

Florida Statewide Quality Assurance Program
Year Five Annual Report
June 2005 – July 2006
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Attachment 1
Internal Quality Assurance Report
July 2005 to June 2006

New Staff

Throughout the year, several consultants have been hired to replace those who have resigned. These changes to our Delmarva FSQAP staff are consistently reported in each Quarterly report to the state. During the fourth quarter of Year Five, only one additional change as occurred. Susan deBeaugrine resigned her position with Delmarva.

IT Initiatives

IT continues to support several initiatives within the Florida project. IT developed the new Barriers and Strengths drop down menus for the revised CORE application. The Easton IT group continues to participate in the weekly managers meetings that address on going needs and issues for the WiSCC and CORE processes.

IT and Application Development staff met with APD to discuss transitioning the Public Reporting Web Site to APD. While this was initially set to be completed prior to the end of Year Five, circumstances at APD have forced a delay. Delmarva continues upkeep of the current system.

WiSCC

Bi-weekly conference calls continue with Delmarva managers and all WiSCC consultants. Minutes of these meetings are provided to all Delmarva managers and consultants. Each week new concerns/issues are discussed as well as best practices observed in the field. The consultants are also given information on overall productivity and the status of Delmarva's corporate dashboards. Quality Improvement Consultants (QICs) and managers report on any Best Practices they see in the field. These have been compiled and are being posted to the Delmarva Web Site.

The Nurse Reviewer is available for all WiSCC consults. In the event an issue or question relating to the health or welfare of an individual surfaces, the Nurse Reviewer is contacted via conference call and may even join the consult in person if possible. The Nurse Reviewer has worked with AHCA to revise the process and update the monitoring system used by AHCA. This is to be implemented in Year Six and will be reported on at that time.

Delmarva Managers monitor WiSCC consults on a regular basis. Managers provide assistance and feedback in order to continue to build reliability among the consultants and to enhance development of a consultative approach. Consultants will continue to be monitored if, in the managers' opinion, additional feedback is needed to ensure consistent application of the tools. Any issues identified during the POM interview or WiSCC

process are discussed during the bi-weekly conference calls with Delmarva Managers and Consultants.

POM Monitoring and Annual Reliability

The Council on Quality and Leadership (CQL) continues to provide on site monitoring of five percent of all POMs conducted annually. CQL representatives accompany consultants on interviews and observe the administration of the POM as well as the overall WiSCC process. Monitoring is designed to ensure reliability in conducting the POM interviews is maintained as well as to provide on going technical assistance as needed. All consultants who were monitored this quarter passed reliability.

CORE

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

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

As part of the new contract in Year Six, CORE consultants will be trained on the POM interview techniques and also go through reliability testing. This is currently scheduled to occur in December 2006 and January 2007.

Annual Gold Standard Reviews

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

During the 4th quarter, a scenario was distributed to the QICs prior to the bi-weekly CORE and WiSCC conference calls. These were reviewed and "scored" by the consultants prior to the meeting. Consultants were not only asked to submit determinations for the scenario but also to make suggestions for Technical Assistance. Results on both were close to 100 percent in agreement with the determination and suggestions for technical assistance were also very similar. Results and suggestions were discussed on the CORE and WiSCC conference calls.

Consumer and Family Feedback

Distribution of the revised AHCA Recipient Survey continued throughout this quarter. These are distributed to individuals who receive a POM or individuals who are interviewed for the CORE consult. AHCA has not yet obtained or developed a software program to provide input and analysis of the survey results. Results from the recipient survey provide feedback to AHCA and our consultants who conducted the interview, and are part of our overall Delmarva dashboards, monitoring corporate performance. On a scale of 1 (not at all satisfied) to 4 (very satisfied), the average feedback score for the year was 3.44.

Provider Feedback Surveys

In an ongoing effort to improve communication with providers, Delmarva has taken the initiative to increase the feedback we receive from providers after they have either an onsite or follow up CORE or WiSCC consult. While a feedback survey has always been available for providers, the response rate from these surveys has traditionally been very low. During the first quarter of Year Five, Delmarva staff revised this survey and they are now distributed with a self-addressed, stamped envelope in an effort to encourage providers to send in their feedback. The survey is also available online, or can be faxed to the Tallahassee office. To date, the response rate has averaged around 35 percent, with more providers sending surveys in by mail than completing the on line survey.

