

Florida Statewide Quality Assurance Program

Year 1 Quarter 1 Report

July - September 2017

**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

ANE – Abuse, Neglect and Exploitation
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
ABC – Allocation, Budget, and Contract Control System
CDC+ - Consumer Directed Care Plus
DCF – Department of Children and Families
DD – Developmental Disability
FSQAP – Florida Statewide Quality Assurance Program
HCBS – Home and Community-Based Services
HSRI – Human Services Research Institute
iBudget Waiver – Individual Budgeting Waiver
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
SSRR – Service Specific Record Review
SI – Staff Interview
SFY – State
SCI – Support Coordinator Interview
The Handbook – Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook
WSC – Waiver Support Coordinator

Executive Summary

In July 2017, the Agency for Health Care Administration entered into a new contract with Delmarva Foundation to provide the Florida Statewide Quality Assurance Program (FSQAP). Delmarva provides 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 conducts Provider Discovery Reviews (PDR) and Person Centered Reviews (PCR) to provide information about providers, individuals receiving services, and the quality of service delivery systems.

During the first quarter of the new contract, State Fiscal Year (SFY18; July 2017 – June 2018), Delmarva continued formal and informal reliability processes, regional managers reviewed all reports before final approval and conducted bi-monthly 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 in July, bringing together stakeholders to discuss data trends and other aspects of the Quality Management System. In addition, feedback from individuals, families and providers, via feedback surveys, indicated very positive experiences related to the Delmarva review processes.

This report serves as the first quarter report for the new contract, moving the FSQAP to a Fiscal Year (July 2017 – June 2018). Findings in this report are based on 381 PCRs and 430 PDRs. It is important to note data are from a small proportion of the PCR sample and less than half the number of eligible providers scheduled to be reviewed. Therefore, comparisons across groups or to previous years should be made with caution. A summary of preliminary findings includes the following:

- Providers have continued to do well in ensuring compliance with most review standards, with average compliance rates of approximately 90 percent or higher.
- Unannounced Observations to date indicate improvement is needed in some areas such as having locks on bedroom and bathroom doors and storing medications properly.
- Health needs for individuals are generally addressed; however, close to 40 percent of individuals were taking four or more prescribed medications.
- Similar to previous findings, interview results from individuals, staff and Support Coordinators are generally higher than for documentation results.

- Only about one half of providers and 60 percent of Waiver Support Coordinators (WSCs) had the required training for all waiver providers. Providers struggle with completing all in-service training specific to services rendered.

These and other findings are discussed in this report, with some recommendations provided. Additional analysis will be possible when more data are available for the next quarterly report.

Introduction

In July 2017, 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). Each process ensures the person receiving services has a voice through individual interviews. 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 Qualifications and Training; Service Specific Record Reviews; interviews with individuals receiving services and with staff. Observations are completed for

licensed residential homes (LRH) 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+ is funded through the iBudget waiver, the programs are fundamentally different in several aspects and therefore results are analyzed separately. In this report, references are made to Waiver (DD Waiver) and CDC+ to make the distinction between the two groups. This is the first quarter report for the new contract, July – September 2017. The report is divided into three sections.

- Section I: Significant Contract Activity During the Quarter
- Section II: Data from Review Activities (includes final results and comparisons to previous years as appropriate)
- Section III: Discussion and Recommendations

The tools used for review activities are the same as in previous years. Therefore, data analysis includes comparisons to earlier years, as appropriate. 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 as well. Discussion of results and evidence based recommendations are offered.

Section I: Significant Contract Activity

Contract Update

A new contract with Delmarva was initiated July 1, 2017, placing the contract on a State Fiscal Year (SFY) cycle, July 2017 – June 2018 as the first year. PCRs and PDRs scheduled between July and December 2017, will be completed as part of the first year of the new contract, as scheduled.

A new PCR sample of people receiving services was generated in August and scheduled to be completed between January and June 2018. Therefore, the PCR sample for the first year of the new contract uses half the random sample that was selected for the previous contract, for PCRs scheduled July through December 2017, and a new random sample selected for the second half of the new year, January – June 2018. The final sample is random and representative of the statewide population.

Information Sharing

Staff Conference Calls

Conference calls are conducted on a bi-monthly 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 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 first quarter of this contract year, status meetings were held August 17 and September 21. Because the Quality Council met in July, the July status meeting was canceled.

Manager Meetings

Every two weeks the management team, including Bob Foley (Sr. VP for Disability Related Programs), Sue Kelly (Sr. Scientist with Delmarva), and IT support, meet to discuss various topics including issues, application changes, agenda items for staff meetings, reliability results and production. The time is also used to brainstorm solutions or innovative revisions to systems and processes. Once a quarter the Regional Managers and Director have a face to face meeting to further enhance communication and ensure all contract deliverables are met.

Reporting Meeting

Delmarva met with AHCA and APD on August 29, 2017, to discuss and review Delmarva reporting requirements. The group reviewed all reports required by the new contract including the quarterly and annual reports and PCR/PDR review reports.

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 this quarter, for which all participants passed:

- PCR Individual Interview Field Review Reliability was completed with five QARs
- PDR Field Review Reliability was completed with five QARs
- PDR Staff Interview Field Review Reliability was completed with five QARs
- CDC+ Representative File Review Reliability was completed with 27 QARs

Revised reliability processes have been approved and will be implemented October 2017, to provide more frequent (monthly) and targeted reliability testing, with the ability to focus on problematic areas. Reliability processes will include the following:

- **Monthly reliability** sessions include standards reviewed from Service Specific Record Reviews as well as related questions from the iBudget handbook and the Operations Manual. The QA Manager obtains actual file documents from a provider and the management team identifies the standards to be tested and creates the scoring key. The test is completed by each reviewer in Delmarva's online learning system and scored automatically. All QARs must receive an average score of 85 percent or better each quarter to pass.
- **Field reliability** is conducted onsite with reviewers and is used to determine if protocols and procedures are followed correctly, prior to and during the review, and if responses on the review processes match responses of the manager conducting the IRR. The manager silently observes all information gathering and compares answers to all standards at the conclusion of the review.

Internal Training

Informal training is often provided during bi-weekly conference calls with all staff. Topics for training are generated from review activities, AHCA and APD clarifications, and reliability activities. Corporate training is also made available during these meetings on topics such as setting appropriate goals and safety. QARs attended a refresher webinar with HSRI on the 2017-2018 Adult In-Person Survey.

Training Provided

Program Director, Theresa Skidmore, conducted a presentation at the Family Care Council Florida meeting on July 15, 2017. The presentation included an overview of the Florida Statewide Quality Assurance Program including data from the Individual Interview. In addition, a discussion was held regarding the Individual Interview process including how to best ensure the person is the primary focus and voice during the interview.

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)

Delmarva facilitated a Quality Council meeting July 13, 2017, in Orlando. The next meeting is October 12, 2017, in Tallahassee, Florida. See the Delmarva website for complete QC details, minutes, and agendas.

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

Previously, verified ANE reports were 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. The provider's overall PDR score was reduced by 10 percentage points for one verified report and 15 percentage points for two or more verified reports. Effective July 2017, these are no longer being reported to Delmarva or incorporated into the provider's report or score.

Feedback Surveys

National Core Indicator (NCI) Consumer Survey Feedback Survey

After each individual NCI interview, Delmarva provides the individual with a feedback survey. The individual is encouraged to complete the feedback survey, which is mailed directly to Human Services Research Institute (HSRI). Between July and September 2017, 112 surveys were returned to HSRI.² Although results are generally based on a small return rate, they have remained positive and consistent over the years. Current feedback indicates the following:

- Respondents indicated 80.4 percent of individuals had participated in answering the Adult Consumer Survey.
- In 61.6 percent of interviews, an advocate, relative or guardian participated in the Consumer Survey.

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 N sizes listed with the results indicate when the total number of responses was less than 112.

- 31 feedback forms (27.7%) were completed by the person receiving services, with 54.5 percent completed by an advocate, relative or guardian, and 25.1 percent by a staff member where the person lives or receives services.
- 71.4 percent of respondents indicated the NCI interviews took place in the home.
- Respondents indicated 73.2 percent of individuals chose where to meet for the survey interview. However, 24 respondents (14.3%) indicated the individual did not choose where to meet for the survey.
- All but one respondent felt the interview was scheduled at a convenient time, and most (93.7%) respondents felt it took about the right amount of time.
- Most respondents (98.2%) thought the questions were not difficult to answer and 98.2 percent indicated the interviewer explained the person did not have to answer the questions.
- All but two respondents felt the interviewer was respectful, and one did not remember.
- 98.2 percent 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 July and September 2017, 16 surveys were received from providers who had participated in a PDR and entered into the database. On average, 100 percent of responses were positive (125/125).

