

**Florida Statewide Quality Assurance Program
Delmarva Foundation**

**Quarterly Report
October 1 – December 31 2002**

**2nd Quarter
Contract Year 2002-2003**

**Submitted to the State of Florida
Agency for Health Care Administration and the
Department of Children and Families**

Executive Summary

The Florida Quality Assurance Statewide Program (FSQAP) of the Delmarva Foundation has continued to work to fully implement all required project review activities. During the second quarter of Year Two, project staff have worked to finish and distribute all Person-centered Reviews from Year One, to complete current reviews within required time frames, and to steadily increase the volume of reviews to meet the required annual number of reviews. For October – December 2002, Personal Outcome Measure interview data is available for an additional 360 individuals who participated in a Person-centered Review. This brings the total number of Person-centered Reviews that have been completed to 2557.

On Site Provider Performance Reviews of 212 providers of “core” services were conducted resulting in 253 actual reviews. A “core” service is defined as Support Coordination, Supported Living Coaching, Supported Employment, Adult Day Training, Residential Habilitation or Non Residential Support Services. Separate reviews are required for each location that provides Adult Day Training, Residential Habilitation, or Support Coordination, which accounts for the 253 actual reviews conducted. There were 9 Provider Performance Desk Reviews also completed during this.

Follow Up Reviews were conducted for 88 providers during October- December 2002. Follow up Reviews for this period were conducted for providers who received an On Site Provider Performance Review and had a Grand Total Review Score of 70% or less or who had Alert items (related to rights, abuse, and compliance with background screening requirements) that were **Not Met**.

Results from the Personal Outcome Measures (POM) interviews conducted by FSQAP staff over the past year consistently identifies the same Outcomes as most frequently **Met** and **Not Met**. Personal Outcomes most often **Met** are primarily in the areas of Safeguards and Health and Wellness. The Personal Outcomes that are most frequently **Not Met** continue to be in the Areas of Identity and Affiliation. Individual POM's related to choice have also been consistently **Not Met** for a large percentage of individuals concerned.

The percentage of individuals who had 13 or more Outcomes Met is consistent with results from interviews conducted in Florida since 1998. Similar information on the Presence of Supports, however, shows about a 5% increase in 13 or more Supports Present than in previous years

Beginning with this Quarterly Report, POM data has been analyzed by specific groups including district, age grouping, and home type. Two different analyses by group were completed. One analysis used the criteria of 13 or more Personal Outcomes Met and the other used the criteria of all Foundational Outcomes **Met**. Although the overall

percentage of individuals who met the criteria was very different, the distribution of findings by category was consistent.

At the district level, there were significant variations in the percentage of outcomes met that held constant across both types of analysis.

Further, when analyzing the results by age group, the age group of 3-17 has a significantly higher percentage of outcomes met for both Outcome analyses, than the other age groups. The age group 18-21 has the lowest percentage of outcomes met for both Outcome analyses. This age group represents individuals who are transitioning from school to work and often are waiting for services.

The data also indicates consistent findings when analyzed by home type. Individuals who live in their own home or family home have significantly higher percentage of outcomes met in both Outcome analyses than do individuals whose home type was a paid residential setting.

Findings from the Medical Peer Review process and subsequent dispositions indicate that for 65% of the reviews completed, additional referrals or recommendations were made in the area of health or behavioral health.

The results of the Provider Performance Reviews remain consistently at a high level of compliance with the average score for on site reviews at about 87%. Similarly, the average score by specific service remains consistent. While there has been some change in average scores at the District level, most districts have remained about the same.

D2 has provided training to its providers in areas where Elements of Performance were frequently “Not Met.” The reviews conducted in D2 during this quarter reflect about a 10% increase in average scores.

Summary of Project Activity and Accomplishments

The following provides a description of on going program implementation and improvement initiatives and accomplishments for the second quarter, October-December 2002, of Contract Year 2. Highlights are summarized under Provider Performance Reviews; Person-centered Reviews; education, training and outreach; and customer service. A summary of internal quality assurance activity is also included.

Provider Performance Reviews

- Reports were being distributed within required time frames by November 2002. The average distribution time for Provider Performance Review reports from date of review to mail out was 28 days for the October-December 2002 Quarter.
- The backlog of Quality Improvement Plans and Reconsideration requests resulting from the distribution of a large number of PPR reports during April, May and June of 2002 was resolved during the 2nd Quarter. There were 777 QIP's received and logged from the first year of reviews. Of that number, 624 were processed during the October-December time period. 583 were finalized and 41 were denied and awaiting a response from the provider at the end of the quarter.
- There were 88 Reconsiderations reviewed and processed during the October-December 2002 with all requests current at the end of December.
- On going efforts continued to finalize revisions to the Provider Performance Review tools and protocols used to measure provider compliance with the requirements of the Developmental Disabilities Home and Community Based Services Waiver.
- Design activities for an automated application for follow up reviews that will be linked to the Provider Performance Reviews was initiated.
- Scope and procedures for two new follow up processes – follow up with technical assistance and documentation review – were developed following the approval of a contract amendment in December 2002 to increase the total number of follow up reviews from 285 to 1108 reviews. The increase in the number of follow up reviews was offset by a reduction in desk reviews due to fewer providers eligible for a desk review than originally projected. No additional funding was provided in the amendment.

Person-centered Reviews

- All Year One Person-centered Reviews were completed and distributed during the October-December 2002 period.
- In anticipation of approval of a contract amendment, activities were initiated to revise the Person-centered Review process including the elimination of specific data elements, streamlining and improving the Quality Assurance Review (QAR) laptop application and reducing the total number of annual reviews.
- Programming changes to the QAR laptop application were completed, tested, and installed for all reviewers to use by the end of December 2002. This included coding

and programming changes to the application to provide the ability for the Recommendation Section of the PCR Report to be aggregated and analyzed.

- Revisions to the procedures for the Medical Peer Review process, a component of the Person-centered Review, were approved and implemented. Seven questions designed to assess basic health care status have been added to the person-centered review conducted by the review staff. The collection of this health information by the reviewer has eliminated a multi-layered review of each consumer by the Nurse Reviewer. Further, filters have been developed for claims data based on established criteria to better organize data for review purposes. Additional sources of information and criteria for focused reviews have also been identified that will provide better information upon which to determine the appropriateness and adequacy of health care received through Medicaid services.
- Other enhancements related to the PCR process include the development of a district spreadsheet containing the PCR Recommendations that will be distributed on a monthly basis and a Pharmacy Claims Profile for all consumers on the Developmental Services Home and Community Based Services Waiver who have Medicaid Claims for certain combination of medications that will be distributed on a Quarterly basis to the District Medical Case Management Teams.

Staff training and Technical Assistance

Training for all full time review staff was conducted during the first week of November 2002. While there were separate training tracks for Provider Performance Reviewers and Person-centered Reviewers, one day of joint training was held to share information and focus on review interface activities. The following briefly summarizes the training topics for each group:

Person-centered review staff were trained on the pending revisions to the Person – centered Review process including the new features of the laptop application. Staff from The Council provided a technical assistance session on specific areas of the POM’s identified by review staff; the project Nurse Reviewer provided a general overview on health care issues common to individuals with developmental disabilities as well as training on the use of the Health Care Assessment. Other training topics included strategies for scheduling; productivity levels; central record review requirements; and innovative approaches for completing the review process.

Training for the Provider Performance Reviewers focused on the revisions to the tools and protocols for Core Assurances and Service Specific Areas. Sessions also included training in selected areas such as background screening, transportation, behavioral services, documentation requirements, sample selection and projected service outcomes. An overview of proposed changes to the desk review process as well as training on strategies for effectively integrating technical assistance into the follow up review process was also included.

The Reviewer joint training session included a presentation by State representatives on the proposed DD system redesign and changes to the Medicaid DS Waiver

handbook. A primary topic of the joint training was an introduction to the PPR and PCR processes and a discussion of strategies to interface the two review activities.

A separate day-long training session was held for all contracted PCR staff on the changes to the Person-centered Review process and, to review on going requirements.

Additionally, two new PCR Reviewers and one Regional Manager were trained in the use of the Personal Outcome Measures for adults, received one on one modeling and coaching and were found reliable to administer the POM interview. Additional training in the use of the POM for children including coaching and reliability is scheduled for the third Quarter.

During the October-December 2002 Quarter, all current review staff successfully achieved annual reliability in the use of the Personal Outcome Measures for Adults. Staff from The Council conducts annual reliability and reviewers must achieve a score of 85% to achieve and maintain reliability.

The Council staff continued to monitor the Person-centered Reviewers through on site observation of actual POM interviews. This one-on-one monitoring provides PCR staff the opportunity to maintain their skills and reliability in using the POM's by receiving feedback from trained interview staff in areas that are or could be potentially of concern to the reliable administration of the POM's. Specifics are addressed under the Internal Quality Assurance section.

Provider Performance Reviewers and Person-centered Reviewers participated in regularly scheduled training conference calls designed to provide focused training, address on going questions or concerns identified by the review staff and to share program information and updates.

Liaison and Educational Activities

While no formal education and training sessions were provided during this quarter, the Annual Education Plan was finalized. Education and training sessions at the district level are planned and will be developed in cooperation with district staff and provide separate training sessions for consumers/families and for providers.

Regional project staff and reviewers continued to meet regularly with district staff and with local organizations and agencies, as requested, to share information about the FSQAP and provide feedback relative to specific issues. **Appendix 3, Attachment 1** summarizes these activities for the October through December 2002 period. Required Quarterly meetings with district staff to share information about review results are identified.

Other activities included a joint presentation with AHCA at the Annual Provider Summit and a quarterly presentation to the Interagency Quality Council.

Internal Quality Assurance Plan Activities

A summary report of Internal Quality Assurance activities for the second quarter is included as **Attachment 2 in Appendix 3.**

Summary of Customer Service Activity

With establishment of a centralized process for reviewing Quality Improvement Plans (QIP's) and Reconsideration requests, there were very few complaints made to the customer service representative.

Routine inquiries were received and handled related to PPR and PCR reports, QIPs, clarification on different elements of performance, deficiencies to be addressed and requests for extensions to deadlines for submission of QIPs.

During this quarter, interpreting services assistance was requested by two Person-centered Review staff. The Customer Service Representative made direct contact with a family that only spoke Spanish in order to explain the review process and ensure that a relative was available to assist as interpreter. (The PCR interview was successfully conducted on 11/25/2002). General information about interpreting services was provided to another Person-centered Reviewer for future use with consumers who may need interpreter services.

Responses to questions, issues and concerns presented to the Customer Service Representative have taken place on the same day for the most part. Very few callers had to wait until the next business day or longer. The follow up activity on pending issues has been aggressive to make sure that customers are satisfied and replies to questions about PPR, PCR, QIP, interpreting services and others are provided in a timely manner.

The Customer Service log has been maintained and regularly updated. It has been expanded to include noteworthy contacts made by other FSQAP staff. For this reporting period, three contacts by other project staff were documented in the log at the request of the staff making the contact.

Paper files have been established to keep copies of correspondence addressed to the attention of the Customer Service Representative that are not forwarded to other project staff (i.e. QIP's, reconsideration requests). Files for "correspondence" and for "complaints" have been set up.

The following summarizes Customer Service inquiries for the October – December 2002 quarter. Additional detail is available in the Customer Service contact log and is available upon request.

Inquiries to Customer Service Representative	
Nature of contacts	Number of contacts
Provider Performance Reviews – on-site reviews	205
Provider Performance Reviews – Desk reviews	24
Person-Centered Reviews	50
General consumer and provider information and updates	41
Interpreting Services	4
Total	324

Summary of Review Activity and Discussion of Significant Findings Person Centered Reviews

The Florida Statewide Quality Assurance Program (FSQAP) of the Delmarva Foundation has continued to work to fully implement all required project review activities. During the second quarter of Year Two, project staff have worked to finish and distribute all Person-centered Reviews from Year One, to complete current reviews within required time frames, and to steadily increase the volume of reviews to meet the required annual number of reviews. For October – December 2002, Personal Outcome Measure interview data is available for an additional 360 individuals who participated in a Person-centered Review. This brings the total number of Person-centered Reviews that have been completed to 2557.

Data for this report provides cumulative results for the number and percentage of individuals for whom 13 or more Outcomes and Supports are present based on the Personal Outcome Measures through this Quarter for the 360 individuals as well as the cumulative results+- from Quarter 1, Year 2 and Year One. Aggregate data, as required, on the presence of individual outcomes and supports as well as the most frequently cited reasons for outcomes and supports not present is also presented.

Additional analysis of the POM results is also provided. First, additional analysis of 13 or more outcomes **Met** by district, by age and by home type is provided. Secondly, analysis of Foundational Outcomes (Items 19-25) that are met is provided including results by district, age, and home type. Aggregate data is presented in graphs for discussion of significant findings in this section. Additional aggregate detail including cross-tabulations by district is provided in **Appendix 1, Tables 1-6**.

