

**Florida Statewide Quality Assurance Program
Delmarva Foundation**

**Quarterly Report
October 1 – December 31, 2004**

**2nd Quarter
Contract Year 4
2004-2005
[v3R0505]**

**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 two quarters 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) have presented challenges and rewards to consultants and providers. Anecdotal evidence provided by the consultants on weekly conference calls suggests the Waiver Support Coordinators and Providers of other services appear to be communicating more with each other in terms of the needs and desires of the people they serve, an intended consequence of the new processes.

Volume levels have been impacted from the start-up procedures and the four hurricanes that devastated parts of Florida this past summer/fall. However, Delmarva consultants have made great strides fine-tuning the new processes and “catching up” with the number of onsite reviews that need to be completed by the end of the contract year. A contract/budget amendment has been submitted to AHCA allowing for some modification of the original expected number of onsite reviews and Personal Outcomes Measure (POM) interviews to be completed. At this time, the amendment is pending approval.

The number of consults completed to date during contract Year Four is as follows:

- 118 Waiver Support Coordination Consultations (WiSCC) of WSC entities
- 363 consumer interviews to collect data, conduct a Personal Outcome Measures interview, and a Health Risk Screening
- 185 Collaborative Outcomes Review and Enhancement (CORE)
- 369 Desk Reviews
- 77 Follow-Up Reviews
- 57 Follow-Up Reviews with Technical Assistance
- 278 Documentation Follow-Up Reviews
- 32 Reconsiderations.

Delmarva continues to work on the Web-based training modules. In addition to the completion of *Recognizing and Reporting Abuse* for a total of four interactive modules now available, the design work and content review was completed for the fifth training module, *Introduction to Implementation Plans*.

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. One recommendation from that study was to establish a work group to determine the feasibility of constructing a public reporting system for the Waiver population, with start up activities by end of the Year Four contract. A work group with representatives from

Delmarva, AHCA, APD, providers, family advocates, the DD Council, and FARF has been formed and will begin meeting during the third quarter of the contract year.

Results from the reviews completed this quarter are based on a small portion of the sample of individuals, Waiver Support Coordinators and providers who will be reviewed/interviewed this year. Therefore any results presented here 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 79 percent. Most of this gain appears to be among solo providers. Only 77.1 percent of desk-reviewed providers had the required level 2 background screening. A total of 95 providers were cited with 165 alerts and 121 providers had 139 recoupment citations.

CORE evaluations reflect that on average providers are being evaluated as Implementing or Emerging. While there are still only a limited number of reviews completed, early results show that solo providers are more likely to score Achieving or Implementing than are agency providers. The providers were least likely to score as Achieving on two elements (6 and 10) indicating if the individual is afforded choice of services and supports and if the individual is developing desired social roles. During the first two quarters of Year Four, 75.1 percent of the Minimum Service Requirement elements were scored as met. Only nine of the 185 providers were cited with an alert relating to health, safety or well-being.

Preliminary analysis of the WiSCC evaluations indicate providers were most likely to score Achieving on Element 1 (25.9%), indicating they have an effective method for learning about the people they serve. Providers were least likely to score Achieving on Element 5, an indication they are not facilitating education, experience and exposure for individuals. Both solo and agency Waiver Support Coordinators (WSCs) were least likely to score Met on Element 8, indicating they are not always attending the required training. Agency WSC providers were somewhat more likely to score Met on all five elements than were solo WSC providers.

Data from 316 POM interviews indicates the percent of Outcomes met and Supports present continues to decline, a trend demonstrated during the first three years of this contract. However, the interviews completed to date are a small part of a random sample, so results are tentative. The new consultation processes were explicitly designed to address this phenomenon. However, positive results will likely not be evident until interviews are completed and analyzed during Year Five.

Delmarva continues to interface with all the partners and stakeholders involved in the DD HCBS Medicaid Waiver program on a regular basis. In addition, Delmarva staff continues networking with other organizations and states to expand our base of knowledge and share our experiences with others.

A summary of recommendation includes:

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) should continue.
2. Delmarva reviewers and managers should be trained in the Federal Real Systems Change Grant processes to facilitate a close working relationship with the District Organizational leaders.
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.
4. A Quality Improvement study 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.
5. The public reporting workgroup that has been formed needs to determine it's focus after the initial framework for a public reporting system is established and start-up has been initiated.
6. A reporting system on a district as well as statewide level should be developed to disseminate and act upon the barriers in the WiSCC and CORE evaluations, thereby improving the overall service delivery system.

Introduction

This is the second quarterly report for Year Four of the Florida Statewide Quality Assurance Program (FSQAP) contract, October – December 2004. The report is divided into three sections. The first section, **Summary of Quarterly Project Compliance Activities**, presents information relevant to compliance with contract issues. In this section we detail the activities and accomplishments of the Delmarva Staff and their partners, including:

- Project Initiatives and Volume of Activity
- Liaison and Education Activities
- Summary of Customer Service Activity
- Quality Improvement Initiatives
- Internal Quality Assurance Activities.

