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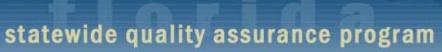
# Florida Statewide Quality Assurance Program

**Quality Council** December 15, 2010

Digging Into the Data January – October 2010







#### Delmarva Reviews by APD Area January – October 2010

	Number of PCRs Number of PD		of PDRs	
				Non-
APD Area	Waiver	CDC+	Completed	Compliant
1	50	4	34	0
2	81	14	140	5
3	62	6	109	7
4	104	9	211	7
7	116	20	159	8
8	44	2	73	1
9	59	12	61	1
10	105	14	134	1
11	195	25	255	7
12	32	2	72	0
13	80	5	124	5
14	34	2	41	0
15	33	3	115	0
23	167	22	208	11
Total	1,162	140	1,736	53

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### **Provider Discovery Reviews** Rights, Health, and Safety Alerts by Area January - October 2010

APD Area	Rights	Health/ Safety	Total Alerts	Pct Providers w/ Alert*
1	0	2	2	5.9%
2	0	1	1	0.7%
3	0	9	9	7.3%
4	0	7	7	3.3%
7	0	11	11	6.9%
8	2	27	29	28.8%
9	0	18	18	27.9%
10	4	8	12	7.5%
11	1	10	11	3.1%
12	0	9	9	11.1%
13	0	11	11	8.9%
14	0	7	7	14.6%
15	2	29	31	23.5%
23	2	56	58	21.6%
State	11	205	216	10.5%

<sup>\*</sup> Providers may have more than one alert.



### **Reasons for Alerts (PDRs)**

### **Rights**

- Access to all areas in the home or family members (4)
- Abuse issues (2)
- Improper monitoring (hidden cameras) (2)
- Locked doors (3)

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### **Reasons for Alerts (PDRs)**

### Health/Safety

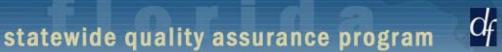
- **Medication Issues** 
  - > Improper or lack of medication administration training/validation (81)
  - > Improperly stored medications (5)
  - > Trained but not with APD approved trainer (3)
  - > Medication error (1)
  - > Staff had not signed off on medications (1)
  - > Tube feeding without proper training (1)



#### **Reasons for Alerts (PDRs)**

### Health/Safety

- Lapse in vehicular insurance, registration, or driver's license (103).
- Locked or blocked doors (7)
- Improper restraint use (2)
- Miscellaneous
  - Broken chairs
  - Broken windshield
  - Excessive dust and dirt



# Background Screening (DD Waiver) January – October 2010

APD Area	Number of Employees w/ BG Not Met	Number of Providers w/ BG Not Met	Pct w/ BG Not Met
1	5	4	11.8%
2	31	28	20.0%
3	39	34	31.2%
4	46	42	19.9%
7	68	48	30.2%
8	41	28	38.4%
9	33	20	32.8%
10	46	35	26.1%
11	94	66	25.9%
12	20	17	23.6%
13	30	29	23.4%
14	5	4	9.8%
15	49	37	32.2%
23	88	65	31.3%
State	595	457	26.3%



### **Reasons Screening Not Met**

Times Noted	Reason Cited
297	The provider did not present the required Federal Bureau of Investigation screening clearance letter.
220	The provider did not present the required Florida Department of Law Enforcement screening clearance letter or another acceptable form of FDLE screening.
202	The provider did not present a Local Criminal Records Check obtained within county of residence.
179	The provider did not present an Affidavit of Good Moral Character.
67	The provider did not provide proof of completing the required five year re-screening.



### **Reasons Screening Not Met**

Times Noted	Doogon Citod
Noteu	Reason Cited
23	The provider presented an Affidavit of Good Moral Character
23	but it was not notarized.
	The provider was not under constant visual supervision of
16	another fully screened employee when working, pending
	FBI/FDLE final clearance (no longer than 90 days).
9	The provider presented an Affidavit of Good Moral Character,
9	but it was not signed.
	Background screening results identified a disqualifying offense
7	and the provider has not taken action to resolve or terminate
	the employee.





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# CDC Representative Background Screening Not Met October 2010 (N=10)

Times Noted	Reason Cited
9	The provider did not present an Affidavit of Good Moral Character.
8	The provider did not present a Local Criminal Records Check obtained within county of residence.
9	The provider did not present the required Florida Department of Law Enforcement screening clearance letter or another acceptable form of FDLE screening.
5	The provider did not present the required Federal Bureau of Investigation screening clearance letter.
1	The provider did not provide proof of completing the required five year re-screening.



