

## **Waiver Support Coordination Consultation Procedure** **(Updated April 11, 2008)**

### **Waiver Support Coordination Consultation (WiSCC) Vision:**

The vision of the Waiver Support Coordination Consultation (WiSCC) is to enhance the effectiveness of the Waiver Support Coordinator (WSC) service delivery system, to produce results that reflect communicated choices and preferences that matter most to the person.

### **Defining the Term Outcome:**

Results that reflect communicated choices and preferences that matter most to the person.

### **General Overview:**

The WiSCC represents an evolution of the Florida Statewide Quality Assurance Program (FSQAP), driven by the knowledge gained from Delmarva Foundation's 5 years (now in 7<sup>th</sup> year) of Person Centered Review and Provider Performance Review activity. It is a collaborative effort between the WSC entity and Delmarva, which generates and supports quality assurance and quality improvement initiatives within a results-oriented (outcome-based) service delivery system. The WiSCC utilizes information from interviews with individuals receiving services through one of these two different Home and Community-Based Services Medicaid waivers: the Developmental Disabilities Waiver (DD waiver) and the Family and Supported Living Waiver (FSL Waiver). Information from these interviews is obtained through an interactive review of the individual's Waiver Support Coordinator (WSC) activities, records and documentation review to evaluate the WSC's organizational practices and systems, and review of the WSC's adherence with rule requirements.

### **Pre-Consult Information Sharing:**

During the scheduling call, the Quality Improvement Consultant (QIC) informs the WSC of the information Delmarva will provide to them (i.e. Confirmation Letter and Precursor Questionnaire-Attachment 1), and what the provider will send to Delmarva (i.e. Completed Precursor Questionnaire and Consumer List sorted by WSC Treating Provider). The Consumer List will include social security numbers and will also indicate the Waiver in which the consumer participates, i.e., DD Waiver, FSL Waiver, and the CDC+ Waiver. The Consumer List will be faxed to the QIC or faxed to the Delmarva Tampa office for mailing to the QIC. The Precursor Questionnaire is a tool designed to prepare both parties for the WiSCC process, and to establish certain discussion points for everyone involved in the consult. The consumer list is used to sample individuals served by the WSC with whom the QIC completes an interview as part of the process. During the scheduling call, the Agenda for the WiSCC will also be discussed with the WSC.

After the initial contact (scheduling call), the Consultant will complete the scheduling information in the WiSCC application at the Administrative level. This will initiate the mailing of a precursor questionnaire and confirmation letter to the WSC confirming the scheduled consultation.

The local APD Area Office is notified electronically of any upcoming WiSCC activities and anticipated time frames. This notification includes a request that the local APD Area Office share any information related to grievances, incidents and/or complaints about the WSCs scheduled for a WiSCC with the QIC prior to the consultation.

### **WiSCC Scheduling:**

Delmarva Quality Improvement Consultants (QICs) contact WSC entities (either Solo WSCs or Agencies) up to 30 days in advance of the WiSCC, and a WiSCC date is solidified via this telephone contact. At this time the QIC will explain the Personal Outcome Measures (POM) interviews that will need to be scheduled. The WSC is responsible for scheduling the interviews of individuals receiving services. These interviews are to take place at the beginning of the process.

By exception, some consultations may be unannounced based upon Central Program Office approval of the APD Area Office's request. General information related to why the APD Area Office made the request would be provided at the time of the unannounced visit. In these circumstances, the APD Area Office will assist in scheduling the POM interviews.

