

**Florida Statewide Quality Assurance Program  
Fourth Quarter Report  
April – June 2005  
Appendix 1**

- Attachment 1: Internal Quality Assurance Report
- Attachment 2: CORE Outcome Element Evaluation Levels
- Attachment 3: CORE Outcome and Minimum Service Requirement Elements
- Attachment 4: WiSCC Outcome Element Evaluation Levels
- Attachment 5: WiSCC Outcome and Minimum Service Requirement Elements
- Attachment 6: Training, Education, and Liaison Contacts and Meetings

**Attachment 1**  
**Internal Quality Assurance Report**  
**July 2004 to June 2005**

The Florida Statewide Quality Assurance Program (FSQAP) is designed to assess and improve the quality of services and care provided to individuals with developmental disabilities enrolled in the Home and Community Based waiver services (HCBS). The FSQAP program is administered by the Agency for Health Care Administration (AHCA) in cooperation with the Agency for Persons with Disabilities (APD). This year marked the implementation of two new processes to evaluate the quality of an organizations systems and practices as they relate to meeting outcomes for individuals who are receiving services. The Collaborative Outcomes Review and Enhancement (CORE) and the Waiver Support Coordination Consultation (WiSCC) were developed to focus more on the individuals receiving services and whether their supports and services were assisting them in achieving the goals and results they want in their life. Based upon these changes, the internal quality control components utilized in the last year consist of different elements that can be divided into three key areas:

Employee Development  
Internal Initiatives  
External Initiatives

In the following sections, each of the areas will be described and the utilization of different quality improvement methods discussed.

**Employee Development**

The Employee Development section includes activities that are directly related to the Quality Improvement Consultant's (QIC) performance. Each of the methods used are a means to provide the consultants with additional education and training in order to support them in conducting the consultations. There were several methods used last year to promote employee development and they can be classified into the following different areas: On-Going Training activities, New Employee Orientation and Training and Reliability Methods.

On-Going Training Activities

Due to the implementation of the new consultative processes, CORE and WiSCC, the consultants attended a five day training session in August of 2004. The training consisted of the review of the new processes and procedures as well as instruction on how to utilize a consultative approach in the implementation of the new processes and organizing principles developed by the Council on Quality and Leadership (CQL). Performance improvement and quality improvement models were shared with the consultants. The Joint Commission Resources (JCR) consultants also received training related to the Personal Outcome Measures developed by CQL and interviewing skills.

Another method of training utilized the consultant conference calls that were conducted either on a weekly or bi-weekly basis. The WiSCC conference call was conducted on approximately a weekly basis up until April 2005, and biweekly thereafter. The CORE conference call was every two weeks on a fairly consistent basis. During these conference calls, the consultants are provided with additional information related to the processes and, if necessary, additional clarification on different components is given. Formal scenarios are periodically discussed with the consultants after they have had a chance to review them and determine findings. These discussions help to focus consultants on the key decision making criteria for each element. Normally, throughout the two weeks, questions are generated by the consultants; responses are formulated and then shared with all of the consultants on the calls. The conference calls also allow for questions that are discussed amongst all the participants. At times, clarifications and responses to the questions are discussed with either AHCA and/or APD. One other key component of these calls is the sharing of experiences by the consultants related to their consults. The consultants share best practices they have observed so that other consultants can potentially share this with providers, etc. In the last few months, Said Sanchez, the Customer Service Representative, has been gathering and documenting the best practices from both of the conference calls and has been sharing these practices to both sides. The premise is that organizational practices that a CORE provider or a waiver support coordinator have in place which supports outcomes could be utilized by any provider of services.

