www.dfmc-florida.org) website in the training center. The orientation sessions were well received by stakeholders and included:

- introduction of the team
- purpose of the orientation sessions
- description of 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, Florida. This training reviewed the revisions to the Discovery tools for the PCR and PDR processes and was attended by 50-60 people.

Delmarva had an exhibit booth at DD Awareness Day, sponsored by FDCC on March 5, 2015, in Tallahassee, Florida. Robyn Turlakis and Charmaine Pillay of Delmarva attended the event at the Capital 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.

### **Regional Quarterly Meetings**

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

### **Quality Council**

Delmarva facilitated the Quality Council meeting this quarter in Tallahassee, Florida, on March 4. The agenda included the following:

- AHCA Update by Tammy Brannon, Contract Manager- AHCA
- APD Update by Edwin DeBardeleben, Chief of Quality Assurance and Clinical Supports- APD
- Revised PCR Discovery Tools by Theresa Skidmore Regional Manager- Delmarva

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<sup>1</sup> 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>).

- Revised PDR Discovery Tools 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

QC members facilitated workgroups that met and determined their next steps to address the quality improvement initiatives of 2015. The following provides a brief description of each initiative.

**1. Improve Waiver Support Coordination Training**

Two members from the workgroup, Veronica Gomez and Jill MacAlister, are on the APD Training Committee to assist in finalization of the revised WSC modules. Robyn Tournalakis and Charmaine Pillay from Delmarva are on this committee as well.

**2. Increasing health outcomes for adults through regular access to dental care in rural areas**

The workgroup is requesting a stage 2 workgroup for this group to assist with links to grant writers to bring the dental access grant to fruition.

**3. Community Connections Workgroup/Self- Advocacy - Increase social connections and friendships to reduce loneliness and increase the health impact of relationships**

The workgroup will be disseminating Dr. Angela Amado's booklet titled "Friends: Connecting People with Disabilities and Community Members" to support coordinators and providers in their respective Regions and asking people to incorporate this into stakeholder trainings.

**4. Employment - Focus on education and a process to improve and create employment opportunities for persons with developmental disabilities**

The workgroup would like to make a difference by looking at various networking opportunities. The group would like to develop "how to" guides to assist people in navigating various employment websites effectively and efficiently.

Please see the Delmarva website for complete QC details, minutes, and agendas. The next Quality Council meetings are scheduled for Thursday June 4th, 2015, in Orlando, Florida and Thursday October 8<sup>th</sup>, 2015, in Tallahassee, Florida.

## **Provider Tool Revisions Effective 1/1/2015**

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.

For the PCR process, the Individual Interview Instrument was replaced with a PCR Individual Interview Tool and a formal interview with the Waiver Support Coordinator was added. For the PDR process, an interview with individuals and provider and/or staff was added. This change ensures the review process includes the perspective of individuals receiving services, and staff rendering services. Edits were completed for Service Specific Record Review tools. Observations will continue at licensed residential settings and day programs. However, the option to do unannounced observations was added to the process.

Interview Tools for both the PCR and PDR process were designed to address CMS requirements and collect information relating to key areas including:

- Person Centered Planning
- Community
- Safety
- Health

Once review processes and tool changes were approved, Delmarva worked closely with AHCA and APD on a scoring methodology and formats for PCR and PDR reports. PDR scoring and reports reflect provider performance as it relates to person centered practices and compliance. Reports include summary and detailed sections of all components of the review.

## **Feedback Surveys**

### **National Core Indicator (NCI) Consumer Survey Feedback Survey**

After each individual NCI interview, Delmarva provides the individual with a feedback survey. The individual is encouraged to complete the feedback survey, which is mailed directly to Human Services Research Institute (HSRI). Between January and March 2015, 34 surveys were returned to HSRI, a 12 percent return rate (34/294). Although results are generally based on a small return rate, they have remained positive and consistent over the years. Current feedback indicates the following:

- 24 of the 34 respondents participated in answering the Consumer Survey.
- Seven feedback forms were completed by the person receiving services, with 24 completed by an advocate, relative or guardian, and five by a staff member where the person lives or receives services.
- 28 NCI interviews took place in the home.
- 25 individuals chose where to meet for the survey interview, and seven respondents indicated they did not choose where to meet for the survey.
- 32 respondents felt the interview was scheduled at a convenient time, and 30 respondents felt it took about the right amount of time.
- 28 of the 34 respondents thought the questions were not difficult to answer and 27 indicated the interviewer explained the person did not have to answer the questions.
- Almost all the respondents (33) felt the interviewer was respectful.
- 31 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. Only 21 surveys were received from providers who had participated in a PDR between January and March 2015. The following table provides each question and the number of positive responses. There were no negative responses from the 21 respondents and because all reviewers had arrived on time, none had to call with a late notification.

<b>Table 1: Results from Provider Feedback Surveys</b>		
<b>Reviews Completed Between January and March 2015</b>		
<b>Question</b>	<b># Yes</b>	<b>#NA</b>
Did the Quality Assurance Reviewer (QAR) identify documents needed to complete the review?	21	0
Did the QAR explain the purpose of the review?	21	0
Did the QAR explain the review process and how the QAR or Delmarva team would conduct the review?	21	0
Did the QAR answer any questions you had in preparation for the review?	21	0
Did the QAR refer you to the FSQAP website, including the tools and procedures?	21	0
Did the QAR arrive at the review at the scheduled time?	20	1

<b>Table 1: Results from Provider Feedback Surveys</b>		
<b>Reviews Completed Between January and March 2015</b>		
<b>Question</b>	<b># Yes</b>	<b>#NA</b>
If no, did the QAR call to notify you he/she might be a little late? <b>(N=4)</b>	0	21
Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving?	18	3
If you scored Not Met on any of the standards, did the QAR explain why? <b>(N=164)</b>	16	5
Total Responses	21	

### Summary of Customer Service Calls

During the first quarter of the sixth contract year, January – March 2015, 405 calls were recorded in the Customer Service Log, with an average response time of one day for each call.<sup>2</sup>

### Data Availability

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

### Staff Changes

No staff changes this quarter.

