Florida Statewide Quality Assurance Program
Delmarva Foundation

Quarterly Report
October 1 – December 31 2005

2nd Quarter
Contract Year 5
2005-2006

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

Executive Summary

Throughout the second quarter of contract Year Five, Delmarva has continued to work closely with AHCA, APD, and The Council on Quality and Leadership to help ensure positive outcomes for the people served under the Medicaid DD HCBS Waiver program. Regional managers continue to monitor consultants on a regular basis and 100% of all CORE and WiSCC results are reviewed. Bi-weekly CORE and WiSCC conference calls continue in order to enhance communication and ensure reliability among consultants, attended by all consultants, all Delmarva managers, Delmarva's senior research scientist, Florida's IT representative and other personnel as appropriate.

The Public Reporting Website (www.flddresources.org) became a reality on August 15 and the members of the work group have met to address concerns and develop an agenda for the next phase of the system. Currently work is underway to improve the language used throughout the web site, making it more "user friendly", and to add to the list of resources available to users. A Zoomerang feedback survey has been developed and is available on the web site so users can provide needed feedback to the workgroup as plans to expand move forward. The Support Plan Stakeholder Workgroup continued to meet and has submitted recommendations to APD for modifications to the Support Plan process and document, and recommendations for training on the new process.

Delmarva continues to actively interface with providers, consumers, families, AHCA, APD and other stakeholders in this project by attending quarterly meetings, Area Steering Committee meetings, IQC, and conducting monthly status meetings. Delmarva managers and senior scientist have met with APD and the Area Quality Leaders (AQL) in an effort to improve data formats to meet area needs, and Delmarva will be an active participant in the Family Café, Developmental Disabilities Awareness Day, and the International Social Inclusion Annual meeting in Montreal.

As indicated throughout this document, review volume levels are relatively low as is, and therefore results are tentative and interpretations must be done with caution. The number of consults and reviews completed through December 2005, during contract Year Five, includes the following:

- 127 Waiver Support Coordination Consultations (WiSCC) of WSC entities;
- 183 Waiver Support Coordinators;
- 450 consumer interviews to collect data, conduct a Personal Outcome Measures interview, and a Health Risk Screening;[1]
- 276 Collaborative Outcomes Review and Enhancement (CORE);
- 353 Desk Reviews;
- 87 Follow-Up Reviews;
- 179 Follow-Up Reviews with Technical Assistance;

[1] Of these 450 interviews, 362 were part of a WiSCC and 88 were with individuals who are part of the longitudinal study and were not completed in the context of a WiSCC.

- 300 Documentation Follow-Up Reviews;
- 24 Reconsiderations.

Preliminary analysis indicates some results similar to Year Four, some areas improving and others not. Some highlights include:

- A similar pattern to Year Four exists when comparing the solo and agency providers. Waiver Support Coordinators (WSC) who work in a solo capacity are not as likely to receive scores of Achieving on a WiSCC as are WSCs who work with an agency. On the other hand, solo providers of other services who are subject to a CORE evaluation are more likely to be evaluated as Achieving than are agency providers.
- Agency and solo providers are most likely to have a CORE evaluation of Implementing.
- Solo support coordinators are most likely to score Emerging on WiSCC outcome elements whereas coordinators with an agency are somewhat more likely to score Implementing.
- Scores on deck reviews have remained fairly constant at approximately 78 percent.
- Solo providers with both WiSCC and CORE are doing better at providing evidence of required background screening.
- The POM element *chooses work* appears to be improving while *chooses services* has declined.
- Three POM elements show a rate of less than 30 percent met:
    - Performs different social roles (16.7%)
    - Has friends (28.4%)
    - Chooses services (21.8%)
- The measure for the seven Foundational Outcomes, the last seven POM outcomes that all people should have met, has improved somewhat to over 9 percent. Being free from abuse and neglect continues to show the highest percent met among all the POM outcomes.

All APD areas have been contacted and invited to work with Delmarva staff to ensure their education and training needs are being addressed. Since July 2005, all but four areas have received at least one education session, with three of the remaining four scheduled (Area 11 has not yet responded). Ten formal training and education sessions were provided during the second quarter of Year Five. Delmarva continues to get many requests for various types of training and education across the state. The interactive training module titled *Empowerment: Locating, Hiring and Replacing Providers* has been posted on the web site and the modules titled *Medication Highway*, *Professional Practices* and *Quality Enhancement Planning* are currently undergoing design work and will be posted pending APD approval.

Three Quality Improvement Studies were approved at the November status meeting for Year Five.

- *Barriers Analysis*: This study will include an analysis of the barriers information currently collected as part of the WiSCC process, as relating to Waiver Support Coordination. In addition to the quantitative data, focus groups will be held across the state to solicit information from individuals, families and other providers. To date, one focus group discussion was conducted in Miami and two others are scheduled in February in the Tampa and Sebring areas. Information will also be solicited from AQLs and the Area Administrators.
- *CORE Driver Elements*: The purpose of this study is to determine the impact of each CORE element on the POM outcomes. Because the CORE process may, in the future, be modified, it is important to examine the impact each element may or may not have on outcomes for individuals.
- *Supports as the Best Predictors of Outcomes*: This study is similar to the Outcomes Study as Best Predictors of Outcomes that was completed in Year Four. Because we can impact supports, it is important to determine which are most critical in terms of producing positive outcomes for individuals.

Introduction

This is the second quarterly report for Year Five of the Florida Statewide Quality Assurance Program (FSQAP) contract, October – December 2005. The report is divided into three sections. The first section, **Summary of Quarterly Project Compliance Activities**, presents information relevant to compliance with contract issues. In this section we detail the activities and accomplishments of the Delmarva Staff and their partners, including:

- Project Initiatives
- Volume of Activity
- Liaison and Education Activities
- Summary of Customer Service Activity
- Quality Improvement Initiatives
- Internal Quality Assurance Activities.

The second section, **Data Analysis and Preliminary Results**, provides analysis of the data collected from July through December 2005. Data collection from the providers and individuals with developmental disabilities for Year Five is not yet complete and therefore any results presented in this section are inconclusive and might not yet be representative of the providers and consumers in the DD population.[2] This section includes:

- Desk Reviews
- CORE Evaluations
    - Outcome Elements
    - Minimum Service Requirements
    - CORE Alerts and Recoupments
    - Follow Up and Follow Up with Technical Assistance
- WiSCC Evaluations
    - Outcome Elements
    - Minimum Service Requirements
    - Follow Up with Technical Assistance
- Personal Outcome Measures (POM)
    - Individual POM Item Summary
    - 13 or More Outcomes Met and 13 or More Supports Present
    - 13 or More Outcomes Met by Demographics
    - Foundational Outcomes
- Medical Peer Review Findings

[2]Trends and more extensive analyses are presented in the FSQAP Annual Reports to AHCA and APD.

The third section, **Summary and Recommendations**, provides a brief summary of the contract activities. Some recommendations are provided based on a review of the data and activities to date.

Section One: Summary of Quarterly Project Compliance Activities

Project Initiatives

Sub-Contractors
As noted in the first Quarterly Report for Year 5, Delmarva is no longer subcontracting services from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or Medstat. The transition to providing these services internally has proceeded efficiently and smoothly. Lori Reid, the new Health Analyst with Delmarva, and Sue Kelly have provided the data tables and analyses once produced by Medstat. The Provider Performance Review (PPR) application created by Delmarva, which includes the CORE consult, Desk Reviews and follow up consult types, has been successfully installed and utilized by the consultants since October 1, 2005. The subcontract with the Council on Quality and Leadership (CQL) continues and during this time period they have provided POM reliability and coaching activities.

Consultation/Review Activities
The implementation plan for the Developmental Disabilities Waiver Services Coverage and Limitations Handbook, revised 6/23/2005, became available on October 28, 2005. This document provided Delmarva timelines for implementation of any changes in the handbook that need to be incorporated into the review processes. The Provider Performance Review tools were subsequently modified to reflect these changes. The revised tools were posted to the FSQAP website on December 2, 2005, so providers had an additional resource with which to access the changes to the handbook. The updated tools were also incorporated into the application and provided to each consultant. Modifications to the application will be implemented on January 1, 2006.

