

**Florida Statewide Quality Assurance Program
Year Six Annual Report
June 2006 – July 2007
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Attachment 1 Internal Quality Assurance Report April to June 2007

The Florida Statewide Quality Assurance Program continues to implement its plan for internal quality control. The plan involves many activities, some of which occur simultaneously.

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. All new hires receive corporate orientation training from Delmarva Human Resources staff and local orientation at either the Tampa or Tallahassee office. During the fourth quarter of Year Six the following changes have been made:

- Linda Bodo was hired as a CORE consultant in Areas 3 and 13. She has been POM trained and has passed reliability. She was trained on the Desk Review process and Desk Review tracking/monitoring system to act as a backup for the PPR Coordinator. She replaced Christine Stevenson.
- Robin Moorman was hired as a CORE consultant in Area 23 and as the PPR Coordinator, replacing Susan Von Fossum. She received training from Charmaine Pillay on the CORE procedures and PPR Coordinator duties. She shadowed an experienced QIC on an agency CORE and observed a Follow-up with Technical Assistance. She received POM training and is reliable in the POM interview process and received formal CORE training in the field and Desk Review training.
- Michelle Ceville was hired to replace Carol Taylor as a WiSCC consultant for Areas 9 and 15. She received training on the WiSCC processes, shadowed several consults, and received formal training on a consult in the field. She received POM training and is reliable in the POM interview process.

IT Initiatives

IT continues to support several initiatives within the Florida project. IT completed revisions to the CORE tool, which will be implemented July 1, 2007. They have also completed revisions to the WiSCC tool, including the provision for a 3rd record pull. 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.

Consultants and managers have directed all computer and phone issues, previously handled by Mike Hereon, to IT in Easton. They have been responsive to all our needs in a timely manner, with very little down time problems due to hardware or software issues.

CORE Consultant Training on POMs

Delmarva consultants who conduct CORE consults were trained on the Personal Outcome Measures, December 4 – 8. The training was conducted by The Council on Quality and Leadership. All participants have passed reliability on the POM interview process, as have all new CORE consultants. CORE reliability on the POM interview skills is conducted annually.

Bi-Weekly Conference Calls

Conference calls with all consultants on a bi-weekly schedule have continued throughout Year Six of the contract. Through this venue, Regional Managers ensured that consultants received consistent information regarding procedures, interpretations, and system updates. Managers reinforce and supplement this information through telephone and face-to-face contact with the QICs. Consultants are also provided with any additional information or changes related to the CORE and WiSCC processes and, if necessary, clarification on different elements. The Florida Vice President of Disability Programs participates in the calls and provides any information from AHCA or APD relevant to the QA/QI processes. Feedback is solicited from consultants on any CORE, WiSCC or system modifications—possible impacts to them in the field.

The conference calls are also used as an avenue to update consultants on key Delmarva initiatives at the corporate level. This may include policy clarification and interpretation, when appropriate. Mandatory corporate training is also accomplished at these times.

In addition, when questions arise from analyzing the data, the conference calls are often used to gather anecdotal information from the QICs in an attempt to explain what we may be seeing in the data. Feedback from the consultants in this area has been very valuable in interpreting results from analysis of data for reports and studies. Information from the data is provided during these calls that can also be used during Quarterly meetings to guide Local APD initiatives.

Consultants continue to share Best Practices, which are ultimately posted to the FSQAP web site so the positive experiences/processes identified by consultants can be viewed by the public.

Reliability Assurances

Reliability for QICs and managers conducting Personal Outcome Measures (POM) interviews continues to be maintained through The Council on Quality and Leadership (CQL). This occurs

formally through the reliability process and through on site monitoring of five percent of the consults throughout the year. All consultants who were tested this quarter passed POM reliability.

Reliability activities for the CORE and WiSCC processes consist of two activities. First, the Regional Managers observe consultants while they are conducting consultations periodically throughout the year. They accompany each consultant to an onsite visit, attending all onsite activities. Second, formal reliability testing has been initiated this year, to be completed once per year for each consultant. Delmarva's formal reliability procedures include the individual CORE interview, scoring the CORE tool (25 elements on the original tool and 12 on the revised tool), and scoring the WiSCC tool (11 elements). All regional managers have passed the CORE and WiSCC reliability tests. In addition, all consultants have passed CORE and WiSCC reliability. Two QICs who did not pass on the initial attempt were closely monitored and coached by the manager and other reliable QICs. They passed on the second reliability test.