<sup>2</sup> 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)<sup>3</sup>

The tools and processes for the PCR were revised, with a focus on how well the support coordinator supports uses person centered practices to support the person to achieve outcomes with community integration as desired. The process 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 first quarter of the contract year, including the number of CDC+ individuals who participated (108), the number of waiver participants (294), and the total number of individuals who declined. The time period for declines is based upon the projected period of review and represents individuals who were originally scheduled to be reviewed during the first quarter of the year. The decline rate is 32 percent for waiver participants and three percent for CDC+.

Table 2: Person Centered Review Activity				
January – March 2015				
	Number of PCRs		Number of Declines	
Region	Waiver	CDC+	Waiver	CDC+
Northwest	60	35	17	0
Northeast	58	15	36	0
Central	32	11	35	0
Suncoast	33	16	33	2
Southeast	61	15	12	0
Southern	50	16	8	1
Total	294	108	141	3

Individuals are free to decline to be interviewed at any time during the process. Reasons given for the declines are shown in Table 3. When an individual declines participation, the reviewer calls the person to verify the decision. This affords the person an opportunity to ask questions or seek clarification about the PCR process and the person’s potential role in it. It also gives individuals an

<sup>3</sup> All review tools are posted on the FSQAP website (<http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>).

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 26 percent of the declines were because the person no longer received services (N=24), had passed away (N=9), or had moved out of the state (N=5).

<b>Table 3: Person Centered Review Decline Reasons</b>			
<b>January – March 2015</b>			
<b>Decline Reason</b>	<b>Waiver</b>	<b>CDC+</b>	<b>Total</b>
Refused	54	1	55
Review Later	49	2	51
No Longer Receiving Services	24	0	24
Deceased	9	0	9
Moved Out of State	5	0	5
<b>Total</b>	<b>141</b>	<b>3</b>	<b>144</b>

### 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.<sup>4</sup> The II consists of seven standards (four related to Community), each composed of a various number of indicators/questions, provided in parentheses. Up to 66 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 are as follows:

1. Person Centered Supports (25): Individual’s needs are identified and met through person centered practices
2. Community (21): 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”:
  - Where you live (9) (Residence)
  - Where you work; what you do during the day (4) (Day Activity)
  - Your community and what you like to do for fun (5) (Participation)
  - Who you like to spend time with (4) (Relationships)
3. Safety (12)
4. Health (7)

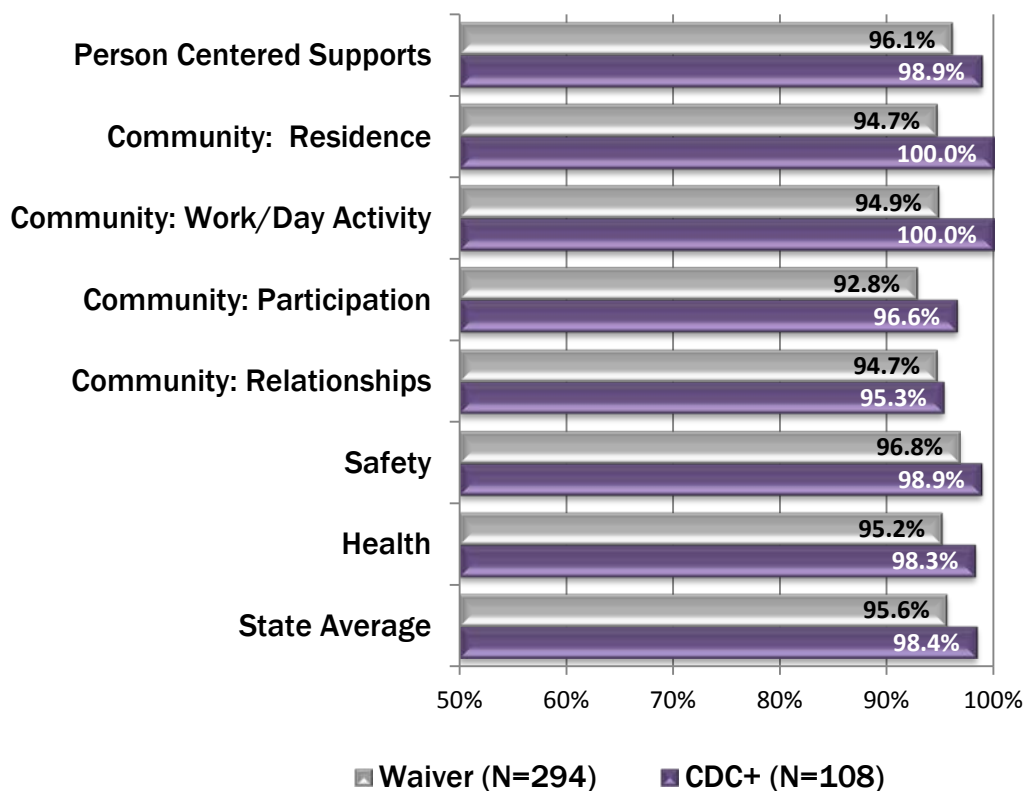
<sup>4</sup> Since contract year 2012, children under age 18 have been included in the PCR sample. Because the NCI Consumer survey is only valid for adults, children do not participate in the NCI portion of the PCR process.



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.

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 showing 100 percent in two Community areas. Community participation shows the lowest score but is currently close to 93 percent

**Figure 1: PCR Individual Interview Results by Standard  
DD Waiver and CDC+ Participants  
January – March 2015**



The average PCR II scores for the 294 individuals on a DD waiver and 108 individuals participating in CDC+ are presented in Table 3, for each region and statewide. It is important to note that PCRs have not been completed for the entire sample. Therefore, comparisons across regions should be made with caution as the number completed in each region was quite small. For Waiver Participants,

PCR II results were least likely to be present in the Southern, Central, and Northwest regions. CDC+ results to date are fairly consistent across all the regions but the number of cases in each region is very small, including only 11 in the Northwest.

