Florida Statewide Quality Assurance Program

Quality Improvement Study

Contract Year 7 (July 2007 – June 2008)

Impact of Follow-up with Technical Assistance Review on Provider Performance

<u>Florida DD HCBS Waiver</u>

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 receiving a Follow-up review on provider performance, subsequent to Delmarva's annual CORE review, within the Developmental Disabilities and Family and Supported Living Home and Community-Based Waivers programs. Do providers who render services to individuals with developmental disabilities and who participated in a Follow-up review, particularly the Follow-up with Technical Assistance (FU w/ TA), improve their systems to a greater degree than providers who do not receive a FU w/ TA? Do they improve on the CORE Results Elements (CRE) as well as the Minimum Service Requirement (MSR) elements?

We use data from the Delmarva Collaborative Outcomes Review and Enhancement (CORE) consult to test the impact of having received a FU w/ TA on the extent to which scores on the CREs improve over time, and also explore the impact on the percent of MSRs scored as Met. The analysis included data from 211 providers who participated in a CORE consult between July 2005 and June 2006 (Time 1) and also participated in a CORE consult between July 2006 and March 12, 2007 (Time 2). A difference of means t-test is used to explore the difference in the average CRE and MSR scores from Time 1 to Time 2, within each CORE evaluation level (Achieving, Implementing, Emerging and Not Emerging), for providers who participated in a FU w/ TA and providers who did not. Regression analysis tests the net impact of receiving a FU w/ TA, and other control variables, on the change in the CRE score from Time 1 to Time 2.

Results indicate the following:

- Participating in the FU w/ TA positively impacts provider performance on the CORE Results Elements, controlling for the number and type of services offered, the number of annual Delmarva reviews the provider has received, evaluation level and the type of provider (solo or agency).
- On the CREs, the FU w/ TA appears to be most beneficial for providers at the Implementing level.
- Providers who were Emerging or Not Emerging improved at about the same rate on the CREs whether they had a FU w/ TA or not.
- Providers who were Emerging or Not Emerging improve more on the CREs than providers who were Achieving or Implementing.
- The difference in the percent of MSR elements scored as Met from Time 1 to Time 2 does not appear to be statistically significant, if a Follow-up Review had been completed or not.
- Solo providers are likely to improve more on the CREs than agency providers, on average four points higher (total of 54 possible).

Recommendations include the following:

- Recommendation 1: The continued use of the CORE consult, in combination with a Follow-up with Technical Assistance review as needed, or a similar consult/follow-up combination that focuses on outcomes as well as minimum service requirements, is highly recommended.

- Recommendation 2: Delmarva and APD should consider an abbreviated "pre-consult" for new providers that is not scored, which will help them develop basic systems required to provide services. This pre-consult review should focus on the MSRs but also provide a brief overview of the CORE Results Elements to help providers begin to build optimal systems from the time they initiate provision of services. In this way, providers may more quickly move beyond a focus on basic requirements to a focus on outcomes for individuals.

- Recommendation 3: APD and Delmarva should consider including the "provider type" specification when determining which providers may need a FU w/ TA in order to shift resources in a way that may help enhance systems for agency providers without a detrimental impact to solo providers.

Introduction

Since September 2001, Delmarva Foundation has provided a Quality Assurance/Improvement Program for the Agency for Persons with Disabilities (APD), through a contract with the Agency for Health Care Administration (AHCA), called the Florida Statewide Quality Assurance Program (FSQAP). Through various review processes, Delmarva Quality Improvement Consultants (QIC) monitor providers who provide services to individuals with developmental disabilities, through two different Home and Community-Based Services (HCBS) Waivers: the Family and Supported Living (FSL) and Developmental Disabilities (DD) Waivers. The Council on Quality and Leadership (CQL) acts as a partner with Delmarva, providing the Personal Outcome Measures Interview tool and process as well as training, oversight and reliability testing on the interview process for the QICs.

The Collaborative Outcomes Review and Enhancement (CORE) evaluation process is used to evaluate 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).[1] The CORE consult consists of interviews with individuals receiving services, record reviews, onsite observations, interviews with providers and staff, and interviews with other relevant personnel as indicated. For the time period reviewed for this study, providers were evaluated on 18 CORE Results Elements to determine an overall CORE Results Element (CRE) evaluation level.

