

Florida Statewide Quality Assurance Program

Year 7 Quarter 1

January – March 2016

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



Prepared by Delmarva Foundation
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Delmarva Foundation
Florida Statewide Quality Assurance Program

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List of Acronyms

ABC – Allocation, Budget, and Contract Control System
A P&P – Administrative Policy and Procedure
A Q&T – Administrative Qualifications and Training
AHCA – Agency for Health Care Administration
APD – Agency for Persons with Disabilities
CDC+ - Consumer Directed Care
DD – Developmental Disability
FSQAP – Florida Statewide Quality Assurance Program
HCBS – Home and Community-Based Services
HSRI – Human Services Research Institute
IDD – Intellectual and Developmental Disability
IRR – Inter-rater Reliability
ISP – Individual Support Plan
IT – Information Technology
NCI – National Core Indicators
OBS - Observations
PCR – Person Centered Review
PCR II – Person Centered Review Individual Interview
PDR – Provider Discovery Review
PDR II – Provider Discovery Review Individual Interview
QA – Quality Assurance
QAR – Quality Assurance Reviewer
QC – Quality Council
QI – Quality Improvement
RM – Regional Manager
RTDR – Real Time Data Report
SC – Support Coordinator
SCI – Support Coordinator Interview
SI – Staff Interview
SSRR – Service Specific Record Review
The Handbook – Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook

Executive Summary

In January 2016, the Florida Statewide Quality Assurance Program (FSQAP) moved into the seventh 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, including 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.

The Service Specific Record Review and Administrative tools were revised beginning in January 2016, to align with the iBudget waiver Handbook requirements. Delmarva presented training sessions in each region on the new tools. In addition to regular review activity, Delmarva provided information about the FSQAP during DD Awareness Day in Tallahassee and facilitated the Quality Council meeting for statewide stakeholders.

Findings to date this year are based on a small percentage of the PCRs and PDRs that will be completed during the contract year and should be viewed only as preliminary. Providers have continued to do well in ensuring compliance with most documentation review standards on record reviews, with average compliance rates over 90 percent for Policies and Procedures, Qualifications and Training, and Service Specific Record Reviews. Observation results appear to be lowest in the areas of Autonomy and Independence while interview results indicate community participation and community relationships are most often missing from the person's life. These and other findings are discussed in this report, with some recommendations provided. More in-depth analysis and trending will be possible in the next quarter when more data are available.

Introduction

In January 2010, the Agency for Health Care Administration (AHCA) entered into a contract with Delmarva Foundation to provide quality assurance discovery activities for the Home and Community-Based Services (HCBS) waivers and the Consumer Directed Care Plus (CDC+) program, administered by the Agency for Persons with Disabilities (APD). Through the Florida Statewide Quality Assurance Program (FSQAP), Delmarva, AHCA and APD have designed a Quality Management Strategy based on the Home and Community Based Services (HCBS) Quality Framework Model developed by the Centers for Medicare and Medicaid Services (CMS). Three quality management functions are identified by CMS: discovery, remediation, and improvement.

Delmarva's purpose is within the discovery framework. The information from the review processes is used by APD to help guide policies, programs, or other necessary actions to effectively remediate issues or problems uncovered through the discovery process. Data from the quarterly and annual reports are examined during the Regional Quarterly Meetings and Quality Council meetings to help target local and statewide remediation activity.

Delmarva's discovery process is composed of two major components: Person Centered Reviews (PCR) and Provider Discovery Reviews (PDR). The primary purpose of the PCR is to determine the quality of the person's service delivery system from the perspective of the person receiving services. The PCR includes an interview with the person, an interview with the person's support coordinator, and review of the support coordinator's record for the person. This process includes individuals receiving services through the Consumer Directed Care Plus (CDC+) program who are also interviewed, with record reviews completed for the CDC+ Consultant and Representative.

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

Within the CDC+ program, consultants and representatives are reviewed on the standards set forth by APD and AHCA. As of July 2013, all individuals receiving waiver services, including CDC+ participants, had been transitioned to the iBudget waiver. Although CDC+ participants are on the waiver, the programs are fundamentally different in several aspects and therefore results are analyzed

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

This is the report for the first quarter of the seventh year of the FSQAP contract (January – March 2016). Contract activity is described for the first quarter. Several significant changes were implemented with the January 2015 revisions, and comparisons to data from years prior to 2015 are not possible or appropriate. Additional changes to some tools, e.g., the Administrative Record Reviews, in January 2016 limit comparisons to 2015 as well. The report is divided into three sections.

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

Section I: Significant Contract Activity during the 1st Quarter

Information Sharing

Staff Conference Calls

Conference calls are conducted on a bi-weekly basis for all reviewers and managers to provide: updates on procedures and/or APD and AHCA policy; a forum for questions; and an avenue to support training and reliability processes. The managers have implemented the use of webinars and go-to-meetings, when appropriate, to enhance training and presentations provided during the calls. Reliability results are discussed, with a focus on standards that may have been most often scored inconsistently. During the first quarter, Dr. Steve Coleman Senior Behavior Analyst (APD) joined the meeting to discuss the Waiver Support Coordinator's role in developing or updating the "Safety Plan", when indicated, and incorporating the plan into the annual Support Plan. Dr. Colman also answered questions reviewers had about the implementation of the safety plan.

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

Status Meetings

Status meetings are held to provide an opportunity for Delmarva, AHCA, and APD representatives to discuss contract activities and other relevant issues as necessary. Revisions to processes and tools may be discussed as well as policy updates from AHCA or APD that may impact the FSQAP. During the first quarter of this contract year, status meetings were held January 26, February 18 and March 17.

Internal Quality Assurance Activities

Report Approval Process

In order to reduce error rates and enhance reliability, the Delmarva management team reviews all PCR and PDR reports before they are approved, posted, and included in the database for analysis. Managers work with the reviewer if an error is discovered and provide technical assistance if needed. After management approval, reports are mailed to providers or support coordinators, and posted to the web site for APD and AHCA. Some information from PDR reports is added to the Public Reporting website at www.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 reviewed in the field. The following IRR activity was completed for which all participants passed:

- PCR Individual Interview Field Review Reliability was completed with 4 QARs
- PDR Field Review Reliability was completed with 4 QARs
- PDR Staff Interview Field Review Reliability was completed with 4 QARs
- iBudget Handbook Reliability was completed with 26 QARs

Internal Training

Informal training is often provided during bi-weekly conference calls with all staff. Topics for training are generated from review activities, AHCA and APD clarifications, and reliability activities. Corporate training may also be made available during these meetings on topics such as safety.

Delmarva Foundation's annual conference was held January 19 - 22, 2016 in Clearwater, Florida, for all Florida associates. The conference covered a variety of topics including corporate updates from Bob Foley, APD updates from Ed DeBardleben and AHCA updates from Tammy Brannon. In addition, reviewers were offered the following:

- Presentation from Shelby Nurse (Self Advocate)
- Training on all updates to the PCR and PDR tools and processes (Kristin Allen and Theresa Skidmore)
- Person Centered Thinking Training (Mickie Muroff)
- Interviewing Skills Training (Gail Godwin)
- Data trends (Sue Kelly)
- Documentation Tips (Kristin Allen)
- Quality Management System and Reliability updates (Christie Gentry)
- Future Planning (Charmaine Pillay)

Training Provided

Review Tools and Processes

Delmarva conducted training sessions in each region on the 2016 Discovery Tools Updates. Each session also included information on updates to the Discovery Processes to assist providers as they prepare for their review under the 9/3/2015 iBudget Handbook requirements. Training dates and regions were as follows:

- Northwest 2/17/16
- Southeast 2/29/2016
- Southern 3/1/2016
- Central 3/2/2016
- Northeast 3/9/2016
- Suncoast 3/14/2016

DD Awareness Day

Delmarva attended DD Awareness Day at the Capitol Rotunda in Tallahassee, February 18, 2016. The free annual event is sponsored by Florida Developmental Disabilities Council Inc., with activities and presentations all day. This is an opportunity for Delmarva to meet with stakeholders in the community and share information related to the Discovery process and answer questions from attendees about the quality management system and review processes. Delmarva provided an exhibit table and the following information available for participants:

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

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 may 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 the first Quality Council meeting this year on March 10, 2016, in Tallahassee. Please see the Delmarva website for complete QC details, minutes, and agendas. The agenda items included the following:

- Refresher from the last meeting (Robyn Tourlakis)
- AHCA Updates (Tammy Brannon)
- APD Updates (Ed Debardeleben)
- Delmarva Data Presentation (Katy Glasgow)
- Delmarva Updates (Kristin Allen and Theresa Skidmore)
- APD Incident Report System Presentation (Ed Debardeleben)
- HSRI National Core Indicator Data: Focus on Abuse, Neglect and Exploitation (Elizabeth Pell)
- Topical Questions and Wrap up

The next meeting will be in Orlando, July 14, 9AM – 4PM in the following location:

Caribe Royale All-Suite Hotel & Convention Center

8101 World Center Dr.

Orlando, Florida 32303

407-536-2000

<http://www.cariberoyale.com/>

Provider Tool Revisions

The Service Specific Record Review and Administrative tools were revised beginning in January 2016, to align with the iBudget Waiver Handbook requirements. Because the revisions were fairly extensive, with the exception of some specific standards that were not changed, comparisons to previous years are not appropriate.