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

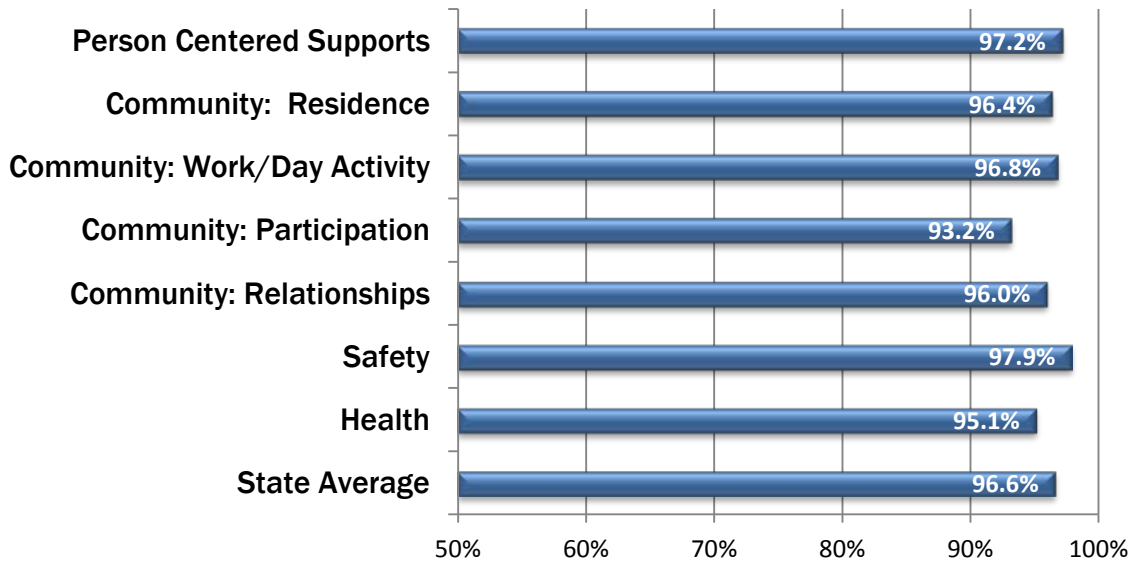
Region	Waiver		CDC+	
	#	% Met	#	% Met
Northwest	32	92.3%	11	99.4%
Northeast	58	97.7%	15	98.6%
Central	60	93.1%	35	97.8%
Suncoast	61	98.4%	15	97.9%
Southeast	50	97.1%	16	99.8%
Southern	33	91.8%	16	98.0%
State	294	95.6%	108	98.4%

### 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.

PCR WSC Interview results are shown by Standard in Figure 2 and by Region in Table 5. Similar to the person’s interview results, Community Participation shows the lowest score. Coordinators in the Northwest and Southern regions did not perform as well as in other parts of the state. However, the number in each region is relatively small and results may vary greatly when all the interviews are completed.

**Figure 2: PCR WSC Interview Results by Standard  
DD Waiver and CDC+ Participants  
January – March 2015**



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

Region	#	% Met
Northwest	32	92.6%
Northeast	58	98.7%
Central	60	95.3%
Suncoast	61	98.9%
Southeast	50	97.5%
Southern	33	93.2%
State	294	96.6%

### **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. While the rates in the Central Southern Regions are currently lower than in other regions, the number of records reviewed in each region was relatively small. Record Review results are presented by Standard for WSCs in Table 7 and CDC+ Consultants in Table 8. Results through the first quarter were quite high for all standards, approximately 90 or greater.

**Table 6: PCR WSC and CDC+ Record Review Results by Region  
January – March 2015**

Region	WSC		Consultant	
	#	% Met	#	% Met
Northwest	32	95.0%	11	98.1%
Northeast	58	94.7%	15	95.5%
Central	60	92.7%	35	98.2%
Suncoast	61	97.4%	15	96.5%
Southeast	50	95.0%	16	97.5%
Southern	33	92.0%	16	99.0%
State	294	94.7%	108	97.6%

**Table 7: WSC Record Review Results by Standard  
January - March 2015**

Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least annually and contains all required components for billing.	294	93.5%
Level of care is reevaluated at least annually and contains all required components for compliance.	294	98.0%
Level of care is completed accurately using the correct instrument/form.	294	90.1%
Person receiving services is given a choice of waiver services or institutional care at least annually.	293	98.6%
The Support Plan is updated within 12 months of recipient's last Support Plan.	286	99.3%
An Annual Summary of progress is in the record.	284	89.8%
The Support Plan is updated/revised when warranted by changes in the needs of the person receiving services.	170	94.7%
WSC documents the Support Plan is provided to the individual and when applicable, the legal representative, within required time frames.	292	95.5%
WSC documents the Support Plan is provided to the providers identified on the support plan within required time frames.	273	89.7%

<b>Table 7: WSC Record Review Results by Standard</b>		
<b>January - March 2015</b>		
<b>Standard</b>	<b>Number Reviewed</b>	<b>Percent Met</b>
<b>Support Plan includes supports and services consistent with assessed needs.</b>	294	97.6%
<b>Support Plan reflects support and services necessary to address assessed risks.</b>	290	97.2%
<b>Support Plan reflects the personal goals of the person receiving services.</b>	293	99.0%
<b>The current Support Plan includes natural, generic, community and paid supports for the person receiving services.</b>	292	97.9%
<b>WSC documentation indicates current, accurate and approved Service Authorizations were issued to provider(s).</b>	284	98.2%
<b>WSC documentation indicates services are delivered in accordance with the Cost Plan, including type, scope, amount, duration, and frequency specified in the Cost Plan.</b>	292	99.3%
<b>The Support Coordinator is in compliance with billing procedures and the Medicaid provider agreement.</b>	294	100.0%
<b>The Support Coordinator bills for services only after service is rendered.</b>	294	96.3%
<b>Progress Notes reflect required monthly contact/activities and are in the record.</b>	294	94.2%
<b>The Support Coordinator documents efforts to support the person receiving services to make informed decisions regarding choice of waiver services &amp; supports.</b>	290	94.8%
<b>The Support Coordinator documents efforts to support the person receiving services to make informed decisions regarding choice among waiver service providers.</b>	290	95.2%
<b>The Support Coordinator documents efforts to assist the individual/legal representative to know about rights.</b>	294	94.2%
<b>The Support Coordinator documents efforts to ensure the person's health and health care needs are addressed.</b>	294	90.8%
<b>The Support Coordinator documents efforts to ensure person's safety needs are addressed.</b>	294	94.9%
<b>The Support Coordinator has a method in place to document information about the individual's history regarding abuse, neglect, and/or exploitation.</b>	294	90.5%

