

Florida Statewide Quality Assurance Program

Year 7 Quarter 3

July - September 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.

During the third quarter of the current contract year, Delmarva continued formal and information reliability processes, regional managers reviewed all reports before final approval and conducted bi-weekly meetings for all reviewers. Quarterly meetings were facilitated by Delmarva managers in each region to review data, explore trends, and discuss other relevant regional issues or best practices. Delmarva facilitated the Quality Council meeting and in addition, has developed and posted two different power point presentations to assist providers in understanding the interview and observation components of the reviews

Findings to date this year are based on approximately three quarters of the PCRs and PDRs that will be completed during the contract year and should be viewed only as preliminary. A summary of findings includes the following:

- 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 show an average score of approximately 96 percent, and appear to be lowest in the areas of Autonomy and Independence.
- Interview results indicate community participation is most often not present in the person's life and indicators pertaining to social role development are often the lowest scoring.
- Observations to date indicate individuals are often not trained in the use of public transportation, do not have a key to their homes, are not able to lock bedroom doors, and do not participate in developing house rules.

These and other findings are discussed in this report, with recommendations provided. More in-depth analysis and trending will be possible when all the data are available for the annual report.

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 and 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. Although CDC+ participants are on the iBudget 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 third quarter of the seventh year of the FSQAP contract. The report is divided into three sections.

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

Contract activity is described for the quarter (July - September 2016). 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. Discussion of results and evidence based recommendations are offered.

Section I: Significant Contract Activity

Information Sharing

Staff Conference Calls

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

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

Status Meetings

Status meetings are held to provide an opportunity for Delmarva, AHCA, and APD representatives to discuss contract activities and other relevant issues as necessary. Revisions to processes and tools may be discussed as well as policy updates from AHCA or APD that may impact the FSQAP. During the third quarter of this contract year, status meetings were held June 16, July 21, and August 18.

Internal Quality Assurance Activities

Report Approval Process

In order to reduce error rates and enhance reliability, the Delmarva management team reviews all PCR and PDR reports before they are approved, posted, and included in the database for analysis. Managers work with the reviewer if an error is discovered and provide technical assistance if needed. After management approval, reports are mailed to providers or support coordinators, and posted to the web site for APD and AHCA. Some information from PDR reports is added to the Public Reporting website at www.flddresources.org to help community stakeholders 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. An “Ask the Provider” session is offered to all reviewers to better simulate the actual interactive review activity to ensure all necessary information is collected and interpreted correctly.
- 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 conducted in the field.

The following IRR activity was completed for which all participants passed:

- PCR Individual Interview Field Review Reliability was completed with eight QARs
- PDR Field Review Reliability was completed with Nine QARs
- PDR Staff Interview Field Review Reliability was completed with eight QARs
- Supported Living File Review 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 various topics. During the third quarter, in addition to regular updates HSRI presented to the group on July 20, reviewing changes made to the Adult Consumer Survey used during the PCR interview with individuals.

Training Provided

Delmarva Foundation has developed and made available two PowerPoint Presentations (w/Embedded Audio):

- **Presentation:** Florida Statewide Quality Assurance Program Provider/Staff Interviews
This presentation provides an overview of the Delmarva Discovery process for the Provider/Staff Interview component. The presentation includes a review of the provider/staff interview process, the components of the interview, and tips for staff. The presentation concludes with information on scoring and takeaways.
- **Presentation:** Florida Statewide Quality Assurance Program Residential Habilitation and Adult Day Training Observations

This presentation provides an overview of the Delmarva Discovery process for the onsite observations. The presentation includes a review of the process and components of the Observation, and a review of the role of staff during the onsite visit. The presentation concludes with information on reporting alerts and how the Observation Review Checklist is scored.

No external training was provided by Delmvara this quarter. Trainings through CourseAvenue continue to be available to all stakeholders. These topics include:

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

The QC meeting was held in Orlando July 14, 2016.² Following a summary of the previous meeting, the members were given updates from AHCA and APD as well as an overview of the Delmarva and NCI mail survey (Adult and Family/Guardian) data. Group discussion was facilitated on writing

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>).

² The agenda and minutes from the QC meeting are available at <http://www.dfmc-florida.org/Public2/qualityCouncil/archive.html>.

quality service logs and Kaleema Muhammad from AHCA presented updates on the CMS Transition and Compliance requirements. The next meeting is scheduled for October 6, 2016, in Tallahassee.

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 PDR reports issued by the Delmarva Foundation began including 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 deemed provider, 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 three quarters of contract year, January – September 2016, 144 surveys were returned to HSRI, a 14 percent return rate (144/1,050).³ Although results are generally based on a small return rate, they have remained positive and consistent over the years. Current feedback indicates the following:

- 83.3 percent of respondents indicated the individual had participated in answering the Adult Consumer Survey.
- 67.4 percent of respondents indicated an advocate, relative or guardian participated in the Consumer Survey.
- 101 feedback forms (70.1%) were completed by the person receiving services, with 63.2 percent completed by an advocate, relative or guardian, and 20.1 percent by a staff member where the person lives or receives services.
- 100 (69.4%) respondents indicated the NCI interviews took place in the home.
- 115 respondents (79.7%) indicated the individual chose where to meet for the survey interview. However, 22 respondents (15.4%) indicated they did not choose where to meet for the survey.

³ N sizes listed with the results indicate when the total number of responses was less than 1,050.

- All but two respondent (98.6%, N=143) felt the interview was scheduled at a convenient time, and most (91.5%, N=142) respondents felt it took about the right amount of time.
- Most respondents (98.8%, N=143) thought the questions were not difficult to answer and 87.4 percent (N=143) indicated the interviewer explained the person did not have to answer the questions.
- All but one respondent (99.3%, N=143) felt the interviewer was respectful.
- 97.2% 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. Between January and September 2016, 123 surveys were received from providers who had participated in a PDR. On average, 99.3 percent of responses were positive (946/953).

Table 1: Results from Provider Feedback Surveys Received Between January and September 2016			
Question	# Yes	# No	#NA
Did the Quality Assurance Reviewer (QAR) identify documents needed to complete the review?	122	1	0
Did the QAR explain the purpose of the review?	120	0	1
Did the QAR explain the review process and how the QAR or Delmarva team would conduct the review?	119	1	3
Did the QAR answer any questions you had in preparation for the review?	121	1	1
Did the QAR refer you to the FSQAP website, including the tools and procedures?	118	0	5
Did the QAR arrive at the review at the scheduled time?	119	2	2
If no, did the QAR call to notify you he/she might be a little late? (N=2)	2	0	121
Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving?	121	2	0
If you scored Not Met on any of the standards, did the QAR explain why?	104	0	19
Total Responses	946	7	252

Summary of Customer Service Calls

During the third quarter of the seventh contract year, July - September 2016, 306 calls were recorded in the Customer Service Log, with an average response time of one day for each call.⁴

Data Availability

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

Miscellaneous

All new hires complete all activities on the Quality Assurance Reviewer Orientation and Training Checklist before conducting field reviews. Linda Tupper, nurse with developmental disabilities expertise, left in August. We are currently recruiting a replacement.

As per a request from APD, the word “percentage” was removed from two sentences below the “How Score is Calculated” table at the end of PDR reports:

*5 ~~percentage~~ points

**10 ~~percentage~~ points

⁴ The list of topics and number of calls per topic are presented in Attachment 1.

Section II: Data from Review Activities

Person Centered Reviews (PCR)⁵

The 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 of 2015, 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 September 2016, including the number of CDC+ participants (204), the number of waiver participants (846), 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 was approximately 19.4 percent for waiver participants and 14.3 percent for CDC+.

Table 2: Person Centered Review Activity				
January – September 2016				
Region	Number of PCRs		Number of Declines	
	Waiver	CDC+	Waiver	CDC+
Northwest	72	25	14	4
Northeast	137	31	33	5
Central	168	47	45	12
Suncoast	171	37	49	7
Southeast	165	33	40	5
Southern	133	31	23	1
Total	846	204	204	34

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

⁵ 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, 53.8 percent. An additional 53 (22.3%) declines were because the person no longer received services (N=30), had passed away (N=17), or had moved out of the state (N=6). Approximately 24 percent of individuals indicated a preference to participate next year.