Table 1: Results from Provider Feedback Surveys			
Surveys Received Between July and September 2017			
Question	# Yes	# No	#NA³
Did the Quality Assurance Reviewer (QAR) identify documents needed to complete the review?	16	0	0
Did the QAR explain the purpose of the review?	16	0	0
Did the QAR explain the review process and how the QAR or Delmarva team would conduct the review?	16	0	0
Did the QAR answer any questions you had in preparation for the review?	16	0	0
Did the QAR refer you to the FSQAP website, including the tools and procedures?	16	0	0
Did the QAR arrive at the review at the scheduled time?	16	0	0
If no, did the QAR call to notify you he/she might be a little late? (N=0)	NA	NA	NA

³ Includes responses left blank.

Table 1: Results from Provider Feedback Surveys			
Surveys Received Between July and September 2017			
Question	# Yes	# No	#NA³
Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving?	16	0	0
If you scored Not Met on any of the standards, did the QAR explain why?	13	0	3
Total Responses	125	0	3

Summary of Customer Service Calls

During the first quarter of the contract, July - September 2017, 230 calls were recorded in the Customer Service Log, with an average response time of one day for each call.⁴

Data Availability

- 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 is available on the private section (required member login) of the site.
- The Delmarva Review database is sent to APD monthly.

Tool Revisions

On July 1, 2017, the PDR Observation tool had a standard added under #3 Privacy; Individuals do not have a key to their bedroom doors.

Staff Changes

All new hires complete all activities on the Quality Assurance Reviewer Orientation and Training Checklist and all Corporate Orientation Training before shadowing in the field. Antwan McKenzie-Plez was hired in July in the Southeast Region.

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. Information in Table 2 provides the number of PCRs completed by APD Region for the first quarter. This represents only a small proportion of the total sample to be completed by June 2018. Therefore, results should be viewed as preliminary.

Table 2 includes the number of people participating in CDC+ (87), the number of people participating in the waiver (381), and the total number of individuals who declined. The time period for declines is based upon the projected time period for the review. During this time period, Florida was impacted by two Hurricanes resulting in the cancelation of multiple reviews. These are being incorporated into the next quarter, as possible.

Table 2: Person Centered Review Activity				
July - September 2017				
	# of PCRs		# of Declines	
Region	Waiver	CDC+	Waiver	CDC+
Northwest	40	6	10	5
Northeast	63	26	20	5
Central	51	23	24	3
Suncoast	84	14	20	9
Southeast	75	18	31	4
Southern	68	0	19	0
Total	381	87	124	26

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. The decline rate was approximately 24.6 percent for the waiver and 23.0 percent for CDC+. Reasons given for the declines are shown in Table 3. When an individual declines to participate, the reviewer calls the person to verify the decision. This affords the person an opportunity to ask questions or seek clarification about the PCR process and the person’s potential role in it. This also gives individuals an opportunity to change their minds about participating.

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

The largest percent of declines was for people who refused to participate, 50.7 percent. An additional 16 (10.7%) declines were because the person no longer received services, had passed away (n=11), or had moved out of the state (n=6). Approximately 27.3 percent of individuals indicated a preference to participate next year.

Table 3: Person Centered Review Decline Reasons			
July - September 2017			
Decline Reason	Waiver	CDC+	Total
Refused	67	9	76
Review Next Year	28	13	41
No Longer Receiving Services	15	1	16
Deceased	8	3	11
Moved Out of State	6	0	6
Total	124	26	150

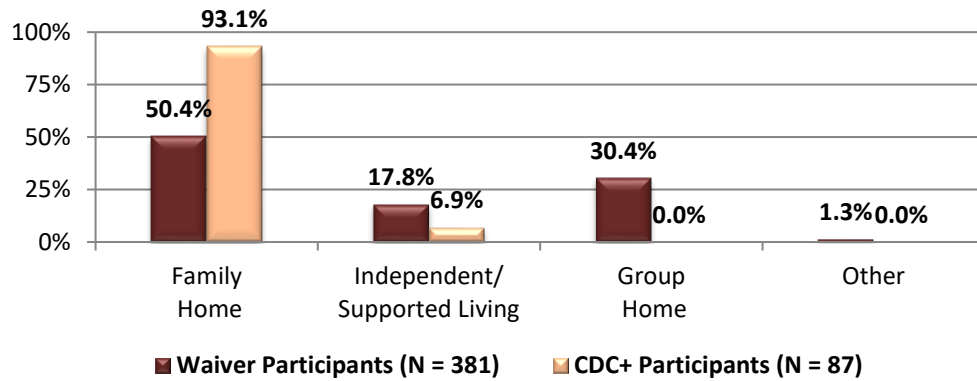
Demographics

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

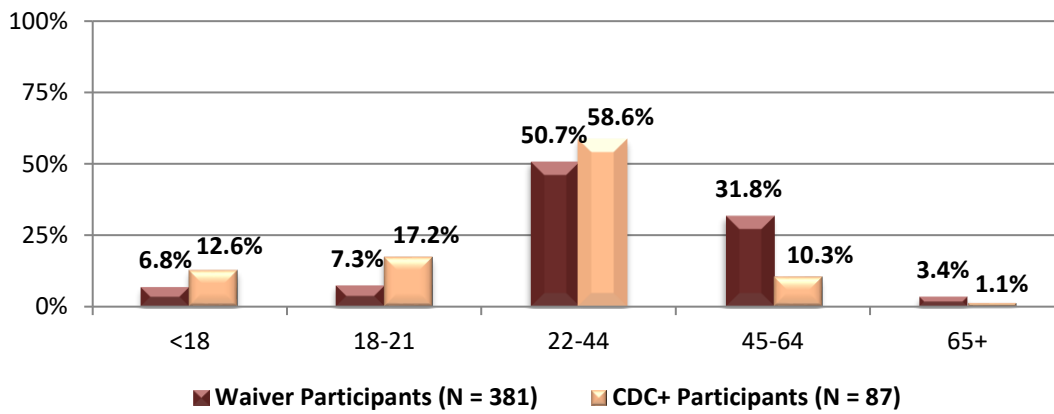
- Almost all CDC+ participants lived in the family home (93.1%), compared to about half of DD Waiver participants (50.4%).
- CDC+ participants were more likely to be younger than DD Waiver participants.
- DD Waiver participants were much more likely to have an intellectual disability as a primary disability than CDC+ participants, 71.7 percent and 40.2 percent respectively.
- Approximately 51.71 percent of people using CDC+ had Cerebral Palsy or Autism as a primary disability compared to about 22.6 percent of people using the waiver.

⁶ The Other category for Residential Status for the DD Waiver includes Assisted Living Facilities (4) and Foster Care (1). The Other Disability category for the waiver included Spina Bifida (4) and Down Syndrome (17), and Prader Willi (1), and for CDC included Spina Bifida (2) and Downs Syndrome (5).

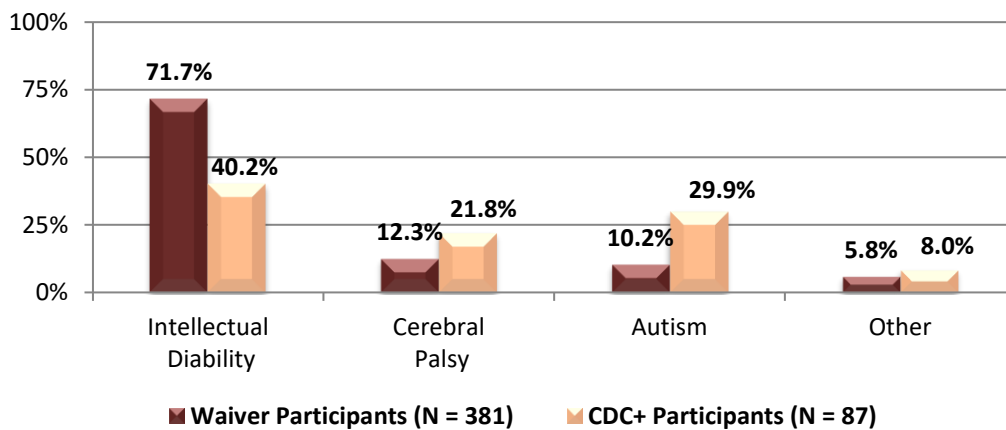
**Figure 1: PCR Distribution by Residential Status
 July - September 2017**



**Figure 2: PCR Distribution by Age Group
 July - September 2017**



**Figure 3: PCR Distribution by Primary Disability
 July - September 2017**



PCR Individual Interview (II)

Each individual who participates in a PCR receives a face-to-face interview that includes the National Core Indicator (NCI) In-Person Survey and the PCR II.⁷ The PCR II is composed of seven standards (four related to Community), each with 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) (Participation)
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)

