

**Florida Statewide Quality Assurance Program  
Delmarva Foundation**

**Quarterly Report  
July 1 – September 30, 2004**

**1st Quarter  
Contract Year 4  
2004-2005  
[v2r0505]**

**Submitted to the State of Florida  
Agency for Health Care Administration and the  
Agency for Persons with Disabilities**

## Executive Summary

A major project effort during the first quarter of this year has been statewide implementation of two new onsite review processes for providers of Developmental Disabilities Home and Community Based Waiver Services (DD HCBS). These review processes, the Waiver Support Coordination Consultation (WiSCC) and Collaborative Outcome Review and Enhancement (CORE), represent a significant shift in focus from a compliance orientation to a consultative outcome based review approach that is person-centered. Both consultative review processes focus on the effectiveness of providers in producing results that reflect communicated choices and preferences of the people receiving services. Stakeholder groups developed both processes during Year Three of the project. Each was subsequently piloted in multiple locations throughout the state and final policies, procedures, and assessment tools were approved by the Florida Agency for Health Care Administration (AHCA) and the Agency for Persons with Disabilities (APD).

Development of the WiSCC process included revisions to policies, procedures, review tools, applications and report formats that replaced previous components of the onsite Provider Performance Review of Waiver Support Coordinators and the Person-centered Reviews. The WiSCC integrates these two procedures while increasing the consultative focus of the review.

The Collaborative Outcome Review and Enhancement (CORE) consultation review process is being implemented for other DD HCBS services subject to an onsite review. This includes providers of Adult Day Training, Residential Habilitation, Supported Living, Supported Employment and Non Residential Support Services. Currently, the scope of the CORE review is more limited than the WiSCC, as the process does not incorporate the Person-centered Review component. However, key information and data to determine the level at which expectations and results important to the individual are being attained, are collected through input from consumer and staff interviews.

Both processes include elements that measure compliance with Minimum Service Requirements (MSRs) such as training requirements, background screening, and service authorization and billing.

Following successful piloting of these new approaches, statewide implementation was initiated beginning in August 2004. A comprehensive training session was provided for all review staff during the last week in July. Delmarva reviewers as well as reviewers employed by Joint Commission Resources, Inc.(JCR) were trained as Quality Improvement Consultants (QICs).<sup>1</sup> Delmarva staff was trained to conduct WiSCC reviews and JCR staff was trained in the CORE process.

During the first quarter of Year Four, eleven of the eighteen currently budgeted training sessions were held and one additional interactive web based training course was

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<sup>1</sup> Because the new process has a consultative rather than auditing focus, reviewers are now referred to as Quality Improvement Consultants (QIC). In this report, QIC and reviewer are often used interchangeably.

developed. The implementation of new onsite review processes has resulted in an increased demand for formal training and technical assistance sessions throughout the state.

The project has continued to expand its capability to analyze the data gathered, correlate that data with other data sources, and provide useful information at the statewide and district level. Activities to increase and enhance information gleaned from the data were initiated during the latter part of Year Three and into the first quarter of Year Four. An initial focus has been to update data reporting formats to reflect the new review processes and new data available through these processes. Currently, the primary data reports are quarterly reports submitted to AHCA and APD and quarterly district reports that are data driven and intended to give district staff timely information, specific to their providers, in order to help them target intervention strategies and quality improvement initiatives. A work group is being formed to develop new reporting formats that should be in place by the second quarter of Year Four.

As part of the Year Three contract specifications, Delmarva completed a study on the public reporting of data currently available from reviews and interviews conducted with the providers and consumers participating in the DD HCBS Medicaid Waiver program. The study was completed and approved during the first quarter of Year Four. As a result of the recommendations from the study, Delmarva is taking the lead in forming a work group to develop the framework for a system for public reporting.

