

**Florida Statewide Quality Assurance Program
Delmarva Foundation**

**Quarterly Report
January 1 – March 31 2003**

**3rd 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 provide a full complement of quality assurance review activities through the Provider Performance Review and Person-center Review processes.

Through the third quarter of Year Two, 461 additional Person-centered Reviews were completed bringing the total number of Person-centered Reviews that have been completed to 2918.

The percentage of individuals who had 13 or more Outcomes **Met** or Supports **Present** remains consistent with results from interviews conducted in Florida since 1998. The cumulative percentage of 13 or more Outcomes Met and Supports Present were 52.1% and 60.66% respectively for this reporting period. This represents a decrease of about 4% for Outcomes and Supports from cumulative data reported through Year One.

Additional analysis of POM data by specific groups including district, age grouping, and home type continue during the 3rd quarter with no significant variations in results. 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**. While the overall percentage of individuals who met the criteria was very different, the distribution of findings by category remained consistent.

As reported in the second quarter, 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.

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

Results from the Personal Outcome Measures (POM) interviews conducted by FSQAP staff over the past year consistently identify 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 interviewed.

Data on General categories of recommendations as well as specific recommendations in the area of Health and Safety (including Behavioral) was available this quarter as a result of application enhancements to the PCR Tool. While not all recommendations have been coded to an appropriate category due to phase of the enhancement, information on recommendations is available on 1012 Person-centered Reviews. About 17% to 42% of the reviews have recommendations related to general categories such as rights, Satisfaction with Supports, or Residential. Most reviews (68%) have either a general or specific recommendation related to Health and Safety – 45% of the reviews have a general health/safety recommendation while recommendations in specific areas are included in 34% to 4% of the reviews.

On Site Provider Performance Reviews of 261 providers of “core” services were conducted resulting in 384 review reports. 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. There were 72 Provider Performance Desk Reviews also completed during this period. During this quarter, revisions to the Provider Performance Review Tools, Protocols, Scoring and Report format were implemented. About half of the On-site reviews for this Quarter were reviewed under the new process.

Follow Up Reviews were conducted for 88 providers during the January–March 2003 period. 22 follow up reviews (including two follow ups with technical assistance) were documented in a new automated application that will allow follow up results to be compared against the original review.

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 89%. Scores for agency providers remained about the same, while there was a statewide average increase for solo providers reviewed On site of 6% (84% to 90%). For second annual reviews conducted using the original tools and protocols, there was an average increase in overall score of 16%.

In addition to the implementation of revised review tools and protocols for Provider Performance Reviews, weighted scoring and the consolidation of review results into one report for providers with multiple locations was introduced. While the implementation of a revised process was necessary to reflect changes in Developmental Disabilities Medicaid Waiver requirements and to place a greater emphasis on program outcomes and quality, the ability to compare Provider Performance Review scores is greatly diminished.

Summary of Project Activity and Accomplishments

The following provides a description of program activities, improvements, and accomplishments for the third quarter, (January-March 2003) 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

- Revisions to the Provider Performance Review were finalized and implemented during the middle of this reporting period. The changes include:
 1. Revisions to Standards and Elements of Performance for Core Assurances and Service Specific requirements for services reviewed through the Provider Performance Review process. Revisions were made to comply with the requirements included in the DS Medicaid Waiver handbook and input from an Interagency Quality Council work group that included consumers, providers and project staff. Input from review staff was also used to improve, clarify or revise **Standards** and Elements of Performance. **Revisions included greater emphasis on person-centered approaches including personal outcomes, the addition of a Standard for “core” services on Projected Service Outcomes which relates to the provider outcomes for the service, and the addition of a supplement standard for Behavioral Supports when provided in conjunction with selected services.**
 2. Selected Elements of Performance were weighted based on input from reviewers, providers, and the Interagency Quality Council to reflect an increased emphasis on provider performance in the areas of **health, safety**, basic rights and quality. Elements of Performance designated as **Alert** items which require immediate corrective action (health, safety, and rights as well as background screening) were given a weighting, or value of 4, while Elements of Performance that measure program quality, **or progress towards or achievement of outcomes were given a weighting, or value of 2.** All other Elements of Performance had a value of 1.
 3. Results for Provider Performance Reviews with multiple locations for Support Coordination, Residential Habilitation, and Adult Day Training were consolidated into one report with one score. This resulted in a single review of the Core Assurances for each provider, eliminated multiple reports within a district for many providers, and streamlined the quality improvement plan and follow up processes.
- **To support greater emphasis on person-centered approaches in the Provider Performance Review process, available Person-centered Review reports are reviewed for consumers receiving services from the provider as a part of the Provider Performance Review process. This information, including the recommendations**

made as a part of the Person-centered Review is considered in evaluating specific Elements of Performance.

- Concurrent with revisions to the Standards and Elements of Performance for the PPR's, the automated application was also expanded to include results from follow up reviews that had previously been reported in a format that could not be analyzed.
- Reports through February 22, 2003 were distributed within required time frames 77% of the time. The average distribution time for Provider Performance Review reports from date of review to mail out was 22 days for the January–February 2003 period. Provider Performance Reviews conducted in the last week of February and in March were not sent out within the 30-day time frame due to the conversion of the automated application and database to accommodate the revisions to the Standards and Elements of Performance. Reports from these reviews were distributed during the second week of April.
- There were 306 QIP's received, logged and processed during the January - March 2003 period. There were 284 QIP's finalized and 22 QIP's were denied and awaiting a response from the provider at the end of the quarter. Cumulatively, there were 48 providers who had not submitted a Quality Improvement Plan as required. Nine providers were referred for technical assistance follow up.
- Nine Reconsiderations requests from On Site Provider Performance Reviews were received during this quarter. Six of the nine requests were denied; the remaining 3 were accepted and Review Scores were revised accordingly; one change was an Alert
- Two additional follow up review types were implemented – follow up with technical assistance and documentation review.

Person-centered Reviews

- During the third quarter, efforts continued to complete Person-centered Reviews within 30 days of the scheduled interview. On going challenges with scheduling consumer interviews as well as follow up interviews and central record reviews with Waiver Support Coordinators have made meeting time frames difficult for reviewers. Most systemwide technical issues have been resolved. Regional Managers and Information Technology staff work closely with review staff to resolve any individual hardware, connection, or application difficulties that reviewers encounter. Regional Managers also continue to work individually with review staff as well as district staff to resolve any scheduling or follow up issues that may come up. Temporary staff has been hired to assist with verifying contact information from ABC as well as to schedule reviews.
- Additional review staff were added as either full time employees or contract employees. These reviewers were trained and found reliable by The Council in the use of the Personal Outcome Measures. The additional review staff will support project efforts to complete the required number of reviews within reasonable time frames and eliminate a backlog of reviews at the beginning of the new contract year in July 2003.
- Longitudinal Study – The design for the Longitudinal Study anticipates that 150 people will participate in a Person-centered Review annually over the current 4-year contract period. A sample size of 276 was determined to be adequate to ensure that 150 longitudinal reviews could be conducted over the four-year period. The sample

size considered the historical decline rate which included the individual's choice to decline to participate at any point during the 4-year period. Letters notifying individuals of their selection were mailed out and the interview process initiated.

- Enhancements to the PCR application that allows recommendations to be coded and classified into general categories was implemented during this quarter. Initial results from available data summarized in the PCR Results section of this report
- A Study Design for Year 2 – Usage of Psychotherapeutic Drugs was proposed. The Study will be based on the drug combinations reviewed for the Year One Study. Additional analysis by age grouping, home setting and district will be provided.
- Other enhancements to the PCR process include district spreadsheets containing the PCR Recommendations that will be distributed on a monthly basis beginning in April 2003. A Pharmacy Claims Profile for consumers on the Developmental Services Home and Community Based Services Waiver who have Medicaid Claims for certain combination of medications will also be distributed on a Quarterly basis to the District Developmental Disabilities Offices for review and follow up, if appropriate, by Developmental Disabilities Medical Case Management Teams.
- Two items from the POM tool, “Choose Services” and “Choose Work” were selected by the Interagency Quality Council for a Quality Improvement Initiative. These items were among the top four outcomes (designated “driver” outcomes) identified by Delmarva through a regression analysis that have the highest predictive value for a person having 13 or more outcomes **Met**.

Staff training and Technical Assistance

Nine individuals were recruited, interviewed and selected to conduct PCR Reviews. Training in conducting POM interviews was provided by The Council and included an assessment workshop, coaching and shadowing sessions, and reliability. One individual chose not to continue the training after completing the assessment workshop and a second did not achieve reliability. At the completion of the POM interview training process, one full time Delmarva reviewer for the Distinct 7 (Orlando) area and six contract reviewers located in areas throughout the State successfully achieved reliability and initiated reviews beginning in March 2003.

The Council staff continued to monitor Person-centered Reviewers through on site observation of actual POM interviews. This one-on-one monitoring provides PCR staff the opportunity to maintain 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. When significant issues are identified, additional coaching is provided. Additional detail is summarized in Appendix 3, Attachment 2, Internal Quality Assurance Report.

On going training and technical assistance was also provided through biweekly conference calls with PCR. Specialized training during these conference calls was provided by The Council staff and by the FSQAP Nurse Reviewer to address issues and concerns identified by reviewers and regional managers.

Biweekly conference calls with Provider Performance Review staff provided intensive and targeted training on the revisions and additions to the monitoring tools and protocols. Some of the specific training topics included accessing and using Person-centered Review Reports in the Provider Performance Review process: scope, operational procedures and components of the technical assistance follow up review; and the use of the revised PPR automated application including recording Follow-up review results. Technical assistance and training was also provided by State Developmental Disabilities program staff. Areas targeted included the new Standard and Elements of Performance on Projected Service Outcomes and the supplemental Behavioral Standard and Elements of Performance for selected services.

Rater reliability reviews for Provider Performance Reviewers were completed. A summary is included in the Internal Quality Assurance report (Appendix 3, Attachment 2).

