

Florida Statewide Quality Assurance Program

Year 1 Quarter 2 Report

October - December 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 Fiscal Year
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 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 Individual Budgeting (iBudget) 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 second quarter of the contract, October through December 2017, 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 October, 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.

Findings through the second quarter are based on 910 PCRs and 1,050 PDRs. It is important to note data are from approximately half of the PCR sample and half the number of eligible providers scheduled to be reviewed. Therefore, comparisons across groups or to previous years should be made with caution. However, to date, overall findings from both review types are generally high indicating providers are offering quality services and individuals appear to be satisfied with the services they receive. A summary of preliminary findings includes the following:

- Average scores on all review components (interviews, observations and record reviews) were 90 percent or higher.
- Provider scores for documentation reviews (record reviews) were generally higher than scores for interviews and observations.
- Unannounced Observations indicated improvement may be needed in some areas such as
 - The right to lock bedroom doors
 - Access to and control of personal funds
 - Having mail that is not opened by others without permission
 - Training on the use of public transportation
- Health needs for individuals are generally addressed; however, close to 40 percent of individuals were taking four or more prescribed medications.

- Close to 20 percent of the 802 providers reviewed did not have policies addressing background screening procedures and 16 percent of providers had at least one employee without all the required documentation in place.
- Support Coordinator's documentation compliance is generally high; however, approximately 16 percent did not have evidence the Pre-Support Plan planning activities occurred.

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 Individual Budgeting Services (iBudget) 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 interviews with individuals receiving services through the Consumer Directed Care Plus (CDC+) program, and 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 Individual Budgeting Waiver Services Coverage and Limitations Handbook, and 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.

For 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 (iBudget Waiver) and CDC+ to make the distinction between the two groups. This is the second quarter report for the first contract year, October - December 2017. The report is divided into three sections.

- Section I: Significant Contract Activity During the Quarter
- Section II: Data from Review Activities. **Since this** is by contract a “Quarterly Report” the dates reflect the appropriate quarter. However, Year To Date (YTD) data and comparisons to previous years are used 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 2016 are not possible or appropriate. Additional changes to the Administrative Record Review in January 2016 limit comparisons as well. Discussion of results and evidence based recommendations are offered.

Section I: Significant Contract Activity

Quality Assurance Activities

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 second quarter of this contract year, status meetings were held November 13 and December 14. Because the Quality Council met in October, the October status meeting was canceled.

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. Revised reliability processes were implemented October 2017, to provide more frequent (monthly) and targeted reliability testing, with the ability to focus on problematic areas. Reliability processes 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 FSQAP Operational Policies and Procedure 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 management 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.

During the second quarter, between October and December, reliability activity included the following:

- File Reliability was completed with all 28 Quality Assurance reviewers on topics related to Life Skills Development 1, Life Skills Development 3, and Medication Administration, including related iBudget Handbook questions. All Reviewers passed with a score of 85 percent or higher.
- PCR/PDR Field reliability was completed with five Quality Assurance Reviewers. All Reviewers passed with a score of 85 percent or higher.

Internal Training

Informal training is often provided during bi-weekly conference calls with all staff. Topics for training are generated from review activities, AHCA and APD clarifications, and reliability activities. Corporate training is also made available during these meetings on topics such as setting appropriate goals and safety. During the second quarter the following training was provided:

- LSD1 Service Logs – October
- LSD3 Annual Reports – November
- Documentation to be sent to the WSC – December
- Training on two new background screening standards

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 Operations Manager (ROM) 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 October 12, 2017, in Tallahassee. Members were provided updates from AHCA and APD, as well as data presentations from Delmarva on the review data and from Health Services Research Institute on the National Core Indicator data. Charlene Henry provided an overview of the Public Reporting Website and Stephanie Giordano led discussion on the role of the Quality Council.

¹ Minutes for each meeting are on the FSQAP Portal Client Site and available to AHCA and APD (<http://www.dfmc-florida.org/Public2/qualityCouncil/archive.html>).

The next meeting is scheduled for March 8, 2018, in Tallahassee, Florida. See the Delmarva website for complete QC details, minutes, and agendas (<http://www.dfmc-florida.org/Public2/qualityCouncil/index.html>).

Feedback Surveys

National Core Indicator (NCI) Consumer Survey Feedback Survey

After each individual NCI interview, Delmarva provides the individual with a feedback survey. The individual is encouraged to complete the feedback survey, which is mailed directly to Human Services Research Institute (HSRI). Between January and December 2017, 122 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 82.0 percent of individuals had participated in answering the Adult In-Person Survey.
- In 61.6 percent of the interviews, an advocate, relative or guardian participated in the Adult In-Person Survey.
- 37 feedback forms (30.3%) were completed by the person receiving services, with 54.1 percent completed by an advocate, relative or guardian, and 25.4 percent by a staff member where the person lives or receives services.
- 71.3 percent of respondents indicated the NCI interviews took place in the home.
- Respondents indicated 73.8 percent of individuals chose where to meet for the survey. However, 26 respondents (21.3%) 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 (94.2%) respondents felt it took about the right amount of time.
- Most respondents (94.2%) thought the questions were not difficult to answer and 82.6 percent indicated the interviewer explained the person did not have to answer the questions.
- All but one respondent felt the interviewer was respectful, and one did not remember.
- 97.5 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

² N sizes listed with the results indicate when the total number of responses was less than 122.

complete and mail/fax to Delmarva, or surveys can be completed online on the FSQAP website. Between July and December 2017, 40 surveys were received from providers who had participated in a PDR and were entered into the database. On average, 98.1 percent of responses were positive (305/311).

Table 1: Results from Provider Feedback Surveys			
Surveys Received Between July and December 2017			
Question	# Yes	# No	#NA³
Did the Quality Assurance Reviewer (QAR) identify documents needed to complete the review?	39	1	0
Did the QAR explain the purpose of the review?	40	0	0
Did the QAR explain the review process and how the QAR or Delmarva team would conduct the review?	39	1	0
Did the QAR answer any questions you had in preparation for the review?	40	0	1
Did the QAR refer you to the FSQAP website, including the tools and procedures?	39	0	0
Did the QAR arrive at the review at the scheduled time?	40	0	0
If no, did the QAR call to notify you he/she might be a little late? (N=0)	NA	NA	NA
Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving?	37	2	1
If you scored Not Met on any of the standards, did the QAR explain why?	31	2	7
Total Responses	305	6	9

Summary of Customer Service Calls

During the second quarter of the contract, October - December 2017, 292 calls were recorded in the Customer Service Log, with an average response time within 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.

³ Includes responses left blank.

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

- The Delmarva Review database is sent to APD monthly.

Tool Revisions

The CDC+ Representative tool was revised, effective October 1, 2017. Changes included:

- Revision to language in protocol and if applicable, “Not Met Reasons” for several standards (#1, 4, 5, 6, 8, 10, 11, 14, and 15)
- Revision to standard #7. The word “certification” was added where applicable for background screening, as well as (A) for “Not Met Reasons” which result in an Alert. Additionally, vendor information was removed from protocol and “Not Met Reasons” and other pertinent reasons the standard might be not met were added.
- Standard # 9 on the prior tool version was removed.

Staff Changes

Michelle Dean, Quality Assurance Reviewer, was rehired effective October 30, 2017.

Bernadette Michelle resigned December 29, 2017. Delmarva is actively recruiting to fill the Quality Assurance Reviewer part-time position.

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. If the person receives services through CDC+, an interview is conducted with person’s CDC+ Consultant and a record review is also completed for the CDC+ Representative. 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 two quarters of the contract year. This represents about half of the total sample to be completed by June 2018. Therefore, results should be viewed as preliminary.

Table 2 shows the number of people receiving services through CDC+ (170), the number of people receiving services through the Waiver (740), and the total number of individuals who declined or were otherwise unable to participate. The time period for declines is based upon the projected time period for the review.

Table 2: Person Centered Review Activity				
July - December 2017				
Region	# of PCRs		# of Declines	
	Waiver	CDC+	Waiver	CDC+
Northwest	69	17	26	10
Northeast	117	37	36	9
Central	94	44	35	5
Suncoast	175	25	43	15
Southeast	163	40	50	5
Southern	122	7	23	0
Total	740	170	213	44

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

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

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.

The largest percent of declines was for people who refused to participate, 56.4 percent. An additional 24 (9.3%) individuals were no longer receiving services, had passed away (n=17), or had moved out of the state (n=7). Approximately 24.9 percent of individuals who declined indicated a preference to participate next year.