Two significant factors have affected Delmarva's ability to complete a full complement of reviews as expected for the first quarter of Year Four. The project anticipated that review volume would be lower during the first quarter due to start up implementation activities associated with new review processes, close out activities for Year Three reviews and required staff training to ensure adequately trained reviewers who have demonstrated the basic skills necessary to move to the consultant approach. The project, however, did not anticipate cancellations and delays associated with the damage and devastation from four hurricanes. Through the first quarter of Year Four of the Florida Statewide Quality Assurance Program, 22 onsite Provider Performance Reviews were completed that were carried over from Year Three. The number of other reviews completed is approximately as follows:

- 25 Waiver Support Coordination Consultations<sup>2</sup> (WiSCC) of WSC entities
- 50 consumer interviews to collect data, conduct a Personal Outcome Measures interview, and a Health Risk Screening<sup>3</sup>
- 57 Collaborative Outcomes Review and Enhancement (CORE)
- 186 Desk Reviews
- 42 Follow-Up Reviews

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<sup>2</sup> Due to difficulties with the actual QIC laptop computer application for the WISCC and the inability to produce an automated report, no WiSCC review components were billed during the Quarter 1.

<sup>3</sup> It is important to note, however, that WiSCC reports were provided to the WSC entity at the conclusion of the review in a Microsoft Word format that included all report components: results of the POM interview, health screening results, and individual consumer recommendations for each person reviewed.

- 30 Follow-Up Reviews with Technical Assistance
- 170 Documentation Follow-Up Reviews

Results from the reviews completed this quarter are based on only a small number of cases and therefore should not be over-interpreted. Preliminary analysis indicates scores on desk reviews have increased somewhat when compared to the Year Three scores: from 74 percent to almost 80 percent. Most of this gain appears to be among solo providers. CORE evaluations reflect that on average providers are being evaluated as Implementing or Emerging.

Delmarva continues to interface with all the partners and stakeholders involved in the DD HCBS Medicaid Waiver program on a regular basis. Representatives from Delmarva have attended the Blue Ribbon Task Force Meetings that are guiding the direction of the newly created Agency for Persons with Disabilities and are active participants on the steering committee for the Real Systems Choice Grant for Quality Assurance recently awarded to APD. In addition, Delmarva staff continues networking with other organizations and states to expand our base of knowledge and share our experiences with others.

## **Introduction**

This is the first quarterly report for Year Four of the Florida Statewide Quality Assurance Program (FSQAP) contract, July – September 2004. The report details the activities and accomplishments of the Delmarva Staff and their partners. Due to constraints elaborated upon in this report, there is only a limited amount of data analysis to present. The report is subdivided into the following sections:

- Summary of Quarterly Project Initiatives
- Review Volume
- Review Results
- Issues and Challenges
- Recommendations

## **Summary of Quarterly Project Initiatives**

Highlights of project activities from the first quarter of Year Four (FY 2004 – 2005) are described in four areas: review initiatives; liaison and education activities; a summary of customer service activity; quality improvement efforts; and internal quality assurance activities.

### ***Review Initiatives***

A major project effort during the first quarter of this year has been statewide implementation of two new onsite review processes for providers of Developmental Disabilities Home and Community Based Waiver Services (DD HCBS). These review processes, the Waiver Support Coordination Consultation (WiSCC) and Collaborative Outcome Review and Enhancement (CORE), represent a significant shift in focus from a compliance orientation to a consultative outcome based review approach that is person-centered. Both consultative review processes focus on the effectiveness of providers in producing results that reflect communicated choices and preferences of the people receiving services. Stakeholder groups developed both processes during Year Three of the project. Each was subsequently piloted in multiple locations throughout the state and final policies, procedures, and assessment tools were approved by the Florida Agency for Health Care Administration (AHCA) and the Agency for Persons with Disabilities (APD).

Development of the WiSCC process included revisions to policies, procedures, review tools, applications and report formats that replaced previous components of the onsite Provider Performance Review of Waiver Support Coordinators and the Person-centered Reviews. The WiSCC integrates these two procedures while increasing the consultative focus of the review.

Therefore, the WiSCC review has two primary components. The first component includes a review of the Waiver Support Coordinator (WSC) provider entity based on six performance expectations that are outcome or results oriented, and five Minimum Service Requirements (MSR) that are process elements that measure compliance with key requirements. Findings are based, in part, on information received from at least two consumers who are randomly selected from the caseload of the solo provider or from each treating provider within a WSC agency. Additionally, this component of the review includes a closing consultation in which the provider entity identifies its strengths and weaknesses, the review findings are shared, and a Focus Plan for improvement is developed with the WSC provider entity.

