

Florida Statewide Quality Assurance Program

Year 6 Quarter 2 Report

April - June 2015

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

**Prepared by Delmarva Foundation
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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.

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 most standards. Some NCI questions may have been modified over the years of the contract, but these are noted when applicable. In May 2015, reports were modified to remove any reference to the dollar amount of any potential billing discrepancy.

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 providers of Supported Employment generally have lower documentation scores than other providers. As a result of feedback from Quality Assurance Reviewers, Quality Council members and a review of the data, some revisions will be implemented to the tools and processes beginning in the third quarter of the year, including an updated global focus for the PCR Individual Interview and excluding the interview from the WSC PDR score.

While additional analysis and recommendations will be possible as more data are available, recommendations are provided, including addressing aspects of background screening noncompliance, and tracking results from some standards related to CMS assurances.

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 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 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 second quarter of the sixth year of the FSQAP contract (April - June 2015). The report is divided into three sections.

- Section I: Significant Contract Activity During the 2nd Quarter
- Section II: Data from Review Activities (includes Year To Date results)
- Section III: Discovery and Recommendations

Section I: Significant Contract Activity during the 2nd Quarter

Information Sharing

Staff Conference Calls

Conference calls are conducted on a bi-weekly basis for all reviewers and managers to provide: updates on procedures and/or APD and AHCA policy; a forum for questions; and an avenue to support training and reliability processes. The managers have implemented the use of webinars and go-to-meetings, when appropriate, to enhance training and presentations provided during the calls. Reliability results are discussed, with a focus on standards that may have been most often scored inconsistently.

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 April 16, May 21, and June 18.

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. PDR reports are also added to the Public Reporting website at flddresources.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 also reviewed in the field. During the second quarter of the year the following IRR activity was completed:

- PCR Individual Interview Field Review Reliability was completed with 7 QAR's – all passed
- PDR Field Review Reliability was completed with 8 QAR's – all passed
- PDR Staff Interview Field Review Reliability was completed with 8 QAR – all passed
- LSD 3 File Review Reliability was completed with 27 QAR's – 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. During the quarter, Stephanie Giordano and Dorothy Hiersteiner with HSRI joined a call to describe the updates to the 2015-2016 National Core Indicators Adult Consumer Survey. Updates will be in effect July 1, 2015.

Training Provided

Delmarva conducted six regional training sessions this quarter from May 27 – 29 and June 16 – 18. 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. Each was well received by stakeholders and most were at seating capacity. June Rowe and Elizabeth Pell of Human Services Research Institute, HSRI, provided training on CMS definitions and expectations and Delmarva staff provided links to the Florida process.

The presentation “Rendering Person Centered Supports to Individuals” can be located on the www.dfmc-florida.org website in the training center. The presentation included:

- Introduction to the team
- Purpose of the sessions
- Description of the CMS Settings updates
- Descriptions of the Delmarva Discovery Observation Process
- Descriptions of Person Centered Planning at Federal levels

- Descriptions of the Delmarva Discovery Interview tools for Person Centered Supports
- Customer service contact information

Delmarva had an exhibit booth at the 17th Family Café held in Orlando, Florida, June 5 – 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, 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 Turlakis presented a session at the Family Café on June 6th titled “Yes, You Can Plan and Direct Your Services”. The session was well received and included handouts for questions to ask providers.

Regional Quarterly Meetings

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

Quality Council

Delmarva conducted a Quality Council meeting this quarter on June 4, in Orlando, Florida. Please see the Delmarva website for complete QC details, minutes, and agendas. The meeting agenda included:

- AHCA Updates 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 summary presentation by Stephanie Giordano, Policy Associate- HSRI
- Delmarva Data presentation 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

¹ 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>).

The QC member workgroups met and determined their next steps to address the quality improvement initiatives in 2015, and are as follows:

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 Turlakis and Charmaine Pillay from Delmarva Foundation are on this committee as well.

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

The workgroup continues to request 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 WSCs and providers in their respective Regions and ask people to incorporate 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.

The next Quality Council meeting is scheduled for Thursday, October 8, 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.

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 are 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.

Feedback Surveys

National Core Indicator (NCI) Consumer Survey Feedback Survey

After each individual NCI interview, Delmarva provides the individual with a feedback survey. The individual is encouraged to complete the feedback survey, which is mailed directly to Human Services Research Institute (HSRI). Between January and June 2015, 82 surveys were returned to HSRI, an 8.7 percent return rate (82/939). Although results are generally based on a small return rate, they have remained positive and consistent over the years. Current feedback indicates the following:

- 54 of the 82 respondents (66%) indicated the individual had participated in answering the Consumer Survey.
- 56 respondents (69%) indicated an advocate, relative or guardian participated in the Consumer Survey.
- Only 18 feedback forms were completed by the person receiving services, with 52 (63%) completed by an advocate, relative or guardian, and 14 (17%) by a staff member where the person lives or receives services.
- 65 of the 82 respondents indicated the NCI interviews took place in the home.
- 54 (67%) individuals chose where to meet for the survey interview, and 24 respondents indicated they did not choose where to meet for the survey.
- 79 (98%) respondents felt the interview was scheduled at a convenient time, and 75 (93%) respondents felt it took about the right amount of time.
- 70 of 81 respondents thought the questions were not difficult to answer and 76 (93%) indicated the interviewer explained the person did not have to answer the questions.
- Almost all the respondents (80 out of 81) felt the interviewer was respectful.
- 93% 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. Sixty three surveys were received from providers who had participated in a PDR between January

and June 2015. The following table provides results for each question. Feedback to date this year has been extremely positive.

Table 1: Results from Provider Feedback Surveys			
Reviews Completed Between January and June 2015			
Question	# Yes	# No	#NA
Did the Quality Assurance Reviewer (QAR) identify documents needed to complete the review?	62		1
Did the QAR explain the purpose of the review?	63		
Did the QAR explain the review process and how the QAR or Delmarva team would conduct the review?	62		1
Did the QAR answer any questions you had in preparation for the review?	62		1
Did the QAR refer you to the FSQAP website, including the tools and procedures?	60		3
Did the QAR arrive at the review at the scheduled time?	59		4
If no, did the QAR call to notify you he/she might be a little late? (N=3)	3		1
Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving?	58	1	4
If you scored Not Met on any of the standards, did the QAR explain why? (N=54)	53	1	9
Total Responses	63		

Summary of Customer Service Calls

During the second quarter of the sixth contract year, April - June 2015, 377 calls were recorded in the Customer Service Log, with an average response time of one day for each call.²

Data Availability

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

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

- The Results by Service Real Time Data Report are available on the private section (required member login) of the site.

Staff Changes

Anna Quintyne (Southeast), Kristen Joshnick (Central/Suncoast), and Melissa Mothersil (Central) have taken a position with the new Delmarva Virginia QA contract. Chris Kulaga (Suncoast) retired. Managers are actively recruiting to fill these positions.