Public Reporting Website
The Public Reporting Website (www.flddresources.org) workgroup met November 7, 2005, to address current concerns and discuss the future direction of the web site. Items discussed include the following:

- A report from David Milligan indicated the site had been visited 1,115 times from August through October, 2005.
- Because providers who no longer provide services on the Medicaid Waiver were being listed as current providers, it was decided to change the criteria for identifying active providers. Providers will be listed on the web page if they have billed for a service in the previous 12 months, a change from 18 months. The list of active providers on the web page is updated monthly. Since providers have 12 months to bill for services, it was decided this time frame would best include all providers without listing those no longer providing services on the HCBS waivers.
- The group discussed the possibility of including a link to providers' web pages if available. It was suggested that if this was done, Delmarva would include the

URL address as part of the demographic information, but not the actual link. However, Marshall Patterson and Bob Foley agreed to develop an estimated timeframe to do this, and present it at the next meeting.

- Delmarva will maintain the web site as it is with no additional funding. However, to expand the site would require additional funds and possibly an administrative position to input data and monitor the site. APD and Delmarva agreed to examine existing contract funding possibilities, such as using Special Project hours.
- Before expanding the web site or trying to determine the direction to take at this time, it was decided to develop a user feedback survey to post on the web site in order to gather feedback on the type of information available, the difficulty or ease with which it was obtained, any suggestions for additional information that would be useful, and any other feedback on the use of the web site. Sue Kelly, Steve Dunaway, Art Brown and Ann Millan agreed to work on developing a Zoomerang survey for this purpose.

Support Plan Stakeholder Workgroup

The Year 5 Support Plan Stakeholder Group submitted a report containing recommendations to the Agency for Health Care Administration and the Agency for Persons with Disabilities in December, 2005. The workgroup submitted recommendations to APD for modifications to the Support Plan process and document. The workgroup also submitted recommendations for training on the new process. Please see this report for details describing the six month efforts of this group.

Area Quality Leader Contact

Delmarva has participated on two different conference calls with APD and the Area Quality Leaders (AQL). The intent of the meeting on November 3 was to identify existing issues and/or possible revisions to the monthly/quarterly data reports that are sent to the area offices. Because the AQLs and Area Administrators now have access to the provider information on the Delmarva web site, it was thought that much of the data they receive on the CD could easily be retrieved from the web site, and some tables created for the CDs could also be posted to the site. It was decided to table the discussion until the AQLs could receive training on the web site. In addition, it was decided that a small group of AQLs, along with Steve Dunaway, would meet with Sue Kelly some time in January to continue discussion of possible revisions.

Sue Kelly, Bob Foley and Marshall Patterson conducted the web site training session with the AQLs on December 1. The AQLs were trained on how to retrieve provider reports (CORE, WiSCC, Follow Up or Desk Reviews) and Personal Outcome Measures (POM) reports for individuals who have received a POM interview. A meeting is tentatively planned for February 9 to continue discussion of AQL/APD data needs.

Interagency Quality Council

Because the quarterly IQC meeting scheduled in September was postponed until October, Delmarva participated in two IQC meetings this quarter: October 12 and 13 in Orlando and December 14 and 15 in Miami. The December meeting was moved from Fort

Lauderdale to Miami due to the damage caused by Hurricane Wilma. In each meeting Bob Foley presented an update of Delmarva activities and a summary of any data analysis. In October, Sue Kelly presented a summary of several Quality Improvement studies completed during the fourth year of the contract. In December, Marion Olivier-Ruelas lead breakout groups in brainstorming solutions to different issues identified by the group. Also, Carol McDuff led a panel of individuals receiving services and providers who had been through a CORE consult in a discussion related to the process.

National/International Conference Representation

Delmarva has had two papers and one poster presentation accepted for presentation at the AAMR Annual Meeting on Social Inclusion in Montreal, May 2006. The presentations will highlight parts of the psychotherapeutic drug research Delmarva is completing for the Year Five study, the shift in processes from Quality Assurance to Quality Improvement, and extent to which CORE elements impact social inclusion (POM affiliation measures).

Volume of Activity

CORE and WiSCC onsite consultation processes have continued into Year Five with no significant changes to either processes. Desk Reviews continue to be conducted for providers who do not provide services subject to an Onsite review. As per the contract amendment in Year Four, in addition to the six services that have received an onsite review each year, In-Home Support Services and Special Medical Home Care are also now subject to a CORE consultation. The number of reviews/consults completed to date during the first two quarters of contract Year Five is as follows:

- 127 Waiver Support Coordination Consultations (WiSCC) of WSC entities;
- 183 Waiver Support Coordinators;
- 450 consumer interviews to collect data, conduct a Personal Outcome Measures interview, and a Health Risk Screening;[3]
- 276 Collaborative Outcomes Review and Enhancement (CORE);
- 353 Desk Reviews;
- 87 Follow-Up Reviews;
- 179 Follow-Up Reviews with Technical Assistance;
- 300 Documentation Follow-Up Reviews;
- 24 Reconsiderations.

Liaison and Education Activities

Liaison with AHCA and APD has continued to be very positive throughout all activities of the project. Monthly status meetings were conducted this quarter, held on October 20

[3] Of these 450 interviews, 362 were part of a WiSCC and 88 were with individuals who are part of the longitudinal study and were not completed in the context of a WiSCC.

and November 17. The status meetings are a venue for AHCA, APD, Delmarva and Delmarva's partner, The Council on Quality and Leadership (CQL), to receive project updates and discuss issues or concerns moving forward. These are generally well attended, with representation from all groups.

All areas have been contacted and invited to work with Delmarva staff to ensure their training needs are addressed. Since July 2005, all but four areas have received at least one education session, with three of the remaining four scheduled (Area 11 has not yet responded). When scheduling a training session for each area, information is collected from relevant consultants, from area staff, and from the Delmarva reports that include information from POM interviews as reported through data sets. As education is provided in each Area, participants are expected to fully participate, with some training sessions including a more hands on approach to learning through the use of scenarios. Per consultants in the area, training is also supplied to providers by APD Area staff. During the second quarter of this contract year, ten education/training sessions were provided as follows:

- New Support Coordinators in Area 14 received training on the WiSCC process that included an overview of the process and findings over the past year. A new component to this training was introduced: the training included a discussion on barriers and innovative solutions/best practices that have been identified to help eliminate the barriers.
- Area 15 received two separate training sessions. The first was attended by providers. In addition to education on the CORE process, providers received training on using results derived from the process. The second session was attended by Support Coordinators and focused on Health and Well Being, including health and behavioral risk indicators for persons receiving services.
- Providers in Area 4 received training on the CORE process and the use of results to enhance service delivery. In addition, a component of the training session focused on developing quality systems to enhance services at the individual level as well as at the organizational level.
- In Area 14 providers received hands on training on Functional Documentation. They were presented with information on the documentation requirements per service as well as information on the more compelling reasons for good documentation such as communication, a need for historical records and a documented method of evaluation.
- In Area 13 providers and Support Coordinators received training on Health and Well Being. They were presented with various scenarios. Based upon lessons learned during the session, they were asked to make determinations on follow up recommendations. The responses indicated an excellent level of understanding.
- In Area 23 members of the Area Steering Committee and Advisory Board were provided with a practical overview of the WiSCC process. At the conclusion of the session, family members expressed a greater understanding of the process and its purpose.
- In Area 15, training on Person Centered Planning was provided to a few (11) providers, most of whom were support coordinators. The session was scheduled

with area staff two months in advance. New providers of In Home Support services were provided with training on the CORE process from scheduling to report dissemination. They were also presented with scenarios that required their participation in demonstrating whether or not they had absorbed the material presented. The session was well received, and the interactive portion indicated participants understood the material presented.

- Members of the Steering Committee and Advisory Board in Area 23 received an educational session on the CORE process and purpose. The training was adapted to ensure their full understanding of the process. Following the session, parents and family members expressed a greater understanding of the need for the process as well as the role of family and community in attaining outcomes.
- In Area 8, education on the Florida Statewide Quality Assurance Program (including WiSCC, CORE and Desk Reviews) was provided to parents whose children are preparing for closure of an institution. Expectations as well as the shift from Quality Assurance to Quality Improvement were discussed.

The interactive training module titled *Empowerment: Locating, Hiring and Replacing Providers* has been posted on the web site and the modules titled *Medication Highway*, *Professional Practices* and *Quality Enhancement Planning* are currently undergoing design work and will be posted pending APD approval.

