

Appendix 1:
Person Centered Review Aggregate Information

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

Personal Outcome Measures	Outcome Met	Percent	Support present	Support not present	How important on average
Identity					
Chooses personal goals	Yes	42.5	87.9	12.1	very important
	No	57.5	11.7	88.3	
Chooses where and with whom they live	Yes	47.1	94.5	5.5	unable to determine
	No	52.9	16.1	83.9	
Chooses where they work	Yes	29.8	90.0	10.0	very important
	No	70.2	18.7	81.3	
Has intimate relationships	Yes	57.4	90.8	9.2	unable to determine
	No	42.6	16.7	83.3	
Satisfied with services	Yes	53.1	92.5	7.5	very important
	No	47.0	24.6	75.4	
Satisfied with personal life situations	Yes	73.6	86.9	13.1	very important
	No	26.4	28.7	71.3	
Average for Identity	Yes	50.6	90.2	9.8	
	No	49.4	18.4	81.6	
Autonomy					
Chooses daily routine	Yes	55.8	95.8	4.2	unable to determine
	No	44.2	15.1	84.9	
Has Privacy	Yes	70.7	95.7	4.3	unable to determine
	No	29.3	17.6	82.4	
Decides when to share personal info	Yes	46.7	96.2	3.8	unable to determine
	No	53.3	31.4	68.6	
Uses their environment	Yes	51.6	97.9	2.1	somewhat important
	No	48.4	19.4	80.6	
Average for Autonomy	Yes	56.2	96.3	3.7	
	No	43.8	21.7	78.3	
Affiliation					
Lives in integrated environments	Yes	32.7	93.5	6.5	unable to determine
	No	67.3	13.1	86.9	
Participates in the life of community	Yes	44.9	92.1	7.9	very important
	No	55.1	20.0	80.0	
Interacts with members of the community	Yes	50.7	93.5	6.5	very important
	No	49.3	16.1	83.9	
Performs different social roles	Yes	24.4	91.0	9.0	unable to determine
	No	75.6	8.9	91.1	
Has friends	Yes	36.5	91.4	8.6	very important
	No	63.5	15.9	84.1	
Is respected	Yes	51.2	94.3	5.7	very important
	No	48.8	11.2	88.8	
Average for Affiliation	Yes	40.1	92.9	7.2	
	No	59.9	13.9	86.1	

Attainment					
Chooses services	Yes	29.5	95.9	4.1	somewhat important
	No	70.5	17.8	82.2	
Realizes personal goals	Yes	45.8	79.0	21.1	unable to determine
	No	54.3	14.6	85.4	
Average for Attainment	Yes	37.6	85.6	14.4	
	No	62.4	16.4	83.6	
Safeguards					
Is connected to natural support networks	Yes	72.3	96.4	3.7	very important
	No	27.7	49.6	50.4	
Is safe	Yes	69.9	95.1	4.9	very important
	No	30.1	35.5	64.5	
Average for Safeguards	Yes	71.1	95.7	4.3	
	No	28.9	42.3	57.7	
Rights					
Exercises rights	Yes	38.7	92.0	8.0	very important
	No	61.3	16.5	83.5	
Is treated fairly	Yes	61.9	94.9	5.2	very important
	No	38.1	14.1	85.9	
Average for Rights	Yes	50.3	93.8	6.2	
	No	49.7	15.6	84.4	
Health and Wellness					
Has the best possible health	Yes	55.7	95.9	4.1	very important
	No	44.3	28.7	71.3	
Is free from abuse and neglect	Yes	85.7	92.3	7.8	very important
	No	14.3	48.3	51.7	
Experiences continuity and security	Yes	52.8	92.5	7.5	very important
	No	47.2	21.9	78.1	
Average for Health and Wellness	Yes	64.8	93.4	6.6	
	No	35.2	28.3	71.7	

Table 2
Presence of Supports for the Personal Outcome Measures

Personal Outcome Measure	Supports Present		Supports Not Present	
Chooses personal goals	1,286	44.1%	1,632	55.9%
Chooses where and with whom they live	1,548	53.1%	1,370	46.9%
Chooses where they work	1,165	39.9%	1,753	60.1%
Has intimate relationships	1,728	59.2%	1,190	40.8%
Satisfied with services	1,769	60.6%	1,149	39.4%
Satisfied with personal life situations	2,088	71.6%	830	28.4%
Chooses daily routine	1,755	60.1%	1,163	39.9%
Has Privacy	2,124	72.8%	794	27.2%
Decides when to share personal info	1,800	61.7%	1,118	38.3%
Uses their environment	1,748	59.9%	1,170	40.1%
Lives in integrated environments	1,151	39.4%	1,767	60.6%
Participates in the life of community	1,529	52.4%	1,389	47.6%
Interacts with members of the community	1,615	55.3%	1,303	44.7%
Performs different social roles	846	29.0%	2,072	71.0%
Has friends	1,269	43.5%	1,649	56.5%
Is respected	1,569	53.8%	1,349	46.2%
Chooses services	1,191	40.8%	1,727	59.2%
Realizes personal goals	1,285	44.0%	1,633	56.0%
Is connected to natural support networks	2,433	83.4%	485	16.6%
Is safe	2,252	77.2%	666	22.8%
Exercises rights	1,334	45.7%	1,584	54.3%
Is treated fairly	1,870	64.1%	1,048	35.9%
Has the best possible health	1,931	66.2%	987	33.8%
Is free from abuse and neglect	2,509	86.0%	409	14.0%
Experiences continuity and security	1,728	59.2%	1,190	40.8%

Table 3 Reasons for Absence of Outcomes & Supports in Personal Outcome Measures

Personal Outcome Measure	Outcome (O) Support (S)	Times used	% Times Used	Comment
Chooses personal goals	O	987	58.8	More explanation needed
	O	532	31.7	Identified, but not worked on
	O	328	19.6	Goals limited to available services
	S	608	37.3	Supports need to be stronger
	S	466	28.6	Unaware of personal goals
	S	458	28.1	Stronger effort to learn/communicate needed
Chooses where and with whom they live	O	910	59.0	Unaware of range of options
	O	292	18.9	Support locked into existing models
	O	251	16.3	Family concerns or awareness
	S	828	60.4	All options not explored
	S	409	29.9	Supports not individualized to help explore options
	S	380	27.7	Person assumed to like current situation
Chooses where they work	O	930	45.4	Limited Options
	O	770	37.6	No opportunity to experience different options
	O	611	29.8	Choice made by others
	S	1,110	63.3	Varied experiences not provided
	S	421	24.0	Barriers not being addressed
	S	390	22.3	Efforts are not present to learn preferences
Has intimate relationships	O	532	42.8	Not enough for person
	O	515	41.4	Personal choices unknown/unsolicited
	O	268	21.5	Limited options
	S	514	43.2	Preferences unknown by Support coordinator
	S	380	31.9	Preferences unknown by supports
	S	167	14.0	Perceived as having no intimacy needs
Satisfied with services	O	509	37.2	Person displeased with services from provider
	O	487	35.6	Person's expectations unknown
	O	305	22.3	Person displeased with inflexibility of supports
	S	493	42.9	Supports are not adequately meeting person's needs
	S	414	36.0	Information not used to improve services
	S	265	23.1	Opinions not actively solicited by Support Coordinator
Satisfied with personal life situations	O	354	46.0	Person does not feel in control of life
	O	323	42.0	Person is basically unhappy with life situation
	O	89	11.6	Individual is unhappy with many services resulting in negative life experiences
	S	463	55.8	Person assumed to be Happy
	S	303	36.5	No or limited effort to learn or communicate
	S	226	27.2	Dissatisfaction not responded to