Statewide Performance Indicator - 13 or More Outcomes or Supports Present

The Personal Outcome Measures interview has been used by the Department of Children and Families to measure outcomes for persons with developmental disabilities since 1998. Since 1998 this measure has been a Performance Indicator that the Department of Children and Families has reported to the Governor and State Legislature. The criteria of 13 or more Outcomes and Supports present has been established as a minimum criteria of expected performance and has been accepted for initial reporting and analysis purposes for the Florida Statewide Quality Assurance Program.

Figure 1 displays the cumulative results for the Oct-Dec 2002 period. While the rate of 13 or more outcomes met continues to remain above 50% on a cumulative basis, it continues to be lower than expected for the 2nd quarter. As Person-centered Review data reporting time frames are met more consistently and more closely reflect the actual sample distribution by district, data for the specific quarter, or reporting period, will provide a more accurate correlation of the number of outcomes met.

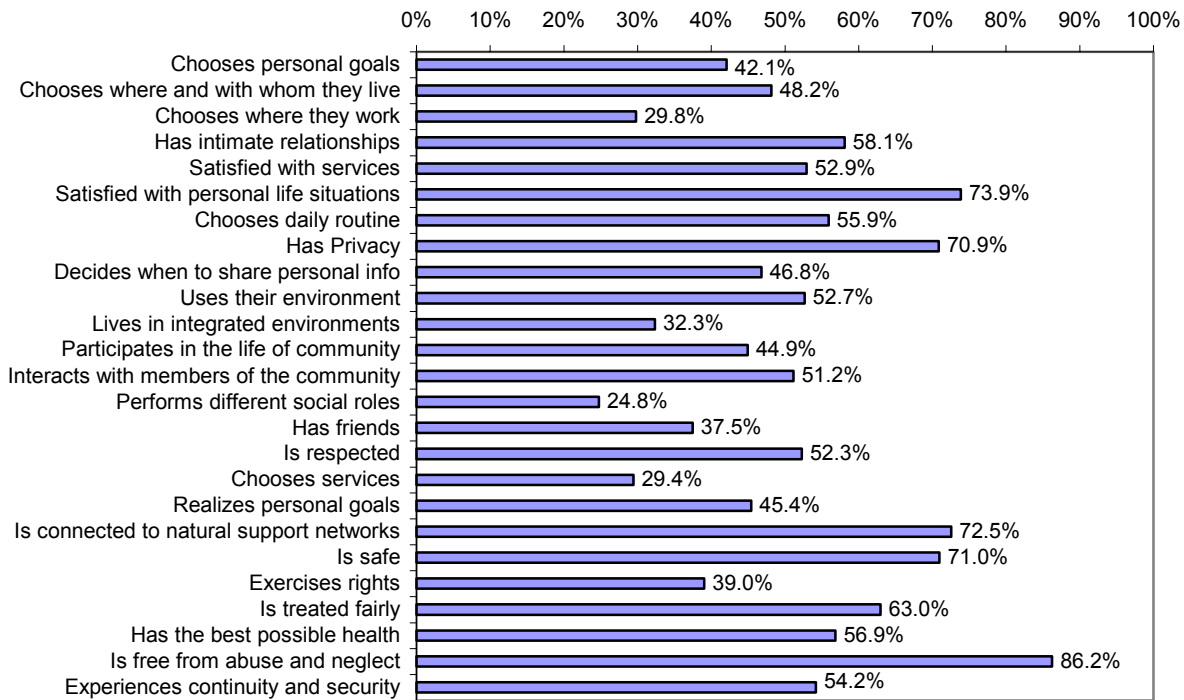
Figure One – Percentage of Individuals with 13 or more Outcomes or Supports Present

Individuals Having 13 or more Outcomes or Supports Present						
	Outcomes			Supports		
Reporting Period	Year One	Cumulative through Year 2, Quarter 1	Cumulative through Year 2, Quarter 2	Year One	Cumulative through Year 2, Quarter 1	Cumulative through Year 2, Quarter 2
	Number					
13 or more present	1011	1165	1332	1171	1362	1563
less than 13 present	792	1028	1225	632	831	994
Total Number	1803	2193	2557	1803	2193	2557
	Percent					
13 or more present	56.1%	53%	52.1%	64.9%	62%	61.1%
less than 13 present	43.9%	47%	47.9%	35.1%	38%	38.9%
Total Percent	100%	100%	100%	100%	100%	100%

Personal Outcomes Measures by Individual Outcome and by Outcomes Areas

Responses to the Personal Outcome Measure (POM) interview are displayed by individual item and by the areas of identity, autonomy, affiliation, attainment, safeguards, rights, and health and wellness. **Figure 2** and **Figure 3** graphically depict the percentage of outcomes **Met** by Individual item and by Area.

Figure 2 -Percent of Personal Outcomes Measures Met



Personal Outcomes Measures items most often **Met** remained consistent through the 2nd Quarter of Year 2 reporting period and include

- People are free from abuse and neglect 86.2%
- People are connected to natural supports 72.5%
- People are Safe 71%
- People are satisfied with personal life situations 70.9%
- People have privacy 69%

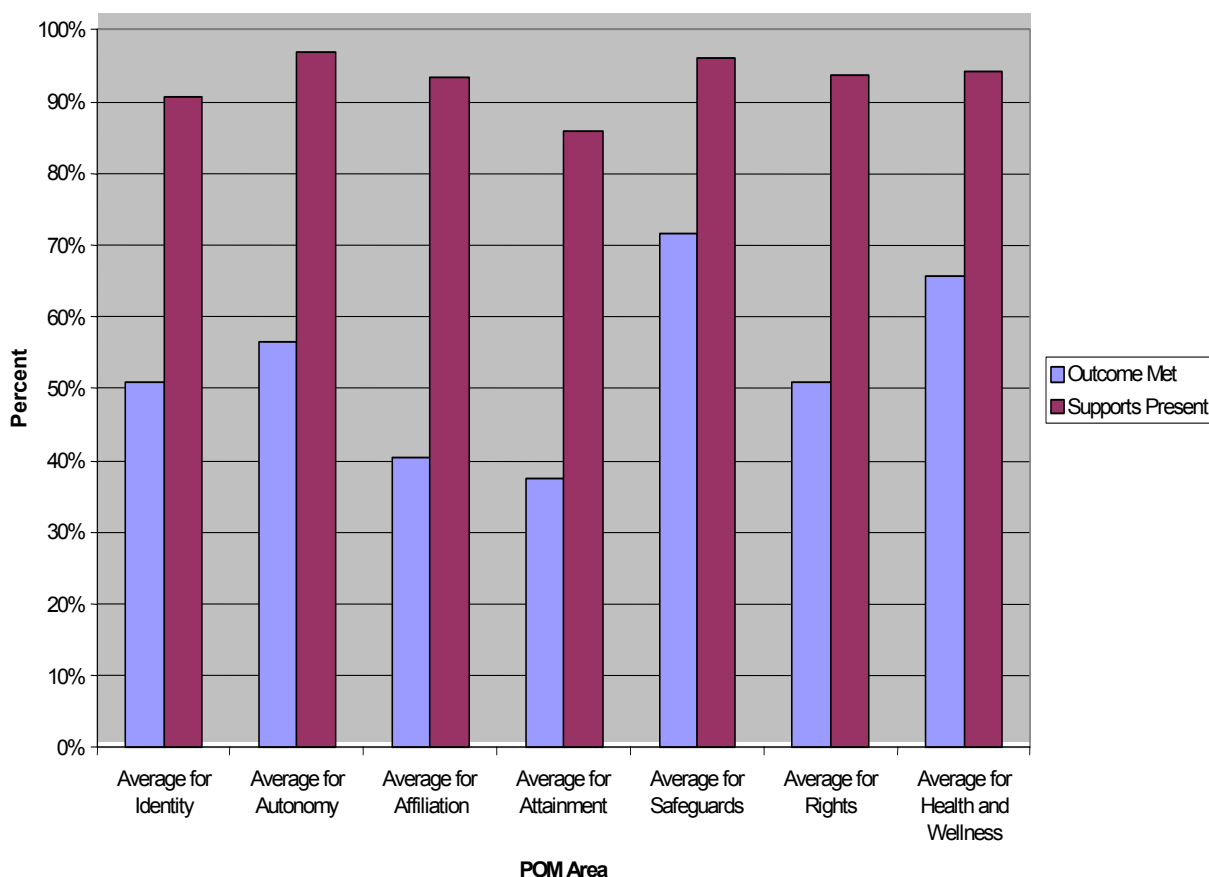
Similarly, the individual Personal Outcome Measures items that were **Met** the least often were consistent with previous reporting periods and include

- People perform different social roles 24.9%
- People choose services 29.4%
- People choose where they work 29.9%
- People live in integrated environments 32.3%
- People have friends 37.5%

Figure 3 provides an additional graphic display of the Average Outcomes **Met** and the Percentage of time the Support is present when the Outcome is Met. The 25 individual POM items are summarized in seven different Areas as shown in **Figure 3**. As consistent with previous results, when an Outcome is Met, the Supports are Present 85 to 96% of the time.

The Outcomes Area with the highest average percentage of Outcomes Met are Safeguards (71.7%) which includes the Items “Is Safe” and “Is connected to Natural Support Networks.” The average for the area of Health and Wellness (65.8%) is the second highest. This Area includes “Best Possible Health,” “Free from Abuse and Neglect” and Experiences Continuity and Security” Although the Outcomes related to health and continuity/security are only met about 55% of the time, the Outcome related to being Free from Abuse and Neglect is met for 86.6% of the individuals interviewed.

Figure 3
Average Outcomes Met and Supports Present
by POM Area



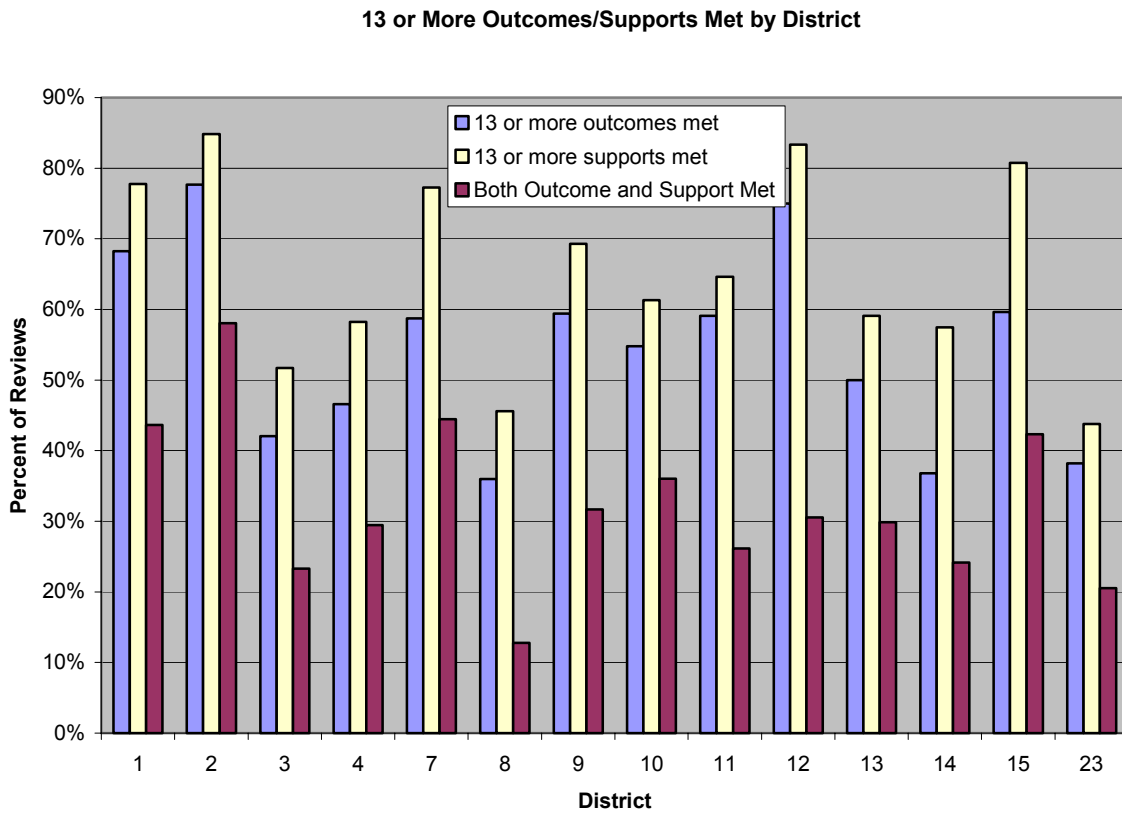
Additional detail about the Presence of Outcomes and Supports by POM and Area is provided in **Appendix 1, Table 1**. Data about the Reasons that Outcomes and Supports are **Not Present** is provided in **Appendix 1, Table 2**. The Reasons are generated from a list of standard selections for each Personal Outcome Measure that were recorded as **Not**

Met. Some reviewers provide narrative comments to describe why a specific outcome or support is not present. While narrative comments provide insight for individual reports, data entered in a text format has limited use for summary and aggregate analysis.

