Florida Statewide Quality Assurance Program

Quality Improvement Study

Contract Year 7 (July 2007 – June 2008)

Impact of Participating in Multiple Consults on Provider Performance

Florida DD HCBS Waiver

Prepared by the Delmarva Foundation

Submitted to the Agency for Health Care Administration
And
The Agency for Persons with Disabilities

Executive Summary

In this study we explore the impact of multiple Delmarva reviews on provider performance, within the Developmental Disabilities and Family and Supported Living Home and Community-Based Waivers programs. Does exposure to the review processes over time improve provider performance on the outcome-based consults implemented July 1, 2004? We use data from the Delmarva Collaborative Outcomes Review and Enhancement (CORE) and the Waiver Support Coordination Consultation (WiSCC) to test the impact of having received two or more reviews from the Delmarva Quality Improvement Consultants on the extent to which providers receive higher scores on their overall review and on each individual review element independently.

Results indicate:

- The odds of receiving Achieving or Implementing on the CORE consult improve with each review the provider has.
- Providers with five or more previous CORE reviews were over six and a half times more likely to be evaluated as Achieving or Implementing than were providers receiving their first CORE. However, results were not consistent across all of the different CORE elements.
- When providers render five or more services they appear to be much less likely to obtain higher scores or to score Met on any of the Minimum Service Requirements (MSRs).
- Waiver Support Coordinators were more likely to be evaluated as Achieving or Implementing with each additional WiSCC.

Recommendations include the following:

- A continued use of an outcomes-based review process for providers offering Waiver services.
- Use of a CORE and a WiSCC work group consisting of relevant Delmarva, AHCA and APD staff as well as other stakeholders to address areas that are not as positively impacted with continuous exposure to the review processes.
- APD and Delmarva should consider an abbreviated “pre-consult” that would not be scored but would help educate providers on the requirements they need to satisfy in order to provide each service.
- The local APD offices should consider developing a program to regularly identify and monitor providers who offer many services but consistently score low on any of the CORE elements, and develop technical assistance for the providers, and/or consider limiting the number of services providers may offer until they are able to improve their systems.

- Initial training on the requirements in the handbook should be improved and the Areas should develop procedures to enhance communication with providers on new expectations in the handbook.
- The impact of the Part A/Part B Support Plan that was piloted in Area 2 should be examined. Based upon results from this analysis, APD should consider modifications to the new support plan if indicated, and implementing the plan statewide.
- The WiSCC work group should address inefficiencies that may exist in helping WSCs show early improvement on the compliance elements.
- Delmarva and APD should closely monitor the impact of the additional record pulls in the WiSCC process.

Introduction

In July 2004, the Agency for Persons with Disabilities (APD) and the Agency for Health Care Administration (AHCA) implemented new Delmarva Foundation provider review methods that shifted the focus of the Quality Assurance Program within the Florida Developmental Disabilities and Family and Supported Living Home and Community-Based Services Waiver programs from compliance to outcome-based performance measures.[1] The Collaborative Outcomes Review and Enhancement (CORE) evaluation process has been used for all providers who render Adult Day Training (ADT), Residential Habilitation (ResHab), Non-Residential Support Services (NRSS), In-Home Support Services (IHSS), Supported Employment (SE) and Supported Living Coaching (SLC).[2] Each individual receiving services employs a Waiver Support Coordinator (WSC) who helps coordinate services and supports for the individual. WSCs are evaluated with the Waiver Support Coordination Consultation (WiSCC).

Quality Improvement Consultants (QIC) are trained and pass annual reliability testing on implementing the CORE and/or WiSCC procedures and making determinations on the applicable elements for each instrument. They additionally maintain reliability on the Council on Quality and Leadership's Personal Outcome Measures interview process. Each CORE and WiSCC process begins with an interview of a sample of individuals receiving services from the provider to help determine how well their desired outcomes and goals are being addressed. The QIC then interviews the WSC, providers, staff, family members or relevant personnel to evaluate the provider's organizational systems and determine if these systems help ensure optimal services are provided to all individuals and all individuals have their communicated preferences heard and addressed. Providers are evaluated on eight CORE or six WiSCC Results elements to determine an overall CORE Results Element (CRE) score or WiSCC Results Element (WRE) score. The CRE score takes into consideration all services rendered by the provider and the WRE score is a compilation of results for all WSCs reviewed at that time within the agency. Evaluation levels for each CRE and WRE and the final provider level evaluation are Achieving, Implementing, Emerging and Not Emerging.[3]

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[1] Please see Quarterly/Annual Reports and other Quality Improvement Studies for a description of the collaborative process used in creating and implementing the new review procedures (http://www.dfmc-florida.org/).
[2] The CORE tool is also used to monitor providers who render Special Medical Home Care services. However, there are too few of those to factor into the analyses in this study. NRSS is no longer a Waiver service.
[3] Please see the tools and procedures on the Florida Statewide Quality Assurance (FSQAP) web site for a detailed description of each evaluation level for each CORE and WiSCC element. See Attachment 1 for a brief description of each CORE and WiSCC element.