Chooses daily routine	O	743	57.6	Limited or no choice in daily routine
	O	421	32.7	Unaware of options
	O	325	25.2	Pre-set meal times
	S	731	62.9	Limits assumed to be OK
	S	438	37.7	Preferences unknown
	S	228	19.6	No encouragement to try new changes
Has Privacy	O	304	35.5	Person does not have their own bedroom
	O	299	34.9	Not enough for person
	O	225	26.3	Privacy not seen as important
	S	326	41.1	No preferences solicited
	S	250	31.5	No active efforts to solicit desires
	S	240	30.2	Preferences assumed without exploration
Decides when to share personal info	O	779	50.1	No knowledge of how to access records
	O	616	39.6	No idea that records are kept
	O	362	23.3	Accustomed to sharing everything without permission
	S	545	48.8	Supports never ask
	S	312	27.9	Personal information shared without consent
	S	74	6.6	Attempt to limit not aggressive enough for person
Uses their environment	O	559	39.6	Rules limit access
	O	415	29.4	Health & safety deemed more important
	O	406	28.8	Training is needed to assist interests
	S	665	56.8	Training not addressed
	S	308	26.3	Requests for access or more access not addressed
	S	238	20.3	Modifications not addressed
Lives in integrated environments	O	1,170	59.6	Attends segregated day service
	O	457	23.3	Person receives segregated transportation
	O	417	21.2	Attends segregated social programs
	S	787	44.5	Not enough opportunity for informed choice provided
	S	522	29.5	No plans to support integrated employment
	S	405	22.9	No plans for supporting any integration
Participates in the life of community	O	1,259	78.3	Person wants to be in community more or differently
	O	311	19.4	Not enough experiences to assess
	O	20	1.2	Court imposed limits on participation
	S	614	44.2	Transportation limitations
	S	459	33.1	Limited support awareness
	S	413	29.7	Staffing limitations
Interacts with members of the community	O	820	57.0	Frequency not enough for person
	O	688	47.8	Type not enough for person
	O	423	29.4	Transportation limitations
	S	655	50.3	Preferences not explored
	S	633	48.6	Desired interaction not assessed
	S	391	30.0	Transportation needed

Performs different social roles	O	1,528	69.3	Person unaware of variety of social roles
	O	587	26.6	Person wants other social roles
	O	244	11.1	Others unaware of social role importance to person
	S	1,177	56.8	More experiences need to be supported
	S	1,048	50.6	All opportunities not explored
	S	565	27.3	Other supports unaware of social role preferences
Has friends	O	903	48.8	Person wants more friends
	O	571	30.8	Person wants more activity with friends
	O	542	29.3	Unaware of friendship options/quality options
	S	802	48.6	Needs not addressed/unidentified
	S	755	45.8	No support enhancing quality
	S	669	40.6	No support maintaining
Is respected	O	653	45.9	Low expectations for achievement
	O	559	39.3	Choices made for the person
	O	435	30.6	Person does not feel respected
	S	587	43.5	Focus is on deficits vs. achievements
	S	535	39.7	Organization unaware of respect issues
	S	445	33.0	Supports & individual desires differ
Chooses services	O	1,013	49.2	Choices made by family or others without individual's input
	O	841	40.9	Awareness needs to increase
	O	624	30.3	Service choices limited or not available
	S	833	48.2	Family/staff continue to make choices
	S	685	39.7	Organization does not educate person on available choices
	S	558	32.3	Organization not working to increase choices
Realizes personal goals	O	1,471	92.9	No significant achievement recently
	O	120	7.6	Not viewed important by person
	S	768	47.0	Supports unaware of specific achievement
	S	430	26.3	Availability to self-determination not supported
	S	371	22.7	Supports are not focused on outcome important to person
Is connected to natural support networks	O	314	38.8	Does not see family enough
	O	229	28.3	Wants to see sibling(s) more
	O	181	22.4	Wants to see parents more
	S	121	25.0	All family contact information not available
	S	117	24.1	No support to help person maintain contact
	S	103	21.2	Providers unaware of importance
Is safe	O	404	46.0	Little safety awareness
	O	159	18.1	Unaware of fire procedures
	O	114	13.0	Unaware of strangers
	S	303	45.5	Not all safety issues addressed
	S	275	41.3	Not all safety issues identified
	S	106	15.9	Not purchasing necessary equip

Exercises rights	O	1,134	63.4	Person does not understand all their rights
	O	557	31.1	Person does not exercise all rights important to person
	O	479	26.8	Not adjudicated incompetent but decisions made by others
	S	725	45.8	Important rights not solicited
	S	644	40.7	Limited/no attempts to maximize personal control
	S	613	38.7	No Rights training
Is treated fairly	O	495	44.5	Lack of person's consent/involvement
	O	280	25.2	Person did not receive training or understand due process
	O	272	24.5	No due process provided for restriction
	S	560	53.4	Person's fair treatment issues not solicited
	S	381	36.4	Procedures for addressing concerns not effective
	S	252	24.1	Due process not supported
Has the best possible health	O	514	39.8	No dental visit
	O	428	33.1	Best possible health not identified
	O	214	16.6	No recent gynecological visit
	S	499	50.6	Necessary appointments not made
	S	373	37.8	Medical awareness issues
	S	65	6.6	Follow-up appointments not made
Is free from abuse and neglect	O	237	57.0	Person distressed over past abuse
	O	67	16.1	Possible Abuse issues indicated
	O	44	10.6	Possible exploitation issues indicated
	S	134	32.8	Reporting training not addressed
	S	99	24.2	Training for protection not addressed
	S	72	17.6	Counseling not addressed
Experiences continuity and security	O	783	56.9	Changes not determined by person
	O	499	36.2	Requirements for continuity/security not defined by person
	O	311	22.6	Inadequate economic resources
	S	500	42.0	Support not provided to promote personal control
	S	420	35.3	Organization does not know person's needs/desires
	S	277	23.3	Insurance not explored

Table 4
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	96	64.9%	109	73.7%	94	63.5%	148
2	191	74.0%	206	79.8%	187	72.5%	258
3	83	41.5%	104	52.0%	78	39.0%	200
4	82	47.1%	105	60.3%	76	43.7%	174
7	131	56.2%	170	73.0%	121	51.9%	233
8	51	36.7%	62	44.6%	46	33.1%	139
9	71	54.6%	85	65.4%	65	50.0%	130
10	154	54.4%	174	61.5%	146	51.6%	283
11	225	61.8%	244	67.0%	214	58.8%	364
12	30	73.2%	35	85.4%	30	73.2%	41
13	88	50.6%	103	59.2%	84	48.3%	174
14	36	37.1%	54	55.7%	34	35.1%	97
15	31	57.4%	44	81.5%	30	55.6%	54
23	239	38.4%	275	44.1%	217	34.8%	623
Totals	1,508	51.7%	1,770	60.7%	1,422	48.7%	2,918

**Table 5
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		
	13 or more outcomes met			13 or more outcomes met			13 or more outcomes met			13 or more outcomes met			13 or more outcomes met			13 or more outcomes met					
	Total Number Reviews This Age Group	Number Reviews	Percent Total Reviews	Total Number Reviews This Age Group	Number Reviews	Percent Total Reviews	Total Number Reviews This Age Group	Number Reviews	Percent Total Reviews	Total Number Reviews This Age Group	Number Reviews	Percent Total Reviews	Total Number Reviews This Age Group	Number Reviews	Percent Total Reviews	Total Number Reviews This Age Group	Number Reviews	Percent Total Reviews	Total Reviews	Number Reviews	Percent Total Reviews
1	21	13	61.9%	8	4	50.0%	9	6	66.7%	79	54	68.4%	28	18	64.3%	3	1	33.3%	148	96	64.9%
2	49	47	95.9%	18	12	66.7%	15	11	73.3%	97	65	67.0%	67	49	73.1%	12	7	58.3%	258	191	74.0%
3	20	13	65.0%	20	7	35.0%	26	11	42.3%	74	25	33.8%	56	24	42.9%	4	3	75.0%	200	83	41.5%
4	33	20	60.6%	20	7	35.0%	19	8	42.1%	73	36	49.3%	28	10	35.7%	1	1	100.0%	174	82	47.1%
7	51	37	72.6%	25	11	44.0%	24	9	37.5%	88	47	53.4%	44	26	59.1%	1	1	100.0%	233	131	56.2%
8	28	11	39.3%	13	3	23.1%	14	4	28.6%	58	24	41.4%	23	7	30.4%	3	2	66.7%	139	51	36.7%
9	13	12	92.3%	3	2	66.7%	13	8	61.5%	62	30	48.4%	34	17	50.0%	5	2	40.0%	130	71	54.6%
10	65	49	75.4%	17	6	35.3%	30	12	40.0%	112	63	56.3%	55	24	43.6%	4			283	154	54.4%
11	90	73	81.1%	32	16	50.0%	34	26	76.5%	140	77	55.0%	65	31	47.7%	3	2	66.7%	364	225	61.8%
12				3	1	33.3%	4	3	75.0%	24	21	87.5%	9	5	55.6%	1			41	30	73.2%
13	22	17	77.3%	21	9	42.9%	20	8	40.0%	66	33	50.0%	40	19	47.5%	5	2	40.0%	174	88	50.6%
14	10	5	50.0%	7	2	28.6%	10	5	50.0%	40	12	30.0%	26	10	38.5%	4	2	50.0%	97	36	37.1%
15	5	3	60.0%	6	2	33.3%	4	4	100.0%	29	17	58.6%	10	5	50.0%				54	31	57.4%
23	96	47	49.0%	40	12	30.0%	58	16	27.6%	274	108	39.4%	136	48	35.3%	19	8	42.1%	623	239	38.4%
Grand Total	503	347	69.0%	233	94	40.3%	280	131	46.8%	1,216	612	50.3%	621	293	47.2%	65	31	47.7%	2,918	1,508	51.7%