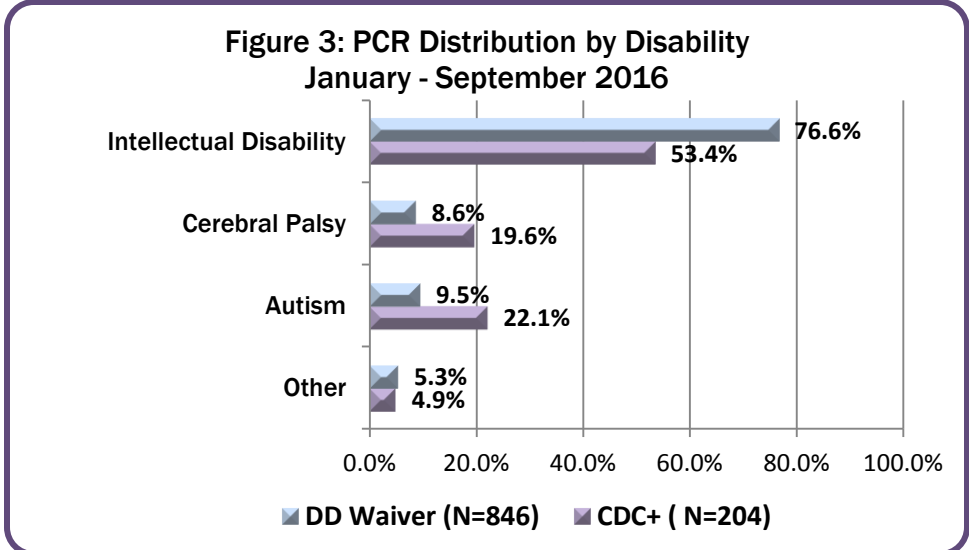
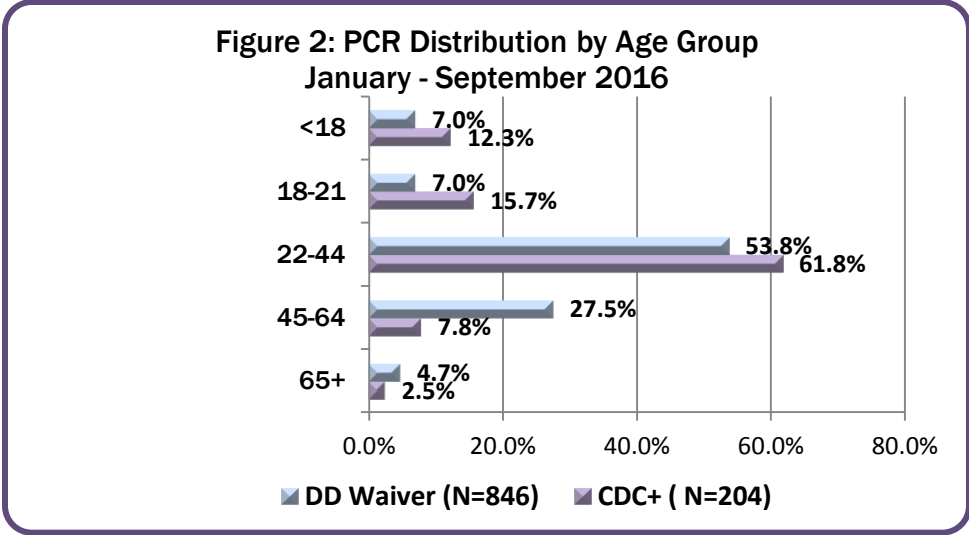
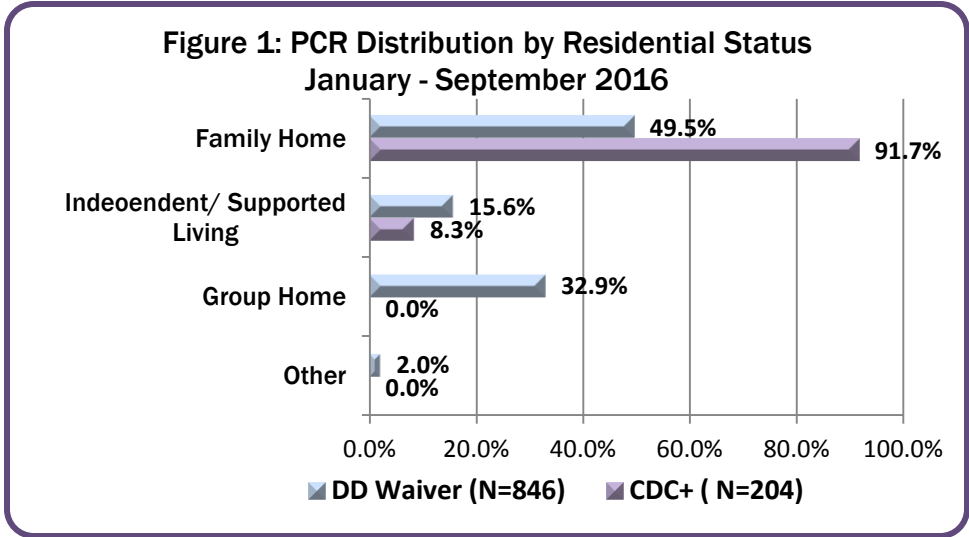
Table 3: Person Centered Review Decline Reasons			
January – September 2016			
Decline Reason	Waiver	CDC+	Total
Refused	110	18	128
Review Next Year	50	7	57
No Longer Receiving Services	23	7	30
Deceased	16	1	17
Moved Out of State	5	1	6
Total	204	34	238

Demographics

The following series of figures shows the distribution of the PCR sample across Residential Setting, Age Groups and Primary Disability.⁶

- Almost all CDC+ participants live in the family home (91.7%), compared to just under half of DD Waiver participants (49.5%).
- CDC+ participants are more likely to be younger than DD Waiver participants.
- DD Waiver participants are more likely to have an intellectual disability as their primary disability than CDC+ participants, 76.6 percent and 53.6 percent respectively.
- Close to 42 percent of CDC+ participants have Cerebral Palsy or Autism as a primary disability but close to 77 percent of Waiver participants have an intellectual disability.

⁶ The Other category for Residential Status for the DD Waiver includes Assisted Living Facilities (14) and Foster Care (4). The Other Disability category includes Spina Bifida (10), Down Syndrome (4), and Other (31). The Other category for CDC+ Disability is Spina Bifida (1), Down Syndrome (4) and Other (7).



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.⁷ 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)
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 Individual Interview (II) by Standard

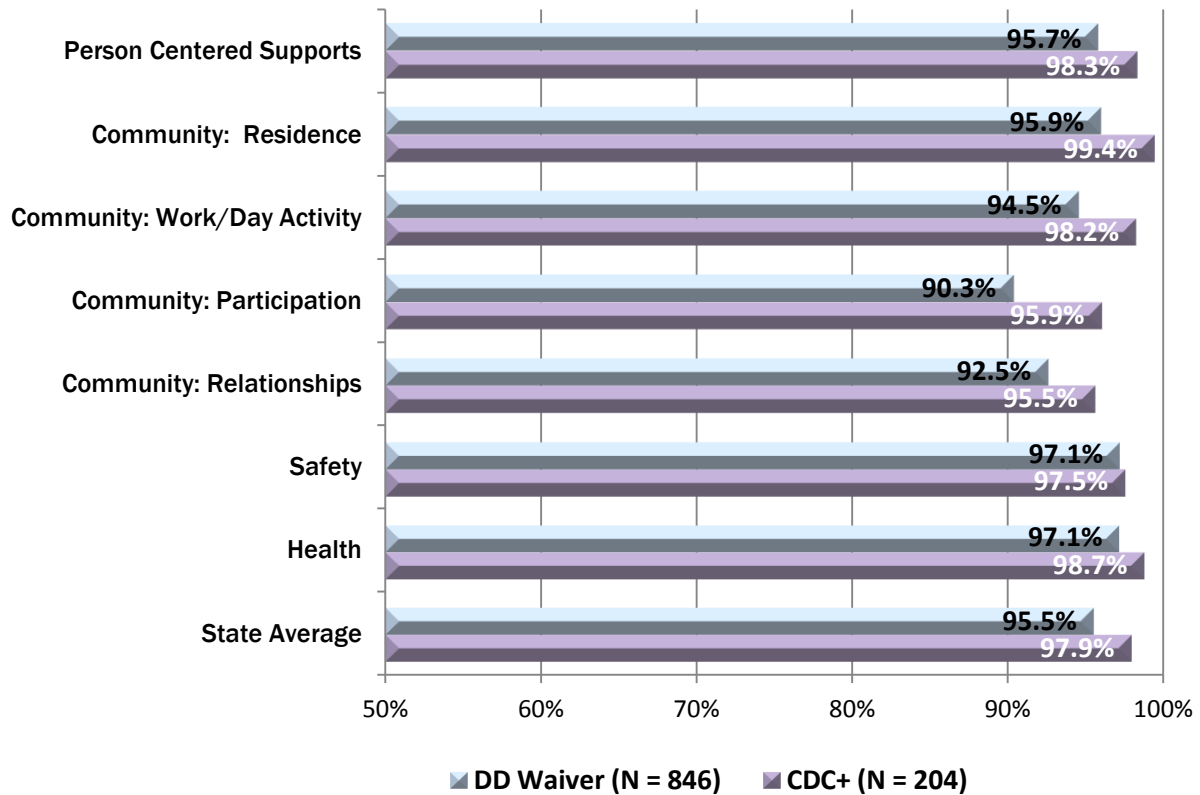
The average PCR II score for each standard is presented in Figure 4, for DD Waiver and CDC+ Participants.⁸ Scores on average are high, with CDC+ participants somewhat higher consistently for

⁷ 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.

⁸ It is important to remember results to date are for less than the total sample and should not be considered final. Results across residential status, age group and disability show little variation and will be displayed in the annual report when all data are available.

all standards, particularly for Community Participation. DD waiver participants were less likely to have community relationships or participation present than other outcomes.

**Figure 4: PCR II Results by Standard:
 January - September 2016**



Of the 68 different indicators used to measure standards for the PCR II, for the DD Waiver, three showed a score of less than 90 percent, all related to social role development and friendships.

Low Scoring DD Waiver Indicators: PCR II

Person is not provided education/information about social roles in the community (81.0%; N=821).

Person's preferences concerning social roles in the community are addressed (87.7%; N=813).

Person has had more than only limited opportunities to develop new friendships/relationships (87.3%; N=834)

One standard for CDC+ participants showed a score of less than 90 percent, related to the opportunities provided to develop friendships.