Minimum Service Requirement (MSR) elements are used to evaluate the provider's compliance on various process-oriented facets of provider eligibility such as background screening, training, and maintaining documentation necessary for billing. There are four CORE and five WiSCC MSRs. These are scored as Met or Not Met.

Historically, over a three year time period (July 2001 – June 2004) providers had done fairly well on Quality Assurance compliance reviews (Provider Performance Reviews (PPR)), scoring over 90 percent on average across the state. However, over the same time period outcomes for individuals, measured with the Personal Outcome Measures interviews, were typically low and were dropping. This gave impetus to the shift from a Quality Assurance program to the currently utilized Quality Improvement Consultations (CORE and WiSCC), a movement from provider reviews that were compliance oriented to consultations that focus on outcomes of the individuals receiving services from the provider. The hypothesis behind this shift was that providers generally "perform to the specifications of the test". Thus by shifting the "test" from a focus on compliance to a focus on outcomes, the hypothesis was that providers would begin to shift their systems from only compliance to person directed planning and services—to outcomes. The purpose of this study is to determine if by participating in two or more CORE or WiSCC consults, i.e., outcome-oriented "tests", providers have improved their performance/focus on outcomes over time.

Data and Methods

Data

On March 13, 2007, a revised CORE procedure was implemented, reducing the number of CREs from 18 to eight and the number of MSRs from seven to four. Therefore, analyses for this study use results from CORE consults conducted using only the revised CORE procedure. Data for the CORE analysis include results from 915 providers who participated in a CORE consult between March 13, 2007, and March 12, 2008. If a provider was reviewed more than once during this time period, in the same APD Area, the first CORE is excluded from the final analysis, but is included in the count of the total number of reviews the provider received. Thus, results are based on an unduplicated count for the time period.

Data for the WiSCC analysis include results from 483 WiSCC completed between April 1, 2007, and March 30, 2008. Results are presented for WiSCC entities, and not for each individual WSC working within an agency. WSC agencies may have many WSCs working for them. For each WiSCC evaluation up to four WSCs are reviewed, with a total WiSCC evaluation score calculated as a composite of the results for each WSC. For agencies with more than four or five WSCs, two WiSCCs are completed each year, using different WSCs on the second visit. For the current analysis,

only one WiSCC per provider per Area is used. If the WSC entity had a Delmarva review more than one time during the time period, the first review was excluded from the analysis, but was counted in the total number of WiSCCs received. Results are based on an unduplicated count for the time period.

Dependent Variables

In the CORE analysis, the total CRE numeric score is used as one of the dependent variables and is calculated with the following values from the results on each of the eight elements:

- Achieving = 3
- Implementing = 2
- Emerging = 1
- Not Emerging = 0

Summing results for all eight CREs, the provider's CRE score has a possible range of zero (0) to 24. CRE scores for the 915 providers in this study ranged from zero (0) to 24, with a mean of 12.9 and a median of 12. The distribution is a normal bell-shaped curve, suitable for standard statistical significance tests. This dependent variable is used to test the impact on the likelihood of scoring higher, or lower, on the CREs, at all levels on the variable.

A similar numeric score was calculated for the WiSCC analysis, using the same values for each evaluation level as indicated above for the CRE score. WRE scores for the 483 WSCs in the study ranged from zero (0) to 18, with a mean of 11.3 and a median of 11. However, the distribution is skewed to the left and therefore not suitable for standard statistical significance tests, such as t-scores used in regression analysis, and a categorical variable is created instead.

Categorical variables are also used as dependent variables in both the CORE and WiSCC analyses. The variables consist of two categories:

- Achieving/Implementing = 1
- Emerging/Not Emerging = 0.

We use these to test the likelihood of receiving Achieving or Implementing vs Emerging or Not Emerging for the overall CRE results, the overall CORE and WiSCC provider results, and for each of the eight CORE and six WiSCC results elements independently. An average score is calculated for each WRE, using results from each WSC involved in the WiSCC, with an average of two (2) or higher coded as Achieving/Implementing.