Regional Managers also participate in an annual reliability process on all the procedures. They conduct reviews with each other and test their own inter-rater reliability. When differences in their scores occur it gives all the managers an opportunity to discuss and come to agreement on the correct outcome, rendering more consistency to the overall procedures.

Manager Review (Gold Standard)

Delmarva Foundation managers continued to review and approve 100% of all WiSCC, CORE and PPR Desk Review reports prior to their distribution. Direct feedback was provided to individual QICs as questions or concerns were identified, and more general concerns were addressed on the bi-weekly conference calls. During this quarter (April – June 2007), the managers have implemented further assurances that reports are reliably reviewed before approval. Each manager will review a sample of reports another manager has already approved in order to ensure the inter-rater reliability of the report approval process. Results from this activity will be reported in the next quarterly report.

Another internal system related to this area is the Medical Peer Review system. Linda Tupper, the Nurse Reviewer, has the opportunity to correct any errors or issues identified with the content or data included in the report. Based on the results of the monitoring process in the early part of the year, Linda Tupper worked with Pamela Wainwright to improve the Medical Peer Review system, implementing new processes to enhance the reviews and better comply with contractual arrangements.

Weekly Manager Meetings

Delmarva managers meet bi-weekly to discuss any new or on going issues related to the FSQAP. IT staff from both Florida and Easton offices also participate, enhancing communications between managers and staff in Easton who provide vital technical and database management support. These meetings provide a valuable forum for managers to track productivity, monitor contractual obligations, discuss any concerns or issues that have developed, and generally share information from across the state.

Manager's Annual Retreat

While the bi-weekly manager's meetings are essential and productive, they do not allow time for in-depth work on strategic planning. The Delmarva managers held a two day retreat in October 2006, to discuss improvements to the current processes and to strategically map out plans that will benefit the FSQAP program over the next several years.

POM Monitoring and Annual Reliability

The Council on Quality and Leadership (CQL) provides 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.

Consumer and Family Feedback

The response rate to these surveys has dropped dramatically and therefore AHCA and APD have decided to temporarily stop distribution of the surveys to determine their feasibility and the usefulness of the data.

Provider Feedback Surveys

Delmarva continues to provide a feedback survey to all providers who are reviewed. Regional Managers have been working to update the surveys and a newer version will be available in Year 7. The Results are provided to the Regional Managers on a monthly basis and are used to track any problem areas that may exist. To date responses have been very positive. A summary of results is presented as Attachment 6 in this Appendix.

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. Results of these reviews (22 this quarter) continue to be 100 percent in accord with the decisions of the nurse reviewer.

Timeliness and Submission of Deliverables

Bob Foley and the Delmarva managers worked closely with each consultant throughout the year in an effort to complete all reviews targeted for Year Six. Updates to the “target v completed” spreadsheet are discussed on the manager’s call and biweekly on the CORE and WiSCC conference calls. With this system, managers are able to easily track QIC activities and how closely that aligns with projected volumes. Results of this activity in Year Six were extremely positive, with almost all target volumes attained, and all falling well within specified ranges.

The Regional Managers are now able to extract reports from the Florida database which indicate the percentage of reports that consultants generate within the timeframes established by management. The Regional Managers share these reports with each consultant, thereby providing additional feedback. Moving in to Year Seven Delmarva Managers will focus activity on cycle times from completion of a consult to mailing the report, to help ensure reports are sent to providers within 30 days of the end of the consult.

Sampling Reports for Billing

Processes are followed to ensure that no consults or reviews are billed in error. The database manager searches the Health elements in the POM interviews to ensure all seven have been completed and the Regional Manager with IQAP responsibility samples five percent of reports to ensure that reports for which the program has billed are being posted as required. This activity has occasionally revealed instances where reports were not posted correctly. These were reported to IT and the situation was resolved across the website before billing occurred. During the last quarter of Year Six, all billed reports had been appropriately posted.