Section II: Data from Review Activities

Person Centered Reviews (PCR)³

The tools and processes for the PCR were revised, with a focus on how well the support coordinator 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 two quarters of the contract year, including the number of CDC+ participants (210), the number of waiver participants (730), 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 two quarters of the year. The decline rate is 26.8 percent for waiver participants and 1.4 percent for CDC+.

Region	Number of PCRs		Number of Declines	
	Waiver	CDC+	Waiver	CDC+
Northwest	74	25	44	0
Northeast	138	36	50	0
Central	156	60	53	0
Suncoast	143	32	66	2
Southeast	106	26	32	0
Southern	113	31	22	1
Total	730	210	267	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

³ 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 32 percent of the declines were because the person no longer received services (N=44), had passed away (N=28), or had moved out of the state (N=14).

Table 3: Person Centered Review Decline Reasons			
January – June 2015			
Decline Reason	Waiver	CDC+	Total
Refused	103	1	104
Review Later	78	2	80
No Longer Receiving Services	44	0	44
Deceased	28	0	28
Moved Out of State	14	0	14
Total	267	3	270

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.⁴ 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 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”:
 - o Where you live (9) (Residence)
 - o Where you work; what you do during the day (4) (Day Activity)
 - o Your community and what you like to do for fun (5) (Participation)
 - o Who you like to spend time with (4) (Relationships)
3. Safety (12)
4. Health (7)

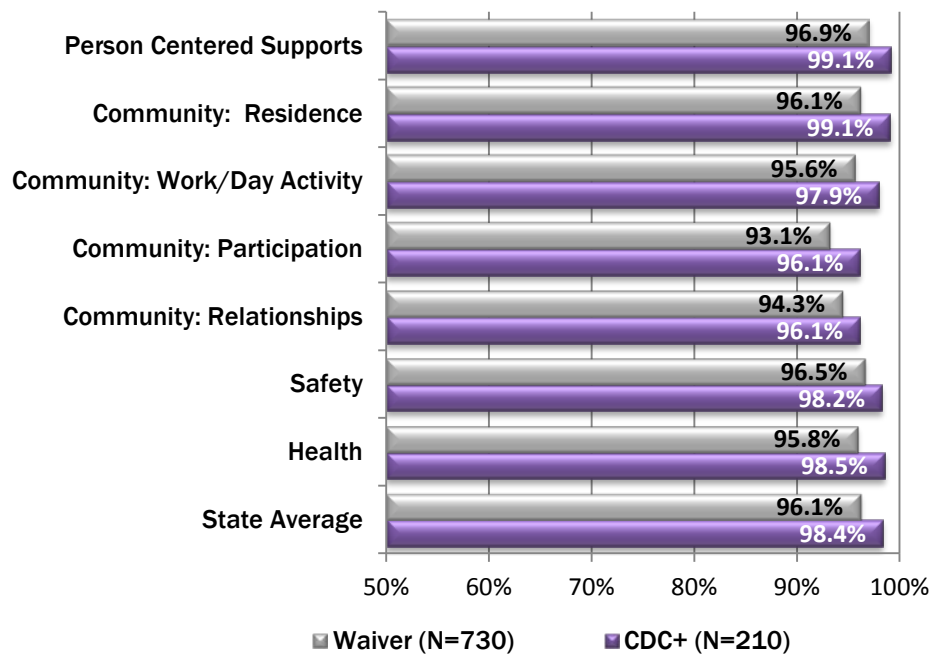
⁴ Since contract year 2012, children under age 18 have been included in the PCR sample. Because the NCI Consumer survey is only valid for adults, children do not participate in the NCI portion of the PCR process.

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 Standard⁵

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 Community Relationships show the lowest scores to date.

**Figure 1: PCR II Results by Standard
 DD Waiver and CDC+ Participants
 January - June 2015**



⁵ 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.

PCR II by Region

The average PCR II scores for the 730 individuals on a DD waiver and 210 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 relatively small, particularly for CDC+. For Waiver Participants, PCR II results range from 93.9 percent in the Southern Region to 98.3 percent in Suncoast. CDC+ results to date are fairly consistent across all the regions.

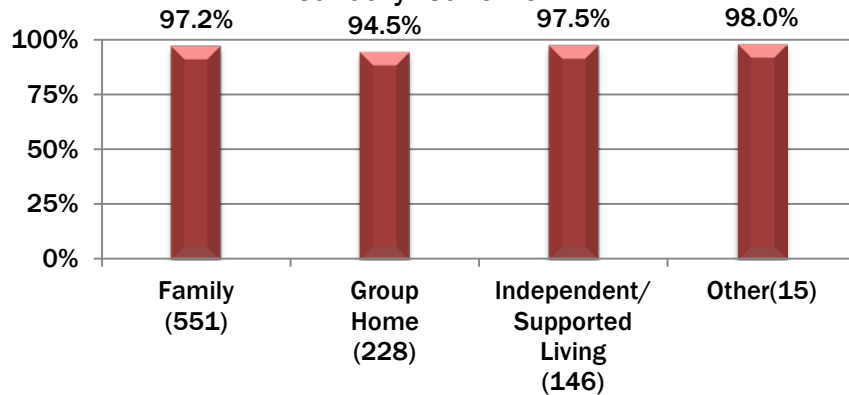
**Table 4: PCR Individual Interview Results by Region
 January - June 2015**

Region	Waiver		CDC+	
	#	% Met	#	% Met
Northwest	74	95.1%	25	98.8%
Northeast	138	97.2%	36	99.0%
Central	156	94.8%	60	98.2%
Suncoast	143	98.3%	32	98.1%
Southeast	106	96.4%	26	99.0%
Southern	113	93.9%	31	97.3%
State	730	96.1%	210	98.4%

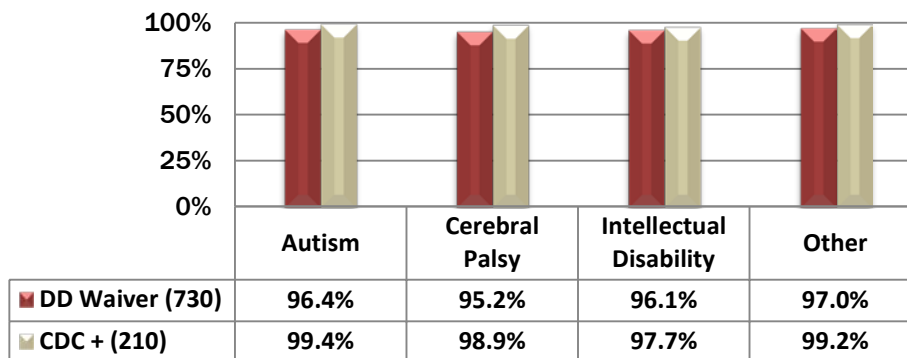
PCR II by Residential Status, Disability and Age

The following three figures display PCR II results by residential status, disability and age group (Figures 2 – 4). Several categories have a very small number of cases and results to date should be viewed carefully. For example, the “Other” category for Disability Type for the DD Waiver participants has 29 individuals (Spina Bifida (13), Prader Willi (3), Epilepsy (1), and Other (12)). There were only 32 individuals interviewed who were age 65 and over on the waiver and only two elderly individuals interviewed who were CDC+ participants. Results show very little variation across any of the demographic categories.