Information on FSQAP activities and findings are routinely presented at area quarterly meetings as well as Steering Committee meetings across the state, as Delmarva managers and consultants continue to participate in the area quarterly meetings with area staff, including AQLs. At these meetings, information is provided on consultation findings, trends and best practices. Assistance in data interpretation is also provided.[4]

Summary of Customer Service Activity

The Customer Service unit continues to serve as a liaison between Delmarva, Medicaid Waiver service providers and beneficiaries, the APD Areas and the business community. Responses are provided for inquiries about Onsite CORE and WiSCC consultations, Desk Reviews, Person-centered Reviews, related issues on Quality Enhancement Plans, Reconsiderations and other required follow up. The Customer Service Representative, Said Sanchez, has completed extensive training on the consultative and desk review processes, including observing a CORE and WiSCC, in order to better field questions and concerns.

As indicated in the following table, the total number of customer service contacts has decreased from the first quarter, from 464 to 369 this quarter. Desk Reviews continue to generate the most calls, the same percentage as in the first quarter. Many providers need an explanation of the documents to be submitted for the review or for the follow-up, timeframes for submission and the reason for the request for the documentation. A few

[4] Appendix 1, Attachment 6 summarizes Delmarva's contacts and activities for the October through December 2005 time period.

providers requested and were granted extensions for their desk reviews due to the destruction of Hurricane Wilma.

Customer Service Contacts

July - December 2005

Area	Number Jul - Sep	Number Oct - Dec	Percent Jul - Sep	Percent Oct - Dec
Desk Reviews	359	285	77.4%	77.2%
CORE	33	27	7.1%	7.3%
WiSCC	6	9	1.3%	2.4%
Interpreting Services	10	9	2.2%	2.4%
Complaints	16	5	3.4%	1.4%
On Line Assistance	19	15	4.1%	4.1%
Miscellaneous	21	19	4.5%	5.1%
Total	464	369	100.0%	100.0%

There were 36 calls to Customer Service concerning CORE and WiSCC. Providers often needed to know what the “next steps” were for the follow-up procedures. Said Sanchez has helped customers who were having difficulty with the online training modules or getting information from the APD web page. He has also arranged interpreting services in Spanish in nine instances.

Quality Improvement Initiatives

Two quality improvement initiatives completed this quarter were discussed above: the Public Reporting workgroup and the Support Plan Stakeholder workgroup activities. In addition to these, collecting, analyzing and using data are primary ways to indicate areas for quality improvement in any program. Currently, our primary data reports are quarterly and annual reports submitted to AHCA and APD and monthly/quarterly area reports that are data driven and intended to give area staff and Area Quality Leaders (AQL) timely information, specific to their providers and consumers, in order to help them target intervention strategies and quality improvement initiatives. As noted in the Area Quality Leader Contact section, Delmarva has met with APD and the AQLs and begun the process of revising the data driven tables, with the possibility of posting much of the information on the Delmarva private web site. This could improve access for the AQLs and the Area Administrators, as well as provide more timely data on current provider performance. A meeting to continue discussion of these revisions is scheduled for February 24.

Three Quality Improvement Studies were approved at the November status meeting for Year Five.

- *Barriers Analysis*: This study will include an analysis of the barriers information currently collected as part of the WiSCC process, as relating to Waiver Support Coordination. In addition to the quantitative data, focus groups will be held across the state to solicit information from individuals, families and other providers. To date, one focus group discussion was conducted in Miami and two others are scheduled in February in the Tampa and Sebring areas. Information will also be solicited from AQLs and the Area Administrators.
- *CORE Driver Elements*: The purpose of this study is to determine the impact of each CORE element on the POM outcomes. Because the CORE process may, in the future, be modified, it is important to examine the impact each element may or may not have on outcomes for individuals.
- *Supports as the Best Predictors of Outcomes*: This study is similar to the Outcomes Study as Best Predictors of Outcomes that was completed in Year Four. Because we can impact supports, it is important to determine which are most critical in terms of producing positive outcomes for individuals.

In addition, Delmarva solicited study ideas from APD and the AQLs. Two ideas have been discussed. One idea involves a study of the intentional and/or unintentional language of providers that can be seen as a "veiled threat" by individuals, impacting their feelings of safety and continuity of service. A second idea is to modify the monthly monitoring tool used by Long Term Care Residential facilities to reflect a more person-centered approach. This could be done with an experimental design such that some facilities received the "new" monitoring tool, and comparisons could be made using the POM interviews. These ideas were discussed with Steve Dunaway, the Delmarva managers, and the consultants and presented at the status meeting, but no decision has yet been made as to the viability of a QI study at this time.

Internal Quality Assurance Activities

Delmarva managers and the Tallahassee and Easton IT staff continue to meet weekly to discuss on going projects, issues or concerns facing consultants or the completion of any portion of the contract obligations. This has greatly enhanced internal communication, providing increased interaction with IT in order to maintain and enhance the WiSCC and CORE applications.

Delmarva Managers continue to monitor consultants on WiSCC and CORE consults, providing assistance and feedback in order to build reliability among the consultants and to enhance development of a consultative approach to the processes. Bi-weekly conference calls with consultants are used to address any issues, problems or concerns generated from the consultations. These calls also provide the consultants with updated information related to policy and procedure changes from the state.

As a result of the recent AHCA monitoring activity of Delmarva procedures, some new internal quality assurance activities have been initiated. Details of these and other activities can be located in Appendix 1, Attachment 1, Florida Statewide Internal Quality Assurance Program (IQAP).

Section Two: Data Analysis and Preliminary Results

Volume of Activity-Provider Performance Reviews and Consultations

There are several categories of providers subject to a Provider Performance Desk Review or a CORE in Year Five of the contract:[5]

- New providers;
- Established providers who were not reviewed in Year Four (received a 90 percent or above with no Alerts in Year Three);
- Providers reviewed in Year Four who had a review score of less than 90% or who had Alert Elements of Performance that were Not Met on a Desk Review;
- Providers who received less than Achieving on a CORE;
- Or, providers of Supported Living Coaching who are subject to annual review through State Rule.

In addition to Supported Living Coaching, Supported Employment, Adult Day Training, Residential Habilitation, and Non Residential Support Services, In Home Support Services and Special Medical Home Care are now also subject to an Onsite CORE review.[6] Providers of all other DD Waiver services (with the exception of Support Coordination, Adult Dental Services, Consumable Medical Supplies, Adaptive Equipment and Environmental Modifications) receive a Desk Review. During the first two quarters of this contract year, July – December 2005, Delmarva completed 276 CORE consults and 374 Desk Reviews.

In addition to the annual consults, Delmarva provides a number of different follow-up activities to enhance the provider's capacity to assist individuals they serve and to meet documentation requirements. Four potential post-consult/review activities include: Follow-up, Follow-up with Technical Assistance, Documentation Follow-up, and Reconsiderations. In the CORE process, providers receive a Follow-up if the overall finding from their onsite activity is Implementing and they do not choose to receive a Follow-up with Technical Assistance.

Current Follow-up activities may include the following:

- Review of the provider's Quality Enhancement Plan (QEP).
- Review of each element not scored as "achieving" to determine what improvements the provider has made, or what plans the provider has identified to improve organizational practices.

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[5] Providers of Support Coordination are included in the WiSCC results section and are required to be reviewed every year.

[6] It is important to note that providers of these services are not scored on every CORE element. Elements 12, 13, 14 and 19 are scored as Not Applicable.

- If deemed necessary, the consultant may interview individuals, staff, and others.

Providers who had a CORE consult receive a Follow-up with Technical Assistance if the overall finding from the onsite is Not Emerging or Emerging, if the finding is Implementing and the provider requests that Technical Assistance be attached to the Follow-up, or if the finding is Achieving and the provider requests a Follow-up with Technical Assistance through the APD Area Office. Additionally, any CORE in which an Alert is identified generates a Follow-up with Technical Assistance.

Follow-up with TA reviews may include the following:

- Assistance in the development of the QEP, as needed.
- Assistance with the development of organizational practices key to facilitating the achievement of outcomes for the individuals served.
- Review of each of the elements not scored as "achieving" to determine how the provider plans to address or is addressing the area.
- If deemed necessary, the reviewer may interview individuals, staff, and others.