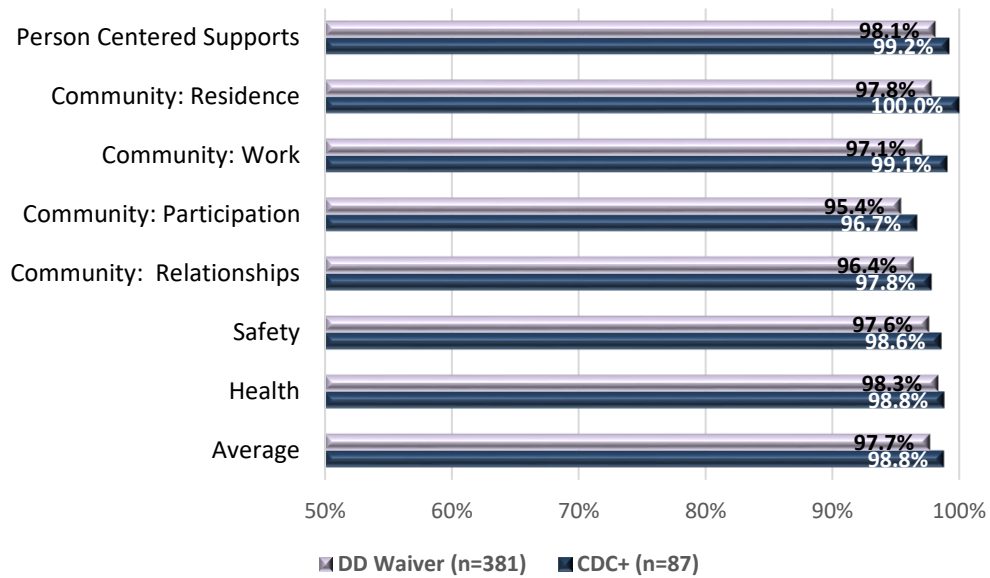
The CDC+ program provides people with additional flexibility and opportunities not offered to others on the iBudget waiver, such as the ability to directly hire/fire providers, use non-waiver providers who are often family members, and negotiate provider rates. A non-paid representative helps with the 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. Due to the differences, results for CDC+ 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+. Scores to date are high, with CDC+ somewhat higher consistently for almost all standards.

⁷ Since contract year 2012, children under age 18 have been included in the PCR sample. Because the NCI r survey is only valid for adults, children do not participate in the NCI portion of the PCR process.

Figure 4: PCR II Results by Standard and Type
 July - September 2017



Of the 68 different indicators used to measure standards for the PCR II, none reflected a score of less than 94 percent.

PCR II by Region

The average PCR II scores for the 710 individuals on the DD waiver and 183 individuals participating in CDC+ are presented in Table 3, for each region and statewide. There is very little variation across regions for with Waiver or CDC+ results from the individual interviews.

Table 4: PCR II Results by Region				
July - September 2017				
	Waiver		CDC+	
Region	#	% Met	#	% Met
Northwest	40	97.3%	6	93.5%
Northeast	63	97.8%	26	98.6%
Central	51	95.7%	23	99.4%
Suncoast	84	98.3%	14	100.0%
Southeast	75	97.6%	18	99.2%
Southern	68	98.5%		
State	381	97.7%	87	98.8%

PCR II by Residential Status, Disability and Age

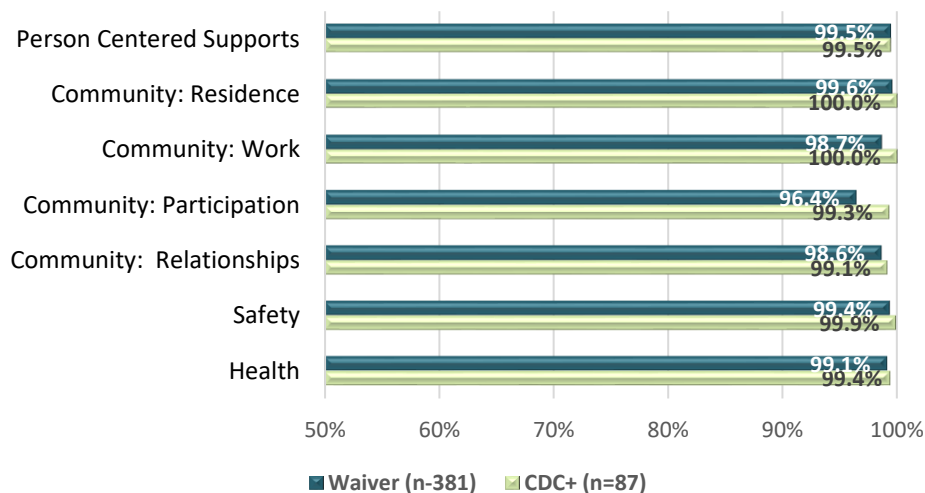
Because most of the categories within demographic characteristics are relatively small, PCR II results by residential status, disability and age group will be shown in the next report, when more data are available (Figures 5 – 7).

PCR Waiver Support Coordinator (WSC) Interview⁸

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 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 to date are shown by Standard in Figure 8 and by Region in Table 5. Interview scores are very high for both CDC+ Consultants and WSCs, 99.1 percent and 99.4 percent respectively. There is little variation across regions.

**Figure 8: Interview Results by Standard
 WSC vs CDC+ C**



⁸ Some standards in the PCR and PDR record reviews are weighted for calculating the overall provider’s score. For example, standards measuring health and safety items are generally more important and therefore weigh heavier when calculating the provider’s score. In this report, unless otherwise noted, unweighted results are shown. This provides an accurate reflection of the number and percent of providers who have the standards scored as Met.

Table 5: WSC and CDC+ C Interview Results by Region				
July - September 2017				
	WSC		CDC+	
Region	#	% Met	#	% Met
Northwest	40	97.9%	6	97.4%
Northeast	63	99.8%	26	99.7%
Central	51	98.4%	23	99.9%
Suncoast	84	99.5%	14	100.0%
Southeast	75	98.4%	18	99.4%
Southern	68	99.5%		
State Average	381	99.0%	87	99.6%

Of the 62 different indicators used to measure standards for the WSC/CDC+ Interview, none showed a score of less than 90 percent.

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 for WSCs and CDC+ Consultants by Region in Table 6 and by Standard for WSCs in Table 7 and CDC+ Consultants in Table 8.

As 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, with 95.0 percent and 96.1 percent of standards met respectively.
- WSC records reviewed to date show four indicators with a score below 90 percent indicating WSC documentation did not provide evidence:
 - The current Annual Report was present (85.8%)
 - A copy of the Support Plan was provided to service providers within specified timeframes (89.4%)
 - Efforts to ensure services were delivered in accordance with the service plan (85.6%)
 - The pre-Support Plan planning activities were conducted
- Consultant records reviewed to date show two indicators with a score below 90 percent, indicating documentation did not provide evidence the Consultant assists the person to:
 - Know about rights, on an ongoing basis (87.2%)
 - Define abuse, neglect and exploitation, including how the person would report these (82.4%)

Table 6: PCR WSC and CDC+ Record Review Results by Region				
July - September 2017				
	Waiver Support Coordinator		CDC+ Consultant	
Region	# Standards Reviews	Percent Met	# of Reviews	Percent Met
Northwest	1029	93.0%	186	97.3%
Northeast	1633	90.1%	772	94.6%
Central	1299	95.8%	674	96.3%
Suncoast	2178	96.1%	431	99.1%
Southeast	1854	95.4%	523	98.7%
Southern	1712	98.5%		
State	9,705	95.0%	2,586	96.1%

Table 7: WSC Record Review Results by Standard		
July - September 2017 (n=381)		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	381	97.4%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	381	97.9%
Level of care is completed accurately using the correct instrument/form.	381	91.6%
Person receiving services is given a choice of waiver services or institutional care at least annually.	381	98.7%
The Support Plan is updated within 12 months of the person's last Support Plan.	378	99.7%
The current Annual Report is in the record.	379	85.8%
The Support Plan is updated/revised when warranted by changes in the needs of the person.	220	97.7%
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.	381	97.6%
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.	369	89.4%
Support Plan includes supports and services consistent with assessed needs.	378	98.9%
Support Plan reflects support and services necessary to address assessed risks.	368	97.0%
Support Plan includes a current Safety Plan.	15	93.3%

Table 7: WSC Record Review Results by Standard		
July - September 2017 (n=381)		
Standard	Number Reviewed	Percent Met
Support Plan reflects the personal goals/outcomes of the person.	380	99.5%
The current Support Plan includes natural, generic, community and paid supports for the person.	381	97.6%
WSC documentation demonstrates current, accurate, and approved Service Authorizations are issued to service provider(s).	374	97.1%
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.	374	85.6%
The Support Coordinator is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	380	100.0%
The Support Coordinator bills for services only after service is rendered.	380	97.6%
The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted.	381	84.0%
The Support Coordination Progress Notes demonstrate required monthly contact/activities were completed and are in the record.	380	95.3%
For individuals in supported living arrangements Progress Notes demonstrate required activities are covered during each quarterly home visit.	67	91.0%
For persons living in Supported Living Arrangements the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider.	65	96.9%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis.	375	97.6%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing among waiver service providers on an ongoing basis.	377	97.1%
The Support Coordinator documents efforts to assist the person/legal representative to know about rights on an ongoing basis.	380	94.7%
The Support Coordinator documents efforts to ensure the person's health and health care needs are addressed on an ongoing basis.	380	97.4%
The Support Coordinator documents efforts to ensure person's safety needs are addressed on an ongoing basis.	378	96.6%
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.	261	93.5%
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.	380	86.8%
Average WSC Record Review Score	9,705	95.0%