Table 3: Person Centered Review Decline Reasons			
July - December 2017			
Decline Reason	Waiver	CDC+	Total
Refused	129	16	145
Review Next Year	45	19	64
No Longer Receiving Services	21	3	24
Deceased	11	6	17
Moved Out of State	7	0	7
Total	213	44	257

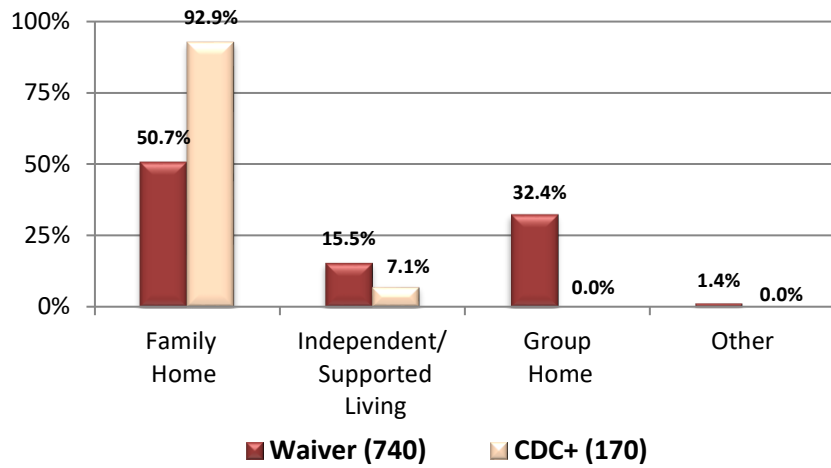
Demographics

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

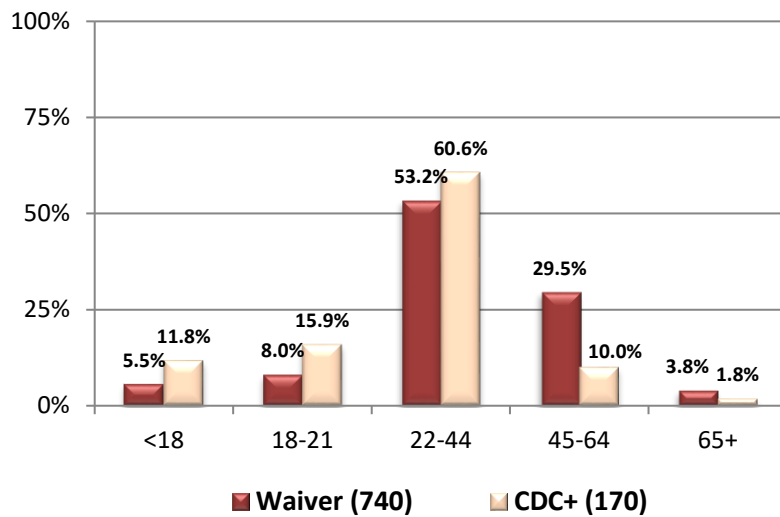
- Almost all individuals using CDC+ lived in the family home (92.9%), compared to about half of individuals using Waiver services (50.7%).
- People receiving services through CDC+ were more likely to be younger than people receiving services through the Waiver.
- Waiver participants were much more likely to have an intellectual disability as a primary disability than CDC+ participants, 70.8 percent and 43.5 percent respectively.
- Approximately 55.1 percent of people using CDC+ had Cerebral Palsy or Autism as a primary disability compared to about 23.5 percent of people using the Waiver.

⁶ The Other category for Residential Status for the DD Waiver includes Assisted Living Facilities (7) and Foster Care (3). The Other Disability category for the waiver included Spina Bifida (8), Down Syndrome (27), Seizure Disorder (3), and Prader Willi (4), and for CDC included Spina Bifida (3), Downs Syndrome (9), and Seizure Disorder (2).

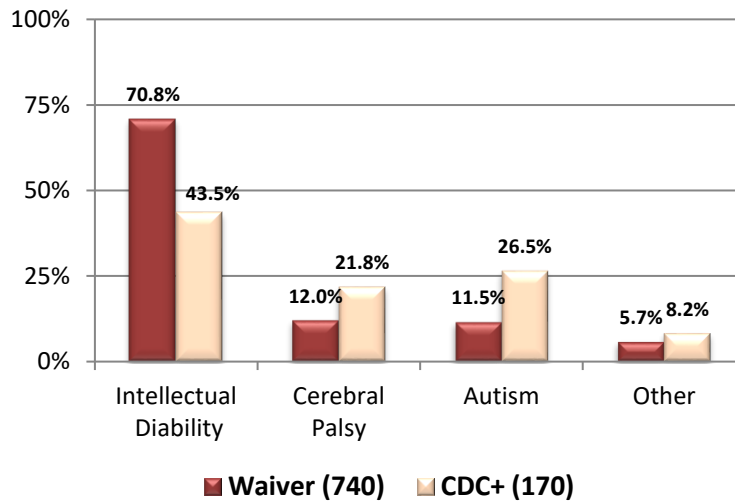
**Figure 1: Distribution of PCRs
 by Residential Status
 July - December 2017**



**Figure 2: Distribution of PCRs
 by Age Group
 July - December 2017**



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



PCR Individual Interview (II)⁷

Individuals who participate in a PCR receive a face-to-face interview that includes the PCR II and may include the National Core Indicator (NCI) In-Person Survey.⁸ 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)

⁷ Some standards 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 (Percent Met). This provides an accurate reflection of the number and percent of providers who have the standards scored as Met.

⁸ Since contract year 2012, children under age 18 have been included in the PCR sample. Because the NCI survey is only valid for adults, children do not participate in the NCI portion of the PCR process.

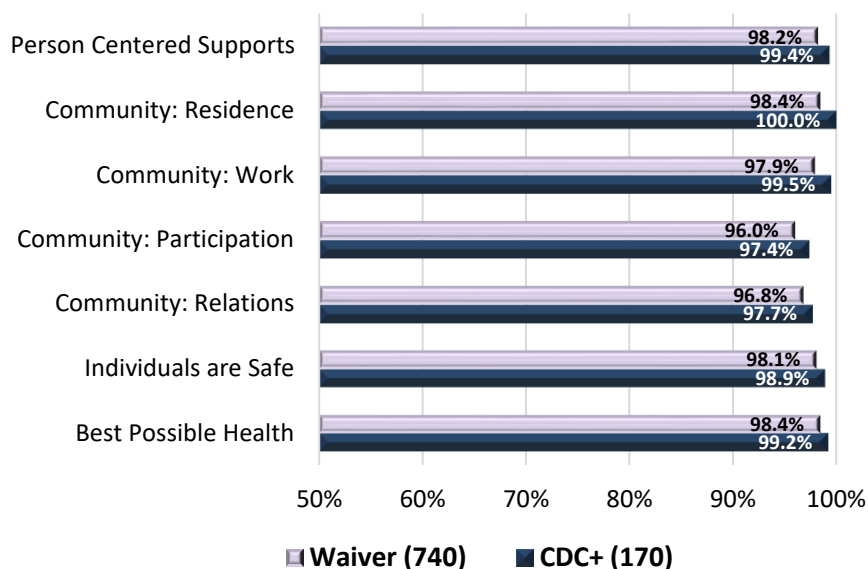
3. Community: Individuals have opportunities for integration in all aspects of their lives including where they work (majority of findings apply to individuals receiving LSD 1, 2 or 3, or Personal Supports if used as a meaningful day activity) (4) (Work)
4. Community: Individuals have opportunities for 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 a Waiver Support Coordinator (WSC). 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. Scores to date are high, with CDC+ somewhat higher on all standards.

**Figure 4: PCR II Results by Standard and Type
 July - December 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

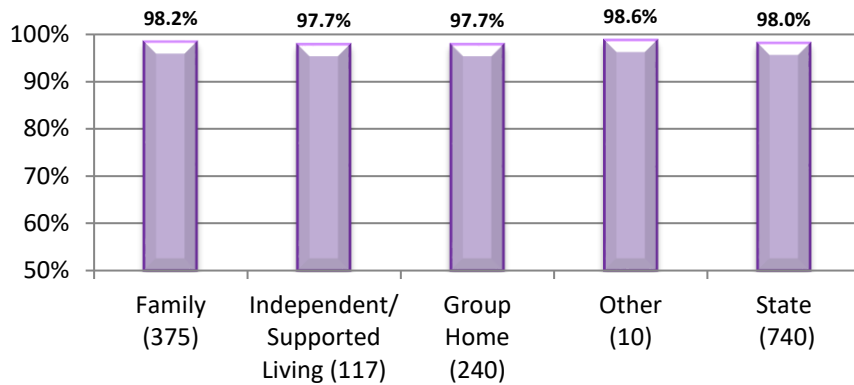
The average PCR II scores are presented in Table 3, for each region and statewide. There is very little variation across regions for Waiver or CDC+ results.

