

**Florida Statewide Quality Assurance Program
Delmarva Foundation**

**Quarterly Report
January 1 – March 31 2005**

**3rd Quarter
Contract Year 4
2004-2005**

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

Executive Summary

Throughout the third quarter of contract Year Four, Delmarva continued to work closely with AHCA, APD, The Council, Medstat and JCR to help ensure positive outcomes for the people served under the DD HCBS Medicaid Waiver program. Regional managers continued to monitor consultants on a regular basis and 100 percent of all CORE and WiSCC results were reviewed. Weekly (WiSCC) and bi-weekly (CORE) conference calls continue in order to enhance communication and ensure reliability among consultants, attended by all consultants, all Delmarva managers, Delmarva's senior research scientist and other personnel as appropriate.

In an ongoing effort to improve the new processes, several internal tools were developed to assist the consultants with the CORE 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 on the policy and procedure reference sheet. In addition, 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 Quality Improvement Consultants.

As indicated throughout this contract year, review 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 the end of this quarter, the amendment was pending approval.

The number of consults completed through March 2005, during contract Year Four is as follows:

- 228 Waiver Support Coordination Consultations (WiSCC) of WSC entities that included,
- 345 Waiver Support Coordinators, and
- 689 consumer interviews to collect data, conduct a Personal Outcome Measures interview, and a Health Risk Screening
- 352 Collaborative Outcomes Review and Enhancement (CORE)
- 771 Desk Reviews
- 110 Follow-Up Reviews
- 187 Follow-Up Reviews with Technical Assistance
- 442 Documentation Follow-Up Reviews
- 48 Reconsiderations.

Design work and programming continued this quarter for the web based training offered on the Delmarva website. A module entitled “Introduction to Implementation Planning” was completed and submitted to the corporate technology department to be available next quarter.

The Public Reporting Workgroup, with representatives from Delmarva, AHCA, APD, providers, family advocates, the DD council, ADA, and FARF has been formed, with an initial meeting on February 23, 2005 followed by a meeting on March 15. A smaller work group was also formed to explore in more detail the information that could feasibly be posted by the end of the contract year. In addition, the IT staff from Delmarva and APD have met to discuss planning and implementation of the site. At this time, plans are moving forward to determine the feasibility and processes required to develop a site to post the Delmarva data determined to be short term: list of providers with name, services offered, location and phone number; information about background screening and training compliance; and, providers who are subject to a desk review but have been non-compliant with sending the required material to Delmarva for the review.

Preliminary analysis indicates scores on desk reviews have increased somewhat when compared to the Year Three scores: from 74 percent to almost 78.7 percent.¹ Most of this gain appears to be among solo providers. Only 73.1 percent of desk-reviewed providers documented the required level 2 background screening. A total of 211 (27.4%) providers were cited with 405 alerts and 262 (34%) providers had 472 recoupment citations.

CORE evaluations reflect that on average providers are being evaluated as Implementing or Emerging. As indicated in the second quarterly report, early results continue to show that solo providers are more likely to score Achieving than are agency providers. Providers were most likely to score Achieving on Element 1 (28.4%), indicating they have an effective method for learning about the people they serve. They were least likely to score as Achieving on 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 three quarters of Year Four, 82.7 percent of the seven Minimum Service Requirement elements were scored as met. Solo providers were somewhat more likely to score Met on all seven elements than were agency providers. Year to date, 133 providers were cited with at least one alert, most (88) related to background screening documentation.

Preliminary analysis of the WiSCC evaluations indicate providers were most likely to score Achieving on Element 1 (28.4%), indicating they have an effective method for learning about the people they serve. Providers were least likely to score Achieving on Element 5 (9.3%), an indication they are not facilitating education, experience and exposure for individuals. In terms of the five Minimum Service Requirements (MSR), both solo and agency Waiver Support Coordinators (WSCs) were least likely to score

¹ Results from the reviews completed this quarter are based on only a portion of the sample of individuals, Waiver Support Coordinators and providers who will be reviewed or interviewed this year. Therefore any results presented here should not be over-interpreted.

Met on Element 8, indicating they are not always attending the required training. Agency WSCs were somewhat more likely to score Met on all five elements than were solo WSC providers.