Table 8: CDC+ Consultant Results by Standard		
July - September 2017 (n=87)		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	87	97.7%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	87	95.4%
Level of care is completed accurately using the correct instrument/form.	87	97.7%
Person receiving services is given a choice of waiver services or institutional care at least annually.	87	97.7%
The Support Plan is updated within 12 months of the person's last Support Plan.	87	100.0%
The current Annual Report is in the record.	87	93.1%
The Support Plan is updated/revised when warranted by changes in the needs.	35	97.1%
Consultant documents the Support Plan is provided to the person or the legal representative, within 10 days of the Support Plan effective date.	87	98.9%
Support Plan includes supports and services consistent with assessed needs.	87	98.9%
Support Plan reflects support and services necessary to address assessed risks.	85	96.5%
Support Plan includes a current Safety Plan.	7	100.0%
Support Plan reflects the personal goals of the person.	87	98.9%
The current Support Plan includes natural, generic, community and paid supports for the person.	87	98.9%
Services are delivered in accordance with the Cost Plan.	87	100.0%
The Consultant is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	87	100.0%
The Consultant bills for services only after service is rendered	87	98.9%
Participant Monthly Review forms & Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	87	100.0%
The Consultant documents efforts to assist the person/legal representative to know about rights on an ongoing basis.	86	87.2%
The Consultant documents efforts to ensure the person's health and health care needs are addressed on an ongoing basis.	87	93.1%
The Consultant documents efforts to ensure the person's safety needs are addressed on an ongoing basis.	87	95.4%
The Consultant has a method in place to document information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis.	69	95.7%
The Consultant documents efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents on an ongoing basis.	85	82.4%
Completed/signed Participant-Consultant Agreement is in the record.	87	100.0%
Completed/signed CDC+ Consent Form is in the record.	87	96.6%

Table 8: CDC+ Consultant Results by Standard July - September 2017 (n=87)		
Standard	Number Reviewed	Percent Met
Completed/signed Participant-Representative Agreement is in the record.	86	98.8%
All applicable completed/signed Purchasing Plans are in the record.	87	98.9%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	87	97.7%
All applicable completed/signed Quick Updates are in the Record.	34	97.1%
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	37	91.9%
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	78	98.7%
Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	71	100.0%
Consultant has taken action to correct any overspending by the Participant.	5	100.0%
If applicable, Consultant initiates Corrective Action.	2	100.0%
Completed/signed Corrective Action Plan is in the record.	1	100.0%
If applicable, an approved Corrective Action Plan is being followed.	1	100.0%
The Emergency Backup Plan is in the record and is reviewed annually.	85	94.1%
Consultant documentation demonstrates a copy of the Support Plan is provided to the CDC+ Representative within 30 calendar days of the Support Plan effective date.	79	97.5%
Average PCR CDC+ Consultant Result	2,586	96.8%

CDC+ Representative (CDC-R)

Participants in CDC+ 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. The person receiving services through CDC+ may decline to participate in the CDC+ PCR process. However, the Representative for the person still receives a review. Between July and September 2017, 100 CDC+ Representatives were reviewed. Results are presented by region in Table 9 and by standard in Table 10.

- On average, Representatives reviewed during the time period showed 94.7 percent compliance, with 18 of the 19 standards showing scores over 90.0 percent.

- The number of reviews completed in each region is small and comparisons should not be made across regions until more data are available.
- The lowest scoring standard indicated documentation is most often missing to support background screening compliance (87.8%).

Table 9: CDC+ Representative Record Review Results by Region		
July - September 2017		
Region	# of Reviews	Percent Met
Northwest	5	79.0%
Northeast	30	95.7%
Central	23	94.9%
Suncoast	19	95.4%
Southeast	22	96.4%
Southern	1	92.9%
State	100	94.7%

Table 10: CDC+ Representative Results by Standard		
July - September 2017		
Standard	Number Reviewed	Percent Met
Complete and signed Participant/ Representative Agreement is available for review.	99	99.0%
Accurate Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	91	95.6%
Signed and approved Invoices for Vendor Payments are available for review.	54	90.7%
Signed and approved receipts/statement of “Goods and Services” for reimbursement items are available for review.	23	91.3%
Complete Employee Packets for all Directly Hired Employees are available for review.	90	96.7%
Complete Vendor Packets for all vendors and independent contractors are available for review.	61	95.1%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	89	93.3%
Signed Employer/Employee Agreement for each Directly Hired Employee (DHE) is available for review.	91	95.6%
All applicable signed and approved Purchasing Plans are available for review.	100	97.0%

Table 10: CDC+ Representative Results by Standard July - September 2017		
Standard	Number Reviewed	Percent Met
Copies of Support Plan(s) are available for entire period of review.	100	95.0%
Copies of approved Cost Plans are available for entire period of review.	100	90.0%
Emergency Backup Plan is complete and available for review.	100	95.0%
Corrective Action Plan (if applicable) is available for review.	6	100.0%
Background screening results for all providers who render direct care are available for review.	98	87.8%
All applicable signed and approved Quick Updates are available for review.	29	100.0%
Monthly Statements are available for review.	100	94.0%
Documentation is available to support the reconciliation of Monthly Statements.	100	90.0%
The Participant obtains services consistent with stated/documentated needs and goals.	100	99.0%
The Participant makes purchases that are consistent with the Purchasing Plan.	98	99.0%
Average CDC+ Representative Record Review Score	1,529	94.7%

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 on the Waiver and CDC+ who were taking prescription medications by the number of medications taken (Table 11); the percent of individuals taking four or more medication or with health concerns by year (Table 12); and the percent of individuals taking or four or more by region (Table 13). It is important to remember findings are from a small proportion of the sample to be completed by the end of the contract year. Findings to date relative to prescription medications and health indicators are similar to previous years. Trends will be tracked when more data are available. The number or reviews completed by region is small and comparisons across regions should not be made until more data are available.

Table 11: Prescription Medications Taken		
July - September 2017		
Number of Medications	Waiver	CDC+
0	11.8%	16.1%
1 - 3	48.6%	62.1%
4 - 6	32.0%	20.7%
7+	7.6%	1.1%
Total PCRs	381	87

Table 12: Medications and Health Concerns								
	2015		2016		CY2017 (Q1&Q2)		FY18 (Q1)	
	Waiver (1,047)	CDC (270)	Waiver (1,3557)	CDC (385)	Waiver (987)	CDC+ (226)	Waiver (381)	CDC + 87
Taking 4 or More Prescription Medications	39.3%	26.6%	37.5%	27.4%	39.2%	25.7%	39.6%	21.8%
Have Health Concerns and Needs are Not Being Met	2.6%	1.3%	2.5%	3.1%	1.5%	1.6%	2.6%	0.0%

Table 13: Individuals Taking 4 or More Mediations by Region July - September 2017				
Region	DD Waiver		CDC+	
	Number of PCRs	Percent Taking 4+ Meds	Number of PCRs	Percent Taking 4+ Meds
Northwest	40	30.0%	6	50.0%
Northeast	63	41.3%	26	19.2%
Central	51	43.1%	23	21.7%
Suncoast	84	40.5%	14	21.4%
Southeast	75	33.3%	18	16.7%
Southern	68	47.1%		
State	381	39.6%	87	21.8%

Provider Discovery Reviews (PDR)⁹

During the course of the contract year, a PDR is completed for all providers who rendered at least one of the following services through the iBudget Waiver, for six months or more:¹⁰

- 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 composed of up to six different review components: Interviews with individuals receiving services (PDR II), Interviews with staff rendering services (SI), Observations at waiver funded licensed residential homes (LRH) and day programs (OBS), Policy and Procedure (P&P), Qualification and Training (Q&T), and Service Specific Record Reviews (SSRR). PDR results are provided separately for WSCs and service providers. Between July and September 2017, 430 PDRs were completed by reviewers and approved by Delmarva management; 324 service providers and 106 WSCs.