Low Scoring CDC+ Indicators: PCR II

Person has had more than only limited opportunities to develop new friendships/relationships (87.9%; N=198)

PCR II by Region

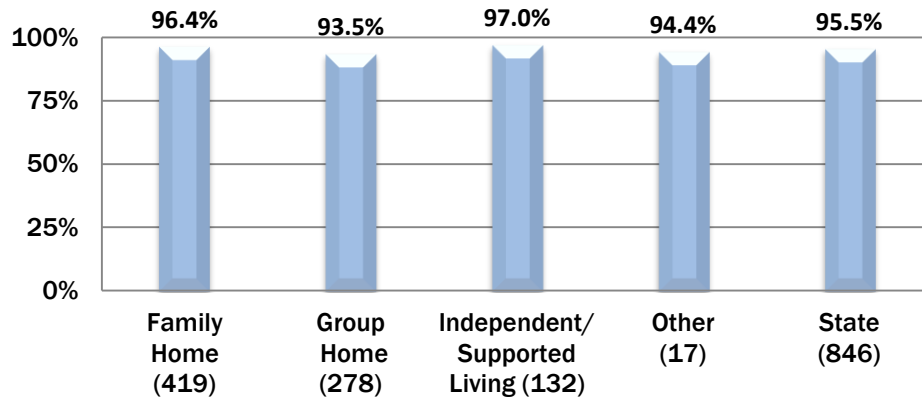
The average PCR II scores for the 846 individuals on the DD waiver and 204 individuals participating in CDC+ are presented in Table 3, for each region and statewide. The number completed in each region for CDC+ participants was relatively small and comparisons across regions should be made with caution. For Waiver Participants, PCR II results range from 93.5 percent in the Central Region to 97.4 percent in Suncoast. CDC+ results range from just under 96 percent in the Southern Regions to 99 percent in the Southeast.

Table 4: PCR II Results by Region				
January – September 2016				
Region	Waiver		CDC+	
	#	% Met	#	% Met
Northwest	72	95.8%	25	98.1%
Northeast	137	97.0%	31	97.6%
Central	168	93.5%	47	98.0%
Suncoast	171	97.4%	37	98.2%
Southeast	165	95.0%	33	99.1%
Southern	133	94.3%	31	95.9%
State	846	95.5%	204	97.9%

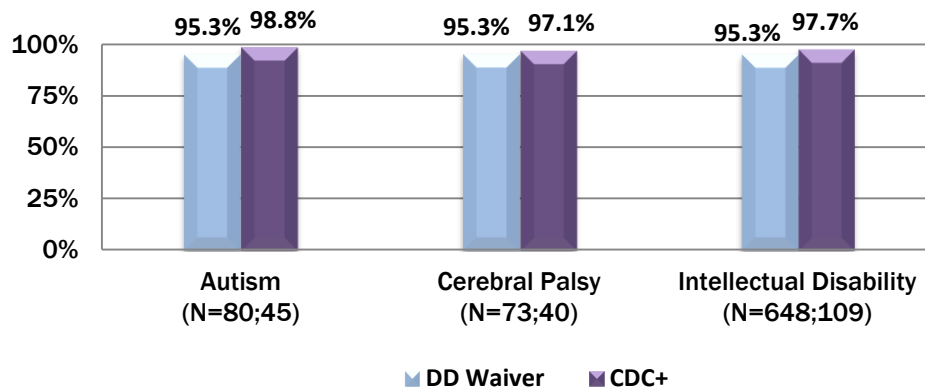
PCR II by Residential Status, Disability and Age

The following three figures display PCR II results by residential status, disability and age group (Figures 5 – 7). Several categories have a relatively small number of cases and results to date should be viewed carefully. CDC+ results by Residential Status and Age are not shown in this report as almost all the individuals live in a family home and the sample size in most of the Age Group categories is quite small, less than 35. Results to date indicate very little variation across demographic categories.

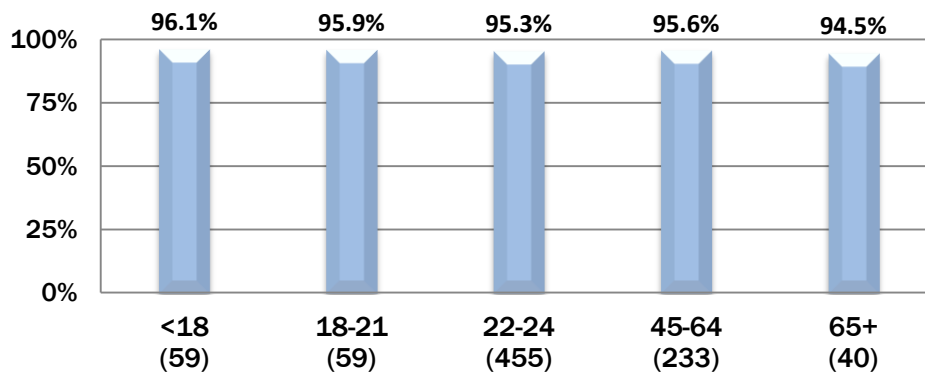
**Figure 5: PCR II Percent Met by Residential Status
 DD Waiver
 January - September 2016**



**Figure 6: PCR II by Disability Type by Waiver Type
 January - September 2016**



**Figure 7: PCR II Percent Met by Age Group
 DD Waiver
 January - September 2016**

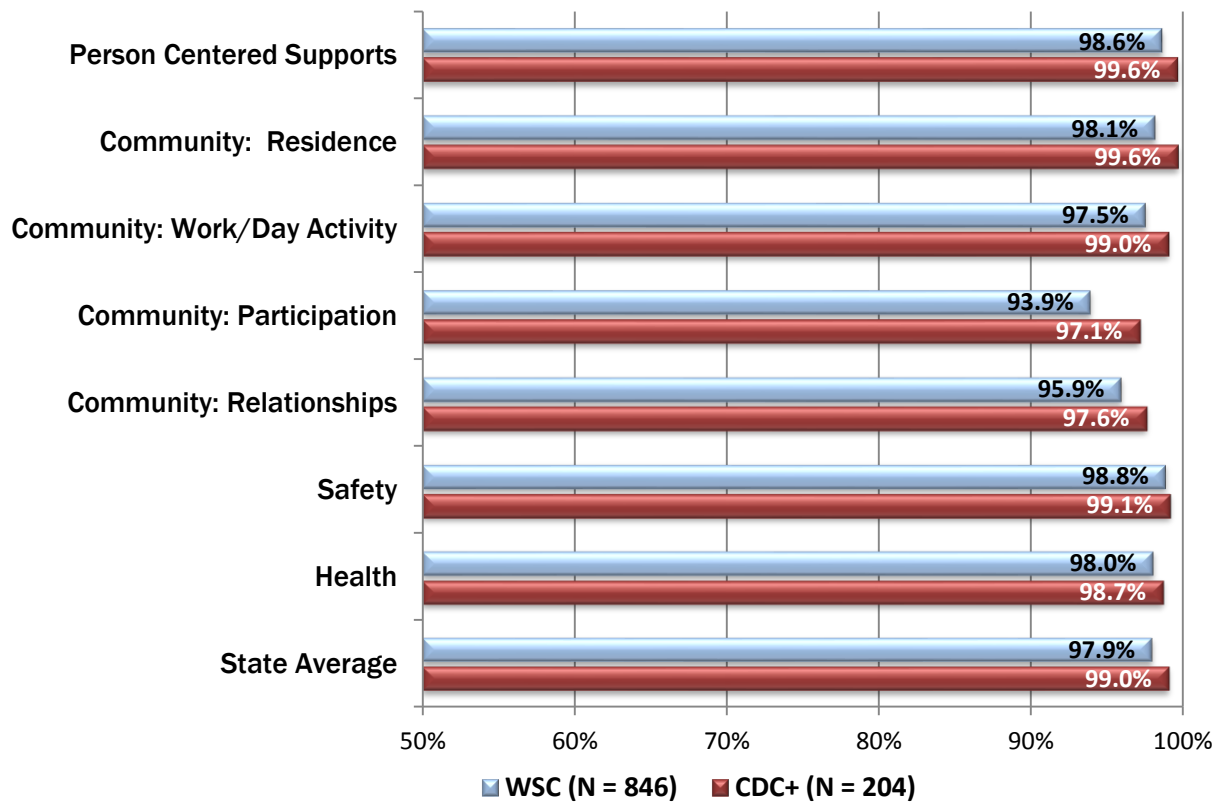


PCR Waiver Support Coordinator (WSC) Interview⁹

The PCR includes an interview with the WSC or CDC+ Consultant (CDC+ C) 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 of the indicators is from the perspective of the WSC/CDC+ C. For example, how well does the WSC support the person to achieve person centered planning or community integration?

WSC and CDC+ C Interview results are shown by Standard in Figure 8 and by Region in Table 5. Interview scores are very high with very little variation across the standards or regions. WSCs appear to be scoring somewhat lower in Community Participation than CDC+ Consultants.

**Figure 8 : WSC/CDC+ Consultant Interview Results by Standard
 January - September 2016**



⁹ 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.

Table 5: WSC and CDC+ C Interview Results by Region				
January - September 2016				
Region	WSC		CDC+	
	#	% Met	#	% Met
Northwest	72	97.6%	25	98.9%
Northeast	137	98.6%	31	99.2%
Central	168	96.5%	47	98.7%
Suncoast	171	98.9%	37	99.3%
Southeast	165	99.0%	33	99.4%
Southern	133	96.6%	31	98.8%
State Average	846	97.9%	204	99.0%

Of the 52 different indicators used to measure standards for the WSC/CDC+ Interview, only one showed a score of less than 90 percent, which was for the WSCs:

Support Coordinator provides education/information to the person about social roles in the community (86.4%)

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.