Data from 689 POM interviews indicate 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, at IQC meetings, status meetings and when otherwise needed. In addition, Delmarva staff continues networking with other organizations and states to expand our base of knowledge and share our experiences with others. Several Delmarva managers are teaming with APD in planning for two different presentations at the National HCBS Waiver Conference in May 2005, in Orlando, FL.

A summary of recommendation includes:

1. Ensure there is enough flexibility in the contract for the next year to provide a sufficient number of training and education sessions to consumers, family members and district staff.
2. Once the Public Reporting System is operational, the broad-based Public Reporting Workgroup should continue to meet in an effort to expand the web site as possible.
3. Data analysis exploring the complex relationships that appear to be present in this report should be initiated in the final report for Year Four and/or explored as a Quality Improvement Study during Year Five.
4. 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 through the end of Year Four.
5. Delmarva reviewers and managers should attend the week long Real Systems Change Grant training in April to facilitate a close working relationship with the District Organizational leaders.
6. There must continue to be an elevated emphasis at the State level to address providers who are non-compliant in participating in or completing required review processes.
7. A barriers analysis (possibly coupled with “best practices”) should be considered as a topic for a Quality Improvement study to be completed during Year Five.

Introduction

This is the third quarterly report for Year Four of the Florida Statewide Quality Assurance Program (FSQAP) contract, January – March 2005. 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 2004 through March 2005. 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 third 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

Public Reporting Workgroup

A major project effort during the third quarter of this contract year has been the creation and start up activity of a Public Reporting Workgroup (PRW) for input into the design and implementation of a Public Reporting System (PRS) for the DD HCBS Waiver provider performance data and other relevant information. The following people have participated in this effort:

- Ann Millan Family Care Council/Family Advocate
- Becky Lackey APD/IT
- Mike Sodders 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
- Pamela Wainwright AHCA
- Steve Dunaway APD
- Sue Kelly Delmarva
- Suzanne Sewell FARF
- Marshall Paterson Delmarva
- Julie Tyler Delmarva
- Scott Harrison Delmarva
- David Milligan Delmarva
- Carol Burch AHCA

In the initial meeting on February 23, feedback was solicited from each member of the group as to what they would like to see in the PRS—what was their vision of the system. The ideas were divided into short and long term items they would like to see posted on a

public web site. A smaller work group was formed to discuss the short term items and also the limitations or barriers that may exist in creating the PRS. Meetings were also held with the APD and Delmarva IT/web development staff to begin discussions on the more detailed aspects of starting up a public reporting web site, such as who would be hosting and maintaining it. At the second meeting on March 15, the larger work group decided to meet again some time after the IQC meeting at the end of March to allow time for further discussion/meetings internally with the Delmarva IT/web development staff. At this time, plans are moving forward to determine the feasibility and processes required to develop a site to post the Delmarva data determined to be short term: list of providers with name, services offered, location and phone number; information about background screening and training compliance; and, providers who are subject to a desk review but have been non-compliant with sending the required material to Delmarva for the review.

Statewide District Training

Two statewide district training conference calls were held this quarter to provide information to all the districts on the review processes initiated this year. While these processes have been presented and discussed in the quarterly meetings Delmarva holds with each district, APD and Delmarva staff felt the districts would benefit from further review of the policies and procedures for each process. Bob Foley and the Delmarva managers also explained the new report formats each district receives after a review. Ample time was allowed for questions and/or concerns districts had about the new processes or reports. The conference call for CORE was held February 23 and the call for WiSCC was on March 10.

Panel Discussion

Four Delmarva consultants participated in a panel discussion at the quarterly Interagency Quality Council (IQC) March 30 and 31. A similar panel had presented information at the December IQC meeting and the members requested we have another panel discussion. The consultants chose several different elements of performance in the CORE and WiSCC tools for discussion; elements that typically were scoring fairly high and elements scoring fairly low. The panel members discussed “best practices” and “barriers” they had encountered when meeting with providers. The panel discussion, once again, was well received.

Status Meetings

Monthly status meetings have continued this quarter, held on January 13 and February 24. The meeting was not convened in March as we attended the IQC meeting. The status meetings are a venue for AHCA, APD, Delmarva and Delmarva’s partners (The Council, JCR and Medstat) to receive project updates and discuss issues or concerns moving forward.