The CREs are outcome-focused and help identify how well the provider's organizational systems function with a person-centered approach to service delivery. When evaluating the 18 CREs the QIC takes into consideration all services rendered by the provider at the time of the review, determines if the provider's organizational systems are in place, and if these systems are effective in supporting individuals in each of the expectations (elements). Evaluation levels for each CRE and for the final provider level evaluation score are Achieving, Implementing, Emerging and Not Emerging.[2] The final CRE score is a sum of the results of each of the 18 CREs, and is described in more detail in the Methods section.

[1] 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.

[2] 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 element.

Providers were also evaluated on seven Minimum Service Requirement (MSR) elements to determine if documentation is present to verify background screening, training, service authorization and billing. These are scored as Met or Not Met. While most providers are scored on all seven MSRs, for some services rendered not all the elements are applicable.

Quality Improvement Consultants (QIC) are trained and pass annual reliability testing on the CORE procedures and in making determinations on each element scored during the process. The reliability test includes how well the QIC scores each of the 25 CORE elements, as well as a component that tests the reliability of the information gathered during the individual interviews. Because the individual interview is an important component of the CORE consult, QICs are also trained on and pass reliability on the Personal Outcome Measures interview process as designed and implemented by the Council on Quality and Leadership. This enhances their interviewing skills as well as the consistency with which they obtain relevant information.

In addition to the annual CORE, many providers received a Follow-up or a Follow-up with Technical Assistance consultation (FU w/ TA). The intent of these is to check on the progress providers have made in the areas that needed improvement and/or the plans the provider developed to address the areas needing improvement. During these follow up activities, the consultant also provides assistance to support providers in developing quality systems which support individuals in achieving the results that matter most to them. Prior to July 2006, providers could receive either a "regular" Follow-up Review or a FU w/ TA. The FU w/ TA was conducted with providers in need of additional assistance to build and improve their organizational systems. However, anecdotal evidence gathered by the Regional Managers indicates that a natural part of the regular follow up was to provide technical assistance to the provider, though not required for this review type. The QICs provided technical assistance, particularly when the provider's actions or plans to address the areas needing improvement were not effective or were "off the mark." Therefore, because of the similarities, combining the two types of Follow-up Reviews for analytical purposes in this study is warranted. In addition, beginning July 2006, the regular Follow-up was discontinued.

The purpose of this study is to determine the impact of the Follow-up review, particularly the FU w/TA, on provider performance. If a provider receives a FU w/ TA, does it increase the degree of improvement over time, compared to providers who do not receive the FU w/ TA? Essentially, does the FU w/ TA help providers develop better systems, as measured through the CRE score from the CORE consult?

Data and Methods

Data

On March 13, 2007, a revised CORE procedure was implemented, reducing the number of CORE Results Elements from 18 to eight and the number of Minimum Service Requirements from seven to four. Therefore, analyses for this study use results from CORE consults conducted using only the original CORE procedure, consults completed up to March 12, 2007. Data for the analysis include results from 211 providers who participated in a CORE consult between July 2005 and June 2006 (Time 1) and participated in a second CORE between July 2006 and March 12, 2007 (Time 2).

Dependent Variables

The difference between the total CRE numeric score from Time 1 to Time 2 is used as the dependent variable to determine if the presence or absence of the FU w/ TA improves the scores over time. The provider's overall CRE score is calculated with the following values from the results on each of the 18 elements, for a possible CRE score ranging from 0 to 54:

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

For the 211 providers included in this analysis, the CRE score for Time 1 ranged from 8 to 53, with a mean of 30.5. The CRE score for Time 2 ranged from 7 to 54, with a mean of 32.9. Therefore the average difference between Time 1 and Time 2 is an increase of 2.3 points on the CRE score, ranging from a decrease of 20 points to an increase of 32 points. The distribution of the difference of scores between Time 1 and Time 2 is a normal bell-shaped curve, suitable for standard statistical significance tests. This variable is used to test the impact of the Follow-up Review on the likelihood of scoring higher, or lower, on the CORE at all CRE levels.