To date this year, . Because the number of CDC+ reviews in each region is relatively small, comparisons between WSCs and Consultants across regions should be made with caution. To date, findings indicate:

- Both WSCs and Consultants score high on the record reviews, the average percent of standards met 94.8 percent and 97.5 percent respectively
- Both scored below 90 percent on standards indicating the Annual Report was in the record and assisting the person to define and report abuse, neglect and exploitation.
- WSCs also scored below 90 percent in ensuring services are delivered in accordance with the Support Plan or demonstrating pre-Support Plan planning activities were conducted

Table 6: PCR WSC and CDC+ Record Review Results by Region January – September 2016				
	Waiver Support Coordinator		CDC+ Consultant	
Region	# of Reviews	Percent Met	# of Reviews	Percent Met
Northwest	72	96.6%	25	98.8%
Northeast	137	94.9%	31	95.3%
Central	168	92.5%	47	96.7%
Suncoast	171	94.1%	37	97.8%
Southeast	165	96.7%	33	97.7%
Southern	133	95.0%	31	99.1%
State	846	94.8%	204	97.5%

Table 7: WSC Record Review Results by Standard January – September 2016		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	592	94.9%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	593	95.2%
Level of care is completed accurately using the correct instrument/form.	586	93.7%
Person receiving services is given a choice of waiver services or institutional care at least annually.	607	96.6%
The Support Plan is updated within 12 months of the person's last Support Plan.	612	99.2%
The current Annual Report is in the record.	533	86.3%
The Support Plan is updated and revised when warranted by changes in the needs of the person.	290	97.3%
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.	595	95.7%
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.	544	90.3%
Support Plan includes supports and services consistent with assessed needs.	612	99.0%
Support Plan reflects support and services necessary to address assessed risks.	599	98.8%
Support Plan includes a current Safety Plan.	22	96.9%
Support Plan reflects the personal goals/outcomes of the person.	615	98.2%

Table 7: WSC Record Review Results by Standard		
January – September 2016		
Standard	Number Reviewed	Percent Met
The current Support Plan includes natural, generic, community and paid supports for the person.	616	98.1%
WSC documentation demonstrates current, accurate, and approved Service Authorizations are issued to service provider(s).	603	96.2%
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.	844	87.7%
The Support Coordinator is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	842	99.9%
The Support Coordinator bills for services only after services are rendered.	846	96.1%
The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted.	845	84.1%
The Support Coordination Progress Notes demonstrate required monthly contact/activities were completed and are in the record.	827	95.1%
For individuals in supported living arrangements Progress Notes demonstrate required activities are covered during each quarterly home visit.	824	91.1%
For persons living in Supported Living Arrangements the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider.	415	96.5%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis.	839	95.5%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing among waiver service providers on an ongoing basis.	821	95.6%
The Support Coordinator documents efforts to assist the person/legal representative to know about rights on an ongoing basis.	831	96.3%
The Support Coordinator documents efforts to ensure the person's health and health care needs are addressed on an ongoing basis.	807	95.4%
The Support Coordinator documents efforts to ensure person's safety needs are addressed on an ongoing basis.	32	96.0%
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.	842	91.7%
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.	842	89.1%
Average WSC Record Review Score	21,252	94.8%

Table 8: CDC+ Consultant Results by Standard		
January – September 2016		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	201	98.5%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	198	97.5%
Level of care is completed accurately using the correct instrument/form.	194	95.1%
Person receiving services is given a choice of waiver services or institutional care at least annually.	200	98.0%
The Support Plan is updated within 12 months of the person's last Support Plan.	201	99.5%
The current Annual Report is in the record.	176	87.6%
The Support Plan is updated and revised when warranted by changes in the needs.	82	98.8%
Consultant documents the Support Plan is provided to the person or the legal representative, within 10 days of the Support Plan effective date.	201	100.0%
Consultant documentation demonstrates a copy of the Support Plan is provided to all service providers within 30 calendar days of the Support Plan effective date.	154	96.9%
Support Plan includes supports and services consistent with assessed needs.	197	99.5%
Support Plan reflects support and services necessary to address assessed risks.	191	100.0%
Support Plan includes a current Safety Plan.	5	100.0%
Support Plan reflects the personal goals of the person.	202	99.5%
The current Support Plan includes natural, generic, community and paid supports for the person.	201	99.5%
Services are delivered in accordance with the Cost Plan.	204	100.0%
The Consultant is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	203	100.0%
The Consultant bills for services only after service is rendered	202	99.0%
Participant Monthly Review forms & Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	202	99.0%
The Consultant documents efforts to assist the person/legal representative to know about rights on an ongoing basis.	196	96.1%
The Consultant documents efforts to ensure the person's health and health care needs are addressed on an ongoing basis.	191	93.6%
The Consultant documents efforts to ensure the person's safety needs are addressed on an ongoing basis.	194	95.1%
Consultant has a method in place to document information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis.	157	94.0%
The Consultant documents efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents	181	88.7%

Table 8: CDC+ Consultant Results by Standard January – September 2016		
Standard	Number Reviewed	Percent Met
on an ongoing basis.		
Completed/signed Participant-Consultant Agreement is in the record.	202	99.0%
Completed/signed CDC+ Consent Form is in the record.	202	99.0%
Completed/signed Participant-Representative Agreement is in the record.	202	99.5%
All applicable completed/signed Purchasing Plans are in the record.	200	98.0%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	200	98.5%
All applicable completed/signed Quick Updates are in the Record.	76	100.0%
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	90	97.8%
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	181	97.3%
Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	190	99.0%
Consultant has taken action to correct any overspending by the Participant.	16	100.0%
If applicable, Consultant initiates Corrective Action.	7	87.5%
Completed/signed Corrective Action Plan is in the record.	5	83.3%
If applicable, an approved Corrective Action Plan is being followed.	5	100.0%
The Emergency Backup Plan is in the record and is reviewed annually.	194	97.0%
Average CDC+ Consultant Result	5,903	97.0%

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. Participants may decline to participate in the CDC+ PCR process. However, the Representative for the person still receives a review. Between January and September 2016, 364 CDC+ Representatives were reviewed. CDC-R results are presented by region in Table 9 and by standard in Table 10.

- On average, Representatives reviewed to date in 2016 showed 93.0 percent compliance (Percent Met).
- There is very little variation across regions

- The lowest scoring standards, approximately 83 percent, indicated documentation is most often missing to support background screening compliance and reconciliation of monthly statements

Table 9: CDC+ Representative Results by Region		
January - September 2016		
Region	# of Reviews	Percent Met
Northwest	33	90.4%
Northeast	66	93.5%
Central	84	92.6%
Suncoast	69	92.5%
Southeast	66	94.3%
Southern	46	93.7%
State	364	93.0%

Table 10: CDC+ Representative Results by Standard		
January – September 2016		
Standard	Number Reviewed	Percent Met
Complete and signed Participant/ Representative Agreement is available for review.	361	96.1%
Accurate Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	346	87.9%
Signed and approved Invoices for Vendor Payments are available for review.	195	93.8%
Signed and approved receipts/statement of “Goods and Services” for reimbursement items are available for review.	99	96.0%
Complete Employee Packets for all Directly Hired Employees are available for review.	344	94.8%
Complete Vendor Packets for all vendors and independent contractors are available for review.	222	94.6%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	348	90.5%
Signed Employer/Employee Agreement for each Directly Hired Employee (DHE) is available for review.	347	91.4%
All applicable signed and approved Purchasing Plans are available for review.	363	91.7%
Copies of Support Plan(s) are available for entire period of review.	364	96.2%
Copies of approved Cost Plans are available for entire period of	364	96.2%

Table 10: CDC+ Representative Results by Standard		
January – September 2016		
Standard	Number Reviewed	Percent Met
review.		
Emergency Backup Plan is complete and available for review.	363	93.9%
Corrective Action Plan (if applicable) is available for review.	15	100.0%
Background screening results for all providers who render direct care are available for review.	358	82.7%
All applicable signed and approved Quick Updates are available for review.	116	97.4%
Monthly Statements are available for review.	361	96.1%
Documentation is available to support the reconciliation of Monthly Statements.	363	82.9%
The Participant obtains services consistent with stated/documentated needs and goals.	361	98.6%
The Participant makes purchases that are consistent with the Purchasing Plan.	338	98.8%
Average CDC+ Representative Score	5,628	93.0%

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

- Waiver and CDC+ participants were about equally likely to not be taking any prescription medications
- Almost twice the proportion of Waiver participants was taking seven or more medications compared to CDC+, 8.3 percent and 4.9 percent respectively
- Most individuals with a health concern indicated needs were met, and the proportion of individuals with unmet need has decreased since 2013
- 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 – September 2016		
Number of Medications	Waiver	CDC+
0	15.6%	18.1%
1 - 3	46.6%	53.9%
4 - 6	29.6%	23.0%
7+	8.3%	4.9%
Total N	846	204

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 (846)	CDC+ (204)
Taking 4 or More Prescription Medications	45.2%	32.9%	28.7%	19.3%	39.3%	26.6%	37.8%	27.9%
Have Health Concerns and Needs are Not Being Met	6.4%	5.6%	2.8%	3.0%	2.6%	1.3%	2.7%	2.9%

Table 13: Health Summary		
January – September 2016		
In the past 12 months:	Waiver (846)	CDC+ (204)
Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation?	2.7%	0.5%
Have Reactive Strategies under 65G-8 been used due to behavioral concerns?	3.0%	0.5%
Have you been admitted to the hospital (including baker acts)?	12.4%	17.6%
Have you been to an Emergency Room?	18.9%	24.5%
Have you been to an Urgent Care Center?	3.4%	5.9%

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)¹⁰

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:¹¹

- 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

The PDR is consists 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 and Service Providers. During the first three quarters of this contract year (January – September 2016), 1,543 PDRs were completed by reviewers and approved by Delmarva management; 1,162 Service Providers and 381 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

