

**Florida Statewide Quality Assurance Program  
Delmarva Foundation**

**Quarterly Report  
July 1 - September 30, 2003**

**1st Quarter  
Contract Year 3  
2003-2004**

**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 began Year Three of the project with all review processes implemented and functioning consistently. Challenges facing the project are focused on improved data analysis, targeted training activities, and initiatives to promote quality improvement. Methods and approaches to improve current review processes are also emerging as project staff work with the stakeholders to provide information that can be used to support and improve current systems of support. With additional funding provided by the Florida Legislature to support workload and quality initiatives, Delmarva has presented a proposal to provide for additional review volume, develop and implement a blended review process for waiver support coordination that will be more efficient, expand training and technical assistance and support quality improvement initiatives consistent with DD redesign initiatives. Preliminary planning has been initiated with the submission of the proposal to the State.

For Year 3, Quarter 1, data is available from 436 Person-centered Reviews. While comparison of the average percentage of Outcomes **Met** and Supports **Present** in the first quarter to Year Two data reflects a decrease of 3% and 2.1% respectively, five of the twenty-five outcomes and six of the twenty-five supports saw an overall increase in percentage **Met** or **Present**. In comparing Year 1 and Year 2 data, there were increases in only three Outcomes **Met** and one Support **Present**. At the aggregate level, there is a continuing correlation between the provision of supports and achievement of personal outcomes. For most individual POM items, Supports are **Present** at a higher percentage than the percentage for the Outcome **Met**.

The top POM items for which the Outcome is most frequently **Met** and the Support is **Present** remain consistent and include: Free from abuse and neglect; Connected to natural supports; and Is safe. Similarly the POM items for which **Outcomes** are most often **Not Met** and for whom Supports are **Not Present** remain consistent and include: Chooses work; Performs different social roles; Chooses services; and Lives in an integrated environment.

POM results analyzed by the criteria of 13 or more Outcomes Met and 13 or More Supports Present reflect 56.3% of the individuals had 13 or more supports **Present**, while 49.3% had 13 or more outcomes **Met**. This reflects a decrease of approximately eight percentage points in supports and five percentage points in outcomes for this report period.

Preliminary analysis has been initiated to identify the factors and the significance of this continuing decline. Through the next year, additional analysis will be conducted as a part of quality improvement efforts to better understand whether shifts in demographic or other classification variables account for this pattern of results.

The categorization of recommendations from the PCR and use of standard pre-populated recommendations in the health, safety and behavioral category provided summary data on

the types of Recommendations made for 436 Person-centered Reviews. The data indicates that 92% of people who received a Person-centered Review had one or more recommendations in the areas of health, safety or behavioral. Further, 60% of the persons reviewed had Recommendations in the areas of Rights; 53% in the area of Relationships/Social Roles; and 34% in the Vocational area.

On Site Provider Performance Reviews of 255 providers of “core” services were conducted resulting in 306 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 97 Provider Performance Desk Reviews also completed during this period. Follow Up Reviews were conducted for 39 providers during the July-September 2003 period. There were 144 Documentation Reviews completed.

The average score for onsite reviews completed during the first quarter of Year 3 was 81%. This compares to an adjusted average score of 82% for comparable Year 2 reviews. Comparable Year 2 reviews were those completed during March through June 2003 using revised review tools, a weighted scoring matrix, and new report structure. For comparison purposes, Year 2 review scores were adjusted to offset a change in Elements of Performance that were scored “Not Applicable.”

Although the distribution of services was fairly equal as was the number of reviews, there were a significant number of providers reviewed for the first time (53%). Another 10% had not been reviewed since Year One. The number of Alerts in the area of Abuse, Respect/Dignity and Privacy also increased. There continues to be a large number of background screening alerts for providers reviewed onsite and through a desk review.

The reader should be cautious in interpreting and comparing Year Three Quarter 1 review results to results reported in the FSQAP Annual Reports for Year One and Year Two. The Year Three Quarter 1 results do not necessarily reflect valid statewide trends or performance at this point and should be viewed only as early indicators or areas warranting continued attention as cumulative data in subsequent quarterly reports becomes available.

## **Summary of Project Activity and Accomplishments**

The following provides a description of general program activities and accomplishments during the first quarter (July - September 2003) of Contract Year 3. Highlights are summarized under general project administration; education, training and outreach; and customer service. Project activities specific to Person-centered Reviews and Provider Performance Reviews are included under the discussion of review results.

### **General Project Activities and Accomplishments**

As the project enters its third year, required review procedures, processes, reports and follow up activities are fully implemented and functioning consistently. Challenges facing the project are focused on improved data analysis, targeted training activities, and initiatives to promote quality improvement. Methods and approaches to improve current review processes are also emerging as project staff work with the stakeholders to provide information that can be used to support and improve current systems of support. With additional funding provided by the Florida Legislature to support workload and quality initiatives, Delmarva has presented a proposal to provide for additional review volume, develop and implement a blended review process for waiver support coordination that will be more efficient, expand training and technical assistance and support quality improvement initiatives consistent with DD redesign initiatives. Preliminary planning has been initiated with the submission of the proposal to the State.

Consistent with the focus on program quality and outcomes that was strengthened in the revised review tools and protocols (based on rule promulgation of the Developmental Disabilities Medicaid Waiver Services handbook), there has been an increased emphasis placed on provider compliance with projected service outcomes and effective implementation of policies and procedures. Technical assistance and training activities have directly focused on these areas. Further, efforts have continued to integrate the PCR results into the PPR review activities.

A key management staff change occurred in the Regional Manager position for the North Florida area. Marion Olivier-Reulas, previously a Provider Performance Reviewer for the District 2 area, replaced Richard Hollis who moved to Germany.

### **Liaison and Educational Activities**

Submission of the Annual Education Plan has been delayed pending the approval of the Year Three contract modification which will expand education and training opportunities through the addition of training sessions and the development of an on line resource center that will offer interactive training modules.

In support of the project direction to offer training and technical assistance based on specific areas identified through the review process, project staff provided training to 120 individuals through 2 separate sessions on the development of implementation plans based on individual goals and outcomes. It is anticipated that at least one-half of the education and training sessions provided during Year 3 will have a program focus based on needs identified through the review processes.

Regional project staff and reviewers participated in quarterly meetings with district staff as well as maintained regular contact to discuss specific review activities or results. **Appendix 3, Attachment 1** summarizes these activities for the July through September 2003 period. Quarterly meetings with district staff to share information about review results are identified.

Other activities included a presentation at the Annual NASDDDS Reinventing Quality conference on the FSQAP activities, a presentation at the annual ARC/Florida conference, and participation in the District DD Medical Case Management Team conference calls.

### **Internal Quality Assurance Activities**

A summary of on going internal quality assurance efforts is summarized in **Appendix 3, Attachment 2** and includes details about staff training, onsite monitoring of reviewers as well as continuous oversight of completed Person-centered and Provider Performance Reviews.

### **Summary of Customer Service Activity**

The majority of calls for this period continued to be from providers of services subject to a desk review. Inquiries included requests for specific information related to desk review documentation, time frames for providing responses, and where, how and to whom documentation should be sent. Many of these requests were from new providers seeking clarification about documentation requirements. The most frequently asked questions during this quarter related to documentation for Level 2 background screening, required training, and service logs. With the initiation of documentation review follow ups, additional inquiries were related to the requested documentation, deadlines, and the consequences of non-compliance, etc. Providers were encouraged to maintain regular contact with the district DS offices to become knowledgeable about current information and requirements.

