

**Florida Statewide Quality Assurance Program  
First Quarter Report  
July – September 2005  
Appendix 1**

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**Attachment 1**  
**Internal Quality Assurance Quarterly Report**  
**January - March 2005**

**New Staff**

Pamela Hutto joined Delmarva as a new Health Analyst July 5. She received the employee orientation from the Easton office as well as an orientation, particularly on security issues, from the Office Administrator in the Tallahassee Office. However, she was unable to continue in this position and resigned August 15. A replacement is scheduled to begin October 4.

**General Staff Training**

A week-long training was completed that was attended by all QICs, the Delmarva managers, the Council on Quality and Leadership and various AHCA and APD representatives. Training sessions included:

- Presentation of Quality Improvement Studies;
- Review/discussion of the Quarterly Area Data tables;
- “Four Corners” and “Dashboard” presentations by Julie Tyler and Maulik Joshi on the structure and current projects of the Corporate Delmarva Foundation;
- Medicaid Handbook update discussion;
- Interview process, actual interviews, and follow up.

In addition to presentations, there were several break-out sessions for CORE and WiSCC QICs for “facilitated discussions”. These work groups were used to discuss pros and cons of each tool/process and to generate ideas that could be used to enhance the processes, making them more efficient and effective. Consultants also “teamed up”, one CORE and one WiSCC consultant, for an actual interview. Anne Beuchner, from CQL, led the interview follow-up session to allow consultants to discuss/share their experiences. Most consultants found this process extremely helpful.

Finally, all the QICs and managers participated in an all-day training session presented by Neil Cerbone Associates on “Managing Conflict Effectively”. The session included a presentation of the PrioSys communication system, migrating to another’s communication style to improve communication, and techniques to enhance listening and negotiating skills.

**IT Initiatives**

IT continues to support several initiatives within the Florida project. They have been actively involved in updating and reorganizing the FSQAP website and the addition of new Web-based training initiatives. They have participated in development of the Public Reporting system that “went live” on August 15, 2005 and they will provide ongoing assistance as the workgroup moves into “Phase Two”. IT developed the CORE application that was implemented October 1. The Easton IT group continues to

participate in the weekly managers meetings. The weekly meetings continue to address ongoing needs and issues for the WiSCC and CORE processes.

## **WiSCC**

Bi-weekly conference calls continue with Delmarva managers and all WiSCC consultants. Minutes of these meetings are provided to all Delmarva managers and consultants. Each week new concerns/issues are discussed as well as best practices observed in the field. Over the past quarter topics such as the following were covered: IT updates and any IT-related issues; consulting with WSCs; Follow-up with T/A activities; any issues or concerns QICs may have; best practices; staffing updates; as well as updates regarding other Delmarva activities such as the Public Reporting Workgroup, stakeholder group, dashboards and productivity, and Delmarva/Area meetings.

## POM Monitoring and Annual Reliability

The Council on Quality and Leadership (CQL) continues to provide on site monitoring of 5% of all POMs conducted annually. Council representatives accompany consultants on interviews and observe the administration of the POM as well as the overall WiSCC process. Monitoring is designed to ensure that reliability in conducting the POM interviews is maintained as well as to provide ongoing technical assistance as needed.

The Nurse Reviewer is also available for all WiSCC consults. In the event an issue or question relating to the health or welfare of an individual surfaces, the Nurse Reviewer is contacted via conference call and may even join the consult in person if possible. In addition to monitoring provided by CQL, Delmarva Managers continue to monitor WiSCC consults on a regular basis. Managers provide assistance and feedback in order to continue to build reliability among the consultants and to enhance development of a consultative approach to the process. Consultants will continue to be monitored if, in the managers' opinion, additional feedback is needed to ensure consistent application of the new tools.

Any issues identified during the POM interview or WiSCC process are discussed during the bi-weekly conference calls with Delmarva Managers and Consultants

## Annual Gold Standard Reviews

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

During the 2<sup>nd</sup> quarter, scenarios will again be distributed to the QICs prior to the bi-weekly conference call. The scenarios focus on one or two WiSCC elements. These are

reviewed and “scored” by the consultants prior to the meeting. Results are discussed during the call.

