

**Florida Statewide Quality Assurance Program
Delmarva Foundation**

**Quarterly Report
October 1 – December 31, 2003**

**2nd 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 completed the second quarter of Year Three of the project with all review processes implemented and functioning consistently. With additional funding provided by the Florida Legislature to support workload and quality initiatives, a budget amendment was developed to provide resources for additional review volume, to develop and implement a blended review process for waiver support coordination that will be more efficient, to expand training and technical assistance and to support quality improvement initiatives consistent with DD redesign initiatives. Preliminary implementation planning was initiated with the submission of the proposal to the State.

Since the Florida Statewide Quality Assurance Program was established in September 2001, over 5,400 Person-centered Reviews have been completed and over 4800 Provider Performance Reviews have been conducted through December 2003. For this reporting period year-to-date results are available from 970 Person-centered Reviews, 478 On- site Provider Performance Reviews and 389 Desk Reviews. Through December 2003, there were 45 Follow Up Reviews; 78 Follow up Reviews with Technical Assistance and 367 Documentation Reviews.

Person-centered Reviews are completed on randomly selected people who receive services through the Developmental Disabilities Home and Community Based Services Waiver. Components of the Person-centered review for which results or findings are available include a Personal Outcome Measures (POM) interview; dispositions reported from the Medical Peer Review (MPR); and a summary of Recommendations

The Personal Outcome Measures which are most frequently **Met** and for which the Support is most often **Present** have remained consistent from the first report that included 129 reviews. These outcome measures are: Free from abuse and neglect; Connected to natural supports and Is safe. Similarly the POM items that are most often **Not Met** have also remained consistent and include: Chooses work; Performs different social roles; Chooses services; and Lives in an integrated environment.

Data from the Personal Outcome Measures interviews continue to reflect a decline in average number of Outcomes Met and Supports Present for Year Three as compared to Years One and Two. The decline is more significant when looking at the percentage of individuals reviewed who had 13 or more **Outcomes Met** as well as 13 or More **Supports Present**. The percentage of people reviewed for whom All Foundation Outcomes are met year to date in Year Three is comparable to the percentage in Year Two.

At the district level, there continue to be significant variations in the percentage of **Outcomes Met** and **Supports Present** for the criteria of 13 or more. While there have been some differences in districts across Year One, Year Two, and year to date in Year Three, the variations by district in comparison to the statewide percentages have been fairly constant.

Analyses of Outcomes Met and Supports Present by home type and age group have produced consistent trends regardless of the specific measure (13 or more, Foundational Outcomes, or Average). People who live in their own homes have a greater number of **Outcomes Met** and **Supports Present** than people who live in paid residential settings; likewise children in the 3-18 age group have **outcomes met** and **supports present** at much higher rates than other age groups.

The rate at which the Personal Outcome Measure, “Best possible health” was met continued to decrease through this reporting period, with a concurrent increase in the number of reviews referred to the DD District Medical Case Management Teams and in the percentage of reviews with health recommendations. This is also an area that deserves further analysis and study.

Completion of the Person-centered Review within reasonable time frames continues to be a major challenge. This is due in large part to the structure of the current Person-centered review process which requires separate interviews with the consumer and the waiver support coordinator, a separate review by the nurse reviewer as well as multiple follow up contacts to gather adequate information in order to complete the review. As a result, the recommendations included in the Person-centered Review for review and followed up by Waiver Support Coordinator are often not timely due to the dated nature of the report. The development of the new approach to reviews for Waiver Support Coordinators will blend the PCR and PPR process and the timeliness of the reviews will be a major area that is addressed.

On Site Provider Performance Reviews are conducted of any provider who provides 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. Providers of all other services (with the exception of Adult Dental, Consumable Medical Supplies, Adaptive Equipment and Environmental Modifications) are subject to a Desk Review.

There was a 2.5% increase in the cumulative average review results from the on site Provider Performance Reviews (80% to 82%) and a cumulative average increase in Desk Review scores of 5.7% (from 70% to 74%). The cumulative number of Alerts in the area of Abuse, Respect/Dignity and Privacy slowed considerably through the 2nd quarter with only a cumulative total of 34 for Year 3 as opposed to 22 reported in the first quarter. The number of Alerts in the areas of background screening, however, continues to be significant for all types of Provider Performance Reviews.

For the services subject to Onsite Provider Performance Reviews, the Elements of Performance most often Not Met have remained consistent and are related to requirements for systematic data collection related to individual goals and objectives, tracking progress toward those goals, and the development and effective use of implementation plans. The need for on going technical assistance and training in these

areas is highlighted by these findings. Trends and findings observed by project staff as well as those supported through preliminary data analysis have provided the foundation for the initiatives to be addressed in a pending contract amendment which will provide resources for additional review volume and support efforts to streamline and blend the review process for waiver support coordinators, expand training and technical assistance, and support quality improvement initiatives.

Summary of Project Activity and Accomplishments

The following provides a description of general program activities and accomplishments during the second quarter (October through December 2003) of Contract Year Three. 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 in separate sections.

General Project Activities and Accomplishments

During the second quarter of Year Three of Delmarva Foundation's Florida Statewide Quality Assurance Project, required review procedures, processes, reports and follow up activities are fully functional. With additional funding provided by the Florida Legislature to support workload and quality improvement activities, Delmarva has initiated planning with stakeholders to increase review volume; to develop and implement a blended review process for waiver support coordination that will be more efficient; to expand training and technical assistance; and to support quality improvement initiatives consistent with DD Systems Redesign initiatives. A contract modification for this program expansion is anticipated to be finalized at the beginning of the third quarter.

In addition to the initiatives directly associated with the contract modification, the project has continued to focus on program quality and outcomes for performance reviews conducted for providers. Building on revisions to the review process for provider compliance that place an increased emphasis on projected service outcomes (PSO's) and more effective implementation of policies and procedures, the project has actively begun to expand the focus for provider reviews on an outcome-based approach.

There have been no key management changes in project staff during the third quarter.

Liaison and Educational Activities

One formal training and education session was provided during the 2nd quarter in Pensacola. The focus of the training was the implementation planning process and projected service outcomes that support the increased emphasis on personal outcomes and the supports necessary to help people realize their personal goals. Further, compliance with requirements related to Projected Service Outcomes and Implementation Plan development are among the areas most frequently found to be **Not Met** during Provider Performance Reviews. Two sessions were held with a total of 82 participants attending.

The submission of the Year Three Annual Education Plan continued to be extended 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.

Regional project staff and reviewers participated in quarterly meetings with district staff as well as maintaining regular contact to discuss specific review activities or results. **Appendix 3, Attachment 1** summarizes these activities for the October through

December 2003 period. Quarterly meetings with district staff to share information about review results are identified.

Other presentations included a panel presentation at the Quarterly NASDDDS meeting by Tim Jones, Senior Vice President for Delmarva, on the role of Quality Improvement Organizations (QIO's) (formerly Peer Review Organizations, or PRO's) in State Medicaid programs as well as two project updates provided by Linda Tupper, DDN, RN at the Southeastern AAMR meeting and at the quarterly meeting of the Developmental Disabilities District Medical Case Management Teams.

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; POM rater reliability as well as continuous oversight of completed Person-centered and Provider Performance Reviews.

Summary of Customer Service Activity

The following summarizes Customer Service activities in the area of Person-Centered Reviews (PCR); Provider Performance Reviews (PPR) Onsite and Quality Improvement Plans (QIP); Desk Reviews; Interpreting Services; and Miscellaneous contacts.

Person Centered Reviews.

During this quarter of operations, there were 58 Person-centered Review (PCR) related contacts with consumers, parents, guardians, Waiver Support Coordinators (WSC's), residential programs, training centers and other providers. Topics addressed as part of these contacts included: process updates, review cancellations and concerns related to PCR reports, quality assurance reviewers (QAR's), or the PCR process in general.

Provider Performance Reviews (On-site) and Quality Improvement Plans

During this quarter there were 67 contacts relating to these two areas. Assistance was provided to providers in the areas of how to submit a QIP, how to resubmit it when it has been denied, and what to do after it has been approved. Providers requiring copies of PPR tools have been directed to the Delmarva website, or in situations where they do not have Internet access, tools have been mailed to them for specific services. Additional contacts have included requests for reconsiderations of review results which have resulted in the provision of instructions about how, when and to whom requests should be submitted. Provider address updates or corrections for both desk and on site reviews have been immediately reported to our IT staff. Providers have also been instructed to make sure that these changes are reported to the provider enrollment unit in ACS, the Medicaid Fiscal Agent, via their toll free number.