For each individual item, the top three reasons for the **Outcome Not Present** and **Support Not Present** are indicated and include the number of times it was used and the percentage of time used. The results are is for all 2557 Personal Outcomes Measure interviews.

13 or More Outcomes Met/Supports Met By District, Home Type and Age

Additional analysis of POM interview data is included in this Quarterly Report that indicate the Percentage of individuals who have been reviewed in each district who had 13 or more Outcomes or Supports Met. **Figure 4** displays by district 13 or more outcomes met and 13 or more supports.



The graph indicates that there are considerable variations among districts in the percentage of reviews that have more than 13 or more outcomes met. Data on Supports Present is displayed in two different ways - when thirteen or more supports are present regardless of the outcomes being met, and when the support is present for the outcome that is met.

Further analysis of 13 or more Outcomes **Met** by district and cross tabulation by Age and Home Type is available in **Appendix 1, Tables 4 and 5.**

Figure Five graphically displays the percentage of individuals who had 13 or more Outcomes **Met** by Home Type. These results indicate that a significantly higher percentage of individuals who live in their family home or own home have 13 or more Outcomes **Met** than individuals who live in residential care settings.

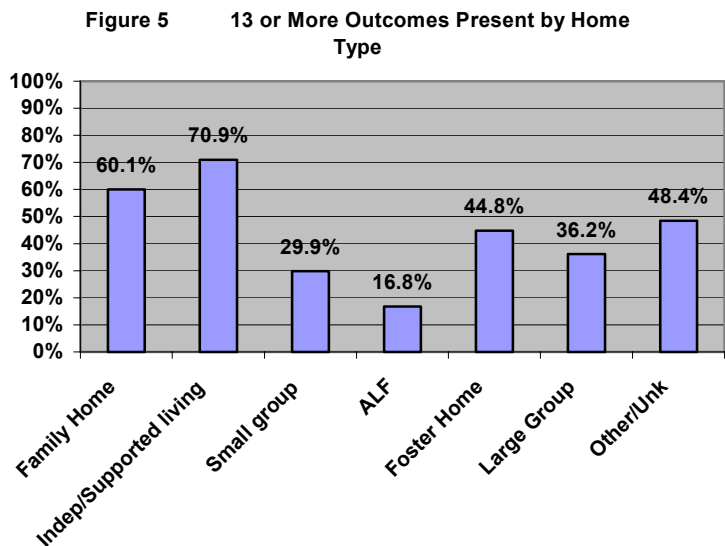
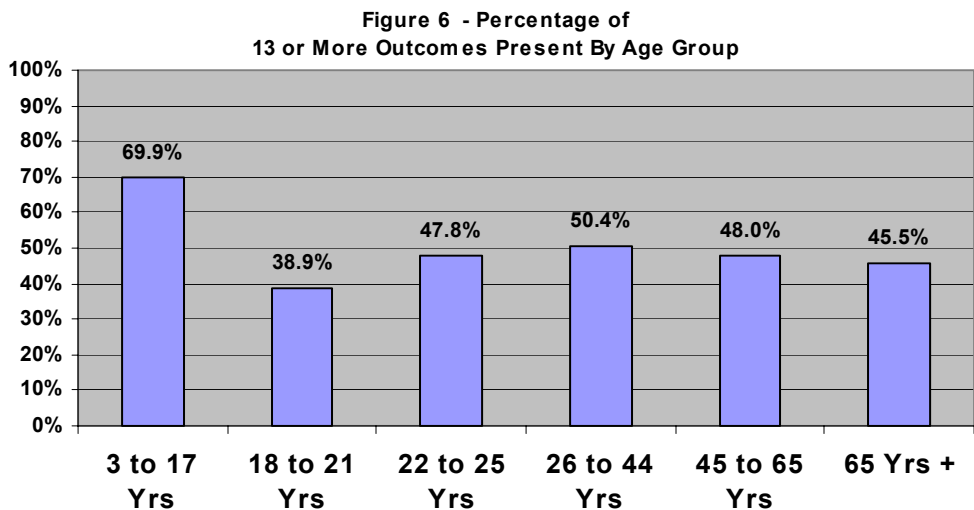
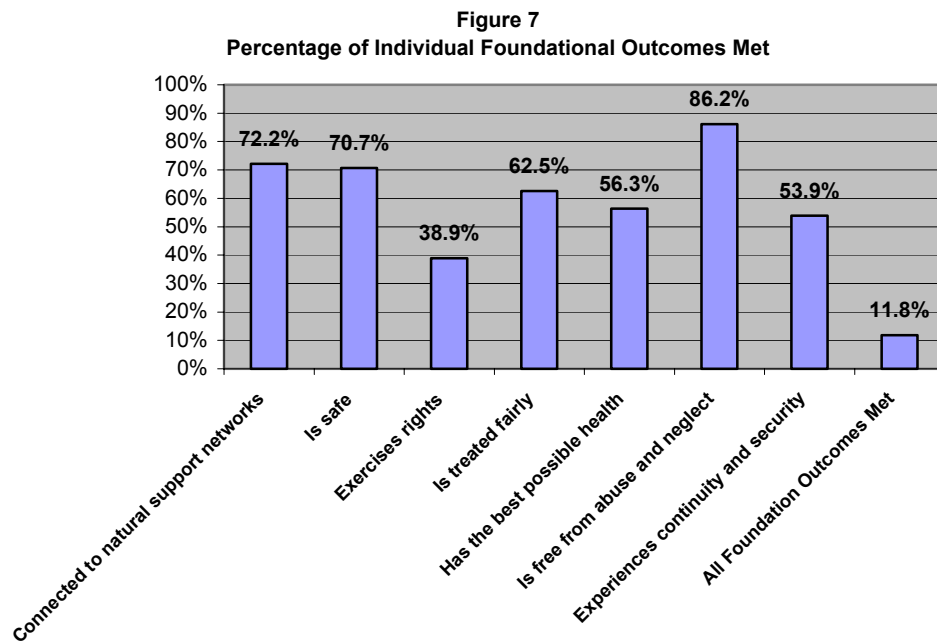


Figure 6 also displays the information by Age Group regarding the individuals interviewed who had 13 or more Personal Outcomes Met. The age ranges used are consistent with the groupings recommended by the Data Work Group of the Interagency Quality Council. Older school aged children (18-21) are displayed separately as many individuals begin transitioning to non-school setting during that period. For the Age group, 13-17 there was a significantly higher number of 13 or more outcomes Met than for any other age group. There was a sharp drop in the percentage for the 18-21 Age group.



Foundational Outcomes

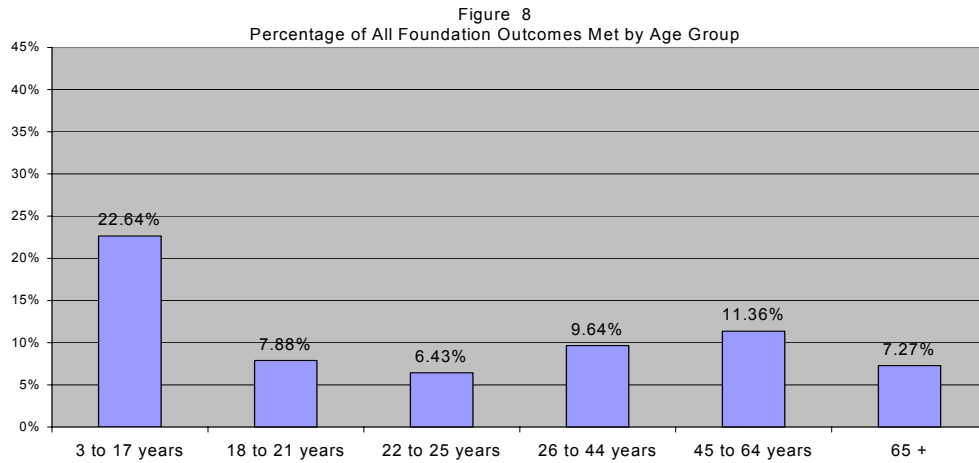
The last seven Personal Outcome Measures are considered Foundational Outcomes that



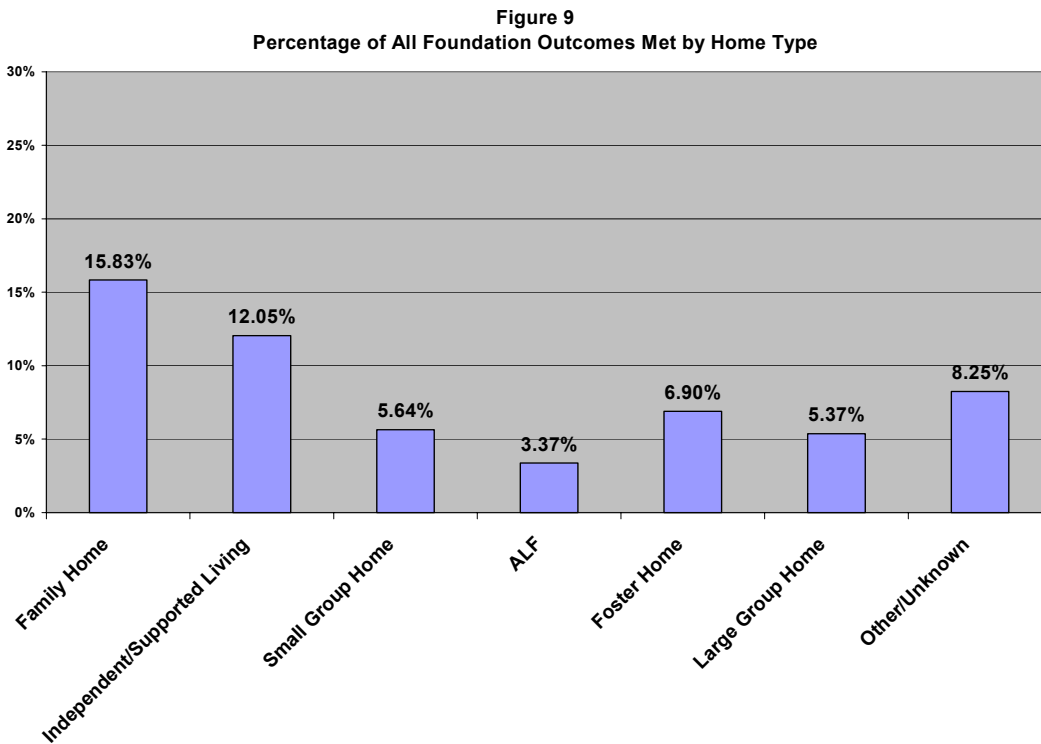
are considered to be very important. These are basic outcomes that most individuals would expect to have met most of the time. These Items are displayed in **Figure 7** by the percentage of individuals interviewed for whom the Outcome was **Met**. With the exception of “Exercises Rights” which was only present for 38.9% of the individuals interviewed, the other six Foundational Outcomes were present from 54% to 86%.

When the criteria of All Foundational Outcomes are met, is applied to the POM data however, only 11.8%, or 302, of the individuals interviewed have all seven of the Foundational Outcomes Met.

All Foundational Outcomes met were analyzed by District, Age and Home Type. **Figures 8-10** displays the percentage of interviews with All Foundational Outcomes Met.

