

**Florida Statewide Quality Assurance Program
Delmarva Foundation**

**Quarterly Report
January 1 – March 31, 2004**

**3rd 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

With the execution of a contract amendment at the beginning of the third quarter of Year Three of the Florida Quality Assurance Statewide Program (FSQAP) of the Delmarva Foundation, aggressive work activities to develop and implement strategies for workload and quality initiatives funded through the Florida Legislature were initiated. The initiatives included increasing provider review volume, developing and implementing a blended review process for waiver support coordination that will be more efficient, expanding training and technical assistance and supporting quality improvement initiatives consistent with DD redesign initiatives. Recruitment activities were initiated, work groups were established, and an expanded training plan was developed. Current Provider Performance Review and Person-centered Review activity continued.

Since the Florida Statewide Quality Assurance Program was established in September 2001, over 6,000 Person Centered Reviews have been completed and over 5,200 Provider Performance Reviews have been conducted through March 2004. For this reporting period year-to-date results are available from 1,601 Person Centered Reviews, 645 On-site Provider Performance Reviews and 676 Desk Reviews. Through March 2004, regular Follow Up Reviews were conducted at 154 provider locations, Follow up Reviews with Technical Assistance were conducted at 104 provider locations and 604 Documentation Reviews were completed.

Person-centered Reviews are completed on randomly selected people who receive services through the Developmental Disabilities Home and Community Based Services (HCBS) Waiver. Components of the Person-centered Review for which results or findings are reported include: Personal Outcome Measures (POM) interviews; dispositions from the Medical Peer Review (MPR); and a summary of Recommendations. Results in this report are for the number of reviews completed by the end of March 2004, and therefore, reflect only part of the total sample for Year Three.

The Personal Outcome Measures that 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. Has privacy* and *Is satisfied with personal life situations* are also frequently **Met Outcomes** with **Supports Present**. 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 percent of people reviewed for whom All Foundational Outcomes are met year-to-date in Year Three is somewhat lower than the percent 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 age 3 to 18 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 percent of reviews with Health recommendations. This is also an area that deserves further analysis and study when all the data have been collected.

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 that 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 a new review approach 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.

Onsite Provider Performance Reviews are conducted for any provider who provides Support Coordination, Supported Living Coaching, Supported Employment, Adult Day Training, Residential Habilitation or Non Residential Support Services—the “core” 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 two percentage point increase in the cumulative average review results from the onsite Provider Performance Reviews (82% to 84%), while Desk Review scores remained at 74%. The cumulative number of Alerts in the area of Abuse, Respect/Dignity and Privacy remained lower than in the first quarter of Year 3 but increased somewhat since the second quarter. Alerts for these areas totaled 22 in the first quarter, 12 in the second quarter, and 17 in the third 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 towards those goals, and the development and effective use of implementation plans. The need for on going technical assistance and training in these areas highlighted by these findings has been addressed by FSQAP in Year Three. Three training sessions held to date have been on implementation plan development and systems for data collection. Subsequent training sessions in these areas are also scheduled.

Trends and findings observed by project staff as well as those supported through preliminary data analysis have provided the foundation for the project expansion initiated at the beginning of the third quarter and will specifically address on going recommendations to improve review process, move toward an outcome-based focus, enhance training and technical assistance, and support increased analysis and evaluation of data for quality improvement initiatives.

Summary of Project Activity and Accomplishments

The following provides a description of general program activities and accomplishments during the third quarter (January through March 2004) of Year Three. Highlights are summarized under general project accomplishments; liaison and education activities, internal quality assurance; and customer service. Project activities specific to Person-centered Reviews and Provider Performance Reviews are included in separate sections.

General Project Activities and Accomplishments

A contract amendment was executed on January 9, 2004 that provided additional funding authorized by the Florida Legislature to support workload and quality improvement initiatives through the Florida Statewide Quality Assurance Program. Implementation activities began immediately with an implementation plan submitted to AHCA on February 6, 2004. Project activities associated with the contract amendment that were completed during the third quarter included:

- Staff analysis and recruitment activities to meet increased volume for Provider Performance Reviews;
- Establishment and convening of work group to develop new review process for Waiver Support Coordination;
- Establishment of stakeholder group to recommend revisions to the process and content of Medication Reviews available through the DD HCBS Waiver;
- Establishment of stakeholder group to develop an outcome based review approach for core services other than Waiver Support Coordination;
- Development of the annual education plan;
- Development and planning activities to establish a web-based resource center;
- Planning and initial topic identification for web-based interactive training modules;
- Formation of workgroup for district data reports;
- Discussion and identification of tentative topics for quality improvement studies.

To support the expanded training and technical assistance activities, a program manager position was established and filled internally by Claudia Kassack. A Senior Research and Evaluation Analyst position to support Quality Improvement initiatives was established and recruitment activities initiated. Joint Commission Resources, Inc (JCR) hired Nilda Barreto full time and Susan DeBeaugrine part time as QAR's for the Provider Performance Review process. Both will conduct reviews in the Region 1 area, primarily in District 2.

In addition to the expanded scope of work funded through the contract amendment, revisions to the onsite provider performance review process were initiated as an outgrowth of the Stakeholder group on Outcome Reviews with an implementation plan developed consistent with implementation of the new Waiver Support Coordination Review process. Planning activities included the development of new tools, protocols and procedures; revisions to the automated application; statewide piloting; and report format revisions.

Statewide training for all project staff was conducted during the last week in January in Tampa. Plenary and break out session were provided on a variety of topics including Delmarva's Vision and Values, an overview of Six Sigma; an overview of Joint Commission Resources projects, requirements and monitoring for behavioral programs, and Guardianship. Small work group sessions identified issues and concerns related to current and proposed review processes and specific training was provided on updated or new automated applications. The highlight of the training was a presentation by staff from The Council on Leadership and Quality on Moving toward a Personal Outcome Approach for Service and Supports.

Liaison and Educational Activities

One formal training and education session was provided during the 3rd quarter in District Four on the development and effective use of implementation plans. Two additional sessions were held for a total of 106 participants.

The Year Three Annual Education Plan was submitted on March 15, 2004, and included plans for an additional 16 training sessions throughout the State for providers, consumers and other stakeholders as well as training for District Medical Case Management staff on proposed revisions to the Medicaid Waiver Medication Review process.

Regional project staff and reviewers participated in quarterly meetings with district staff as well as maintaining regular contact to discuss review activities or results. **Appendix 2, Attachment 1** summarizes these contacts from January through March 2004 period.

On a state level, Bob Foley made a presentation to the Florida Association of Support Coordinators (FASC) Board of Directors and to the FASC general membership on the changes under development to blend the Person-centered Review and Provider Performance Review processes.

Internal Quality Assurance Activities

A summary of on going internal quality assurance efforts is summarized in **Appendix 2, 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. Additional information related to training, monitoring, and oversight activities is included in relevant sections of this report.

Summary of Customer Service Activity

The following summarizes Customer Service activities in the areas 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 45 Person-centered Review 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, over 96 contacts by telephone, fax, e-mail or regular mail were logged related to on site reviews and Quality Improvement Plans. 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. Delmarva checklists and protocols were mailed to providers with no access to the Internet. Those with access to the Internet were provided assistance in the use of the DFMC-Florida website. 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 these changes are reported to the provider enrollment unit in ACS, the Medicaid Fiscal Agent, via their toll free number.