Finally, we use results on the Minimum Service Requirement (MSR) elements in two different models. For the CORE analysis, we use a categorical variable to analyze each of the four MSRs:

- Met = 1
- Not Met = 0.

Because results for the WiSCC agencies are based on several different WSCs, this type of coding is not possible. Therefore, we use the percent of MSR elements scored as Met for each WiSCC:

- 80% or more Met = 1
- Less than 80% Met =0.

Independent Variables

The independent variable of interest in this study is the total number of Delmarva Reviews or Consults the provider has had. In the CORE analysis, we include a count of all annual reviews or consults provided by Delmarva, including Desk Reviews, Provider Performance Reviews and CORE consults.[4] The WiSCC analysis includes the total number of WiSCC completed for the solo or agency WSCs since July 2004. Data in Table 1 show the distribution of the number of reviews/consults for both CORE and WiSCC.

Table 1: Total Number and Percent of Reviews/Consults		
CORE		
Number of Reviews/Consults		
1	223	24.4%
2	170	18.6%
3	134	14.6%
4	152	16.6%
5+	236	25.8%
Total CORE	915	100.0%
WiSCC		
Number of WiSCC		
1	88	18.2%
2	95	19.7%
3	160	33.1%
4+	140	29.0%
Total WiSCC	483	100.0%

[4] Provider Performance Reviews were compliance reviews conducted onsite, prior to implementation of the CORE process.

Because of the nature of the two different processes, most of the other independent variables available at the provider level are not identical. In the CORE analysis we control for the type of CORE service, the total number of services offered, the number of Follow-up with Technical Assistance (FU w/TA) reviews provided, provider type and the size of the Area in which the provider works. In the WiSCC analysis we use the total number of individuals served by the WSC, provider type, and the size of the Area.

- Provider Type:
  - Solo = 1 (CORE n=198, WiSCC n=373)
  - Agency = 0 (CORE n=717, WiSCC n=110)
- Area Size: The Medicaid Claims data from AHCA were used to identify the number of consumers in each Area during the study period. Areas with over 2,000 consumers on the DD or FSL HCBS waiver were categorized as Large. These include the Broward, Orlando, Miami-Dade and Suncoast areas. Medium size areas had from 1,000 to 1,999 consumers (e.g., Jacksonville, Pensacola, Tallahassee) and Small areas fewer than 1,000 consumers. The categories contain the following areas:
  - Large—7, 10, 11, 23 (CORE n=520, WiSCC n=240)
  - Medium—1, 2, 3, 4, 9, and 13 (CORE n=242, WiSCC n=160)
  - Small—8, 12, 14 and 15 (CORE n=153, WiSCC n=83)
- Number of services (CORE analysis): The total number of services provided by a provider at the time of the CORE consult.
- CORE services. Measures indicate whether providers offered each of the following at the time of the consultation:[5]
  - Adult Day Training (ADT)
  - Residential Habilitation (ResHab)
  - Supported Employment (SE)
  - Supported Living Coaching (SLC)
  - In-Home Support Services (IHSS)
- Number of Follow-up with Technical Assistance Reviews (FU w/TA) coded as (CORE analysis):
  - No FU w/TA
  - 1 FU w/TA
  - 2 or more FU w/TA
- Number of individuals receiving services from the WSC, recorded by the QIC at the time of the WiSCC, coded as:

[5] Special Medical Home Care has too few cases to analyze separately and is therefore included with the other total services.

- Fewer than 29
- 29 to 36
- 37 or more

The distribution of CORE variables is shown in Table 2. Over 50 percent of CORE providers received an Achieving or Implementing on their consult. Just over 31 percent offered only one service but close to 23 percent of the providers offered five or more services. Residential Habilitation and In-Home Support Services were offered more often than the other CORE services and 44 percent had no FU w/TA Review.

Table 2: CORE Evaluations *March 13, 2007 - March 12, 2008*		
Evaluation Level		
Achieving	59	6.4%
Implementing	421	46.0%
Emerging	401	43.8%
Not Emerging	34	3.7%
Number of Services Offered		
1	285	31.1%
2	179	19.6%
3	128	14.0%
4	114	12.5%
5+	209	22.8%
Number of FU w/ TA		
0	403	44.0%
1	329	36.0%
2+	183	20.0%
Type of Service		
ADT	81	8.9%
IHSS	386	42.2%
ResHab	382	41.7%
SE	138	15.1%
SLC	304	33.2%
Total CORE	915	

The distribution of WiSCC evaluation levels and the number of individuals receiving services is presented in Table 3. Close to 67 percent of the solo or agency WSCs were evaluated as Achieving or Implementing. An equal number of WSCs provided services for fewer than 30 individuals and 30 to 36 individuals.