Data Oversight

Each Regional Manager has been assuming the responsibility for reviewing the data distributed via CDs to each Area office on a monthly basis. This is to help ensure the data are accurate. In addition, the Regional Manager with IQAP responsibility, on a quarterly basis, reviews the data before they are sent out to the Area offices to ensure the information is correctly organized and labeled.

Attachment 2: CORE Results and Minimum Service Requirement Elements

These descriptions are summaries. Please go to the Delmarva website and review the CORE tools for a complete description of each element (http://www.dfmc-florida.org/provider/resources/core_wiscc_tools.htm)

Original CORE Tool (July 2004 – March 12, 2007)

CORE Results 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 Requirements

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.

(These descriptions are summaries. Please go to the Delmarva website and review the CORE tools for a complete description of each element (http://www.dfmc-florida.org/provider/resources/core_wiscc_tools.htm))

Revised CORE (Implemented March 13, 2007)

CORE Results Elements

1. Person Directed Planning
2. Health and Safety
3. Free from Abuse, Neglect and Exploitation
4. Rights
5. Choice
6. Community Life
7. Collaboration
8. Achieving Results

Minimum Service Requirements

9. Level II Background Screening
10. Provider/staff Training
11. Service Authorization/Billing as Authorized
12. Maintains Billing Documentation

Attachment 3: WiSCC Results and Minimum Service Requirement Elements

(These descriptions are summaries. Please go to the Delmarva website and review the CORE tools for a complete description of each element (http://www.dfmc-florida.org/provider/resources/core_wiscc_tools.htm))

WiSCC Results 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 4
Training, Education, and Liaison
Contacts and Meetings
April - June 2007

Begin Date	End Date	Description of Activity	Area	Participants and Topic
4/9/07		Area 8 Quarterly	8	Beth Townsend, Krista McCracken, Jeff Smith, Todd Ryan, Marsha Vollmar, Carrie Meehan, Bob Steinhauer; discussed new CORE tool, trends from reviews, sanctions against providers, upcoming training, area quality activities, medication reviews; Area requested our participation at the next WSC meeting
4/9/07		Training	4	Charmaine Pillay and Denese Anderson provided an education session on rights and people first language to support coordinators and APD staff.
4/13/07		Area 7 quarterly	7	Beth Townsend, Brenda McConnell, Cheryl King, Francie Young, Steve Roth, Sharon Jennings, Carol Solomon, Rosario Taylor, Jackie Meskevich, Paula Bowser, Grisela Hernandez, Mary Martin; discussed Area staff changes, new CORE tool, budget deficit implications/actions, alert protocol, training activities, steering committee, CORE & WiSCC trends
4/20/07		Area 4 quarterly	4	Beth Townsend, Sherndina Moreland, Terry Mothershed, Chris Chrusciel, Cathy Guiry, Janie Cromwell, Lakeshia Burke, Sharon York, Denese Anderson, Chris Corcoran; discussed new CORE tool, budget deficit implications, alert protocol, steering committee activities, training opportunities

4/20/07		Area 12 quarterly	12	Beth Townsend, Brian Montgomery, Dylan Gale, Ed DeBardeleben, Sandra Mills, Cindy Camplin, Charlene Johnson, Gary Baird; discussed new CORE tool, introduced Charlene, budget deficit implications, data trends, alert protocol, steering committee, training opportunities
4/20/2007		Provider Meeting, Bartow	14	Linda Tupper provided an educational session to providers, support coordinators, and APD staff on Health and Behavioral Risk Indicators.
4/20/2007		Steering Committee Meeting, Bartow	14	Charmaine Pillay attended the Steering Committee in Area 14 where brainstorming occurred on how to boost attendance and participation at meetings. There was also a discussion on the potential for hosting a Quality Symposium in the Area.
4/23/2007		Training, Fr. Pierce	15	Linda Tupper provided an educational session to providers, support coordinators, and APD staff on Health and Behavioral Risk Indicators.
4/26/2007		Steering Committee Meeting, St Pete	23	Delmarva staff and local Area staff participated in the Steering Committee meeting.
5/2/2007	5/4/2007	National DDNA Board Meeting		(Developmental Disabilities Nurses Association) Attended by Linda Tupper
5/5/2007	5/8/2007	National DDNA Educational Conference		Attended by Linda Tupper
5/9/2007		Quality Symposium, Ocala	13	Charmaine Pillay and Beth Townsend presented on the Transition from Quality Assurance to Quality Improvement to individuals, family members, providers and APD staff.

