

Florida Statewide Quality Assurance Program

Year 6 Quarter 3 Report

July - September 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
DHE – Directly Hired Employee
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. In May 2015, reports were modified to remove any reference to the dollar amount of any potential billing discrepancy. Because of these revisions, comparisons to previous years are not appropriate.

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 fourth quarter of the year, including an updated global focus for the PCR Individual Interview and excluding the interview from the WSC PDR score.

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. Several standards from observations of licensed residences showed fairly low compliance and recommendations are provided concerning keys to the facility and giving individuals the right to help develop house rules. Initial drill down, by demographics, into the number of medications taken suggests quality improvement initiatives may be appropriately developed for specific age groups and in group home settings. Each of these, as well as the Southern Region, showed higher than average rates for individuals taking four or more medications.

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 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 third quarter of the sixth year of the FSQAP contract (July – August 2015). The report is divided into three sections.

- Section I: Significant Contract Activity During the 3rd Quarter
- Section II: Data from Review Activities (includes Year To Date results)
- Section III: Discovery and Recommendations

Section I: Significant Contract Activity During the 3rd Quarter

Information Sharing

Staff Conference Calls

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

Discussion during the third quarter has included clarification on changes to tools and standards and some of the review processes, such as the individual interview. In addition, managers have reviewed the revisions being made to the scoring process for the WSC and provider PDRs.

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

Status Meetings

Status meetings are held to provide an opportunity for Delmarva, AHCA, and APD representatives to discuss contract activities and other relevant issues as necessary. Data collected in previous months are often presented and reviewed for trends and potential remediation. During the third quarter of this contract year, Status Meetings were held on August 20 and September 17. The July meeting was cancelled by AHCA.

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 www.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 third quarter of the year the following IRR activity was completed:

- PCR Individual Interview Field Review Reliability was completed with nine QARs – all passed
- PDR Field Review Reliability was completed with nine QARs – all passed
- PDR Staff Interview Field Review Reliability was completed with nine QARs – all passed
- LSD 2 File Review Reliability was completed with 24 QARs – 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.

Training Provided

Delmarva conducted three regional training sessions this quarter, between September 16 and September 28, 2015. Sessions were held in Northeast (Jacksonville), Suncoast (Riverview), and Central Regions (Clermont). The sessions were well attended and well received by stakeholders. The “How to Prepare for Your Delmarva Foundation Provider Discovery Review” presentation will be located on the www.dfmc-florida.org website in the training center once the remaining sessions have been conducted. The presentation included:

- Introduction to the team
- Purpose of the session
- Description of the Delmarva Provider Discovery Review
 - Administrative Process
 - Interview Process
 - Service Specific Record Review Process
 - Benefits of the Delmarva Provider Discovery Review Process

- Customer service contact information

Two new multimedia presentations, Healthy Aging for Persons with Developmental Disabilities and My Personal Preventive Health Plan, were developed and added to the website in August.

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

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 did not conduct a Quality Council meeting this quarter. The next Quality Council meeting is scheduled for Thursday October 8th, 2015, in Tallahassee, Florida. However, QI Council workgroups met via conference calls to discuss their Quality Improvement Projects and determine next steps to address the quality improvement initiatives for the remainder of 2015.

1. Improve Waiver Support Coordination Training

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

2. Community Connections Workgroup/Self- Advocacy

The purpose of the workgroup activity is to increase social connections and friendships to help reduce loneliness and increase the health impact of relationships. The workgroup will be

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>).

disseminating Dr. Angela Amado's booklet, "Friends: Connecting people with disabilities and community members", to support coordinators and service providers in their respective Regions and ask to incorporate the information into stakeholder trainings.

3. Employment

The focus of this workgroup is education and developing 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.

Tool and Procedure Updates

Several tool revisions have impacted the ability to compare and trend data. 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 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. Changes to the standards and scoring may impact some results when trending data over time.

The Handbook was promulgated September 3, 2015. Delmarva is working with AHCA and APD to ensure the tools and standards adequately and accurately reflect requirements in the new Handbook. These are scheduled to be implemented once tools are updated and approved by AHCA and APD.

The PCR Individual Interview has been modified to reflect all services the person received rather than only how well the support coordinator supports the person. This component of the review will no longer be incorporated into the overall PDR score for the support coordinator. To remain consistent, the PDR Individual Interview results will not be incorporated into the overall PDR score for service providers. PDR and PCR reports have been modified to reflect the revisions. These changes to the process, reports and scoring have been developed and will be implemented in October 2015.

Workgroup Activity

Charmaine Pillay participated in APD's training Advisory Committee on July 9 and August 12. The committee reviews topics and content for APD's new online training system, TRAIN. The group worked on the content of WSC pre-service training and reviewed modules related to ethics, advocacy and choice

Feedback Surveys

National Core Indicator (NCI) Consumer Survey Feedback Survey

After each individual NCI interview, Delmarva provides the individual with a feedback survey. The individual is encouraged to complete the feedback survey, which is mailed directly to Human Services Research Institute (HSRI). Between January and September 2015, 148 surveys were returned to HSRI, a 10.6 percent return rate (148/1,400). Although results are generally based on a small return rate, they have remained positive and consistent over the years. Current feedback indicates the following:

- 73.6 percent of respondents indicated the individual had participated in answering the Consumer Survey.
- 60.1 percent of respondents indicated an advocate, relative or guardian participated in the Consumer Survey.
- Only 35 feedback forms were completed by the person receiving services, with 86 (58.1%) completed by an advocate, relative or guardian, and 31 (20.1%) by a staff member where the person lives or receives services.
- 119 (80.4%) respondents indicated the NCI interviews took place in the home.
- 103 respondents, close to 70 percent, indicated the individual chose where to meet for the survey interview. However, 37 respondents, 25.1 percent, indicated they did not choose where to meet for the survey.
- Most respondents (98.0%) felt the interview was scheduled at a convenient time, and most (93.3%) respondents felt it took about the right amount of time.
- Most respondents (86.4) thought the questions were not difficult to answer and 83.7 percent indicated the interviewer explained the person did not have to answer the questions.
- Almost all the respondents (98.6%) felt the interviewer was respectful.
- 93.2% of respondents indicated the interviewer explained what the survey was about.

Provider Feedback Survey

After each PDR, providers are given the opportunity to offer feedback to Delmarva about the review process and professionalism of the reviewer(s). Providers are given a survey they can complete and mail/fax to Delmarva, or surveys can be completed online, on the FSQAP website. For reviews completed between January and September 2015, 110 surveys were received from providers who had participated in a PDR. 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 September 2015			
Question	# Yes	# No	#NA
Did the Quality Assurance Reviewer (QAR) identify documents needed to complete the review?	106 (98%)	2	2
Did the QAR explain the purpose of the review?	108 (98%)	2	0
Did the QAR explain the review process and how the QAR or Delmarva team would conduct the review?	106 (98%)	2	2
Did the QAR answer any questions you had in preparation for the review?	106 (98%)	2	2
Did the QAR refer you to the FSQAP website, including the tools and procedures?	104 (97%)	3	3
Did the QAR arrive at the review at the scheduled time?	103 (98%)	2	5
If no, did the QAR call to notify you he/she might be a little late? (N=2)	0	2	108
Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving?	101 (98%)	2	7
If you scored Not Met on any of the standards, did the QAR explain why? (N=89)	85 (96%)	4	0
Total Responses	110		

Summary of Customer Service Calls

During the third quarter of the sixth contract year, July - September 2015, 381 calls were recorded in the Customer Service Log, with an average response time of one day for each call.²

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

Data Availability

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

Section II: Data from Review Activities

Person Centered Reviews (PCR)³

The new tools and processes for the PCR were initially designed to have a focus on how well the support coordinator uses person centered practices to support the person to achieve outcomes with, as desired. The PCR includes an interview with the person, an interview with the support coordinator and a review of the person’s record maintained by the support coordinator. Four key areas are measured within each process: Person Centered Supports (PCS), Community Involvement (CI), Health and Safety.