Table 6
Person-centered Review 13 or More Outcomes Met
by District and Home Type

		FAMILY HOME			INDEPENDENT/ SUPPORTED LIVING			SMALL GROUP HOME			ALF			FOSTER HOME			LARGE GROUP HOME			OTHER/ UNKNOWN			Grand Total	
		13 or more outcomes met			13 or more outcomes met			13 or more outcomes met			13 or more outcomes met			13 or more outcomes met			13 or more outcomes met			13 or more outcomes met				
District	Total Number Reviews	Total Reviews for This Setting	Number Reviews	Percent Total Reviews	Total Reviews for This Setting	Number Reviews	Percent Total Reviews	Total Reviews for This Setting	Number Reviews	Percent Total Reviews	Total Reviews for This Setting	Number Reviews	Percent Total Reviews	Total Reviews for This Setting	Number Reviews	Percent Total Reviews	Total Reviews for This Setting	Number Reviews	Percent Total Reviews	Total Reviews for This Setting	Number Reviews	Percent Total Reviews	Number Reviews	Percent Total Reviews
1	148	91	58	63.7%	31	24	77.4%	8	4	50.0%	3	1	33.3%	7	4	57.1%	4	3	75.0%	4	2	50.0%	96	64.9%
2	258	95	82	86.3%	69	62	89.9%	28	14	50.0%	3	2	66.7%	2	2	100.0%	10	7	70.0%	51	22	43.1%	191	74.0%
3	200	71	33	46.5%	35	23	65.7%	50	9	18.0%	6	2	33.3%	1	1	100.0%	25	8	32.0%	12	7	58.3%	83	41.5%
4	174	88	46	52.3%	15	13	86.7%	38	10	26.3%	3			2	1	50.0%	5	2	40.0%	23	10	43.5%	82	47.1%
7	233	144	95	66.0%	13	10	76.9%	30	10	33.3%	3			1	1	100.0%	39	15	38.5%	3			131	56.2%
8	139	75	34	45.3%	20	13	65.0%	35	3	8.6%	1			4			3	1	33.3%	1			51	36.7%
9	130	68	47	69.1%	9	5	55.6%	38	11	29.0%	5	2	40.0%				4	3	75.0%	6	3	50.0%	71	54.6%
10	283	175	108	61.7%	18	12	66.7%	57	22	38.6%	6	1	16.7%	4	1	25.0%	19	8	42.1%	4	2	50.0%	154	54.4%
11	364	233	162	69.5%	27	20	74.1%	79	37	46.8%	2			3	1	33.3%	14	2	14.3%	6	3	50.0%	225	61.8%
12	41	18	16	88.9%	8	7	87.5%	4	1	25.0%	9	4	44.4%	1	1	100.0%				1	1	100.0%	30	73.2%
13	174	86	55	64.0%	19	16	84.2%	42	10	23.8%	4			2	1	50.0%	16	4	25.0%	5	2	40.0%	88	50.6%
14	97	28	9	32.1%	14	6	42.9%	47	18	38.3%	1			2			2	1	50.0%	3	2	66.7%	36	37.1%
15	54	30	17	56.7%	7	7	100.0%	11	5	45.5%	3						2	1	50.0%	1	1	100.0%	31	57.4%
23	623	289	127	43.9%	124	69	55.7%	126	26	20.6%	50	5	10.0%	3	2	66.7%	22	4	18.2%	9	6	66.7%	239	38.4%
Grand Total	2918	1491	889	59.6%	409	287	70.2%	593	180	30.4%	99	17	20.7%	32	15	57.7%	165	59	35.8%	129	61	48.8%	1508	51.7%

**Table 7
Person-centered Reviews
Foundational Outcomes Met**

District	Number Reviews	Percent of Total Reviews	Total Reviews Completed
1	26	17.57%	148
2	55	21.32%	258
3	13	6.50%	200
4	12	6.90%	174
7	48	20.60%	233
8	9	6.47%	139
9	19	14.62%	130
10	35	12.37%	283
11	39	10.71%	364
12	7	17.07%	41
13	23	13.22%	174
14	4	4.12%	97
15	4	7.41%	54
23	39	6.26%	623
Home Type	Number Reviews	Percent of Total Reviews	Total Reviews Completed
Family Home	228	15.29%	1,491
Independent/Supported Living	45	11.00%	409
Small Group Home	36	6.07%	593
ALF	3	3.03%	99
Foster Home	2	6.25%	32
Large Group Home	10	6.06%	165
Other/Unknown	9	6.98%	129
Totals	333	11.41%	2,918
Foundational POM	Number Reviews	Percent of Total Reviews	
19 - Is connected to natural support networks	2,109	72.28%	
20 - Is safe	2,040	69.91%	
21 - Exercises rights	1,128	38.66%	
22 - Is treated fairly	1,806	61.89%	
23 - Has the best possible health	1,626	55.72%	
24 - Is free from abuse and neglect	2,502	85.74%	
25 - Experiences continuity and security	1,541	52.81%	

Table 8 Person –centered Review Recommendations

Category	Specific Recommendation	Total Recommendations	Pct of Total Recommendations	Nbr Reviews with Recommendation	Pct of Reviews with This Recommendation
Community Involvement/Participation		292	4.3%	243	24.0%
Goal Achievement		338	5.0%	271	26.8%
Health and Safety (including Behavioral)	Other:	1,089	16.1%	452	44.7%
Health and Safety (including Behavioral)	Auditory evaluation is indicated	17	0.3%	17	1.7%
Health and Safety (including Behavioral)	Behavioral review is indicated	57	0.8%	57	5.6%
Health and Safety (including Behavioral)	Dental care is indicated	132	1.9%	132	13.1%
Health and Safety (including Behavioral)	Environmental assessment is indicated	31	0.5%	29	2.9%
Health and Safety (including Behavioral)	Evaluation of adaptive equipment is indicated	29	0.4%	29	2.9%
Health and Safety (including Behavioral)	Female preventive healthcare is indicated	40	0.6%	39	3.9%
Health and Safety (including Behavioral)	Gastrointestinal evaluation may be indicated	1	0.0%	1	0.1%
Health and Safety (including Behavioral)	Locate a PCP	6	0.1%	6	0.6%
Health and Safety (including Behavioral)	Locate local Medicaid dental provider	21	0.3%	21	2.1%
Health and Safety (including Behavioral)	Male preventive healthcare is indicated	14	0.2%	14	1.4%
Health and Safety (including Behavioral)	Medication administration education is indicated	10	0.1%	10	1.0%
Health and Safety (including Behavioral)	Medication compliance evaluation is indicated	8	0.1%	8	0.8%
Health and Safety (including Behavioral)	Neurological evaluation is indicated	160	2.4%	158	15.6%
Health and Safety (including Behavioral)	Nutritional evaluation is indicated	25	0.4%	25	2.5%
Health and Safety (including Behavioral)	Occupational therapy evaluation is indicated	11	0.2%	11	1.1%
Health and Safety (including Behavioral)	Oral motor evaluation is indicated	4	0.1%	4	0.4%
Health and Safety (including Behavioral)	PCP visit is indicated	20	0.3%	20	2.0%
Health and Safety (including Behavioral)	Pharmacy review is indicated	346	5.1%	345	34.1%
Health and Safety (including Behavioral)	Physical therapy evaluation is indicated	28	0.4%	28	2.8%
Health and Safety (including Behavioral)	Psychiatric evaluation is indicated	167	2.5%	167	16.5%
Health and Safety (including Behavioral)	Respiratory therapy evaluation is indicated	4	0.1%	4	0.4%
Health and Safety (including Behavioral)	RN assessment is indicated	46	0.7%	46	4.5%
Health and Safety (including Behavioral)	Speech therapy evaluation is indicated	8	0.1%	8	0.8%
Health and Safety (including Behavioral)	Vision screening is indicated	28	0.4%	28	2.8%
Relationships/Social Roles		371	5.5%	293	29.0%
Residential		199	2.9%	182	18.0%
Rights		627	9.3%	427	42.2%
Satisfaction with Supports/Services		238	3.5%	173	17.1%
Vocational		277	4.1%	236	23.3%
Other		2,128	31.4%	304	30.1%
Totals		6,772	100.0%	1,012	100.1%