#### Consumer and Family Feedback

The AHCA Recipient Survey continues to be distributed to individuals participating in the Personal Outcome Measures interview portion of the WiSCC process. AHCA staff maintains a report on this feedback. A new survey has been revised and piloted. When a data entry system has been developed and the pilot results have been analyzed, the revised survey will be ready for distribution to individuals who receive a POM and also individuals who are interviewed as part of the CORE process.

### **CORE**

#### Q & A document and protocol update

Biweekly conference calls with Delmarva Managers and Consultants were continued this quarter, with a focus on any issues, problems or concerns generated from the new consultation process. These meetings follow the same general format as described above for the WiSCC QICs. Minutes of these meetings were provided to all relevant staff and include Q&A’s.

Delmarva Managers and other staff such as the Nurse Reviewer and Customer Service Specialist have monitored CORE consults during the first quarter of contract Year Five. Managers provide assistance and feedback in order to continue to build reliability among the consultants and to enhance development of a consultative approach to the process. Consultants will continue to be monitored if, in the managers’ opinion, additional feedback is needed to ensure consistent application of the CORE procedures. The Nurse Reviewer is also available for all CORE consults. In the event an issue or question relating to the health or welfare of an individual surfaces, the Nurse Reviewer is contacted via conference call and may even join the consult in person if possible.

#### Annual Gold Standard Reviews

Regional Managers reviewed and approved 100% of the CORE consults. Ongoing feedback was provided as necessary. Ongoing review by the Regional Managers provides a mechanism to ensure that consultants are consistently interpreting elements and documenting justifications in an efficient and appropriate manner. To improve reliability, several scenarios are distributed prior to the bi-weekly conference calls. Each scenario focuses on a different element. These are reviewed and “scored” by each reviewer, the results discussed and analyzed during the call.

### **Provider Feedback Surveys**

In an ongoing effort to improve communication with providers, Delmarva has taken the initiative to increase the feedback we receive from providers after they have an onsite CORE or WiSCC consult. While a feedback survey has always been available for providers, the response rate from these surveys has traditionally been very low. During the first quarter of Year Five, Delmarva staff revised this survey and Delmarva has begun to distribute these with a self-addressed, stamped envelope. The survey is also available

online, or can be faxed to the Tallahassee office. We hope these improvements to the survey and the process will increase the responses we receive from providers.

### **Medical Peer Review**

The Medical Director completes a quality assurance review on a random selection of five percent of individuals who received a Personal Outcome Interview. The Medical Director reviews the claims data, summary comments of the consultants and the decisions of the nurse reviewer. During the first quarter of Year Five he reviewed 30 records. His results were 100 percent in accord with the decisions of the nurse reviewer.

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

Eleven formal education/training sessions were provided during the first quarter. These are described in the body of the report as well as in Attachment 6 of this appendix. We continue to provide participants with feedback surveys and encourage them to complete the surveys before leaving. On a scale of one to four, with four being the most positive response, the average score during this quarter was 3.3. This indicates the sessions received above average evaluations from the participants.

### **Timeliness and Submission of Deliverables**

Delmarva and its program partner (CQL) are continuing to develop internal management systems to ensure that required timelines for conducting reviews and consults are being met and that data are being gathered in a format that can be analyzed in an aggregate form.

### **Sampling Reports for Billing**

During this quarter an effort has been made to ensure that reports for which AHCA has been billed are also available on the web page. It was decided that a five percent sample of the reports from each type (WiSCC, CORE, Desk, POM) will be sampled from the billing report each month to document that they are also available on the web page. The process began in October 2005, with 100 percent of reports from the sample available.

