

**Florida Statewide Quality Assurance Program
Delmarva Foundation**

**Quarterly Report
January – March 2006**

**3rd 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 third 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 percent of all CORE and WiSCC results are reviewed before posting or billing. Bi-weekly CORE and WiSCC conference calls continue in order to enhance communication and ensure reliability among consultants. These are attended by all consultants, all Delmarva managers, Delmarva's senior research scientist and analyst, Florida's IT representative and other personnel as appropriate.

The Public Reporting Website (www.flddresources.org) workgroup has provided feedback on "user friendly" language for the site. The suggestions will be submitted to AHCA and APD for approval. A Zoomerang feedback survey was launched on the website in January. Most feedback to date has been positive, with some suggestions that were presented to the workgroup and also at IQC in March. The Support Plan Stakeholder Workgroup has plans to pilot the new Support Plan in April, with implementation in May.

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. Some suggested changes will be implemented in the report scheduled to be distributed in early June.

Delmarva was an active participant in the Developmental Disabilities Awareness Day and Delmarva's Director of Florida Programs attended the National Association of State Directors of Developmental Disabilities Services (NASDDDS) in San Diego in February. Delmarva will participate in the Family Café July and the International Social Inclusion Conference in Montreal in May. Three presentations have been accepted for this conference.

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 one area (Area 11) have received at least one education session. Nine formal training and education sessions were provided during the third quarter of Year Five. Three new interactive training modules have been posted to the FSQAP web site: *Medication Highway*, *Professional Practices* and *Quality Enhancement Planning*.

The first Quality Improvement (QI) study for Year 5 of the contract has been completed and submitted to ACHA and APD, Organizational Practices That Best Predict Percent of Personal Outcome Measures Met. Upon approval, this will be posted to the FSQAP web site. Two final QI study topics were approved. One will use the Longitudinal Panel data

to examine the impact of provider turnover on POM outcomes, controlling for relevant factors. The second study will examine the impact the size of a Support Coordinator's agency may have on individual outcomes, controlling for relevant factors.

In the April status meeting, AHCA and APD approved a revision to the format of the first and third quarterly reports submitted to the state. Because there is little advantage to conducting in depth analysis of data every quarter, the data sections in these two reports will be modified to include basic volumes of activity and target levels. The second quarterly report and annual report will contain more in depth analyses, data tables, interpretations, trends (when possible) and recommendations. Data tables in the Area Data reports that are distributed monthly will continue to be produced, with some modifications as suggested by the Area Quality Leaders.

Review volume levels are being closely monitored by Delmarva managers, with updated projections sent to AHCA/APD monthly. The number of consults and reviews completed through March 2006, during contract Year Five, includes the following (projections are included in the Data section):

- 234 Waiver Support Coordination Consultations (WiSCC) of WSC entities;
- 351 Waiver Support Coordinators;
- 785 consumer interviews to collect data, conduct a Personal Outcome Measures interview, and a Health Risk Screening;
- 510 Collaborative Outcomes Review and Enhancement (CORE);
- 728 Desk Reviews;
- 144 Follow-Up Reviews;
- 266 Follow-Up Reviews with Technical Assistance;
- 467 Documentation Follow-Up Reviews;
- 58 Reconsiderations.

Introduction

This is the third quarterly report for Year Five of the Florida Statewide Quality Assurance Program (FSQAP) contract, January - March 2006. This is the first report conforming to the modifications approved in the April status meeting. The first and third quarterly reports will no longer include extensive data tables and analyses but rather report contract activities and the volume of data collection to date. The report is divided into two 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 Report**, provides an overview of data collection from July 2005 through March 2006.

The third section, **Summary**, provides a brief summary of the contract activities. Recommendations will be provided in the annual report, with a complete review of the data and contract activities.

Section One: Summary of Quarterly Project Compliance Activities

Project Initiatives

Consultation/Review Activities

The Provider Performance Review tools were modified to reflect the revised Developmental Disabilities Waiver Services Coverage and Limitations Handbook, revised 6/23/2005, became available on October 28, 2005. The updated tools were incorporated into the application, provided to each consultant, and implemented January 1, 2006.

Some modifications to the CORE application were initiated during this quarter. Delmarva created Barriers and Strength “drop down” menus, similar to the menus used in the WiSCC application. A check box has been added to identify if the provider also provides services on the Family and Supported Living Waiver (FSL), and a space was provided for the FSL provider number. These changes are scheduled to “roll out” to the consultants in May.

Public Reporting Website

The Public Reporting Website (www.flddresources.org) workgroup met January 10, 2006, to discuss the future direction of the web site and improvements/modifications that might be needed. Several members of the group suggested the language on the site is often too complicated for the average user. Suggestions for simplified language were compiled and will be submitted to AHCA and APD for final approval before making changes to the site.

