

Florida Statewide Quality Assurance Program

Year 7 Annual Report

January - December 2016

Submitted to:
Agency for Health Care Administration and
Agency for Persons with Disabilities



Prepared by Delmarva Foundation
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Delmarva Foundation
Florida Statewide Quality Assurance Program

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List of Acronyms

ABC – Allocation, Budget, and Contract Control System
A P&P – Administrative Policy and Procedure
A Q&T – Administrative Qualifications and Training
AHCA – Agency for Health Care Administration
APD – Agency for Persons with Disabilities
CDC+ - Consumer Directed Care
DD – Developmental Disability
FSQAP – Florida Statewide Quality Assurance Program
HCBS – Home and Community-Based Services
HSRI – Human Services Research Institute
IDD – Intellectual and Developmental Disability
IRR – Inter-rater Reliability
ISP – Individual Support Plan
IT – Information Technology
NCI – National Core Indicators
OBS - Observations
PCR – Person Centered Review
PCR II – Person Centered Review Individual Interview
PDR – Provider Discovery Review
PDR II – Provider Discovery Review Individual Interview
QA – Quality Assurance
QAR – Quality Assurance Reviewer
QC – Quality Council
QI – Quality Improvement
RM – Regional Manager
RTDR – Real Time Data Report
SC – Support Coordinator
SCI – Support Coordinator Interview
SI – Staff Interview
SSRR – Service Specific Record Review
The Handbook – Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook

Executive Summary

In January 2016, the Florida Statewide Quality Assurance Program (FSQAP) moved into the seventh year of the contract providing oversight processes of provider systems and person centered review activities for individuals receiving services through the Developmental Disabilities (DD) Home and Community-Based Services waiver, including the Consumer Directed Care Plus (CDC+) program. Delmarva Foundation, under a contract with the Agency for Health Care Administration (AHCA), conducts Provider Discovery Reviews (PDR) and Person Centered Reviews (PCR) to provide AHCA and the Agency for Persons with Disabilities (APD) information about providers, individuals receiving services, and the quality of service delivery systems.

During the fourth quarter of the current contract year, Delmarva continued formal and information reliability processes, regional managers reviewed all reports before final approval and conducted bi-weekly meetings for all reviewers. Quarterly meetings were facilitated by Delmarva managers in each region to review data, explore trends, and discuss other relevant regional issues or best practices. Delmarva facilitated the Quality Council meeting in November, bringing together stakeholders to discuss data trends and other aspects of the Quality Management System. In addition, feedback from individuals, families and providers via feedback surveys indicates very positive experiences related to the Delmarva review processes.

Findings in this report are based on 1,213 PCRs and 1,655 PDRs. A summary of findings includes the following:

- Providers have continued to do well in ensuring compliance with most documentation review standards on record reviews, with average compliance rates over 90 percent for Policies and Procedures, Qualifications and Training, and Service Specific Record Reviews.
- Observation results show an average score of approximately 96 percent, and appear to be lowest in the areas of Autonomy and Independence
- Interview results from individuals, staff and Support Coordinators indicate community participation is most often not present in the person's life and indicators pertaining to social role development are often the lowest scoring
- Observations to date indicate individuals are often not trained in the use of public transportation, do not have a key to their homes, are not able to lock bedroom doors, and do not participate in developing house rules
- Some evidence suggests Unannounced Observations result in lower scores, particularly in Licensed Residential Facilities, and for several indicators such as locking bedroom and bathroom doors, having the ability to come and go as the person's wants, and having a key to the home

- Health needs for individuals are generally addressed; however, approximately 38 percent of individuals were taking four or more prescribed medications, with over 60 percent of group home residents taking multiple medications

These and other findings are discussed in this report, with recommendations provided.

Introduction

In January 2010, the Agency for Health Care Administration (AHCA) entered into a contract with Delmarva Foundation to provide quality assurance discovery activities for the Home and Community-Based Services (HCBS) waivers and the Consumer Directed Care Plus (CDC+) program, administered by the Agency for Persons with Disabilities (APD). Through the Florida Statewide Quality Assurance Program (FSQAP), Delmarva, AHCA and APD have designed a Quality Management Strategy based on the Home and Community Based Services (HCBS) Quality Framework Model developed by the Centers for Medicare and Medicaid Services (CMS). Three quality management functions are identified by CMS: discovery, remediation, and improvement.

Delmarva's purpose is within the discovery framework. The information from the review processes is used by APD to help guide policies, programs, or other necessary actions to effectively remediate issues or problems uncovered through the discovery process. Data from the quarterly and annual reports are examined during the Regional Quarterly Meetings and Quality Council meetings to help target local and statewide remediation activity.

Delmarva's discovery process is composed of two major components: Person Centered Reviews (PCR) and Provider Discovery Reviews (PDR). The primary purpose of the PCR is to determine the quality of the person's service delivery system from the perspective of the person receiving services. The PCR includes an interview with the person, an interview with the person's Support Coordinator, and review of the Support Coordinator's record for the person. This process includes individuals receiving services through the Consumer Directed Care Plus (CDC+) program who are also interviewed, with record reviews completed for the CDC+ Consultant and Representative.

The focus of the PDR is to review provider compliance with requirements and standards specified in the Developmental Disabilities Waiver Services Coverage and Limitations Handbook (The Handbook) for the waiver program, and also to determine how well services are supporting individuals served. The PDR is composed of an Administrative Record Review of organizational Policies and Procedures and staff Qualifications and Training, Service Specific Record Reviews, interviews with individuals receiving services and interviews with staff. Observations are completed for licensed residential facilities (LRF) and day programs. As possible, up to 30 percent of all observations may be unannounced.

Within the CDC+ program, consultants and representatives are reviewed on the standards set forth by APD and AHCA. Although CDC+ participants are on the iBudget waiver, the programs are fundamentally different in several aspects and therefore results are analyzed separately. In tables, we refer to Waiver Participants (DD Waiver) and CDC+ Participants to make the distinction between the two groups.

This is the Annual Report for the seventh year of the FSQAP contract. The report is divided into three sections.

- Section I: Significant Contract Activity During the 4th Quarter
- Section II: Data from Review Activities (includes annual results)
- Section III: Discussion and Recommendations

Contract activity is described for the quarter (October - December 2016). Several significant changes were implemented with the January 2015 revisions, and comparisons to data from years prior to 2015 are not possible or appropriate. Additional changes to some tools, e.g., the Administrative Record Reviews, in January 2016 limit comparisons to 2015 as well. Discussion of results and evidence based recommendations are offered.

Section I: Significant Contract Activity

Information Sharing

Staff Conference Calls

Conference calls are conducted on a bi-weekly basis for all reviewers and managers to provide: updates on procedures and/or APD and AHCA policy; a forum for questions; and an avenue to support training and reliability processes. The managers have implemented the use of webinars and go-to-meetings, when appropriate, to enhance training and presentations provided during the calls. Reliability results are discussed, with a focus on standards that may have been most often scored inconsistently.

On alternate weeks managers often meet with their teams to review information, discuss questions or issues from reviews, and gather feedback from reviewers to help with updates to tools or standards, and changes to how a standard should be interpreted based on information from AHCA and APD. The team meetings also assist with discussing issues/concerns pertinent to the specific region in which the reviewers typically work.

Status Meetings

Status meetings are held to provide an opportunity for Delmarva, AHCA, and APD representatives to discuss contract activities and other relevant issues as necessary. Revisions to processes and tools may be discussed as well as policy updates from AHCA or APD that may impact the FSQAP. During the last quarter of this contract year, status meetings were held October 20, November 17, and December 15.

Internal Quality Assurance Activities

Report Approval Process

In order to reduce error rates and enhance reliability, the Delmarva management team reviews all PCR and PDR reports before they are approved, posted, and included in the database for analysis. Managers work with the reviewer if an error is discovered and provide technical assistance if needed. After management approval, reports are mailed to providers or Support Coordinators, and posted to the web site for APD and AHCA. Some information from PDR reports is added to the Public Reporting website at www.flddresources.org to help community stakeholders find providers and view scores.

Reliability

Delmarva Quality Assurance Reviewers (QAR) and Regional Managers undergo rigorous reliability testing each year, including formal and informal processes. QARs are periodically shadowed by

managers to ensure proper procedures and protocols are followed throughout the review processes. In addition, formal inter-rater reliability (IRR) testing is conducted.

- File reliability is used for documentation review tools (Service Specific). One file is distributed to all reviewers who, within a certain timeframe, submit responses on the specific tool being tested. An “Ask the Provider” session is offered to all reviewers to better simulate the actual interactive review activity to ensure all necessary information is collected and interpreted correctly.
- Field reliability is conducted onsite with reviewers and is used to determine if protocols and procedures are followed correctly and if responses on the interview processes match the manager conducting the IRR. Administrative tool reliability is conducted in the field.

The following IRR activity was completed for which all participants passed:

- PCR Individual Interview Field Review Reliability was completed with five QARs this quarter and all passed.
- PDR Field Review Reliability was completed with five QARs this quarter and all passed.
- PDR Staff Interview Field Review Reliability was completed with five QARs this quarter and all passed.
- Personal Supports File Review Reliability was completed with 28 QARs this quarter and all passed.

Internal Training

Informal training is often provided during bi-weekly conference calls with all staff. Topics for training are generated from review activities, AHCA and APD clarifications, and reliability activities. Corporate training may also be made available during these meetings on various topics. During the quarter, a training session was provided by Elizabeth Cooper, RN, on infection control practices in home and community settings.

Training Provided

No external training was provided by Delmarva this quarter. Trainings through CourseAvenue continue to be available to all stakeholders. These topics include:

- Desk Review
- Empowering Families
- Ethical Issues in Providing Support and Services
- Introduction to Implementation Planning
- Medication Highway

- Medication Review
- Preventive Health Screening
- Protecting Individual Rights
- Quality Enhancement Planning
- Recognizing and Reporting Abuse
- Rights Education Handout (English and Spanish).

Regional Quarterly Meetings

Delmarva facilitates meetings in each APD Region with the Delmarva Regional Manager(s) responsible for the review activities and staff in the Region and other APD Regional personnel, including the Regional Administrator as possible. The purpose of the meetings is to discuss and interpret data from the Delmarva reviews to guide APD toward appropriate remediation activities, and to update all entities on current activities in the Region. Representatives from AHCA and APD State office may attend the meetings via phone in each Region. Face to face meetings were held in all APD Regions this quarter.¹

Quality Council (QC)

The QC meeting was held on November 3, 2016.² This was rescheduled from October 6, 2016, due to a hurricane in the state. Following a summary of the previous meeting, the members were given updates from AHCA and APD as well as an overview of the Delmarva Review and NCI Adult Consumer data. Group discussion was facilitated by HSRI on “Acting on the Data” and Steve Coleman provided an in-depth review of Behavioral Health services and requirements. Rhonda Sloan from APD gave a presentation updating council members on CDC+. The next meeting is scheduled for March 22, 2017, in Tallahassee.

Abuse, Neglect, Exploitation (ANE) Verified by Department of Children and Families (DCF)

Verified ANE reports are provided to the Agency for Persons with Disabilities (APD) by DCF. A verified report means an allegation of ANE was reported, formally investigated, verified, and closed by DCF. Effective February 2016, these reports are provided to Delmarva. As per APD’s request, the PDR reports issued by the Delmarva Foundation began including the number of verified ANE reports for incidents that occurred over the 12 months previous to the providers’ scheduled PDR. The provider’s overall PDR score is reduced by 10 percentage points for one verified report and 15 percentage points for two or more verified reports. If a verified ANE report is received for a

¹ Minutes for each meeting are on the FSQAP Portal Client Site and available to AHCA and APD (<http://www.dfmc-florida.org/Public2/qualityCouncil/archive.html>).

² The agenda and minutes from the QC meeting are available at <http://www.dfmc-florida.org/Public2/qualityCouncil/archive.html>.

deemed provider, the provider will be added to the PDR schedule. During 2016, 37 alerts were reported to Delmarva in conjunction with 28 scheduled PDRs:

# of Providers	# of ANE Reported	Total ANE
22	1	22
3	2	6
3	3	9
28		37

Feedback Surveys

National Core Indicator (NCI) Consumer Survey Feedback Survey

After each individual NCI interview, Delmarva provides the individual with a feedback survey. The individual is encouraged to complete the feedback survey, which is mailed directly to Human Services Research Institute (HSRI). During the 2016 contract year, 163 surveys were returned to HSRI.³ Although results are generally based on a small return rate, they have remained positive and consistent over the years. Current feedback indicates the following:

- 84.0 percent of respondents indicated the individual had participated in answering the Adult Consumer Survey.
- 65.6 percent of respondents indicated an advocate, relative or guardian participated in the Consumer Survey.
- 50 feedback forms (30.7%) were completed by the person receiving services, with 61.3 percent completed by an advocate, relative or guardian, and 20.2 percent by a staff member where the person lives or receives services.
- 112 (68.7%) respondents indicated the NCI interviews took place in the home.
- 132 respondents (81.5%) indicated the individual chose where to meet for the survey interview. However, 23 respondents (14.2%) indicated they did not choose where to meet for the survey.
- All but two respondent (98.8%, N=162) felt the interview was scheduled at a convenient time, and most (91.3%) respondents felt it took about the right amount of time.
- Most respondents (88.9%) thought the questions were not difficult to answer and 87.6 percent indicated the interviewer explained the person did not have to answer the questions.
- All but one respondent felt the interviewer was respectful.
- 96.9 percent of respondents indicated the interviewer explained what the survey was about.

³ N sizes listed with the results indicate when the total number of responses was less than 163.

Provider Feedback Survey

After each PDR, providers are given the opportunity to offer feedback to Delmarva about the review process and professionalism of the reviewer(s). Providers are given a survey they can complete and mail/fax to Delmarva, or surveys can be completed online on the FSQAP website. Between January and September 2016, 160 surveys were received from providers who had participated in a PDR. On average, 98.3 percent of responses were positive (1,235/1,256).