Table 4: PCR II Results by Region				
July – December 2017				
	Waiver		CDC+	
Region	#	% Met	#	% Met
Northwest	69	97.7%	17	97.1%
Northeast	117	98.0%	37	98.8%
Central	94	96.5%	44	99.3%
Suncoast	175	98.0%	25	99.7%
Southeast	163	98.3%	40	99.3%
Southern	122	98.7%	7	99.7%
State	740	98.0%	170	99.1%

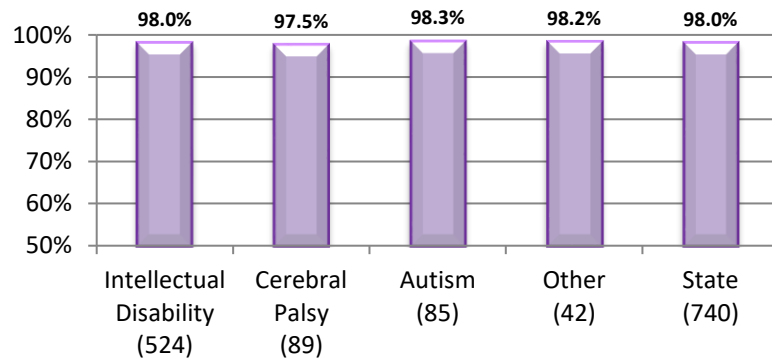
PCR II by Residential Status, Disability and Age

PCR II results are shown by residential status, disability and age group in Figures 5 – 7. Because the number of CDC+ cases is small in many of the categories, results are shown only for the Waiver. CDC+ results will be shown when more data are available. There is very little variation across these demographic characteristics.

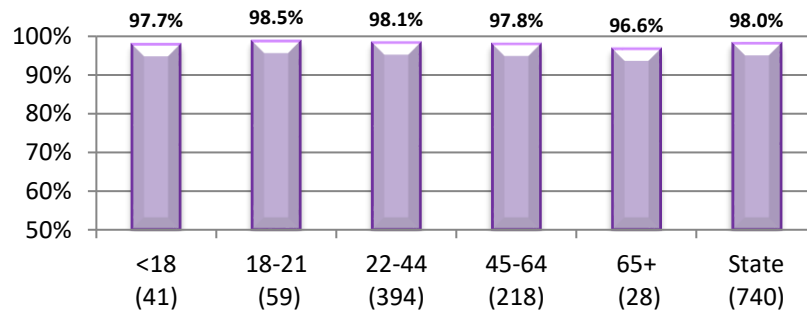
**Figure 5: PCR II by Residential Status (Waiver only)
 July - December 2017**



**Figure 6: PCR II by Primary Disability (Waiver only)
 July - December 2017**



**Figure 7: PCR II by Age Group (Waiver only)
 July - December 2017**



PCR Waiver Support Coordinator (WSC) Interview

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 II.

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, with very little variation across regions or standards.

**Figure 8: Interview Results by Standard
 WSC and CDC+ C
 July - December 2017**

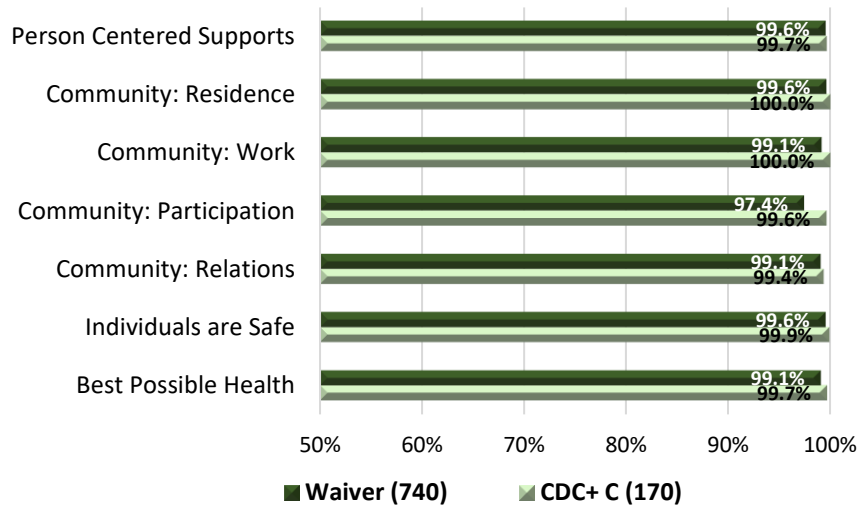


Table 5: WSC and CDC+ C Interview Results by Region July - December 2017				
Region	WSC		CDC+	
	#	% Met	#	% Met
Northwest	69	98.7%	17	98.8%
Northeast	117	99.8%	37	99.8%
Central	94	98.8%	44	99.9%
Suncoast	175	99.4%	25	100.0%
Southeast	163	99.0%	40	99.8%
Southern	122	99.5%	7	100.0%
State Average	740	99.3%	170	99.7%

Of the 62 different indicators used to measure standards for the WSC/CDC+ Interview, none showed a score of less than 90 percent. CDC+ Consultants scored 100 percent on 43 of the standards.

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, 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 95.4 percent and 97.2 percent of standards met respectively.
- WSC records reviewed to date show five indicators with a score below 90 percent indicating WSC documentation did not provide evidence the:
 - Current Annual Report was present (86.9%)
 - Support Plan includes a current Safety Plan (n=27; 74.1%)
 - 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 (85.0%)
 - 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 (89.3%)
 - Pre-Support Plan planning activities were conducted (83.6%)
- Consultant records reviewed to date showed one indicator with a score below 90 percent, indicating documentation did not provide evidence the Consultant assists the person to:
 - Define abuse, neglect and exploitation, including how the person would report these (87.5%)

Table 6: PCR WSC and CDC+ Record Review Results by Region				
July - December 2017				
	Waiver Support Coordinator		CDC+ Consultant	
Region	# Records Reviewed	Percent Met	# Records Reviews	Percent Met
Northwest	69	94.5%	17	97.9%
Northeast	117	92.0%	37	96.0%
Central	94	94.6%	44	96.3%
Suncoast	175	95.5%	25	98.2%
Southeast	163	96.6%	40	98.2%
Southern	122	98.1%	7	97.5%
State	740	95.4%	170	97.2%

Table 7: WSC Record Review Results by Standard		
July - December 2017		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	739	96.9%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	738	97.3%
Level of care is completed accurately using the correct instrument/form.	740	92.0%
Person receiving services is given a choice of waiver services or institutional care at least annually.	740	98.6%
The Support Plan is updated within 12 months of the person's last Support Plan.	734	99.7%
The current Annual Report is in the record.	734	86.9%
The Support Plan is updated/revised when warranted by changes in the needs of the person.	398	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.	739	97.3%
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.	720	91.7%
Support Plan includes supports and services consistent with assessed needs.	737	99.3%
Support Plan reflects support and services necessary to address assessed risks.	724	98.3%
Support Plan includes a current Safety Plan.	27	74.1%

Table 7: WSC Record Review Results by Standard		
July - December 2017		
Standard	Number Reviewed	Percent Met
Support Plan reflects the personal goals/outcomes of the person.	738	99.7%
The current Support Plan includes natural, generic, community and paid supports for the person.	740	98.2%
WSC documentation demonstrates current, accurate, and approved Service Authorizations are issued to service provider(s).	728	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.	727	85.0%
The Support Coordinator is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	739	100.0%
The Support Coordinator bills for services only after service is rendered.	739	97.8%
The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted.	739	83.6%
The Support Coordination Progress Notes demonstrate required monthly contact/activities were completed and are in the record.	738	95.3%
For individuals in supported living arrangements Progress Notes demonstrate required activities are covered during each quarterly home visit.	113	92.9%
For persons living in Supported Living Arrangements the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider.	111	98.2%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis.	731	97.9%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing among waiver service providers on an ongoing basis.	735	97.7%
The Support Coordinator documents efforts to assist the person/legal representative to know about rights on an ongoing basis.	739	95.8%
The Support Coordinator documents efforts to ensure the person's health and health care needs are addressed on an ongoing basis.	739	98.2%
The Support Coordinator documents efforts to ensure person's safety needs are addressed on an ongoing basis.	736	97.6%
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.	503	91.5%
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.	739	89.3%
Average WSC Record Review Score	18,804	95.4%