Table 3: WiSCC Evaluations* April 2007 - March 2008		
Evaluation Level		
Achieving	100	20.7%
Implementing	225	46.6%
Emerging	145	30.0%
Not Emerging	13	2.7%
Number of Individuals		
Up to 29	190	39.3%
30 to 36	190	39.3%
37 plus	103	21.3%
Total Number of WiSCC	483	
*Results are for entities		

Methods

We use regression analysis to determine the impact receiving multiple Delmarva Reviews or Consults has on provider performance, controlling for the independent variables we have available to us. Linear regression using ordinary least squares is used when the dependent variable is a continuous variable, such as the total CRE score for each CORE provider. In this model, results inform us if there is a significant impact on the CRE score, at any level of the variable. For example, if having received two Delmarva Reviews, compared to only having received one, is shown to have a positive significant relationship with the CRE score, it means that if providers are performing at the low end, the middle or the high end of the CRE spectrum, providers with two reviews are likely to have a higher CRE score.

When the dependent variable is categorical, logistic regression techniques are used. We use logistic regression to examine the impact of the number of reviews or consults on the likelihood of scoring Achieving or Implementing. We use this model on 21 different dependent variables: the overall CORE and WiSCC provider evaluation levels, the eight CORE and six WiSCC Results Elements, the four CORE MSRs and the percent of WSCs who received a Met on 80 percent of the WiSCC MSRs.

Results

Regression results present the coefficients or odds ratios and the statistical significance for each variable in the regression models. In multiple linear regression the coefficient indicates the direction of the relationship between the independent and dependent variable, controlling for other factors in

the model. A positive coefficient indicates that increasing values of the independent variable result in increasing values of the dependent variable. A negative coefficient indicates that increasing values of the independent variable result in decreasing values of the dependent variable. In fact, the coefficient tells us the size of the change in the dependent variable for a unit change in the independent variable. For example, the coefficient for "5+ Revs/consults" in Table 4 tells us that when a provider has had five or more annual Delmarva reviews or consults, compared to a provider who has had only one, the Total CRE Score increases by over four points (out of a possible 24 points).

In the logistic regression models, the odds ratio tells us the percent change in the odds of receiving Achieving or Implementing for a unit change in the independent variable. For example, in Table 4 for providers who have had "5+ Revs/consults" as compared to providers who have had only one annual Delmarva consult, the odds of receiving Achieving or Implementing increased by 560 percent ((odds ratio 6.60 – 1) * 100 = percent change), over six times more likely. The odds of receiving Achieving or Implementing are 41 percent ((0.59-1)*100) less for providers who provide "5+ services" than for providers who provide one service. Odds ratios closer to zero indicate weaker associations between the variables.

The p-value in linear and logistic regression models reflects the statistical significance of the relationship between each variable and the dependent variable. A p-value of .05 or smaller is generally accepted in social sciences as an indication there is a real impact of the variable on the dependent variable, and the chance of this being an error is five percent or less. Coefficients and odds ratios are presented in bold type (shaded) when the impact of the variable is statistically significant at a p-value of .05 or smaller.

When categorical variables are used in a regression, results are compared to the "reference" group for the variable. In the following analyses the reference groups are as follows:

- Each level for the Number of Reviews/Consults is compared to providers with only one review.
- Each CORE Service is compared to providers who do not offer that service.
- Each level for the Number of Services is compared to providers offering only one service.
- The reference group for Follow-up with Technical Assistance reviews is having no FU w/TAs.
- The reference group for the number of individuals receiving services is providers serving one to 29 individuals.
- Small and Medium sized Areas are compared to Large Areas.
- The reference group for solo providers (working alone) is providers working as or within an agency (working with two or more providers).

CORE Results

Results in Table 4 show the coefficients from the linear regression model and the odds ratios from the logistic regression model, using the overall CRE Numeric Score and Achieving/Implementing vs Emerging/Not Emerging as the dependent variables. Results shaded and in bold type are statistically significant at $p < .05$.