Documentation Follow-up Reviews are primarily conducted for providers who have received a Desk Review, to ensure they have corrected elements scored as not met or for which correct documentation was not submitted at the time of the original review. Occasionally providers receiving an onsite consult are required to submit information for a documentation review if they scored Achieving but had minimum service requirements scored as not-met. Providers have 30 days to submit materials for Documentation reviews.

Reconsiderations are conducted when a provider contests the results of the CORE annual onsite consultation or annual desk review. Reconsiderations can only be requested on the minimum service requirement elements in the CORE process (elements 19-25).

Provider Performance Reviews and CORE Follow-up Activities

July 2004 - December 2005

Type of Follow-up	Year 4	Year 5 YTD	Year 4	Year 5 YTD
Follow-up	143	87	12.3%	14.7%
Documentation FU	663	300	57.0%	50.8%
FU w TA	278	179	23.9%	30.3%
Reconsideration	80	24	6.9%	4.1%
Total	1,164	590	100.0%	100.0%

Similar to Year Four, a majority of the follow-up activity during the first two quarters of Year Five has been Documentation Follow-ups for Desk Reviews. There has been a slight relative decrease compared to Year Four, and a relative increase in Follow-ups with Technical Assistance.

Desk Reviews

The following table shows the number and percent of desk reviews in each APD Area, as well as the average review score, for the Year Four results and the first two quarters of Year Five. The scores in the first two quarters of Year Five vary greatly by area, from a low of 52.1 percent (only 12 reviews) to a high of 99.4 percent (only 3 reviews).

Desk Reviews by APD Area
July 2004 - December 2005

	Year 4		Year 5 YTD		Average Score	
Area	Reviews	Percent	Reviews	Percent	Year 4	Yr 5 YTD
1	25	2.0%	3	0.8%	85.6%	99.4%
2	146	11.7%	43	12.2%	82.4%	89.0%
3	73	5.9%	15	4.2%	80.5%	84.5%
4	116	9.3%	27	7.6%	78.7%	78.9%
7	129	10.3%	25	7.1%	75.4%	79.0%
8	26	2.1%	12	3.4%	76.7%	52.1%
9	43	3.4%	7	2.0%	69.5%	65.3%
10	58	4.7%	8	2.3%	73.3%	79.0%
11	147	11.8%	48	13.6%	75.8%	73.0%
12	71	5.7%	35	9.9%	74.0%	69.7%
13	58	4.7%	21	5.9%	77.3%	89.0%
14	24	1.9%	6	1.7%	74.1%	82.9%
15	50	4.0%	11	3.1%	60.9%	71.5%
23	281	22.5%	92	26.1%	79.9%	79.8%
Total	1,247	100.0%	353	100.0%	77.2%	78.4%

Overall, the year to date statewide average score for Year Five appears to be comparable to Year Four, 78.4 percent to 77.2 percent respectively. However, because all but one of the areas have fewer than 50 Desk Reviews completed, it is difficult to draw any meaningful comparisons across areas. Results should be viewed with caution and trends or comparisons to previous data made with care. With that caveat stated, the following highlights are evident in the first two quarters of the fifth year of the contract (July – December 2005):[7]

- An average score of 78 percent, similar to Year Four;
- 84 agency providers had an average score of 71 percent (Year Four was 72. 8 percent);
- 270 solo providers had an average score of 81 percent (Year Four was 78.7 percent);

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

- 77.7 percent of providers had the required level 2 background screening;[8]
- 79 (22.3%) desk-reviewed providers were cited with a total of 153 alerts;
- 114 (36.1%) desk reviewed providers had 215 documented recoupment citations;
- 142 desk reviewed providers required submission of additional documentation.
- 123 (42 %) providers who completed a documentation follow-up review received a Met on 75 percent or more of the items that had previously been Not Met. This shows a small increase over the Year Four benchmark of 40 percent.[9]
- 74 (27%) providers who completed a documentation follow-up review received a Met on 100 percent or more of the items that had previously been Not Met.

CORE Evaluations

A total of 276 CORE evaluations have been completed and approved during the first quarter of Year Five. This is only a portion of the number expected for the year: a range of 725 to 1,029 with a target of 900. Therefore, current results are not from a scientifically selected representative sample of the population, and should be interpreted with caution. The following table shows the distribution across APD Areas.

CORE Evaluations by Area

July - December 2005

Area	Number	Percent	Average Outcome Score	MSR Percent Met
1	12	4.3%	2.08	81.9%
2	31	11.2%	2.06	83.4%
3	22	8.0%	1.55	67.5%
4	34	12.3%	1.79	61.5%
7	22	8.0%	2.23	88.2%
8	3	1.1%	1.33	61.9%
9	8	2.9%	2.00	76.8%
10	13	4.7%	1.46	74.4%
11	33	12.0%	1.39	73.0%
12	29	10.5%	1.79	71.1%
13	15	5.4%	1.60	70.2%
14	1	0.4%	1.00	71.4%
15	15	5.4%	1.27	60.0%
23	38	13.8%	1.82	81.4%
Total	276	100.0%	1.75	74.1%

[8] When providers do not have documentation available for the required background screening information, they are asked to submit this for the Documentation Follow-up Review, with any other information they may have been missing. This is due within 10 days within receipt of the Desk Review report.

[9] After some discussion with APD it was decided to use the Year Four result (40%) as a benchmark from which to improve through the course of Year Five and beyond.

The number of CORE completed in each area ranges from only one in Area 14 to 38 in Area 23. The average outcome score is calculated within each area with a simple mean, based upon a scale of zero to three:[10]

- Achieving = 3
- Implementing = 2
- Emerging = 1
- Not Emerging = 0.

Area 7 currently shows the highest average score of 2.23, between Implementing and Achieving.[11] While the lowest score is seen in Area 14, this is from only one consult. On average, providers were compliant ("Met") on just over 74 percent of the Minimum Service Requirements (MSR). This ranged from a high of 88.2 percent in Area 7 to a low of 60 percent in Area 15.

Outcome Elements

During the six months ending December 31, 2005, 211 agency and 65 solo providers received a CORE evaluation. Each provider is evaluated on 25 elements. The first 18 elements are outcome oriented and focus on the following areas: rights, choices, community, health and safety, a person-centered approach and communication. Each Outcome Element is evaluated as Achieving, Implementing, Emerging or Not Emerging.[12] The provider's overall evaluation is based on a compilation of outcome element level evaluation.

CORE Evaluations

July - December 2005

	Agency	Solo	Total	Agency	Solo	Total
Achieving	26	16	42	12.3%	24.6%	15.2%
Implementing	102	27	129	48.3%	41.5%	46.7%
Emerging	80	19	99	37.9%	29.2%	35.9%
Not Emerging	3	3	6	1.4%	4.6%	2.2%
Total	211	65	276	100.0%	100.0%	100.0%

On average, a majority (61.9%) of the 276 providers scored Achieving or Implementing. Only six providers were evaluated as Not Emerging. While there are still only a limited number of reviews completed (276 out of a target of 900 to be completed this year), early results show solo providers are more likely to score Achieving than are agency providers,

[10] See Appendix 2, Exhibits 5 and 6 for CORE results by outcome level and area.

[11] It is important to note we are calculating an "average" from what is essentially qualitative (ordinal) data. While often used for analytic purposes, the "distance between" each value is not a standard unit, such as with age or income.

[12] See Appendix 1, Attachment 2, for a description of the levels of evaluation.

and agency providers are much more likely to score Emerging than solo providers. This is consistent with the Year Four results presented in the Year Four Annual Report. A broader analysis and interpretation will be possible when completing the annual report for Year Five.

As indicated above, each of the 18 Outcome Elements is evaluated. The following table shows the elements from the 276 CORE consults, with the percent at each level of evaluation for each element.[13] Note that several Elements are not scored for In Home Supports and Special Medical Home Care because these elements are not applicable to the service.

