Delmarva Foundation
Florida Statewide Quality Assurance Program
Public Reporting Website Development
Current Initiatives and Recommendations

Appendices

Appendix A
Public Reporting Website Development
List of Work Group Members

Acronyms

Agency for Persons with Disabilities – APD
Agency for Health Care Administration – AHCA
Delmarva Foundation – DF

Members

Steve Dunaway—Management Review Specialist, APD
Becky Lackey—IT, APD
Mike Sodders—IT, APD
Ed DeBardeleben—Area 12 Program Administrator, APD
Marsha Vollmar—Area 8 Program Administrator, APD
Marianne Ferlazzo—Program Administrator, APD
Carol Burch—Contract Manager, AHCA
Pamela Wainwright—Contract Manager, AHCA
Bob Foley—Program Director-Florida, DF
Marion Olivier-Ruelas—Regional Manager, DF
Sue Kelly—Research Scientist and Work Group Chair, DF
Julie Tyler—Vice President, DF
Marshall Patterson—Data Systems Manager, DF
David Milligan—System Analyst, DF
Julie Shaw—Executive ADA Administrator
Lloyd Tribley—ADA Workgroup
Debra Dowds—Executive Director Florida Developmental Disabilities Council
Suzanne Sewell—Florida Association of Rehabilitation Facilities
John Hall—Executive ARC/Florida
Ann Millan—Chair Statewide Family Care Council, Family Member/Advocate
Beverley DeStories—Family Member/Advocate
John McDonald—Data Analyst, DF
Karen Huber—Program Administrator, AHCA

Appendix B
List of Data Elements for Possible Inclusion in the Public Reporting System

1. Where are the resources (availability of services/providers)?

   - <u>Current</u> list of services and providers by district and/or county

   - Needed services by district/county

2. Quality of providers

   - Minimum Service Requirement results (Met/Not Met)—short term

   - Other quality indicators from WiSCC and CORE—long term

3. Non-compliant providers—have not sent information for desk review process

4. PPR reports that are already on the Delmarva web page

5. Key charts from quarterly/annual reports

6. Alerts--Note if background screening, abuse/neglect, etc.

7. Recoupment issues

8. Update with follow-up corrections/improvements

9. Languages spoken by provider

10. General monitoring information with "drill down" options for more details—i.e., on what is the information based?

11. General information

    - How to navigate the DD system

    - What to look for in a provider

    - Waiting list by district/county and how to get on it

    - Number of people receiving services by service in the area

12. Employment options for the DD population available in the area/county

13. Special services provided—self description of services

14. Complaints or grievances about the provider

15. Incidents that are reported

16. Self-evaluation reporting

17. Information from satisfaction surveys distributed by the provider

18. Program outputs such as the number of people served by the provider who are employed, the average wages, retainment rate, and average number of hours worked.

19. Aggregate of individual outcomes

20. Agencies consistently scoring under 70% on process oriented elements (CORE elements 19-25 and WiSCC elements 7 – 11)

Appendix C
Public Reporting Small Workgroup
March 8, 2005
Recommendations

This is a compilation of the recommendations generated by the Public Reporting Small Workgroup on March 8, 2005, as submitted for consideration by the Public Reporting Workgroup at the meeting scheduled for March 15, 2005. Section I contains those items that can likely be included in the first version of the Public Reporting Site (PRS) given the June 30, 2005 deadline. Section II contains those items that would ideally be included in a later version of the PRS. Section III contains other miscellaneous recommendations. Section IV contains topics that require further discussion and consideration.

Section I-Version 1 Recommendations

1) The pool of providers included in the PRS should be drawn from two sources, Medicaid claims data and AHCA's Family and Supported Living Waiver database. All providers identified through the last 18 months of Medicaid claims data as having provided one of the services listed in the DD-HCBS Waiver or FSL Waiver should be included in the PRS. Additionally, any provider enrolled in the FSL Waiver should also be included in the PRS, even if they have not billed for service delivery. Providers should be identified as HCBS, FSL, or both.

2) The following demographics should be included for each provider, if available: Name of Provider, Provider's Service Area (to what level is still being investigated), Services Offered by Provider, Provider Address, and Provider Phone Number.

3) For all providers that have been involved in a Delmarva review or consult, the most recent findings regarding the following elements should be reported:
    a. Level Two Background Screening
    b. Training Requirements
    Each element should be identified as being "Met" or "Not Met".
    Note: A designation such as "Not Yet Evaluated" should be reported for those providers that have not yet been involved in a Delmarva review or consult.

4) The PRS should report on any Desk Review eligible providers who have been non-compliant with requests for information. Language such as the following should appear next to their name: "This provider has not complied with ACHA quality assurance processes, thus no data are available on which to report."

5) The PRS should identify the District and Statewide "Met" percentage for each of the elements listed in #3 above, such that viewers could evaluate and compare provider results to a relevant sample of other providers.

6) The PRS should be developed such that viewers could efficiently access information using predetermined "Sort" and viewer driven "Search" parameters.

Users could then find providers based upon a variety of characteristics such as: location, service area, service types, name, etc.

7) Information on background screening and training should be updated on the PRS as quickly as possible, targeting no longer than 60 days post consult. Variables affecting this include: Delmarva vs. APD hosted system, outstanding reconsiderations, standard report processing time, etc. Providers should be updated on a yet to be determined schedule.