Table 1: Results from Provider Feedback Surveys			
Reviews Completed January thru December 2016			
Question	# Yes	# No	#NA
Did the Quality Assurance Reviewer (QAR) identify documents needed to complete the review?	158	2	0
Did the QAR explain the purpose of the review?	157	2	1
Did the QAR explain the review process and how the QAR or Delmarva team would conduct the review?	157	1	2
Did the QAR answer any questions you had in preparation for the review?	156	2	2
Did the QAR refer you to the FSQAP website, including the tools and procedures?	150	6	4
Did the QAR arrive at the review at the scheduled time?	156	3	1
If no, did the QAR call to notify you he/she might be a little late? (N=2)	3	0	157
Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving?	157	3	0
If you scored Not Met on any of the standards, did the QAR explain why?	141	2	17
Total Responses	1,235	21	184

Summary of Customer Service Calls

During the last quarter of the seventh contract year, October - December 2016, 244 calls were recorded in the Customer Service Log, with an average response time of one day for each call.⁴

Data Availability

- Production reports are available for download at any time, available on the private section (required member login) of the FSQAP website.
- The Results by Service Real Time Data Report is available on the private section (required member login) of the site.

⁴ The list of topics and number of calls per topic are presented in Attachment 1.

Miscellaneous

All new hires complete all activities on the Quality Assurance Reviewer Orientation and Training Checklist before conducting field reviews. Beth Stratigeas, Customer Service, left Delmarva December 30, 2016. We are actively recruiting her replacement. The Customer Service position will require someone who speaks both English and Spanish fluently. Avril Wilson retired December 31, 2016.

Post interview questions were added to the PDR Individual and Staff interview tools effective October 1, 2016.

Section II: Data from Review Activities

Person Centered Reviews (PCR)⁵

The PCR includes an interview with the person, an interview with the Support Coordinator and a review of the person’s record maintained by the support coordinator. Four key areas are measured within each PCR process: Person Centered Supports (PCS), Community Involvement (CI), Health and Safety. The new tools and processes implemented in January 2015 for the PCR were initially designed to have a focus on how well the Support Coordinator uses person centered practices to support the person to achieve outcomes, as desired. However, during the third quarter of 2015, the focus of the individual interview was changed to include the person’s perspective on how well all services are provided and the total quality of life for the person.

Information in Table 2 provides the number of PCRs completed by APD Region for the contract year, January – December 2016, including the number of CDC+ participants (226), the number of waiver participants (987), and the total number of individuals who declined. The time period for declines is based upon the projected time period for the review. The decline rate was approximately 20.9 percent for waiver participants and 15.0 percent for CDC+.

Table 2: Person Centered Review Activity				
January – December 2016				
Region	Number of PCRs		Number of Declines	
	Waiver	CDC+	Waiver	CDC+
Northwest	82	28	22	8
Northeast	161	33	39	5
Central	187	55	55	12
Suncoast	212	40	68	8
Southeast	195	38	50	6
Southern	150	32	27	1
Total	987	226	261	40

Individuals are free to decline to be interviewed at any time during the process. An individual who declines, or may be otherwise unable to participate, is replaced by another individual from the oversample to ensure an adequate and representative sample is used for analysis. Reasons given for the declines are shown in Table 3. When an individual declines, the reviewer calls the person to

⁵ All review tools are posted on the FSQAP website (<http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>).

verify the decision. This affords the person an opportunity to ask questions or seek clarification about the PCR process and the person’s potential role in it. It also gives individuals an opportunity to change their minds about participating.

The largest percent of declines was for people who refused to participate, 49.5 percent. This rate was slightly higher for Waiver (50.2%) than for CDC+ (45.0%) participants. An additional 68 (22.6%) declines were because the person no longer received services (N=39), had passed away (N=19), or had moved out of the state (N=10). Approximately 28 percent of individuals indicated a preference to participate next year.

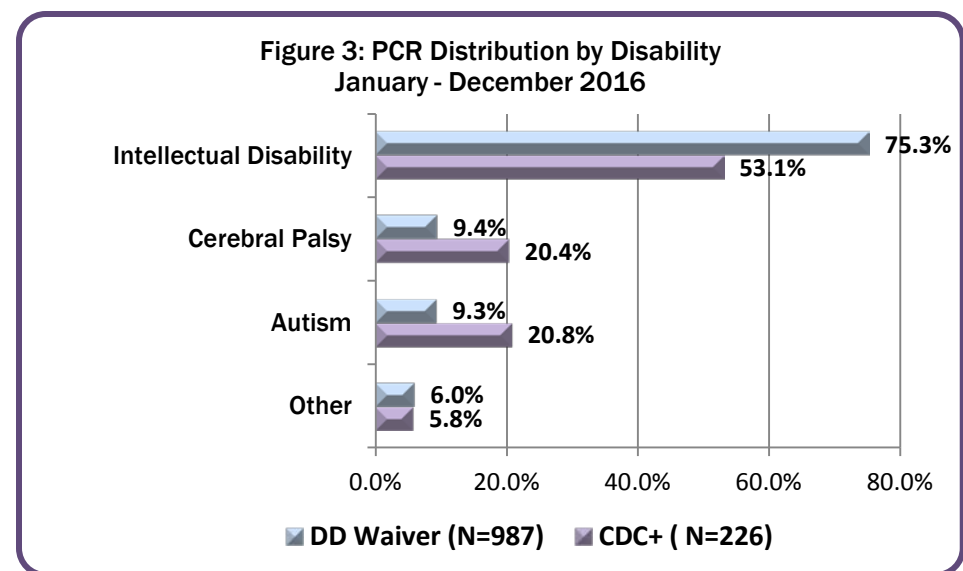
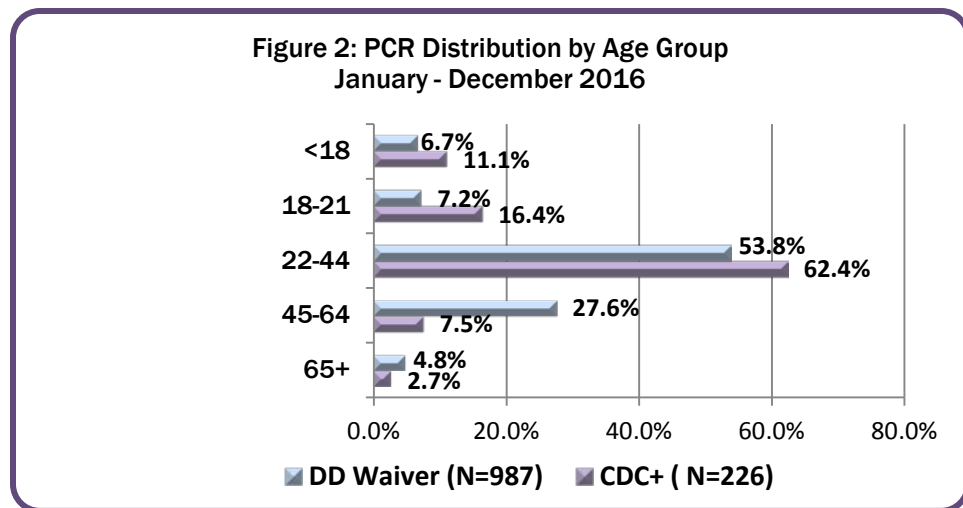
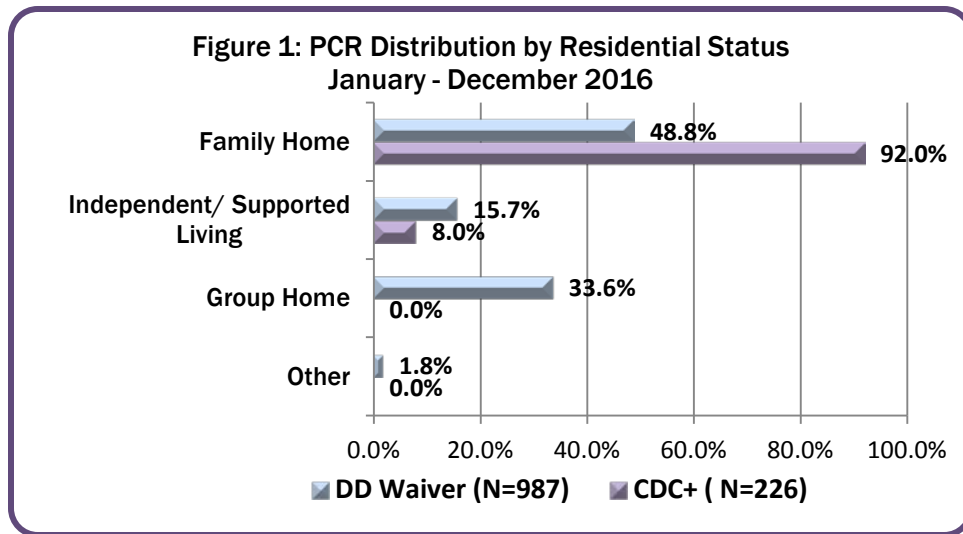
Table 3: Person Centered Review Decline Reasons			
January – December 2016			
Decline Reason	Waiver	CDC+	Total
Refused	131	18	149
Review Next Year	71	13	84
No Longer Receiving Services	32	7	39
Deceased	18	1	19
Moved Out of State	9	1	10
Total	261	40	301

Demographics

The following series of figures shows the distribution of the PCR sample across Residential Setting, Age Groups and Primary Disability.⁶

- Almost all CDC+ participants live in the family home (92.0%), compared to just under half of DD Waiver participants (48.8%).
- CDC+ participants are more likely to be younger than DD Waiver participants.
- DD Waiver participants are much more likely to have an intellectual disability as their primary disability than CDC+ participants, 75.3 percent and 53.1 percent respectively.
- Approximately 41 percent of CDC+ participants have Cerebral Palsy or Autism as a primary disability compared to about 19 percent of Waiver participants.

⁶ The Other category for Residential Status for the DD Waiver includes Assisted Living Facilities (14) and Foster Care (4). The Other Disability category includes Spina Bifida (11), Down Syndrome (15), and Other (33). The Other category for CDC+ Disability is Spina Bifida (2), Down Syndrome (5) and Other (6).



PCR Individual Interview (II)

Each individual who participates in a PCR receives a face-to-face interview that includes the National Core Indicator (NCI) Adult Consumer Survey and the PCR II.⁷ The PCR II consists of seven standards (four related to Community), each composed of a various number of indicators/questions. Up to 68 indicators are scored. Indicators addressing key areas such as rights and choice are embedded in and specific to each standard. The standards and number of indicators used to measure them (in parentheses) are as follows:

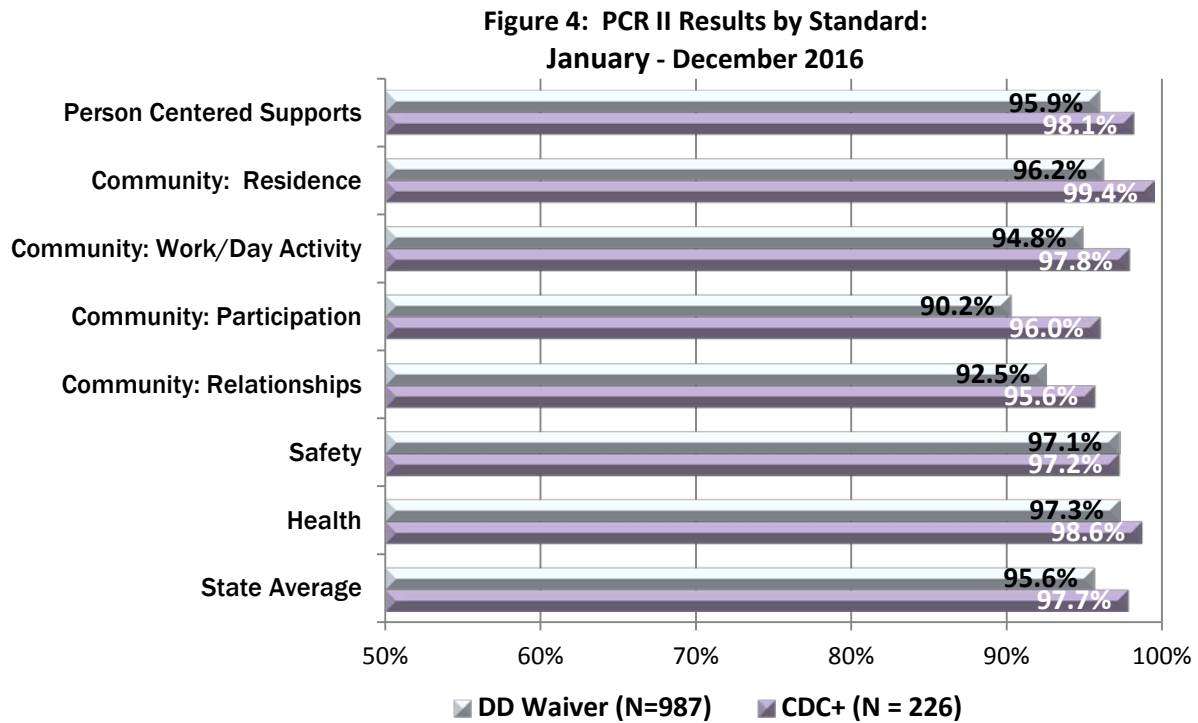
1. Person Centered Supports (27): Individual's needs are identified and met through person centered practices
2. Community: Individuals have opportunities for integration in all aspects of their lives including where they live (majority of findings apply to individuals in Supported Living and licensed settings) (9) (Residence)
3. Community: Individuals have opportunities for integration in all aspects of their lives including where they work (majority of findings apply to individuals receiving LSD 1, 2 or 3, or Personal Supports if used as a meaningful day activity) (4) (Work)
4. Community: Individuals have opportunities for integration in all aspects of their lives including access to community services and activities (5) (Access)
5. Community: Individuals have opportunities for integration in all aspects of their lives including opportunities for new relationships (4) (Relationships)
6. Individuals are safe (12)
7. Individuals are in best possible health (7)

The CDC+ program provides individuals with flexibility and opportunities not offered to individuals on the Developmental Disabilities (DD) waiver, such as the ability to hire/fire providers, use non-waiver providers who are often family members, and negotiate provider rates. A non-paid representative helps with the financial/business aspect of the program and a CDC+ Consultant acts as a service coordinator. CDC+ Consultants must also be certified as Waiver Support Coordinators. Because of these basic differences, results for CDC+ participants are analyzed separately.