## **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**  
**July – September 2005**

| Statewide or National Presentations |  |   |
|-------------------------------------|--|---|
| Date                                | Description of Activity  | Participants and Audience   |
| August 25, 2005                     | APSE Training  | Bob provided a joint training with Maximus at the APSE training in Orlando.           |
| August 14, 2005                     | Florida ARF Meeting  | Bob provided a Delmarva update to FARF members.                                       |
| Area Contacts                       | Area & Description of Activity   | Participants and Topic  |
| July 12, 2005                       | Area 14 Stakeholder Group  | Bob, Charmaine, and Christie attended the stakeholder with WSC's, providers, and APD. |
| July 12, 2005                       | Area 14 Quarterly Meeting  | Bob, Charmaine, and Christie met with Eric Olsen and his staff.                       |
| July 12, 2005                       | Area 14 Stakeholders Meeting   | Bob Foley, Charmaine Pillay, Christie Gentry, Providers, District Staff               |
| August 4, 2005                      | Area 11 Outcomes Training For Guardians  | Beth Townsend, Anna Quintyne, Melinda Coulter<br>Florida State Guardians              |
| August 5, 2005                      | Training For AQL's On Data Interpretation  | Bob Foley, AQL's  |
| August 13 & 14, 2005                | Education At Tash Conference-Inclusion Matters   | Charmaine Pillay, Beth Townsend, Jose Navarro, Mario Arriega                          |
| August 18, 2005                     | Personal Outcome Measures conference call. There was a discussion on the Council Contract status, New Trainers, IQC update on last meeting and a discussion on modifying the support planning process so that it is more person centered and training APS and Maximus accordingly. | APD staff, AQL's, CQL, Area Staff, Charmaine Pillay.                                  |

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| August 19, 2005 | Support Plan Stakeholder Group Small Workgroup | Bob and Beth met with Diane White to design Part A.   |
| August 22, 2005 | Area 13 - Quarterly Meeting                    | Marion Olivier-Ruelas, Christine Stevenson, Theresa Skidmore and 5 district staff attended the meeting. We reviewed the quarterly data, discussed the training needs in the district, gave updates on the on-line training information, discussed agency expansion and expansion criteria for WSC along with the 85% rule, the district shared a new practice for follow up/training with providers on their CORE/WiSCC, described the support plan stakeholder workgroup, discussed the AQL's and steering committee's role, and reviewed provider concerns, trends for technical assistance and the positives seen.   |
| August 22, 2005 | Area 3 - Quarterly Meeting                     | Marion Olivier-Ruelas, Christine Stevenson, Theresa Skidmore, 7 district staff and 4 members of the Area 3 Steering Committee and Advisory Group attended the meeting. Delmarva first reviewed the CORE and WiSCC processes as it related to staff training, interview, and data collection. We reviewed the Foundational Outcomes and why particular outcomes/supports are not present. We reviewed the POM data, and discussed the positive trends identified. We discussed the training needs in the district, gave updates on the on-line training information, described the support plan stakeholder workgroup, discussed the AQL's and steering committee's role, discussed agency expansion and expansion criteria for WSC along with the 85% rule and reviewed provider concerns, trends for technical assistance. |

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| August 23, 2005 | Area 12 Training on Implementation Planning | Marion Olivier Ruelas, Anna Quintyne, Amy Leroy, Providers   |
| August 24, 2005 | Area 1- Quarterly Meeting                   | Marion Olivier-Ruelas, Sharon Searcy and 1 district staff attended the meeting. We reviewed the quarterly data, discussed the training needs in the district, gave updates on the on-line training information, discussed the AQL's role and the steering committee's progress, discussed agency expansion and expansion criteria for WSC along with the 85% rule and reviewed provider concerns, trends for technical assistance and the positives seen.  |
| August 25, 2005 | Area 12 - Quarterly Meeting                 | Marion Olivier-Ruelas, Amy LeRoy, Beth Townsend and 4 district staff attended the meeting. We reviewed the quarterly data, gave staffing updates, online training updates, discussed the AQL's and steering committee's role, the district described the new positions they are receiving and the plans for those, discussed agency expansion and expansion criteria for WSC along with the 85% rule, shared a best practice seen in another district, discussed recoupment and reviewed provider concerns, trends for technical assistance and the positives seen. Beth Townsend is the new Regional Manager for this area. |
| August 25, 2005 | Training At Apse Conference                 | Bob Foley, Apse Members, Providers   |
| August 25, 2005 | Area 12 – AQL Steering Committee meeting    | Marion, Beth, and Amy presented and discussed quarterly data to Steering Committee   |

