

Florida Statewide Quality Assurance Program

CORE Element Level Comparison to Provider Performance Reviews

July 1, 2003 – June 7, 2005

Florida DD HCBS Waiver

Prepared by the Delmarva Foundation

Introduction and Purpose

Approximately four million Americans have developmental disabilities. A developmental disability is a severe, chronic disability that begins any time from birth through age 21 and is expected to last for a lifetime. Developmental disabilities may be cognitive, physical, or a combination of both. They can result in serious limitations in every day activities of life, including self-care, communication, learning, mobility, or the ability to work or live independently. The state of Florida is committed to an aggressive person-centered system of supports and services to help ensure that people living with developmental disabilities are guaranteed the best possible life that is integrated into their respective communities and affords them the opportunities to live and work where they choose.

Currently the Agency for Persons with Disabilities (APD) is fully serving approximately 32,000 Floridians with developmental disabilities: people with mental retardation, spina bifida, autism, cerebral palsy, Prader Willi syndrome or people who are at high risk of developing a developmental disability. Funding for over 24,000 of these individuals is provided through the Medicaid Developmental Disabilities Home and Community Based Services (DD HCBS) Waiver. Administered by the Florida Agency for Healthcare Administration (AHCA), the DD HCBS Waiver allows for the provision of services in community-based settings as an alternative to institutional care. The Delmarva Foundation, through a four-year contract with AHCA, has provided a quality assurance program for persons served through the DD HCBS Waiver, called the Florida Statewide Quality Assurance Program (FSQAP).

During the first three years of the FSQAP contract, trained reviewers conducted onsite Provider Performance Reviews (PPR) to determine provider compliance with the requirements of the DD HCBS Medicaid Waiver Coverage and Limitations Handbook. A major project effort during the fourth year of the contract (July 2004 – June 2005) was a statewide implementation of two new onsite review processes, the Waiver Support Coordination Consultation (WiSCC) to review Waiver Support Coordinators, and Collaborative Outcome Review and Enhancement (CORE), designed to review providers of other services that require an on site review: Adult Day Training, Non-Residential Support Services, Residential Habilitation, Supported Employment and Supported Living Coaching. These represented a significant shift in focus from a compliance/process orientation to a consultative outcome based review approach that is person-centered. Both new review processes focus on the effectiveness of providers in producing results that reflect communicated choices and preferences of the people receiving services. In addition, both processes have a consultative approach rather than an audit-based focus.

The purpose of this study is to determine how well compliance on the PPR process related elements correlates with person-centered results that reflect positive outcomes in the lives of the people being served. In other words, if a provider has historically provided documentation that written policies and procedures are in place related to service delivery, does this correlate with positive outcomes for individuals being served?

Background

The initial onsite PPR monitoring tool used to review providers of key services for individuals on the DD Waiver program was developed by the Delmarva Foundation, in conjunction with essential personnel from APD and reviewed by AHCA. Services subject to onsite review are Adult Day Training, Non-Residential Support Services, Residential Habilitation, Support Coordination, Supported Employment and Supported Living Coaching. The focus of this tool was to determine if providers were compliant with regulations in the DD HCBS Medicaid Waiver Coverage and Limitations Handbook. Providers were reviewed and scored on various elements within each service they delivered.

Standards scored that are common to all services in this study include documentation of required training, documentation of implementation plan development, documentation that providers follow service qualifications and limitations and maintain required billing documentation, and documentation that providers bill for services as authorized. Providers were also monitored on Projected Service Outcomes (PSO). The PSO are measures developed to ensure the provider is reaching the specific goals of the service. Common to each of the services were areas related to satisfaction with services and individuals' progress toward goal achievement. A component of the PSO is to ensure providers have a systematic data collection method in place to collect these data. Evidence must also be present that demonstrates the information collected is reviewed periodically and corrective action is taken when necessary.

In addition to these areas, each provider of the five key services was scored on Core Assurances. Core Assurances were developed to determine that providers had the necessary information in place to assist them in providing quality supports and services. Each provider is scored on a series of elements within nine different standards. In addition to general provider information within each standard, it is determined if written policies are in place for the standard and if there is evidence indicating the policies are actually implemented. The Core Assurances are comprised of the following standards of performance:

- Rights and privileges of individuals are upheld.
- Individuals have access to environments, including community settings where services and supports are provided.
- Individuals are afforded choice of services and supports.
- Individuals' personal information is kept confidential.
- Suspected abuse, neglect or exploitation is immediately reported in accordance with state law.
- Individuals are assisted in achieving personal goals and desired outcomes.
- The provider markets and renders services in a professional and ethical manner.
- Provider procedures facilitate the resolution of grievances.

- The provider has written policies on required topics and practices appear consistent with the policy.
- The provider completes a self-assessment to determine the effectiveness of services being offered and compliance with established requirements.

A small sample of individuals receiving services from each provider was interviewed as part of the onsite monitoring process. Reviewers used these interviews to help determine if the services were appropriately provided, achieving a positive impact on the individuals. However, the PPR focus was process and documentation oriented. Because the state of Florida is most interested in how outcomes are being met for individuals, Personal Outcome Measure interviews were conducted on a large sample of consumers each year to determine outcome levels for consumers across the state.¹ Over the first three years of the FSQAP contract, providers maintained fairly high compliance scores from the Provider Performance Reviews but outcomes for individuals on the DD Waiver were relatively low and decreasing each year. Therefore, in order to facilitate a person-centered service delivery approach, new review tools (WiSCC and CORE) were developed with a focus on outcomes that are important to the people being served.