Liaison and Educational Activities

Scheduling for thirteen education and training sessions was initiated. Training sessions will be provided throughout the State in cooperation with Department of Children and Families district offices. Separate training sessions will be scheduled for consumers/families and for providers. Based on a prototype piloted in District 12 during the early part of the contract year, project staff are working closely with district staff to identify training topics and areas of interest to be addressed.

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 on specific topics and issues. **Appendix 3, Attachment 1** summarizes these activities for the January through March 2003 period. Required Quarterly meetings with district staff to share information about review results are identified.

Other activities included a presentation to the State Advocacy Council Board, an update to Developmental Disabilities Program Office staff, a presentation to the Developmental Disabilities Leadership Group, a presentation at the state Developmental Disabilities Medical Case Management quarterly meeting; and participation in the District DD Medical Case Management Team conference calls.

Internal Quality Assurance Activities

See **Attachment 2 in Appendix 3** for a report of Internal Quality Assurance activities.

Summary of Customer Service Activity

Desk reviews were resumed following the approval of Year One revisions to the Desk Review process in January 2003. Beginning February 6, 2003, over 1400 requests were sent out to providers of services subject to desk review. As expected, there were significant increases in customer service inquiries related to desk review activities. Other customer service activity included providing assistance with interpreting services, responding to inquiries related to Quality Improvement Plans, addressing questions related to Person-centered Reviews and responding to miscellaneous requests for information or assistance. Some requests were handled directly by the Regional

Managers, the QIP coordinator, or other management staff through direct contact or referral from the Customer Service Representative

Most providers calling with questions about desk reviews indicated the information and provider guidelines they received by mail was helpful and provided most of the information they needed. Further, most of the callers have been anxious to comply with desk review requirements and the inquiries have been to clarify specific requirements, provide additional information about the services they provide, request an extension in submitting information, or verify that their information has been received. Some providers have offered positive comments about Delmarva's work.

Spanish interpreting services were arranged and provided to a consumer and his family for a Person-centered Review in Orlando. Services were provided at no cost by a volunteer known to the family. American Sign Language interpreting services were provided to a consumer for a Person-centered Review in Apopka on April 4, 2003. Services from ASL in Orlando were arranged and paid for through the FSQAP project.

Routine calls about Person-centered Reviews continued throughout the quarter on a regular basis. Calls are either handled directly by the customer service representative or, if appropriate, referred to the Regional Managers or project staff.

In addition to responding to inquiries specific to Desk Reviews, assistance was routinely provided to providers with questions related to their on-site review, missing reports, status of mailings, denied (or approved) quality improvement plans (QIPs), clarification of provider performance reviews (PPR) tools, checklists and protocols, reconsideration process, etc. Referrals were made to the FSQAP staff when appropriate.

In accordance with FSQAP policy, the Customer Services Representative was diligent in meeting the requirement to respond to calls no later than the next business day. Most callers have received an immediate or same day response. Very few callers have had to wait until the next business day to receive a reply. Inquiries handled directly by management staff are forwarded to the Customer Service Representative to be documented in the Customer Service Log.

The following summarizes Customer Service inquiries for the January through March 2003 quarter. The Customer Service Contact Log and correspondence files available in the Tampa office provide additional documentation and information.

Inquiries to Customer Service Representative	
Nature of contacts	Number of contacts
Provider Performance Reviews – on-site reviews	53
Provider Performance Reviews – Desk reviews	519
Person-Centered Reviews	60
General consumer and provider information and updates	18
Interpreting Services	9
Total	659

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

Following the approval of a contract amendment that streamlined the Person-centered Review process, project staff have continued to work to complete the required number of reviews within required frames. As of March 31, 2003, the Florida Statewide Quality Assurance Program (FSQAP) of the Delmarva Foundation had completed Person-centered Reviews for an additional 461 individuals. This brings the total number of Person-centered Reviews that have been completed since the initiation of the project to 2918.

Figure 1 provides cumulative results for the number and percentage of individuals for whom 13 or more Outcomes are **Met** and Supports are **Present** based on the Personal Outcome Measures through this Quarter as well as for previous reporting periods. Cumulative data on the presence of Outcomes **Met** and Supports **Present** by individual POM item is displayed graphically in **Figures 2 and 3**. **Figure 4** provides a different display of the POM results. **Figure 4** displays the Average Outcomes **Met** by the seven POM areas with the corresponding Average for Supports **Present** only for the average Outcomes **Met**.

Other analyses of the POM results is provided for 13 or more outcomes **Met** by district, by age group and by home type and for Foundational Outcomes (Items 19-25) met. Data on All Foundational Outcomes **Met** by district, age, and home type is also displayed.

Aggregate and detailed data on individual Outcomes and Supports is included in **Appendix 1, Tables 1 –7** as well as required data on the most frequently cited reasons that Outcomes are **Not Met** and Supports are **Not Present**. Cross-tabulations by district for age and home type for reviews where 13 or more Outcomes Met is also presented.

Statewide Performance Indicator - 13 or More Outcomes or Supports Present

The Personal Outcome Measures have been used by the Department of Children and Families to measure outcomes for persons with developmental disabilities since 1998. The POM's have 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 Met 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 through the January -March 2003 quarter. Since the previous reporting period, the percentage change for 13 or more outcomes **Met** and 13 or more supports **Present** is less than ½ percent for both outcomes and supports. Since the initial reporting period, the Percentage for Outcomes **Met** and for Supports **Present** have both decreased by slightly over 4%.

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

Individuals Having 13 or more Outcomes or Supports Present								
Reporting Period	Outcomes				Supports			
	Year One	Cumulative through Year 2, Quarter 1	Cumulative through Year 2, Quarter 2	Cumulative through Year 2, Quarter 3	Year One	Cumulative through Year 2, Quarter 1	Cumulative through Year 2, Quarter 2	Cumulative through Year 2, Quarter 3
Number								
13 or more present	1011	1165	1332	1508	1171	1362	1563	1770
less than 13 present	792	1028	1225	1410	632	831	994	1148
Total Number	1803	2193	2557	2918	1803	2193	2557	2918
Percent								
13 or more present	56.10%	53.00%	52.10%	51.68%	64.90%	62.11%	61.10%	60.66%
less than 13 present	43.90%	47.00%	47.90%	48.32%	35.10%	38.00%	38.90%	39.34%
Total Percent	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Personal Outcomes Measures Results by Individual Item and by Area

Responses to the Personal Outcome Measures (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** depict the percentage of Outcomes **Met** by POM item and the percentage of Supports **Present** by POM item.