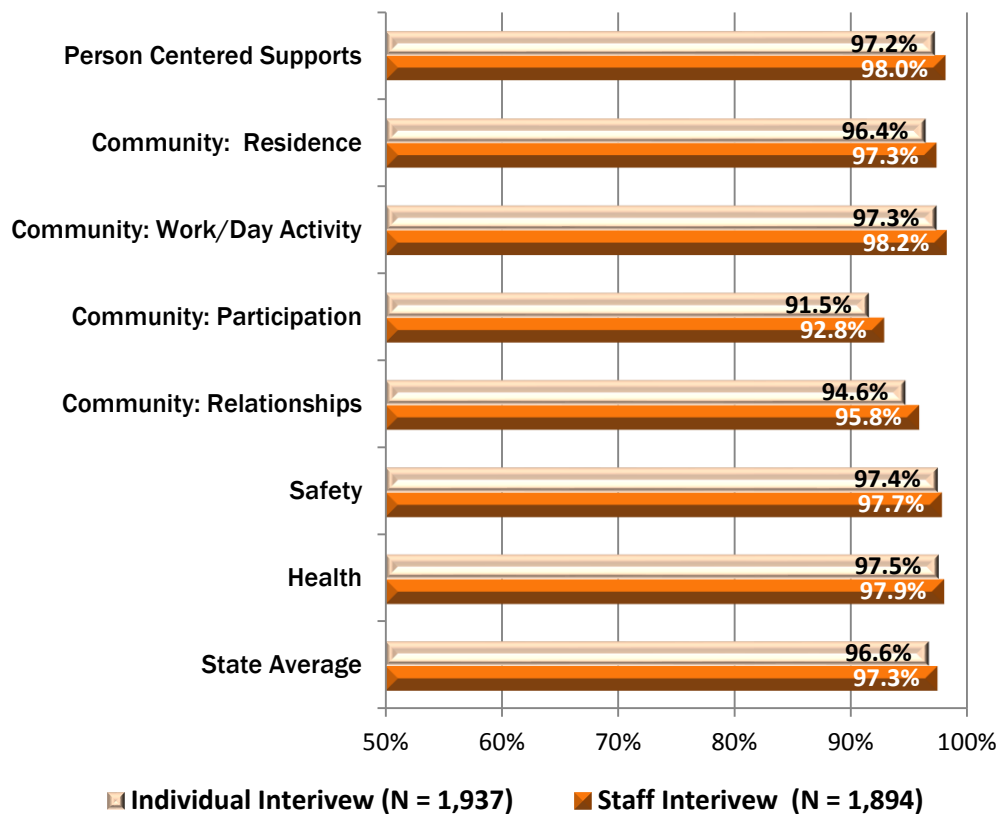
¹⁰ All review tools are posted on the FSQAP website <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>.

¹¹ Deemed providers are permitted to skip one year for the PDR. Deemed is defined as a score of 95% or higher with no alerts or potential billing discrepancies.

those standards are specific to the PDR.¹² Figure 9 shows Individual and Staff Interview results by Standard and Table 14 shows the results by region.

- Delmarva completed 1,894 Staff and 1,937 Individual Interviews between January and September 2016.
- There was little very variation across the standards or regions, and little variation between individual and staff responses on each Standard.
- Community Participation was least likely to be present.

**Figure 9: PDR Interviews Results by Standard
 January - Setpember 2016**



¹² All PCR and PDR tools can be viewed on the DFMC website: <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>

Table 14: PDR Interview Results by Region				
January - September 2016				
Region	Individual		Staff	
	#	% Met	#	% Met
Northwest	103	97.2%	97	98.4%
Northeast	429	97.6%	405	97.9%
Central	353	96.1%	360	96.4%
Suncoast	342	97.0%	326	98.4%
Southeast	371	95.9%	367	96.3%
Southern	339	96.2%	339	97.4%
State	1,937	96.6%	1,894	97.3%

While scores on the Individual and Staff Interviews through the first three quarters of the year have been quite high, four indicators showed results of less than 90 percent, three on the PDR II and one on the Staff Interview. All pertain to social roles and building friendships.

Low Scoring PDR II Indicators

Person's preferences concerning social roles in the community are solicited. (89.1%).

Person is provided information about social roles in the community. (83.5%).

Person has had more than only limited opportunities to develop new friendships/relationships (89.4%)

Low Scoring PDR Staff Interview Indicator

Person is provided information about potential social roles in the community. (83.6%; N=1,429).

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 (LSD 3) facilities (Day Programs), all locations operated by the providers receive an onsite observation.

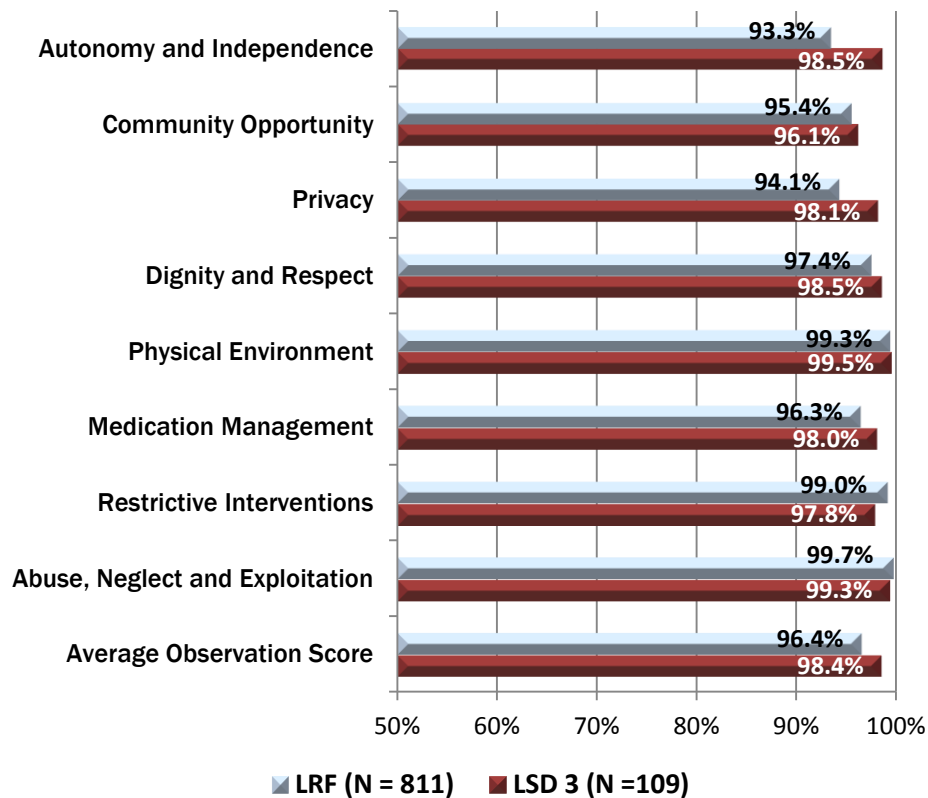
During this portion of the PDR, reviewers observe the physical facility, interactions among staff and individuals, and informally interview staff, residents, and day program participants as needed and as possible.

During the first three quarters of 2016, observations were completed at 109 Day Program locations and 811 LRF locations. PDR Observation scores are shown by Region and type of location in Table 15. The number of Observations completed at Day Programs is less than 30 in all regions and comparative analysis across regions should be made with caution. There is very little variation across regions, with LSD 3 scores slightly higher.

Table 15: PDR Observation Scores by Region and Location				
January - September 2016				
	LSD 3		LRF	
Region	# OBS	% Met	# OBS	% Met
Northwest	6	99.0%	35	95.7%
Northeast	29	99.6%	167	96.3%
Central	21	97.0%	173	95.5%
Suncoast	21	98.2%	151	97.6%
Southeast	10	99.8%	156	96.4%
Southern	22	97.8%	129	96.4%
State	109	98.4%	811	96.4%

Observations are shown by Standard and Location Type in Figure 10. To date, scores are generally quite high across all the standards. Given the preliminary results, measures of Autonomy/Independence and Privacy showed somewhat lower compliance than did other areas during the Observation in LRFs.

**Figure 10: Observation Results by Standard and Location
 January - September 2016**



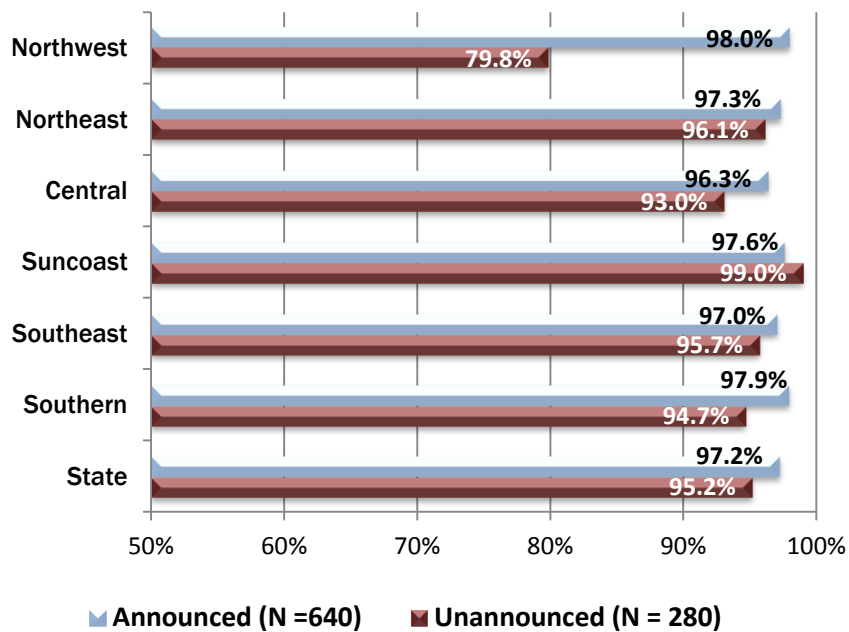
Observation Type: Announced vs Unannounced

Of the 920 Observations, 280 (30.4%) 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). Findings for Observation Type by Region are shown in Figure 11 and by Standard in Figure 12. Findings to date indicate:

