

**Florida Statewide Quality Assurance Program**  
**Second Quarter Report**  
**October – December 2004**  
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**Attachment 1**  
**Internal Quality Assurance Quarterly Report**  
**October - December 2004**

**New Staff**

Several new consultants started with Delmarva in November, in part filling vacant positions left by Michelle Phelps and David Heindel:

- Cheryl King-District 7,
- Berta Santos-District 11,
- Donale Cochran-District 7,
- Krista McCracken-District 8.

Krista McCracken is half-time WiSCC and half-time CORE as well.

**General Staff Training**

Raindance was used to present an automated training on the new WiSCC application for all managers and WiSCC consultants. The training session was recorded so new consultants to the process will have access to the same training process.

Two more Delmarva managers, Claudia Kassack and Marion Olivier-Ruelas, completed the week long training on Personal Outcome Measures interviewing techniques and passed the reliability test for this.

**IT Initiatives**

“IT Roundup” meetings were initiated between the Delmarva managers/scientists and the Delmarva Easton IT and programmer personnel to increase communication among the various interdependent groups. The meetings helped ensure effective and efficient implementation of the WiSCC application as well as the WiSCC and CORE reports. Old and new data needs barriers were addressed. The meetings continued weekly until the WiSCC application was released. Currently, the Easton IT group continues to participate in the weekly managers meetings.

**WiSCC**

Weekly conference calls continue with Delmarva managers and all WiSCC consultants. Each week new concerns/issues are discussed as well as best practices observed in the field. Scenarios for individual outcome elements are sent to the consultants before the calls, and each QIC must send a response as to what the correct evaluation for the situation is. Discussion follows to determine how/why any discrepancies might exist among the consultants. This helps build reliability into the process and at the same time generates worthwhile discussion on many relevant issues.

### **POM Monitoring and Annual Reliability**

The Council continues to provide on site monitoring of 5% of all POMs conducted annually. Council representatives accompany Reviewers on interviews and observe the administration of the POMs. Monitoring is designed to ensure that reliability in conducting the POM interviews is maintained as well as to provide ongoing technical assistance as needed.

In addition to monitoring provided by the Council, Delmarva Managers have monitored WiSCC reviews during the second quarter of contract Year Four. Managers provide assistance and feedback in order to continue to build reliability among the reviewers and to enhance development of a consultative approach to the process. Reviewers will continue to be monitored if, in the managers' opinion, additional feedback is needed to ensure consistent application of the new tools.

Weekly (WiSCC) and biweekly (CORE) scenarios are part of this review process. Scenarios are distributed several days prior to the regularly scheduled conference calls. Consultants submit their "answer" as to the appropriate performance level for the specific element that is the focus of the scenario, along with reasoning as to why. These results are analyzed and discussed accordingly. In addition, data analysis provides results information across consultants. Any possible indications that a consultant is scoring providers consistently lower or higher than expected (possible outlier effect) are addressed individually with each consultant.

The four new employees received extensive training on the Personal Outcome Measure in November into December. All received their reliability certification. In addition to the POM training, Bob Foley and Carol McDuff provided two days of training specific to the WiSCC process. Finally, Claudia Kassack and Marion Olivier-Ruelas received Personal Outcome Measure training in November and also received their reliability certification.

Any issues identified during the POM interview process are also discussed during the weekly conference calls with Delmarva Managers and Consultants.

### **Annual Gold Standard Reviews**

100% of the WiSCC and POM reviews are reviewed by the Regional Managers. Regional Manager review and approval of all reports continues to ensure accuracy and consistency in the identification and development of recommendations, as well as the consistency of application for all elements. The process of report review and approval includes individual follow up and consultation with the reviewer.

### **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. AHCA staff

maintains a report on this feedback. A committee has been formed to revise the Recipient Survey. This committee met prior to the IQC meeting in December in Miami. As a result of that meeting, a new draft of the recipient survey has been completed and will be reviewed prior to the March IQC meeting. The draft version, when/if agreed upon by the committee, will then be presented at the March IQC meeting.