Appendix 2

Provider Performance Review Aggregate Data

**Table 9
Statewide Results by District for All Provider Performance Reviews
January – March 2003 Original Review Tools and Protocols**

District	Number of Reviews			Average Review Score			Number Reviews with Alerts		Total Number of Alerts					Reviews with Recoupment Citations			Total Number of Recoupment Citations			Number of Reviews Requiring Submission of a Quality Improvement Plan (QIP)			
	Onsite	Desk	Total	Onsite	Desk	Total	Onsite	Desk	Dignity Respect	Personal Privacy	Rpt Abuse Neglect	Background	Total	Onsite	Desk	Total	Onsite	Desk	Total	Onsite	Desk	Total	
									Onsite			Onsite											Desk
1	5		5	90%		90%	1				2		2	2		2	2		2	2		2	
2	32	1	33	88%	96%	88%	4	1		1	10	1	12	20		20	39		39	15	1	16	
3	13		13	89%		89%	6				7		7	5		5	6		6	8		8	
4	9	1	10	93%	35%	87%	1	1		1		1	2	4		4	4		4	3	1	4	
7	12		12	90%		90%								4		4	7		7	5		5	
8	3		3	83%		83%	2				5		5	1		1	2		2	3		3	
9	9		9	92%		92%	2			1	2		3	3		3	5		5	3		3	
10	13		13	95%		95%	2		1		2		3	2		2	2		2	2		2	
11	24		24	86%		86%	13		2	1	17		20	4		4	5		5	16		16	
12	12		12	94%		94%														1		1	
13	9	1	10	90%	100%	91%	3				8		8	4		4	6		6	5		5	
14	21		21	92%		92%	2				2		2	1		1	2		2	5		5	
15	6		6	82%		82%	4				8		8	3		3	9		9	5		5	
23	33	2	35	88%	79%	87%	8			2	1	18		21	12		12	17		17	13	2	15
Total Reviews	201	5	206				48	2	3	5	2	81	2	93	65	0	65	106	0	106	86	4	90
Total Providers	159	5	164																				
Average Statewide Score				89%	78%	89%																	

Table 10
Statewide Results by District for All Provider Performance Reviews
January – March 2003 Revised Review Tools and Protocols

District	Number of Provider Reviews			Average Provider Review Score			Number Provider Reviews with Alerts		Total Number of Alerts							Provider Reviews with Recoupment Citations			Total Number of Recoupment Citations			Number of Provider Reviews Requiring Submission of a Quality Improvement Plan (QIP)		
	Onsite	Desk	Total	Onsite	Desk	Total	Onsite	Desk	Dignity Respect	Personal Privacy	Rpt Abuse Neglect	Background		Total	Onsite	Desk	Total	Onsite	Desk	Total	Onsite	Desk	Total	
												Onsite	Desk											
1	5	1	6	94%	92%	94%	2					2		2	2		2	2		2	3		3	
2	20		20	85%		85%	4					7		7	15		15	39		39	12		12	
3	5		5	91%		91%	1		1			1		2	2		2	2		2	2		2	
4	4		4	96%		96%	1					1		1	1		1	1		1	1		1	
7	7	4	11	93%	73%	89%	1	1		1			1	2	3	1	4	11	1	12	3	4	7	
8	2		2	84%		84%	2				1	2		3							2		2	
9	3		3	91%		91%	1					2		2	1		1	2		2	1		1	
10	6		6	91%		91%								1		1	1		1	1		1	1	
11	12	10	22	93%	74%	85%	5	4				9	8	17	3	5	8	3	7	10	5	8	13	
12	8		8	90%		90%	3					8		8	5		5	6		6				
13	11		11	83%		83%	3					17		17	5		5	19		19	5		5	
14																								
15	2		2	90%		90%	1					2		2	1		1	4		4	1		1	
23	17	52	69	81%	87%	85%	5	5	1			5	9	15	11	4	15	46	4	50	13	30	43	
Total Reviews	183	67	250				39	10	2	1	1	56	18	78	67	10	77	136	12	148	63	42	105	
Total Providers	102	67	169				29	10							50	10	60				49	42	91	
Average Statewide Score				88%	85%	87%																		

Table 11
Summary of Provider Performance Review On-Site Review Results
January – March 2003 Original Tools and Protocols

District	Number of Reviews			Average Review Score		Number Reviews with Alerts		Total Number of Alerts								Reviews with Recoupment Citations		Total Number of Recoupment Citations		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	4	1	5	92%	82%		1							2	2	2		2		1	1	2	
2	12	20	32	85%	90%	4					1		10		11	10	10	25	14	5	10	15	
3	11	2	13	89%	91%	4	2						5	2	7	4	1	5	1	6	2	8	
4	4	5	9	92%	94%		1			1					1	1	3	1	3	1	2	3	
7	2	10	12	90%	89%											4		7		1	4	5	
8	3		3	83%		2							5		5	1		2		3		3	
9	5	4	9	90%	96%	2				1			2		3	2	1	4	1	3		3	
10	11	2	13	95%	92%	2		1					2		3	1	1	1	1	2		2	
11	21	3	24	86%	84%	11	2	2		1			15	2	20	2	2	3	2	13	3	16	
12	4	8	12	94%	93%																1	1	
13	7	2	9	88%	96%	2	1						4	4	8	4		6		4	1	5	
14	20	1	21	92%	81%	2							2		2		1		2	4	1	5	
15	1	5	6	73%	84%	1	3						4	4	8	1	2	4	5	1	4	5	
23	30	3	33	88%	92%	8				2		1	18		21	11	1	16	1	12	1	13	
Total Reviews	135	66	201			38	10	3		4	1	2	67	14	91	39	26	69	37	56	30	86	
Total Providers	93	66	159																				
Average Statewide Score				89%	90%																		

Table 12
Summary of Provider Performance Review On-Site Review Results
January – March 2003 Revised Tools and Protocols

District	Number of Provider Reviews			Average Provider Review Score		Number Provider Reviews with Alerts		Total Number of Alerts									Provider Reviews with Recoupment Citations		Total Number of Recoupment Citations		Number of Provider 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	4	1	5	95%	85%	2							2		2	2		2		2	1	3	
2	8	12	20	83%	85%	4							7		7	7	8	23	16	5	7	12	
3	3	2	5	90%	97%	1		1					2		2	2		2		2		2	
4	2	2	4	96%	96%	1							1		1	1		1		1		1	
7	2	5	7	92%	91%	1				1			1		1	2	1	9	2	1	2	3	
8	1	1	2	90%	71%	1	1					1	2	1	3					1	1	2	
9	3		3	91%		1							2		2	1		2		1		1	
10	5	1	6	90%	92%											1		1		1		1	
11	9	3	12	93%	88%	3	2						5	4	9	1	2	1	2	3	2	5	
12	3	5	8	90%	89%	2	1						7	1	8	1	4	2	4				
13	8	3	11	84%	92%	3							17		17	4	1	18	1	5		5	
14																							
15		2	2		89%		1							2	2		1		4		1	1	
23	13	4	17	83%	81%	4	1	1					5	1	6	8	3	41	5	10	3	13	
Total Reviews	142	41	183			33	6	2		1		1	51	9	60	47	20	102	34	46	17	63	
Total Providers	61	41	102			23	6									30	20			32	17	49	
Average Statewide Score				88%	88%																		