Abuse, Neglect, Exploitation (ANE) Verified by Department of Children and Families (DCF)

Verified ANE reports are provided to the Agency for Persons with Disabilities (APD) by DCF. A verified report means an allegation of ANE was reported, formally investigated, verified, and closed by DCF. Effective February 2016, these reports are provided to Delmarva. As per APD's request, the Provider Discovery Review (PDR) reports issued by the Delmarva Foundation began including

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 number of verified ANE reports for incidents that occurred over the 12 months previous to the providers' scheduled PDR. The provider's overall PDR score is reduced by 10 percentage points for one verified report and 15 percentage points for two or more verified reports. If a verified ANE report is received for a provider that is deemed, the provider will be added to the PDR schedule.

Feedback Surveys

National Core Indicator (NCI) Consumer Survey Feedback Survey

After each individual NCI interview, Delmarva provides the individual with a feedback survey. The individual is encouraged to complete the feedback survey, which is mailed directly to Human Services Research Institute (HSRI). During the first quarter only 18 surveys were returned to HSRI. A more detailed analysis of the results will be provided in the next report when more data are available.

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 March, 2016, eight surveys were received from providers who had participated in a PDR. A table with a more detailed analysis will be completed in the next report, when more survey data are available.

Summary of Customer Service Calls

During the first quarter of the seventh contract year, January - March 2016, 552 calls were recorded in the Customer Service Log, with an average response time of one day for each call.²

Data Availability

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

Staff Changes

Three reviewers resigned this quarter: Kathy Smith, George Perrault and Michelle Dean.³

Two reviewers were hired this quarter: Aimee Trott and Chandra Rivers

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

³ For Perrault and Dean the last official day was actually April 1.

Section II: Data from Review Activities

Person Centered Reviews (PCR)⁴

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

Information in Table 2 provides the number of PCRs completed by APD Region between January and March 2016, including the number of CDC+ participants (92), the number of waiver participants (341), and the total number of individuals who declined. The time period for declines is based upon the projected time period for the review. The decline rate is 19 percent for waiver participants and 14 percent for CDC+.

Table 2: Person Centered Review Activity				
January – March 2016				
	Number of PCRs		Number of Declines	
Region	Waiver	CDC+	Waiver	CDC+
Northwest	36	11	7	3
Northeast	51	9	13	3
Central	62	25	16	6
Suncoast	72	16	17	1
Southeast	70	15	14	1
Southern	50	16	13	1
Total	341	92	80	15

Individuals are free to decline to be interviewed at any time during the process. An individual who declines, or may be otherwise unable to participate, is replaced by another individual from the oversample to ensure an adequate and representative sample is used for analysis. Reasons given for the declines are shown in Table 3. When an individual declines, the reviewer calls the person to

⁴ All review tools are posted on the FSQAP website (<http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>).

verify the decision. This affords the person an opportunity to ask questions or seek clarification about the PCR process and the person’s potential role in it. It also gives individuals an opportunity to change their minds about participating.

The largest percent of declines was for people who refused to participate, 54 percent for the Waiver and 67 percent for CDC+. Approximately 17 percent of declines were because the person no longer received services (N=9), had passed away (N=5), or had moved out of the state (N=2). An additional 26 individuals indicated they would like to participate next year.

Table 3: Person Centered Review Decline Reasons			
January – March 2016			
Decline Reason	Waiver	CDC+	Total
Refused	43	10	53
Review Next Year	24	2	26
No Longer Receiving Services	6	3	9
Deceased	5	0	5
Moved Out of State	2	0	2
Total	80	15	95

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.⁵ The PCR II consists of seven standards (four related to Community), each composed of a various number of indicators/questions. Up to 68 indicators are scored. Indicators addressing key areas such as rights and choice are embedded in and specific to each standard. The standards and number of indicators used to measure them (in parentheses) are as follows:

1. Person Centered Supports (27): Individual’s needs are identified and met through person centered practices
2. Community: Individuals have opportunities for integration in all aspects of their lives including where they live (majority of findings apply to individuals in Supported Living and licensed settings) (9) (Residence)
3. Community: Individuals have opportunities for integration in all aspects of their lives including where they work (majority of findings apply to individuals receiving LSD 1, 2 or 3, or Personal Supports if used as a meaningful day activity) (4) (Work)

⁵ Since contract year 2012, children under age 18 have been included in the PCR sample. Because the NCI Consumer survey is only valid for adults, children do not participate in the NCI portion of the PCR process.

4. Community: Individuals have opportunities for integration in all aspects of their lives including access to community services and activities (5) (Access)
5. Community: Individuals have opportunities for integration in all aspects of their lives including opportunities for new relationships (4) (Relationships)
6. Individuals are safe (12)
7. Individuals are in best possible health (7)

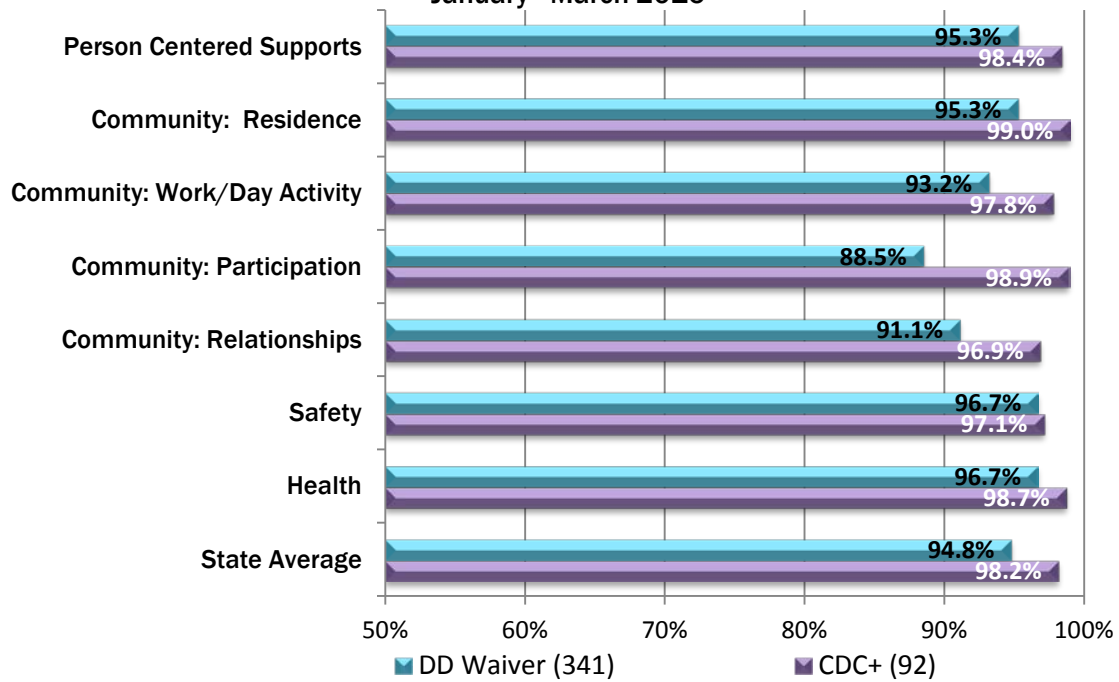
The CDC+ program provides individuals with flexibility and opportunities not offered to individuals on the Developmental Disabilities (DD) waiver, such as the ability to hire/fire providers, use non-waiver providers who are often family members, and negotiate provider rates. A non-paid representative 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 Standard

The average PCR II score for each standard is presented in Figure 1, for DD Waiver and CDC+ Participants.⁶ Scores on average are very high, with CDC+ participants somewhat higher consistently for all standards. Community Participation and Relationships show the lowest scores to date for individuals on the DD waiver.

⁶ It is important to remember results to date are for only a small portion of the total sample and should not be considered final.