The second component of the WiSCC is face-to-face interviews with the randomly selected consumers from the caseload of the solo provider or from each treating provider within the provider entity. This includes the completion of a Personal Outcome Measures (POM) interview. Each interview also includes a health risk screening review, development of individual recommendations, and an interview with the WSC to elicit additional information related to the Personal Outcome Measures and the health risk screening. Consultation with the Delmarva Nurse Reviewer is included as part of the health risk screening, when indicated. A focused Medical Peer Review is also completed when indicated.

The interviews and POM component help determine the extent to which people served by the WSC are achieving results or outcomes important to them. The total number of consumer interviews completed as part of the WiSCC varies by the size of the agency (or provider entity) and is based on a review of two consumers per treating provider, not to exceed eight treating providers (or 16 consumer interviews) for any given agency.

The Collaborative Outcome Review and Enhancement (CORE) consultation review process is being implemented for other DD HCBS services subject to an onsite review and includes Adult Day Training, Residential Habilitation, Supported Living, Supported Employment and Non Residential Support Services. Currently, the scope of the CORE review is more limited than the WiSCC, as the process does not incorporate the Person-centered Review component. However, key information and data to determine the level at which expectations and results important to the individual are being attained, are collected through input from consumer and staff interviews. Further, compliance with Minimum Service Requirements (MSRs) is also determined. Like the WiSCC review, policies, procedures, and report formats were developed by a stakeholder group and piloted throughout the state with a variety of service providers. AHCA and APD have reviewed and approved all CORE policies, procedures, review tools and report formats.

To implement the currently approved WiSCC and CORE processes, to complete other review types in accordance with approved procedures, and to meet increased requests for training and technical assistance, a “no cost increase” contract amendment to shift units/deliverables has been submitted to AHCA and APD for approval.

Following successful piloting of these new approaches, statewide implementation was initiated beginning in August 2004. A comprehensive training session was provided for

all review staff during the last week in July. Delmarva reviewers as well as reviewers employed by Joint Commission Resources, Inc.(JCR) were trained as Quality Improvement Consultants (QICs).<sup>4</sup> Delmarva staff was trained to conduct WiSCC reviews and JCR staff was trained in the CORE process. Also present at the training sessions were project management staff, subcontract staff and APD and AHCA staff. The training focused on the use of a person-centered approach to evaluate DD HCBS provided services and supports as well as the application and interpretation of specific Performance Standards or Expectations based on the WiSCC and CORE tools.

In addition to the training on their specific review procedures, Delmarva and JCR reviewers were given an overview of the WiSCC and CORE processes. Although the CORE does not include the Personal Outcome Measures (POM) interview as part of the review protocol, Anne Buechner from The Council and consultant staff support for the project provided JCR staff an overview of the POM tool including Outcomes and Individualized Supports. Training for the entire group focused on organizational systems and practices including: Leadership and Systems Quality Management & Planning; Managing for Quality; Managing Outcome Data; Performance Improvement Models, Strategic Planning using Organizational Principles; and Quality Enhancement.

Desk Reviews continue to be conducted for providers who do not provide services subject to Onsite review. No changes to this process are being proposed for Year 4. As part of the Desk Review process, Documentation Reviews were also continued.

Further, a small number of regular Provider Performance Onsite Reviews were conducted during July due to previous scheduling commitments. Follow-up Reviews and Follow Up Reviews with Technical Assistance also continued during the first quarter. While most of these follow up activities supported reviews (PPR) completed during Year Three, a few follow up reviews related to WiSCC and CORE consultations were completed during the first quarter. These follow up reviews will continue throughout the remainder of the year and will support WiSCC and CORE consultations.

### ***Liaison and Educational Activities***

The Year Four Annual Education Plan was submitted on September 14, 2004. In addition to documenting approved formal training and education sessions held during July and August 2004 of the contract year, plans for an additional seven training sessions throughout the state for providers, consumers and other stakeholders were proposed. The annual education plan also described current and projected activities associated with the Delmarva-Florida website that include continued expansion of the Resource Center and addition of interactive web-based instructional modules.

During the first quarter of Year Four, eleven formal training sessions were held and one additional interactive web based training course was developed. Ten of the training sessions were held in districts requesting focused training for providers, consumers and

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family members on the new outcome or results based consultative approach for provider reviews (WiSCC and CORE). One training session was provided at the statewide Florida Association of Support Coordinators (FASC) annual conference that specifically focused on the WiSCC process and the resulting changes that blend the Person-centered Review and Provider Performance Review processes.