Desk Reviews

With 500 contacts in this area, it should be noted that the high number of telephone contacts and customer service interactions were generated as a result of the following Delmarva actions: requests for Year Three desk reviews, second requests for

documentation relating to elements of performance identified as **Not-Met** during the desk review process, as well as letters notifying AHCA of non compliance relating to those who did not respond to the second request for documentation submission. While some providers call with specific or easy-to-answer questions such as when requested documentation is due, other providers require an extensive, step by step explanation and assistance about how to submit documentation for the first time or how to submit a quality improvement plan or information for a documentation review for a previous report containing **Not-Met** elements. Some providers seem to have difficulty understanding the training requirements, the elements of performance related to Level 2 Background Screenings, as well as some of the language in the reports and in the Provider Performance review protocols. In order to address the concerns of providers as adequately and timely as possible, the customer service unit has teamed up in consultation with the PPR Coordinator, several quality assurance reviewers (QAR) and other Delmarva staff, as appropriate.

Interpreting services

The customer service unit's bilingual capability (Spanish-English) has been used several times by providers that have difficulty communicating in English, or by QAR's who need assistance to communicate with families or consumers who speak only Spanish. In October 2003, a Spanish-speaking provider was used to provide step-by-step assistance regarding what documentation was needed to be submitted for a desk review. Additionally, four follow-up telephone interviews were conducted with Spanish-speaking families of consumers or beneficiaries at the request of Quality Assurance Reviewers. No sign language services were requested during this quarter.

Miscellaneous

The customer service unit has received inquiries of different types that do not fall under the previous categories, such as updates, information about Delmarva, employment opportunities, non project-specific complaints, etc. Included in this category are contacts made by other Delmarva staff that are general in nature.

The following provides a summary of the inquiries to the Customer Service Representative for the 2nd Quarter and Year to Date for Year Three:

Inquiries to Customer Service Representative		
Nature of contacts	Number of contacts Quarter 2 October – December 2003	Cumulative Number of contacts Year 3 YTD
Provider Performance Reviews - on-site reviews	67	155
Provider Performance Reviews - Desk reviews	500	898
Person-Centered Reviews	58	125
General consumer and provider information and updates	13	32
Interpreting Services	5	24
Total	643	1234

Person Centered Reviews

Summary of Review Activity and Review Results

Summary of Activities

- Through December 2003, Person-centered Reviews (PCR's) results are reported for an additional 534 people for a total of 970 reviews in Year Three of the project.
- Completion of the Person-centered Review within a 30 day time period continues to be a major challenge with only about 30% of the reviews meeting this time requirement. While there have been a number of changes made to streamline the process, the structure of the current Person-centered Review process has multiple components requiring separate interviews with the consumer and the waiver support coordinator, a separate review by the nurse reviewer as well as multiple follow up contacts to gather adequate information in order to complete the review. Delays in completing any component can contribute to extended time frames in processing the review. Managers continued to work individually with reviewers to establish performance expectations and staff has been added to assist with verifying contact information for consumers and providers and scheduling consumer interviews. The development of the new approach to reviews for Waiver Support Coordinators will blend the PCR and PPR process and the timeliness of the reviews will be a major area that is addressed.
- The Council staff conducted annual reliability for 11 PCR reviewers who were due for their annual reliability assessment. All reviewers were found to be reliable. Thirty-six sessions of one-on-one monitoring were also provided during the Quarter to provide PCR staff the opportunity to maintain skills and receive 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 continued to be provided through biweekly conference calls with PCR review staff. Specialized training during this quarter included updates on new initiatives; policy directives and clarifications related to waiver support coordination and other service requirements; and discussion of application enhancements including draft changes to the POM drop-down selections.

Person-centered Review Results

Results are reported for 970 PCR's completed through the 2nd quarter of Year Three. Results and data from three components of the Person-centered Review are included in this report. These components include results from the Personal Outcome Measures (POM) interview; dispositions reported from the Medical Peer Review (MPR); and a summary of the PCR Recommendations.

Personal Outcome Measures (POM) Interview results

The POM interview is a valid assessment tool that determines if personal outcomes are met and if supports are present in 25 areas found to be important to all people. Reviewers who have established reliability in the use of the interview tool conduct POM interviews.

On site monitoring of actual interviews by reviewers are monitored regularly by staff from The Council and reviewer reliability is redetermined annually.

Results reported included the average number and percentage of **Outcomes Met** and **Supports Present** for the Year Three interviews conducted year-to-date as well as summary results from interviews completed in Year One and Year Two. Year Three year-to-date results are reported by individual POM item by the average percent of **Outcomes Met** and **Supports Present**. POM results based on the criterion of 13 or more **Outcomes Met** and **Supports Present** are also reported at a statewide summary level, by district, by home type and by age group. Additionally, a discussion of the reasons **Outcomes** were **Not Met** and **Supports Not Present** is included for two POM items, **Chooses Work** and **Chooses Services**, selected as driver indicators by the Interagency Quality Council. Lastly, data on the percent of reviews that meet the criterion of **All Foundational Outcomes Met** are presented along with similar results for each individual POM item. Year Three Personal Outcome Measure interview results in this report only include information from 970, or 37%, of the 2616 Person-centered Reviews to be completed in Year Three; therefore, caution is urged in drawing conclusions from the results at this point. There are, however, general trends that have continued to be apparent since the first set of POM data were available.

Appendix 1, Tables 1 – 4 contains additional information and detailed data on the POM interview results presented below.

Average Number and Percentage of Outcomes Met and Supports Present

Figure 1 provides data on the number of POM interviews completed and the average number and percent of **Outcomes Met** and **Supports Present**.

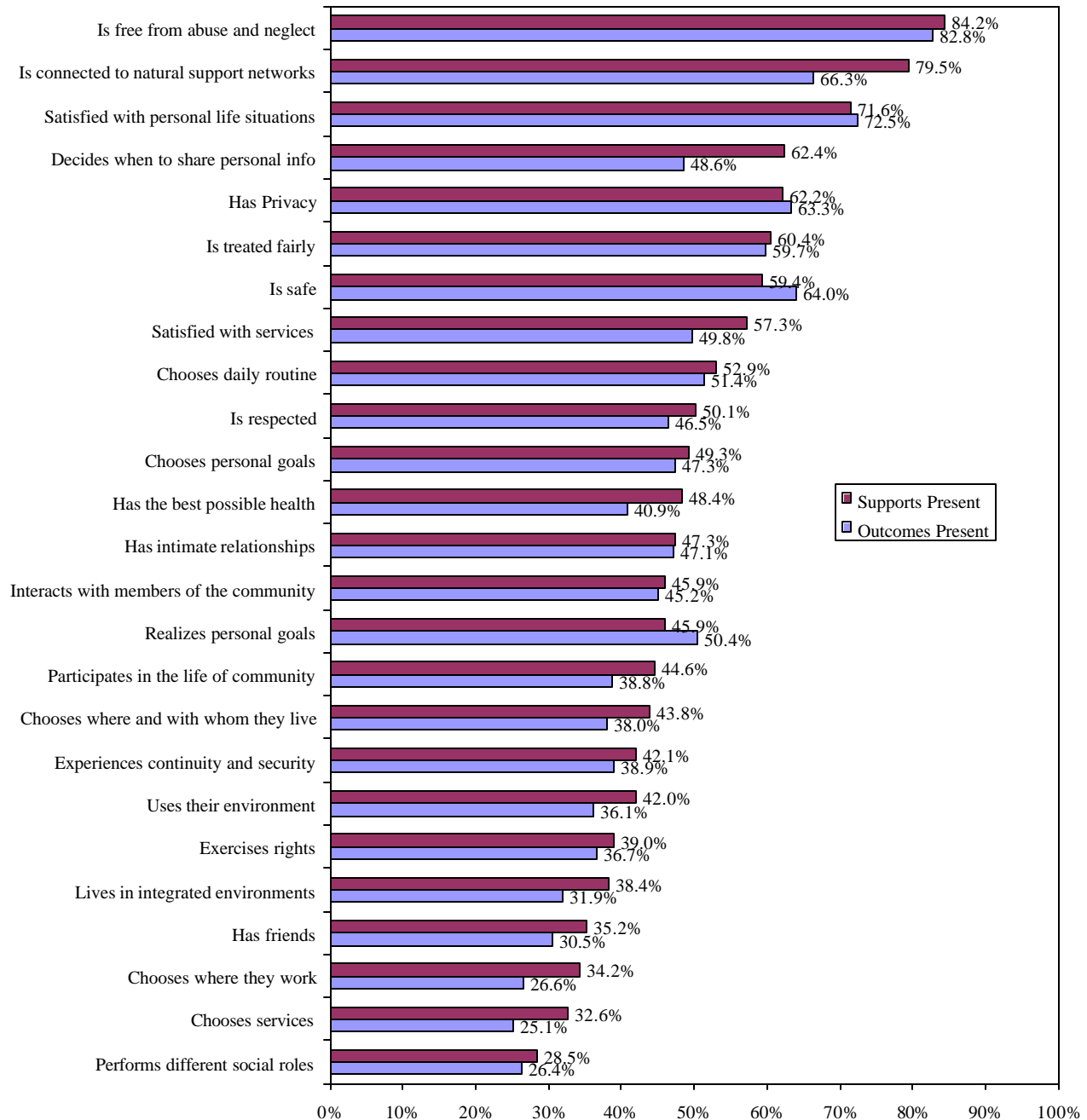
Figure 1
Personal Outcome Measures
Average Outcomes Met and Supports Present