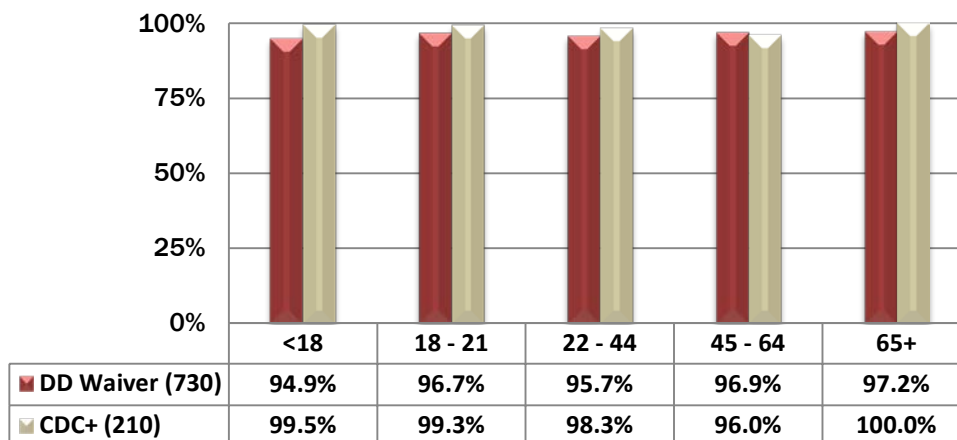
**Figure 2: PCR II Percent Met by Residential Status
 January - June 2015**



**Figure 3: PCR II Percent Met by Disability
 January - June 2015**



**Figure 4: PCR II Percent Met by Age Group
 January - June 2015**

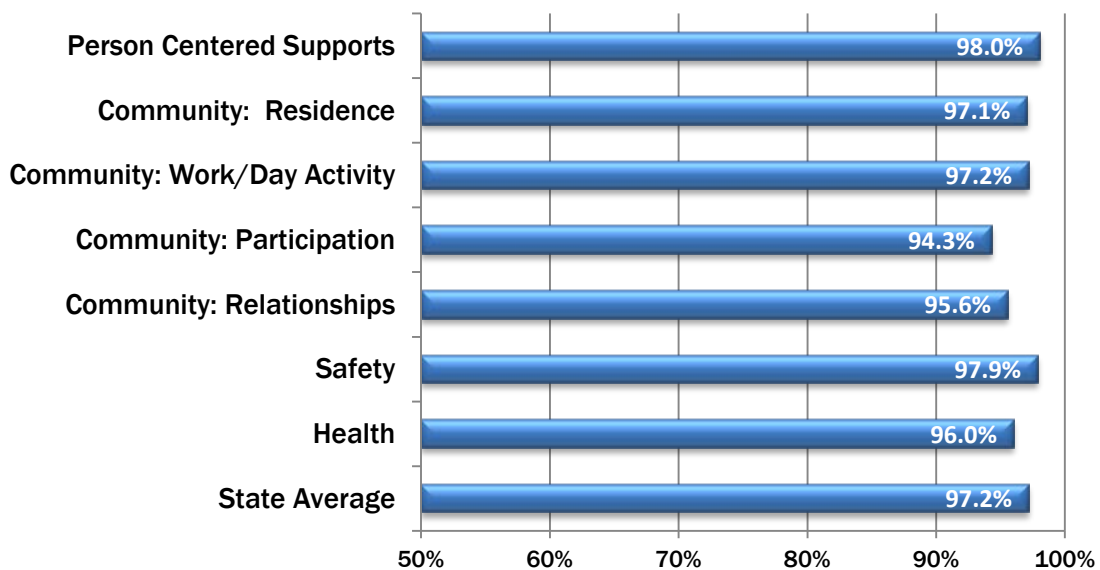


PCR Waiver Support Coordinator (WSC) Interview

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.

PCR WSC Interview results are shown by Standard in Figure 5 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 showed slightly lower scores than in other parts of the state. However, results may vary greatly when all the interviews are completed.

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



**Table 5: PCR WSC Interview Results by Region
January - June 2015**

Region	#	% Met
Northwest	74	95.2%
Northeast	138	98.4%
Central	156	96.6%
Suncoast	143	98.8%
Southeast	106	97.9%
Southern	113	95.0%
State	730	97.2%

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 through the first two quarters indicate the following:

- Weighted scores are somewhat higher for Consultants, 96.3 percent compared to 93.2 percent for WSCs.
- All the Support Coordinators were in compliance with billing procedures and the Medicaid provider agreement but were least likely to document how they assist individuals to understand definitions of abuse, neglect and exploitation.
- As with Support Coordinators, 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 - June 2015**

Region	CDC+ Consultant			Waiver Support Coordinator		
	# of Reviews	Weighted Score	Unweighted Score	# of Reviews	Weighted Score	Unweighted Score
Northwest	25	98.5%	98.7%	74	95.7%	97.3%
Northeast	36	94.7%	97.4%	138	91.9%	95.4%
Central	60	97.5%	98.3%	156	92.3%	95.4%
Suncoast	32	91.9%	95.4%	143	94.3%	96.1%

Table 6: PCR WSC and CDC+ Record Review Results by Region January - June 2015						
Region	CDC+ Consultant			Waiver Support Coordinator		
	# of Reviews	Weighted Score	Unweighted Score	# of Reviews	Weighted Score	Unweighted Score
Southeast	26	96.7%	98.1%	106	93.9%	95.8%
Southern	31	98.3%	99.0%	113	92.4%	95.3%
State	210	96.3%	97.8%	730	93.2%	95.8%

Table 7: WSC Record Review Results by Standard January - June 2015		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least annually and contains all required components for billing.	730	93.6%
Level of care is reevaluated at least annually and contains all required components for compliance.	729	97.1%
Level of care is completed accurately using the correct instrument/form.	730	88.5%
Person receiving services is given a choice of waiver services or institutional care at least annually.	729	98.4%
The Support Plan is updated within 12 months of recipient's last Support Plan.	715	99.0%
An Annual Summary of progress is in the record.	709	91.0%
The Support Plan is updated/revised when warranted by changes in the needs of the person receiving services.	396	96.2%
WSC documents the Support Plan is provided to the individual and when applicable, the legal representative, within required time frames.	724	96.4%
WSC documents the Support Plan is provided to the providers identified on the support plan within required time frames.	693	92.6%
Support Plan includes supports and services consistent with assessed needs.	728	98.8%
Support Plan reflects support and services necessary to address assessed risks.	711	98.5%
Support Plan reflects the personal goals of the person receiving services.	727	99.5%
The current Support Plan includes natural, generic, community	726	99.0%