Independent Variables

The independent or explanatory variable of interest in this study is whether or not the provider had a Follow-up with Technical Assistance (FU w/TA) Review between the CORE annual consult conducted in Time 1 (July 2005 – June 2006) and Time 2 (July 2006 – March 12, 2007).[3] Of the 211 providers in the analysis, 58 providers did not have a FU w/TA and 153 did have assistance from

[3] Throughout this study we refer to a FU w/TA, which includes the Follow-up Review (48) and the Follow-up with Technical Assistance Review (153).

this review. The hypothesis is that assistance and knowledge gained during these reviews helps providers develop their systems, more so than if they do not receive a FU w/TA.

Other independent variables are included in the analysis due to their potential impact on the provider's evaluation level on the CORE. Because it is likely to be easier to improve a score over time when the initial CORE CRE is lower (Not Emerging or Emerging), we control for the evaluation level the provider obtained on the CORE in Time 1. Table 1 shows the distribution of evaluation levels across the 211 providers for Time 1 and Time 2.[4] A larger proportion of providers in Time 2 were evaluated as Achieving than in Time 1, 26.1 percent compared to 11.4 percent respectively. In Time 1, 62.1 percent were evaluated as Implementing or Achieving compared to 69.7 percent in Time 2. For the analysis, the evaluation levels in Time 1 are categorized as Achieving/Implementing (131) versus Emerging/Not Emerging (80).

Table 1: CORE Evaluation Levels
Time 1 (July 2005 - June 2006) and Time 2 (July 2006 - March 12, 2007)

	Time 1			Time 2	
Evaluation Level	Number of Providers	Percent		Number of Providers	Percent
Achieving	24	11.4%		55	26.1%
Implementing	107	50.7%		92	43.6%
Emerging	79	37.4%		59	28.0%
Not Emerging	1	0.5%		5	2.4%
Total	211	100.0%		211	100.0%

In addition to the evaluation level at Time 1, the type of provider, the number and type of services the provider renders, as well as the total number of Delmarva Desk Reviews or CORE consults the provider has received may impact the CRE score. Non-Residential Support Services and Supported Living Coaching were provided more than any of the other services that are subject to a CORE consult. The greatest proportion of providers offered between two to four services, and close to 70 percent had received four or five Delmarva annual reviews.[5] The majority of providers operate as an Agency (83.9%).

[4] In this and other tables, not all columns sum to 100% due to rounding.
[5] A Quality Improvement study submitted but not yet approved by AHCA and APD has shown that providers receiving multiple Delmarva reviews improve their performance over time.

Table 2: Services, Number of Reviews and Type of Provider		
Time 2 (July 2006 - March 12, 2007)		
Type of Service[6]	Number	Percent
Adult Day Training	53	25.1%
NRSS	79	37.4%
Supported Employment	47	22.3%
Supported Living Coaching	82	38.9%
In-Home Support Services	62	29.4%
Residential Habilitation	107	50.7%
Number of Services Offered		
1	69	32.7%
2 to 4	83	39.3%
5 or more	59	28.0%
Number of CORE Consults		
2	20	9.5%
3	32	15.2%
4	74	35.1%
5	71	33.6%
6	14	6.6%
Provider Type		
Agency	177	83.9%
Solo	34	16.1%
Total Number of Providers	211	100.0%

Methods

We use two different statistical techniques to explore the impact of receiving a FU w/ TA review on provider performance. We calculate the average CRE score for each evaluation level (Achieving, Implementing, and Emerging/Not Emerging) for Time 1 and Time 2. A simple t-test is used to test the difference of means within each evaluation level for the two time periods, for providers who did receive a FU w/ TA and for providers who did not. The numbers are relatively small within some of the categories but the t-test is designed to test for significance under such circumstances. We also examine the difference in the average percent of MSR elements scored as Met between Time 1 and Time 2.

Regression analysis is used to determine the net impact of receiving a FU w/ TA on provider performance, controlling for the independent variables listed in the previous section: the number of services offered, the specific service offered that is reviewed trough the CORE consult, the type of provider, and the evaluation level at Time 1. In this model, results inform us if there is a statistically significant impact on the difference in provider performance from Time 1 to Time 2, at any level of

[6] Type of Services does not sum to 100% because providers offer a number of different services.

the dependent variable. For example, if having received a FU w/ TA is shown to have a positive significant relationship with the difference in 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 a FU w/TA are likely to have improved more in Time 2 compared to Time 1, than providers who did not receive a FU w/ TA.