Table 13
Statewide Summary of Provider performance review results by Service Category
January – March 2003 -Original Review Tools and Protocols

Component Reviewed	Number of Reviews			Average Review Score			Number of Reviews with Alerts		Total Number of Alerts								Reviews with Recoupment Citations		Total Number of Recoupment Citations		
	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	96	66	162	88%	90%	89%	8	1	3		4	1	2				10				
Adult Day Training	13		13	93%		93%	1								1		1	4		5	
Non-Residential Support Services	27	16	43	87%	88%	87%	5	3						5	3	8	12	6	15	8	
Residential Habilitation	87	8	95	88%	86%	88%	27	1						27	1	28	24	6	37	12	
Support Coordination	7	29	36	90%	92%	91%	2	4						2	4	6	3	12	4	12	
Supported Employment Services	5	1	6	93%	84%	91%	1							1		1		1		1	
Supported Living Coaching	28	15	43	90%	91%	90%	4	1						4	1	5	6	4	8	4	

Table 14
Statewide Summary of Provider Performance Review results by Service Category
January – March 2003 -Revised Review Tools and Protocols

Component Reviewed	Number of Provider Reviews			Average Provider Review Score			Number of Provider Reviews with Alerts		Total Number of Alerts								Provider Reviews with Recoupment Citations		Total Number of Recoupment Citations			
	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	60	41	101	89%	88%	89%	4		2		1		1				4					
Adult Day Training	10		10	87%		87%	1								1		1	6			12	
Non-Residential Support Services	18	14	32	86%	87%	86%	1	2							1	2	3	12	6		17	8
Residential Habilitation	30	7	37	87%	81%	87%	11	2							22	2	24	9	5		31	7
Support Coordination	3	17	20	94%	90%	90%		2								2	2	2	4		3	6
Supported Employment Services	7		7	87%		87%	2								2		2	3			5	
Supported Living Coaching	30	6	36	90%	87%	90%	4	1							4	1	5	9	4		19	8

**Table15: Projected Service Outcome Results
January – March 2003**

Service Component	Element	Element Text	Number Reviews	Number of Reviews with Met Element	Percent Reviews Element Met
Adult Day Training (ADT)	50	The provider has established a systematic method to collect projected service outcome data. (Was ADT 42)	15	8	53.3%
	51	The provider reviews data periodically and corrective measures are put in place if the data indicates that the goal is not being achieved. (Was ADT 43)	15	8	53.3%
	52	Individuals receiving services demonstrate an increase in abilities, self-sufficiency, and changes in their lives consistent with their support plan. (NEW 2003)	15	12	80.0%
	53	Individuals served who have a stated support plan goal to be employed in the community, access supported employment or other competitive employment opportunities. (NEW 2003)	9	7	77.8%
	54	Individuals served are satisfied with the services based on the results of the annual satisfaction survey or are satisfied that their concerns raised during the survey have been addressed. (NEW 2003)	14	11	78.6%
	55	Individuals achieve or make progress toward the support plan goal(s) assigned to the provider. (NEW 2003)	15	11	73.3%
	56	Individuals who use the supports and services of the provider are allowed maximum freedom of choice, including being informed about rights and service options (i.e., more inclusive programs, supported employment, etc.). (NEW 2003)	15	9	60.0%
Non-Residential Support Services	48	The provider has established a systematic method of data collection for projected service outcome data. (Was NRSS 47)	34	14	41.2%
	49	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. (Was NRSS 48)	33	9	27.3%
	50	Individuals achieve goals on their support plan during the year. (New 2003)	31	24	77.4%
	51	Individuals receiving NRSS from the provider are satisfied with the services based on the results of the annual satisfaction survey or are satisfied that their concerns raised during the survey have been addressed. (New 2003)	33	30	90.9%
	52	Individuals who use the supports and services of the provider demonstrate an increase in abilities, self-sufficiency, and changes in their lives, consistent with their personal goal(s). (New 2003)	33	26	78.8%
	53	Individuals who use the services of the provider achieve an increased level of community inclusion or community involvement. (New 2003)	33	29	87.9%
	54	Individuals receiving this service from the provider have these services provided in an integrated community setting. (New 2003)	33	32	97.0%

Residential Habilitation	47	Provider has established a systematic method to collect outcome data. (Was RH 44)	102	50	49.0%
	48	The provider reviews data periodically and corrective measures are put in place if the data indicates that the goal is not being achieved. (Was RH 45)	102	59	57.8%
	49	Individuals receiving residential habilitation services achieve or make progress toward the support plan goal(s) assigned to the provider. (NEW 2003)	102	81	79.4%
	50	Individuals served are satisfied with their residential habilitation services based on the results of the annual satisfaction survey, or are satisfied that their concerns raised during the survey have been addressed. (NEW 2003)	100	78	78.0%
	51	Individuals who use the supports and services of the provider remain healthy and free from injury, abuse or neglect. (NEW 2003)	102	93	91.2%
	52	Individuals using supports & services of the provider demonstrate increase in abilities, self-sufficiency, & changes in their lives, consistent with personal goal(s). (NEW 2003)	102	86	84.3%
	53	Individuals who use the supports and services of the provider are allowed maximum freedom of choice, including being informed about rights, service options, and making all possible decisions with regard to the conduct of their lives. (NEW 2003)	101	82	81.2%
Support Coordination	90	The provider has established a systematic method of data collection to measure success on projected service outcomes. (Was SC 83)	20	10	50.0%
	91	There is evidence that projected service outcome data are reviewed periodically and that corrective measures are put in place if the data indicates the service outcomes are not being achieved. (Was SC 84)	19	8	42.1%
	92	Individuals receiving support coordination have maximum freedom of choice in all areas of their lives, including setting personal goals, being fully informed about service options and making all possible decisions with regard to the conduct	19	14	73.7%
	93	Individuals receiving services demonstrate an increase in abilities, self-sufficiency and changes in their lives consistent with their personal goals. (New 2003)	19	13	68.4%
	94	Individuals are satisfied with their support coordination services based on the results of the annual satisfaction survey, or are satisfied that their concerns raised during the survey have been addressed. (New 2003)	17	15	88.2%
Supported Employment Services	44	Provider has established systematic method of data collection for outcome data. (Was SE 39)	8	4	50.0%
	45	The provider reviews data periodically and corrective measures are put in place if the data indicates that the goal is not being achieved. (Was SE 40)	8	3	37.5%
	46	Individuals in the individual model do not need paid job coaching in excess of an average of 20% of the beneficiaries average work hours. (New 2003)(For example, if a person works 30 hours per week then job coaching would not exceed 6 hours per week -	8	6	75.0%
	47	Individuals receiving supported employment achieve the goal(s) identified on their support plan for which the provider is responsible. (New 2003)	8	4	50.0%
	48	The provider achieves a satisfactory or better rating on the annual individual satisfaction survey. (New 2003)	7	5	71.4%