In addition to the two interactive training modules that were added to the Delmarva-Florida website during the fourth quarter of Year Three, one more module was added during the first quarter of Year Four, “How to Prepare for a Desk Review”.

On a national level, Marcia Hill made a presentation at the 2004 Reinventing Quality Conference in Philadelphia that is sponsored by the National Association of State Directors of Developmental Disabilities Services (NASDDDS). For the past 3 years, project staff has been invited to present at this conference that is also jointly sponsored by the Human Services Research Institute; and the Research & Training Center on Community Living, Institute on Community Integration at the University of Minnesota. This presentation was “Using Multiple Data Sources to Isolate Systems Problems”

Throughout the first quarter, project staff and reviewers participated in quarterly meetings with district staff as well as maintained frequent contact with many district staff to discuss review activities or results and the new consultative approaches.<sup>5</sup>

***Summary of Customer Service Activity***

The Customer Service unit continues to serve as a liaison between Delmarva, Medicaid Waiver service providers and beneficiaries, the districts and the business community. Responses are provided for inquiries about Onsite and Desk Reviews of Provider Performance, Person-centered Reviews and related issues on Quality Improvement Plans, reconsiderations and other required follow up. The Customer Service Unit also began to field questions and receive requests for information about the WiSCC and CORE processes. Miscellaneous requests for general program information continue to be received. Although only one formal request related to interpreting services was logged, the CSR routinely speaks to callers whose primary language is Spanish. The following table summarizes the contacts to the Customer Service Unit by type.

**Customer Service Contacts**  
*July 1 - September 30, 2004*

Area	Contacts
Desk Reviews	236
Onsite PPR and QIP	49
CORE	10
WiSCC	9
Miscellaneous	31
Interpreting Services	1
Total	336

<sup>5</sup> Attachment 1 summarizes these contacts for the July through September 2004 period.

### ***Quality Improvement Initiatives***

As the FSQAP enters its fourth year, the project has expanded its capacity and capability to analyze the data gathered, correlate that data with other data sources, and provide useful information at the statewide and district level. Activities to increase and enhance information gleaned from the data were initiated during the latter part of Year Three and into the first quarter of Year Four. An initial focus has been to update data reporting formats to reflect the new review processes and new data available through these processes. Currently, the primary data reports are quarterly reports submitted to AHCA and APD and quarterly district reports that are data driven and intended to give district staff timely information, specific to their providers, in order to help them target intervention strategies and quality improvement initiatives. A work group has been formed to develop new reporting formats that should be in place by the second quarter of Year Four.

The new formats will help enable Delmarva to continue to provide the district quarterly data consistent with and in support of the Real Choice Systems Change Grant. The Grant provides for the establishment of a “mini” IQC within each district, and training for one organizational consultant in each district who will be in charge of quality assurance.

An effort has begun to build a cooperative relationship with APD in terms of data needs and presentation of data analysis results. Sharing data and information will help enhance our ability to fully utilize the wealth of information housed by both APD and Delmarva Foundation. Therefore, both APD and Delmarva personnel will be better able to respond to the needs of the newly developed department and the Blue Ribbon Task Force.

As part of the Year Three contract specifications, Delmarva completed a study on the public reporting of data currently available from reviews and interviews conducted with the providers and consumers participating in the DD HCBS Medicaid Waiver program. The study was completed and approved during the first quarter of Year Four. As a result of the recommendations from the study, Delmarva is taking the lead in forming a work group to develop the framework for a system for public reporting.

With an increased focus on the evaluation of review data and on quality improvement, several topics for the required quality improvement studies in Year Four have been suggested and/or discussed. These include:

- Analysis of the reasons Supports are Not Present for individual POM items;
- Development of a prediction model for individual Outcomes and Supports based on the POM data gathered by the project to date. Variables of interest to be considered include: district size (number of consumers), district, age, gender, home type, service and disability.
- Impact of supports for key POM items on number (and length) of hospital stays as measured by the number of Medicaid claims for services including specific Medicaid Waiver services. Limitations include the fact that only Medicaid claims