## CORE

### **Q & A document and protocol update**

Biweekly conference calls with Delmarva Managers and Consultants were continued this quarter, with a focus on any issues, problems or concerns generated from the new consultation process. Minutes of these meetings were provided to all review staff and include Q&A's. To improve reliability, several review scenarios are distributed prior to the conference calls. The scenarios focus on a different element each time. These are reviewed and "scored" by each reviewer, the results discussed and analyzed during the call. Results of these scenarios will be more closely examined when all 18 of the outcome elements have been discussed. This procedure will continue to build reliability for the new process.

In addition, each reviewer was visited by JCR staff/representatives Vince Digangi and Jeff Lefco. The purpose of the statewide visits with reviewers was to discuss any problem or concern reviewers might have with the new processes, to develop reasonable timelines for completing all the necessary CORE evaluations, and to provide feedback to the reviewers on their performance to date.

### **Scoring and documentation analysis**

Regional Managers reviewed and approved 100% of the CORE Reviews. Ongoing feedback was provided as necessary. Ongoing 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.

### **Medical Peer Review**

The Medical Director completes a quality assurance review on a random selection of individuals. However, this process has not yet been completed for the new WiSCC procedures. While the nurse reviewer reports have been completed, there is a specific component for the WiSCC application required to enable data input from these reviews. The application then generates a random sample of reviews for the Medical Director to examine. The component is expected to be completed in time for nurse reviewer oversight to be completed prior to the end of the third quarter.

### **Evaluation of Provider/consumer education**

Eight formal education/training sessions were provided during the second quarter. There were over 236 participants that included an array of providers. The overall average evaluation score for the training was 3.3 on a 4-point scale. In addition, two focus

training sessions were provided at district request to assist providers in the design and review of implementation plans.

**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 are being gathered in a format that can be analyzed in an aggregate form. Due to the start-up of the new processes and the impact of four hurricanes this year, review volume has been negatively impacted. A planning meeting of the Delmarva managers is scheduled in January to review the number of reviews yet to be completed and develop a reasonable timeline with which to accomplish them.

## **Attachment 2**

### **CORE Outcome Element Evaluation Levels**

#### **Achieving**

- Implementing components are present.
- The organization is assisting individuals to achieve outcomes, or to complete increments toward achieving the outcomes.
- Results that communicate choices and preferences that matter most to the person being served are observable.
- Consistent practices of self-determination/person-centered supports are evident in the organization's mission and practices.
- Provider knows the people they serve, includes their choices and preferences that matter most to each person, and continuously probes to ensure that this information is current and accurate.
- Education, Experience and Exposure are present, practiced and evident on a consistent basis.

#### **Implementing**

- Consistent action toward achieving outcome increments is predominately present, with only a few sporadic inconsistencies present.
- Strategies and organizational practices are in place to effect change and focus on the individual, but the results have not yet been achieved.
- Provider has general information regarding the people they serve and has methodologies in place for continued probing to update their knowledge about the person. However, this methodology is not consistently applied to all persons served.
- Education, Experience and Exposure are generally taking place and are being integrated into service delivery, but not all opportunities are being addressed.

#### **Emerging**

- Some or sporadic action toward achieving outcome increments may be seen, but overall outcomes are not being achieved.
- The provider has some systematic practices that relate to the individual's outcomes but they are implemented sporadically.
- Provider has general information regarding the people they serve but has no consistent system in place for continued probing to update their knowledge about the person.
- Some Education, Experience and Exposure may be taking place. However, the provider is not systematically and consistently implementing these concepts.