### **Sampling/Eligibility:**

Individuals receiving services through the DD Waiver or the FSL Waiver are randomly selected from the caseload of the WSC to participate in interviews relating to the WiSCC process. The WSC provides a current caseload list to the Delmarva Quality Improvement Consultants (QIC) prior to the WiSCC that is used for the sampling process. This list will include the names and social security numbers of all individuals on the WSC's caseload participating in the DD Waiver and the FSL Waiver. The WSC will also indicate on the caseload list the number of individuals they serve through the CDC+ Waiver. This will assist in determining the total caseload for analysis purposes. For agencies with more than four WSCs, four WSCs are randomly selected for the WiSCC process. Two individuals are randomly selected from the caseload of each WSC treating provider eligible for a WiSCC. Individuals who have been interviewed within the previous 12 month period are excluded from the sample. Participation in the interview process by individuals receiving services is optional. An over sample will be pulled in the event an individual declines to participate in the interview or if for some other reason the QIC is unable to interview the selected individual. Agencies with more than four treating providers receive a second WiSCC six months after the original, with up to eight additional interviews conducted relative to that activity. Only treating providers not involved in the first WiSCC will be selected for involvement in this second WiSCC. If there are more than four WSCs who were not involved in the first WiSCC, the four to be included in the second WiSCC are randomly selected.

Annual participation in this process is mandatory for all WSCs. The total number of WiSCC completed in any given year is negotiated with AHCA, taking into account the available resources and the extensive nature of the consultative process.

## **Consult Activity:**

### **Opening Conference:**

The WiSCC begins with an Opening Conference that sets the stage for the rest of the process. The agenda is restated in the Opening Conference which includes a review of the: process, i.e., Personal Outcome Measures Interviews, observation, follow up with the WSC, record review, Area Office Information, etc. ; timeframes; interview schedules for individuals and WSCs; and travel sites. The QIC will describe situations when specific identifying information will not be shared. These situations may arise if the person being interviewed, supporting family, or staff specifically requests the information not be shared.

Information provided by the WSC in the Precursor Questionnaire will also be discussed. Discussion of the Precursor Questionnaire should begin to identify the WSC's strengths, challenges, and expectations of the WiSCC, laying the groundwork for the consultative process. An additional component of the Opening Conference is discussion of the WSC's mission and values. This is also the time to discuss any questions the WSC (s) may have about the process.

## **Person Centered Reviews:**

### **Individual Interview:**

Interviews with individuals receiving services from the WSC entity generally take place next, though some schedules may allow for the review of personnel files prior to the interviews. QICs will not review documents from the individual's central records until after the interviews take place. Individual interviews include the utilization of the Personal Outcome Measures (POM) tool, the completion of a Health/Behavioral Questionnaire, questions relating to specific elements of the WiSCC tool, and the securing of any additional information that may be relevant to the process. If at anytime during the individual interview issues of abuse, neglect, or exploitation are indicated the QIC will immediately notify the Abuse Registry, the Regional Manager, the Waiver Support Coordinator, and the Area APD liaison. The QIC will remain with the individual until it is resolved or he/she is relieved by an appropriate person. Additionally, in the event of a concern in Health, Safety and Well-being the QIC will contact the Delmarva Nurse Reviewer for additional information and guidance.

Consultants will utilize POM interviewing techniques and protocols as outlined by the Council on Quality and Leadership (CQL). Participation in the POM Interview by the individual is voluntary.

## **WSC Interview and Records Review:**

The QIC will meet the WSC (s) involved in the WiSCC to obtain follow-up information relating to the POM interviews, obtain information relating to the WiSCC tool elements, and conduct a central record review for the individuals interviewed. The interview with the WSC will be interactive and should flow from a discussion of the individual's status to the organization's systems and practices for all of the individuals served. This interactive process will provide the WSC with the opportunity to supplement or clarify information that has been gathered. If trends or problems are identified during the WiSCC the QIC may decide to conduct additional interviews, or review another record not included in the sample. Information gathered through this variety of sources will be used to guide the WiSCC determinations for the six "Results" oriented elements (Elements 1-6) which are scored as "Achieving, Implementing, Emerging, or Not Emerging" (See WiSCC tool-Attachment 3).