Desk Reviews

The number of desk review related telephone and e-mail contacts increased during this quarter as compared with previous quarters with 637 logged during the first three months of 2004. The Customer Service Representative continues to serve as the “first-line” response to requests that includes a step-by-step review of documents to submit for a desk review and how to address or correct deficiencies in a desk review report. Complaints or issues that cannot be addressed by the Customer Service Representative are referred to other experienced team members within Delmarva or to the DD districts for clarification. The Customer Service Representative consulted regularly with the QIP coordinator, Information Management staff, and other Delmarva staff, as appropriate to address common issues. This teamwork approach has been particularly effective in reducing the number of incorrect or incomplete addresses in our data system and assuring that providers who have not received or have lost important correspondence from Delmarva are sent another copy at the correct address. The QIP Coordinator has drafted revisions to be implemented in July 2004 to provider information forms that clarifies certain information to be submitted.

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. Assistance was given to several providers, as well as family members of consumers with limited English speaking ability, who need step by step assistance either with the desk review documentation or with the PCR process. Two follow up telephone interviews during this quarter with Spanish speaking families of consumers were conducted at the request of Quality Assurance Reviewers to find out about the level of satisfaction/dissatisfaction with services being reviewed. No sign language interpreting 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 requests for updates, information about

Delmarva, employment opportunities, and non project-specific complaints. Included in this category are contacts made by other Delmarva staff that are general in nature. The following are some examples of these types of inquiries:

- Inquiry from a large provider agency about average provider scores by district and service. General overview of available data was given and provider directed to website for quarterly report information.
- Inquiry from individual about AHCA website – web address provided by CSR.
- Request from district about a review on a provider that the district had not received. Review of claims data indicated that provider had not provided DD HCBS services for over two years, so review had not been conducted in past year.
- The mother of a consumer called about difficulties with having the right name for her son in official documents. Although the inquiry has not related to any Delmarva review, the caller was advised to pursue the name correction by legal means (e.g. using the services of a legal aid office) and to clarify it with the Social Security Administration.
- An advocate for mental health services called to find out about Delmarva and about mental health services in the State of Florida. She was provided information about the Delmarva website and advised to contact a local Mental Health clinic

The following provides a summary of inquiries to the Customer Service Representative for the 3rd Quarter and Year to Date for Year Three:

Inquiries to Customer Service Representative		
Nature of contacts	Number of contacts Quarter 3 Jan – March 2004	Cumulative Number of contacts Year 3 YTD
Provider Performance Reviews - on-site	96	251
Provider Performance Reviews - Desk	637	1535
Person Centered Reviews	45	170
General consumer and provider information and updates	10	42
Interpreting Services	2	26
Total	790	2024

Person Centered Reviews Summary of Review Activity and Review Results

Results are reported for 1,601 Person-centered Reviews (PCR) that were completed through the third quarter of Year Three of the contract, July 2003 – March 2004. A summary of activities and the results and data from three components of the Person-centered Reviews are included in this section of the 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.

Summary of Activities

- For the third quarter, ending March 2004, Person-centered Review (PCR) results are reported for an additional 631 people for a total of 1,601 reviews in Year Three of the project. This represents nearly a 45 percent increase over the first quarter and an 18 percent increase over the second quarter of Year 3 when 436 and 534 reviews respectively were completed.
- Efforts to complete a greater percentage of the reviews within a 30 day time period continues to be a major challenge with only about 20% of the reviews meeting this time requirement. The changes made to streamline the process for completing reviews have had minimal impact on the time it has taken to complete the Person-centered Review process. A key process management objective in the development of the blended PCR/PPR process for waiver support coordination will be timely completion of the review process
- Staff from the Council on Quality and Leadership (The Council) conducted annual reliability for seven PCR reviewers who were due for annual POM reliability assessment. Five of these reliability assessments were for POM Interviews for Children and Youth. Twenty-two sessions of one-on-one monitoring were also provided during the 3rd 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 information is summarized in **Appendix 2, Attachment 2, Internal Quality Assurance Report.**
- On going training and technical assistance was continued through biweekly conference calls with PCR review staff. Specialized training during this quarter included information on policy directives related to DD Redesign initiatives, clarifications related to waiver support coordination directives and other service requirements. Further, the calls included on going discussions about the development of the blended review process for waiver support coordination.

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.

POM interview results include the following:

- The average number and percent of **Outcomes Met** and **Supports Present** for the Year Three interviews conducted year-to-date (1,601);
- Year Three year-to-date results for each individual POM item, indicating the average percent of **Outcomes Met** and the average percent of **Supports Present**;
- POM results based on the criterion of 13 or more **Outcomes Met** and 13 or more **Supports Present** at a statewide summary level, by district, by home type and by age group;
- 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;¹
- A brief discussion of the reasons **Outcomes** were **Not Met** and **Supports** were **Not Present** for two POM items, *Chooses work* and *Chooses services*, selected as driver indicators by the Interagency Quality Council. (IQC)^{2 3}

As indicated above, Year Three Personal Outcome Measures interview results in this report include information from 1,601 consumers, or 61 percent of the sample of 2,616 consumers to be interviewed in Year Three. Because this represents only a portion of the sample, caution is urged in drawing broad 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 was available in 2001.

Average Number and Percentage of Outcomes Met and Supports Present

Table 1 provides data on the number of POM interviews completed and the average number and percent of **Outcomes Met and Supports Present**.⁴ Among the consumers interviewed thus far this year, on average, 11.4 (45.6%) of the 25 measured outcomes were met and on average, 12.3 (49.3%) of the measured supports were present. Each of these results is somewhat lower than the previous two years as indicated on the following

¹ Foundational Outcomes consist of items measuring Safeguards, Rights, and Health and Wellness. These are referred to as foundational because of they are considered to be basic outcomes that most people with developmental disabilities would expect to have **Met** most of the time.

² The Interagency Quality Council oversees monitoring and contract content. The IQC is made up of the Department of Children and Families' the Agency for Health Care Administration, and consumers or their families in the developmental disabilities program. Go to <http://www.dfmc-florida.org> for more details.

³ These items were selected by the IQC as a result of data analysis indicating their importance in determining the consumer's overall quality of care. See section on "driver indicators" for details.

⁴ Appendix 1, Exhibits 1 through 5 contain additional information and detailed data on the POM interview results.

table. If this pattern persists through the fourth quarter, with completion of the entire sample of interviews, it will indicate a continued downward trend on these measures since Year 1 of the contract. At that time, inferential statistics may help determine if the trend is statistically significant.