PCR Individual Interview (II) by Standard

The average PCR II score for each standard is presented in Figure 4, for DD Waiver and CDC+ Participants. Scores on average are high, with CDC+ participants somewhat higher consistently for almost all standards, particularly for Community Participation. DD waiver participants were less likely to have community relationships or participation present than other outcomes.

⁷ Since contract year 2012, children under age 18 have been included in the PCR sample. Because the NCI Consumer survey is only valid for adults, children do not participate in the NCI portion of the PCR process.



Of the 68 different indicators used to measure standards for the PCR II, for the DD Waiver, three showed a score of less than 90 percent, all related to social role development and friendships.

Low Scoring DD Waiver Indicators: PCR II

Person is provided education/information about social roles in the community (81.2%; N=955).

Person's preferences concerning social roles in the community are addressed (87.5%; N=945).

Person has had more than only limited opportunities to develop new friendships/relationships (86.8%; N=972)

One standard for CDC+ participants showed a score of less than 90 percent, related to the opportunities provided to develop friendships.

Low Scoring CDC+ Indicators: PCR II

Person has had more than only limited opportunities to develop new friendships/relationships (88.1%; N=219)

PCR II by Region

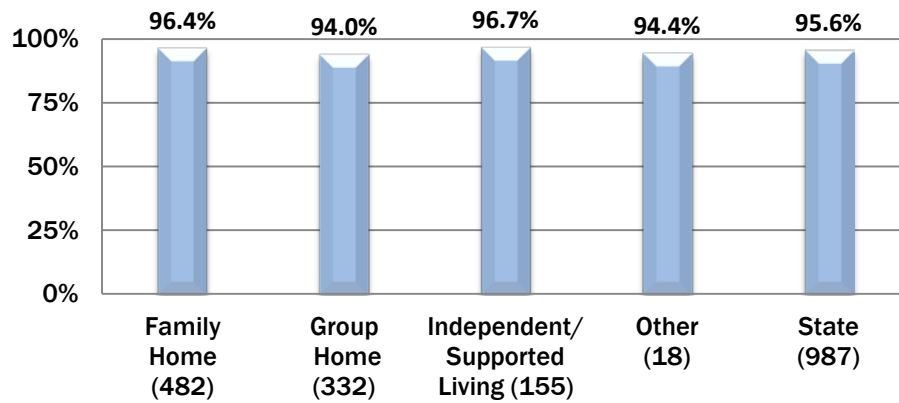
The average PCR II scores for the 987 individuals on the DD waiver and 226 individuals participating in CDC+ are presented in Table 3, for each region and statewide. The number completed in each region for CDC+ participants was relatively small and comparisons across regions should be made with caution. For Waiver Participants, PCR II results range from 93.8 percent in the Central Region to 97.0 percent in Suncoast. CDC+ results range from 96.0 percent in the Southern Region to 99.0 percent in the Southeast.

Table 4: PCR II Results by Region				
January – December 2016				
	Waiver		CDC+	
Region	#	% Met	#	% Met
Northwest	82	96.3%	28	98.2%
Northeast	161	96.8%	33	97.7%
Central	187	93.8%	55	97.4%
Suncoast	212	97.0%	40	98.1%
Southeast	195	95.3%	38	99.0%
Southern	150	94.5%	32	96.0%
State	987	95.6%	226	97.7%

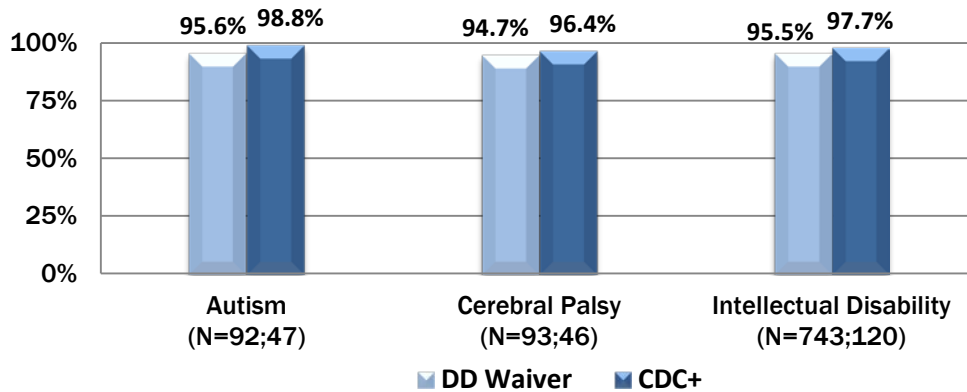
PCR II by Residential Status, Disability and Age

The following three figures display PCR II results by residential status, disability and age group (Figures 5 – 7). CDC+ results by Residential Status are not shown in this report as almost all the individuals live in a family home. CDC+ results are not shown for the six individuals age 65 or over. Results indicate very little variation across demographic categories.

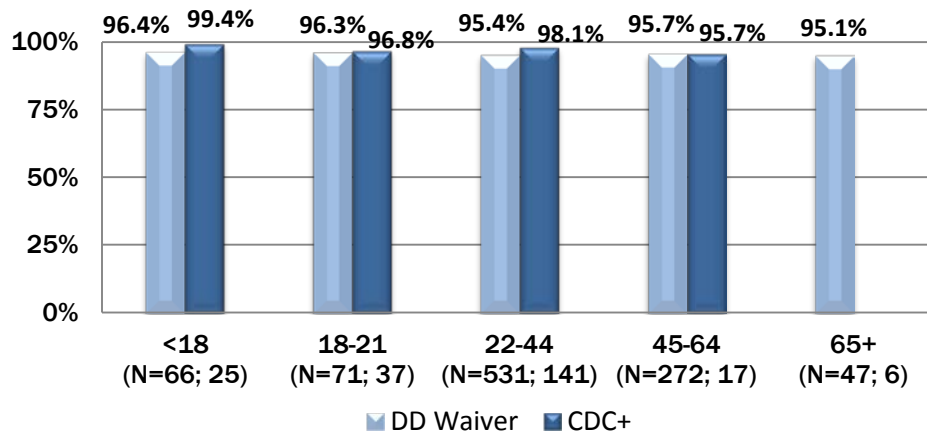
**Figure 5: PCR II Percent Met by Residential Status
DD Waiver
January - December 2016**



**Figure 6: PCR II by Disability and Waiver Type
January - December 2016**



**Figure 7: PCR II by Age Group and Waiver Type
January - December 2016**

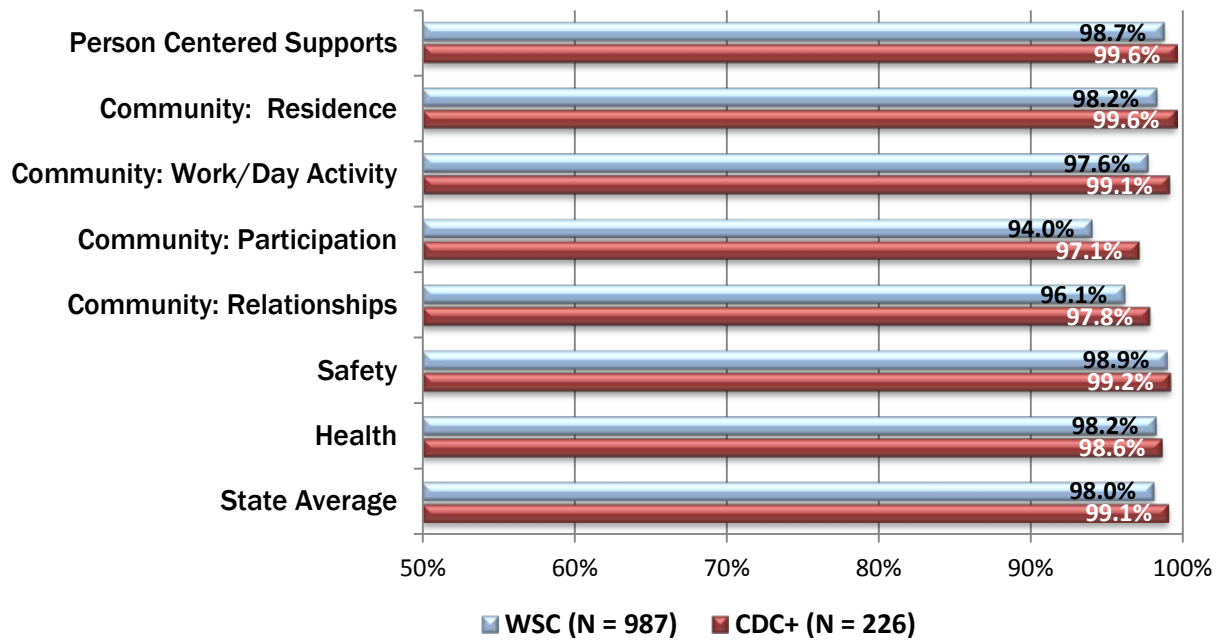


PCR Waiver Support Coordinator (WSC) Interview⁸

The PCR includes an interview with the WSC or CDC+ Consultant (CDC+ C) who is supporting the person at the time of the review. The standards are the same as described for the PCR Interview. However, the focus of the indicators is from the perspective of the WSC/CDC+ C. For example, how well does the WSC support the person to achieve person centered planning or community integration?

WSC and CDC+ C Interview results are shown by Standard in Figure 8 and by Region in Table 5. Interview scores are very high for both CDC+ and Waiver participants 99.1 percent and 98.0 percent respectively. WSCs appear to be scoring somewhat lower in Community Participation than in other areas. There is little variation across regions.

**Figure 8 : WSC/CDC+ Consultant Interview Results by Standard
January - December 2016**



⁸ Some standards in the PCR and PDR record reviews are weighted for calculating the overall provider’s score. For example, standards measuring health and safety items are generally more important and therefore weigh heavier when calculating the provider’s score. In this report, unless otherwise noted, unweighted results are shown. This provides an accurate reflection of the number and percent of providers who have the standards scored as Met.

Table 5: WSC and CDC+ C Interview Results by Region				
January - December 2016				
	WSC		CDC+	
Region	#	% Met	#	% Met
Northwest	82	97.8%	28	99.0%
Northeast	161	98.2%	33	99.3%
Central	187	96.7%	55	98.7%
Suncoast	212	98.9%	40	99.3%
Southeast	195	99.1%	38	99.4%
Southern	150	96.9%	32	98.8%
State Average	987	98.0%	226	99.1%

Of the 52 different indicators used to measure standards for the WSC/CDC+ Interview, only one showed a score of less than 90 percent, which was for the WSCs:

Support Coordinator provides education/information to the person about social roles in the community (86.6%)

PCR Waiver Support Coordinator and CDC+ Consultant Record Reviews

During the PCR the records maintained by the WSC or CDC+ consultant working for the person are reviewed. Compliance rates are presented by Region in Table 6 for Consultants and WSCs, and by Standard for WSCs in Table 7 and CDC+ Consultants in Table 8.

Because the number of CDC+ reviews in each region is relatively small, comparisons between WSCs and Consultants across regions should be made with caution. To date, findings indicate:

- Both WSCs and Consultants score high on the record reviews, with 94.6 percent and 97.4 percent of standards met respectively.
- Both scored below 90 percent for indicating the Annual Report was in the record, 86.6 percent and 87.0 percent respectively; and for assisting the person to define and report abuse, neglect and exploitation, 87.7 percent and 88.5 percent respectively.
- WSCs also scored below 90 percent in ensuring services are delivered in accordance with the Support Plan (86.9%) and in demonstrating pre-Support Plan planning activities were conducted (82.6%). The latter being the lowest scoring indicator for the WSC record review results.

- CDC+ Consultants also scored below 90 percent initiating corrective action when warranted (88.9%) and ensuring the signed Corrective Action Plan was in the record (85.7%).