The training that takes place on the conference calls is conducted on more of an informal basis, but during last year, three formal sessions were conducted with the consultants. The first formal training session was conducted by Steve Dunaway of APD for both the CORE and WiSCC consultants and focused on the Data Sets. He reviewed the development and history behind the use of the Data Sets. He answered questions related to their use during the consultations and how to describe results. On January 6, 2005, the WiSCC consultants participated in a training session that focused on the WiSCC process and goals. It was used to fine tune the WiSCC focus and help develop more consistency between the consultants. On April 20, 2005, the CORE consultants received additional and re-fresher training related to the CORE process guidelines. It too was used to fine tune the CORE focus and help develop more consistency between the consultants.

#### New Employee Orientation and Training

In this last year, a total of 9 new QICs for the CORE and the WiSCC processes were hired and subsequently, they went through the orientation and training for new staff. The type of training consists of training at the corporate level as well as at the FSQAP and process level. The Corporate training for the Delmarva employees (who conduct the WiSCC process) includes the history and components of the Delmarva Foundation. For both the WiSCC and CORE (employees of JCR) consultants, the history of the FSQAP program and the relationship with the sub-contractors are also reviewed. Corporate level training also addresses the human resources and policy and procedure requirements for the respective company. The FSQAP orientation includes the scope and nature of this

program, its purpose and goals, and specific responsibilities. The consultants were also trained on the new consultative approaches.

For new consultants who conduct the WiSCC process, their training also consisted of the Personal Outcome Measures (POM). This training, conducted by CQL, consists of coaching on interview techniques, the Personal Outcome Measures, scoring, and how to document responses for the individual outcomes and supports. Interviews were then completed using the POM tool and scoring was reviewed with the CQL trainers. After this five day training, a formal reliability assessment is conducted on the interview process and scoring of the tool. In order to become certified to use the POM tool, each consultant has to pass reliability with at least an 85% reliability score. The WiSCC consultants had additional training on the WiSCC process. This training covers the review of the WiSCC tool, with an emphasis on the first six waiver support coordinator expectations and the document review portion of the process. The procedures and consultative approach to the process were reviewed. The focus plan component of the WiSCC process was discussed in detail and a role play session was conducted.

During their initial WiSCC consults, the consultants were accompanied by their Regional Manager. With the Regional Manager attending the WiSCC consultation, they were able to give the consultant advice, recommendations and guidance related to the implementation of the process. The consultants receive continued training and coaching by their Regional Manager as needed, including conference calls and scenarios as discussed above.

The new CORE consultants were trained by the Quality Assurance Coordinator Anna Quintyne (JCR) and their Regional Manager. The training consisted of procedures and processes for both the CORE consultation and the Desk Review process. A review of the tools and procedures for both processes were conducted. An overview of the use of a consultative process, POMs and the Organizing Principles was given. The use of the computer applications was also covered. Training using scenarios was included. After this initial training, the consultant has an opportunity to observe a CORE consult and/or the opportunity to be co-consultants prior to conducting their first consultation. Anna Quintyne or the consultant's Regional Manager attended the consultant's first CORE consultation. The purpose was to ensure the consultant was implementing the process correctly, to discuss and review the findings to ensure the interpretations were correct, and to provide any other guidance, clarification and feedback necessary. As with the WiSCC process, the consultants receive continued training and coaching by their Regional Manager or Anna Quintyne as needed.

### Reliability Methods

Another means in which to support the consultants' development is the use of reliability methods. There are three basic methods used to assess reliability for both the CORE and WiSCC processes. The first method is the utilization of a peer review process. This process involves two consultants co-consulting with one provider agency. In these cases, both consultants conduct the consultation by dividing up the different tasks and then

sharing their particular findings, discussing the results and comparing interpretations of the elements. Throughout the state, there are numerous large agencies that one consultant cannot complete independently and it is in these situations that this type of method is used to assist the consultants in achieving reliability. The consultants have had the opportunity to complete consultations with different consultants, which allows for more learning and peer to peer training to occur.

The second method used for both processes was a review of 100% of the CORE and WiSCC reports by the Regional Managers. Each report that has been generated by the consultants this year was reviewed and approved by a Regional Manager. Consistency in the report development, determinations and content were reviewed. Any discrepancies or trends identified were addressed at the appropriate level: consultant, regional, issues specific to the process, or for all consultants.