The second section, **Data Analysis and Preliminary Results**, provides analysis and interpretation of the data collected from July through December 2004. Data collection from the providers and individuals with developmental disabilities for Year Four is not yet complete and therefore any results presented in this section are inconclusive and might not yet be representative of the providers and consumers in the DD population. This section includes:

- Desk Reviews
- CORE Evaluations
 - Outcome Elements
 - Minimum Service Requirements
 - CORE Alerts and Recoupments
- WiSCC Evaluations
 - Outcome Elements
 - Minimum Service Requirements
- Personal Outcome Measures (POM)
 - 13 or More Outcomes Met and 13 or More Supports Present
 - POM Demographic Information
 - Foundational Outcomes
- Medical Peer Review Findings

The third section, **Summary and Recommendations**, provides a brief summary of the contract activities and recommendations based on a review of the data and activities to date.

Section One: Summary of Quarterly Project Compliance Activities

Highlights of project activities from the second 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 initiatives; and internal quality assurance activities.

Project Initiatives and Volume of Activity

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): the Waiver Support Coordination Consultation (WiSCC) and Collaborative Outcome Review and Enhancement (CORE). These represent a significant shift in focus from a compliance orientation to a person-centered consultative outcome based approach. Both focus on the effectiveness of providers in producing results that reflect communicated choices and preferences of the people receiving services.¹

Following successful piloting of these new approaches, statewide implementation was initiated beginning in August 2004. The volume of reviews completed in the first quarter of this year was impacted by start up implementation activities associated with the new review processes and four hurricanes. However, Delmarva consultants have made great strides fine-tuning the processes and “catching up” with the number of onsite reviews that need to be completed by the end of the contract year. A contract/budget amendment has been submitted to AHCA allowing for some modification of the original expected number of onsite reviews and Personal Outcomes Measure (POM) interviews to be completed. At this time, the amendment is pending approval.

In addition, some modifications to the CORE processes and procedures have been proposed. Completing a CORE continues to be a more time consuming process than had been originally estimated. Two JCR representatives (Vince Digangi and Jeff Lefco) recently traveled across the state and interviewed each Quality Improvement Consultant (QIC) who is involved in the CORE process. They indicated that by interviewing two or three individuals, they collected a significant amount of information needed to make effective determinations about the provider and that additional interviews only validated the findings from the initial interviews. These findings suggested the feasibility of modifying the selection process by reducing the minimum required number of individuals to be interviewed during the CORE process, and thereby reducing the amount of time required to complete the CORE consultation. These modifications should reduce the total amount of time required to complete a CORE, making it a more effective and efficient procedure.

¹ See the Florida Statewide Quality Assurance Program Year Four First Quarter report for a more detailed description of the new processes.

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 Four. As part of the Desk Review process, Documentation Reviews were also continued. The number of reviews completed to date during contract Year four is as follows:

- 118 Waiver Support Coordination Consultations (WiSCC) of WSC entities
- 363 consumer interviews to collect data, conduct a Personal Outcome Measures interview, and a Health Risk Screening
- 185 Collaborative Outcomes Review and Enhancement (CORE)
- 369 Desk Reviews
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- 278 Documentation Follow-Up Reviews
- 32 Reconsiderations.

Liaison and Education Activities

Liaison with AHCA and APD has continued to be very positive throughout all activities of the project. Monthly status meetings have been initiated once again, generally attended by AHCA and APD representatives and Delmarva managers.

On a national level, Marcia Hill attended the annual National Association of State Directors of Developmental Disabilities Services (NASDDDS) meeting in Alexandria, Virginia, November 17 and 18, participating in a joint presentation with Medstat.

Delmarva participated in the Interagency Quality Council meeting in Miami, December 8 and 9. In addition to the usual updates provided to the council, a panel of reviewers presented an overview of the new consultation process and discussed some of their findings/personal experiences. This format was well received and will be used again for the next IQC meeting, with different topics of discussion.

Education activities and web-based training continue to be an important component of the FSQAP program. During the second quarter of Year Four, eight training sessions were held and one additional interactive web based training course was posted on the Delmarva Resource Center. Six of the training sessions were held in districts requesting training for providers and district staff on the new consultative review process. Two focus training sessions were provided at district request to assist providers in the design and review of implementation plans.

In addition to the completion of *Recognizing and Reporting Abuse* for a total of four interactive modules now available, the design work and content review was completed for the fifth training module, *Introduction to Implementation Plans*. The development of this module was coordinated with a number of interested stakeholders, including a family member, a service provider, district and state office staff. This 2-hour on line module will be available next quarter.