8) A letter should go out from APD or AHCA to individuals, families, and guardians informing them of the existence and purpose of the PRS and how it can be accessed.

9) A letter should go out from APD or AHCA to providers informing them of the existence and purpose of the PRS and how it can be accessed. Additionally, providers should be made aware that some demographic information in the PRS is obtained from the ACS database. Thus, updates on the provider's part may be necessary to ensure correct contact information and company names are listed.

Section II-Later Version Recommendations

1) The following general provider information should ideally be added to the PRS in time: Contact Person, Provider Credentials, Narrative Descriptor of Provider's Special Skills or Niche, Age Criteria of Individuals Served, and Payments Accepted by the Provider Beyond the Waivers.

2) Information relating to Medicaid Fraud and Criminal Actions should be added to future versions of the PRS, pending legal consult.

3) Links should be established from the PRS to other data sources such as the APD provider list and a site containing Delmarva provider reports.

Section III-Miscellaneous Recommendations

1) Delmarva should report on non-compliant desk review providers via quarterly reports and IQC presentations such that stakeholders are aware of the scope of the problem.

2) Steve should report the progress of this group to Shelly and obtain feedback.

Section IV-Topics Requiring Further Discussion

1) What District/State information from Quarterly reports should be included in the PRS, beyond the elements relating to Background Screening and Training?

2) How do providers change or request a change of information in the PRS, and how does the entity that maintains the PRS field telephone calls or other communication?

3) Is this Website going to be developed and hosted by Delmarva or APD? There are significant financial and technical considerations that need to go into this decision, both in the short and long run.

Appendix D
Website Development 101: The Life-cycle Steps
By David W. Milligan – Delmarva Foundation, Inc.

Like software, a Website development process can follow any number of frameworks, methodologies, modeling tools, and languages. However, there are several basic steps that should be followed in any Website development process:

Analysis

In this embryonic phase, the immediate task is to define the project by assessing the needs of the stakeholders and drafting the project scope and requirements. Typically the project definition begins with a creative brief. A creative brief is a work request containing a high-level description of the business objectives and functional requirements. The following is a list of the key elements in a creative brief:

- Project Name
- Project Stakeholder
- Desired Launch Date
- Development Budget
- Business Objectives
- Project Description
- Model Websites
- User Profile
- Develop Process for Data-validation and Updates
- Feature Summary
- Success Metrics

Specification Building

Preliminary specifications are drawn up in this phase based on information gathered in the creative brief. For example content outlines, hard-copy page mockups, site maps, and data requirements are detailed in this phase.

Design and Development

Taking information from the "specification building" phase, page layouts/templates and navigation schemes are articulated as a functional prototype. This is an ideal time to have users representative of your intended audience navigate and explore the site and provide feedback on usability and functionality. It is at this phase that major changes and modifications should be made, i.e., all major changes MUST be made before the coding phase! It's important to note that coding at this phase will be limited to simple HTML and graphics. Dynamic content coding will take place in a coding phase of the project.

Content Writing

It is in this phase that introductory, descriptive, topical and all relevant content is written - preferably by a copywriter. It is important that content be written to the level of the site's intended audience. As a general rule, content for public facing sites is written at the 6th or 7th grade level. The grammatical and spelling checks should be over in this phase.

Coding
Once the functional prototype has been agreed upon and signed-off on, it's the programmer's turn to code the back-end applications. This is where the dynamic content is created using the backend databases as a content source. Generally, the functional prototyped pages will serve as templates. The coding team should produce the necessary testing plans as well as the technical documentation in this phase.

Quality Assurance Testing
This is the functionality-testing phase. In this phase, the Website is tested to make sure that it functions according to the design specifications – Design QA. For example, if the site is designed to a 57kb modem connection, the Internet Explorer (IE) browser, and 800X600 screen-resolution, then you'll want to test the site in this environment to make sure it functions accordingly. Additionally, HTML QA should occur at this phase. At a minimum, HTML QA should include making sure that all links are working properly, images are in place, and style sheets are functioning. Historically, cross-browser testing is done in this phase, but the majority of Websites today are designed to IE almost exclusively. Also, it is at this phase that accessibility compliance is verified.

Promotion
At a minimum, promotion needs preparation of meta-tags and key-word lists. Key-word meta-tags are specially coded lists of words that are highly relevant to content of the site. Search engines like Google regularly "spider" Web pages reading meta-tags and textual page content as input for their indexing algorithms. Generally speaking, if you've composed a good key-word list and it is consistent with the site's textual content, then your site's ranking will fare well on most of the major search engines. Since most search engines use separate algorithms for not-for-profit sites, URL submission is not as important, but it doesn't hurt to do it anyway. In this phase you may also want to develop a link-building strategy, i.e., which sites link to your site and vise-a-versa. In addition to the aforementioned strategies, there are many other forms of promotion that can and should take place off-line.

Maintenance and Updating
Websites will need frequent updating to keep them fresh. It is also a little known secret that most major search engines include "content freshness" as a contributing factor in their ranking algorithms. At a minimum, you should visit your site for content freshness and content accuracy on a regular basis or delegate this responsibility to someone as part of their work process. The number of site owners who rarely, if ever, visit their site might surprise you! In the case of data-driven sites, you will want to exercise your predetermined process for all data updates in this phase. Also, any "bugs" discovered after initial launching, are also addressed during this phase of the project.