PDR Individual and Staff Interviews

The PDR uses 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 through the interview processes. The purpose of the interviews is to determine from the person's perspective how well services are provided and determine from the staff how well people are being supported in each service. The standards for the PDR Individual Interview are the same as for the PCR II but the focus is specific to the provider

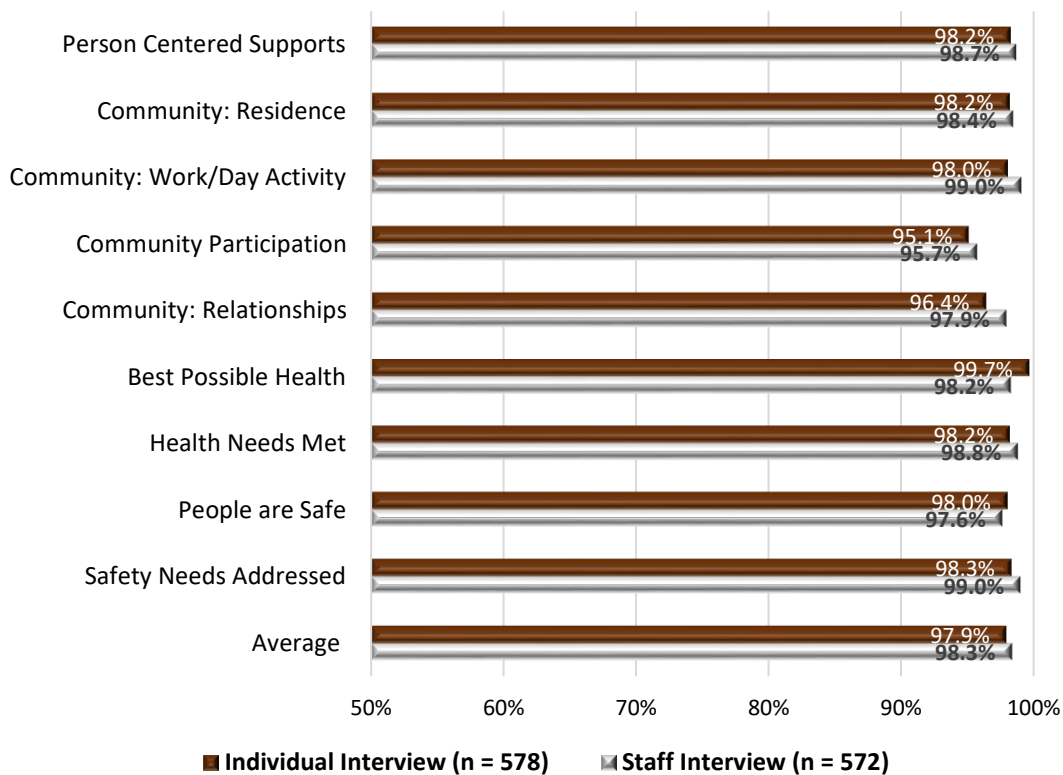
⁹ All review tools are posted on the FSQAP website <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>.

¹⁰ 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.

participating in the PDR.^{11 12} Figure 9 shows Individual and Staff Interview results by Standard and Table 14 shows the results by region.

- Delmarva completed 572 Staff and 578 Individual Interviews between July and September 2017
- There was very little variation across the standards or regions, and little variation between individual and staff responses on each Standard.
- To date, Community Participation was least likely to be present.

**Figure 9: PDR Individuals and Staff Interviews
 July - September 2017**



¹¹ All PCR and PDR tools can be viewed on the DFMC website: <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>

¹² See the PCR Individual Interview Section for a more detailed description of the interview standards.

Table 14: PDR Interview Results by Region July - September 2017				
Region	Individual		Staff	
	#	% Met	#	% Met
Northwest	38	97.7%	38	97.5%
Northeast	117	97.2%	117	97.0%
Central	116	97.6%	116	98.2%
Suncoast	138	97.7%	138	99.4%
Southeast	78	99.2%	78	99.0%
Southern	85	98.7%	85	98.6%
State	572	97.9%	572	98.3%

Observations

Observations by Location: Licensed Residential Homes and Day Programs

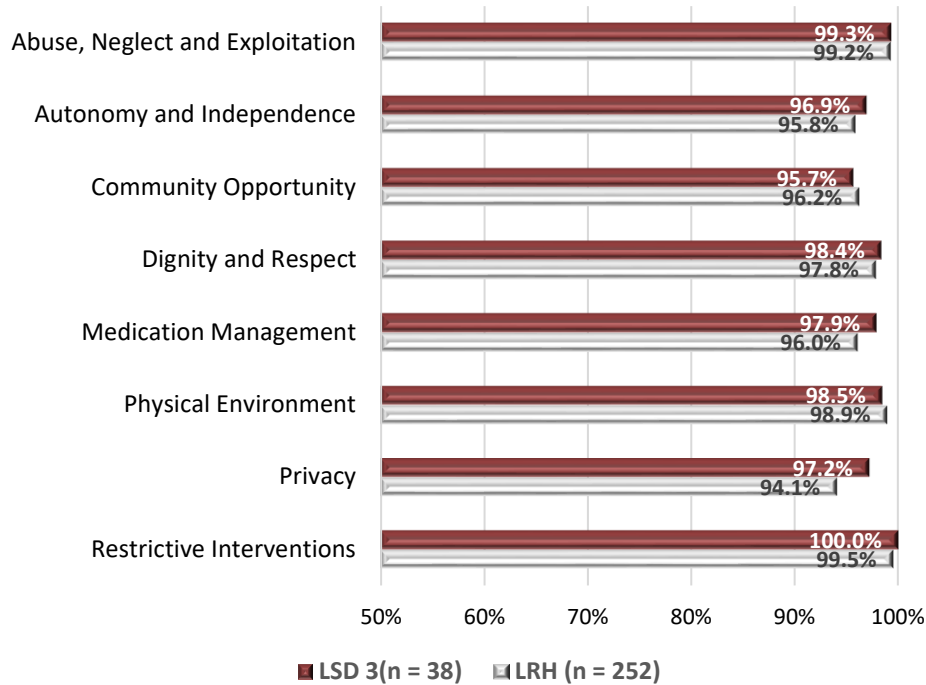
Delmarva reviewers conduct onsite observations of up to 10 licensed residential homes (LRH) when reviewing providers of Residential Habilitation. For Life Skills Development 3 (LSD 3) facilities (Day Programs), all locations operated by the providers receive an onsite observation. During this portion 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.

From July - September 2017, observations were completed at 38 Day Program locations and 252 LRHs. PDR Observation scores are shown by Region and type of location in Table 15. The number of Observations completed is quite small in all regions and comparative analysis across regions or between LRHs and Day Programs should not be made until more data are available.

Table 15: PDR Observation Scores by Region and Location July - September 2017				
Region	LRH		LSD 3	
	# OBS	% Met	# OBS	% Met
Northwest	12	95.9%	2	90.0%
Northeast	56	95.0%	10	98.5%
Central	54	96.2%	8	96.6%
Suncoast	65	97.7%	13	99.6%
Southeast	25	97.3%	1	95.8%
Southern	40	98.5%	4	98.6%
State	252	96.8%	38	97.9%

Observations are shown by Standard and Location Type in Figure 10. To date, scores are generally high across all the standards, over 94 percent. Currently, the lowest scoring area is in Privacy, for LRHs, with 94.1% compliance.

**Figure 10: Observation Results by Standard and Location
 July - September 2017**



Observations by Type: Announced vs Unannounced

Of the 290 Observations completed, 89 (30.7%) 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 are preliminary, with a relatively small number of observations completed in each region. Unannounced findings showed lower scores across all the standards, particularly for Privacy and Medication Management.

Table 16: Observation Scores by Observation Type and Location Type						
July - September 2017						
Observation Type	LSD 3		LRH		State	
	# OBS	% Met	# OBS	% Met	# OBS	% Met
Announced	24	98.2%	177	97.7%	201	97.7%
Unannounced	14	97.5%	75	94.8%	89	95.1%

Figure 11: Announced vs. Unannounced Observations by Region
 July - September 2017

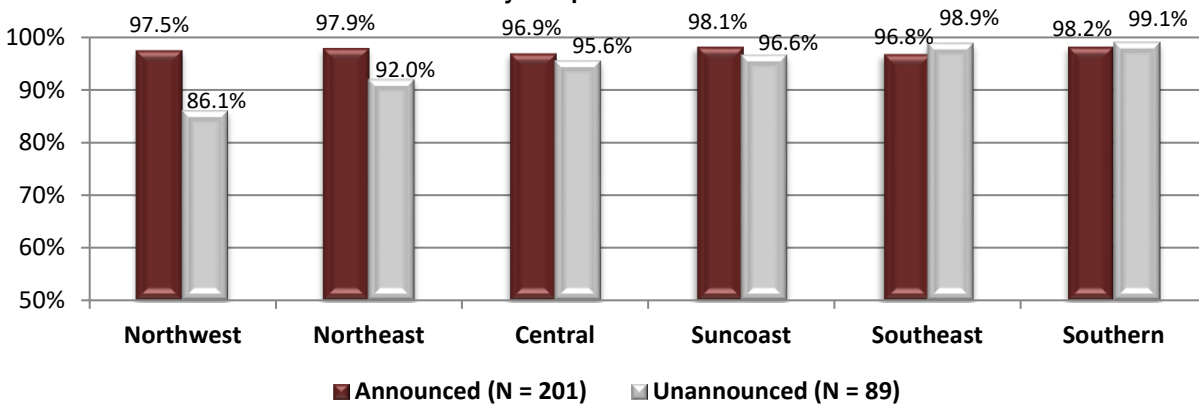
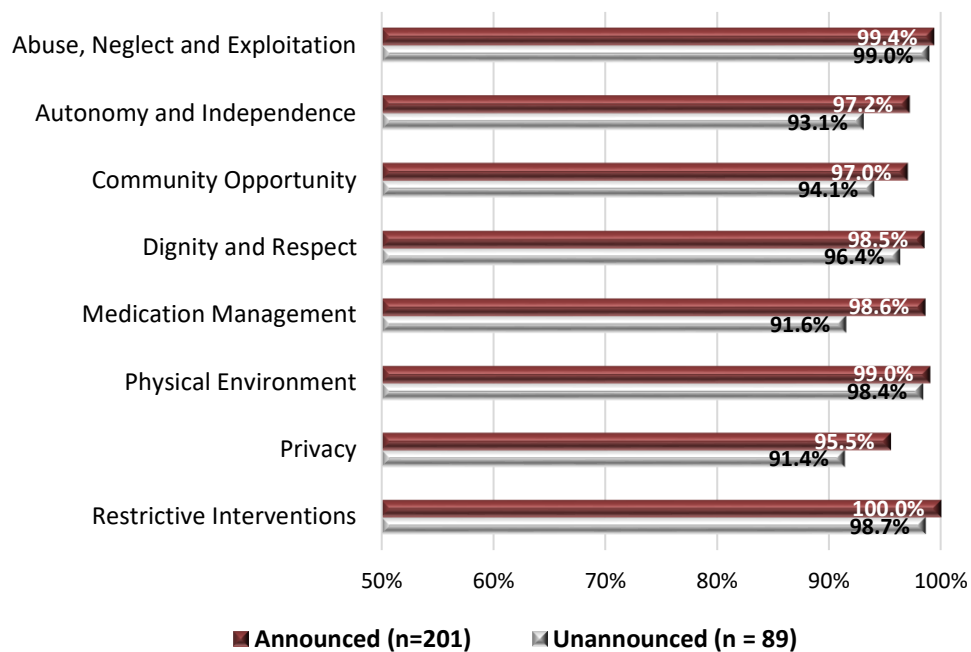