Volume of Activity

CORE and WiSCC review processes have continued on schedule. It is expected that the target number for each, as presented in the amended contract, will be achieved by June 30. Desk Reviews continue to be conducted for providers who do not provide services

subject to Onsite review. The number of reviews completed to date during contract Year Four is as follows:

- 228 Waiver Support Coordination Consultations (WiSCC) of WSC entities that included,
- 345 Waiver Support Coordinators, and
- 689 consumer interviews to collect data, conduct a Personal Outcome Measures interview, and a Health Risk Screening
- 352 Collaborative Outcomes Review and Enhancement (CORE)
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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 continued, generally attended by AHCA and APD representatives and Delmarva managers.

Delmarva participated in the Interagency Quality Council meeting in Tallahassee, March 30 and 31. In addition to the usual updates provided to the council, a panel of reviewers discussed elements from the WiSCC and CORE, providing examples of best practices and areas for improvement. As with the panel discussion at the December IQC meeting, this format was well received.

Two formal training and education sessions were provided during the third quarter. The training held in District 2 was for consumers and family members, entitled “Using *My Personal Compass* in Evaluating Services”. The second training session was provided in District 10. This session provided an introduction to the new CORE review process. Additional training sessions to be provided during the fourth quarter have been requested throughout the State for providers, consumers and other stakeholders. A detailed list of these will be submitted to ACHA for review and approval.

Design work and programming continued this quarter for the web based training offered on the Delmarva website. A module entitled “Introduction to Implementation Planning” was completed and submitted to the corporate technology department to be available next quarter.

Delmarva managers and consultants participated in quarterly meetings with district staff, and maintain ongoing communication with district staff to discuss review activities and results.²

² Appendix 1, Attachment 6 summarizes these contacts for the January through March 2005 time period.

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, Said Sanchez, 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.

Said has received no requests for interpreting services or for sign language this quarter. However, he has documented ten instances when providers who do not speak English have had a need to speak with a Spanish speaking staff member. Said's bilingual (Spanish-English) capability has also often been useful in helping providers who prefer to speak Spanish, even though they are conversant in English. Miscellaneous requests for general program information continue to be received. The following table summarizes the contacts to the Customer Service Unit by type over the first three quarters of Year Four.

Customer Service Contacts

July 2004 - March 2005

Area	Jul - Sep	Oct - Dec	Jan - Mar
Desk Reviews	236	353	510
PPR / CORE	59	91	51
WiSCC	9	19	16
Miscellaneous	31	20	23
Interpreting Services	1	7	10
Total	336	490	610

The Desk Review process continues to generate the most calls to customer service. Many of these calls are concerned providers who have received a second letter requesting documentation material for the Desk Review. Calls for both the CORE and WiSCC have decreased somewhat. This may be an indication that the extensive training on the process has reduced initial confusion among providers. It may also reflect the increased experience consultants have in explaining pre-site and follow-up procedures for these new processes. A few calls continue to be fielded for the "old" PPR process (11 this quarter).

Quality Improvement Initiatives

Collecting, analyzing and using data are primary ways to indicate areas for quality improvement in any program. Currently, our primary data reports are quarterly and annual 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 table displays that reflect some new reporting formats specific to the WiSCC and CORE results. Some of these tables are displayed in this and the previous quarterly report and the appendix to this report. “Drill Down” tables specific to each district’s results have been reviewed and approved by state and district APD staff. These are currently being developed for the quarterly district reports and are expected to be completed and distributed to each district by mid May, and quarterly thereafter.

APD’s 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. Two Delmarva managers attended the “open” training session on March 14th for an overview of the organizational leadership program. District Area Quality Leaders (AQL) received intensive training throughout the remainder of the week. 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 this training will be provided in the Fourth Annual report.

As noted earlier, a major quality improvement (QI) initiative this quarter has been the implementation of the process to develop a Public Reporting System. The result of this process will be reported in detail as a QI study by June 30. In total, a range of four to six studies will be completed during Year Four, with a target of five. Bob Foley and Sue Kelly discussed five other topics for QI studies with Carol Burch. It was decided to present the following list of possible topics to AHCA and APD staff at the April status meeting for final approval:

0. Public Reporting Design/System.
0. Analysis of the Reasons Supports are Not Present for individual POM items for the first three years of POM data collected. This study is meant to complement the analysis completed in Year Three on the Reasons Outcomes are Not Present.
0. Analyze the presence of Outcomes and Supports for individuals on the CDC+ program versus those in the DD HCBS Waiver. This can be completed if a sufficient number of CDC+ recipients have received a POM interview. At least 50 should be available in order to provide some preliminary analysis. However, breaking this small number down into sub-categories, for example by age or home type, would not be possible.