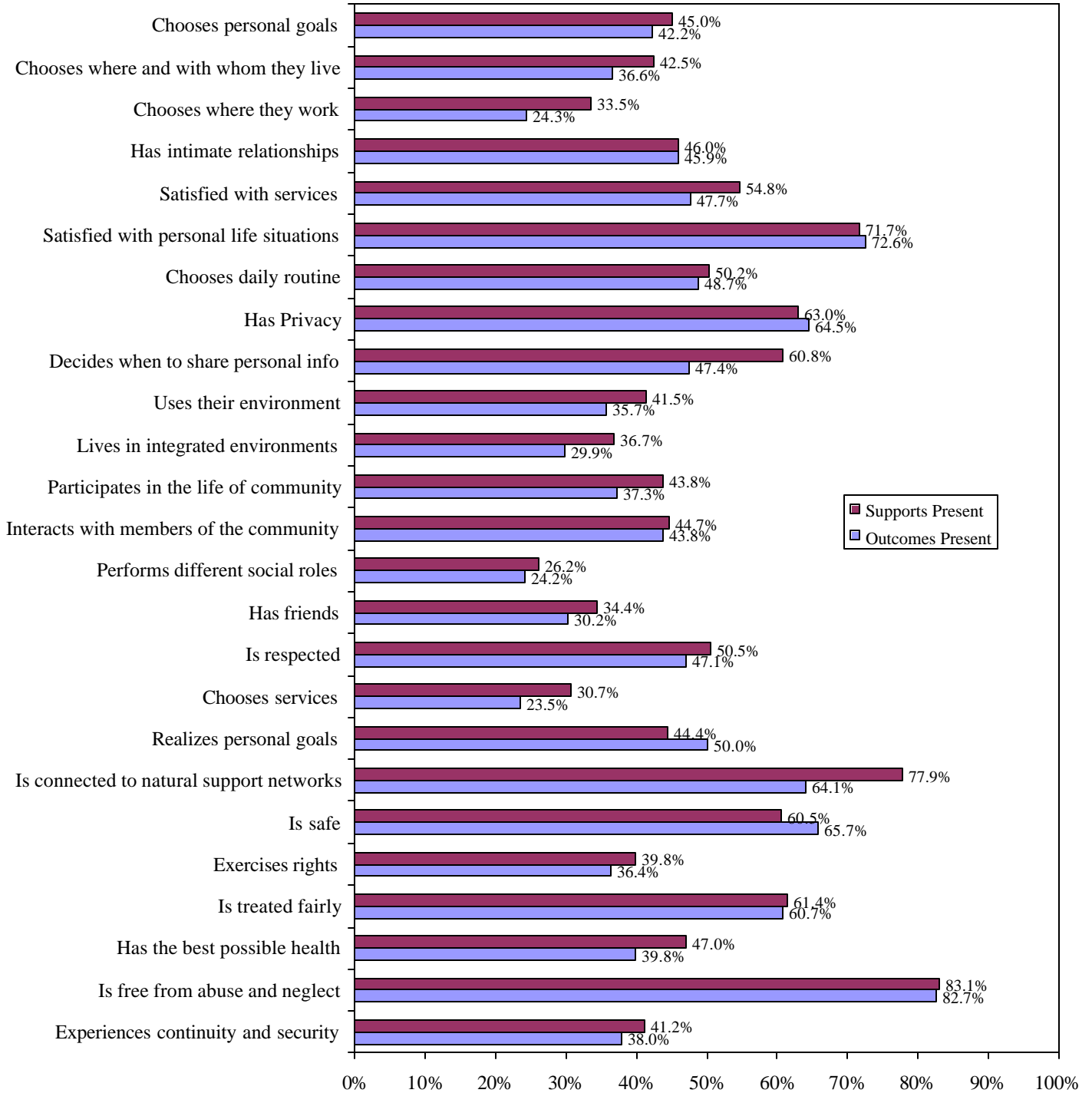
Table 1
Personal Outcome Measures
Average Outcomes Met and Supports Present

	Year One	Year Two	Year Three YTD
Number of Person Centered Reviews	1,907	2,539	1,601
Average Number of Outcomes Met per Consumer	13.2	12.4	11.4
Average Percent of Outcomes Met	52.8%	49.6%	45.6%
Average Number of Supports Present per Consumer	14.9	13.4	12.3
Average Percent of Supports Present	59.5%	53.6%	49.3%

Individual POM Results

Figure 1 on the following page displays the percent of **Supports Present** and percent of **Outcomes Met** year-to-date for Year Three by individual POM item. The graph presents a side-by-side display for each of the 25 personal outcome measures providing the reader with a visual presentation of the relationship between the two measures. Theoretically, if more supports are present, outcomes for the consumer should also be better. In other words, if the supports are correlated with outcomes, the percent met on the two measures for each item should be similar. However, it is important to note here that this is an aggregate representation and should not be over-interpreted. For example, on the item *Performs different social roles* we know that 26.2 percent of consumers scored this as **Outcome Met** and 24.2 percent of consumers scored this as **Supports Present**, but we do not know if these are the same consumers. More in-depth analysis at years end will help tease out these more complex relationships. Exhibit 1 in Appendix 1 provides data from The Council on Quality and Leadership on the percent of Outcomes Met and percent of Supports Present by each of the 25 individual POM items. These data represent cumulative results from over 4,700 reviews conducted over the past ten years.

Figure 1
Year 3 - July, 2003 - March, 2004
Percent of Supports Present/Outcomes Met



At the aggregate level, there is a continuing correlation between the provision of supports and achievement of personal outcomes. For 13 (close to 70 percent) of the items measured, the difference between the two is less than six percentage points. For all but four individual POM items, **Supports** are **Present** at a higher percentage than the percentage for the **Outcome Met**.

The POM items for which the percent of **Outcomes Met** and the percent of **Supports Present** are each greater than 70 percent are *Is free from abuse and neglect* and *Is satisfied with personal life situations*. These results are similar to the Year 1 and Year 2 results presented in the Annual Reports. *Is free from abuse and neglect* has consistently scored high for each of these measures, about 83 percent for each thus far this year. **Supports** were also **Present** for almost 80 percent of consumers for *Is connected to natural support networks*. However, unlike the previously mentioned items, the gap between **Outcomes Met** and **Supports Present** is quite large, with 21.6 percent more consumers indicating **Supports Present**, a difference of nearly 14 percentage points. This pattern has persisted throughout the study years. *Decides when to share personal information* and *Chooses where they work* are other items for which a somewhat greater proportion of consumers report **Supports Present** than **Outcomes Met**, with differences of 13.4 and 9.2 percentage points respectively.

The lowest levels of both supports provided and outcomes achieved (both below 35 percent) have also remained fairly consistent since Year 1 and are as follows:

- *Chooses service*
- *Performs different social roles*
- *Chooses work*
- *Has friends*

Finally, there are four items for which **Outcomes** are **Met** at a higher rate than **Supports** are **Present**. Two of these, *Realizes personal goals* and *Is safe*, have a difference of over five percentage points. Because the current analysis includes only a portion of the Year Three sample, comparisons to the previous years' analyses are limited. A more detailed analysis of the Year Three data, with trends, correlations, and differences reported over the first three years for individual POMs, will be included in the annual report.

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

Reasons that **Outcomes** and **Supports** are **Not Met** or **Not Present** for all 25 Personal Outcome Measures are provided in Appendix 1, Exhibit 2.⁵ 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** is **Not Met** or **Support** is **Not 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**

⁵ Reviewers can use more than one reason for each consumer.

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 - *Chooses services* and *Chooses where they 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 1,601 PCRs included in this report, the POM *Chooses where they work* was **Not Met** for 1,212 (75.7%) of the people interviewed. **Supports** were **Not Present** for 1,065 (66.5%) consumers for this Outcome. The top reasons reported by reviewers were “Limited options” (41.4%); “No opportunity to experience different options” (38.2%) and “Choice made by others”(25.8%). The three most frequently cited reasons for **Supports Not Present** were “Varied experiences not provided”(59.1%); “Barriers not being addressed”(27.6%); and “No efforts being made to learn preferences”(13.7%).

For *Chooses services*, there were 1,225 (76.5%) of consumers 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” (55.0%); “Awareness needs to increase” (36.3%) and “Service choices limited or not available”(25.2%). For this same item, there were 1,109 (69.3%) beneficiaries interviewed for whom **Supports** were **Not Present**. The three most frequently cited reasons were “Family/staff continues to make choices”(58.6%); “Organization does not educate person on available choices”(33.5%); and “Organization not working to increase choices”(38.4%).

