

## **Collaborative Outcomes Review and Enhancement SCORING AND FOLLOW UP PROCEDURES**

### **Conciliation and Scoring**

This procedure identifies general rules for making decisions on provider results related to the Collaborative Outcomes Review and Enhancement consult tool.

### **MINIMUM SERVICE REQUIREMENTS**

Elements 9 – 12, related to Level II Background Screening, training and reimbursement/billing documentation, are scored as “met” or “not met.”

- a. **Not Met:** The provider has not demonstrated nor is there any evidence of compliance with the element of performance
- b. **Met:** The provider has documented evidence of compliance with the element of performance.

For each designation a numerical value of 0 or 1 will be applied.

<b>Designation</b>	<b>Score</b>
Not Met	0
Met	1

The provider’s compliance with the process-oriented elements will be identified on the report as the total number of the elements “met” versus the total number of process elements.

### **CORE RESULTS ELEMENTS**

Elements in this section of the tool (1-8) will be scored based on four different categories. The descriptions listed below each category give guidance as to its meaning but for further details the CORE tool operationalizes each determination at the element level. The categories are as follows:

#### **Not Emerging:**

- No actions directly related to outcomes identified by the individual have been taken.
- There is no demonstrated evidence regarding the person-centered systems, organization’s mission, coordination and practice in the principles of self determination/person-centered supports.
- The provider does not know the person and has no systems in place to learn about the person.
- No planned or directed Education, Experience, and Exposure are taking place.

**Emerging:**

- The provider has taken steps toward achieving outcomes for the individual, but those steps are not implemented consistently and have not resulted in the achievement of outcomes.
- Systems are practiced inconsistently.
- Provider has general information regarding the people they serve, but has no method in place to continually probe to update their knowledge about the person.
- Education, Experience, and Exposure may be taking place; however, the provider is not systematically and consistently implementing these concepts.

**Implementing:**

- Consistent action toward achieving outcomes is present.
- Strategies and organizational practices are in place to effect change and focus on the individual, but the results have not yet been achieved.
- Provider has general information regarding the people they serve and has methodologies in place for continued probing to update their knowledge about the person. However, this methodology is not consistently applied to all persons served.
- Education, Experience, and Exposure are taking place and are being integrated into service delivery, but not all opportunities are being addressed.

**Achieving:**

- The organization is assisting individuals to achieve outcomes individually defined by the person using their definition of success, which would include intensity, frequency, actions, strategies, and options, etc.
- Observable results are present that relate to communicated choices and preferences that matter most to the person(s) being served.
- Consistent practices of self-determination/person-centered supports are evident in the organization’s mission and practices.
- Provider knows the people they serve, to include their choices and preferences that matter most to each person, and continuously probes to ensure that this information is current and accurate.
- Education, Experience, and Exposure is present, practiced and evident on a consistent basis.

For each designation a numerical value of 0, 1, 2 or 3 will be applied.

<b>Designation</b>	<b>Score</b>
Not Emerging	0
Emerging	1
Implementing	2
Achieving	3

The numbers assigned to the outcome elements will be summed. The provider's consultation results will be based upon ranges as designated in the following table.

<b>RESULTS OF FINDINGS</b>	<b>DETERMINATION</b>
Achieving	<ol style="list-style-type: none"> <li>1. No score of "Not Emerging" (on 1-8 elements)</li> <li>2. No Alerts</li> <li>3. All Minimum Service Requirement Elements scored as "Met" (9-12)</li> <li>4. Score either "Achieving" or "Implementing" on Element #8</li> <li>5. If number score is 20, element 8 score is "Achieving"</li> <li>6. Overall score of 21 or greater</li> </ol>
Implementing	<p>Overall score of 13 – 19            If number score is 12, element 8 score is at least "Implementing"</p>
Emerging	<p>Overall score of 5 – 11            If number score is 4, element 8 score is at least "Emerging"</p>
Not Emerging	Overall score of 0 to 3

If the provider's number score for the outcome elements falls at 20, 12 or 4, the determination of element 8 will define the provider's outcome element score. For example, if a provider has 1 element score at "Achieving," 3 elements scored at "Implementing," 3 elements scored "Emerging," and 1 element scored at "Not Emerging" the score would total 12. If element 8's determination was "Emerging" then the provider's outcome element score would be "Emerging."

