

Appendix 3
Quarterly Report
July - September 2003

Attachment 1
Training, Education, and Liaison
Contacts and meetings
Year Three – Quarter one
July- September 2003

Statewide or National Presentations		
Date	Description of Activity	Participants and Audience
July 11, 2003	IP Training-Two Sessions for a total of 120 people.	Trainers-Marion, Christine, Barbara, Charmaine, and Bob Audience-Members of the Florida ARC
July 12, 2003	Presentation at State ARC/FL Conference	Marcia Hill presented to about 50 ARC/FL members
July 29, 2003	Presentation at Annual National conference on Reinventing Quality	Marcia Hill made presentation to group of about 50 professionals in field of DD
September 15-16, 2003	ICG Training	Participant-Bob; Carol on the 10-12.
September 19, 2003	DDNA Meeting in Ft. Lauderdale	Linda Tupper and Medical Case Managers from throughout the southern part of the state.

District/local contacts		
Date	Description of Activity	Participants and Audience
District 1		
August 29, 2003	Quarterly Meeting	Three Delmarva representatives and seven District representatives.
July 15, 2003	Participated in the new provider training. Discussed Delmarva. Discussed the onsite and desk review process. Reviewed some best practice standards.	One District representative and one Delmarva representative participants
District 2		
August 6, 2003	Quarterly Meeting	One District representative, and two Delmarva participants.
9/30/03	Discussed the new PPR policy and procedures. Answered questions related to the new procedures.	One District representative, and one Delmarva participant were in attendance.
District 3		
August 18, 2003	Quarterly Meeting	Four Delmarva representatives and four District representatives were in attendance.
District 4		
August 20, 2003	Quarterly Meeting	Three Delmarva representatives and fifteen District representatives were in attendance.
District 7		
July 8, 2003	Request Quarterly Mtg.	Jeannie Burton, Cheryl Mundy
August 6, 2003	Request Quarterly Mtg.	Cheryl Mundy – Jeannie Burton and Cheryl Mundy no longer with Dist. 7

August 12, 2003	Request Quarterly Mtg.	Michelle Levy – staff changes are occurring. Will have to postpone quarterly mtg.
August 20, 2003	PPR Schedule and New Reviewer	Michelle Levy
August 22, 2003	PCR Interpretation; Concerns from Family Care Council	Michelle Levy
September 23, 2003	PCR Interpretation on tornadoes	Michelle Levy
District 8		
July 25, 2003	Request Quarterly Mtg.	Ed Ruley
August 12, 2003	Request Quarterly Mtg.	Ed Ruley – Scheduled for 9-18 th .
September 3, 2003	Qtly. Meeting	Ed Ruley – Not able to meet on the 18 th due to ICG training.
September 18, 2003	Local Advocacy Committee	Presented overview of the FSQAP to LAC. There were six LAC members present.
District 9		
August 12, 2003	Request Quarterly Mtg.	Deb Blizzard is on medical leave. Dist. will have another staff person contact the RM.
August 18, 2003	Request Quarterly Mtg.	Joyce Burch reports the dist. will not be able to meet with Delmarva until October due to the ICG, rate changes, etc.
District 10		
July 11, 2003	Quarterly Mtg.	Dist. cancels Qtly. Meeting due to ICG training, rate changes, etc.

August 12, 2003	Request Quarterly Mtg.	Martha Kiem schedules Qtly. mtg. For September 17 th , 2003.
September 17, 2003	Quarterly Meeting	Qtly. Meeting with Martha Kiem and three of her staff. Lydia Catalon, PPR/QAR also attended. Reviewed the FSQAP process, as well as data trends for the district.
District 11		
July 11, 2003	Discussed Dist. concerns with providers in the Keys.	Kirk Ryon
August 12, 2003	Request Quarterly Mtg.	Kirk Ryon reports the Dist. will not be able to meet until October due to the ICG, rate changes, etc.
District 12		
August 21, 2003	Quarterly Meeting	Three Delmarva representatives and four District representatives.
District 13		
August 18, 2003	Quarterly Meeting	Three Delmarva representatives and four District representatives.
District 14		
August 20, 2003	Quarterly District Meeting	Kathleen Cowan, etc. from District 14 and Bob/Charmaine from Delmarva.
District 15		
July 17, 2003	Discussed problematic provider.	Discussed problematic provider with Ron Delevan. Mr. Delevan reports this provider is no longer in business.