Figure 12: Observation Results by Standard & Observation Type
 July - September 2017



Observation Results by Indicator

A majority of indicators reflected scores of at least 95 percent or higher: 94.4 percent for Day Program and 90.1 percent for LRH Observations. The following indicators showed the lowest scores to date for LRH Observations, lower than 90 percent present. No areas in the Day Programs scored below 90 percent.

Low scoring indicators for LRHs

Individuals have a key to their home. (84.3%, n=223)

Individuals have a key to their bedroom door (73.1%, n=245)

Training in use of public transportation is available and facilitated (88.3%, n= 107)

Observation Indicator Differences by Type

There was a small difference, on average, between the Announced and Unannounced Observation scores, 97.7 percent and 95.17 percent respectively. However, data indicate some differences between the two observation types at the indicator level. The following table lists the indicators for which the score from Announced onsite reviews was five or more points higher than the score from Unannounced onsite reviews. The greatest differences to date indicate when the observation was not announced in advance, people were less likely to have keys to homes, bathrooms or bedrooms; medications were not as likely to be stored appropriately; people were less likely to help develop house rules or be trained in the use of public transportation.

Observation Indicators: Announced v Unannounced			
July - September 2017			
Indicator Text	Percent Met		Difference
	Announced	Unannounced	
Individuals participate in the development of the “house rules.”	91.3%	82.3%	9.0%
Individuals have a key to their homes.	86.0%	80.6%	5.4%
Training in the use of public transportation is available and facilitated.	91.0%	83.6%	7.4%
Individuals are making meaningful connections in the community.	95.5%	88.2%	7.3%

Observation Indicators: Announced v Unannounced			
July - September 2017			
Indicator Text	Percent Met		Difference
	Announced	Unannounced	
Individuals cannot lock the bedroom door.	93.8%	84.0%	9.8%
Individuals cannot lock the bathroom door.	92.4%	85.5%	6.9%
Person’s mail is not opened by others without permission	99.4%	89.3%	10.1%
Individuals have a key to their bedroom doors.`	78.9%	58.7%	20.2%
Non-controlled medications are centrally stored in a locked container in a secured enclosure.	98.4%	88.9%	9.5%
Controlled medications are stored separately from other prescription and OTC medications in a locked container within a locked enclosure.	98.2%	87.3%	10.9%

Administrative Policies and Procedures

Each provider is reviewed on up to 17 standards to determine compliance with Policies and Procedures (P&P) as dictated in the Florida Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook. Results for all P&P Standards reviewed to date this year are shown in Table 17. WSC services are different than other provider services, and because WSCs are not reviewed on all the same P&P standards, findings in Table 17 are presented separately for WSCs and service providers.¹³ Most of the Administrative P&P tool is applied to agency providers; however, some questions may also be asked of solo providers. In addition, because Solo WSCs are not reviewed on many standards, findings are presented separately by region for Solo vs Agencies. Findings by region are presented in Table 18.

Service providers reviewed to date this year were least likely to have written policies and procedures detailing:

- Compliance with background screening and 5-year rescreening requirements (79.2%)
- 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 as scheduled (81.3%)
- Methods for ensuring person’s confidentiality and storing records in secure manner (85.2%)
- Methods for management and accounting of personal funds (83.4%)

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

Table 17: PDR Service Provider Policies and Procedures Results by Standard July - September 2017				
P&P Standard	Service Providers (n = 324)		WSC (n = 106)	
	Standards Reviewed	% Met	Standards Reviewed	% Met
If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	11	100%	NA	NA
Agency vehicles used for transportation are properly insured.	112	99.1%	NA	NA
Agency vehicles used for transportation are properly registered.	114	97.4%	NA	NA
The provider maintains written policies and procedures with a detailed description of how the provider uses a person-centered approach to identify individually determined goals and promote choice.	283	95.4%	30	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.	283	93.3%	30	93.3%
The provider maintains written policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening.	283	79.2%	30	80.0%
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.	283	81.3%	30	90.0%
The provider maintains written policies and procedures detailing how the provider will ensure the individuals' medications are administered and handled safely.	188	96.8%	6	100.0%
The provider maintains written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider.	283	91.5%	30	90.0%
The provider maintains written policies and procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues.	283	98.6%	30	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.	283	85.2%	30	80.0%
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.	187	83.4%	3	100.0%
The provider maintains written policies and procedures in compliance with 65G-8.003 (Reactive Strategy Policy and Procedures).	70	88.6%	4	100.0%
The provider addresses all incident reports.	172	97.7%	82	100.0%

P&P Standard	Service Providers (n = 324)		WSC (n = 106)	
	Standards Reviewed	% Met	Standards Reviewed	% Met
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	67	98.5%	38	100.0%
All instances of abuse, neglect, and exploitation are reported.	56	98.2%	37	100.0%
The provider identifies addresses and reports all medication errors.	45	97.8%	4	100.0%
Average Policies and Procedures	3,003	91.0%	1,802	94.8%

Region	Service Providers				WSCs			
	Agency (n=282)		Solo (n=42)		Agency (n=30)		Solo (n=76)	
	Standards Reviewed	% Met	Standards Reviewed	% Met	Standards Reviewed	% Met	Standards Reviewed	% Met
Northwest	173	90.2%	5	100%	20	90.0%	7	100%
Northeast	548	86.3%	15	93.3%	49	85.7%	12	100%
Central	600	93.3%	1	100%	28	96.4%	23	100%
Suncoast	766	91.6%	5	100%	52	94.2%	29	100%
Southeast	448	91.3%	0	0.0%	77	94.8%	16	100%
Southern	442	92.3%	0	0.0%	60	95.0%	13	100%
State	2,977	91.0%	26	96.2%	286	93.0%	100	100%

Qualifications and Training Requirements

WSCs and all Direct Service Providers 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. The total number of employee records sampled for review varies, depending on the number of people receiving services. Of the 324 providers and 106 WSCs who participated in a PDR between July and September 2017, 808 and 150 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. Each table shows the number of employee records reviewed, the number of providers reviewed (for

which the standard was applicable) and the percent of providers, not staff, with the standard met. For the provider to score the standard met, all employee records reviewed must show compliance with the standard. If one record is out of compliance, the standard is Not Met.¹⁴ While findings are preliminary, it should be noted, of the providers reviewed to date:

- Only 51.4 percent of service providers and 62.9 percent of WSCs had received training in the requirements for all waiver providers
- Approximately 60.1 percent of Personal Support providers and 67.4 percent of providers offering Life Skills Development 1 (Companion) had completed in-service training related to the specific needs of at least one person
- 67.7 percent of providers offering Residential Habilitation (Standard) had completed in-service training related to the implementation of individually tailored services
- Approximately 77 percent of WSCs had completed 24 hours of job related annual in-service training.

Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The provider has completed all aspects of required Level II Background Screening.	808	324	82.4%
The provider received training in Zero Tolerance.	808	324	86.7%
The provider received training in Basic Person Centered Planning.	528	262	87.4%
The provider received training on Individual Choices, Rights and Responsibilities	527	260	90.4%
The provider received training in Requirements for all Waiver Providers	796	323	51.4%
The provider received training in HIPAA.	806	324	79.6%
The provider received training in HIV/AIDS/Infection Control.	792	322	83.2%
The provider maintains current CPR certification.	794	322	93.2%
The provider received training in First Aid.	787	320	85.9%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	345	155	98.1%
The provider maintains current medication administration validation.	336	153	95.4%
The provider received training in an Agency approved curriculum for behavioral emergency procedures	142	63	96.8%

¹⁴ For some of the standards only a few records and providers were reviewed so comparisons across these standards should be made with caution.