Table 8: CDC+ Consultant Results by Standard		
July – December 2017		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	170	97.1%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	170	96.5%
Level of care is completed accurately using the correct instrument/form.	170	97.1%
Person receiving services is given a choice of waiver services or institutional care at least annually.	170	97.6%
The Support Plan is updated within 12 months of the person's last Support Plan.	170	100.0%
The current Annual Report is in the record.	170	90.6%
The Support Plan is updated/revised when warranted by changes in the needs.	69	98.6%
Consultant documents the Support Plan is provided to the person or the legal representative, within 10 days of the Support Plan effective date.	170	98.8%
Support Plan includes supports and services consistent with assessed needs.	170	99.4%
Support Plan reflects support and services necessary to address assessed risks.	167	98.2%
Support Plan includes a current Safety Plan.	11	100.0%
Support Plan reflects the personal goals of the person.	170	98.8%
The current Support Plan includes natural, generic, community and paid supports for the person.	170	98.8%
Services are delivered in accordance with the Cost Plan.	170	100.0%
The Consultant is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	170	100.0%
The Consultant bills for services only after service is rendered	170	99.4%
Participant Monthly Review forms & Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	170	99.4%
The Consultant documents efforts to assist the person/legal representative to know about rights on an ongoing basis.	169	90.5%
The Consultant documents efforts to ensure the person's health and health care needs are addressed on an ongoing basis.	170	96.5%
The Consultant documents efforts to ensure the person's safety needs are addressed on an ongoing basis.	169	97.6%
The Consultant has a method in place to document information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis.	125	95.2%
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.	168	87.5%
Completed/signed Participant-Consultant Agreement is in the record.	170	98.8%
Completed/signed CDC+ Consent Form is in the record.	170	96.5%

Table 8: CDC+ Consultant Results by Standard		
July – December 2017		
Standard	Number Reviewed	Percent Met
Completed/signed Participant-Representative Agreement is in the record.	169	98.8%
All applicable completed/signed Purchasing Plans are in the record.	170	98.8%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	169	97.6%
All applicable completed/signed Quick Updates are in the Record.	69	97.1%
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	66	92.4%
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	149	98.7%
Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	149	99.3%
Consultant has taken action to correct any overspending by the Participant.	9	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.	2	100.0%
The Emergency Backup Plan is in the record and is reviewed annually.	167	95.2%
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.	153	95.4%
Average PCR CDC+ Consultant Result	5,043	97.2%

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 December 2017, 198 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 94.3 percent compliance, with 18 of the 19 standards showing scores over 90.0 percent.

- The number of reviews completed in each region is relatively 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 (80.7%).

Table 9: CDC+ Representative Record Review Results by Region		
July - December 2017		
Region	# of Reviews	Percent Met
Northwest	17	86.3%
Northeast	46	95.9%
Central	46	94.6%
Suncoast	34	93.6%
Southeast	48	95.2%
Southern	7	96.0%
State	198	94.3%

Table 10: CDC+ Representative Results by Standard		
July - December 2017		
Standard	Number Reviewed	Percent Met
Complete and signed Participant/ Representative Agreement is available for review.	193	98.4%
Accurate Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	183	92.9%
Signed and approved Invoices for Vendor Payments are available for review.	100	93.0%
Signed and approved receipts/statement of "Goods and Services" for reimbursement items are available for review.	50	94.0%
Complete Employee Packets for all Directly Hired Employees are available for review.	179	96.1%
Complete Vendor Packets for all vendors and independent contractors are available for review.	110	97.3%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	178	93.3%
Signed Employer/Employee Agreement for each Directly Hired Employee (DHE) is available for review.	91	95.6%

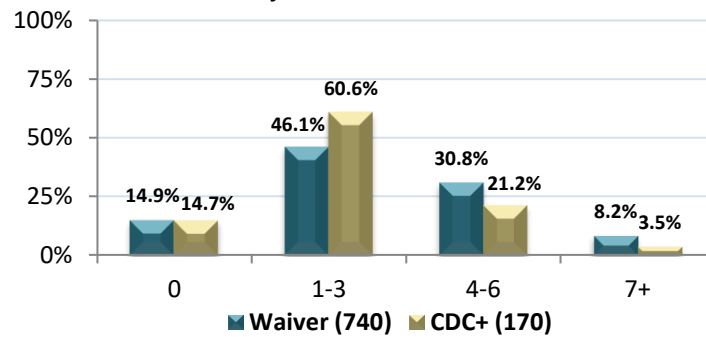
Table 10: CDC+ Representative Results by Standard		
July - December 2017		
Standard	Number Reviewed	Percent Met
All applicable signed and approved Purchasing Plans are available for review.	193	96.9%
Copies of Support Plan(s) are available for entire period of review.	198	96.0%
Copies of approved Cost Plans are available for entire period of review.	198	91.4%
Emergency Backup Plan is complete and available for review.	194	95.4%
Corrective Action Plan (if applicable) is available for review.	8	100.0%
Background screening results for all providers who render direct care are available for review.	187	80.7%
All applicable signed and approved Quick Updates are available for review.	62	100.0%
Monthly Statements are available for review.	198	96.5%
Documentation is available to support the reconciliation of Monthly Statements.	198	85.9%
The Participant obtains services consistent with stated/documentated needs and goals.	198	99.0%
The Participant makes purchases that are consistent with the Purchasing Plan.	189	99.5%
Average CDC+ Representative Record Review Score	2,907	94.3%

Health Summary

During the PCR, Delmarva reviewers utilize an extensive Health Summary tool to help capture facets of the individual’s health status, 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 figures and tables show the percent of individuals receiving services through the Waiver or CDC+ who were taking prescription medications by the number of medications taken (Figure 9); the percent of individuals taking four or more medications or with health concerns by year (Table 11); and the percent of individuals taking or four or more medications by region (Table 12). It is important to remember that while findings are similar to previous years, they are from approximately half of the sample to be completed by the end of the contract year. The number of reviews completed by region, particularly for CDC+, was small and comparisons across regions should be made with caution. For example, only seven CDC+ PCRs were completed in the Southern Region.

**Figure 9: Number of Prescription Drugs
by Waiver Type
July - December 2017**



**Table 11: Medications and Health Concerns
July - December 2017**

	2015		2016		Jan - Jun 2017		Jul - Dec 2017	
	Waiver (1,047)	CDC (270)	Waiver (1,3557)	CDC (385)	Waiver (987)	CDC+ (226)	Waiver (740)	CDC + (170)
Taking 4 or More Prescription Medications	39.3%	26.6%	37.5%	27.4%	39.2%	25.7%	39.1%	24.7%
Have Health Concerns and Needs are Not Being Met	2.6%	1.3%	2.5%	3.1%	1.5%	1.6%	2.2%	0.0%

**Table 12: Individuals Taking 4 or More Mediations by Region
July - December 2017**

Region	Waiver		CDC+	
	Number of PCRs	Percent Taking 4+ Meds	Number of PCRs	Percent Taking 4+ Meds
Northwest	69	31.9%	17	35.3%
Northeast	117	42.7%	37	29.7%
Central	94	37.2%	44	18.2%
Suncoast	175	38.3%	25	12.0%
Southeast	163	33.7%	40	25.0%
Southern	122	49.2%	7	57.1%
State	740	39.1%	170	24.7%

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 December 2017, 1,050 PDRs were completed by reviewers and approved by Delmarva management; 802 service providers and 248 WSCs.

PDR Individual and Staff Interviews

The PDR for wavier services (excludes WSC 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 II are the same as for the PCR II but the focus is specific to the

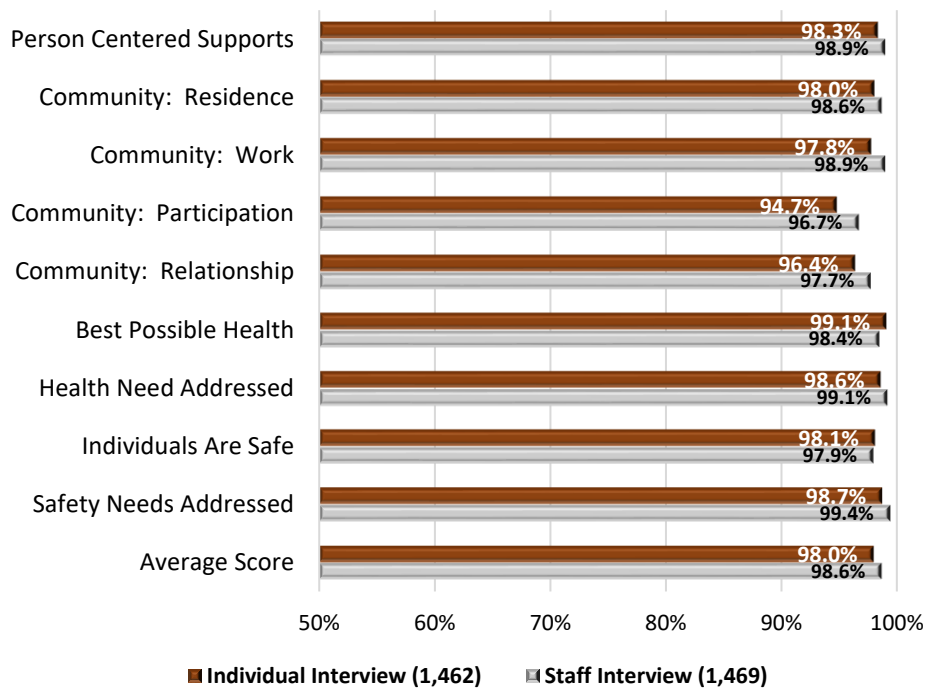
⁹ All review tools are posted on the FSQAP website <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>.