0. 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. However, we can identify if a Medicare Co-Pay has been issued, and therefore the length of stay for the Medicare visit.
0. Analyze the relationship between PPR “Met” scores for Implementation Plan, Projected Service Outcomes, and/or Training elements from previous years, with CORE element number 15, which pertains to the achievement of specific goals, with other specific CORE elements, and/or with the overall CORE findings (i.e. Achieving, Implementing, Emerging, and Not Emerging).
0. 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.
 - 6a. An analysis of Outcomes and Supports should be completed using adjusted weights based on the sampling methodology and taking outlier scores into consideration. An outlier case, one that varies greatly from the mean, may indicate some unique circumstances that ultimately skew the statewide average. Since we are interested in seeing a measure that reflects an accurate picture for most of the state, outliers should be analyzed separately. This analysis should examine “13 or more outcomes met” as well as results of Foundational Outcomes.

Internal Quality Assurance Activities

Delmarva managers meet weekly to discuss on going projects, issues or concerns facing consultants or the completion of any portion of the contract obligations. The meetings have expanded to include the IT staff in the Easton office. This has greatly enhanced internal communication, providing increased interaction with IT in order to maintain and enhance the WiSCC application and facilitate discussions surrounding implementation of the Public Reporting System.

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 has been used to help monitor the consistency of consultants’ results across the state. Weekly (WiSCC) and bi-weekly (CORE) conference calls with consultants continue to be used to address any issues, problems or concerns generated from the consultations. To improve reliability, provider/consumer scenarios are distributed prior to the conference calls. The scenarios have focused on one

or two elements, changing elements each week or bi-weekly. 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 three quarters of Year Four of the contract. The scores vary greatly by district, from a low of 52.1 percent (only 12 reviews) to a high of 91.6 percent (only 11 reviews). However, these are based on approximately 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 2004 to March 2005

District	Number	Percent	Score
1	11	1.4%	91.6%
2	66	8.6%	81.9%
3	53	6.9%	81.3%
4	70	9.1%	81.8%
7	82	10.6%	77.1%
8	14	1.8%	81.4%
9	31	4.0%	71.8%
10	41	5.3%	73.6%
11	108	14.0%	75.3%
12	54	7.0%	76.2%
13	38	4.9%	79.3%
14	10	1.3%	72.5%
15	12	1.6%	52.1%
23	181	23.5%	82.4%
Total	771	100.0%	78.7%

The following highlights are evident in the first three quarters for desk reviews during this fourth year of the contract (July 2004 – March 2005):⁴

- An average score of 78.7 percent, higher than Year Three (74%);
- 206 agency providers had an average score of 73 percent, higher than for Year Three (71%);
- 565 solo providers had an average score of 80 percent, higher than Year Three (74%);
- 73.1 percent of providers had the required level 2 background screening;
- 88.5 percent of providers had the required 5-year level 2 background re-screening.

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

- 211 (27.4%) desk-reviewed providers were cited with a total of 405 alerts.
- 262 (34%) desk reviewed providers have 472 documented recoupment citations.
- 468 (60.7%) desk reviewed providers required submission of additional documentation.
- 174 (40.0 %) 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.

CORE Evaluations

A total of 352 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 352 CORE reviews completed during the nine month period ending March 31, 2005.

CORE Evaluations by District

July 2004 to March 2005

District	Number	Percent
1	11	3.1%
2	30	8.5%
3	31	8.8%
4	41	11.6%
7	25	7.1%
8	7	2.0%
9	4	1.1%
10	11	3.1%
11	39	11.1%
12	21	6.0%
13	21	6.0%
14	25	7.1%
15	16	4.5%
23	70	19.9%
Total	352	100.0%

Outcome Elements

During the nine months ending March 31, 280 agency and 72 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.⁵ 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 or Implementing, a total of 79.3 percent. Only 3.1 percent were evaluated as "Not Emerging". While there are still only a limited number of reviews completed (352 out of a target of 900 to be completed this year), early results show that solo providers are more likely to score Achieving than are agency providers, and agency providers are much more likely to score Emerging than solo providers. No solo providers scored Not Emerging. However, care must be taken not to *over-interpret* results as approximately 40 percent of the sample is included in the analysis. A broader analysis and interpretation will be possible when completing the annual report for Year Four.