During this quarter, project staff and reviewers continue to participate in quarterly meetings with district staff. Reviewers and regional managers maintain ongoing communication with district staff to discuss review activities and results.²

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 CORE and WiSCC consultations, Desk Reviews, Person-centered Reviews, related issues on Quality Enhancement Plans, reconsiderations and other required follow up. The Customer Service Representative (CSR) has completed extensive training on both new processes, including observing a CORE and WiSCC, in order to better field questions and concerns about these processes.

The Customer Service Representative routinely speaks to callers whose primary language is Spanish. During this quarter an interview requiring sign language was arranged as well. Miscellaneous requests for general program information continue to be received. The following table summarizes the contacts to the Customer Service Unit by type.

Customer Service Contacts
October 1 -December 31, 2004

Area	Contacts
Desk Reviews	353
CORE	91
WiSCC	19
Miscellaneous	20
Interpreting Services	7
Total	490

Quality Improvement Initiatives

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. APD, Medstat, and Delmarva have worked cooperatively to develop preliminary data

² Appendix 1, Attachment 6 summarizes these contacts for the October through September 2004 period.

table displays that reflect some new reporting formats specific to the WiSCC and CORE results. Some of these tables are displayed in this report and the appendix to this report. “Drill Down” tables specific to each district’s results are currently being developed for the quarterly district reports. A template to the quarterly district report tables will be presented to APD and other district work group members for feedback, and will be completed by the end of March.

The Real Choice Systems Change Grant has been initiated. The Grant provides for the establishment of a “mini” IQC within each district, and training for one organizational leader in each district who will be in charge of quality assurance. Training has been scheduled for the week of March 14th and the week of April 4th. Two Delmarva staff members will attend the “open” session on March 14th for an overview of the organizational leadership program. In April, 14 Delmarva consultants and two Regional Managers will be provided the opportunity to attend the week long training to become organizational leaders. This will enhance our ability to work with the district leaders and the district IQC representatives. Feedback on these trainings will be provided in the next quarterly report.

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 has formed a work group to develop the framework for a system for public reporting. The following people have agreed to participate in this endeavor:

- Ann Millan Family Care Council/Family Advocate
- Becky Lackey APD/IT
- Beverley De Stories Family Member/Advocate
- Bob Foley Delmarva
- Debra Dowds DD Council
- Ed Debardeleben APD District
- John Hall ARC
- Julie Shaw ADA Executive Administrator
- Marcia Hill Delmarva
- Marianne Ferlazzo APD
- Marion Olivier-Ruelas Delmarva
- Mark Young Waiver Support Coordinator
- Marsha Vollmar APD District
- Michael Sodders APD/IT
- Pamela Wainwright AHCA
- Steve Dunaway APD
- Sue Kelly Delmarva
- Suzanne Sewell FARF

Organized meetings are expected to begin during the 3rd quarter of the contract (January – March 2005), with a framework for the public reporting system developed by June 30, 2005.

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. The following suggestions were presented in the first quarterly report:

1. Analysis of the reasons Supports are Not Present for individual POM items;
2. 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.
3. 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.
4. 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?
5. 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.
6. 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?
7. 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.

At this time Delmarva, APD and AHCA have not officially determined which of these suggestions should be the focus of the quality improvement studies. In addition, an amendment to the current contract, which has not yet been approved, includes a directive to present the framework for the public reporting initiative as one of the studies to be completed by June 30, 2005.

Internal Quality Assurance Activities

Establishing inter rater reliability is an ongoing challenge with any type of subjective process. Delmarva Managers continue to monitor consultants on WiSCC and CORE reviews, providing assistance and feedback in order to continue to build reliability among the consultants and to enhance development of a consultative approach to the processes. Some information from the data collected is now available and is being used to help monitor the consistency of consultants' results across the state. Consultants 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 bi-weekly (CORE) 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.³

³ See Appendix 1, Attachment 1 for details on the Florida Statewide Internal Quality Assurance Program (IQAP).

Section Two: Data Analysis and Preliminary 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 two quarters of Year Four of the contract. The scores vary greatly by district, from a low of 44.7 percent (only seven reviews) to a high of 91.4 percent (also only seven reviews). However, these are based on fewer than half of the expected number of desk reviews to be completed in Year Four, 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 - December 2004

District	Number	Percent	Score
1	7	1.9%	91.4%
2	33	8.9%	82.6%
3	20	5.4%	85.7%
4	46	12.5%	83.2%
7	31	8.4%	76.4%
8	11	3.0%	80.9%
9	7	1.9%	74.2%
10	14	3.8%	64.4%
11	59	16.0%	74.8%
12	20	5.4%	73.9%
13	9	2.4%	72.4%
14	3	0.8%	76.0%
15	7	1.9%	44.7%
23	102	27.6%	83.0%
Total	369	100.0%	78.9%

The following highlights are evident in the first two quarters for desk reviews during this fourth year of the contract (July – December 2004).⁴

- An average score of 78.9 percent, higher than Year Three (74%);
- 92 agency providers had an average score of 75.3 percent, higher than for Year Three (71%);
- 277 solo providers had an average score of 80.1 percent, higher than Year Three (74%);
- 77.1 percent of providers had the required level 2 background screening;
- 88.7 percent of providers had the required 5-year level 2 background re-screening.