Information in Table 2 provides the number of PCRs completed by APD Region during the first three quarters of the contract year, including the number of CDC+ participants (308), the number of waiver participants (1,092), 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 25.2 percent for waiver participants and 3.4 percent for CDC+.

Table 2: Person Centered Review Activity				
January – September 2015				
	Number of PCRs		Number of Declines	
Region	Waiver	CDC+	Waiver	CDC+
Northwest	101	34	52	1
Northeast	196	57	61	4
Central	217	74	69	3
Suncoast	225	54	91	2
Southeast	188	54	57	0
Southern	165	35	38	1
Total	1,092	308	368	11

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

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

to change their minds about participating. An individual who declines is replaced by another individual from the oversample to ensure an adequate and representative sample is used for analysis. Approximately 31 percent of the declines were because the person no longer received services (N=58), had passed away (N=39), or had moved out of the state (N=17).

Table 3: Person Centered Review Decline Reasons			
January – September 2015			
Decline Reason	Waiver	CDC+	Total
Refused	156	6	162
Review Later	98	4	102
No Longer Receiving Services	58	0	58
Deceased	39	1	40
Moved Out of State	17	0	17
Total	368	11	379

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”:
 - 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)

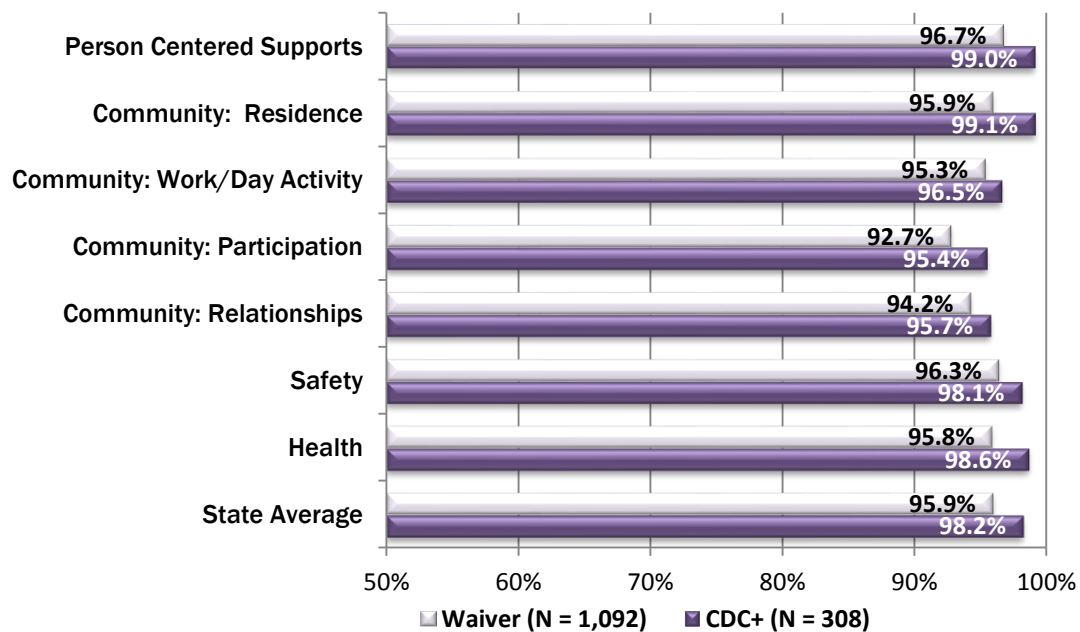
⁴ Since contract year 2012, children under age 18 have been included in the PCR sample. Because the NCI Consumer survey is only valid for adults, children do not participate in the NCI portion of the PCR process.

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 for individuals on the DD waiver.

**Figure 1: PCR II Results by Standard and Waiver Type
 January - September 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 1,092 individuals on a DD waiver and 308 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 and the number completed in each region for CDC+ participants was relatively small. For Waiver Participants, PCR II results range from 94.3 percent in the Central Region to 98.0 percent in Suncoast. CDC+ results to date are fairly consistent across all the regions.

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

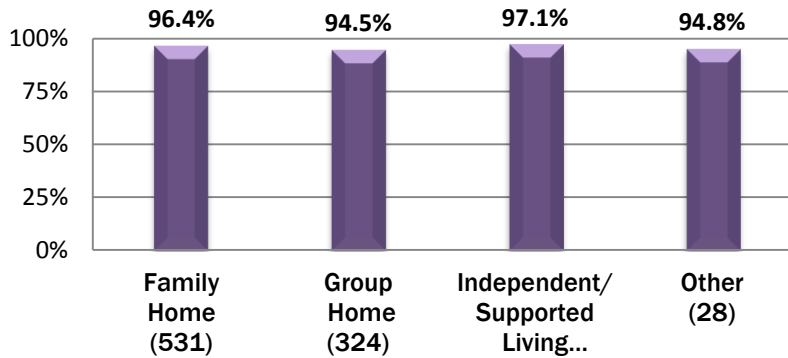
Region	Waiver		CDC+	
	#	% Met	#	% Met
Northwest	101	95.3%	34	98.3%
Northeast	196	96.5%	57	99.3%
Central	217	94.3%	74	98.1%
Suncoast	225	98.0%	54	97.5%
Southeast	188	96.0%	54	98.4%
Southern	165	94.4%	35	97.1%
State	1,092	95.9%	308	98.2%

PCR II by Residential Status, Disability and Age

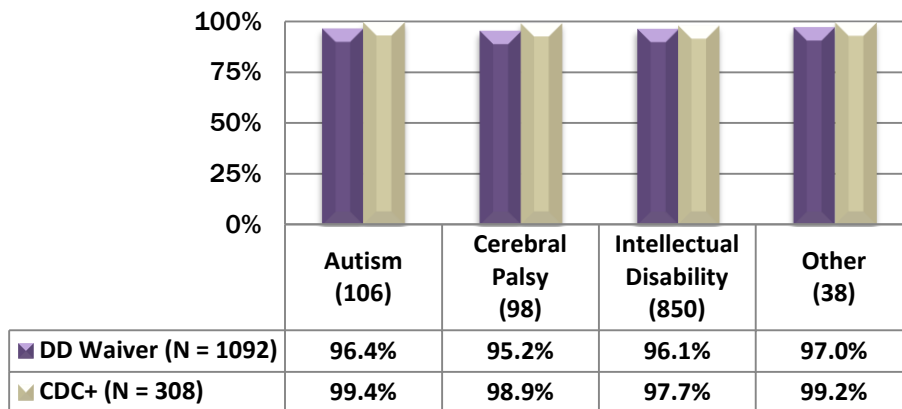
The following three figures display PCR II results by residential status, disability and age group (Figures 2 – 4).⁶ Several categories have a relatively small number of cases and results to date should be viewed carefully. CDC+ results are not shown by residential status or by age group: most individuals lived in a family home (92%) and most were age 22 to 44 (65%), with only two CDC+ participants age 65 or older. Results show very little variation across any of the demographic categories.

⁶ The Other category for Residential Status includes Assisted Living Facilities (16), Foster Care (5) and Adult Family Care (1). The Other Disability category for the DD waiver includes Epilepsy (1), Spina Bifida (16), Prader Willi (4) and Other (17); CDC+ includes Epilepsy (1), Spina Bifida (12), and Other (6).