**Figure 1: PCR II Results by Standard and Waiver Type
January - March 2016**



Of the 68 different indicators used to measure standards for the PCR II, four showed a score of less than 90 percent, the first three related to Community and the last one to Safety:

Person is provided education/information about social roles in the community (77.8%; N=333).

Person's preferences concerning social roles in the community are not addressed (84.5%; N=330).

Person has had limited opportunities to develop new friendships/relationships (84.7%; N=339)

Person indicates adaptive equipment is not in good working condition (89.7%; N=156)

PCR II by Region

The average PCR II scores for the 341 individuals on the DD waiver and 92 individuals participating in CDC+ are presented in Table 3, for each region and statewide. The number completed in each region, particularly for CDC+ participants, was relatively small and comparisons across regions should be made with caution. For Waiver Participants, PCR II results range from 92.4 percent in the Central Region to 97.2 percent in Suncoast. CDC+ results are fairly consistent across all the regions.

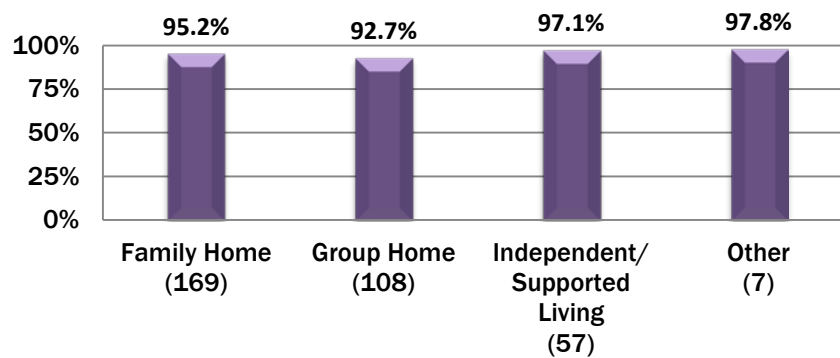
**Table 4: PCR II Results by Region
January – March 2016**

Region	Waiver		CDC+	
	#	% Met	#	% Met
Northwest	36	96.6%	11	98.4%
Northeast	51	95.7%	9	97.1%
Central	62	92.4%	25	97.8%
Suncoast	72	97.2%	16	98.2%
Southeast	70	95.1%	15	99.5%
Southern	50	91.5%	16	98.0%
State	341	94.8%	92	98.2%

PCR II by Residential Status, Disability and Age

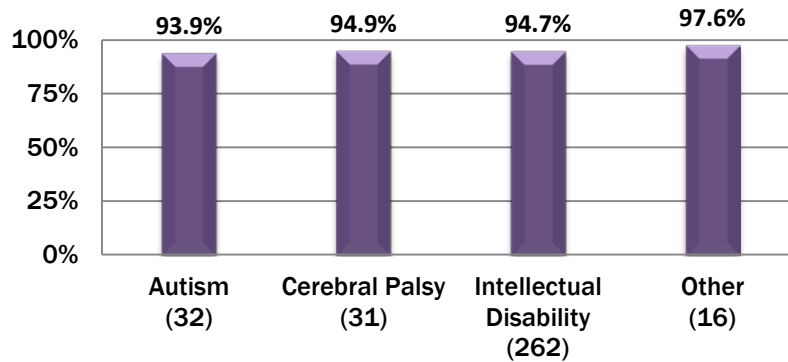
The following three figures display PCR II results by residential status, disability and age group (Figures 2 – 4).⁷ Several categories have a relatively small number of cases and results to date should be viewed carefully. CDC+ results are not shown in this report as the N in most of the categories is quite small, but will be included when more data are available. Results to date indicate some variation across residence, but little on of the other demographic categories.

**Figure 2: PCR II Percent Met by Residential Status
January - March 2016**

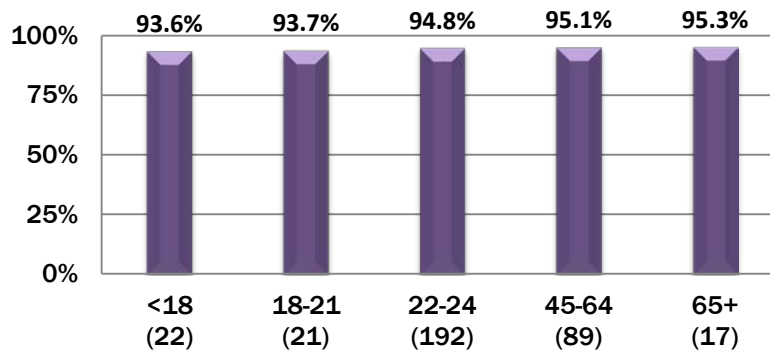


⁷ The Other category for Residential Status includes Assisted Living Facilities (5) and Foster Care (2). The Other Disability category for the DD iBudget Waiver includes Spina Bifida (6),and Other (10).

**Figure 3: PCR II Percent Met by Disability
January - March 2016**



**Figure 4: PCR II Percent Met by Age
January - March 2016**



PCR Waiver Support Coordinator (WSC) Interview⁸

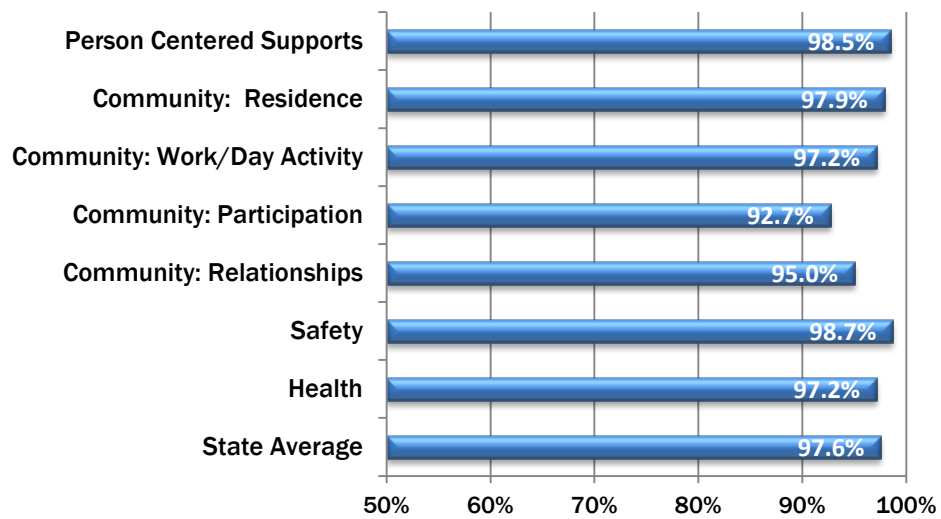
The PCR includes an interview with the WSC who is supporting the person at the time of the review. The standards are the same as described for the PCR Interview. However, the focus is from the perspective of the WSC. For example, how well does the WSC support the person to achieve person centered planning or community integration? However, because Consultants are also certified as Support Coordinators and almost all serve individuals on the waiver, they are interviewed in their WSC role.

WSC Interview results for 431 PCRs are shown by Standard in Figure 5 and by Region in Table 5. Similar to the person’s interview results, Community Participation and Relationships show the

⁸ 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.

lowest scores. The Southern Region WSCs, on average, scored somewhat lower than in other areas across the state.

**Figure 5: WSC Interview Results by Standard
January - March 2016
(N = 341)**



**Table 5: PCR WSC Interview Results by Region
January – March 2016**

Region	#	% Met
Northwest	36	97.4%
Northeast	51	98.2%
Central	62	97.3%
Suncoast	72	98.7%
Southeast	70	98.6%
Southern	50	94.4%
State	341	97.6%

Of the 52 different indicators used to measure standards for the WSC Interview, only two showed a score of less than 90 percent, both in relation to developing social roles:

Support Coordinator does not address the person's preferences concerning social roles in the community (89.4%).

Support Coordinator does not provide education/information to the person about social roles in the community (84.6%)

PCR Waiver Support Coordinator and CDC+ Consultant Record Reviews

During the PCR 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 are preliminary and further analysis will be completed when more data are available. To date, the average percent of standards met (unweighted) on the record reviews for WSCs and CDC+ Consultants are similar, 95.2 percent and 97.2 percent respectively.