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.

provider participating in the PDR.^{11 12} Figure 10 shows Individual and Staff Interview results by Standard and Table 13 shows the results by region.

- Delmarva completed 1,469 Staff and 1,462 Individual Interviews between July and December 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 10: PDR Individual and Staff Interviews by Standard
 July - December 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 13: PDR Interview Results by Region				
July - December 2017				
	Individual		Staff	
Region	#	% Met	#	% Met
Northwest	106	98.0%	109	98.3%
Northeast	277	97.7%	280	98.3%
Central	263	97.0%	253	97.8%
Suncoast	372	97.9%	373	99.3%
Southeast	248	98.7%	243	99.1%
Southern	196	99.2%	211	98.8%
State	1,462	98.0%	1,469	98.6%

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.

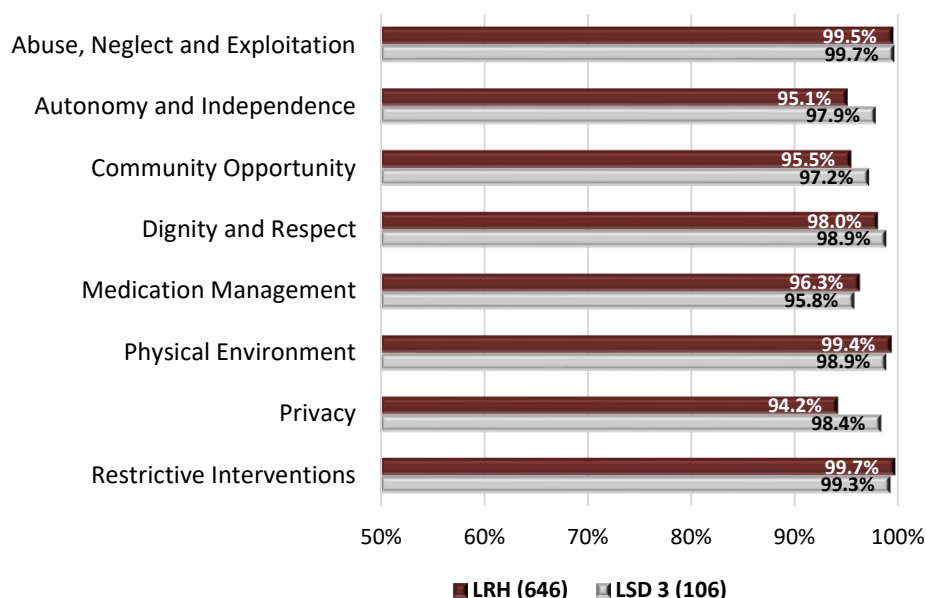
From July - December 2017, Observations were completed at 106 Day Program locations and 646 LRHs. PDR Observation scores are shown by Region and type of location in Table 14. The number of Observations completed for Day Programs is quite small in all regions and comparative analysis across regions or between LRHs and day programs should not be made until more data are available.

Table 14: PDR Observation Scores by Region and Location				
July - December 2017				
	LRH		LSD 3	
Region	# OBS	% Met	# OBS	% Met
Northwest	27	97.6%	9	97.2%
Northeast	139	96.7%	17	98.8%
Central	123	93.9%	14	97.5%
Suncoast	160	97.4%	38	98.9%
Southeast	105	97.9%	15	99.6%
Southern	92	98.3%	13	98.6%

State	646	96.8%	106	98.6%
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Observations are shown by Standard and Location Type in Figure 11. To date, scores are generally high across all the standards, over 94 percent. Currently, the lowest scoring area is in Privacy, for LRHs, with 94.2 percent compliance.

**Figure 11: Observations by Location and Standard
July - December 2017**



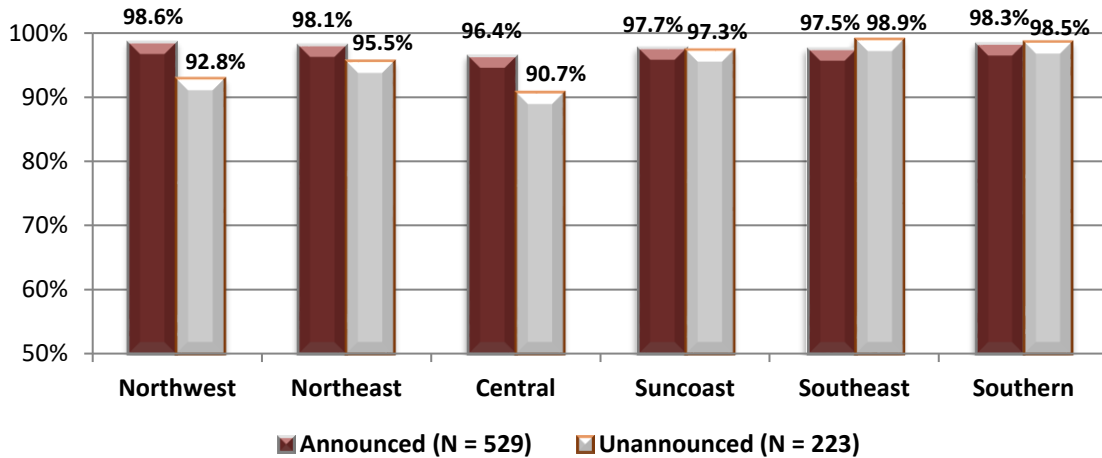
Observations by Type: Announced vs Unannounced

Of the 752 Observations completed, 223 (29.7%) 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 15 shows results by Observation location and type (Announced vs. Unannounced).

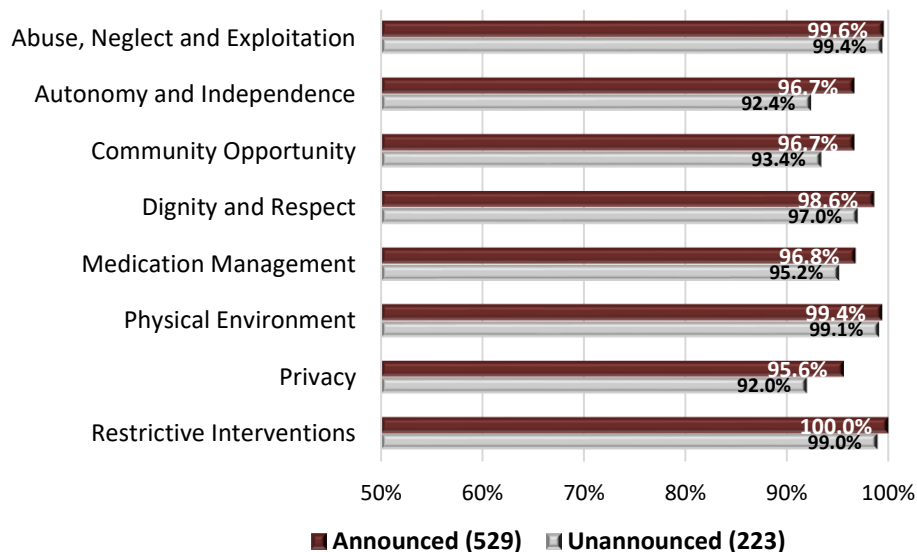
Table 15: Observation Scores by Observation Type and Location Type July - December 2017						
Observation Type	LRH		LSD 3		State	
	# OBS	% Met	# OBS	% Met	# OBS	% Met
Announced	454	97.5%	75	98.7%	529	97.7%
Unannounced	192	95.1%	31	98.4%	223	95.4%

Findings for Observation Type by Region are shown in Figure 12 and by Standard in Figure 13. 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, Autonomy and Community Opportunity.