An additional method of reliability used for both processes is the “gold standard” process. This method evaluates the extent to which consultation determinations for the elements are consistent with a set of already derived determinations. For the WiSCC process, four scenarios developed by the Regional Managers were presented to the consultants for review and discussion during the August 2004 training session.

For the CORE process, throughout the year, scenarios were developed based upon elements 1 through 14. The Regional Managers and Anna Quintyne, Quality Assurance Coordinator with JCR, developed scenarios based on real experiences that have occurred during consultations or shared experiences by the individuals receiving services. The scenarios were reviewed and discussed by the managers who collaborated until consensus was made regarding the final determination. The scenarios were then presented to the consultants and they were asked to independently score the scenario and develop quality improvement ideas to share with the provider in the scenario. The results of each scenario, included the consultants’ ideas for providing technical assistance. These results were then shared with the consultants on a conference call. The average percentage of correct scores for the first seven elements was 58 percent, however, for the last seven elements, the average percentage of correct scores was 88 percent, with three elements at 100% correct. It is believed that with time and experience, development of the scenarios improved so as to include more pertinent information with which the consultants could make a solid determination. Therefore, the 58 percent correct on the first elements may be lower due to a lack of information available to make the determination. Also, the consultants have become more reliable and consistent in their determinations over time. It is important to mention that recommendations and technical assistance the consultants identified were similar in nature for each of the scenarios, which demonstrates the consultants are identifying the concerns and issues consistently. This also shows the messages given to providers are consistent.

Reliability for the Personal Outcome Measures (POM) interviews is assessed through a concurrent inter-rater process conducted by staff from the CQL. Reliability is conducted for both Adult POM interviews and Child and Youth POM interviews annually. During

this past year, all consultants who conducted POM interviews were certified in both types of POM interviews.

With the staff from CQL, each consultant conducts an interview with an individual and a follow up interview with the individual's waiver support coordinator. Using the 25 elements in the POM tool, the status of the outcomes and supports present or not present in the individual's life is determined independently by the consultant and the CQL staff. They then share the scoring results. The agreement in scoring rate must be at 85% or above. If not, the consultant has not met reliability and additional coaching is provided at this time and the consultant must be tested for reliability again until meeting the requirement.

Additional reliability activities for the WiSCC process consisted of the Regional Managers accompanying the consultants on a WiSCC consult. The purpose for this was to ensure consultants are consistently implementing the procedures and to offer any guidance they may need as related to the process. Linda Tupper, the Nurse Reviewer, also attended at least one WiSCC consultation with each of the consultants. She was able to assist the consultants with any questions related to health and safety.

This year, mid year evaluations were conducted with each of the WiSCC consultants in December 2004. The WiSCC Observation Feedback form, designed to include a review of the skills needed to conduct the WiSCC consultation, was developed for this purpose. It covered all of the areas related to the consultative process, including the following: preparation for the consultation, creating a consultative environment, organizational skills, communication skills, decision making ability, information gathering skills, and Focus Plan development.

In the last year, reliability activities for the CORE process mainly consisted of the Regional Managers' observation of the consultant conducting a consultation. The Regional Manager accompanied a consultant to an onsite visit, attending all onsite activities including: individual interviews, opening conference, provider interface, administrative review, and closing conference. The findings and final determinations were discussed and any discrepancies in the scoring as well as the implementation of the process were reviewed with the consultant at the time of the consult. Anna Quintyne, the Quality Assurance Coordinator, also participated in several CORE consultations with the consultants in order to coach the consultants where needed. The purpose of this experience for the consultant was to serve as a learning opportunity and to ensure that proper procedures were being implemented. At the conclusion of these consults, Anna shared the results with the consultant and included advice, recommendations and guidelines for the consultants to follow in order to promote consistency.