- data are available and recipients may receive services that are paid for by Medicare or other sources. This could, however, provide a baseline with which to expand the study to include Medicare claims data in the following year.
- Does successful employment correlate with other Outcomes and Supports Present? In other words, can we determine if certain types of supports might predict success in securing and maintaining desired employment?
  - Preliminary study correlating Outcomes and Supports with the evaluation (Achieving, Implementing, Emerging, Not Present) of the Waiver Support Coordinator (the treating provider). This study will have to be undertaken toward the end of the year when most of the WiSCC reviews have been completed, or postponed until Year Five. This will only be possible if we have enough variation in the WSC outcomes.
  - Is there any correlation between POM items and recommendations? Are there any changes or patterns in the data that may reflect policy or funding changes?
  - An analysis of Outcomes and Supports should be completed using adjusted weights based on the sampling methodology and taking outlier scores into consideration. An outlier case, one that varies greatly from the mean, may indicate some unique circumstances that ultimately skew the statewide average. Since we are interested in seeing a measure that reflects an accurate picture for most of the state, outliers should be analyzed separately. This analysis should examine “13 or more outcomes met” as well as results of Foundational Outcomes.

### *Internal Quality Assurance Activities*

Establishing inter rater reliability is an ongoing challenge with any type of subjective process. While WiSCC and CORE are new processes, Delmarva and JCR reviewers have many years of experience and have been tested for reliability annually. Delmarva Managers have monitored over 13 reviews during the first quarter of this implementation period, providing assistance and feedback in order to continue to build reliability among the reviewers and to enhance development of a consultative approach to the processes.<sup>6</sup> Reviewers will continue to be monitored if, in the managers’ opinion, additional feedback is needed to ensure consistent application of the new tools. Weekly conference calls with Consultants are used to address any issues, problems or concerns generated from the consultations. To improve reliability, scenarios are distributed prior to the conference calls. These are reviewed and evaluated by each reviewer, the results discussed and analyzed during the call.

While the basic internal quality assurance activities have continued, there is a need to modify the current process to reflect the new review types as well as the new initiatives related to training and the functions and quality improvement activities, especially as it relates to the distribution of data.<sup>7</sup>

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<sup>6</sup> In addition to the completed reviews, many were canceled during this time due to the four hurricanes that hit Florida in August and September.

<sup>7</sup> See Appendix 1, Attachment 2 for details on the Florida Statewide Internal Quality Assurance Program (IQAP).

## Volume of Review Activity

Two significant factors have affected Delmarva's ability to complete a full complement of reviews as expected for the first quarter of Year Four. The project anticipated that review volume would be lower during the first quarter due to start up implementation activities associated with new review processes, close out activities for Year Three reviews and required staff training to ensure adequately trained reviewers who have demonstrated the basic skills necessary to move to the consultant approach. The project, however, did not anticipate cancellations and delays associated with the damage and devastation from four hurricanes. Through the first quarter of Year Four of the Florida Statewide Quality Assurance Program, 22 onsite Provider Performance Reviews were completed that were carried over from Year Three. As of the writing of this report, the number of other reviews completed was as follows:

- 22 Onsite Provider Performance Reviews (see above)
- 25 Waiver Support Coordination Consultations<sup>8</sup> (WiSCC) of WSC entities
- 50 consumer interviews to collect data, conduct a Personal Outcome Measures interview, and a Health Risk Screening<sup>9</sup>
- 57 Collaborative Outcomes Review and Enhancement (CORE)
- 186 Desk Reviews
- 42 Follow-Up Reviews
- 30 Follow-Up Reviews with Technical Assistance
- 170 Documentation Follow-Up Reviews
- 15 Reconsiderations.

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<sup>8</sup> Due to difficulties with the actual QIC laptop computer application for the WiSCC and the inability to produce an automated report, no WiSCC review components were billed during the Quarter 1.

<sup>9</sup> It is important to note, however, that WiSCC reports were provided to the WSC entity at the conclusion of the review in a Microsoft Word format that included all report components: results of the POM interview, health screening results, and individual consumer recommendations for each person reviewed.

## Review Results

### Desk Reviews

The following table shows the number and percent of desk reviews in each District as well as the average review score for the first quarter of Year Four of the contract. The scores vary greatly by district, from a low of 53.3 percent to a high of 92.0 percent. However, these are based on only a few reviews so results should be viewed with caution and may not indicate any trends or real differences across the districts at this point.