Medical Peer Review

The Medical Director completes a quality assurance review on a random selection of five percent of individuals who received a Personal Outcome Interview. The Medical Director reviews the claims data, summary comments of the consultants and the decisions of the nurse reviewer. During the fourth quarter of Year Five he reviewed 27 records. His results were 100 percent in accord with the decisions of the nurse reviewer.

Timeliness and Submission of Deliverables

Delmarva and its program partner (CQL) are continuing to develop internal management systems to ensure that required timelines for conducting reviews and consults are being met and that data are being gathered in a format that can be analyzed in an aggregate form. Bob Foley and the Delmarva managers worked closely with each consultant in an effort to complete all reviews targeted for Year Five. Updates to the “target v completed” spreadsheet were discussed weekly on the manager’s call and biweekly on the CORE and WiSCC conference calls. Bob Foley intends to improve upon this new internal management process during Year Six to better track consult/review volumes in conjunction with contract obligations and budget requirements.

Sampling Reports for Billing

Processes were initiated this year to ensure that no consults or reviews are billed in error. These include searching the Health elements in the POM interviews to ensure all seven have been completed and randomly checking five percent of reviews before billing to be certain they are posted on the web page as an actual review. Billing during this quarter

was delayed as Delmarva is awaiting approval of contract changes that include modifications to some rates. Therefore, no reports were available to verify this quarter.

Improved Phone System

Delmarva has successfully connected the Tampa and Tallahassee offices to one phone system. This provides one 800 number for customers who can be immediately forwarded to either office or to consultants in the field. This simplifies the ability of consumers or providers to contact either office or consultants, as needed, improving communication with stakeholders.

Attachment 2

CORE Outcome Element Evaluation Levels

Achieving

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

Implementing

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

Emerging

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

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

Not Present

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

Attachment 3: CORE Outcome and Minimum Service Requirement Elements

Outcome Elements

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

Minimum Service Requirement Elements

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

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

Attachment 4

WiSCC Outcome Element Evaluation Levels

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

Achieving

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

Implementing

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

Emerging

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

Not Present

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

Attachment 5: WiSCC Outcome and Minimum Service Requirement Elements

Outcome Elements

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

Minimum Service Requirement Elements

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

Attachment 6
Training, Education, and Liaison
Contacts and Meetings
April - June 2006

Area, State and National Contacts					
Begin Date	End Date	Description of Activity	Area	Participants and Audience	Manager/Lead
April 7, 2006	April 7, 2006	Steering Committee Meeting	14	The progress of the Steering Committee projects was discussed. Staff retention for many providers remains a problem. We also discussed outreach to individuals and families to enhance transition onto the Waiver. The Steering Committee, APD, providers and individuals, Charmaine Pillay were present. There was also a presentation by Family 2 Family.	Charmaine Pillay
April 17, 2006	April 19, 2006	Alabama Mental Health/Mental Retardation and SEAAMR Conference		The Florida Medication Review Initiative	Linda Tupper
April 21, 2006	April 21, 2006	Training: Person-Centered Planning	14	providers, APD personnel	Beth Townsend
April 21, 2006	April 25, 2006	National DDNA			Linda Tupper
April 24, 2006	April 24, 2006	Implementation Training - Panama City	2	Training for providers by Delmarva staff (Charmaine Pillay, Carol McDuff and Claudia Kassack) and APD staff Nilda Barretto.	Charmaine Pillay

April 27, 2006	April 27, 2006	Steering Committee Meeting- St. Pete.	23	Individuals, APD, providers and Susan Von Fossen. Lengthy “think tank” discussion on proposed recommendations to the Region regarding assisting individuals to exercise rights. Discussion shifted towards training for support coordinators to facilitate the dissemination of information regarding rights education. Suggestions were made to utilize online training, and best practices of sharing websites to facilitate training for residential providers, where it is felt the biggest impact will be. Recommendations will be refined through e-mail over the next month and discussed again at the next meeting.	Susan vonFossen
April 28, 2006	April 28, 2006	Support Plan Stakeholder Group		Bob and Marion facilitated the Stakeholder group in an effort to evaluate results of the SP Pilot activity.	Bob Foley
May 2, 2006	May 5, 2006	AAMR International Summit on Social Inclusion - Montreal		Beth Townsend, Charmaine Pillay, CQL, providers. Sue Kelly presented a paper on the CORE organizational practices that best predict outcomes for individuals.	Beth Townsend, Charmaine Pillay, Sue Kelly
May 2, 2006	May 5, 2006	The International Summit-Montreal		Poster Presentation : Psychotherapeutic Medication Use in Florida's Medicaid Waiver Population	Linda Tupper
May 8, 2006	May 8, 2006	Health and Behavioral Risk Indicators Training	4	Training for providers by Delmarva staff Linda Tupper.	Charmaine Pillay