Region	Waiver Support Coordinator			CDC+ Participant		
	# of Reviews	Weighted Score	Unweighted Score	# of Reviews	Weighted Score	Unweighted Score
Northwest	36	96.9%	96.7%	11	98.4%	98.2%
Northeast	51	95.4%	96.1%	9	94.7%	95.8%
Central	62	95.6%	95.8%	25	95.1%	96.6%
Suncoast	72	92.9%	93.0%	16	97.9%	97.7%
Southeast	70	97.0%	96.8%	15	95.7%	96.0%
Southern	50	92.9%	93.2%	16	98.4%	98.9%
State	341	95.0%	95.2%	92	96.6%	97.2%

Table 7: WSC Record Review Results by Standard		
January – March 2016		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	322	95.0%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	325	95.9%
Level of care is completed accurately using the correct instrument/form.	322	94.4%
Person receiving services is given a choice of waiver services or institutional care at least annually.	327	96.2%
The Support Plan is updated within 12 months of the person's last Support Plan.	327	98.5%
The current Annual Report is in the record.	294	88.3%
The Support Plan is updated and revised when warranted by changes in the needs of the person.	149	96.1%
WSC documents a copy of the Support Plan is provided to the person or legal representative within 10 days of the Support Plan effective date.	321	95.0%
WSC documentation demonstrates a copy of the Support Plan is provided to all service providers within 30 calendar days of the Support Plan effective date.	285	88.2%
Support Plan includes supports and services consistent with assessed needs.	324	98.2%
Support Plan reflects support and services necessary to address assessed risks.	317	98.8%
Support Plan includes a current Safety Plan.	15	100.0%
Support Plan reflects the personal goals/outcomes of the person.	329	97.6%
The current Support Plan includes natural, generic, community and paid supports for the person.	332	97.9%
WSC documentation demonstrates current, accurate, and approved Service Authorizations are issued to service provider(s).	328	97.3%
The Support Coordinator documents efforts to ensure services are delivered in accordance with the service plan, including type, scope, amount, duration, and frequency specified in the Cost Plan.	303	92.9%
The Support Coordinator is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	339	99.7%
The Support Coordinator bills for services only after service is rendered.	322	94.7%
The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted.	185	95.9%
The Support Coordination Progress Notes demonstrate required monthly contact/activities were completed and are in the record.	320	94.1%
For individuals in supported living arrangements Progress Notes demonstrate required activities are covered during each quarterly home visit.	45	95.7%
For persons living in Supported Living Arrangements the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider.	43	100.0%

Table 7: WSC Record Review Results by Standard		
January – March 2016		
Standard	Number Reviewed	Percent Met
The Support Coordinator documents efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis.	327	96.5%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing among waiver service providers on an ongoing basis.	327	96.7%
The Support Coordinator documents efforts to assist the person/legal representative to know about rights on an ongoing basis.	330	97.1%
The Support Coordinator documents efforts to ensure the person's health and health care needs are addressed on an ongoing basis.	318	93.3%
The Support Coordinator documents efforts to ensure person's safety needs are addressed on an ongoing basis.	324	95.0%
The Support Coordinator has a method in place to document information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis.	280	90.6%
The Support Coordinator documents efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents on an ongoing basis.	306	90.3%
Average WSC Record Review Score	8,086	95.0%

Table 8: CDC+ Consultant Results by Standard		
	Number Reviewed	Percent Met
	91	98.9%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	90	97.8%
	86	93.5%
Person receiving services is given a choice of waiver services or institutional care at least annually.	90	97.8%
	89	98.9%
The current Annual Report is in the record.	78	87.6%
	33	100.0%
Consultant documents the Support Plan is provided to the person or the legal representative, within 10 days of the Support Plan effective date.	89	100.0%
	71	94.7%

Table 8: CDC+ Consultant Results by Standard January – March 2016		
Standard	Number Reviewed	Percent Met
Support Plan includes supports and services consistent with assessed needs.	89	100.0%
Support Plan reflects support and services necessary to address assessed risks.	87	100.0%
Support Plan includes a current Safety Plan.	2	100.0%
Support Plan reflects the personal goals of the person.	91	100.0%
The current Support Plan includes natural, generic, community and paid supports for the person.	89	98.9%
Services are delivered in accordance with the Cost Plan.	92	100.0%
The Consultant is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	92	100.0%
The Consultant bills for services only after service is rendered	90	97.8%
Participant Monthly Review forms & Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	90	97.8%
The Consultant documents efforts to assist the person/legal representative to know about rights on an ongoing basis.	86	93.5%
The Consultant documents efforts to ensure the person's health and health care needs are addressed on an ongoing basis.	85	92.4%
The Consultant documents efforts to ensure the person's safety needs are addressed on an ongoing basis.	87	94.6%
The Consultant has a method in place to document information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis.	78	95.1%
The Consultant documents efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents on an ongoing basis.	80	87.0%
Completed/signed Participant-Consultant Agreement is in the record.	92	100.0%
Completed/signed CDC+ Consent Form is in the record.	90	97.8%
Completed/signed Participant-Representative Agreement is in the record.	91	98.9%
All applicable completed/signed Purchasing Plans are in the record.	91	98.9%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	91	100.0%
All applicable completed/signed Quick Updates are in the Record.	39	100.0%
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	45	97.8%
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	83	98.8%
Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	87	98.9%

Table 8: CDC+ Consultant Results by Standard		
January – March 2016		
Standard	Number Reviewed	Percent Met
Consultant has taken action to correct any overspending by the Participant.	8	100.0%
If applicable, Consultant initiates Corrective Action.	2	100.0%
Completed/signed Corrective Action Plan is in the record.	2	100.0%
If applicable, an approved Corrective Action Plan is being followed.	2	100.0%
The Emergency Backup Plan is in the record and is reviewed annually.	86	95.6%
Average CDC+ Consultant Result	2,664	96.6%

CDC+ Representative (CDC-R)

CDC+ participants have a Representative (the participant is sometimes also the Representative), who helps with the “business” aspect of the program: such as hiring providers, completing and submitting timesheets, and 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 other requirements. Between January and March, 2016, 96 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 will be presented by region in the next report, when more data are available (Table 9) and are presented by standard in Table 10.

- On average, Representatives reviewed to date in 2016 showed 92.8 percent compliance.
- To date, Representatives were least likely to have documentation supporting reconciliation of monthly statements (82.1%).

Table 10: CDC+ Representative Results by Standard		
January – March 2016		
Standard	Number Reviewed	Percent Met
CDC+ Representative Review Results	Number Reviewed	% Met
Complete and signed Participant/ Representative Agreement is available for review.	94	95.7%
Accurate Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	91	85.7%
Signed and approved Invoices for Vendor Payments are available for review.	54	94.4%

Table 10: CDC+ Representative Results by Standard		
January – March 2016		
Standard	Number Reviewed	Percent Met
Signed and approved receipts/statement of “Goods and Services” for reimbursement items are available for review.	34	100.0%
Complete Employee Packets for all Directly Hired Employees are available for review.	91	97.8%
Complete Vendor Packets for all vendors and independent contractors are available for review.	62	95.2%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	92	85.9%
Signed Employer/Employee Agreement for each Directly Hired Employee (DHE) is available for review.	91	85.7%
All applicable signed and approved Purchasing Plans are available for review.	96	92.7%
Copies of Support Plan(s) are available for entire period of review.	96	96.9%
Copies of approved Cost Plans are available for entire period of review.	96	95.8%
Emergency Backup Plan is complete and available for review.	96	94.8%
Corrective Action Plan (if applicable) is available for review.	5	100.0%
Background screening results for all providers who render direct care are available for review.	95	84.2%
All applicable signed and approved Quick Updates are available for review.	33	100.0%
Monthly Statements are available for review.	94	94.7%
Documentation is available to support the reconciliation of Monthly Statements.	95	82.1%
The Participant obtains services consistent with stated/documentated needs and goals.	95	98.9%
The Participant makes purchases that are consistent with the Purchasing Plan.	89	100.0%
Average CDC+ Representative Score	1,499	92.8%

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), four or more medications taken and the percent with health concerns by region (Table 12) and common health and welfare indicators (Table 13). Findings to date this year indicate the following:

- CDC+ Participants were somewhat more likely to be taking up to three medications.
- Approximately 38 percent of individuals on the Waiver were taking four or more prescription medications, compared to 29 percent of CDC+ participants.
- Most individuals with a health concern indicated needs were met.
- CDC+ participants were more likely to have been admitted to the hospital or been to an emergency room than were individuals on the DD Waiver.