Assistance was given to providers of services reviewed onsite in the areas of how to submit a QIP, how to resubmit it when it has been denied and actions to take once a QIP has been approved. Upon request, review tools and protocols have been mailed to providers without Internet access or download capability. For provider with Internet access and download capability, directions on accessing the review tools and protocols from the DFMC-Florida website have been provided.

During this quarter, there were 67 PCR related contacts with consumers, parents, guardians, WSCs, residential programs, training centers and other providers. Calls included information updates, cancellations and complaints or concerns related to PCR reports, QARs, or the PCR process in general. Any complaint or concern was referred to appropriate regional managers for resolution.

There were 19 documented contacts during this quarter related to assisting with interpreting services. These contacts involved making several contacts to arrange

interpreting services. Follow up calls were made to determine if the interpreter services were satisfactory and if future use of the interpreter is recommended. During this quarter, Nationwide Interpreters provided sign language for a consumer interview as a part of a PCR. Direct assistance included assisting a Spanish speaking provider in responding to a desk review because she did not read or write English, initiating contact with a Spanish speaking family with limited English at the request of a QAR to schedule a PCR with a consumer and conducting a phone interview with another Hispanic family at the request of a QAR to do a follow up for a desk review.

Miscellaneous contacts included calls requesting information about our website, requests for information about Medicaid Waiver services, general complaints, information about job openings, and general information about DD training,

<b>Inquiries to Customer Service Representative</b>	
<b>Nature of contacts</b>	<b>Number of contacts</b>
<b>Provider Performance Reviews - on-site reviews</b>	<b>88</b>
<b>Provider Performance Reviews - Desk reviews</b>	<b>398</b>
<b>Person-Centered Reviews</b>	<b>67</b>
<b>General consumer and provider information and updates</b>	<b>19</b>
<b>Interpreting Services</b>	<b>19</b>
<b>Total</b>	<b>591</b>

## **Person Centered Reviews**

### **Summary of Review Activity and Review Results**

#### **Summary of Activities**

- Intensive efforts during the first part of the quarter focused on the completion of Year Two PCR's that had been initiated in Year 2. A total of 2540 Person-centered Reviews were completed for Year 2.
- Of the 436 reviews completed this quarter, 110 were completed within 30 days. The structure and multiple components of the Person-centered Review is a continuing challenge to reviewers in completing reviews within 30 days of interview. Managers have worked individually with reviewers to establish performance expectations. Temporary staff has continued to support the process by verifying contact information for consumers and providers and scheduling consumer interviews.
- Longitudinal Study – A sample size of 377 consumers from the Year One reviews was selected to approximate a target of 276 longitudinal reviews. As of September 30, 2003, 245 consumers had participated in a second Person-centered Review. The number completed was determined adequate to achieve a projected longitudinal study group size of 150 by the end of the fourth year. The September 30, 2003 time period was also determined to be an appropriate longitudinal interval for an annual measure of previous year reviews.
- 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 review staff. Specialized training during this quarter included updates on redesign initiatives; policy directives and clarifications related to waiver support coordination and service requirements were provided to reviewers and PCR application issues.

#### **Person-centered Review Results**

For Year 3, Quarter 1, data is available from 436 Person-centered Reviews. Subsequent quarterly report will reflect cumulative data for Year Three and provide a more reliable data set for comparison to Year 2 and Year 3 results.

Results and data from three components of the Person-centered Review are reported for the first quarter of the 2003-04 contract year. These components include data on the Personal Outcome Measures (POM) interview; dispositions reported from the Medical Peer Review (MPR); and a summary of the Recommendations made by component.

### **Personal Outcome Measures Interview results**

Results are presented by individual POM item for Supports **Present** and Outcomes **Met** and summarized by the average percentage of Supports Present and Outcomes Met for all POM conducted; by reviews that met the criterion of 13 or more Outcomes **Met** and Supports **Present**; and by Foundational Outcomes. A discussion of the Reasons Outcomes were **Not Met** and Supports **Not Present** is included for two POM items. **Appendix 1** contains detailed data on the POM results available in Table format.

#### **POM results by individual item**

The POM interview is an assessment tool that determines if a personal outcome is **Met** and if supports are **Present** in 25 areas. **Figure 1** provides data on the number of POM interviews conducted and the average Supports **Present** and Outcomes **Met**. **Figure 2** provides data on the Percent of Supports **Present** by individual POM item for Quarter1, Year 3; and **Figure 3** displays the percentage of Outcomes **Met** by POM item for Quarter 1, Year Three.

**Figure One**  
**Personal Outcome Measures**  
**Average Supports Present and Outcomes Met**

	<b>Year One</b>	<b>Year Two</b>	<b>Year 3 Quarter 1</b>
<b>Number of Interviews</b>	<b>1907</b>	<b>2539</b>	<b>436</b>
<b>Average Number of Supports Present</b>	<b>14.8</b>	<b>13.4</b>	<b>12.9</b>
<b>Average Percent of Supports Present</b>	<b>59.5%</b>	<b>53.7%</b>	<b>51.6%</b>
<b>Average Number of Outcomes Met</b>	<b>13.2</b>	<b>12.4</b>	<b>11.8</b>
<b>Average Percent of Outcomes Met</b>	<b>52.8%</b>	<b>49.7%</b>	<b>46.7%</b>