⁴ In the amended contract currently under review but not yet approved, the range of Desk Reviews to be completed for Year Four is 850 to 1,500, with a target of 1,300.

- 95 desk-reviewed providers were cited with a total of 165 alerts.
- 121 desk reviewed providers have 139 documented recoupment citations.
- 216 desk reviewed providers required submission of additional documentation.
- 111 providers who completed a documentation follow-up review received a Met on 75 percent or more of the items that had previously been Not Met.⁵
- 68 providers were found to be non-compliant in responding to the request for desk review documentation materials. They are considered delinquent when, after three letters requesting them to submit documentation, they are not responsive.

CORE Evaluations

A total of 185 CORE evaluations have been completed, with an additional 17 that were part of the pilot project and not included in any analysis of the data. This is a small portion of the number expected for the year: a range of 725 to 1,029 with a target of 900. The following table shows the distribution across districts of the 185 CORE reviews completed during the six month period ending December 31, 2004.

CORE Evaluations by District
July - December 2004

District	Number	Percent
1	6	3.2%
2	16	8.6%
3	8	4.3%
4	25	13.5%
7	7	3.8%
8	1	0.5%
9	1	0.5%
10	10	5.4%
11	25	13.5%
12	16	8.6%
13	12	6.5%
14	16	8.6%
15	6	3.2%
23	36	19.5%
Total	185	100.0%

⁵ See Appendix 2, Exhibits 1 – 4 for details by district and type of provider (agency or solo).

Outcome Elements

During this time period, 147 agency and 38 solo providers received a CORE evaluation. Each provider is evaluated on 25 elements. The first 18 elements are outcome oriented and focus on the following areas: rights, choices, community, health and safety, a person-centered approach and communication. Each Outcome Element is evaluated as Achieving, Implementing, Emerging or Not Emerging.⁶ 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.

On average, the greatest majority of providers scored Emerging and Implementing, a total of 75.7 percent. Only 2.7 percent were evaluated as "Not Emerging". While there are still only a limited number of reviews completed, 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 38 solo providers are included in the analysis.

CORE Evaluations

July - December 2004

	Agency	Solo	Total	Agency	Solo	Total
Achieving	24	16	40	16.3%	42.1%	21.6%
Implementing	48	18	66	32.7%	47.4%	35.7%
Emerging	70	4	74	47.6%	10.5%	40.0%
Not Emerging	5	0	5	3.4%	0.0%	2.7%
Total	147	38	185	100.0%	100.0%	100.0%

As indicated above, each of the 18 Outcome Elements is evaluated. The following table shows the elements from 185 CORE consults, with the percent at each level of evaluation for each element.⁷ During the first quarter of Year Four, Element 14 was most often scored as Not Emerging (16.2% or 30 providers). This element indicates if the individual participates in the routine review of his or her implementation plan or directs changes to assure outcomes and goals are met.

⁶ See Appendix 1, Attachment 2, for a description of the levels of evaluation.

⁷ See Appendix 1, Attachment 3 for a description of each outcome element.

CORE Evaluations: N=185

Percent at Each Level of Evaluation by Element					
Element	Achieving	Implementing	Emerging	Not Emerging	Total
1	16.8%	19.5%	61.1%	2.7%	100.0%
2	33.5%	29.7%	34.6%	2.2%	100.0%
3	33.5%	29.7%	34.6%	2.2%	100.0%
4	21.1%	20.0%	55.7%	3.2%	100.0%
5	15.7%	30.3%	50.3%	3.8%	100.0%
6	10.8%	28.1%	57.8%	3.2%	100.0%
7	36.8%	20.0%	42.2%	1.1%	100.0%
8	27.6%	31.9%	37.8%	2.7%	100.0%
9	31.9%	36.2%	29.7%	2.2%	100.0%
10	10.8%	21.6%	54.1%	13.5%	100.0%
11	15.1%	24.3%	54.6%	5.9%	100.0%
12	21.6%	25.9%	45.9%	6.5%	100.0%
13	21.1%	22.7%	54.1%	2.2%	100.0%
14	18.9%	16.2%	48.6%	16.2%	100.0%
15	28.6%	24.3%	43.2%	3.8%	100.0%
16	26.5%	26.5%	43.2%	3.8%	100.0%
17	34.6%	28.1%	33.5%	3.8%	100.0%
18	45.9%	31.4%	21.6%	1.1%	100.0%

Almost 46 percent of the 185 providers were evaluated as Achieving on the element indicating individuals are satisfied with services. The providers were least likely to score as Achieving on two elements (6 and 10) indicating if the individual is afforded choice of services and supports and if the individual is developing desired social roles.⁸

⁸ See Appendix 2, Exhibits 5 and 6 for more details on Outcome and MSR elements by district.