Table 11: Prescription Medications Taken		
January – March 2016		
Number of Medications	Waiver (N=341)	CDC+ (N=92)
0	1.8%	0.0%
1 - 3	60.1%	70.7%
4 - 6	32.0%	23.9%
7+	6.2%	5.4%

Table 12: Health Summary								
	2013		2014		2015		YTD 2016	
	Waiver (1,300)	CDC (304)	Waiver (1,047)	CDC (270)	Waiver (1,355)	CDC+ (385)	Waiver (341)	CDC+ (92)
Taking 4 or More Prescription Medications	45.2%	32.9%	28.7%	19.3%	39.3%	26.6%	38.1%	29.3%
Have Health Concerns But Needs Not Being Met	6.4%	5.6%	2.8%	3.0%	2.6%	1.3%	3.2%	3.2%

Table 13: Health Summary: January – March 2016		
In the past 12 months:	Waiver (340)	CDC+ (92)
Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation?	3.5%	1.1%
Have Reactive Strategies under 65G-8 been used due to behavioral concerns?	2.6%	0.0%
Have you been admitted to the hospital (including baker acts)?	11.8%	21.7%
Have you been to an Emergency Room?	20.6%	25.0%
Have you been to an Urgent Care Center?	4.1%	6.5%

National Core Indicator (NCI) Adult Consumer Survey Results

The Delmarva PCRs include the NCI Adult Consumer Survey for adults age 18 and over. Data from these are entered directly into the system maintained by HSRI. Results will be analyzed in the annual report when data collection from everyone in the sample has been completed and available for analysis.

Provider Discovery Reviews (PDR)⁹

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

- 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/CDC+ Consultant
- Supported Living Coaching

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

The PDR is composed of up to six different review components: Interviews with individuals receiving services (PDR II), Interviews with staff rendering services (SI), Observations at Waiver funded 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. During the first quarter of this contract year (January – March 2016), 365 PDRs were completed by reviewers and approved by Delmarva management; 219 for service providers and 146 for WSCs.

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 interview is to determine from the individual's perspective how well services are provided and determine from the staff how well individuals are being supported in each service. The standards are the same as for the PCR interview but the indicators used to measure those standards are specific to the PDR.¹⁰ Figure 6 shows Individual and Staff Interview results by Standard and Table 14 shows the results by region.

- Delmarva completed 328 Staff and 352 Individual Interviews between January and March 2016.
- There was little variation across the Standards and little variation between individual and staff responses on each Standard.
- Community Participation was least likely to be present.
- The number of reviews in most of the regions is relatively small, particularly in the Northwest. Findings in Table 14 should not be used to make comparisons until additional data are available.

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

**Figure 6: PDR Interview Results by Standard
January - March 2016**

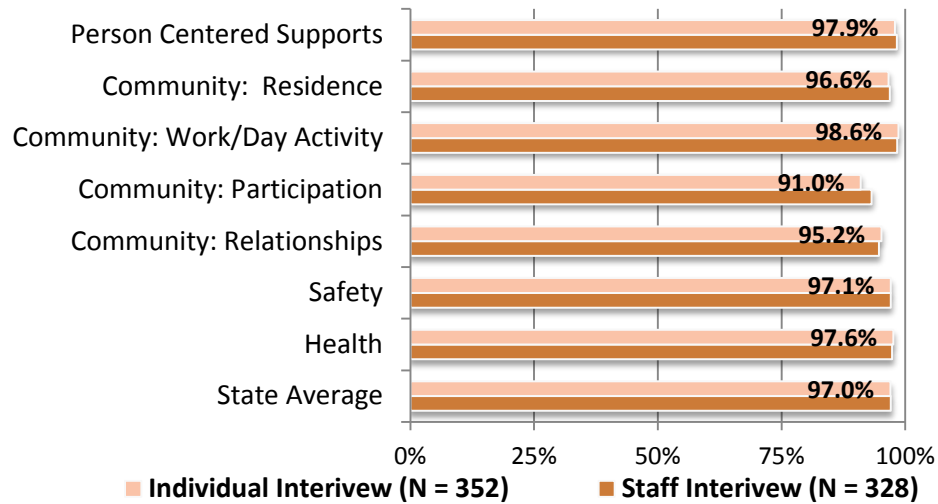


Table 14: PDR Interview Results by Region

January - March 2016				
	Individual		Staff	
Region	#	% Met	#	% Met
Northwest	9	97.7%	7	99.3%
Northeast	87	97.2%	70	97.4%
Central	68	97.3%	67	96.8%
Suncoast	86	97.8%	83	98.3%
Southeast	57	96.5%	54	95.2%
Southern	45	94.5%	47	96.6%
State	352	97.0%	328	97.1%

Observations

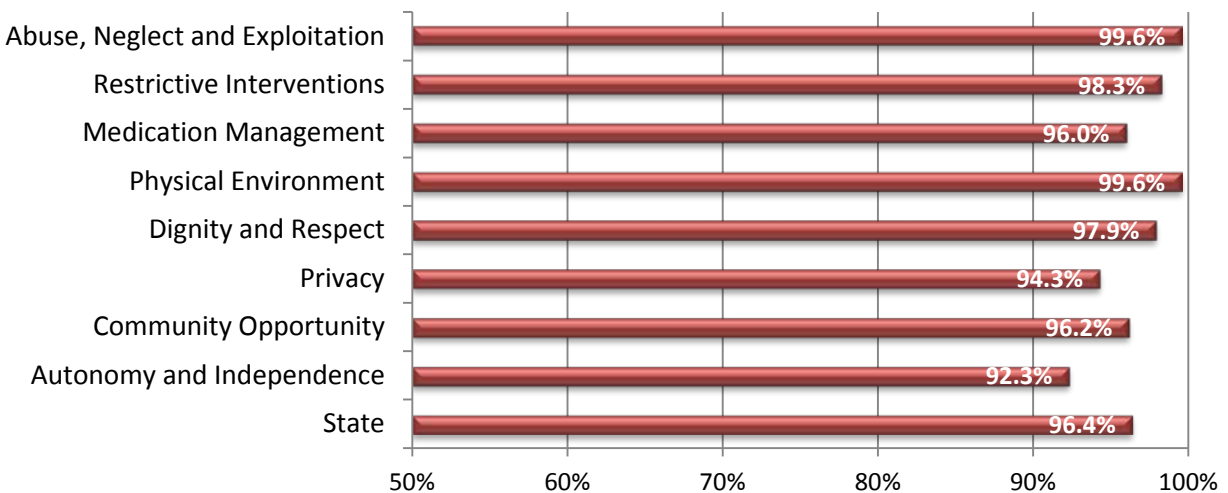
Delmarva reviewers conduct onsite observations of up to 10 licensed residential facilities (LRF) when reviewing providers of Residential Habilitation. For Life Skills Development 3 (ADT) facilities (Day Programs), all locations operated by the providers receive an onsite observation. During this portion of the PDR, reviewers observe the physical facility, interactions among staff and individuals, and informally interview staff, residents, and day program participants as needed and as possible. In the first quarter of 2016, observations were completed at 13 LSD 3 (ADT) locations

and 150 LRFs. PDR Observation scores are shown by Region for ADT and LRF in Table 15. Very few Observations had been completed for Day Programs and the number of Observations by region is very small. Results to date are only preliminary, should not be used to generalize to the population or make cross-regional comparisons.

Table 15: PDR Observation Scores by Region and Location				
January – March 2016				
Region	ADT		LRF	
	# OBS	% Met	# OBS	% Met
Northwest	0	.	8	99.6%
Northeast	5	99.2%	36	95.8%
Central	4	99.5%	28	96.4%
Suncoast	4	100.0%	36	97.5%
Southeast	0	.	28	95.7%
Southern	0	.	14	94.2%
State	13	99.6%	150	96.4%

Observations are shown by Standard for LRFs in Figure 7. To date, the lowest scoring area is on indicators related to Autonomy and Independence.