<b>Table 7: WSC Record Review Results by Standard</b>		
<b>January - March 2015</b>		
<b>Standard</b>	<b>Number Reviewed</b>	<b>Percent Met</b>
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.	294	90.1%
<b>Total WSC Record Reviews</b>	<b>7,157</b>	<b>94.7%</b>

<b>Table 8: CDC+ Consultant Results by Element (N=108)</b>		
<b>January - March 2015</b>		
<b>Standard</b>	<b>Number Reviewed</b>	<b>Percent Met</b>
Level of care is reevaluated at least annually and contains all required components for billing.	109	97.2%
Level of care is reevaluated at least annually and contains all required components for compliance.	108	100.0%
Level of care is completed accurately using the correct instrument/form.	108	96.3%
Person receiving services is given a choice of waiver services or institutional care at least annually.	108	100.0%
The Support Plan is updated within 12 months of recipient's last Support Plan.	106	99.1%
An Annual Summary of progress is in the record.	106	95.3%
The Support Plan is updated/revised when warranted by changes in the needs of the person receiving services.	59	94.9%
WSC documents the Support Plan is provided to the individual and when applicable, the legal representative, within required time frames.	106	97.2%
WSC documents the Support Plan is provided to the providers identified on the support plan within required time frames.	66	100.0%
Support Plan includes supports and services consistent with assessed needs.	108	100.0%
Support Plan reflects support and services necessary to address assessed risks.	106	100.0%
Support Plan reflects the personal goals of the person receiving services.	108	100.0%

<b>Table 8: CDC+ Consultant Results by Element (N=108)</b>		
<b>January - March 2015</b>		
<b>Standard</b>	<b>Number Reviewed</b>	<b>Percent Met</b>
The current Support Plan includes natural, generic, community and paid supports for the person receiving services.	108	100.0%
Services are delivered in accordance with the Cost Plan.	108	100.0%
The Support Coordinator is in compliance with billing procedures and the Medicaid provider agreement.	107	100.0%
The Support Coordinator bills for services only after service is rendered.	107	98.1%
Participant Monthly Review forms & Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	108	95.4%
The Support Coordinator documents efforts to assist the individual/legal representative to know about rights.	108	96.3%
The Support Coordinator documents efforts to ensure the person's health and health care needs are addressed.	108	96.3%
The Support Coordinator documents efforts to ensure person's safety needs are addressed.	108	98.1%
The Support Coordinator has a method in place to document information about the individual's history regarding abuse, neglect, and/or exploitation..	108	94.4%
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.	108	94.4%
Completed/signed Participant-Consultant Agreement is in the record.	108	99.1%
Completed/signed CDC+ Consent Form is in the record.	108	95.4%
Completed/signed Participant-Representative Agreement is in the record.	107	97.2%
All applicable completed/signed Purchasing Plans are in the record.	108	98.1%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	108	99.1%
All applicable completed/signed Quick Updates are in the Record.	25	92.0%

<b>Table 8: CDC+ Consultant Results by Element (N=108)</b>		
<b>January - March 2015</b>		
<b>Standard</b>	<b>Number Reviewed</b>	<b>Percent Met</b>
<b>Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.</b>	48	97.9%
<b>When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.</b>	102	98.0%
<b>Consultant provides technical assistance to participant as necessary to meet participant's and representative's needs.</b>	104	100.0%
<b>Consultant has taken action to correct any overspending by the Participant.</b>	18	100.0%
<b>If applicable, Consultant initiates Corrective Action.</b>	5	100.0%
<b>Completed/signed Corrective Action Plan is in the record.</b>	5	100.0%
<b>If applicable, an approved Corrective Action Plan is being followed.</b>	6	100.0%
<b>The Emergency Backup Plan is in the record and is reviewed annually.</b>	108	96.3%
<b>Average PCR CDC+ Consultant Result</b>	3,236	97.6%

### **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 March 2015, 104 CDC+ Representatives were reviewed.

CDC-R results for each standard are presented in Table 9. The number completed in each region was quite small and therefore, regional results will be presented in the next report. On average, Representatives reviewed to date showed 93.7 percent compliance, with a range from a low of 79.8 percent (signed and approved purchasing plans in the record) to a high of 100 percent (emergency backup plan available).



<b>Table 9: CDC+ Representative Results by Standard</b>		
<b>January - March 2015 (N=104)</b>		
<b>Standard</b>	<b>Number Reviewed</b>	<b>Percent Met</b>
Complete and signed Participant/Representative Agreement is available for review.	103	96.1%
Accurate Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	94	94.7%
Signed and approved Invoices for Vendor Payments are available for review.	64	93.8%
Signed and approved receipts/statement of "Goods and Services" for reimbursement items are available for review.	96	89.6%
Complete Employee Packets for all Directly Hired Employees are available for review.	94	95.7%
Complete Vendor Packets for all vendors and independent contractors are available for review.	104	96.2%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	104	97.1%
Signed Employer/Employee Agreement for each Directly Hired Employee (DHE) is available for review.	7	85.7%
All applicable signed and approved Purchasing Plans are available for review.	99	79.8%
Copies of Support Plan(s) are available for entire period of review.	104	92.3%
Copies of approved Cost Plans are available for entire period of review.	103	83.5%
Emergency Backup Plan is complete and available for review.	19	100.0%
Corrective Action Plan (if applicable) is available for review.	104	98.1%
Background screening results for all providers who render direct care are available for review.	94	92.6%
All applicable signed and approved Quick Updates are available for review.	59	91.5%
Monthly Statements are available for review.	33	97.0%
Documentation is available to support the reconciliation of Monthly Statements.	104	98.1%
The Participant obtains services consistent with stated/documentated needs and goals.	104	99.0%
The Participant makes purchases that are consistent with the Purchasing Plan.	99	99.0%
<b>Average CDC+ Representative Compliance Rate</b>	<b>1,588</b>	<b>93.7%</b>

## 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 table shows the percent of individuals who were taking prescription medications for Waiver and CDC+, by the number of medications taken. Additional results will be presented in the report for the next quarter when more data are available.