The reasons identified above for both of these driver POM items are the same reasons reported in Year One and Year Two and in the first two quarters 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 individuals 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 and 13 or More Supports Present

The Personal Outcome Measures have been used by the Department of Children and Families to measure outcomes for people with developmental disabilities since 1998. The POM’s are a Performance Indicator that the Department of Children and Families reports to the Governor and State Legislature. The criterion of 13 or more **Outcomes Met** and 13 or more **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.

Table 2 below 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.

Table 2
13 or more Outcomes Met and 13 or more 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	670	2,956	1,219	1,427	761	3,407
Less than 13 present	867	1,293	931	3,091	688	1,112	840	2,640
Total	1,907	2,539	1,601	6,047	1,907	2,539	1,601	6,047
Percent								
13 or more present	54.5%	49.1%	41.8%	48.9%	63.9%	56.2%	47.5%	56.3%
Less than 13 present	45.5%	50.9%	58.2%	51.1%	36.1%	43.8%	52.5%	43.7%
Total	100%	100%	100%	100%	100%	100%	100%	100%

The decline in the percent of reviews with 13 or more **Outcomes Met** or 13 or more **Supports Present** continues when comparing data by contract year. Additionally, the proportion of consumers with 13 or more **Supports Present** continues to be higher than for **Outcomes Met**. Data for the first 3 quarters in Year Three indicate that 41.8 percent of consumers have 13 or more **Outcomes Met** compared to 47.5 percent who have 13 or more **Supports Present**. It is again important to note that the year-to-date Year Three data only represent about 61 percent 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, (Table 3) the differences are less significant. However, a decline is still evident.

Table 3

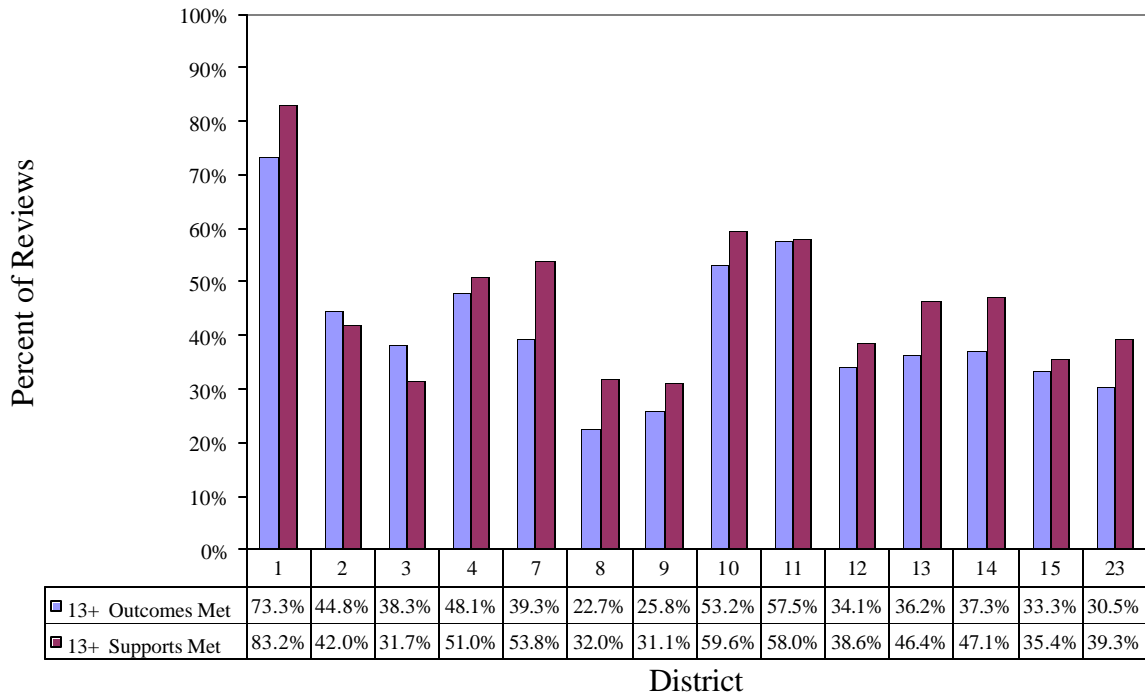
13 or More Outcomes Met/Supports Present - Cumulative Results

Reporting Period	Outcomes			Supports		
	Through Year Two	Through Year 3 Qtr 3	Difference	Through Year Two	Through Year 3 Qtr 3	Difference
Number						
13 or more present	2,286	2,956	670	2,646	3,407	761
less than 13 present	2,160	3,091	931	1,800	2,640	840
Total	4,446	6,047	1,601	4,446	6,047	1,601
Percent						
13 or more present	51.4%	48.9%	-2.5%	59.5%	56.3%	-3.2%
less than 13 present	48.6%	51.1%	2.5%	40.5%	43.7%	3.2%
Total	100%	100%	0%	100%	100%	0%

Results by District

The following chart (Figure 2) illustrates substantial differences among the districts in the proportion of people who 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 1,601 and there are not a sufficient number completed in some districts to draw general conclusions or make adequate comparisons across districts. Annual data will provide complete results that can be more meaningfully analyzed and compared to previous evaluation (years) periods.

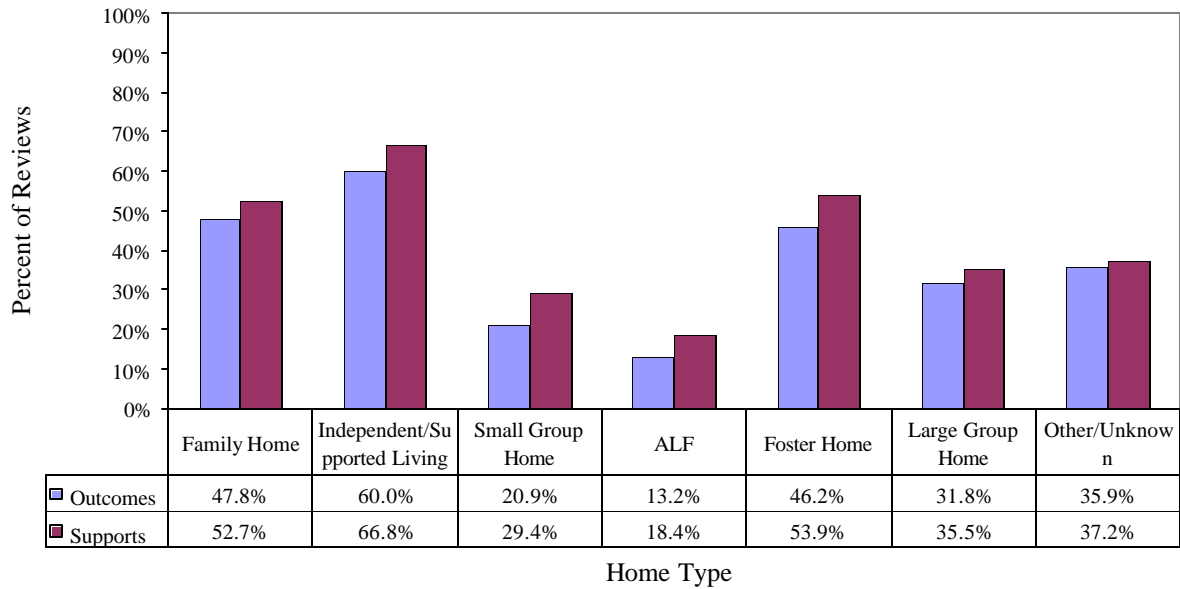
Figure 2
13 or More Outcomes/Supports Present by District



Results by Home Type

Results from the current and all previous reporting periods indicate that people who live in their own homes or in a family home environment have the criterion of 13 or more **Outcomes Met** at a much higher rate than those who live in paid group settings, such as in group homes or particularly in an ALF. Figure 3 displays the pattern for 13 or more **Outcomes Met** for PCRs completed through the third quarter of Year Three by the type of living arrangement. The findings are consistent with similar findings reported from Year One and Year Two.