Reliability activities were also conducted for the Provider Performance Review process for Desk Reviews. Anna Quintyne, Quality Assurance Coordinator, chose random samples of five desk reviews for each consultant. All of the providers reviewed were solo providers. The tool used to evaluate the reviews encompassed the following areas:

Desired Documentation Characteristics/Content – Overall performance, Element of Performance, and the Narrative Summary. The Desired Documentation Characteristics/Contents addresses the contents of the entire report, and whether the Reviewers are using appropriate grammar, spelling, statements and individual identifiers. The Elements of Performance applies to each element and the Reviewer’s scoring of that element as it relates to the documentation that has been submitted by the provider. It also addresses the consistency in scoring related elements, documentation required for Recoupment and whether the state can determine what needs improvement. The Narrative summary applies to the documentation contained in the free form text field on the cover page of the report. There are eight topics that can be addressed in this free form comments section of the report.

The overall score for Desired Documentation/Contents of the report was 99% with eleven Reviewers receiving 100% on eight of the elements. Under the Elements of Performance category, the overall score was 93% with eleven Reviewers receiving 100% on four of the elements. The overall score for the Narrative Summary category was 98% with eleven Reviewers receiving 100% on two of the elements. The consultants were provided with feedback on their performance after the review and received information on the review process and interpretation of the elements of performance.

Also, data were analyzed at the consultant level to examine patterns or trends specific to a consultant that seemed to deviate from general findings, perhaps suggesting interpretation variances at the element level. Any identified trends and/or concerns were addressed with the appropriate consultant. Through the use of data analysis described above and all of the methods used for reliability, any QIC who appeared to be having difficulty in implementing the new processes received coaching and more frequent monitoring by their Regional Manager. When appropriate, corrective action plans were developed and implemented to assist the consultant.

The development of the new WiSCC process included the development of a new Medical Peer Review process. The Medical Peer Review process also includes a reliability system. Five percent of the reports generated by Linda Tupper, Nurse Reviewer, are reviewed and evaluated by the FSQAP Medical Director, Joe Braun, MD. Dr. Braun was in agreement with the Nurse Reviewer decisions on 100% of the Medical Peer Reviews he examined.

### **Internal Initiatives**

Internal Initiatives are the systems that have been put into place to improve the internal processes of the FSQAP and the Delmarva Foundation organization. One internal system in place for the FSQAP program is the Organizational Review Board (ORB), which consists of management staff from Delmarva and representatives from the other subcontractors, including CQL, JCR, and MedStat. The purpose of the ORB is to review and evaluate the FSQAP program and ensure compliance with the contract. Normally, these meetings occur at the quarterly IQC; however, the meeting due in September was

cancelled due to the hurricane season. In this last year, the ORB first met at the December 2004 IQC meeting. During this meeting, several issues related to the hurricane impact, production, the Real Choice Systems Change Grant, and the contract revision and renewal were discussed. The next ORB meeting took place in March 2005 and issues related to production, preparation for the end of the year, and the contract amendment and renewal were also discussed. Issues related to the status of the subcontracts were discussed separately with each entity. At the last IQC meeting, there was not an ORB meeting due to the fact that MedStat and JCR were no longer going to be subcontracted with Delmarva for the upcoming contract renewal. However, Delmarva did meet with CQL to discuss their subcontract.

Despite only conducting two ORB meetings in the past year, members of the ORB, including representatives from CQL and JCR have attended almost every status meeting with AHCA and APD that occurred approximately every month. During these meetings, production and status of deliverables were discussed as well as programmatic issues. Furthermore, the Delmarva management staff has had regular contact with the subcontractors due to every day operations and responsibilities. The JCR representative attended almost every conference call with the JCR consultants. Sue Kelly, the Scientist on the project, met regularly with MedStat to work on the quarterly reports and data issues. Also, CQL submits monthly reports to Delmarva management outlining their activities with the FSQAP and consultants for that month.