At the element level, if the provider scores one determination 4 times and another determination 4 times, the provider's outcome elements' score will be dictated by the score for element number 8. For example, if the provider has 4 elements at the "Implementing" level and the other 4 elements at the "Emerging" level and if element number 8's determination is at least "Implementing," then the provider's outcome elements' score will be "Implementing." However, if element 8 was scored as "Emerging," then the provider's overall determination will be "Emerging."

When inconsistencies occur during the consultation process based upon the interviews with the individuals versus the interviews with the provider and record review (if necessary), the Consultant will make every attempt to resolve the inconsistencies. This may be accomplished through but not limited to further interview with the individual, provider and/or staff, others involved with the individual, as well as, use of the data set information. Findings will focus on the individual.

Final results of the consultation are reflected in a written report of findings that will be sent to the provider and the APD area office within\_30\_ days of the Closing Conference for the consultation.

If a Level II Background Screening alert is identified at the time of the consultation, the designated person at the local APD Area Office will be notified of the alert and be given the name of the person not in compliance. The consultant will notify the provider to submit the necessary documentation to the designated APD contact within 10 days of the closing conference.

If a Core Alert is identified at the time of the consultation, the consultants' Regional Manager and the designated person at the local APD Area Office will be notified of the alert and be given the specific and necessary information to follow up as deemed appropriate. In the CORE report, the consultant will turn the Alert on, and document the specific information as to the reason for the alert and other identifying information deemed necessary for the provider and/or Area Office staff to address. If the Core Alert is related to suspected or identified abuse, neglect and/or exploitation, the consultant will also notify the Abuse Registry. In the CORE report, the consultant will turn the Alert on and document at the element level that during the consult a report to the Abuse Registry was made and include the code number given by the Abuse Registry associate.

If the Core Alert situation is a significant, possibly life threatening, egregious event and warrants urgent and immediate response and/or Area Office intervention, the consultant will notify his/her Regional Manager, the designated person at the local APD Area Office and/or Area Administrator. The Regional Manager will notify the Central APD Office.

## **FOLLOW UP CONSULTATION PROCEDURES**

The following are the onsite consultation follow up requirements based on the overall results of the consultation.

Outcome Oriented Element Consultation Results Overall score of:	Annual Consultation Required	Quality Enhancement Plan (QEP) Development Requirements	Follow up timeframes
NOT EMERGING OR EMERGING	Annual consultation the following year	QEP DRAFT developed by provider addressing all elements scored below achieving, and all Minimum Service Requirement elements (9-12) scored as Not Met. The QEP must be submitted to the APD Area Office within 30 days of the closing conference. QEP to be reviewed during the Follow Up with TA consultation.	Follow up with TA will occur 60 days from the date of the Closing Conference.
IMPLEMENTING	Annual consultation the following year	QEP DRAFT developed by provider addressing all elements scored below achieving, and/or addressing overall organizational practices needed to assure a more person-centered approach to service delivery. The QEP will be reviewed during the Follow Up with TA consultation if requested.	Follow up with TA will occur if requested by the QIC in consult with the local APD Area Office within 90 days of the Closing Conference.
ACHIEVING	Skip annual the following year, unless providing Supported Living Coaching service.	QEP is developed by provider addressing all elements scored as Emerging or Implementing and/or addressing overall organizational practices needed to assure a more person-centered approach to service delivery. The QEP is used by the provider to improve service delivery where needed, and to continue to assure a person-centered approach. The QEP is retained by the provider for the next annual consultation.	No follow-up required.
Any score with health, safety or rights violation alerts (elements 2,3, or 4)	Annual consultation the following year	QEP DRAFT developed by provider addressing all elements not scored as Achieving and all Minimum Service Requirement elements (9-12) scored as Not Met. The QEP must be	Follow-up with TA consultation covering alert and all other elements will occur <u>within</u> 30 days of the Closing

		<p>submitted to the APD Area Office within 30 days of the closing conference. These will be reviewed during the Follow Up with TA consultation.</p> <p>NOTE: Any incidents of abuse, neglect, and/or exploitation must be immediately addressed. Any concerns related to health and safety must also be addressed immediately.</p>	Conference.
Level II Background Screening Alert	Annual Consultation the following year	Provider will submit documentation to the local APD Area Office addressing the Level 2 Background Screening within 10 days of the closing consultation.	If the provider scored as “Implementing” the provider will submit documentation demonstrating compliance to Delmarva within 60 days of receipt of the report. If the provider scored as “Emerging or Not Emerging,” a follow-up with TA consultation covering alert and all other elements will occur <u>within</u> 60 days of the Closing Conference.
Minimum Service Requirement Elements	The provider is expected to make corrections in order to comply with rule requirements.	If a provider’s overall Results Oriented Element score is “Implementing” with no alerts or recoupment, minimum requirement documentation will be submitted to Delmarva for a documentation follow up review within 90 days of the Closing Conference. If a provider’s overall Results Oriented Element score is below Implementing, see the QEP requirements above.	These elements will be reviewed at the time of the Follow Up with TA consultation.