The Collaborative Outcome Review and Enhancement (CORE) consultation process was developed and implemented for DD HCBS Waiver services subject to an onsite review, with the exception of Support Coordination. Policies, procedures, and report formats were developed by a stakeholder group and piloted throughout the state with a variety of service providers. AHCA and APD have reviewed and approved all aspects of the CORE tool. Some of the basic process elements such as proof of billing determination, documentation of required training and documentation of background screening are still monitored. However, an additional component of CORE is to determine if the provider has organizational systems in place and if those systems are producing outcomes for individuals that are most important to them. Key information and data to determine the level at which expectations and results important to the individual are being attained are collected through consumer, provider and staff interviews and documentation review. Therefore, written policies and procedures may be in place to enable consumers to integrate fully into the community. However, if it is determined individuals are not able to integrate into the community as they desire, the provider is not achieving the outcome for the individual. The organizational systems must follow through to produce desired outcomes for consumers being served.

Data and Methodology

In this study we use results from 247 annual provider reviews: PPR reviews completed during the third year of the contract (July 2003 – June 2004) and CORE reviews that

¹ Personal Outcome Measures are described at length in various documents and on the web page for The Council on Quality and Leadership (<http://www.thecouncil.org>). Also see Personal Outcome Measures: Reasons Outcomes are Not Met, submitted to the Agency for Health Care Administration, June 2004, by Delmarva Foundation and the Florida Statewide Quality Assurance Program, for a description of the measures.

were completed and approved during most of the first year of implementation of the new process (July 1, 2004 – June 7, 2005). Provider results are included only for providers who had a PPR during Year Three *and* a CORE during Year Four. Providers who offer services in more than one district received a separate PPR and CORE in each district. These are analyzed as separate events.

The overall research goal is to determine if outcomes on CORE elements correlate with process elements from previous reviews using the PPR process. For example, if providers have documentation that required training has been completed and/or documentation that written policies are in place (process elements), are these good predictors that outcomes are being met for individuals receiving services and that individuals are satisfied with their services? In particular, we ask:

- Do written or implemented processes and procedures translate to positive outcomes for individuals;
- Does compliance with implementation plan (IP) development and training requirements show a positive correlation with CORE outcomes;
- Does compliance on the Projected Services Outcomes translates to positive outcomes for individuals;
- And, do other aspects of the Core Assurances as described below correlate with CORE outcomes?

Independent Variables

Process elements from each of the five services subject to a CORE review were used to develop the degree of compliance providers had in three specific performance areas. While the elements within each area are service specific and may therefore vary somewhat to address requirements of the service, the elements address the same broad areas of provider performance. These are summarized as follows:²

- *Projected Service Outcomes*, to ensure the provider is reaching the specific goals of the service, as described in the previous section;
- *Implementation Planning* is completed, indicating an IP has been developed under the direction of the individual receiving services and is reviewed periodically. The IP provides written instruction to be consistently followed by all employees in an organization, in an effort to assist individuals to achieve that which is important to them. Only the individual can conclude that the efforts driven by the IP have resulted in the outcomes they desire.
- *Training* requirements are met for each specific service.

As described above, the Core Assurances PPR tool was designed to measure the degree to which providers ensure individuals they serve are treated with respect and dignity, have basic rights and privileges, are free from abuse and neglect and achieve their desired goals and outcomes. In addition, providers were monitored to determine if they rendered services in an ethical manner and if they periodically performed a self-assessment to

² See Appendix A, Attachment 1 for a list of elements used to measure each independent variable.

establish the effectiveness of services being offered and compliance with requirements. The elements used to measure Core Assurances were the same for all providers who were subject to an onsite review and are grouped into the following six areas for analysis:³

- *Written policies* that are specific to each standard are in place, such as policies that identify the rights and responsibilities of individuals or policies that address immediate reporting of suspected abuse or neglect;
- *Evidence of implementation* of the written policies exists;
- The provider performs a regular *self-assessment* of service effectiveness and compliance with established requirements;
- Individuals' *rights, dignity, respect, privacy* and community *access* are protected;
- The provider markets services in an *ethical* manner, such as not using a consumer's funds for personal gain;
- Individuals are assisted in achieving personal *goals* and desired *outcomes*.

Each independent variable listed above has from three to 19 elements, and each element was scored as Met or Not Met. The Percent Met within each independent variable is calculated across all services the provider renders. A provider may only provide Adult Day Training (ADT), thus the seven elements identifying training requirements are scored for that provider. However, if the provider offers both ADT and Supported Living Coaching, training requirements for both services are scored. During the first three years of the contract, a provider with an overall performance review score of 90 percent or higher was exempt from the review process the following year. Therefore, we have selected this as a reasonable cut point for the analysis.⁴ The nine independent variables are measured as a dichotomy: providers who scored 90 percent Met or better and providers who scored less than 90 percent.

Dependent Variables

Providers reviewed with the CORE process are evaluated on 18 outcome elements and seven process elements. The dependent variables measure the evaluation level of providers on CORE Elements 15 and 18. Element 15 indicates if individuals are achieving their desired outcomes and goals or receiving supports that demonstrate progress toward personal outcomes and goals. Element 18 determines in general if individuals are satisfied with their services. These are measured at four evaluation levels:⁵

- *Achieving* indicates that organizational practices are in place and these are consistently implemented in a way that outcomes important to individuals are met;

³ See Appendix A, Attachment 2 for a list of elements included in each sub-category within the Core Assurances.

⁴ To exempt from a subsequent review, the provider must also not have a "Not Met" on any alert item.

⁵ Go to www.dfmc-florida.org for a detailed description of the CORE tool and evaluation levels.

- *Implementing* indicates there is consistent action toward achieving goals for individuals but evidence exists that not all individuals are achieving desired outcomes;
- *Emerging* reflects that some sporadic action toward achieving outcomes exists but organizational practices are inconsistently implemented;
- *Not Emerging* indicates there are no systems in place to support desired outcomes, choices or preferences for the individuals being served.

The following table shows the distribution of evaluation levels for Elements 15 and 18 of the CORE. The data indicate providers are doing quite well in terms of the overall satisfaction individuals have with their services, 44.5 percent were achieving on Element 18 and another 38.5 percent were Implementing. Providers have not performed quite as well ensuring individuals achieve desired outcomes and goals, with only 23.9 percent evaluated as Achieving on Element 15. For analysis purposes, the two dependent variables are dichotomized: Achieving/Implementing versus Emerging/Not Emerging.

