

**Florida Statewide Quality Assurance Program
First Quarter Report
October - December 2005
Appendix 1**

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Attachment 1
Internal Quality Assurance Quarterly Report
October - December 2005

New Staff

Lori Reid started with Delmarva as a Health Analyst October 4, 2005. 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.

Dena K. Johnson was hired on a part time basis in Area 1 for WiSCC. She shadowed two experienced Quality Improvement Consultants (QIC) through two WiSCC processes and attended POM and WiSCC training, and also in house training/orientation to Delmarva. She passed reliability in both adult and children POM processes.

Barbara Langford Moore, Sheila Bryant Butler, and Dena Johnson were hired as WiSCC QICs. They received extensive training by CQL on the POMs and also in house training/orientation to Delmarva and the WiSCC process. They passed reliability in the adult and children POM processes.

Kristina Salvaggio was hired as a CORE QIC. She received training in the CORE process and the in house Delmarva training.

Internal Training

Lori Reid attended two training sessions: "Introduction to QueryPath" on November 2 and 3, and a training session for "Advanced Topics in QueryPath" on November 17. These are both part of the FREEDOM training provided by AHCA. She plans to attend the FMMIS training that will be offered in June.

IT Initiatives

IT continues to support several initiatives within the Florida project. 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.

As billing for the previous fiscal year came to a close, it was discovered that several Person Centered Reviews were billed and posted which were actually blank. After it was verified that some of them were blank because they reflected individuals who declined to be interviewed, a system was developed by the database administrator in the Easton office to prevent future occurrences. The IT administrator now searches through each PCR for seven health items that need to be marked in the health section of the report. If these seven specific items are marked, then the PCR is considered to be valid. Since beginning this process, there have been no more problems with blank reports being billed.

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. The consultants are also given information on overall productivity and the status of Delmarva corporation (dashboards) as a whole.

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, 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

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. CQL representatives accompany consultants on interviews and observe the administration of the POM as well as the overall WiSCC process. Monitoring is designed to ensure reliability in conducting the POM interviews is maintained as well as to provide ongoing technical assistance as needed.

CORE

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 second 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

100% of the CORE, 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 2nd quarter, a scenario was again distributed to the QICs prior to a bi-weekly CORE conference call. This was reviewed and “scored” by the consultants prior to the meeting. Results were discussed during the call. Consultants were not only asked to submit determinations for the scenario but also to make suggestions for Technical Assistance. The results were discussed on the CORE conference 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, and the results are part of the Delmarva dashboards. A new survey has been revised and piloted. A new data entry system has been developed and the revised surveys will be ready for distribution before the end of February. Individuals who receive a POM and individuals who are interviewed as part of the CORE process will all be given the opportunity to submit their impression of the process to AHCA.

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 either an onsite or follow up 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 in an effort to encourage providers to send in their feedback. The survey is also available online, or can be faxed to the Tallahassee office. To date, the response rate has averaged 30 percent, with more providers sending surveys in by mail than completing the on line survey.

As of the end of December, 101 responses had been received, compared to a total of 65 responses received in Year Four of the contract. The majority of the responses (64%) are from agency versus solo providers and more were from providers who received a CORE consultation. Only 10 percent of the responses were based upon a follow up consultation, with the rest subsequent to an onsite consultation. The results of the survey questions are very positive. Most providers scored questions as Strongly Agree or Somewhat Agree, between 87 percent to 96 percent. The highest rating (96%) was for the question related to the consultant’s professional interaction during the consultation. The lowest rating (87%) was related to the consultant adequately addressing barriers, challenges and/or needs of the organization.

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 second quarter of Year Five he reviewed 35 records. His results were 100 percent in accord with the decisions of the nurse reviewer.

Evaluation of Provider/consumer education

Ten formal education/training sessions were provided during the second 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.

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. Delmarva managers are working closely with each consultant in an effort to complete all reviews targeted for Year Five.

Sampling Reports for Billing

During the first quarter of Year Five, an effort was made to ensure that reports for which AHCA has been billed are 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 they are also available on the web page. The process for the October – December 2005 billing demonstrated that 100 percent of reports sampled were available on the web page.

Attachment 2

CORE Outcome Element Evaluation Levels

Achieving

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

Implementing

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

Emerging

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

Not Present

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

Attachment 3: CORE Outcome and Minimum Service Requirement Elements

Outcome Elements

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

Minimum Service Requirement Elements

19. Provider meets service specific projected service outcomes(s) as identified for each service: Adult Day Training, Non-Residential Support Services, Residential Habilitation, Supported Employment, Supported Living.
20. Level 2 background screenings, and five-year re-screenings, are completed for all direct service employees.
21. Independent providers and agency staff receive other training specific to the needs or characteristics of the individual as required to successfully provide services and

- supports. NOTE: New providers have the required training and qualifications required for the service.
22. Proof of required training in recognition of abuse and neglect and the required reporting procedures are available for all independent providers and agency staff.
 23. Provider is authorized to provide the service.
 24. The service is provided and billed as authorized.
 25. The provider maintains required documentation. NOTE: New providers maintain required documentation to include all required policies and procedures.