	Year One	Year Two	Year 3 YTD
Total Number of Interviews	1907	2539	970
Average Number of Outcomes Met	13.2	12.4	11.6
Average Percent of Outcomes Met	52.8%	49.6%	46.6%
Average Number of Supports Present	14.9	13.4	12.6
Average Percent of Supports Present	59.5%	53.6%	50.3%

The average number of **Outcomes Met** and **Supports Present** year-to-date for Year Three continues to be lower than in Years One and Two. Compared to data reported in the previous quarterly report, there was a slight increase in the cumulative average of **Supports Present** of about 1%. The average number of **Outcomes Met** remained about the same.

Figure 2 displays the percent of **Supports Present** and **Outcomes Met** year-to-date for Year Three by individual POM item. This figure provides a side-by-side display of the average percent **Supports Present** and **Outcomes Met** for each of the 25 personal outcome measures providing the reader with a visual presentation of the relationship between the two measures.

Figure 2
Year 3 July - December 2003
Percent of Supports/Outcomes Present



With one exception, the POM items for which the **Outcome** is most frequently **Met** and the **Support** is **Present** have remained consistent since the initial reporting period and include the following

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

The exception that has emerged in the Year Three year-to-date is the percent of reviews for which the **Support is Present** for the Personal Outcome, “Decides when to share personal information.” While the Outcome is not met as often for this item as the POM’s “Has Privacy” and “Is Safe,” the Support is Present at a slightly higher rate.

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

- Chooses services
- Performs different social roles
- Chooses work
- Has friends
- Lives in an integrated environment

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 reported year-to-date for Year Three, **Supports** are **Present** at a rate of 7.5 percentage points, or more, than **Outcomes Met** for four Personal Outcome Measures:

- Decides when to share personal information
- Is connected to natural supports
- Satisfied with services
- Has best possible health
- Chooses services
- Chooses where they work

While the rates at which the **Outcome** is **Met** for the above listed POM’s varies considerably, the increased level at which the **Support** is **Present** is noteworthy.

Compared to Year Two results, the year-to-date results for Year Three reflect modest increases in **Outcomes Met** and **Supports Present** for the following items:

- Realizes personal goals
- Chooses personal goals
- Is free from abuse and neglect
- Performs different social roles
- Lives in integrated environments

There are five personal outcomes that reflected decreases of over 6 percentage points in the average percent of **Outcomes Met** with similar decreases in the average percentage of **Supports Present**. These are:

- Experiences Continuity and Security
- Has the best possible health
- Uses Environment
- Has Privacy
- Has Intimate Relationships

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** for all 25 Personal Outcome Measures are 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 Met** or **Present**. While narrative comments provide insight for individual reports, data entered in a text format have limited use for summary and aggregate analysis. For each individual POM, the top three reasons for the **Outcome Not Met** and **Support Not Present** are indicated and include the frequency and the percentage of time used. Multiple reasons can be identified for any **Outcome Not Met** or **Support Not Present**.

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 **POMs** 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 970 PCR’s included in this report, the POM “Chooses work” was **Not Met** for 712, or 73.4% of the people interviewed. 638, or 65.8% did not have **Supports Present** for this Outcome. The top reasons cited by reviewers were “Limited options” (42.3%); “No opportunity to experience different options” (39.7%) and

“Choice made by others”(24.6%). The three most frequently cited reasons for **Supports Not Present** were “Varied experiences not provided”(60.5%); “Barriers not being addressed”(22.7%); and “Efforts not present to learn preferences”(13.5%).

For “Chooses Services,” there were 727, or 75%, 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” (55.9%); “Awareness needs to increase” (34.4%) and “Service choices limited or not available”(22.6%). For this same item, there were 654, or 67.4% of the persons interviewed for whom **Supports** were **Not Present**. The three most frequently cited reasons were “Family/organization continues to make choices”(57.5%); “Organization does not educate person on available choices”(31.7%); and “Organization not working to increase choices”(28%).

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 and in the 1st Quarter of Year Three. 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 reporting and analysis purposes for the Florida Statewide Quality Assurance Program.

Figure 3 provides Year One, Year Two and Year Three 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 3
13 or More Outcomes Met or Supports Present

Reporting Period	Outcomes				Supports			
	Year One	Year Two	Year Three YTD	Total	Year One	Year Two	Year Three YTD	Total
Number								
13 or more present	1,040	1,246	422	2,708	1,219	1,427	466	3,112
less than 13 present	867	1,293	548	2,708	688	1,112	504	2,304
Total Number of Reviews	1,907	2,539	970	5,416	1,907	2,539	970	5,416
Percent								
13 or more present	54.54%	49.07%	43.5%	50%	63.92%	56.20%	48%	57.5%
less than 13 present	45.46%	50.93%	56.5%	50%	36.08%	43.80%	52%	42.5%
Total Percent	100%	100%	100%	100%	100%	100%	100%	100%

There has been a slight increase in 13 or more **Outcomes Met** (.85%) and a slight decrease in 13 or more **Supports Present** (-1.08%) from the Year Three Quarter 1 Report. The decline in the percentage of reviews where 13 or more **Outcomes Met** and 13 or more **Supports Present** continues, however, when comparing data by contract year. It is again important to note that the year-to-date Year Three data only represent 37% of the reviews to be conducted in Year Three.

If cumulative totals from Year One and Year Two are compared to the project cumulative data, (**Figure 4**) the differences are less significant.

Figure 4

13 or more Outcomes Met/Supports Present Cumulative Results						
Reporting Period	Outcomes			Supports		
	Through Year Two	Through Qtr 2 Year 3	Difference	Through Year Two	Through Qtr 1 Year 3	Difference
Number						
13 or more met or present	2286	2708	422	2646	3112	466
less than 13 met or present	2160	2708	548	1800	2304	504
Total Number of Reviews	4446	5416	970	4446	5416	970
Percent						
13 or more met or present	51.42%	50%	1.42%	59.51%	57.5%	2.01%
less than 13 met or present	48.58%	50%	-1.42%	40.49%	42.5%	-.2.01%
Total Percent	100%	100%	0	100%	100%	0

Additional data on Year Three reviews through Quarter 2 based on 13 or more **Outcomes Met** and 13 or more **Supports Present** are displayed by district, home type and age group in **Figures 5 - 7. Appendix 1, Table 3** provides additional detail.