Table 4: CORE Provider Performance
March 13, 2007 - March 12, 2008

		CRE Numeric Score	Average CRE Score	A/I vs E/NE
Number of Reviews/Consults		Coefficient		Odds Ratio
	2 Revs/Cnslt	**1.44**	12.14	**1.71**
	3 Revs/Cnslt	**3.45**	13.81	**4.27**
	4 Revs/Cnslt	**3.46**	13.22	**4.34**
	5+ Revs/Cnslt	**4.20**	14.13	**6.60**
CORE Service				
	ADT	-0.46	13.44	0.90
	IHSS	**-1.01**	12.35	0.86
	ResHab	-0.20	12.35	1.41
	SE	**1.11**	14.04	**1.95**
	SLC	**1.94**	14.43	**1.94**
Total Services Offered				
	2 Srvs	0.18	13.45	1.10
	3 Srvs	-0.94	12.27	**0.59**
	4 Srvs	-0.54	13.13	0.92
	5+ Srvs	**-1.58**	12.30	**0.59**
Total FU w/ TA Offered				
	1 FU w/TA	**-2.53**	11.88	**0.22**
	2+ FU w/TA	**-4.61**	11.26	**0.09**
Area Size				
	Small	0.47	12.18	1.00
	Medium	0.49	13.92	1.00
Provider Type				
	Solo	-0.12	13.29	1.05

A summary of the CORE information suggests the following:

- The average CRE score overall (not shown) was 12.89, out of a possible 24 points.
- Providers who render Supported Living Coaching and Supported Employment, and providers who had five or more Delmarva reviews showed the highest average CRE scores.

- Having two, three, four, five or more Delmarva Annual reviews or consults, compared to having one, is likely to generate improved results on the CRE Score. The impact grows with each additional consult, with three and four consults showing a similar impact.
- The odds of receiving an evaluation of Achieving or Implementing on a CORE consult increase greatly with additional consults. Providers with five or more consults are over six and a half times more likely to receive Achieving or Implementing than providers with only one consult.
- Providers who offer In-Home Support Services generally score somewhat less on the CREs than those who do not offer this service.
- Providers who offer Supported Employment and Supported Living Coaching generally score somewhat better on the CREs than providers who do not offer these services. The odds ratios show these providers are almost twice as likely to receive an Achieving or Implementing on the CORE consult.
- With one exception, the number of services offered by each provider does not impact the overall CRE score until reaching the "5+" category. These providers generally have a score that is 1.58 points less than for providers offering one service (total of 24 points possible).
- Providers who offer three services or 5+ services are 41 percent less likely to receive Achieving or Implementing on the CORE consult.
- If providers have received one or more Follow-up with Technical Assistance reviews, on average they score worse on the overall CREs. It is important to note here that providers who do not perform well are much more likely to receive a FU w/TA review. In Addition, the effect of technical assistance appears to be somewhat complex. Preliminary results in this study (not shown) suggest the impact of the number of annual consults is actually greater when we take into account the number of FU w/TA reviews the provider had. A more comprehensive study exploring the impact of this type of review will be completed during the current contract year.

The following table (Table 5) displays the odds ratios of having an Achieving or Implementing on each individual CORE Results Element. Regression models included all independent variables as listed in the previous table, but results are listed for the two variables of interest in this study. The impact of multiple review/consults is quite robust, crossing all of the eight elements.

- Having two reviews/consults compared to only one increased the odds of being scoring at higher levels on half of the elements, Person Directed Planning, Abuse and Neglect, Rights and Achieving Results.
- The greatest impact, and most consistent improvement with each additional consult, is seen on the last CRE, how well providers are helping all the people they serve achieve their

communicated choices and preferences that matter most to them and how well providers evaluates their quality management systems.

- With 5+ reviews/consults, providers are six times more likely to score Achieving or Implementing for their systems that help individuals achieve results (last CRE).
- On the other hand, providing a multiple number of services appears to negatively impact the last CRE, Achieving Results. Providers offering 5+ services are 57 percent less likely to score Achieving or Implementing on this element.
- Providing 5+ services also appears to negatively impact the providers' scores on Collaboration ("the person is everyone's responsibility") and Health and Safety.

Table 5: CORE Results Elements Provider Performance
Odds Ratios: Achieving and Implementing v Emerging and Not Emerging
March 13, 2007 – March 12, 2008

Number of Reviews	Person Directed Planning	Health/ Safety	Abuse/ Neglect	Rights	Choice	Comm-unity Life	Collab-oration	Achieving Results
2 Revs	**1.70**	1.51	**1.85**	**1.67**	1.24	1.02	1.37	**1.77**
3 Revs	**2.83**	**2.73**	**3.02**	**2.39**	**2.63**	**2.30**	**2.38**	**4.10**
4 Revs	**3.22**	**2.68**	**3.07**	**2.34**	**2.50**	**2.34**	**2.70**	**3.58**
5+ Revs	**4.36**	**4.34**	**3.57**	**2.91**	**2.27**	**2.39**	**3.38**	**6.14**
Number of Services								
2 Srvs	1.06	0.96	1.01	1.24	0.95	0.87	0.96	1.00
3 Srvs	0.76	0.77	0.76	**0.59**	0.67	0.92	**0.58**	**0.48**
4 Srvs	0.90	0.80	1.01	1.05	1.03	1.06	0.77	**0.55**
5+ Srvs	0.62	**0.51**	0.71	0.78	0.66	0.81	**0.51**	**0.43**

Results for the Minimum Service Requirements are presented in Table 6. The odds ratios show the odds of scoring Met as opposed to Not Met on each element.