CORE Evaluations
July 2004 - March 2005

	Agency	Solo	Total	Agency	Solo	Total
Achieving	34	28	62	12.1%	38.9%	17.6%
Implementing	113	34	147	40.4%	47.2%	41.8%
Emerging	122	10	132	43.6%	13.9%	37.5%
Not Emerging	11	0	11	3.9%	0.0%	3.1%
Total	280	72	352	100.0%	100.0%	100.0%

As indicated above, each of the 18 Outcome Elements is evaluated. The following table shows the elements from 352 CORE consults, with the percent at each level of evaluation for each element.⁶

- During the first quarter of Year Four, Element 14 was most often scored as Not Emerging (21.3%). 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.⁷
- Element 10 is also relatively high at the Not Emerging level, indicating that individuals are not always given the opportunity to develop desired social roles that are of value to the individual.

⁵ See Appendix 1, Attachment 2, for a description of the levels of evaluation.

⁶ See Appendix 1, Attachment 3 for a description of each outcome element.

⁷ See Appendix 2, Exhibits 5 and 6 for more details on Outcome and MSR elements by district.

CORE Evaluations: N=352

Percent at Each Level of Evaluation by Element

Element	Achieving	Implementing	Emerging	Not Emerging	Total
1	15.6%	21.6%	59.7%	3.1%	100.0%
2	35.5%	31.0%	31.3%	2.3%	100.0%
3	31.8%	32.1%	33.8%	2.3%	100.0%
4	21.6%	26.7%	48.9%	2.8%	100.0%
5	16.8%	30.7%	49.4%	3.1%	100.0%
6	13.4%	29.8%	53.7%	3.1%	100.0%
7	29.8%	22.4%	46.6%	1.1%	100.0%
8	29.3%	32.7%	36.1%	2.0%	100.0%
9	32.7%	33.5%	32.1%	1.7%	100.0%
10	11.9%	20.7%	56.8%	10.5%	100.0%
11	14.2%	29.0%	50.9%	6.0%	100.0%
12	21.6%	25.6%	44.9%	8.0%	100.0%
13	20.7%	19.9%	54.5%	4.8%	100.0%
14	15.6%	16.8%	46.3%	21.3%	100.0%
15	25.9%	23.3%	47.2%	3.7%	100.0%
16	25.6%	33.0%	38.1%	3.4%	100.0%
17	35.2%	28.1%	33.2%	3.4%	100.0%
18	43.5%	33.8%	21.3%	1.4%	100.0%
Total Elements	24.5%	27.3%	43.6%	4.7%	100.0%

Close to 44 percent of the 352 providers were evaluated as Achieving on the element indicating individuals are satisfied with services (18). In total, 43.6 percent of the elements were Emerging. However, on average, over half of the elements were scored as Implementing or Achieving (51.7%). The providers were least likely to score Achieving on Element 10.

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.⁸ 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 three of the 352 providers who completed a CORE had none of the seven MRS elements scored as Met.

- Over 53 percent of the providers scored Met on six or more MSR elements.

⁸ See Appendix 1, Attachment 3 for a description of each MSR element.

- 37.5 percent of the solo providers scored Met on all seven of the MSR elements.
- Only 23.2 percent of agency providers met all seven of these.
- 16.4 percent (46) of agency providers scored Met on three or fewer MSR elements.
- Four (5.6%) of the solo providers scored Met on three or fewer.

Again, the number of reviews is only a small portion of the expected total of 900, so results should not be over-interpreted.