Figure 2
Percent of Personal Outcomes Met

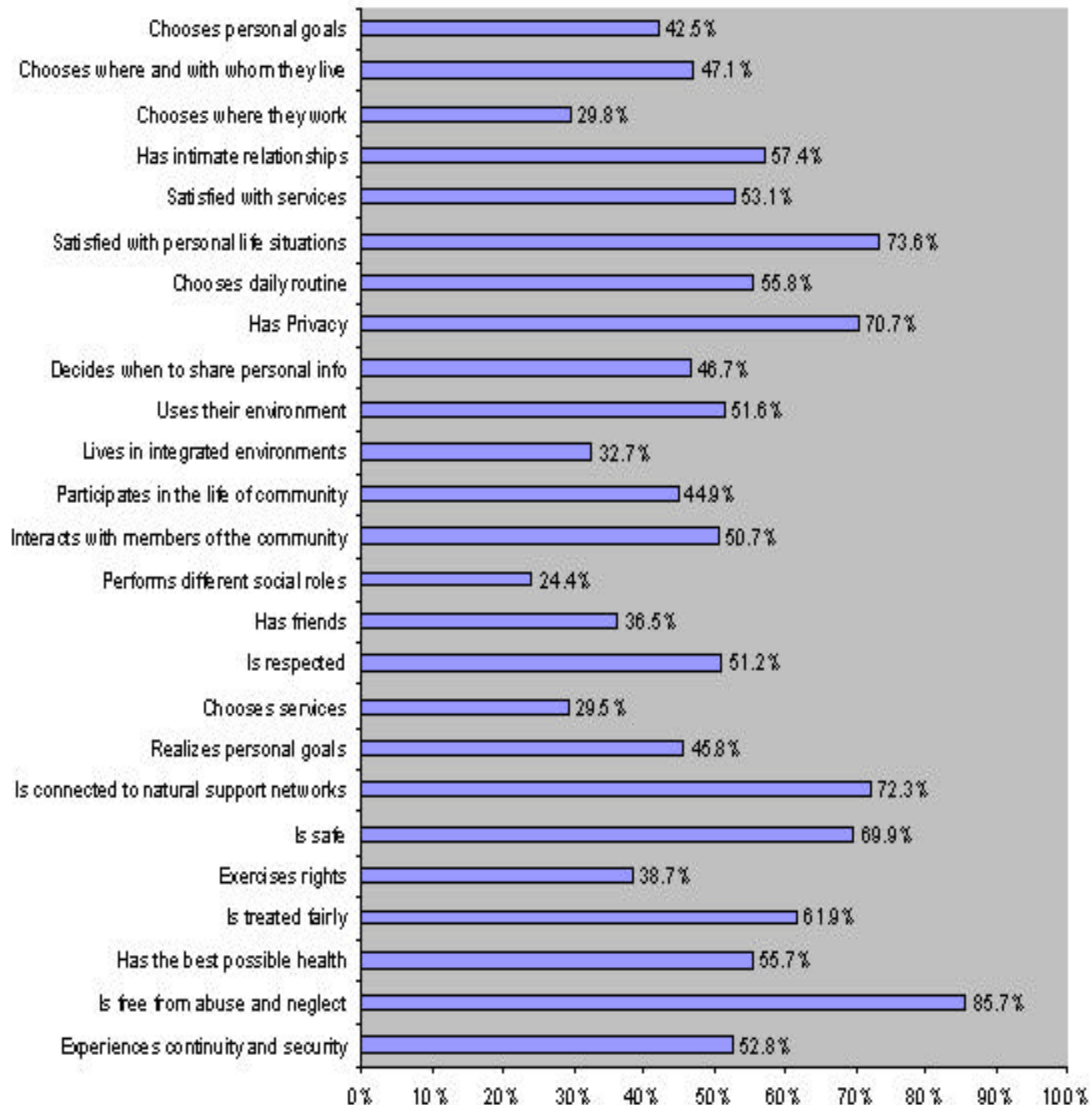
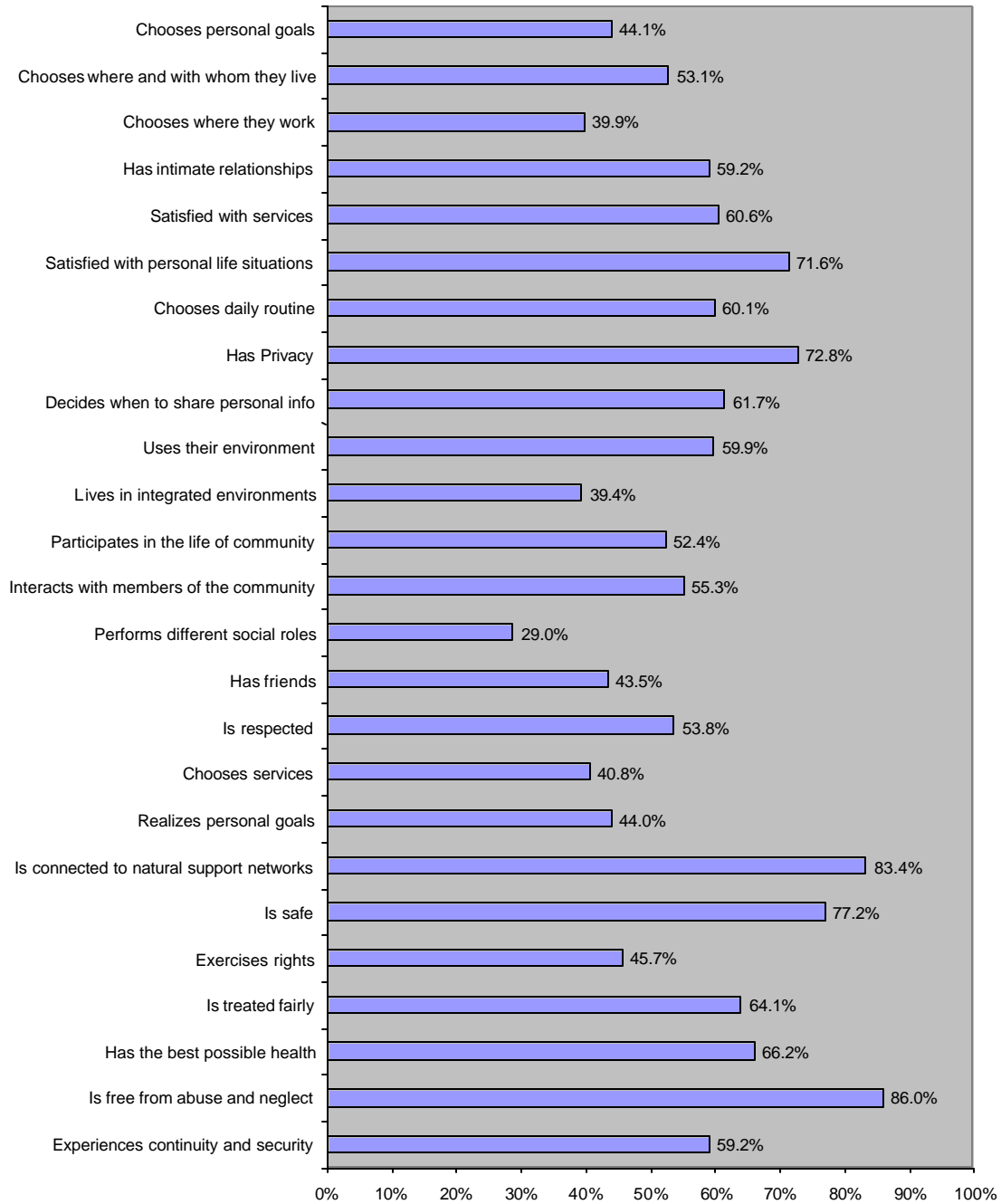


Figure 3
Percent of Supports Present



When comparing **Figures 2 and 3**, the percentage of Supports **Present** by individual item is higher than the percentage of Outcomes **Met** by individual item for all but two Personal Outcomes – “Satisfied with personal life situations.” (Outcome is **Met** for 73.6% of the persons reviewed, while Support is **Present** for 71.6% of the persons

reviewed) and “Realizes personal goals” (Outcome is **Met** for 45.8% of the persons reviewed, while Support was **Present** for 44% of the persons reviewed.).

The top five Outcomes most often **Met** remain consistent with previous reporting periods. The Outcome “People are satisfied with personal life situations” increased by 2.7% while the remaining Outcomes increased or decreased by 1% or less. The top five Supports most often **Present**, while not provided by item in previous reports correlates almost identically with the Outcomes most often **Met**. There is a slight variation in the relative ranking for the most often **Met** Outcomes and most often **Present** Supports.

POM Item	Outcomes Met	Supports Present
• People are free from abuse and neglect	85.7%	86%
• People are satisfied with personal life situations	73.6%	83.4%
• People are connected to natural supports	72.3%	77.2%
• People are Safe	69.9%	71.6%
• People have privacy	70%	72.8%

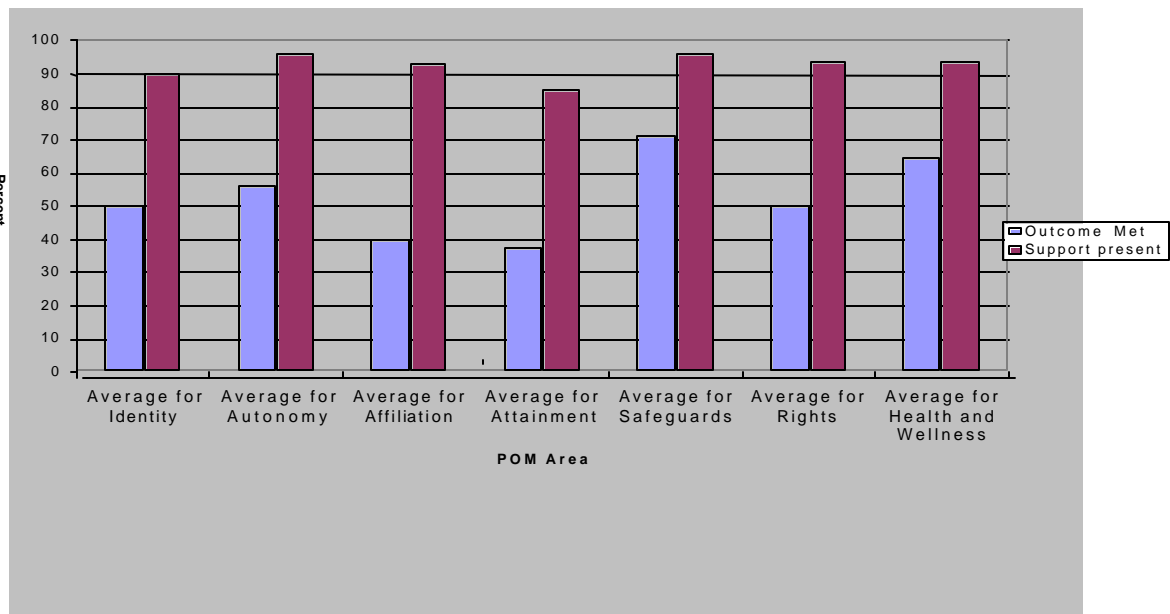
The individual Personal Outcome Measures items that were **Met** the least often were also consistent with previous reporting periods with the percentage change 1% or less for any item. Further, the items for which Supports were least often **Present** is consistent with the Outcome data. For the two “driver” Personal Outcome Measures targeted for quality improvement initiatives (“Chooses Services” and “Chooses Work”) the percentage of Supports **Present** is significantly higher than the percentage of Outcomes **Met**.

POM Item	Outcomes Met	Supports Present
• People perform different social roles	24.4%	29%
• People choose services	29.5%	39.4%
• People choose where they work	29.8%	39.9%
• People live in integrated environments	32.8%	40.8%
• People have friends	36.5%	43.5%

For the data presented above, the percentage of Outcomes **Met** and the percentage of Supports **Present** are calculated separately and not matched or correlated.

Figure 4 presents the POM results differently than the data displayed in **Figures 2 and 3**. First, the results for individual items are aggregated and averaged by Area which includes identity (Items 1-6), autonomy (Items 7-10), affiliation (Items 11-16), attainment (Items 17-18), safeguards (Items 19-20), rights (Items 21-22), and health and wellness (Items 23-25). Further, the Percentage of Average Supports **Present** by Area is displayed only for the Average Outcomes **Met** by Area. This data reflects what would be expected – when an Outcome is **Met**, Supports are Present at a consistently high rate. Data presented in **Figure 4** (and **Table 1, Appendix 1**) is consistent with previous results. When an Outcome is **Met**, Supports for these Outcomes are **Present** 85 to 96% of the time.

Figure 4
Average Outcomes Met and Supports Present by POM Area



The Outcome Area with the highest average percentage of Outcomes **Met** continues to be Safeguards (71.1%) which includes the Items “Is Safe” and “Is Connected to Natural Support Networks.” The average for the area of Health and Wellness (64.8%) 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 were **Met** for only 55.7% and 52.8% of individuals interviewed, the Outcome related to being Free from Abuse and Neglect was **Met** for 85.7% of the individuals interviewed. It is important to point out that individuals for whom this outcome was **Not Met** are not necessarily experiencing abuse or neglect at the time of the interview. This Outcome is considered **Not Met** if the person being interviewed has experienced abuse or neglect at some time in their life and still has feelings about it.