Another internal initiative utilized to ensure quality of the CORE and WiSCC processes are the systems developed by Information Technology. With the implementation of the two new consultative processes, systems were developed to ensure the reports were accurately generated according to the approved format and content. In the beginning these monitoring systems were run periodically to ensure the integrity of the reports. Automated systems and filters were developed to identify any errors. Data were compared and matched to the expectations of the report and application processes. All inconsistencies were addressed at the appropriate level, which included the consultant, Regional Manager, CORE or WiSCC laptop applications, and/or data warehouses. Once confident in the systems, periodic checks were conducted.

Again, it is important to mention that all reports have been reviewed and approved by a Regional Manager. At any time issues, concerns or other areas needing improvement are identified, they are addressed at that time and a report is not approved until the issue or concern is resolved. Another internal system related to this area was the Medical Peer Review system. Linda Tupper, the Nurse Reviewer, has the opportunity to correct any errors or issues identified with the content or data included in the report. Once identified, she addresses the concerns with the appropriate party so they can be resolved.

Lastly, starting in August 2004, weekly management meetings began. The participants included the managers of the FSQAP project and the corporate liaison. Starting in January 2005, the Information Technology participants in the FSQAP began to also attend these weekly meetings. During these conference calls, areas related to the

implementation of CORE and WiSCC, production, application issues, training, quarterly reports, other deliverables and any other topics or areas needing to be addressed were discussed.

As an organization, Delmarva Foundation has quarterly Operations Meetings that include representatives from the management staff of FSQAP. These meetings provide a forum for discussing the organizations initiatives and for sharing information related to the organizations procedures and practices. One such initiative that Delmarva has embarked upon is the application submission for a Baldrige Award. The Baldrige Award is a process which has education, communication and continuous self-evaluation as its key components. The process includes improvement in the areas of process, performance and results. There are seven areas which are analyzed: Leadership, Strategic Planning, Focus on Patients, other Customers and Markets, Measurement, Analysis, and Knowledge Management, Staff Focus, Process Management and Organizational Performance Results. The reason Delmarva decided to take on this initiative was to align the organization, the benefits from the free consultation and lastly, to have a higher level of organizational performance. Designated FSQAP staff is participating on the committees and workgroups in the development of the Baldrige application, including Linda Tupper, Carol McDuff, Sue Kelly, Marion Olivier-Ruelas, Marcia Hill and Beth Townsend. As a part of Beth's role in this initiative, she is the FSQAP's representative on the Best Place to Work workgroup. Their task is to develop procedures and practices which potentially benefit and have a positive impact on all the employees within the organization.

Another process and practice that Delmarva has as an organization which focuses on quality improvement are the Dashboards. Dashboards are used as a corporate performance measure and include goals the organization develops and attempts to achieve through the year. In this past year, the Dashboards covered goals related to Improving Health, Financial Health and Organizational Health. The FSQAP dashboards were covered under the Improving Health category. Ten measures were used to reflect a comprehensive picture of contract deliverables as well as expected outcomes for staff and provider performance. These measures included:

- the number of POM interviews completed,
- the number of WiSCC and CORE consultations completed,
- the number of Desk Reviews completed,
- the number of training and education sessions completed,
- the number of quality improvement studies completed,
- the number of web-based interactive training modules completed,
- the average program evaluation for training and education sessions,
- and, level two background screening and re-screening compliance for Desk Review providers.

These would be reviewed periodically at the corporate level and FSQAP program level. Upon last report, the goal on all of the dashboard measures had been achieved except for the level two background screening and re-screening for Desk Review providers. The

trends showed that providers declined in this area as the year progressed. This information was discussed in the quarterly meetings with the districts.

Another internal process is the semi-annual satisfaction surveys that are conducted by all employees of Delmarva. Based upon the results, actions have been taken to improve in areas identified as a concern. Over the last year, the scores have progressively risen.

### **External Initiatives**

External Initiatives utilize outside resources to solicit feedback not only for the FSQAP program but also for Delmarva Foundation. This past year, Delmarva developed a Satisfaction Survey which was distributed to stakeholders associated with the organization. The results were positive, but some issues were identified. These were reviewed and potential solutions were generated to address these areas of concern at the June 2005 Operations Meeting.