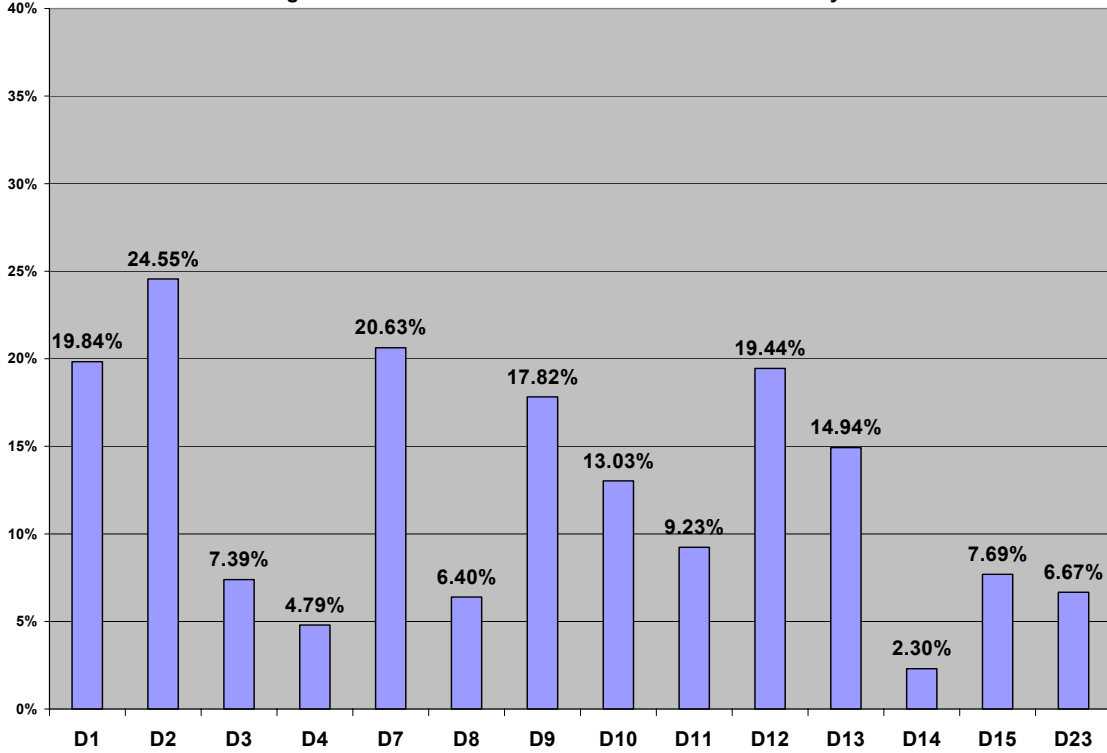


In **Figure 8**, the data shows that 22.6 % of individuals, ages 3 to 17, had all foundational outcomes met as opposed to 6.4% to 11.4% for all other age groups.



When analyzed by home type (**Figure 9**), 15.8% and 12% of individuals interviewed who were living in family homes or in independent/supported living had all foundational outcomes **Met** as opposed to 6.9% to 3.8% of individuals interviewed living in a residential care setting.

Figure 10
Percentage of Individuals with All Foundation Outcomes Met By District



An analysis of All Foundational Outcomes Met by district (**Figure 10**) shows a wide range. In District 2, 24.5% of the individuals interviewed had All Foundational Outcomes Met, while in District 14, only 2.3% of the individuals interviewed had All Foundational Outcomes Met.

Medical Peer Review Findings

Findings from the Medical Peer Review process are summarized in **Figure 11** for all Medical Peer Reviews completed as a part of the Person-centered Reviews. Data was recorded for seven dispositions during this quarter. Disposition categories included: 1) no evidence of problems; 2) requesting medical records; 3) waiting for RN Review; 4) no concerns; 5) concerns to MCM; 6) no concerns/no claims; and 7) concerns yes/claims no. 1,6, & 7 are included under “No evidence of problems;” 2 and 4 are included under “Requesting medical records or additional information;” and 5 and 7 are included under “Recommendations for additional follow up by Medical Case Management Team or Others.” When on going medical concerns are noted district Developmental Disabilities staff are directed to refer these concerns to the District Medical Case Management Teams or other appropriate resource for additional follow up. In 65% of the reviews completed, additional referrals or recommendations are made in the area of health or behavioral health.

Figure 11 – Medical Peer Review Summary

Summary of Medical Peer Review Recommendations	Reviews	Percent of Reviews
No evidence of problems/No Concerns	830	32.46%
Requesting medical records or additional information	63	2.46%
Recommendations for additional follow up by Medical Case Management Team or Others	1,664	65.08%
Totals	2,557	100.00%

Summary of Review Activity and Discussion of Significant Findings Provider Performance Reviews

On Site Provider Performance Reviews of 212 providers of “core” services were conducted resulting in 253 actual reviews. A “core” service is defined as Support Coordination, Supported Living Coaching, Supported Employment, Adult Day Training, Residential Habilitation or Non Residential Support Services. Separate reviews are required for each location that provides Adult Day Training, Residential Habilitation, or Support Coordination, which accounts for the 253 actual reviews conducted. There were 9 Provider Performance Desk Reviews also completed during this quarter of providers who had been notified in April 2002 for a Desk Review, but for whom all requested information was not available until after June 30, 2002.

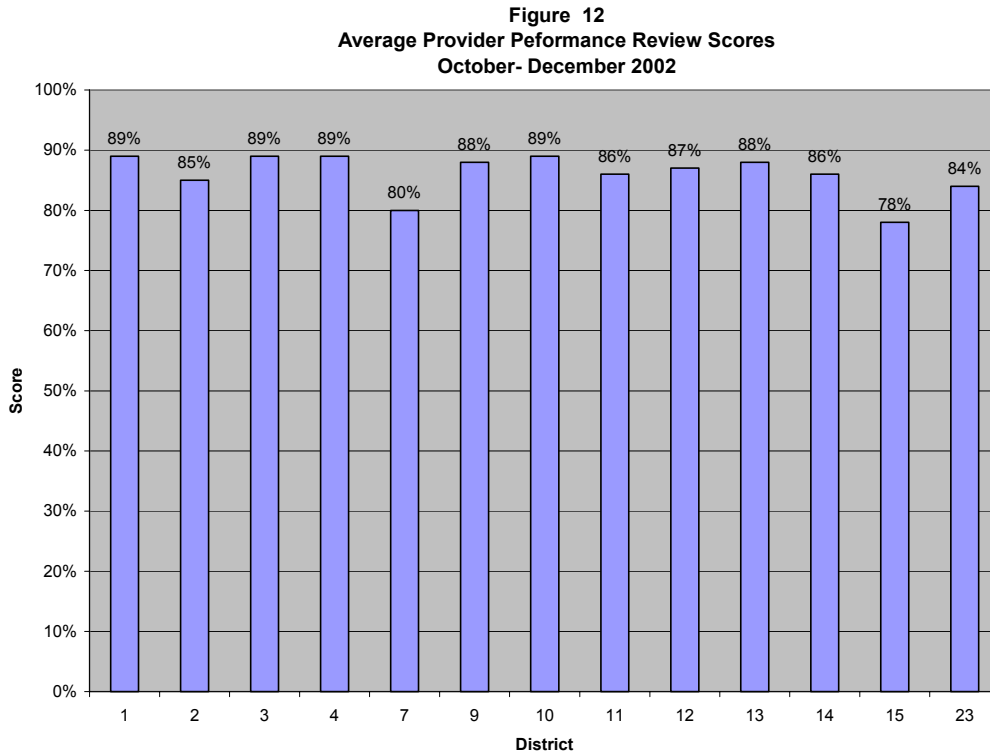
Of the On Site Reviews conducted during this quarter, 115 were second annual reviews. The average increase in score for the review was 12%. Table 17 in Appendix 2 provides district specific information.

Follow Up Reviews were conducted for 88 providers during October- December 2002. Follow up Reviews for this period were conducted for providers who received an On Site Provider Performance Review and had a Grand Total Review Score of 70% or less or who had Alert items (related to rights, abuse, and compliance with background screening requirements) that were Not Met.

The following provides a summary of the most significant findings from the Provider Performance Reviews. Additional detail on Provider Performance Reviews by district, by provider type and by service for the October – December 2002 period is provided in **Appendix 2, Tables 7 through 16** and reflect scores, Alert and Recoupment citations, and required Quality improvement plans.

Average Scores By District

The Average Score for the reviews included in this Reporting Period was 86%. As reflected in **Figure 12**, the average scores by district ranged from 78% to 91%.

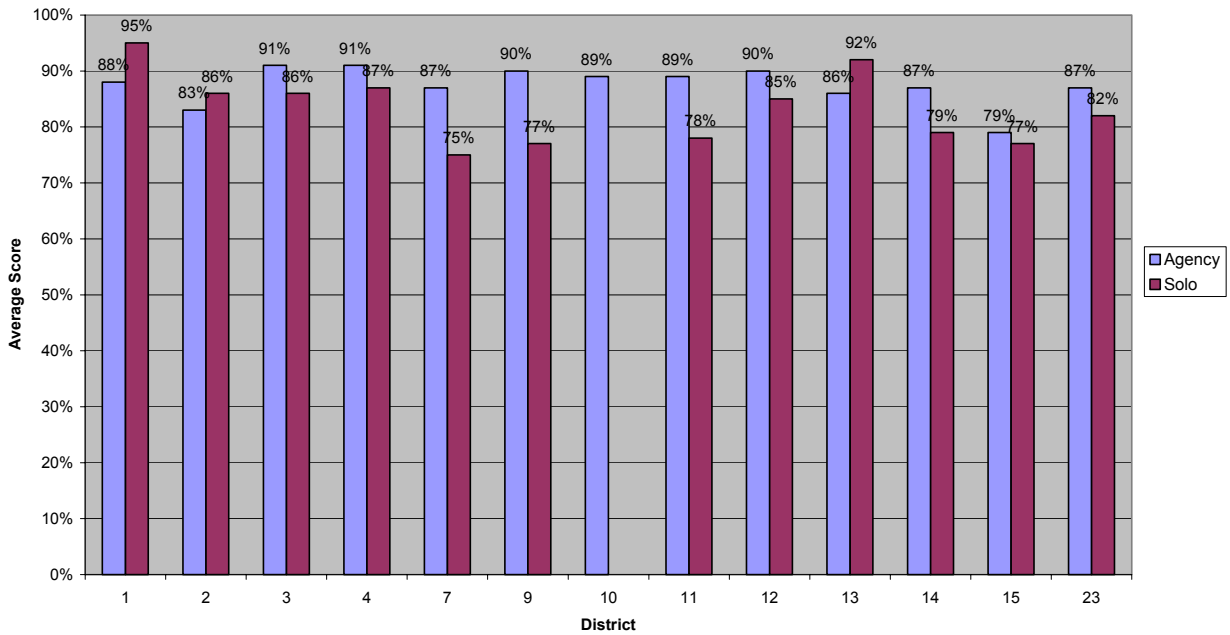


District scores for Provider Performance Reviews remained consistent for 8 of the 13 districts over the past three reporting periods with a few notable exceptions. The average score for the 22 reviews completed in District Two during this quarter was 85% compared to the previous reported average scores of 76% and 78%. District 2 has recently provided training for providers targeting areas where specific Elements of Performance were found to be **Not Met** through the PPR process. The average score for District 12 also increase by 6%. Other districts where average scores were 5 to 6 % lower than reported in the previous Quarter include District 7, District 10, District 15, and District 23 (Suncoast Region).

Average Scores By Provider Type

The Average On Site Provider Performance Review score by Provider Type remains consistent statewide with previous scores of 87% for Agency providers and 84% for Solo providers. District results of On Site Provider Performance Reviews by Provider Type (Agency or Solo) for the second quarter are displayed in **Figure 13**. While the state average reflects a slightly higher average score for agency providers, average scores in three districts (1, 2, and 13) reflect higher average scores for solo providers reviewed during the second quarter.

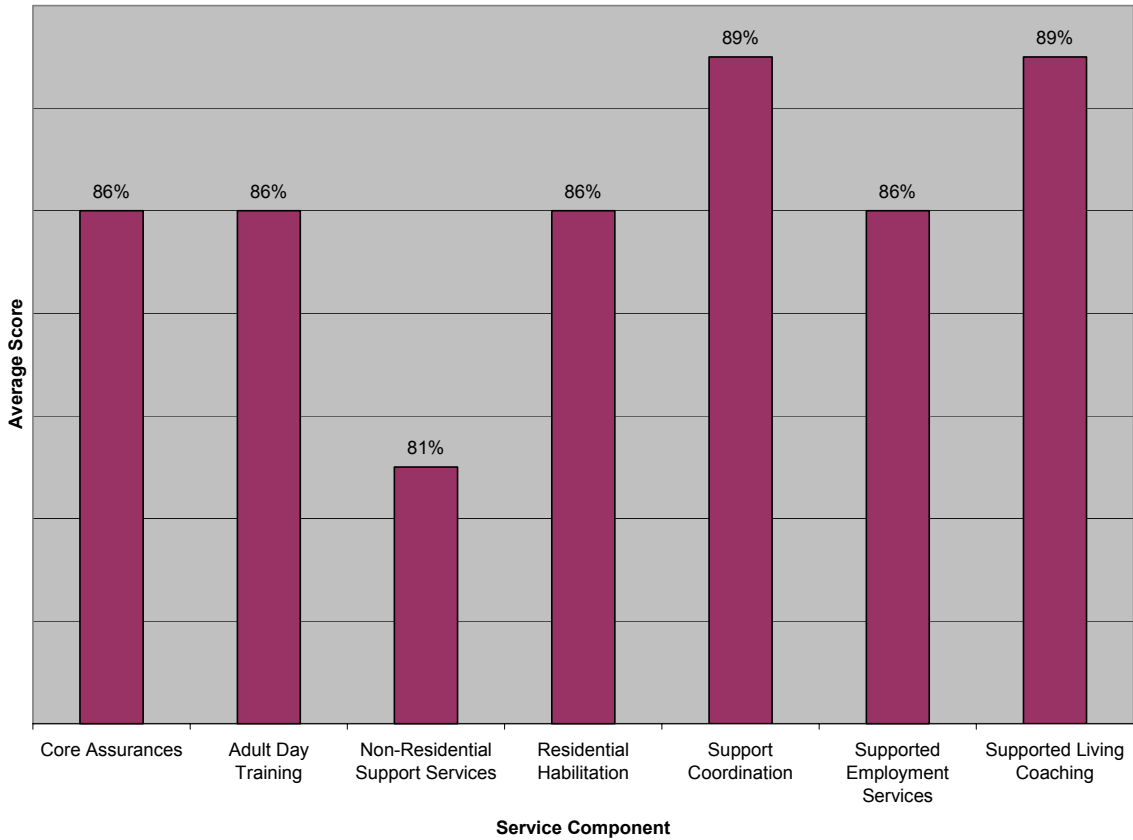
Figure 13
Average Provider Performance Review Score by Provider Type
October -December 2002



Average Scores by Service Component

Average Scores by Service component are displayed in **Figure 14**. The average scores remain consistent with previous reports with Support Coordination and Supported Living Coaching have the highest average score (89%) and Non Residential Support Services scoring the lowest at 81%.