**Figure 12: Announced vs. Unannounced Observations by Region
 July - December 2017**



**Figure 13: Observations by Type and Standard
 July - December 2017**



Observation Results by Indicator

A majority of the 71 indicators reflected scores of at least 95 percent or higher: 68 (95.7%) for Day Programs and 58 (81.7%) 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. (82.1%, n=624)

Individuals have a key to their bedroom door (76.8%, n=624)

Training in use of public transportation is available and facilitated (82.4%, n= 426)

Individuals participate in the development of the ‘house rules’ (88.0%, n=625)

Observation Indicator Differences by Type

There was a small difference, on average, between the Announced and Unannounced Observation scores, 97.7 percent and 95.4 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 bedrooms or the ability to lock the bathroom door; to help develop house rules or be trained in the use of public transportation; to be given the opportunity to have checking or savings accounts; or to get unopened mail.

Table 16: Observation Indicators: Announced v Unannounced			
July - December 2017			
Indicator Text	Percent Met		Difference
	Announced	Unannounced	
Individuals have a key to their bedroom doors.	80.2%	68.6%	11.6%
Individuals are not afforded the opportunity to have a checking or savings account or other means to have access to and control of funds.	96.7%	86.5%	10.3%
Person’s mail is not opened by others without permission	99.6%	91.1%	8.5%
Training in the use of public transportation is available and facilitated.	86.1%	77.7%	8.4%
Individuals cannot lock the bedroom door.	93.9%	86.3%	7.6%
Individuals cannot come and go as they please.	97.8%	90.5%	7.4%
Individuals cannot lock the bathroom door.	94.9%	88.4%	6.5%

Table 16: Observation Indicators: Announced v Unannounced			
July - December 2017			
Indicator Text	Percent Met		Difference
	Announced	Unannounced	
Individuals are making meaningful connections in the community.	95.2%	89.8%	5.4%
Individuals participate in the development of the "house rules."	89.8%	84.5%	5.3%
Individuals are not allowed to decorate their sleeping/living/work (where applicable) space in the way that suits them.	98.8%	93.6%	5.2%
Individuals are afforded privacy when warranted.	98.7%	93.7%	5.0%
Individuals have freedom, choice and support to control their daily routine, schedules and activities.	98.7%	93.7%	5.0%

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, therefore 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 averaged 91.3 percent compliance with Policy and Procedure requirements, WSCs scoring somewhat higher (95.3%). Service providers were least likely to have written policies and procedures detailing:

- Compliance with background screening and 5-year rescreening requirements (79.6%)
- 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 (82.2%)
- Methods for ensuring person’s confidentiality and storing records in secure manner (86.6%)
- Methods for management and accounting of personal funds (83.6%)

WSCs were also least likely to have written policies pertaining to background screening compliance (82.0%) and methods for ensuring person’s confidentiality and storing records in secure manner (86.9%).

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 - December 2017				
P&P Standard	Service Providers (n = 802)		WSC (n = 248)	
	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.	28	100%	NA	NA
Agency vehicles used for transportation are properly insured.	279	98.9%	NA	NA
Agency vehicles used for transportation are properly registered.	284	96.1%	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.	676	96.4%	61	98.4%
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.	676	93.9%	61	93.4%
The provider maintains written policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening.	676	79.6%	61	82.0%
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.	675	82.2%	61	90.2%
The provider maintains written policies and procedures detailing how the provider will ensure the individuals' medications are administered and handled safely.	476	95.4%	12	100.0%
The provider maintains written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider.	676	90.1%	60	91.7%
The provider maintains written policies and procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues.	676	97.5%	62	98.4%
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.	676	86.8%	61	86.9%
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.	477	83.6%	9	100.0%
The provider maintains written policies and procedures in compliance with 65G-8.003 (Reactive Strategy Policy and Procedures).	176	92.6%	5	100.0%

P&P Standard	Service Providers (n = 802)		WSC (n = 248)	
	Standards Reviewed	% Met	Standards Reviewed	% Met
The provider addresses all incident reports.	427	98.4%	178	99.4%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	146	98.6%	75	100.0%
All instances of abuse, neglect, and exploitation are reported.	132	98.5%	73	100.0%
The provider identifies addresses and reports all medication errors.	117	99.1%	12	100.0%
Average Policies and Procedures	7,273	91.3%	791	95.3%

Region	Service Providers				WSCs			
	Agency (n=672)		Solo (n=130)		Agency (n=60)		Solo (n=188)	
	Standards Reviewed	% Met	Standards Reviewed	% Met	Standards Reviewed	% Met	Standards Reviewed	% Met
Northwest	409	89.0%	9	100.0%	48	91.7%	20	100.0%
Northeast	1326	87.9%	31	90.3%	79	88.6%	35	100.0%
Central	1335	91.2%	28	78.6%	54	90.7%	65	100.0%
Suncoast	1947	91.7%	16	81.3%	89	88.8%	66	98.5%
Southeast	1184	93.9%	1	100.0%	157	96.8%	40	0.0%
Southern	965	93.4%	22	90.9%	122	97.5%	18	0.0%
State	7,166	91.3%	107	86.9%	549	93.4%	244	99.6%

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 802 providers and 248 WSCs who participated in a PDR between July and December 2017, 2,068 and 341 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 53.8 percent of service providers and 65.2 percent of WSCs had received training in Requirements for All Waiver Providers
- Approximately 62.6 percent of Personal Support providers and 67.6 percent of providers offering Life Skills Development 1 (Companion) had completed in-service training related to the specific needs of at least one person receiving services
- 66.3 percent of providers offering Residential Habilitation (Standard) and 69.4 percent of Life Skills Development 3 (ADT) providers had completed in-service training related to the implementation of individually tailored services
- Approximately 77.6 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.	2068	802	84.4%
The provider received training in Zero Tolerance.	2068	802	89.5%
The provider received training in Basic Person Centered Planning.	1252	623	88.6%
The provider received training on Individual Choices, Rights and Responsibilities	1255	620	90.8%
The provider received training in Requirements for All Waiver Providers	2036	800	53.8%
The provider received training in HIPAA.	2065	802	81.7%
The provider received training in HIV/AIDS/Infection Control.	1994	790	83.4%
The provider maintains current CPR certification.	2000	790	90.8%

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 - December 2017			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The provider received training in First Aid.	1989	788	83.0%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	952	414	98.3%
The provider maintains current medication administration validation.	926	405	95.3%
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).	350	153	96.7%
Drivers of transportation vehicles are licensed to drive vehicles used.	1531	693	99.4%
Personal vehicles used for transportation are properly insured.	1030	520	94.2%
Personal vehicles used for transportation are properly registered.	1028	519	92.5%
The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.	32	28	89.3%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	519	337	96.1%
The provider has completed standardized, pre-service training for Life Skills Development Level 2.	121	97	99.0%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	137	83	100.0%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	963	528	94.9%
The provider meets all minimum educational requirements and levels of experience for Respite.	253	180	95.0%
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.	233	193	99.5%
The provider completed required Supported Living Pre-Service training.	234	194	97.4%
The Supported Living Coach completed Introduction to Social Security Work Incentives.	222	185	79.5%
The provider received training in Direct Care Core Competency.	1208	600	96.2%

Table 19: PDR Qualifications and Training Service Provider Results by Standard July - December 2017			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The provider received training in Direct Care Core Competencies.	886	486	92.8%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	104	67	100.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	38	33	100.0%
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.	36	32	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	447	306	67.6%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	121	97	99.0%
The Life Skills Development 2 provider completed Introduction to Social Security Work Incentives.	119	95	88.4%
The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment.	114	94	77.7%
The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services.	105	72	69.4%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	670	276	96.0%
The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	554	264	66.3%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	160	76	98.7%
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.	158	75	96.0%
The Residential Habilitation - Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.	129	69	88.4%

Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	24	17	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.	24	17	94.1%
The Supported Living Coach provider completes eight hours of annual in-service training.	217	180	78.9%
The Personal Support provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	814	495	62.6%
The Residential Habilitation - Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics.	19	15	93.3%

Standard	# Records Reviewed	# WSCs	% WSCs w/ Standard Met
The provider has completed all aspects of required Level II Background Screening.	341	248	92.3%
The provider received training in Zero Tolerance.	341	248	94.4%
The provider received training in Basic Person Centered Planning.	316	231	96.1%
The provider received training on Individual Choices, Rights and Responsibilities	105	78	100.0%
The provider received training in Requirements for all Waiver Providers	339	247	65.2%
The provider received training in HIPAA.	341	248	87.1%
The provider received training in HIV/AIDS/Infection Control.	340	248	85.1%
The provider maintains current CPR certification.	340	248	88.7%
The provider received training in First Aid.	340	248	86.3%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	4	4	100.0%
The provider maintains current medication administration validation.	4	4	100.0%