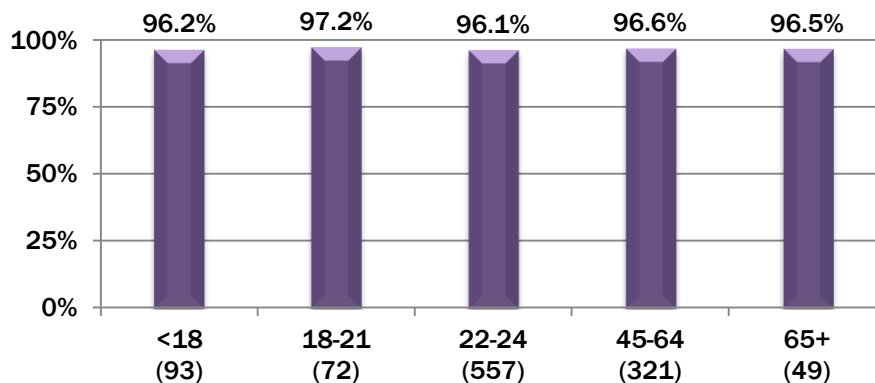
**Figure 2: PCR II DD Waiver by Residential Status
 January - September 2015**



**Figure 3: III by Disability Type by Waiver Type
 January - September 2015**



**Figure 4: PCR II Percent Met By Age
 DD Waiver
 January - September 2015**

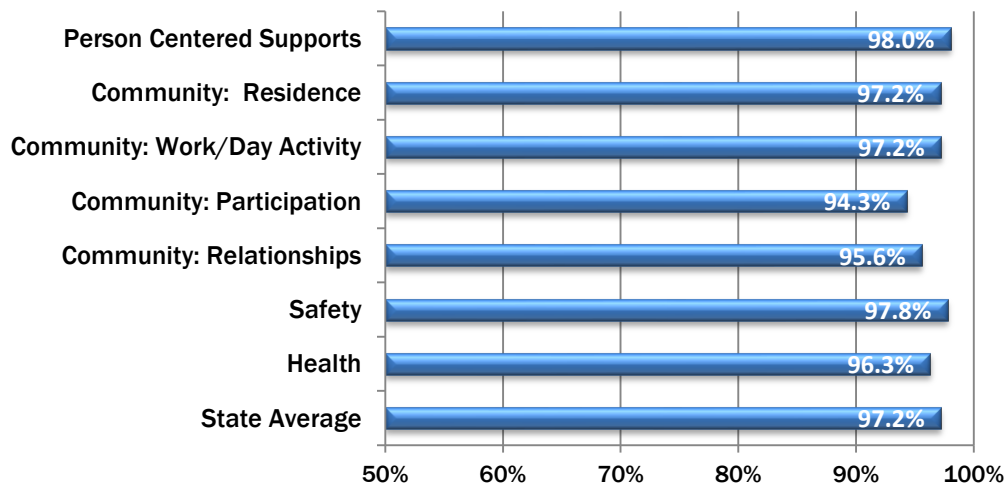


PCR Waiver Support Coordinator (WSC) Interview

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 often 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. There is very little variation across regions.

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



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

Region	#	% Met
Northwest	101	95.3%
Northeast	196	97.9%
Central	217	95.9%
Suncoast	225	98.8%
Southeast	188	98.2%
Southern	165	95.9%
State	1,092	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 6 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). Data in Tables 7 and 8 reflect the percent of Standards scored Not Met and are not weighted. Results through the first three quarters indicate the following:

- Weighted scores and unweighted scores are essentially the same, with little variation across regions
- All the Support Coordinators were in compliance with billing procedures and the Medicaid provider agreement but were least likely ensure the Level of Care is completed accurately and with the correct form
- All Consultants were in compliance with billing procedures and the Medicaid provider agreement and also ensured plans had necessary supports and services to address assessed risk
- Consultants were least likely to document how they assist individuals to understand definitions of abuse, neglect and exploitation

Region	Waiver Support Coordinator			CDC+ Consultant		
	# of Reviews	Weighted Score	Unweighted Score	# of Reviews	Weighted Score	Unweighted Score
Northwest	101	96.1%	96.3%	34	98.5%	98.2%
Northeast	196	94.8%	95.9%	57	97.3%	98.1%
Central	217	95.2%	95.7%	74	98.0%	98.1%
Suncoast	225	96.3%	96.2%	54	95.6%	96.4%
Southeast	188	96.0%	96.0%	54	98.0%	98.2%
Southern	165	95.6%	96.2%	35	98.5%	98.5%
State	1,092	95.6%	96.0%	308	97.6%	97.9%

Table 7: WSC Record Review Results by Element		
January - September 2015		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least annually and contains all required components for billing.	1,092	94.5%
Level of care is reevaluated at least annually and contains all required components for compliance.	1,090	97.4%
Level of care is completed accurately using the correct instrument/form.	1,092	88.7%
Person receiving services is given a choice of waiver services or institutional care at least annually.	1,090	98.3%
The Support Plan is updated within 12 months of recipient's last Support Plan.	1,077	99.1%
An Annual Summary of progress is in the record.	1,069	91.6%
The Support Plan is updated/revised when warranted by changes in the needs of the person receiving services.	595	96.8%
WSC documents the Support Plan is provided to the individual and when applicable, the legal representative, within required time frames.	1,084	97.0%
WSC documents the Support Plan is provided to the providers identified on the support plan within required time frames.	1,049	93.3%
Support Plan includes supports and services consistent with assessed needs.	1,080	99.1%
Support Plan reflects support and services necessary to address assessed risks.	1,066	98.9%
Support Plan reflects the personal goals of the person receiving services.	1,089	99.6%
The current Support Plan includes natural, generic, community and paid supports for the person receiving services.	1,088	99.0%
WSC documentation indicates current, accurate and approved Service Authorizations were issued to provider(s).	1,078	96.0%
WSC documentation indicates services are delivered in accordance with the Cost Plan, including type, scope, amount, duration, and frequency specified in the Cost Plan.	1,090	99.5%
The Support Coordinator is in compliance with billing procedures and the Medicaid provider agreement.	1,089	100.0%
The Support Coordinator bills for services only after service is rendered	1,089	96.9%
Progress Notes reflect required monthly contact/activities and are in the record.	1,092	93.9%
The Support Coordinator documents efforts to support the person receiving services to make informed decisions regarding choice of waiver services & supports.	1,087	95.7%
The Support Coordinator documents efforts to support the person to make informed decisions regarding choice among waiver service providers.	1,081	95.6%

Table 7: WSC Record Review Results by Element		
January - September 2015		
Standard	Number Reviewed	Percent Met
The Support Coordinator documents efforts to assist the individual/legal representative to know about rights.	1,092	97.5%
The Support Coordinator documents efforts to ensure the person's health and health care needs are addressed.	1,092	95.0%
The Support Coordinator documents efforts to ensure person's safety needs are addressed.	1,091	95.9%
The Support Coordinator has a method in place to document information about the individual's history regarding abuse, neglect, and/or exploitation.	1,087	91.0%
The Support Coordinator documents efforts to assist the person receiving services to define abuse, neglect, and exploitation including how the person receiving services would report any incidents	1,091	90.5%
Average WSC Record Review Score	26,620	96.0%

Table 8: CDC+ Consultant Results by Element (N=308)		
January - September 2015		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least annually and contains all required components for billing.	308	97.7%
Level of care is reevaluated at least annually and contains all required components for compliance.	308	98.7%
Level of care is completed accurately using the correct instrument/form.	308	94.2%
Person receiving services is given a choice of waiver services or institutional care at least annually.	308	99.4%
The Support Plan is updated within 12 months of recipient's last Support Plan	304	99.7%
An Annual Summary of progress is in the record.	303	96.7%
The Support Plan is updated and/or revised when warranted by changes in the needs of the person receiving services.	170	97.1%
WSC documents the Support Plan is provided to the individual and when applicable, the legal representative, within required time frames.	302	97.0%
WSC documents the Support Plan is provided to the providers identified on the support plan within required time frames.	212	98.1%