The FSQAP utilizes several methods to acquire information and forums for stakeholders to express opinions related to the project. One such method that has been in place is the District Quarterly Meetings. These meetings are conducted on a three month cycle with the APD areas and the Regional Manager assigned to that area. If possible, the consultants in that area also attend. The purpose of these meetings is for each party to share information related to the consultative and review processes, results of findings for that area and the state, any identified issues or concerns, clarifications and any other pertinent information necessary. Area Quality Leaders have been invited to these meetings in an attempt to better coordinate Delmarva's activities with those of the local steering committees.

For almost every training and education session conducted in the last year, evaluation forms were distributed to the participants to complete and return. These results were calculated and reviewed as part of the FSQAP Dashboards. The overall results show that the average score on these evaluations was 3.2, with 4 being the highest ranking for positive results.

In relation to receiving formal feedback from stakeholders on the CORE process, one mechanism used is an online survey tool. This tool is available to providers through the FSQAP website. During the consultation, information on how to access this survey is given to the provider. However, providers are also given the opportunity to complete a paper tool which is identical to the online survey. Data from the paper tools are entered into the online survey. Overall, 71 responses have been received in the last year. The survey is an avenue to provide feedback in the following areas:

- fair assessment of the organization,
- identification of the organization's strengths,
- results were beneficial,
- the consult remained within the timeframes,
- useful guidance and technical assistance was provided,

- the consultant was fair,
- this new process is better than past assessments,
- and, the customer service representative was responsive.

On average, almost 80% of the providers either agreed or strongly agreed with the positive statements relating to the CORE process. Providers were also able to identify areas in which they would like more training and also to include any other comments. In relation to training, most respondents requested training in Personal Outcome Measures and using a person centered approach to service delivery.

Providers who receive a WiSCC consultation are presented with a Feedback Questionnaire they are asked to complete and return to Delmarva. The feedback focuses on the consultative and collaborative nature of the WiSCC process, and on efficiencies that can be built into the process. Last year, 37 forms were received. Typically, the responses to the process have been very positive. The only criticism has been related to the timeframes for conducting the process.

Another method used to receive feedback from the stakeholder group is the use of the Recipient Survey for the POM interview process. The results of these surveys are sent directly to AHCA and they aggregately report them to IQC. This survey targets individuals receiving services and/or their families. This year, the Recipient Survey was reviewed and modified by a small workgroup which consisted of family members from IQC, Pamela Wainwright from AHCA, and Sue Kelly, the Delmarva research scientist. The form is currently being piloted.

The last method for receiving feedback from providers is through the Reconsideration Process. The CORE process allows providers to request a reconsideration for a “not met” determination on the Minimum Service Requirement Elements, 19 through 25. The WiSCC process allows providers to request reconsiderations relative to elements 7 through 11. Through this process, the provider is in essence explaining how an interpretation is in error and provides Delmarva with information on how to correctly interpret the information. The Provider Performance Review Coordinator, Susan von Fossen, conducts all reconsiderations. When errors are confirmed, and a training issue has been identified, Susan will contact the Regional Manager and share this information so that it can be addressed appropriately.

## **Conclusion**

As documented in the three different sections, many quality improvement initiatives and activities have been and continue to be conducted as a part of the FSQAP project and organization-wide at Delmarva Foundation. It is the “practice what we preach” philosophy which allows for these types of initiatives. As a QIO organization, we are committed to promoting and initiating quality improvement activities within our communities. However, this commitment is directed internally as well. We are

continually evaluating our processes and making improvements in order to better provide supports and services to the community.

## **Attachment 2**

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

#### **Achieving**

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

#### **Implementing**

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

#### **Emerging**

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

- Some Education, Experience and Exposure may be taking place. However, the provider is not systematically and consistently implementing these concepts.