Figure 15
Average Provider Performance Review Score by Service
October - December 2002



Desk Reviews

Only nine Desk Reviews were conducted during the October – December 2002 period. The scores ranged from 100% to 68% with an average of 77%. Additional detail is available in **Appendix 2, Table 7**.

Alert Items

There were a total of 95 Reviews that had 156 Elements of Performance **Not Met** that were Alerts. Of those, 135 were related to background screening and maintaining appropriate documentation for those screenings. The remaining 22 Alerts items were in the following areas

Description of Alert	District								Total
	2	3	9	10	11	13	14	23	
Affords Dignity and Respect			1		1	1			3
Personal Privacy			1		1			2	4
Reports Abuse and Neglect	4	1		1			3	6	15
Total	4	1	2	1	2	1	3	8	22

Recoupments

Of the 253 On site Reviews completed, 93, or 37%, had a total of 162 Elements of Performance “Not Met” that are subject to Recoupment action on the part of the district. Districts that had a higher percentage of reviews with recoupment citations than the average included District 2 (41%), District 11 (43%), District 13 (44%), District 14 (47%) and District 15 (71%). **Tables 7, 8 and 9, Appendix 2,** provide additional detail about recoupment citations.

Quality Improvement Plans

Of the 253 Onsite Provider Performance Reviews reported in the October – December 2002 period, 169, or 67% required that a Quality Improvement Plan (QIP) be submitted. A QIP is required when the Total Review Score is less than 90% or if there is an Alert item scored as **Not Met**. Districts with a higher percentage of reviews requiring QIP’s included District 2 (77%), District 10 (70%), District 11 (74%), District 13, (72%) District 14 (74%), Districts 15 (93%), and District 23 (71%). Tables 7, 8, and 9 also provide additional detail about QIP’s required.

Elements of Performance Most Frequently Not Met

Onsite review results for the October – December 2002 period were analyzed by service component to determine specific Elements of Performance most frequently **Not Met**. The top five elements for each service and percentage it was cited as **Not Met** is included in **Tables 10 through 16, Appendix 2.**

Specific comments about individual service components include the following:

Core Assurances – The requirement for the provider to have a policy to educate the individual and/or family/guardian about how to report abuse, neglect, or exploitation was **Not Met** for 48.2% of the reviews. This has been the most frequently **Not Met** Core Assurance for all reporting periods.

The Element of Performance requiring employees to be trained on core assurances and service specific requirements is frequently **Not Met** for Adult Day Training (43%), Non Residential Support Services (59%), and Residential Habilitation (48%).

Elements of Performance that measure efforts to regularly assess progress, update goals, and measures outcomes through implementation plans, data indicators and data collection systems were frequently found **Not Met** in all of the six service specific areas reviewed on site. The percentage of specific Elements of Performance cited range from 59% to 33%.

For Adult Day Training, Residential Habilitation and Non Residential Support Services, Elements of Performance that address training in individualized services, person-centered approaches, or individual choice were among those most frequently **Not Met**.

Identification of patterns and trends

Data from the Personal Outcome Measures interviews, which has been collected over the past year consistently, identifies the same Outcomes as most frequently **Met** and **Not Met**. Personal Outcomes **Met** most often are primarily in the areas of Safeguards and Health and Wellness. The Personal Outcomes that are **Not Met** most frequently continue to be in the Areas of Identity and Affiliation. Individual Personal Outcome Measures that are most often **Not Met** include measures relating to choice data.

The percentage of individuals who had 13 or more Outcomes Met is consistent with results from interviews conducted in Florida since 1998. Similar information on the Presence of Supports, however, shows about a 5% increase in 13 or more Supports Present. While the ability of any specific individual or service to impact on other individuals' personal outcomes will always be limited, providing supports for those Outcomes is not. The increase in the percentage of Supports Present seems to indicate increase efforts in this area.

Beginning with this Quarterly Report, POM data has been analyzed by specific groups including districts, age groupings, and home type. Two different analyses by group type were done. One analysis used the criteria of 13 or more Personal Outcomes Met and the other used the criteria of All Foundational Outcomes Met. Although the overall percentage of individuals who met these criteria was very different, the findings were consistent across group types.

At the district level, there were significant variations in the percentage of outcomes met that held constant across both types of analysis. When compared to the statewide average of 52.1% District 1 and District 2 had significantly higher percentages of individuals interviewed with outcomes **Met** (Note: Due to Reviewer turnover, the number of reviews conducted in Districts 12 and 15 are not adequate to be considered valid for those districts at this time).

When analyzing the results by age group, the 3-17 age group has a significantly higher percentage of outcomes **Met** for both Outcome analyses than other age groups. The age group, 18-21 has the lowest percentage of outcomes met for both Outcome analyses. This Age Group represents individuals who are transitioning from school to work or community program settings and often are waiting for services.

The data also indicates consistent findings when analyzed by home type. Individuals who live in their own homes or family homes have a significantly higher percentage of outcomes met for both Outcome analyses than did individuals whose home type was a paid residential setting.

The results of the Provider Performance Reviews remain consistently at a high level of compliance with the average score for on site reviews at around 87%. Similarly the average score by specific service remains consistent. While there have been some changes in average scores at the District level, most districts have remained about the same.

Problem identification and significant issues

As the FSQAP has completed a full year of review activity procedures, processes and systems are being put into place that will support an efficient and timely review process. While person-centered reviews and provider performance reviews are now being completed within required time frames from the time the review occurs, review volume for the person-centered reviews still remains below expected levels for the second quarter. Although staff turnover has not been significant, there have been some unexpected difficulties in replacing staff. Contract and part time staffs are being recruited to cover review workload in some areas and new full time staff have been recently hired. On going efforts will be required through the remainder of the year to ensure that the required volume of reviews are conducted in all areas of the State.

As the FSQAP completes a full year of reviews beginning with this reporting period, many providers will be receiving their second annual review. With revisions to the Core Assurances and Service Specific areas, the specific design for tracking aggregate program improvement through the Provider Performance Preview process needs to be finalized and tested. The tool revisions incorporate a weighting feature that was pending final approval. As of January 1, 2003, reporting and comparative analysis of future Provider Performance Review results will need to include an explanation of these changes and the impact on scores.

Although results from Follow Up reviews are not currently in a format that can provide an aggregate measurement of improvement, an application that interfaces with the initial review results will be available with the implementation of the revisions to the Core Assurances and Service Specific areas. The results from follow up and their use in showing progress need to be accommodated under the new revisions for reporting and comparative analysis purposes. This will include the two new types of follow up reviews, follow-up with technical assistance and documentation review, that will be initiated in the third and fourth quarter.

Due to delays in finalizing the new desk review process, a large number (about 1400) of providers of non-core services will receive requests for information within a six-week period. Customer service calls will be expected to increase during this period and there may be an increase in the calls that are made to AHCA and DD. The process has been changed and improved from last year, but will probably be an issue of concern to many providers.

Clear authority and procedures to take action for providers who are non compliant in scheduling or participating in the Provider Performance Review process continues to be a growing need. Clear expectations as to the consequences for not complying with the requirements of the Provider Performance Review process need to be identified in rule and regulation.

As has been identified in previous reports, efforts to coordinate changes initiated through the Developmental Services Redesign initiative need to be incorporated into the FSQAP process to ensure that the Quality Assurance activities support the direction of the program and provide data and information to support quality improvement initiatives that are consistent with new initiatives and direction.

There is a continuing need to determine what changes need to be made to the criteria upon which the sample for the Person-Centered Reviews is selected. The current sampling methodology is stratified in part by Level of Need. FSTS information is no longer being collected and a new assessment/inventory will be implemented. An alternative sampling methodology needs to be identified as the assessment process for the redesign is implemented.

Recommendations

The following recommendations build on previous recommendations and reflect project initiatives and the results of review findings to date.

1. Implementation of a process for integrating results from the Provider Performance Reviews and the Person Centered Reviews needs to continue which includes using the analysis and results from completed reviews as well as actively using information from both types of review during the on going review process.

2. With the implementation of an updated application for the Person –centered Review that provides the capability for recommendations to be aggregated and analyzed, additional data will be available at the end of the third quarter. These findings and data need to be analyzed to determine if additional assessment of availability and access to services and supports can be measured.

3. The State and the Data Work Group of the Interagency Quality Council need to continue to analyze data for reviews to determine the need for additional types of information and analysis including the following:
 - a. Continuing analysis of the data from available Provider Performance Review and Person-Centered Review Reports is needed with a specific focus on the degree to which specific services and supports, types of programs, resource availability in certain geographic areas are impacting the presence or absence of specific outcomes and supports can provide information upon which to develop recommendations for system modifications and change.
 - b. Based on results from the Person-centered Reviews and the Provider Performance Reviews, Quality Improvement Initiatives that are consistent with the philosophy of the DS Home and Community Based Services Waiver.

4. Work with the nurse case management staff to provide health information gathered through the review process that may assist in the identification of consumers whose health may be at greatest risk

5. Support the development of needed training and technical assistance activities at the District level that are designed to improve individual personal outcomes that are most important for consumers served through the Developmental Services Home and Community Based Waiver.

**Appendix 1:
Person Centered Review Aggregate Information**

Table 1: Personal Outcome Measures: Presence of Outcomes and Supports by Area and Item

	Outcome Met	Percent	Support present	Support not present	How important on average
Identity					
Chooses personal goals	Yes	42.1%	88.5%	11.5%	
	No	57.9%	12.5%	87.5%	Very important
Chooses where and with whom they live	Yes	48.2%	94.8%	5.2%	
	No	51.8%	16.7%	83.3%	Unable to determine
Chooses where they work	Yes	29.8%	89.9%	10.1%	
	No	70.2%	18.8%	81.2%	Very important
Has intimate relationships	Yes	58.1%	91.7%	8.3%	
	No	41.9%	17.2%	82.8%	Unable to determine
Satisfied with services	Yes	52.9%	93.1%	6.9%	
	No	47.1%	24.3%	75.7%	Very important
Satisfied with personal life situations	Yes	73.9%	86.5%	13.5%	
	No	26.1%	28.4%	71.6%	Very important
Average for Identity	Yes	50.8%	90.6%	9.4%	
	No	49.2%	18.7%	81.3%	
Autonomy					
Chooses daily routine	Yes	55.9%	96.1%	3.9%	
	No	44.1%	15.0%	85.0%	Unable to determine
Has Privacy	Yes	70.9%	96.6%	3.4%	
	No	29.1%	17.1%	82.9%	Unable to determine
Decides when to share personal info	Yes	46.8%	96.6%	3.4%	
	No	53.2%	33.8%	66.2%	Unable to determine
Uses their environment	Yes	52.7%	98.0%	2.0%	
	No	47.3%	21.6%	78.4%	Somewhat important
Average for Autonomy	Yes	56.6%	96.8%	3.2%	
	No	43.4%	22.9%	77.1%	
Affiliation					
Lives in integrated environments	Yes	32.3%	93.6%	6.4%	
	No	67.7%	13.0%	87.0%	Unable to determine
Participates in the life of community	Yes	44.9%	93.2%	6.8%	
	No	55.1%	20.2%	79.8%	Very important
Interacts with members of the community	Yes	51.2%	94.3%	5.7%	
	No	48.8%	16.7%	83.3%	Very important
Performs different social roles	Yes	24.8%	91.5%	8.5%	
	No	75.2%	9.1%	90.9%	Unable to determine
Has friends	Yes	37.5%	91.8%	8.2%	
	No	62.5%	16.0%	84.0%	Very important
Is respected	Yes	52.3%	94.6%	5.4%	
	No	47.7%	11.8%	88.2%	Very important
Average for Affiliation	Yes	40.5%	93.4%	6.6%	
	No	59.5%	14.1%	85.9%	