Table 19: PDR Qualifications and Training Service Provider Results by Standard			
July - September 2017			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
consistent with the requirements of the Reactive Strategies rule (65G-8, FAC).			
Drivers of transportation vehicles are licensed to drive vehicles used.	599	280	99.3%
Personal vehicles used for transportation are properly insured.	415	214	94.4%
Personal vehicles used for transportation are properly registered.	412	213	93.0%
The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.	10	12	75.0%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	231	150	96.7%
The provider has completed standardized, pre-service training for Life Skills Development Level 2.	47	38	100.0%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	49	30	100.0%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	407	226	94.2%
The provider meets all minimum educational requirements and levels of experience for Respite.	89	72	94.4%
The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care.	1	1	100.0%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	93	81	100.0%
The provider completed required Supported Living Pre-Service training.	94	82	97.6%
The Supported Living Coach completed Introduction to Social Security Work Incentives.	90	78	73.1%
The provider received training in Direct Care Core Competency.	517	256	96.5%
The provider received training in Direct Care Core Competencies.	301	176	88.1%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	32	26	100.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	13	14	100.0%
The Behavior Assistant provider has completed at least 20 contact hours of instruction in a curriculum meeting	12	14	100.0%

Table 19: PDR Qualifications and Training Service Provider Results by Standard			
July - September 2017			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
the requirements specified by the APD state office and approved by the APD designated behavior analyst.			
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	202	138	67.4%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	47	38	97.4%
The Life Skills Development 2 provider completed Introduction to Social Security Work Incentives.	46	37	81.1%
The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment.	46	38	73.7%
The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services.	39	27	70.4%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	234	99	96.0%
The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	198	93	67.7%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	49	28	100.0%
The Residential Habilitation - Behavior Focus provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	48	27	96.3%
The Residential Habilitation - Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.	39	23	82.6%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	7	7	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.	7	7	100.0%
The Supported Living Coach provider completes eight hours of annual in-service training.	86	75	76.0%

Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The Personal Support provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	343	213	60.1%
The Residential Habilitation - Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics.	6	7	85.7%

Standard	# Records Reviewed	# WSCs	% WSCs w/ Standard Met
The provider has completed all aspects of required Level II Background Screening.	150	106	88.7%
The provider received training in Zero Tolerance.	150	106	94.3%
The provider received training in Basic Person Centered Planning.	138	98	93.9%
The provider received training on Individual Choices, Rights and Responsibilities	57	42	100.0%
The provider received training in Requirements for all Waiver Providers	148	105	62.9%
The provider received training in HIPAA.	150	106	84.9%
The provider received training in HIV/AIDS/Infection Control.	150	106	82.1%
The provider maintains current CPR certification.	150	106	87.7%
The provider received training in First Aid.	150	106	82.1%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	NA	NA	NA
The provider maintains current medication administration validation.	NA	NA	NA
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).	NA	NA	NA
Drivers of transportation vehicles are licensed to drive vehicles used.	19	16	100.0%
Personal vehicles used for transportation are properly insured.	16	12	91.7%
Personal vehicles used for transportation are properly registered.	16	12	100.0%
The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	38	35	97.1%

Standard	# Records Reviewed	# WSCs	% WSCs w/ Standard Met
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	149	106	99.1%
The Support Coordinator completed required Statewide pre-service training.	150	106	98.1%
The Support Coordinator completed required Region Specific training.	148	104	97.1%
The Support Coordinator completed Introduction to Social Security Work Incentives.	148	105	84.8%
The Support Coordinator completes 24 hours of job related annual in-service training.	142	101	77.2%
The provider received training in Direct Care Core Competency.	134	95	96.8%
The provider received training in Direct Care Core Competencies.	17	15	93.3%

Compliance with Qualifications and Training standards, by region, is provided in Table 21. The percent shown represents the average score by region, based on the criteria noted above: if one employee record is scored not met on a standard, the provider is scored not met on that standard, i.e., the provider is out of compliance if any employee is the requirement. Results are preliminary and comparisons across regions should be made with caution.

Region	Service Providers		WSCs	
	# PDRs	Average	# PDRs	Average
Northwest	25	90.3%	9	93.8%
Northeast	59	87.9%	19	91.5%
Central	62	85.2%	19	85.6%
Suncoast	77	85.6%	22	84.9%
Southeast	54	83.8%	25	90.1%
Southern	47	85.4%	12	88.0%
Total	324	86.6%	106	88.6%

Service Specific Record Review Results (SSRR)

During the PDR, a sample of individuals is used to review records for each service offered by the provider. The number of records reviewed depends upon the size of the organization and the number of services provided. At least one record per service is reviewed, a minimum of 10 records for larger providers (caseload of 200 or more). The SSRR tool includes a review of standards specific to each service. There were 1,307 SSRRs completed during the first quarter of SFY18 as part of the 324 PDRs for service providers and 552 SSRRs completed as part of the 106 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. One provider of Special Medical Home Care was reviewed with 100 percent compliance. 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 Percent Met. Data to date indicate Supported Employment and Supported Living Coaching are the lowest scoring services and some variation across regions.

**Figure 13: SSRR Scores by Service
 July - September 2017**

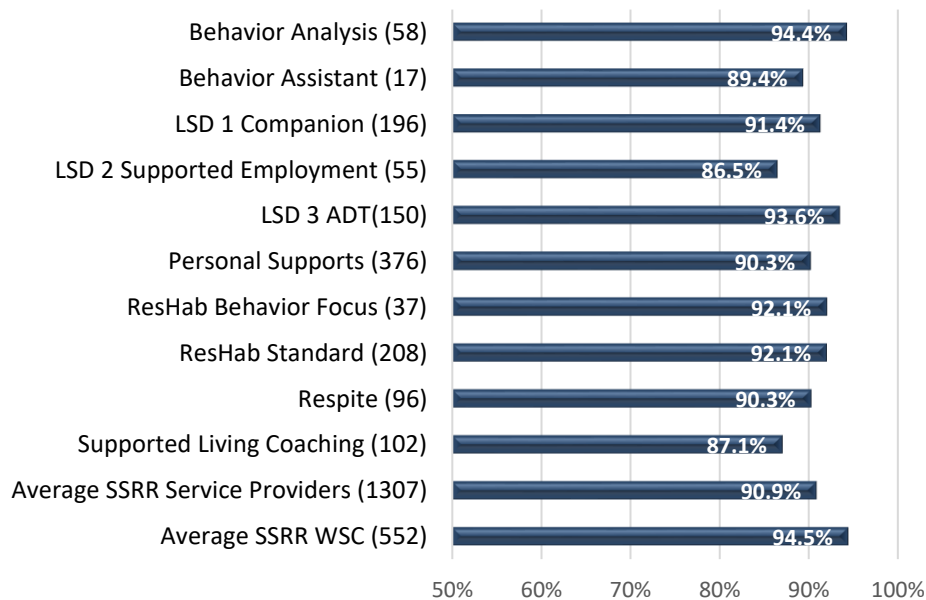


Table 22: PDR Service Specific Record Review Results by Region						
July - September 2017						
	Service Providers			WSCs		
Region	# Records Reviewed	Weighted Score	Percent Met	# Records Reviewed	Weighted Score	Percent Met
Northwest	82	93.7%	93.5%	62	97.5%	92.4%
Northeast	264	86.7%	85.4%	95	91.9%	89.0%
Central	268	93.6%	92.9%	64	93.7%	94.8%
Suncoast	315	93.4%	92.6%	116	94.4%	95.6%
Southeast	190	91.2%	90.3%	116	95.7%	95.4%
Southern	188	93.6%	92.8%	99	95.7%	98.6%
State	1307	91.8%	90.9%	552	94.5%	94.5%

Summary of PDR Scores by Region

Information in Tables 23 and 24 provides a summary of the average PDR results by region and review components, for service providers and WSCs respectively. For providers, interview and observation results in general showed somewhat higher scores than documentation/record reviews (P&P, Q&T, SSRR). WSCs were least likely to be in compliance with qualification and training requirements.

Table 23: PDR Scores for Service Providers							
July - September 2017							
Region	PDR Score (n=324)	Policy & Procedure (n=324)	Qualifications & Training (n=808) ¹⁵	SSRR (n=1,307)	Staff Interview (n=572)	Individual Interview (n=578)	OBS (N= 290)
Northwest	92.1%	90.4%	91.4%	93.5%	97.5%	97.7%	95.2%
Northeast	90.5%	86.5%	91.4%	85.4%	97.0%	97.2%	95.4%
Central	92.8%	93.3%	90.5%	92.9%	98.2%	97.6%	96.3%
Suncoast	92.7%	91.7%	89.2%	92.6%	99.4%	97.7%	98.0%
Southeast	91.1%	91.3%	88.0%	90.3%	99.0%	99.2%	97.2%
Southern	91.3%	92.3%	88.9%	92.8%	98.6%	98.7%	98.5%
State	92.0%	91.0%	89.8%	90.9%	98.3%	97.9%	95.2%

¹⁵ Data based on the number of employee records reviewed. Percent Met is the percent of standards met relative to all the standards scored on all the records.