Table 7: WSC Record Review Results by Standard		
January - June 2015		
Standard	Number Reviewed	Percent Met
and paid supports for the person receiving services.		
WSC documentation indicates current, accurate and approved Service Authorizations were issued to provider(s).	717	95.7%
WSC documentation indicates services are delivered in accordance with the Cost Plan, including type, scope, amount, duration, and frequency specified in the Cost Plan.	728	99.7%
The Support Coordinator is in compliance with billing procedures and the Medicaid provider agreement.	729	100.0%
The Support Coordinator billed for services only after service is rendered.	729	96.7%
Progress Notes reflect required monthly contact/activities and are in the record.	730	94.3%
The Support Coordinator documents efforts to support the person receiving services to make informed decisions regarding choice of waiver services & supports.	725	96.3%
The Support Coordinator documents efforts to support the person receiving services to make informed decisions regarding choice among waiver service providers.	720	96.1%
The Support Coordinator documents efforts to assist the individual/legal representative to know about rights.	730	97.0%
The Support Coordinator documents efforts to ensure the person's health and health care needs are addressed.	730	94.1%
The Support Coordinator documents efforts to ensure person's safety needs are addressed.	730	95.2%
The Support Coordinator has a method in place to document information about the individual's history regarding abuse, neglect, and/or exploitation.	728	91.2%
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.	729	89.7%
Average WSC Record Review Score		95.8%

Table 8: CDC+ Consultant Results by Element		
January - June 2015		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least annually and contains all required components for billing.	210	98.1%

Table 8: CDC+ Consultant Results by Element		
January - June 2015		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least annually and contains all required components for compliance.	210	99.5%
Level of care is completed accurately using the correct instrument/form.	210	94.3%
Person receiving services is given a choice of waiver services or institutional care at least annually.	210	100.0%
The Support Plan is updated within 12 months of recipient's last Support Plan.	206	99.5%
An Annual Summary of progress is in the record.	205	96.6%
The Support Plan is updated/revised when warranted by changes in the needs of the person receiving services.	115	95.7%
WSC documents the Support Plan is provided to the individual and when applicable, the legal representative, within required time frames.	204	98.5%
WSC documents the Support Plan is provided to the providers identified on the support plan within required time frames.	149	98.0%
Support Plan includes supports and services consistent with assessed needs.	208	100.0%
Support Plan reflects support and services necessary to address assessed risks.	203	100.0%
Support Plan reflects the personal goals of the person receiving services.	209	100.0%
The current Support Plan includes natural, generic, community and paid supports for the person receiving services.	209	100.0%
Services are delivered in accordance with the Cost Plan.	210	100.0%
The Support Coordinator is in compliance with billing procedures and the Medicaid provider agreement.	209	100.0%
The Support Coordinator billed for services only after service is rendered.	209	97.6%
Participant Monthly Review forms & Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	210	96.2%
The Support Coordinator documents efforts to assist the individual/legal representative to know about rights.	210	98.1%
The Support Coordinator documents efforts to ensure the person's health and health care needs are addressed.	208	97.6%
The Support Coordinator documents efforts to ensure person's safety needs are addressed.	207	98.6%
The Support Coordinator has a method in place to document information about the individual's history regarding abuse, neglect, and/or exploitation..	207	94.2%

Table 8: CDC+ Consultant Results by Element January - June 2015		
Standard	Number Reviewed	Percent Met
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.	208	88.0%
Completed/signed Participant-Consultant Agreement is in the record.	210	98.1%
Completed/signed CDC+ Consent Form is in the record.	210	94.3%
Completed/signed Participant-Representative Agreement is in the record.	209	98.6%
All applicable completed/signed Purchasing Plans are in the record.	208	98.1%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	210	99.5%
All applicable completed/signed Quick Updates are in the Record.	66	95.5%
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	97	97.9%
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	190	97.9%
Consultant provides technical assistance to participant as necessary to meet participant's and representative's needs.	199	100.0%
Consultant has taken action to correct any overspending by the Participant.	39	100.0%
If applicable, Consultant initiates Corrective Action.	10	100.0%
Completed/signed Corrective Action Plan is in the record.	11	100.0%
If applicable, an approved Corrective Action Plan is being followed.	12	100.0%
The Emergency Backup Plan is in the record and is reviewed annually.	207	97.1%
Average PCR CDC+ Consultant Result		97.8%

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 June 2015, 226 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. The number completed in each region was relatively small and comparisons across regions should be made with caution.

- On average, Representatives reviewed to date showed 93.3 percent compliance
- Weighted scores were generally high, ranging from a low of 92.4 percent in the Northwest to a high of 97.8 percent in the Southern Region
- Representatives were least likely to have documentation supporting the reconciliation of monthly statements (82.7%)

Table 9: CDC+ Representative Reviews			
January - June 2015			
Region	# of Reviews	Weighted Score	Unweighted Score
Northwest	31	92.4%	90.9%
Northeast	42	94.1%	93.2%
Central	63	94.8%	93.3%
Suncoast	32	92.6%	92.2%
Southeast	27	92.6%	92.4%
Southern	31	97.8%	97.5%
State	226	94.2%	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.	225	96.4%
Accurate Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	206	90.3%
Signed and approved Invoices for Vendor Payments are available for review.	130	91.5%
Signed and approved receipts/statement of Goods and Services for reimbursement items are available for review.	78	93.6%
Complete Employee Packets for all Directly Hired Employees are available for review.	205	96.1%

Table 10: CDC+ Representative Results by Standard		
January - June 2015		
Standard	Number Reviewed	Percent Met
Complete Vendor Packets for all vendors and independent contractors are available for review.	144	91.0%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	207	89.4%
Signed Employer/Employee Agreement for each Directly Hired Employee (DHE) is available for review.	205	92.2%
All applicable signed and approved Purchasing Plans are available for review.	225	92.9%
Copies of Support Plan(s) are available for entire period of review.	226	95.6%
Copies of approved Cost Plans are available for entire period of review.	226	96.5%
Emergency Backup Plan is complete and available for review.	225	96.4%
Corrective Action Plan (if applicable) is available for review.	12	91.7%
Background screening results for all providers who render direct care are available for review.	214	84.6%
All applicable signed and approved Quick Updates are available for review.	69	95.7%
Monthly Statements are available for review.	226	95.1%
Documentation is available to support the reconciliation of Monthly Statements.	225	82.7%
The Participant obtains services consistent with stated/documented needs and goals.	226	99.6%
The Participant makes purchases that are consistent with the Purchasing Plan.	216	99.5%
Average CDC+ Representative Compliance Rate		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), the percent with health concerns (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 25.7 percent of CDC+ participants
- Most individuals with a health concern indicated needs were met
- A higher proportion of individuals on the DD waiver had been to the emergency room than CDC+ participants, 20.8 percent and 1.4 percent respectively

Table 11: Prescription Medications Taken		
January - June 2015		
Number of Medications	Waiver (N=730)	CDC+ (N=210)
0	0.8%	1.4%
1 - 3	59.9%	72.9%
4 - 6	31.0%	19.0%
7+	8.4%	6.7%

Table 12: Do you have any health concerns?				
January - June 2015				
	DD (N=730)		CDC+ (N=210)	
	N	%	N	%
Response				
Maybe, I am not sure.	7	1.0%	0	0.0%
No, I do not.	185	25.3%	40	19.0%
Yes, I do and my needs are not being met	15	2.1%	4	1.9%
Yes, I do and my needs are being met.	523	71.6%	166	79.0%

Table 13: Health Summary:		
January -June 2015		
In the past 12 months:	Waiver (730)	CDC+ (210)
Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation?	2.9%	0.0%
Have Reactive Strategies under 65G-8 been used due to behavioral concerns?	2.1%	0.5%
Have you been to an Emergency Room?	20.8%	1.4%
Have you been to an Urgent Care Center?	5.8%	3.8%

NCI Consumer Review Results

Results from the NCI interviews will be presented in the annual report when all data are available.