#### **Desk Reviews by District**

*July - September 2004*

District	Number	Percent	Score
1	4	2.2%	92.0%
2	20	10.8%	84.7%
3	7	3.8%	82.8%
4	19	10.2%	86.5%
7	17	9.1%	79.5%
8	4	2.2%	80.8%
9	4	2.2%	71.9%
10	4	2.2%	65.9%
11	31	16.7%	73.7%
12	17	9.1%	71.6%
13	2	1.1%	69.3%
15	4	2.2%	53.3%
23	53	28.5%	84.9%
Total	186	100.0%	79.9%

The following highlights are evident in the first quarter data for desk reviews during this fourth year of the contract (July – September 2004):

- An average score of 79.9 percent, higher than Year Three (74%);
- 42 agency providers had an average score of 72.9 percent, similar to Year Three (71%);
- 143 solo providers had an average score of 81.9 percent, higher than Year Three (74%);
- 81.4 percent of providers had the required level 2 background screening;
- 92.5 percent of providers had the required level 2 background rescreening.

### CORE Evaluations

There are a limited number of CORE reviews available for analysis. A total of 74 have been completed but 17 of these were part of the pilot project and are not included in any analysis of the data. The following table shows the distribution across districts of the 57 CORE reviews completed during the three month period ending September 30, 2004.

**CORE Reviews by District**  
*July - September 2004*

District	Number	Percent
1	2	3.5%
2	6	10.5%
3	1	1.8%
4	8	14.0%
7	1	1.8%
8	1	1.8%
10	3	5.3%
11	9	15.8%
12	5	8.8%
13	6	10.5%
14	4	7.0%
23	11	19.3%
Total	57	100.0%

During this time period, 43 agency and 14 solo providers received a CORE evaluation. Each provider is evaluated on 18 Outcome Elements and seven Minimum Service Requirement elements (MSR). The Outcome Elements are results oriented and reflect communicated choices and preferences that matter most to the person receiving services. Each Outcome Element, is evaluated as Achieving, Implementing, Emerging or Not Present.<sup>10</sup> The provider's overall evaluation is based on a compilation of element level evaluation. Because this is the initial year of implementing this new review process, the results will be used to establish benchmarks for specific services and providers.

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<sup>10</sup> See Attachment 2, for a description of the levels of evaluation.

On average, the majority of providers scored Emerging or Implementing, a total of 71.9 percent. Only seven percent were evaluated as “Not Present”. While the number of reviews is quite small, early results show that solo providers are more likely to score Achieving or Implementing than are agency providers. However, this *cannot be over-interpreted* as only 14 solo providers are included in the analysis.

**CORE Evaluations**  
July - September 2004

	Agency	Solo	Total	Agency	Solo	Total
Achieving	7	5	12	16.3%	35.7%	21.1%
Implementing	12	8	20	27.9%	57.1%	35.1%
Emerging	20	1	21	46.5%	7.1%	36.8%
Not Present	4	0	4	9.3%	0.0%	7.0%
Total	43	14	57	100.0%	100.0%	100.0%

As indicated above, each Outcome Element is evaluated. The table located in Attachment 3 shows the elements with the number and percent of reviews at each level of evaluation. During the first quarter of Year Four, the element most often scored as Not Present (17.5% or 10 providers) was the element indicating the individual is developing desired social roles that are valuable to that individual. Over 47 percent of the 57 providers were evaluated at Achieving on the element indicating individuals are satisfied with services. A large percentage of the providers were evaluated at Achieving on important alert elements that reflect if individuals are treated with dignity and respect, if their privacy is observed and if they are free from abuse and neglect.

The MSR elements are process related and are similar to elements scored during the first three years of the contract. MSR elements are evaluated as Met or Not Met. The following table shows the number and percent of reviews, distributed across the number of MSR elements that were scored as Met. Half of the solo providers scored Met on all seven of the MSR elements while only 23.3 percent of agency providers met all seven of these. Seven agency providers scored Met on three or fewer MSR elements. Again, the number of reviews is quite small so results should not be over-interpreted.

**Minimum Service Requirements**  
*CORE Evaluations: July - September 2004*

Number Met	Number of Providers			Percent of Providers		
	Agency	Solo	Total	Agency	Solo	Total
0	1	0	1	2.3%	0.0%	1.8%
1	2	0	2	4.7%	0.0%	3.5%
2	2	0	2	4.7%	0.0%	3.5%
3	2	0	2	4.7%	0.0%	3.5%
4	5	3	8	11.6%	21.4%	14.0%
5	10	1	11	23.3%	7.1%	19.3%
6	11	3	14	25.6%	21.4%	24.6%
7	10	7	17	23.3%	50.0%	29.8%
Total	43	14	57	100.0%	100.0%	100.0%

In the following table, the number and percent of MSR elements is given at the element level. On average, providers score well on these elements. Over 84 percent of the 57 providers scored Met on the element indicating the providers and their staff have the required training on abuse and neglect. Providers were least likely to score Met on the element indicating they had received training specific to the needs and characteristics of the individuals being served, and on the element indicating the service is provided and billed as authorized.