CORE Evaluations: N=276

July 2005 - December 2005

Percent at Each Level of Evaluation by Element

Element	Achieving	Implementing	Emerging	Not Emerging
1	9.8%	32.2%	55.4%	2.5%
2	33.0%	31.9%	33.7%	1.4%
3	25.7%	37.0%	36.2%	1.1%
4	18.8%	29.0%	51.8%	0.4%
5	16.7%	37.7%	45.3%	0.4%
6	19.2%	35.1%	42.0%	3.6%
7	17.0%	31.2%	50.0%	1.8%
8	19.6%	44.6%	34.1%	1.8%
9	35.9%	33.3%	30.4%	0.4%
10	7.6%	28.6%	55.1%	8.7%
11	14.2%	36.9%	44.2%	4.7%
12	15.5%	34.1%	41.1%	9.3%
13	18.6%	33.7%	40.3%	7.4%
14	14.2%	27.3%	41.5%	16.9%
15	25.5%	31.0%	37.6%	5.8%
16	24.0%	42.2%	30.2%	3.6%
17	24.3%	37.0%	37.3%	1.4%
18	28.6%	45.7%	24.3%	1.4%
Total Elements	20.5%	34.9%	40.6%	4.0%

- During the first quarter of Year Five, Element 14 was most often scored as Not Emerging (16.9%). This element indicates if the individual participates in the routine review of his or her implementation plan or directs changes to assure outcomes and goals are met.[14]
- Elements 10 and 12 were also relatively high at the Not Emerging level, indicating that individuals are not always given the opportunity to develop desired

[13] See Appendix 1, Attachment 3 for a description of each outcome element.
[14] See Appendix 2, Exhibits 5 and 6 for more details on Outcome elements by area.

social roles that are of value to the individual; and they do not always direct the design of their implementation plan.

- Almost 36 percent of the 276 providers were evaluated as Achieving on the element indicating individuals feel safe (9).
- Among these providers, they were least likely to score achieving on Element 10 (helping individuals develop desired social roles) and Element 1, indicating individuals are not always educated or assisted by the provider to fully exercise their rights.
- In total, 40.6 percent of the elements were scored as Emerging. On average, over half of the elements were scored as Implementing or Achieving (55.4%).

Minimum Service Requirements

The last seven of the 25 elements in the CORE are the Minimum Service Requirement (MSR) elements. They are process related and are similar to elements scored during the first three years of the contract.[15] Providers must supply documentation of the required background screening, required training, and proper billing procedures. MSR elements are evaluated as Met or Not Met. The data presented are based upon approximately 30 percent of the providers that will be reviewed this year and therefore the results may not indicate any trends and should be interpreted as preliminary.

In the following table, the number and percent Met of MSR elements are given at the element level. Of the 276 CORE consults completed during the first and second quarters of Year Five, 74.1 percent of the MSR elements were scored as Met. Highlights include:

Minimum Service Requirements

CORE Evaluations: July - December 2005

	Number Met		Percent Met		Total	
Element	Agency	Solo	Agency	Solo	Number	Percent
19	115	23	55.6%	42.6%	138	52.9%
20	157	59	74.4%	90.8%	216	78.3%
21	156	43	73.9%	66.2%	199	72.1%
22	173	54	82.0%	83.1%	227	82.2%
23	197	61	93.4%	93.8%	258	93.5%
24	170	53	81.0%	81.5%	223	81.1%
25	123	36	58.3%	55.4%	159	57.6%
Total Consults	211	65	74.1%	74.1%	276	74.1%

- On average, the 65 solo and 211 agency providers appear to be scoring the same on these elements. This varies from the Year Four results when solo providers were scoring higher in these elements, at nearly 81 percent;

[15] See Appendix 1, Attachment 3 for a description of each MSR element.

- The solo providers demonstrated over 90 percent Met on E1ements 20 and 23, indicating they usually had the required background screening documentation, and are properly authorized and bill as authorized;
- Agency providers also scored well on Element 23, pertaining to proper authorization and billing;
- The solo providers appear to be doing much better with documenting background screening (20) than are agency providers, consistent with the Year Four report;
- The worst performance areas for both solo and agency providers were on Element 19, indicating the provider does not often meet service specific projected service outcomes.

The following table shows the number and percent of consults, distributed across the percent of MSR elements that were scored as Met. For example, two the 276 providers who completed a CORE had none of the seven MRS elements scored as Met while 64 had all of their MSR elements Met.[16]

- 71 percent of the providers scored Met on 70 percent or more of the MSR elements.
- 26.2 percent of the solo providers and 22.3 percent of agency providers scored Met on all of the MSR elements.
- 9.5 percent (20) of agency providers and 7.7 percent (5) of solo providers scored Met on 33 percent or fewer of the MSR elements.

Minimum Service Requirements

CORE Evaluations: July - December 2005

Percent	Number of Providers			Percent of Providers		
Met	Agency	Solo	Total	Agency	Solo	Total
0.0%	1	1	2	0.5%	1.5%	0.7%
14.3%	2	1	3	0.9%	1.5%	1.1%
28.6%	15	2	17	7.1%	3.1%	6.2%
33.3%	2	1	3	0.9%	1.5%	1.1%
42.9%	18	4	22	8.5%	6.2%	8.0%
57.1%	20	9	29	9.5%	13.8%	10.5%
66.7%	0	3	3	0.0%	4.6%	1.1%
71.4%	41	12	53	19.4%	18.5%	19.2%
83.3%	2	3	5	0.9%	4.6%	1.8%
85.7%	63	12	75	29.9%	18.5%	27.2%
100.0%	47	17	64	22.3%	26.2%	23.2%
Consults	211	65	276	100.0%	100.0%	100.0%

[16] We use the percent met rather than the number met because not all of the providers were scored on all the MSR elements.

CORE Alerts and Recoupments

Several elements in the CORE process are Recoupment or Alert items.[17] Elements are cited as an alert if it is determined by the consultant that areas of dignity and respect; privacy; abuse, neglect and exploitation; heath; or safety warrant immediate corrective action. Elements are cited as a Recoupment if the provider is not in compliance with the monitoring and billing documentation requirement for the services rendered. The number and percent of alerts are listed in the following table. A majority are a failure to supply documentation for background screening requirements. The remaining 25 alerts are in the areas of dignity and respect; privacy; abuse, neglect and exploitation; health; and safety. Among these alert areas, issues surrounding privacy are most often cited.

CORE Alert Items

July 2005 - December 2005

Alert Item	Number	Percent
Dignity and respect	2	2.4%
Privacy	12	14.1%
Abuse, neglect and exploitation	3	3.5%
Healthy	3	3.5%
Safe	5	5.9%
Background	60	70.6%
Total	85	100.0%

Of the 276 CORE completed in the first quarter of Year Five of the contract:[18]

- 91 providers received a total of 120 recoupment citations;
- A total of 70 providers had 85 alerts cited;
- 60 providers had one alert;
- 6 providers had two alerts;
- 3 providers had three alerts;
- And 1 provider had four alerts.

Follow-up Consults and Follow-up with Technical Assistance

All providers who receive an overall CORE evaluation of Emerging or Not Emerging receive a Follow-up with Technical Assistance (TA). Providers who receive an overall CORE evaluation of Implementing receive a Follow-up but may request a Follow-up with TA. In addition, providers who receive an evaluation of Achieving may request a Follow-up with TA through their area office.

[17] See Outcome Elements Table, Attachment 3. Alert items are numbers 2, 3, 7, 8 and 9. For the MSR elements, the "level 2 background screening" element (20) is an alert item.

[18] See Appendix 2, Exhibits 7 and 8 for details by district and provider type.

For the six month period ending December 2005, a total of 187 providers received an Onsite Follow-up (49) or an Onsite Follow-up with TA (138) subsequent to a CORE consult. The only "scores" subject to change in either of the follow up procedures are the seven MSR elements.[19]

- Of the 49 regular Follow-up reviews, 31 (63.3%) scored Met on 75 percent or more of the MSR elements that had previously been scored as Not Met.
- 9 providers had less than 25 percent accomplished after the Follow-up.
- Of the 138 providers who received a Follow-up with TA, 66 (47.8%) scored Met on 75 percent or more of the MSR elements that had previously been scored as Not Met. This is less than for Year Four (67.6%).
- An additional 41 (29.7%) providers who received a Follow-up with TA scored Met on 50 percent to less than 75 percent on MSR elements that had previously been scored as Not Met.
- However, 25 (18.1%) of these providers had corrected fewer than 25 percent of the MSR elements.

Reconsiderations

During the six month period ending December 31, 2005, there were 24 Reconsiderations resulting from a CORE. Of these 24, one was approved and nine were denied. The remaining reviews have been received and are pending review.