<b>Table 10: Prescription Medications Taken</b>		
<b>January - March 2015</b>		
<b>Number of Medications</b>	<b>Waiver (N=294)</b>	<b>CDC+ (N=108)</b>
<b>0</b>	2.0%	2.8%
<b>1 - 3</b>	62.9%	73.1%
<b>4 - 6</b>	28.2%	18.5%
<b>7+</b>	6.8%	5.6%

## NCI Consumer Review Results

Results from the NCI interviews will be presented when more data are available.

## Provider Discovery Reviews (PDR): Service Providers<sup>5</sup>

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

- Behavior Analysis
- Behavior Assistant
- Life Skills Development 1 (Companion)
- Life Skills Development 2 (SEC)
- Life Skills Development 3 (ADT)
- Personal Supports
- Residential Habilitation Behavior Focus
- Residential Habilitation Intensive Behavioral
- Residential Habilitation Standard

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

- Respite
- Special Home Medical Care
- Support Coordination
- Supported Living Coaching

The PDR is composed of up to six different review components: interviews with individuals receiving services, 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 first quarter of the contract (January – March 2015) 363 PDRs were completed by reviewers and approved by Delmarva management; 249 for service providers and 114 for WSCs. The PDR tools have been revised multiple times since February 2013 and again in January of 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.<sup>6</sup>

Figure 3 shows Individual and Staff Interview results by standard and Table 11 shows the results by region. There was very little variation across the standards or between individuals and staff responses on each standard. There was also very little variation across the regions. However, the number of interviews completed in each region was small.

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<sup>6</sup> All PCR and PDR tools can be viewed on the DFMC website: <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>

**Figure 3: PDR Interview Results by Standard  
January - March 2015**

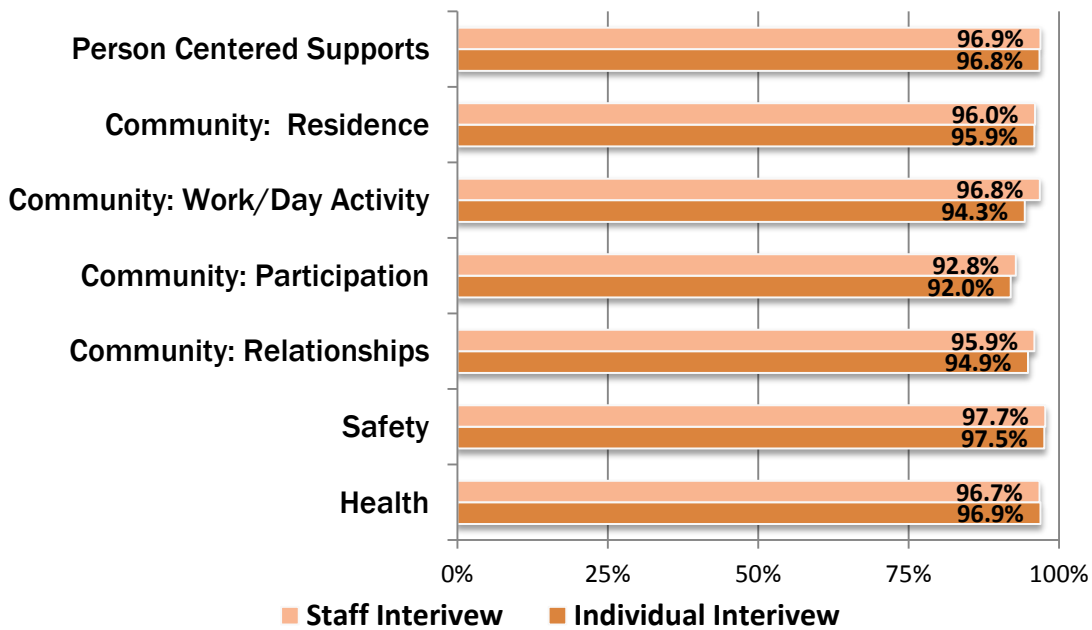


Table 11: PDR Interviews by Region January - March 2015				
Region	Individual		Staff	
	#	% Met	#	% Met
Northwest	16	98.2%	22	96.8%
Northeast	44	96.6%	48	96.9%
Central	28	97.1%	33	96.5%
Suncoast	38	97.3%	41	97.9%
Southeast	49	95.0%	52	96.1%
Southern	31	95.0%	31	95.3%
State	206	96.3%	227	96.6%