## **Not Present**

- Little to no appropriate action has been taken related to the individual's identified outcomes.
- Any implementation related to the achievement of the individual's outcomes is either inconsistent or without direction.
- There is little or no evidence regarding the organization's mission, coordination and practice in the principles of self-determination/person-centered supports.
- The provider has limited information about the individuals and their choices and preferences.
- No planned or directed Education, Experience and Exposure are taking place.

## **Attachment 3: CORE Outcome and Minimum Service Requirement Elements**

### Outcome Elements

1. The individual is educated and assisted by provider to fully exercise rights.
2. The individual is treated with dignity and respect.
3. The individual's personal privacy is observed.
4. The individual actively participates in decisions concerning his or her life.
5. Individual is provided with opportunities to receive services in the most integrated settings appropriate to his/her needs and according to his/her choice.
6. Individual is afforded choice of services and supports.
7. Individual is free from abuse, neglect and exploitation.
8. Individual is healthy.
9. Individual is Safe.
10. The individual is developing desired social roles that are of value to the individual.
11. A personal outcome approach is used to design person-centered supports and services, and to enhance service delivery in order to assist each individual in achieving personal outcomes.
12. Individual directs the design of his/her implementation plan, identifying needed skills and strategies to accomplish personal desired goals.
13. The provider organizes resources, strategies and interventions to facilitate each individual's outcome achievement.
14. The individual participates in the routine review of his/her implementation plan and directs changes desired to assure outcomes/goals are met.
15. Individual is achieving his/her desired outcomes/goals or receive supports that demonstrate progress toward personal outcomes/goals.
16. The provider takes responsibility for addressing individual outcome areas beyond the provider's mission and scope through referral, advocacy or consultation.
17. The provider actively coordinates the dissemination of information to the individual/family/guardian and other providers in order to promote a cohesive person-centered planning and support process.
18. Individual is satisfied with services.

### Minimum Service Requirement Elements

19. Provider meets service specific projected service outcomes(s) as identified for each service: Adult Day Training, Non-Residential Support Services, Residential Habilitation, Supported Employment, Supported Living.
20. Level 2 background screenings, and five-year re-screenings, are completed for all direct service employees.
21. Independent providers and agency staff receive other training specific to the needs or characteristics of the individual as required to successfully provide services and

- supports. NOTE: New providers have the required training and qualifications required for the service.
22. Proof of required training in recognition of abuse and neglect and the required reporting procedures are available for all independent providers and agency staff.
  23. Provider is authorized to provide the service.
  24. The service is provided and billed as authorized.
  25. The provider maintains required documentation. NOTE: New providers maintain required documentation to include all required policies and procedures.

## **Attachment 4**

### **WiSCC Outcome Element Evaluation Levels**

The following offers an overall description of the WiSCC evaluation levels. However, the levels are also defined more specifically, relevant to each of the six outcome elements, in the WiSCC tool. The complete tool can be reviewed at [http://www.dfmc-florida.org/docs/AA-WiSCC\\_Tool7-22-04.pdf](http://www.dfmc-florida.org/docs/AA-WiSCC_Tool7-22-04.pdf).

#### **Achieving**

Implementing components are present and results are observable for the individual being served.

#### **Implementing**

Clear strategies to effect change are in place but the results have not yet been achieved; Education, Exposure and Experience (EEE) are taking place and are being integrated into service delivery; WSCs demonstrate advocacy, empowerment, action, responsiveness, and flexibility in their efforts to support individuals to achieve results.

#### **Emerging**

WSCs know the people they serve, have methodologies in place to continue to learn more about them and can define existing barriers. However, little to no appropriate or effective action is being taken on their behalf. any implementation that may exist is either inconsistent, without rationale, or without direction. No EEE are taking place.

#### **Not Present**

WSCs do not know the preferences, likes or dislikes of the individuals they serve, nor whom the supports or important people are in their lives. The WSCs may have no method in place to learn about the individuals or gather pertinent information regarding their life.