WiSCC Evaluations

All providers of Support Coordination receive a Waiver Support Coordination Consultation (WiSCC). The WiSCC combines a consultation with the waiver support coordinator and Personal Outcome Measure interviews with at least two individuals the support coordinator serves. A total of 127 WiSCCs were completed and approved during the six month period ending December 2005. The target for the year is 406. As part of these consults, 183 Waiver Support Coordinators (WSC) were reviewed and 362 individuals were interviewed.[20] (Consultants expect to interview approximately 1,572 individuals before June 30, 2006.)

Each Waiver Support Coordinator (WSC) is evaluated on six Outcome Elements and five Minimum Service Requirements (MSR). With the Outcome Elements, consultants determine if organizational systems are in place that help individuals being served achieve outcomes that are important to them. For example, is the WSC learning about the people served and becoming aware of their health, safety and well-being? Is the individual helping with the development of a support plan? The WSCs are evaluated on these six elements similar to the way CORE providers are evaluated, as Achieving,

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[19] See Appendix 2, Exhibit 9 for details by district.

[20] An additional 88 individual Personal Outcome Measures (POM) interviews were completed but are not part of the random sample for the POM and are not included in the data analysis.

Implementing, Emerging and Not Emerging.[21] The five MSRs are process elements and are similar to those discussed in the CORE section of this report. These are scored as Met or Not Met. Results from Year Four of the contract, the first full year of WiSCC data available, are used as benchmarks.

The WiSCC consults and number of WSCs were distributed across the areas as shown in the following table. An average score for the Support Coordinators is also given for each area as well as the percent of MSR elements met. The average WSC score is calculated using the same values for each evaluation level as described earlier for CORE:[22]

- Achieving = 3
- Implementing = 2
- Emerging = 1
- Not Emerging = 0

A score between zero and three is calculated for each WSC, based upon the element level evaluations. Therefore, if WSCs score Achieving on all six Outcome Elements, their score in the table below is a three. These are summed and divided by the total number of elements reviewed for every WSC interviewed in the area for an average WSC score per area.

WiSCC and WSCs by Area

July 2005 - December 2005

Area	WiSCCs	WSCs	Percent WSCs	Average WSC Score	Percent MSR Met
1	0	0	0.0%		
2	15	20	10.9%	2.03	97.0%
3	9	15	8.2%	1.86	90.7%
4	16	16	8.7%	1.67	88.8%
7	18	20	10.9%	1.36	92.0%
8	5	7	3.8%	1.40	62.9%
9	6	10	5.5%	1.35	92.0%
10	4	4	2.2%	1.67	90.0%
11	13	21	11.5%	2.06	97.1%
12	3	3	1.6%	1.33	86.7%
13	4	10	5.5%	1.47	82.0%
14	3	5	2.7%	1.53	88.0%
15	7	7	3.8%	1.45	94.3%
23	24	45	24.6%	1.86	94.7%
Total	127	183	100.0%	1.72	91.6%

[21] See Appendix 1, Attachment 3 and 4 for a description of the evaluation levels and a list of the WiSCC Elements.

[22] As with the CORE scores, it is important to note here that we are calculating an "average" from what is essentially qualitative (ordinal) data. While often used for analytic purposes, the "distance between" each value is not a standard unit, such as with age.

None of the APD areas has a large enough number of consults completed to make meaningful comparisons across areas. The statewide average for the initial year of the WiSCC process was 1.68, between Emerging and Implementing, somewhat closer to Implementing. The Average score to date in Year Five is slightly higher, at 1.72. On average, WSCs are compliant on 91.6 percent of the MSR elements.[23]

Outcome Elements

Each of the 183 WSCs (85 agency and 98 solo) received an evaluation of Achieving, Implementing, Emerging or Not Emerging on the six Outcome elements, as indicated in the next table.[24]

Outcome Elements by Level of Evaluation
Year 5- July 2005 - December 2005

Outcome Elements	Achieving		Implementing		Emerging		Not Emerging	
	Number	Pct	Number	Pct	Number	Pct	Number	Pct
1	70	38.3%	76	41.5%	37	20.2%	0	0.0%
2	18	9.8%	54	29.5%	100	54.6%	11	6.0%
3	35	19.1%	76	41.5%	69	37.7%	3	1.6%
4	44	24.0%	64	35.0%	72	39.3%	3	1.6%
5	28	15.3%	75	41.0%	72	39.3%	8	4.4%
6	15	8.2%	70	38.3%	84	45.9%	14	7.7%
Total	210	19.1%	415	37.8%	434	39.5%	39	3.6%

- Compared to Year Four, there are somewhat fewer elements scored as Emerging, 39.5 percent compared to 43.6 percent;
- Compared to Year Four, there were slightly more elements scored as Achieving, 16.4 percent compared to 19.1 percent;
- These WSCs were most likely to score Achieving on Element 1 (38.3%), indicating they often know the individuals they serve;
- 14 of the WSCs (7.7%) scored Not Emerging on Element 6, indicating they had not always facilitated positive results that reflect communicated choices and preferences that matter most to the people they serve.
- A majority of the elements (56.9%) scored Implementing or above, compared to 53.7 percent in Year Four.

[23] A new consultant is now working in Area 1. All WiSCC consults have been scheduled between January and June 2006.

[24] See Appendix 1, Attachment 4 for a description of each evaluation level and Attachment 5 for a description of each element. See Appendix 3, Exhibit 10 for details by provider type.

A comparison across provider types, among the providers reviewed to date during this contract year, reveals some differences between support coordinators working for an agency or operating as a solo provider. The following table displays the percent of elements at each level of evaluation by the type of provider. There were 85 support coordinators working with an agency and 98 working as solo providers. Data indicate the agency providers were more likely to score elements as Achieving while the solo providers were more likely to score them as Emerging.

WSC Outcomes by Provider Type
Percent of Elements by Evaluation Level
July 2005 - December 2005

Outcome Level	Agency	Solo
Achieving	24.9%	14.1%
Implementing	36.1%	39.3%
Emerging	33.9%	44.4%
Not Emerging	5.1%	2.2%
Consults	85	98

Minimum Service Requirements

The Minimum Service Requirement (MSR) elements are process related and are similar to elements scored during the first three years of the contract. Providers must supply documentation of the required background screening, required training, and proper billing procedures. MSR elements are evaluated as Met or Not Met. The following table shows the number and percent of WSCs, distributed across the number of MSR elements that were scored as Met. Results presented are based on a small number of cases and may not reflect any current trends or patterns for the state.

Minimum Service Requirements
WiSCC Evaluations: July 2004 - December 2005

Number	Number of Providers			Percent of Providers		
Met	Agency	Solo	Total	Agency	Solo	Total
0	0	0	0	0.0%	0.0%	0.0%
1	1	0	1	1.2%	0.0%	0.5%
2	0	1	1	0.0%	1.0%	0.5%
3	9	3	12	10.6%	3.1%	6.6%
4	16	30	46	18.8%	30.6%	25.1%
5	59	64	123	69.4%	65.3%	67.2%
Total	85	98	183	100.0%	100.0%	100.0%

- Of the 183 WSCs who participated in a WiSCC from July – December 2005, 67 percent were compliant on all five MSR elements. This percent is slightly higher for the agency providers than for solo providers.
- 92.3 percent of these providers were compliant on at least four of the five MSR elements.
- Among these WSCs, agency providers were somewhat more likely to score Met on three or fewer of these elements than were the solo providers, 11.8 percent compared to 4.1 percent.

In the following table, the number and percent Met of MSR elements is given at the element level.[25] Of the 183 WSCs evaluated during the first two quarters of Year Five, on average, 91.6 percent of MSR elements were scored as Met. On average, the agency and solo providers performed approximately the same on these process elements.

Minimum Service Requirements

WiSCC Evaluations: July 2005 - December 2005

	Number Met		*Percent Met*	
Element	Agency	Solo	Agency	Solo
7	77	95	90.6%	96.9%
8	74	81	87.1%	82.7%
9	78	94	91.8%	95.9%
10	83	97	97.6%	99.0%
11	75	84	88.2%	85.7%
Consults	85	98	91.1%	92.0%

- The solo providers were more likely to have evidence of background screening requirements (Element 7). This is somewhat different than in Year Four when agency providers were slightly more likely to have this element scored as met.
- Solo providers were also more likely to be compliant on Element 9, indicating they and other services for the person were authorized by an approved cost plan to provide the service.
- Agency providers performed better on Element 8, indicating they have received the required training.
- Both types of providers demonstrated the best performance on Element 10, billing at the authorized rate.