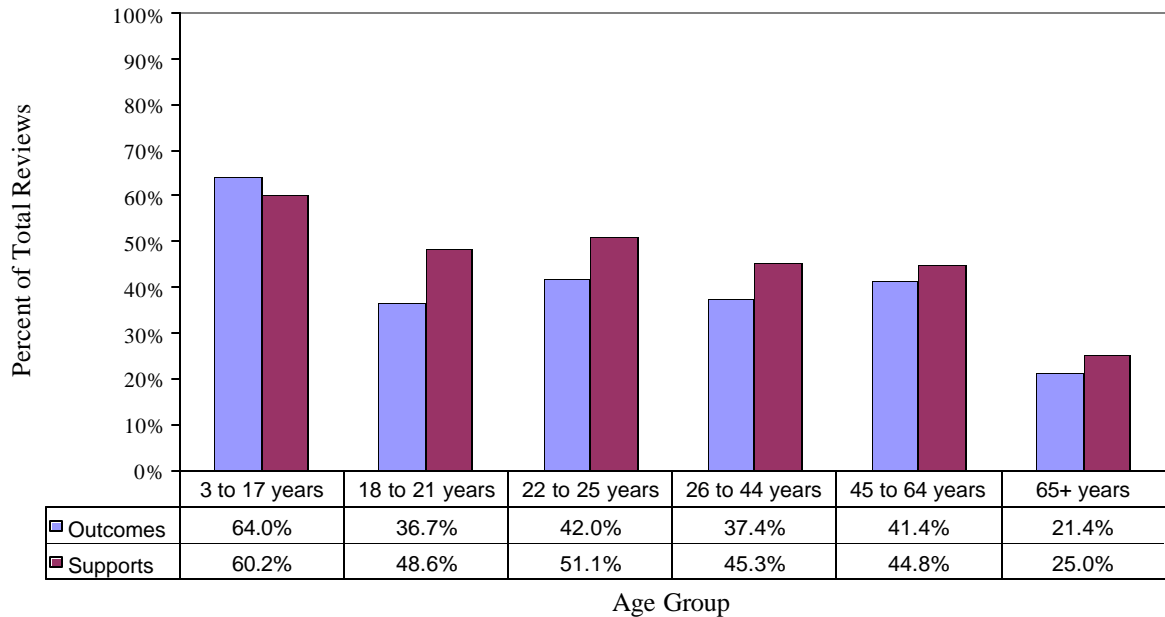
Figure 3
13 or More Outcomes/Supports Percent by Home Type
Year 3 - July 2003 to March 2004



Results by Age Group

Figure 4 displays the proportion of reviews for which the criterion of 13 or more **Outcomes** and **Supports** are **Met** or **Present** by Age Groups and reflects a pattern consistent with previous reports. Our youngest consumers continue to have the highest proportion of people with **Outcomes Met** and with **Supports Present**. At the same time, elderly consumers have the lowest proportions. As noted above, this may represent an “intervening” effect—correlated highly with the type of living arrangement, an effect that will be analyzed with completion of all the Year Three data collection.

Figure 4
13 or More Outcomes Present by Age
Year 3 - July 2003 to March 2004

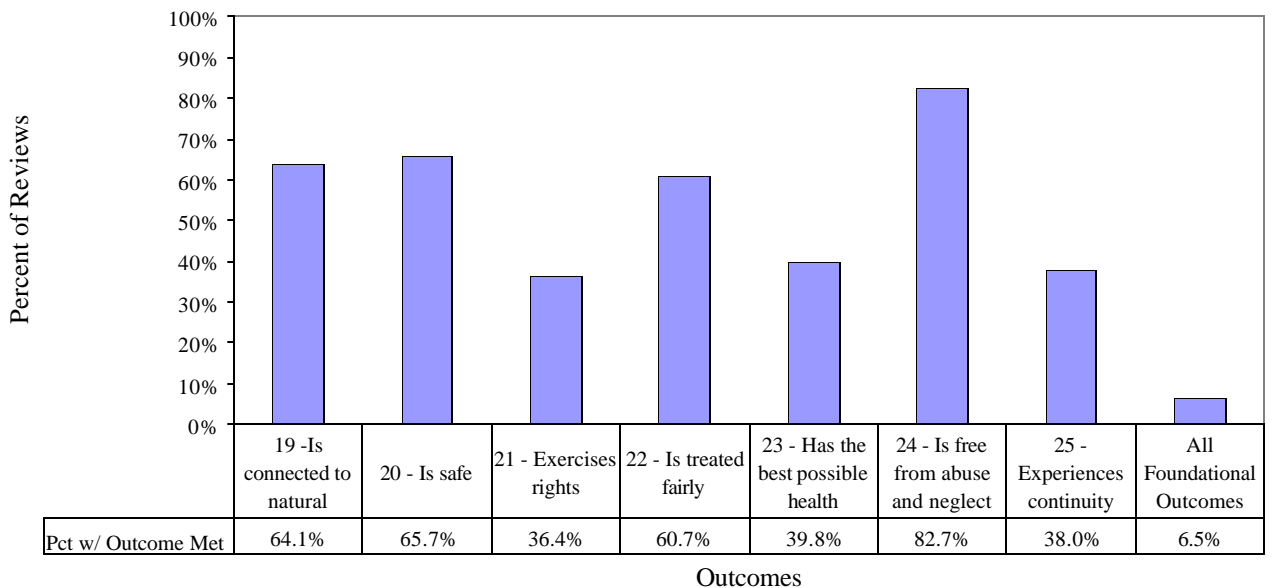


Foundational Outcomes

The last seven Personal Outcome Measures (Items 19-25 on Exhibit 1) include the items measuring Safeguards, Rights, and Health and Wellness. These are the **Foundational Outcomes** and are considered to be basic outcomes that most people with developmental disabilities 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 5 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.

The overall rate that All Foundational **Outcomes** are **Met** during the first three quarters of Year Three is 6.5 percent, somewhat less than for Year Two (7.9%). It is important to understand a measurement that requires all of a specific data set (seven Foundational Outcomes) to be met will generally be lower than the rates for individual items.⁶

Figure 5
Foundational Performance Outcome Measures
Year 3 - YTD - July, 2003 to March, 2004



Summary

Results for individual POM items reported for this quarter continue to be similar to results reported for previous quarters in Year Three, with one noted exception. For the 1,601 reviews included in this report, all foundational outcomes are met for only 6.5 percent of consumers as compared to 7.7 percent in the second quarterly report for Year Three and 7.9 percent in Year Two. Therefore, this represents a downward trend since the last quarterly report. As noted elsewhere, caution should be used in comparing the results to previous years as this report only reflects data through three quarters of the project year, and therefore only a portion of the total sample.

⁶ See Appendix 1 – Exhibit 4 for summary information on Foundational Outcomes by district, age group and home type.