Additional detail about the Outcomes **Met** and Presence of Supports when Outcomes are **Met or Not Met** can be found in **Appendix 1, Table 1**. A breakdown of POM items for each Area is also presented in **Table 1**. Further, the average importance of each item for the persons interviewed is included in **Table 1**. The rankings related to importance are based upon reviewer professional judgment and has not been formally validated or determined reliable. The reviewer uses this information when developing recommendations for review and follow up by the Waiver Support Coordinator. **Appendix 1, Table 2**, provides data on the Percent of Supports Present for all POM interviews conducted to date without regard to whether the Outcome is **Met**.

Data about the Reasons that Outcomes and Supports are **Not Present** is provided in **Appendix 1, Table 3**. The Reasons are generated from a list of standard selections for each Personal Outcome Measure 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 Met** and **Support Not Present** are indicated and includes the frequency and the percentage of time used. The results include all 2918 Personal Outcomes Measure interviews.

Reasons for Outcome Not Met or Supports Not Present

For this report, the Reasons that Outcomes are **Not Met** and Supports are **Not Present** for selected driver POM's are highlighted and briefly discussed.

For “Chooses Work,” there were 2048 persons for whom this Outcome was **Not Met**. The top reasons cited by reviewers were “Limited options” (45.4%); “No opportunity to experience different options” (37.6%) and “Choice made by others”(29.8%). For this same item, there were 1753 persons for whom Supports were **Not Present**. The three most frequently cited reasons were “Varied experiences not provided”(63.3%); “Barriers not being addressed”(24%); and “Efforts not present to learn preferences”(22.3%).

For “Chooses Services,” there were 2057 persons for whom this Outcome was **Not Met**. The top reasons cited by reviewers were “Choices made by family or others without individual's input” (45.9%); “Awareness needs to increase” (40.9%) and “Service choices limited or not available”(30.3%). For this same item, there were 1727 persons for whom Supports were **Not Present**. The three most frequently cited reasons were “Family/organization continues to make choices”(48.2%); “Organization does not

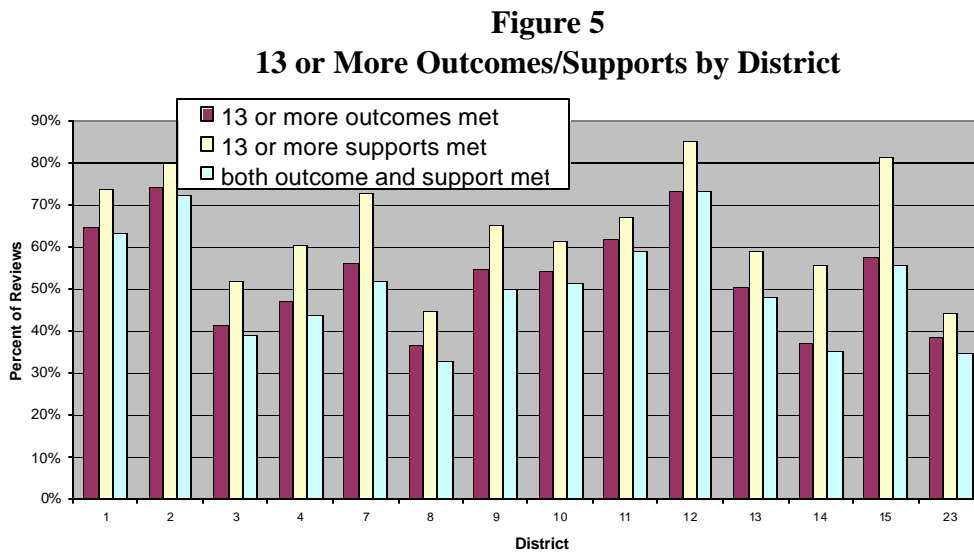
educate person on available choices”(39.7%); and ‘Organization not working to increase choices”(32.3%). (Note: multiple reasons can be identified for any Outcome Not Met or Support Not Present).

While the reason identified for Outcomes **Not Met** and Supports **Not Present** are different for the two items, there are common themes related to opportunities for individual to make a choice; the efforts made to educate and inform people about options; and the general availability of and access to a variety of options.

13 or More Outcomes Met/Supports Present By District, Home Type & Age
 Additional analysis of POM interview data is presented by district, home type and age group when 13 or more Outcomes are **Met**.

Figure 5 displays the percent of reviews with 13 or more Outcomes **Met** as well as data about 13 or more Supports **Present**. The Supports **Present** data is displayed two ways:

1. The percent of reviews with 13 or more Supports **Present** regardless of whether the outcome was **Met**
2. The percent of reviews for which 13 or more Outcomes are **Met** AND for which 13 or more Supports are **Present**.



The graph indicates that there are considerable variations among districts in the percent of reviews that have more than 13 or more Outcomes **Met**, 13 or more Supports **Present** or when both 13 or more of Outcomes are **Met** and Supports are **Present**. .

Further analysis of 13 or more Outcomes **Met** by district including cross tabulation by Age Grouping and Home Type is available in **Appendix 1, Tables 5 and 6**. These Tables provide information about how districts are performing in comparison to the state

average as well as additional detail for district analysis related to the number of reviews completed and results by age grouping and home type.

Figure 6 graphically displays the percentage of individuals who had 13 or more outcomes **Met** by Home Type. These results are consistent with previous data and 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.

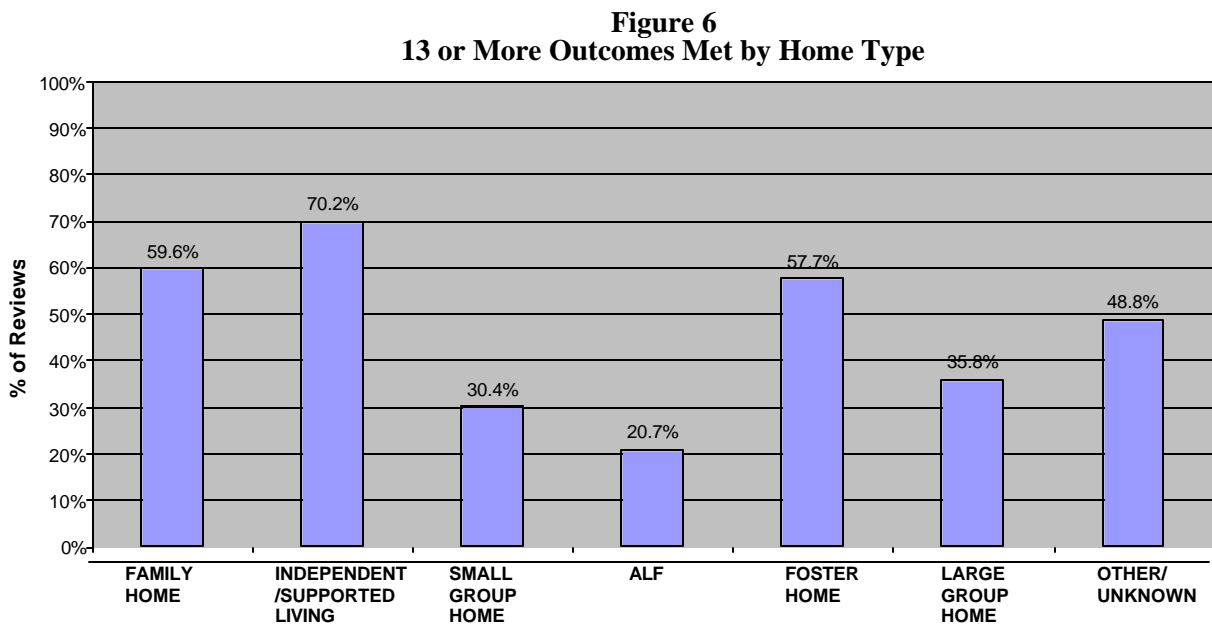
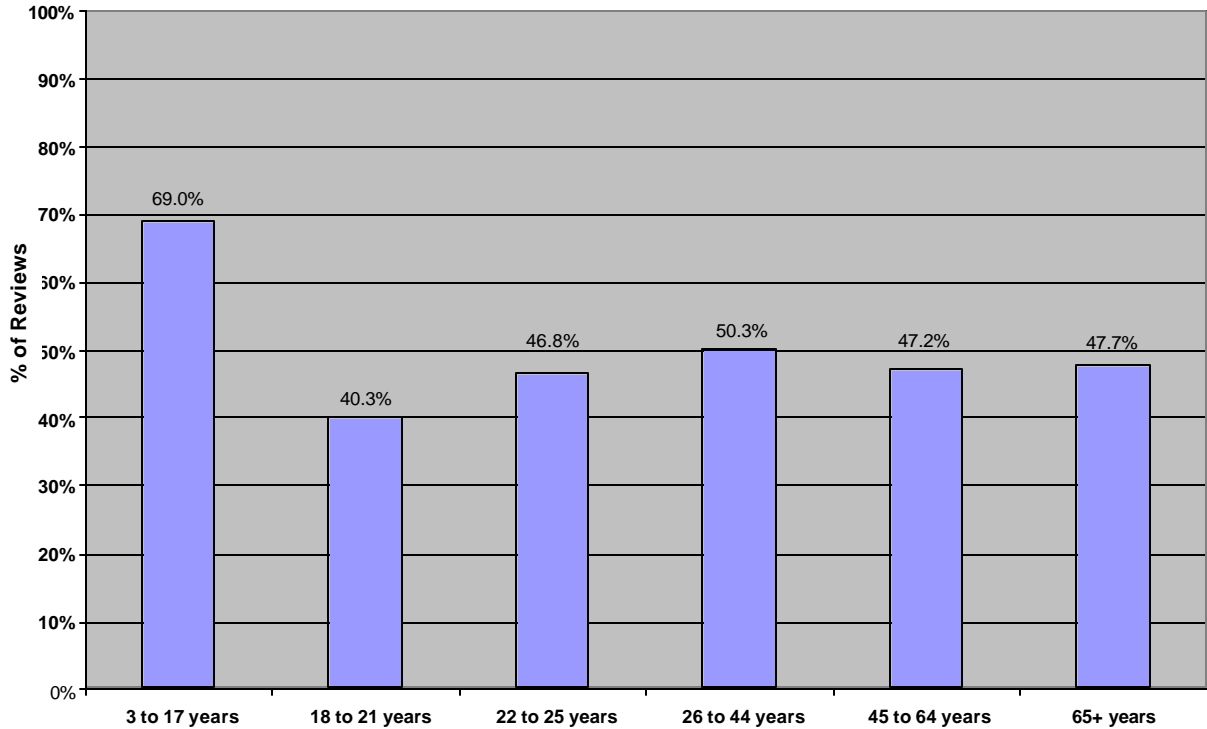


Figure 7 displays results by Age Grouping for persons interviewed who had 13 or more outcomes **Met**. The age groupings are consistent with the recommendations made by the Data Work Group of the Interagency Quality Council. Older school aged children (18-21) are displayed separately as many people begin transitioning to non-school settings during this age period. The data through the 3rd Quarter of Year Two is consistent with data reported in the 2nd Quarter, Year Two (1% or less difference for all age groups). For the 3 –17 Age Group, there continues to be a significantly higher percentage of persons reviewed who have 13 or more Outcomes **Met** than for any other Age Group. There

continues to be a significant decrease (28.7%) in the percent of reviews with 13 or more Outcomes **Met** from the 3-17 Age Group to the 18-21 Age Group.