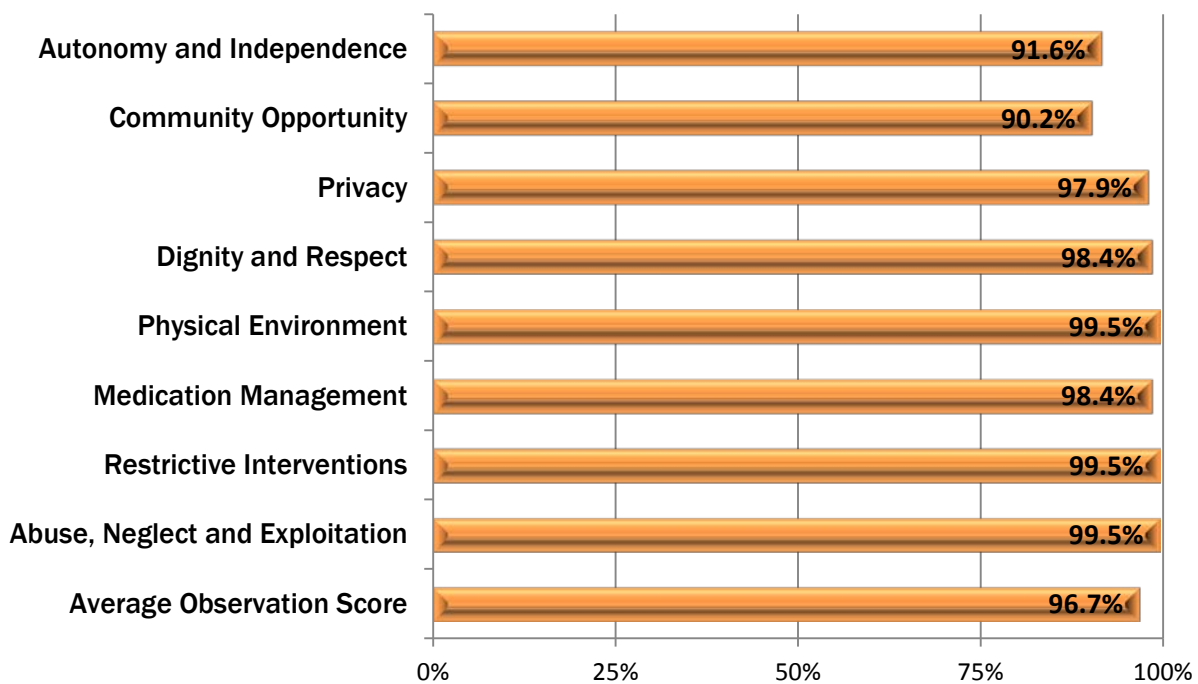
### Observations

Delmarva reviewers conduct onsite observations of up to 10 group homes when reviewing providers of Residential Habilitation. For Life Skills Development 3 (ADT) facilities (Day Programs), all locations operated by the providers receive an onsite observation. During this portion of the PDR process, reviewers observe the physical facility and also informally interview staff, residents, and day

program participants as needed and as possible. To date this year, Delmarva reviewers conducted observations at 6 LSD 3 (ADT) locations and 102 group homes.

PDR Observation scores for reviews completed between January and March 2015 are shown by Standard in Figure 4 and by Region in Table 12. The average statewide Observation score was 96.7 percent. To date this year, observations indicate individuals were less likely to be supported to have Autonomy and Independence or Community Opportunities. Results by Region are based on a small number of Observations completed in each region.<sup>7</sup>

**Figure 4: Observation Results by Standard  
January - March 2015**



**Table 12: Observation Scores by Region**

January - March 2015			
Number of Locations			
Region	Rehab	ADT	Ave Score
Northwest	1	0	100.0%
Northeast	11	5	95.6%
Central	14	0	97.2%
Suncoast	27	0	95.6%

<sup>7</sup> Review tools are posted here and include detailed descriptions of each standard: <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>.

<b>Table 12: Observation Scores by Region</b>			
<b>January - March 2015</b>			
<b>Number of Locations</b>			
<b>Region</b>	<b>Rehab</b>	<b>ADT</b>	<b>Ave Score</b>
<b>Southeast</b>	24	0	97.0%
<b>Southern</b>	25	1	97.7%
<b>State</b>	102	6	96.7%

### Administrative Policy and Procedure Results<sup>8</sup>

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

Compliance scores for all review standards in the PDR are based on a weighted value assigned to each standard. Each standard is scored as Met, Not Met, or Not Applicable. Results for all P&P Standards reviewed to date this year are shown in Table 13 and indicate a high degree of compliance across all standards.

<b>Table 13: PDR Policies and Procedures Results by Standard</b>		
<b>January - March 2015</b>		
<b>P&amp;P Standard</b>	<b>Number Reviewed</b>	<b>Percent Met</b>
<b>Vehicles used for transportation are properly insured.</b>	58	94.8%
<b>Vehicles used for transportation are properly registered.</b>	59	96.6%
<b>If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.</b>	1	100.0%
<b>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.</b>	141	95.7%
<b>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.</b>	140	97.1%
<b>The provider has written policies and procedures which detail how the provider will ensure the individual's medications are administered and handled safely.</b>	110	97.3%
<b>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.</b>	141	94.3%

<sup>8</sup> N sizes may vary throughout the report due to missing and/or not applicable data.

<b>Table 13: PDR Policies and Procedures Results by Standard</b>		
<b>January - March 2015</b>		
<b>P&amp;P Standard</b>	<b>Number Reviewed</b>	<b>Percent Met</b>
<b>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.</b>	141	97.9%
<b>The provider has identified and addressed concerns related to abuse, neglect, and exploitation.</b>	72	95.8%
<b>If applicable, all instances of abuse, neglect, and exploitation have been reported.</b>	24	91.7%
<b>If applicable, the provider addresses medication errors.</b>	24	91.7%
<b>The provider addresses all incident reports.</b>	130	96.9%
<b>If applicable, the provider has written policies and procedures related to the use of Reactive Strategies.</b>	23	78.3%
<b>If provider operates Behavior Focus group homes, required on-site oversight for residential services is provided.</b>	9	100.0%
<b>Average Policies and Procedures</b>	1,073	95.8%

### 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 14. For each provider, several employee records may be reviewed per standard. The average compliance on standards measuring the provider’s compliance with qualifications and training was 94.4 percent. Compliance rates across the standards were quite high. However, for some of the standards only a few records were reviewed so comparison across the standards should be made with caution till more data are available.

<b>Table 14: PDR Qualifications and Training Results by Standard</b>		
<b>January - March 2015</b>		
<b>Q&amp;T Standard</b>	<b>Number Reviewed</b>	<b>Percent Met</b>
<b>The provider has completed all aspects of required Level II Background Screening.</b>	490	94.1%
<b>If applicable, the provider received training in Medication Administration.</b>	239	97.5%
<b>Drivers of transportation vehicles are licensed to drive vehicles used.</b>	332	99.7%
<b>The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.</b>	8	100.0%
<b>The provider has completed at least 20 contact hours of face-to-face competency-based instruction with performance-based validation/re-</b>	7	100.0%

<b>Table 14: PDR Qualifications and Training Results by Standard</b>		
<b>January - March 2015</b>		
<b>Q&amp;T Standard</b>	<b>Number Reviewed</b>	<b>Percent Met</b>
certification for Behavior Assistant.		
Provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	30	93.3%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	12	100.0%
The provider received mandatory Statewide pre-service training for Support Coordination.	34	100.0%
Vehicles used for transportation are properly insured.	261	95.0%
Vehicles used for transportation are properly registered.	261	95.4%
The provider received training in Zero Tolerance.	490	92.4%
The provider received training in Direct Care Core Competency.	489	93.9%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	7	100.0%
The provider has completed standardized, pre-service training for Life Skills Development 2.	16	100.0%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	237	99.2%
The provider meets all minimum educational requirements and levels of experience for Respite.	74	98.6%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	33	100.0%
The provider completed required Supported Living Pre-Service training for Supported Living Coach.	36	97.2%
If applicable, the provider has been validated on medication administration.	231	96.1%
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).	50	98.0%
The provider has completed eight hours of annual in-service training related to employment for Life Skills Development 2.	12	75.0%
The provider completed eight hours of annual in-service training related to the implementation of individually designed services for Life Skills Development 3.	11	81.8%
The provider has completed at least 20 contact hours of face-to-face competency-based instruction with performance-based validation/re-certification for Residential Habilitation-Behavior Focus.	23	100.0%