Regression results present the coefficient, statistical significance (p=value) and correlation for each variable in the regression model. 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 "FU w/ TA" in Table 5 tells us that when a provider has had a FU w/ TA review, compared to a provider who has not, the Total CRE Score increases by 3.6 points, controlling for other factors in the model.

The correlation (usually designated as r) indicates the strength of the relationship between the independent (explanatory) and dependent variable—how much do the two "vary" together. When values on the independent variable increase, how much do the values on the dependent variable also increase? A correlation of zero (0) indicates no correspondence between the two variables and a correlation of one (1) indicates a perfect association exists—i.e., that for every increase in one there is an increase in the other. The "partial correlation" is displayed, which means the correlation is the "net" degree to which the two vary together, controlling for the other variables in the model. The R-Square shows the degree of variation in the dependent variable explained by all of the independent variables in the model. This will generally increase as more variables are added to the equation.

The p-value shows the statistical significance of the relationship between each independent variable and the dependent variable—the degree to which the results shown may be in error. A p-value of .05 or smaller is generally accepted in social sciences as an indication there is a real impact of the independent variable on the dependent variable. With a p-value of .05 the chance of the result being an error is five percent or less.

Results

Difference of Means within Evaluation Levels

Table 3 shows the difference on the CRE scores from Time 1 to Time 2, if the provider had a FU or not, for each Evaluation Level. A negative difference indicates a decrease in Time 2, and a positive difference indicates an increase in the CRE score. Results of the difference of means t-test between time periods and within each CORE evaluation level are shown, for providers who did and did not have a FU w/ TA. The analysis compares the scores in Time 1 to the scores in Time 2 for providers who were at the specific evaluation level in Time 1. On average, providers (including all evaluation levels) who did not have a FU w/TA had the same scores in both time periods (37.1 and 37.0), compared to a significant increase of 3.27 points for providers who had a FU w/ TA (28.1 and 31.3).

Data in Table 3 also inform us providers who were Emerging or Not Emerging in Time 1 showed a significant increase on the CRE score of between 4.5 and 5 points, regardless of whether they had a FU w/TA or not.[7] [8] The FU w/ TA appears to be most effective among providers who scored Implementing, for the results oriented elements. For this group, there was virtually no difference on the CRE scores for providers who did not receive a Follow-up Review, but those who received one scored over two pints higher in Time 2. Because only one provider scored Achieving and had a FU w/ TA, a t-test is not applicable. Implementing and Achieving providers who did not receive a FU w/ TA showed small declines in Time 2, but these were not statistically significant.

Table 3: Average CORE Consult Scores
Time 1 - July 2005 - June 2006
Time 2 - July 2006 - March 12, 2007

	No Follow-up				Follow-up or FU w/ TA			
Evaluation Level	N	Time 1	Time 2	Difference	N	Time 1	Time 2	Difference
Emerging/Not Emerging	11	21.6	26.7	5.10*	69	21.7	26.2	4.46*
Implementing	24	34.8	34.1	-0.71	83	33.1	35.4	2.27*
Achieving	23	46.7	44.8	-1.91	1	43.0	47.0	N/A
All Levels	58	37.1	37.0	-0.09	153	28.1	31.3	3.27*

*Significant at p<=.05.

[7] Providers who score Emerging or Not Emerging are required to have a FU w/ TA. However, due to scheduling problems they may not always receive one.
[8] Because there was only one provider in Time 1 who scored Not Emerging, we combined that result with the Emerging category.

Minimum Service Requirements

The change in the Minimum Service Requirements (MSR) over time is more subtle as the provider is scored Met or Not Met on only seven elements. Historically, providers have done fairly well on the MSR elements. However evidence presented in the Second Quarter Report to the State indicates performance is declining, particularly in training and billing documentation. The average percent of MSRs Met in Time 2 was somewhat smaller than in Time 1, 75.4 percent and 77.0 percent respectively.[9] This decline, however, is not shown to be statistically significant and may be due, in part, to the handbook implemented November 2005 with new training and documentation requirements. Table 5 shows the average percent of MSRs met for each evaluation level at Time 1 and Time 2, for providers who received a FU w/ TA and those who did not. While decreases are noted in almost every category, and only Emerging or Not Emerging providers with a FU w/ TA showed any improvement, none of the differences is statistically significant.