Figure 5
13 or More Outcomes Met /Supports Present by District

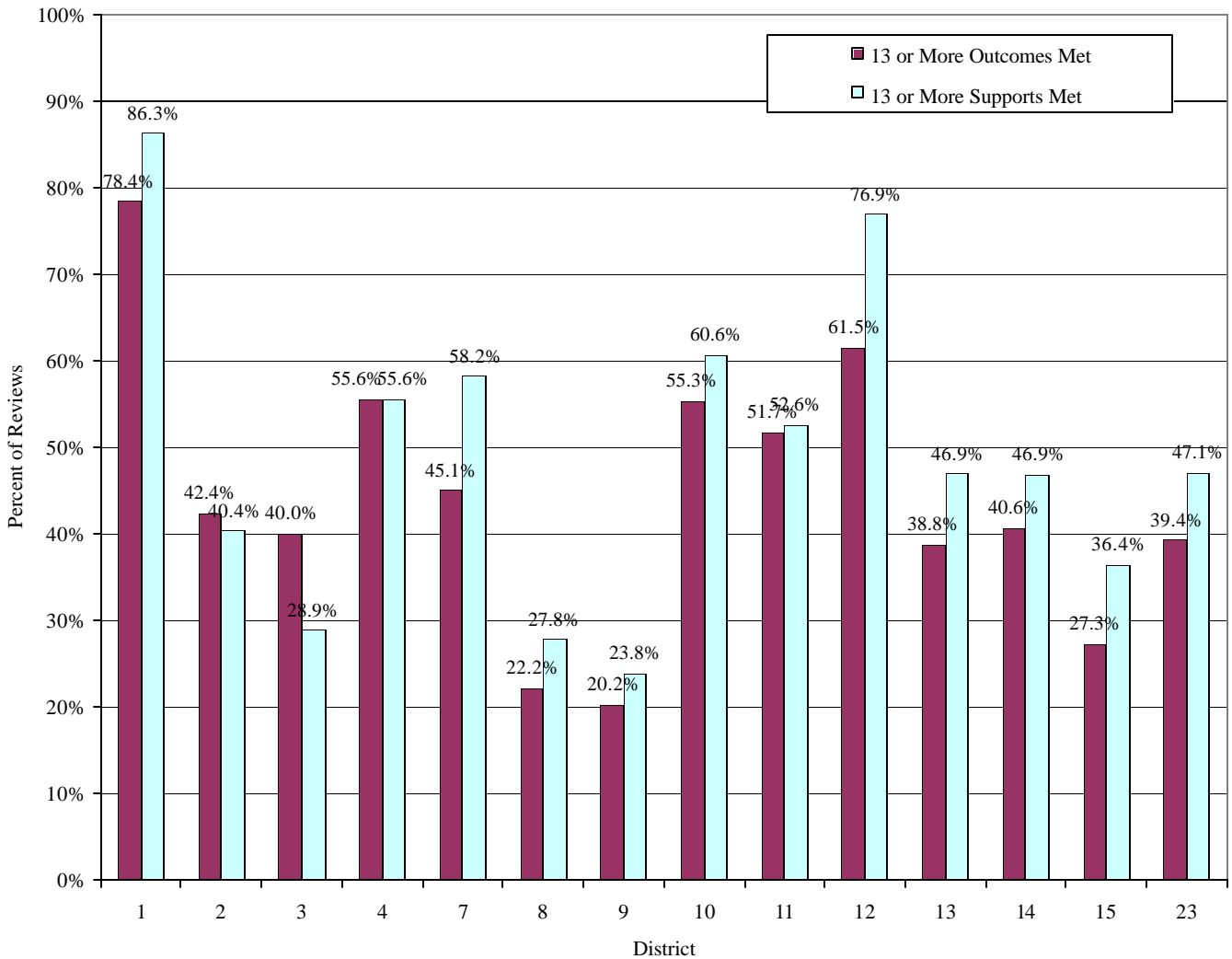


Figure 5 continues to illustrate that there are substantial differences between the districts in percentages of which people have 13 or more **Outcomes Met** and 13 or more **Supports Present**. It is important to note that the total number of review results statewide is 970 and there are not a sufficient enough number of reviews for some districts (i.e. District 1 and 12) to reflect valid trends or information. Annual data will

provide complete results that can be more meaningfully analyzed and compared to previous evaluation (years) periods.

Figure 6 shows the pattern of PCR's completed through the 2nd Quarter by the criterion of 13 or more **Outcomes Met** in terms of the type of living arrangement. The findings from the 970 reviews reported through Quarter 2 are consistent with similar findings reported from Year One and Year Two. The results from all reporting periods indicate that people who live in their own homes or in their family homes have the criterion of 13 or more **Outcomes Met** at a significantly higher percentage than those who live in paid group settings.

Figure 6
13 or More Outcomes Percent by Home Type
Year 3 - YTD - July to December, 2003

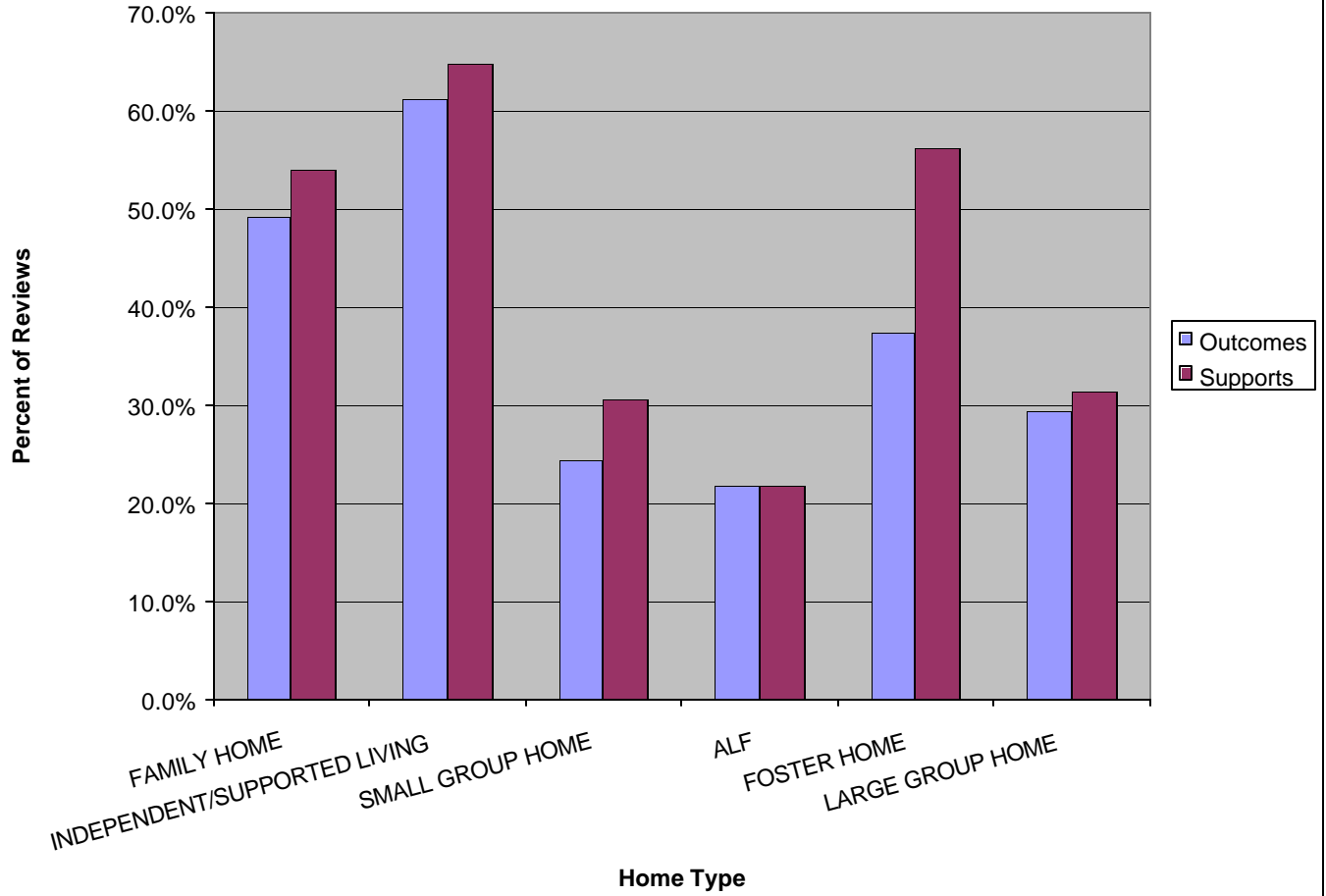
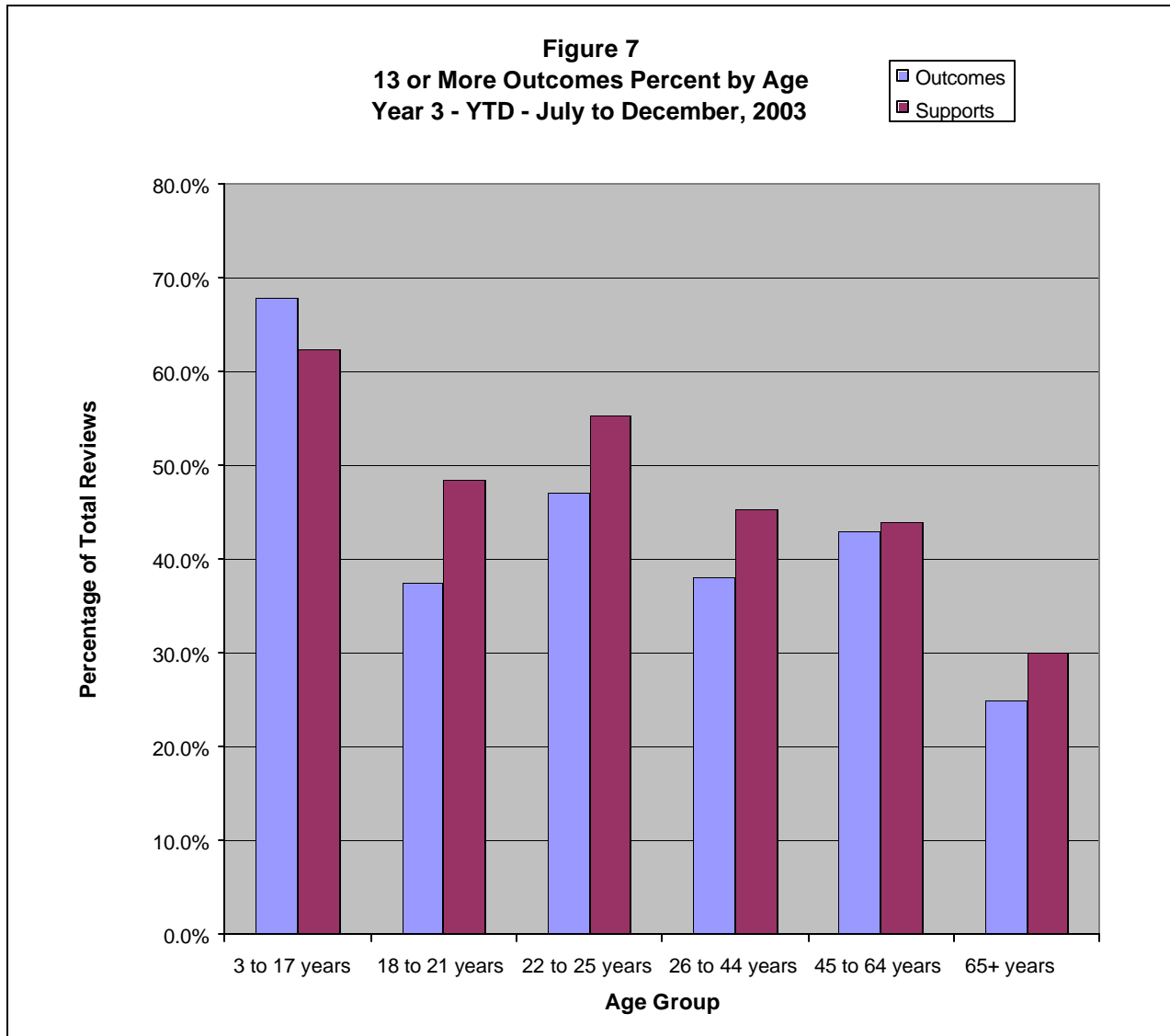