<b>Table 14: PDR Qualifications and Training Results by Standard</b>		
<b>January - March 2015</b>		
<b>Q&amp;T Standard</b>	<b>Number Reviewed</b>	<b>Percent Met</b>
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.	4	100.0%
The provider received mandatory Region/Area- specific training for Support Coordination.	33	97.0%
The provider received training in HIPAA.	489	93.0%
The provider received training in HIV/AIDS/Infection Control.	448	96.0%
The provider received training in CPR.	444	95.9%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	16	100.0%
The provider received 24 hours of ongoing annual job related training for Support Coordination.	32	93.8%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coach.	36	100.0%
The provider received training in Person Centered Approach/Personal Outcome Measures.	488	90.8%
The provider received training with an emphasis on choice and rights.	462	91.8%
The provider received training in the development and implementation of the required documentation for each waiver service provided.	463	89.8%
The provider received training specific to the scope of the services rendered.	463	91.6%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	136	100.0%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	176	99.4%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	23	100.0%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	4	100.0%
The provider completed eight hours of annual in-service training for Supported Living Coach.	32	75.0%
<b>Average Qualifications and Training</b>	<b>7,132</b>	<b>94.4%</b>

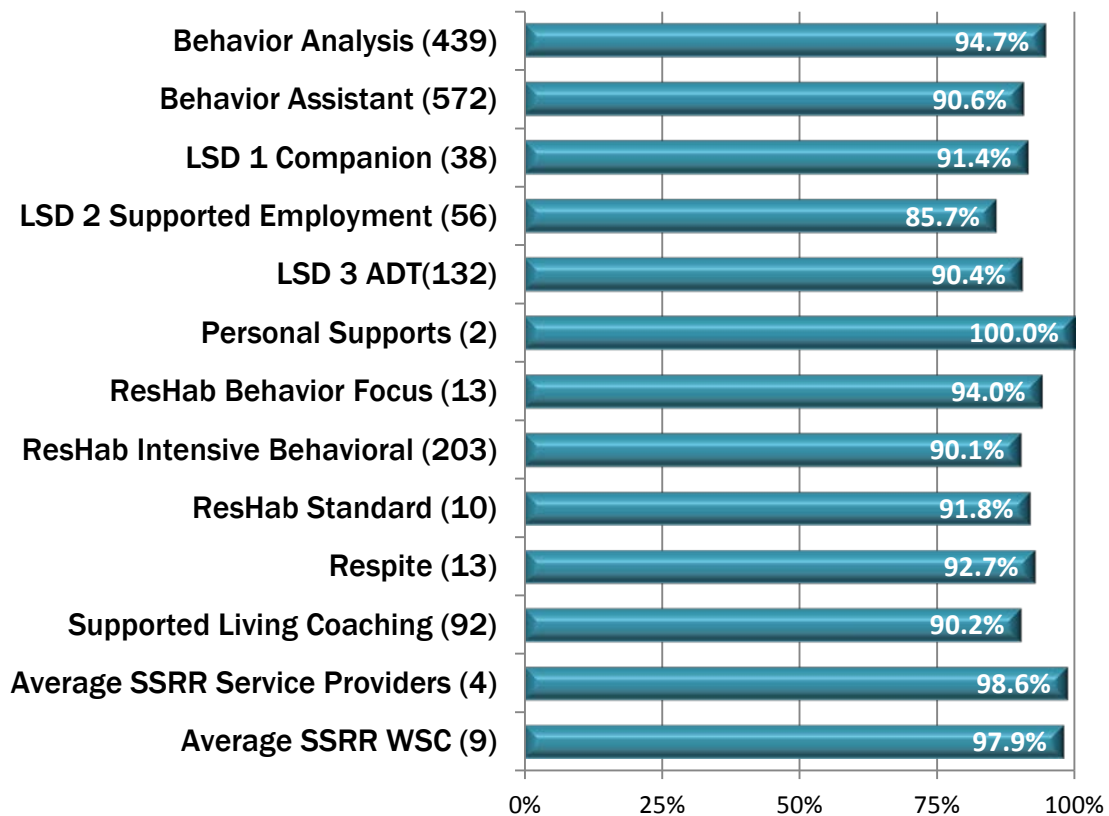
### Service Specific Record Review Results (SSRR)

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 572 SSRRs completed between January and March 2015 as part of the 249 PDRs for service providers and 439 SSRRs completed as part of the 114 WSC PDRs.

SSRR results are presented by service in Figure 5. To date this year, providers of Supported Employment were least likely to have documentation standards met.

**Figure 5: SSRR Scores by Service  
Percent Met  
January - March 2015**



### PDR Scores by Region

Information in Tables 15 shows average PDR results for service providers by region. Each component is further described in the following sections, with results provided by Standard. Data in Table 15 indicate very little difference across components or across regions through the first quarter of the year.

<b>Region</b>	<b>P&amp;P (N=249)</b>	<b>Q&amp;T (N=249)</b>	<b>SSRR (N=572)</b>	<b>Staff Interview (N=227)</b>	<b>Individual Interview (N=206)</b>	<b>OBS (N=108)</b>
<b>Northwest</b>	98.8%	92.9%	89.7%	96.8%	98.2%	100.0%
<b>Northeast</b>	93.8%	95.7%	92.3%	96.9%	96.6%	95.6%
<b>Central</b>	98.5%	94.6%	90.3%	96.5%	97.1%	97.2%
<b>Suncoast</b>	98.7%	96.8%	93.7%	97.9%	97.3%	95.6%
<b>Southeast</b>	97.3%	94.3%	90.6%	96.1%	95.0%	97.0%
<b>Southern</b>	90.5%	92.6%	87.1%	95.3%	95.0%	97.7%
<b>State</b>	96.2%	94.8%	90.9%	96.6%	96.3%	96.9%

PDR results for Support Coordinators were slightly higher but with only 114 completed to date. Results for the WSC PDR components showed the following average scores:

- P&P - 98.2%
- Q&T - 96.7%
- WSC Interview – 96.6%
- WSC SSRR – 94.7%

### 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.

During the first quarter of the year, 30 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 (19). An additional 21 alerts were reported as shown in the following table. For 13 of the 19 providers with a background screening alert, the reason was a lack of the current Local Criminal Records Check.