**Table 6: PCR WSC and CDC+ Record Review Results by Region
January – December 2016**

Region	Waiver Support Coordinator		CDC+ Consultant	
	# of Reviews	Percent Met	# of Reviews	Percent Met
Northwest	82	96.4%	28	98.9%
Northeast	161	94.6%	33	95.2%
Central	187	92.3%	55	96.2%
Suncoast	212	94.1%	40	97.9%
Southeast	195	96.2%	38	97.8%
Southern	150	94.9%	32	99.1%
State	987	94.6%	226	97.4%

**Table 7: WSC Record Review Results by Standard
January – December 2016**

Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	985	94.8%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	982	95.0%
Level of care is completed accurately using the correct instrument/form.	987	92.9%
Person receiving services is given a choice of waiver services or institutional care at least annually.	985	96.7%
The Support Plan is updated within 12 months of the person's last Support Plan.	966	99.2%
The current Annual Report is in the record.	961	86.6%
The Support Plan is updated/revised when warranted by changes in the needs of the person.	492	97.0%
WSC documents a copy of the Support Plan is provided to the person or legal representative within 10 days of the Support Plan effective date.	979	96.1%
WSC documentation demonstrates a copy of the Support Plan is provided to all service providers within 30 calendar days of the Support Plan effective date.	957	90.9%
Support Plan includes supports and services consistent with assessed needs.	971	99.2%

Table 7: WSC Record Review Results by Standard		
January – December 2016		
Standard	Number Reviewed	Percent Met
Support Plan reflects support and services necessary to address assessed risks.	940	98.6%
Support Plan includes a current Safety Plan.	36	97.2%
Support Plan reflects the personal goals/outcomes of the person.	983	98.5%
The current Support Plan includes natural, generic, community and paid supports for the person.	983	98.2%
WSC documentation demonstrates current, accurate, and approved Service Authorizations are issued to service provider(s).	981	96.3%
The Support Coordinator documents efforts to ensure services are delivered in accordance with the service plan, including type, scope, amount, duration, and frequency specified in the Cost Plan.	966	86.9%
The Support Coordinator is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	984	99.9%
The Support Coordinator bills for services only after service is rendered.	985	95.7%
The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted.	702	82.6%
The Support Coordination Progress Notes demonstrate required monthly contact/activities were completed and are in the record.	986	94.4%
For individuals in supported living arrangements Progress Notes demonstrate required activities are covered during each quarterly home visit.	146	91.1%
For persons living in Supported Living Arrangements the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider.	134	97.0%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis.	980	95.4%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing among waiver service providers on an ongoing basis.	981	95.4%
The Support Coordinator documents efforts to assist the person/legal representative to know about rights on an ongoing basis.	985	95.6%
The Support Coordinator documents efforts to ensure the person's health and health care needs are addressed on an ongoing basis.	986	95.6%
The Support Coordinator documents efforts to ensure person's safety needs are addressed on an ongoing basis.	981	95.7%
The Support Coordinator has a method in place to document information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis.	852	91.2%
The Support Coordinator documents efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents on an ongoing basis.	984	87.7%
Average WSC Record Review Score	24,840	94.6%

Table 8: CDC+ Consultant Results by Standard January – December 2016		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	226	98.2%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	225	97.8%
Level of care is completed accurately using the correct instrument/form.	226	95.6%
Person receiving services is given a choice of waiver services or institutional care at least annually.	226	98.2%
The Support Plan is updated within 12 months of the person's last Support Plan.	224	99.6%
The current Annual Report is in the record.	223	87.0%
The Support Plan is updated/revised when warranted by changes in the needs.	91	98.9%
Consultant documents the Support Plan is provided to the person or the legal representative, within 10 days of the Support Plan effective date.	223	100.0%
Consultant documentation demonstrates a copy of the Support Plan is provided to all service providers within 30 calendar days of the Support Plan effective date. ⁹	167	97.0%
Support Plan includes supports and services consistent with assessed needs.	220	99.5%
Support Plan reflects support and services necessary to address assessed risks.	212	99.5%
Support Plan includes a current Safety Plan.	6	100.0%
Support Plan reflects the personal goals of the person.	225	99.6%
The current Support Plan includes natural, generic, community and paid supports for the person.	224	99.6%
Services are delivered in accordance with the Cost Plan.	226	100.0%
The Consultant is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	225	100.0%
The Consultant bills for services only after service is rendered	226	99.1%
Participant Monthly Review forms & Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	226	98.7%
The Consultant documents efforts to assist the person/legal representative to know about rights on an ongoing basis.	226	96.0%
The Consultant documents efforts to ensure the person's health and health care needs are addressed on an ongoing basis.	226	93.8%
The Consultant documents efforts to ensure the person's safety needs are addressed on an ongoing basis.	226	94.7%

⁹ Effective 11/02/2016, the standard "Consultant documentation demonstrates a copy of the Support Plan is provided to all service providers within 30 calendar days of the Support Plan effective date." was replaced by "Consultant documentation demonstrates a copy of the Support Plan is provided to the CDC+ Representative within 30 calendar days of the Support Plan effective date," shown as the last indicator on this table.

Table 8: CDC+ Consultant Results by Standard January – December 2016		
Standard	Number Reviewed	Percent Met
The Consultant has a method in place to document information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis.	185	93.5%
The Consultant documents efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents on an ongoing basis.	226	88.5%
Completed/signed Participant-Consultant Agreement is in the record.	226	98.2%
Completed/signed CDC+ Consent Form is in the record.	226	98.7%
Completed/signed Participant-Representative Agreement is in the record.	225	99.6%
All applicable completed/signed Purchasing Plans are in the record.	226	97.3%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	225	98.2%
All applicable completed/signed Quick Updates are in the Record.	89	100.0%
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	100	98.0%
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	206	97.6%
Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	212	99.1%
Consultant has taken action to correct any overspending by the Participant.	17	100.0%
If applicable, Consultant initiates Corrective Action.	9	88.9%
Completed/signed Corrective Action Plan is in the record.	7	85.7%
If applicable, an approved Corrective Action Plan is being followed.	6	100.0%
The Emergency Backup Plan is in the record and is reviewed annually.	222	97.3%
Consultant documentation demonstrates a copy of the Support Plan is provided to the CDC+ Representative within 30 calendar days of the Support Plan effective date.*	9	100.0%
Average PCR CDC+ Consultant Score	6,715	97.4%

CDC+ Representative (CDC-R)

CDC+ participants have a Representative (the participant is sometimes also the Representative), who helps with the “business” aspect of the program: such as hiring providers, completing and submitting timesheets, and paying providers. This is a non-paid position and is most often filled by a family member. Delmarva reviewers monitor the Representative’s records to help determine if the Representative is complying with CDC+ standards and other requirements. Participants may decline to participate in the CDC+ PCR process. However, the Representative for the person still

receives a review. During the 2016 contract year, 449 CDC+ Representatives were reviewed. Results are presented by region in Table 9 and by standard in Table 10.

- On average, Representatives reviewed in 2016 showed 92.5 percent compliance (Percent Met), with 14 of the 19 standards showing scores over 90.0 percent.
- There is little variation across regions, with the Southern Region showing highest compliance (94.4%).
- The lowest scoring standards indicated documentation is most often missing to support background screening compliance and reconciliation of monthly statements, 81.0 percent and 82.8 percent respectively.
- Three other standards, all related to Directly Hired Employees, scored below 90 percent, indicating some issues surrounding timesheets, the employer/employee agreements and signed job descriptions.

Table 9: CDC+ Representative Record Review Results by Region		
January - December 2016		
Region	# of Reviews	Percent Met
Northwest	47	90.8%
Northeast	77	92.4%
Central	97	92.4%
Suncoast	74	92.8%
Southeast	97	92.2%
Southern	57	94.4%
State	449	92.5%

Table 10: CDC+ Representative Results by Standard		
January – December 2016		
Standard	Number Reviewed	Percent Met
Complete and signed Participant/ Representative Agreement is available for review.	445	95.5%
Accurate Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	426	87.8%
Signed and approved Invoices for Vendor Payments are available for review.	241	94.2%

Table 10: CDC+ Representative Results by Standard		
January – December 2016		
Standard	Number Reviewed	Percent Met
Signed and approved receipts/statement of “Goods and Services” for reimbursement items are available for review.	128	96.1%
Complete Employee Packets for all Directly Hired Employees are available for review.	422	93.4%
Complete Vendor Packets for all vendors and independent contractors are available for review.	272	94.9%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	427	89.7%
Signed Employer/Employee Agreement for each Directly Hired Employee (DHE) is available for review.	426	89.9%
All applicable signed and approved Purchasing Plans are available for review.	447	91.3%
Copies of Support Plan(s) are available for entire period of review.	449	95.8%
Copies of approved Cost Plans are available for entire period of review.	449	96.0%
Emergency Backup Plan is complete and available for review.	448	93.8%
Corrective Action Plan (if applicable) is available for review.	21	95.2%
Background screening results for all providers who render direct care are available for review.	441	81.0%
All applicable signed and approved Quick Updates are available for review.	137	97.1%
Monthly Statements are available for review.	445	96.0%
Documentation is available to support the reconciliation of Monthly Statements.	447	82.8%
The Participant obtains services consistent with stated/documentated needs and goals.	446	98.4%
The Participant makes purchases that are consistent with the Purchasing Plan.	421	98.6%
Average CDC+ Representative Score	6,938	92.5%

Health Summary

During the PCR, Delmarva reviewers utilize an extensive Health Summary tool to help determine the individual’s health status in various areas, such as a need for adaptive equipment; if visits have been made to the doctor or dentist; if the person has been hospitalized or been to the emergency room; and type and number of psychotherapeutic drugs the person is taking.

The following tables show the percent of Waiver and CDC+ participants who were taking prescription medications by the number of medications taken (Table 11); for four or more medications taken, and the percent of individuals with health concerns by year (Table 12); and by common health and welfare indicators (Table 13). Findings relative to prescription medications indicate the following:

- Waiver and CDC+ participants were about equally likely to not be taking any prescription medications.
- Almost twice the proportion of Waiver participants was taking seven or more medications compared to CDC+, 7.9 percent and 4.4 percent respectively.
- The proportion of people taking four or more medications for both waiver and CDC+ participant in 2016 was approximately the same as in 2015, but somewhat higher than in 2014.
- CDC+ participants were about equally like to be taking four or more medications across all the regions. However, Waiver participants in the Central and Southern regions were more likely to be taking multiple medications than their counterparts in other regions.

Table 11: Prescription Medications Taken		
January – December 2016		
Number of Medications	Waiver	CDC+
0	16.2%	18.1%
1 - 3	46.3%	54.4%
4 - 6	29.6%	23.0%
7+	7.9%	4.4%
Total N	987	226

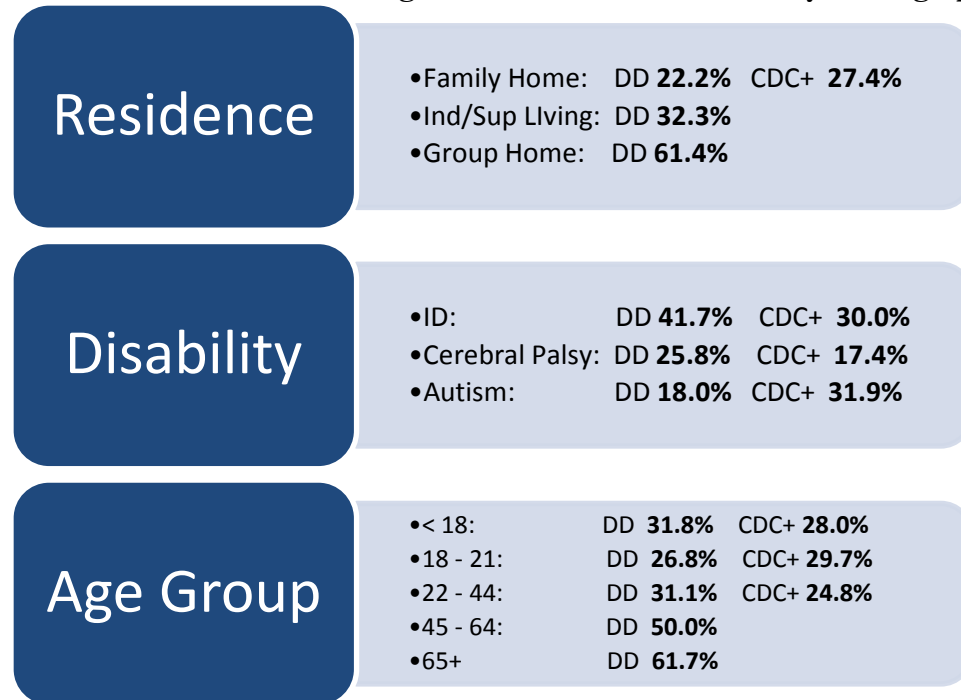
Table 12: Medications and Health Concerns								
	2013		2014		2015		2016	
	Waiver (1,300)	CDC (304)	Waiver (1,047)	CDC (270)	Waiver (1,355)	CDC+ (385)	Waiver (987)	CDC+ (226)
Taking 4 or More Prescription Medications	45.2%	32.9%	28.7%	19.3%	39.3%	26.6%	37.5%	27.4%
Have Health Concerns and Needs are Not Being Met	6.4%	5.6%	2.8%	3.0%	2.6%	1.3%	2.5%	3.1%

Region	DD Waiver		CDC+	
	Number of PCRs	Percent Taking 4+ Meds	Number of PCRs	Percent Taking 4+ Meds
Northwest	82	34.1%	28	35.7%
Northeast	161	34.8%	33	24.2%
Central	187	41.2%	55	25.5%
Suncoast	212	28.3%	40	25.0%
Southeast	195	39.5%	38	28.9%
Southern	150	48.0%	32	28.1%
State	987	37.5%	226	27.4%

Information for people taking four or more medications is shown for different demographic categories in the following graphics. CDC+ results are shown when the number in the category is at least 25. However, caution should be used if making comparisons using these smaller categories, such as for children under age 18 participating in CDC+ (N=25) or young adults age 18 to 21 (n=37). Findings indicate:

- Residents of group homes were much more likely to take four or more medications than residence in other settings.
- CDC+ participants with ID were less likely to take four or more medications than Waiver participants.
- CDC+ participants with Autism were much more likely to take four or more medications than their DD Waiver participants counterparts. However, Waiver participants with ID or Cerebral Palsy were more likely to take multiple medications.
- Elderly Waiver participants, over age 45, were much more likely to take four or more medications than their younger counterparts.

Percent of Individuals Taking Four or More Medications by Demographics



Other health issues indicate the following (Table 13):

- Most individuals with a health concern indicated needs were met, and the proportion of individuals with an unmet health need has decreased since 2013 (Table 12).
- It appears the use of Reactive Strategies has declined since 2013.
- Emergency use by Waiver participants appears to have slowly declined since 2013.
- In 2016, CDC+ participants were more likely to have been admitted to the hospital or been to an emergency room than were individuals on the DD Waiver.

