

COLLABORATIVE OUTCOMES REVIEW & ENHANCEMENT PROCEDURES

ELIGIBLE PROVIDERS:

Providers who have provided Adult Day Training, In-Home Supports, Non-Residential Supports and Services, Residential Habilitation, Specialized Medical Home Care, Supported Living Coaching, and Supported Employment at least six months prior to the annual consultation date according to their claims data will receive an annual onsite consultation using the consultation processes below. Waiver Support Coordinators will be reviewed using the Waiver Support Coordination Consultation (WiSCC) process and should refer to those procedures. The following list identifies a provider's eligibility for the consultation process.

1. Any provider rendering at least one of the services listed above for the specified time period.
2. Providers who previously received a Desk Review and are now providing at least one of the seven core services (Adult Day Training, In Home Supports, Non-Residential Supports and Services, Residential Habilitation, Specialized Medical Home Care, Supported Living Coaching, and Supported Employment) will receive a CORE consultation. The sections for new providers in elements 10 and 12 will be included in the consultation.
3. A provider who received an "Achieving" overall on the outcome elements and had no alert or recoupment elements cited based on the CORE will receive an incentive of not being reviewed the following year. However, Support Living Coaching services will be reviewed using the full CORE tool annually. The other services provided will receive the exemption as stated above.
4. Providers who render services in multiple APD Areas will have separate consultations completed for each APD Area.

For new providers who have not had an onsite consultation, the following applies:

1. New providers who have never been reviewed should reference elements 10 and 12, which include additional requirements that will be reviewed during the first year consultation.
2. New providers will be identified in narrative summary of the report.

SAMPLE:

1. Only individuals who have not received a Person Centered Review (PCR) in the previous twelve months may be part of the sample unless the number of individuals to sample is limited as to make this requirement impossible. Sample sizes will be determined based upon the number of the individuals. Refer to the Sample Procedures for further instruction.
2. The Consultant will select the sample of individuals from the claims information.

3. The goal of the quality assurance sample is to represent and gather information on each service being provided. The sample is not designed to be a representative sample for the provider organization.
4. Data will be taken from the PCRs completed for individuals receiving services in the state and who have had a PCR within the 12-month review period. The columns indicate the percentages of outcomes and supports present for the last twelve months at the district and state level, respectively. Providers are encouraged to use this information as a tool to begin looking at how individuals are evaluated based upon outcomes and supports present in their lives. The Data Set may not reflect all individuals served, but can be used to identify possible areas of strength as well as possible areas needing improvement within the provider organization.
5. Personnel record review will include at least five (5) or twenty-five percent (25%), whichever is less, of the employee records per service with a minimum of two per service.

CONSULTATION PROCESS:

Contact with the Provider:

1. Initial contact will be made with the provider to schedule consultation, up to 30 days in advance of the consultation date. NOTE: By exception, some consultations may be unannounced based upon Central Program Office approval of the APD Area Office's request. General information related to why the APD Area Office made the request would be provided at the time of the unannounced visit. In these circumstances, the APD Area Office would assist in the scheduling of the interviews.
2. The Consultant will determine the total number of individuals served by the provider and verify the services being provided. Services reviewed must have been provided within 6 months prior to the consultation date.
3. The Consultant will provide the list of individuals selected for the sample and request that the provider schedule the interviews with these individuals.
4. The intent of this consultation process is to interview the individual on a one-on-one basis. It is not the intent to hold a meeting of the individual's circle of support, but to provide a confidential atmosphere conducive to allowing the individual maximum freedom of expression. If applicable or necessary, or the individual requests their presence, another person(s) can also be invited to participate in the interview:
 - a. Guardian (depending on the type of Guardianship)
 - b. Family members or other close relatives
 - c. Support Coordinators
 - d. Others who know them best
 - e. Provider and/or provider staff (if no one else is available)
5. If the guardian chooses not to participate, it does not exclude the individual from participating.

6. The Consultant and the provider will discuss the schedule for the interviews. **The Consultant will use their judgment to determine the best collaborative arrangement to accomplish this scheduling.**
7. The provider should inform the Consultant if an interpreter is needed for the individual and/or guardian based upon their communication skills.
8. The Consultant will inform the provider of the documentation that the provider will need to have available, i.e., Level II Background Screening information, training records, client records, projected service outcome results, etc.
9. If the consultation is for an agency, the provider is expected to identify a primary contact, which will be confirmed by the Consultant, and the Consultant will confirm the mailing address for any future written correspondence.
10. After the initial contact, the Consultant will complete the Schedule Application in order to initiate the submission of a confirmation letter to the provider informing them of the scheduled consultation, providing the PCR data set and giving directions on how to interpret this information.
11. The local APD Area Office will be notified weekly via e-mail of the upcoming consultations scheduled. The information provided includes all of the consultations scheduled that have not yet been completed. This prompts the local APD Area Office approximately 15 to 30 days in advance of the consultation to provide any information related to grievances, incidents and complaints for the providers scheduled to the QIC prior to the date of the consultation. The QIC will conduct any follow up necessary at the time of the consultation.