Table 20: PDR Qualifications and Training WSC Results by Standard July - December 2017			
Standard	# Records Reviewed	# WSCs	% WSCs w/ Standard Met
The provider received training in an Agency approved curriculum for behavioral emergency procedures consistent with the requirements of the Reactive Strategies rule (65G-8, FAC).	4	4	100.0%
Drivers of transportation vehicles are licensed to drive vehicles used.	44	38	100.0%
Personal vehicles used for transportation are properly insured.	35	30	96.7%
Personal vehicles used for transportation are properly registered.	35	30	100.0%
The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	100	84	98.8%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	338	246	99.2%
The Support Coordinator completed required Statewide pre-service training.	341	248	98.8%
The Support Coordinator completed required Region Specific training.	338	246	97.2%
The Support Coordinator completed Introduction to Social Security Work Incentives.	338	247	87.9%
The Support Coordinator completes 24 hours of job related annual in-service training.	326	241	77.6%
The provider received training in Direct Care Core Competency.	294	217	98.2%
The provider received training in Direct Care Core Competencies.	55	48	93.8%

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. Results are preliminary and comparisons across regions should be made with caution. On average, service providers are compliant on 86.8 percent of the requirements and WSCs are compliant on 90.2 percent of the requirements. There appears to be some variation across regions, which will be tracked as more data are available.

Table 21: Qualifications and Training Results by Region July – December 2017				
Region	Service Providers		WSCs	
	# PDRs	Average	# PDRs	Average
Northwest	71	91.4%	23	94.4%
Northeast	153	87.3%	43	92.4%
Central	146	84.6%	51	87.1%
Suncoast	194	86.5%	46	89.0%
Southeast	129	85.4%	58	89.6%
Southern	109	88.5%	27	92.4%
Total	802	86.8%	248	90.2%

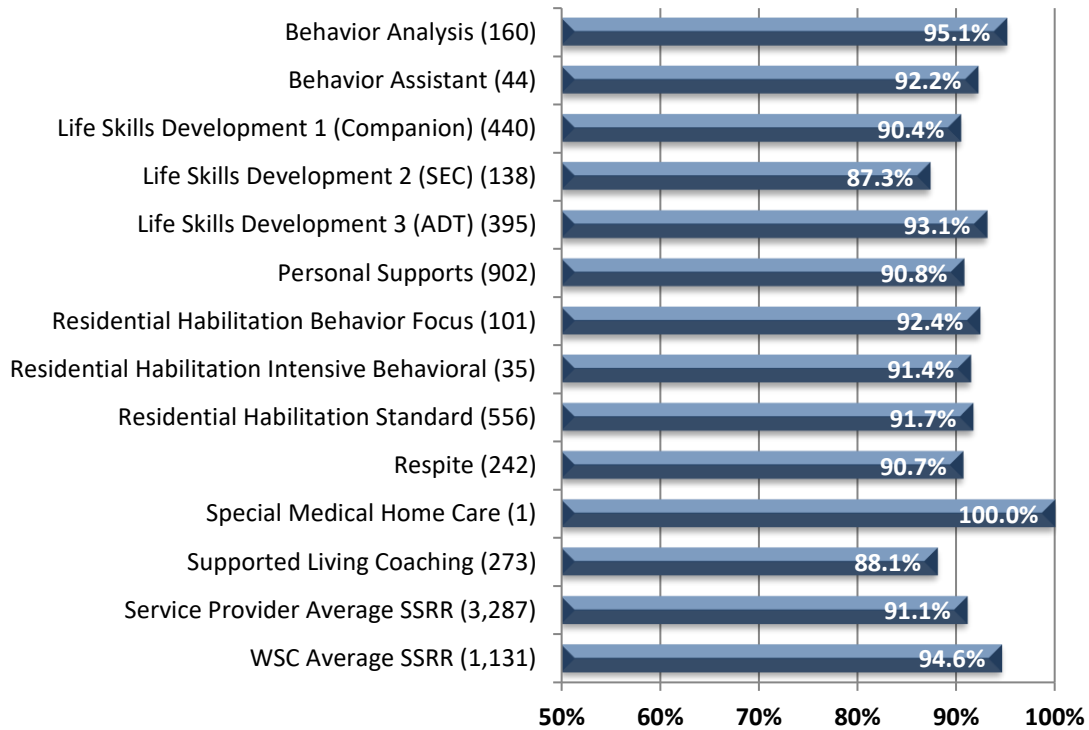
Service Specific Record Review Results (SSRR)

During the PDR, a sample of individuals is used to review records for each service offered by the provider. The number of records reviewed depends upon the size of the organization and the number of services provided. At least one record per service is reviewed, a minimum of 10 records for larger providers (caseload of 200 or more). The SSRR tool includes a review of standards specific to each service. There were 3,281 SSRRs completed during the first two quarters of SFY18 as part of the 802 PDRs for service providers and 1,131 SSRRs completed as part of the 248 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 14 and by region in Table 22. Because many of the standards have a weight of more than one, both the weighted score and the percent of standards scored as met (Percent Met) are presented. Comparisons by service in Figure 14 show the Percent Met with the number of reviews completed shown in parentheses. Data to date indicate:

- Providers offering Supported Employment or Supported Living Coaching scored lowest on service compliance standards.
- Only one provider of Special Medical Home Care was reviewed, with 100 percent compliance.
- There appears to be some variation across regions.

**Figure 14: Service Specific Record Reviews Percent Met by Service
 July - December 2017**



**Table 22: PDR Service Specific Record Review Results by Region
 July - December 2017**

Region	Service Providers			WSCs		
	# Records Reviewed	Weighted Score	Percent Met	# Records Reviewed	Weighted Score	Percent Met
Northwest	226	93.2%	92.8%	109	94.3%	94.0%
Northeast	631	88.1%	86.8%	173	90.9%	91.2%
Central	593	92.9%	92.2%	144	92.7%	92.5%
Suncoast	861	92.3%	91.5%	271	94.2%	94.3%
Southeast	541	92.4%	91.4%	252	96.0%	96.3%
Southern	429	94.8%	93.9%	182	98.2%	98.1%
State	3,281	92.0%	91.1%	1,131	94.5%	94.6%

Summary of PDR Scores by Region

Information in Tables 23 and 24 provide a summary of the average PDR results by region and review components, for service providers and WSCs respectively.¹⁵ For service 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.

Region	Policy & Procedure (n=802)	Qualifications & Training (n=2,068) ¹⁶	SSRR (n=3,281)	Staff Interview (n=1,469)	Individual Interview (n=1,462)	OBS (N= 752)
Northwest	89.2%	91.4%	92.8%	98.3%	98.0%	97.5%
Northeast	87.9%	87.3%	86.8%	98.3%	97.7%	96.9%
Central	91.0%	84.6%	92.2%	97.8%	97.0%	94.2%
Suncoast	91.6%	86.5%	91.5%	99.3%	97.9%	97.6%
Southeast	93.9%	85.4%	91.4%	99.1%	98.7%	98.0%
Southern	93.3%	88.5%	93.9%	98.8%	99.2%	98.4%
State	91.3%	86.8%	91.1%	98.6%	98.0%	97.0%

Region	# of PDRs	Qualifications & Training (n = 341)	Policy & Procedure (n = 248)	WSC Record Reviews (n = 1,181)
Northwest	23	95.6%	94.1%	94.0%
Northeast	43	93.8%	92.1%	91.2%
Central	51	87.7%	95.8%	92.5%
Suncoast	46	91.0%	92.9%	94.3%
Southeast	58	91.5%	97.5%	96.3%
Southern	27	94.2%	97.9%	98.1%
State	248	91.9%	95.3%	94.6%

¹⁵ The number of reviews completed in the Southern Region was impacted by Hurricane Irma. These were completed during the following quarter, data to be reported in the next quarterly report.

¹⁶ Data based on the number of employee records reviewed (2,068). Percent Met is based on the percent of providers for which all employee records scored the standards met.

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 Regional 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 December 2017, 168 alerts were recorded for service providers with an additional 16 reported for WSCs (background screening only). Approximately 56 percent of the service provider alerts was due to a lack of required documentation needed to provide evidence background screening had been completed (94/168). An additional 74 alerts were reported as shown in the following table, with 63 related to health, safety, or medication administration/ training.