Medical Peer Review Findings

Summary information from the Medical Peer Review process for the first three quarters of Year Three is presented in Table 4. Information from the Nurse Reviewer informs us that almost 90 percent of the reviews completed indicated concerns were noted and forwarded to the DD Medical Case Management team. This is somewhat higher than for the 970 reviews completed through the end of the second quarter (88%) and considerably higher than Year Two results (60%).

Table 4
Summary of Medical Peer Review Dispositions
Year 3 - July 2003 to March 2004

Medical Peer Review Dispositions	Number Reviews	Percent of Reviews
No evidence of problems/No Concerns	138	8.6%
Concerns forwarded to the DD Medical Case Management Team	1,436	89.7%
Concern yes/no claims - Follow up indicated	25	1.6%
Concerns no/no claims	2	0.1%
Totals	1,601	100.0%

Of note is that for 60.2 percent (964) of the 1,601 people interviewed, the Personal Outcome *Best possible health* was **Not Met** as opposed to 49.5 percent reported in Year Two. Further, 88 percent of the Person-centered Reviews through the third quarter contained one or more health recommendations, as displayed in Table 5. This apparent pattern will be statistically analyzed in the annual report, when data from the total sample are available.

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 are provided in Table 5 for Person-centered Reviews reflected in this report.

Recommendations from the Person Centered Review

A key component of the Person-centered Review is 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 (WSCs) 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 usually written in narrative (or text) form can be assigned (or coded). The general categories are: 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 in place of a narrative recommendation, and therefore, aggregated to provide additional detail. 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.

A Summary of Recommendations by category for the Year Three reviews included in this report is presented in Table 5. 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, 1,404 (93%) had some type of recommendation related to Health and Safety. Recommendations related to Medication Management were noted for 1,075, or 67 percent of the people reviewed. In categories other than Health and Safety, 60 percent had a recommendation related to Rights, while 52 percent had a recommendation related to Relationships/Social Roles. It is important to note that each PCR Report may have multiple recommendations. Of the 1,601 PCR's included in this report, only one did not include any recommendations.⁷

⁷ See Appendix 1 – Exhibit 5 for more detailed information on recommendations.

Table 5
Summary of Recommendations by Category
Person Centered Reviews
Year 3 - July 2003 to March 2004

Specific Recommendation	Nbr Reviews with Recommendation	Pct of 1,601 Reviews with This Recommendation
Health and Safety (including Behavioral)	1,404	88%
• Dental access or care	411	26%
• Mental/behavioral health	582	36%
• Vision or hearing	166	10%
• Medication management	1,075	67%
• Physical management	323	20%
• Specialty care	389	24%
• General care	459	29%
• Other health	813	51%
Community Involvement/Participation	677	42%
Goal Achievement	532	33%
Relationships/Social Roles	834	52%
Residential	418	26%
Rights	966	60%
Satisfaction with Supports/Services	443	28%
Vocational	582	36%
Other	152	9%
Total Number Reviews with any Recommendation	1,600	

Provider Performance Reviews Summary of Review Activity and Review Results

Results are reported for 1,321 Provider Performance Reviews (PPR) that were completed through the third quarter of Year Three of the contract, July 2003 – March 2004. Included are a summary of review activities and the results and data from onsite and desk reviews. Onsite reviews are conducted on all providers of core services and desk reviews are conducted on providers of all other services. Summary results are presented by district and, for onsite reviews, by service category. Results are also presented for Alerts, Recoupments, Quality Improvement Plans, Follow up Reviews, Projected Service Outcomes and Elements of Performance that are most frequently **Not Met**.

Summary of Review Activities

Review Volume

- On Site Provider Performance Reviews of 645 providers of “core” services were conducted through March 2004 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 200 QIP’s received, logged and processed during the January – March 2004 period. Of those, 192 QIP’s were finalized. Thirty-eight providers were referred for technical assistance follow up
- There were 676 Provider Performance Desk Reviews completed through March 2004.
- Of the 676 Desk Reviews completed through the 3rd quarter, a total of 475 reviews required submission of additional documentation
- Follow up Reviews were completed for 154 provider locations through the third quarter and there were 104 provider locations that had Follow up Reviews with Technical Assistance.
- There were 676 Documentation Reviews completed through quarter three.
- From July 2003 through March 2004, 84 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 onsite PPR reports from date of review to mail out was 18 days with a median time of 13 days.
- 24 Reconsideration requests from On Site PPR’s had been received through the third quarter. In total 10 of the 24 requests were denied; the remaining 14 reconsiderations were accepted and Review Scores revised accordingly.

Program Operations and Implementation

- 1.5 FTE's were hired to conduct reviews in the District 2 area. Recruitment efforts were initiated to hire an additional reviewer in the Orlando and Daytona Beach areas to meet the increased volume of Provider Performance Reviews included in the contract amendment executed on January 9, 2004.
- On going training was provided through biweekly conference calls with Provider Performance Review staff. Specific areas included:
 1. Continuing discussion about the use of Person Centered Review Reports in the Provider Performance Review process.
 2. Training on the application of the Elements of Performance related to the behavioral supplement for specific services.
 3. Policy direction and clarification associated with the implementation of a new rate structure, and any changes affecting the provider requirements.
 4. Clarification on the use of incident report information provided by the districts for specific providers
 5. Extensive discussion and development of Q and A's related to the new Outcome Review Process for Core services.
 6. Clarification and instruction in the use of the new scheduling tool.

Review Results

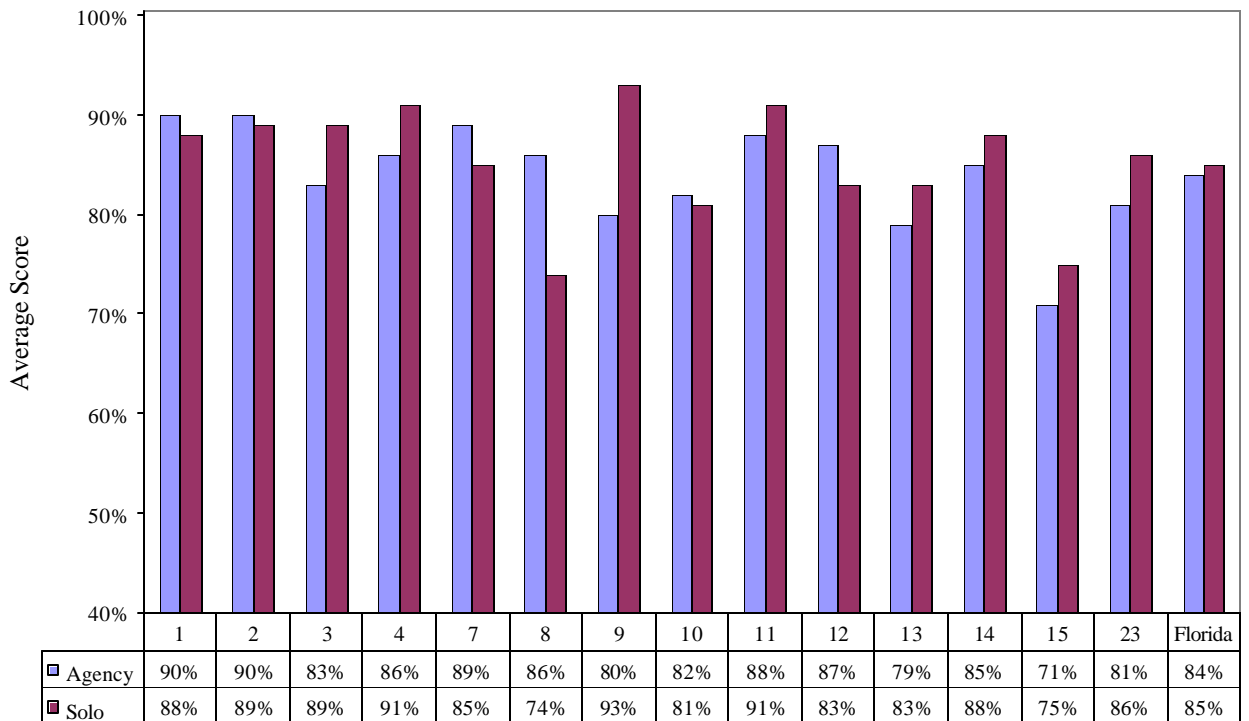
The following provides a summary of the findings from the Provider Performance Reviews completed year-to-date (YTD) through the third quarter. Additional summary information about Provider Performance Reviews by district, by provider type and by service for these reviews is provided in Appendix 1, Exhibits 6 through 14.