Minimum Service Requirements

The last seven of the 25 elements in the CORE are the Minimum Service Requirement (MSR) elements. They are process related and are similar to elements scored during the first three years of the contract.⁹ Providers must supply documentation of the required background screening, required training, and proper billing procedures. MSR elements are evaluated as Met or Not Met. The following table shows the number and percent of consults, distributed across the number of MSR elements that were scored as Met. For example, only two of the 185 providers who completed a CORE had none of the seven MRS elements scored as Met.

- Over 42 percent of the solo providers scored Met on all seven of the MSR elements.
- Only 23.1 percent of agency providers met all seven of these.
- Fifteen percent (22) of agency providers scored Met on three or fewer MSR elements.
- Two (5.2%) of the solo providers scored Met on three or fewer.

Again, the number of reviews is small, particularly for solo providers, so results should not be over-interpreted.

Minimum Service Requirements
CORE Evaluations: July - December 2004

Number Met	Number of Providers			Percent of Providers		
	Agency	Solo	Total	Agency	Solo	Total
0	2	0	2	1.4%	0.0%	1.1%
1	4	1	5	2.7%	2.6%	2.7%
2	7	1	8	4.8%	2.6%	4.3%
3	9	0	9	6.1%	0.0%	4.9%
4	21	6	27	14.3%	15.8%	14.6%
5	34	4	38	23.1%	10.5%	20.5%
6	36	10	46	24.5%	26.3%	24.9%
7	34	16	50	23.1%	42.1%	27.0%
Total	147	38	185	100.0%	100.0%	100.0%

In the following table, the number and percent Met of MSR elements is given at the element level. Of the 185 CORE consults completed during the first two quarters of Year Four, 75.1 percent of the MSR elements were scored as Met. Highlights include:

- On average, solo providers appear to be scoring better on these elements than are agency providers;

⁹ See Appendix 1, Attachment 3 for a description of each MSR element.

- Over 92 percent of the 38 solo providers scored Met on Element 20, indicating the provider has the required background screening documentation;
- Solo providers appear to be doing much better with documenting background screening than are agency providers;
- Over 92 percent of the solo providers scored Met on Element 23, indicating they are authorized to provide the service;
- Agency providers were most likely to score Met on Element 23.
- Agency and Solo Providers alike scored lowest on the element indicating they maintain the required documentation (25).

Minimum Service Requirements
CORE Evaluations: July - December 2004

Element	Number Met		Percent Met	
	Agency	Solo	Agency	Solo
19	103	29	70.1%	76.3%
20	111	35	75.5%	92.1%
21	99	29	67.3%	76.3%
22	116	33	78.9%	86.8%
23	122	35	83.0%	92.1%
24	106	30	72.1%	78.9%
25	96	28	65.3%	73.7%
Total Consults	147	38	73.2%	82.3%

CORE Alerts and Recoupments

Several elements in the CORE evaluation are Recoupment or Alert items.¹⁰ Elements are cited as an alert if it is determined by the consultant 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. Elements are cited as a Recoupment if the provider is not in compliance with the monitoring and billing documentation requirement for the services rendered. Of the 185 CORE completed in the first quarter of Year Four of the contract:¹¹

- 72 providers received a total of 107 recoupment citations;
- 54 providers had at least one alert element cited;
- 47 providers had one alert;
- 5 providers had two alerts;
- 1 provider had three alerts;
- 1 provider had four alerts.

¹⁰ 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.

¹¹ See Appendix 2, Exhibits 7 and 8 for details by district and provider type.

As indicated below, a majority of these alerts relate to background screening. The number and percent of each item scored as an alert are listed in the following table. Close to 61 percent, indicate background screening had not been obtained as required. The remaining 25 alerts are in the areas of dignity and respect; privacy; abuse, neglect and exploitation; and safety.

CORE Alert Items
July - December 2004

Alert Item	Number	Percent
Dignity and respect	9	14.1%
Privacy	5	7.8%
Abuse, neglect and exploitation	2	3.1%
Safe	9	14.1%
Background	39	60.9%
Grand Total	64	100.0%

Follow Up Reviews and Follow Up with Technical Assistance Reviews

Through December 2004, a total of 128 providers received an Onsite Follow Up review or an Onsite Follow Up with Technical Assistance review. These are reviews completed using the “old” review tools, as follow up to previous reviews in Year Three. Of the 76 regular follow up reviews:¹²

- 36 (47%) had met 75 percent or more of the Elements of Performance that had previously been scored as Not Met;
- An additional 43 had met 50 to 74 percent of the Elements of Performance that had previously been scored as Not Met;
- Only two providers had less than 25 percent accomplished.

