

2012 Quality Council Recommendations	Person(s) Responsible and Steps for carrying out project and reporting progress to QC	Deadline	Completion Date
<i>For example: AHCA and APD should share information re: background screening process and create a standardized process across agencies.</i>	<i>Zoe from APD and Shane from AHCA will work together and report progress at the next QC meeting.</i>	<i>Information gathering: 2/11 – 3/11. Process standardized by 4/11.</i>	<i>4/15/11</i>
I. Health and Safety			
2012 I.A: Analyze the effect of system change on service delivery			
2012 I.B: Create system for seamless transition for services that have funding change at age 21			
2012 I.C: Crisis Triage			
2012 I.D: Defining crisis to families (letter from APD)			
2011 I.E: Include language in handbook about driver license and violation checks.	This would require handbook rule change.	Dependent upon when rules can be revised.	
2011 I.F: Routes of medication administration makes it a problem to get validated; have the rule be more practical; easier validation system is needed.	This would require handbook rule change and changes to Chapter 393. Dorothy	Would be part of Rule Revision 2012 if the Rule is maintained.	
2011 I.G: Standardize steps for validation.	This would require handbook rule change and changes to Chapter	Would be part of Rule Revision 2012 if the Rule is maintained.	

	393. Dorothy		
2011 I.H: Increase health and safety monitoring for all living settings in addition to Delmarva's role.	Lori G		
2011 I.I: Levy/sanction/ fine for non-compliance in medication administration and validation.	Lori G		
II. Background Screening and Provider Training(Administrative Functions)			
2012 II.A : Background Screening Initiative			
2011 II.B: 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		
2011 II.C: 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.	
2011 II.D: 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.	
2011 II.E: Clarity with who is currently licensed, and who needs to be licensed, and who needs to have the 5 year re-screening completed.	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 for July 2012 for website combined information	
2011 III.F: Providers should institute	This could possibly be added to the	Dependent upon when rules can	

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 someone becoming a provider, a packet is needed that shows exactly what is required.	licensing rule for licensed providers and could be included in the Handbook for other providers. This can be encouraged as a best practice.	be revised and promulgated.	
2012 II.G: WSC training from DF (video on website or webinar)			
2012 II.H: Creation of Self Assessment Educational Presentations since continues to be a low scoring Standard.			
2011 II.I: 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.		
2011 II.J: 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 APD may provide a training matrix to display who needs what training, and when. This could be published online.		
2011 II.K: Conduct quality assurance	APD will develop several components of a standardized		

trainings at provider meetings.	course – so that a component can be presented during provider meetings – M. Coulter		
2011 II.L: Explore Providers receiving treating numbers, similar to WSCs; to track training.	This would require handbook rule change.	Dependent upon when rules can be revised and promulgated.	
2011 II.M: Identify what training is needed Specific to Area.	Post training chart on APD's website which breaks down requirements as waiver requirement, or licensure – M. Coulter Develop a central repository for training requirements.		
2011 II.N: 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.		
2011 II.O: 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		
2011 II.P: Allow peer training: Replicate AQL training from Area 23.	Steve Dunaway, Marcia DiGrazia and Melinda will coordinate on this		
2011 II Q: Standardize training statewide.	In process of doing- including standardizing requirements and the approved curriculums.		
2011 II.R: 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. M. Coulter		
2011 II.S: Have a checklist packet for new providers.			
2011 II.T: More training resources and ways to validate training.	Develop white paper containing recommendations – M. Coulter		
2011 II.U: Increase of the current number of State trainers for WSCs.	Terry, Rene and Melinda will coordinate on this		
2011 II.V: 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.		
III. Service Documentation			
2012 III.A: Utilization of the Standardized CCR forms as a template guide for providers.			
2011 III.B: Standardization of documentation requirements.	APD is planning on creating templates for standard documentation.		
2011 III.C: Create clear definition of a service log; example of 'good' and 'bad' service log needs to be in handbook.	2011 QC workgroup developed example of service log for Companion services- to be approved by APD and posted on web site.	Awaiting AHCA approval and updated Handbook.	

2011 III.D: Companion service needs to have an Implementation Plan.	This would require a rule change.	Dependent upon when rules can be revised and promulgated.	
2011 III.E: Consider electronic documentation.	This will be dependent on what replaces APD Connects.	Dependent upon when rules can be revised and promulgated.	
2011 III.F: 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.	Dependent upon when rules can be revised and promulgated.	
2011 III.G: Develop templates for documentation including monthly summaries, quarterlies, and Implementation Plans.	APD is planning on creating templates for standard documentation.		
2011 III.H: 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.		
IV. QA system			
2012 IV.A: Include Quality Assurance Tools in Provider Agreements Packet (or list link to QA tools)			
2012 IV.B: Include Quality Assurance Tools in Enrollment training for providers.			
2012 IV.C: iBudget-QA and tools			
2012 IV.D: Add person and provider barriers to tools			
2012 IV.E: System for provider to have			

a copy of outcomes from a Record Review for PCR's occurring pre-PDR-preliminary forms (worksheet)			
2012 IV. F: Expanding preliminary form to include all standards, not just alert/recoupment			
2012 IV. G: Educating provider to take notes during the review and summary using tools so they know status of each Standard at the end of the review.			
2012 IV. H: Standards-Assure consistency between reviewers on Provider Interview questions			
2012 IV. J: Share results of NCI mail out surveys			
2012 IV. K: Adding a "Shared Practices" sections to the DF website (instead of Best Practices)			
2012 IV. L: Add "topical issues" section to QC agenda and use to determine potential future recommendations from QC to AHCA, APD, and DF.			
2011 IV. M: Levy a fine/sanction for re-occurring non- compliance.	This is already in statute for licensed providers of group homes. However, for waiver services APD does not have the authority.	AHCA may have authority.	