July 25, 2003	Discussed PCR concerns	Discussed PCR concerns that were raised by the WSCs with Steve Stoltz.
August 12, 2003	Request for Quarterly Mtg.	Quarterly Mtg. Scheduled for September 16 th .
August 21, 2003	Discussed family concern	Discussed family concern with Steve Stoltz for person selected for a PCR interview.
August 25, 2003	Clarified PPR question by a WSC.	Clarified a WSC question on a PPR report with Steve Stoltz and Robin Aleszczyk.
September 16, 2003	Quarterly Meeting	Quarterly Mtg. With Steve Stoltz and ten of his staff. Lydia Catalon, PPR/QAR was also in attendance. Reviewed trends in data for both PPR and PCR.
Region 23		
August 13, 2003	Family Care Council Meeting-General Delmarva overview and update.	Hillsborough and Manatee County members of the FCC.
August 19, 2003	District WSC Training-Overview of Delmarva's review processes.	New WSC's and those leaving agencies to become independent.
August 22, 2003	Quarterly District Meeting	Bob/Barbara/Kristin from Delmarva; Wanda, Debra, Millie, Dave, Marcia, and Brenda from DCF.

Attachment 2

Florida Statewide Quality Assurance Program Internal Quality Assurance Plan Report on Year 3, Quarter 1 July - September 2003

The following provides a report of internal quality assurance activities that occurred during the July-September 2003 period.

New Staff Orientation and training

Brenda McConnell was hired as a fulltime PPR in this quarter. She had previously been working as a contract employee conducting PCR's. She thus brought with her training on POM's and the PCR process. Ms. McConnell was trained on the PPR procedures, tools, and general contract information. She observed reviews conducted by experienced reviewers, and conducted reviews in coordination with experienced reviewers. Marion Olivier Ruelas was promoted from PPR Quality Assurance Reviewer to Regional Manager. She was given training on her general managerial role, utilization of management tools, approval of PCR and PPR reports, and miscellaneous other topics relating to her position. She is supervised directly by the Director of Florida Operations, and works out of the same office as the Vice President of Florida Programs. Both of these coaches have worked with her during the course of the quarter to provide her with the insights needed to be successful in her position.

Person-centered Reviews

POM Monitoring and Annual Reliability

The Council provides on site monitoring of 5% of all POM's conducted annually. Council representatives accompany Reviewers on interviews and observe the administration of the POM's. Monitoring is designed to ensure that reliability in conducting the POM interviews is maintained as well as to provide on going technical assistance as needed. The Council monitored 44 interviews with existing staff. There were no reliability reviews scheduled for this quarter.

Annual Gold Standard Reviews

100% of the person-centered review reports continued to be reviewed by the Regional Managers though the 1st quarter and has replaced the use of scenarios until a sampling of reviews is implemented. Regional Manager review and approval of all reports continued to ensure accuracy and consistency in the identification and development of recommendations. The process of report review and approval includes individual follow up and consultation with the reviewer as well as

periodic checks with selected waiver support coordinators to verify information and recommendations.

Consumer and Family Feedback

The AHCA Recipient Survey continues to be distributed to individuals participating in the Personal Outcome Measures interview portion of the PCR process. A summarized report on this feedback was presented by AHCA staff at the IQC in September and continued to be favorable. One education and training session was conducted during the quarter at the Family Care Council in Tampa, providing an update on Delmarva activities and review results, with another session taking place in District 8 at a Local Advocacy Committee meeting.