May 9, 2006	May 9, 2006	Quarterly Meeting	10	Meeting with Area 10 - Martha Martinez, Heidi Torro, Jameela Abdul-Malik, Susan Ramirez, Anna Quintyne, Avril Wilson, and Carol McDuff. Discussed questions from licensing and providers, data, and area trends.	Carol McDuff
May 10, 2006	May 10, 2006	Quarterly Meeting - Tampa	23	APD staff, Charmaine Pillay, Kristin Allen, Christie Gentry, Barbara Hawkins, Susan Von Fossen, Chris Kulaga.	Charmaine Pillay
May 10, 2006	May 10, 2006	Quarterly Meeting- Lakeland	14	APD staff, Charmaine Pillay, Kristin Allen, Barbara Hawkins.	Charmaine Pillay
May 11, 2006	May 11, 2006	Area Quarterly Meeting	1	Marion Olivier-Ruelas, Sharon Searcy, Dena Johnson and 1 Area staff attended the meeting. We reviewed the quarterly data, discussed the on-line training available, discussed the Area steering committee's progress, and reviewed provider concerns, trends for technical assistance and the positives seen. We discussed the content of the Zero Tolerance training, and issues related to Medication Reviews. An update on the new Support Plan was shared and eligibility for providers to receive an onsite consultation was reviewed. The Area Office staff gave an update on Support Living services in the area.	Marion Olivier-Ruelas
May 12, 2006	May 12, 2006	Quarterly Meeting	8	Marsha Vollmar, Jeff Smith, Krista McCracken, Beth Townsend	Beth Townsend
May 16, 2006	May 16, 2006	Training	9	Training for WSC's and providers by Linda Tupper, Charmaine Pillay.	Charmaine Pillay

May 17, 2006	May 17, 2006	Meeting with David Alexander - Tampa		Charmaine Pillay and David Alexander discussed information necessary for mandatory WSC pre service training.	Charmaine Pillay
May 19, 2006	May 19, 2006	Quarterly Meeting	7	Beth Townsend, Francie Young, Brenda McConnell, Donale Cochran, Cheryl King, Jeff Coleman, Steve Roth	Beth Townsend
May 19, 2006	May 19, 2006	Training - Gainesville	3	All providers with Linda Tupper.	Charmaine Pillay
May 23, 2006	May 23, 2006	Quarterly Meeting	4	Beth Townsend, Gary Baird, Shiela Butler, Sil Kaelin, Kay Lawing, Debbie Wadsworth, Terry Mothershed Neuman, others from APD	Beth Townsend
May 25, 2006	May 25, 2006	Steering Committee Meeting	23	Discussion of improving quality of support coordinators; committee is making recommendations to the state re: mentoring of new support coordinators as part of training; two individuals new to the committee were introduced; discussion of education, exposure, experience to help individuals make informed choices about service providers.	Barbara Hawkins
June 2, 2006	June 4, 2006	Family Café, Orlando - manned booth, presented My Personal Compass		Providers, individuals receiving services, families, APD personnel	Beth Townsend
June 2, 2006	June 4, 2006	Family Café in Orlando. 4 Educational sessions were offered in addition to an information booth.	7	Families, Individulas, Providers, APD, AHCA and Delmarva staff (Bob Foley, Charmaine Pillay, Beth Townsend, Linda Tupper, Donale Cochran, Kristin Allen, Brenda McConnell, Francie Young, Barbara Hawkins).	Charmaine Pillay