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## Follow Up with Technical Assistance Consultation

Follow Up with TA consultations includes the following:

- Review of the QEP developed and if necessary assistance in the further development of the QEP.
- Assistance with the development of organizational practices key to facilitating the achievement of outcomes for the individuals served.
- Review of each of the elements not scored as “Achieving” on the Core elements, or scored as “Not Met” on the minimum service requirements to determine how the provider plans to address or is addressing the area.
- If deemed necessary, the Consultant can interview individuals, staff, and others.

The provider will develop a QEP prior to the Follow Up with TA consultation. It will address all elements not scored as “Achieving” or “Not Met” at the time of the annual consult. It will be submitted to the APD Area office within 30 days of the closing conference. The QEP is to be used by the provider during the year to improve service delivery where needed, and retained for the next annual consultation. The QEP may be reviewed and updated by the provider throughout the year based on the provider’s evaluations of the success of improvements made and the need to further modify organizational practices.

The Follow Up with Technical Assistance report will address the provider’s improvement, or plans for improvement, to organizational practices. If the provider received technical assistance, documentation will include any recommendations given to assist the provider in improving organizational practices and any specific technical assistance that was provided. **The outcome elements (1-8) will not be re-scored.** If an alert item(s) on an outcome element has not been corrected, or if the provider has not taken any action towards improvement, the Consultant must:

- 1) provide supporting documentation at the element level as to why,
- 2) turn the alert on, and
- 3) keep the score the same as it was in the annual consultation.
- 4) notify the local APD Area Office

If the alert(s) has been corrected, or the provider has made improvements, the Consultant will not interact with the element. The narrative will summarize the Consultant’s overall findings and will include brief statements of the following:

- Any actions taken to improve organizational practices by the provider at the time of the consultation.
- Expectations set forth by the provider.
- Any guidance given by the Consultant on the content of the draft QEP.
- A description of the technical assistance given.
- An indication by the Consultant of the provider’s level of understanding of the recommended changes.
- Projected dates of implementation.

- Conclude with any comments or concerns.

The Minimum Service Requirement elements originally scored as “not met” for the annual consultation will be changed to reflect the corrected items based on the provider’s actions. If the score remains at “not met” the QIC will include information in the supporting documentation section of the application justifying why the provider is not in compliance. If the provider received a Background Screening Alert and was unable to verify the required documentation was obtained (Affidavit of good Moral character, Local Law Enforcement Background Screening, and Level II Background Screening clearance letter for FDLE and FBI) this element will be scored as “not met” and the QIC will notify the local designated APD Area Office staff and the Central Office. If the follow up with TA is 90 days post annual onsite consult, and the provider does not have the Level II Background Screening clearance letter for FDLE and FBI or any of the other required documentation, the provider will be scored as “not met” and the QIC will notify the local designated APD Area Office staff and the Central Office.

### **Documentation Follow Up**

This type of follow up is a submission of documentation that supports the correction of Medicaid Waiver documentation requirements. For Level II Background screening, the provider will submit to the APD Area Office documentation demonstrating compliance within 10 days of the closing conference. If a provider scores “Implementing,” minimum service requirement documentation will be submitted for a documentation review within 90 days of the closing conference.

The Minimum Service Requirement elements originally scored as “not met” for the annual consultation will be changed to reflect the corrected items based on the provider’s actions and submission.

### **Summary Results on Provider’s Follow Up Actions**

The QIC will check the application checkbox below if it is determined that during the Follow-Up with TA consultation the provider did not develop a draft QEP and one or more of the following are present:

- There was little to no evidence the provider initiated actions identified for improvement in the annual report.
- The provider verbally refused to comply.
- There was limited evidence the provider initiated immediate corrective measures on rights, health/safety, and/or other alert items.
- If this checkbox is marked, the Consultant must also mark the checkbox that indicates the APD Area Office should provide additional intervention with the provider.