Additional discussion centered on new information that can be added to the existing web site, and if the work was doable under the existing Delmarva contract. The group decided it was essential to gather information from users on what they liked or didn't like about the web site. A Zoomerang survey was developed to solicit this feedback and was posted in January. Results from this survey were discussed at the March 23rd meeting of the workgroup and also at the March IQC meeting.

Bob Foley and Sue Kelly met with Delmarva Applications Development in Easton to view a google-based mapping program that could be used on the website. This provides interactive capabilities so that users can click on a county and drill down to find various types of information about the area and the providers. We have passed this information to APD as something they might want to consider for the site in the future.

On March 15, the IT and Application Development managers from APD and Delmarva, Steve Dunaway, Sue Kelly, and Bob Foley met to discuss transitioning the web site to APD. APD reported it would be about six months before they could start this process, and believed it could be completed within a year. The Application Manager from APD

will communicate with Delmarva whatever needs they have to complete the transition process.

Support Plan Stakeholder Workgroup

The Support Plan Stakeholder Workgroup met in February to continue development and implementation of the new Support Plan and will be meeting again in May. The new Support Plan is scheduled to be piloted in April and implemented some time in May.

Area Quality Leader Contact

Sue Kelly has had two meetings (February 24 and March 9) with Steve Dunaway and the AQLs to discuss data needs, wishes and issues. Lore Reid attended the second meeting as well. We reviewed the data on the CDs sent to each area monthly. AQLs offered suggestions as to what they would like to see added or changed. This also offered an opportunity to further train the AQLs on the limitations and uses of the data, and also on the data available on the FSQAP web site. Many of the suggestions we received will be incorporated into the data tables that will be sent to the areas around the first of June. Some of the more complex changes, such as adding graphics or additional consumer level data, will be incorporated in Year 6, where possible.

Interagency Quality Council

The quarterly IQC meeting was held March 29 and 30 in Tallahassee. Bob Foley presented an update of Delmarva activities and a summary of data analysis. Sue Kelly provided updates on Quality Improvement Studies and the Public Reporting Website. In December, Marion Olivier-Ruelas had facilitated breakout groups to brainstorm solutions to different issues identified by the group. During the March meeting, these issues were further discussed and IQC participants voted on two as topics they felt were most important at the current time: Therapeutic Equipment Specialists Certification and Educating Providers, Families and Consumers Regarding Available Services and/or Program Initiatives. Two committees were formed to further explore these areas and how they might be positively impacted. The committees should report any progress they have made at the June IQC meeting.

Statewide/National/International Conference Representation

Bob Foley attended the National Association of State Directors of Developmental Disabilities Services (NASDDDS) in San Diego in February. By attending a national conference such as this, he is able to remain current on DD issues and bring new ideas to the Florida program. Delmarva was also an active participant in the Developmental Disabilities Awareness Day in Tallahassee.

Web Site Update

The Delmarva managers have reviewed the current FSQAP web site in an effort to update information and improve the layout and access for stakeholders. Charmaine Pillay has taken the lead on this and initiated several changes to the content of the website that ensure relevance to current FSQAP activities. Delmarva is also in the process of adding a Best Practice section to report on practices by any stakeholder that are worth noting and emulating, scheduled to be added before June 30.

Volume of Activity

CORE and WiSCC onsite consultation processes have continued with no changes to the process. Desk Reviews continue to be conducted with changes as discussed above regarding the revisions in the Developmental Disabilities Waiver Services Coverage and Limitations Handbook for providers who do not provide services subject to an Onsite review. The number of reviews/consults completed to date during the first three quarters of contract Year Five is as follows:

- 234 Waiver Support Coordination Consultations (WiSCC) of WSC entities;
- 351 Waiver Support Coordinators;
- 785 consumer interviews to collect data, conduct a Personal Outcome Measures interview, and a Health Risk Screening;
- 510 Collaborative Outcomes Review and Enhancement (CORE);
- 728 Desk Reviews;
- 144 Follow-Up Reviews;
- 266 Follow-Up Reviews with Technical Assistance;
- 467 Documentation Follow-Up Reviews;
- 58 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 January 19 and February 23. A status meeting was not held in March due to the IQC meeting. 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.

By the end of this fiscal year, all but one area will have received some type of training. Over the last quarter, January through March 2006, nine educational and training sessions were provided to a variety of stakeholders. Sessions were conducted in many areas and included the following:

- Providers of all services in Ft Myers received training on Person Centered Planning. This included involving providers in problem solving techniques. An overwhelming number of providers expressed the need for more training in the area and another session has been scheduled for July.
- Providers in Area 10 requested and received training on Person Centered Planning, followed by Health and Behavioral Risk Indicators. The session was very well received and again providers participated in brainstorming solutions.