June 4, 2006	June 4, 2006	Family Café Conference		Bob presented with Pamela Wainwright and Ed Rousseau updates regarding the new Support Plan process.	Bob Foley
June 5, 2006	June 5, 2006	District Quarterly Meeting	3	Marion Olivier-Ruelas, Christine Stevenson, and 7 Area staff attended the meeting. We reviewed the quarterly data, discussed the newest online training and training needs in the district, discussed the Area steering committee's progress, and reviewed provider concerns, trends for technical assistance and the positives seen. We reviewed the progress of the new Support Plan and again addressed the service logs for ADT & RH providers. Marion also reviewed some of the highlights of two studies completed by Sue Kelly.	Marion Olivier-Ruelas
June 5, 2006	June 5, 2006	District Quarterly Meeting	13	Marion Olivier-Ruelas, Christine Stevenson, and 3 district staff attended the meeting. We reviewed the quarterly data, discussed the new online training and the State's training initiatives, discussed the Area steering committee's progress, and reviewed provider concerns, trends for technical assistance and the positives seen. We reviewed the progress of the new Support Plan and again addressed the service logs for ADT & RH providers. Marion also reviewed some of the highlights of two studies completed by Sue Kelly. We discussed the Area's expectations from Delmarva and the review process.	Marion Olivier-Ruelas

June 7, 2006	June 7, 2006	Quarterly Meeting	11	Meeting with Area 11 - Kirk Ryon, Evelyn Alvarez, Hillary Jackson, Jose Navarro, Mario Arreaga, Berta Santos, Anna Quintyne, and Carol McDuff. Discussed Steering Committee activities, data, and area trends.	Carol McDuff
June 8, 2006	June 8, 2006	Quarterly Meeting	12	Beth Townsend, Amy LeRoy, Micky Beauregard, Ed deBardeleben, Laura Kraljev, Melissa Brooks, Cliff Roberts	Beth Townsend
June 8, 2006	June 8, 2006	Quarterly Meeting - Area 9	9	Meeting with Area 9 - Gerry Driscoll, Frank Housden, Carol Taylor, Anna Quintyne, and Carol McDuff. Discussed Steering Committee activities, data, and area trends.	Carol McDuff
June 8, 2006	June 8, 2006	Quarterly Meeting	15	Meeting with area 15 - Steve Stoltz, Laurie Ezzidio, Margie Dotson, Eugene Collin, Cordroy Charles, Anna Quintyne, and Carol McDuff. New staff for APD was introduced. Discussed Steering Committee activities, mentoring of providers, data, and area trends.	Carol McDuff
June 16, 2006	June 16, 2006	CQL Quality Symposium - Ft Lauderdale		Beth Townsend, Charmaine Pillay, Marion Olivier-Ruelas, providers, individuals receiving services, APD personnel, family members	Beth Townsend
June 16, 2006	June 16, 2006	Ft Lauderdale	10	Training for individuals, family members and providers at the Quality Symposium. Charmaine Pillay, Marion Olivier-Ruelas, Beth Townsend.	Charmaine Pillay
June 19, 2006	June 19, 2006	Stakeholders meeting.	14	Providers, Charmaine Pillay	Charmaine Pillay

June 21, 2006	June 22, 2006	Interagency Quality Council		Bob, Charmaine, Carol, Beth, Said, and Linda participated in the IQC meeting, presenting and participating in small group breakouts.	Bob Foley
June 22, 2006	June 22, 2006	Area Quarterly Meeting	2	Marion Olivier-Ruelas and Sandra Rowe and 5 Area staff attended the meeting. We reviewed the quarterly data, discussed the upcoming training scheduled in the district, including state initiative trainings, discussed the Area steering committee's progress, and reviewed provider concerns, trends for technical assistance and the positives seen. We reviewed the progress of the Support Plan Workgroup and again addressed the service logs for ADT & RH providers. Marion also reviewed some of the highlights of two studies completed by Sue Kelly. Area 2 assigned the notification personnel for level 2 background screening alerts.	Marion Olivier-Ruelas

June 22, 2006	June 22, 2006	Steering Committee Meeting	23	The majority of the meeting consisted of two presentations on Supported Employment. Brenda Clark of APD conducted the first and gave a multifaceted look and the five year plan that is currently in progress and the successes made. The second presentation was given by Debra Killion of VR. She presented VR's role in the supported employment process and gave insight into how VR and APD provider's interface with each other. The committee discussed and approved a recommendation letter to the Region regarding issues discussed over the past several months. Several individuals who receive services through the waiver gave their perspective on the services they are currently receiving and their satisfaction with services. They were asked to take a course on Delmarva's website to test its "family friendliness" some time before the next meeting in July.	Susan vonFossen
June 29, 2006	June 29, 2006	Florida ARC annual conference - St. Augustine	4	Training for providers by Carol McDuff, Marion Olivier-Ruelas, Charmaine Pillay.	Charmaine Pillay