Supported Living Coaching Services	58	The provider has established a systematic method of data collection for outcome data. (Was SLC 54)	37	21	56.8%
	59	There is evidence that the data is reviewed periodically and that corrective measures are put in place if the data indicators that the goal is not being achieved. (Was SLC 55)	37	18	48.6%
	60	Individuals in supported living are the lessee or owner of the home in which they reside. (NEW 2003)	37	31	83.8%
	61	The provider achieves a satisfactory or better rating, based upon the results of annual individual satisfaction surveys. (NEW 2003)	36	34	94.4%
	62	Individuals in supported living live in homes occupied by no more than two other beneficiaries with developmental disabilities and in areas in which persons with disabilities account for no more than 10% of the houses or 10% of the units in an apartment	36	31	86.1%
	63	Individuals who use the supports and services of the provider demonstrate an increase in abilities, self-sufficiency, and changes in their lives consistent with their Support Plan goal(s). (NEW 2003)	37	27	73.0%
	64	Individuals who use the services of the provider achieve an increased level of community inclusion or community involvement. (NEW 2003)	37	28	75.7%
	65	Individuals who use the services of the provider maximize freedom of choice in all areas of their lives as evidenced by setting personal goals, being fully informed about service options and making all possible decisions with regard to the conduct of	37	28	75.7%

**Table 16: State Elements of Performance Most Often Not Met
January – March 2003
Core Assurances**

Question ID	Description	Count Not Met	Percent Not Met
Original Core Assurances			
297	The assessment examines the organizations compliance with requirements found in the Medicaid Waiver Agreement and Assurances, and applicable rules and regulations.	60	37.0%
298	A Quality Improvement Plan (QIP) is developed to address areas needing improvement.	58	35.8%
247	The provider has a policy to educate the individual and/or family/guardian about how to report abuse, neglect or exploitation.	44	27.2%
244	Consents for release of information are specific, time limited, signed and dated by the person or authorized representative.	44	27.2%
261	The provider actively coordinates the dissemination of information to the individual/family/guardian and other providers in order to promote a cohesive planning and support process.	43	26.5%

Question ID	Description	Count Not Met	Percent Not Met
Revised Core Assurances			
1920	The assessment examines the provider's compliance with requirements found in the Medicaid Waiver Agreement and Assurances, and applicable rules and regulations. (Was CA 72)	59	48.0%
1922	A Quality Improvement Plan (QIP) is developed and implemented to address areas needing improvement. (Was CA 73)	54	43.9%
1923	Satisfaction survey results needing improvement are incorporated into the provider Quality Improvement Plan.	54	43.9%
1921	The provider's self-assessment is effective in determining the need for improvement. (NEW 2003)	51	41.5%
1901	Grievance procedures are annually reviewed and signed by the individual, family and/or guardian, and the provider keeps a copy on file. (Was CA 50)	44	35.8%

**Table 17: State Elements of Performance Most Often Not Met
January – March 2003
Adult Day Training**

Question ID	Description	Count Not Met	Percent Not Met
Original Adult Day Training			
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.	6	46.2%
850	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]	5	38.5%
863	Performance data on the selected service outcomes	4	30.8%
866	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.	4	30.8%
827	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.	3	23.1%

Question ID	Description	Count Not Met	Percent Not Met
Revised Adult Day Training			
1527	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. (Was ADT 4)	13	86.7%
1528	The provider is tracking and acting on an individual's progress or lack of progress.	13	86.7%
1537	At least annually, providers conduct an orientation informing individuals of supported employment and other competitive employment opportunities in the community. (NEW 2003)	8	53.3%
1569	Provider has at a minimum performance data on the Projected Service Outcomes. (Was ADT 39)	7	46.7%
1572	The provider has established a systematic method to collect projected service outcome data. (Was ADT 42)	7	46.7%
1573	The provider reviews data periodically and corrective measures are put in place if the data indicates that the goal is not being achieved. (Was ADT 43)	7	46.7%

**Table 18: State Elements of Performance Most Often Not Met
January – March 2003
Non-Residential Support Services**

Question ID	Description	Count Not Met	Percent Not Met
Original Non-Residential Support Service			
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.	26	60.5%
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.	25	58.1%
50	Monthly summary of individual's progress and activities toward achieving support plan goal(s) for the period being reviewed	17	39.5%
53	Performance data on the district selected Service Outcomes	17	39.5%
16	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.	16	37.2%

Question ID	Description	Count Not Met	Percent Not Met
Revised Non-Residential Support Service			
1641	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. (Was NRSS 4)	24	70.6%
1685	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. (Was NRSS 48)	24	70.6%
1642	Progress, or the lack there of, is noted in the daily progress notes, monthly summary and annual report. (New 2003)	21	61.8%
1684	The provider has established a systematic method of data collection for projected service outcome data. (Was NRSS 47)	20	58.8%
1676	Provider has at a minimum a monthly summary, including the training location, for the days services were provided of individual's progress and activities toward achieving support plan goal(s) for the period being reviewed. (Was NRSS 37)	16	47.1%

**Table 19: State Elements of Performance Most Often Not Met
January – March 2003
Residential Habilitation**

Question ID	Description	Count Not Met	Percent Not Met
Original Residential Habilitation			
218	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.	58	61.1%
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.	46	48.4%
215	Performance data on the district selected Service Outcomes	37	38.9%
217	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.	36	37.9%
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	36.8%

Question ID	Description	Count Not Met	Percent Not Met
Revised Residential Habilitation			
1705	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. (Was RH 4)	61	59.8%
1706	The provider is tracking and acting on an individual's progress or lack of progress. (New 2003)	61	59.8%
1747	The provider has established a systematic method to collect outcome data. (Was RH 44)	52	51.0%
1744	Provider has at a minimum performance data on the Projected Service Outcomes. (Was RH 42)	47	46.1%
1748	The provider reviews data periodically and corrective measures are put in place if the data indicates that the goal is not being achieved. (Was RH 45)	43	42.2%

**Table 20: State Elements of Performance Most Often Not Met
January – March 2003
Support Coordination**

Question ID	Description	Count Not Met	Percent Not Met
Original Support Coordination			
763	Provider assures a medication review by a Licensed Consultant Pharmacist is conducted at least annually	15	41.7%
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]	15	41.7%
802	Contacts with individuals in community settings are planned in advance of the visit. [C.4]	14	38.9%
810	Central records contain copies of annual or professional reports and individual implementation plans submitted by other providers as required and appropriate to each service. [D.2.b]	14	38.9%
946	Provider assures a comprehensive psychiatric (for psychiatric medication) review is completed annually by a licensed psychiatrist/neurologist or an A.R.N.P., who acts pursuant to a protocol with the psychiatrist/neurologist.	14	38.9%

Question ID	Description	Count Not Met	Percent Not Met
Revised Support Coordination			
1044	There is evidence that projected service outcome data are reviewed periodically and that corrective measures are put in place if the data indicates the service outcomes are not being achieved. (Was SC 84)	11	55.0%
1043	The provider has established a systematic method of data collection to measure success on projected service outcomes. (Was SC 83)	10	50.0%
1037	Central records or provider records contain performance data on the Projected Service Outcomes.(Was SC 79)	8	40.0%
1041	Progress notes indicate a review of the individual's health, safety and well-being and an updated housing survey. (New 2003)	6	30.0%
1046	Individuals receiving services demonstrate an increase in abilities, self-sufficiency and changes in their lives consistent with their personal goals. (New 2003)	6	30.0%

**Table 21: State Elements of Performance Most Often Not Met
January – March 2003
Supported Employment Services**

Question ID	Description	Count Not Met	Percent Not Met
Original Supported Employment Services			
945	An individualized implementation plan (IP) or employment plan is developed under the direction of the consumer, which identifies training programs, and activities to accomplish desired goals and identified needs.	3	50.0%
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.	3	50.0%
398	Independent vendors and employees of agencies who render services have a bachelor's degree from an accredited college or university with a major in nursing, education, or social, behavioral or rehabilitative science (In lieu of a bachelor's degree, a	2	33.3%
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.	2	33.3%
394	Services include providing consultation to employers to enhance supports natural to the workplace	1	16.7%

Question ID	Description	Count Not Met	Percent Not Met
Revised Supported Employment Services			
1600	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. (Was SE 11)	6	75.0%
1601	The provider is tracking and acting on an individual's progress or lack of progress.(New 2003)	5	62.5%
1633	The provider reviews data periodically and corrective measures are put in place if the data indicates that the goal is not being achieved. (Was SE 40)	5	62.5%
1624	The provider has at a minimum, a monthly summary of an individual's progress and activities toward achieving support plan goal(s) for the period being reviewed. (Was SE 33)	4	50.0%
1632	The provider has established a systematic method of data collection for outcome data. (Was SE 39)	4	50.0%
1635	Individuals receiving supported employment achieve the goal(s) identified on their support plan for which the provider is responsible. (New 2003)	4	50.0%