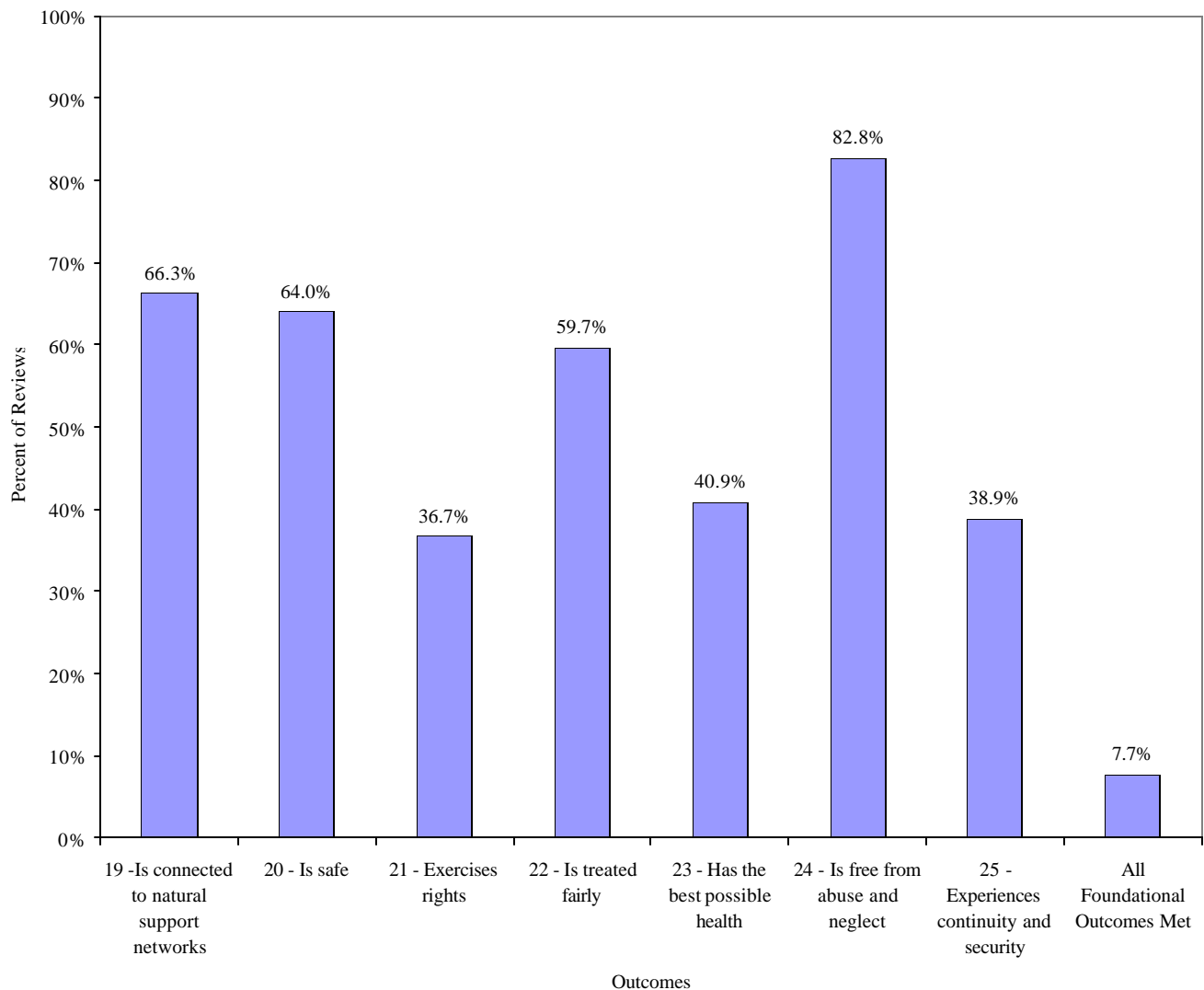
Figure 7 displays the percentage of reviews for which the criterion of 13 or more **Outcomes** and **Supports** are **Met** or **Present** by Age Group and reflects a pattern consistent with previous reports.



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 percent 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
Foundational Performance Outcome Measures
Year 3 - YTD - July to December, 2003



The overall rate of All Foundational **Outcomes Met** is 7.7% which is about the same as the rate of 7.9% for Year Two. It is important to understand a measurement that requires all of the specific elements of a data set (seven Foundational Outcomes) be Met will be significantly lower than the rates for individual items.

Results for individual POM items reported for this quarter continue to be similar to results reported for Year Two with two exceptions that have also been noted elsewhere. For the 970 reviews included in this report, the POM item “Experiences continuity and security” was **Met** for only 38.9% of the persons interviewed as opposed to 49.4% of those interviewed in Year Two. Additionally, the Foundational Outcome “Has best possible health” was **Met** for only 40.9% of the persons reviewed as opposed to 50.5% in Year Two. As noted elsewhere, caution should be used in comparing the results to previous years as this report only reflects data through 2 quarters of the project year.

Medical Peer Review Findings

Summary information about the dispositions from the Medical Peer Review process is included in **Figure 9** for the 970 Year Three PCR's completed in the first Quarter.