**Figure 2- Percent of POM Supports Present**

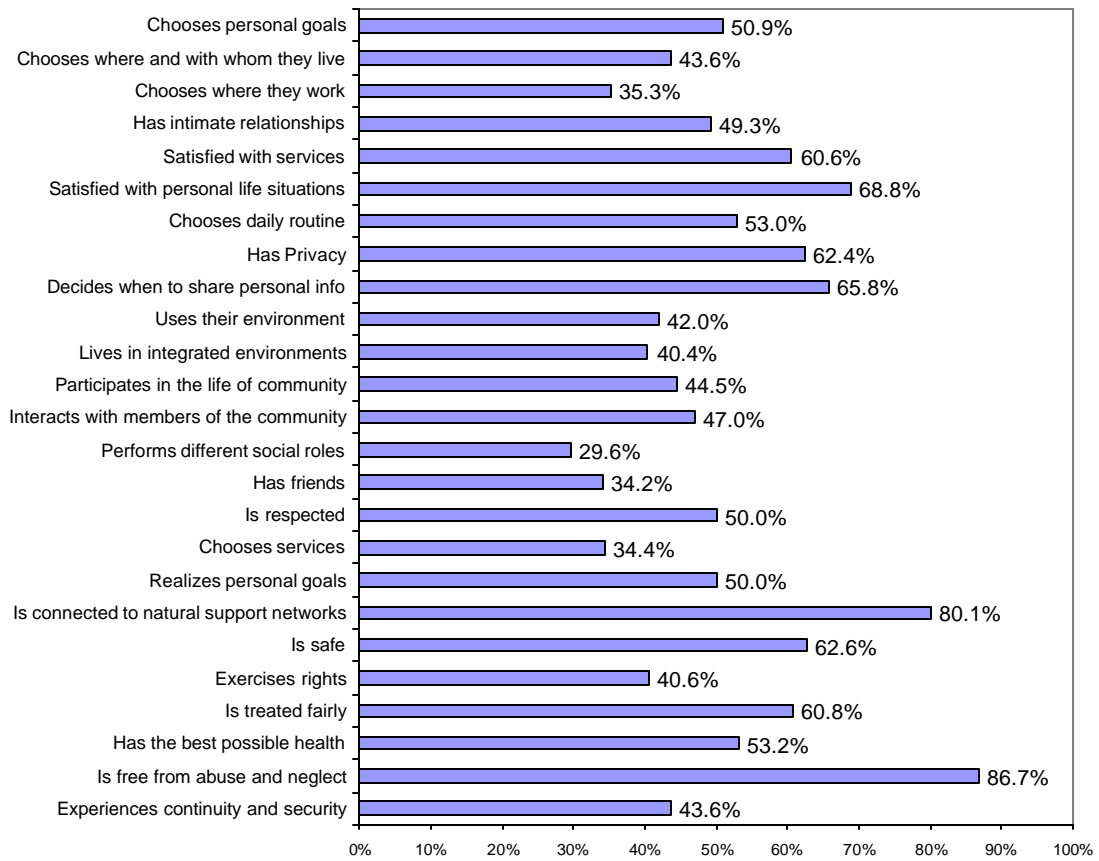
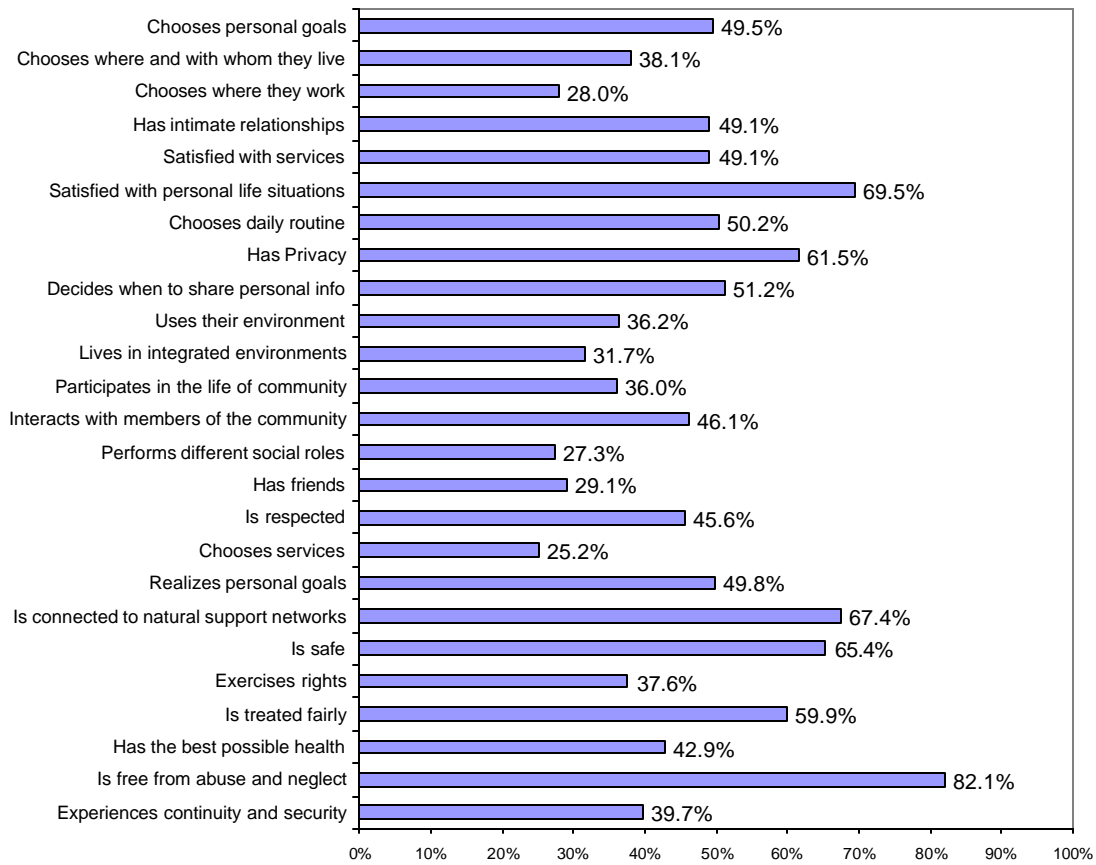


Figure 3- Percent of POM Outcomes Present



While comparison of the average percentage of Outcomes **Met** and Supports **Present** in the first quarter of Year Three to Year Two data reflects a decrease, five of the twenty-five outcomes and six of the twenty-five supports saw an overall increase in percentage **Met** or **Present**. In comparing Year 1 and Year 2 data, there were increases in only three Outcomes **Met** and one Support **Present**.

The outcomes for which the Outcomes Met or Supports Present have increased are as follows:

POM Item	Support % increase	Outcome % increase
Decides when to share personal information	8.5%	5.4%
Realizes Personal Goals	6.9%	1%
Chooses Personal Goals	5.5%	4.9%
Is free from abuse and neglect	4%	Did not increase
Performs different social roles	3.3%	4.1%
Lives in integrated environments	2.1%	Did not increase
Exercises Rights	Did not increase	1%

Average Outcomes Met for 6 POM's decreased by 5% or more with the highest being a 10% decrease. Similarly, the average percentage of Supports Present also decreased for 6 individual POM items by 4% or more with the highest being at 9.4%.

Outcomes that have decreased most significantly include: Experiences continuity and security (9.7%); Has privacy (9.4%); Uses environment (8.8%); Participates in the community (7.8%) and Has the best possible health (7.6%). The Supports that have decreased most significantly include: Experiences continuity and security (9.5%); Uses environment (9.5%); Is safe (7.2%); Has privacy (7.6%); and Participates in the life of the community (6.1%).

At the aggregate level, there is a continuing correlation between the provision of supports and achievement of personal outcomes. For most individual POM items, Supports are **Present** at a higher percentage than the percentage for the Outcome **Met**. For the Personal Outcome Measures interviews results reported this quarter, the data indicates that Supports are **Present** at a rate of 10% or higher than Outcome Met for four Personal Outcomes Measures:

- Decides when to share personal information
- Is connected to natural supports
- Satisfied with services
- Has Best possible health

Four additional POM items that are among those for whom Outcomes are **Met** and Supports are **Present** the least often, reflect Supports **Present** at rates of 6% or higher than the Outcome **Met** include:

- Chooses Services
- Participates in the live of the Community
- Lives in integrated settings
- Chooses work

The top five POM items for which the Outcome is most frequently **Met** and the Support is **Present** remain consistent from first and subsequent the data reported as follows:

- Free from abuse and neglect
- Connected to natural supports
- Satisfied with personal life situations
- Has Privacy
- Is Safe

The lowest levels of both supports provided and outcomes achieved have also remain consistent as follows:

- Chooses work
- Performs different social roles
- Has friends

- Chooses services
- Lives in an integrated environment

More detailed information about the Outcomes **Met** and the Supports **Present** can be found in the **Appendix 1 – Table 1**.

### **Reasons for Outcome Not Met or Supports Not Present for “Driver Indicators”**

Data about the Reasons that Outcomes and Supports are **Not Met or Present** is provided in **Appendix 1, Table 2**. 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.

Two Personal Outcome Measures have been identified as “driver” indicators. A driver indicator has been defined as a Personal Outcome Measure that, if met, increases the likelihood that at least 13 or more Outcomes will be **Met** and Supports will be **Present**. Through a regression analysis, the POM with the highest predictive value were identified; two were selected by the IQC - Choose Services and Choose Work as indicators to be targeted and tracked for Quality Improvement initiatives. These POM items are also among those most frequently **Not Met** and for whom Supports are most often **Not Present**.

Of the 436 PCR’s included in this report, the POM “Chooses Work” was **Not Met** for 314, or 72% of the people interviewed. There were 282 people, or 64.7% who did not have Supports **Present** for this Outcome. The top reasons cited by reviewers were “Limited options” (40.4%); “No opportunity to experience different options” (41.7%) and “Choice made by others”(22.9%). The three most frequently cited reasons for Supports **Not Present** were “Varied experiences not provided”(62.1%); “Barriers not being addressed”(20.2%); and “Efforts not present to learn preferences”(11%).