CORE Evaluations: Element 15 and Element 18

July 1, 2004 - June 7, 2005

Evaluation Level	Element 15		Element 18	
	Number	Percent	Number	Percent
Achieving	59	23.9%	110	44.5%
Implementing	67	27.1%	95	38.5%
Emerging	116	47.0%	42	17.0%
Not Emerging	5	2.0%	0	0.0%
	247	100.0%	247	100.0%

Because the distribution of most of the independent variables, the percent Met, is not a normal “bell shaped” distribution, crosstabulation and chi square statistical tests are used to examine the significance of the relationships at the bivariate level. These tests examine the one-to-one association between each independent variable (proof of written policies, evidence these are implemented, etc.) and the dependent variables (evaluation levels on the CORE elements). Logistic regression is used to determine the best predictors of how well providers ensure individuals achieve their outcomes and goals and how satisfied individuals are with their services. In regression analysis data are analyzed at the multivariate level. The net effect of each independent variable on the dependent variable is calculated, controlling for all other independent variables in the equation. In other words, individual effects from each independent variable are “parceled out”, the resulting effect of each factor in the equation is from “only” that factor and not intertwined with others.

As an example, a 2 x 2 crosstab (bivariate) analysis may show that a provider’s self-assessment of services is not significantly correlated with the CORE outcomes on Element 15, indicating self-assessment does not necessarily help providers ensure individuals achieve their goals. However, when used in a regression analysis, controlling for other influential factors, we may find that net of all other effects such as

implementing policies and documentation of required training, self-assessment does in fact influence individuals' outcome levels. By taking the “noise” out of the relationship we can see the unique effect for self-assessment.

Results

Element 15: Individuals are achieving their desired outcomes and goals or are receiving supports that demonstrate progress toward personal outcomes and goals.

How well do process elements in the PPR correlate with achievement of outcomes and goals for individuals? Results at the bivariate level are displayed in the following table. The percentages reflect the percent of providers who scored Achieving or Implementing on Element 15 in CORE within each PPR process area, by the Percent Met. For example, among providers who scored “>= 90% Met” in the area indicating if written policies are in place, 55.7 percent scored Achieving or Implementing on Element 15. Among providers who scored “<90% Met” in this area, only 44.9 percent were evaluated as Achieving or Implementing on Element 15. Therefore it appears that if written policies are in place, providers are somewhat more likely to ensure individuals achieve their outcomes and goals. However, the probability of .09 informs us there is a nine percent probability this difference is due merely to chance. Generally, a five percent probability or less is used to determine “statistical significance”—that is, the relationship is not due to error or sampling fluctuations. Given this standard, the apparent correlation between written policies and individual achievement of outcomes and goals is not very robust.

Percent of Providers with Achieving/Implementing on Element 15 PPR Process Areas by Percent Met

PPR and CORE Reviews: July 1 2004 - June 7, m 2005

Number of reviews = 247

Independent Variable	>= 90% Met	<90% Met	Chi Sq	Probability
Written policies are in place	55.7%	44.9%	2.86	0.091
Implementation evidence exists	75.6%	45.5%	13.26	0.000
Self-assessment	46.4%	52.4%	0.609	0.435
Ethical marketing practices	53.3%	37.1%	3.14	0.076
Assist with goals and outcomes	66.7%	49.6%	2.25	0.134
Required training documented	62.4%	40.8%	11.52	0.001
Projected Service Outcomes	64.5%	49.1%	2.59	0.108
Implementation plan development	47.3%	52.1%	0.396	0.529
Rights, respect, dignity, access	51.6%	47.1%	0.247	0.619
Core Assurances	69.2%	48.9%	3.86	0.049

Relationships of the most interest in the table above have small probability values and large Chi Square values. Chi Square tests of significance utilize the type of distribution present (as opposed to a normal “bell shaped” distribution) when comparing two or more

variables in a crosstab table. They are used to test the difference between what is expected within each cell of the table, given the distribution of the population, and what is actually observed. They are similar to the more familiar t-test, but do not rely on the assumption that the variables in the test have a normal distribution.

The most robust relationship appears to be the one between the independent variable “Implementation evidence exists” and Element 15. Among providers with at least 90 percent of the PPR elements in this area Met, 75.6 percent scored as Achieving or Implementing on Element 15, compared to only 45.5 percent who scored Met on fewer than 90 percent of the PPR elements. There is nearly a 100% chance the implementation of policies is systematically correlated with achieving desired outcomes and goals for individuals receiving services, as indicated by the Chi Sq and Probability statistics.

The second most important relationship is the one between that “Required training documented” and Element 15. Over 62 percent of providers with at least 90 percent of the PPR elements Met for training were evaluated as Achieving or Implementing on Element 15, compared to 40.8 percent of providers who did not do as well with training documentation. Providers who scored well in Core Assurances as a whole also tend to score higher on Element 15, 69.2 percent compared to 48.9 percent of providers who do not do as well on Core Assurances. Finally, providers who adhere to ethical practices, such as not using any consumer’s funds for their own benefit, appear to be somewhat more likely to help individuals achieve their desired outcomes and goals.

As discussed above, it is important to understand the effect of various factors, net of other influences on the dependent variable, often referred to as “noise”. A logistic regression is used to determine the net effect of the variables listed above, with the exception of Core Assurances.⁶ The following table summarizes results from the analysis.

Effect of PPR Process Areas on Element 15
Ensure Desired Outcomes and Goals are Achieved
July 1 2004 - June 7, 2005

Independent Variable	Odds Ratio	Probability
Written policies are in place	1.02	0.941
Implementation evidence exists	3.65	0.003
Self-assessment	0.44	0.024
Ethical marketing practices	1.17	0.711
Assist with goals and outcomes	1.27	0.681
Required training documented	2.12	0.011
Projected Service Outcomes	1.35	0.529
Implementation plan development	0.70	0.333
Rights, respect, dignity, access	1.09	0.824

⁶ Because the independent variable must be “independent”, the overall Core Assurances score can not be included in an equation with other variables using the same elements.