5/11/2007		Training, Miami	11	Mario Arreaga, Janet Tynes and Jose Navarro provided an educational session on Functional Documentation to support coordinators, providers and APD staff.
5/11/2007		Mid-Florida DDNA		Attended by Linda Tupper
5/18/07		WSC Meeting	8	Beth Townsend, Area APD staff, Area WSCs; discussed what must go into support plan
5/21/07	5/24/07	AAIDD Annual Conference		(American Association of Intellectual and Developmental Disabilities) attended by Linda Tupper
6/1/07		Quarterly Meeting	2	Kara Cowart, Marion Olivier-Ruelas and 6 Area 2 staff attended. We discussed provider trends both positive and negative. We received an update on the Area 2 Steering Committee and additional feedback on our performance. We discussed their process for following up on Alerts and training requests for next year. We talked about how this area will be implementing the recoupment policy. We discussed the Zero Tolerance requirements and ways in which providers can obtain this training. We reviewed the data and discussed trends and ways to potentially address some of the areas needing improvement.

6/4/07		Quarterly Meeting	13	Linda Bodo, Theresa Skidmore, Marion Olivier-Ruelas and 2 APD Area 13 staff attended. We discussed provider trends both positive and negative. We received an update on the Area 13 Steering Committee and additional feedback on our performance. We discussed their process for following up on Alerts and training requests for next year. We talked about how this area is implementing the recoupment policy. We talked about their Provider Expansion Committee used to determine if providers can expand services. We reviewed the data and discussed a few ways to impact areas needing improvement.
6/6/07		Quarterly Meeting	11	Kirk Ryon, Hillary Jackson, Jose Navarro, Mario Arreaga, Janet Tynes, Berta Santos, and Carol McDuff. Discussed changes in area staff, steering committee status, informal area trends, recoupment initiative, WiSCC 3rd record procedure and Delmarva data.
6/7/07		Quarterly Meeting	15	Sandra Cain, Margie Dotson, Alesia Weekes, Brad Graske, Mary Edwards, Beatrice Dejoie, Noeline Coore and Carol McDuff. Discussed changes in area staff, steering committee status, informal area trends, recoupment initiative, WiSCC 3rd record procedure and Delmarva data.
6/8/07		Café Conference Presentation		Bob Foley presented on Quality Management system with Pam K and Ed R.
6/8/2007		Family Café, Orlando	7	Linda Tupper provided an educational session to individuals, family members and providers on how to ensure that individuals are supported to take control of their personal health.

6/8/2007		Family Café, Orlando	7	Linda Tupper provided an educational session to individuals, family members and providers. The use of psychotherapeutic drugs in children, adolescents and adults was discussed along with the presentation of information on medications, side effects, and the results of various drug therapies.
6/12/07		WSC Meeting	7	Beth Townsend, Area APD staff, Area WSC; discussed internal quality assurance
6/13/07		Quarterly Meeting	10	Martha Martinez, Pam Romack, David Gillis, Haydee Toro, Anna Quintyne, and Carol McDuff. Discussed changes in area staff, steering committee status, informal area trends recoupment initiatives, WiSCC 3rd record procedure, and Delmarva data.
6/19/07		Quarterly Meeting	9	Frank Houston, Gerry Driscoll and Carol McDuff. Discussed changes in area staff, steering committee status, informal area trends, recoupment initiatives, WiSCC 3rd record procedure, and Delmarva data.
6/20/07	6/21/07	Interagency Quality Council		Presented on Delmarva Updates and quality improvement studies
6/20/2007		Training, Ocala	13	Theresa Skidmore and Linda Bodo provided an educational session to providers, support coordinators and APD staff on Person Directed Services enhanced by Quality Management.
6/25/2007		Planning Meeting	3	Marion Olivier-Ruelas and 2 APD Area 3 staff attended. We reviewed the most current data and brainstormed ideas on how to address areas identified as needing improvement. We addressed areas related to the Implementation Plan process, Service logs, Background Screening, Community Integration, Rights, and EEE. We will present our ideas at the next quarterly meeting scheduled in July.