For “Chooses Services,” there were 326, or 74.8%, of the persons interviewed for whom this Outcome was **Not Met**. The top reasons cited by reviewers were “Choices made by family or others without individual’s input” (57.1%); “Awareness needs to increase” (28.8%) and “Service choices limited or not available”(24.9%). For this same item, there were 286, or 65.6% of the persons interviewed for whom Supports were **Not Present**. The three most frequently cited reasons were “Family/organization continues to make choices”(52.1%); “Organization does not educate person on available choices”(36.4%); and “Organization not working to increase choices”(21%). (**Note: multiple reasons can be identified for any Outcome Not Met or Support Not Present**).

The reasons identified for Outcomes **Not Met** and Supports **Not Present** for both POM items are the same reasons reported in Year One and Year Two. While the

reasons that outcomes are **Not Met** or supports are **Not Present** are slightly different for each POM item, 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 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 criterion of 13 or more Outcomes Met and Supports Present has been established as a minimum criterion of expected performance and has been accepted for initial reporting and analysis purposes for the Florida Statewide Quality Assurance Program.

**Figure 4** provides Year 1, Year 2 and Year 3 cumulative to date 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.

**Figure 4 - 13 or More Outcomes or Supports Present**

Reporting Period	Outcomes				Supports			
	Year One	Year Two	Year Three YTD	Total	Year One	Year Two	Year Three YTD	Total
<b>Number</b>								
13 or more present	1,040	1,246	186	2,472	1,219	1,427	214	2,860
less than 13 present	867	1,293	250	2,410	688	1,112	222	2,022
Total Number of Reviews	1,907	2,539	436	4,882	1,907	2,539	436	4,882
<b>Percent</b>								
13 or more present	54.54%	49.07%	42.66%	50.63%	63.92%	56.20%	49.08%	58.58%
less than 13 present	45.46%	50.93%	57.34%	49.37%	36.08%	43.80%	50.92%	41.42%
Total Percent	100%	100%	100%	100%	100%	100%	100%	100%

The decline in the percentage of 13 or more Outcomes **Met** and 13 or more Supports **Present** noted in previous reports continues when comparing data by contract year. For POM data available on the 436 Year 3 PCR's completed and reported in the first quarter, 186 persons (42.66%) had 13 or more outcomes **Met** and 214 of those persons (49.08%) had 13 or more Supports Present. While these percentages are significantly less than similar measures for Year Two (49.07% and 56.20%), it is important to note that the Year 3 data only represents 17% of the reviews to be

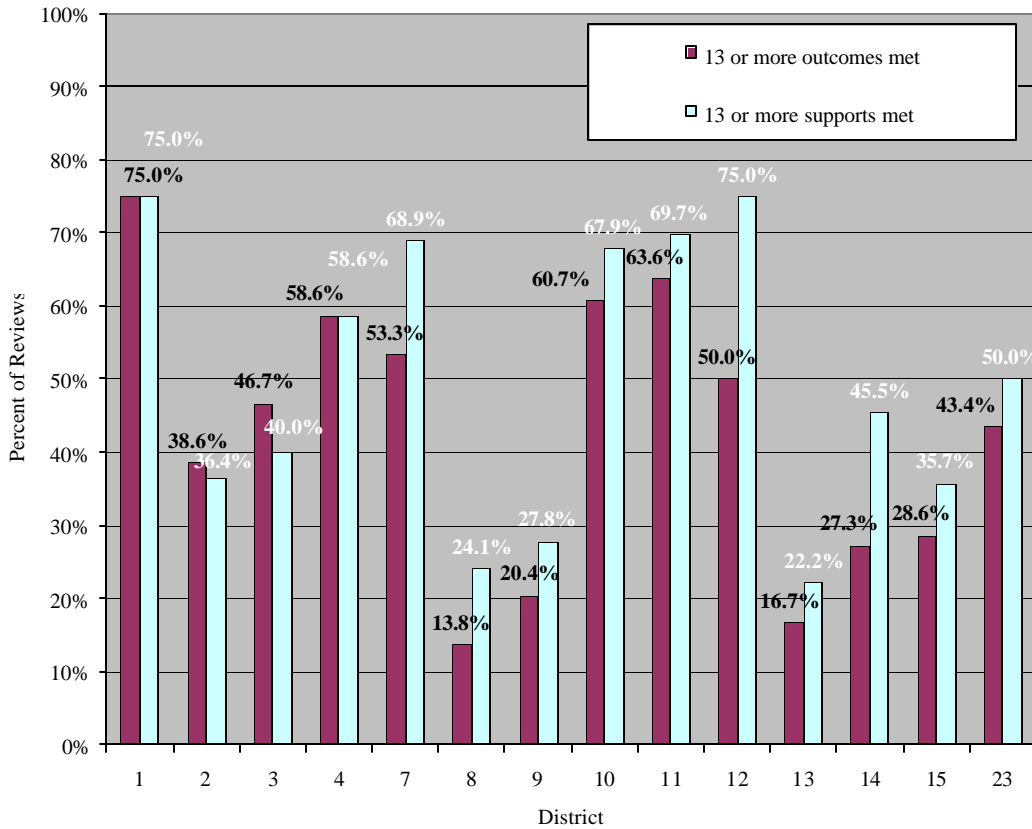
conducted in Year 3. If cumulative totals from Year One and Year Two are compared to the project cumulative data, (**Figure 5**) the difference is less significant.

**Figure 5**  
**13 or more Outcomes Met/Supports Present**  
**Cumulative Results**

Outcomes				Supports		
Reporting Period	Through Year Two	Through Qtr 1 Year 3	Difference	Through Year Two	Through Qtr 1 Year 3	Difference
<b>Number</b>						
13 or more met or present	2286	2472	<b>186</b>	2646	2860	<b>214</b>
less than 13 met or present	2160	2410	<b>250</b>	1800	2022	<b>222</b>
<b>Total Number</b>	<b>4446</b>	<b>4882</b>	<b>436</b>	<b>4446</b>	<b>4882</b>	<b>436</b>
<b>Percent</b>						
13 or more met or present	51.42%	50.63%	<b>.79%</b>	59.51%	58.58%	<b>.93%</b>
less than 13 met or present	48.58%	49.37%	<b>-.79%</b>	40.49%	41.42%	<b>-.93%</b>
<b>Total Percent</b>	<b>100%</b>	<b>100%</b>	<b>0</b>	<b>100%</b>	<b>100%</b>	<b>0</b>

Additional data on Year 3, Quarter 1 reviews based on 13 or more Outcomes **Met** and 13 or more Supports **Present** is displayed by district and home type in **Figures 6 and 7**. **Appendix 1, Tables 3 and 4** provides additional detail.