Figure 7
Percentage of 13 or More Outcomes Present by Age Group

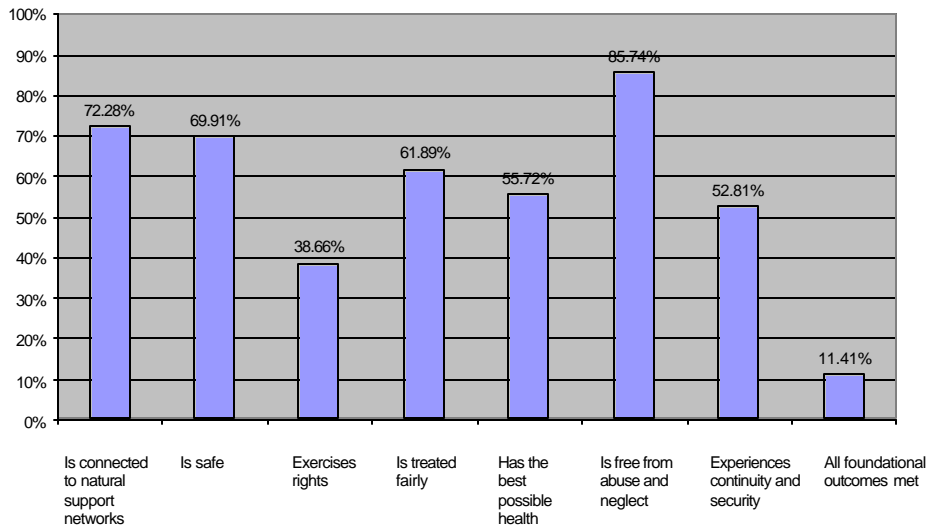


Foundational Outcomes

The last seven Personal Outcome Measures (Items 19-25) include the Areas of Safeguards, Rights, and Health and wellness. These are the Foundational Outcomes and are considered to be the basic outcomes that most persons would expect to have met most of the time. The percentage of reviews for which all seven Foundational Outcomes are **Met** has recently been selected as a Performance Indicator that is reported to the Governor and Florida Legislature. **Figure 8** displays the percent of individual Foundational Outcomes **Met** as well as the percent of All Foundation Outcomes **Met** for all individuals interviewed to date. The cumulative results for this report period are similar to previously reported results.

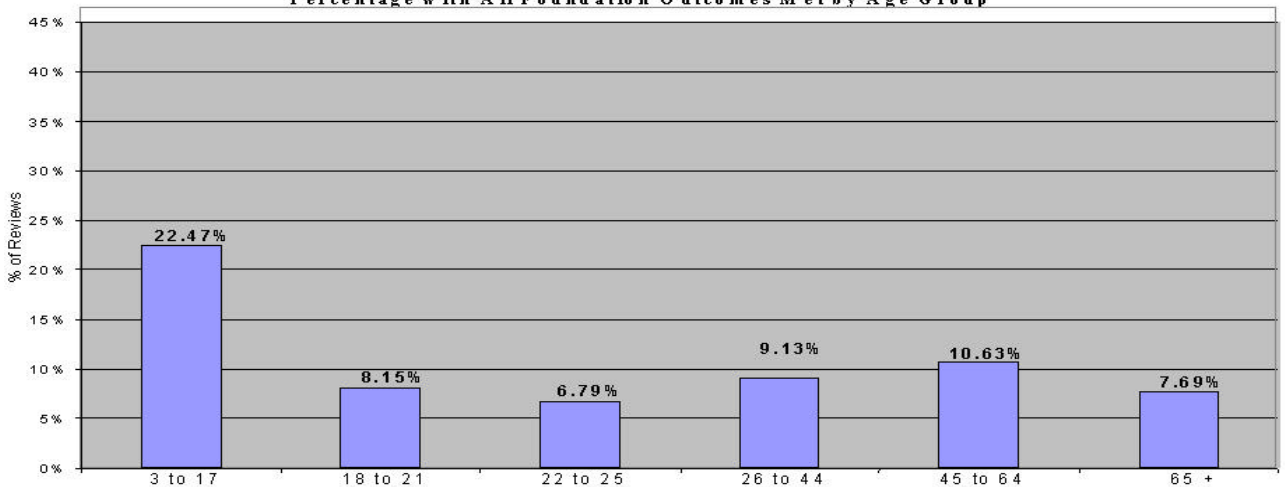
With the exception of “Exercises Rights” which was only **Met** for 38.7% of the individuals interviewed, the other six Foundational Outcomes were **Met** for 53% to 86% of the people interviewed. When the criteria of All Foundational Outcomes **Met** is applied to the POM data, however, only 11.41%, or 333, of the individuals interviewed have all seven of the Foundational Outcomes **Met**.

Figure 8
Percentage of Individual and All Foundational Outcomes Met



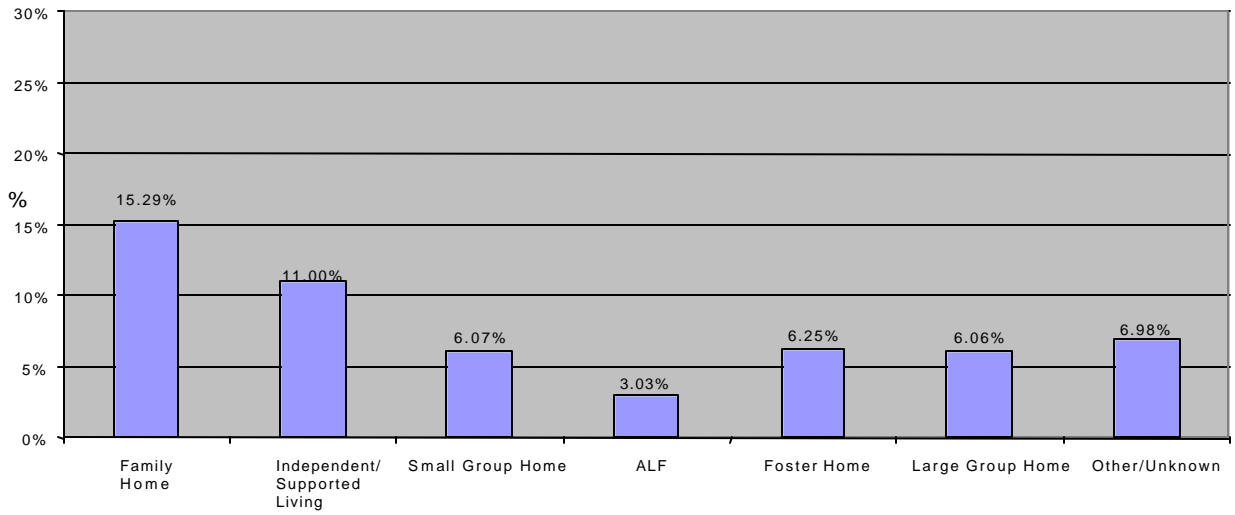
Further analysis of All Foundational Outcomes **Met** is presented by District, Age Group and Home Type in **Figures 9-11**.