Attainment					
Chooses services	Yes	29.4%	96.1%	3.9%	
	No	70.6%	18.0%	82.0%	Somewhat important
Realizes personal goals	Yes	45.4%	79.1%	20.9%	
	No	54.6%	15.2%	84.8%	Unable to determine
Average for Attainment	Yes	37.4%	85.7%	14.3%	
	No	62.6%	16.8%	83.2%	
Safeguards					
Is connected to natural support networks	Yes	72.5%	96.5%	3.5%	
	No	27.5%	51.3%	48.7%	Very important
Is safe	Yes	71.0%	95.7%	4.3%	
	No	29.0%	38.2%	61.8%	Very important
Average for Safeguards	Yes	71.7%	96.1%	3.9%	
	No	28.3%	44.6%	55.4%	
Rights					
Exercises rights	Yes	39.0%	92.0%	8.0%	
	No	61.0%	17.3%	82.7%	Very important
Is treated fairly	Yes	63.0%	94.7%	5.3%	
	No	37.0%	15.9%	84.1%	Very important
Average for Rights	Yes	51.0%	93.7%	6.3%	
	No	49.0%	16.7%	83.3%	
Health and Wellness					
Has the best possible health	Yes	56.9%	95.9%	4.1%	
	No	43.1%	29.0%	71.0%	Very important
Is free from abuse and neglect	Yes	86.2%	93.4%	6.6%	
	No	13.8%	51.1%	48.9%	Very important
Experiences continuity and security	Yes	54.2%	93.4%	6.6%	
	No	45.8%	23.2%	76.8%	Very important
Average for Health and Wellness	Yes	65.8%	94.1%	5.9%	
	No	34.2%	29.4%	70.6%	

Table 2 Reasons for the Absence of Outcomes and Supports in the Personal Outcome Measure Interview

Personal Outcome Measure	Outcome (O) Support (S)	Times used	Percent Times Used	Comment
Chooses personal goals	O	798	59.0%	More explanation needed
	O	427	31.6%	Identified, but not worked on
	O	271	20.0%	Goals limited to available services
	S	477	36.8%	Supports need to be stronger
	S	387	29.9%	Unaware of personal goals
	S	376	29.0%	Stronger effort to learn/communicate needed
Chooses where and with whom they live	O	715	59.1%	Unaware of range of options
	O	221	18.3%	Support locked into existing models
	O	191	15.8%	Family concerns or awareness
	S	639	59.9%	All options not explored
	S	327	30.7%	Supports not individualized to help explore options
	S	324	30.4%	Person assumed to like current situation
Chooses where they work	O	751	45.8%	Limited Options
	O	612	37.3%	No opportunity to experience different options
	O	523	31.9%	Choice made by others
	S	903	64.5%	Varied experiences not provided
	S	333	23.8%	Efforts are not present to learn preferences
	S	323	23.1%	Barriers not being addressed
Has intimate relationships	O	417	42.6%	Not enough for person
	O	411	42.0%	Personal choices unknown/unsolicited
	O	204	20.9%	Limited options
	S	444	48.2%	Preferences unknown by Support coordinator
	S	280	30.4%	Preferences unknown by supports
	S	132	14.3%	Perceived as having no intimacy needs
Satisfied with services	O	414	37.7%	Person displeased with services from provider
	O	387	35.2%	Person's expectations unknown
	O	236	21.5%	Person displeased with inflexibility of supports
	S	398	43.4%	Supports are not adequately meeting person's needs
	S	317	34.6%	Information not used to improve services
	S	226	24.6%	Opinions not actively solicited by Support Coordinator
Satisfied with personal life situations	O	287	47.0%	Person does not feel in control of life
	O	249	40.8%	Person is basically unhappy with life situation
	O	69	11.3%	Individual is unhappy with many services resulting in negative life experiences
	S	380	56.7%	Person assumed to be Happy
	S	249	37.2%	No or limited effort to learn or communicate
	S	187	27.9%	Dissatisfaction not responded to

Chooses daily routine	O	593	57.6%	Limited or no choice in daily routine
	O	360	35.0%	Unaware of options
	O	272	26.4%	Pre-set meal times
	S	578	62.4%	Limits assumed to be OK
	S	363	39.2%	Preferences unknown
	S	172	18.6%	No encouragement to try new changes
Has Privacy	O	245	36.0%	Person does not have their own bedroom
	O	223	32.8%	Not enough for person
	O	181	26.6%	Privacy not seen as important
	S	263	42.4%	No preferences solicited
	S	189	30.5%	Preferences assumed without exploration
	S	184	29.7%	No active efforts to solicit desires
Decides when to share personal info	O	610	49.2%	No knowledge of how to access records
	O	516	41.6%	No idea that records are kept
	O	293	23.6%	Accustomed to sharing everything without permission
	S	420	49.0%	Supports never ask
	S	252	29.4%	Personal information shared without consent
	S	51	5.9%	Preferences ignored
Uses their environment	O	431	39.0%	Rules limit access
	O	325	29.4%	Health & safety deemed more important
	O	321	29.0%	Adaptive equipment/environmental adaptation needed
	S	513	57.6%	Training not addressed
	S	219	24.6%	Requests for access or more access not addressed
	S	183	20.5%	Modifications not addressed
Lives in integrated environments	O	944	59.8%	Attends segregated day service
	O	367	23.2%	Person receives segregated transportation
	O	354	22.4%	Leisure/plays in a segregated setting
	S	620	43.6%	Not enough opportunity for informed choice provided
	S	422	29.7%	No plans to support integrated employment
	S	335	23.6%	No plans for supporting any integration
Participates in the life of community	O	993	77.3%	Person wants to be in community more or differently
	O	248	19.3%	Not enough experiences to assess
	O	19	1.5%	Court imposed limits on participation
	S	486	44.3%	Transportation limitations
	S	367	33.5%	Limited support awareness
	S	326	29.7%	Staffing limitations

Interacts with members of the community	O	649	56.9%	Frequency not enough for person
	O	542	47.5%	Type not enough for person
	O	331	29.0%	Transportation limitations
	S	503	49.4%	Preferences not explored
	S	488	47.9%	Desired interaction not assessed
	S	299	29.4%	Transportation needed
Performs different social roles	O	1,235	70.3%	Person unaware of variety of social roles
	O	457	26.0%	Person wants other social roles
	O	181	10.3%	Others unaware of social role importance to person
	S	918	55.8%	More experiences need to be supported
	S	816	49.6%	All opportunities not explored
	S	470	28.6%	Other supports unaware of social role preferences
Has friends	O	717	49.1%	Person wants more friends
	O	443	30.4%	Person wants more activity with friends
	O	419	28.7%	Unaware of friendship options/quality options
	S	619	47.7%	Needs not addressed/unidentified
	S	602	46.4%	No support enhancing quality
	S	530	40.8%	No support maintaining
Is respected	O	525	47.1%	Low expectations for achievement
	O	444	39.9%	Choices made for the person
	O	336	30.2%	Person does not feel respected
	S	485	46.3%	Focus is on deficits vs. achievements
	S	398	38.0%	Organization unaware of respect issues
	S	340	32.4%	Supports & individual desires differ
Chooses services	O	795	48.3%	Choices made by family or others without individual's input
	O	683	41.5%	Awareness needs to increase
	O	509	30.9%	Service choices limited or not available
	S	670	48.7%	Family/staff continue to make choices
	S	538	39.1%	Organization does not educate person on available choices
	S	462	33.6%	Organization not working to increase choices
Realizes personal goals	O	1,178	92.5%	No significant achievement recently
	O	104	8.2%	Not viewed important by person
	S	614	47.2%	Supports unaware of specific achievement
	S	338	26.0%	Availability to self-determination not supported
	S	292	22.4%	Supports are not focused on outcome important to person
	Is connected to natural support networks	O	252	39.3%
O		176	27.5%	Wants to see sibling(s) more
O		144	22.5%	Wants to see parents more
S		93	25.1%	No support to help person maintain contact
S		85	22.9%	All family contact information not available
S		79	21.3%	Providers unaware of importance

Is safe	O	317	46.8%	Little safety awareness
	O	133	19.6%	Unaware of fire procedures
	O	95	14.0%	Unaware of strangers
	S	224	45.6%	Not all safety issues addressed
	S	192	39.1%	Not all safety issues identified
	S	83	16.9%	Not purchasing necessary equip
Exercises rights	O	895	62.9%	Person does not understand all their rights
	O	431	30.3%	Person does not exercise all rights important to person
	O	407	28.6%	Not adjudicated incompetent but decisions made by others
	S	574	45.9%	Important rights not solicited
	S	502	40.2%	Limited/no attempts to maximize personal control
	S	496	39.7%	No Rights training
Is treated fairly	O	389	45.0%	Lack of person's consent/involvement
	O	206	23.8%	Person did not receive training or understand due process
	O	189	21.9%	No due process provided for restriction
	S	425	52.8%	Person's fair treatment issues not solicited
	S	282	35.0%	Procedures for addressing concerns not effective
	S	179	22.2%	Due process not supported
Has the best possible health	O	403	40.0%	No dental visit
	O	313	31.1%	Best possible health not identified
	O	173	17.2%	No recent gynecological visit
	S	391	50.8%	Necessary appointments not made
	S	283	36.8%	Medical awareness issues
	S	45	5.8%	Follow-up appointments not made
Is free from abuse and neglect	O	183	57.0%	Person distressed over past abuse
	O	50	15.6%	Possible abuse issues indicated
	O	31	9.7%	Possible exploitation issues indicated
	S	93	32.1%	Reporting training not addressed
	S	61	21.0%	Training for protection not addressed
	S	56	19.3%	Counseling not addressed
Experiences continuity and security	O	625	58.5%	Changes not determined by person
	O	379	35.5%	Requirements for continuity/security not defined by person
	O	247	23.1%	Inadequate economic resources
	S	389	43.0%	Support not provided to promote personal control
	S	328	36.2%	Organization does not know person's needs/desires
	S	197	21.8%	Insurance not explored

Table 3
Person-centered Reviews
13 or More Outcomes/Supports by District

District	13 or more met						Total Reviews
	Outcomes		Supports		Both		
	Number Reviews	Percent of Total Reviews	Number Reviews	Percent of Total Reviews	Number Reviews	Percent of Total Reviews	
1	86	68.3%	98	77.8%	86	68.3%	126
2	174	77.7%	190	84.8%	174	77.7%	224
3	74	42.0%	91	51.7%	74	42.0%	176
4	68	46.6%	85	58.2%	68	46.6%	146
7	111	58.7%	146	77.2%	111	58.7%	189
8	45	36.0%	57	45.6%	45	36.0%	125
9	60	59.4%	70	69.3%	60	59.4%	101
10	143	54.8%	160	61.3%	143	54.8%	261
11	192	59.1%	210	64.6%	192	59.1%	325
12	27	75.0%	30	83.3%	27	75.0%	36
13	77	50.0%	91	59.1%	77	50.0%	154
14	32	36.8%	50	57.5%	32	36.8%	87
15	31	59.6%	42	80.8%	31	59.6%	52
23	212	38.2%	243	43.8%	212	38.2%	555
Totals	1,332	52.1%	1,563	61.1%	1,332	52.1%	2,557

