

Delmarva Foundation
Florida Statewide Quality Assurance Program
Public Reporting Website Development
Current Initiatives and Recommendations
June 2005

Introduction

Over the past several months, a work group led by the Delmarva Foundation has been working in partnership with state agency partners and stakeholders to develop and implement a Public Reporting System (PRS). The primary focus of this system is to disseminate information on providers who offer services through the Developmental Disabilities Home and Community Based Services (DD HCBS) Waiver. Initially, both demographic and performance information will be provided: provider contact and location information as well as results of the reviews conducted by Delmarva Foundation's Florida Statewide Quality Assurance Program. This report:

- Summarizes activities based on work group input;
- Presents a prototype format for a public reporting website that is being implemented in mid August 2005;
- And, offers recommendations to support the current initiative and to consider in future development and expansion efforts.

Overview Work Group Initiatives

In February 2005, a formal work group was convened to develop a framework for a Public Reporting System and direct and guide initial implementation of an on line public reporting system during the current contract period (ending June 30, 2005). Members of the work group included Delmarva staff, project oversight staff from the Agency for Health Care Administration (AHCA) and the Agency for Persons with Disabilities (APD), APD area staff, Interagency Quality Council (IQC) members, representatives from provider and advocacy organizations, family members and other stakeholders.¹ Additional members, including self-advocate representatives, were invited to join the work group as the need for specialized knowledge and input on specialized tasks were identified. Face-to-face meetings were held for those able to attend, with audio conferencing available for other members. In addition to frequent work group meetings, smaller sub work groups were formed to address procedural and implementation details and to develop the technical framework for the proposed public reporting system.

Initial work group meetings were used to introduce members to the basic principles and requirements upon which objective/high quality public reporting systems are designed. The principles and requirements presented to the work group were consistent with the information outlined in a 2004 Quality

¹ Appendix A – provides a list of work group members.

Improvement Report submitted by the Delmarva Foundation.² Extensive work group discussion helped members understand the foundation, concepts and basic principles upon which to build a successful public reporting system. During the first meeting there were three important issues discussed: 1) the format, 2) the audience, and, 3) the purpose of the PRS.

Information can be disseminated in various formats: regular mail-outs to consumers, pamphlets distributed at district/area offices, email lists, and a web site are examples. Because the providers who are the focus of this PRS work with many individuals who do not have computers or internet access, various formats for publicly disseminating provider information were considered. It was decided that developing a web site was the best way to reach most consumers and also to be able to provide resources and information beyond simple provider demographics and performance indicators. A recommendation was discussed to pursue the use of Waiver Support Coordinators or other media formats to provide consumers without internet access the relevant information.

Identifying the target audience and the primary purpose for the Public Reporting System was also a major focus of the initial meeting. Feedback was solicited from each work group member present and, without exception, participants agreed the primary audience should be consumers and family members. Providers were acknowledged as a secondary audience. The stated purpose was defined as “to provide information to consumers and their families that will allow them to make informed decisions as to selecting providers who best service their needs.” As the work group proceeded to develop the content and structure of the Public Reporting System, the target audience and purpose were a continuing focus and point of reference.

Using the recommendations included in the 2004 Quality Improvement Report on Public Reporting as a starting point, each member of the work group identified specific data elements that would *ideally* be included in a comprehensive Provider Information and Public Reporting System. Numerous demographic data elements and reports were identified including a comprehensive list of active DD HCBS Waiver providers that included descriptive information about service area, or district, services provided, target populations served, specific locations, the size of the program, and the number of people served by the provider. Accurate provider demographic and contact information was also identified as a need, as were additional findings from reviews completed by Delmarva and information related to accreditation, licensure and certification status if applicable. Other desired information included unusual incidence report statistics, results of audits or

² Delmarva Foundation: Florida Statewide Quality Assurance Program , Public Reporting, submitted to the Agency for Health Care Administration, June 2004. Hard copy handouts were provided to all workgroup members as reference material.

monitoring completed by other entities (especially fiscal information) and any plans for corrective action or quality improvement.³

There was an interest in incorporating data from sources currently not available within the FSQAP database structure. This included additional data from APD and AHCA as well other state agencies or entities such as the Florida Department of Education (exceptional student education, vocational education and vocational rehabilitation programs), the Agency for Workforce Innovation, the Department of Children and Families and the Florida Department of Health (children's medical services). The work group was given the related assignment to develop a list of all relevant internet links to incorporate into the PRS. Related to these links, the group also developed a list of "key words" that could be used in search engines such as Google to find the web page.

Small Work Groups

The list of elements developed by the group were categorized into short and long term items. Short term items were considered those that could be immediately incorporated into the framework of the emerging Public Reporting System, posted on a web site by June 30, 2005. Long term items would be incorporated into the PRS as it expanded over the next few years—given adequate financial support. A small work group was appointed to further examine the data and results deemed to be short term or long term. Small group members included staff from Delmarva, AHCA, APD and other stakeholders. This small work group had several tasks:

- to review the feasibility of suggestions and recommendations in terms of time frames for initial implementation;
- to identify potential barriers and/or solutions related to program policies, data accuracy and the timeliness of reported results;
- to propose a framework and structure for the initial system;
- and, to suggest procedures for establishing and maintaining the system including who should "own" the system.