**Table 22: State Elements of Performance Most Often Not Met
January – March 2003
Supported Living Coaching**

Question ID	Description	Count Not Met	Percent Not Met
Original Supported Living Coaching			
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.	22	51.2%
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.	21	48.8%
567	Performance data on district selected service outcomes	17	39.5%
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.	17	39.5%
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.	16	37.2%

Question ID	Description	Count Not Met	Percent Not Met
Revised Supported Living Coaching			
1818	The provider forwards a copy of the annual satisfaction survey to the waiver support coordinator. (Was SLC 45)	24	64.9%
1828	There is evidence that the data is reviewed periodically and that corrective measures are put in place if the data indicators that the goal is not being achieved. (Was SLC 55)	19	51.4%
1827	The provider has established a systematic method of data collection for outcome data. (Was SLC 54)	16	43.2%
1774	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. (Was SLC 4)	14	37.8%
1775	The provider is tracking and acting on an individual's progress or lack of progress.	14	37.8%

Table 23
Second Year Provider Performance Reviews
by District and Average Percentage Change in Score

District	Total Nbr Providers Reviewed	Nbr Providers w/Repeat Reviews	Percent Providers w/Repeat Reviews	Average Pct Change in Score*
1	112	20	17.9%	12%
2	382	46	12.0%	24%
3	214	14	6.5%	15%
4	262	13	5.0%	12%
7	290	23	7.9%	12%
8	81	1	1.2%	2%
9	142	8	5.6%	1%
10	171	9	5.3%	3%
11	357	49	13.7%	23%
12	171	24	14.0%	38%
13	240	28	11.7%	19%
14	145	16	11.0%	4%
15	155	5	3.2%	4%
23	831	90	10.8%	7%
97	1			
98	1			
Totals	3,555	346	9.7%	16%

*Based on 216 repeat reviews done using original process

Appendix 3

Attachment 1

Training, Education, and Liaison Contacts and meetings Year Two – January - March 2003

Project Management	Description of Activity	Participants and Audience
January 19, 2003	Project Overview provided to State Advocacy Center Board of Directors	Marcia Hill and SAC Board members and representatives (20 persons)
February 5 –6, 2003	Interagency Quality Council	Delmarva staff and partners presented at IQC Quarterly meeting
March 2003	Update Presentation for DD Program Office	Marcia Hill and DD Staff (@ 15)
April 2003	Update and Overview for Leadership Meeting	Marcia Hill, Bob Maryanski; Richard Hollis and @ 40 participants
District/local contacts	Description of Activity	Participants and Audience
District 2		
28-Jan-03	Quarterly Meeting with District Staff	Richard Hollis and district staff
District 2		
25-Mar-03	District 2 provider training	Delmarva staff participated in District 2 training for providers
District 3		
23-Jan-03	Quarterly Meeting with District Staff	Richard Hollis and district staff
District 3		
5-Feb-03	District Training staff meeting	Staff met with District Training staff regarding district-sponsored training and its relation to the monitoring tool.
District 4		
31-Jan-03	Quarterly Meeting with District Staff	Richard Hollis and district staff

District 7		
17-Mar-03	Quarterly Meeting	Marsha Napier and Carol McDuff met with three district staff. Reviewed and discussed changes in the PPR tool. Discussed possible agenda items for the Delmarva Training.
District 8		
14-Mar-03	Quarterly Meeting	Lydia Catalon, Michele Phelps, and Carol McDuff met with four staff. Reviewed and discussed changes in the PPR tool. Discussed possible agenda items for the Delmarva Training.
District 9		
31-Mar-03	Quarterly Meeting	Noeline Coore, Carol Taylor, Lydia Catalon, and Carol McDuff met with six district staff. Reviewed and discussed changes in the PPR tool. Discussed possible agenda items for the Delmarva Training.
District 10		
7-Jan-03	Quarterly Meeting	Avril Wilson, Carol Taylor, Lydia Catalon, Anna Quintyne, and Carol McDuff met with district staff. Discussed both PPR and PCR processes. Provided clarification on PCR processes. Four district staff participated.
District 11		
13-Mar-03	Quarterly Meeting	Jose Navarro, Lydia Catalon, Beth Townsend, and Carol McDuff met with six district staff. Reviewed and discussed changes in the PPR tool. Discussed possible agenda items for the Delmarva Training.

District 12		
30-Jan-03	Quarterly Meeting with District Staff	
District 13		
10-Jan-03	Staff spoke to 35 members of FFRA (Family & Friends of Retarded Adults) regarding the Personal Outcomes Measures and the Person Centered Review process	Staff spoke to 35 members of FFRA (Family & Friends of Retarded Adults) regarding the Personal Outcomes Measures and the Person Centered Review process
District 13		
12-Mar-03	Inservice for ADEPT Support Coordination	Staff was guest speaker at an Inservice for ADEPT Support Coordination
District 13		
25-Mar-03	DDPO Quality Assurance Team	Staff was a guest speaker for DDPO Quality Assurance Team
District 14		
21-Feb-03	Quarterly Meeting	Meeting with District 14 updating the District on our activities, results, and processes, as well as planning for the upcoming training. DCF attendees included: Kathleen Cowan and Eric Olsen. DF attendees included: Bob, Chris, and Charmaine.
17-Mar-03	District Discussion	Discussion with Kathleen Cowan regarding the format for the upcoming training-June 5.
District 15		
12-Mar-03	Quarterly Meeting	Lydia Catalon and Carol McDuff met with ten district staff. Reviewed and discussed changes in the PPR tool. Discussed possible agenda items for the Delmarva Training.
District 15		
12-Mar-03	Meeting with Dist. 15 Waiver Support Coordinator	Lydia Catalon and Carol McDuff met with twenty WSC's during their quarterly meeting. Reviewed and discussed changes in the PPR tool specific to Support Coordination.

District 23		
22-Jan-03	District Discussion	Discussion with Fran Pasetti regarding the requirements for Supported Living Coaches.
28-Jan-03	District Discussion	Discussion with Millie Coton regarding her liaison activities with Delmarva, the roles of DCF, and the need for reports.
18-Feb-03	Quarterly Meeting	Meeting with Region 23 updating the Region on our activities, results, and processes, as well as planning for the upcoming training. DCF attendees included: Wanda Blanton, Millie Coton, etc. DF attendees included: Bob, Kristin, Susan, Barbara, and Charmaine.
13-Mar-03	District Discussion	Discussion with Wanda Blanton regarding the topics for the upcoming WSC training.
20-Mar-03	WSC Training	Delmarva conducted training for over 150 Region 23 WSC's.
21-Mar-03	District Discussion	Discussion with Marcia Digrazia regarding upcoming New-WSC Training

Attachment 2

Florida Statewide Quality Assurance Program Internal Quality Assurance Plan Report on Year 2, Quarter 3 January – March 2003

The Organizational Review Board (ORB) met following the Interagency Quality Council meeting in February 2003 to review the status of project implementation activities, the level of review volume, and timelines for project deliverables, as well as to discuss internal quality assurance activities for the 3rd quarter. Representatives from Medstat, the Joint Commission on the Accreditation of Healthcare Organizations and The Council as well as Delmarva's Senior Vice President and Chief Operating Officer, Tim Jones met with the Florida Management Team which included the Vice President for Florida Programs, the Director for Florida Operations, the Regional Managers, and Nurse Reviewer.

At the November ORB meeting, the Management team had been asked to develop recommendations for IQAP revisions to clarify and modify internal quality assurance components and processes to better reflect project operations. Staff identified a number of performance indicators related to review production, volume, and performance to be added to the on going internal quality improvement process. These indicators will be identified in the on going development and implementation of automated review status logs and tested through the remainder of Year 2. A systemic review and revision to the IQAP process will be completed during the 1st quarter of Year 3 and will include those indicators found to most effective and comprehensive in measuring performance.

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 January-March 2003 period.