## **Attachment 5: WiSCC Outcome and Minimum Service Requirement Elements**

### Outcome Elements

1. Waiver Support Coordinators (WSC) have an effective method for learning about the people who are receiving their supports and services.
2. The WSCs are aware of the health, safety and well-being of the people they serve and advocate and coordinate in concert with them to support and address identified needs or issues.
3. The support plan is developed with the person and is reflective of the communicated choices and preferences that matter most to the individual.
4. The WSCs have evaluated the effectiveness of all supports for each person they serve and have implemented strategies to address any barriers that have been identified.
5. The WSC have facilitated educational opportunities, practical experiences, and exposure to ideas (EEE) to increase opportunities for choice and promote self-determination.
6. The WSCs have facilitated the accomplishment of positive results that reflect communicated choices and preferences that matter most to the person.

### Minimum Service Requirement Elements

7. Level 2 background screenings, and five-year re-screenings, are completed for all direct service employees.
8. The WSC has attended required training.
9. WSC services and all other service providers are authorized by an approved cost plan and service authorization (or purchasing plan for individuals on CDC Plus).
10. The provider bills for the service at the authorized rate.
11. The provider maintains documentation required for billing.

**Attachment 6**  
**Training, Education, and Liaison**  
**Contacts and Meetings**  
**October - December 2004**

| Statewide or National Presentations |   |  |
|-------------------------------------|---|--|
| Date                                | Description of Activity   | Participants and Audience  |
| October 7, 2004                     | Formal Training at Annual Florida Association of Support Coordinators (FACE) Conference 2 sessions                  | Bob Foley, Marion Olivier-Ruelas and Carol McDuff presented to waiver support coordinators and providers an overview of the new Results Oriented Review Process (CORE & WiSCC)   |
| October 15, 2004                    | Real Choice Grant Meeting held at APD Headquarters  | Marcia Hill and Bob Foley presented an overview of the Delmarva system change to members of the Real Choice Grant Steering Committee.  |
| November 17                         | Presentation at National Association of State Directors of Developmental Disabilities Services (NASDDS) in Virginia | Marcia Hill and Tony Ascitutto participated in a panel presentation regarding the Florida Quality Assurance Redesign.  |
| December 8                          | Interagency Quality Council Miami   | A joint panel presentation discussing the findings of the new Results Oriented Review Process was provided. Participating were Carol Taylor, Beth Townsend, Lydia Catalon, Jose Navarro, Carol McDuff, all from Delmarva and Kirk Ryan from the district APD office. Mark Young, a local support coordinator was also present for discussion and feedback. |
| District Contacts                   | District & Type of Contact  | Participants and Topic   |
| <b><u>Region One</u></b>            |   |  |
| October 20                          | District 13- Formal Training "Overview of WiSCC and CORE, A Results Approach"                                       | Two training sessions were provided in Wildwood. Trainers were Bob Foley, Marion Olivier-Ruelas and Christine Stevenson.   |
| November 8                          | District 1- In-service for new staff  | Joan Batzloff, a Delmarva reviewer, gave an overview of the WiSCC process including POM interview process. Two new support coordinators and one district staff attended.   |