- The odds of scoring Met on Background Screening improve with each consult, significantly so after three or more. Providers are over three times more likely to have background screening documentation in place if they have had 5+ consults.
- The odds of having the required training improve by 57 percent with just one additional consult. The odds continue to improve with each additional consult.
- Providers who have had three consults are more likely to have documentation demonstrating they are authorized to provide the service and they bill as authorized. After having four annual contacts with Delmarva, additional consults do not appear to impact the result for this element.

- The odds that providers maintain proper documentation for billing improve with three or more consults.
- Each MSR is negatively impacted when the provider renders five or more services. Maintaining documentation for Billing is impacted when three or more services are offered and providers are 76 percent less likely to score this as Met when five or more services are offered.

Table 6: CORE Minimum Service Requirements
Odds Ratios: Met vs Not Met
March 13, 2007 – March 12, 2008

Number of Reviews	**Backgrnd Screening**	Training	Authorize	**Billing Doc**
2 Rev/cnslt	1.47	**1.57**	1.19	1.43
3 Rev/cnslt	**1.92**	**2.12**	**2.03**	**2.06**
4 Rev /cnslt	**2.11**	**2.64**	**2.43**	**2.40**
5+ Rev/cnslt	**3.28**	**2.78**	1.55	**3.07**
Number of Services				
2 Srvs	1.00	0.78	0.92	0.75
3 Srvs	0.96	0.68	**0.44**	**0.61**
4 Srvs	0.82	**0.46**	0.61	**0.50**
5+ Srvs	**0.51**	**0.41**	**0.37**	**0.24**

WiSCC Results

Table 7 gives the odds ratios for WSCs evaluated as Achieving or Implementing for the WiSCC Results Element score, for each WRE independently and for the odds of scoring Met on 80 percent or more of the Minimum Service Requirements. Results are for WSC entities rather than for all individual WSCs who work within an agency; each agency WSC scores are "rolled into" the overall agency WRE scores. Element scores are Achieving or Implementing if the average score for all WSCs involved in the WiSCC is two (2) or greater.

- Additional WiSCC evaluations improve WSC performance on the WRE score, and improvement is reflected with each additional WiSCC up through four or more consults.
- While the data show that WSCs with two, compared to one WiSCC, are 1.8 times more likely to score Achieving or Implementing on the WiSCC, this is not statistically significant at p=.05 or less. The error rate for this association is p=.057, meaning there is just under a six percent chance this result is due to error or sampling fluctuations.

- The number of consults impacts each WRE, particularly providers having systems in place to facilitate the 3 EEE's—education, exposure and experience. Providers with three or more WiSCCS appear to be over four times more likely to score Achieving or Implementing on this element.
- Additional consults appear to have a minimal impact on ensuring the individuals take part in the development and design of the support plan.
- Providers with more than one WiSCC do not seem to have a higher likelihood of scoring Met on 80 percent or more of the MSRs.
- Providers with a caseload of 30 to 36 individuals were more than two times more likely to score Achieving or Implementing than WSCs with fewer than 30 individuals. This significant relationship is true for all but the Health and Safety Results Element.
- Providers serving 30 to 36 individuals were almost 2.5 times more likely to score Met on 80 percent or more of the MSRs, compared to providers with fewer than 30 individuals on their caseload. These results are similar to results from an earlier study that examined the impact of the WSC caseload size on WSC performance and individuals' outcomes.[6]

Table 7: Waiver Support Coordinator Performance
Odds Ratios: Results Elements and Minimum Service Requirements
April 2007 – March 2008