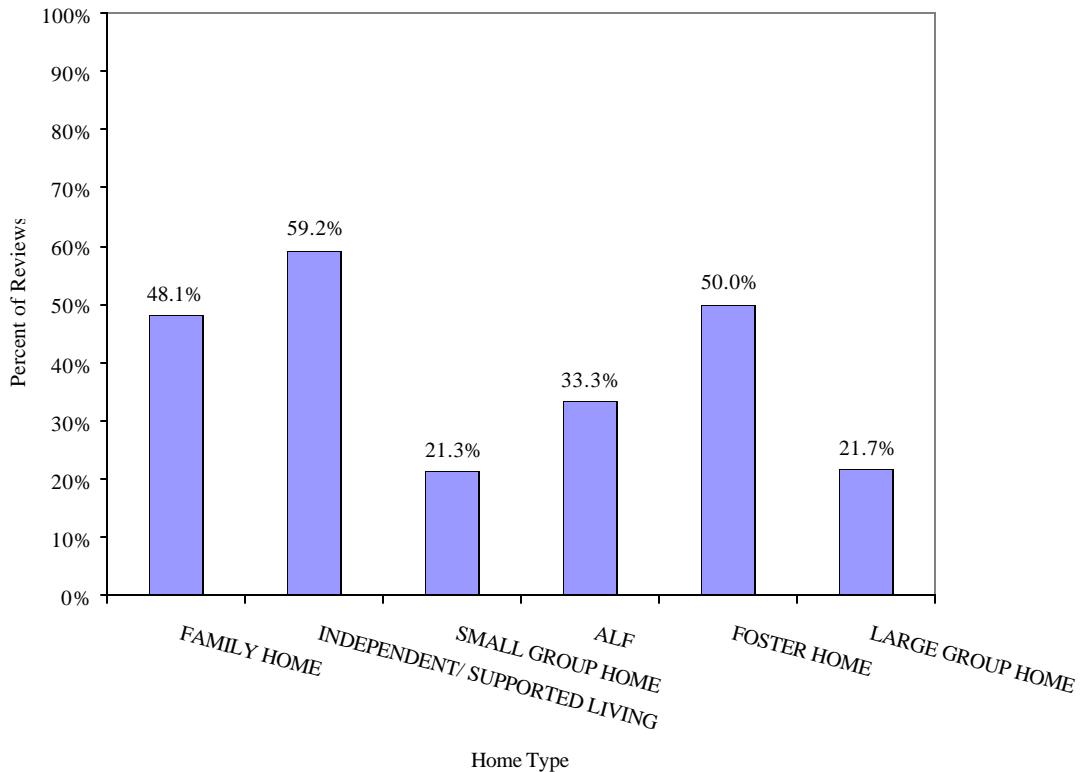
**Figure 6**  
**13 or More Outcomes/Supports by District**



**Figure 6** continues to illustrate that there are substantial differences between the districts in percentages of which people have 13 or more Supports **Present** and 13 or more Outcomes **Met**. It is important to again note that the total number of reviews is only 436 and the data for some districts (i.e. District 1 and 12) represent a small number of individuals. As the volume of reviews at the district level increases, more meaningful analysis of the data and comparison to previous years will be possible.

**Figure 7** shows the pattern of 13 or more outcomes **Met** as they relate to the type of living arrangement for the Year 3 Person-centered Reviews reported in this quarter. Due to the small number of reviews in the home types, Foster home (2) and ALF (6), the data presented for these home types should not be considered significant in comparison to previous data. Data for the other home types, however, is consistent with previous findings and suggests that there may be a tendency for a greater proportion of those in certain types of living arrangements to have met the outcomes criterion (e.g., individuals living those in family homes and independent/supported living arrangements).

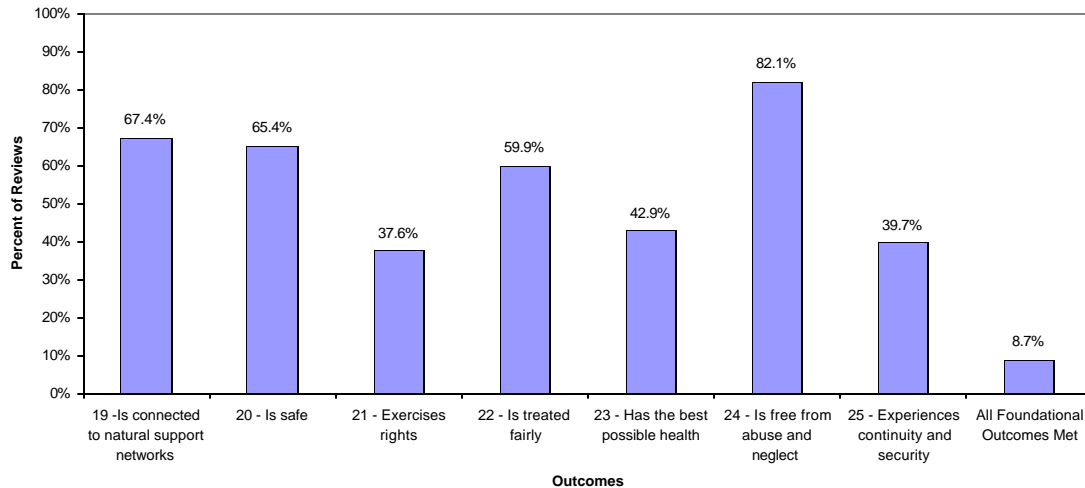
**Figure 7**  
**13 or More Outcomes Percent by Home Type**  
**Year 3 - July - September 2003**



**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 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 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 Foundational Outcomes **Met** for individuals for whom a Person-centered review is reported in this report.

**Figure 8**  
**Personal Outcome Measures**  
**Foundational Outcomes**  
**Year 3 - Quarter 1 YTD**



The cumulative results for reviews reported for this quarter this report period are similar to results reported for Year One with two notable exceptions. For the 436 reviews included in this report, the POM item “Experiences continuity and security” was Met for only 39.7% of the persons interviewed as opposed to 49.4% of those interviewed in Year 2. Additionally, the Foundational Outcome “Has best possible health” was met for only 42.9% of the persons reviewed as opposed to 50.5% in Year 2. Despite the lower percentages for these two outcomes, the overall rate of All Foundational Outcomes Met was slightly higher for this period at 8.7% as opposed to 7.9% for Year 2. It is important to note the number and percentage of reviews for which All Foundational Outcomes are **Met** will always be significantly lower than the rates for individual items as the measure requires that All seven Foundational Outcomes be met in order to meet the criterion.

## Medical Peer Review Findings

Summary information about the dispositions from the Medical Peer Review process is included in **Figure 9** for the 436 Year 3 PCR's completed in the first Quarter.

**Figure 9**  
**Quarter 1 Year 3**  
**Summary of Medical Peer Review Dispositions**

Summary of Medical Peer Review Dispositions	Reviews	% of Reviews
No evidence of problems/No Concerns	45	10.3%
Concerns forwarded to the District Medical Case Management Team	378	86.7%
Concern yes/no claims – Follow up indicated	13	3%
Ancillary claims only	0	0%
<b>Totals</b>	<b>436</b>	<b>100%</b>

For this reporting period, the percentage of reviews referred to the District Developmental Disabilities (DD) Medical Case Management Teams was significantly higher (86.7%) than in Year 2 (60%). Of note is that for 249 (or 57.1%) of the 436 people interviewed, the Personal Outcome “Best Possible Health” was **Not Met** as opposed to 49.5% of the persons reported in Year Two. Further, 92% of the Person-centered Reviews for this quarter contained one or more health recommendations as displayed in **Figure 10**.

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 DD 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 10** for person-centered reviews reflected in this report.

## **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 help the individual 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 is expected to 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.

The automated PCR application includes data fields that enable recommendations to be aggregated for analysis purposes at two levels. The first level provides general categories to which specific recommendations 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.

**Figure 10** provides a Summary of Recommendations by category for the 436 Year Three reviews included in 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 10**. It is important to note that each PCR Report may have multiple recommendations. Of the people reviewed, 400, or 92% had some type of recommendation related to Health and Safety. Recommendations for Medication Management was noted for 264, or 61% of the people reviewed. In categories other than Health and Safety, 261, or 60% had a recommendation related to Rights, while 229, or 53% had a recommendation related to Relationships/Social Roles. Detailed data that describes specific health and safety recommendations is available in **Appendix 1, Table 6**.