		Quarterly Meeting	1	This meeting was re-scheduled by Area 1 and is going to occur in July 2007.
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Attachment 5 Health and Behavioral Questionnaire

Have you seen a doctor in the past year? Y/N
What kind of doctor?

- | | |
|---------------------|------------------------------------|
| 1. neurology | 11. podiatry |
| 2. psychiatry | 12. dermatology |
| 3. primary care | 13. gynecology |
| 4. gastroenterology | 14. urology |
| 5. cardiology | 15. orthopedics |
| 6. endocrinology | 16. neurosurgery |
| 7. pediatrician | 17. ear/nose/throat |
| 8. hematology | 18. oncology |
| 9. rheumatology | 19. optometry/ophthalmology |
| 10. allergy | Add all others to the health notes |

2a. Do you currently have a dentist? Y/N

2b. Have you been to the dentist in the past year? Y/N

3. Have you been treated in the emergency room this past year? Y/N
If yes, add when and why to the health note

4. Have you been admitted to the hospital this past year? Y/N
If yes, add when and why to the health notes

5. Do you take any medicines? Y/N

If yes, what ones?

- | | |
|--------------------------------|--------------------------------|
| 1. Abilify (Aripiprazole) | 26. Lopressor (Metoprolol) |
| 2. Adderall | 27. Mellaril (Thioridazine) |
| 3. Anafranil (Clomipramine) | 28. Metformin (Glucophage) |
| 4. Ativan (Lorazepam) | 29. Mysoline (Primidone) |
| 5. Baclofen (Liorasal) | 30. Neurontin (Gabapentin) |
| 6. Buspar (Buspirone) | 31. Norvasc (Amlodipine) |
| 7. Catapres (Clonidine) | 32. Paxil (Paroxetine) |
| 8. Celexa (Citalopram) | 33. Phenobarbital |
| 9. Cogentin (Benztropine) | 34. Pravachol (Pravastatin) |
| 10. Concerta (Methylphenidate) | 35. Prevacid (Lansoprazole) |
| 11. Depakote (Divalproex) | 36. Prinivil (Lisinopril) |
| 12. Desyrel (Trazadone) | 37. Prozac (Fluoxetine) |
| 13. Detrol (Tolterodine) | 38. Risperdal (Risperidone) |
| 14. Dilantin (Phenytoin) | 39. Ritalin (Methylphenidate) |
| 15. Effexor (Venlafaxine) | 40. Seroquel (Quetiapine) |
| 16. Geodon (Ziprasidone) | 41. Symmetrel (Amantadine) |
| 17. Haldol (Haloperidol) | 42. Synthroid (Levothyroxin) |
| 18. Inderal (Propranolol) | 43. Tegretol (Carbamezapine) |
| 19. Keppra (Levetiracetam) | 44. Thorazine (Chlorpromazine) |

- | | |
|----------------------------|----------------------------|
| 20. Klonopin (Clonazepam) | 45. Topamax (Topiramate) |
| 21. Lamictal (Lamotragine) | 46. Vasotec (Enalapril) |
| 22. Lasix (Furosemide) | 47. Wellbutrin (Bupropion) |
| 23. Lexapro (Escitalopram) | 48. Xanax (Alprazolam) |
| 24. Lipitor (Atorvastin) | 49. Zoloft (Sertraline) |
| 25. Lithium (Eskalith) | 50. Zyprexa (Olanzapine) |