Table 8: CDC+ Consultant Results by Element (N=308)		
January - September 2015		
Standard	Number Reviewed	Percent Met
Support Plan includes supports and services consistent with assessed needs.	303	99.7%
Support Plan reflects support and services necessary to address assessed risks.	298	100.0%
Support Plan reflects the personal goals of the person receiving services.	307	99.7%
The current Support Plan includes natural, generic, community and paid supports for the person receiving services.	307	99.3%
Services are delivered in accordance with the Cost Plan.	308	99.7%
The Support Coordinator is in compliance with billing procedures and the Medicaid provider agreement.	307	100.0%
The Support Coordinator bills for services only after service is rendered	307	98.0%
Participant Monthly Review forms & Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	308	96.1%
The Support Coordinator documents efforts to assist the individual/legal representative to know about rights.	308	98.4%
The Support Coordinator documents efforts to ensure the person's health and health care needs are addressed.	306	98.0%
The Support Coordinator documents efforts to ensure person's safety needs are addressed.	305	99.0%
The Support Coordinator has a method in place to document information about the individual's history regarding abuse, neglect, and/or exploitation.	303	95.4%
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.	306	89.2%
Completed/signed Participant-Consultant Agreement is in the record.	308	98.1%
Completed/signed CDC+ Consent Form is in the record.	308	96.1%
Completed/signed Participant-Representative Agreement is in the record.	307	98.4%
All applicable completed/signed Purchasing Plans are in the record.	305	98.4%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	307	99.3%
All applicable completed/signed Quick Updates are in the Record.	100	97.0%

Table 8: CDC+ Consultant Results by Element (N=308)		
January - September 2015		
Standard	Number Reviewed	Percent Met
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	151	98.0%
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	281	97.2%
Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	292	99.7%
Consultant has taken action to correct any overspending by the Participant.	52	98.1%
If applicable, Consultant initiates Corrective Action.	17	100.0%
Completed/signed Corrective Action Plan is in the record.	18	94.4%
If applicable, an approved Corrective Action Plan is being followed.	19	100.0%
The Emergency Backup Plan is in the record and is reviewed annually.	303	97.7%
Average PCR CDC+ Consultant Result	9,264	97.9%

CDC+ Representative (CDC-R)

CDC+ participants have a Representative (the participant is sometimes also the Representative), who helps with the “business” aspect of the program: such as hiring providers, completing and submitting timesheets, or paying providers. This is a non-paid position and is most often filled by a family member. Delmarva reviewers monitor the Representative’s records to help determine if the Representative is complying with CDC+ standards and Medicaid requirements. Between January and September 2015, 333 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 some regions was relatively small and comparisons across regions should be made with caution until all representative in the sample have been reviewed
- On average, Representatives reviewed to date showed close to 94 percent compliance
- Fewer than 85 percent of CDC+ Representatives had documentation supporting the reconciliation of monthly statements (82.7%) or verification of background screening compliance for all providers (82.9%)

- Four of the 20 Representatives who required a Corrective Action Plan had that available for review

Table 9: CDC+ Representative Reviews			
January - September 2015			
Region	# of Reviews	Weighted Score	Unweighted Score
Northwest	40	89.5%	90.8%
Northeast	68	94.7%	95.4%
Central	79	93.1%	94.4%
Suncoast	54	92.7%	93.4%
Southeast	57	95.2%	95.6%
Southern	35	97.6%	97.9%
State	333	93.8%	94.6%

Table 10: CDC+ Representative Results by Element		
January - September 2015		
Standard	Number Reviewed	Percent Met
Complete and signed Participant/ Representative Agreement is available for review.	331	97.0%
Accurate signed and approved timesheets for all Directly Hired Employees (DHE) are available for review.	301	90.0%
Signed and approved invoices for vendor payments are available for review.	188	93.6%
Signed and approved receipts/statement of Goods and Services for reimbursement items are available for review.	116	93.1%
Complete Employee Packets for all DHEs are available for review.	301	97.0%
Complete Vendor Packets for all vendors and independent contractors are available for review.	210	93.3%
Completed and signed Job Descriptions for each DHE are available for review.	303	91.4%
Signed Employer/Employee Agreement for each DHE is available for review.	301	94.0%
All applicable signed and approved Purchasing Plans are available for review.	332	94.0%
Copies of Support Plan(s) are available for entire period of review.	333	96.7%

Table 10: CDC+ Representative Results by Element		
January - September 2015		
Standard	Number Reviewed	Percent Met
Copies of approved Cost Plans are available for entire period of review.	333	95.8%
Emergency Backup Plan is complete and available for review.	332	96.7%
Corrective Action Plan (if applicable) is available for review.	20	80.0%
Background screening results for all providers who render direct care are available for review.	315	82.9%
All applicable signed and approved Quick Updates are available for review.	103	96.1%
Monthly Statements are available for review.	332	95.5%
Documentation is available to support the reconciliation of Monthly Statements.	332	83.7%
The participant obtains services consistent with stated/documented needs and goals.	333	99.4%
The participant makes purchases consistent with the Purchasing Plan.	318	99.1%
Average CDC+ Representative Compliance Rate	5,134	93.8%

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 of individuals 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 25.4 percent of CDC+ participants
- Most individuals with a health concern indicated needs were met, a higher percent for CDC+ than for individuals on the waiver
- A higher proportion of individuals on the DD waiver had been to the emergency room than CDC+ participants, 21.5 percent and 15.9 percent respectively

Table 11: Prescription Medications Taken		
January – September 2015		
Number of Medications	Waiver (N=1,092)	CDC+ (N=308)
0	0.8%	1.0%
1 - 3	60.6%	73.7%
4 - 6	29.9%	19.2%
7+	8.6%	6.2%

The following graphic shows the percent of individuals taking four or more medications by demographic, for Waiver and CDC+ combined. The rate for individuals living in the Southern Region, who are older, or who live in a group home is higher than for their counterparts in other regions, homes or age groups.

Taking four or more Medications:

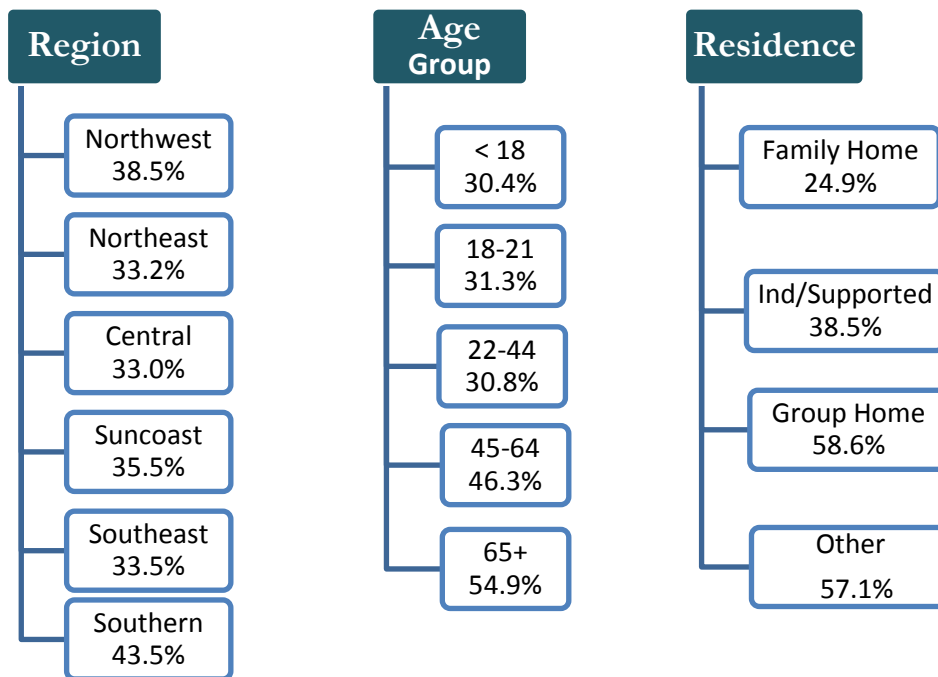


Table 12: Do you have any health concerns?		
January - September 2015		
	Waiver (N=1,092)	CDC+ (N=308)
Maybe, I am not sure.	0.7%	0.0%
No, I do not.	25.0%	17.2%
Yes, I do and my needs are not being met	2.4%	1.6%
Yes, I do and my needs are being met.	71.9%	81.2%

Table 13: Health Summary:		
January -September 2015		
	Waiver (1,092)	CDC+ (308)
In the past 12 months:		
Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation?	3.0%	0.3%
Have Reactive Strategies under 65G-8 been used due to behavioral concerns?	2.2%	0.6%
Have you been to an Emergency Room?	21.5%	15.9%
Have you been to an Urgent Care Center?	4.9%	3.2%

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 Providers⁷

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

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

⁷ All review tools are posted on the FSQAP website <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>.