Notification Letter

- Written notification of the scheduled consultation will be sent to the provider after the Consultant has made the initial contact. Attached to the letter will be a copy of the PCR data set for the Area and state. The letter will include an explanation of the PCR data set, which will be reviewed by the Consultant during the Provider's Closing Consult. It will also identify the date of the consultation and the Consultant conducting the consultation. Also attached will be the Pre-cursor Questionnaire. This will be completed by the provider and sent to the Tallahassee Office for distribution to the Consultant conducting the consultation. The Pre-cursor Questionnaire asks the provider to describe their strengths, barriers, areas needing improvement, facilitation of Education, Exposure and Experiences, needed support and expectations of the consultation.

Confirmation Contacts with the Provider

- The Consultant will confirm the interview schedule with the provider. NOTE: A confirmation contact will not occur if the provider is given less than five days notice for the consultation.

Opening Conference:

1. It is the discretion of the provider and the Consultant to choose who participates in this session.
2. Introductions – See Opening Conference Guidelines

3. Review process; establish timeframes; review interview schedules for individuals and staff if necessary; review schedule to visit other sites (only for ADT and Residential Habilitation).
4. The Consultant will discuss the provider's mission and the results of the Precursor Questionnaire.

Administrative Review:

1. Review personnel records for Level II Background Screening information and training.
2. Review the billing and monitoring documentation (IP, monthly summary, service logs, etc.) specific to all services included in the consult.
3. Only information from the previous 12 months may be considered when determining compliance with these Minimum Service Requirements.

Individual Interview:

1. The interview with the individual(s) will be conducted in conjunction with the CORE, based upon the guidelines developed. This interview is not the same as the Personal Outcomes Measures interview. The interview guidelines for this process will be used to elicit information from the individuals to assist in determining to what the degree the individual has achieved their outcomes/goals and the level of supports provided.
 - a. The Consultant will thank the individual for their participation in the interview, explain the process for the consultation and confirm the individuals' willingness to participate in the interview and permission for others to be present.
 - b. The Consultant should inform the individual prior to the interview that the information gathered will be used to make determinations regarding the quality of the supports and services being received and may be shared with the provider as examples. The Consultant should tell the individual to inform the Consultant if there is any information that they do not want to be shared.
2. The interview with the individual will be conducted in private or in a confidential environment at a time and place agreed upon by the individual. (The interview can be held at the provider's facility, if these conditions can be met.) Reasonable precautions will be taken to ensure the safety of the individual. This should be based upon the individual's preference.
3. If necessary, other interviews with staff, family members, guardians or other individuals will occur. If the individual requires communication supports and has no other natural supports, the Consultant can also interview other paid supports as well as the provider/staff.
4. The Consultants should make every attempt to conduct the individual interviews face-to-face. If the consultation is taking place in the provider's facility or group home, the interviews must be held face-to-face. For other services (non-facility based), if the individual chooses, interviews can be conducted over the phone, but only as a last resort with Regional Manager Approval. For individuals who are employed in the community, the face-to-face interview should not be conducted at

- their place of employment or during paid work hours. Individuals who are attending schools should not have a face-to-face during school hours.
5. The Consultant will use a specific interview protocol developed for the CORE process to conduct the interview with the individual.

Provider Interview:

1. Interview, review necessary documentation, and discuss with the provider systems and procedures in order to determine the provider's organizational practices used to support the results of the individual's outcomes.
2. Provider staff will also be interviewed as appropriate.
3. Additional information may be gathered to clarify any discrepancies identified during the consultation.
4. If the Consultant identifies issues relating to basic service requirements, the Consultant may perform an expanded review further examining policy and procedures, documentation and practices.
5. Consultant will use the probes in the tool as guidelines to elicit necessary information from the provider regarding all supports and services rendered.

Observations:

1. The Consultant should be making observations of all environments during the process.
2. Key observations should include:
 - a. Safety and Health Issues
 - b. Privacy and Confidentiality
 - c. Cleanliness
 - d. Personalization
 - e. Rights Restrictions
 - f. Staff Support
3. Information from the observations can be used to identify concerns and make determinations for the elements.

Closing Consultation:

1. Consultant will discuss with the provider the results of the consultation. It is at the discretion of the provider and the Consultant who participates in this session.
2. APD Area Offices should be made aware of the time and date of the Closing Consult.
3. The APD Area Office will be notified if any health, safety, and/or abuse issue is identified or if the provider's results demonstrate "best practices"
4. Consultant will discuss and explain the results identified on the PCR Data Set with the provider if available.
5. The Consultant will identify and discuss any elements scored with an alert and/or recoupment.

Report:

1. Will be completed within seven (7) days of the Closing Consult with the provider and distributed to the provider and the APD Area Office within the contractual guidelines.
2. Providers will receive one comprehensive report that details results for all services they provide.
3. The APD Area Office will be responsible for any recoupment activities identified in the report.
4. Per contractual guidelines report will be completed within 30 days of the consultation.

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