Minimum Service Requirements
CORE Evaluations: July 2004 – March 2005

Number Met	Number of Providers			Percent of Providers		
	Agency	Solo	Total	Agency	Solo	Total
0	3	0	3	1.1%	0.0%	0.9%
1	8	1	9	2.9%	1.4%	2.6%
2	18	1	19	6.4%	1.4%	5.4%
3	17	2	19	6.1%	2.8%	5.4%
4	38	8	46	13.6%	11.1%	13.1%
5	58	11	69	20.7%	15.3%	19.6%
6	73	22	95	26.1%	30.6%	27.0%
7	65	27	92	23.2%	37.5%	26.1%
Total	280	72	352	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 352 CORE consults completed during the first two quarters of Year Four, 75 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;
- Solo providers demonstrated over 90 percent Met on Element 20, 22 and 23, indicating they usually have the required background screening documentation, required training documentation, and are properly authorized;
- Solo providers appear to be doing much better with documenting background screening (20) and training requirements (22) than are agency providers;
- Agency providers were most likely to score Met on Element 23, reflecting proper authorization to provide the service(s).
- Agency providers scored lowest on the element indicating they maintain the required documentation (25).
- The worst performance areas for Solo providers were also Element 25, as well as Element 19, indicating the provider meets service specific projected service outcomes.

Minimum Service Requirements

CORE Evaluations: July 2004 to March 2005

Element	Number Met		Percent Met		Total	
	Agency	Solo	Agency	Solo	Number	Percent
19	182	51	65.0%	70.8%	233	66.2%
20	198	65	70.7%	90.3%	263	74.7%
21	192	55	68.6%	76.4%	247	70.2%
22	219	65	78.2%	90.3%	284	80.7%
23	246	68	87.9%	94.4%	314	89.2%
24	221	62	78.9%	86.1%	283	80.4%
25	172	51	61.4%	70.8%	223	63.4%
Total Consults	280	72	73.3%	82.7%	352	75.0%

CORE Alerts and Recoupments

Several elements in the CORE evaluation are Recoupment or Alert items.⁹ 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 352 CORE completed in the third quarter of Year Four of the contract:¹⁰

- 119 providers received a total of 169 recoupment citations;
- A total of 115 providers had 133 alerts cited;
- 102 providers had one alert;
- 9 providers had two alerts;
- 3 provider had three alerts;
- 1 provider had four alerts.

⁹ 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.

¹⁰ 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. Over 66 percent indicate background screening documentation had not been obtained as required. The remaining 45 alerts are in the areas of dignity and respect; privacy; abuse, neglect and exploitation; health; and safety.

CORE Alert Items

July 2004 - March 2005

Alert Item	Number	Percent
Dignity and respect	13	9.8%
Privacy	8	6.0%
Abuse, neglect and exploitation	3	2.3%
Health	3	2.3%
Safety	18	13.5%
Background	88	66.2%
Grand Total	133	100.0%

Follow Up Reviews and Follow Up with Technical Assistance Reviews

Through March 2005, a total of 155 providers received an Onsite Follow Up review or an Onsite Follow Up with Technical Assistance review subsequent to an Onsite PPR. These are reviews completed using the “old” review tools, as follow up to previous reviews in Year Three. Of the 86 regular follow up reviews:¹¹

- 42 (48.8%) had met 75 percent or more of the Elements of Performance that had previously been scored as Not Met;
- An additional 32 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 69 Follow up with Technical Assistance reviews:

- 23 (33.3%) providers had met 75 percent or more of the Elements of Performance that had previously been scored as Not Met;
- An additional 14 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.

¹¹ See Appendix 2, Exhibit 9 for details by district.

WiSCC Evaluations

A total of 228 Waiver Support Coordination Consultations (WiSCC) were completed and approved during the first three quarters of Year Four of the Contract. (Delmarva consultants expect to complete approximately 406 WiSCCs during Year Four.) As part of these consults, 345 Waiver Support Coordinators (WSC) were reviewed and 689 individuals were interviewed.¹² (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 MSRs 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. Comparisons across districts are not yet possible as the samples are too small at this point, but may be feasible when all WiSCC are completed for the annual report.

WiSCC Evaluations by District

July 2004 - March 2005

District	Number	Percent
1	3	1.3%
2	22	9.6%
3	14	6.1%
4	25	11.0%
7	27	11.8%
8	2	0.9%
9	8	3.5%
10	9	3.9%
11	38	16.7%
12	6	2.6%
13	4	1.8%
14	11	4.8%
15	17	7.5%
23	42	18.4%
Total	228	100.0%

¹² 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 345 WSCs received an evaluation of Achieving, Implementing, Emerging or Not Emerging on the six Outcome elements, as indicated in the next table.¹³ The data reveal some interesting preliminary information:

- Providers were most likely to score Achieving on Element 1 (28.4%), 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.
- On average, approximately half of the elements scored were Achieving or Implementing.
- At this point, it appears that Support Coordinators working for agencies are more likely to score elements at Achieving or Implementing than are solo providers.¹⁴ However, these results are preliminary and will be explored in more detail in the annual report.