**Minimum Service Requirement**  
*CORE Evaluations: July - September 2004*

	19	20	21	22	23	24	25	Total
Number Met	43	44	39	46	48	39	43	302
Percent Met	75.4%	77.2%	68.4%	80.7%	84.2%	68.4%	75.4%	75.7%
Reviews	57	57	57	57	57	57	57	

- 19 Provider meets service specific projected service outcome(s) for each service.
- 20 Level 2 background screenings and 5 year rescreenings are completed for all direct service employees.
- 21 Providers/staff receive training specific to needs/characteristics of individual to successfully provide services/supports.
- 22 Proof of required training in abuse and neglect and required reporting procedures are available.
- 23 Provider is authorized to provide the service.
- 24 The service is provided and billed as authorized.
- 25 Provider maintains required documentation.

Several elements in the CORE evaluation are Alert items.<sup>11</sup> Elements are cited as an alert if it is determined by the reviewer that areas of dignity and respect; privacy; abuse, neglect and exploitation; health; or safety warrant immediate corrective action. Failure to meet the requirements for background screening are also cited as Alert items. Of the 57 reviews completed in the first quarter of Year Four of the contract, 40 providers had no alert elements cited, 16 had one alert item cited and only one provider had two cited, for a total of 18 alerts. As indicated below, a majority of these relate to background screening.

**CORE Reviews by Alerts**  
*July - September 2004*

Alerts	Number	Percent
0	40	70.2%
1	16	28.1%
2	1	1.8%
Total	57	100.0%

The number and percent of each item scored as an alert are listed below. A majority of alerts identified, over 72 percent, indicate background screening had not been obtained as required. The remaining five alerts are in the areas of dignity and respect, privacy, and safety. However, this is only a total of five providers.

**CORE Review Alerts**  
*July - September 2004*

Alert Area	Reviews	Percent
Dignity and Respect	2	11.1%
Privacy	1	5.6%
Safety	2	11.1%
Background Screening	13	72.2%
Total Alerts	18	100.0%

WiSCC

At the time of submission of this report, aggregate data for approximately 50 WiSCC reviews completed during the first quarter is not available due to difficulties with statewide use of the application, incomplete manual entry of data and the subsequent inability to create the database. Data for two quarters will be reported in the next quarterly report.

<sup>11</sup> See Outcome Elements Table, Attachment 3. Alert items are numbers 2, 3, 7, 8 and 9. For the MSR elements, the “level 2 background screening” element (20) is an alert item.

## Issues and Challenges

The implementation of new onsite review processes, the Waiver Support Coordination Consultation (WiSCC) and the Collaborative Outcome Review and Enhancement (CORE), during the first quarter of Year Four represents the project's continuing shift to a system of quality improvement based on results important to the people receiving services. Expected challenges and issues associated with any major project start up were significantly impacted by an unprecedented number of tropical storms/hurricanes making landfall in Florida.

The latest reports from the Red Cross estimate that more than 25,000 homes were destroyed and more than 40,000 homes sustained major damage. People continue to leave damaged homes due to dangerous molds and previously undetected damage.<sup>12</sup> This extent of devastation has seriously impacted the population of people with developmental disabilities, the providers of services and the ability of reviewers to complete scheduled reviews.

An estimated 111 reviews and 204 days were impacted by the immediate aftermath of these storms with continuing difficulties reported as consultants attempt to schedule reviews in areas of the state where structural damage continues to be extensive and physical access is limited.

Expected, but nonetheless challenging start up issues, have slowed implementation and the number of completed onsite consultative reviews during the first quarter. Staff training on the new onsite review processes was not scheduled until the last week in July 2004 when policy, procedures, and review protocols were finalized and appropriate training curricula could be developed. Additionally, managers and reviewers who participated in the pilot initiative also participated in many of the initial reviews conducted during this quarter, reducing the number of reviews they were able to schedule. Other times, especially for agency consultations, consultant staff has teamed up to complete the reviews. While this resulted in a lower volume of onsite consultations for the first quarter, it has provided staff with additional one on one training in the use of the consultative approach.