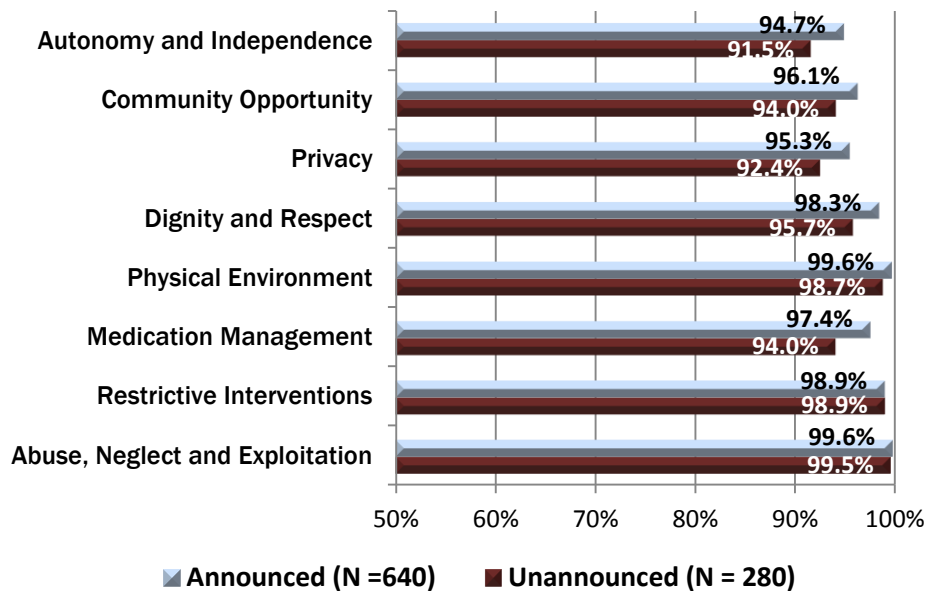
- Unannounced observations show somewhat lower scores for LRFs
- Small differences across regions by Observation Type
- Results in the Northwest for unannounced observations are relatively low, however include only **four locations**
- Differences across standards between announced and unannounced observations are relatively small, the largest difference seen in Medication Management with unannounced findings 3.4 percentage points lower

Table 16: Observation Scores by Observation Type and Location Type January – September 2016				
Observation Type	LSD 3		LRF	
	# OBS	% Met	# OBS	% Met
Announced	69	98.3%	571	97.1%
Unannounced	40	98.7%	240	94.7%
Total	109	98.4%	811	96.4%

Figure 11: Observation Results by Region and Type
 January - September 2016



**Figure 12: Observation Results by Standard and Type
 January - September 2016**



Observation Results by Indicator

Each location is scored on up to 71 different indicators. For day programs, 64 indicators (90.1%) reflected scores of at least 95 percent, compared to 57 indicators (80.3%) for the LRF Observations. The following indicators showed the lowest scores to date for LRF Observations, lower than 85 percent present:

Low scoring indicators for LRFs

Individuals have a key to their home. (65.7%, N=762)

Individuals can lock the bedroom door. (83.4%, N=778)

Individuals participate in the development of the 'house rules.' (83.2%, N= 778)

Bedroom doors lock. (2.9%, N=762)

Day Programs Observation showed one indicator with a score lower than 85 percent.

Training in the use of public transportation is available and/or facilitated. (84.9%, (N=53).

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 (93.3%) and support coordinators (98.2%).¹³ Findings by region are presented in Table 18.¹⁴ Service providers were least likely to have documentation detailing their management of personal funds for individuals receiving services. In addition, 15 percent of providers had not maintained 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. There is little variation across regions.

Table 17: PDR Policies and Procedures Results by Standard				
January - September 2016				
P&P Standard	Service Providers		WSCs	
	# 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.	29	100.0%	1	100.0%
Agency vehicles used for transportation are properly insured.	427	98.8%	NA	NA
Agency vehicles used for transportation are properly registered.	427	97.7%	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.	904	98.7%	95	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.	905	98.2%	97	100.0%

¹³ N sizes may vary throughout the report due to missing and/or not applicable data.

¹⁴ Most of the Administrative P&P tool is applied to agency providers. However, some questions may also be asked of solo providers.

Table 17: PDR Policies and Procedures Results by Standard				
January - September 2016				
P&P Standard	Service Providers		WSCs	
	# Reviewed	% Met	# Reviewed	% Met
The provider maintains written policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening.	903	82.7%	91	94.8%
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.	903	84.9%	93	96.9%
The provider maintains written policies and procedures detailing how the provider will ensure the individuals' medications are administered and handled safely.	696	98.9%	32	100.0%
The provider maintains written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider.	903	95.7%	94	97.9%
The provider maintains written policies and procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues.	906	99.2%	98	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.	902	87.7%	92	94.8%
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.	688	78.9%	16	100.0%
The provider maintains written policies and procedures in compliance with 65G-8.003 (Reactive Strategy Policy and Procedures).	245	95.5%	5	100.0%
The provider addresses all incident reports.	624	98.7%	284	97.9%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	253	98.8%	140	99.3%
All instances of abuse, neglect, and exploitation are reported.	176	98.3%	118	98.3%
The provider identifies addresses and reports all medication errors.	206	98.5%	31	100.0%
Average Policies and Procedures	10,097	93.3%	1,287	98.2%

Table 18: Policies and Procedures by Region				
January - September 2016				
	Service Providers		WSCs	
Region	# of Reviews	% Met	# of Reviews	% Met
Northwest	63	92.8%	29	98.1%
Northeast	251	92.3%	69	96.9%
Central	212	91.8%	77	97.8%
Suncoast	204	94.0%	73	97.5%
Southeast	236	95.1%	79	100.0%
Southern	196	93.6%	54	98.6%
State	1,162	93.3%	381	98.2%

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 Service Provider and WSC, several employee records are reviewed. During the first three quarters, of the 1,162 providers and 381 WSCs who participated in a PDR, 2,851 and 521 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 are provided in Table 21. Qualifications and Training compliance rates across the standards were quite high, and indicate:¹⁵

- Average compliance for service providers was 95.8 percent and 96.8 percent for WSCs
- Service providers reviewed to date showed lowest compliance in receiving eight hours of annual in-service training (79.5%)
- WSCs were least likely to have received annual training in HIPAA (88.2%)
- Through the first three quarters of the year, there is very little variation across regions

¹⁵ 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 19: PDR Qualifications and Training Service Provider Results by Standard		
January – September 2016 (1,162 PDRs)		
Standard	Number Reviewed	Percent Met
The provider has completed all aspects of required Level II Background Screening.	2,851	93.7%
The provider received training in Zero Tolerance.	2,850	95.8%
The provider received training in Direct Care Core Competency.	812	96.4%
The provider received training in Direct Care Core Competencies.	71	100.0%
The provider received training in Basic Person Centered Planning.	2,768	94.6%
The provider received training on Individual Choices, Rights and Responsibilities	2,704	94.8%
The provider received training in Requirements for all Waiver Providers	1,086	98.1%
The provider received training in HIPAA.	2,844	85.1%
The provider received training in HIV/AIDS/Infection Control.	2,800	97.0%
The provider maintains current CPR certification.	2,796	97.8%
The provider received training in First Aid.	2,656	97.9%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	1,414	98.7%
The provider maintains current medication administration validation.	1,388	97.0%
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).	475	97.3%
Drivers of transportation vehicles are licensed to drive vehicles used.	2,138	99.9%
Personal vehicles used for transportation are properly insured.	1,417	97.0%
Personal vehicles used for transportation are properly registered.	1,416	95.6%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	27	100.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	11	100.0%
The 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.	11	100.0%
The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.	27	92.6%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	674	99.3%
The provider completes 4 hours of annual in-service training related to the specific needs of at least one person currently receiving services	71	95.8%

Table 19: PDR Qualifications and Training Service Provider Results by Standard		
January – September 2016 (1,162 PDRs)		
Standard	Number Reviewed	Percent Met
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	33	100.0%
The provider has completed standardized, pre-service training for Life Skills Development Level 2.	135	97.8%
The provider completed Introduction to Social Security Work Incentives.	21	95.2%
The provider completes eight hours of annual in-service training related to employment.	32	93.8%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	167	99.4%
The provider completes eight hours of annual in-service training related to the individually tailored services.	22	90.9%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	1,289	97.6%
The provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	168	92.9%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	332	99.1%
The provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	92	100.0%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	56	98.2%
The 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.	56	100.0%
The provider completes eight hours of annual in-service training related to behavior analysis and related topics.	24	100.0%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	1	100.0%
The 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.	1	100.0%
The provider meets all minimum educational requirements and levels of experience for Respite.	343	98.0%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	317	98.1%
The provider completed required Supported Living Pre-Service training.	315	99.7%
The Supported Living Coach completed Introduction to Social Security Work Incentives.	149	99.3%
The provider completes eight hours of annual in-service training.	83	79.5%

Table 19: PDR Qualifications and Training Service Provider Results by Standard		
January – September 2016 (1,162 PDRs)		
Standard	Number Reviewed	Percent Met
The provider received training in Direct Care Core Competency.	1,940	96.6%
The provider received training in Direct Care Core Competencies.	172	95.9%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	53	98.1%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	30	96.7%
The Behavior Assistant 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%
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	230	94.8%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	103	97.1%
The Life Skills Development 2 provider completed Introduction to Social Security Work Incentives.	77	98.7%
The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment.	96	83.3%
The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services.	121	91.7%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	731	97.8%
The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	305	94.8%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	183	99.5%
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.	180	97.8%
The Residential Habilitation - Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.	120	99.2%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	15	100.0%
The Residential Habilitation - Intensive Behavior 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.	15	100.0%

Table 19: PDR Qualifications and Training Service Provider Results by Standard		
January – September 2016 (1,162 PDRs)		
Standard	Number Reviewed	Percent Met
The Supported Living Coach provider completes eight hours of annual in-service training.	211	84.8%
The Personal Support provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	425	93.9%
The Residential Habilitation - Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics.	11	100.0%
Average Service Provider Q&T Score	41,991	95.8%