Figure 9
Year 3 Quarter 2 YTD
July – December 2003
Summary of Medical Peer Review Dispositions

Summary of Medical Peer Review Dispositions	Reviews	% of Reviews
No evidence of problems/No Concerns	91	9.4%
Concerns forwarded to the District Medical Case Management Team	854	88%
Concern yes/no claims – Follow up indicated	23	2.4%
Ancillary claims only	2	.2%
Totals	970	100%

Through the 2nd Quarter of Year Three, the percent of reviews referred to the District DD Medical Case Management Teams continues to be significantly higher (88%) than in Year Two (60%). Of note, is that for 573 (or 59.7%) of the 970 people interviewed, the Personal Outcome “Best Possible Health” was **Not Met as** opposed to 49.5% of the persons reported in Year Two. Further, 93% of the Person-centered Reviews for this quarter contained one or more health recommendations as displayed in **Figure 10**.

When a Person-centered Review Report has a recommendation related to health, safety or behavior, the Nurse Reviewer generally enters a disposition code that refers concerns to the District DD Medical Case Management Team. It is not the intent of this disposition for follow up action related to any health, safety, or behavioral recommendation to 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 Report 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 is a Summary of Recommendations by category for the 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. Of the people reviewed, 899, or 93% had some type of recommendation related to Health and safety. Recommendations related to Medication management was noted for 647, or 67% of the people reviewed. In categories other than Health and safety, 582, or 60% had a recommendation related to Rights, while 486, or 50% had a recommendation related to Relationships/Social Roles. It is important to note that each PCR Report may have multiple recommendations. Detailed data are available in **Appendix 1, Table 5**.

Figure 10
Summary of Recommendations by Category
Person Centered Reviews

Specific Recommendation	Nbr Reviews with Recommendation	Pct of 970 Reviews with this Recommendation
Health and Safety (including Behavioral)	899	93%
• Dental access or care	246	25%
• Mental/behavioral health	369	38%
• Vision or hearing	101	10%
• Medication management	647	67%
• Physical management	206	21%
• Specialty care	256	26%
• General care	271	28%
• Other health	486	50%
Community Involvement/Participation	403	42%
Goal Achievement	302	31%
Relationships/Social Roles	486	50%
Residential	264	27%
Rights	528	60%
Satisfaction with Supports/Services	251	26%
Vocational	333	34%
Other	61	6%
Total Number Reviews with any Recommendation	969	

***Of the 970 PCR's included in this report, one did not include any recommendations**

Provider Performance Reviews

Summary of Review Activity and Review Results

Summary of Review Activities Year to Date reported through the 2nd Quarter

➤ **Review Volume**

- On Site Provider Performance Reviews of 478 providers of “core” services were conducted through December 2003 of Year Three. A “core” service is defined as Support Coordination, Supported Living Coaching, Supported Employment, Adult Day Training, Residential Habilitation or Non Residential Support Services.
- There were 389 QIP’s received, logged and processed during the July-December 2003 period. Of those, 287 QIP’s were finalized. Twelve providers were referred for technical assistance follow up
- There were 389 Provider Performance Desk Reviews also completed through December 2003.
- Through December 2003, there were a total of 163 providers of services subject to a Desk Review who had never responded to requests to submit required information.
- There were 45 Follow up reviews completed through the 2nd Quarter and 78 were Follow up Reviews with Technical Assistance
- There were 367 Documentation Reviews completed through Quarter Two.
- Through December 2003, 192 providers who had received either an on site or desk review had not provided information required for a Quality Improvement Plan or Documentation Review.
- The average distribution time for PPR reports from date of review to mail out was 19 days.
- 46 Reconsiderations requests from On Site PPR’s had been received through the 2nd Quarter. In total 32 of the 46 requests were denied; the remaining 14 reconsiderations were accepted and Review Scores revised accordingly.

➤ **Program Operations and Implementation**

- A part time Reviewer was hired to conduct reviews in the District 2 area. Recruitment efforts continued to hire an additional reviewer in the District 2 area and planning was initiated to recruit additional reviewers pending the execution of a contract amendment to increase the volume of Provider Performance Reviews.
- On going training was provided through biweekly conference calls with Provider Performance Review staff. Specific areas included:
 1. On going targeted discussion of the Elements of Performance related to Projected Service Outcomes
 2. Continuing discussion about the use of Person-centered Review Reports in the Provider Performance Review process.
 3. Training on the application of the Elements of Performance related to the behavioral supplement for specific services.
 4. Policy direction and clarification associated with the implementation of a new rate structure, and any changes affecting the requirements to procedures and processes among providers.

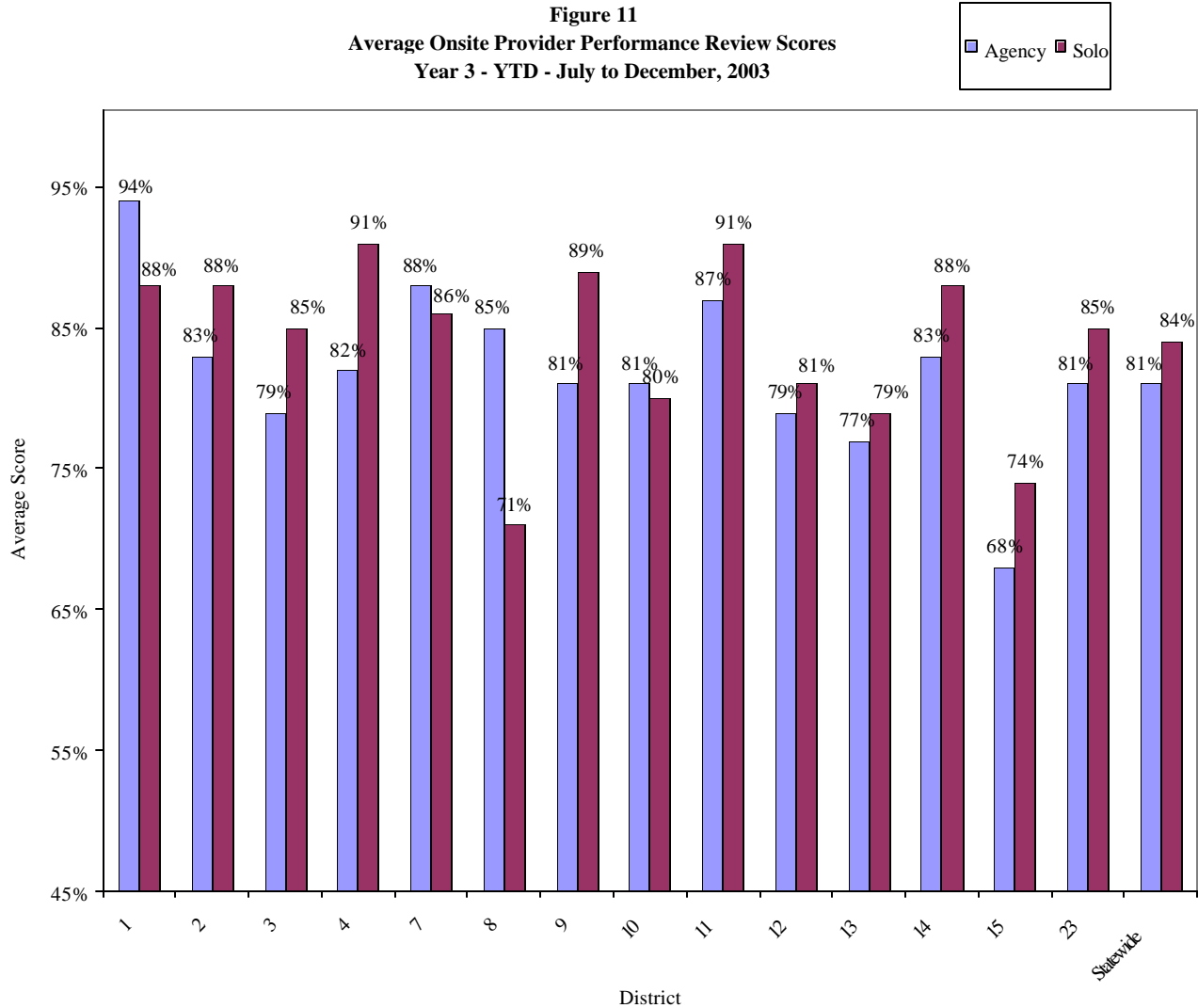
Review Results

The following provides a summary of the findings from the Provider Performance Reviews completed year-to-date (YTD) through the 2nd quarter. Additional summary information about Provider Performance Reviews by district, by provider type and by service for these reviews is provided in **Appendix 2, Tables 6 through 14**. Revisions to Standards and Elements of Performance and item weighting that was implemented in March 2003 to be consistent with the requirements of the DD 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 year-to-date for Year Three.