Employee Performance Evaluations

Formal feedback was provided to Delmarva employees involved in the FSQAP via the Delmarva Performance Evaluation system. Performance feedback was obtained from multiple sources for each employee, and equitable evaluations were conducted. Information regarding employee strengths as well as areas requiring improvement was shared with each employee.

Provider Performance Reviews

Q & A document and protocol update

Biweekly conference calls were continued this quarter, with an education focus on element interpretation and questions surrounding the behavioral supplement. Minutes of these meetings were provided to all review staff and include Q&A's. Q&A's were additionally accumulated from the recent round of consumer and family, provider, and WSC training sessions, with district summaries being disseminated to the local DCF personnel.

Scoring and documentation analysis

For the 1st quarter, Regional Managers reviewed and approved 100% of the Provider Performance Reviews. On going feedback was provided as necessary. On going review by the Regional Managers provided a mechanism to ensure that reviewers were consistently interpreting elements and documenting justifications in an efficient and appropriate manner.

Rater reliability testing for Desk Reviews

Rater-reliability evaluations were conducted on nine Quality Assurance Reviewers for the Delmarva Foundation/Joint Commission Resources. One QAR was not evaluated as her resignation had been submitted and was effective June 30, 2003. The evaluations were conducted on the Desk review provider reports during August 2003. The Evaluator used the QAR Documentation Evaluation Procedures and the QAR

Documentation Evaluation Form to conduct the reviews. A random sample of five desk review reports was selected for each Reviewer. The majority of these reviews were conducted during 2003. Some of the reports selected for the sample were agency providers, however the majority of the reports were from solo providers. The primary focus of this rater-reliability evaluation was to determine the need for procedural reinforcement with all Reviewers, procedural changes, and elements of performance interpretation issues. Areas being evaluated included:

- Desired Documentation Characteristics/Content – Overall performance
- Element of Performance
- Narrative Summary

The Desired Documentation Characteristics/Contents area addresses the contents of the entire report, and whether the Reviewers are using appropriate grammar, spelling, statements and individual identifiers. The Elements of Performance area applies to each element and the Reviewer's scoring of that element as it relates to the documentation that has been submitted by the provider. It also addresses the consistency in scoring related elements, documentation required for Recoupment and whether the state can determine what needs improvement. The Narrative Summary area applies to just the documentation contained in the free form text field on the cover page of the report. There are eight topics that can be addressed in this free form comments section of the report.

Rater-Reliability Approach

The Quality Assurance Coordinator (QAC) or Evaluator randomly selected five desk review reports for each Quality Assurance Reviewer. The services that were reviewed for those providers included Companion, In-Home Supports, Homemaker, Physical Therapy, Respite and Transportation services. The QAC also reviewed the district documentation on background screening and any claims information on the Delmarva website. District information was not available on grievances, incidents, issues/concerns, provider education and certification. The QAC did not conduct any consumer/family interviews.

The QAR Documentation Evaluation Form, which was used to conduct the reviews consist of 26 evaluation elements, 22 of which are used for desk reviews. Four of the elements from the tool were not utilized, as they did not apply to desk review. The NA designation was used to indicate those elements that did not apply to a desk review. The Reviewer was given an average score in each measurement category based on their overall percentage on the five reports. A summary of the

Reviewer's performance was included in each report. This summary captured the average score and the justification for any score below 100% for each of the three measurement categories.

Results of the Rater-Reliability Monitoring

The overall score for Desired Documentation and contents of the report was 96% with nine Reviewers receiving 100% on six of the elements. The lowest average score was 82%. An element of particular concern was 'complete sentences' where three Reviewers scored less than 100%.

Under the Elements of Performance category, the score was 91% with nine Reviewers receiving 100% score on two of the elements. The lowest average score was 70%. One element of particular concern was 'Deficiency is identified' where seven Reviewers received less than 100% scores.