Table 4: Average Number of MSRs Met
Time 1 - July 2005 - June 2006
Time 2 - July 2006 - March 12, 2007

	No Follow-up				Follow-up or FU w/ TA			
Evaluation Level	N	Time 1	Time 2	Difference	N	Time 1	Time 2	Difference
Emerging/Not Emerging	11	84.4%	81.8%	-2.6%	69	67.0%	70.5%	3.5%
Implementing	24	88.4%	77.4%	-11.0%	83	77.2%	74.6%	-2.6%
Achieving	23	90.7%	88.2%	-2.5%	1	85.7%	71.4%	-14.3%
All Levels	58	88.6%	82.5%	-6.1%	153	72.7%	72.7%	0.0%

Regression Analysis

Table 4 shows results for the regression analysis, using the change in the CRE score from Time 1 (July 2005 – June 2006) to Time 2 (July 2006 – March 12, 2007) as the dependent variable. Data indicate:

- The variables in the model explain approximately 12.6 percent of the variation in the change in scores over time.
- Receiving a FU w/ TA review positively impacts provider performance, when controlling for the type of service the provider renders, the number of services offered, the number of Delmarva reviews, type of provider, and evaluation level in Time 1.

[9] There are seven MSR elements scored on this version of the CORE. However, not all providers are scored on all seven elements. Some are not applicable.

- Results indicate that providers who participated in the FU w/ TA review scored, on average, 3.6 points higher (out of a total of 54) in their subsequent review than providers who did not receive a FU w/ TA.
- Results also indicate that receiving a FU w/ TA shows the strongest correlation with the change in the CRE score (r=.19).
- Solo providers are more likely than agency providers to improve their performance on the CORE Results Elements over time.
- Providers who scored as Achieving or Implementing in Time 1 were less likely to improve their performance than providers who scored Emerging or Not Emerging, most likely because there is less room for improvement at the "high end".

Table 5: Regression Analysis Results
Dependent Variable: Change in Score Time 1 to Time 2
Time 1 - July 2005 - June 2006
Time 2 - July 2006 - March 12, 2007

Independent Variable	Coefficient	p-value	Correlation
Solo Provider	4.34	0.02	0.16
FU w/ TA	3.60	0.01	0.19
Number of Reviews	-0.60	0.31	-0.07
Achieving/Implementing	-3.12	0.02	-0.17
ADT	-1.06	0.52	-0.05
NRSS	-1.13	0.45	-0.05
SE	1.44	0.44	0.06
SLC	-0.35	0.82	-0.02
IHSS	-2.30	0.17	-0.10
Reshab	-1.49	0.29	-0.08
2 to 4 Services	1.99	0.22	0.09
5 Plus Services	2.95	0.23	0.09
R-Square = 12.6%			

Discussion and Recommendations

In this study we have explored the impact on provider performance of having a Follow-up with Technical Assistance Review after an annual CORE consult. We use the change in the provider's CORE Results Element scores to determine if the assistance provided by the Delmarva Quality Improvement Consultants during a Follow-up Review helps the provider improve performance on the results or outcome oriented component of the review. Improved performance on the CREs

indicates the provider has better systems in place to render person-centered services that help all the individuals receiving services achieve outcomes that are important to them. We also examined the change in the percent of Minimum Service Requirement elements scored as Met, for providers who did or did not receive a FU w/ TA.

While we had only 211 provider scores available for this analysis, findings suggest the FU w/ TA positively impacts providers' overall performance on the CREs and is therefore an important component of the Quality Assurance program. Providers who participated in this type of review scored on average 3.6 points higher in their subsequent review than providers who did not have a FU w/ TA. The impact appears to be most beneficial for providers scoring at the Implementing level, as providers scoring Emerging or Not Emerging were equally likely to improve on the CRE score on their Time 2 annual review, with or without the FU w/ TA.