Outcome Elements by Level of Evaluation Year 4 - YTD - July 2004 to March 2005

Outcome Elements	Achieving		Implementing		Emerging		Not Present	
	Number	Pct	Number	Pct	Number	Pct	Number	Pct
1	98	28.4%	145	42.0%	100	29.0%	2	0.6%
2	40	11.6%	79	22.9%	209	60.6%	17	4.9%
3	47	13.6%	133	38.6%	161	46.7%	4	1.2%
4	50	14.5%	140	40.6%	150	43.5%	5	1.4%
5	32	9.3%	116	33.6%	182	52.8%	15	4.3%
6	43	12.5%	94	27.2%	191	55.4%	17	4.9%
Total	310	15.0%	707	34.2%	993	48.0%	60	2.9%

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.¹⁵ Providers must supply documentation of the required background screening, required training, and proper billing procedures. MSR elements are evaluated as Met or Not Met.

¹³ See Appendix 1, Attachment 4 for a description of each evaluation level and Attachment 5 for a description of each element.

¹⁴ See Appendix 3, Exhibit 10 for evaluations by provider type.

¹⁵ See Appendix 1, Attachment 5 for a description of each MSR element.

The following table shows the number and percent of WiSCCs, distributed across the number of MSR elements that were scored as Met. Of the 345 WSCs who participated in a WiSCC from July 2004 – March 2005, 171 were affiliated with an Agency and 174 were Solo providers. Results are tentative as this represents approximately half of the sample of WiSCCs scheduled for review in Year Four.

- Only one (1) of the 345 Support Coordinators had none of the five MRS elements scored as Met.
- On average, nearly 68 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, over eight percent (28 WSCs) 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 that is responsible for recoupment and training activities.

Minimum Service Requirements

WiSCC Evaluations: July 2004 - March 2005

Number Met	Number of Providers			Percent of Providers		
	Agency	Solo	Total	Agency	Solo	Total
0	0	1	1	0.0%	0.6%	0.3%
1	0	1	1	0.0%	0.6%	0.3%
2	1	4	5	0.6%	2.3%	1.4%
3	9	12	21	5.3%	6.9%	6.1%
4	34	49	83	19.9%	28.2%	24.1%
5	127	107	234	74.3%	61.5%	67.8%
Total	171	174	345	100.0%	100.0%	100.0%

In the following table, the number and percent Met of MSR elements is given at the element level.¹⁶ Of the 345 WiSCC consults completed during the first two quarters of Year Four, on average, 91.4 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;

¹⁶ See Appendix 1, Attachment 5 for a description of the WiSCC MSR elements.

- The largest gap between the two is on Element 11. Agencies are more likely to maintain documentation required for billing.
- 100 percent of the 171 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;
- Solo providers are less likely to have the required background screening than are agency providers (Element 7). 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 2004 - March 2005

Element	Number Met		Percent Met	
	Agency	Solo	Agency	Solo
7	163	161	95.3%	92.5%
8	134	138	78.4%	79.3%
9	171	160	100.0%	92.0%
10	168	166	98.2%	95.4%
11	164	151	95.9%	86.8%
Total Consults	171	174	93.6%	89.2%

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.

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	689
Average Number of Outcomes Met per Consumer	13.2	12.4	11.2	10.5
Average Percent of Outcomes Met	52.8%	49.6%	44.9%	41.9%
Average Number of Supports Present per Consumer	14.9	13.4	12.2	11.4
Average Percent of Supports Present	59.5%	53.6%	48.9%	44.0%

The table above provides data indicating the Outcomes and Supports for individuals appear to be continuing to decrease. However, the 689 individuals interviewed to date is

a small portion of the total sample of individuals who will be chosen for POM interviews, 1,330 to 1,775 to be completed by June 30. A more detailed analysis will be completed at year's end when the sampling is completed, including comparisons to data from The Council.

A summary of the individual POM items reveals a pattern similar to other years:¹⁷

- Individuals do best on the POM indicating they are free from abuse and neglect, 78.7 percent with supports present and 79.7 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
 - Performs different social roles
 - Has friends
 - Chooses services

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; that choices for the individuals are made by others, including family members; barriers are not addressed; and the organization is not increasing education about choices or working to increase service options.¹⁸

- Chooses work: 26.0 percent Outcomes met, 31.5 percent Supports present.
- Chooses services: 22.9 percent Outcomes met, 28.4 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.