There are five "Process" oriented elements (Elements 7-11) contained in the WiSCC tool, the Minimum Service Requirements (MSRs), which are scored as "Met or Not Met". This section of the tool captures requirements from rule for service delivery and billing. In addition there will be two randomly selected unannounced central records reviewed from the WSC's caseload. The additional two records are a review for Elements #9 and #11 only. The QIC should review the prior 6 months of information to verify compliance with Elements #9 and #11. If the requirements for face to face visits are less frequent for the individuals represented in either of the unannounced records the QIC may review an additional six months of the record(s).

The WiSCC tool has been designed to capture barriers identified by the WSC that hinder the generation of results for the people served, as well as the WSC's strengths as identified by the WSC and the QIC. In the case of WSC agencies, these are documented independently for each WSC treating provider who is involved.

For WSC agencies, an Administrative Interview is typically conducted with the designated representative of the Agency. The Administrative Interview is an opportunity for the QICs conducting the WiSCC to provide the designated representative with an overview of any significant findings determined during the process, and to obtain information relating to the corporate systems influencing the efforts of all the WSCs working for the agency.

Follow-up telephone contact may take place with other relevant entities to either gather additional information required to make POM decisions, or to clarify information utilized in making decisions regarding certain elements within the WiSCC tool.

After compiling the results of the WiSCC, the QIC meets with the WSC entity to discuss POM results, recommendations identified for the individuals who were interviewed, and WiSCC findings on Elements 1 – 11. The WSC's organizational structures and systems are addressed as the conversation evolves. This includes both the best practices and challenges that have been identified for specific WSCs or for an agency as a whole. The findings for the eleven WiSCC elements will be clearly delineated as part of this

discussion. Any alert item will be reiterated at this time. An alert may be identified relating to Element 2 (Health, Safety, and Well-being) and/or Element 7 (Background Screening).

This discussion will ultimately lead to the development of a Formula Offering Cooperative Unified Success (FOCUS) Plan, which will be the basis for future WSC quality improvement initiatives. This will be a forum for the QIC to provide technical assistance to the WSC entity, and for the QIC and WSC to develop consensus on a manageable short-term QI path. The QIC will provide the WSC entity a Feedback Questionnaire (Attachment 4) to determine the effectiveness and efficiency of the WiSCC process, and to generate ongoing improvements. The Area APD Liaison will be invited to attend the FOCUS plan meeting, particularly when there is an alert found or if there are serious concerns with the findings. The QIC will call the Area APD liaison for Background Screening when there is an alert in Element 7 (Background Screening) and will provide the details of the missing documentation.

### **Medical Peer Review Activity:**

The Nurse Reviewer is responsible for ensuring that recommendations generated through the completion of the Health/Behavioral Data Collection Form (Attachment 5) by the QIC are present for the individuals interviewed. The Nurse Reviewer then evaluates the FMMIS claims data, other ancillary information from the interview process, responses to the Health/Behavioral Data Collection Tool, and the individual recommendations concerning Health and Behavior to ensure the appropriateness of the recommendations. When the collected information indicates critical behavioral intervention is needed the Nurse Reviewer will notify the Area APD Medical Case Manager and the Area APD Behavior Analyst of the issues at the time of the WiSCC.

If discrepancies exist between any of the findings, the Nurse Reviewer will initiate a Focused Review. For example: If the interview and the Health/Behavioral Data Collection Tool indicate there have been no emergency room visits in the past year yet claims data indicate the individual has been to the emergency room on multiple occasions, then a focused review would be implemented. Any critical findings or those findings that have the potential for a negative outcome if left unaddressed are reported to the WSC and to the local Medical Case Manager, if appropriate. For example: If the emergency room claims from the example above indicate the individual has had multiple emergency room visits for nausea and vomiting an additional recommendation would be made for a gastrointestinal consult. These multiple emergency room visits for the same diagnosis would constitute a red flag that a nursing assessment is indicated to ascertain the individual's current health status and needs. This shall be conveyed to the Area Medical Case Manager and the WSC. The Nurse Reviewer may request medical records from treating providers to further assist in the development of recommendations. For example: The findings from the interview process indicate a concern with uncontrolled diabetes and the claims data do not indicate any lab work for blood glucose, the medical record would be requested in order to ascertain what the treating provider is doing to monitor the diabetes.