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| August 25, 2005    | Area 12 – Quarterly Meeting     | Marion, Beth, and Amy met with area personnel, including Micky Beauregard and Ed deBardeleben, and discussed training (completed and planned), quarterly data, criteria for agency expansion, provider concerns & trends, and future available resources  |
| August 26, 2005    | Area 2 – Quarterly Meeting      | Marion Olivier-Ruelas, Susan DeBeaugrine, Sandra Rowe, Kara Cowart and 5 district staff attended the meeting. We reviewed the quarterly data, discussed the training needs in the district, gave updates on the on-line training information, discussed the AQL’s role and the steering committee’s progress, discussed agency expansion and expansion criteria for WSC along with the 85% rule and reviewed provider concerns, trends for technical assistance and the positives seen. |
| August 30, 2005    | Area 8 – AQL Steering Committee | Krista and Beth attended the meeting in order to be available for any questions regarding DF activities in the area   |
| September 7, 2005  | Area 11 - Quarterly Meeting     | Carol McDuff, Jose Navarro, and Mario Arreaga met with Kirk Ryon to discuss data trends, area quality leader activities, and provider specific topics.  |
| September 8, 2005  | Area 7 – AQL Steering Committee | Charmaine and Beth presented to the committee data from the previous quarter; gave presentations on CORE and WiSCC consultations  |
| September 12, 2005 | Area 4 – Quarterly Meeting      | Marion, Beth, Silvia, and Gary met with area personnel, including Kay Lawing, Terry Mothershed-Neuman, and Sharon Staunton; discussed training (completed and planned), quarterly data, criteria for agency expansion, provider concerns & trends, and future available resources   |

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| September 14, 2005 | Area 1 Training on Core For In Home Support And Supported Living Providers | Charmaine Pillay, Marion Olivier Ruelas, Providers  |
| September 14, 2005 | Area 23, Training At FARF Conference                                       | Bob Foley, FARF Members, Providers..  |
| September 16, 2005 | Area 2 Training On WiSCC For New Support Coordinators.                     | Bob Foley, New Support Coordinators   |
| September 19, 2005 | Area 7 – Quarterly Meeting   | Frances, Brenda, Donale, and Beth met with area personnel: Steve Roth, Carol Solomon, Laura Lucas, Paula Bauser, and Mary Martin; discussed quarterly data, provider trends, and area training opportunities  |
| September 20, 2005 | Area 2 Training On WiSCC For New Support Coordinators.                     | Charmaine Pillay, Kristin Allen, New Support Coordinators   |
| September 21, 2005 | Area 15 - Quarterly Meeting  | Carol McDuff, Noeline Coore, and Carol Taylor met with Steve Stoltz and area staff to discuss data trends, area quality leader activities, and provider specific topics.  |
| September 22, 2005 | Area 12 – AQL Steering Committee   | Amy and Beth attended the committee meeting and participated in activities to select topics for activities  |
| September 23, 2005 | Area 8 – Quarterly Meeting   | Beth attended quarterly meeting with area personnel, including Marsha Vollmar, Ed Ruley, Jeff Gannon, Lannon Ruth (Kerry Schoolfield also in attendance); discussed quarterly data and meanings of scores, provider concerns and trends, training opportunities, AQL activities, and institutional discharges |
| September 23, 2005 | Area 9 - Quarterly Meeting   | Carol McDuff, Noeline Coore, and Carol Taylor met with Deb Blizzard and area staff to discuss data trends, area quality leader activities, and provider specific topics.  |
| September 23, 2005 | Area 8   | Charmaine Pillay, Beth Townsend, Individuals , Family Members, Ed   |