Figure 7: LRF Observation Results by Standard
January - March 2016
N=150



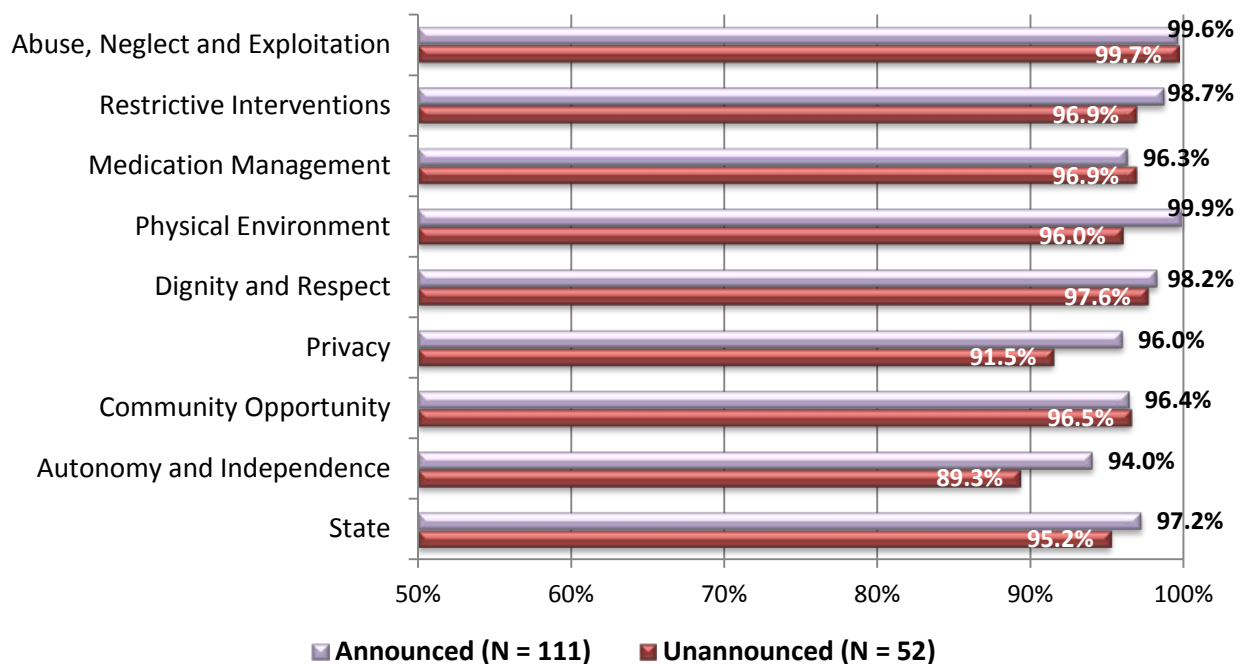
Observation Type: Announced vs Unannounced

Of the 163 Observations, 51 (31.2%) were unannounced observations. While providers knew when the PDR would occur, they did not always know which facilities would be chosen for the Observation and when it would occur. Table 16 shows results by location and Observation Type (Announced vs. Unannounced). Additional analysis will be provided by region (Figure 8) when more data are available. Findings for Observation Type by Standard are shown in Figure 9.

- On average, unannounced observations scored slightly lower (95.2% vs 97.2%).
- Standards having to do with the Physical Environment, Privacy, and Autonomy and Independence were less likely to be present during an unannounced observation.

Table 16: Observation Scores by Observation Type and Location January – March 2016				
Observation Type	ADT		LRF	
	# OBS	% Met	# OBS	% Met
Announced	7	99.5%	104	97.1%
Unannounced	6	99.7%	46	94.8%
Total	13	99.6%	150	96.4%

**Figure 9: Announced v. Unannounced Observations by Standard
January - March 2016**



Observation Results by Indicator

Each location is scored on up to 71 different indicators. For day programs, 69 indicators (97%) reflected scores of 100 percent. This was somewhat lower for group homes, for which 51 (71.8%) indicators were scored 95 percent or higher. The following indicators showed the lowest scores for the quarter, lower than 85 percent present:

Individuals do not have a key to their home. (ResHab: 52.6%)

Training in the use of public transportation is not available and/or facilitated. (ResHab: 81.9%)

Individuals did not participate in the development of the 'house rules.' (ResHab: 82.8%)

Individuals cannot come and go as they please. (ADT: 81.8%)

Administrative Policy and Procedure

Each agency 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 17 and indicate a high degree of compliance across most standards for both service providers (92.6%) and support coordinators (97.4%).¹¹ Findings by region (Table 18) will be presented in the next report when more data are available.

Table 17: PDR Policies and Procedures Results by Standard				
January - March 2016				
P&P Standard	PDR (N = 219)		WSC PDR (N = 146)	
	# Reviewed	% Met	# Reviewed	% Met
If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	1	100.0%	NA	NA
Agency vehicles used for transportation are properly	78	98.7%	NA	NA

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

Table 17: PDR Policies and Procedures Results by Standard				
January - March 2016				
P&P Standard	PDR (N = 219)		WSC PDR (N = 146)	
	# Reviewed	% Met	# Reviewed	% Met
insured.				
Agency vehicles used for transportation are properly registered.	78	97.4%	NA	NA
The provider maintains written policies and procedures with a detailed description of how the provider uses a person-centered approach to identify individually determined goals and promote choice.	148	98.0%	27	100.0%
The provider maintains written policies and procedures with a detailed description of how the provider will protect health, safety, and wellbeing of the individuals served.	148	97.3%	27	100.0%
The provider maintains written policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening.	146	87.0%	27	92.6%
The provider maintains written policies and procedures detailing hours and days of operation and the notification process to be used if the provider is unable to provide services for a specific time and day scheduled.	147	78.2%	27	100.0%
The provider maintains written policies and procedures detailing how the provider will ensure the individuals' medications are administered and handled safely.	120	100.0%	NA	NA
The provider maintains written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider.	148	96.6%	27	96.3%
The provider maintains written policies and procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues.	149	99.3%	27	100.0%
The provider maintains written policies and procedures, which detail methods for ensuring the person's confidentiality and maintaining and storing records in a secure manner.	147	86.4%	27	96.3%

Table 17: PDR Policies and Procedures Results by Standard				
January - March 2016				
P&P Standard	PDR (N = 219)		WSC PDR (N = 146)	
	# Reviewed	% Met	# Reviewed	% Met
The provider maintains written policies and procedures, which detail the methods for management and accounting of any personal funds, of all individuals in the care of, or receiving services from, the provider.	118	72.9%	NA	NA
The provider maintains written policies and procedures in compliance with 65G-8.003 (Reactive Strategy Policy and Procedures).	42	92.9%	NA	NA
The provider addresses all incident reports.	108	99.1%	114	95.6%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	37	97.3%	51	98.0%
All instances of abuse, neglect, and exploitation are reported.	25	100.0%	47	97.9%
The provider identifies, addresses, and reports all medication errors.	35	100.0%	NA	NA
Average Policies and Procedures	1,675	92.6%	427	97.4%

Qualifications and Training Requirements

Providers and all direct service employees are required to have certain training and education completed in order to render specific services. For each provider/WSC, several employee records are reviewed. During the first quarter, of the 219 providers and 146 WSCs who participated in a PDR, 485 and 179 employee records were reviewed, respectively. A description of each standard scored within the Administrative Qualifications and Training component of the PDR is shown in Table 19 for service providers and Table 20 for WSCs. Compliance rates by region will be provided in the next report, when more data are available (Table 21). Qualifications and Training compliance rates across the standards were quite high, and indicate:¹²

- Average compliance for service providers was 96.4 percent and 96.8 percent for WSCs.
- Service providers reviewed to date scored approximately 95 percent or higher on 33 standards.

¹² For some of the standards only a few records were reviewed so comparisons across the standards should be made with caution till more data are available.

- Support coordinators scored approximately 95 percent or higher on 14 standards
- WSCs were least likely to have received annual training in HIPAA. (88.8%)

Table 19: PDR Qualifications and Training Service Provider Results by Standard		
January – March 2016 (219 PDRs)		
Q&T Standard	Number Reviewed	Percent Met
The provider has completed all aspects of required Level II Background Screening.	484	94.4%
The provider received training in Zero Tolerance.	484	95.0%
The provider received training in Direct Care Core Competency.	474	97.9%
The provider received training in Direct Care Core Competencies. ¹³	NA	NA
The provider received training in Basic Person Centered Planning.	479	95.2%
The provider received training on Individual Choices, Rights and Responsibilities	474	95.6%
The provider received training in Requirements for all Waiver Providers	149	100.0%
The provider received training in HIPAA.	483	90.3%
The provider received training in HIV/AIDS/Infection Control.	476	97.1%
The provider maintains current CPR certification.	477	98.3%
The provider received training in First Aid.	450	98.2%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	254	97.6%
The provider maintains current medication administration validation.	252	94.4%
The provider received training in an Agency approved curriculum for behavioral emergency procedures consistent with the requirements of the Reactive Strategies rule (65G-8, FAC).	76	98.7%
Drivers of transportation vehicles are licensed to drive vehicles used.	380	100.0%
Personal vehicles used for transportation are properly insured.	250	97.2%
Personal vehicles used for transportation are properly registered.	249	94.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	11	100.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	5	100.0%
The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.	3	100.0%

¹³ Not yet scored as training was not available.

