Quality Council Recommendation 12/15/10 QC Meeting	**Person(s) Responsible** for carrying out project and reporting progress to QC	**Deadline** (Prioritize Recommendations by Deadline Dates)	**Completion Date**
I. Background Screening			
For example: *AHCA and APD should share information re: background screening process and create a standardized process across agencies.*	*Zoe from APD and Shane from AHCA will work together and report progress at the next QC meeting.*	*Information gathering: 2/11 – 3/11. Process standardized by 4/11.*	*4/15/11*
1. Sharing information- AHCA and APD could share their information so that there is one process for both Agencies.	We are already doing this for the provider enrollment piece. DCF fixed their system so that the last 4 digits of the social security number prints out. Providers are no longer required to pay for two background screenings.	Completed	
2. Explore grants to improve the background screenings process	APD wrote a letter of support for AHCA to get the grant they received	Completed	
3. Providers develop a tracking system for background screening; consider including in self-assessment	This could possibly be added to the licensing rule for licensed providers and could be put in the Handbook for other providers	Dependent upon when rules can be revised.	
4. APD send all providers a copy of their background screening	The enrolled provider receives a copy of their employee's background screening through an email from DCF. DCF is currently testing a system so that a provider could log in and print out the background screening on their employees that have cleared, similar to AHCA. APD staff in the areas are providing copies of the background screening to the provider	Completed.	
5. Levy a fine/sanction for re-occurring non- compliance	This is already in statute for licensed providers of group homes. However	AHCA may have authority	

	for waiver services APD does not have the authority.		
6. Have agencies provide evidence of screening for all employees up front, and agencies need to report all new employees to APD	This could possibly be added to the licensing rule for licensed providers and could be included in the Handbook for other providers	Dependent upon when rules can be revised and promulgated.	
7. Providers should institute some kind of tracking system to keep screening up to date, and have it be part of their annual self assessment tool. At the initial point of som10-Feb-11eone becoming a provider, a packet is needed that shows exactly what is required.	This could possibly be added to the licensing rule for licensed providers and could be included in the Handbook for other providers. This can be encouraged as a best practice.		
8. Find out what can be done about unclear fingerprints	Unclear fingerprints are repeated once and then a name search has to be done through FBI which can take several weeks.	Completed	
9. Have one central location on a website where we can all go to and find out all the clarifications for the screening process.	DCF is looking at AHCA's system to see if they want to do something similar or come up with a different system	In process	January 2012?
10. Clarity with who is currently licensed, and who needs to be licensed, and who needs to have the 5 year re-screening completed. (i.e. are Massage therapists are required to have this screening).	Five year screening will be defined more clearly in the information shared on the websites. APD and AHCA will work together on that.	In process	July 2012 for website combined information

11. Livescan; find out what are the issues with that?	The only issues I am aware of is: 1. When someone uses the wrong ORI OCA numbers and it goes to another agency. 2. With the CDC+ when the representative is not telling the area office prior to getting someone Live scanned and the results come back and the area has no knowledge of who to send it to.		
Quality Council Recommendation 12/15/10 QC Meeting	**Person(s) Responsible** for carrying out project and reporting progress to QC	**Deadline** (Prioritize Recommendations by Deadline Dates)	**Completion Date**
II. Provider Training			
1. Look at provider trainings and suggest that when Agency heads come to training they need to bring an employee with them to try and send the message to all areas within the employee spectrum.	Can be encouraged as best practice but would require handbook rule revisions to require this.	Training will be made available electronically through APD.	2012
2. Notifications sent to providers when training is needed.	Post training chart on APD's website which breaks down requirements as waiver requirement, or licensure – M. Coulter	July 1, 2011	
3. Conduct quality assurance trainings at	APD will develop several components	October 1, 2011	

provider meetings.	of a standardized course – so that a component can be presented during provider meetings – M. Coulter		
4. Explore Providers receiving treating numbers, similar to WSCs; to track training.	This would require handbook rule change.		
5. Identify what training is needed by Area.	See notification info above		
6. More training resources and ways to validate training.	Develop white paper containing recommendations – M. Coulter	October 1, 2011	
7. Increasing the current number of State trainers. There are only 4 State trainers for WSCs.	Terry, Rene and Melinda will coordinate on this	TBD	
8. Training families (CDC+), what do they expect, or maybe develop a checklist?	CDC program will continue to provide monthly bulletins with up to date information. Checklist may be appropriate and can be developed	July 1, 2011	
9. More on-line training is needed. Consider webinars.	APD is currently focusing on standardization of courses in preparation to developing more web-based courses and webinars, as funds are available.	January 2012	
10. Use simple web tracking for training. Training needs to be competency based.	Tracking of training is being considered (learning management system) and is the second	January 2012	
11. APD may provide a training matrix to display who needs what training, and when. This should be published online.	See #2 above	July 1, 2011	

12. Allow peer training Replicate AQL training from Area 23.	Steve Dunaway, Marcia DiGrazia and Melinda will coordinate on this	TBD	
13. Develop a central repository for training requirements	See #2 above	July 1, 2011	
14. Standardize training statewide.	In process of doing- including standardizing requirements and the approved curriculums.	January 2012	
15. Education needs to be proactive, prior to starting service.	Pre-enrollment addresses this.		
16. Offer more locations for Training, specifically large Areas	For several years, APD has been certifying providers to train specific courses. Once all courses are standardized, efforts will begin to certify providers on majority of courses so that there is a greater variety of persons able to provide classroom training and in a greater variety of locations. Melinda	2012 APD will begin to certify providers on a great variety of required courses	
17. Have a checklist packet for new providers	Can do this once chart described above is completed		
18. Levy/sanction/ fine for non-compliance	APD does not have authority.		