The small work group developed specific recommendations which were grouped into four categories: components which could be incorporated into the initial public reporting system (Version One) and be implemented by the end of the current contract period; suggestions or additions to be considered in subsequent updates (Version Two); miscellaneous recommendations deemed critical to the successful implementation and maintenance of the system; and topics which would require additional research and discussions. These recommendations were presented to the full work group in March 2005 and are briefly summarized below:⁴

³ A complete list of the information discussed is included in Appendix B.

⁴ See Appendix C, Public Reporting Small Workgroup, March 8, 2005, Recommendations.

Recommendations for Version One addressed data sources for provider information and results that could be included in the initial public reporting system as well as design features that would be desirable and user friendly. Specifically, it was recommended that:

- 1) Providers should be drawn from Medicaid claims data and AHCA's Family and Supported Living Waiver database. Demographic information should include provider name, provider service areas, services offered, and provider address and phone number.
- 2) Results from Delmarva reviews should include compliance with Level Two Background Screening and Training Requirements ("Met," "Not Met" or "Not Yet Evaluated").
- 3) Compliance rates at the Area (district) and State level for Level Two Background Screening and Training requirements should be provided for comparison purposes.
- 4) Providers eligible for a Desk Review who did not respond to requests for required information in accordance with current policy should be identified.
- 5) User-friendly "sort" and "search" features should be available.
- 6) Information should be disseminated to all stakeholders about the availability of the Public Reporting System and how it can be accessed.

Recommendations for Version Two reflected additional data or components that could be included in revisions or updates to the Public Reporting System. It was noted that expansion of the web site to Version Two would require additional funds or revision in the contractual scope of Delmarva's operations, as well as continuous maintenance and updates. This expanded version should provide more detailed demographic information about specific providers; results from other monitoring or audits, particularly if findings indicated Medicaid Fraud or Criminal Action; and links to other electronic data sources that provide automated results or provider information. It should also include more complex graphics such as an interactive map of Florida and pictures of consumers and/or their families.

Other suggestions the group felt important to note were to report the names of providers subject to desk review who were non-compliant in responding to requests for information in the Quarterly Reports as well as at the quarterly IQC meetings. Further the group reiterated the need to provide regular formal updates to APD and AHCA program leadership to ensure buy in and obtain timely feedback regarding the strategies and approaches being implemented in the development of the PRS. Topics identified as requiring further discussion included the identification of additional results from the District/State quarterly reports; protocols and procedures for updating provider data and handling

customer service calls; determining who will be responsible for developing and maintaining the website; and the cost impact of assuming this responsibility.

Regarding the recommendation number six above—Information should be disseminated to all stakeholders about the availability of the Public Reporting System and how it can be accessed—it is important to not only inform consumers and their families of the new web site but also to contact providers. It was decided that AHCA and APD should send a letter to providers letting them know when the site is publicly accessible. To contact consumers, various avenues were discussed:

- Include a notice in the monthly service summary that is sent to each consumer on the waiver. The additional information could become a permanent part of the document.
- Inform new consumers as part of the intake process for those who are newly enrolled.
- Have Delmarva consultants inform consumers and families when they complete individual interviews for the CORE or WiSCC.
- Include information about the web site on different e-bulletins, the WSC newsletter, at the Family Café, and the Family Care Council meetings.

A second small work group was initiated to further explore the promotional campaign for the web site. Marianne Ferlazzo and Steve Dunaway were put in charge of getting a committee together to pursue other media avenues.

Online Public Reporting System

IT and Data Management staff from Delmarva and APD met to discuss data specifications and structural requirements for an automated system (website) and current agency capability to develop and/or maintain the website. The Delmarva Foundation offered to provide the data, conduct an in depth study, provide a framework and on going consultation with the hopeful expectation that APD could serve as the website host.⁵ Unfortunately, APD indicated it does not have the server capacity or the staff resources to host and maintain a provider public reporting website at the current time. Consequently, Delmarva Foundation made the commitment to serve as host and maintain Version One of the on line Provider Public Reporting System with the expectation that APD will assume host responsibility for the website as resources become available.

A series of meetings were then held with the Delmarva project staff, and the Delmarva IT and web programmer staff located in Easton, MD to define an

⁵ Appendix D, Website Development 101: The Life-cycle Steps by David Milligan, Delmarva Foundation, Inc.

implementation strategy for a web based Public Reporting System that incorporated the recommendations for Version One. With feedback/approval from the larger work group, Delmarva “branded” the web site with the APD colors and “look”, under the assumption that APD would eventually take over ownership of the site. The initial “screens” were presented to the work group for feedback and Delmarva has now completed the prototype.⁶ Additional coding, database development and testing have been initiated and it is expected the site will be “live” by August 15, 2005. In addition to providing information included in the Version One recommendations, the site will also include links to other websites and related resources, features originally recommended for Version Two. The work group decided on the name Florida Developmental Disabilities Resources, with a website address of www.flddresources.org.