**Figure 10**  
**Summary of Recommendations by Category**  
**Person Centered Reviews**

<b>Specific Recommendation</b>	<b>Nbr Reviews with Recommendation</b>	<b>Pct of 436 Reviews with This Recommendation</b>
<b>Health and Safety (including Behavioral)</b>	<b>400</b>	<b>92%</b>
• Dental access or care	111	25%
• Mental/behavioral health	163	37%
• Vision or hearing	50	11%
• Medication management	264	61%
• Physical management	101	23%
• Specialty care	120	28%
• General care	120	28%
• Other health	186	43%
<b>Community Involvement/Participation</b>	<b>188</b>	<b>43%</b>
<b>Goal Achievement</b>	<b>122</b>	<b>28%</b>
<b>Relationships/Social Roles</b>	<b>229</b>	<b>53%</b>
<b>Residential</b>	<b>110</b>	<b>25%</b>
<b>Rights</b>	<b>261</b>	<b>60%</b>
<b>Satisfaction with Supports/Services</b>	<b>110</b>	<b>25%</b>
<b>Vocational</b>	<b>146</b>	<b>34%</b>
<b>Other</b>	<b>40</b>	<b>9%</b>
<b>Total Number Reviews with any Recommendation</b>	<b>435*</b>	

**\* Of the 436 Person-centered Reviews, one review had no recommendations included in the report.**

## **Provider Performance Reviews**

### **Summary of Review Activity and Review Results**

#### **Summary of 1<sup>st</sup> Quarter Review Activities**

##### ➤ **Review Volume**

- On Site Provider Performance Reviews of 255 providers of “core” services were conducted resulting in 306 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. 136 QIP’s were received and processed during the July-September 2003 period. Of those 132 QIP’s finalized. 15 providers were referred for technical assistance follow up
- There were 97 Provider Performance Desk Reviews also completed.
- There were 39 Follow up reviews completed in Quarter One – 13 were regular Follow up reviews and 26 were Follow up Reviews with Technical Assistance
- There were 144 Documentation Reviews completed in Quarter One.
- Provider Performance Review (PPR) reports during the 1st quarter were distributed within required time frames 88% of the time. The Average distribution time for PPR reports from date of review to mail out was 15.8 days.
- Twelve Reconsiderations requests from On Site PPR’s were received during this quarter. 11 of the 12 requests were denied; the remaining reconsideration was accepted and Review Score was revised accordingly.

##### ➤ **Program Operations and Implementation**

- One new Reviewer was hired to conduct reviews in the District 7 area. This individual had previously worked as a contract PCR reviewer. Recruitment efforts were initiated to replace the D2 reviewer who was promoted to the Regional Manager position in the North Florida area.
- On going training through biweekly conference calls with Provider Performance Review staff provided targeted training, information updates about program initiatives, addressed on going reviewer questions and requests for policy clarification and interpretations. Specific areas included:
  1. Targeted training in the use of the revised automated application to include follow up reviews; standardized instructions for the development of report summary information; and guidelines for the use of automated features related to scheduling and identifying additional review status.
  2. Regular information updates on policies and procedures related to the implementation of DD Redesign initiatives including Community Based Rates, Individual Cost Guidelines and revisions to the Prior Service Authorization system. Applicable policy interpretations that affected the review process were also shared verbally and in writing with review staff.
  3. On going discussion of revised review tools and protocols including Projected Service Outcomes, recoupments and scoring matrix helped to ensure consistency among reviewers. Several sessions addressed the use of PCR Reports in the Provider Performance Review process.

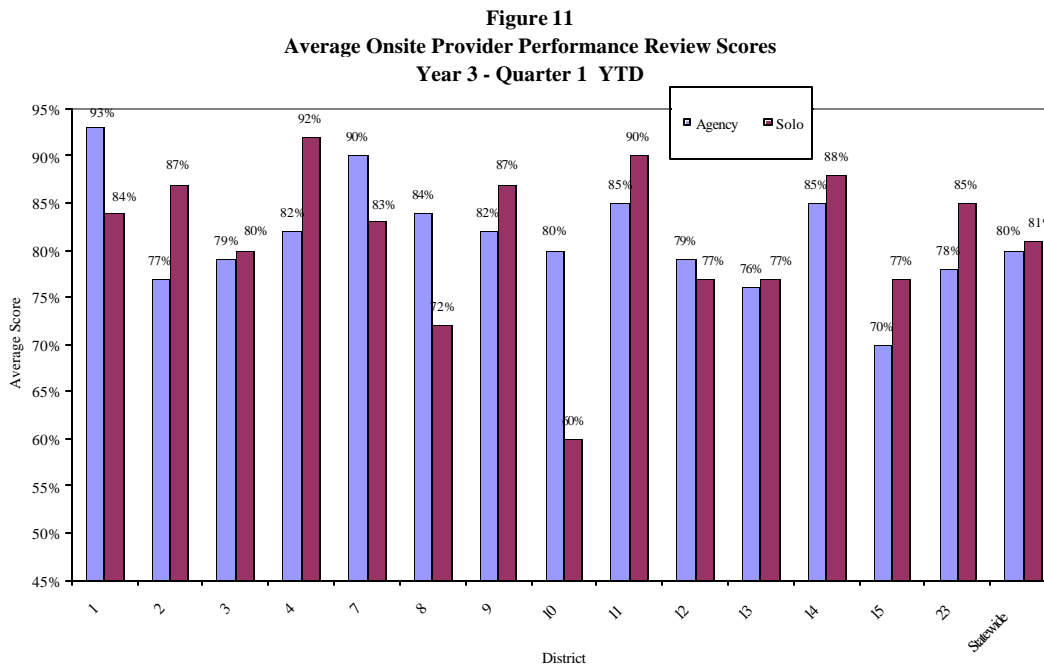
- Rater reliability on Desk Reviews was conducted during July. A summary is included in the Internal Quality Assurance report (**Appendix 3, Attachment 2**).

## Review Results

The following provides a summary of the findings from the Provider Performance Reviews completed during this quarter. Additional detail on Provider Performance Reviews by district, by provider type and by service for these reviews is provided in **Appendix 2, Tables 7 through 11**. Revisions to Standards and Elements of Performance and item weighting that was implemented in March 2003 to be consistent with the requirements of the DS Medicaid Waiver handbook have introduced a greater emphasis on quality and outcomes as well as on health, safety and rights. There has been an expectation that these revisions would initially result in lower review scores which is evident in the review results reported for this quarter.

### Average Onsite review results by district and provider types

The average score for onsite reviews completed during the first quarter of Year 3 was 81%. This compares to an adjusted average score of 82% for comparable Year 2 reviews. Comparable Year 2 reviews were those completed during March through June 2003 using revised review tools, a weighted scoring matrix, and new report structure. For comparison purposes, Year 2 review scores were adjusted to offset a change in Elements of Performance that were scored “Not Applicable.” There were 160 agency providers reviewed who had an average review score of 80%. There were 95 Solo providers who had onsite reviews with an average score of 81%. **Figure 11** displays average district scores for onsite reviews by provider type.