Number of Consults	WREs	Knows Person	Health/ Safety	Develop Support Plan	Evaluate Supports	Facilitate EEE	Facilitate Results	MSRs >= 80% Met
2 cnslts	1.81	1.91	**2.77**	1.40	**3.03**	**3.35**	**2.01**	1.50
3 cnslts	**2.71**	**3.19**	**3.68**	**1.80**	**2.30**	**4.17**	**3.66**	1.70
4+ cnslts	**3.05**	**2.48**	**2.81**	1.51	**2.85**	**4.09**	**2.75**	1.13
Number of Individuals								
30 to 36	**2.16**	**2.10**	1.34	**2.04**	**2.09**	**2.34**	**2.23**	**2.47**
37 plus	1.31	1.53	0.92	1.20	0.84	0.91	1.54	1.26
Area Size								
Small	1.17	0.97	0.66	1.03	0.87	0.98	1.08	0.53
Medium	1.02	**2.54**	0.94	1.15	1.07	0.73	0.87	1.39
Provider Type								
Solo	1.02	1.31	1.01	0.93	0.78	1.09	1.30	0.88

[6] See the WSC Caseload Impact QI study on the Delmarva Website: http://www.dfmc-florida.org/public/quality_improvement_studies/2005_2006.aspx

Discussion and Recommendations

In this study we have explored the impact receiving more than one Delmarva review has on provider performance, in the context of the outcome-oriented procedures implemented in the Florida Statewide Quality Assurance Program in July 2004. The CORE and WiSCC review procedures were designed to start with an interview of individuals, followed with observations, record reviews and interviews with providers and other relevant personnel to determine if providers' systems are organized from a person-directed perspective. While still measuring compliance components of the organizations (background screening, training, authorizations, service limits and billing requirements) the desired goal was to shift providers from a focus on "passing compliance tests" to achieving results for individuals.

CORE

Results from this study suggest that having multiple Delmarva reviews improves provider performance overall as well as on each CORE Results element, thus supporting the hypothesis that providers will "perform to the specifications of the test". Because the review processes evaluate providers on their organizational systems, results inform us that continued use of the outcome-oriented procedures has helped providers move to systems that are more person-directed and outcome-focused. One possible explanation of this result is that providers getting their first Delmarva onsite review are new and therefore their organizational systems are not yet well developed, and they would improve without any type of review process. However, this does not explain the continued improvement with each review, particularly for CORE elements measuring the providers' methods for having Person Directed Planning, ensuring Health and Safety and helping individuals Achieve Results. Further, previous research has indicated that several aspects of provider performance are positively associated with outcomes in people's lives.[7]

Recommendation 1: The Agency for Persons with Disabilities should continue the use of an outcome-based review process for providers who render services to people with Developmental Disabilities. The process should be regularly analyzed and updated to ensure continued improvement in the quality of services provided across the state.

Providers, on average, did not appear to improve on four of the eight CREs with their second Delmarva consult, but rather three or more consults were associated with receiving Achieving or Implementing on the elements that included: ensuring systems are in place to best help individuals

[7] See Organizational Practices That Best Predict Percent of Personal Outcome Measures Met (http://www.dfmc-florida.org/public/docs/studies/2005_2006/CORE/CORE_elements_and_Outcomes_vers_2.pdf)

maintain their own health and safety, to enhance their ability to have options in their lives, to ensure community involvement as per the individual's preferences, and to collaborate with the individuals' circle of supports so that the health, welfare and goals of the individual are seen as "everyone's responsibility". Because all of the elements within the CORE consult combine to help providers with their complete organizational systems, it is important to see early improvement in all facets of the service delivery system.

Recommendation 2: Delmarva and APD should consider a small work group, including AHCA and other stakeholders as possible, to review these results and help determine if some aspects of the CORE consult could be improved in order to increase focus on the areas that appear to show less positive impact from the initial evaluation process.

Results also suggest that additional reviews positively impact the provider's performance on the CORE compliance elements. However, with the exception of background screening this impact is most evident on the third review with less of an increase for subsequent review activity. In addition, current reports to the state indicate compliance on the Minimum Service Requirement elements has dropped over the past years. This is due in part to the revisions to the Home and Community-Based Medicaid Waiver handbook implemented November 2005. Changes in the handbook specifically impacted documentation requirements and training requirements. Providers may have struggled with ensuring they came into compliance with these new standards.

Recommendation 3: Provider performance in most of the compliance areas does not appear to greatly improve until after completing at least two Delmarva consults. Because these licensure issues form a base for each provider's organizational systems, APD and Delmarva should consider an abbreviated "pre-consult" that would not be scored but would help educate providers on requirements they need to satisfy in order to provide each service and at the same time begin to introduce them to the more outcome-oriented aspects of the CORE process.

Recommendation 4: Initial training on the requirements in the handbook should be improved and the Areas should develop procedures to enhance communication with providers on new expectations in the handbook.

The number of services offered by providers is negatively associated with provider performance on the CORE Results elements and the MSRs. Providers who offered five or more services at the time of the consult were about half as likely to receive Achieving or Implementing on the CORE, and were much less likely to score Met on each of the four compliance areas. And this was true when

controlling for the type of provider (solo or agency), the size of the Area in which the provider worked, as well as the number of reviews the provider had already received.

