



Florida Statewide Quality Assurance Program

Quality Assurance and Documentation

11/12/10 – Tampa

11/15/10 – Stuart

11/16/10 – Mariana

11/17/10 – Jacksonville

11/30/10 – Weston

12/13/10 - Orlando





Welcome and Ground Rules

- ✓ Respect
- ✓ Cell Phones
- ✓ Questions
- ✓ Surveys
- ✓ Sign-In Sheet
- ✓ Handouts
- ✓ Housekeeping



Purpose of Training

- Describe the Discovery Process
 - Person Centered Review
 - Provider Discovery Review
- Describe documentation required for service delivery and billing
- Answer questions



Purpose of the Quality Assurance Contract

- To evaluate the effectiveness of every provider involved in the life of a person
- To measure the efficiency and efficacy of the entire HCBS waiver service delivery system
- To help ensure the person is involved in the Support Plan and providers follow the Support Plan as written



The Discovery Process

Services Subject to Review

- Adult Day Training
- Behavior Analysis
- Behavior Assistant
- Companion
- In Home Support
- Personal Care Assistance
- Residential Habilitation
- Respite
- Special Medical Home Care
- Support Coordination
- Supported Employment
- Supported Living Coaching



Person Centered Review (PCR)

- Person Centered Reviews assess support delivery systems from the perspective of persons with disabilities



Non-Compliance Procedures

Non Compliant providers are defined as:

- Who do not respond to at least two attempts to schedule reviews
- Who do not make individual records available for review purposes
- Who are a “no-show” after a review has been scheduled

Result: Scored as Not Met on all standards of the review



Person Centered Review

Interview Part 1

National Core Indicators

Adult Consumer Survey

- A survey being used by 29 states to gather information about the lives of people with developmental/intellectual disabilities



Person Centered Review

Interview Part 2

Individual Interview Instrument aka the I³

- ✓ Captures information from the perspective of the person regarding their desired goals, outcomes and satisfaction with services
- ✓ Also determines whether services are being effectively implemented according the person's needs and preferences



Person Centered Review

Interview Part 3

Health & Behavioral Assessment

- The HBA consists of a series of questions related to medications taken, medical personnel involved in providing care, hospitalizations, adaptive equipment, environmental conditions, behavioral needs, and safety. The HBA is used to assist in identifying any health and behavioral needs which may be shared with the WSC and APD.



Adult Day Training and Licensed Residential Facility Site Observations

- The Observation Review Checklist (ORC) will be used as a guide and reporting mechanism for the QAR to document any concerns or issues related to the person's environment and how services are being rendered
 - Licensed Residential Facilities (up to 10 locations)
 - All Adult Day Training locations



Provider Discovery Review (PDR)

- Provider Discovery Reviews evaluate provider performance, based on service delivery measures and program standards



Provider Discovery Review

- Organizational and Administrative Practices
 - I haven't had any grievances so why do I need a grievance log?

- Sample of employee files
 - How many staff files will you review?

- Sample of individual records
 - Individuals who participated in the Person Centered Review process – What is the sample size for each provider?



Who needs policies/procedures and what are they?

- Agency = more than one person; doesn't matter if you have contracted, full, or part-time people working for you
- Solo = only if provider of RH, SC, SE, SLC

Policy – Basic principles by which an organization is guided
User friendly definition: What you will do

Procedure – A series of steps taken to accomplish an end
User friendly definition: How you will do it



Policies and Procedures

(Per the Core Assurances)

- Use of the Personal Outcome Process **(Deleted effective 7/8/10)**
- Applying a Person Centered Approach
- Health and Safety **(Includes Abuse/Neglect, Incident Reports, Bill of Rights)**
- Medication Administration
- Transitioning between providers
- Staff Training
- ****Grievance procedures** **(All Providers big and small)**
- Annual Self Assessment
- Table of Organization **(agency or group providers only)**



Annual Self Assessment

- Records Review (employee and person receiving services file review)
 - Check for compliance with all minimum service requirements per the Handbook
- Interviews with individuals receiving services
 - Can be formal or informal
- Satisfaction Surveys
 - Use practical open ended questions
 - Design questions to support services provided
- Based on results develop a Quality Improvement Plan addressing the areas in need of improvement



Personnel Records Review

- Staff Qualifications
 - Why is Sally qualified for the job but Eduardo is not?
- ✓ High school diploma; GED; bachelor's degree
- ✓ Employment Application (will include info re: age, education, experience)
- ✓ Professional License (if needed)
- ✓ Certifications (CPR, CNA, Behavior assistant, etc)
- ✓ Results of Reference Checks (professional – shows proof of experience – typically 1 year required)
- ✓ Copy of Driver's license/current auto insurance & registration (Best practice – DMV checks, not required)