The probability listed has the same meaning as in the previous table: a small probability indicates a small chance the relationship displayed is due to chance or sampling error. Generally, a probability of .05 or less indicates “statistical significance”, meaning the presence of the independent variable (e.g. Required training documented) impacts the level of evaluation the provider receives on Element 15. However, at times a relationship may “test as” statistically significant when the actual effect is quite small or weak. For example, implementing written policies may be shown to increase the evaluation level on Element 15 by one half of a point with probability of .05 (statistically significant). However, this is not a very meaningful increase and does not have substantive significance. In other words, we may not want to change policies and programs based on that finding. Measures of association give us an indication of the strength of a relationship.

The odds ratio is a measure of association used with Logistic Regression that reflects the strength of a relationship. The closer this is to zero, the weaker the relationship. An odds ratio less than zero reflects a negative association. For example, controlling for all other factors in the analysis, providers who scored well on the self-assessment elements tended to be about half as likely to score as Achieving or Implementing on Element 15 as they were to score Emerging or Not Emerging.⁷ This is a statistically significant relationship with $p=.024$.

As evidenced in the bivariate analyses above, the strongest predictors that providers are ensuring individuals achieve desired outcomes and goals are evidence of implementation of written policies and procedures, and documentation that required training has been completed. If providers scored Met on at least 90 percent of the elements measuring implementation, they were over three and a half times more likely to be evaluated as Achieving or Implementing on Element 15. For required training, providers were over two times more likely to score well on this element.

At the same time, it is interesting to review the process elements that do not appear to impact outcomes as measured in CORE. Having written policies in place has almost no effect on individuals achieving desired outcomes and goals. In addition, this analysis suggests that completing an Implementation Plan under the direction of the individual is not an important predictor that providers ensure desired outcomes and goals for consumers.

Element 18: Individuals are satisfied with services

How well do process elements in the PPR correlate with the overall satisfaction individuals have with services? The following table presents results from the bivariate analyses. It is important to note here that some of these process areas have a fairly skewed distribution with only a few cases in some cells. For example, there is only one provider who scored Met on “ $\geq 90\%$ ” of the elements that measure how well they assist

⁷ To be precise, an odds ratio indicates the odds of scoring Achieving/Implementing are about half the odds of scoring Emerging/Not Emerging for providers with at least 90 percent Met on the PPR elements for Self-assessment.

individuals with goals and outcomes, and were evaluated as Emerging/Not Emerging on Element 18. This is also true for the Projected Service Outcomes measure. These small cell sizes mean that results from the analysis of Element 18 are not as stable as from the analysis of Element 15. However, some trends can be identified for future and more detailed analyses.

**Percent of Providers with Achieving/Implementing on Element 18
PPR Process Areas by Percent Met**

PPR and CORE Reviews: July 1 2004 - June 7, m 2005

Number of reviews = 247

Independent Variable	>= 90% Met	<90% Met	Chi Sq	Probability
Written policies are in place	85.0%	80.4%	0.92	0.338
Implementation evidence exists	86.7%	82.2%	0.53	0.469
Self-assessment	87.5%	81.7%	1.04	0.308
Ethical marketing practices	82.1%	88.6%	0.90	0.343
Assist with goals and outcomes	95.2%	81.9%	2.44	0.118
Required training documented	90.6%	76.2%	9.01	0.003
Projected Service Outcomes	96.8%	81.0%	4.78	0.029
Implementation plan development	87.3%	81.8%	0.92	0.338
Rights, respect, dignity, access	85.0%	70.6%	4.30	0.038
Core Assurances	92.3%	81.9%	1.79	0.181

Clearly, the percent of providers scoring Achieving or Implementing on Element 18 is consistently higher within each PPR area than for Element 15. In general, individuals on the DD Waiver program seem to be satisfied with their services. Three PPR process areas that appear to be significantly associated with satisfaction are documentation of training, issues involving provider assurances of rights, respect, dignity and community access, and the Projected Service Outcomes. Having the required training is the most robust relationship, with a three in 1,000 probability the difference shown here between the two categories is due to chance.⁸ Providers who have at least 90 percent of elements Met on training are much more likely to serve individuals who are satisfied with their services, 90.6 percent compared to 76.2 percent.

Following is a display of the results from the multivariate Logistic Regression, as discussed above for Element 15. The strongest significant predictor of satisfaction with services is documentation of required training. Providers scoring Met on at least 90 percent of the training elements were over three times more likely to receive Achieving or Implementing on Element 18. Ensuring rights, dignity, and respect are protected and community access is available are also important predictors of satisfaction. Providers who have these process elements in place are close to three times more likely to be evaluated highly on individuals' satisfaction with services. Again, as with Element 15, having written policies and procedures has almost no effect on consumers' satisfaction

⁸ Essentially, this means that if we selected 1,000 samples from the population, only three would reflect these results if training did not impact individual satisfaction with services.

with their services. Curiously, implementation of those policies also appears to have no effect on consumer satisfaction.

Effect of PPR Process Areas on Element 18

Individuals are Satisfied with Services

July 1 2004 - June 7, 2005

Independent Variable	Odds Ratio	Probability
Written policies are in place	0.92	0.826
Implementation evidence exists	0.75	0.604
Self-assessment	1.27	0.632
Ethical marketing practices	0.39	0.130
Assist with goals and outcomes	2.10	0.499
Required training documented	3.10	0.007
Projected Service Outcomes	4.49	0.164
Implementation plan development	0.79	0.637
Rights, respect, dignity, access	2.71	0.028

The data also display an interesting phenomenon. The odds ratio for Projected Service Outcomes is quite high, as is the odds ratio indicating providers assist consumers with their goals and outcomes. However the associations are not statistically significant. This is likely due to the skewed distribution of cases. Therefore, results from the analysis of Element 18 are tentative due to small cell sizes and skewed distributions, as noted previously.