### **Not Present**

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

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

### Outcome Elements

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

### Minimum Service Requirement Elements

19. Provider meets service specific projected service outcomes(s) as identified for each service: Adult Day Training, Non-Residential Support Services, Residential Habilitation, Supported Employment, Supported Living.
20. Level 2 background screenings, and five-year re-screenings, are completed for all direct service employees.

21. Independent providers and agency staff receive other training specific to the needs or characteristics of the individual as required to successfully provide services and supports. NOTE: New providers have the required training and qualifications required for the service.
22. Proof of required training in recognition of abuse and neglect and the required reporting procedures are available for all independent providers and agency staff.
23. Provider is authorized to provide the service.
24. The service is provided and billed as authorized.
25. The provider maintains required documentation. NOTE: New providers maintain required documentation to include all required policies and procedures.

## Attachment 4

### WiSCC Outcome Element Evaluation Levels

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

#### **Achieving**

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

#### **Implementing**

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

#### **Emerging**

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

#### **Not Present**

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

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

### Outcome Elements

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

### Minimum Service Requirement Elements

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

**Attachment 6**  
**Training, Education, and Liaison**  
**Contacts and Meetings**  
**April - June 2005**

Statewide or National Presentations		
Date	Description of Activity	Participants and Audience
May 2, 2005	13 <sup>th</sup> Annual Conference of the Developmental Disabilities Nurses Association, Columbus, Ohio	Linda Tupper The Florida Medication Review Initiative Approximately 95 nurses and other professionals attended this session
May 15 – 18, 2005	National Home and Community Based Waiver Conference in Orlando, Florida	Two presentations. Bob Foley, Sue Kelly and Linda Mabile: Florida's Quality Improvement Initiative, system change from process to outcome based focus (about 30 participants). Marion Olivier-Ruelas, Carol McDuff and Linda Mabile: Development of quality improvement v quality assurance processes including discussion of key components of CORE and WiSCC (about 35 participants).
June 5, 2005	Family Cafe	Linda Tupper, Dr. Marta Wasiak, Dr. Babu Rankupali Psychotherapeutic Drug Use in Children, Adolescents & Adults with developmental Disabilities 78 attendees consisting of family members, individuals and professionals, para-professionals

June 8, 2005	Training-Florida ARF Quarterly Meeting	Bob met with the FARF general assembly to train on developing person centered approaches to service delivery.
June 29 and 30, 2005	Interagency Quality Council in Jacksonville.	See agenda/sign-in/minutes.
<b>Area Contacts</b>	<b>Area &amp; Description of Activity</b>	<b>Participants and Topic</b>
<b><u>Region One</u></b>		
May 9, 2005	Area 13 - Quarterly Meeting	Marion Olivier-Ruelas, Christine Stevenson and 5 district staff attended the meeting. We reviewed the quarterly data, discussed the follow up processes for CORE/WiSCC, gave updates on the on-line training information, gave staffing updates, described the support plan stakeholder workgroup, discussed the AQL's role, and reviewed provider concerns, trends for technical assistance and the positives seen.
May 16, 2005	Area 3 - Quarterly Meeting	Marion Olivier-Ruelas, Christine Stevenson and 6 district staff attended the meeting. We reviewed the quarterly data, discussed the follow up processes for CORE/WiSCC, gave updates on the on-line training information, gave staffing updates, described the support plan stakeholder workgroup, discussed the AQL's role, and reviewed provider concerns, trends for technical assistance and the positives seen.

May 20, 2005	Area 2 – Quarterly Meeting	Marion Olivier-Ruelas, Susan DeBeaugrine and 7 district staff attended the meeting. We reviewed the quarterly data, discussed the follow up processes for CORE/WiSCC, gave updates on the on-line training information, gave staffing updates, described the support plan stakeholder workgroup, discussed the AQL’s role, and reviewed provider concerns, trends for technical assistance and the positives seen.
May 23, 2005	Area 4 - Quarterly Meeting	Marion Olivier-Ruelas, Gary Baird, Sil Kaelin and 9 district staff attended the meeting. We reviewed the quarterly data, discussed the follow up processes for CORE/WiSCC, gave updates on the on-line training information, discussed the requirements for HIV/Infection Control training documentation, gave staffing updates, described the support plan stakeholder workgroup, discussed the AQL’s role, and reviewed provider concerns, trends for technical assistance and the positives seen.