Figure 9
Percentage with All Foundation Outcomes Met by Age Group



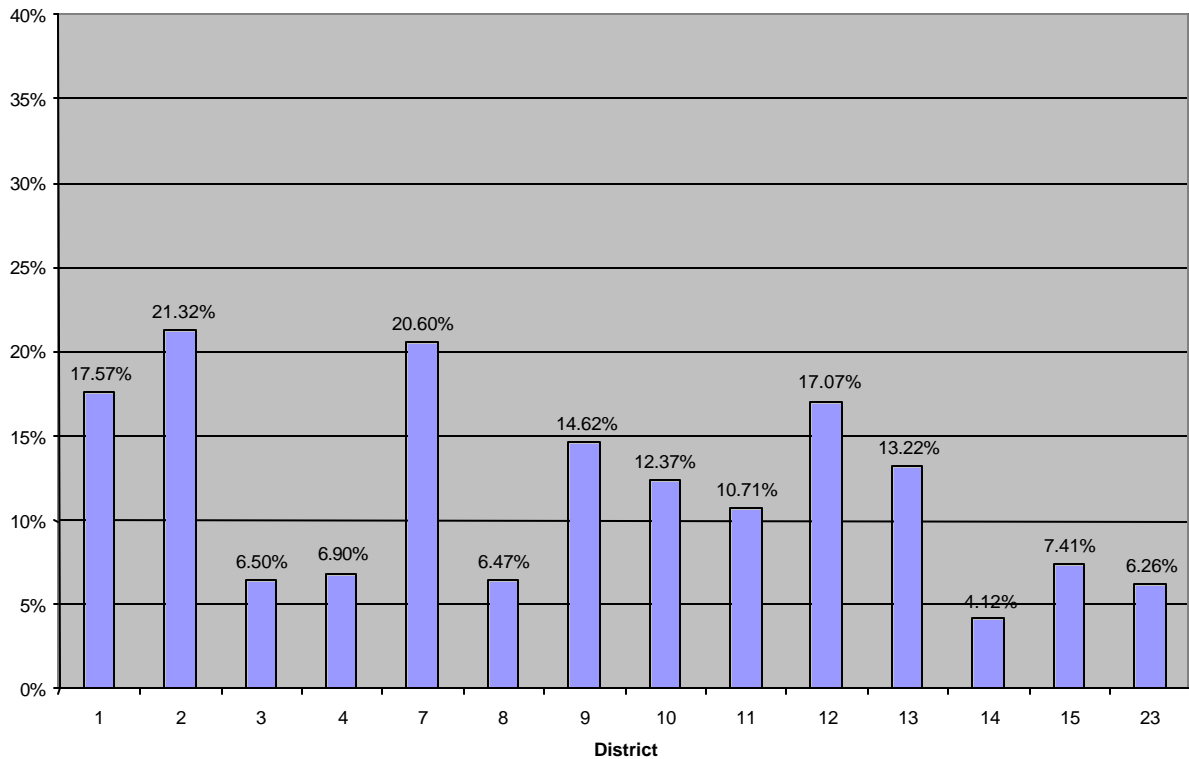
In **Figure 9**, the data shows that 22.47 % of individuals, ages 3 to 17, had all foundational Outcomes Met as opposed to 6.79% to 10.63% for all other age groups.

Figure 10 - Percentage with All Foundation Outcomes Met by Home Type



When analyzed by home type (**Figure 10**), 15.29% and 11% of individuals interviewed who lived in family homes or in independent/supported living had all foundational Outcomes **Met** as opposed to 6.9% to 3% of individuals interviewed who lived in a group residential setting.

Figure 11 - Percentage of Individuals with All Foundation Outcomes Met by District



Consistent with other analysis of POM results by district, data on All Foundational Outcomes Met by district (**Figure 11**) shows a wide range in comparison to the statewide data which reflects 11.41%. This data continues to be consistent with the data presented in the previous Quarterly Report with variations of no more than 3% for any category.

Medical Peer Review Findings

Summary information about the dispositions from the Medical Peer Review process is included in **Figure 12** for all PCRs completed to date. Disposition categories for completed reviews include: 1) no evidence of problems; 2) no concerns; 3) concerns to forwarded to Medical Case Management Team; 4) no concerns/no claims; 5) concerns yes/claims no and 6) ancillary claims only. For reporting purposes these have been consolidated into four categories to reflect revisions made to the MPR application.

Figure 12 Summary of Medical Peer Review Dispositions

Summary of Medical Peer Review Dispositions	Reviews	% of Reviews
No evidence of problems/No Concerns	873	30%
Concerns forwarded to the District Medical Case Management Team	1,749	60%
Concern yes/no claims – Follow up indicated	245	8%
Ancillary claims only	51	2%
Totals	2,918	100%

Whenever a Person-centered Review Report has a recommendation related to health, safety or behavior, the Nurse Reviewer enters a disposition code that refers concerns to the District DD Medical Case Management Team. It is not the intent of this disposition that follow up action related to any health, safety, or behavioral recommendation be specifically assigned to the District DD Case Management Team. The intent is to make the District Medical Case Management Team aware of any health, safety or behavioral concerns and to be available to provide assistance or intervention, if requested, to the individual, family, or waiver support coordinator in securing or arranging needed supports and services. Additional information about the recommendations and a summary of the frequency and types of specific health or behavioral health recommendations is provided in **Figure 13** for 1012 reviews that have been completed this contract year.

Recommendations from the Person-centered Review

A key component of the Person-centered Review are recommendations made by the reviewer based on the results of the Personal Outcome Measures interview, the central record review, the medical peer review which includes a claims review and other information gathered during the review process. The reviewer includes recommendations in the Person-centered Review report that have been identified by the consumer as important to helping them maintain or achieve the personal outcomes they consider important. Waiver Support Coordinators (WSC's) have been charged with the responsibility of reviewing the recommendations and taking appropriate follow up action. Draft procedures from the State Developmental Disabilities office provide directions to districts on tracking follow up activity on these recommendations. While follow up action may not be indicated for every recommendation, the WSC should document their review of the recommendations and take action or provide appropriate supports when necessary. Provider Performance Reviews of Support Coordination include a review of the Person-centered Review and the follow up activity associated with the recommendations.

Recent enhancements to the automated PCR application include data fields that enable recommendations to be aggregated for analysis purposes at two levels. The first level are general categories into which specific recommendation that are usually written in narrative (or text) form can be assigned (or coded). These general categories include: Community involvement/participation; Goal achievement; Health and safety (including behavioral) Relationships/social roles; Residential; Rights; Satisfaction with supports/services, Vocational and Other.

The second level provides standard recommendations which can be selected, and therefore, aggregated at a more detailed level. Currently, only standard recommendations are available in the general health and safety (including behavioral) category. Reviewers are encouraged to individualize recommendations based on the needs of the person being reviewed, the information available and the circumstances supporting the recommendations. Recommendations related to health and safety, however, are primarily selected by the nurse reviewer and are fairly consistent across reviews.

This is the first reporting period for which data on the Recommendation from Person-centered Reviews is available and only limited analysis of the aggregate data is presented. While the data presented in **Figure 13** provides general information for discussion, the reader is cautioned to view this information as preliminary. Many recommendations from the reviews included **Figure 13** have not been assigned to Categories as the application enhancement was phased in across review staff over a three to six month period. Of particular note is the large number of recommendations that have been coded to the **Other** category. While some number of the recommendations from reviews included in this data display have legitimately been assigned to Other categories, a significant number were assigned to the **Other** category through a default mechanism as the coding feature was not available to the reviewer at the time the review data was entered. Recommendations classified as **Other** due to the default setting likely result in a lower percentage of recommendations for some categories.

Recommendation data is available for 1012 reviews for this report. Due to the use of standard pre-populated recommendations in the health, safety and behavioral category, more detailed information is available related to needed health, safety and behavioral services. The percentage of reviews with recommendations by category and a summary percentage of health, safety, and behavioral recommendation for the reviews is provided in **Figure 13**. It is important to note that each PCR Report may have multiple recommendations. Detailed data is available in **Appendix 1, Table 8**.

Figure 13
Analysis of Recommendation Categories

Category Recommendation	Total number of reviews with recommendation	Pct of 1012 reviews with these recommendation
Health/Safety/Behavioral (All)	687	68%
• Dental access or Care	179	18%
• Mental/ behavioral health	189	19%
• Vision or Hearing	36	4%
• Medication management	348	34%
• Physical management	64	6%
• Specialty care	158	16%
• General care	115	11%
• Other Health	452	45%
Community involvement or participation	243	24%
Goal Achievement	271	27%
Relationships/Social Roles`	293	29%
Residential	182	18%
Rights	427	42%
Satisfaction with supports/services	173	17%
Vocational	236	23%
Other – General	304	30%
Total Number of Reviews	1012	

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

On Site Provider Performance Reviews of 261 providers of “core” services were conducted resulting in 384 review reports. 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. There were 72 Provider Performance Desk Reviews also completed during this period.

During the 3rd quarter, revisions to the Provider Performance Review Standards, Elements of Performance, and Protocols were approved and implemented which included weighted scoring and a consolidated report format (see Accomplishments Section for additional detail). The implementation of these changes included the installation of a new review application during the middle of the reporting period resulting two sets of data for this reporting period. There were 206 reviews of 164 providers conducted in January and part of February using the original standards and protocols. Scores for these reviews were not weighted and providers with multiple locations continued to receive individual reports (scores) for each location. There were 250 reviews were conducted in late February and March 2003 using the revised standards and protocols. For these reviews, scores were weighted and one report including all services reviewed was produced for each provider reviewed within a district.

Of the On Site Reviews conducted through the third quarter, 346 were second annual reviews. Of that number, 216 were completed using the original review tool. For those reviews, the average percentage increase in review score was 16%. **Table 17 in Appendix 2** provides district specific information.

There were 88 Follow Up Reviews conducted during January- March 2003. 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. 22 follow-ups were completed using the revised application. While more comprehensive follow up data will be available for analysis in the fourth quarter, preliminary analysis of the few follow ups available in automated form indicated that over 70% of the Elements of Performance found to be Not Met during the original review met the criteria for compliance during the follow up review. The greatest increase was in the area of Alert items for which 91% of the Elements of Performance were met.