Alert Type	Times Cited
Rights	5
Health & Safety	33
Abuse/Neglect/Exploitation	1
Background Screening	94
Medication Administration/Training	30
Driver’s License/Insurance (Employee)	5
Vehicle Insurance (Administrative)	0
WSC Background Screening	16
Total Alerts	184

Background Screening

When examining background screening results, a varying number of employee records are reviewed to determine compliance with all the components of the requirement. 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 background screening requirements than were WSCs, 84.4 percent and 92.3 percent respectively.
- Providers and WSCs in the 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	71	93.0%	23	95.7%
Northeast	153	84.3%	43	93.0%
Central	146	81.5%	51	92.2%
Suncoast	194	86.1%	46	93.5%
Southeast	129	81.4%	58	91.4%
Southern	109	83.5%	27	88.9%
Total	802	84.4%	248	92.3%

Billing Discrepancy

For each service, several applicable standards related to billing requirements are scored 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 of standards reviewed, by service, that were in compliance with billing requirements. To date there is some variation across services. Within the services, the standards most often not met were related to maintaining accurate service logs or progress notes.

Service	Records Reviewed	% Met
Behavior Analysis	159	89.3%
Behavior Assistant	43	83.7%
CDC+ Consultant	174	97.1%
Life Skills Development 1 (Companion)	438	75.8%
Life Skills Development 2 (SEC)	138	76.1%
Life Skills Development 3 (ADT)	395	87.1%

Table 27: Billing Discrepancy Standards by Service		
July - December 2017		
Service	Records Reviewed	% Met
Personal Supports	900	77.7%
Residential Habilitation Behavior Focus	101	96.0%
Residential Habilitation Intensive Behavioral	35	80.0%
Residential Habilitation Standard	556	95.7%
Respite	242	76.0%
Special Medical Home Care	NA	NA
Support Coordination	1,131	91.2%
Supported Living Coaching	273	71.1%
Total	4,585	84.9%

Section III: Discovery

Findings in this report reflect data from PCR and PDR reviews completed between July and December 2017. A total of 988 PCRs, 1,050 PDRs and 198 CDC+ Representative reviews were completed, approved and available for analysis. Because this represents about half 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. Feedback from providers about the reviewer and review processes remains extremely positive.

During the second quarter, 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. The director and managers met bi-weekly via conference call, with one face-to-face meeting to further enhance communication and ensure consistency in processes. 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

Results from reviews completed to date this year indicate providers are offering quality services and individuals are generally satisfied with those services. In addition, most people with a health concern indicated their needs were being met.

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 the 910 PCR components were relatively high, each over 94 percent:



Results from the 802 PDRs conducted with service providers and 128 conducted with WSCs indicate providers performed very well in all aspects of the review, as shown in the following graphic.

Individual Interview – 98.0%
Staff Interview – 98.6%
Observations – LSD 3 98.6% ; LRH 98.3%
Service Specific Record Reviews– 91.8%; WSC 94.7%
Policies and Procedures – Service Providers 91.1% ; WSC 94.6%
Qualifications and Training – Service Providers 86.8% ; WSC 90.2%

To date, findings from the reviews show patterns similar to previous years. Further drill down will be possible in subsequent reports, when more data are available. While the overall review scores were high, there were a few areas worth continued monitoring.

Support Coordination

Support Coordinators and CDC+ Consultants showed high scores on interviews and compliance from record reviews. However, approximately 16 percent of WSCs did not show evidence the Pre-Support Plan planning activities had occurred on behalf of the person. At least annually the WSC is required to conduct Pre-Support Plan planning activities to help prepare the person for the upcoming Support Plan meeting and encourage the person to start thinking of personal goals, needs, and supports prior to the development of the support plan. This is an important step in helping provide information that enhances the person’s ability to have a voice during the meetings. During these activities the WSC should:

- Discuss the purpose of the planning process with the person.
- Review the status of the person’s current goals and outcomes, and discuss potential changes for the coming year.
- Review the status of current services and providers, and discuss changes that may be needed.
- Discuss person’s preferences for possible dates, times, and locations for the meeting, and who the person would like to invite including providers, family members and friends.

Recommendation 1: The Quality Council could consider adding the Pre-Support Plan planning activities to the agenda for the next QC meeting, to brainstorm barriers that may be preventing this important activity and ways WSCs could ensure it occurs with the person.

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 Observations they were less likely to see demonstration that people had keys to homes or bedrooms; access to and control of personal funds; training in the use of public transportation; the right to unopened mail; and the ability to come and go as they please.

Recommendation 2: 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 could work with Delmarva and devise ways, within the contract and budgets, to consider including a random sample of Unannounced Observations across the state, apart from the current PCR and PDR processes, as an integral part of the FSQAP system.

Recommendation 3: Training on the use of public transportation is a critical aspect of helping individuals be able to access their communities as desired. Delmarva Quality Assurance Reviewers may want to develop a list of best practices in helping individuals learn to use public transportation, and disseminate this to providers during the reviews and include on the FSQAP website. This is a project the Quality Council may also want to consider.

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 completed training in the Requirements of All Waiver Providers. In addition, many providers were lacking evidence of completing training on the specific needs of at least one person or on the implementation of individually tailored services. Because each person has unique needs, this type of individualized training is needed to help the person live the fullest life possible.

Recommendation 4: Delmarva should work with APD, perhaps through the Quality Council, to identify resources available to providers in each region where providers could complete some types of training specific to the needs of the person receiving services. This information could be posted to the APD and Delmarva websites and offered to providers while onsite for provider reviewers.

Providers need to ensure all relevant employees have completed background screening requirements, and re-screening every five years. APD has implemented various quality improvement initiatives that have, over the last several years, increased overall compliance with background screening requirements. However, close to 20 percent of the 802 providers did not have appropriate

policies or procedures addressing background screening procedures and 16 percent of providers had at least one employee without all the required documentation in place. CDC+ Representatives have shown vast improvement in this area since review of their documentation was initiated in 2010.

However, the compliance rate for Representatives is approximately 81 percent.

There are several reasons employees may not maintain all the required documentation to address this standard. Reason most often cited included the following:

- 60 providers did not present a current Local Criminal Records Check.
- 102 providers did not present evidence of current FDLE/FBI clearance.
- 81 providers did not present a current complete, signed, and notarized Affidavit of Good Moral Character

Recommendation 5: The Quality Council may want to consider these documents providers are most often missing, determine why or what barriers may be present, and brainstorm ways to ensure these documents are always included and current in their records.

Summary

While the focus of a Quality Improvement (QI) report is to identify problem areas for potential QI initiatives, findings from reviews completed during the first two quarters of the contract period, July through December 2017, were generally positive. Compliance rates on average are high reflecting how well 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

October - December 2017

Customer Service Topic	#	Description	Outcome	Ave Time
Address/ Phone Update	45	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	7	Providers called asking for clarification on topics such as acceptable training sources, acceptable documentation, training timeframes, and documentation completion/submission timeframes	Questions were answered and callers were referred to the iBudget Handbook, local APD Regional Office and the Delmarva tools.	1 day
Complaint	1	One provider called to express dissatisfaction related with process and/or reviewer.	Provider was referred to and handled by the State Director and Regional Manager	5days
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	43	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	16	Early in the quarter providers called asking questions regarding the recent change made to the Observation Review Checklist. Providers also called with general tool related questions.	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	31	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
Question	22	Providers and APD staff call with questions regarding documentation or qualification requirements; for assistance accessing resources on	Questions are answered with references to appropriate documents or entities.	1 day

Customer Service Topic	#	Description	Outcome	Ave Time
		our website; for explanations of the review processes.		
Reconsideration	15	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	0	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	16	Providers called with questions about how to repay money identified as billing discrepancy in their quality assurance review report.	Providers are given the AHCA email address for billing discrepancy. APDProviderBilling@ahca.myflorida.com	1 day
Report Requested	19	Providers call or email requesting their report be re-sent.	Mailing addresses are confirmed and reports are re-sent.	1 day
Review Reports	36	Providers called asking for an explanation of their reports.	Reports are reviewed and explained; providers are referred to their local APD office for technical assistance.	1 day
Training	18	Providers and provider consultants call asking about training requirements.	Training requirements are explained, including reference to the Handbook and the APD website.	1 day
Provider Feedback Survey - Callback	2	When a Feedback survey includes a request for a callback from a manager it is passed on to the manager for follow-up.	The responsible manager contacts the provider and takes any necessary action if warranted.	3 days
Provider Search Website	2	Providers call asking how to get their provider name added to the public reporting website.	The process as related to receipt of Medicaid claims data is explained.	1 day
Total Number of Calls	292			