Table 13: Health Summary Questions by Year and Waiver Type								
	2013		2014		2015		2016	
	Waiver (1,300)	CDC (304)	Waiver (1,047)	CDC (270)	Waiver (1,355)	CDC+ (385)	Waiver (987)	CDC+ (226)
In the past 12 months:								
Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation?	2.9%	1.6%	2.6%	0.7%	2.8%	0.3%	2.5%	0.4%
Have Reactive Strategies under 65G-8 been used due to behavioral concerns?	4.1%	1.3%	2.8%	1.5%	2.4%	0.5%	2.7%	0.4%

	2013		2014		2015		2016	
In the past 12 months:	Waiver (1,300)	CDC (304)	Waiver (1,047)	CDC (270)	Waiver (1,355)	CDC+ (385)	Waiver (987)	CDC+ (226)
Have you been admitted to the hospital (In 2015 added if person was baker acted)	13.6%	13.8%	12.9%	14.8%	15.8%	10.9%	12.4%	17.3%
Have you been Baker Acted?	3.1%	1.0%	3.2%	2.2%				
Have you been to an Emergency Room?	24.0%	21.4%	22.3%	21.5%	21.4%	15.3%	18.3%	23.5%
Have you been to an Urgent Care Center?	5.2%	2.6%	3.9%	5.2%	13.1%	10.9%	3.4%	5.3%

Trends 2015 to 2016

Findings from all components of the PCR in 2016 were very similar to findings from the 2015 PCR results. In a few places, the differences were three or more percentage points:¹⁰

- Findings from the Individual Interviews showed a decrease from 2015 to 2016 on two Standards;
 - Community Relationships – down 3.5 points from 96.0 percent to 92.5 percent.
 - Community Participation – down 3.6 points from 93.8 percent to 90.2 percent.
- Waiver Support Coordinator Interview results decreased in the Southeast Region by 3.3 points from 98.5 percent to 95.3 percent.
- Waiver Support Coordinator Record Review results decreased in the Central Region by 3.3 points from 95.6 percent to 92.3 percent.
- CDC Consultant Record Review results increased by 3.3 points in the Southern Region, from 95.8 percent to 99.1 percent.

National Core Indicator (NCI) Adult Consumer Survey Results

The Delmarva PCRs include the NCI Adult Consumer Survey for adults age 18 and over. Data from these are entered directly into the system maintained by HSRI. Questions from the interviews are grouped into six broad Focused Outcome Areas (FOA) deemed critical to achieving optimal outcomes: Person Centered Practices, Choice, Safety, Rights, Community Inclusion and Health. Several questions from the Consumer Survey are used to generate an overall result within each FOA. Results by FOA are shown in the following table. Attachment 2 provides detailed information for questions within each FOA.

¹⁰ Difference of Proportions Test indicates each of these difference is significant at p<.05.

The percent negative includes responses that may have been answered “Yes” but the meaning is negative. For example, if the answer is “Yes” for “The person would like to work somewhere else,” this would be a negative response. These questions are reverse coded and identified with shading in Attachment 2. Findings from 2016 indicate the following:

- A majority of people indicate being in very good to excellent health (71.6%)
- People feel safe (98.3%) – in their homes and neighborhoods, at their work or day program and when being transported
- Choice and Community Integration were least likely to be present for the person, particularly Community Integration with over 32 percent negative responses.
 - People were least likely to choose a housemate, a home or their Support Coordinator, 42.1 percent, 35.3 percent and 27.6 percent negative respectively
 - While most people indicated they had friends and were able to get where they wanted to go, a majority of people went out to eat or for entertainment, to run errands or go shopping only up to four times in the previous month—at most on average once a week. Eleven to 22 percent of people had not done these activities at all.
 - Only 16 percent of individuals had a paid job in the community and fewer than half (45.5%) participated as a member of a community group.
- People in general have a person centered focus in their services (85.7%); however, approximately one quarter indicated they would like to live or work somewhere else.

NCI Adult Consumer Survey Results by Focused Outcome Area				
January - December 2016				
Focused Outcome Area	Applicable Responses	% Negative	% In-Between	% Positive
Person Centered Practices	3,807	7.1%	7.3%	85.7%
Choice	6,821	18.0%	34.0%	48.0%
Safety	6,045	1.4%	0.3%	98.3%
Rights	4,636	8.8%	3.0%	88.2%
Community Inclusion	9,448	32.2%	36.2%	31.5%
		Poor	Good	Very Good/Excellent
Health	1,098	3.4%	25.0%	71.6%

Provider Discovery Reviews (PDR)¹¹

During this contract year, a PDR will be completed for all providers who rendered at least one of the following services through the iBudget HCBS Waiver for six months or more:¹²

- Behavior Analysis
- Behavior Assistant
- Life Skills Development 1 (Companion)
- Life Skills Development 2 (SEC)
- Life Skills Development 3 (ADT)
- Personal Supports
- Residential Habilitation Behavior Focus
- Residential Habilitation Intensive Behavioral
- Residential Habilitation Standard
- Respite
- Special Medical Home Care
- Support Coordination/CDC+ Consultant
- Supported Living Coaching

The PDR consists of up to six different review components: Interviews with individuals receiving services (PDR II), Interviews with staff rendering services (SI), Observations at waiver funded licensed residences and day programs (OBS), Policy and Procedure (P&P), Qualification and Training (Q&T), and Service Specific Record Reviews (SSRR). We provide PDR results separately for WSCs and Service Providers. During the contract year (January – December 2016), 2,149 PDRs were completed by reviewers and approved by Delmarva management; 1,655 Service Providers and 494 WSCs.

PDR Individual and Staff Interviews

Beginning in January 2015, the PDR incorporated an interview with individuals receiving services from the provider and an interview with staff providing services. The staff may or may not be providing services to individuals interviewed but all services are monitored through the interview processes. The purpose of the interviews is to determine from the person's perspective how well services are provided and determine from the staff how well people are being supported in each service. The standards for the PDR Individual Interview are the same as for the PCR II but the

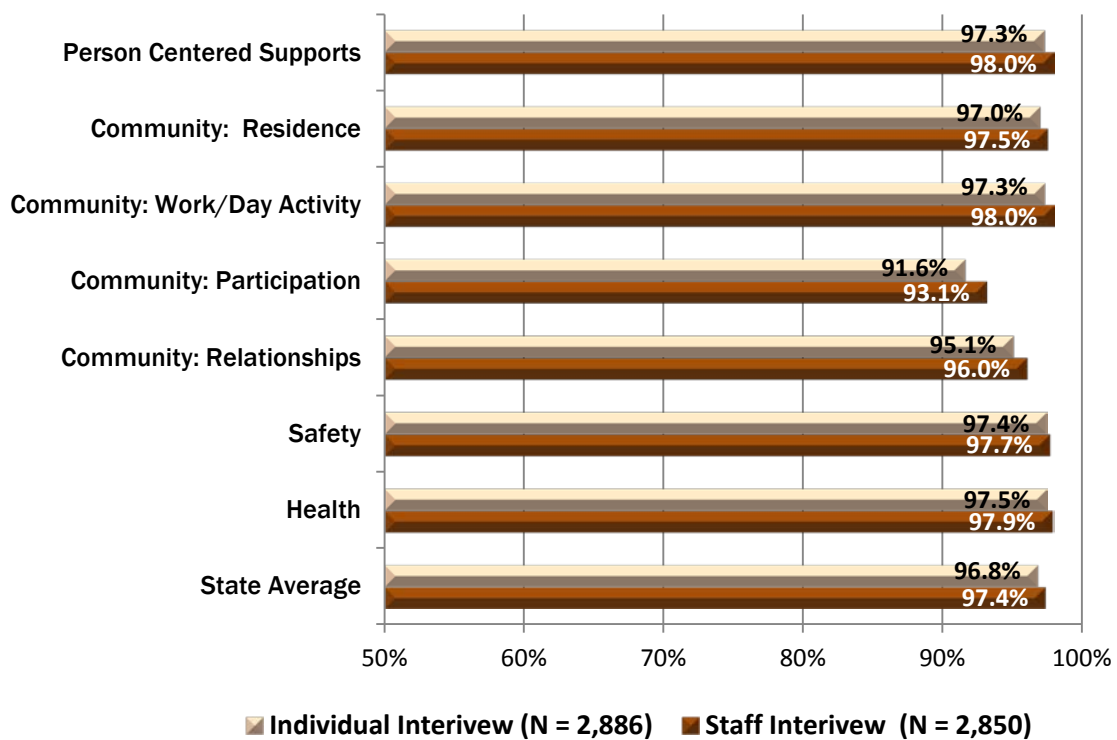
¹¹ All review tools are posted on the FSQAP website <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>.

¹² Deemed providers are permitted to skip one year for the PDR. Deemed is defined as a score of 95% or higher with no alerts or potential billing discrepancies.

focus is specific to the provider participating in the PDR.^{13 14} Figure 9 shows Individual and Staff Interview results by Standard and Table 14 shows the results by region.

- Delmarva completed 2,850 Staff and 2,886 Individual Interviews between January and December 2016.
- There was very little variation across the standards or regions, and little variation between individual and staff responses on each Standard.
- Community Participation was least likely to be present.

**Figure 9: PDR Individual and Staff Interviews
January - December 2016**



¹³ All PCR and PDR tools can be viewed on the DFMC website: <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>

¹⁴ See the PCR Individual Interview Section for a more detailed description of the interview standards.

Table 14: PDR Interview Results by Region				
January - December 2016				
Region	Individual		Staff	
	#	% Met	#	% Met
Northwest	235	98.0%	231	98.4%
Northeast	532	97.4%	512	97.6%
Central	523	96.0%	530	96.3%
Suncoast	565	96.9%	538	98.4%
Southeast	505	96.5%	511	96.2%
Southern	526	96.8%	528	97.8%
State	2,886	96.8%	2,850	97.4%

While scores on the Individual and Staff Interviews through the year have been quite high, three indicators showed results of less than 90 percent, two on the PDR II and one on the Staff Interview. All pertain to social role development, particularly ensuring the person has information about social roles in the community.

Low Scoring PDR II Indicators

Person's preferences concerning social roles in the community are solicited. (89.2%; N=1932).

Person is provided information about social roles in the community. (83.4%; N=1935).

Low Scoring PDR Staff Interview Indicator

Person is provided information about potential social roles in the community. (84.3%; N=2,057).

Observations

Observations by Location: Licensed Residential Facilities and Day Programs

Delmarva reviewers conduct onsite observations of up to 10 licensed residential facilities (LRF) when reviewing providers of Residential Habilitation. For Life Skills Development 3 (LSD 3) facilities (Day Programs), all locations operated by the providers receive an onsite observation.

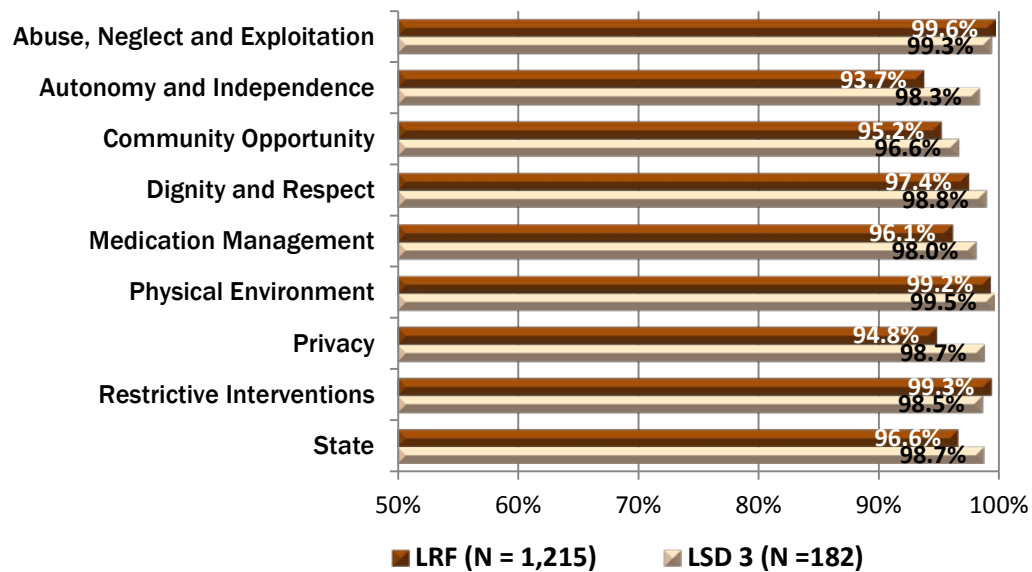
During this portion of the PDR, reviewers observe the physical facility, interactions among staff and individuals, and informally interview staff, residents, and day program participants as needed and as possible.

During 2016, observations were completed at 182 Day Program locations and 1,215 LRF locations. PDR Observation scores are shown by Region and type of location in Table 15. The number of Observations completed at Day Programs is less than 30 in all regions and comparative analysis across regions should be made with caution. LSD 3 scores were slightly higher.

Table 15: PDR Observation Scores by Region and Location				
January – December 2016				
	LSD 3		LRF	
Region	# OBS	% Met	# OBS	% Met
Northwest	23	99.5%	66	97.1%
Northeast	32	99.5%	202	96.5%
Central	35	97.7%	265	95.0%
Suncoast	37	98.6%	240	97.6%
Southeast	20	99.8%	230	96.5%
Southern	35	97.8%	212	97.3%
State	182	98.7%	1,215	96.6%

Observations are shown by Standard and Location Type in Figure 10. To date, scores are generally quite high across all the standards. Autonomy/Independence and Privacy showed the greatest difference between the two different types of location, with LRF scores somewhat lower than for day programs.