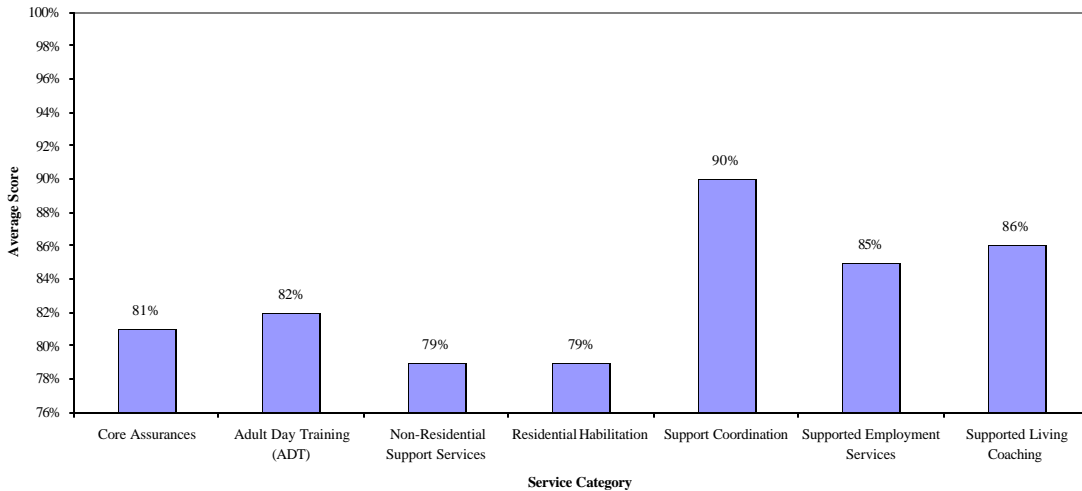
At the district level, review scores for both provider types remained fairly consistent with previously reported review results. While changes in YTD average scores should be monitored throughout the contract year, the reader should be cautious in making comparisons or drawing conclusions from only one quarter of review data due to variations in the volume of reviews at the district level and types of services reviewed.

It is interesting to note that for 162 (or 64%) of the 255 providers reviewed, this was their first on site review. And secondly, an additional 29 (or 11%) of the providers had not been reviewed since Year 1 (2001-2002) due to a review score above 90%.

**Average Scores by Service Component**

Average Scores by Service component are displayed in **Figure 12**. With the adjustment of comparable Year 2 reviews for the change in scoring of items that were “Not Applicable,” the average scores for all services subject to onsite reviews including Core Assurances are consistent with previous quarter results. See **Appendix 2, Table 10** for additional details

**Figure 12**  
**Average Provider Performance Review Score by Service Category**  
**Year 3 - Quarter 1**  
**YTD**

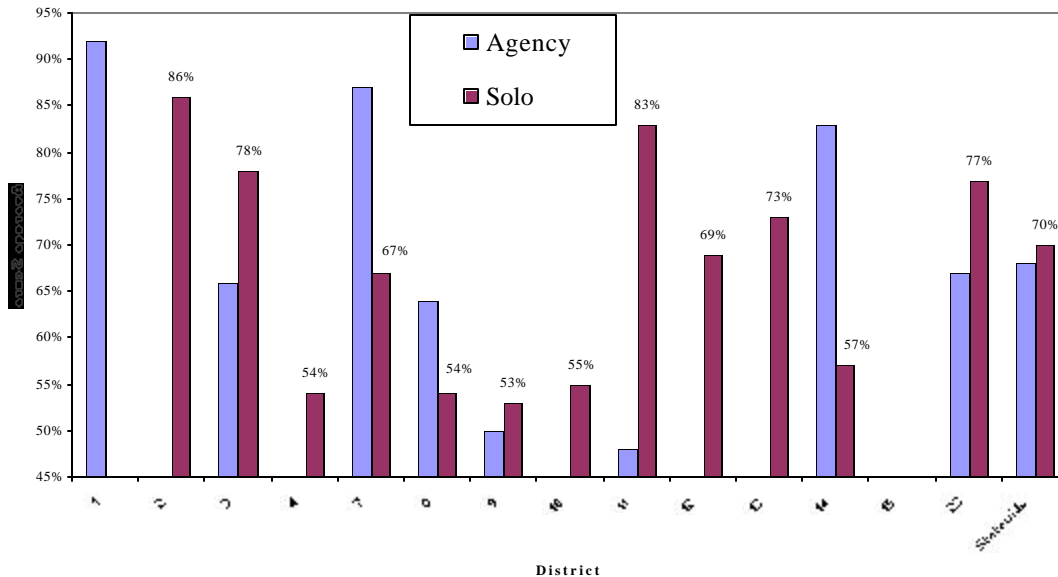


**Desk Reviews**

Although the same review tools that are used for On-site Reviews are used for a Desk Review, only those Elements of Performance which can be reviewed through available documentation from the provider, the district, billing and Medicaid claims information or through phone contracts with consumers can be evaluated. While the Desk Review process is admittedly an abbreviated process compared to an on site review, it has provided a level of accountability for 23 Medicaid Waiver services subject to Desk Review that has never been required on a statewide basis. It has provided the DD program with a level of basic oversight that ensures providers meet and maintain provider qualifications related to areas such as background screening and training

There were 97 Desk Reviews completed during the 1st quarter of Year Three. **Figure 13** graphically displays the Average Desk Review Score by state/district and provider type. The statewide average for the 97 Desk Reviews completed during the 1<sup>st</sup> Quarter is 70%. In comparison to the statewide average of 78% for 1001 Desk Reviews completed in Year 2, there appears to be a downward trend. Caution is urged, however, in noting any specific trend as the 1<sup>st</sup> Quarter results represent only 10% of the Desk Reviews to be completed in Year 3. Similarly, the small volume of reviews in districts does not provide sufficient data to draw conclusions about the results or make comparisons to previous year findings. See **Appendix 2, Table 11** for additional information about the distribution of reviews.

**Figure 13**  
Average Desk Performance Review Scores  
Year 3 - Quarter 1 YTD



**Alert Items**

Data on **Alert** items is provided for all reviews conducted during the July - September 2003 period. Of the providers reviewed on site, 84 providers had 171 Alert citations of which 149 were related to background screening and maintaining appropriate documentation for those screenings. The remaining 22 Alerts were in the area of Dignity and respect, privacy or abuse. The distribution of these Alerts by type and district is reflected below:

Description of Alert	District								
	3	8	10	11	12	14	15	23	Total
Affords Dignity and Respect			1				1		2
Personal Privacy		1	1	3					5

Reports Abuse and Neglect	1	2	2		1	2	1	6	<b>15</b>
<b>Total</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>6</b>	<b>22</b>

For Desk Reviews, there were 23 providers who had 36 Alert citations in the area of background screening. Elements of Performance contained in the Core Assurances which are Alert items are not included as part of the Desk review process due to the nature of the review. Additional detail on Alert citations can be found in **Appendix 2, Tables 9 through 11.**

### **Recoupments**

For onsite Provider Performance Reviews completed during this quarter, there were 131, or 51%, providers who had a total of 356 Elements of Performance not met that were subject to Recoupment. For the 97 Desk Reviews completed during this period, 43, or about 44% of the providers had a total of 69 Elements of Performance subject to recoupment found to be not met. **Appendix 2, Tables 9 through 11** provide additional information by district and provider type.

### **Quality Improvement Plans**

Of the 255 on site reviews reported for Quarter One, 88, or 35 % required the submission of a Quality Improvement Plan due to a total review score less than 90% or an Alert item not met. For the 97 Desk Reviews completed during this quarter, 23 providers were required to submit additional documentation for a Documentation Review.

### **Follow Up Reviews and Follow Up with Technical Assistance Reviews**

During the July-September 2003 period, a total of 39 providers who had a previously received an onsite review received a follow up review.

**Appendix 2, Table 12** provides information about the number of follow reviews completed by type and the performance rates in meeting Elements of Performance that were **Not Met** during the On site Review. Of the **13** providers for whom regular follow up reviews were conducted during this quarter, **7** had **Met 75%** or more of the Elements of Performance previously **Not Met** at the time of follow up. Of the **26** Follow up Reviews with Technical Assistance, **11** providers had **Met 75%** or more of the Elements of performance previously **Not Met** . **Table 12** also provides results by district and by type of follow review.