- Residential Habilitation Intensive Behavioral
- Residential Habilitation Standard
- Respite
- Special Medical Home Care
- Support Coordination
- Supported Living Coaching

The PDR is composed of up to six different review components: Interviews with individuals receiving services (PDR II), interviews with staff rendering services (PDR SI), 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 three quarters of the contract year (January – September 2015) 1,281 PDRs were completed by reviewers and approved by Delmarva management; 894 for service providers and 376 for WSCs. The PDR tools have been revised multiple times since February 2013 and again in January of 2015 so comparisons to earlier years are not appropriate. Results from the PCR II and Record Reviews are incorporated into the WSC PDR.

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 provider being reviewed with the PDR.⁸

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 or regions, and very little variation between individuals and staff responses on each standard
- Community Participation was least likely to be present

⁸ 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 - September 2015**

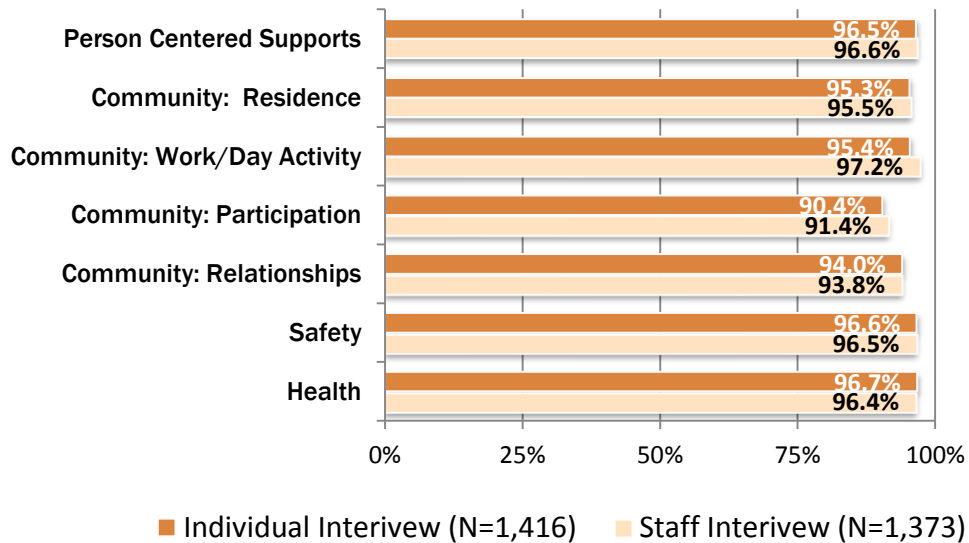


Table 14: PDR Interviews by Region January – September 2015				
Region	Individual		Staff	
	#	% Met	#	% Met
Northwest	111	96.4%	110	97.0%
Northeast	272	96.9%	258	96.9%
Central	212	93.7%	204	93.6%
Suncoast	299	97.6%	289	98.2%
Southeast	291	95.1%	300	94.6%
Southern	231	94.5%	212	94.8%
State	1416	95.8%	1373	95.9%

Observations

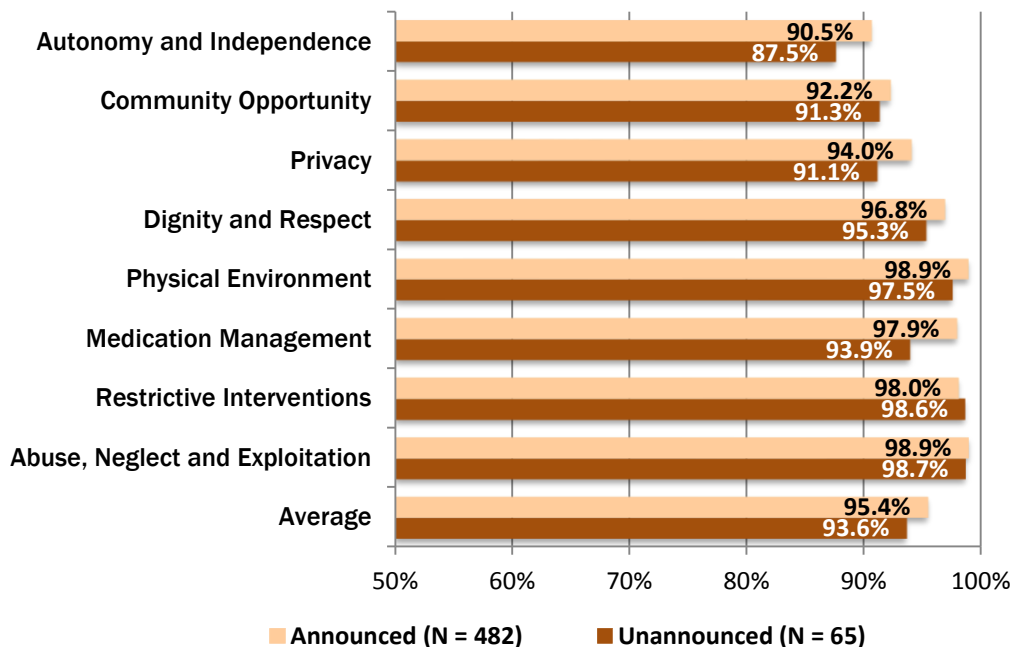
Delmarva reviewers conduct onsite observations of up to 10 group homes when reviewing providers of Residential Habilitation. For Life Skills Development 3 (ADT) facilities (Day Programs), all locations operated by the providers receive an onsite observation. During this portion of the PDR, reviewers 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 53 day programs and 493 group homes.

PDR Observation scores for reviews completed between January and September 2015 are shown by Standard in Figure 7. Results are presented for Announced vs. Unannounced Observations. The total number of observations completed for group homes and day programs and the average results are shown by Region in Table 15. Regional comparisons should be made with caution until more data are available.⁹

Findings from Observations indicate the following:

- The average statewide Observation score was 95.4 percent.
- Individuals in these settings were least likely to be supported to have Autonomy and Independence.
- On average, scores for Announced vs. Unannounced Observation are somewhat similar. However, differences appear to be most pronounced for Medication Management.
- The Northwest and Central Regions showed the lowest compliance rates. However, close to 50 percent of the Region 1 Observations were Unannounced, two and three times more than in other regions, which could impact the overall score.

**Figure 7: Announced v. Unannounced Observations by Standard
 January - September 2015 (N = 547)**



⁹ 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 - September 2015			
Region	Number of Locations		Ave Score
	Licensed	Day	
Northwest	9	7	92.7%
Northeast	76	12	96.5%
Central	98	9	93.1%
Suncoast	117	11	96.4%
Southeast	102	7	96.2%
Southern	91	8	95.4%
State	493	54	95.4%

Administrative Policy and Procedure Results¹⁰

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 the following:

- There is a high degree of compliance across most standards for both service providers and support coordinators.
- Providers operating Behavior Focus group homes often did not provide on-site oversight as required.
- There was little variation across regions (Table 17).