**Figure 10: Observation Results by Standard and Location
January - December 2016**



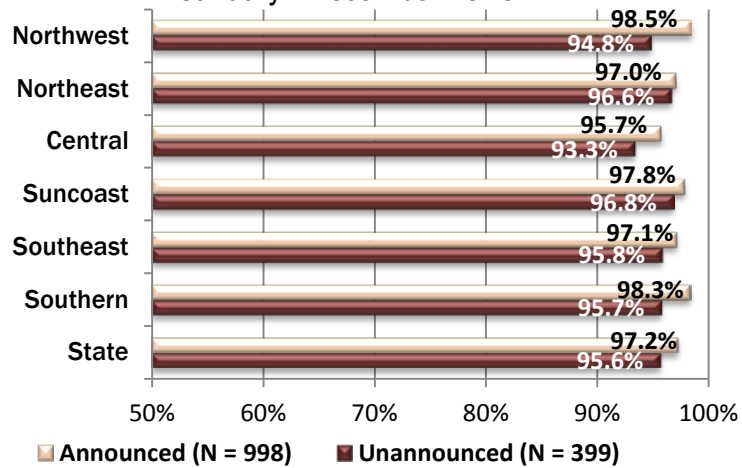
Observations by Type: Announced vs Unannounced

Of the 1,397 Observations, 399 (28.6%) were unannounced observations. While providers knew when the PDR would occur, they did not always know which facilities would be chosen for the Observation and when it would occur. Table 16 shows results by location and Observation Type (Announced vs. Unannounced). Findings for Observation Type by Region are shown in Figure 11 and by Standard in Figure 12. Findings to date indicate:

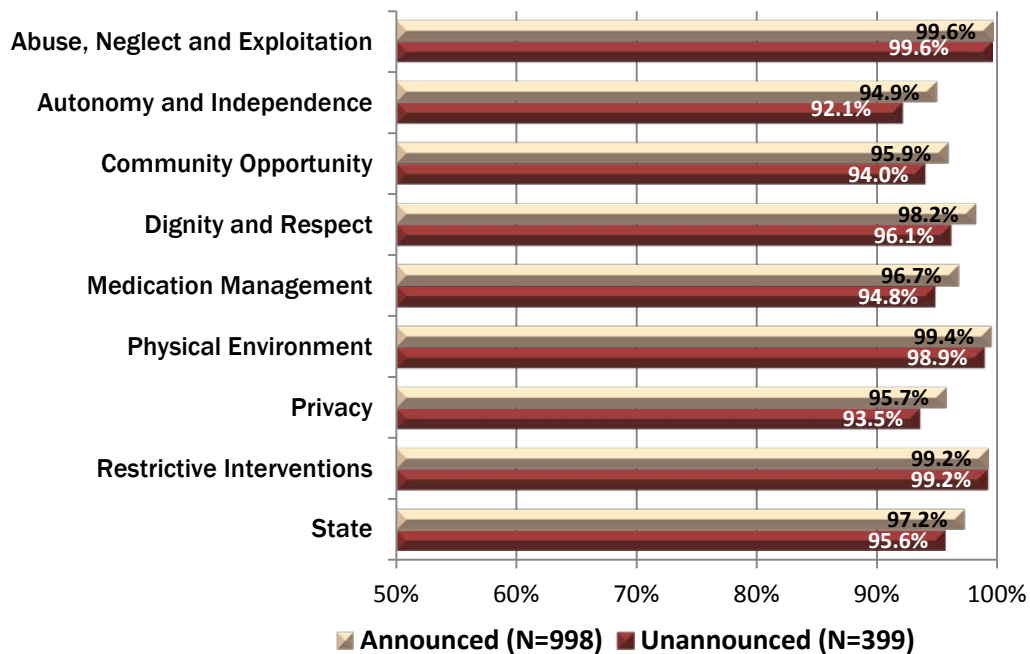
- On average, Unannounced Observations showed somewhat lower scores for LRFs.
- Mostly small differences across regions, with the greatest difference in the Northwest where Unannounced Observations were 3.6 points lower than Announced Observations.
- Differences across standards between Announced and Unannounced Observations are relatively small.

Table 16: Observation Scores by Observation Type and Location Type January – September 2016				
Observation Type	LSD 3		LRF	
	# OBS	% Met	# OBS	% Met
Announced	118	98.7%	880	97.1%
Unannounced	64	98.6%	335	95.2%
Total	182	98.7%	1,215	96.6%

**Figure 11: Announced v. Unannounced Observations
by Region
January - December 2016**



**Figure 12: Observation Results by Standard and Type
January - December 2016**



Observation Results by Indicator

Each LRF is scored on up to 71 different indicators and each day programs is scored on up to 70 indicators. For day programs, 67 of 70 indicators (95.7%) reflected scores of at least 95 percent,

compared to 58 indicators (81.7%) for the LRF Observations. The following indicators showed the lowest scores to date for LRF Observations, lower than 85 percent present:

Low scoring indicators for LRFs

Individuals have a key to their home. (67.3, N=1,139)

Individuals can lock the bedroom door. (84.2%, N=1,170)

Training in the use of public transportation is available and/or facilitated. (84.7%, N=758)

Individuals participate in the development of the 'house rules.' (84.9%, N= 1,168)

Bedroom doors lock. (84.9%, N=1,206)

Low scoring indicator for LSD 3

Training in the use of public transportation is available and/or facilitated. (85.9%, (N=85).

Observation Indicator Differences by Type

There was very little difference, on average, between the Announced and Unannounced Observation scores, 97.2 percent and 95.7 percent respectively. However, data indicate some differences between the two Observation types at the indicator level. The following table lists the indicators for which the score from Announced onsite reviews was four or more points higher than the score from Unannounced onsite reviews. The greatest differences indicate when the observation is not announced in advance, reviewers are less likely to find individuals have a key to their room or are given the opportunity to access and control their own funds.

Observation Indicators: Announced v Unannounced			
January - December 2016			
Indicator Text	Percent Met		Difference
	Announced	Unannounced	
Individuals have a key to their home.	70.5%	59.9%	10.5%
Individuals are afforded the opportunity to have a checking or savings account or other means to have access to and control of funds?	98.2%	90.1%	8.1%
Individuals have a choice in roommates.	96.5%	89.0%	7.5%
Individuals' living areas reflect their interests and hobbies.	91.7%	84.7%	7.1%

Observation Indicators: Announced v Unannounced			
January - December 2016			
Indicator Text	Percent Met		Difference
	Announced	Unannounced	
Training in the use of public transportation is available and/or facilitated.	86.7%	80.5%	6.2%
Individuals can lock the bedroom door.	85.6%	80.7%	4.9%
Individuals can lock the bathroom door.	92.9%	88.0%	4.8%
Individuals can come and go as they please.	96.5%	92.0%	4.5%
Individuals are allowed to decorate their sleeping, living and work (where applicable) space in the way that suits them.	98.3%	94.0%	4.3%
Bedroom doors lock.	86.2%	82.1%	4.1%

Administrative Policies and Procedures

Each agency provider is reviewed to determine compliance with Policies and Procedures (P&P) as dictated in the Florida Medicaid Developmental Disabilities Waiver Services and Limitations Handbook. Each standard is scored as Met, Not Met, or Not Applicable. Results for all P&P Standards reviewed to date this year are shown in Table 17 and indicate a high degree of compliance across most standards for both Service Providers (92.8%) and Support Coordinators (98.2%).¹⁵ Findings by region are presented in Table 18.¹⁶

There is little variation across regions for Support Coordinators. Service Providers in the Northwest, Southern and Southeastern Regions appeared to perform somewhat better than providers in other regions. Support Coordinators scored above 90 percent on all the P&P standards. Service Providers were least likely to have documentation to detail:

- Methods for management and accounting of personal funds (79.5%)
- How compliance with background screening and five-year re-screening is ensured (82.6%)
- Hours and days of operation and the notification process to be used if the provider is unable to provide services for a specific time and day as scheduled (83.5%)

¹⁵ N sizes may vary throughout the report due to missing and/or not applicable data.

¹⁶ Most of the Administrative P&P tool is applied to agency providers. However, some questions may also be asked of solo providers.

Table 17: PDR Policies and Procedures Results by Standard				
January - December 2016				
P&P Standard	Service Providers		WSCs	
	# Reviewed	% Met	# Reviewed	% Met
If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	43	100.0%	1	100.0%
Agency vehicles used for transportation are properly insured.	603	98.8%	NA	NA
Agency vehicles used for transportation are properly registered.	603	97.2%	NA	NA
The provider maintains written policies and procedures with a detailed description of how the provider uses a person-centered approach to identify individually determined goals and promote choice.	1,314	97.4%	116	100.0%
The provider maintains written policies and procedures with a detailed description of how the provider will protect health, safety, and wellbeing of the individuals served.	1,316	97.7%	118	100.0%
The provider maintains written policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening.	1,314	82.6%	117	92.3%
The provider maintains written policies and procedures detailing hours and days of operation and the notification process to be used if the provider is unable to provide services for a specific time and day scheduled.	1,313	83.5%	117	95.7%
The provider maintains written policies and procedures detailing how the provider will ensure the individuals' medications are administered and handled safely.	999	98.2%	36	100.0%
The provider maintains written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider.	1,314	95.1%	117	98.3%
The provider maintains written policies and procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues.	1,317	98.7%	119	100.0%
The provider maintains written policies and procedures, which detail methods for ensuring the person's confidentiality and maintaining and storing records in a secure manner.	1,313	86.7%	118	93.2%
The provider maintains written policies and procedures, which detail the methods for management and accounting of any personal funds, of all individuals in the care of, or receiving services from, the provider.	982	79.5%	19	100.0%
The provider maintains written policies and procedures in compliance with 65G-8.003 (Reactive Strategy Policy and Procedures).	379	96.0%	6	100.0%
The provider addresses all incident reports.	917	98.5%	370	98.4%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	381	98.7%	185	99.5%

Table 17: PDR Policies and Procedures Results by Standard				
January - December 2016				
P&P Standard	Service Providers		WSCs	
	# Reviewed	% Met	# Reviewed	% Met
All instances of abuse, neglect, and exploitation are reported.	270	97.8%	154	98.7%
The provider identifies addresses and reports all medication errors.	293	98.6%	41	100.0%
Average Policies and Procedures	14,671	92.8%	1,634	98.0%

Table 18: Policies and Procedures by Region				
January - December 2016				
Region	Service Providers		WSCs	
	# of Reviews	% Met	# of Reviews	% Met
Northwest	131	93.8%	40	97.9%
Northeast	316	91.7%	85	96.8%
Central	303	90.8%	104	97.3%
Suncoast	315	91.9%	96	97.7%
Southeast	307	95.4%	105	99.4%
Southern	283	94.1%	64	98.7%
State	1,655	92.8%	494	98.0%

Qualifications and Training Requirements

Service Providers, Waiver Support Coordinators and all direct service employees are required to have certain training and education completed in order to render specific services. For each Service Provider and WSC, several employee records are reviewed. During the contract year, of the 1,655 providers and 494 WSCs who participated in a PDR, 4,135 and 662 employee records were reviewed, respectively. A description of each standard scored within the Administrative Qualifications and Training component of the PDR is shown in Table 19 for Service Providers and Table 20 for WSCs. Compliance rates by region are provided in Table 21. Qualifications and Training compliance rates across the standards were quite high, and indicate:¹⁷

- Average compliance for Service Providers was 95.1 percent and 96.6 percent for WSCs.

¹⁷ For some of the standards only a few records were reviewed so comparisons across the standards should be made with caution.

- Service Providers showed lowest compliance in receiving eight hours of annual in-service training (79.5%).
- Service Providers often did not have the required HIPAA training (84.0%).
- WSCs were least likely to have required HIPAA training or to have received 24 hours of annual training in in-service training, 87.6 percent and 89.5 percent respectively.
- Average Q&T rates showed little variation across regions. The greatest difference, approximately three points, was in the Northwest where Service Providers scored somewhat higher than CDC+ Consultants in maintaining all required Q&T documentation.

Table 19: PDR Qualifications and Training Service Provider Results by Standard

January – December 2016 (1,654 PDRs)¹⁸

Standard	Number Reviewed	Percent Met
The provider has completed all aspects of required Level II Background Screening.	4,135	92.5%
The provider received training in Zero Tolerance.	4,134	95.2%
The provider received training in Direct Care Core Competency.	812	96.4%
The provider received training in Direct Care Core Competencies.	71	100.0%
The provider received training in Basic Person Centered Planning.	3,864	93.6%
The provider received training on Individual Choices, Rights and Responsibilities	3,787	94.6%
The provider received training in Requirements for all Waiver Providers	1,670	95.5%
The provider received training in HIPAA.	4,124	84.0%
The provider received training in HIV/AIDS/Infection Control.	4,017	96.2%
The provider maintains current CPR certification.	4,008	97.2%
The provider received training in First Aid.	3,811	97.5%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	1,985	98.1%
The provider maintains current medication administration validation.	1,947	96.8%
The provider received training in an Agency approved curriculum for behavioral emergency procedures consistent with the requirements of the Reactive Strategies rule (65G-8, FAC).	729	97.5%
Drivers of transportation vehicles are licensed to drive vehicles used.	3,107	99.8%
Personal vehicles used for transportation are properly insured.	2,045	96.8%
Personal vehicles used for transportation are properly registered.	2,048	95.8%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	27	100.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	11	100.0%

¹⁸ One PDR did not have a Qualifications and Training section as there were no staff offering services at the time of the PDR.