Table 19: PDR Qualifications and Training Service Provider Results by Standard January – March 2016 (219 PDRs)		
Q&T Standard	Number Reviewed	Percent Met
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	114	99.1%
The Life Skills Development 1 provider completes 4 hours of annual in-service training related to the specific needs of at least one person currently receiving services.	36	97.2%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	18	100.0%
The provider has completed standardized, pre-service training for Life Skills Development Level 2.	18	100.0%
The provider completed Introduction to Social Security Work Incentives.	13	92.3%
The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment.	18	100.0%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	14	100.0%
The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services.	13	84.6%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	226	99.1%
The Personal Supports provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	96	92.7%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	202	99.0%
The Residential Habilitation-Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	52	100.0%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	30	100.0%
The Residential Habilitation-Behavior Focus provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	30	100.0%

Table 19: PDR Qualifications and Training Service Provider Results by Standard January – March 2016 (219 PDRs)		
Q&T Standard	Number Reviewed	Percent Met
The Residential Habilitation-Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.	15	100.0%
The provider completes eight hours of annual in-service training related to behavior analysis and related topics.	15	100.0%
The provider meets all minimum educational requirements and levels of experience for Respite.	74	97.3%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	49	98.0%
The provider completed required Supported Living Pre-Service training.	49	98.0%
The Supported Living Coach completed Introduction to Social Security Work Incentives.	23	95.7%
The Supported Living provider completes eight hours of annual in-service training.	48	83.3%
Average Qualifications and Training	7,103	96.4%

Table 20: PDR Qualifications and Training WSC Results by Standard January - March 2016 (146 WSC PDR)		
Q&T Standard	Number Reviewed	Percent Met
The provider has completed all aspects of required Level II Background Screening.	179	96.1%
The provider received training in Zero Tolerance.	179	99.4%
The provider received training in Basic Person Centered Planning.	178	93.3%
The provider received training on Individual Choices, Rights and Responsibilities	37	91.9%
The provider received training in Requirements for all Waiver Providers	44	100.0%
The provider received training in HIPAA.	178	88.8%
The provider received training in HIV/AIDS/Infection Control.	127	99.2%
The provider maintains current CPR certification.	77	98.7%
The provider received training in First Aid.	67	98.5%

Table 20: PDR Qualifications and Training WSC Results by Standard January - March 2016 (146 WSC PDR)		
Q&T Standard	Number Reviewed	Percent Met
The provider received training in an Agency approved curriculum for behavioral emergency procedures consistent with the requirements of the Reactive Strategies rule (65G-8, FAC).	3	100.0%
Drivers of transportation vehicles are licensed to drive vehicles used.	17	100.0%
Personal vehicles used for transportation are properly insured.	16	100.0%
Personal vehicles used for transportation are properly registered.	16	93.8%
The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	55	100.0%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	178	100.0%
The Support Coordinator completed required Statewide pre-service training.	178	98.9%
The Support Coordinator completed required Region Specific training.	179	98.3%
The Support Coordinator completed Introduction to Social Security Work Incentives.	135	98.5%
The Support Coordinator completes 24 hours of job related annual in-service training.	173	91.9%
Average Qualifications and Training (WSC)	2,213	96.8%

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, 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 736 SSRRs completed between January and March 2016 as part of the 219 PDRs for service providers and 515 SSRRs completed as part of the 146 WSC PDRs. All WSCs had two records reviewed as part of the PCR. These are included in the WSC PDR and are supplemented with additional unannounced records requested at the time of the review.

SSRR results are presented by service in Figure 10 and by region in Table 22. Because many of the standards have a weight of more than one, for regional comparisons we provide both the weighted and the percent of standards scored as met, the unweighted score. Data gathered to date indicate:

- On average, providers and WSCs have performed well on Service Specific requirements.
- WSC’s weighted scores were somewhat better than providers of other services, on average, 94.0 percent and 92.5 percent respectively
- There may be some regional variation, but the number of records reviewed in some regions was relatively small and comparisons should be made with caution.

**Figure 10: SSRR Scores by Service
Percent Met
January - March 2016**

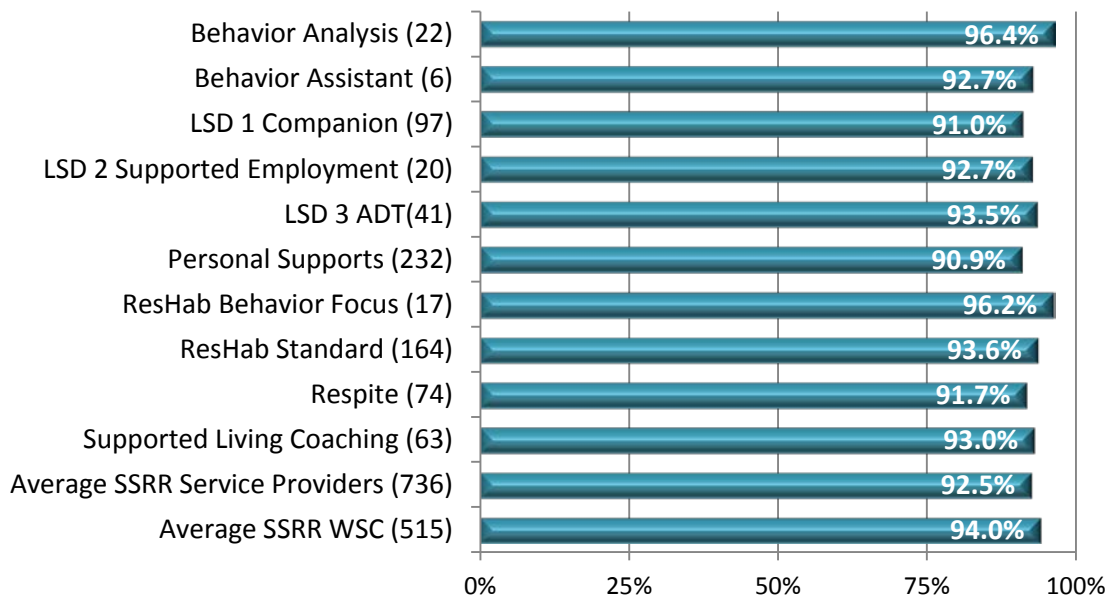


Table 22: PDR Service Specific Record Review Results by Region

January – March 2016

Region	Service Providers			WSCs		
	# Records Reviewed	Weighted Score	Unweighted Score	# Records Reviewed	Weighted Score	Unweighted Score
Northwest	16	96.1%	96.9%	54	96.5%	96.1%
Northeast	174	89.8%	90.1%	69	94.2%	95.3%
Central	147	95.2%	95.6%	88	94.5%	95.0%
Suncoast	191	94.9%	95.2%	113	91.5%	91.6%
Southeast	114	89.7%	88.6%	110	96.9%	96.8%
Southern	94	91.2%	91.0%	81	91.5%	91.4%
State	736	92.5%	92.6%	515	94.0%	94.2%

Overall PDR Scores by Region

Information in Tables 23 and 24 provides a summary of the average weighted PDR results by region for service providers and WSCs respectively. For support coordinators, the Announced record reviews are completed as part of a PCR. Unannounced record reviews are requested once onsite and the reviewer is ready to begin the record review process. Results to date are based on relatively few PDRs completed in each region. Until all reviews are completed for the year, findings should not be generalized to the population and comparisons across regions and review components should be made with caution.

**Table 23: PDR Weighted Scores for Service Providers
January – March 2016**

Region	Policy & Procedure (N=219)	Qualifications & Training (N=485)	Service Record Reviews (N= 736)	Staff Interview (N=328)	Provider Individual Interview (N=352)	OBS (N= 163)
Northwest	100.0%	96.8%	96.1%	99.3%	97.7%	99.6%
Northeast	93.8%	96.8%	89.8%	97.4%	97.2%	96.1%
Central	91.4%	96.8%	95.2%	96.8%	97.3%	96.8%
Suncoast	94.4%	97.8%	94.9%	98.3%	97.8%	97.7%
Southeast	93.2%	94.6%	89.7%	95.2%	96.5%	95.7%
Southern	86.7%	94.7%	91.2%	96.6%	94.5%	94.2%
State	92.6%	96.4%	92.5%	97.1%	97.0%	96.6%

**Table 24: PDR Weighted Scores for WSCs
January – March 2016**

Region	Policy & Procedure (N=146)	Qualifications & Training (N=179)	WSC Record Reviews	
			Announced (N=324)	Unannounced (N=187)
Northwest	100.0%	96.8%	96.6%	96.2%
Northeast	97.3%	97.2%	95.0%	92.9%
Central	98.0%	95.8%	95.1%	93.5%
Suncoast	94.6%	96.6%	92.8%	88.9%
Southeast	100.0%	97.6%	97.0%	96.7%
Southern	95.6%	96.8%	92.9%	89.4%
State	97.4%	96.8%	94.8%	92.7%

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. The Delmarva reviewer calls the abuse hotline, if appropriate, records an Alert, and notifies the local APD Regional and State offices, and AHCA. 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, unless the only reason cited is noncompliance with the Affidavit of Good Moral Conduct.