Additionally, at the time of the interview the Nurse Reviewer is notified by the QIC of the existence of any critical health issues that have been encountered. The Nurse Reviewer will take a lead on communicating these concerns to the Medical Case Manager, the Waiver Support Coordinator, and other providers as identified. These activities are occurring at the time of the WiSCC.

**Designations:**

Results Oriented Elements 1 through 6 are each given an element level designation of Achieving, Implementing, Emerging, or Not Emerging. These element level designations have been given numeric ratings of 3, 2, 1, and 0 respectively.

Designation	Rating
Achieving	3
Implementing	2
Emerging	1
Not Emerging	0

Adding together the numeric rating designated to each of these six elements generates an overall numeric rating between 0 and 18 per WSC. Providers with more than one Waiver Support Coordinator (WSC or Treating Provider) receive an average numeric rating based upon the sum of all the element level ratings, divided by the number of WSCs involved in the WiSCC. The following table identifies the system for converting overall numeric ratings to overall descriptive designations:

Numeric Rating	Descriptive Designation
18, 17, 16, or 15 And All involved WSC’s ratings meet the following additional criteria: With no “Not Emerging” elements; *With no alerts; With Element 6 at Achieving or Implementing With elements 7-11 Met	Achieving
14, 13, 12, 11, 10, or 9 (See Note Below)	Implementing
8, 7, 6, 5, 4, or 3	Emerging
2, 1, or 0	Not Emerging

**\*Note:** If the overall numeric rating is 18-15, but an individual element is identified as “Not Emerging”, or there is an alert (i.e. Element 2 Alert is turned on or Element 7 is scored as “Not Met”), or Element 6 is scored as Emerging or Not Emerging, or any one



of Element 7 to 11 is scored as “not met” the overall descriptive designation becomes “Implementing” rather than “Achieving”.

For rounding of ratings 15, 9, and 3 the following applies:

- If the overall numeric rating is a 15 and Element 6 is Achieving then the overall designation is Achieving.
- If the overall numeric rating is a 15 and Element 6 is an Implementing, Emerging or Not Emerging then the overall designation becomes Implementing rather than Achieving.
- If the overall numeric rating is a 9 and Element 6 is Achieving or Implementing then the overall designation becomes Implementing.
- If the overall numeric rating is a 9 and Element 6 is Emerging or Not Emerging then the overall designation becomes Emerging.
- If the overall numeric rating is a 3 and Element 6 is Achieving, Implementing, or Emerging then the overall designation becomes Emerging.
- If the overall numeric rating is a 3 and Element 6 is Not Emerging the designation is Not Emerging.

These procedures will be applied to determine both the Agency and Treating Provider overall descriptive designations.

The QIC utilizes the WiSCC Designation Table shown below to indicate determinations for each of the Results Oriented Elements 1 – 6, for each WSC interviewed. This information is compiled into the WiSCC Designation Table reflecting areas of strength as well as opportunities for improvement that may lead to quality improvement initiatives. Because the final designation is a calculated weighted average for each WiSCC, it provides an equitable measurement system for WSC entities of all sizes.

**WiSCC Designation Table**

Element	Performance Category				Weighted Total
	Achieving (3)	Implementing (2)	Emerging (1)	Not Emerging (0)	
1					
2					
3					
4					
5					
6					
Total					

				Designation=	
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**Reporting/Report Distribution:**