Attachment 4

WiSCC Outcome Element Evaluation Levels

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

Achieving

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

Implementing

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

Emerging

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

Not Present

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

Attachment 5: WiSCC Outcome and Minimum Service Requirement Elements

Outcome Elements

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

Minimum Service Requirement Elements

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

Attachment 6
Training, Education, and Liaison
Contacts and Meetings
October – December 2005

Area, State and National Contacts		
Date	Description of Activity	Participants and Audience
September 7, 2005	Area 7 – AQL Steering Committee	Presented FSQAP activities (CORE & WSCC) to steering committee with Charmaine
September 8, 2005	Employment Work Group	Training with Charmaine for new WSCs on WSCC process
September 12, 2005	Area 4 - Quarterly	Discussed with Program Administrator, AQL, Liaisons, etc results of FSQAP activities, upcoming trainings, steering committee topics
September 19, 2005	Area 7 - Quarterly	Discussed with Program Administrator, AQL, Liaisons, etc results of FSQAP activities, upcoming trainings, steering committee topics
September 21, 2005	National AAMR National Meeting	Linda Tupper attended this meeting.
September 22&23, 2005	Summit on Full Participation	Marion Olivier-Ruelas, Linda Tupper and Anna Quintyne attended this conference.
September 23, 2005	Area 8 - Quarterly	Discussed data, training, steering committee topics with Program Administrator, Liaison/AQL, and Kerry Schoolfield
September 23, 2005	Area 8 - Training	At Gulfcoast Center, presented with Charmaine overview of CORE/Supported Living to parents and providers

October 4-5, 2005	SP Stakeholder Group	Bob, Marion, Susan d., AHCA, APD, Maximus, APS Healthcare, and other stakeholders.
October 6, 2005	Area 14 Training on Overview of WiSCC	New Support Coordinators, APD, Christie Gentry, Charmaine Pillay
October 7, 2005	Area 14 Steering Committee and Advisory Board meeting	Steering Committee and Advisory Board members, APD, Charmaine Pillay, Christie Gentry.
October 11, 2005	Area 14 Provider stakeholder meeting	Providers, APD, Charmaine Pillay.
October 12& 13, 2005	Area 7 IQC	IQC members, APD, Individuals, Delmarva Staff, AHCA.
October 11, 2005	Employment Work Group	Bob and Work Group Members
October 12-13, 2005	IQC	IQC members.
October 14-16, 2005	National DDNA Board Meeting	Linda Tupper attended as an incoming officer.
October 18, 2005	Area 15, 2005 Training on Overview of CORE and Health and Behavioral Risk Indicators.	Providers, WSC's, APD, Charmaine Pillay, Linda Tupper.
October 19, 2005	Area 23 Steering Committee and Advisory Board meeting	Steering Committee and Advisory Board members, APD, Susan Von Fossen.
October 20, 2005	POM call	J.B. Black, APD, Area AQL's, Charmaine Pillay.
October 20, 2005	Status Meeting	Delmarva, AHCA, APD
October 21, 2005	APS Healthcare Subcommittee	Bob and Marion, APD, APS, etc. participated in the development of the automated application for Part B of the Support Plan.

October 21&22, 2005	The Autism Puzzle Conference	Linda Tupper attended this conference that was put on by the Mid-Florida DDNA
October 25, 2005	Area 8 – Steering Committee	Attended steering committee meeting, participated in discussions regarding bylaws and committee direction
November 2, 2005	Area 23 Quarterly Meeting	APD, Christie Gentry, Barbara, Hawkins, Susan Von Fossen, Charmaine Pillay.
November 2, 2005	Area 14 Quarterly Meeting	APD (Eric Olsen, Carla Bettis, Patrena Kilgore, Art Ciesla) Christie Gentry, Charmaine Pillay.
November 3, 2005	APD/AQL Monthly Meeting	Marshall Patterson, Sue Kelly and Bob Foley met with AQLs and Steve Dunaway to discuss data layouts and needs as per the monthly/quarterly CDs sent to the area offices and program office
November 4, 2005	Area 8 - Quarterly	Met with Krista, Program Administrator, Liaison/AQL; discussed data, trends, training opportunities, steering committee activities
November 8, 2005	Area 14 Training on Functional Documentation	All providers, Charmaine Pillay, APD.