Follow-up With Technical Assistance

Prior to departing the WiSCC, the Quality Improvement Coordinator (QIC) and WSC agree upon a date on which the QIC can return to provide Follow-up with Technical Assistance. This takes place between 10 and 90 days for solo WSCs and small WSC agencies. Follow-up with Technical Assistance for large WSC agencies may occur

[25] See Appendix 1, Attachment 5 for a description of the WiSCC MSR elements.

between 10 and 180 days following the WiSCC. These follow-up activities determine the effectiveness of the FOCUS plan initiatives, as well as provide an opportunity to review any follow-up to individual recommendations. Technical Assistance is directed toward maintaining the momentum of the WSC entity, and ensuring that WSC efforts are still on target to assist individuals toward achieving results that reflect communicated choices and preferences that matter most to them.

WiSCC Reconsiderations are conducted when a provider contests the results of the annual onsite consultation. Reconsiderations can only be requested on the minimum service requirement elements in the WiSCC process (elements 7-11). There were no reconsiderations during the first two quarters of Year Five of the WiSCC process.

Personal Outcome Measures

The POM interview is a reliable assessment tool that determines if personal outcomes are met and if supports are present in 25 areas found to be important to all people. Reviewers who have established reliability in the use of the interview tool conduct POM interviews. A random sample of two individuals was selected for each Waiver Support Coordinator participating in a WiSCC.

During the six month period ending December 2005, a POM interview was completed with 450 individuals. However, only 362 of these were randomly selected for the Year Five sample. The remaining 88 POMs were completed with individuals who are participating in the four-year long longitudinal study. Preliminary analysis of the longitudinal panel participants is presented in the next section of this report. Delmarva expects to complete approximately 1,500 POM interviews during this contract year. A detailed analysis of the POM results is not recommended at this time as only a small part of the sample has been contacted. Analyses will be completed at year's end when the sampling is completed.

Individual POM Item Summary

A summary of the individual POM items to date:[26]

- Individuals continue to show they are free from abuse and neglect, 83.1 percent with the Support present and 82.9 percent with the Outcome met. This is similar to the previous two year's of data.
- These 362 individuals were also likely to have Supports present in terms of being connected to natural supports and being satisfied with life's situations. These are similar patterns to previous years.
- At the aggregate level there was a correlation between Supports and Outcomes.
- Fewer than 30 percent of individuals had Outcomes met in the following areas:

[26] See Appendix 3, Exhibit 11 and 12 for details of the individual POM items. In 2005 The Council on Quality and Leadership modified the POMs. Therefore, it is not possible to draw comparisons to their data at this time.

- Performs different social roles (16.7%)
- Has friends (28.4%)
- Chooses services (21.8%)

Two Personal Outcome Measures have been identified as "driver" indicators. A driver indicator has been defined as a Personal Outcome Measure that if met, increases the likelihood that at least 13 or more Outcomes will be met and Supports will be present. Through a series of analyses, the POMs with the highest predictive value were identified; two were selected by the IQC - *Chooses services* and *Chooses where they work* as indicators to be targeted and tracked for Quality Improvement initiatives. These POM items have consistently been among those most frequently Not Met on both Outcomes and Supports. Individuals have shown a small increase in the percent who feel they are able to choose where they work. The current rate of 32 percent is up from 29 percent in Year Four. However, the rate at which individuals feel they are able to choose their own services has dropped since Year Four, from 25 percent to 22 percent. While these estimates are based upon a fairly small portion of the entire sample, if the downward trend in choosing services is apparent at the end of the contract year, steps should be taken to explore possible explanations and/or intervention strategies.

The reasons the driver elements are most often not met are similar and related to limited or no options or opportunities available; not having enough providers; that choices for the individuals are made by others, including family members; barriers are not addressed; and the organization is not increasing education about choices or working to increase service options or learning preferences.[27]

- Chooses work: 38.7 percent Outcomes met, 32.2 percent Supports present.
- Chooses services: 29.3 percent Outcomes met, 21.8 percent Supports present.

[27] See Appendix 3, Exhibit 13 for reasons on all POM items.

13 or More Outcomes Met and 13 or More Supports Present

The Personal Outcome Measures have been used by the Agency for Persons with Disabilities to measure outcomes for people with developmental disabilities since 1998. The POMs are a Performance Indicator that APD reports to the Governor and State Legislature. The criterion of 13 or more Outcomes Met and 13 or more Supports Present has been established as a minimum criterion of expected performance and has been accepted for reporting and analysis purposes for the Florida Statewide Quality Assurance Program.

13 or More Met/Present

July 2001 - December 2005

	Outcomes		*Supports*		Total
Contract Year	Number	Percent	Number	Percent	Reviews
Jul 01 – Jun 02	1,040	54.5%	1,219	63.9%	1,907
Jul 02 – Jun 03	1,230	49.3%	1,406	56.3%	2,496
Jul 03 – Jun 04	977	39.8%	1,130	46.0%	2,456
Jul 04 - Jun 05	557	41.4%	630	46.5%	1,355
Jul 05 - Dec 05	158	43.6%	168	46.4%	362
Total	3,962	46.2%	4,553	53.1%	8,576

The preceding table provides yearly data for the number and percent of individuals for whom 13 or more Outcomes were met and Supports were present based on the Personal Outcome Measures. The downward trend for Supports during the first three years of the contract appears to have leveled off and is remaining at just over 46 percent. At the same time, the percent of individuals with 13 or more Outcomes present appears to be increasing. However, care must be taken when interpreting these data. As noted, only a small portion of the sample is represented here. In addition, the sample in Year Five is a cluster design and in order to make statistical comparisons, the data must be properly weighted. For the descriptive tables in this report, weighting has not been completed.

POM Demographic Information for 13 or More Criterion

Delmarva has been analyzing the presence of 13 or more Outcomes and 13 or more Supports by APD Area, type of living arrangement and age group since Year One. The number and percent for each are shown in Exhibit 14 in Appendix 3 of this report. Because there are only a small number of cases within categories, information that can be gleaned from the data to date is limited.

- Children continue to be most likely to have 13 or more Outcomes met. The rate of just over 60 percent is similar to the past two year's of data.
- Residents in Independent or Supported Living are more likely to meet this criterion than individuals living in any other arrangement. The rate of 62.7 percent for both Outcomes and Supports is higher than the rates in Year Four of 56.4 percent and 58.7 percent respectively.

Foundational Outcomes Information for 13 or More Criterion
The last seven Personal Outcome Measures (see list of POMS in Exhibit 11) include the items measuring Safeguards, Rights, and Health and Wellness. These are the Foundational Outcomes and are considered to be basic outcomes that most people with developmental disabilities would expect to have met most of the time. The percent of reviews for which all seven Foundational Outcomes are met has been selected as a Performance Indicator that is reported to the Governor and Florida Legislature.[28]

- Of the 362 individuals interviewed during the six months period ending December 2005, 34 had all seven Foundational Outcomes met, or 9.4 percent. This shows a steady increase, from 6.6 percent in Year Three and 8.5 percent in Year Four.
- Individuals continue to be most likely to be free from abuse and neglect (81.2%).
- Experiencing continuity and safety as well as exercising rights continue to have a low percent of individuals with outcome met.

Longitudinal Panel Data

During the first four years of the FSQAP contract, Delmarva collected POM data from a panel of individuals who agreed to be interviewed each of the four years of the initial contract. While statistical analysis of data from a panel such as this can be quite complex, in this report we present preliminary descriptive information. To accurately analyze trends over time (making statistical comparisons), the data must be appropriately weighted to adjust for any compromising impact time series analyses such as these might have on the standard errors and point estimates.

At the onset of the project, 377 individuals agreed to take part in the panel study. Four interviews, one each year, were completed with 156 of the individuals from the original sample. The table on the following page shows the distribution of the panel study sample across various demographics, and the distribution of the DD Waiver population for the 12 month period ending June 2005. While a longitudinal panel study is not necessarily designed to represent the population in general, it is important to determine how well the sample reflects demographic characteristics of the population from which it is drawn, and note relevant differences. Demographic characteristics (age, residence, APD area) for each individual at the end of the study period are used in these analyses.