During the first quarter, 50 alerts were recorded. Close to half the Alerts was due to a lack of required documentation needed to provide evidence background screening had been completed. An additional 27 alerts were reported as shown in the following table.

January – March 2016	
Alert Type	Times Cited
Rights	3
Health & Safety	6
Abuse/Neglect/Exploitation	1
Background Screening	23
Medication Administration/Training	15
Driver’s License/Insurance (Employee)	1
Vehicle Insurance (administrative)	1
Total Alerts	50

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. Results to date are preliminary, with a small N in most of the regions, and should not yet be considered representative of populations. Comparisons across regions should be made with caution.

Table 26: Percent of Providers with Background Screening Met						
January – March 2016						
	Service Providers		WSC		CDC+ Representatives	
Region	# Reviews	% Met	# Reviews	% Met	# Reviews	% Met
Northwest	5	100.0%	8	100.0%	11	63.6%
Northeast	54	98.1%	25	92.0%	11	81.8%
Central	37	89.2%	29	96.6%	26	84.0%
Suncoast	55	98.2%	28	96.4%	16	87.5%
Southeast	40	95.0%	33	100.0%	16	93.8%
Southern	28	92.9%	23	95.7%	16	87.5%
State	219	95.4%	146	96.6%	96	84.2%

Section III: Discovery

Findings in this report reflect data from PCR and PDR reviews and other contract activity completed between January and March 2016. A total of 433 PCRs, 365 PDRs and 96 CDC+ Representative reviews were completed, approved and available for analysis. Feedback from providers about the reviewer and review processes has been extremely positive. In May 2015, revisions on the tools and reports were requested from AHCA and completed by Delmarva, excluding all references to the amount of potential billing discrepancies identified during reviews. New revisions were completed to once again include the billing discrepancies and were implemented in January 2016.

During the first quarter of the current contract year, Delmarva facilitated a Quality Council meeting and continues to work with each workgroup during and between meetings as possible. Regional managers reviewed all reports before final approval, conducted bi-weekly meetings for all reviewers, and facilitated a quarterly meeting in each region to review data, explore trends, and discuss other relevant regional issues or best practices. The Delmarva Medical Peer Review nurse attends the monthly APD 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. Delmarva has worked closely with APD and AHCA to help APD incorporate ANE reports, verified by DCF, into the provider’s overall PDR score.

Results in this report are based on a small proportion of the total number of PCRs and PDRs that will be completed by the end of the contract year. While findings appear to be consistent with results in previous years, results to date are not representative of the population and should be interpreted with caution. Additional analysis and recommendation will be provided as more data become available.

Person Centered Review Results

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



Some results, similar to findings in 2015, should be tracked as more data are collected during the year:

- Individual and WSC interviews showed the lowest scores on Community Participation, 90.7 percent and 92.7 percent respectively.
- Indicators from the individual interview also point to possible issues with community integration. The two lowest scoring indicators indicate individuals are often not supported to direct community involvement and are not provided information about community resources and activities.
- Lowest scoring standards from the WSC record reviews include:
 - Documentation demonstrates the Support Plan is provided to all service providers within 30 calendar days of the Support Plan effective date (88.2%).
 - The current Annual Report is in the record (88.3%).

Recommendation 1: APD should include as an agenda item in a meeting with regional offices discussion of ways to help ensure WSCs are providing Support Plans to service providers within 30 days of the approved Support Plan date.

While results for the PCRs are relatively high, the community participation standards are somewhat low compared to other areas, from both individual and WSC interviews. This is important to track because the person’s ability to be involved in the community the same as other individuals who do not have disabilities is a key component of the new CMS settings rule.

Recommendation 2: APD should ensure all providers are required to take competency based training (TRAIN system) on understanding and implementing community involvement for individuals. Community involvement should include both participation in community events and the development of relationships and social roles within the community.

Recommendation 3: New WSC training and mentoring is being developed through APD, with input from a Quality Council workgroup. This should include a process to ensure plans have goals that pertain to social role development as desired by the person, and ways to build new relationships and social roles in the community. This could be included in APDs online training curriculum for support coordinators.

Provider Discovery Review Results

Results from the 365 PDRs conducted with service providers indicate providers performed very well in all aspects of the review, as shown in the following graphic. The lowest scoring area is on standards specific to services rendered, particularly for Respite, Supported Employment, Companion, and Behavior Assistant.



While PDR scores overall have been fairly high, one training standard for service providers that showed a lower score than other standards, 83.3 percent compliance, identifies if the provider completes eight hours of annual in-service training. A second low scoring standard, 84.6 percent compliance, identifies if the provider completes eight hours of annual in-service training related to

the individually tailored services. In addition, not all WSCs have received the required annual training in HIPAA compliance (88.7 %).

Recommendation 4: Ensure the new TRAIN modules include components that help improve the providers' ability to complete the service specific annual in-service training.

Recommendation 5: The Quality Council has developed and presented to AHCA/APD a WSC training curriculum and mentoring program to help new WSCs better serve individuals, which APD is currently reviewing. The Council should review the training and ensure it includes HIPAA compliance.

Observation results inform us individuals living in LRFs are often not trained in the use of public transportation and do not have a key to their home. Transportation and access in and out of one's home are essential in building independence and autonomy, a standard scored lower than others during the observations. Further, they can help improve the person's ability to get a job in an integrated environment and make connections with non-paid friends and family members.

Recommendation 6: The Quality Council should consider transportation as the next theme for workgroup activity. QC could help develop regional specific information packets on public transportation that could be used by providers to enhance people's ability to use transportation and build lives in the community.

Recommendation 7: An additional QC consideration may be to develop a training session to help families and individuals embrace methods that will help with safely integrate individuals into the community. APD might consider setting up an educational session with a panel of individuals and families willing to share positive experiences regarding community access and activities that can be used in the training session.

Summary

Findings from reviews completed during the quarter, January – March 2016, are generally very positive. Providers have been receptive to the new processes implemented since January 2015 and have provided valuable feedback that has been and will continue to be used to improve all the components of the PCRs and PDRs. APD has worked cooperatively with AHCA and Delmarva to continue to improve the Florida Statewide Quality Assurance Program, creating an extensive training system that should help improve compliance on all the training standards and increase the providers' ability to offer more person centered services and build community connections for individuals receiving services.

Attachment 1: Customer Service Activity

January – March 2016

Customer Service Topic	#	Description	Outcome	Ave Time
Abuse Hotline	0			
Address/ Phone Update	65	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	12	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	42	Providers called asking for clarification on our tools.	Questions were answered, and where necessary, callers were referred to source documents.	1 day
Complaint	3	Provider employee complained about her employer. Providers complained about reviewer.	Provider employee was referred to local APD office. Regional Managers discussed situation with appropriate parties and resolved the issues.	1 day
Contact QAR	4	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	4	Providers call with questions about how to access training and if they can use the online training modules for annual in-service requirements.	Providers are assisted with following the instructions online to register or are referred to the helpdesk for technical assistance. Callers are referred to the statement in the training center that the modules may not be used toward annual in-service training requirements.	1 day
Nme Correction	5	Provider is requesting her name be corrected.	Provider was referred to AHCA for name change; name was updated in the demographic section of our application.	1 day

Customer Service Topic	#	Description	Outcome	Ave Time
Miscellaneous/ Other	20	Family stakeholders and providers called with requests unrelated to our process, e.g. how to access services in other states.	All questions were answered. Where appropriate, callers are referred to APD.	1 day
New Tools	28	Providers called asking questions regarding the Discovery tools.	Providers are referred to our website and shown the current tools posted.	1 day
Next Review	41	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	5	Provider received an email request from a third party regarding her information as a provider and called us for follow-up.	Provider was informed this email was not related to DF in any way.	1 day
Provider Feedback Survey	0			
Provider Search Website	6	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	40	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	3	Providers called asking for clarification on the process to submit a request for reconsideration or inquiring as to the status of a request already submitted	The reconsideration process is explained to provider, including reference to our Operational Policies and Procedures and their report cover letters;	1 day

Customer Service Topic	#	Description	Outcome	Ave Time
			reconsiderations submitted are researched and providers are given an expected delivery date.	
HSRI Surveys	0			
Report Requested	9	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	13	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	252	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	552			