Table 16: PDR Policies and Procedures Results by Standard				
January - September 2015				
P&P Standard	PDR		WSC PDR	
	# Reviewed	% Met	# Reviewed	% Met
Vehicles used for transportation are properly insured.	277	98.2%	NA	NA
Vehicles used for transportation are properly registered.	278	98.2%	NA	NA
If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	10	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.	654	97.6%	74	100.0%

¹⁰ 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 - September 2015

P&P Standard	PDR		WSC PDR	
	# Reviewed	% Met	# Reviewed	% Met
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.	658	98.5%	75	100.0%
The provider has written policies and procedures which detail how the provider will ensure the individual's medications are administered and handled safely.	505	98.2%	26	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.	659	95.6%	75	97.3%
The provider has written policies and procedures detailing the process that the provider will go through to address individual complaints and grievances regarding possible service delivery issues to address grievances.	658	99.1%	75	100.0%
The provider has identified and addressed concerns related to abuse, neglect, and exploitation.	209	98.6%	153	99.3%
If applicable, all instances of abuse, neglect, and exploitation have been reported.	88	97.7%	129	99.2%
If applicable, the provider addresses medication errors.	105	97.1%	11	100.0%
The provider addresses all incident reports.	428	98.1%	296	96.6%
If applicable, the provider has written policies and procedures related to the use of reactive strategies.	142	90.8%	NA	NA
If provider operates Behavior Focus group homes, required on-site oversight for residential services is provided.	62	82.3%	NA	NA
Average Policies and Procedures	4,733	97.5%	670	98.1%

Table 17: Administrative Policy and Procedure by Region				
January - September 2015				
Region	PDR		WSC PDR	
	# Reviewed	% Met	# Reviewed	% Met
Northwest	81	99.6%	29	97.5%
Northeast	181	96.8%	74	99.3%
Central	132	96.5%	82	99.5%
Suncoast	189	98.1%	75	96.6%
Southeast	176	97.4%	72	97.8%
Southern	135	97.5%	55	100.0%
State	894	97.5%	387	98.4%

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:¹¹

- Average compliance for service providers was 94.5 percent and for WSCs was 96.6 percent
- Service providers scored approximately 95 percent or higher on 25 of 36 standards reviewed
- Service providers were least likely to have completed eight hours of annual in-service training for Supported Living Coach (82.0%) or Life Skills Development 2 (SEC) (82.8%)
- Support coordinators scored approximately 95 percent or higher on 12 of 14 standards
- WSCs were least likely to have received 24 hours of ongoing annual job related training for Support Coordination (90.0%)
- There is little variation across regions

¹¹ 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 – September 2015		
Q&T Standard	Number Reviewed	Percent Met
The provider has completed all aspects of required Level II Background Screening.	2,106	94.5%
If applicable, the provider received training in Medication Administration.	967	94.9%
Drivers of transportation vehicles are licensed to drive vehicles used.	1,587	99.4%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	73	100.0%
The provider has completed at least 20 contact hours of face-to-face competency-based instruction with performance-based validation/re-certification for Behavior Assistant.	46	97.8%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	105	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.	1,209	95.1%
Vehicles used for transportation are properly registered.	1,210	94.0%
The provider received training in Zero Tolerance.	2,106	93.2%
The provider received training in Direct Care Core Competency.	2,099	95.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	46	95.7%
The provider has completed standardized, pre-service training for Life Skills Development 2.	103	95.1%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	1,121	98.8%
The provider meets all minimum educational requirements and levels of experience for Respite.	342	98.5%
The provider completed required Supported Living Pre-Service training for Supported Living Coach.	241	97.1%
If applicable, the provider has been validated on medication administration.	956	92.5%
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).	323	95.4%
The provider has completed eight hours of annual in-service training related to employment for Life Skills Development 2.	93	82.8%
The provider completed eight hours of annual in-service training related to the implementation of individually designed services for Life Skills	85	87.1%

Table 18: PDR Qualifications and Training Service Provider Results by Standard		
January – September 2015		
Q&T Standard	Number Reviewed	Percent Met
Development 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.	132	97.0%
The provider has completed at least 20 contact hours of face-to-face competency-based instruction with performance-based validation/re-certification for Residential Habilitation-Intensive Behavior.	17	100.0%
The provider received training in HIPAA.	2,101	90.6%
The provider received training in HIV/AIDS/Infection Control.	2,002	97.5%
The provider received training in CPR.	2,005	97.1%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	105	99.0%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coach.	243	97.9%
The provider received training in Person Centered Approach/Personal Outcome Measures.	2,089	91.3%
The provider received training with an emphasis on choice and rights.	2,094	92.6%
The provider received training in the development and implementation of the required documentation for each waiver service provided.	2,092	91.7%
The provider received training specific to the scope of the services rendered.	2,091	92.5%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	594	99.5%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	639	99.4%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	133	99.2%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	18	100.0%
The provider completed eight hours of annual in-service training for Supported Living Coach.	222	82.0%
Average Qualifications and Training	31,396	94.5%

Table 19: PDR Qualifications and Training WSC Results by Standard		
January -September 2015		
Q&T Standard	Number Reviewed	Percent Met
The provider has completed all aspects of required Level II Background Screening.	513	96.3%
Drivers of transportation vehicles are licensed to drive vehicles used.	62	100.0%
Provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	148	98.7%
The provider received mandatory Statewide pre-service training for Support Coordination.	511	99.6%
Vehicles used for transportation are properly insured.	53	98.1%
Vehicles used for transportation are properly registered.	53	98.1%
The provider received training in Zero Tolerance.	513	95.7%
The provider received training in Direct Care Core Competency.	513	99.0%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	507	99.8%
The provider received mandatory Region/Area- specific training for Support Coordination.	511	97.9%
The provider received training in HIPAA.	510	93.9%
The provider received 24 hours of ongoing annual job related training for Support Coordination.	490	89.0%
The provider received training in Person Centered Approach/Personal Outcome Measures.	508	96.7%
Average Qualifications and Training	4,893	96.6%

Table 20: Qualifications and Training by Region				
January - September 2015				
Region	Service Provider PDR		WSC PDR	
	# Reviewed	% Met	# Reviewed	% Met
Northwest	81	95.6%	29	97.6%
Northeast	181	95.2%	74	97.3%
Central	132	93.0%	82	96.2%
Suncoast	189	95.4%	75	96.4%
Southeast	176	94.1%	72	95.9%
Southern	135	93.8%	55	96.8%
State	894	94.5%	387	96.6%

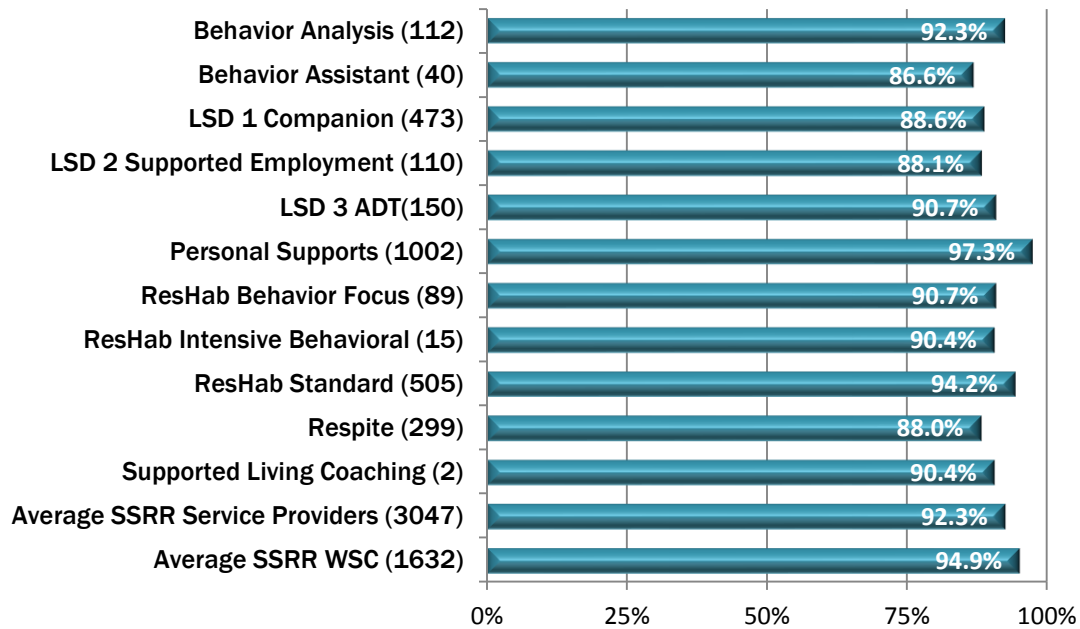
Service Specific Record Review Results (SSRR)