<input type="checkbox"/> The provider has not developed a QEP, and has not implemented actions necessary for improvement.
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The QIC will check the application checkbox below if it is determined that during the Follow Up with TA consultation one or more of the following are present:

- There was little to no evidence the provider initiated actions identified for improvement in the annual report.
- The provider verbally indicated an unwillingness to comply with the recommendations noted in the QEP
- There was limited evidence the provider initiated immediate corrective measures on rights, health/safety, and/or other alert items.
- If this checkbox is marked, the Consultant must also mark the checkbox that indicates the APD Area Office should provide additional intervention with the provider.

Provider has QEP but has not implemented actions necessary for improvement.

For any type of follow up consultation, if the Consultant determines the provider would benefit from additional technical assistance or intervention from the area, the box below should be checked. This check will transfer to the report as an indicator to the APD Area Office and the State that technical assistance is needed, or a review of the provider's status as a waiver provider may be warranted.

The APD Area may need to intervene through technical assistance and/or oversight.

The QIC will check the application checkbox below if it is determined that during the Follow Up with TA consultation:

- The provider has NOT developed a formal QEP;
- But, the provider demonstrated that developed and implemented actions were completed that can result in the achievement of outcomes for individuals;
- And, the provider has a clear understanding of the organizational practices needed to achieve results for individual's identified outcomes.

Provider has not developed QEP but has implemented actions necessary for improvement.

The QIC will check the application checkbox below if it is determined that during the Follow Up with TA consultation the provider has developed a formal QEP, and:

- The provider demonstrated that developed and implemented actions were completed that can result in the achievement of outcomes for individuals.
- The provider has a clear understanding of the organizational practices needed to achieve results for individual's identified outcomes.

Provider has QEP and has implemented actions necessary for improvement.

The QIC will check the application checkbox below if it is determined that during the Follow Up with TA consultation one or all of the following are present:

- The provider has taken some actions for improvement but has not implemented actions necessary to improve all areas and services for all individuals being served.
- The provider has taken inappropriate action to try and improve organizational systems.
- The provider has some understanding of outcomes and the organizational practices needed to assist individuals in achieving outcomes.
- If this checkbox is marked, the Consultant must also mark the checkbox that indicates the APD Area Office should provide additional intervention with the provider.

Regardless of QEP development, the Provider has taken limited actions necessary for improvement.

The QIC will check the application checkbox below if it is determined that during the follow up consultation the following is present:

- The provider has corrected or taken the necessary actions towards improvement on all alert elements, including health, safety or rights violation Alert elements and Level II Background Screening Alerts.

Provider has corrected the alert(s).

## QUALITY ENHANCEMENT PLAN

If a provider is required to develop a QEP, the following areas must be included in the report:

- Provider's identifying information - Provider name and Address, Medicaid ID and Review date and reviewer name
- For each required element, a description of the action being taken to make the needed improvement to the provider's organizational systems/practices and/or documentation practices and the projected timelines for implementation.
- Identification of the individual(s) responsible (by position/title) for improvement activities.
- Submission of the Preliminary Findings Report received at the time of the Closing Consultation.

It is recommended that the Quality Enhancement Plan be used by the provider during the year as a guide to improvements needed in the provider's organizational practices necessary to achieve a more person-centered service delivery system. The QEP should be reviewed and updated on an on-going basis by the provider to assure appropriate targeted measures are being identified and implemented, as needed. The QEP may be reviewed and updated by the provider throughout the year based on evaluations of the success of improvements made and the need to further modify organizational practices.

### Reconsideration Process

Reconsiderations will be accepted for the minimum service requirements, Elements 9 through 12. (Providers are expected to address questions concerning Elements 1 through 8 during the consultation.) If the provider disagrees with the findings contained within the report as it pertains to the minimum service requirement elements, a reconsideration of findings may be requested. The provider is encouraged not to submit documentation which was not present or presented at the time of the consult because it will not be accepted as part of this Reconsideration Request. The reconsideration request must be

made in writing and received within 30 days of receipt of the report or it will not be accepted and the request will be denied. The reconsideration request must contain the following:

- Provider Medicaid ID Number;
- Provider name and address;
- Provider location – site reviewed (if applicable);
- Consultation date and Consultant name;
- Minimum Service Requirement elements for which reconsideration is being requested;
- Reason for reconsideration request, by minimum service requirement element(s);
- Documentation to support reconsideration, and;
- Person to contact and phone number.

It is recommended the provider mail your request by certified letter or send receipt. Mail your Reconsideration Request to the following address:

Delmarva Foundation  
Re: Reconsideration Request  
8875 Hidden River Pkwy, Suite 275  
Tampa, Fl. 33637

Once the Reconsideration Request is received, it will be reviewed, determinations made and a report generated within 30 days of receipt of the request.