Of the 52 Follow up with Technical Assistance reviews:

- 17 (32.7%) providers had met 75 percent or more of the Elements of Performance that had previously been scored as Not Met;
- An additional 11 had met 50 to 74 percent of the Elements of Performance that had previously been scored as Not Met;
- Eight providers had less than 25 percent accomplished.

¹² See Appendix 2, Exhibit 9 for details by district.

WiSCC Evaluations

A total of 118 Waiver Support Coordination Consultations (WiSCC) were completed and approved during the first two quarters of Year Four of the Contract.¹³ (Delmarva consultants expect to complete approximately 406 WiSCCs during Year Four.) As part of these consults, 185 Waiver Support Coordinators (WSC) were reviewed and 363 individuals were interviewed.¹⁴ (Consultants expect to interview approximately 1,572 individuals before June 30, 2005.) Each Waiver Support Coordinator (WSC) is evaluated on six Outcome oriented elements and five Minimum Service Requirements. The MSR's are process elements and are similar to those discussed in the CORE section of this report. The consults were distributed across the districts as shown in the following table. Note that during this time period no WiSCCs had been completed in Districts 8 or 12. The consultant in District 8, Michelle Phelps, has left Delmarva and has been replaced by Krista McCracken. Krista, Gary Baird and Susan DeBeaugrine have scheduled and completed District 8 WiSCCs, results will be reflected in the third quarterly report. Likewise, Cheryl King, Donale Cochran and Theresa Skidmore are currently completing WiSCCs in District 12.

WiSCC Evaluations by District

July - December 2004

<u>District</u>	<u>Number</u>	<u>Percent</u>
1	3	2.5%
2	16	13.6%
3	8	6.8%
4	18	15.3%
7	9	7.6%
9	7	5.9%
10	9	7.6%
11	11	9.3%
13	4	3.4%
14	4	3.4%
15	6	5.1%
23	23	19.5%
Total	118	100.0%

¹³ During a review of the data it was discovered that some of the data, particularly for POM interviews, were missing from the final database. Therefore, the current analysis does not include 47 individuals who received a POM interview. All missing data will be entered and quality checks performed, and included in subsequent reports.

¹⁴ Additional individual Personal Outcome Measures (POM) interviews were completed but are not part of the random sample for the POM and are not included in the data analysis.

Outcome Elements

Each of the 185 WSCs received an evaluation of Achieving, Implementing, Emerging or Not Emerging on the six Outcome elements, as indicated in the next table.¹⁵ The data reveal some interesting preliminary information:

- Providers were most likely to score Achieving on Element 1 (25.9%), indicating they have an effective method for learning about the people they serve;
- Providers were least likely to score Achieving on Element 5, an indication they are not facilitating education, experience and exposure for individuals;
- Elements 2, 5 and 6 were most likely to be scored as Not Emerging, indicating that some WSCs exhibit a lack of awareness for the health, safety and well-being of individuals; have not increased opportunities for choice and self-determination; and have not facilitated positive results reflective of the preferences that matter most to the individual.
- Some differences exist between WSC agency and solo providers, however, these appear to be very small at this time.¹⁶

**Outcome Elements by Level of Evaluation
Year 4 - YTD - July 2004 to December 2004**

Outcome Elements	Achieving		Implementing		Emerging		Not Present	
	Number	Pct	Number	Pct	Number	Pct	Number	Pct
1	48	25.9%	64	34.6%	71	38.4%	2	1.1%
2	25	13.5%	43	23.2%	105	56.8%	12	6.5%
3	30	16.2%	58	31.4%	96	51.9%	1	0.5%
4	31	16.8%	69	37.3%	81	43.8%	4	2.2%
5	16	8.6%	63	34.1%	93	50.3%	13	7.0%
6	25	13.5%	51	27.6%	95	51.4%	14	7.6%

Minimum Service Requirements

As noted previously, the Minimum Service Requirement (MSR) elements are process related and are similar to elements scored during the first three years of the contract.¹⁷ Providers must supply documentation of the required background screening, required training, and proper billing procedures. MSR elements are evaluated as Met or Not Met. The following table shows the number and percent of WiSCCs, distributed across the number of MSR elements that were scored as Met. Of the 185 WSCs who participated in a WiSCC from July – December 2004, 94 were affiliated with an Agency and 91 were Solo providers.

¹⁵ See Appendix 1, Attachment 4 for a description of each evaluation level and Attachment 5 for a description of each element.

¹⁶ See Appendix 3, Exhibit 10 for evaluations by provider type.