Table 19: PDR Qualifications and Training Service Provider Results by Standard

January – December 2016 (1,654 PDRs)⁴⁸

Standard	Number Reviewed	Percent Met
The provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	11	100.0%
The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.	57	87.7%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	975	98.7%
The provider completes 4 hours of annual in-service training related to the specific needs of at least one person currently receiving services	71	95.8%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	33	100.0%
The provider has completed standardized, pre-service training for Life Skills Development Level 2.	197	98.5%
The provider completed Introduction to Social Security Work Incentives.	21	95.2%
The provider completes eight hours of annual in-service training related to employment.	32	93.8%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	251	98.8%
The provider completes eight hours of annual in-service training related to the individually tailored services.	22	90.9%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	1,847	97.2%
The provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	168	92.9%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	332	99.1%
The provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	92	100.0%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	56	98.2%
The provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	56	100.0%
The provider completes eight hours of annual in-service training related to behavior analysis and related topics.	24	100.0%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	1	100.0%
The provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	1	100.0%
The provider meets all minimum educational requirements and levels of experience for Respite.	541	98.0%
The provider meets all minimum educational requirements and levels of experience	1	100.0%

Table 19: PDR Qualifications and Training Service Provider Results by Standard		
January – December 2016 (1,654 PDRs)¹⁸		
Standard	Number Reviewed	Percent Met
for Special Medical Home Care.		
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	475	98.3%
The provider completed required Supported Living Pre-Service training.	473	98.3%
The Supported Living Coach completed Introduction to Social Security Work Incentives.	247	99.2%
The provider completes eight hours of annual in-service training.	83	79.5%
The provider received training in Direct Care Core Competency.	3,031	96.2%
The provider received training in Direct Care Core Competencies.	400	96.5%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	142	99.3%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	69	97.1%
The Behavior Assistant provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	66	98.5%
The Life Skills Development 1 provider completes 4 hours of annual in-service training related to the specific needs of at least one person currently receiving services	406	88.7%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	165	98.2%
The Life Skills Development 2 provider completed Introduction to Social Security Work Incentives.	130	99.2%
The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment.	154	87.0%
The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services.	195	90.3%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	1,147	97.4%
The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	575	87.0%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	288	99.0%
The Residential Habilitation - Behavior Focus provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	284	97.5%
The Residential Habilitation - Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.	203	95.1%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	31	96.8%
The Residential Habilitation - Intensive Behavior provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	30	100.0%

Table 19: PDR Qualifications and Training Service Provider Results by Standard		
January – December 2016 (1,654 PDRs) ¹⁸		
Standard	Number Reviewed	Percent Met
The Supported Living Coach provider completes eight hours of annual in-service training.	360	86.4%
The Personal Support provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	753	87.0%
The Residential Habilitation - Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics.	26	100.0%
Average Service Provider Q&T Score	60,854	95.1%

Table 20: PDR Qualifications and Training WSC Results by Standard		
January - December 2016 (494 PDRs)		
Q&T Standard	Number Reviewed	Percent Met
The provider has completed all aspects of required Level II Background Screening.	662	95.0%
The provider received training in Zero Tolerance.	662	96.2%
The provider received training in Direct Care Core Competency (Competencies).	702	98.4%
The provider received training in Basic Person Centered Planning.	657	95.6%
The provider received training on Individual Choices, Rights and Responsibilities	173	98.3%
The provider received training in Requirements for all Waiver Providers	216	99.5%
The provider received training in HIPAA.	660	87.6%
The provider received training in HIV/AIDS/Infection Control.	513	99.2%
The provider maintains current CPR certification.	366	98.4%
The provider received training in First Aid.	342	98.8%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	2	100.0%
The provider maintains current medication administration validation.	2	100.0%
The provider received training in an Agency approved curriculum for behavioral emergency procedures consistent with the requirements of the Reactive Strategies rule (65G-8, FAC).	5	100.0%
Drivers of transportation vehicles are licensed to drive vehicles used.	70	100.0%
Personal vehicles used for transportation are properly insured.	49	98.0%
Personal vehicles used for transportation are properly registered.	50	92.0%
The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	191	99.5%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	654	99.7%
The Support Coordinator completed required Statewide pre-service training.	660	99.7%

Table 20: PDR Qualifications and Training WSC Results by Standard
January - December 2016 (494 PDRs)

Q&T Standard	Number Reviewed	Percent Met
The Support Coordinator completed required Region Specific training.	657	98.5%
The Support Coordinator completed Introduction to Social Security Work Incentives.	500	99.4%
The Support Coordinator completes 24 hours of job related annual in-service training.	638	89.5%
Average Qualifications and Training (WSC)	8,431	96.6%

Table 21: Qualifications and Training Results by Region
January - December 2016

Region	Service Providers		WSCs	
	Records Reviewed	% Met	Records Reviewed	% Met
Northwest	131	93.9%	40	96.9%
Northeast	315	95.1%	85	95.7%
Central	303	94.5%	104	95.8%
Suncoast	315	95.1%	96	96.3%
Southeast	307	95.3%	105	97.3%
Southern	283	95.8%	64	97.5%
State	1,654	95.1%	494	96.6%

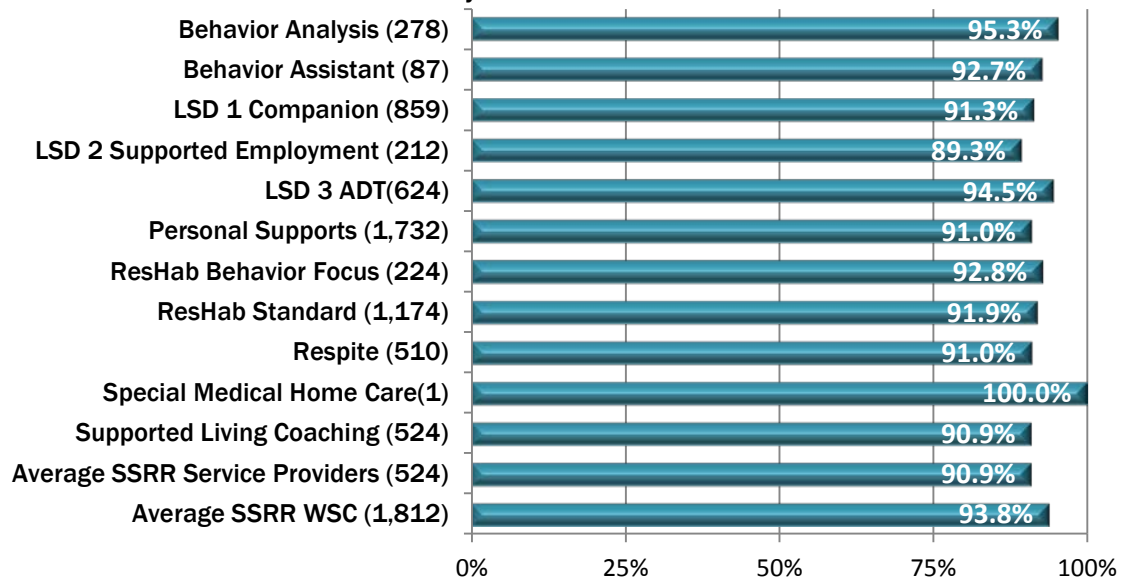
Service Specific Record Review Results (SSRR)

During the PDR, a sample of individuals is used to review records for each service offered by the provider. The number of records reviewed depends upon the size of the organization and the number of services provided. At least one record per service is reviewed, a minimum of 10 records for larger providers (caseload of 200 or more). The SSRR tool includes a review of standards specific to each service. There were 6,259 SSRRs completed in 2016 as part of the 1,655 PDRs for service providers and 1,812 SSRRs completed as part of the 494 WSC PDRs. All WSCs had two records reviewed as part of the PCR. These are included in the WSC PDR and are supplemented with additional unannounced records requested at the time of the review.

SSRR results are presented by service in Figure 13 and by region in Table 22. Because many of the standards have a weight of more than one, for regional comparisons we provide both the weighted score and the percent of standards scored as met, the unweighted score. Data gathered to date indicate:

- On average, providers and WSCs have performed well on Service Specific requirements, approximately 90.9 percent and 93.8 percent met respectively.
- Supported Employment was the only service with a score less than 90 percent.
- There is little variation across regions.

**Figure 13: SSRR Scores by Service
Percent Met
January - December 2016**



**Table 22: PDR Service Specific Record Review Results by Region
January – December 2016**

Region	Service Providers			WSCs		
	# Records Reviewed	Weighted Score	Unweighted Score	# Records Reviewed	Weighted Score	Unweighted Score
Northwest	466	93.0%	93.0%	157	96.1%	96.2%
Northeast	1,108	89.7%	89.2%	296	92.6%	93.3%
Central	1,220	91.4%	91.3%	346	91.7%	92.1%
Suncoast	1,232	92.5%	92.3%	383	93.3%	93.2%
Southeast	1,082	91.9%	91.3%	357	95.6%	95.7%
Southern	1,151	93.0%	92.3%	273	94.9%	94.6%
State	6,259	91.8%	91.4%	1,812	93.8%	94.0%

Summary of PDR Scores by Region

Information in Tables 23 and 24 provides a summary of the average PDR results by region for Service Providers and WSCs respectively. For Support Coordinators, the Announced record reviews are completed as part of a PCR. Unannounced record reviews are requested once the reviewer is onsite and ready to begin the record review process.

Region	PDR Score (N=1,655)	Policy & Procedure (N=1,654)	Qualifications & Training (N=4,135)	SPRR (N=6,259) ¹⁹	Staff Interview (N=2,850)	Individual Interview (N=2,866)	OBS (N= 1,397)
Northwest	93.2%	93.8%	93.9%	93.0%	98.4%	98.0%	97.6%
Northeast	92.2%	91.7%	95.1%	89.7%	97.6%	97.4%	96.8%
Central	91.8%	90.8%	94.5%	91.4%	96.3%	96.0%	95.2%
Suncoast	92.8%	91.9%	95.1%	92.5%	98.4%	96.9%	97.7%
Southeast	92.5%	95.4%	95.3%	91.9%	96.2%	96.5%	96.7%
Southern	93.6%	94.1%	95.8%	93.0%	97.8%	96.8%	97.4%
State	92.6%	92.8%	95.1%	91.8%	97.4%	96.8%	96.8%

Region	WSC Record Reviews				
	PDR Score (N=494)	Policy & Procedure (N=494)	Qualifications & Training (N=662)	Announced (N=991)	Unannounced (N=821)
Northwest	96.5%	97.9%	96.9%	96.3%	95.9%
Northeast	94.5%	96.8%	95.7%	93.9%	91.0%
Central	93.8%	97.3%	95.8%	92.2%	91.2%
Suncoast	94.7%	97.7%	96.3%	94.1%	92.3%
Southeast	96.5%	99.4%	97.3%	96.1%	95.0%
Southern	94.6%	98.7%	97.5%	95.0%	94.8%
State	95.0%	98.0%	96.6%	94.4%	93.1%

¹⁹ The Service Specific Record Review results use the weighted standards to reflect the impact in the score from standards considered more critical to quality, assigned a higher weight. For other tools, standards all have a weight of 1.

Alerts

At any time during a review if a situation is noted that could cause harm to an individual, the reviewer immediately informs the local APD office. The Delmarva reviewer calls the abuse hotline, if appropriate, records an alert, and notifies the local APD Regional and State offices, and AHCA. Alerts can be related to health, safety or rights. In addition, when any provider or employee who has direct contact with individuals does not have all the appropriate background screening documentation on file, an alert is recorded, unless the only reason cited is noncompliance with the Affidavit of Good Moral Conduct.

During the 2016 contract year, 359 alerts were recorded. Approximately 53 percent (N=189) of the alerts was due to a lack of required documentation needed to provide evidence background screening had been completed. An additional 170 alerts were reported as shown in the following table, with 141 related to health, safety, or medication administration/ training.

Table 25: Alerts by Type	
January – December 2016	
Alert Type	Times Cited
Rights	14
Health & Safety	73
Abuse/Neglect/Exploitation	2
Background Screening	189
Medication Administration/Training	68
Driver’s License/Insurance (Employee)	10
Vehicle Insurance (Administrative)	3
Total Alerts	359

Background Screening

When examining background screening results, a varying number of employee records are reviewed to determine compliance with each Q&T standard listed in Tables 19 and 20. The percent met for each is shown, based on the total number of records reviewed. For Background Screening, if any one staff record indicates a lack of any required documentation, the provider is reported as having the standard Not Met. The following information (Table 26) shows the number and percent of Service Providers and WSCs with at least one record showing a lack of compliance on Background Screening.

- Service Providers were less likely to have the BG requirements than were WSCs, 85.5 percent and 93.3 percent respectively.
- Providers in the Northeast were most likely to be in compliance with Background Screening while CDC+ Consultants in the Southeast were most likely to be in compliance with the requirements.

Region	Service Providers		Support Coordinators	
	PDRs	% With BG Screening Met	PDRs	% With BG Screening Met
Northwest	131	83.2%	40	92.5%
Northeast	315	89.5%	85	91.8%
Central	303	84.5%	104	91.3%
Suncoast	315	83.5%	96	91.7%
Southeast	307	84.4%	105	97.1%
Southern	283	86.6%	64	95.3%
Total	1,654	85.5%	494	93.3%

Billing Discrepancy

For each service, several applicable standards related to billing requirements are score by reviewers. If any of the standards are scored Not Met, it is noted on the PDR Report as a potential billing discrepancy. Services with the highest proportion of Billing Discrepancy standards scored Not Met include Behavioral Assistant, LSD 1 and 2, and Personal Supports (Table 27). Within the services, the standards most often missed were related to maintaining accurate and signed service logs or progress notes.

Service	# Reviewed	% Met
Behavior Analysis	278	86.3%
Behavior Assistant	87	77.0%
CDC+ Consultant	222	96.8%
CDC+ Consultant UA	20	95.0%
Life Skills Development 1 (Companion)	859	79.3%
Life Skills Development 2 (SEC)	212	78.8%

Table 27: Billing Discrepancy Standards by Service January - December 2016		
Service	# Reviewed	% Met
Life Skills Development 3 (ADT)	624	90.5%
Personal Supports	1,732	79.3%
Residential Habilitation Behavior Focus	224	90.6%
Residential Habilitation Intensive Behavioral	34	91.2%
Residential Habilitation Standard	1,174	94.6%
Respite	510	80.8%
Special Medical Home Care	0	NA
Support Coordination	991	89.9%
Support Coordination UA	821	87.5%
Supported Living Coaching	524	82.4%
Total	8,312	85.7%

Section III: Discovery

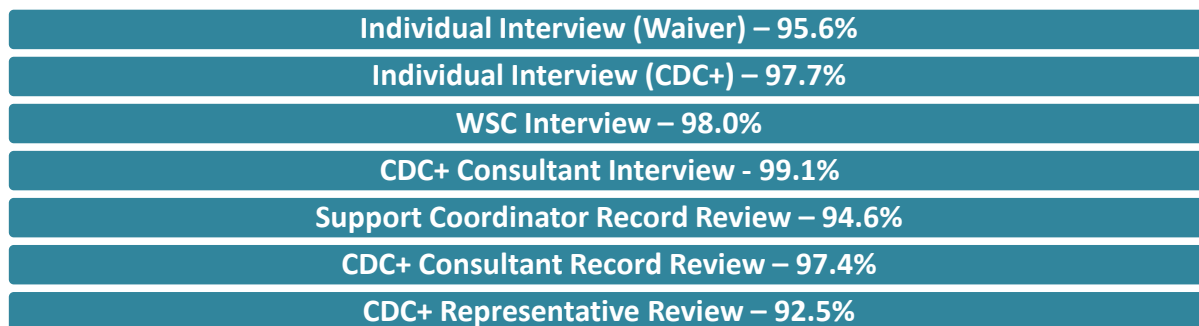
Findings in this report reflect data from PCR and PDR reviews and other contract activity completed during the 2016 contract year. A total of 1,213 PCRs, 1,655 PDRs and 449 CDC+ Representative reviews were completed, approved and available for analysis. Feedback from providers about the reviewer and review processes has been extremely positive. Revisions to the tools in 2015 and again in January 2016 to once again include the billing discrepancies prevent many comparisons over time.