Average onsite review results by district and provider types

The average score for onsite reviews completed YTD for Year Three was 82% which is consistent with average scores reported for the 1st quarter of Year Three. There were 281 agency providers reviewed who had an average review score of 81% and 197 solo providers who had an average score of 84%. **Figure 11** displays average district scores for onsite reviews by provider type.

Figure 11
Average Onsite Provider Performance Review Scores
Year 3 - YTD - July to December, 2003

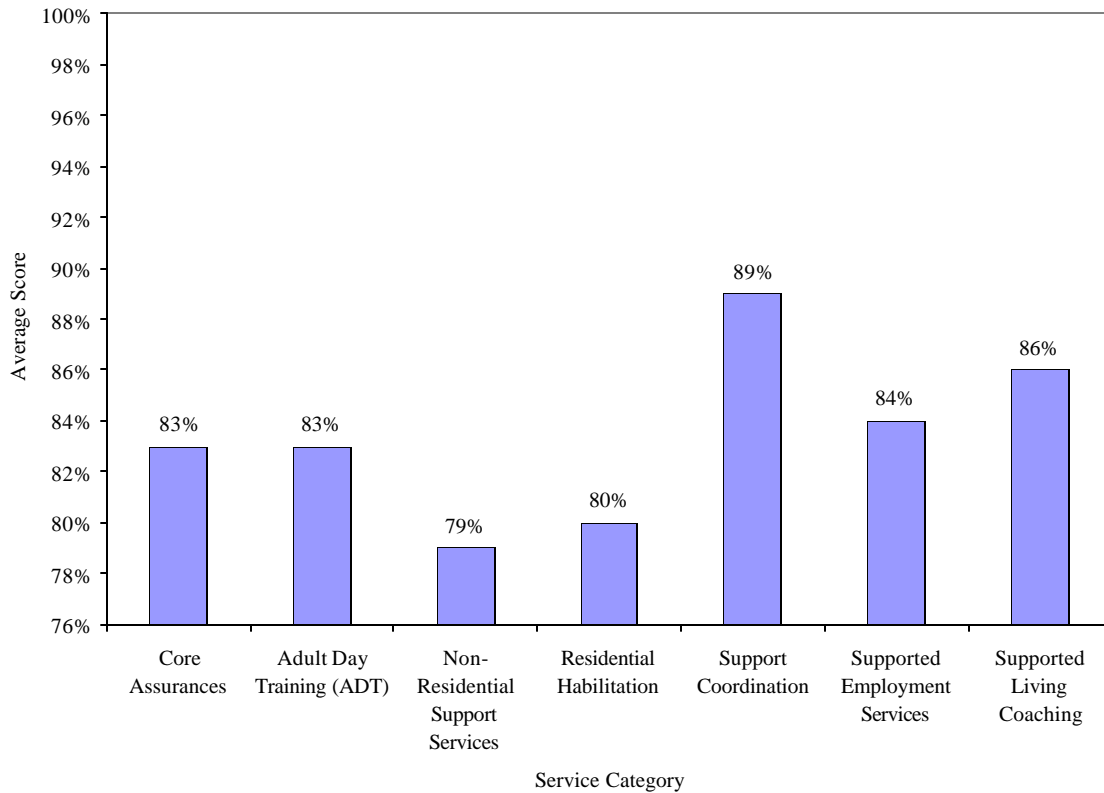


At the district level, the average review scores for both provider types remained fairly consistent when compared to the results from the first quarter. While District 10 showed an increase from 60% to 80% for solo providers, the total review volume was 5 providers. Variations in other districts did not exceed 5% with the average about 1.5%.

Average Scores by Service Component

Average Scores by service component are displayed in **Figure 12**. The cumulative average score for Core Assurances has increased from 81% in the 1st Quarter to 83% in the 2nd Quarter. Support Coordination providers continued to have the highest average score (90%), with the other services ranging from 79% to 86%. See **Appendix 2, Table 9** for additional details

Figure 12
Average Provider Performance Review Score by Service Category
Year 3 - YTD - July to December, 2003



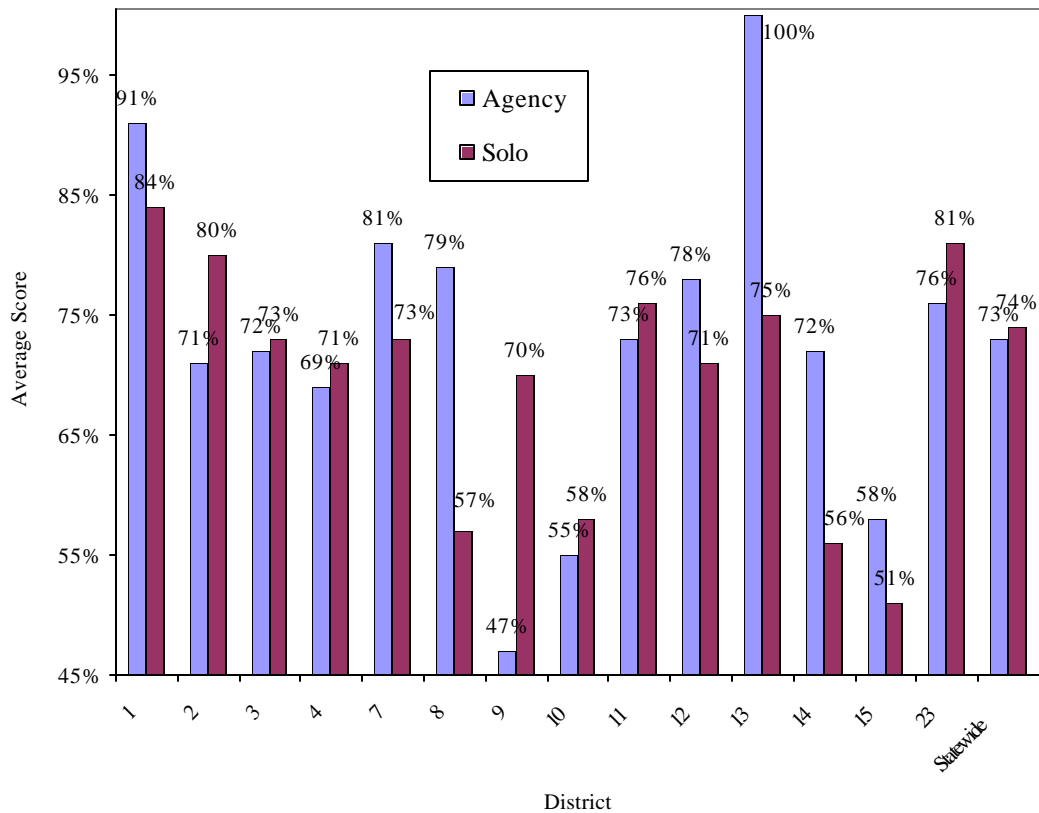
Desk Reviews

Although the same review tools are used during a Desk Review, only those Elements of Performance that can be reviewed through available documentation from the provider, the district, billing and Medicaid claims information or through phone contacts with consumers can be evaluated. Although 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 reviews that has never been required on a statewide basis.

There were 389 Desk Reviews completed through the 2nd Quarter. There were 71 agency providers reviewed and 318 solo providers reviewed. Compared to an average score of 70% for the 97 reviews completed in the first quarter, the cumulative average score for the 389 Desks reviews completed through the 2nd Quarter is 74%. The cumulative average continues to be somewhat lower than the average score for Desk Reviews in Year Two that was 78%. **Figure 13** displays the Average Desk Review Score by district and provider type. In general, there are small increases in average scores for most

districts and provider types consistent with the average statewide increase; however, caution is urged in drawing conclusions about the results at the district level due to the small volume of reviews or significant changes in volume from Quarter One. See **Appendix 2, Table 10** for additional information about scores by district and provider type and distribution of reviews.