**Table 4
Person-centered Reviews
Outcomes By District and Age Group
13 Or More Outcomes Met**

District	3 to 17 years			18 to 21 years			22 to 25 years			26 to 44 years			45 to 64 years			65+ years			Grand Total		
	Total Number Reviews This Age Group	13 or more outcomes met		Total Number Reviews This Age Group	13 or more outcomes met		Total Number Reviews This Age Group	13 or more outcomes met		Total Number Reviews This Age Group	13 or more outcomes met		Total Number Reviews This Age Group	13 or more outcomes met		Total Number Reviews This Age Group	13 or more outcomes met		Total Number Reviews All Age Groups	13 or more outcomes met	
		Number Reviews	Percent Total Reviews		Number Reviews	Percent Total Reviews		Number Reviews	Percent Total Reviews		Number Reviews	Percent Total Reviews		Number Reviews	Percent Total Reviews		Number Reviews	Percent Total Reviews		Number Reviews	Percent Total Reviews
1	21	13	61.9%	8	4	50.0%	8	6	75.0%	67	48	71.6%	20	14	70.0%	2	1	50.0%	126	86	68.3%
2	48	46	95.8%	15	11	73.3%	14	11	78.6%	79	57	72.2%	58	43	74.1%	10	6	60.0%	224	174	77.7%
3	16	10	62.5%	19	7	36.8%	23	9	39.1%	64	21	32.8%	50	24	48.0%	4	3	75.0%	176	74	42.0%
4	28	19	67.9%	17	4	23.5%	15	5	33.3%	62	31	50.0%	24	9	37.5%				146	68	46.6%
7	44	32	72.7%	18	8	44.4%	22	9	40.9%	68	39	57.4%	36	22	61.1%	1	1	100.0%	189	111	58.7%
8	24	9	37.5%	13	3	23.1%	13	4	30.8%	53	21	39.6%	19	6	31.6%	3	2	66.7%	125	45	36.0%
9	13	12	92.3%	2	1	50.0%	11	7	63.6%	43	22	51.2%	28	16	57.1%	4	2	50.0%	101	60	59.4%
10	58	44	75.9%	15	6	40.0%	26	12	46.2%	105	57	54.3%	53	24	45.3%	4			261	143	54.8%
11	85	68	80.0%	29	14	48.3%	29	21	72.4%	126	67	53.2%	54	21	38.9%	2	1	50.0%	325	192	59.1%
12				3	1	33.3%	2	2	100.0%	22	19	86.4%	8	5	62.5%	1			36	27	75.0%
13	19	14	73.7%	18	7	38.9%	18	8	44.4%	60	29	48.3%	35	18	51.4%	4	1	25.0%	154	77	50.0%
14	8	3	37.5%	6	2	33.3%	10	5	50.0%	38	11	28.9%	21	9	42.9%	4	2	50.0%	87	32	36.8%
15	5	3	60.0%	6	2	33.3%	4	4	100.0%	28	17	60.7%	9	5	55.6%				52	31	59.6%
23	86	45	52.3%	34	9	26.5%	54	16	29.6%	243	94	38.7%	122	42	34.4%	16	6	37.5%	555	212	38.2%
Grand Total	455	318	69.9%	203	79	38.9%	249	119	47.8%	1058	533	50.4%	537	258	48.0%	55	25	45.5%	2,557	1,332	52.1%

**Table 5
Person-centered Review
Outcomes by District and Home Type
13 or More Outcomes Met**

District	FAMILY HOME			INDEPENDENT/ SUPPORTED LIVING			SMALL GROUP HOME			ALF			FOSTER HOME			LARGE GROUP HOME			OTHER/ UNKNOWN			Grand Total		
	Total Reviews for This Setting	13 or more outcomes met		Total Reviews for This Setting	13 or more outcomes met		Total Reviews for This Setting	13 or more outcomes met		Total Reviews for This Setting	13 or more outcomes met		Total Reviews for This Setting	13 or more outcomes met		Total Reviews for This Setting	13 or more outcomes met		Total Reviews for This Setting	13 or more outcomes met		Total Reviews for All Settings	13 or more outcomes met	
		Number Reviews	Percent Total Reviews		Number Reviews	Percent Total Reviews		Number Reviews	Percent Total Reviews		Number Reviews	Percent Total Reviews		Number Reviews	Percent Total Reviews		Number Reviews	Percent Total Reviews		Number Reviews	Percent Total Reviews		Number Reviews	Percent Total Reviews
1	81	54	66.7%	26	21	80.8%	7	4	57.1%	2	1	50.0%	6	4	66.7%	2	2	100.0%	2			126	86	68.3%
2	90	78	86.7%	64	59	92.2%	27	13	48.1%	3	2	66.7%	1	1	100.0%	10	7	70.0%	29	14	48.3%	224	174	77.7%
3	59	28	47.5%	32	22	68.8%	44	8	18.2%	6	2	33.3%	1	1	100.0%	23	7	30.4%	11	6	54.5%	176	74	42.0%
4	72	36	50.0%	15	13	86.7%	29	7	24.1%	3			2	1	50.0%	3	1	33.3%	22	10	45.5%	146	68	46.6%
7	115	80	69.6%	10	7	70.0%	25	8	32.0%	3			1	1	100.0%	34	15	44.1%	1			189	111	58.7%
8	69	31	44.9%	16	10	62.5%	31	3	9.7%	1			4			3	1	33.3%	1			125	45	36.0%
9	55	40	72.7%	7	4	57.1%	28	9	32.1%	3	2	66.7%				3	3	100.0%	5	2	40.0%	101	60	59.4%
10	159	100	62.9%	18	12	66.7%	52	20	38.5%	6	1	16.7%	3			19	8	42.1%	4	2	50.0%	261	143	54.8%
11	213	143	67.1%	24	18	75.0%	67	28	41.8%	2			3	1	33.3%	12	1	8.3%	4	1	25.0%	325	192	59.1%
12	15	14	93.3%	7	6	85.7%	4	1	25.0%	8	4	50.0%	1	1	100.0%				1	1	100.0%	36	27	75.0%
13	73	47	64.4%	18	15	83.3%	36	8	22.2%	4			2	1	50.0%	16	4	25.0%	5	2	40.0%	154	77	50.0%
14	22	6	27.3%	14	6	42.9%	43	17	39.5%	1			2			2	1	50.0%	3	2	66.7%	87	32	36.8%
15	29	17	58.6%	7	7	100.0%	11	5	45.5%	2						2	1	50.0%	1	1	100.0%	52	31	59.6%
23	262	116	44.3%	107	59	55.1%	110	23	20.9%	45	3	6.7%	3	2	66.7%	20	3	15.0%	8	6	75.0%	555	212	38.2%
Grand Total	1,314	790	60.1%	365	259	71.0%	514	154	30.0%	89	15	16.9%	29	13	44.8%	149	54	36.2%	97	47	48.5%	2,557	1,332	52.1%

**Table 6
Person Centered Reviews
Foundational Outcomes Met**

Age Group	Foundational Outcomes Met*		Total Reviews Completed
	Number Reviews	Percent of Total Reviews	
3 to 17 years	103	22.64%	455
18 to 21 years	16	7.88%	203
22 to 25 years	16	6.43%	249
26 to 44 years	102	9.64%	1,058
45 to 64 years	61	11.36%	537
65 +	4	7.27%	55
District	Number Reviews	Percent of Total Reviews	Total Reviews Completed
1	25	19.84%	126
2	55	24.55%	224
3	13	7.39%	176
4	7	4.79%	146
7	39	20.63%	189
8	8	6.40%	125
9	18	17.82%	101
10	34	13.03%	261
11	30	9.23%	325
12	7	19.44%	36
13	23	14.94%	154
14	2	2.30%	87
15	4	7.69%	52
23	37	6.67%	555
Home Type	Number Reviews	Percent of Total Reviews	Total Reviews Completed
Family Home	208	15.83%	1,314
Independent/Supported Living	44	12.05%	365
Small Group Home	29	5.64%	514
ALF	3	3.37%	89
Foster Home	2	6.90%	29
Large Group Home	8	5.37%	149
Other/Unknown	8	8.25%	97
Totals	302	11.81%	2,557
Foundational POM	Number Reviews	Percent of Total Reviews	
19 - Is connected to natural support networks	1,846	72.19%	
20 - Is safe	1,807	70.67%	
21 - Exercises rights	994	38.87%	
22 - Is treated fairly	1,599	62.53%	
23 - Has the best possible health	1,440	56.32%	
24 - Is free from abuse and neglect	2,203	86.16%	
25 - Experiences continuity and security	1,378	53.89%	

Appendix 2

Provider Performance Review Aggregate Data

**Table 8: Summary of Provider Performance Review On-Site Review Results
October – December 2002**

District	Number of Reviews			Average Review Score		Number Reviews with Alerts		Total Number of Alerts									Reviews with Recoupment Cites		Total Number of Recoupment Cites		Number of Reviews Requiring Submission of a Quality Improvement Plan (QIP)		
	Agency	Solo	Total	Agency	Solo	Agency	Solo	Dignity Respect		Personal Privacy		Rpt Abuse Neglect		Background		Total	Agency	Solo	Agency	Solo	Agency	Solo	Total
								Agency	Solo	Agency	Solo	Agency	Solo	Agency	Solo								
1	7	2	9	88%	95%	1	1							1	1	2	1		1		3	1	4
2	7	15	22	83%	86%	2	5					2	2		4	8	5	4	9	6	7	10	17
3	10	4	14	91%	86%	2	1					1		4	1	6	3	2	9	2	3	2	5
4	12	10	22	91%	87%	3	1							3	1	4	4	1	5	1	4	5	9
7	3	3	6	87%	75%	1								1		1	1	1	2	5	2	1	3
9	17	4	21	90%	77%	2	2	1		1				2	2	6	2	2	3	4	7	4	11
10	10		10	89%		3						1		3		4	2		2		7		7
11	21	7	28	89%	78%	13	5		1		1			20	4	26	10	2	10	2	14	7	21
12	6	8	14	90%	85%	2	1							2	2	4	1	1	1	1	4	5	9
13	12	6	18	86%	92%	6	2	1						18	6	25	7	1	13	1	10	3	13
14	17	2	19	87%	79%	7	1					2	1	10		13	7	2	8	2	13	1	14
15	19	9	28	79%	77%	12	7							22	12	34	14	6	44	12	18	8	26
23	16	26	42	87%	82%	5	8				1	1	4	2	2	11	4	10	6	13	9	21	30
Total Reviews	157	96	253			59	34	2	1	2	2	10	5	88	44	154	61	32	113	49	101	68	169
Total Providers	116	96	212																				
Average Statewide Score				87%	84%																		

**Table 9: Statewide Summary of Provider performance review results by Service Category
October-December 2002**

Component Reviewed	Number of Reviews			Average Review Score			Number of Reviews with Alerts		Total Number of Alerts								Reviews with Recoupment Cites		Total Number of Recoupment Cites		
	Agency	Solo	Total	Agency	Solo	Total	Agency	Solo	Dignity/ Respect		Personal Privacy		Rpt Abuse/Neglect		Background		Total	Agency	Solo	Agency	Solo
									Agency	Solo	Agency	Solo	Agency	Solo	Agency	Solo					
Core Assurances	129	96	225	87%	84%	86%	13	7	2	2	10		1	2	5		22				
Adult Day Training	21		21	86%		86%	8				8						8	5		6	
Non-Residential Support Services	32	42	74	83%	79%	81%	12	12			12				12	24	15	16	22	21	
Residential Habilitation	91	13	104	86%	83%	86%	26	6			26				6	32	37	5	59	8	
Support Coordination	16	34	50	89%	89%	89%	5	10			5				10	15	6	7	8	12	
Supported Employment Services	13	3	16	89%	74%	86%	4	1			4				1	5	6	1	9	3	
Supported Living Coaching	25	8	33	90%	88%	89%	3	3			3				3	6	6	4	9	5	

**Table 10: State Elements of Performance Most Often Not Met
October – December 2002
Core Assurances**

Question ID	Description	Count Not Met	Percent Not Met
Core Assurances			
247	The provider has a policy to educate the individual and/or family/guardian about how to report abuse, neglect or exploitation.	109	48.23%
298	A Quality Improvement Plan (QIP) is developed to address areas needing improvement.	91	40.27%
297	The assessment examines the organizations compliance with requirements found in the Medicaid Waiver Agreement and Assurances, and applicable rules and regulations.	89	39.38%
248	The reporting and education policies are practiced.	83	36.73%
275	Grievance procedures will be annually reviewed and signed by the individual, family and/or guardian, and a copy kept on file by the provider	81	35.84%

**Table 11: State Elements of Performance Most Often Not Met
October – December 2002
Adult Day Training**

Question ID	Description	Count Not Met	Percent Not Met
Adult Day Training			
849	The provider and each of its employees receive training on responsibilities under the Core Assurances and requirements of specific services offered. [CA 2.1]	9	42.86%
836	Level two background screenings are complete for all employees. [CA 3.2]	8	38.10%
828	The IP is reviewed periodically to determine whether progress is being made and is updated to reflect new interests, goals, needs, or strategies to promote meaningful progress.	7	33.33%
852	Proof of current training before providing services is available for all staff in Cardiopulmonary Resuscitation (CPR), AIDS, and infection control	7	33.33%
853	Staff attend eight (8) hours of annual in-service training related to implementation of individually tailored services	7	33.33%