Onsite Reviews

Average results by district and provider types

Through the third quarter for Year Three, onsite PPRs were completed for 384 Agency and 261 Solo providers. The average score for onsite reviews completed YTD for Year Three was 84 percent for Agency providers and 85 percent for Solo providers, somewhat higher than reported for the six month period ending December 2003, 81 percent and 84 percent respectively. The following graph displays average district scores for onsite reviews by provider type.

Figure 6
Average Onsite Provider Performance Review Scores by District
Year 3 -July 2003 to March 2004



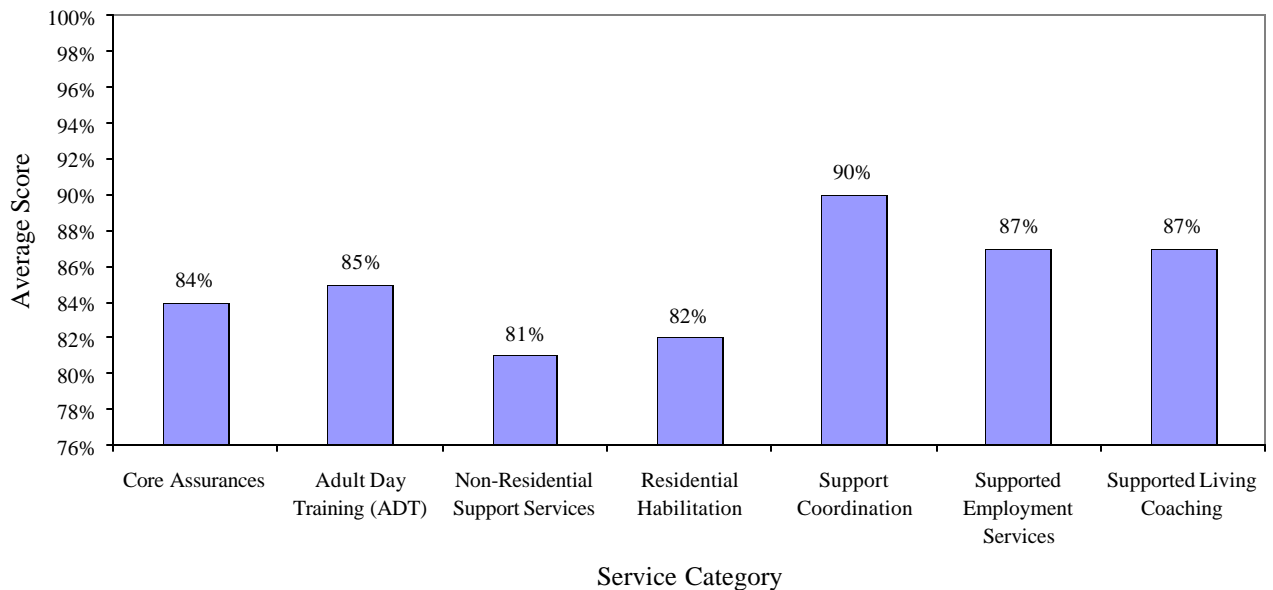
Variations within the districts when compared to the second quarterly report are likely due to small sample sizes and should not be over interpreted. Most districts have fewer than 30 reviews when stratified by type.⁸

⁸ See Appendix 1 – Exhibit 8.

Average Scores by Service Component

Average Scores by service component are displayed in the following graph (Figure 7). The cumulative average score for Core Assurances has increased from 81 percent in the first quarter of Year Three to 84 percent. Although an improvement over the first quarter, this still represents a decrease from 88 percent in Year One and 87 percent in Year Two. Support Coordination providers continued to have the highest average score (90%), with the other services ranging from 81 percent to 87 percent.⁹

Figure 7
Average Provider Performance Review Score by Service Category
Year 3 - July 2003 to March 2004



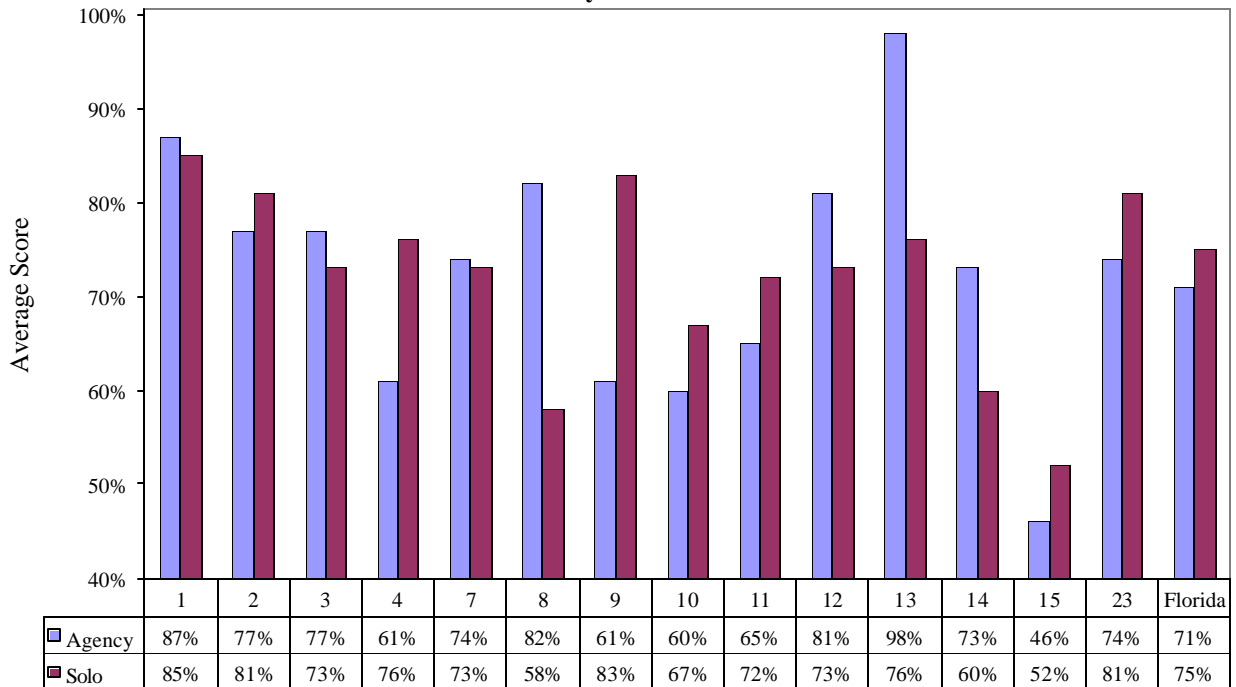
Desk Reviews

Although the same review tools are used during 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 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.