Report Recommendations

Recommendations included in this report are intended to support the on going integrity of the website and improve the quantity and quality of information provided through the provider public reporting system as its continued development evolves. Recommendations are identified within the context of the original recommendation categories to the extent possible. Most recommendations also apply to subsequent sections.

Public Reporting System - Version One

The first version of the public reporting website, www.flddresources.org, provides an excellent framework upon which to build a comprehensive provider resource and information system. The structure should easily accommodate an expanded website and additional components that would be valuable to the target audience. Recommendations to guide decision making related to continued expansion and improvement to the website are as follows:

1. A mechanism to determine the utilization of the website should be provided. High utilization rates will support the need to expand the web page as discussed in recommendations for Version Two. Low rates may indicate a need to further educate the population as to the existence and usefulness of the PRS.
2. Feedback which can be submitted electronically from the website should be included that queries the perceived usefulness and value of the information available. The feedback responses should be limited to data fields that can be tabulated and easily analyzed, with some room for open ended comments and suggestions. This information can be used to make

⁶ Screen shots of the prototype are available from Delmarva Foundation upon request. However, the web site can be viewed at <http://www.flddresources.org>.

revisions to current data displays as well as support decision-making about additional information to be included on the web site.

3. Costs associated with the development and maintenance of the online provider public reporting system should be documented by Delmarva Foundation through the addition of expanded project codes that capture staff time and other expenses. This information will be valuable in projecting resource needs related to expansion or improvements regardless of who is responsible for the associated work.
4. Strategies to provide information to stakeholders who do not have Internet access or who may need assistance in navigating the site should be developed. Waiver Support Coordinators as well as area APD staff through the initiatives of the Area Quality Leaders could be trained to provide this assistance. Additionally stakeholder groups, such as Family Care Councils, could also be trained and develop the capacity to provide assistance to stakeholders as needed.

Public Reporting System – Future Versions

The specific information identified by the small work group for consideration in Version Two of the website expansion should be reviewed and evaluated in terms of its continuing value as expansion activities for Version Two are initiated. New program initiatives, funding priorities, or changing stakeholder needs may indicate that modifications to the original recommendations are indicated. Specific recommendations and considerations to be addressed in the development of Future Versions include:⁷

1. The impact of the ability of APD to assume the role of website host and the limitations this will impose to expansion and providing additional provider data.
2. Limitations to expansion should the maintenance of the website continue under Delmarva.
3. The provision of additional provider data.
4. A clear process, with specifications and requirements, to access additional databases including an assessment of the data accuracy, accurate contact information, and assurance that operational mechanisms are in place to refresh the data in a timely manner.

⁷ See Appendix B for a list of items developed by the Work Group to consider in future versions of the web site.

5. Identification of additional resource needs and the availability of those resources to develop the framework and maintenance of data included in Version Two.
6. Assurance of the applicability of all posted data and information to the target audience and stakeholders.
7. Assessment of expanded data in terms of other basic principles for systems of public reporting including clearly defined measures; use of valid and reliable standardized measures; the type of information to be provided; capacity to provide user guidance in interpreting results; and a user friendly mechanism for feedback and evaluation.

Comprehensive Provider Information and Public Reporting System

The successful establishment of a comprehensive provider information and public reporting system is significantly more complex than the Public Reporting System currently under development. Stakeholder discussions related to a Public Reporting System, however, have consistently identified needs for comprehensive and current information about providers who service persons with developmental disabilities through the DD HCBS waiver and also through other DD waivers and the entire DD service delivery system. The following recommendations outline general recommendations and a planning approach for the development and maintenance of a comprehensive system.

1. The development of a Provider Information and Public Reporting System should be based upon the expressed needs of the target audience with a user work group identified to help with its planning and design. Planning activities should be strategic in nature. Design activities should be facilitated by knowledgeable technology staff and be consistent with the implementation activities identified through the Strategic Plan.
2. The capacity to collect, report and analyze data has improved dramatically as a direct result of rapid advances in information technology. However, the effective methods to provide useful and meaningful information to the targeted audiences have not always kept pace with the technological advances in disseminating the information. A key component in the development of a comprehensive provider information and public reporting system is to ensure the information for the audience and other interested stakeholders is useful, meaningful, accurate and up to date—i.e. user friendly.
3. Members of the work group should complete a thorough review of current provider information systems as a part of planning activities. Information should be gathered about the systems' specifications, the cost of development and maintenance, the processes for updating and ensuring the

accuracy of data, and a review of any statutory or programmatic requirements that guide the system.

4. Additionally, similar provider information systems should be researched to determine the feasibility of consolidating or merging the on line data linkages, this PRS with others being developed. In other words, the system should be portable so we can consolidate/merge with another “single point of entry” web system that may be developed for the entire Home and Community Based Waiver system.
5. Research should be conducted to identify potential funding sources that would support the expressed needs of the stakeholders and is targeted to the development and maintenance of the information system.
6. Determine the appropriate host for the comprehensive site and develop a transition plan that includes transfer responsibilities as well as any on going responsibilities.