Personnel Records Review

- What is acceptable Training Documentation?
 - ✓ Training documentation must include: topic, duration, training date(s), participant's name or signature, instructor's name or signature
 - ✓ Include an agenda of the training if there is any doubt about what was included



Required Training

Per Core Assurances 2.1

- Handbook and Appendices
- Choice and Rights
- Health and Safety
- Use of Personal Goals
- Service Specific Training
- Service Specific Documentation
- Needs and Characteristics of Individuals receiving Services
- Zero Tolerance
- Direct Care Core Competency

Other

- Med Administration and Validation
- CPR, HIV/AIDS, Infection Control
- SLC, SEC Pre-service
- Beh. Assist. , 20 contact hours
- ADT, SLC, SEC 8 hours annually
- WSC 34 hours Statewide, 26 hour Area Specific, 24 hours annually
- HIPAA



What do I need to 'pass' background screening?

- Signed and Notarized Affidavit of Good Moral Character
- Proof of Local Background Screening
- FDLE Clearance
- FBI Clearance Letter (fingerprint card)
- 5 Year Re-Screening



Service Specific Record Review

- A Service Specific Record Review with the Support Coordinator and other service Providers is used to assess whether the provider is in compliance with program standards and uses a person centered approach to service delivery



Service Specific Documentation Requirements

- Implementation Plan (ADT, RH, BAS, SE, SL)
- Daily Attendance Log (ADT, RH)
- Service Log (BAS, BASA, Comp., IHSS, PCA, Respite, SEC, SLC)
- Progress Note
- Monthly/Quarterly Summary (ADT, BAS, BASA, IHSS, RH, SEC)
- Behavior Services plan/Data Displays
- Annual Report (ADT, BAS, RH, SEC, SLC)
- Service Authorization (Everyone!)



Implementation Plan

- Developed with direction from the individual receiving services. At a minimum, the implementation plan will include:
 - ✓ The name, address, and contact information of the recipient served
 - ✓ The goal(s) from the support plan that the service will address
 - ✓ The strategies employed to assist the recipient in meeting the support plan goal(s)
 - ✓ The system to be used for data collection and assessing the recipient's progress in achieving the support plan goal(s)



Daily Attendance Log

- ✓ A listing of the individuals receiving services and the days of the month. For each day the individuals receiving service participated in the service, the date is checked (√) or marked with an “X”



Service Logs Must Contain:

- Individual's name
- Social security number (deleted effective 7/8/10)
- Recipient's Medicaid ID number
- Corresponding procedure code (deleted effective 7/8/10)
- Times, dates and duration of service was rendered
- Amount billed for each service (deleted effective 7/8/10)
- Provider's name (deleted effective 7/8/10)
- Provider Medicaid ID number (deleted effective 7/8/10)
- The description of the service, activities, supplies or equipment provided



Monthly/Quarterly Summary

- ✓ A summary note of the month's activities indicating the **Individual's** progress toward achieving his or her support plan goals for the month/quarter billed and/or what you've done to help them succeed.
- ✓ Looks at information from progress notes, service logs, etc. and puts it together to tell the person's story for the month/quarter.
 - Minimum: Has to address goals from Implementation Plan
 - Functional: Include information about rights, choice, health, safety, community inclusion, etc.



Annual Summary

- The quarterly summary for the third quarter of the support plan year also serves as the annual report and must include:
 - a summary of the fourth quarter of the previous support plan year, and
 - a summary of the first three quarters of the current support plan year, and
 - quarterly schedule is in line with the annual support plan
- Describes progress the person has made over the year related to his or her support plan goals. Must have objective data. May contain subjective data. Should include recommendations that you have discussed with the person for the upcoming year.



Reconsiderations

- Applies to standards subject to potential recoupment only
- Requests must be made in writing and received within 30 days of receipt of the PCR or PDR report
- Conducted by the Quality Assurance Supervisor within 30 days of receipt of the request



Florida Statewide Quality Assurance Program

- Customer Service Representative
 - Beth Townsend Strategias
 - Phone # 1 (866) 254-2075
 - Fax# 1 (813) 977-0027
 - Townsee@dfmc.org

Website

www.dfmc-florida.org



Tips

- The more organized you are, the easier it will be to know what you have and what you are missing **before** your scheduled review
- Background screening (BGS)- Make copies of anything you send (even fingerprint card)
- Keep required documentation
- Make sure you have everything for every person you employ
- Track 5-year re-screening and initiate at least 3 months prior



Tips

Other Important Policies and Procedures to Consider Including

- Screening Requirements
- Marketing Practices
- Records Retention
- HIPAA
- Due Process
- Payment/Recoupment
- Goods and Services Provided
- APD Notification
- Financial Requirements
- Changes in Provider Status



Please Complete the Training Evaluation

All Review Tools & Procedures are
posted to Delmarva's Florida website

<http://www.dfmc-florida.org>

Thank You!!!