¹⁷ See Appendix 3, Exhibit 11 and 12 for details of the individual POM items.

¹⁸ See Appendix 3, Exhibit 13 for reasons on all POM items.

The following table provides yearly data for the number and percent 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 2004 - March 2005

Reporting Period	Outcomes					Supports				
	Year One	Year Two	Year Three	YTD Year Four	Total	Year One	Year Two	Year Three	YTD Year Four	Total
Number										
13 or more present	1,040	1,246	977	240	3,503	1,219	1,427	1,130	267	3,898
Total Interviews	1,907	2,539	2,456	689	7,591	1,907	2,539	2,456	689	7,218
Percent										
13 or more present	54.5%	49.1%	39.8%	34.8%	46.1%	63.9%	56.2%	46.0%	38.8%	53.3%

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 March 2005. 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 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 240 and 267 individuals in these sub-category, displaying data across the various subgroups is difficult. For example, nine of the districts have fewer than 50 cases. Some preliminary analysis indicates the following:¹⁹

- 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 Outcome met (39.3%) or 13 or more Supports present (42.6%) among all the adult age groups.
- 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.

¹⁹ 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 6.8 percent (47 individuals), similar to previous years.²⁰
- Freedom from abuse and neglect is most often Met (79.7%).
- That individuals exercise their rights, experience continuity and security, or have the best possible health are least likely to be achieved.
- A more in-depth analysis of these important measures will be completed in the annual report 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.

Recommendations

Most reviews have a recommendation regarding medication management (67.6%). Among the recommendations that are not Health and Safety related, rights and recommendations concerning the individual's vocation are often cited. Detailed information on 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.

²⁰ 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

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 had been completed. Approximately 12 additional sessions have been scheduled for completion prior to the end of the Year Four contract, based upon requests from districts and needs identified across the state. Training continues to be an area where providers fail to meet objective criteria required by the state and districts.

Recommendation: Ensure there is enough flexibility in the contract renewal to provide a sufficient number of training and education sessions to consumers, family members and district staff.

Good progress has been made in the development of the new Public Reporting System. This system will initially be designed to display providers, their location and contact information, and services they provide. Information on the required background screening and training will be provided, as well as a list of providers who have not complied with requests to submit documentation for a desk review. However, the system will be designed to facilitate expansion in the future.

Recommendation: Once the Public Reporting System is operational, the broad-based Public Reporting Workgroup should continue to meet in an effort to expand the web site as possible. The group will need to help determine what long range plans are feasible. The broad-based system envisioned will require additional funding to construct and maintain funding that is not currently part of the Delmarva contract.

Conclusions cannot be drawn from the data presented because, as noted throughout this report, only a portion of the sample of individuals has been completed and not all providers have had a CORE or WiSCC. However, the information collected to date does point to some areas that should be further explored. It appears that among providers who have received a CORE evaluation, solo providers perform better than agencies. This is true for both the Outcome oriented and Minimum Service Requirement elements. However, the opposite appears to be true for the WiSCC evaluations. Support coordinators working for an agency may be scoring better than solo providers on both the Outcome oriented and Minimum Service Requirement elements.

In addition, among solo providers who received a CORE or a WiSCC, they were equally likely to have documentation of compliance on background screening requirements, 90.3 percent and 92.5 percent respectively. However, among agency providers, those who received a CORE evaluation were much less likely to have this documentation than were Support Coordinators (WiSCC), 70.7 percent compared to 90.3 percent respectively.

Recommendation: Data analysis exploring these relationships should be initiated in the final report for Year Four.

Several recommendations from the second quarterly report are still relevant, with some modifications:

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 through the end of Year Four. 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.
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 attend the week-long training in April to facilitate a close working relationship with the District Organizational leaders.
3. There must continue to 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. A list of these providers will soon be posted on the new Public Reporting Site. This may facilitate corrective action.
4. 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. Due to some initial coding difficulties, a barriers analysis was not yet possible for this report. However, a barriers analysis (possibly coupled with “best practices”) should be considered as a topic for a Quality Improvement study to be completed during Year Five.