The following provides a summary of the most significant findings from the Provider Performance Reviews completed during this quarter using the original tools and protocols as well as the revised tools and protocols. Additional detail on Provider Performance Reviews by district, by provider type and by service for these reviews is provided in

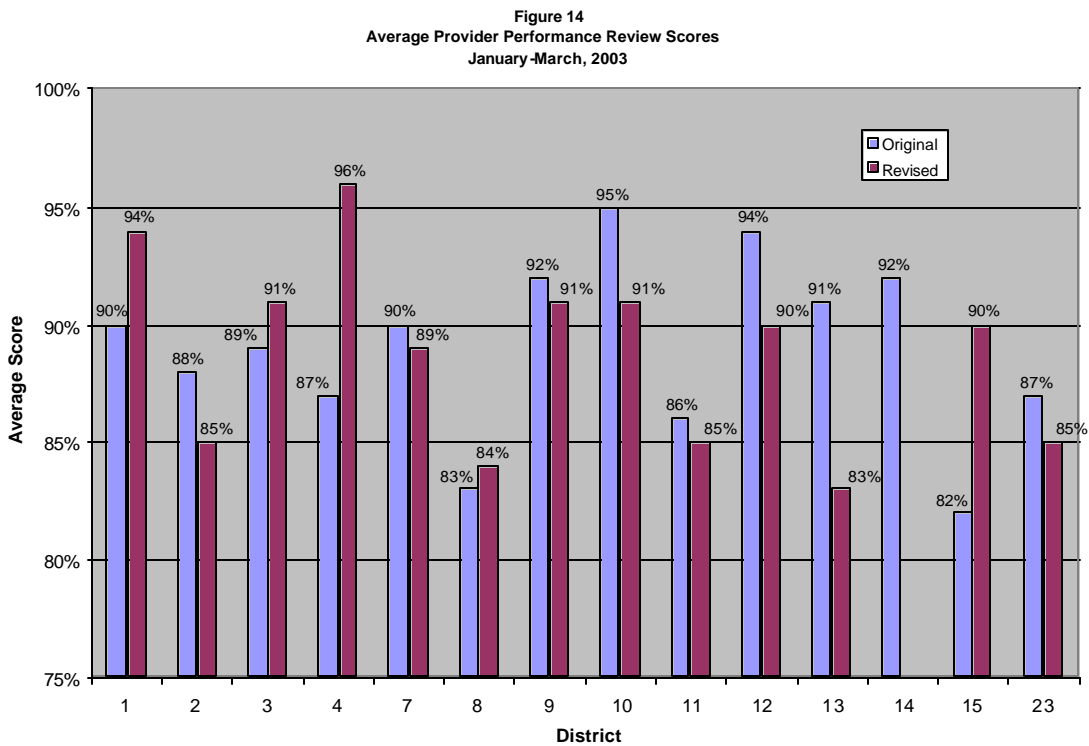
Appendix 2, Tables 9 through 14 and reflect scores, Alert and Recoupment citations, and required Quality Improvement Plans. Separate Tables are provided for reviews completed using the original tools and for reviews completed using the revised tools.

It is important to note that the revisions to the Standards and Elements of Performance as well as the weighted scoring and consolidated report formats will result in new baseline for scores by district or by service component. Further, comparisons of scores at the individual provider level will not be possible.

Revisions to the actual Standards and Elements of Performance and the weighting have introduced a greater emphasis on quality and outcomes as well as on health, safety and rights. This may result in lower scores for Year 2 reviews. Moving to a consolidated provider review report that incorporates individual reviews from multiple locations will also impact the Grand Total Score, but the positive or negative impact will be dependent of the total number of services and the individual scores of each of those services.

Average Scores By District

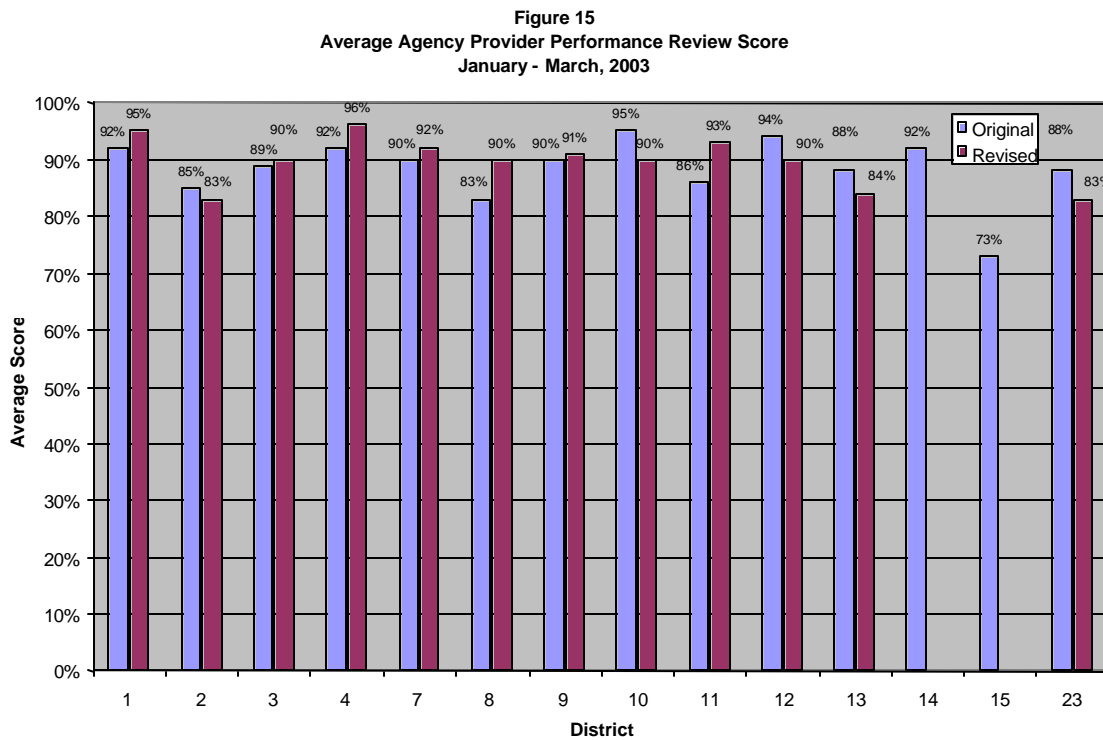
The Average Score for the reviews completed using the original review tools, protocols and scoring/report format was 89% as compared to 88% for the reviews completed using the revised tool. **As reflected in Figure 14, the average scores by district ranged from 82% to 95% using the original tool and from 83% to 96% using the new tool. There are not an adequate number of reviews completed within any district to draw any conclusions about the comparability of scores.**



Comparing the average review scores using only reviews conducted using the original Standards and Protocols to the previous reporting period, the average scores in all but two districts increased or stayed the same. In the two districts where average scores were slightly lower almost 50% less reviews were reported for this data set. Three districts, 7, 10, and 12 had an average increase of 10%, 6% and 7% respectively with a comparable number of reviews completed. This is the second consecutive quarter that the average score for District 12 has increased by at least 6%.

Average Scores for On site Reviews of Agency Providers

The Average On Site Provider Performance Review score for Agency providers is slightly higher than the previous quarter average score of 87%. The statewide average for agencies reviewed with the original tools and protocols was 89% for the third quarter. The average statewide score for agencies reviewed with the revised tools and protocols was at 88%. District results of Agency On Site Provider Performance Reviews are displayed in **Figure 15**.

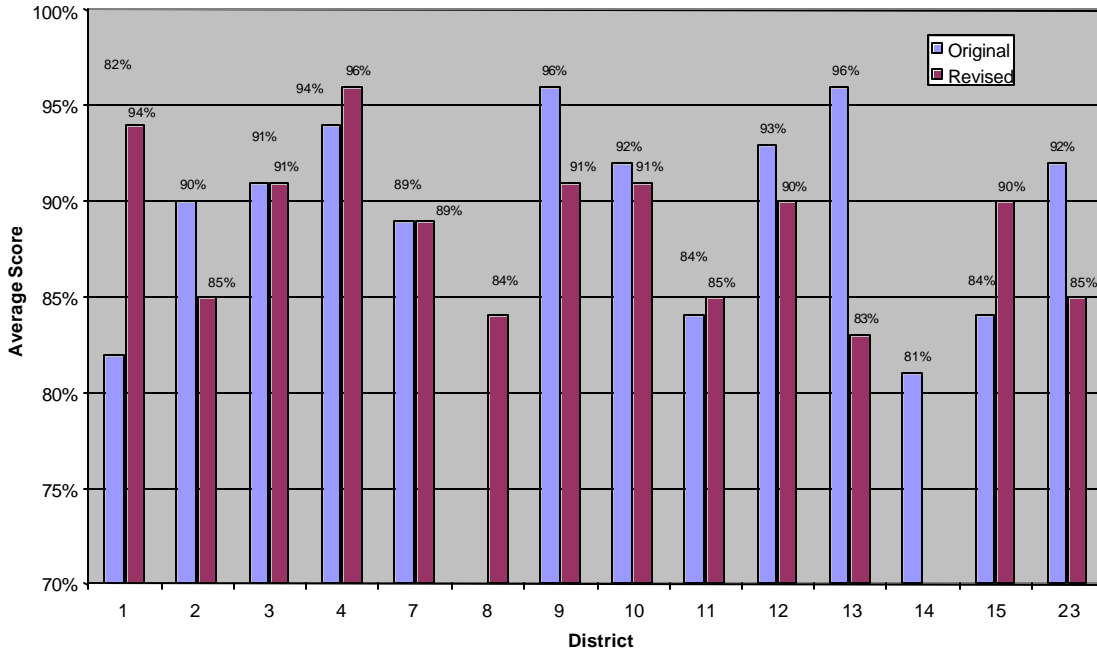


Average On site Review Scores for Solo Provider

Figure 16 provides comparative data by district on the average district score for all On-Site Provider Performance Reviews completed for solo providers during the 3rd quarter. This data depicts scores for reviews using the original and the revised tools and protocols. There were 66 Solo providers reviewed during this period using the original review process and 41 solo providers reviewed using the revised process.