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| December 6        | District 3- Quarterly Meeting  | Marion Olivier-Ruelas, Christine Stevenson, and 6 district staff met to discuss the CORE and WiSCC process. The latest quarterly data was presented and issues related to Implementation Plans, Support Plans, and training was also discussed.                               |
| December 6        | District 13- Quarterly Meeting | Marion Olivier-Ruelas, Christine Stevenson, and 6 district staff discussed the latest quarterly data which included recent findings. Also discussed were issues related to Implementation Plans and Support Plans.  |
| December 13       | District 4- Quarterly Meeting  | Marion Olivier-Ruelas, Sil Vazquez, and 8 district staff. Discussed the CORE and WiSCC process and discussed the latest quarterly data. Discussed issues related to Implementation Plans and Support Plans, and consultant training, and gave recent findings.                |
| December 14       | District 1- Quarterly Meeting  | Marion Olivier-Ruelas, Sue Kelly and 4 district staff. Discussed concerns related to the CORE review process and recent consultations.  |
| December 15       | District 12- Quarterly Meeting | Marion Olivier-Ruelas and 4 district staff. Discussed the CORE and WiSCC process and discussed the latest quarterly data. Discussed issues related to Implementation Plans and Support Plans, and consultant training, and gave recent findings and discussed best practices. |
| December 17       | District 2 – Quarterly Meeting | Marion Olivier Ruelas, Nilda Barreto and 5 district staff. The WiSCC and CORE processes were discussed. The latest quarterly data were presented and issues related to Implementation Plan, Supports Plans and Training were discussed.                                       |
| December 20       | District 2- Planning Meeting   | Nilda Barreto, CORE reviewer and Kent Carrol. District 2 staff met to discuss the scoring for the CORE review process   |
| <b>Region Two</b> |                                |   |

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| October 28  | District 11 -Quarterly Meeting  | Carol McDuff held meeting with district staff to discuss new consultative processes.   |
| November 1  | District 9 - Formal Training<br>“Overview of Results Oriented Review” | Carol McDuff and Anna Quintyne were trainers for two sessions discussing both new review processes (CORE & WiSCC). This training was attended by district staff and service providers. |
| November 1  | District 9 -Quarterly Meeting   | Anna Quintyne and Carol McDuff met with several members of the dist. 9 office. Discussed available training sessions, and the new consultative processes.                              |
| November 9  | District 10- Quarterly Meeting  | Carol McDuff met with district staff to discuss new consultative processes and offer training opportunities.   |
| November 10 | District 8 -Quarterly Meeting   | Meeting with district staff to discuss new consultative processes and discuss IP training.   |
| November 10 | District 8- Formal Training<br>“Implementation Plan”                  | Marion Oliver-Ruelas, Susan van Fossen, Claudia Kassack, Lydia Catalon, and Carol McDuff provided two training sessions for District 8 providers.                                      |
| November 15 | Region 23 -Quarterly Meeting  | Bob Foley and four reviewers, Barbara Hawkins, Charmaine Pillay, Christie Gentry and Kristin Allen met with Wanda Blanton, District Administrator and other Suncoast Region personnel. |
| November 15 | District 14 -Quarterly Meeting  | Bob Foley and two local reviewers, Charmaine Pillay and Christie Gentry met with Carla Bettis and Eric Olson, District administrators to discuss recent trends in findings.            |
| November 17 | District 15 -Quarterly Meeting  | Noeline Coore and Carol McDuff met with the district staff to discuss the new consultative processes. Also reviewed trend data.  |
| November 19 | District 14- Formal Training<br>“Overview of WiSCC & CORE”            | Bob Foley and Carol McDuff conducted one training session in Lakeland which included support coordinators and service providers.   |
| December 14 | Region 23 -Provider Meeting   | Marcia Hill, Bob Foley, and Anna Quintyne were invited to meet with district and provider representatives to discuss interpretations from the new review process.                      |

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| December 29                       | District 7 -Quarterly Meeting                      | Carol McDuff introduced 4 new Delmarva reviewers during the quarterly meeting. Cheryl King, Donale Cochran, Brenda McConnell and Francie Young. Discussed new consultative processes.  |
| <b>Other Education Activities</b> |  |  |
| November 29-<br>Dec 3             | In-service Training<br>“Personal Outcome Measures” | Four new Delmarva staff (same as above) and two managers (Marion Olivier-Ruelas and Claudia Kassack) attended 4 days of intensive training provided by The Council on Quality & Leadership in preparation for conducting POM interviews within the WiSCC review. |
| December 21& 22                   | In-service Training<br>“Overview of WiSCC          | Bob Foley and Carol McDuff provided training to four new employees on conducting the WiSCC.  |