¹⁷ See Appendix 1, Attachment 5 for a description of each MSR element.

- Only one (1) of the 185 WSCs had none of the five MRS elements scored as Met.
- On average, nearly 69 percent scored Met on all five MSR elements.
- Agency WSC providers were somewhat more likely to score Met on all five elements than were solo WSC providers.
- In total, less than five percent (9 WSCs) scored Met on three or fewer MSR elements.
- Seven percent of providers scored Met on three or fewer MSR elements. Follow up consults are performed for all WiSCCs, in three months for solo providers and small agencies, and in six months for large (more than four WSCs) agencies. At that time consultants check to see if providers who scored Not Met on any or all of these elements have taken steps to correct the problem. A report is also sent to the District which is responsible for recoupment and training activities.

Results are tentative as this represents only a small part of the sample of WSCs who will be reviewed during Year Four.

Minimum Service Requirements
WiSCC Evaluations: July - December 2004

Number Met	Number of Providers			Percent of Providers		
	Agency	Solo	Total	Agency	Solo	Total
0	0	1	1	0.0%	1.1%	0.5%
1	0	1	1	0.0%	1.1%	0.5%
2	1	1	2	1.1%	1.1%	1.1%
3	4	5	9	4.3%	5.5%	4.9%
4	21	24	45	22.3%	26.4%	24.3%
5	68	59	127	72.3%	64.8%	68.6%
Total	94	91	185	100.0%	100.0%	100.0%

In the following table, the number and percent Met of MSR elements is given at the element level.¹⁸ Of the 185 WiSCC consults completed during the first two quarters of Year Four, on average, 91.6 percent of MSR elements were scored as Met. Highlights include:

- On average, agency WSCs appear to be scoring slightly better on these elements than are solo WSCs;
- 100 percent of the 94 agency WSCs reviewed scored Met on Element 9, indicating the services are approved by the cost plan and service authorization;
- Both solo and agency WSCs were least likely to score Met on Element 8, indicating they are not always attending the required training;

¹⁸ See Appendix 1, Attachment 5 for a description of the WiSCC MSR elements.

- However, solo WSCs score somewhat better than agency WSCs on required training;
- Solo providers are less likely to have the required background screening than are agency providers.
- Providers are given 10 days to submit information on background screening if they are scored as Not Met on element seven.

Minimum Service Requirements

WiSCC Evaluations: July - December 2004

Element	Number Met		Percent Met	
	Agency	Solo	Agency	Solo
7	90	82	95.7%	90.1%
8	73	77	77.7%	84.6%
9	94	82	100.0%	90.1%
10	92	89	97.9%	97.8%
11	89	79	94.7%	86.8%
Total Consults	94	91	93.2%	89.9%

Personal Outcome Measures

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. A random sample of two individuals was selected for each Waiver Support Coordinator participating in a WiSCC. Of the 316 individuals interviewed, 138 (43.7%) were, at the time of the interview, working with a WSC from an agency and 178 (56.3%) were working with a solo WSC.

Personal Outcome Measures

Average and Percent Outcomes Met and Supports Present

	YTD			
	Year One	Year Two	Year Three	Year Four
Number of Person Centered Reviews	1,907	2,539	2,456	316
Average Number of Outcomes Met per Consumer	13.2	12.4	11.2	10.3
Average Percent of Outcomes Met	52.8%	49.6%	44.9%	41.3%
Average Number of Supports Present per Consumer	14.9	13.4	12.2	10.9
Average Percent of Supports Present	59.5%	53.6%	48.9%	43.5%

The table above provides data indicating the Outcomes and Supports for individuals appear to be continuing to decrease. However, the 316 individuals interviewed to date is a small portion of the total sample of individuals that will be chosen for POM interviews.

A summary of the individual POM items reveals a pattern similar to other years:¹⁹

- Individuals do best on the POM indicating they are free from abuse and neglect, 75.3 percent with supports present and 78.2 percent with the Outcome met.
- Individuals are also likely to have Supports and Outcomes present in terms of being connected to natural supports and being satisfied with life's situations.
- At the aggregate level there is a correlation between Supports and Outcomes.
- Fewer than 30 percent of individuals have Outcomes met in the following areas:
 - Chooses work
 - Uses their environment
 - Lives in integrated environments
 - Participates in the life of the community
 - Performs different social roles
 - Has friends
 - Chooses services
 - Has the best possible health

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 consistently among those most frequently Not Met and for whom Supports are most often Not Present. The reasons these are most often not met are similar and related to limited or no options or opportunities available, and that others (including family members) are making choices for them.²⁰

- Chooses work: 25.6 percent Outcomes met, 32.3 percent Supports present
- Chooses services: 24.1 percent outcomes met, 31.0 percent Supports present

13 or More Outcomes Met and 13 or More Supports Present

The Personal Outcome Measures have been used by the Agency for Persons with Disabilities to measure outcomes for people with developmental disabilities since 1998. The POM's are a Performance Indicator that APD 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.