- Similar to the population, the relatively largest age group is the 26 to 44 year old category. However, the panel is comprised of a much smaller proportion of children under age 18, 7.7 percent compared to 17.5 percent in the population. This is an important factor when comparing outcomes because children have historically achieved higher outcomes on the POMs.
- Each APD Area has some representation in the sample. Area 2 is the only area with more than a five percentage point difference between the sample and the

[28] See Appendix 3, Exhibit 15 for details by age, APD area and home type.

population, the panel having a relatively greater proportion of individuals who resided in that area.

- A much smaller percent of individuals in the longitudinal study resided in a family home compared to the population, a difference of 27 percentage points. A larger percent of the panel members resided in independent or supported living situations or in a large group home.
- Relatively fewer members of the panel have mental retardation as their primary disability. Because outcomes are generally lower for this subset of the DD population, this is an important difference to note.

Longitudinal Panel Demographics
Year Four of Study
July 2004 - June 2005

Age Group	Number	Percent	DD Waiver Population
0 to 17	12	7.7%	17.5%
18 to 21	7	4.5%	7.8%
22 to 25	12	7.7%	9.1%
26 to 44	81	51.9%	41.8%
45 to 54	28	17.9%	14.0%
55 to 64	9	5.8%	7.5%
65+	7	4.5%	2.2%
APD Area			
1	8	5.1%	5.3%
2	25	16.0%	7.9%
3	13	8.3%	4.6%
4	7	4.5%	7.9%
7	9	5.8%	9.8%
8	7	4.5%	3.3%
9	8	5.1%	5.7%
10	14	9.0%	8.6%
11	14	9.0%	14.0%
12	1	0.6%	3.4%
13	11	7.1%	5.1%
14	3	1.9%	3.4%
15	7	4.5%	3.2%
23	29	18.6%	17.8%
Home Type			
Family Home	52	33.3%	59.4%
Ind/Sup Living	38	24.4%	13.2%
Small Group Home	36	23.1%	17.7%
ALF	7	4.5%	0.0%
Foster Home	1	0.6%	1.8%
Large Group Home	21	13.5%	6.6%
Res Treat Ctr	1	0.6%	1.3%
Primary Disability			
Mental Retardation	121	77.6%	83.8%
Cerebral Palsy	19	12.2%	8.6%
Epilepsy	4	2.6%	0.0%
Autism	7	4.5%	4.8%
Spina Bifida	4	2.6%	2.7%
Other	1	0.6%	0.1%
Total Number of Individuals	156		23,986

In the following table the percent of Outcomes Met and Supports Present is displayed for the individuals in the longitudinal panel study and for the overall DD Waiver sample, excluding the longitudinal cases. Each year the results for the panel are similar or lower than for the DD sample. The downward trend is apparent in both groups, leveling off in Year Four.

Longitudinal and DD Sample: Percent Outcomes and Supports

July 2001 - June 2005

	Panel		DD Waiver Sample	
	Percent Met		Percent Met	
Year	Outcomes	Supports	Outcomes	Supports
1	49.4%	57.1%	52.8%	59.5%
2	47.5%	53.1%	49.6%	53.6%
3	42.5%	47.2%	44.9%	48.9%
4	43.3%	48.0%	45.1%	48.2%

Medical Review Findings

New Medical Review procedures were implemented when the QICs began doing WiSCC. For the review, the Nurse Reviewer is responsible for overseeing the recommendations that are generated by the QIC who utilizes Health/Behavioral Data Collection Form-Attachment five. As part of the approval process for the report, the Nurse Reviewer evaluates the appropriateness of recommendations, and compares the findings to information contained in the claims data. If discrepancies exist in any of the findings, the Nurse Reviewer may initiate a Focused Review. Any significant findings are reported to the WSC and possibly to the local Medical Case Manager, if appropriate.[29]

The Nurse Reviewer is notified of the existence of any critical health issues that have been encountered by the QICs. The Nurse Reviewer will take a lead on communicating these concerns to the Medical Case Manager. It is not the intent of this disposition for follow up action related to any health, safety, or behavioral recommendation to be specifically assigned to the Area DD Case Management Team. The intent is to make the Area DD Medical Case Management Team aware of any health, safety or behavioral concerns and to be available to provide assistance or intervention, if requested, to the individual, family, or waiver support coordinator in securing or arranging needed supports and services.

The distribution of Medical Dispositions for individuals who received a POM interview from July – December 2005 is presented in the next table. The overwhelming majority show no additional concerns were noted.[30]

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[29] See Appendix 3, Exhibits 17 and 18 for a detailed list of recommendations.
[30] 35 individuals were not yet in the nurse reviewers system at the time of this report.

Medical Review Disposition

Year 5 - July - December 2005

Disposition	Number	Percent
Requesting Medical Records	25	7.6%
Waiting for MD review	1	0.3%
Done - no additional concerns	282	86.2%
Done - additional concerns to WSC	4	1.2%
Done - no concern/no claims	2	0.6%
Done - concern yes/no claims	0	0.0%
Done - ancillary claims only	0	0.0%
Done - additional concerns to MCM	5	1.5%
Focus Review - not yet complete	8	2.4%
Total with Disposition	327	100.0%

Section Three: Summary and Recommendations

Contract activities throughout the second quarter of Year Five have proceeded smoothly. There were no significant changes made to the CORE, WiSCC or Desk Review procedures. Provider Performance Review procedures have been updated in order to comply with the changes in the Medicaid Waiver Handbook. Delmarva managers are working closely with all consultants to ensure the target number of all types of reviews is reached while maintaining the highest quality standards in the review and consultative processes. In addition, the shift from sub-contracting with JCR and Medstat to internal production has proceeded smoothly.

Delmarva has been involved in several quality improvement projects outlined in this report, including the development and implementation of a Public Reporting System, and coordination of the Support Plan Stakeholder group. We expect to continue with these activities throughout this contract year. Both workgroups have scheduled meetings to continue to expand on the work initiated in Year Four. Delmarva is also working closely with APD to help modify data tables provided to the area offices to best meet their needs. Delmarva continues to participate in Area Quarterly Meetings, Area Steering Committee Meetings and IQC; offer high quality online and onsite training opportunities for providers, families, consumers and APD staff; and participate in regional, statewide and national conferences.

Delmarva managers and consultants continuously strive to improve the procedures used to assure quality improvement in the FSQAP. Barriers information is currently collected in the WiSCC process and this information will be analyzed and presented as a quality improvement study. Because of the importance of this type of information, Delmarva is in the process of developing a list of barriers and strengths to be included in the next update of the CORE application. The update will also include the ability to identify providers who are providing services on the Family and Supported Living Waiver.

Because the analyses in this report are based upon a small portion of the providers and individuals who will be contacted during the year, data presented here may not represent statewide trends and must be interpreted with caution. A more thorough analysis will be completed in the Year Five Annual Report. However, the information contained in this report does point to some interesting preliminary findings that may warrant monitoring and/or possible intervention.

Recommendation: Overall scores on Desk Reviews have remained fairly consistent over the past several years, around 77 to 78 percent. It is recommended this process be examined by Delmarva, APD and AHCA, and a possible modification initiated in an attempt to increase performance across the state.

Recommendation: Preliminary analysis indicates individuals are less likely to be able to choose their own services than in previous years. This element, *chooses services*, has been identified as a driver element, meaning that when people have this element met, they are more likely to achieve other outcomes. We recommend that APD closely

monitor this possible trend and initiate strategies for improvement if the decline continues. The strategies developed by APD to help people gain employment may be reflected in the fact that *chooses work*, the second driver element, seems to be improving. A similar initiative may be necessary to help people choose services.

Recommendation: Because the reports on the data are generated quarterly, there is often relatively little new data available for analysis, as occurred in the first quarter of this contract year. However, by midyear (this report), some more meaningful presentations can be employed. We recommend the “analysis sections” of the First and Third Quarterly reports each year be modified so that volume of activity be presented across areas to inform AHCA and APD of current review volume trends, but more in depth data analysis be reserved for the Second Quarterly and Annual Reports.

Recommendation: During 2005, The Council on Quality and Leadership (CQL) modified their POM procedures. Delmarva should explore the possibilities of modifying the POM process currently used during a WiSCC in order to be more consistent with CQL practices. Because this will involve training and expense, we also recommend that Delmarva and APD explore other existing methods of collecting outcome data that may be consistent with our mission and practices, and make comparisons of various different options.