Recommendation 5: The local APD offices should consider developing a program to regularly identify and monitor providers who offer many services but consistently score low on any of the CORE elements. APD should work with Delmarva to examine the different services and determine which, if any in particular, may be causing problems in the provider's service delivery system. APD should develop technical assistance for the providers and/or consider limiting the number of services providers can offer until they are able to improve their systems.

WiSCC

Results for the WiSCC process show consistent improvement with each additional WiSCC evaluation. WSCs with four or more consults were over three times more likely to be evaluated as Achieving or Implementing on the WiSCC. This impact appears to be somewhat less than for the CORE consults. However, there are two important factors to consider before making such a comparison: 1) the Regression models are different, and 2) turnover within a WSC agency is more likely to impact the overall WiSCC score because the score itself is a compilation of the results from all the WSCs involved in the WiSCC.

WiSCC Results for Element 5 showed the strongest impact from additional WiSCCs. This result reflects the positive impact of the process on helping WSCs organize their systems to ensure individuals are educated on their choices, exposed to options, and given opportunities to experience those options (EEE's). With three or more consults the WSCs were over four times more likely to score this element as Achieving or Implementing.

However, Element 3 did not show much improvement with continued WiSCC evaluations. For this element Delmarva Quality Improvement Consultants determine if the WSC consistently allows individuals to direct, develop, and design their own Support Plans. A barrier WSCs may continue to face is the struggle between developing support plans that are person centered/outcome based and that also meet standards for Prior Service Authorization (PSA). A stakeholder group developed a new support planning process which separates the PSA and person centered components. This new support plan, Part A and Part B, has been piloted in Area 2 for over a year and APD is including the new Support Plan model in training support coordinators, in the context of the new grant awarded this past year to train providers on person-centered planning and community outreach.

Recommendation 6: The impact of the Part A/Part B Support Plan that was piloted in Area 2 should be examined. Based upon results from this analysis, APD should consider modifications to the new support plan if indicated, and implementing the plan statewide.

Recommendation 7: APD and Delmarva should consider a small work group similar to the one recommended above for CORE, to examine the WiSCC process and determine if improvements can be made that will help WSCs develop systems that will consistently include individuals in the Support Plan process.

The number of previous WiSCCs did not appear to make it more likely for the WSCs to score Met on 80 percent or more of the MSRs. Delmarva has recently worked with APD to pull additional unannounced records to monitor two of the five MSRs. This new procedure may be impacting the percent of WSCs scoring Met on those elements.

Recommendation 8: The WiSCC work group in Recommendation 7 should also address inefficiencies that may exist in helping WSCs show early improvement on the compliance elements.

Recommendation 9: Delmarva and APD should closely monitor the impact of the additional record pulls in the WiSCC process. If the WSCs "perform to the test", as suggested in this study, while compliance may show an initial decline, improvement should be noted over time.

Attachment 1
CORE and WiSCC Elements

CORE Results Elements (CRE)

1. Person Directed Planning
2. Health and Safety
3. Free from Abuse, Neglect and Exploitation
4. Rights
5. Choice
6. Community Life
7. Collaboration
8. Achieving Results

CORE Minimum Service Requirements

9. Level II Background Screening
10. Provider/Staff Training
11. Service Authorization/Billing as Authorized
12. Maintains Billing Documentation

WiSCC Results Elements (WRE)

1. Waiver Support Coordinator (WSC) has an effective method for learning about the people who are receiving supports and services.
2. WSC is aware of the health, safety, and well-being of the people receiving services and advocates and coordinates in concert with them to support and address identified needs or issues.
3. The support plan is developed with the person and is reflective of the communicated choices and preferences that matter most to the individual.
4. WSC has evaluated the effectiveness of all supports for each person receiving services and has implemented strategies to address any barriers that have been identified.
5. WSC has facilitated educational opportunities, practical experiences, and exposure to ideas to increase opportunities for choice and promote self-determination.
6. WSC has facilitated the accomplishment of positive results that reflect communicated choices and preferences that matter most to the person.

WiSCC Minimum Service Requirements

7. Level II background screenings are completed for all direct service employees and they undergo background screening every five years, if applicable.
8. WSC has attended required training
9. WSC services and all other service providers are authorized by an approved cost plan and service authorization (or purchasing plan for individuals on the CDC Plus program).
10. The provider bills for the service at the authorized rate.
11. The provider maintains documentation required for billing.