¹⁹ See Appendix 3, Exhibit 11 and 12 for details of the individual POM items.

²⁰ See Appendix 3, Exhibit 13 for reasons on all POM items.

The following table provides yearly data 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.

13 or more Outcomes Met or Supports Present

July - December 2004

Reporting Period	Outcomes					Supports				
	Year One	Year Two	Year Three	Year Four YTD	Total	Year One	Year Two	Year Three	Year Four YTD	Total
Number										
13 or more present	1,040	1,246	977	110	3,373	1,219	1,427	1,130	122	3,898
Total Interviews	1,907	2,539	2,456	316	7,218	1,907	2,539	2,456	316	7,218
Percent										
13 or more present	54.5%	49.1%	39.8%	34.8%	46.7%	63.9%	56.2%	46.0%	38.6%	54.0%

The decline in the percent of reviews with 13 or more Outcomes Met or 13 or more Supports Present began in Year Two and appears to be continuing through December 31, 2004. Additionally, the proportion of consumers with 13 or more Supports Present continues to be higher than for Outcomes Met. It is again important to note that the year-to-date Year Four data only represent a small portion of the sample.

POM Demographic Information

Delmarva has been analyzing the presence of 13 or more Outcomes and 13 or more Supports by district, type of living arrangement and age group since Year One. However, because there are only 110 individuals in this sub-category, displaying data across the various subgroups is difficult. For example, 10 of the districts have fewer than 10 cases. Some preliminary analysis indicates the following:²¹

- The youngest age group (3 to 17) continues to have a relatively high percent of 13 or more Outcomes and/or Supports present.
- People age 22 to 25 have the highest level of 13 or more Supports present (53.9%) among all the age groups. However, there were only 11 individuals in that age group.
- Independent and Supported living arrangements show the highest levels of 13 or more Outcomes and/or Supports present.
- There is variation across the districts, but as noted above, many have only a few cases.

²¹ See Appendix 3, Exhibit 14 for a breakdown by age, home type and district.

Foundational Outcomes

The last seven Personal Outcome Measures (see list of POMS in Exhibit 11) 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.

The overall rate that All Foundational Outcomes are met during the first two quarters of Year Four is 3.8 percent (12 individuals), much less than for previous years. However, with only 316 interviews available for analysis, this can be seen as tentative at best.²² A more in-depth analysis of these important measures will be completed in the third quarterly and annual reports for Year Four.

Medical Peer Review Findings

Currently procedures exist for the QIC at the time of the consultation to contact the nurse reviewer and consult on any health and/or safety issues or concerns that may have surfaced. Any information shared or recommendations made are conveyed to the provider at the time of the consultation. 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.

Currently, information regarding the Nurse Reviewer's recorded disposition is not available for analysis. This activity was delayed pending completion of the required application component. Data have now been collected since mid February. However, modifications to the new application, that allow for data input and transfer to the larger database for analysis purposes, have not yet been completed. These are expected to be available for the third quarterly report. Information about the recommendations and a summary of the frequency and types of specific health or behavioral health recommendations are provided in Exhibits 17 and 18 in Appendix 3 for Person-centered Reviews reflected in this report.

²² See Appendix 3, Exhibit 15 and 16 for summary information on Foundational Outcomes by district, age group and home type.

Section Three: Summary and Recommendations

As indicated in the previous quarterly report, it is taking longer to complete CORE and WiSCC reviews than had been expected. 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. However, the consultants have become more experienced with the WiSCC and CORE processes and we are confident we will be able to complete the required volume within currently allocated resources.

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 two quarters, all 18 of the budgeted training sessions have 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 and scheduled additional formal training sessions that will be completed with the approval of the amended budget/contract proposal.

Recommendations from this report are as follows:

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) should 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 weekly and bi-weekly conference calls.
2. The recently awarded Federal Real Choice Systems Change Grant for Quality Assurance ties in nicely with the intent of the WiSCC and Core procedures. The purpose of the grant is to provide assistance at the district and provider level that is 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. Delmarva reviewers and managers should be trained in the grant processes to facilitate a close working relationship with the District Organizational leaders.
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. Some discussion has indicated these providers may be posted on a public reporting system as not participating in the statewide quality assurance program.

4. An increased level of evaluation and analysis is needed to appropriately identify root causes of poor outcomes for individuals 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. The public reporting workgroup that has been formed needs to determine it's focus after the initial framework for a public reporting system is established and start-up has been initiated. The broad-based system envisioned will require additional funding to construct and maintain, funding that is not currently part of the Delmarva contract.
6. 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. A barriers analysis was not yet possible for this report, but should be incorporated into future data analyses.