⁹ See Appendix 1, Exhibit 9 for additional details.

There were 676 Desk Reviews completed through the Third Quarter. Of these, 161 were agency providers and 515 were solo providers. The average Desk Review scores for all provider types to date in Year Three remains the same at 74%. The average score for desk reviews completed YTD for Year Three was 71 percent for Agency providers and 75 percent for Solo providers. These are similar to results for the six-month period ending December 2003, with scores for Agency providers somewhat lower but scores for Solo providers slightly higher. The following graph displays average district scores for desk reviews by provider type.¹⁰

Figure 8
Average Desk Performance Review Scores by District
Year 3 - July 2003 to March 2004



In general, there are small variations in average scores for most districts and provider types when compared to the first two quarters of Year Three, and greater variations when compared to Year Two results. 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 that time period. See Appendix 1, Exhibit 10 for additional information about scores by district and provider type.

¹⁰ See Appendix 1, Exhibit 6 for the number of reviews by provider, district and year.

Alert Items

Information on Alert items is provided for all PPR reviews reported through the third quarter. Of the 645 providers reviewed on site, 174 providers had 377 Alert citations of which 326 (86%) were related to background screening and maintaining appropriate documentation for those screenings. The remaining 51 Alerts were in the area of dignity and respect, privacy, or abuse. The distribution year-to-date of these Alerts by type and district is reflected below:

Description of Alert	District										Total
	2	3	8	9	10	11	12	14	15	23	
Affords Dignity and Respect					1			1	2		4
Personal Privacy		1	1	1	1	5	2		3	1	15
Reports Abuse and Neglect	4	2	2	1	2		2	3	4	12	32
Total	4	3	3	2	4	5	4	4	9	13	51

For Desk Reviews, there were 208 providers who had 396 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.

Recoupments

For Year Three onsite Provider Performance Reviews reported through this quarter, 287 (44%) providers had a total of 899 Elements of Performance **Not Met** that were subject to Recoupment. For the 676 Desk Reviews completed YTD through the third quarter, 280 (40%) providers had a total of 501 Elements of Performance subject to recoupment found to be **Not Met**.

Quality Improvement Plans

Of the 645 Year Three onsite reviews reported year-to-date, through March 2004, 408 (63.3%) required the submission of a Quality Improvement Plan (QIP). A QIP is required if the total review score is less than 90% or an Alert item is scored as **Not Met**. For the 676 Desk Reviews completed year-to-date, 475 (70%) providers were required to submit additional documentation for a Documentation Review.

Follow Up Reviews and Follow Up with Technical Assistance Reviews

Through March 2004, there were 154 provider locations that received a regular follow up and 104 provider locations that received a follow up review with technical assistance. Of the 154 provider locations for whom regular follow up reviews were conducted, at the time of follow up 85 had met 75 percent or more of the Elements of Performance previously **Not Met**, and an additional 43 had met 50 to under 75 percent. Therefore, 85 percent of providers who have had a Follow up Review had **Met** 50 percent or more of the Elements of Performance that were previously **Not Met**. Only two providers had less than 25 percent accomplished. Of the 104 Follow up Reviews with Technical Assistance, 30 provider locations had met 75 percent or more of the Elements of Performance previously **Not Met** and an additional 36 had met 50 to 70 percent.

For this reporting period, data are available from 604 Documentation Reviews completed as a follow up to Desk Reviews. Of these 604 Documentation Reviews, 306 (51%) of the providers who sent in information for the Documentation Review met 50 percent or more of the Elements of Performance that were previously **Not Met**.¹¹

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. Through the third quarter of Year Three, a total of 1039 core services were reviewed (Adult Day Training – 84; NRSS - 200; Residential Habilitation -417; Supported Living Coaching -142; Supported Employment-44 and Support Coordination -152). 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 72% for Supported Living Coaching to 57.4% for Support Coordination. Other services had average scores of 70% for Supported Employment and Adult Day Training, 62% for Non-Residential Support Services, and 66% 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 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

¹¹ See Appendix 1 – Exhibits 11 and 12 for detailed information of onsite and desk review follow up results.

original review tools. These two Elements of Performance, however, are met much less frequently than other Elements within the Standard and reflect the adequacy and effectiveness of systems to collect data and measure progress. In order for these Elements of Performance to be Met, Medicaid rule requires that all consumers included in the review sample meet the review criteria. The YTD average percentage **Met** for the Elements of Performance related to a systematic method of data collection and reviewing data and taking corrective action has increased slightly over the previous reporting period and ranges from 18% for NRSS to 41% for Adult Day Training and Supported Employment. Supported Living had an YTD average of 29%, while Support Coordination and Residential Habilitation had YTD averages of 31%

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 continue to be 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. Exhibit 13 in Appendix 1 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. The data typically reflect the five Elements of Performance that are most often **Not Met** and includes the number of times the Element of Performance was **Not Met** and the percentage it represents of the individual services reviewed for the reporting period.

The Elements of Performance most frequently **Not Met** through the March 2004 period of Year Three are consistent with data reported for the first two quarters of Year Three. For this 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 1, Exhibit 14 provides detail on the specific Elements of Performance for each area for this reporting period.

Discussion of Findings and Recommendations

Through the third quarter of Year Three of the Florida Statewide Quality Assurance Program, review results are available for 1,601 Person Centered Reviews, 645 Provider Performance Onsite Reviews and 676 Provider Performance Desk Reviews. Review results and findings are consistent with those reported for the first two quarters 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 also lower than for the previous two years.

There continues to be significant variation among the districts in the percentage of **Outcomes Met** and **Supports Present** for the criteria of 13 or more, with a low of about 23 percent to a high of about 83 percent. While there have been some differences for specific 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 a family home environment have a greater number of **Outcomes Met** and **Supports Present** than people who live in paid residential settings; likewise children in the 3 to 18 age group have **Outcomes Met** and **Supports Present** at much higher rates than do people in 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 example, if one district has proportionately more elderly consumers or more consumers in group homes, the POM rates would be lower, not because of a difference in distribution of services but due to demographic differences. 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. This is an area that needs additional study.

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. In the development of the new review approach for Waiver Support Coordination that blends the PCR and PPR process, the timeliness of the reviews will be a major area that is addressed.

There was a two percentage point increase in the cumulative average review results from the onsite Provider Performance Reviews from 82% to 84% from the previous reporting period. The average YTD Desk Review scores remain the same at 74%. The cumulative number of Alerts in the area of Abuse, Respect/Dignity and Privacy increased slightly from the second quarter report (from 12 to 17) but remains lower than in the first quarter (22). 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 onsite review that has never been required on a statewide basis. Through March 2004, there were 66 active 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 5 percent of the eligible providers of services subject to a desk review, which is a reduction from 12 percent reported in the previous quarter.

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 for 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 and is being addressed by FSQAP through training sessions in Year Three.

Trends and findings observed by project staff as well as those supported through preliminary data analysis form the basis for the following continuing recommendations. The recently approved contract amendment is enabling the Florida Statewide Quality Assurance Program 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 are designed to improve individual personal outcomes that are most important for consumers and 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” the emphasis at the state level to address providers who are non-compliant in participating in or completing required review processes should result in a continuing decline in non-compliant providers.
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 to looking at averages or thresholds.