<b>Table 16: Alerts by Type</b>	
<b>January - March 2015</b>	
<b>Alert Type</b>	<b>Times Cited</b>
<b>Rights</b>	0
<b>Health &amp; Safety</b>	1
<b>Abuse/Neglect/Exploitation</b>	0
<b>Background Screening</b>	19
<b>Medication Administration/Training</b>	8
<b>Drivers License/Insurance (Employee)</b>	2
<b>Vehicle Insurance (administrative)</b>	0
<b>Total Alerts</b>	30

## Section III: Discovery

Findings in this report reflect data from PCR and PDR reviews and other contract activity completed between January and March 2015. A total of 402 PCRs and 363 PDRs 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.

During this quarter (January – March 2015) Delmarva 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 facilitate the quarterly meetings in each region 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.

### Person Centered Review Results

The revised 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) – 95.6%**

**Individual Interview (CDC+) – 98.4%**

**WSC Interview – 96.6%**

**WSC Record Review – 94.7%**

**CDC+ Consultant Record Review – 97.6%**

**CDC+ Representative Review – 93.7%**

Only a small proportion of the sample of individuals selected for the PCR had been completed during the first quarter of the year. As we gather more data drill down to the indicator level, questions used to measure each standard presented in this report, will be possible. To date only a few results may show some findings that should be tracked as more data are collected:

- Both individuals and support coordinators showed lowest scores on Community Participation compared to the other standards.
- 10 percent of WSCs did not:
  - Use the correct instrument to complete the Level of Care assessment
  - Have an annual summary of progress in the person’s record
  - document efforts to ensure the person’s health and health care needs are addressed
  - Have a method in place to document information about the individual's history regarding abuse, neglect, and/or exploitation
  - Document efforts to assist the person receiving services to define abuse, neglect, and exploitation, including how the person receiving services would report any incidents.

### **Provider Discovery Review Results**

Results from the 294 PDRs conducted with service providers indicate providers performed very well in all aspects of the review:



As with the PCR, more drill down will be possible as additional data are collected. Results to date indicate the following:

- Background screening compliance was approximately 94%
- Providers of Supported Employment were least likely to met compliance on standards in the SSRR
- Both staff and individual interviews show lowest compliance with Community Participation compared to all other standards
- Community Opportunity was the lowest scoring standard in the Observations
- PDR results for support coordinators were somewhat higher

We recommend findings be presented at the upcoming QC meeting, discussed, and any input or possible revisions to these new tools and standard be addressed by Delmarva, AHCA and APD. Additional discussion of findings and recommendations will be provided when more data are available in the next report.

## Attachment 1: Customer Service Activity

January - March 2015

Customer Service Topic	#	Description	Outcome	Ave Time
Abuse Hotline	0			
Address/ Phone Update	32	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
CDC+	0			
Clarification	16	Providers and APD staff called asking for clarification on our tools.	Questions were answered, and where necessary, callers were referred to source documents.	1 day
Complaint	3	Individuals called to complain about their providers. Providers complained about their reviews.	Individuals were referred to the Support Coordinator and APD for resolution.	1 day
Contact QAR	7	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	10	Providers call with questions about how to access training.	Providers are assisted with following the instructions online to register or are referred to the helpdesk for technical assistance.	1 day
HSRI Family Survey	1	Family members who received the HSRI surveys called with questions regarding completion.	Assistance was provided to the callers in completing the surveys.	1 day
Miscellaneous/ Other	19	Family stakeholders and providers called with questions unrelated to our processes, e.g., how to access services or concerns with a specific provider.	All questions were answered.	1 day
Name Correction	4	Provider called asking for name to be corrected in our system.	Provider was advised the name would be corrected for purposes of the report; referred provider to AHCA for name correction.	1 day



Customer Service Topic	#	Description	Outcome	Ave Time
New Tools	32	Providers called asking questions regarding the Discovery tools.	Providers are referred to our website and shown the current posted tools.	1 day
Next Review	52	Providers called asking when their next review will occur. Some providers called asking for a specific reviewer or to have their review postponed to a future date.	The review process is explained to the providers, including all the factors that are involved in scheduling. Providers are informed that PDRs are conducted each contract year with those who are eligible. Providers are referred to their 90-day notification letters and advised to wait for the phone call from the reviewer to schedule their review.	1 day
PCR and PDR orientation	62	Providers and APD personnel call/email asking for information regarding seating availability, the content of the orientation, registration assistance.	Providers and APD personnel are referred to the website with registration information; are assisted with registration to other sessions.	1 day
Provider Search Website	9	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	45	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	23	Providers call asking for clarification on the process to submit a request for reconsideration or inquiring as to the status of a request already submitted	The reconsideration process is explained to providers, including reference to our Operational Policies and Procedures and their report cover letters; reconsiderations submitted are researched and providers are given an expected delivery date. Status of each is checked and relayed to the provider.	1 day

<b>Customer Service Topic</b>	<b>#</b>	<b>Description</b>	<b>Outcome</b>	<b>Ave Time</b>
Billing Discrepancies	6	Providers call asking for information on how to pay money back to the state that was identified in their report as a billing discrepancy.	Callers are referred to APD.	1 day
Report Requested	10	Providers called or emailed requesting their report be re-sent.	Reports are re-sent with address confirmation and providers are advised.	1 day
Review Reports	31	Providers called asking for explanation of their reports.	Reports are explained; providers are referred to their local APD office for technical assistance.	1 day
Training	26	Providers and provider consultants called asking about training requirements.	Training requirements are explained, including reference to the Handbook.	1 day
Provider Feedback Survey	3	Providers called to offer feedback via phone to the Regional Manager supervising the QAR who conducted the review.	Manager collected the feedback information and thanked the provider for the feedback.	1 day
provider search website	9	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
Total Number of Calls	405			