**Table 12: State Elements of Performance Most Often Not Met
October – December 2002
Non-Residential Support Services**

Question ID	Description	Count Not Met	Percent Not Met
Non-Residential Support Service			
17	The IP is reviewed periodically to determine whether progress is being made and is updated to reflect new interests, goals, needs, or strategies to promote meaningful progress.	44	59.46%
35	The provider and each of its employees receive training on responsibilities under the Core Assurances and requirements of specific services offered. [CA 2.1]	37	50.00%
36	The provider and each of its employees receive training on use of personal outcomes to establish a person-centered approach to service delivery. [CA 2.1]	37	50.00%
61	There is evidence that the data are reviewed periodically and that corrective measures are put in place if the data indicates that the goal is not being achieved.	36	48.65%
31	The provider and each of its employees receive training on the emphasis on individual choice and rights [CA 2.1]	33	44.59%

**Table 13: State Elements of Performance Most Often Not Met
October – December 2002
Residential Habilitation**

Question ID	Description	Count Not Met	Percent Not Met
Residential Habilitation			
200	The provider and each of its employees receive training on responsibilities under the Core Assurances and requirements of specific services offered. [CA.2.1]	50	48.08%
189	Proof of current training before providing services is available for all independent vendors or agency staff in Cardiopulmonary Resuscitation (CPR), AIDS, and infection control	44	42.31%
196	The provider and each of its employees receive training on the emphasis on individual choice and rights. [CA.2.1]	40	38.46%
201	The provider and each of its employees receive training on use of personal outcomes to establish a person-centered approach to service delivery. [CA.2.1]	35	33.65%
177	The IP is reviewed periodically to determine whether progress is made and is updated to reflect new interest, goals, needs, or strategies to promote meaningful progress.	34	32.69%

**Table 14: State Elements of Performance Most Often Not Met
October – December 2002
Support Coordination**

Question ID	Description	Count Not Met	Percent Not Met
Support Coordination			
818	There is evidence that the data are reviewed periodically and that corrective measures are put in place if the data indicates the goal(s) is not being achieved.	21	42.00%
742	Support and cost plans are provided to the individual or their guardian within 10 calendar days of the effective date, and at any time they are requested. [C.1.e]	20	40.00%
763	Provider assures a medication review by a Licensed Consultant Pharmacist is conducted at least annually	19	38.00%
817	The provider has established a systematic method of data collection to measure success on projected outcomes that is consistent with requirements found in their Agreement with the District.	18	36.00%
803	Contacts with individuals are scheduled based on the individual's choice and are at a time and in a location convenient to the individual receiving services. [C.4]	17	34.00%

**Table 15: State Elements of Performance Most Often Not Met
October – December 2002
Supported Employment Services**

Question ID	Description	Count Not Met	Percent Not Met
Supported Employment Services			
951	The IP identifies strategies and methods to assist the individual in meeting goal(s), as well as the data collection system to be used to assess success and achievement.	9	56.25%
425	There is evidence that the data are reviewed periodically and that corrective measures are put in place if the data indicates that the goal is not being achieved.	8	50.00%
423	Performance data on the district selected Service Outcomes	7	43.75%
424	The provider has established a systematic method of data collection for outcome data that is consistent with requirements found in their Agreement with the District.	7	43.75%
952	The IP is reviewed periodically to determine whether progress is being made and is updated to reflect new interests, goals, needs, or strategies to promote meaningful progress.	7	43.75%

**Table 16: State Elements of Performance Most Often Not Met
October – December 2002
Supported Living Coaching**

Question ID	Description	Count Not Met	Percent Not Met
Supported Living Coaching			
571	There is evidence that the data are reviewed periodically and that corrective measures are put in place if the data indicators that the goal is not being achieved.	14	42.42%
519	The IP is reviewed periodically to determine whether progress is being made and is updated to reflect new interest, goals, needs, or strategies to promote meaningful progress.	13	39.39%
570	The provider has established a systematic method of data collection for outcome data that is consistent with requirements found in their Agreement with the District.	13	39.39%
567	Performance data on district selected service outcomes	10	30.30%
518	The IP identifies strategies and methods to assist the individual in meeting goal(s) as well as the data collection system to be used to assess success and achievement.	9	27.27%

Table 17
Second Year Provider Performance Reviews by District
and Average Percentage Change in Score

District	Second Annual Provider Performance Review	Average Percent Change
1	9	12 %
2	16	14 %
3	1	17 %
4	4	15 %
7	9	7 %
8		
9		
10	2	-3 %
11	23	15 %
12	11	21 %
13	14	14 %
14	11	3 %
15		
23	15	7 %
Totals	115	12 %

Appendix 3

Attachment 1

Training, Education, and Liaison Contacts and meetings Year Two - October– December 2003

Project Management	Description of Activity	Participants and Audience
November 20-21, 2002	Interagency Quality Council	Delmarva staff and partners presented at IQC Quarterly meeting
November 22, 2002	Provider Summit Meeting in Tampa	Bob presented with Bob Maryanski and conducted a Q and A session for 200 providers.
District/local contacts	Description of Activity	Participants and Audience
District 1		
October 03, 2002	Quarterly meeting for 1st quarter	Regional Manager and Reviewers discussed with staff the results of reviews to date and various agenda topics related to data.
District 3		
October 07, 2002	Quarterly meeting for 1st quarter	Regional Manager met with staff to review monitoring result to date as well as other agenda items.
District 7		
12-17-2002	Quarterly Meeting	Met to review trends in data for the 1 st quarter, year 2 for both PPR and PCR. Participating were Carol McDuff, RM, Marsha Napier, PPR/QAR and Kiesha Gibbs, PCR/QAR. Four district staff attended.

District 8		
12-19-2002	Quarterly Meeting	Met to review trends in data for the first year of monitoring, and also reviewed the 1 st quarter, year 2 for both PPR and PCR. Participating were Carol McDuff, RM, and Michele Phelps, PCR/QAR. Five district staff attended.
District 9		
10-15-2002	Quarterly Meeting	Met to review trends in data for the first year of monitoring and the 1 st quarter, year 2 for both PPR and PCR. Participating were Carol McDuff, RM, and Lydia Catalon, PPR/QAR. There was six district staff present.
12-9-2002	Meeting with District staff	Lydia Catalon, PPR/QAR met with four district staff to discuss issues/concerns with provider(s).
District 11		
11-19-2002	Panel Presentation	Participated in a panel presentation with District 11 staff to the CCDH on monitoring activities. Participating were Carol McDuff, RM, Avril Wilson, PCR/QAR, Anna Quintyne, JCR, and Lydia Catalon, PPR/QAR. There were about forty providers in attendance.
11-19-2002	Quarterly Meeting District 11	Met to review trends in data for year one of monitoring and the 1 st

		<p>quarter, year 2 for both PPR and PCR.</p> <p>Participating were Carol McDuff, RM, Avril Wilson, PCR/QAR, Anna Quintyne, JCR, and Lydia Catalon, PPR/QAR. Three district staff attended.</p>
District 13		
October 7, 2002	Provider Meeting	Bob, Christine, Richard attended a District 13 provider meeting with 5+ DCF representatives and 60+ providers. We did a PP presentation on current data
Region 14		
December 5, 2002	Provider Meeting	Bob, Charmaine, Chris attended a District 14 provider meeting with 5+ DCF representative and 70+ providers. We did a PP presentation and Q and A session (see attached).
District 15		
11-20-2002	Quarterly Meeting	<p>Met to review trends in data for year one of monitoring and the 1st quarter, year 2 for both PPR and PCR.</p> <p>Power point presentation by Carol McDuff, RM to nine district staff.</p>
Region 23		
October 2, 2002	Quarterly Meeting	Bob, Charmaine, Kristin met with 5 representatives from DCF. We discussed the available quarterly data for PPR's and PCR's, and spent time discussing the role of the Region's

		personnel and when they would get involved with a provider, within the context of our processes.
October 31, 2002	Region 23	Bob spoke with Wanda Blanton to follow-up on questions regarding PPR element interpretation and the status of a PPR report.

Attachment 2

Florida Statewide Quality Assurance Program Internal Quality Assurance Plan Report on Year 2, Quarter 2 October – December 2002

The Organizational Review Board (ORB) met following the Interagency Quality Council meeting in November 2002 to address the status of project implementation and to review the requirements of the Internal Quality Assurance Plan (IQAP) and to define roles and responsibilities related to the Internal Quality Assurance Program. ORB meetings prior to this date were focused on project implementation and workload issues. Representatives from all major partners participated in the meeting as well as Delmarva's CEO, Tom Schaefer, and Sr. Vice President and Chief Operation Officer, Tim Jones

The ORB members had been asked to review the IQAP prior to the meeting and be prepared to discuss the components and time frames provided as well as the roles and functions of various team members in the carrying out internal monitoring functions.

While the ORB members were in agreement with most of the provisions of the IQAP and noted several activities that were on going, suggestions for revisions were made to clarify some areas as well as modify some components where the process or scope had changed. Project staff were asked to review the IQAP and propose recommended changes.

The group discussed current internal quality assurance monitoring activities and identified specific areas of focus for the upcoming quarter.

The following provides a report of internal quality assurance activities that occurred during the October-December 2002 period.

New Staff Orientation and training

Three new person centered review staff were hired during this quarter. The corporate office provided general orientation and project staff provided program specific training related to the person-centered review process.

Comprehensive training in the use of the POM's for Adults was provided to three review staff as well as a Regional Manager. In addition to small group instruction, training included one-on-one modeling and coaching in the use of the POM interview tool with a final reliability assessment

administer to determine competence to use the POM Interview. One of the new review staff did not pass reliability. After consultation with his supervisor, it was mutually agreed that this was not the appropriate job fit and he was terminated. The other review staff, including the Regional Manager achieved reliability at 85% or above.

New staff also participated in a training session for all reviewers and completed training on the PCR process with their supervisor.

Person-centered Reviews

POM Monitoring and Annual Reliability

The Council provides on site monitoring of 5% of all POM's conducted annually. Council staff accompanies Reviewers on interviews and observe the administration of the POM's. Monitoring is designed to ensure that reliability in conducting the POM interviews is maintained and as well as to provide on going technical assistance as needed. During October, November and December, The Council monitored 49 interviews.

Additionally, annual reliability in the use of the POM's for adults was established for all 10 reviewers and one Regional Manager who had achieved reliability last year.

Annual Gold Standard Reviews

100% of the person -centered review reports were reviewed by the Regional Managers though the 2nd quarter and has replaced the use of scenarios until a sampling of reviews is implemented. Regional Manager review and approval of all reports has continued due to on going changes and modifications to the format and content of the PCR Report. Due to the increased importance of the PCR recommendations and the need for reports to be accurate and consistent, continued review and approval has been necessary to ensure that reviewers are being consistent in the areas addressed in the report and the type of recommendations developed. The process of report review and approval includes individual follow up and consultation with the reviewer as well as periodic checks with selected waiver support coordinators to verify information and recommendations.

Consumer and Family Feedback

The AHCA Beneficiary Feedback Survey has been implemented by AHCA and information is provided to project staff related to the responses. No formal education and training sessions were conducted during the second quarter.

Provider Performance Reviews

Q & A document and protocol update

Three 3 days of face-to-face reviewer training was provided in November for the purpose of addressing selected review topics and to provide training on tool revisions. Training topics were selected based on issues identified by the reviewers and the Regional Managers

Additionally, PPR reviewers participate in bimonthly conference calls designed to provide targeted training and address on going questions and concerns. Minutes of these meetings are provided to all reviewed staff and include Q&A's.

Scoring and documentation analysis

For the 2nd quarter, Regional Managers reviewed and approved 100% of the Provider Performance Reviews. On going feedback was provided as necessary. A tool for reviewing individual reports and providing feedback to reviewers was field tested by one Regional Manager.

Inter rater reliability testing

Formal inter-rater reliability is scheduled to be conducted in Jan – March 2003.

Reliability of Desk Reviews

Reliability of desk reviews was not done in the 2nd quarter as there only a few desk reviews completed. A revised Desk Review Process is being implemented in the third quarter with over 1400 requests for information being sent out to providers. An updated process for reviewing desk review results will be implemented by the Provider Performance Review Coordinator in conjunction with the Regional Managers beginning in the 4th quarter.

Medical Peer Review

The Medical Peer Review process was under revision during the second quarter. The internal quality assurance process is under review by the new Medical Director, Joe Braun, and should be in place during the next reporting period.

Reconsiderations

All outstanding reconsideration requests were processed during this quarter. One Regional Manager has assumed responsibility for this activity. During this quarter, reviews of selected reconsideration

requests were conducted by Joint Commission staff. Written and verbal feedback was provided.

Evaluation of Provider/consumer education

No formal education programs were provided during the 2nd quarter

Timeliness and Submission of Deliverables

Delmarva and its program partners are continuing to develop internal management systems to ensure that required timelines for conducting reviews are being met and that review data is being gathered in a format that can be analyzed in an aggregate form. During second part of the contract year, Delmarva management will work with its auditors and the subcontractor Garcia and Ortiz, to establish monitoring protocols that measure the adequacy and effectiveness of the management systems currently under development.

AHCA-QR2Y2-040803