Discussion and Recommendations

In this study we have examined the relationship between process elements from the Provider Performance Reviews and two outcome related elements from the new CORE procedure. This new procedure represents a shift from a focus on process, policies, procedures and documentation to a focus on how the organizational systems providers maintain help their consumers achieve outcomes defined by the consumers as most important to them. With results from these two different types of processes, it has become possible to begin analyses comparing the importance of some process oriented procedures in generating results that are outcome oriented and important to the people receiving services.

The most dominant result to surface from this study is the importance of receiving the required training. The strong effect of training is apparent in both regression analyses. Providers with training documentation are over two times more likely to score well on the CORE element indicating they ensure individuals achieve desired outcomes and goals, and over three times more likely to score well on the element indicating individuals are satisfied with their services. The importance of training is a theme that has persisted throughout the four years of the FSQAP contract. During this past year, requests for

additional training have been made, and many sessions have been offered to providers, district staff, families and consumers. In addition, new web-based education and training modules have been developed and implemented.

Recommendation: Education and training should remain a primary focus as we move into the next four years of the FSQAP contract. When providers are found to be noncompliant in this area (CORE Elements 21 and 22), action should be initiated to ensure that training requirements are upheld.

Another important finding is that actually having written policies and procedures is not an important predictor of either CORE element. Rather, the importance of implementing these policies and procedures is clear in terms of achieving desired outcomes and goals for individuals. Providers implementing the policies are over three and a half times more likely to score well on Element 15. This lends substantial support to the philosophy of the new CORE process. In a CORE, it must be determined that providers not only have systems in place to help individuals achieve their goals, but that providers consistently implement these systems to positively impact all individuals they serve.

Recommendation: Continue the focus on consistent implementation of organization systems across the full spectrum of services offered and individuals served. Providers should continually monitor, evaluate and modify their policies and procedures to ensure they are being implemented according to the providers' current practices. This should be included as a component of quality management and/or self-assessment.

The elements related to the Implementation Plan were not found to be significant indicators of either CORE Element, at the bivariate or multivariate level. Implementation Planning has historically been an area where providers have struggled to effectively utilize Support Plan information and input from the individual receiving services to generate a sound plan of action. Delmarva has conducted some Implementation Plan training, but certainly has not been able to reach all providers who were represented in this sample. Therefore, the result could indicate providers do not have a clear understanding of the IP process and how it can be used to assist individuals in achieving their goals and outcomes.

Recommendation: Delmarva or another source possessing the necessary skill set should conduct continued training efforts pertaining to Implementation Planning. The effectiveness of this training should be evaluated on an ongoing basis.

This study also serves to lend some validity to the CORE procedure in determining performance levels of providers serving people on the DD HCBS Waiver. Some evidence suggests that providers who scored well on the Core Assurances were also more likely to help ensure individuals they served achieved their desired outcomes and goals (chi sq = 3.86, p=.049). The Core Assurances were specifically designed to assure providers offer individuals a basic foundation of rights, dignity and respect; to ensure individuals were free from abuse and neglect; to ensure access to community settings; and to determine that the provider assists individuals to achieve their personal goals. It is

reasonable to assume that if a high percent of elements in the Core Assurances was met, individuals, on average, would likely have desired outcomes met as well. The current analysis supports this hypothesis.

Further, the significant relationship between the Projected Service Outcomes and the satisfaction of individuals with services (Element 18) supports the validity of the CORE tool. The PSO ensure providers systematically collect outcome data on their consumers and that the information from the data is reviewed periodically, with corrective action taken when necessary. Using data to enhance services and outcomes should directly correlate with more satisfied consumers, as suggested in this study.

There are, however, some limitations to the current study. A total of 478 CORE had been completed, approved and processed as of June 7, 2005. The target for the contract year is 900. Therefore, the sample of cases is incomplete. At the time of this analysis, only a limited number of providers (247) had received both a PPR and CORE review. A larger number of cases is preferable when conducting any type of regression analysis comprised of several independent variables. Other relevant factors may be affecting the relationships described in this study, including the type of service, location (area), or if the provider is an agency or solo entity. It is not possible to control for all of these factors with a small sample size such as available at the time of this study.

Recommendation: Additional analyses including other factors that may influence the results, when more data are available, may help further explain the relationships found in this study. An analysis including the results from all providers who are subject to a CORE review should be completed when possible.

Finally, this study encompasses a two year period, results from the PPR process elements (the independent variables) from the first year and CORE results (the dependent variables) from the second year. All providers were subject to the same statewide “outside” influences that may have affected the CORE process, such as changes in policies or payment rates. However, we have not tested nor adjusted for possible autocorrelation among the variables—a situation where something in the first time period affects the results in the second time period. In addition, the individuals being served when the PPR was conducted may not be the same individuals the provider served when the CORE was conducted. Ideally, this potential change in the consumer base should not affect results for the provider, if systems are actually in place to ensure positive outcomes are achieved for individuals.

CORE Element Level Comparison to Provider Performance Reviews
Appendix A
Elements used in Each Independent Variable

FROM CORE ASSURANCE

Have written policies/procedures in place for specific service requirements

- The provider has a written policy that identifies the rights and responsibilities of individuals receiving services.
There are written policies and procedures in place to address choice for
- individuals, including those with a guardian, or for those who have been adjudicated incompetent.
- The provider has a written policy to address the immediate reporting of any suspected incidents of abuse or neglect.
The provider has a written policy to inform the individual and/or
- family/guardian about how to report suspected abuse, neglect or exploitation.
- The registry number is posted and accessible to staff and consumers.
The provider has a written policy that prohibits solicitation of individuals
- through the use of fraud, intimidation, undue influence, including offering discounts or special offers that include prizes, free services or other incentives.
The provider has a written policy that prohibits solicitation of an
- individual currently receiving services from another vendor for the purpose of inducing the individual to switch vendors through the use of fraud, intimidation, or exertion of undue influence on an individual.
- The Provider has written grievance procedures containing all the required and relevant information that are used to resolve conflicts that may arise between the individual, family, and/or guardian and the provider.
- The provider has written policies on the personal outcome process and the use of outcome information for service delivery planning.
- The provider has written policies on a person-centered approach to service delivery.
- The provider has written policies on promoting health, safety and well-being of individuals.
- The provider has written policies on the safe administration and handling of medication, that includes staff training.
- The provider has written policies on transitioning of individuals.
- The provider has written policies on staff training, orientation, and in-service.
- The provider has written policies on self-assessment.
- If the provider is an agency or group provider, there is an available table of organization, including board of directors (when applicable), directors, supervisors, support staff and all other employees.