For this reporting period, data is available from 144 Documentation Reviews completed as a follow up to Desk Reviews. **Table 13, Appendix 2** displays results from Documentation Reviews. Of the **144** Documentation Reviews, **75, or 52%** of the providers who sent in information for the Documentation Review **Met 50%** or more of the Elements of Performance that were previously **Not Met**. **Table 13** provides results by district and percent of Elements of Performance that were **Met**.

### **Projected Service Outcomes**

Revisions in Year 2 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 Services 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 reporting period, a total of 315 core services were reviewed (Adult Day Training – 26; NRSS - 84; Residential Habilitation - 105; Supported Living Coaching -58; Supported Employment-13 and Support Coordination - 29). The average percentage of compliance for the Standard ranged from 65% for Supported Living Coaching to 51% for Support Coordination. Other services had average scores of 63% for Supported Employment and for Adult Day Training, 58% for Non-residential Support Services, and 56% for Residential Habilitation.

The first two Elements of Performance for each Projected Service Outcome Standard relates to having a systematic method for collecting outcome data as well as a process to periodically review outcome data and take appropriate corrective measures if the data indicates that individual program goals are not being achieved. These Elements of Performance are not new requirements and were included under other Standards in the original review tools. Although these Elements of Performance are not new requirements, Medicaid Handbook rule revisions to the review protocols required that these Elements of Performance be met for 100% of the consumer sample reviewed. The intent of these revision was to place an increased emphasis on outcomes in the protocols. The average percentage **Met** for the Element of Performance related to a systematic method of data collection ranged from 5.6% for Adult Day Training to 21.4% for Supported Employment. This compares to a Year Two range of 53.3% to 30.5%. The Element of Performance related to reviewing data and taking corrective action was also **Met** at much lower rates than in Year Two with the range being from 22.8% for Supported Living to 5.6% for Adult Day Training (as opposed Year Two averages from 43.2% for Supported Living Coaching to 22.3% for NRSS).

Other Elements of Performance under the Projected Service Outcome Standard for each of the “core” services vary in number and measure common areas including satisfaction, choice, and the effective use of supports to assist individuals in making progress towards goals and increasing in their abilities. There are specific projected service outcomes for each of the services as well. The average scores for these Elements of Performance were higher than the average for the Standard or for the data collection elements. The reason these elements are met at an higher rate than the elements dealing with having systems in place to demonstrate systematic data collection and regular review of the data related to the projected service outcomes for each individual receiving the service being that the reviewer identifies whether each individual reviewed for the service is meeting each specific projected service outcome and scores the element independent of a formal system of data collection. **Table 14 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**

Specific Elements of Performance that are Most Often **Not Met** for Core Assurances and the six “core” services have been regularly reported in the Project Quarterly Reports since Year One. The data reported reflects the number of times the Element of Performance was **Not Met** and the percentage that represents of the individual services reviewed for the reporting period. The data typically provides a narrative description of each Element of Performance that is most often **Not Met**.

The Elements of Performance most frequently **Not Met** for the July through September 2003 reporting period are consistent with the data reported for Year 2 using the revised review tools. For this reporting period, the top two Elements of Performance most frequently **Not Met** for all six core services were the Elements of Performance under the Projected Services Outcome related to systematic method for collecting outcome data and evidence that the data is periodically reviewed and corrective measures put in place if goals are not being met.

Other Elements of Performance that were most often **Not Met** included measures related to individual Implementation Plans and having minimum performance data for projected service outcomes. These Elements of Performance reflect a stronger emphasis on qualitative measures and a higher expectation on outcome focused program performance that was introduced with the Year 2 revisions.

For Support Coordination, the Element of Performance requiring the Support Coordinator to take action on the results and recommendations reported through the Person-centered Review process was Not Met for 31% of the providers reviewed.

**Appendix 2, Tables 15** provides additional detail on the specific Elements of Performance for each area for this reporting period.

## Discussion of Findings and Recommendations

For the 436 Year 3 Personal Outcome Measures interviews completed during this reporting period, the percentage of Outcomes **Met** and Supports **Present** for individual items decreased by 3% and 2.1% respectively. The POM data by individual item for this reporting period continues to identify the same Outcomes and Supports as most frequently **Met** and **Not Met**.

The POM related to “Best possible health” decreased with increases in the number of reviews referred to the DD District Medical Case Management Teams and in the percentage of reviews with Health recommendations.

Data from the Personal Outcome Measures interviews continued to reflect a decline in the percentage of individuals reviewed who had 13 or more Outcomes Met as well as 13 or More Supports **Present**. At the district level, there continue to be significant variations in the percentage of Outcomes **Met** that held constant across both types of analysis.

These review findings only reflect information available for about 16% of the Person-centered Reviews to be conducted for Year 3 and should not be considered valid information at a district or statewide level at this time. As such, it is not appropriate to draw any definite conclusions from these reviews or use the results to direct decision-making or make determinations about program direction. As cumulative review results are available in subsequent reporting periods, emerging and consistent trends and patterns should be subject to further investigation and study.

The average review scores for Provider Performance Reviews remained consistent with the adjusted scores from reviews completed using the same review tools and protocols in Year Two. Although the distribution of services was fairly equal as was the number of reviews, there were a significant number of providers reviewed for the first time (53%). Another 11% had not been reviewed since Year One. The average scores for specific services also remained consistent. The number of Alerts in the area of Abuse, Respect/Dignity and Privacy increased. There continues to be a large number of background screening alerts for providers reviewed onsite and through a desk review.

Trends and findings observed by project staff as well as those supported through preliminary data analysis form the basis for the following recommendations.

1. Continued support should be provided for the development and provisions of training and technical assistance activities at the District and provider level that are designed to improve individual personal outcomes that are most important for consumers; promote person-centered approaches in program and services design to support those outcomes. Examples include improved implementation planning approaches, program goal development based on individual outcomes; and methods for effectively meeting individual outcomes.

2. Increased training in rights and consumer choice should be targeted for consumers, stakeholders and other interested groups.
3. Project staff in cooperation with Stakeholders should explore ways to expand follow up and technical assistance activities at the individual provider level.
4. Project Review functions, processes and protocols should be coordinated with system changes associated with the Developmental Disabilities System Redesign activities and appropriate adjustments made to the review processes. The review process should consider the implementation of standard rates; the standardized assessment of consumers through the Individual Rate Guidelines and the development of an individual budget; the impact of redesign on greater choice and improved person focused approaches, and appropriate use of flexible funding to support desired personal goals and outcomes
5. Consistent with the implementation of the elements of “Redesign” there needs to be a continuing emphasis at the State level to address providers who are non-compliant in participating in or completing required review processes. Continuing efforts to delineate the authority and specific action(s) to be taken for providers who are non-compliant needs to incorporate appropriate requirements related to Standard Rates and individual budgeting.
6. The review processes for waiver support coordinators need to be streamlined to reduce duplication between the PPR and PCR processes, focus the review based on the information collected and recommendations made during the person-centered review, and ensure that the principles and requirements incorporated into the Redesign process are included in the review process.
7. With a growing amount of data being collected through the PCR and PPR processes, an increased level of evaluation and analysis is needed to appropriately identify root causes and develop intervention strategies that are appropriate and based on evidence. Structured analysis and evaluation should examine the value and impact of elements of review data, determine the relationships between and impact of various review components on improving outcomes and assesses approaches to looking at averages or thresholds.