Provider Discovery Reviews (PDR): Service Providers⁶

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
- 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, Interviews with staff rendering services, Observations at licensed residences and

⁶ All review tools are posted on the FSQAP website <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>.

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 two quarters of the contract year (January – June 2015) 860 PDRs were completed by reviewers and approved by Delmarva management; 574 for service providers and 286 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

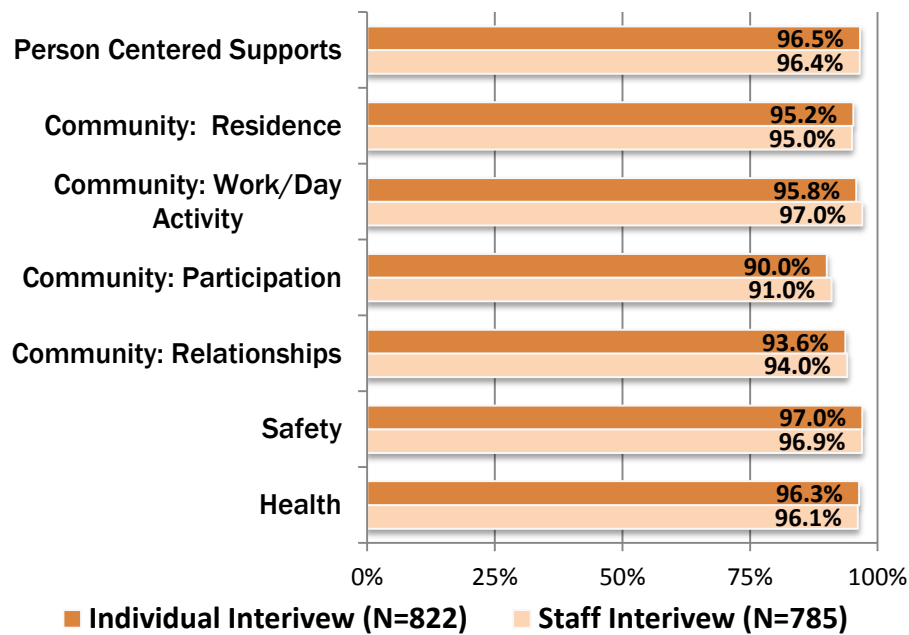
Beginning in January 2015, the PDR incorporated an interview with individuals receiving services from the provider and an interview with staff providing services. The staff may or may not be providing services to individuals interviewed but all services are monitored during the interview processes. The 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.⁷

Figure 6 shows Individual and Staff Interview results by Standard and Table 14 shows the results by region.

- There was little variation across the Standards and very little variation between individuals and staff responses on each Standard
- Community Participation was least likely to be present
- There was very little variation across regions

⁷ All PCR and PDR tools can be viewed on the DFMC website: <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>

**Figure 6: PDR Interview Results by Standard
 January - June 2015**



**Table 14: PDR Interviews by Region
 January - June 2015**

Region	Individual		Staff	
	#	% Met	#	% Met
Northwest	67	96.7%	67	96.8%
Northeast	149	96.6%	143	96.5%
Central	112	95.1%	106	94.7%
Suncoast	178	97.4%	167	97.9%
Southeast	189	95.0%	190	94.7%
Southern	127	93.7%	112	93.6%
State	822	95.8%	785	95.8%

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 14 LSD 3 (ADT) locations and 305 group homes.

PDR Observation scores for reviews completed between January and June 2015 are shown by Standard in Figure 7 and by Region in Table 15. Because only 14 day programs were observed and results for the two different settings may vary, for this report we show results by Standard for the group home programs only in Figure 7. Day program results by Standard will be analyzed in the next quarter when more data are available. The average statewide Observation score for group home settings was 95.6 percent. To date this year, observations indicate individuals were less likely to be supported to have Autonomy and Independence or Community Opportunities.

The total number of observations completed for group homes and day programs and the average results are shown by Region in Table 15. While results appear to be lower in the Northwest Region, it is important to note that only seven observations have been completed through the first two quarters of the year. Regional comparisons should be made with caution until more data are available.⁸

**Figure 7: Residential Habilitation Observation Results by Standard
(N = 305)
January - June 2015**



⁸ Review tools are posted here and include detailed descriptions of each standard: <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>.

Table 15: Observation Scores by Region			
January - June 2015			
Region	Number of Locations		Ave Score
	Licensed	Day	
Northwest	6	1	87.9%
Northeast	33	4	96.5%
Central	60	3	94.1%
Suncoast	77	2	96.4%
Southeast	78	3	96.7%
Southern	51	1	95.7%
State	305	14	95.7%

Administrative Policy and Procedure Results⁹

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 to date this year are shown in Table 16 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 reactive strategies or onsite oversight for Behavior Focused group homes. There was little variation across regions (Table 17).

Table 16: PDR Policies and Procedures Results by Standard				
January - June 2015				
P&P Standard	PDR		WSC PDR	
	# Reviewed	% Met	# Reviewed	% Met
Vehicles used for transportation are properly insured.	180	97.2%	NA	NA
Vehicles used for transportation are properly registered.	181	98.3%	NA	NA
If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	4	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.	395	96.7%	52	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.	396	98.0%	52	100.0%

⁹ N sizes may vary throughout the report due to missing and/or not applicable data.