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|                         | Training On Core And Wiscc For Individuals And Family Members                                      | Rousseau, Gcc Staff, GCC Staff  |
| September 27, 2005      | Area 23 At FASC Conference, Training On WiSCC Findings, Best Practices, Brainstorming Effectively. | Susan Debeaugrine, Support Coordinators.  |
| <b>Other Activities</b> | <b>Description of Activity</b>   | <b>Topic or Presentation</b>  |
| August 14, 2005         | Area 3 WiSCC Training  | Bob and Marion trained WSC's on the WiSCC process.  |
| August 14, 2005         | APD Meeting  | Bob, Marion, and Julie met with Kerry Schoolfield, Linda Mabile, Steve Dunaway, and Shelly Brantly to discuss provider performance and feedback.  |
| August 14, 2005         | AQL Data Training  | Bob, Sue, and Marshall provided data training to the AQL's and other APD staff.   |
| August 16 & 17, 2005    | Stakeholder Meeting  | Bob, Marion, and Susan deB. led the Support Plan Stakeholder Group.   |
| August 25, 2005         | Steering Committee, Area 12  | Daytona Beach<br>Discussed and approved bi-laws. Delmarva representatives presented on the CORE/WiSCC processes. Data was presented on the Personal Outcome Measures and top reasons why Outcomes and Supports were not present. Presentation was made by United Way on a community initiative. |
| August 30, 2005         | Steering Committee, Area 8   | Ft. Myers<br>Discussion was held on proposed bylaws and a nomination for the Committee Chairperson was completed. Discussion of web page project was held and there was a presentation by Career & Services Centers of SW FL  |

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| September 8, 2005  | Steering Committee, Area 7  | 10:00 – 12:00, APD office, Orlando<br><br>Delmarva Presentation of CORE and WiSCC. Reviewed current Personal Outcome Measure data. Topics for the committee to focus on were discussed and finally narrowed focus to two topics.   |
| September 13, 2005 | Steering Committee, Area 2  | 2:00 – 4:30, HMS, Tallahassee<br><br>A brief description of the FSQAP history and evolution was given. Reviewed the latest Personal Outcome Measure data and reasons why supports and outcomes were marked as not present. Discussed several potential projects for the committee. The group has decided to focus on health.   |
| September 14, 2005 | Steering Committee, Area 13 | 8:00 - 12:30, APD office, Wildwood<br>Presented information on the FSQAP history, evolution, and current data; both statewide and Area 13 specific. Shared trends related to CORE/WiSCC reviews and best practices observed. The group tentatively decided to focus on community & the development of valued social roles with initial focus on getting NRSS, SLC, Companion, & SES providers together for training and support to that end. |
| September 15, 2005 | Steering Committee, Area 1  | 2:30 - 4:30, APD office, Pensacola   |

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|                    |                             | Discussed roles of the steering committee members and voted on upcoming projects. Discussed the possibility of developing a curriculum to train people on rights and responsibilities, discussed tackling transportation issues that individuals face, and developing a video or CD presentation regarding the services offered to individuals through APD. The group decided that they will try working on all 3 through small committees. |
| September 16, 2005 | Steering Committee, Area 14 | 9:00 - 1:30, Bob Crawford Center, Bartow<br>Information on consultation activities, including trends, best practices were discussed. Assistance was provided on POM interview data interpretation. Group decided to focus on health and also staff turnover/retention.  |
| September 21, 2005 | Steering Committee, Area 23 | 8:00 – 12:00, APD office, St Petersburg<br>Discussed Delmarva consultation processes and reviewed data. Discussed trends and related to both consultation processes and best practices. Group decided to focus on 3 areas (health, safety and rights).  |
| September 22, 2005 | Steering Committee, Area 12 | 10:00 – 12:00, APD office, Daytona Beach<br>Discussed personal outcome data as collected by Delmarva. Participated in break out groups to brainstorm projects to be developed by the committee.   |
| September 29, 2005 | Steering Committee, Area 7  | 10:00 – 2:00, APD office, Orlando<br>Voted on the two topics decided upon at the last meeting. Brainstormed on ideas on how to address the two different areas and developed an action plan.  |