

**Florida Statewide Quality Assurance Program
Third Quarter Report
January – March 2005
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Attachment 1
Internal Quality Assurance Quarterly Report
January - March 2005

New Staff

General Staff Training

Carol McDuff and Said Sanchez attended Day 1 of the Area Quality Leader training in Tampa in March. Ongoing instruction and training was provided via weekly WiSCC and bi-weekly CORE conference calls.

Overview of the WiSCC process was reviewed with the QICs on a conference call. It was used as a refresher and highlighted the consultative approach to the new process. Reliability scenarios continued for the CORE process.

IT Initiatives

IT continues to support several initiatives within the Florida project. They have been actively involved in updating the FSQAP website with new Web-based training initiatives. They have additionally participated in several of the Public Reporting Workgroup meetings and are deeply involved in the planning for and design of this website. The IT and Web-based staff meet weekly with Bob Foley, Julie Tyler and Sue Kelly to ensure good communication and that work is on track for a June 30 prototype of the new web site. The Easton IT group continues to participate in the weekly managers meetings. The weekly meetings continue to address ongoing needs and issues for the WiSCC and CORE processes.

WiSCC

Weekly conference calls continue with Delmarva managers and all WiSCC consultants. Minutes of these meetings are provided to all Delmarva managers and consultants. Each week new concerns/issues are discussed as well as best practices observed in the field. Over the past quarter topics such as the following were covered: Report Writing, Use of the Application, Consulting with WSC's, Follow-up with T/A activities, Identifying Best Practices, as well as updates regarding other Delmarva activities such as the Public Reporting Workgroup and Delmarva/District meetings.

The regional managers have continued to produce scenarios for each reviewer to evaluate. These focus on one to two elements and are discussed during the calls. Currently, results from the scoring on these scenarios will be reviewed in the fourth quarter, and plans on how to continue scenarios and reliability checks throughout the fourth quarter and into Year five will be discussed.

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 POM's as well as the overall WiSCC process. 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 and other staff such as the Nurse Reviewer and Customer Service Specialist have monitored WiSCC reviews during the third 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.

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, and prior to the March IQC meeting. As a result of the March meeting, a new draft of the recipient survey has been completed and will be presented to AHCA, APD and other Delmarva staff and partners at the April status 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, prior to June 30. This procedure will continue to build reliability for the new process.

Delmarva Managers and other staff such as the Nurse Reviewer and Customer Service Specialist have monitored CORE reviews during the third 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.

In addition, each reviewer was visited by JCR staff/representatives Vince Digangi and Jeff Lefco during the second quarter. 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. Based upon the feedback from these visits, several internal tools were developed to assist the consultants in the review process. These tools are used as guidelines and cover the following areas: guidelines for report writing, including the annual and follow up consultations, guidelines for the initial provider contact, and an update was made to the policy and procedure reference sheet.

As a part of internal quality improvement, the CORE Tool and a procedure related to scoring and follow up consultations were revised and improved. These improvements were based upon comments and suggestions from the QICs and were submitted to APD and AHCA, and approved. Letters associated with the CORE process including those that accompany the CORE reports were also revised and approved by AHCA and APD.

Delmarva Managers have monitored CORE reviews during the third 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.

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 and will be completed during the fourth quarter. The process has been delayed because of difficulties in creating the component in the application needed to

obtain the sample and other materials necessary for the review. This will be resolved prior to year's end so the Peer Review can be completed.

Evaluation of Provider/consumer education

Two formal education/training sessions were provided during the third quarter. There were over 50 participants that included an array of providers. The overall average evaluation score for the training was 3.4 on a 4-point scale. In addition, statewide training was provided to all district staff for CORE on February 23, and for WiSCC on March 10. This training was provided by Delmarva managers and attended by all interested District Representatives, Linda Mabile and Steve Dunaway.

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 took place in January to review the number of reviews yet to be completed and develop a reasonable timeline with which to accomplish them. This is an ongoing item that is being closely monitored.

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.

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
January - March 2005**

Statewide or National Presentations		
Date	Description of Activity	Participants and Audience
January 22, 2005	Training for Dist. 2	Susan DeBeaugrine & Claudia Kassack provided training for consumers and family members presenting ways to evaluate services
February 15, 2005	Training for Dist. 10	CORE training was provided for providers in a morning session presented by Anna Quintyne and Carol McDuff. An afternoon session reviewed the WiSCC process and was presented by Carol McDuff.
Contacts & Meetings by B. Foley		
Date	Description of Activity	Participants and Audience
January 6, 2005	Update Meeting with District 14	Bob Foley, Christie Gentry, and Eric Olsen
January 13, 2005	Status Meeting	Delmarva, APD, AHCA, JCR, The Council
January 20, 2005	Discussion regarding Grant Training	Linda Mabile, Steve Dunaway, Anne Buechner, and Bob F.
February 2, 2005	Public Reporting Workgroup	See Minutes
February 8, 2005	Training at FARF Meeting	FARF Members, Bob F., Carol McDuff, and Anna Quintyne.
February 15, 2005	District 14 Stakeholders Meeting	Bob F., Charmaine Pillay, and Christie G.
February 16, 2005	Region 23 Quarterly Meeting	Bob F., Kristin Allen, Barbara Hawkins, Christie G., Wanda Blanton, Brenda Clark, Dave LaPere
February 16, 2005	District 14 Quarterly Meeting	Bob F., Christie G., Charmaine P., Eric Olsen, and Carla Bettis
February 18, 2005	APD/District 14 Provider Training Discussion	Bob F., Desi Lee, JB Black, Melinda Coulter
February 23, 2005	Public Reporting Workgroup	See Minutes