Table 16: PDR Policies and Procedures Results by Standard				
January - June 2015				
P&P Standard	PDR		WSC PDR	
	# Reviewed	% Met	# Reviewed	% Met
The provider has written policies and procedures which detail how the provider will ensure the individual's medications are administered and handled safely.	317	97.8%	19	100.0%
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.	397	95.0%	52	96.2%
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.	396	98.7%	52	100.0%
The provider has identified and addressed concerns related to abuse, neglect, and exploitation.	140	97.9%	112	99.1%
If applicable, all instances of abuse, neglect, and exploitation have been reported.	45	95.6%	93	98.9%
If applicable, the provider addresses medication errors.	65	95.4%	9	100.0%
The provider addresses all incident reports.	288	97.9%	226	96.0%
If applicable, the provider has written policies and procedures related to the use of reactive strategies.	88	88.6%	NA	NA
If provider operates Behavior Focus group homes, required on-site oversight for residential services is provided.	32	87.5%	NA	NA
Average Policies and Procedures	2,924	97.0%	670	98.1%

Table 17: Administrative Policy and Procedure by Region				
January - June 2015				
Region	PDR		WSC PDR	
	# Reviewed	% Met	# Reviewed	% Met
Northwest	55	100.0%	20	96.6%
Northeast	112	95.5%	55	99.1%
Central	84	96.4%	67	99.5%
Suncoast	121	98.1%	53	95.9%
Southeast	123	96.8%	49	96.6%

Table 17: Administrative Policy and Procedure by Region				
January - June 2015				
Region	PDR		WSC PDR	
	# Reviewed	% Met	# Reviewed	% Met
Southern	79	96.2%	42	100.0%
State	574	97.0%	286	98.1%

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 18 for service providers and Table 19 for WSCs and in Table 20 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 date indicate:¹⁰

- Average compliance for service providers was 94.2 percent and for WSCs was 96.5 percent
- Service providers scored approximately 95 percent or higher 21 of 36 standards reviewed
- Service providers were least likely to have completed eight hours of annual in-service training for Supported Living Coach (75.4%) or Life Skills Development 2 (SEC) (78.3%)
- 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 (88.1%)
- There is little variation across regions

Table 18: PDR Qualifications and Training Service Provider Results by Standard		
January - June 2015		
Q&T Standard	Number Reviewed	Percent Met
The provider has completed all aspects of required Level II Background Screening.	1,302	94.3%
If applicable, the provider received training in Medication Administration.	654	94.2%
Drivers of transportation vehicles are licensed to drive vehicles used.	984	99.2%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	34	100.0%

¹⁰ However, 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.

Table 18: PDR Qualifications and Training Service Provider Results by Standard		
January -June 2015		
Q&T Standard	Number Reviewed	Percent Met
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.	29	100.0%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	34	100.0%
The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care.	1	100.0%
Vehicles used for transportation are properly insured.	746	94.9%
Vehicles used for transportation are properly registered.	744	93.3%
The provider received training in Zero Tolerance.	1,302	92.8%
The provider received training in Direct Care Core Competency.	1,299	95.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	29	93.1%
The provider has completed standardized, pre-service training for Life Skills Development 2.	52	96.2%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	689	98.5%
The provider meets all minimum educational requirements and levels of experience for Respite.	220	98.2%
The provider completed required Supported Living Pre-Service training for Supported Living Coach.	122	95.9%
If applicable, the provider has been validated on medication administration.	645	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).	176	93.2%
The provider has completed eight hours of annual in-service training related to employment for Life Skills Development 2.	46	78.3%
The provider completed eight hours of annual in-service training related to the implementation of individually designed services for Life Skills Development 3.	30	93.3%
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.	71	97.2%
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-Intensive Behavior.	7	100.0%
The provider received training in HIPAA.	1,301	90.5%
The provider received training in HIV/AIDS/Infection Control.	1,251	97.0%

Table 18: PDR Qualifications and Training Service Provider Results by Standard		
January -June 2015		
Q&T Standard	Number Reviewed	Percent Met
The provider received training in CPR.	1,252	96.9%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	52	98.1%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coach.	122	98.4%
The provider received training in Person Centered Approach/Personal Outcome Measures.	1,290	91.1%
The provider received training with an emphasis on choice and rights.	1,295	92.3%
The provider received training in the development and implementation of the required documentation for each waiver service provided.	1,293	91.3%
The provider received training specific to the scope of the services rendered.	1,293	92.3%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	368	99.5%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	478	99.2%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	72	98.6%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	8	100.0%
The provider completed eight hours of annual in-service training for Supported Living Coach.	114	75.4%
Average Qualifications and Training	19,405	94.2%

Table 19: PDR Qualifications and Training WSC Results by Standard		
January -June 2015		
Q&T Standard	Number Reviewed	Percent Met
The provider has completed all aspects of required Level II Background Screening.	366	96.8%
Drivers of transportation vehicles are licensed to drive vehicles used.	48	100.0%
Provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	103	98.1%
The provider received mandatory Statewide pre-service training for Support Coordination.	366	99.5%
Vehicles used for transportation are properly insured.	40	97.5%
Vehicles used for transportation are properly registered.	40	97.5%

Table 19: PDR Qualifications and Training WSC Results by Standard		
January - June 2015		
Q&T Standard	Number Reviewed	Percent Met
The provider received training in Zero Tolerance.	366	95.4%
The provider received training in Direct Care Core Competency.	366	98.9%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	363	99.7%
The provider received mandatory Region/Area- specific training for Support Coordination.	365	97.8%
The provider received training in HIPAA.	364	92.3%
The provider received 24 hours of ongoing annual job related training for Support Coordination.	352	88.1%
The provider received training in Person Centered Approach/Personal Outcome Measures.	363	96.4%
Average Qualifications and Training	3,502	96.2%

Table 20: Qualifications and Training by Region				
January - June 2015				
	PDR		WSC PDR	
Region	# Reviewed	% Met	# Reviewed	% Met
Northwest	55	95.1%	20	98.6%
Northeast	112	95.1%	55	96.9%
Central	84	92.2%	67	96.1%
Suncoast	121	94.8%	53	95.8%
Southeast	123	94.0%	49	94.8%
Southern	79	93.7%	42	96.7%
State	574	94.2%	286	96.2%

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 1,715 SSRRs completed between January and June 2015 as part of the 574 PDRs for service providers and 1,066 SSRRs completed as part of the 286

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.

SSRR results are presented by service in Figure 8 and by region in Table 21. 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. To date this year:

- WSCs weighted scores were somewhat better than providers of other services, on average, 95.0 percent and 90.4 percent respectively
- Average weighted scores were lowest for providers of Respite Services (88.1%), Supported Employment (88.0%) and Supported Living Coaching (88.6%)
- The weighted scores for service providers varied from approximately 88 percent in the Southern and Central regions to just over 93 percent in the Northwest
- There was little variation across regions for WSC scores