Quality Council Recommendation 12/15/10 QC Meeting	**Person(s) Responsible** for carrying out project and reporting progress to QC	**Deadline** (Prioritize Recommendations by Deadline Dates)	**Completion Date**
III. Healthy and Safety			
1. Concise details of Medication Administration rule	Would require an OP. Lori, Lori & Dorothy	7-1-2011 Based on present Rule if maintained.	7-15-2011
2. Include language in handbook about driver license and violation checks	Can do so in upcoming DD handbook changes but there is a delay in any rule changes due to Governor policy.	Pending ability to engage in rule promulgation changes.	
3. Medication administration: Need for more provider training	Areas all provide training. Will canvas each Area to document what is provided now and feasibility of other training (clarify different types of training or just more sessions of the same?) Lori, Lori & Dorothy	4-1-2011 Based on present Rule if maintained.	4-15-2011
4. Routes of medication administration makes it a problem to get validated; have the rule be more practical; easier validation system is needed	Presently in process of Rule revisions. Requested changes to Chapter 393 last Legislative Session for validation of certain routes. It was not picked up. Lori, Lori & Dorothy	Would be part of Rule Revision 2012 if the Rule is maintained. Also would need to revise Chapter 393.	2012
5. Standardize steps for validation	In process with revisions. Dorothy	Would be part of Rule Revision 2012 if the Rule is maintained.	2012
6. Who else monitors health and safety besides Delmarva, need more regular monitoring	Is this regarding all living settings or just our licensed facilities? Need to clarify as we do not routinely go into a family home, independent living setting or supported living setting. Clarify the intent. Lori G All living settings.		

7. Levy/sanction/ fine for non-compliance	Clarify. Is this addressing medication administration? Lori G Yes.		
8. Why is the training and validation not offered by APD and offered free? It is difficult for providers to meet this expectation at the current cost.	It was considered a conflict of interest when the Rule was implemented. It would require increased APD staff – additional nurses in each Area Office.		
9. Monthly reminder on APD website of critical issues to be considered for Health and safety issues. Such as a pop-up.	Look at having monthly "health issues" button on website. Lori, Lori & Dorothy	4-1-2011	4-15-2011
10. Insurance - if insurance expired 8 months ago it should be 'not met' but not an alert.	Have addressed this in the current tools being used by Delmarva. Completed	Completed	Completed.
Quality Council Recommendation 12/15/10 QC Meeting	**Person(s) Responsible** for carrying out project and reporting progress to QC	**Deadline** (Prioritize Recommendations by Deadline Dates)	**Completion Date**
IV. Documentation			
1. Standardization of documentation	APD is planning on creating templates for standard documentation.	January 2012	

requirements			
2. Needs to be clear definition of a service log; example of 'good' and 'bad' service log needs to be in handbook	Should be included in training conducted by Delmarva and area offices. QC workgroup developed example of service log for Companion services- to be approved by APD and posted on web site.		
3. Provide best practice examples	Same as above.		
4. Companion service needs to have an Implementation Plan	Would require a rule change		
5. Clearly define: Historical information	Not sure what this is referencing. Revised Delmarva tools to clarify. Waiting on implementation date for using tools; however they will be posted on DF website in the meanwhile.		completed
6. Consider electronic documentation	Yes, new handbook revisions will include this.		
7. Include requirement for providers and WSCs to meet quarterly; instead of relying solely on documentation	Would require a rule change but can be included in training sessions as a best practice.		
8. Develop templates for monthly summaries, quarterlies, Implementation Plans, etc.	See above.	January 2012	
9. Have a checklist packet for new providers	APD will work on standardizing this checklist with the area offices. Vicki Draughon, Vicki McCrary and Margie Collins.	May 2011	May 2011

Quality Council Recommendation 12/15/10 QC Meeting	**Person(s) Responsible** for carrying out project and reporting progress to QC	**Deadline** (Prioritize Recommendations by Deadline Dates)	**Completion Date**
V. Services with Lowest Scores			
1. Share the best practices and make available online	Develop a mechanism to share best practices – to include APD and Delmarva information.		July 2012
2. Look at weight of each item on monitoring tool and how much each element is worth on the score; example - respite only has a few elements and then others might have triple that	Include this as part of the tool review currently in process. In process with revised tools.		
3. Possibility of recoupment and non-compliance in bold on monitoring tools	Include this as part of the tool review currently in process. Recoupment will be identified with an 'R'- bold is not possible at this time.		
4. Include weight for each standard on monitoring tools	Includes this as part of the tool review currently in process.		
5. Services that have lowest scores- these services have had desk reviews in the past and this is the first year with a live person. Also if we had weights to the tool, the providers may look at it and see what the most important elements are.	See above.		