Table 20: PDR Qualifications and Training WSC Results by Standard		
January - September 2016 (381 PDRs)		
Q&T Standard	Number Reviewed	Percent Met
The provider has completed all aspects of required Level II Background Screening.	521	95.2%
The provider received training in Zero Tolerance.	521	96.5%
The provider received training in Direct Care Core Competency (Competencies).	553	98.2%
The provider received training in Basic Person Centered Planning.	518	95.6%
The provider received training on Individual Choices, Rights and Responsibilities	132	97.7%
The provider received training in Requirements for all Waiver Providers	161	100.0%
The provider received training in HIPAA.	519	88.2%
The provider received training in HIV/AIDS/Infection Control.	406	99.3%
The provider maintains current CPR certification.	275	98.9%
The provider received training in First Aid.	252	99.6%
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.	56	100.0%
Personal vehicles used for transportation are properly insured.	40	100.0%
Personal vehicles used for transportation are properly registered.	41	97.6%
The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	154	99.4%

Table 20: PDR Qualifications and Training WSC Results by Standard
January - September 2016 (381 PDRs)

Q&T Standard	Number Reviewed	Percent Met
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	515	99.8%
The Support Coordinator completed required Statewide pre-service training.	520	99.6%
The Support Coordinator completed required Region Specific training.	517	99.0%
The Support Coordinator completed Introduction to Social Security Work Incentives.	395	99.5%
The Support Coordinator completes 24 hours of job related annual in-service training.	505	89.7%
Average Qualifications and Training (WSC)	6604	96.8%

Table 21: Qualifications and Training Results by Region
January - September 2016

Region	Service Providers		WSCs	
	Records Reviewed	% Met	Records Reviewed	% Met
Northwest	36	97.5%	26	97.6%
Northeast	306	96.4%	59	96.2%
Central	286	96.0%	68	96.2%
Suncoast	281	96.1%	70	96.2%
Southeast	364	96.1%	67	97.7%
Southern	290	95.2%	55	98.0%
State	1,563	96.0%	345	96.9%

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 4,136 SSRRs completed between January and September 2016 as part of the 1,162 PDRs for service providers and 1,427 SSRRs completed as part of the 381 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 13 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 score 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, approximately 91.9 percent and 94.5 percent met respectively
- Supported Employment was the only service with a score less than 90 percent
- There is little variation across regions

**Figure 13: SSRR Scores by Service
Percent Met
January - September 2016**

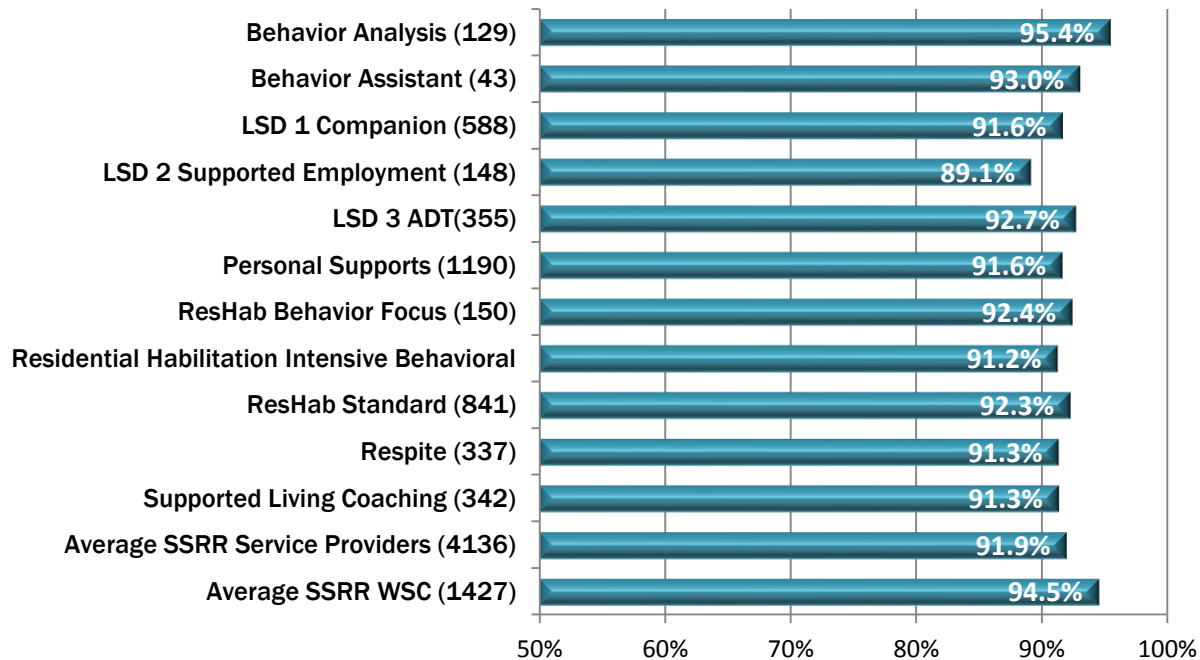


Table 22: PDR Service Specific Record Review Results by Region

January - September 2016

Region	Service Providers			WSCs		
	# Records Reviewed	Weighted Score	Unweighted Score	# Records Reviewed	Weighted Score	Unweighted Score
Northwest	202	92.5%	92.5%	134	96.4%	96.4%
Northeast	868	90.4%	90.0%	231	92.9%	93.6%

Table 22: PDR Service Specific Record Review Results by Region						
January – September 2016						
	Service Providers			WSCs		
Region	# Records Reviewed	Weighted Score	Unweighted Score	# Records Reviewed	Weighted Score	Unweighted Score
Central	804	92.7%	92.6%	239	93.2%	93.8%
Suncoast	752	93.8%	93.8%	289	93.4%	93.0%
Southeast	772	91.4%	90.8%	295	96.4%	96.4%
Southern	738	93.0%	92.5%	239	94.9%	94.5%
State	4,136	92.2%	91.9%	1,427	94.4%	90.5%

Summary of 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 the reviewer is onsite and ready to begin the record review process. 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 – September 2016						
Region	Policy & Procedure (N=1,162)	Qualifications & Training (N=2,851)	Service Record Reviews (N=4,072)	Staff Interview (N=1,894)	Provider Individual Interview (N=1,937)	OBS (N= 920)
Northwest	92.8%	95.0%	92.5%	98.4%	97.2%	96.1%
Northeast	92.3%	95.9%	90.4%	97.9%	97.6%	96.7%
Central	91.8%	96.3%	92.7%	96.4%	96.1%	95.6%
Suncoast	94.0%	96.3%	93.8%	98.4%	97.0%	97.7%
Southeast	95.1%	95.3%	91.4%	96.3%	95.9%	96.6%
Southern	93.6%	95.5%	93.0%	97.4%	96.2%	96.6%
State	93.3%	95.8%	92.2%	97.3%	96.6%	96.6%

Table 24: PDR Weighted Scores for WSCs January – September 2016				
Region	WSC Record Reviews			
	Policy & Procedure (N=381)	Qualifications & Training (N=521)	Announced (N=799)	Unannounced (N=628)
Northwest	98.1%	97.6%	96.5%	96.2%
Northeast	96.9%	95.6%	94.3%	91.2%
Central	97.8%	96.1%	93.3%	93.0%
Suncoast	97.5%	96.4%	94.3%	92.2%
Southeast	100.0%	97.6%	96.8%	95.9%
Southern	98.6%	97.9%	95.0%	94.7%
State	98.2%	96.8%	95.0%	93.7%

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 three quarters of the year (January – September 2016), 226 alerts were recorded. Approximately half the alerts were due to a lack of required documentation needed to provide evidence background screening had been completed. An additional 114 alerts were reported as shown in the following table, with 92 related to health, safety, or medication administration/ training.

Table 25: Alerts by Type January – September 2016	
Alert Type	Times Cited
Rights	13
Health & Safety	44
Abuse/Neglect/Exploitation	1

Table 25: Alerts by Type	
January – September 2016	
Alert Type	Times Cited
Background Screening	112
Medication Administration/Training	48
Driver’s License/Insurance (Employee)	5
Vehicle Insurance (Administrative)	3
Total Alerts	226

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, and comparisons across regions and provider type should be made with caution.

Table 26: Percent of Providers with Background Screening Met						
January – June 2016						
	Service Providers		WSC		CDC+ Representatives	
Region	# Reviews	% Met	# Reviews	% Met	# Reviews	% Met
Northwest	63	85.7%	29	94.9%	33	75.8%
Northeast	251	91.2%	69	93.1%	66	83.1%
Central	212	90.6%	77	92.5%	84	84.1%
Suncoast	204	89.2%	73	95.2%	69	77.9%
Southeast	236	83.5%	79	98.2%	66	90.6%
Southern	196	84.7%	54	96.5%	46	80.4%
State	1,162	87.8%	381	95.2%	364	82.7%

Section III: Discovery

Findings in this report reflect data from PCR and PDR reviews and other contract activity completed between January and September 2016. A total of 1,050 PCRs, 1,162 PDRs and 364 CDC+ Representative reviews were completed, approved and available for analysis. Feedback from providers about the reviewer and review processes has been extremely positive. Revisions to the tools in 2015 and again in January 2016 to once again include the billing discrepancies prevent comparisons to 2015 and earlier for most components of the review processes.

During the third quarter of the current contract year, 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. Managers and reviewers continue to participate in rigorous field and file review reliability testing, and the bi-weekly conference calls enhance training and reliability efforts through discussion of real situations and review questions. Delmarva facilitated the Quality Council meeting and in addition, has developed and posted two different power point presentations to assist providers in understanding the interview and observation components of the reviews.