**Figure 8: SSRR by Service
 Weighted Scores
 January - June 2015**

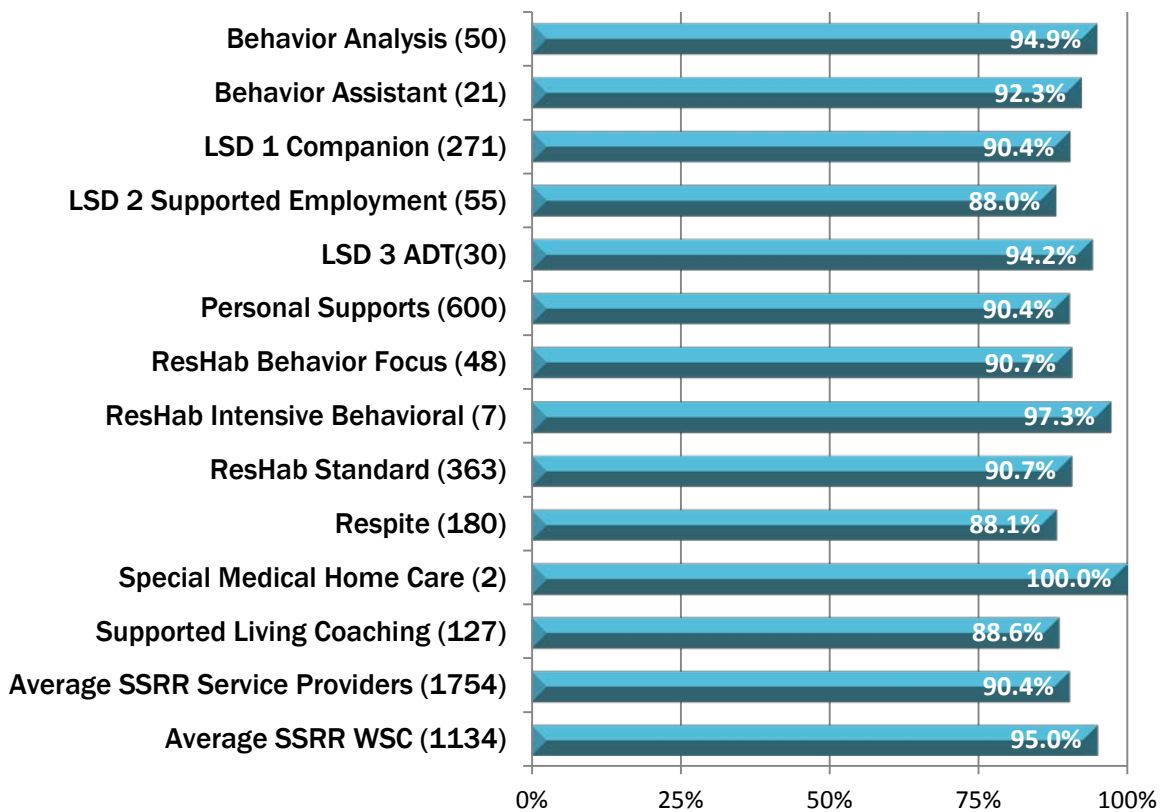


Table 21: PDR Service Specific Record Review Results by Region						
January - June 2015						
	Service Providers			WSCs		
Region	# Records Reviewed	Weighted Score	Unweighted Score	# Records Reviewed	Weighted Score	Unweighted Score
Northwest	146	93.3%	93.9%	122	97.5%	97.5%
Northeast	302	91.1%	91.9%	201	94.0%	95.0%
Central	253	88.3%	90.1%	240	94.5%	95.2%
Suncoast	404	91.1%	92.0%	226	94.6%	94.4%
Southeast	399	90.4%	91.1%	165	95.7%	95.6%
Southern	250	88.5%	89.2%	180	94.9%	95.5%
State	1,754	90.4%	91.3%	1,134	95.0%	95.4%

Overall PDR Scores by Region

Information in Tables 22 and 23 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. Because of this, the WSC knows at least 30 days in advance of the review when the record will be needed. 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 22: PDR Weighted Scores for Service Providers						
January - June 2015						
Region	Policy & Procedure (N=574)	Qualifications & Training (N=574)	Service Record Reviews (N= 1,754)	Staff Interview (N=785)	Provider Individual Interview (N=822)	OBS (N= 319)
Northwest	100.0%	95.1%	93.3%	96.8%	96.7%	87.9%
Northeast	95.5%	95.1%	91.1%	96.5%	96.6%	96.5%
Central	96.4%	92.2%	88.3%	94.7%	95.1%	94.1%
Suncoast	98.1%	94.8%	91.1%	97.9%	97.4%	96.4%
Southeast	96.8%	94.0%	90.4%	94.7%	95.0%	96.7%
Southern	96.2%	93.7%	88.5%	93.6%	93.7%	95.7%

State	97.0%	94.2%	90.4%	95.8%	95.8%	95.7%
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Table 23: PDR Weighted Scores for WSCs January - June 2015				
Region	WSC Record Reviews			
	Policy & Procedure (N=286)	Qualifications & Training (N=286)	Announced (N = 720)	Unannounced (N = 414)
Northwest	96.6%	98.7%	97.1%	98.1%
Northeast	99.1%	97.5%	94.7%	92.7%
Central	99.5%	96.1%	94.4%	94.8%
Suncoast	95.9%	95.9%	96.1%	92.0%
Southeast	96.6%	95.0%	95.5%	95.9%
Southern	100.0%	96.9%	94.8%	95.3%
State	98.1%	96.5%	92.9%	91.6%

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 first two quarters of the year, 122 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, 47 for providers and 23 for CDC+ Representatives. An additional 52 alerts were reported as shown in the following table.

Table 24: Alerts by Type January - June 2015	
Alert Type	Times Cited
Rights	4
Health & Safety	13
Abuse/Neglect/Exploitation	6

Table 24: Alerts by Type	
January - June 2015	
Alert Type	Times Cited
Background Screening	70
Medication Administration/Training	24
Drivers License/Insurance (Employee)	5
Vehicle Insurance (administrative)	0
Total Alerts	122

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, WSCs, and CDC+ Representatives. Data indicate:

- CDC+ Representatives were least likely to have all background screening components in place. However, the rate of over 85 percent shows an upward trend since a score of approximately 30 percent in 2010
- Support coordinators were most likely to adhere to background screening compliance
- Support coordinators and CDC+ Representatives in Suncoast were less likely than their counterparts in other regions to have background screening met
- Service providers in the Central Region were less likely than other service providers to have background screening met

Table 25: Percent of Providers with Background Screening Met						
January - June 2015						
Region	Service Providers		WSCs		CDC+ Representatives	
	# Reviews	% Met	# Reviews	% Met	# Reviews	% Met
Northwest	55	92.7%	20	95.0%	31	83.9%
Northeast	112	92.0%	55	98.2%	42	88.1%
Central	84	88.1%	67	95.5%	63	87.3%
Suncoast	121	91.7%	53	90.6%	32	68.8%
Southeast	123	93.5%	49	95.9%	27	81.5%
Southern	79	86.1%	42	95.2%	31	100.0%
State	574	90.9%	286	95.1%	226	85.4%

Information in Table 26 provides the reason background screening was not met for each employee record reviewed, for services providers (PDR), WSCs 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 26: Reason Background Screening was Not Met			
January - June 2015			
Reason	PDR	WSC	CDC-R
Non-Compliant - Provider did not make individual records available for review purposes.	7	0	0
Provider did not present a current Federal Bureau of Investigation screening clearance letter or other acceptable form of FBI screening.	14	2	17
Provider did not present a current Florida Department of Law Enforcement screening clearance letter or other acceptable form of FDLE screening.	14	3	18
Provider did not present a current Local Criminal Records Check obtained within county of residence.	34	7	0
Provider did not present a current complete and signed Affidavit of Compliance with Background Screening Requirements.	1	0	0
Provider did not present a current complete, signed and notarized Affidavit of Good Moral Character.	35	6	13
Provider has not completed the five-year re-screening. (Pre 8/2010 FDLE Only)	3	1	7
Provider presented a current Affidavit of Good Moral Character but it was not notarized.	2	0	1
Provider presented a current Affidavit of Good Moral Character, but it was not signed.	1	0	2
Provider presented a current Local Criminal Records Check but it was not obtained within county of residence.	1	0	0
Provider was not fully re-screened following a greater than 90 day lapse in employment in an appropriate field.	1	0	0
Total	113	19	58

Section III: Discovery

Findings in this report reflect data from PCR and PDR reviews and other contract activity completed between January and June 2015. A total of 940 PCRs and 860 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. 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.