May 25, 2005	Area 12 - Quarterly Meeting	Marion Olivier-Ruelas, Amy LeRoy and 4 district staff attended the meeting. We reviewed the quarterly data, discussed the follow up processes for CORE/WiSCC, gave updates on the on-line training information, gave staffing updates, described the support plan stakeholder workgroup, discussed the AQL's role, and reviewed provider concerns, trends for technical assistance and the positives seen. Mickey Beauregard is the new liaison.
May 31, 2005	Area 1- Quarterly Meeting	Marion Olivier-Ruelas, Sharon Searcy and 2 district staff attended the meeting. We reviewed the quarterly data, discussed the follow up processes for CORE/WiSCC, gave updates on the on-line training information, discussed the AQL's role, and reviewed provider concerns, trends for technical assistance and the positives seen.
	Area 14 – Quarterly Meeting	Area Office canceled this meeting and it was rescheduled for July 12
<b><u>Region Two</u></b>		
April 6, 2005	Area 15 Meeting	Meeting with Area Quality Leader who is now the liaison with Delmarva.
May 17, 2005	Training on CORE and WiSCC Area 8	Anna Quintyne and Carol McDuff trained Providers on an overview of the WiSCC with more detail on the CORE. See T & E report for details.

May 18, 2005	Conference Presentation - Orlando	Part of a panel presentation to a National Conference. See T & E report for details.
June 8, 2005	Area 11- Quarterly Meeting	Meeting with Kirk Ryon, members of his team, Mario Arreaga, Jose Navarro, and Beth Townsend with D.F. Discussed current activities in the dist., AQL activities, and D.F. findings in the field.
	Area 7 – Quarterly Meeting	Meeting was not held as the main contact in the Area had left and the new administrator had just started. Meetings will resume next quarter.
June 9, 2005	Area 8 - Quarterly Meeting	Meeting with Marsha Vollmar, members of her team, and also Krista McCracken with D.F. Discussed current activities in the dist., AQL activities, and D.F. findings in the field.
June 15, 2005	Training on the CORE and WiSCC in Area 10.	Anna Quintyne and Carol McDuff trained Providers on an overview of the WiSCC with more detail on the CORE. See T & E report for details.
June 15, 2005	Area 10 - Quarterly Meeting	Met with Martha Kiem to discuss direction the dist. Was going in light of the AQL's.
June 15, 2005	Area 9 - Quarterly Meeting	Met with Jerry Driscoll and members of his team, Carol Taylor, and Noeline Coore, D.F. Discussed current activities in the dist., AQL activities, and D.F. findings in the field.
<b>Suncoast Region/ Area 14</b>	<b>Bob / Charmaine</b>	

April 25, 2005	Medical Information Gathering	Linda Tupper Medical Information Gathering and Overview of 2003 Psychotherapeutic Drug Study 24 Waiver Support Coordinators and Residential Providers were present
April 19, 2005	Area 14 Stakeholder Meeting	Bob, Christie and Charmaine met with Area 14 Stakeholders in their efforts to expand upon local training and communication.
May 13, 2005	Area 14 Provider Meeting	Bob and Charmaine attended an Area 14 training meeting.
May 25, 2005	Suncoast Quarterly Meeting	Bob, Barbara, and Kristin met with Millie Coton
<b>Other Activities</b>	<b>Description of Activity</b>	<b>Topic or Presentation</b>
April 6, 2005	Florida Inclusion Alliance Meeting sponsored by the DD Council	Discussed topics relating to a statewide initiative for inclusion of individuals with developmental disabilities.