February 23, 2005	Delmarva/District Call-Training on the CORE Process	Marion Olivier-Ruelas, Anna Q., Carol M., Bob F., Linda Mabile, Steve Dunaway, District Representatives
February 24, 2005	Status Meeting	Delmarva, APD, AHCA, JCR, The Council
March 4, 2005	District 14 Provider Meeting	Bob F., Charmaine P., Eric Olsen, other District 14 APD Reps., District 14 Providers
March 8, 2005	Public Reporting Small Workgroup	See Minutes
March 10, 2005	Delmarva/District Call-Training on the WiSCC Process	Marion Olivier-Ruelas, Carol M., Bob F., Linda Mabile, Steve Dunaway, District Representatives
March 15, 2005	Public Reporting Workgroup	See Minutes
March 30-31, 2005	IQC in Tallahassee	IQC Members
District Contacts Region One	District & Type of Contact	Participants and Audience
February 28	District 4 – Quarterly Meeting	Marion Olivier-Ruelas and 9 district staff attended. Discussed the CORE and WiSCC process and discussed the latest available data. Discussed issues related to CORE notification, WiSCC scheduling, on-line training modules, Follow Up consultation processes, and gave recent findings. Also discussed the reports for CORE and WiSCC and issues related to support plans.
March 4	District 2 – Quarterly Meeting	Marion Olivier-Ruelas, Nilda Barreto, and 6 district staff attended. Discussed the CORE and WiSCC process and discussed the latest available data. Discussed issues related to CORE notification, WiSCC scheduling, on-line training modules, Follow Up consultation processes, and gave recent findings.
March 7	District 3- Quarterly Meeting	Marion Olivier-Ruelas, Christine Stevenson, Theresa Skidmore and 6 district staff attended. Discussed the CORE and WiSCC process and discussed the latest available data. Discussed issues related to CORE notification, WiSCC scheduling, on-line training modules, Follow Up consultation processes, and gave recent findings. Discussed the medication quarterly reports and the request from the district for training on CORE/WiSCC.

District Contacts Region One	District & Type of Contact	Participants and Audience
March 7	District 13- Quarterly Meeting	Marion Olivier-Ruelas, Christine Stevenson, Theresa Skidmore and 4 district staff attended. Discussed the CORE and WiSCC process and discussed the latest available data. Discussed issues related to CORE notification, WiSCC scheduling, on-line training modules, Follow Up consultation processes, and gave recent findings. Discussed reinforcing with providers that consultative approach with the processes and encouraged the district to push the “lead dogs.” Discussed an issue related to money management for individuals in residential settings.
March 8	District 4 – Supported Living Coach Conference	Sil Vazquez attended a Supported Living conference and gave information on the new CORE process, which included the new process itself, the provider’s role in the process, interviews with individuals and the closing conference.
March 14	District 12- Quarterly Meeting	Marion Olivier-Ruelas, and 5 district staff attended. Discussed the CORE and WiSCC process and discussed the latest available data. Discussed issues related to CORE notification, WiSCC scheduling, on-line training modules, Follow Up consultation processes, and gave recent findings. Discussed IP submission for cost plan reviews, public reporting workgroup, and training documentation for providers.
March 22	District 1- Quarterly Meeting	Marion Olivier-Ruelas, and 3 district staff attended. Discussed the CORE and WiSCC process and discussed the latest available data. Discussed issues related to CORE notification, WiSCC scheduling, on-line training modules, Follow Up consultation processes, and gave recent findings. Mark Berg announced that he would no longer be the liaison and Linda Hoover was taking on this role. Discussed the synergy between the two processes.
March 21	District 13 – Implementation Plan Training	Christine Stevenson assisted in the planning and development of the Implementation Plan Training with new district trainer, Linda Bodo.

March 22	District 13 – Implementation Plan Training	Christine Stevenson served as consultant and assisted when necessary as D-13 trainer, Linda Bodo, facilitated IP training.
District Contacts Region Two	District & Type of Contact	Participants and Audience
February 15, 2005	Meeting with Dist. 10	Carol McDuff, R.M., met with district representatives to discuss training results as well as future training needs.
March 16, 2005	Quarterly Meeting – Dist. 15	RM met with seven members of the dist. 15 staff, including Steve Stoltz. Discussed district and state data, Area Quality Leaders initiative, Delmarva on-line training, and district specific concerns.
March 17, 2005	Quarterly Meeting – Dist. 9	Carol McDuff, R.M., met with dist. 9 representatives, including Deb Blizzard. Discussed district and state data, Area Quality Leaders initiative, Delmarva on-line training, and district specific concerns.
March 23, 2005	Quarterly Meeting – Dist. 8	Carol McDuff, R.M., met with six dist. 8 staff including Marsha Vollmar. Discussed district and state data, Area Quality Leaders initiative, Delmarva on-line training, and district specific concerns.
March 24, 2005	Quarterly Meeting – Dist. 11	Carol McDuff, R.M., met with Kirk Ryon. . Discussed district and state data, Area Quality Leaders initiative, Delmarva on-line training, and district specific concerns.
March 28, 2005	Quarterly Meeting – Dist. 7	Delmarva and JCR staff met with about six dist. 7 staff. . Discussed the Area Quality Leaders initiative, Delmarva on-line training, and district specific concerns.