Region	# of PDRs	PDR Score (n=106)	Policy & Procedure (n=106)	Qualifications & Training (n=150)	SSRR (n=552)
Northwest	9	96.3%	92.6%	95.2%	92.4%
Northeast	19	94.2%	88.5%	93.5%	89.0%
Central	19	95.9%	98.0%	86.8%	94.8%
Suncoast	22	94.6%	96.3%	87.2%	95.6%
Southeast	25	94.5%	95.7%	92.3%	95.4%
Southern	12	96.8%	95.9%	91.0%	98.6%
State	106	95.1%	94.8%	90.8%	94.5%

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.

Between July and September 2017, 67 alerts were recorded. Approximately 63 percent (n=42) of the alerts was due to a lack of required documentation needed to provide evidence background screening had been completed. An additional 25 alerts were reported as shown in the following table, with 33 related to health, safety, or medication administration/ training.

Alert Type	Times Cited
Rights	2
Health & Safety	7
Abuse/Neglect/Exploitation	0
Background Screening	42
Medication Administration/Training	14
Driver’s License/Insurance (Employee)	2

Alert Type	Times Cited
Vehicle Insurance (Administrative)	0
Total Alerts	67

Background Screening

When examining background screening results, a varying number of employee records are reviewed to determine compliance with each Q&T standard listed in Tables 19 and 20. The percent met for each is shown, based on the total number of records reviewed. For Background Screening, if any one staff record indicates a lack of any required documentation, the provider is reported as having the standard Not Met. The following information (Table 26) shows the number and percent of service providers and WSCs with at least one record showing a lack of compliance on Background Screening.

- Service providers were less likely to have the BG requirements than were WSCs, 73.5 percent and 86.8 percent respectively.
- Providers and WSCs in the Northeast and Northwest were most likely to be in compliance with Background Screening.

Region	Service Providers		Support Coordinators	
	PDRs	% With BG Screening Met	PDRs	% With BG Screening Met
Northwest	25	84.0%	9	100%
Northeast	59	84.7%	19	94.7%
Central	62	67.7%	19	78.9%
Suncoast	77	71.4%	22	90.9%
Southeast	54	77.8%	25	84.0%
Southern	47	59.6%	12	75.0%
Total	324	73.5%	106	86.8%

Billing Discrepancy

For each service, several applicable standards related to billing requirements are score by reviewers. If any of the standards are scored Not Met, it is noted on the PDR Report as a potential billing discrepancy. Table 27 provides the percent standards reviewed that were in compliance of billing requirement. Services with the highest proportion of Billing Discrepancy standards scored Not Met include Behavioral Assistant, LSD 1 and 2 (Companion and Supported Employment), and Supported Living Coaching. Within the services, the standards most often not met were related to maintaining accurate service logs or progress notes.

Table 27: Billing Discrepancy Standards by Service		
July - September 2017		
Service	Providers Reviewed	% Met
Behavior Analysis	58	84.5%
Behavior Assistant	17	70.6%
CDC+ Consultant	81	97.5%
Life Skills Development 1 (Companion)	196	77.6%
Life Skills Development 2 (SEC)	55	76.4%
Life Skills Development 3 (ADT)	150	86.0%
Personal Supports	376	80.3%
Residential Habilitation Behavior Focus	37	91.9%
Residential Habilitation Intensive Behavioral	11	90.9%
Residential Habilitation Standard	208	97.6%
Respite	96	83.3%
Special Medical Home Care	0	100%
Support Coordination	552	92.6%
Supported Living Coaching	102	73.5%
Total	1,939	86.5%

Section III: Discovery

Findings in this report reflect data from PCR and PDR reviews and other contract activity completed between July and September 2017. Because this represents a small proportion of the total number of reviews to be completed by the end of contract year, results are preliminary and comparisons across categories or years are not appropriate. A total of 468 PCRs, 430 PDRs and 100 CDC+ Representative reviews were completed, approved and available for analysis. Feedback from providers about the reviewer and review processes has been extremely positive throughout the contract years.

During the current contract year (July - September 2017), regional managers reviewed all reports before final approval and facilitated a quarterly meeting in each region to review data, explore trends, and discuss other relevant regional issues or best practices, and continued to meet bi-weekly. 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.

Overall Review Findings

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 94 percent:



Results from the 324 PDRs conducted with service providers and 106 conducted with WSCs indicate providers performed very well in all aspects of the review, as shown in the following graphic.

Individual Interview – 97.9%
Staff Interview – 98.3%
Observations – LSD 3 97.9% ; LRF 96.8%
Service Specific Record Reviews– 91.8%; WSC 94.7%
Policies and Procedures – Service Providers 90.5% ; WSC 94.5%
Qualifications and Training – Service Providers 89.8% ; WSC 90.8%

Because there is only a limited amount of data available through the first quarter, analysis was fairly limited. Further drill down will be possible in subsequent reports throughout the year. Two areas are worth note and continued monitoring.

Observations

Data from Announced and Unannounced Observations were similar on average; however, there were some interesting differences between the two review types at the indicator level. When the Delmarva reviewers conducted Unannounced reviews they were less likely to see demonstration that people had keys to homes, bathrooms or bedrooms; medications were stored appropriately; people were trained in the use of public transportation.

Recommendation 1: It is clear from the data providers may be able to “prepare” for an onsite observation. In order to get a more accurate picture of each day and residential program, APD should work with Delmarva and devise ways, within the contract and budgets, to consider including a random sample of Unannounced Observations across the state as an integral part of the FSQAP system.

Recommendation 2: The proper storage of all medications is critical. Data from unannounced observations indicates the standards measuring medication storage score under 90 percent Met. Delmarva and APD staff should be made aware of these findings and work to ensure all licensed homes and day programs have systems in place to properly store all medications on the site.

Service Provider Qualifications and Training

It is important for providers to be qualified and to keep all required training up to date. Evidence in this report suggests close to half of providers had not received training in the requirements of all waiver providers and many providers have not received in-service training specific to services rendered.

Recommendation 3: APD may want to consider training in the requirements of all waiver providers as the next training session added to the APD TRAIN system.

Recommendation 4: A project for the Quality Council may be to discuss and develop ways to help ensure all providers get their in-service training as required.

Summary

While the focus of a Quality Improvement (QI) report is to identify problem areas that may need QI initiatives, findings from reviews completed during the first quarter of the contract period, July - September 2017, were generally very positive. Compliance rates on average are quite high reflecting how APD has worked cooperatively with AHCA and Delmarva to continue to improve the Florida Statewide Quality Assurance Program and increase the providers' ability to build better community connections for individuals receiving services.

Attachment 1: Customer Service Activity

July - September 2017

Customer Service Topic	#	Description	Outcome	Ave Time
Address/ Phone Update	32	Providers call to update their phone numbers/ addresses	Phone numbers/ addresses are updated in the Discovery application, and providers are advised to update with AHCA.	1 day
Background Screening	4	Providers and provider consultants call with questions regarding FL background screening requirements.	Background screening requirements are explained to providers, with reference to the Handbook and FL rule.	1 day
CDC+	1	CDC+ Representative called with questions about the review	Questions were answered and Representative was referred to APD for technical assistance.	1 day
Clarification	7	Providers called asking for clarification on our tools.	Questions were answered, and where necessary, callers were referred to source documents.	1 day
Complaint	3	Family member called to express dissatisfaction related with WSC score. Providers called with concerns related to documents not accepted at time of the review.	Calls were referred to and handled by a Regional Manager	1 day
Contact QAR	14	Providers call to contact the QAR assigned to do their review.	QAR was contacted by office staff and asked to contact the provider	1 day
Miscellaneous/ Other	14	Family stakeholders and providers called with requests unrelated to our process, e.g. how to access services in other states.	All questions were answered. Where appropriate, callers are referred to APD.	1 day
New Tools	14	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	21	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

Customer Service Topic	#	Description	Outcome	Ave Time
Question	19	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	21	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
Records	2	Physician's offices called regarding receipt of medical records requests	Delmarva Medical Peer Review Nurse contacts the offices to answer any questions and clarify needed information.	
Billing Discrepancy	5	Providers called with questions about how to repay money identified as billing discrepancy in their quality assurance review report.	Providers were referred to AndraLica McCorvey at AHCA.	1 day
Report Requested	13	Providers call or email requesting their report be re-sent.	Mailing addresses are confirmed and reports are re-sent..	1 day
Review Reports	45	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	13	Providers and provider consultants call asking about training requirements.	Training requirements are explained, including reference to the Handbook.	1 day
Total Number of Calls	228			