Reporting WiSCC results to the WSC(s) takes place immediately at the conclusion of the WiSCC process. A written report will be provided to the WSC within thirty days of the completion of the FOCUS plan. The QIC will provide the WSC with the FOCUS plan and the Preliminary Findings WiSCC Consultation information at the conclusion of the WiSCC process. At this time the QIC will inform the WSC if an “Alert” has been found relating to Element 2 (Health, Safety and Well-being), and/or Element 7 (Level 2 Background Screening), if this information has not already been provided. The Element 2 “Alert” is related to the health, safety, and well-being of individuals receiving services. The “Alert” will be identified if the QIC has determined that a person’s health, safety, and/or well being are in jeopardy and immediate attention is warranted to address the situation. If appropriate a call will be placed to the Abuse Hot Line to report the situation by the QIC. The QIC will also notify the local APD Area Office Liaison as well as the Delmarva Regional Manager. If warranted, i.e., the Alert is a significant, possibly life threatening, conspicuously bad situation the Regional Manager will report the Alert situation to the Central Program Office in Tallahassee and the QIC will report the Alert to the APD Area Office as a “Threshold” event.

When Element 7 is Not Met, indicating an “Alert” for Level 2 Background Screening, the QIC will instruct the WSC to submit to the Area Office designee within ten calendar days of the WiSCC, documentation demonstrating that required background screening has been initiated, or completed. Concurrently, the QIC will phone the APD Area Office designee with information of the background screening “Alert”. The QIC will provide the Area Liaison with the name(s) of the WSC(s) found not to be in compliance.

WiSCC findings of Implementing with either an alert and/or recoupment, Emerging or Not Emerging will necessitate the WSC providing the Area office with a plan detailing the action (s) they have taken or will take to address challenges/concerns identified during the WiSCC. This plan may be a copy of the FOCUS plan, or an expanded Quality Enhancement Plan (QEP) that address all findings that meet the above criteria, including any citations related to the Minimum Service Requirement elements. The WSC will submit the Focus Plan, or a QEP and corrections for any Minimum Service Requirements identified as Not Met with the action(s) they have taken to the Area office within 30 days of the closing conference.

Nurse Reviewer findings are reported independent of this, if applicable, and are submitted to the WSC and possibly the Area Medical Case Manager.

WiSCC reports are made available to AHCA and APD at the state level via the Delmarva Florida Website. Hard copy reports are provided to the appropriate APD Area personnel within 30 days of the review. Findings relating to the POM decisions and individual recommendations are forwarded to individuals or guardians upon request.



## **Follow-up with Technical Assistance Activity:**

Prior to departing the WiSCC, the QIC and WSC agree upon a date on which the QIC can return to provide Follow-up with Technical Assistance. This takes place in about 90 days after the annual consult for solo WSCs and small WSC agencies. Follow up for large WSC agencies may occur about 180 days following the WiSCC. These follow-up with Technical Assistance activities determine the status of the individual recommendations, and the effectiveness of the FOCUS plan initiatives. The QIC will also review the status of any Process Elements 7 – 11 that were determined to be “Not Met”. Any background screening and/or health and safety “Alert” will also be addressed at the time of the follow up consultation. If the provider has not made efforts to correct any or all “Alerts”, the QIC will contact the appropriate APD Area Office staff with data and detail needed for follow up at the conclusion of the Follow-up with Technical Assistance. This information will be documented in the WiSCC Follow up report. Technical Assistance is directed towards maintaining the momentum of the WSC entity, and ensuring WSC efforts are still on target to assist individuals toward achieving results that reflect communicated choices and preferences that matter most to them.

### **Exceptions:**

WSCs who are meeting the following criteria will be exempt from the Follow Up with Technical Assistance:

- Solo WSCs who meet the “Achieving” criteria;
- Agencies with 2 WSCs– to a maximum of 4 WSCs who meet the “Achieving” criteria;
- Agencies with 5+ WSCs where all of the WSCs have been included in a WiSCC which meets the “Achieving” criteria.

### **Reconsideration:**

The WSC may submit a request for reconsideration for the MSR Elements 7 – 11 only. The reconsideration request must be made in writing, and received within 30 days of receiving the WiSCC report. It may be mailed, faxed, or emailed to Delmarva’s Tampa office. The reconsideration request will be processed within 60 days of receipt of the request.