Evidence written policies/procedures have been implemented.

- There is evidence that the policy identifying individual rights and responsibilities is implemented.

- There is evidence that the provider assists the individual to fully exercise rights and to make informed choices.
The provider and staff have knowledge of due process procedures and this information is made available to individuals/families/ guardians and provider staff.
- There is evidence that the provider's policies addressing individuals' choice for supports and services are implemented.
- The provider immediately reports any suspected abuse, neglect or exploitation of an individual.
- The provider informs individuals, family and guardians about how to report suspected abuse, neglect or exploitation.
- The provider implements its marketing policy
- Grievance procedures are annually reviewed and signed by the individual, family and/or guardian, and the provider keeps a copy on file.
- There is evidence that the consumer(s) is satisfied with the grievance resolution.
- The provider maintains a log of grievances filed by individuals, families or guardians.
- The provider implements and follows their policies on the personal outcome process and the use of outcome information in service delivery planning.
- The provider implements and follows their policies for using a person-centered approach to service delivery.
- The provider implements and follows their policies on promoting health, safety and well-being of individuals.
- The provider implements and follows their policies on the safe administration and handling of medication, including those related to staff training.
- The provider implements and follows their policies on transitioning of individuals.
- The provider implements and follows their policies on staff training, orientation and in-service.
- The provider implements and follows their policies on self-assessment.

Assist individuals to achieve outcomes and goals

- The provider is aware of, and has taken responsibility for, coordinating services needed to meet personal goals and needs identified by the individual within the scope of the service.
- Supports provided are directly related to the individual's desired goals and needs.
- Supports appear adequate in intensity and frequency to support desired outcomes for the individual.
- The provider is performing timely investigations and attempting resolution for any complaints, or inadequate supports for the person, if goals are not being achieved or appropriately supported.
- The provider uses a personal outcome approach to design person-centered supports and services, and to enhance service delivery in order to assist individuals in achieving personal outcomes.

- The provider has considered a range of different and individualized methods and techniques to be used to achieve the individual's personal goals.
- The provider has identified and organized employee work tasks to facilitate the achievement of the individual's personal goals.
- The Provider participates in discussions related to the individual's record, progress, need for modification to the support or implementation plans, and whether the individuals' needs are being met.
- The provider works with the consumer/family/guardian when changes in program direction and/or the implementation plan are requested.
- The provider is supporting the individual to expand life experiences through being part of the community and to achieve personal goals by offering opportunities, experiences and relevant training for the individual.
- The provider takes responsibility for addressing individual outcome areas beyond their mission and scope through referral, advocacy or consultation.
- The provider actively coordinates the dissemination of information to the individual/family/guardian and other providers in order to promote a cohesive planning and support process.
- Note: The following Expanded Practices will be evaluated only when all preceding required elements of performance for the standard have been met.
- The provider has a tracking system in place to assure that all individuals are making progress and that effective and timely interventions occur when progress is not made. (Was CA 38)
- The provider has identified individual and aggregate outcome data for recipients of their service(s) to facilitate the evaluation of supports and services.
- The provider uses outcome data to implement a more person-centered service delivery system.
- The provider assists the individual with opportunities to meet people who share common interest.
- The provider assists the individual with opportunities to become involved in activities that can help develop friends and relationships.
- The provider assists the individual in developing desired social roles that are of value to the individual.
- The provider supports the individual to achieve goals that the individual is personally responsible for exploring and developing, e.g. volunteer opportunities, club memberships.

Provider is ethical in marketing practices

- There is no indication of non-compliance with acceptable marketing practices.
- There is no indication that the provider or any employee of a provider is named beneficiary on a Life Insurance Policy for an individual. (NEW 2003)
- There is no indication that the provider or employees of a provider borrow or use money from an individual or their personal funds.

Provider self-assessment

- The provider conducts a self-assessment at least annually.
The assessment examines the provider's compliance with requirements found in the Medicaid Waiver Agreement and Assurances, and applicable rules and regulations.
- The provider's self-assessment is effective in determining the need for improvement.
- A Quality Improvement Plan (QIP) is developed and implemented to address areas needing improvement.
- Satisfaction survey results "needing improvement" are incorporated into the provider Quality Improvement Plan.

Provider has documentation of required training

ADT

- The provider attends mandatory meetings and training scheduled by the District and/or Department.
Independent vendors and agency staff receive training on responsibilities and procedures for maintaining health, safety and well being of individuals served.
- Independent vendors and agency staff receive training on medication administration and on supervising individuals in the self-administration of medication.
- Independent vendors and agency staff receive training on required documentation for service(s) rendered.
- Independent vendors and agency staff receive training on responsibilities under the Core Assurances.
- Independent vendors and agency staff receive training on responsibilities under the requirements of specific services offered.
- Independent vendors and agency staff receive training on use of personal outcomes to establish a person-centered approach to service delivery.
- Independent vendors and agency staff receive training specific to the needs or characteristics of the individual as required to successfully provide services and supports.
- Proof of current training and certification is available for all staff in Cardiopulmonary Resuscitation (CPR).
- Proof of current training is available for all staff in AIDS and infection control.
- Staff attends eight (8) hours of annual in-service training related to implementation of individually tailored services.
- Proof of required training in recognition of abuse and neglect and the required reporting procedures is available for all independent vendors and agency staff.