As anticipated, it is taking longer to complete CORE and WiSCC reviews than the former type of reviews. It generally takes more time to complete a review activity when the QIC's have to become familiar with the new procedures, tools and applications. Additional time during the review is also spent providing technical assistance to the provider on the new process. Scheduling, especially for the WiSCC, has also proven to be a continuing challenge.

Time study analysis conducted during the piloting of the WiSCC indicated the time to complete a WiSCC was comparable to the amount of time budgeted to complete the

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<sup>12</sup> Associated Press, November 12, 2004.

equivalent Onsite PPR and concurrent number of PCRs. The time study included agencies of different sizes and consequently a differing number of PCR/POM reviews. The time to complete each piloted WiSCC was compared to the amount of time currently allocated to complete the same complement of Onsite Provider Performance Reviews and Person-centered Reviews. The total number of hours was comparable. We are optimistic as consultants become more experienced with the WiSCC process, we will be able to complete the required volume within currently allocated resources.

For the CORE, however, preliminary anecdotal evidence suggests the time to complete a review is much longer than for the previous Onsite PPRs. CORE is a much more complex review process, including detailed interviews with individuals being served by the providers. Taking inefficiencies related to start up into consideration, reviewers continue to report that they are often unable to complete the consultation in the times originally estimated.

Project staff has developed time logs to collect data on the amount of time spent on different aspects of both types of reviews. This information will be reviewed to validate the actual time it is taking to complete consultations, identify components that can be streamlined or improved to be more efficient or where procedural revisions might be required.

With the implementation of the WiSCC and CORE, there has been an increased demand for training and technical assistance activities. These formal sessions are typically provided by project management staff throughout the state, primarily at the district level. Through the first quarter, 11 of the 18 budgeted training sessions had been completed. As the new onsite consultative review processes are being conducted throughout the state, there has been a growing interest and concern about these new approaches. Project staff has identified the need for additional formal training sessions and the actual requests far exceed the current budgeted level.

## **Recommendations**

Trends and findings from the first quarter of Year Four continue to support the recommendations provided in the Year Three Annual Report.

1. Close monitoring of the implementation of the new review/consultation processes for waiver support coordinators (WiSCC) and providers of other services subject to onsite review (CORE) needs to continue. Regional managers and other relevant experts should carefully examine any feedback from consultants, consumers and providers, making modifications when appropriate. Reliability and validity tests should continue, with scenarios (real or fabricated) examined by all consultants and discussed at the bi-weekly conference calls.
2. Through coordination with APD in the implementation of the recently awarded Federal Real Choice Systems Change Grant for Quality Assurance, support and

involvement should continue in the area of training and technical assistance at the district and provider level that are designed to improve individual personal outcomes that are most important for consumers; promote person-centered approaches in program and services design to support those outcomes.

3. There must be an elevated emphasis at the State level to address providers who are non-compliant in participating in or completing required review processes. Continuing efforts to delineate the authority and specific action(s) to be taken for providers who are non-compliant need to incorporate appropriate requirements related to Standard Rates for services provided.
4. An increased level of evaluation and analysis is needed to appropriately identify root causes of identified weak areas and develop intervention strategies that are appropriate and based on evidence. Structured analysis and evaluation should examine the impact of various factors on the outcomes achieved and supports provided to the Waiver population. Quality Improvement studies should explore the factors that most likely predict good outcomes for individuals, the reasons outcomes and supports are most often Not Met, and utilize this to effect systemic improvements. Ideas for these are delineated in this report.
5. Modifications to required data reporting at the state and district levels need to reflect findings based on results from structured studies and provide meaningful information that can be used to guide and support interventions for quality enhancement.
6. Based upon the Public Reporting study completed this year, a work group should be formed to develop the framework for a public reporting system for information about DD HCBS services and providers. Work group should include providers, consumers, and APD district staff with representation from APD and AHCA and coordination provided through project staff.
7. An important component of the new review processes is to identify barriers to service delivery that impact consumers. A reporting system on a district as well as statewide level should be developed to disseminate and act upon the identified barriers, thereby improving the overall service delivery system.