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 3,047 SSRRs completed between January and September 2015 as part of the 894 PDRs for service providers and 1,632 SSRRs completed as part of the 308 WSC PDRs. Records for WSCs who are reviewed as part of the PCR are included in the WSC PDR score, supplemented with additional unannounced records requested at the time of the review.

SSRR results are presented by service in Figure 8, with the number of records reviewed by service presented in parentheses. Results by region are shown 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 scores were somewhat better than providers of other services, on average, 94.9 percent and 92.3 percent respectively
- Average weighted scores were lowest for providers of Respite Services (88.0%), Supported Employment (88.1%), Companion (88.6%), and Behavior Assistant (86.6%)
- There was little variation across regions

**Figure 8: SSRR Scores by Service
 Percent Met
 January - September 2015**



**Table 21: PDR Service Specific Record Review Results by Region
 January - September 2015**

Region	Service Providers			WSCs		
	# Records Reviewed	Weighted Score	Unweighted Score	# Records Reviewed	Weighted Score	Unweighted Score
Northwest	236	92.6%	93.2%	165	96.1%	96.1%
Northeast	559	90.2%	91.5%	268	94.0%	95.2%
Central	471	89.0%	90.2%	299	94.7%	95.2%
Suncoast	691	91.1%	92.1%	342	95.0%	94.9%
Southeast	626	90.1%	91.0%	299	96.2%	96.1%
Southern	464	89.8%	90.6%	259	95.8%	96.3%
State	3,047	90.3%	91.3%	1,632	95.2%	95.6%

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 - September 2015**

Region	Policy & Procedure (N=984)	Qualifications & Training (N=984)	Service Record Reviews (N= 3,047)	Staff Interview (N=1,373)	Provider Individual Interview (N=1,416)	OBS (N= 547)
Northwest	99.6%	95.6%	92.6%	97.0%	96.4%	92.7%
Northeast	96.8%	95.2%	90.2%	96.9%	96.9%	96.5%
Central	96.5%	93.0%	89.0%	93.6%	93.7%	93.1%
Suncoast	98.1%	95.4%	91.1%	98.2%	97.6%	96.4%
Southeast	97.4%	94.1%	90.1%	94.6%	95.1%	96.2%
Southern	97.5%	93.8%	89.8%	94.8%	94.5%	95.4%
State	97.5%	94.5%	90.3%	95.9%	95.8%	95.4%

**Table 23: PDR Weighted Scores for WSCs
January - September 2015**

Region	Policy & Procedure (N=387)	Qualifications & Training (N=387)	WSC Record Reviews	
			Announced (N = 1,035)	Unannounced (N = 597)
Northwest	97.5%	97.6%	96.1%	96.2%
Northeast	99.3%	97.3%	94.8%	92.6%
Central	99.5%	96.2%	94.6%	94.8%
Suncoast	96.6%	96.4%	96.2%	92.9%
Southeast	97.8%	95.9%	95.8%	96.7%
Southern	100.0%	96.8%	95.5%	96.0%
State	98.4%	96.6%	95.5%	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, unless the only reason cited is noncompliance with the Affidavit of Good Moral Conduct.

During the first three quarters of the year, 193 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, 77 for providers and 40 for CDC+ Representatives. An additional 76 alerts were reported as shown in the following table.

Table 24: Alerts by Type	
January - September 2015	
Alert Type	Times Cited
Rights	8
Health & Safety	19
Abuse/Neglect/Exploitation	8
Background Screening	117
Medication Administration/Training	34
Drivers License/Insurance (Employee)	6
Vehicle Insurance (administrative)	1
Total Alerts	193

Background Screening

When examining background screening results, it is important to remember 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, and an alert is not issued if the reason for non-compliance is a missing Affidavit of Good Moral Conduct.

The following table provides the percent of service providers, WSCs and CDC+ Representatives who had all background screening documents in place for all records reviewed. On average, support coordinators are most likely to have background screening met and CDC+ Representatives least likely to meet this standard. Compliance for Representatives ranged from approximately 67 percent in the Suncoast Region to 91 percent in the Southern Region. Support coordinators in the Suncoast Region were also least likely to meet screening requirements.

Table 25: Percent of Providers with Background Screening Met						
January - September 2015						
Region	Service Providers		WSCs		CDC+ Representatives	
	# Reviews	% Met	# Reviews	% Met	# Reviews	% Met
Northwest	81	91.4%	29	93.1%	40	75.0%
Northeast	181	91.7%	74	98.6%	68	80.9%
Central	132	87.9%	82	95.1%	79	78.5%
Suncoast	189	92.1%	75	90.7%	54	66.7%
Southeast	176	90.9%	72	97.2%	57	80.7%
Southern	135	87.4%	55	94.5%	35	91.4%
State	894	90.4%	387	95.1%	333	78.4%

Information in Table 26 provides the reason background screening was not met for each employee record reviewed for services providers, WSCs and CDC+ Representatives. Providers most often did not have the Affidavit of Moral Good Moral Conduct in place.

Table 26: Reason Background Screening was Not Met		
January - September 2015		
Reason	#	%
Provider did not present a current Federal Bureau of Investigation screening clearance letter or other acceptable form of FBI screening.	27	16.0%
Provider did not present a current Florida Department of Law Enforcement screening clearance letter or other acceptable form of FDLE screening.	28	16.6%
Provider did not present a current Local Criminal Records Check obtained within county of residence.	70	41.4%
Provider did not present a current complete and signed Affidavit of Compliance with Background Screening Requirements.	1	0.6%
Provider did not present a current complete, signed and notarized Affidavit of Good Moral Character.	29	17.2%
Provider has not completed the five-year re-screening. (Pre 8/2010 FDLE Only)	7	4.1%
Provider presented a current Local Criminal Records Check but it was not obtained within county of residence.	2	1.2%
Provider was not fully re-screened following a greater than 90 day lapse in employment in an appropriate field.	5	3.0%
Total	169	

Section III: Discovery

Findings in this report reflect data from PCR and PDR reviews completed between January and September 2015. A total of 1,400 PCRs and 1,281 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 the quarter (July - September 2015) Delmarva participated in workgroups organized by the Quality Council and APD's workgroup to review training modules related to ethics, advocacy and choice.

Regional managers continue to review all reports before final approval and conduct bi-weekly meetings for all reviewers. They also facilitated 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:



To date only a few results may show some findings that should be tracked as more data are collected:

- Individual interviews with individuals receiving services through the DD Waiver showed the lowest scores on Community Participation (92.7%), 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 (88.7%)

Information from the Health Assessment will be further examined when all the data have been collected and analyzed in the Annual Report. However, data to date indicate close to 40 percent of individuals on the waiver are taking four or more medications. This rate is greater than the average for individuals living in a group home, individuals who are age 45 and older, and for individuals living in the Southern Region.