During the fourth quarter of the current contract year, regional managers reviewed all reports before final approval, conducted bi-weekly meetings for all reviewers, and facilitated a quarterly meeting in each region to review data, explore trends, and discuss other relevant regional issues or best practices. Managers and reviewers continue to participate in rigorous field and file review reliability testing, and the bi-weekly conference calls enhance training and reliability efforts through discussion of real situations and review questions. Delmarva facilitated the Quality Council meeting in November and continues to maintain online training modules for providers and families.

Results in this report are based on PCRs and PDRs completed throughout the year with trends to previous years as appropriate. Many findings appear to be consistent with results in previous years. Key findings and trends are discussed in the following sections.

Person Centered Review Results

The PCR is composed of an interview with the person and the person's support coordinator, and a review of the record maintained by the support coordinator for that person. Results for all the PCR components were relatively high, each over 90 percent:



Similar to findings in 2015, areas surrounding community participation appear to be somewhat lower than other standards: from the person's perspective, in both the PCR (90.3%) and PDR

(91.6%) interviews; from the Support Coordinator Interview (94.0%); and the Staff Interview (93/1%). The PCR II also indicated standards measuring relationships in the community are relatively lower than other standards (92.5%). These are important to track because the person's ability to be involved in the community, the same as other individuals who do not have disabilities, is a key component of the CMS settings rule. In addition, these two standards in the PCR II (Community Participation and Relationships) are the only interview standards that showed a small decrease since 2015. Results to date indicate several areas where provision of education is somewhat low, social role preferences are often not solicited and opportunities to gain new social connections may be limited:

- The lowest scoring areas indicate individuals interviewed during the PCR and the PDR are often not provided education or information about social roles in the community, 81.2 percent and 83.4 percent respectively.
- Individuals often feel their preferences concerning social roles in the community are often not addressed (87.5%).
- Information obtained from support coordinators during the interview indicates education and information about community-based social roles is often not provided to individuals (86.6%).
- Staff is often not providing information about potential social roles in the community (84.3%).
- PCR findings indicate individuals have only limited opportunities to develop new friendships or relationships (86.8%).
- Observation findings indicate an essential component in connecting to the community, training in the use of public transportation, is often not offered with approximately 85 percent compliance.
- Findings from NCI surveys indicate choice and community integration are often missing for the person: only 16 percent of individuals have a paid job in the community, up to 22 percent of individuals did not participate in regular community outings such as going shopping or out to eat, and fewer than half participate as a member of a community group.

Recommendation 1: APD should ensure all providers are required to take competency based training (TRAIN system) on understanding and implementing community involvement for individuals. This training should be mandatory for all direct support staff and should be taken within the first 90 days of offering services.

Recommendation 2: For providers to learn about social role development is only part of the process. Findings show providers are often not providing needed education about community-

based social roles to individuals they serve, in ways accessible to each person. The Quality Council could work to develop some templates and processes to help providers and Support Coordinators offer educational programs to individuals.

Recommendation 3: The APD Regional offices may want to work with providers to develop a brief training guide on various types of transportation relevant to each provider's location. APD should consider having providers offer a quarterly "outing" with individuals interested in learning to use the bus, Uber or some other way to get around the community, and include in these outings the options to go out to some other desired activity.

Recommendation 4: The Quality Council should consider working with regional APD offices to develop "Community Action Groups" (CAG) in each APD region to consist of self-advocates and family members as well as other stakeholders as relevant. The CAGs would incorporate community activity such as always meeting in community settings and organizing outings in communities like "walk arounds" to learn more about how to build and strengthen community connections by actually interacting with community stores, groups, and other organizations.

Recommendation 5: Increasing the ability for individuals to work at a paid job in the community is one of the strongest ways to improve the person's capacity to develop social roles and relationships with non-paid friends and acquaintances. The CAGs noted in Recommendation 4 should be used to explore ways to connect individuals not only to community groups and activities but to job opportunities.

Information from the records maintained by the WSCs showed several standards with less than a 90 percent compliance rate. The lowest scoring standards from the WSC record reviews indicate:

- The current Annual Report is often not in the record (86.6%).
- Progress notes do not always demonstrate that pre-Support Plan activities were conducted (82.6%).
- There is not always evidence the WSC documents efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents on an ongoing basis is (87.7%)

Recommendation 6: While incidents of abuse, neglect and exploitation (ANE) within the APD system do not appear to be widespread, it is critical for individuals to learn about ANE, to be able to define and recognize it, and know how to report it. This appears to be another area where education is not always provided. In Recommendation 2 it is suggested the Quality Council help develop templates to assist providers and Support Coordinators to offer educational programs. These

should include ways to help individuals learn to define ANE and how to report any incidents that may occur.

Recommendation 7: It is important to ensure WSCs are including Pre-Support Plan activities when developing plans with the person. APD may want to consider a brief training in each Region on how to document Pre-Support Plan activities in the Progress Notes and the importance of doing so. If findings during the next year do not improve, APD should review the Support Coordinator training requirements and ensure this is adequately and clearly covered.

Recommendation 8: Regional APD staff should include as an agenda item in a meeting with regional WSCs discussion of ways to help ensure the Annual Report is always included in the person's record. This should include input from WSCs as to barriers they may be facing in completing this requirement.

Two areas in which CDC+ Representatives seem to struggle the most are documenting background screening results for all who render direct care for the person (81.0%) and maintaining documentation to support reconciliation of monthly statements (82.8%). Other areas where Representatives scored between 87 percent and below 89 percent are related to Directly Hired Employees and include issues surrounding maintaining accurate signed and approved timesheets, completed and signed job descriptions, and signed Employee/Employer Agreements.

Recommendation 8: APD should ensure initial and ongoing training for CDC+ Representatives includes competency based sessions on developing and accurately maintaining timesheets and monthly statements, as well as requirements for job descriptions and the Employee/Employer Agreements.

Recommendation 9: Since 2010, CDC+ Representatives have improved greatly in documenting background screening results, from approximately 36 percent to over 80 percent. However, there is room for improvement in this zero tolerance area and results have remained around 80 percent for several years. The Quality Council and APD may want to consider conducting some focus groups across the state to gather input from CDC+ Representatives and providers on ways to improve background screening compliance, as well as the support they may need to document reconciliation of monthly statements.

While many individuals reported they have health concerns only a very small proportion indicated their health needs were not being addressed. The proportion of individuals taking four or more prescription medications has remained about the same since 2015: approximately 38 percent for the DD Waiver and 27 percent for CDC+ participants. However, individuals living in group homes

were two and three times more likely to be taking four or more prescription medications than individuals in other residential settings and individuals in the Central and Southern Regions were also more likely to be taking multiple medications than people living in other regions across the state.

Recommendation 10: APD should work with the Quality Council, including additional Support Coordinators if needed, to explore why over 60 percent of individuals living in group homes are prescribed four or more medications. APD should ensure when individuals residing in a LRF are taking two or more medications for seizure management or psychotropic medications, the WSC documents in the support coordination progress notes all attempts and efforts to ensure a review is completed annually by a licensed psychiatrist, neurologist, or an ARNP, or PA who acts pursuant to a protocol with the psychiatrist or neurologist.

Recommendation 11: The APD Central and Southern regional offices should consider working with WSCs and licensing to explore why there is a much higher likelihood that individuals are taking multiple prescription medications. Delmarva could help provide information, if available, by drilling down into the data to explore mitigating factors that could be impacting these findings, such as age of individuals in the Region since people tend to be on more medications as they age.

Provider Discovery Review Results

Results from the 1,655 PDRs conducted with service providers and 494 conducted with WSCs indicate providers performed very well in all aspects of the review, as shown in the following graphic.



Similar to results from the PCR, individual and staff interviews indicated Community Participation as the lowest scoring area, identifying indicators measuring social role preferences, and the extent to which providers offer education and opportunities to develop social roles as key factors most often

missed. Social role development also assumes individuals have the autonomy and independence to determine how and where and when to participate in various community activities. However, Observation results during the PDR were lowest on Autonomy and Independence for individuals in day or residential programs. Observation results also inform us individuals living in LRFs are often not trained in the use of public transportation, do not have a key to their homes, are not able to lock bedroom doors, and do not participate in developing house rules.

Data from Announced and Unannounced Observations were similar on average; however, there were some interesting differences between the two review types at the indicator level. When the Delmarva reviewers conducted Unannounced reviews they were less likely to see demonstration of transportation training, the ability for individuals to come and go as they please, bedroom and bathroom doors that lock, and areas decorated to the person's taste.

Recommendation 12: It is clear from the data providers may be able to “prepare” for an onsite observation. In order to get a more accurate picture of each day and residential program, APD should consider including a random sample of Unannounced Observations across the state as an integral part of the next FSQAP system.

Recommendation 13: The CAGs noted in Recommendation 4 should include transportation in their efforts to actually integrate and work in the community, by using public transportation to access the community as much as possible. The group should also develop ways for CAG members to share what they learn to other individuals and families who live in those communities.

Recommendation 14: The CAGs should be asked to present at a QC meeting what they learn from their community outings, including transportation and employment options. APD might consider setting up an educational session with a panel of individuals and families from the groups who are willing to share positive experiences regarding community access and activities that can be used in a training session and offered through the TRAIN system.

Summary

While the focus of a Quality Improvement (QI) report is to identify problem areas that may need QI initiatives, findings from reviews completed during the contract year, January – December 2016, are generally very positive. Providers have been receptive to the new processes implemented since January 2015 and have provided valuable feedback that has been and will continue to be used to improve all the components of the PCRs and PDRs. APD has worked cooperatively with AHCA and Delmarva to continue to improve the Florida Statewide Quality Assurance Program, creating an extensive training system that should help improve compliance on all the training standards and

increase the providers' ability to offer more person centered services and build community connections for individuals receiving services.

Attachment 1: Customer Service Activity

October - December 2016

Customer Service Topic	#	Description	Outcome	Ave Time
Address/ Phone Update	18	Providers call to update their phone numbers/ addresses	Phone numbers/ addresses are updated in the Discovery application, and providers are advised to update with AHCA.	1 day
Background Screening	3	Providers and provider consultants call with questions regarding FL background screening requirements.	Background screening requirements are explained to providers, with reference to the Handbook and FL rule.	1 day
CDC+	1	CDC+ Representative called with questions about the review	Questions were answered and Representative was referred to APD for technical assistance.	1 day
Clarification	15	Providers called asking for clarification on our tools.	Questions were answered, and where necessary, callers were referred to source documents.	1 day
Contact QAR	8	Providers call to contact the QAR assigned to do their review.	QAR is contacted by office staff and asked to contact the provider	1 day
Delmarva Online Training	2	Providers called with questions about how to access training and if they can use the online training modules for annual in-service requirements.	Providers are assisted with following the instructions online to register or are referred to the helpdesk for technical assistance. Callers are referred to the statement in the training center that the modules may not be used toward annual in-service training requirements.	1 day
HSRI Family Surveys	12	Callers are requesting information on the purpose of the surveys and whether they are mandatory; some callers are requesting surveys in Spanish.	The purpose of the surveys is explained, including that they are voluntary. Mailing information is collected for Spanish versions to be sent.	1 day
Miscellaneous/ Other	14	Family stakeholders and providers called with requests unrelated to our process, e.g. how to access services in other states.	All questions were answered. Where appropriate, callers are referred to APD.	1 day
New Tools	6	Providers called asking questions regarding the Discovery tools.	Providers are referred to our website and shown the current tools posted. Questions regarding the tools were answered, with references to the protocols and the not met reasons.	1 day

Customer Service Topic	#	Description	Outcome	Ave Time
Next Review	32	Providers call asking when their next review will occur. Some providers called asking for a specific reviewer or to have their review postponed to a future date.	The review process is explained to the providers, including all the factors that are involved in scheduling. Providers are informed that PDRs are conducted each contract year with those who are eligible. Providers are referred to their 90-day notification letters and advised to wait for the phone call from the reviewer to schedule their review.	1 day
Provider Feedback Survey - callback	1	Provider requested a call from the Regional Manager in order to provide more information regarding the review.	Regional Manager called the provider and gathered the information.	1 day
Provider Search Website	7	Providers call asking why their names are not on the provider search website or for instructions on becoming listed on the website.	The mechanics of the website are explained to the providers, including that only active (billing) providers rendering services reviewed by Delmarva are captured on this website.	1 day
Question	23	Providers and APD staff call with questions regarding documentation or qualification requirements; for assistance accessing resources on our website; for explanations of the review processes.	Questions are answered with references to appropriate documents or entities.	1 day
Reconsideration	30	Providers called asking for clarification on the process to submit a request for reconsideration or inquiring as to the status of a request already submitted.	The reconsideration process is explained to provider, including reference to our Operational Policies and Procedures and their report cover letters; reconsiderations submitted are researched and providers are given an expected delivery date.	1 day
Recoupment	8	Providers called with questions about how to repay money identified as billing discrepancy in their quality assurance review report.	Providers were referred to Tammy Brannon or AndraLica McCorvey at AHCA.	1 day
Report Requested	12	Providers call or email requesting their report be re-sent.	Mailing addresses are confirmed and reports are re-sent..	1 day
Review Reports	31	Providers called asking for an explanation of their reports.	Reports are explained; providers are referred to their local APD office for technical assistance.	1 day
Training	21	Providers and provider consultants call asking about	Training requirements are explained, including reference to the Handbook.	1 day

Customer Service Topic	#	Description	Outcome	Ave Time
		training requirements.		
Total Number of Calls	244			