The overall score for the Narrative Summary category was 83% with nine Reviewers receiving 100% score on one of the elements. The lowest average score was 36%. The elements of particular concern was 'service score influences' where six Reviewers received a score of less than 100%, and 'results of claims data reviewed' where three Reviewers received score less than 100%.

Areas Requiring Improvement

Desired Documentation Characteristics

QAR's need to ensure complete sentences are used when documenting supporting documentation and summarizing the provider's performance in the Free Form Summary.

Elements of Performance

QAR's need to ensure all documents in the provider's file as well as other sources of related information such as district files have been reviewed prior to scoring an element. The expiration dates on all certificates, licenses and service authorizations must be verified by the QAR. All Level II background-screening documents should be examined by the QAR as well as information submitted for a provider of incidental transportation who uses his/her own vehicle. Overall, the supporting documentation that is completed by the Reviewer should be thorough and include sufficient information so that the provider/state can determine what needs improvement.

Narrative Summary

QAR's need to include in the Free Form Comments section of the Narrative Summary, a statement for each service on what influenced the total score and how, either negatively or positively. A statement about the claims information reviewed should also be included in that summary.

Recommendations

QAR's should received additional training on the following topics:

- Certificates, licenses and service authorizations - expiration dates.
- Recoupment - required documentation.
- Respite services - Acceptable documentation on a service log.
- Understanding claims information on the Delmarva website.
- Provider Training documentation.
- Narrative summary - documentation.

Florida Provider Quality Assurance Reviews QAR Desk Review Documentation Evaluation Results			
Evaluation Elements	Average Score	QARs Meeting Criteria	Lowest Score
Desired Documentation Characteristics/Contents			
Documentation presents facts	100%	9	100%
Succinct and precise	100%	9	100%
Descriptive (paints picture)	100%	9	100%
Complete sentences	76%	6	20%
Correct Spelling	100%	9	100%
Correct grammar/punctuation	96%	8	60%
Positive statements included	100%	9	100%
Absent Opinions	100%	9	100%
Proper use of individual identifiers (Initials or numeric)	93%	7	60%
Overall average score	96%		82%
Elements of Performance			
Deficiency is identified	56%	2	20%
Numerator/Denominator included when appropriate	91%	6	60%
Documentation reflects appropriate sampling of records	100%	9	100%
Consistency in scoring related elements	98%	8	80%
Provider/State can determine what needs improvement	98%	8	80%
Recommendations related to elements	100%	9	100%
Recommendations are defensible by DFMC	93%	7	60%
Documentation required for recoupment	91%	6	60
Overall average score	91%		70%
Narrative Summary			
Service scores influence	60%	3	0%
Statement about service and support provision	87%	7	40%
Consumer/Family contact results (including #of contacts/attempted contacts, consumer/family service description, reported satisfaction/concerns about service or provider)	100%	9	100%
Number of Incidents and complaints/grievances obtained from the District and identified trends	89%	7	40%
Results of claims data review (e.g., trends or patterns identified in either provider or State supplied data)	78%	6	0%
Overall average score	83%		36%

Medical Peer Review

The Medical Director completed **50** quality assurance reviews of completed medical peer reviews. No issues or recommendations were noted.

Reconsiderations

12 reconsideration requests were processed during this quarter. One Regional Manager has assumed responsibility for this activity.

Evaluation of Provider/consumer education

One formal education program was provided during the 1st quarter. Implementation Plan training was conducted in Gainesville as part of the ARC Florida Annual Conference. About 120 individuals participated in the training, with the majority of participants being involved in the development or use of IP's in their normal work activities. The training provided practical small group instruction, and was well received by the participants and conference planners.

Timeliness and Submission of Deliverables

Delmarva and its program partners are continuing to develop internal management systems to ensure that required timelines for conducting reviews are being met and that review data is being gathered in a format that can be analyzed in an aggregate form.