During this quarter (April - June 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 facilitated 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:



About half of the sample of individuals selected for the PCR had been completed during the first two quarter of the years. 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:

- Individual interviews showed the lowest scores on Community Participation (93.1%) and Relationships (94.3%), compared to the other standards.
- WSC interviews also showed the lowest scores on Community Participation (94.3%)
- Results from the record reviews indicate fewer than 10 percent of WSCs did not:
 - Use the correct instrument to accurately complete the Level of Care assessment (88.5%)
 - Document efforts to assist the person receiving services to define abuse, neglect, and exploitation, including how the person receiving services would report any incidents (89.7%)

Recommendation 1: 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. APD should continue to track scores on these standards and implement quality improvement initiatives if appropriate.

Provider Discovery Review Results

Results from the 574 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, and Supported Living Coaching.



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

- Approximately 94 percent of employee records reviewed showed compliance on background screening requirements
- Providers of Supported Employment, Respite and Supported Living Coaching were least likely to meet compliance on SSRR standards
- Both staff and individual interviews show lowest compliance with Community Participation compared to all other standards
- Community Opportunity and Autonomy/Independence were the lowest scoring standards in the Observations
- PDR results for support coordinators were somewhat higher

Approximately 90 percent of the providers had background screening requirements in place. Close to 55 percent of the providers with missing requirements had at least one employee who did not have documentation for the FBI or FDLE clearance letter, or the Local Criminal Records Check.

Recommendation 2: The rate of compliance for background screening has improved greatly over the past several years. However, when employees are noncompliant 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 may want to consider developing an initiative that may help providers with these three key areas of noncompliance.

One training standard for WSCs that showed a lower score than other standards, 88 percent compliance, is if the provider received 24 hours of ongoing annual job related training for Support Coordination.

Recommendation 3: 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 met.

To date, only 14 observations have been completed for Day Programs. However, information indicates these programs may have lower performance scores than for licensed Residential Programs, particularly for medication management with compliance of 90 percent and 98 percent respectively.

Recommendation 4: As more data become available, Delmarva and APD should continue to track possible differences in observation scores between Day and Residential programs, and work with APD and the Quality Council to develop and implement strategies to assist Day Program providers as needed.

Summary

Findings from reviews were presented at the QC meeting in June. Delmarva managers discussed the high scores with members, some much higher than shown in previous years. Possible areas of concern, including feedback from Quality Assurance Reviewers working in the field, were considered including:

- Staff/providers coaching individuals and/or staff on how to respond during interviews
- The sheer number of people present at interviews
- WSCs and staff present at individual interviews when individuals are asked about the very services they provide
- Greater number of standards scored compared to the previous tools
- Focus of the individual interview on how the WSC supports the person rather than a focus on the person's perspective

As a result of the review of the data, discussion with QARs, feedback from Quality Council members, and approval from AHCA, several changes will be implemented to the tools and processes beginning in the third quarter of the year. The PCR Individual Interview will focus on the person's overall quality of life and services from all providers, and not just how the WSC is supporting the person. For example, the WSC may be doing everything possible to ensure the person has a choice of where to live, but the person may still indicate this is not present. The standard will be marked out for the person. However, because some results such as this may be out of the WSC's control, the scores from the interview will not be incorporated into the overall PDR score for the WSC. In addition, some standards in the tool have been revised to reflect this new focus. In order to remain consistent across processes, results from the PDR Individual Interviews will not be incorporated into the PDR score for service providers. Other revisions to tools and processes may be implemented throughout the remainder of the year as we work with AHCA and APD on continuous quality improvement in the review processes.

Attachment 1: Customer Service Activity

April - June 2015

Customer Service Topic	#	Description	Outcome	Ave Time
Abuse Hotline	1	Caller asked question about whether an incident is to be reported to the Abuse Hotline	Caller was referred to the Abuse Hotline	1 day
Address/ Phone Update	15	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	8	Providers and provider consultants call with questions regarding FL background screening requirements.	Background screening requirements are explained to providers, with reference to the Handbook and FL rule.	1 day
CDC+	1	Caller asked question regarding CDC+ requirements	Caller's question was answered using our CDC+ Representative review tool and referred to APD for further clarification.	1 day
Clarification	11	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	Providers complained about their reviews, i.e. the new process, miscommunication.	Complaints were referred to Regional Managers for resolution.	1 day

Customer Service Topic	#	Description	Outcome	Ave Time
Contact QAR	8	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	2	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	0			
Miscellaneous/ Other	17	Family stakeholders and providers called with requests unrelated to our process, e.g. how to access services, requesting copies of preliminary findings, concerns regarding specific providers.	All questions were answered.	1 day
Name Correction	1	Provider called asking their name to be corrected in our system.	Providers were advised the name would be corrected for purposes of the report; referred providers to AHCA for name correction.	1 day
New Tools	6	Providers called asking questions regarding the Discovery tools.	Providers are referred to our website and shown the current tools posted.	1 day

Customer Service Topic	#	Description	Outcome	Ave Time
Next Review	48	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.	1 day
PCR and PDR Orientation	1	Provider requested training certificate for the orientation session held in January in Jacksonville	Providers were referred to her signed presentation materials which may be used toward one hour of in-service credit.	1 day
Provider Information	1	APD personnel inquired about the status of a provider's review.	Caller was updated on the provider's status.	1 day
Provider Feedback Survey	1	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	4	Providers call asking why their names are not on the provider search website or for instructions on becoming listed on the website.	The mechanics of the website are explained to the providers, including that only active (billing) providers rendering services reviewed by Delmarva are captured on this website.	1 day

Customer Service Topic	#	Description	Outcome	Ave Time
Question	54	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	15	Providers call asking for clarification on the process to submit a request for reconsideration or inquiring as to the status of a request already submitted	The reconsideration process is explained to providers, including reference to our Operational Policies and Procedures and their report cover letters; reconsiderations submitted are researched and providers are given an expected delivery date. Status of each reconsideration is checked and relayed to the provider.	1 day
Billing Discrepancies	3	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	11	Providers call or email requesting that their report be re-sent to them.	Reports are re-sent with address confirmation and providers are advised	1 day

Customer Service Topic	#	Description	Outcome	Ave Time
			of same.	
Review Reports	27	Providers called asking for explanation of their reports.	Their reports are explained; providers are referred to their local APD office for technical assistance.	1 day
Training	139	Providers and provider consultants call asking about training requirements. Providers called asking for information regarding or assistance in registering for the training sessions held in May and June.	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	377			