NRSS

- Proof of current training and certification services is available for all independent vendors or agency staff in Cardiopulmonary Resuscitation (CPR).

- Proof of current training is available for all independent vendors and agency staff in AIDS and infection control.
- The provider attends mandatory meetings and training scheduled by the District and/or Department.
- Independent providers and agency staff receive training on responsibilities and procedures for maintaining health, safety and well-being of individuals served.
- Independent providers and agency staff receive training on medication administration and supervision of self-administration.
- Independent providers and agency staff receive training on required documentation for service(s) rendered.
- Independent provider and agency staff receive training on responsibilities under the Core Assurances.
- Independent providers and agency staff receive training on responsibilities under the requirements of specific services offered.
- Independent providers and agency staff receive training on use of personal outcomes to establish a person-centered approach to service delivery.
- Independent providers and agency staff receive other training specific to the needs or characteristics of the individual as required to successfully provide services and supports.
- Proof of required training in recognition of abuse and neglect and the required reporting procedures is available for all independent vendors and agency staff.

Residential Habilitation

- Proof of current training and certification in Cardiopulmonary Resuscitation (CPR) is available for all independent vendors or agency staff.
- Proof of current training in AIDS and infection control is available for all independent vendors and agency staff.
- Proof of current training on medication administration and supervision of self-administration of medication is available for all independent vendors and agency staff.
- Independent vendors and agency staff have received training in specific signs and symptoms of adverse drug reactions.
- Independent vendors and agency staff have received training in specific signs and symptoms of adverse drug interactions if the individual is on more than one medication.
- The provider attends mandatory meetings and training scheduled by the District and/or Department.
- Independent vendors and agency staff receive training on responsibilities and procedures for maintaining health, safety and well-being of individuals served.
- Independent vendors and agency staff receive training on required documentation for service(s) rendered.
- Independent vendors and agency staff receive training on responsibilities under the Core Assurances.
- Independent vendors and agency staff receive training on responsibilities under the requirements of specific services offered.

- Independent vendors and agency staff receive training on use of personal outcomes to establish a person-centered approach to service delivery.
- Independent vendors and agency staff receive other training specific to the needs or characteristics of the individual as required to successfully provide services and supports.
- Proof of required training in recognition of abuse and neglect and the required reporting procedures is available for all independent vendors and agency staff.

Supported Employment

- Solo providers attend at least one supported employment related conference or workshop prior to certification.
- Solo providers attend at least eight (8) hours of annual in-service training related to supported employment.
- Agency providers attend twelve (12) hours of pre-service training related to supported employment.
- Agency providers attend eight (8) hours of annual in-service training related to supported employment.
- The provider attends mandatory meetings and training scheduled by the District and/or Department.
- Independent providers and agency staff receive training on responsibilities and procedures for maintaining health, safety and well-being of individuals served.
- Independent providers and agency staff receive training on medication administration and on supervising individuals in the self-administration of medication.
- Independent providers and agency staff receive training on required documentation for service(s) rendered.
- Independent provider and agency staff receive training on responsibilities under the Core Assurances.
- Independent providers and agency staff receive training on responsibilities under the requirements of specific services offered.
- Independent providers and agency staff receive training on use of personal outcomes to establish a person-centered approach to service delivery.
- Independent providers and agency staff receive other training specific to the needs or characteristics of the individual as required to successfully provide services and supports.
- Proof of required training in recognition of abuse and neglect and the required reporting procedures is available for all independent providers and agency staff.

Supported Living Coaching

- Agency employees and independent providers are required to attend at least 12 hours of pre-service training prior to assuming job responsibilities.
- Agency employees and independent providers have eight (8) hours of annual in-service training.

- Agency employee and independent provider training consists of, at a minimum, a detailed review of the most current (now using the 1997 publication), A Guide to Supported Living in Florida, an overview of affordable housing options and home modifications, and Rule 65B-11, Florida Administrative Code
- Proof of current training and certification in Cardiopulmonary Resuscitation (CPR) is available for all independent providers or agency staff.
- Proof of current training in AIDS and infection control is available for all independent providers and agency staff.
- The provider attends mandatory meetings and training scheduled by the District and/or Department.
- Independent providers and agency staff receive training on responsibilities and procedures for maintaining health, safety and well-being of individuals served.
- Independent providers and agency staff receive training on medication administration and on supervising individuals in the self-administration of medication.
- Independent providers and agency staff receive training on required documentation for service(s) rendered.
- Independent providers and agency staff receive training on responsibilities under the Core Assurances.
- Independent providers and agency staff receive training on responsibilities under the requirements of specific services offered.
- Independent providers and agency staff receive training on use of personal outcomes to establish a person-centered approach to service delivery.
- Independent providers and agency staff receive other training specific to the needs or characteristics of the individual as required to successfully provide services and supports.
- Proof of required training in recognition of abuse and neglect and the required reporting procedures is available for all independent vendors and agency staff.

Projected Service Outcomes

ADT

- The provider has established a systematic method to collect projected service outcome data
- The provider reviews data periodically and corrective measures are put in place if the data indicates that the goal is not being achieved.
- Individuals receiving services demonstrate an increase in abilities, self-sufficiency, and changes in their lives consistent with their support plan.
- Individuals served who have a stated support plan goal to be employed in the community, access supported employment or other competitive employment opportunities.
- Individuals served are satisfied with the services based on the results of the annual satisfaction survey or are satisfied that their concerns raised during the survey have been addressed.

- Individuals achieve or make progress toward the support plan goal(s) assigned to the provider.

- Individuals who use the supports and services of the provider are allowed maximum freedom of choice, including being informed about rights and service options (i.e., more inclusive programs, supported employment, etc.).