New Staff Orientation and training

Two new person centered review full time staff and seven contract staff were hired during this quarter. The corporate office provided general orientation for full time staff. Project staff provided appropriate orientation for contract staff as well as program specific training related to the person-centered review process for all staff.

Comprehensive training in the use of the POM's for Adults was provided to all new review staff by The Council staff. In addition to small group instruction, training included one-on-one modeling and coaching in the use of the POM tool with a final reliability assessment administered to determine competence to use the POM Interview. Additional coaching sessions were provided when deemed necessary. One of the full time review staff chose to terminate employment after the initial training. One additional contract staff person did not pass reliability. After consultation with Council staff, Delmarva chose not continue the contractual relationship with this individual. A total of seven additional reviewers reliable to complete the POM interview were added to the complement of PCR Review staff.

Additionally, the hiring process for a part time Medical Director was completed. In addition to a reintroduction to Delmarva policies and procedures (employee worked for Delmarva in a consulting capacity for other projects), a orientation to the Florida Statewide Quality Assurance Program was provided by project staff as well as training specific to the Medical Peer Review and internal quality assurance process.

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 observes 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. In addition to the interview coaching and reliability activities for new staff, The Council monitored 26 interviews with existing staff. Additional coaching was provided for three additional interviews conducted during this period and one additional reliability was completed for a reviewer.

Training and coaching in the use of the Personal Outcome Measures for Children and Youth was provided to three staff (2 reviewers and 1 Regional Manager) who had been trained and found reliable in the assessment process for adults in November 2002. Subsequently, reliability reviews were successfully completed for these three staff in the Children and Youth Assessment process.

Annual Gold Standard Reviews

100% of the person-centered review reports continued to be reviewed by the Regional Managers though the 3rd quarter and has replaced the use of scenarios until a sampling of reviews is implemented. Regional Manager review and approval of all reports will continue for the remainder of the contract year to ensure accuracy and consistency in the identification and development of recommendations. 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 third quarter.

Provider Performance Reviews

Q & A document and protocol update

During this reporting period, revisions to the PPR tool and laptop application were implemented. These revisions were based on changes made to the service requirements included DD Medicaid Waiver Services handbook. While most of these changes were included in the training provided during the November 2002 training session, the biweekly conference calls were expanded to include additional discussion of the new requirements, implementation issues and questions related to interpretation. Staff from the Developmental

Disabilities program participated in the calls, when appropriate, to provide specialized training. Minutes of these meetings were provided to all review staff and include Q&A's.

Scoring and documentation analysis

For the 3rd quarter, Regional Managers reviewed and approved 100% of the Provider Performance Reviews. On going feedback was provided as necessary. On going review by the Regional Managers provided a mechanism to ensure that the tool revisions were being appropriately interpreted and scored as well as being correctly recorded in the new laptop application.

Rater reliability testing

Formal rater reliability for on site reviews was completed during this quarter for all (9) Provider Performance Review staff. The primary focus of this second rater-reliability evaluation was to determine if the QAR's were implementing the review process as designed and to offer a comparative study of the last year monitoring results as well as define future training needs. Areas being evaluated included:

- Pre-review activity
- Active listening skills
- Interviewing skills
- Observation skills
- Communication skills
- Implementation of the review agenda
- Level of interaction between the Reviewer and provider/staff
- Sample selection process for consumer records
- Documentation and record review approach
- Opening and exit conference content and approach
- Ability to review all applicable elements of performance in the allotted time
- Use of protocols
- Interpretation of elements of performance
- Observation of joint commissions corporate values
- Appropriate designation selection and rationale based on investigation results

This year the pre-review activity was added as an evaluation element. Reviewers were expected to contact the district offices for information on incidents and grievances, as well as any issues or concerns. Reviewers are also required to review information from person-centered reviews to incorporate in their findings.

The Quality Assurance Coordinator (QAC) accompanied each QAR to an onsite provider performance review. The QAC attended all interview activities, reviewed documentation, followed facility tours, and listened to discussions with consumers and others who contributed data to the review. The QAC was not an active participant in the review. The QAC reviewed all PCR/PPR reports on the Delmarva website for each provider that was being reviewed. The QAR offered information on grievances, incidents or any issues/concerns presented by the district. The QAR also discussed PCR results or outstanding issues from the provider's last review.

Each Provider Performance Review QAR was rated on each evaluation element using a four tier scale: EE = Exceeds Expectations, ME = Meets Expectations, NI = Needs improvement, NA = Not Applicable. The NA designation was used when the QAC was not present for the entire duration of the review or could not fully evaluate performance.

Quality Assurance Reviewers generally met or exceeded expectations. All Reviewers demonstrated a high degree of professionalism and were courteous throughout the review. The majority of the Reviewers met expectations for completing district contacts and reviewing the PCR reports for the provider. The information was used in discussions with the provider either directly or indirectly to capture results of PCR recommendations. One Reviewer exceeded expectations by contacting the Person centered reviewer and support coordinator to discuss findings and recommendations of the PCR report.

More than half of the Reviewers exceeded expectations on communication skills, observation of JCAHO/JCR corporate values during review, and appropriate designation selection and rationale based on investigation results. Reviewers were pleasant, friendly, punctual and professional, and respected the provider's opinion throughout the review. They were open/receptive to the provider's request for reconsideration. Reviewers used good judgment and rationale to score the elements of performance.

During the previous reviewer rater-reliability evaluation, the area noted that needed significant reinforcement related to engaging the providers in the review of documentation. During this review of QARs, it was observed that Reviewers continue to read through documents and search for information needed to score the element. While familiarity with the provider's documents from the previous years review allowed the Reviewer to identify areas of compliance more rapidly, the Reviewers would frequently request information from the provider if they were unable to easily locate the needed information. This practice is appropriate, as the revised scoring criteria requires Reviewers to evaluate the actual implementation of policies and procedures.

Areas of concern noted this year include the opening/exit conferences and the sample selection process for consumers. Reviewers are not consistently starting their reviews with an opening conference and discussing the review agenda. During the exit conferences, the areas requiring improvement are discussed with the provider but the exact element by number is not always given to the provider. QAR's are not consistently giving the provider an opportunity to select a sample record for review.

Recommendations

- Regional managers will review each QAR's performance, provide copies of their evaluations and provide training as needed.
- Two Reviewers will receive another reliability monitoring and training.
- PPR conference call trainings will address the following areas:
 - Opening/Exit conferences
 - Sample selection process for consumers
 - Interactive documentation review
 - Best practices.
 - Follow up requirements.

**Provider Performance Review
QAR Rater Reliability Monitoring Results
Second Quarter, 2003**

Evaluation Element	QAR Performance Totals N=9			
	EE	ME	NI	N/A*
1. Pre-review activity	1	7	1	
2. Active Listening skills	3	6		
3. Interviewing skills	3	6		
4. Observation skills	2	7		
5. Communication skills	6	2	1	
6. Implementation of the review agenda (covered all	1	7	1	
7. Level of interaction between reviewer and provider/staff		8	1	
8. Sample selection process for consumer records		4	5	
9. Document and record review approach (provider engagement in activity)	1	7	1	
10. Opening conference content and approach	2	4	3	
11. Exit conference content and approach		6	2	1
12. Ability to review all applicable elements of performance in the allotted time		9		
13. Use of protocols		8	1	
14. Interpretation of elements of performance (over/under interpretation)		9		
15. Observation of Joint Commission corporate values (quality, respect, integrity, courtesy, teamwork, recognition, improvement, empowerment, responsiveness) during review	5	2	2	
16. Appropriate designation selection (Met, Not Met, Not Applicable) and rationale based on investigation results	8			1

*Observer not present for the entire duration of the review and could not fully evaluate performance.

Reliability of Desk Reviews

Reliability of desk reviews will be completed during the 4th quarter.

Medical Peer Review

The Medical Director completed 10 quality assurance reviews of completed medical peer reviews. No issues or recommendations were noted.

Reconsiderations

Nine 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 the Director of Florida Operations. No discrepancies or issues were noted.

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. Delmarva management will work with its auditors and the subcontractor Garcia and Ortiz, to complete provider compliance audit during the 1st quarter of Year 3.