Figure 13
Average Desk Performance Review Scores
Year 3 - YTD - July to December, 2003



Alert Items

Data on **Alert** items are provided for all PPR reviews reported through the 2nd Quarter. Of the 478 providers reviewed on site, 131 providers had 272 Alert citations of which 238 were related to background screening and maintaining appropriate documentation for those screenings. The remaining 34 Alerts were in the area of dignity and respect, privacy, or abuse. Of these 34, 22 had been reported in the 1st quarter data. The distribution year-to-date of these Alerts by type and district is reflected below:

Description of Alert	District									Total
	2	3	8	10	11	12	14	15	23	
Affords Dignity and Respect				1				2		3
Personal Privacy			1	1	3			3	1	9
Reports Abuse and Neglect	1	1	2	2		2	2	3	7	20
Total	1	1	3	4	3	2	2	8	8	34

For Desk Reviews, there were 103 providers who had 183 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 8 through 10.**

Recoupments

For Year Three onsite Provider Performance Reviews reported through this quarter, there were 224, or 47%, of the providers who had a total of 659 Elements of Performance **Not Met** that were subject to Recoupment. For the 389 Desk Reviews completed YTD through the 2nd Quarter, 140, of 36%, of providers had a total of 233 Elements of Performance subject to recoupment found to be not met. **Appendix 2, Tables 8 through 10** provide additional information by district and provider type.

Quality Improvement Plans

Of 478 Year Three On-site reviews reported year-to-date through the 2nd Quarter, 328, or 68% 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 389 Desk Reviews completed year-to-date, 276 providers were required to submit additional documentation for a Documentation Review.

Follow Up Reviews and Follow Up with Technical Assistance Reviews

Through December 2003, 78 providers received a regular follow up and 59 providers received a follow up review with technical assistance.

Of the **78** providers for whom regular follow up reviews were conducted during this quarter, **45** had met **75%** or more of the Elements of Performance previously **Not Met** at the time of follow up. Of the **59** Follow up Reviews with Technical Assistance, **13** providers had met 75% or more of the Elements of performance previously **Not Met** with an additional **22** meeting **50%** or more of the Elements of Performance previously **Not Met**. **Table 11** also provides results by district and by type of follow review.

For this reporting period, data are available from 367 Documentation Reviews completed as a follow up to Desk Reviews. **Table 12, Appendix 2** displays results from Documentation Reviews. Of the 367 Documentation Reviews, 189, or **51%** 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 average percent change for Elements of Performance that were previously Not met.

Projected Service Outcomes

Revisions in Year Two 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**. Through the 2nd quarter of Year Three, a total of 695 core services were reviewed (Adult Day Training – 53; NRSS - 158; Residential Habilitation -262; Supported Living Coaching -94; Supported Employment-28 and Support Coordination -95). Note: the total number of individual services reviewed exceeds the total number of actual billable provider reviews as multiple locations for core services are often included in an individual review. The average percentage of compliance for the Standard ranged from 67% for Supported Living Coaching to 55% for Support Coordination. Other services had average scores of 66% for Supported Employment, 65% for Adult Day Training, 60% for Non-residential Support Services, and 55% for Residential Habilitation.

The first two Elements of Performance for each Projected Service Outcome Standard relate 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 indicate 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. These two Elements of Performance, however, are met much less frequently than other Elements within the Standard. Lower compliance rates are due to a rule revision incorporated in the most recent Medicaid handbook that requires all consumers included in the review sample meet the Element of Performance in order for it to be scored as **Met**. The intent of these revisions 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 12.7% for NRSS to 31.6% for Support Coordination which reflects an improvement in cumulative performance from the 1st quarter scores ranging from 5.6% to 21.4%. For the Element of Performance related to reviewing data and taking corrective action, the average percentage **Met** was also higher with the range for all Year Three reviews through December 2003 from 30.2% to 12% as compared to a range of 22.8% to 5.6% in Quarter 1.

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 a higher rate is the reviewer determines if individuals in the review sample are actually achieving specified individual projected service outcomes and

scores the element independent of a formal system of data collection. **Table 13 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 reflect the number of times the Element of Performance was **Not Met** and the percentage that represents the individual services reviewed for the reporting period. The data typically reflect the five Elements of Performance that are most often **Not Met**. **Table 14** identifies the Elements of Performance most frequently **Not Met**.

The Elements of Performance most frequently **Not Met** through the December 2003 period are consistent with the data reported for the first quarter of Year Three. 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 Projected Service Outcomes related to systematic method for collecting outcome data and evidence that the data are 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 revision implemented in the latter part of Year Two.

Appendix 2, Tables 14 provides additional detail on the specific Elements of Performance for each area for this reporting period.

Discussion of Findings and Recommendations

Through the 2nd Quarter of Year Three of the Florida Statewide Quality Assurance Program, review results are available for 970 Person-centered Reviews, 478 Provider Performance Onsite Reviews and 389 Provider Performance Desk Reviews. Review results and findings are consistent with those reported for the 1st quarter of Year Three with a few variations.

Data from the Personal Outcome Measures interviews continue to reflect a decline in average number of Outcomes Met and Supports Present for Year Three as compared to Years One and Two. The decline is more significant when looking at the percentage of individuals reviewed who had 13 or more **Outcomes Met** as well as 13 or More **Supports Present**. The percentage of people reviewed for whom All Foundational Outcomes are met year-to date in Year Three is comparable to the percentage in Year Two.

At the district level, there continues to be significant variation in the percentage of **Outcomes Met** and **Supports Present** for the criteria of 13 or more. While there have been some differences in districts across Year One, Year Two, and year-to date in Year Three, the variations by district in comparison to the statewide percentages have been fairly constant.

Analyses of **Outcomes Met** and **Supports Present** by home type and age group have produced consistent trends regardless of the specific measure (13 or more, Foundational Outcomes, or Average). People who live in their own homes have a greater number of **Outcomes Met** and **Supports Present** than people who live in paid residential settings; likewise children age 3 to 18 have **Outcomes Met** and **Supports Present** at much higher rates than other age groups. Since age and home type are not considered in the sample selection for Person-centered Reviews, the distribution of age groups and home type within a particular district can potentially impact district POM rates. For Year 2, however, age groups and home types were distributed fairly proportional across districts so the impact of those variables did not seem significant. Factors that are impacting the achievement of outcomes and the presence of supports at the district level are not readily discernible from data currently collected through the Person-centered Review process. However, additional work is needed to identify these factors and explore their impact on individual outcomes.

The rate at which the Personal Outcome Measure, “Best possible health” was met continued to decrease through this reporting period with a concurrent increase in the number of reviews referred to the DD District Medical Case Management Teams and in the percentage of reviews with Health recommendations. This is also an area that deserves further analysis and study.

Completion of the Person-centered Review within reasonable time frames continues to be a major challenge. This is due in large part to the structure of the current Person-centered Review process which has multiple components, requires separate interviews with the consumer and the waiver support coordinator, a separate review by the nurse reviewer as well as multiple follow up contacts to gather adequate information to complete the review. As a result, the recommendations included in the Person-centered Review for

review and follow up by the Waiver Support Coordinator are often not timely due to the dated nature of the report. The development of a new approach to reviews for Waiver Support Coordinators will blend the PCR and PPR process and the timeliness of the reviews will be a major area that is addressed.

There was a slight increase in the cumulative average review results from the on site Provider Performance Reviews (80% to 82%). There was a cumulative average increase in Desk Review scores of 4% (from 70% to 74%). The cumulative number of Alerts in the area of Abuse, Respect/Dignity and Privacy slowed considerably through the 2nd quarter with only a cumulative total of 34 for Year 3 as opposed to 22 reported in the first quarter. The number of Alerts in the areas of background screening, however, continues to be significant for all types of Provider Performance Reviews. Maintaining appropriate documentation and re-screening at appropriate intervals are the specific areas most often cited as Not Met.

Provider Performance Desk Reviews have provided a level of accountability for those Medicaid Waiver services not subject to on site review that has never been required on a statewide basis. Through December 2003, there were 163 providers of DD Medicaid Waiver services eligible for a Desk Review who had not responded to a request or submitted information for a Desk Review. It is estimated that this represents about 12% of the providers of services subject to a desk review.

For the services subject to Onsite Provider Performance Reviews, the Elements of Performance most often Not Met have remained consistent and are related to requirements for systematic data collection related to individual goals and objectives, tracking progress towards those goals, and the development and effective use of implementation plans. The need for on going technical assistance and training in these areas is highlighted by these findings.

Trends and findings observed by project staff as well as those supported through preliminary data analysis form the basis for the following continuing recommendations. A pending contract modification will enable the Florida Statewide Quality Assurance Program to begin to address some of these recommendations and support an increased focus on quality improvement.

1. Continued support should be provided for the development and provisions of training and technical assistance activities at the district and provider level that is designed to improve individual personal outcomes that are most important for consumers. The training and assistance should 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 Services System Redesign activities and appropriate adjustments made to the review processes.
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. There needs to be continuing effort to delineate the authority and specific action(s) to be taken for providers who are non-compliant.
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 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 assessing approaches that examine averages or thresholds.