- In February, educational sessions were provided in Areas 9 and 12 on Health and Behavioral Risk Indicators. Both sessions required participants to be actively involved and to brainstorm potential solutions. Because the information and resources provided would be invaluable to all providers, Area 9 staff requested a second training for providers who were not initially invited (only support coordinators attended). A second session has been scheduled for May.
- Providers in Area 12 also received training on WiSCC best practices and Desk Review procedures on the same day. During these sessions providers were challenged to examine their current practices and to consider making changes based on what they have learned.
- Individuals receiving services at Sunland, Marianna (Area 2), were provided with information on Provider Performance Reviews and Person Centered Reviews. A key component of this session was a review of My Personal Compass, which generated many questions and stories from individuals.
- Areas 23, 7 and 2 received training on Health and Behavioral Risk Indicators. Although the overall concept of the training remains constant, the focus changes depending upon the unique needs of each area. Active participation of attendees directs which components of the training receive the greatest emphasis. For example, Health and Behavioral training in Area 9 was attended mostly by support coordinators. Exploring resources (community, national, Medicare etc) and coordination between the various services (Physical therapy, Occupational Therapy, Behavior Analysis etc) were key topics. However, training in Area 23 was attended by providers of other services (Residential Habilitation, Supported Living, Companion), and the discussion centered on recognizing various indicators and precursors to other medical conditions.

Information from a variety of sources continues to be the basis for training supplied in each area. Delmarva consultants, area staff and providers provide valuable information as to each area's unique needs. A routine part of every training session includes an invitation to providers to submit their training preferences. This information is reviewed and education is developed in response to these identified preferences. In addition, areas often utilize data compiled and disseminated by the Delmarva scientist to assist them in determining topics on which to focus. Topics include the following:

- Many areas have identified health as a major challenge and request assistance on health issues.
- Providers have requested training in the area of physical management and nutrition, which is being developed by our nurse reviewer.
- Others have requested training on self-assessment procedures and person-centered processes. This has been addressed via two new on line modules, Quality Enhancement Planning and Professional Practices.

At the quarterly meeting for the Florida Association of Support Coordinators (FASC) a training session was provided to support coordinators on the Public Reporting website, Delmarva activities and updates on the newly developed Support Plan Part A and Part B.

Extensive time was devoted to explaining the philosophy and development process of the new Support Plan and participants appreciated the peek into the future.

Three new on line modules have been posted to the FSQAP web site and are available to all stakeholders: Professional Practices, Medication Highway and Quality Enhancement Planning. Information gathered from individuals, family members, AHCA, APD, IQC, providers and data are used to determine future topics for training and education.

Information on FSQAP activities, data 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.¹

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, online help 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 increased from the first two quarters. Desk Reviews, including a subsequent documentation follow up continue to generate the most calls, a similar percentage as in the first two quarters. Many providers need an explanation of the documents to be submitted for the review or for the Documentation Follow-up, timeframes for submission and the reason for the documentation.

Area	Number			Percent		
	Jul - Sep	Oct - Dec	Jan - Mar	Jul - Sep	Oct - Dec	Jan - Mar
Desk Reviews	359	285	464	77.4%	77.2%	80.8%
CORE	33	27	43	7.1%	7.3%	7.5%
WiSCC	6	9	1	1.3%	2.4%	0.2%
Interpreting Services	10	9	13	2.2%	2.4%	2.3%
Complaints	16	5	2	3.4%	1.4%	0.3%

¹ Attachment 1 summarizes Delmarva's contacts and activities for the October through December 2005 time period.

On Line Assistance	19	15	20	4.1%	4.1%	3.5%
Miscellaneous	21	19	31	4.5%	5.1%	5.4%
Total	464	369	574	100.0%	100.0%	100.0%

There were 43 calls to Customer Service concerning CORE and one call concerning a WiSCC. Providers often needed to know what the “next steps” were for the follow-up procedures and often need assistance with interpretation of their evaluation scores. Said Sanchez has helped customers who were having difficulty with the online training modules or getting information from the APD, AHCA or public reporting web pages. He has also arranged interpreting services for 13 individuals, including sign language and Spanish.

Quality Improvement Initiatives

Two on going quality improvement initiatives this quarter were discussed above: the Public Reporting workgroup and the Support Plan Stakeholder workgroup. 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 in a continuing effort to obtain feedback and begin the process of revising the data tables. Preliminary revisions are scheduled to be in place with the distribution of the 3rd quarterly data reports in early June 2006. Discussion has continued on the possibility of posting much of the information on the FSQAP private web site, which should be implemented in Year 6, if possible. This could improve access for the AQLs and the Area Administrators, as well as provide more timely data on current provider performance.

The first Quality Improvement (QI) study for Year 5 of the contract has been completed and submitted to ACHA and APD, Organizational Practices That Best Predict Percent of Personal Outcome Measures Met. Two final study topics were approved in the April status meeting. One will use the Longitudinal Panel data to examine the impact of provider turnover on POM outcomes, controlling for relevant factors. The second study will examine the impact the size of a Support Coordinator’s agency may have on individual outcomes, controlling for relevant factors.