This result may be due, in part, to the fact that providers at the lower evaluation levels need improvement in basic organizational areas such as technical assistance on writing up policies and procedures or how to remain current on training and billing documentation. The Follow-up review for these providers is often centered on these Minimum Service Requirements and helping the provider develop policies and procedures. While not statistically significant, providers at Emerging or Not Emerging who had a FU w/ TA were the only providers who showed any improvement on the MSRs. During the FU w/ TA the results oriented elements are reviewed and often the TA focuses on the development of the providers Quality Enhancement Plan and the plan for improvement. It is then the provider's responsibility to implement the plans.

Providers at the Implementing level have systems in place and need to move toward the consistency of those systems and ensuring all individuals are achieving outcomes important to them. The FU w/ TA for higher achieving providers focuses on ensuring providers are improving systems and supports already in place for all individuals receiving services. For these providers, the QICs do not usually need to provide assistance for basic operational requirements.

Emerging and Not Emerging providers improve more on the CREs than do those at Achieving or Implementing, regardless of whether or not they received a FU w/ TA. This is a positive result, indicating the annual CORE consult is working well to help the providers more who are at the bottom range of performance. While the Follow-up review may focus more on the MSRs for these providers, the consult itself helps these providers improve their organizational structures to some degree, helping ensure better outcomes for individuals receiving services. As they continue to improve, the nature or topic of FU w/ TA focus will change to offer more assistance with the Results Elements.

Recommendation 1: The continued use of the CORE consult, in combination with a Follow-up with Technical Assistance review as needed, or a similar consult/follow-up combination that focuses on outcomes as well as minimum service requirements, is highly recommended.

Recommendation 2: Delmarva and APD should consider an abbreviated "pre-consult" for new providers that is not scored, but will help them develop basic systems required to provide services. This pre-consult review should focus on the MSRs but also provide a brief overview of the CORE Results Elements to help providers begin to build optimal systems from the time they initiate provision of services. In this way, providers may more quickly move beyond a focus on basic requirements to a focus on outcomes for individuals.

Solo providers show more improvement over time than agency providers. This is true if the provider has a FU w/ TA or not. The complexities of maintaining a system with multiple staff and providers, and the turnover issues that may accompany that, appear to impact the provider's ability to improve their systems over time. In addition, a much greater percent of providers work as an agency rather than in a solo capacity.

Recommendation 3: APD and Delmarva should consider including the "provider type" specification when determining which providers may need a FU w/ TA in order to shift resources in a way that may enhance systems for agency providers without a detrimental impact to solo providers.

Attachment 1
CORE Elements

CORE Results Elements

1. The individual is educated and assisted by the provider to fully exercise rights.
2. The individual is treated with dignity and respect.
3. The individual's personal privacy is observed.
4. The individual actively participates in decisions concerning his or her life.
5. Individual is provided with opportunities to receive services in the most integrated settings appropriate to his/her need and choice.
6. Individual is afforded choice or services and supports.
7. Individual is free from abuse, neglect and exploitation.
8. Individual is healthy.
9. Individual is safe.
10. The individual is developing desired social roles that are of value to the individual.
11. Personal outcome approach is used to design person-centered supports, to enhance service delivery, and assist in achieving personal outcomes.
12. Individual directs the design of implementation plan, identifying needed skills and strategies to accomplish personal desired goals.
13. The provider organizes its resources, strategies and interventions to facilitate each individual's outcome achievement.
14. The individual participates in the routine review of his/her implementation plan and directs changes desired to assure outcomes/goals are met.
15. Individual is achieving his/her desired outcomes/goals or receiving supports that demonstrate progress toward personal outcomes/goals.
16. Provider takes responsibility for addressing individual outcomes beyond the provider's mission/scope through referral, advocacy or consultation.
17. Provider actively coordinates the dissemination of information in order to promote a cohesive person centered planning and support process.
18. Individual is satisfied with services.
19. Provider meets service specific projected service outcome(s) for each service.

Minimum Service Requirements

20. Level 2 background screenings and 5 year re-screenings are completed for all direct service employees.

21. Providers/staff receive training specific to needs/characteristics of individual to successfully provide services/supports.
22. Proof of required training in abuse and neglect and required reporting procedures are available.
23. Provider is authorized to provide the service.
24. The service is provided and billed as authorized.
25. Provider maintains required documentation.