November 10, 2005	Area 1- District Quarterly Meeting	Marion Olivier-Ruelas and 1 district staff attended the meeting. We reviewed the quarterly data, discussed the training needs in the district, discussed the Area steering committee's progress, reviewed provider concerns, trends for technical assistance and the positives seen. We reviewed the implementation plan for the updated handbook and informed the Area Office of staffing updates.
November 14, 2005	Area 7 - Quarterly	Met with Brenda, Cheryl, Donale, Francie, Bob, Program Administrator, Area Contract Manager, AQL/Liaison, licensure, provider liaisons; discussed training opportunities, steering committee activities, data
November 14, 2005	Quarterly Meeting – Area 9	Carol McDuff, Carol Taylor, and Noeline Coore met with Deb Blizzard and APD staff to discuss data trends, area quality leader activities, and provider specific topics.
November 15, 2005	Area 4 Training on Overview of CORE and Using CORE results.	Providers, APD, Charmaine Pillay, Silvia Kaelin.
November 15-16, 2005	SP Stakeholder Group	Bob, Marion, Susan d., AHCA, APD, Maximus, APS Healthcare, and other stakeholders.
November 16, 2005	Area 13 Training on Health and Behavioral Risk Indicators.	Providers, WSC's, APD, Linda Tupper, Charmaine Pillay.

November 17, 2005	Tallahassee, Status Meeting	AHCA, APD, Delmarva Staff.
November 17, 2005	Status Meeting	Delmarva, AHCA, APD
November 18, 2005	Area 2 – District Quarterly Meeting	Marion Olivier-Ruelas, Kara Cowart and 4 district staff attended the meeting. We reviewed the quarterly data, discussed the training needs in the district, discussed the Area steering committee’s progress, and reviewed provider concerns, trends for technical assistance and the positives seen. We reviewed the implementation plan for the updated handbook, the progress of the Support Plan Workgroup and the Area’s recoupment policy.
November 18, 2005	Area 23 Training on Overview of WiSCC process.	Steering Committee and Advisory Board members, APD, Christie Gentry, Barbara Hawkins.
November 19, 2005	Area 1 Training on Overview of CORE and Using CORE results.	Marion Olivier Ruelas.

November 21, 2005	Area 3 - District Quarterly Meeting	Marion Olivier-Ruelas, Christine Stevenson, Theresa Skidmore, 2 district staff attended the meeting. We reviewed the quarterly data, discussed the training needs in the district, discussed the Area steering committee's progress, and reviewed provider concerns, trends for technical assistance and the positives seen. We reviewed the implementation plan for the updated handbook, the progress of the Support Plan Workgroup and the Area's recoupment policy.
November 21, 2005	Area 12 - Quarterly	Met with Gary, Program Administrator, AQL, liaisons, licensure; discussed data, trends, training schedules, steering committee activities
November 28, 2005	Area 13 - District Quarterly Meeting	Marion Olivier-Ruelas, Christine Stevenson, Theresa Skidmore, 2 district staff attended the meeting. We reviewed the quarterly data, discussed the training needs in the district, discussed the Area steering committee's progress, and reviewed provider concerns, trends for technical assistance and the positives seen. We reviewed the implementation plan for the updated handbook, the progress of the Support Plan Workgroup and the Area's recoupment policy.

November 29, 2005	Area 4 – Quarterly	Met with Gary, Program Administrator, AQL, liaisons, etc; discussed trends in data, training opportunities, steering committee projects
November 29, 2005	Area 8 – Steering Committee	Participated in committee meeting, provided information on FSQAP activities and data collection
December 1, 2005	AQL Meeting/Training	Sue, Bob, AQLs, and other APD staff. Training on use of the Delmarva Web site, extracting data, etc.
December 10, 2005	Area 8 - Training	At Gulfcoast Center, with Charmaine, provided overview to parents of quality assurance in Florida
December 10, 2005	Area 8 Training on CORE and WiSCC procedures.	Individuals and Family members, APD, Beth Townsend, Krista McCracken.
December 13, 2005	Quarterly Meeting – Area 10	Carol McDuff met with Jameela Abdula Jamala and APD staff to discuss area staffing activities, the role of the steering committee and the area quality leader.
December 14-15, 2005	IQC	IQC members.
December 14& 15, 2005	Area 11 IQC	IQC members, APD, Individuals, Family Members, Delmarva Staff, AHCA.
December 15, 2005	Area 23 Overview of CORE processes and results.	Steering Committee and Advisory Board members, APD, Barbara Hawkins.

December 15, 2005	Quarterly Meeting – Area 11	Carol McDuff met with Kirk Ryon and Hillary Jackson to discuss Area 11 activities with the Steering Committee and also discussed and area specific trends.
December 16, 2005	Quarterly Meeting – Area 15	Carol McDuff and Anna Quintyne met with Steve Stoltz to discuss area quality leader activities, and provider specific topics.
December 16, 2005	Area 15 Training on Person Centered Planning.	Providers, WSC's, Anna Quintyne, Carol McDuff.
December 19, 2005	Area 1 Training on CORE and using CORE results.	Providers, APD, Marion Olivier Ruelas.