Results in this report are based on approximately three quarters 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 recommendations will be provided in the annual report.

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 relatively high, each over 90 percent:

Individual Interview (Waiver) – 95.5%
Individual Interview (CDC+) – 95.9%
WSC Interview – 97.9%
CDC+ Consultant Interview - 98.9%
Support Coordinator Record Review – 94.4%
CDC+ Consultant Record Review – 99.0%
CDC+ Representative Review – 93.0%

Similar to findings in 2015, areas surrounding community participation and the development of social roles in the community appear to be somewhat problematic and should be tracked as the final data are collected this year. 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. Results to date indicate the following:

- Individual and Support Coordinator interviews showed the lowest scores on Community Participation, 90.3 percent and 93.9 percent respectively.
- Indicators from the individual interview also point to possible issues with community integration. The lowest scoring areas indicate individuals are often not provided education or information about social roles in the community (81.0%), feel their preferences concerning social roles in the community are often not addressed (87.7%), and have only limited opportunities to develop new friendships or relationships (87.3%).
- Information obtained from WSCs during the interview supports that information about community-based social roles is often not provided to individuals (86.4%).

Recommendation 1: The Quality Council should consider working with regional APD offices to develop "Community Action Groups" (CAG) in each APD region to consist of self-advocates and family members as well as other stakeholders as relevant. The CAGs would incorporate community activity such as always meeting in community settings and organizing outings in communities like "walk arounds" to learn more about how to build and strengthen community connections by actually interacting with community stores, groups, and other organizations.

Recommendation 2: APD should ensure all providers are required to take competency based training (TRAIN system) on understanding and implementing community involvement for individuals. This training should be mandatory for all direct support staff.

Recommendation 3: For providers to learn about social role development is only part of the process. It is also essential to follow-up and ensure information and education about community-based social roles is provided to individuals in ways accessible to each person. Delmarva reviewers should identify some best practices in this area and share them with providers during the reviews.

Information from the records maintained by the WSCs showed several standards with less than a 90 percent compliance rate. The lowest scoring standards from the WSC record reviews indicate:

- The current Annual Report is often not in the record (86.3%).
- Progress notes do not always demonstrate that pre-Support Plan activities were conducted (84.1%).

- There is not always evidence the WSC documents efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents on an ongoing basis is (89.1%)

Recommendation 3: APD should include as an agenda item in a meeting with regional offices discussion of ways to help ensure WSCs are including the Annual Report in the person's record.

Recommendation 4: Pre-Support Plan activities are an important part of the person's services and it is important to ensure WSCs are including this when developing plans with the person. APD and Delmarva reviewers should develop and implement a process to determine if the activities are actually not occurring or if WSCs need refresher training on how to accurately document these in the progress notes.

Recommendation 5: While incidents of abuse, neglect and exploitation (ANE) within the APD system do not appear to be widespread, it is critical for individuals to learn about ANE, to be able to define and recognize it, and know how to report it. Regional APD staff, after reviewing the reports, should ensure follow-up occurs when WSCs do not adequately document this and ensure the education for individuals is not only available, but that individuals understand these aspects of ANE.

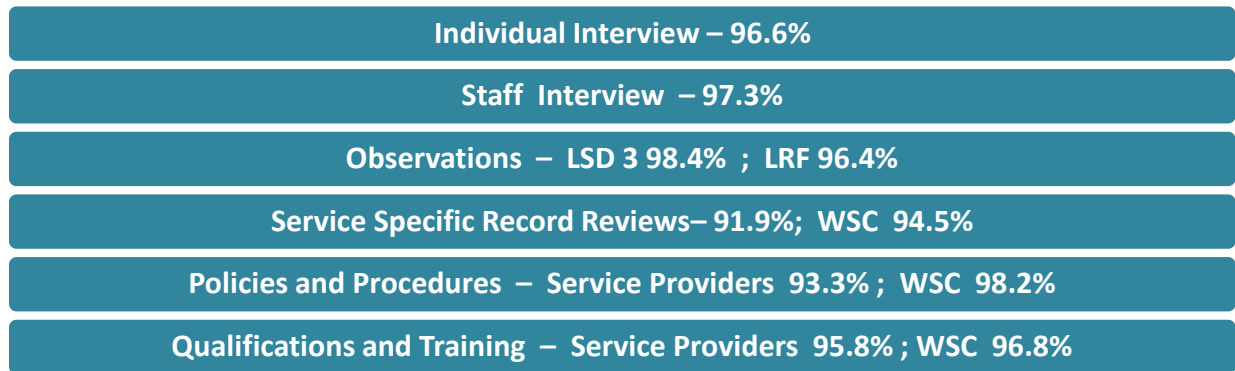
The three areas in which CDC+ Representatives seem to struggle the most are in maintaining accurate and signed timesheets for all direct hires (87.9%), documenting background screening results for all who render direct care for the person (82.7%), and maintaining documentation to support reconciliation of monthly statements (82.9%).

Recommendation 6: Since 2010 when Delmarva first began to review CDC+ Representatives, they have improved greatly in documenting background screening results, from approximately 36 percent to over 80 percent. However, there is room for improvement in this zero tolerance area. The Quality Council may want to consider this as a work group activity, to determine how to best help improve this for Representatives across the state.

Recommendation 7: APD should ensure initial and ongoing training for CDC+ Representatives includes competency based sessions on developing and accurately maintaining timesheets and monthly statements.

Provider Discovery Review Results

Results from the 1,162 PDRs conducted with service providers 381 PDRs conducted with WSCs indicate providers performed very well in all aspects of the review, as shown in the following graphic.



Similar to results from the PCR, individual and staff interviews indicated Community Participation as the lowest scoring area, identifying indicators measuring social role preferences, and the extent to which providers offer education and opportunities to develop social roles as key factors most often missed. Social role development also assumes individuals have the autonomy and independence to determine how and where and when to participate in various community activities. However, Observation results were lowest on Autonomy and Independence for individuals in day or residential programs.

Observation results also inform us individuals living in LRFs are often not trained in the use of public transportation, do not have a key to their homes, are not able to lock bedroom doors, and do not participate in developing house rules. Transportation and access in and out of one's home are essential in building independence, autonomy, and meaningful relationships with people outside of paid providers who 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 8: The Quality Council should consider developing a program for service providers to promote ways to enhance social role development by ensuring implementation plans address community integration goals and providers have resources needed to act on these goals.

Recommendation 9: The CAGs noted in Recommendation 1 should include transportation in their efforts to actually integrate and work in the community, by using public transportation to access the community as much as possible. The group should also develop ways for CAG members to share what they learn to other individuals and families who live in those communities.

Recommendation 10: The CAGs should be asked to present at a QC meeting what they learn from their community outings, including transportation and employment options. APD might consider setting up an educational session with a panel of individuals and families from the groups who are willing to share positive experiences regarding community access and activities that can be used in a training session and offered through the TRAIN system.

Summary

Findings from reviews completed during the quarter, January – September 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

July - September 2016

Customer Service Topic	#	Description	Outcome	Ave Time
Address/ Phone Update	30	Providers call to update their phone numbers/ addresses	Phone numbers/ addresses are updated in the Discovery application, and providers are advised to update with AHCA.	1 day
Background Screening	5	Providers and provider consultants call with questions regarding FL background screening requirements.	Background screening requirements are explained to providers, with reference to the Handbook and FL rule.	1 day
Clarification	30	Providers called asking for clarification on our tools.	Questions were answered, and where necessary, callers were referred to source documents.	1 day
Complaint	1	APD personnel forwarded a complaint on behalf of a provider who was contacted to schedule their review.	Regional Manager and Quality Assurance Reviewer discussed the situation and developed a plan to schedule and proceed with the review according to procedure as well as with keeping in mind previous difficulties with scheduling this provider.	1 day
Contact QAR	11	Providers call to contact the QAR assigned to do their review.	QAR is contacted by office staff and asked to contact the provider	1 day
Delmarva Online Training	5	Providers called with questions about how to access training and if they can use the online training modules for annual in-service requirements.	Providers are assisted with following the instructions online to register or are referred to the helpdesk for technical assistance. Callers are referred to the statement in the training center that the modules may not be used toward annual in-service training requirements.	1 day
HSRI Family Surveys	30	Callers are requesting information on the purpose of the surveys and whether they are mandatory; some callers are	The purpose of the surveys is explained, including that they are voluntary. Mailing information is collected for	1 day

		requesting surveys in Spanish.	Spanish versions to be sent.	
Name Correction	3	Providers are requesting their names be corrected.	Providers are referred to AHCA for name change.	1 day
New Tools	7	Providers called asking questions regarding the Discovery tools.	Providers are referred to our website and shown the current tools posted. Questions regarding the tools were answered, with references to the protocols and the not met reasons.	1 day
Next Review	39	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 Search Website	15	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	33	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	8	Providers called asking for clarification on the process to submit a request for reconsideration or inquiring as to the status of a request already submitted.	The reconsideration process is explained to provider, including reference to our Operational Policies and Procedures and their report cover letters; reconsiderations submitted are researched and providers are given an expected delivery date.	1 day
Recoupment	4	Providers called with questions about how to repay money identified as billing discrepancy in their quality assurance review report.	Providers were referred to Tammy Brannon at AHCA.	1 day
Report Requested	11	Providers call or email requesting their report be re-sent.	Mailing addresses are confirmed and reports are re-sent..	1 day
Review Reports	21	Providers called asking for an explanation of their reports.	Reports are explained; providers are referred to their local APD office for technical assistance.	1 day
Training	36	Providers and provider consultants call asking about training requirements.	Training requirements are explained, including reference to the Handbook.	1 day
Miscellaneous/ Other	17	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
Total Number of Calls	306			