NRSS

- The provider has established a systematic method of data collection for projected service outcome data.
There is evidence that the data are reviewed periodically and that
- corrective measures are put in place if the data indicates that the goal is not being achieved.
- Individuals achieve goals on their support plan during the year.
Individuals who use the supports and services of the provider
- demonstrate an increase in abilities, self-sufficiency, and changes in their lives, consistent with their personal goal(s).
- Individuals who use the services of the provider achieve an increased level of community inclusion or community involvement.
- Individuals receiving this service from the provider have these services provided in an integrated community setting.
Individuals receiving NRSS from the provider are satisfied with the services based on the results of the annual satisfaction survey or are
- satisfied that their concerns raised during the survey have been addressed.

Residential Habilitation

- The provider has established a systematic method to collect outcome data.
The provider reviews data periodically and corrective measures are put
- in place if the data indicates that the goal is not being achieved.
- Individuals receiving residential habilitation services achieve or make progress toward the support plan goal(s) assigned to the provider.
Individuals served are satisfied with their residential habilitation services based on the results of the annual satisfaction survey, or are satisfied
- that their concerns raised during the survey have been addressed.
- Individuals who use the supports and services of the provider remain healthy and free from injury, abuse or neglect.
Individuals using the supports and services of the provider demonstrate
- an increase in abilities, self-sufficiency, and changes in their lives, consistent with their personal goal(s).
Individuals who use the supports and services of the provider are
- allowed maximum freedom of choice, including being informed about rights, service options, and making all possible decisions with regard to the conduct of their lives.

Supported Employment

- The provider has established a systematic method of data collection for outcome data.
The provider reviews data periodically and corrective measures are put
- in place if the data indicates that the goal is not being achieved.

- Individuals in the individual model do not need paid job coaching in excess of an average of 20% of the beneficiaries average work hours.
- Individuals receiving supported employment achieve the goal(s) identified on their support plan for which the provider is responsible.
- The provider achieves a satisfactory or better rating on the annual individual satisfaction survey.

Supported Living Coaching

- The provider has established a systematic method of data collection for outcome data.
 - There is evidence that the data is reviewed periodically and that corrective measures are put in place if the data indicators that the goal is not being achieved.
- Individuals in supported living are the lessee or owner of the home in which they reside.
- The provider achieves a satisfactory or better rating, based upon the results of annual individual satisfaction surveys.
 - Individuals in supported living live in homes occupied by no more than two other beneficiaries with developmental disabilities and in areas in which persons with disabilities account for no more than 10% of the houses or 10% of the units in an apartment complex, unless otherwise waived by the Department.
- Individuals who use the supports and services of the provider demonstrate an increase in abilities, self-sufficiency, and changes in their lives consistent with their Support Plan goal(s).
- Individuals who use the services of the provider achieve an increased level of community inclusion or community involvement.
 - Individuals who use the services of the provider maximize freedom of choice in all areas of their lives as evidenced by setting personal goals, being fully informed about service options and making all possible decisions with regard to the conduct of their lives.

Implementation Planning

ADT

- The provider develops an individualized implementation plan (IP) for all consumers.
- An individualized implementation plan (IP) is developed under the direction of the consumer.
- The IP identifies goal(s) and needs from the individual's support plan and other pertinent sources appropriate to the individual.
 - The IP identifies strategies and methods to assist the individual in meeting goal(s) as well as the data collection system to be used to assess success and achievement.
- The IP is reviewed periodically to determine whether progress is being made and is updated to reflect new interests, goals, needs, or strategies to promote meaningful progress.
- The provider is tracking and acting on an individual's progress or lack of progress.

NRSS

- The provider develops an individualized implementation plan (IP) and/or a Behavior Analysis Service Plan (BASP) for all consumers.
- An individualized implementation plan (IP) is developed under the direction of the consumer.
- The IP identifies goals and needs from the individual's support plan and other pertinent sources appropriate to the individual.
- The IP identifies strategies and methods to assist the individual in meeting goal(s), as well as the data collection system to be used to assess success and achievement.
- The IP is reviewed periodically to determine whether progress is being made and is updated to reflect new interests, goals, needs, or strategies to promote meaningful progress.
- Progress, or the lack thereof, is noted in the daily progress notes, monthly summary and annual report.

Residential Habilitation

- The provider develops an individualized implementation plan (IP) for all consumers.
- An individualized implementation plan (IP) is developed under the direction of the consumer.
- The IP identifies goal(s) and needs from the individual's support plan and other pertinent sources appropriate to the individual.
- The IP identifies strategies and methods to assist the individual in meeting goal(s) as well as the data collection system to be used to assess success and achievement.
- The IP is reviewed periodically to determine whether progress is made and is updated to reflect new interest, goals, needs, or strategies to promote meaningful progress.
- The provider is tracking and acting on an individual's progress or lack of progress.

Supported Employment

- The provider develops an individualized implementation plan (IP)/employment plan for all consumers.
- An individualized implementation plan (IP) or employment plan is developed under the direction of the consumer.
- The IP identifies goals and needs from the individual's support plan and other pertinent sources appropriate to the individual.
- The IP identifies strategies and methods to assist the individual in meeting goal(s), as well as the data collection system to be used to assess success and achievement.
- The IP is reviewed periodically to determine whether progress is being made and is updated to reflect new interests, goals, needs, or strategies to promote meaningful progress.
- The provider is tracking and acting on an individual's progress or lack of progress.

Supported Living Coaching

- The provider develops an individualized implementation plan (IP) for all consumers.
- An individualized implementation plan (IP) is developed under the direction of the consumer.

- The IP identifies goal(s) and needs from the individual's support plan and other pertinent sources appropriate to the individual.
- The IP identifies strategies and methods to assist the individual in meeting goal(s) as well as the data collection system to be used to assess success and achievement.
- The IP is reviewed periodically to determine whether progress is being made and is updated to reflect new interest, goals, needs, or strategies to promote meaningful progress.
- The provider is tracking and acting on an individual's progress or lack of progress.