The Second Quarterly report was submitted on February 15 and is awaiting approval from AHCA before posting on the public DFMC web site. The second quarter Area Quarterly Data Reports were distributed in early March to each area, as well as to AHCA and APD. The next updated data reports are scheduled to be distributed in early June.

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.

Bob Foley has implemented a new system to track consultant's review activities in an effort to better monitor target and actual volume. This information is discussed weekly with managers and biweekly on the WiSCC and CORE conference calls.

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. Details of these and other activities can be located in Attachment 2, 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:²

- 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.

Providers of Supported Living Coaching, Supported Employment, Adult Day Training, Residential Habilitation, Non Residential Support Services, In Home Support Services and Special Medical Home Care are subject to an Onsite CORE review.³ 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.

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

² Providers of Support Coordination receive a WiSCC and are required to be reviewed every year.

³ It is important to note that providers of Special Medical Services and In Home Support Services are not scored on every CORE element. Elements 12, 13, 14 and 19 are scored as Not Applicable.

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 – March 2006

Type of Follow-up	Year 5		Year 4	
	Year 4	YTD	Year 4	YTD
Follow-up	143	144	12.3%	16.0%
Documentation FU	663	467	57.0%	51.8%
FU w TA	278	266	23.9%	29.5%
Reconsideration	80	58	6.9%	2.8%
Total	1,164	902	100.0%	100.0%

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

In addition to the CORE, Desk Review and Follow-up activities, consultants have continued to meet with Waiver Support Coordinators (WiSCC) and to conduct Personal Outcome Measure interviews with individuals living with disabilities. The following table gives the distribution of consults/reviews across all APD areas for the first three quarters of Year 5, July 2005 – March 2006. Projected volumes are included. Projections change periodically and are submitted monthly to AHCA and APD.

Review/Consult Numbers by APD Area
July 2005 - March 2006

APD Area	Desk	CORE	Follow-up	Follow-up with TA	Doc Follow-up	WiSCC	WSC	POM
1	21	23	6	12	12	5	14	35
2	94	59	7	17	44	27	33	83
3	35	36	5	33	26	15	22	55
4	67	49	20	19	37	33	36	73
7	65	37	10	9	45	34	39	79
8	14	12	2	2	19	3	7	14
9	27	12	7	6	15	7	12	25
10	36	32	5	16	21	15	23	55
11	81	63	10	32	49	28	41	85
12	50	41	22	16	37	8	12	25
13	43	34	8	38	28	7	22	55
14	10	13	2	1	9	8	16	31
15	36	26	18	32	28	8	8	23
23	149	73	22	33	97	36	66	147
Total	728	510	144	266	467	234	351	785
Projected*	975	844	210	851	643	452	NA	1,417

* As of April 17, 2006

Medical Review Findings

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.

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 – March 2006 is presented in the next table. The overwhelming majority show no additional concerns were noted.⁴

Medical Review Disposition
Year 5 - July 2005 – March 2006

Disposition	Number	Percent
Requesting Medical Records	25	3.2%
Waiting for MD review	1	0.1%
Done - no additional concerns	630	80.3%
Done - additional concerns to WSC	19	2.4%
Done - no concern/no claims	4	0.5%
Done - concern yes/no claims	1	0.1%
Done - ancillary claims only	0	0.0%
Done - additional concerns to MCM	16	2.0%
Focus Review/Not yet complete	89	11.3%
Total with Disposition	785	100.0%

⁴ Because the Nurse Reviewer has traveled (and presented/trained) extensively during the past quarter, a larger proportion of the medical disposition of reviews had not yet been completed by the end of March, compared to previous reports. Many of these are now being completed, and all will be completed prior to June 30.

Section Three: Summary

Contract activities throughout the third 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 and implemented 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. Systems are in place to ensure the target numbers of consults/reviews are met by the end of the fiscal year.

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 provided valuable input into disseminating information and improving the availability of HCBS services.

Delmarva continues to work closely with APD to help modify data tables provided to the area offices to best meet their needs. Revised tables will be distributed in early June. Delmarva participates in Area Quarterly Meetings, Area Steering Committee Meetings and IQC; offers high quality online and onsite training opportunities for providers, families, consumers and APD staff; and participates 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, scheduled to be implemented in May. The update will also include the ability to identify providers who are providing services on the Family and Supported Living Waiver.

The Year 5 annual report will contain in depth data analysis, trends, interpretations and recommendations. As per the agreement reached in the April Status meeting, the data presented in this report is limited to the volume of activity. This information will keep AHCA and APD apprised of the number of consults/reviews that have been completed to date in comparison to the number we expect to complete by June 30, 2006.