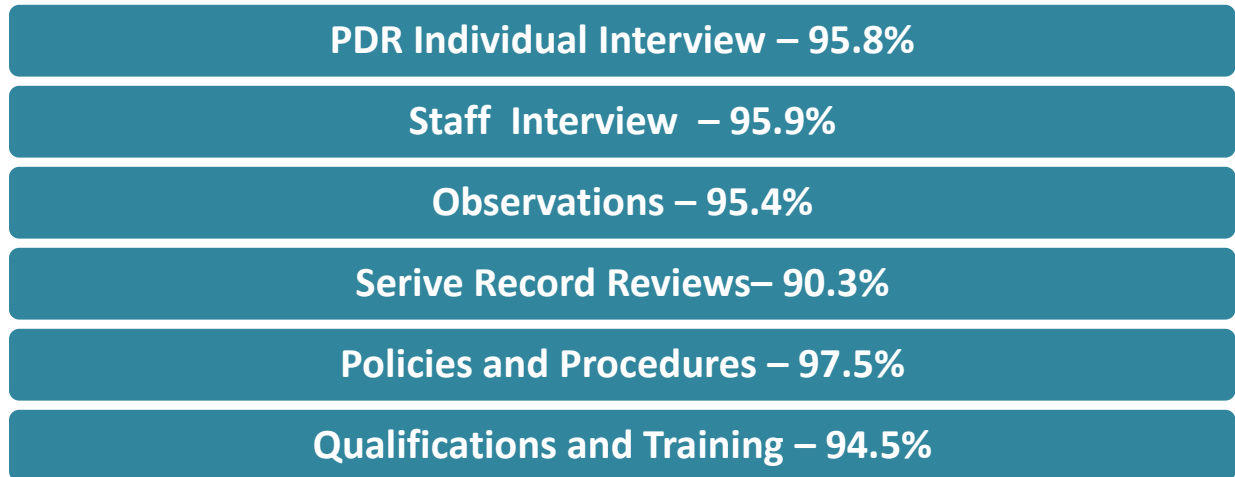
Recommendation 1: The standard in the WSC record review with the lowest score, using the correct instrument to complete the Level of Care assessment, is a critical component of the CMS assurances. APD should examine results for this by region and provide technical assistance where appropriate. This topic could be emphasized in the training modules being built for support coordinator training.

Recommendation 2: Close to 60 percent of individuals who live in a group home are taking four or more medications. Various other factors could also be impacting medication use rates in group home settings and further analysis should be used to drill down into the data. APD and the Quality Council should create a workgroup to begin to examine why a higher percentage of people who live in group homes tend to take more medications.

Recommendation 3: It is not clear why medication use in the Southern Region is higher than in other regions. When more data are available, results should be examined further to help determine if other factors may be influencing the high rate in the south such as a higher percentage of elderly or group home residents.

Provider Discovery Review Results

Results from the 894 PDRs conducted with service providers indicate providers performed very well in all aspects of the review, as shown in the following graphic.



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

- Approximately 94.5 percent of employee records reviewed showed compliance on background screening requirements
- The lowest scoring area is on standards specific to services rendered, particularly for Respite, Supported Employment, Companion and Behavior Assistant.
- 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 from the Observations
- PDR results for support coordinators were somewhat higher

One training standard for WSCs that showed a lower score than other standards, 89 percent compliance, is if the provider received 24 hours of ongoing annual job related training for Support Coordination.

Recommendation 4: 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. We should note if there is a change in this area once the new TRAIN system is implemented, and a large array of training topics is available to support coordinators.

While there are eight overarching Observation Standards, results for these use numerous indicators as listed on the tools posted to the website.¹² To date, the following indicators from observations completed at group homes showed compliance rates of lower than 90 percent (Percent with the standard present is shown):

- Training in the use of public transportation is not available and/or facilitated: 78.1%
- Individuals:
 - Do not have a key to their home: 53.2%
 - Did not participate in the development of the “house rules”: 75.9%
 - Are not making meaningful connections in the community: 87.4%
 - Do not have a choice in roommates: 85.9%
 - Cannot lock the bedroom door: 81.7%
 - Bedroom doors do not lock: 84.2%
 - Bathroom doors do not lock: 89.7%
- Living areas do not reflect the person’s interests and hobbies: 87.2%

Recommendation 5: To date, residential facilities are often not providing residents with a key to their own home, close to half. This is a basic right for all individuals receiving services, in lieu of documentation relinquishing that right. APD should further investigate these findings. Focus groups could be used in several areas across the state, or APD could develop a stakeholder workgroup to determine how to best address this.

Recommendation 6: Approximately 25 percent of facilities do not adequately allow individuals to participate in developing the house rules. Delmarva should help to identify best practices used by providers and share them with all providers and regional offices.

Recommendation 7: Many facilities appear to limit meaningful community connections for residence, do not provide the opportunity to choose a roommate, and have situations where bedroom and/or bathroom doors cannot be locked: issues of community integration, choice and rights violations. As the new APD training modules are created, ensure these areas are adequately addressed and that all providers with group homes or day programs be required to participate in the training.

Summary

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 October. The PCR Individual Interview will focus on the person’s overall

¹² All review tools are posted on the FSQAP website (<http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>).

quality of life and services from all providers, and not just how the WSC is supporting the person. Because some results 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, beginning in October.

Because we work with AHCA and APD on continuous quality improvement throughout the year, the tools and processes implemented in January 2015 have been revised several times. Other revisions to tools and processes, to align them with the new Handbook, are scheduled to be implemented once tools are revised and approved by APD and AHCA.

Attachment 1: Customer Service Activity

July - September 2015

Customer Service Topic	#	Description	Outcome	Ave Time
Abuse Hotline	3	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	35	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
Clarification	3	Providers called asking for clarification on our tools.	Questions were answered, and where necessary, callers were referred to source documents.	1 day
Complaint	5	Providers complained about their feeling they should not have been cited.	Complaints were referred to Regional Managers for resolution.	1 day
Contact QAR	6	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	6	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. Callers are referred to the statement in the training center that modules may not be used toward annual in-service training requirements.	1 day

HSRI Family Survey	28	Family members requested clarification on survey questions; requested a copy of the survey in Spanish be sent to them.	Survey questions were explained. Versions in Spanish were mailed.	1 Day
Miscellaneous/ Other	22	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. Where appropriate, callers are referred to APD.	1 day
New Tools	5	Providers called asking questions regarding the Discovery tools.	Providers are referred to our website and shown the current tools posted.	1 day
Next Review	47	Providers call asking when their next review will occur. Some providers called asking for a specific reviewer or to have their review postponed to a future date.	The review process is explained to the providers, including all the factors that are involved in scheduling. Providers are informed that PDRs are conducted each contract year with those who are eligible. Providers are referred to their 90-day notification letters and advised to wait for the phone call from the reviewer to schedule their review.	1 day
Provider Information	2	Insurance agency and credentialing organization inquire on the status of a provider, i.e. their score and whether they “passed”.	Callers were referred to the provider search website and to APD.	1 day

Provider Feedback Survey	2	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	12	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	59	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	1	Provider called asking for clarification on the process to submit a request for reconsideration or inquiring as to the status of a request already submitted	The reconsideration process is explained to provider, including reference to our Operational Policies and Procedures and their report cover letters; reconsiderations submitted are researched and providers are given an expected delivery date.	1 day
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	5	Providers call or email requesting that their report be re-sent to them.	Reports are re-sent with address confirmation and providers are advised of same.	1 day
Review Reports	17	Providers called asking for an explanation of their reports.	Their reports are explained; providers are referred to their local APD office for technical assistance.	1 day
Training	112	Providers and provider consultants call asking about training requirements. Providers called asking for information regarding or assistance in registering for the training sessions held this quarter.	Training requirements are explained, including reference to the Handbook. Providers were referred to the registration site for training and assisted through registration; questions regarding training were answered.	1 day
Total Number of Calls	381			