The statewide average score increased from 84% to 90% in the 3rd quarter for solo providers reviewed with the same tool and protocols, and was at 89% for solo providers reviewed under the revised tools and protocols

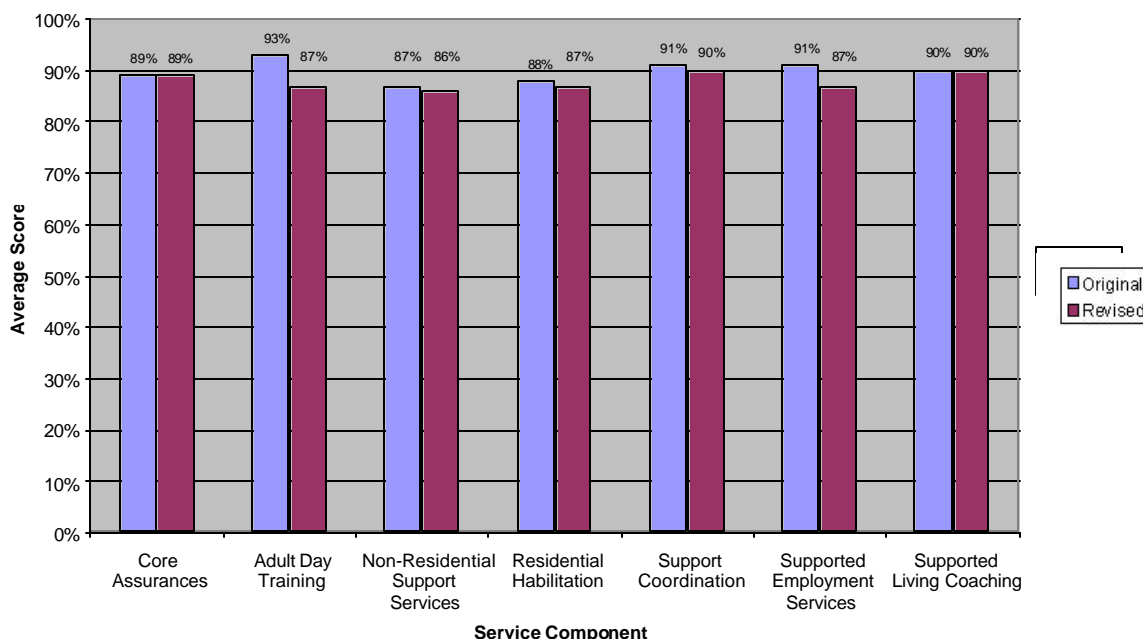
Figure 16
Average Solo Provider Performance Review Score
January - March, 2003



Average Scores by Service Component

Average Scores by Service component are displayed in **Figure 17**. Scores for Core Assurances and the six “core “ services for the reviews completed under the revised process either stayed the same or were slightly lower when compared to service components reviewed using the original tools and protocols. Due to the small number of reviews for each service area, conclusions about the impact of the revised process on overall On site Provider Performance Review scores cannot be made at this time.

Figure 17
Average Provider Performance Review Score by Service
January - March, 2003



Desk Reviews

There were 72 Desk Reviews completed during the 3rd quarter. Only five desk reviews were completed using the original review tool. The Desk Review Statewide average score for all 72 Desk Reviews was 84%. While this represents less than ½% of the providers to receive a second Desk Review in Year Two, the average score of 84% is significantly higher than providers reviewed during the initial Desk Review process (statewide average of 77%). Additional detail is available in **Appendix 2, Table 9 and 10**.

Alert Items

Data on **Alert** items is provided for all reviews conducted during the January-March 2003 period. There 101 reviews that had 184 Elements of Performance Not Met that were Alert items. Of those, 170 were Elements of Performance related to background screening and maintaining appropriate documentation for those screenings. The remaining 14 Alerts items were in the following areas

Description of Alert	District									Total
	2	3	4	7	8	9	10	11	23	
Affords Dignity and Respect		1					1	2	1	5
Personal Privacy			1	1		1		1	2	6
Reports Abuse and Neglect	1				1				1	3
Total	1	1	1	1	1	1	1	3	4	14

Recoupments

For all Provider Performance Reviews completed during the January through March 2003 period there were 259 Elements of Performance subject to recoupment that were Not Met. There were 65 reviews completed using the original process that had 106 Recoupment Elements Not Met, while the balance of 153 recoupment Elements of Performance not met were cited for 63 providers reviewed using the revised process.

Quality Improvement Plans

Of the 206 reviews completed under the original protocols, 90 or 44% required the submission of a Quality Improvement Plan. Of the 186 reviews conducted using the revised Tools and Protocols, 93, or 50% required the submission of a QIP. A QIP must be submitted when the Total Review Score is less than 90% or if there is an Alert item scored as **Not Met**.

Projected Service Outcomes

The revisions to the service specific requirements for the six core services – adult day training, non-residential support services, residential habilitation, supported employment, supported living coaching, and support coordination – included the addition of a new Standard on Projected Service Outcomes. Projected Service Outcomes are program outcomes established by the service provider consistent with the requirements contained in the Developmental Disabilities Medicaid Waiver Services handbook. The Standard related to Projected Service Outcomes has from five to eight Elements of Performance depending on the service. The Elements of Performance must be met at 100% in order to be scored as Met. For this initial reporting period, a total of 252 core services were reviewed (Adult Day Training – 17; NRSS – 46; Residential Habilitation – 115; Supported Living Coaching – 39; Supported Employment 9 and Support Coordination – 25). The average percentage for the Standard ranged from 74% for Residential Habilitation to 51% for Supported Employment. Other services had average scores of 73% for Supported Living Coaching, 71% for Non-residential Support Services; 66% for Adult Day Training; and 62% for Support Coordination.

With one exception (Supported Living Coaching – 59%), the core services averaged below 55% on the two Elements of Performance related to systematic goal setting and data collection. These scores ranges from 53% for Adult Day Training and Residential Habilitation to 44% for Support Coordination; 35% for Support Coordination and 33.7% for Non- residential Support Services.

The remaining Elements of Performance for each service measure satisfaction, choice, community participation and inclusion and the effective use of supports to in making progress towards goals. The average scores for these Elements of Performance were higher than the average for the Standard or for the data collection elements and ranged from 70.3% for Supported Employment to 89.5% for Non-residential Support Services.. Residential Habilitation, Support Coordination,, Adult Day Training and Supported Living Coaching had average scores of 83.7%, 80.9%, 79% and 78.1% respectively for these Elements of Performance. **Table 15 in Appendix 2** provides additional data by

service and specific Elements of Performance for the Standard on Projected Service Outcomes.

Elements of Performance Most Frequently Not Met

All onsite review results for the January- March 2003 period were analyzed by Core Assurances and Specific service component to determine the Elements of Performance most frequently **Not Met**. The top five elements for the Core Assurances and each service most frequently cited as **Not Met** are included in **Appendix 2, Tables 16 through 22** and includes all reviews completed. For services reviewed using the Revised Tools, Elements of Performance related to Projected Service Outcomes are included for all six services.

Identification of patterns and trends

Data from the Personal Outcome Measures interviews, which has been collected over the past year continues to consistently identify the same Outcomes as most frequently **Met** and **Not Met with only small fluctuations in the percentages**. 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.

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 4% 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.

For the second time, 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. Regardless of the variable being analyzed (i.e. age, district, home type), the trends or results were consistent and related to the proportion of Outcomes that were **Met**.

At the district level, there continue to be significant variations in the percentage of Outcomes **Met** that held constant across both types of analysis. When compared to the statewide average of 51.7% District 1 and District 2 continue to have significantly higher percentages of individuals interviewed who had 13 or more Outcomes **Met** (Note: Due to Reviewer turnover, the number of reviews conducted in Districts 12 and 15 are yet not adequate to be considered valid for those districts at this time). Similar variations exist when analyzing All Foundation Outcomes Met.

When analyzing the results by age group, the 3-17 age group continues to have a significantly higher percentage of outcomes **Met** for both Outcome analyses than other age groups. The age group, 18-21 continues to have 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 continue to have a significantly higher percentage of outcomes met for both Outcome analyses than do individuals whose home type is a paid residential setting.

The results of the Provider Performance Reviews continue to reflect a high level of compliance with the requirements in the DD Medicaid Services Waiver handbook with the with the average grand total score for on site reviews at around 89% despite the implementation of a revised review and scoring protocol during the middle of the quarter. The average scores by specific service, however, appear to be lower for all service areas based on the limited number of services reviewed during this transition quarter.

Problem identification and significant issues

Revisions to the Provider Performance Review Tools and Protocols as well as the scoring methodology eliminates the ability to compare Provider Performance Review scores across review periods. The first Provider Performance Reviews were intended to assure compliance with basic requirements and provide a measure of uniformity and consistency across the State. Subsequent revisions such as those implemented in the past quarter will likely result in lower review scores initially for some providers or services, On going analysis of review data for Provider Performance Reviews should recognize the increasing emphasize on quality improvement and outcomes and not focus unnecessarily on potentially lower scores as an indication of poorer program performance.

While systems are in place that support the completion and processing of provider performance reviews within required time frames from the time the review occurs, the review volume as well as the time frames for the person-centered reviews still remains below expected levels. Contract and part time staff have been recruited and full time staff have been replaced. Through the use of contract staff, the project anticipates completing most Year Two reviews in a timely manner and reducing any backlog by the start of the new contract year.

Policies and procedures continue to be developed at the State level to address providers who are non-compliant in participating in or completing required review processes and notification letters are being sent to AHCA and DD for follow up action. Additional efforts to delineate clear authority and specific action(s) to be taken for providers who are non compliant in Provider Performance Reviews needs to be continued and promulgated in rule if necessary.

Efforts to continue to integrate the Person-Centered Review process and results into the Provider Performance Review process needs to continue. This includes activities related to on going reviews as well as targeted analyses of available data.

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.

Recommendations

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

1. Continued implementation of process to integrate results from the Provider Performance Reviews and the Person Centered Reviews 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. The addition of data fields to capture specific recommendations made as a part of the Person-centered Review needs to continue to be expanded. As additional data is available, analysis should identify trends and document the needs for services and supports. These findings and data need to be analyzed to determine if indicators about the availability of and access to services and supports can be better assessed through the review process.
3. The State and the Data Work Group of the Interagency Quality Council needs to continue to review the data available from the PPR and PCR process, determine the types of analysis that provide the most meaningful information to measure and improve quality and define reporting specifications for the quarterly reports as well as other ad hoc reports.
4. Additional types of information and analysis to provide information upon which to develop recommendations for system modifications and change should include 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 impact that specific services and supports, types of programs, and resource availability in certain geographic areas have on the presence or absence of specific outcomes and supports.
 - b. Continuing analysis and targeted work with selected districts on Quality Improvement initiatives identified by the Interagency Work Group which includes efforts to focus on specific outcomes that predict the achievement of other outcomes.
5. Work with the District Developmental Disabilities Medical 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.
6. Begin to develop and produce district specific data based on district, consumer, family member and local provider identified needs.
7. 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 Services Waiver.