#### **Training Standards Percent of Providers With at Least One Not Met**

The provider received 8-hrs of annual in-service related to		
implementation of individually tailored services specific to Adult		
Day Training.	62	33.9%
The provider received training in Person Centered		
Approach/Personal Outcome Measures. (5 day POM training for		
WSCs addressed under WSC specific training requirements)	1,731	32.6%
The provider received training specific to the needs or		
characteristics of the individual as required to successfully provide		
services and supports. (Included in 34 hour Statewide and 26 hour		
Area Specific training for WSCs/CDC+ Consultants)	1,146	31.8%
The provider received training with an emphasis on choice and		
rights(Included in 34 hour Statewide and 26 hour Area Specific		
training for WSCs/CDC+ Consultants)		
	1,147	30.3%

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### Training Standards Percent of Providers With at Least One Not Met

The provider received training on the Medicaid Waiver Services		
Agreement, its Attachments and the Developmental Disabilities		
Waiver Services Coverage and Limitations Handbook and its		
appendices. (Included in 34 hour Statewide and 26 hour Area		
Specific tra	1,147	29.6%
The provider received training in Zero Tolerance.	1,736	28.3%
The provider received training specific to the scope of the services		
rendered. (Included in 34 hour Statewide and 26 hour Area Specific		
training for WSCs/CDC+ Consultants)	1,147	27.6%
The provider received training in the development and		
implementation of the required documentation for each waiver		
service provided. (Included in 34 hour Statewide and 26 hour Area		
Specific training for WSCs/CDC+ Consultants)	1,145	27.4%

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## **Services With Compliance Scores <80% (PDR) January – October 2010**

Service	# PDR	Ave PDR Score
<b>Behavior Assistant</b>	92	78.2%
Companion	777	74.5%
In Home Support Services	703	78.9%
Personal Care Assistance	823	71.8%
Respite	775	71.7%



#### **Standards Most Often Not Met Behavior Assistant**

Standard	# SSRR	% Not Met
The provider submits documents to the Waiver		
Support Coordinator as required.	97	59.8%
The provider has service logs for each date of service.		34.4%
The provider has documentation of required monitoring and supervision by the responsible		
Certified Behavior Analyst.	97	33.0%



### **Standards Most Often Not Met Companion**

Standard	# SSRR	% Not Met
The Provider submits documents to the Waiver Support Coordinator as required.	871	C1 19/
Support Coordinator as required.	8/1	61.1%
The provider has service logs for each date of service which identify activities that are reflective of the		
individual's support plan goals/outcomes.	872	45.1%
The provider has a system in place to gather historical information about the person's behavioral and		
emotional health, with the person's/legal		
representative's consent.	871	31.8%



# **Standards Most Often Not Met In Home Support Services**

Standard	# SSRR	% Not Met
The Provider submits documents to the Waiver		
Support Coordinator as required.	837	66.4%
The provider has service logs for each date of service		
that are reflective of the individual's communicated		
personal goals.	837	39.5%
The record includes monthly summaries that reflect		
progress toward the communicated personal goals.	837	30.7%



#### **Standards Most Often Not Met Personal Care Assistance**

Standard	# SSRR	% Not Met
The Provider submits documents to the Waiver		
Support Coordinator as required.	912	65.1%
The provider has service logs for each date of service		
that are reflective of the individual's communicated		
personal goals.	912	44.4%
The provider has a system in place to gather historical		
information about the person's behavioral and		
emotional health, with the person's/legal		
representative's consent.	910	36.7%



# Standards Most Often Not Met Respite

Standard	# SSRR	% Not Met
The Provider submits documents to the Waiver		
Support Coordinator as required.	862	69.4%
The provider has service logs for each date of service that are reflective of the individual's communicated		
personal goals.	862	45.1%
The provider has a system in place to gather historical		
information about the person's behavioral, and		
emotional health with the person's/legal		
representative's consent.	856	36.4%



### **CDC+ Representative** Average Score = 70.1% **Small Sample Size**

Standard	# SSRR	% Not Met
Background screening results for all Directly Hired		
Employees are available for review.	16	75.0%
Complete and signed Job Descriptions for each		
service provider are available for review.	16	43.8%
Signed Employee/Employer Agreement for each		
Directly Hired Employee (DHE) is available for review.	16	37.5%

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### **Breakout Groups**