Add all others to the health notes

6. Do you have any problems with your health? Y/N
If yes, add what to the health notes
7. In the past year is your health (better / worse / the same)?
8. Do you currently receive the following?
 - a. Speech therapy? Y/N
 - b. Occupational therapy? Y/N
 - c. Physical therapy? Y/N
 - d. Nutritional supports? Y/N
 - e. Respiratory therapy? Y/N
 - f. Massage therapy? Y/N
9. Does the individual state a need for additional services/supports from?
 - a. Speech therapy? Y/N
 - b. Occupational therapy? Y/N
 - c. Physical therapy? Y/N
 - d. Nutritional evaluation? Y/N
 - e. Respiratory therapy? Y/N
 - f. Massage therapy? Y/N
10. Does the individual appear to need or state the need for:
 - a. Speech therapy evaluation? Y/N
 - b. Occupational therapy evaluation? Y/N
 - c. Physical therapy evaluation? Y/N
 - d. Nutritional evaluation? Y/N
 - e. Respiratory therapy evaluation? Y/N
 - f. Massage therapy evaluation? Y/N
 - g. Oral motor evaluation? Y/N
11. Does the individual appear to need or state the need for:
 - a. Adaptive equipment evaluation? Y/N
 - b. Environmental modifications? Y/N
12. Does the individual appear to need or state the need for:
 - a. Male preventative health care? Y/N
 - b. Female preventative health care? Y/N

- c. Vision exam? Y/N
- d. Hearing exam? Y/N

- 13a. Does the individual take seizure medication?
- 13b. Is this medication prescribed by the primary care physician?
- 14a. Does the individual take behavior/psychiatric medication?
- 14b. Is this medication prescribed by the primary care physician?
- 15. Does the individual take medication for chronic conditions such as: diabetes, hypertension, thyroid, heart, gastrointestinal disorders, blood disorders, or respiratory disorders?
- 16. Does the individual appear to require or state the need for additional information/education about medications?
 - 17a. Do behaviors exist that have not been addressed with a behavior review?
 - 17b. Does the individual reside in a behavioral home without a current behavior review on file?
 - 17c. Does the family/etc. indicate that a behavior review is needed?
- 18a. Has a behavior review recommended behavioral services that are not in place?
- 18b. Do behaviors currently exist that are not addressed in a behavior plan?
- 18c. Does a behavior plan exist without appropriate professional oversight?
- 18d. Does the family/etc. indicate that behavioral services or supports are needed?
- 19. Does any implemented behavior plan require a level of approval that it has not yet been received?
 - 20a. Does the individual have unresolved issues from abuse, grief, interpersonal relationships?
 - 20b. Does the individual/supports indicate the need for mental health counseling/support?
- 21a. Does the individual have Medicare?
- 21b. Does the individual have private insurance?
- 21c. Does the individual private pay?

NOTE: For any additional health concerns or questions please call Linda in the Tampa office 1-866-254-2075 or on her cell 813-495-0147.

Attachment 6
Provider Feedback Survey Summary Results
July 2006 – June 2007

By Consult Type

Q1 = The consultation adequately identified strengths of your organization.

Consult Type	Strongly Agree	Agree	Total "Agree"
CORE	80.0%	13.3%	93.3%
WiSCC	76.4%	16.9%	93.3%
Total	78.8%	14.5%	93.3%

Responding CORE = 180 WiSCC = 69

Q2 = The consultation provided your organization with constructive feedback to better provider supports and services that meet the desired outcomes of the individuals.

Consult Type	Strongly Agree	Agree	Total "Agree"
CORE	80.7%	14.4%	95.0%
WiSCC	81.1%	8.9%	90.0%
Total	80.8%	12.5%	93.4%

Responding CORE = 181 WiSCC = 90

Q3 = The consultation provided your organization with useful information to better support your staff.

Consult Type	Strongly Agree	Agree	Total "Agree"
CORE	76.5%	16.8%	93.3%
WiSCC	74.2%	9.0%	83.1%
Total	75.7%	14.2%	89.9%

Responding CORE = 179 WiSCC = 89

Q4 = The consultation adequately addressed the barriers, challenges, and/or needs of your organization.

Consult Type	Strongly Agree	Agree	Total "Agree"
CORE	73.9%	20.6%	94.4%
WiSCC	69.7%	16.9%	86.5%
Total	72.5%	19.3%	91.8%

Responding CORE = 180 WiSCC = 89

Q5 = The consultant interacted with you (and your staff) in a professional manner.

Consult Type	Strongly Agree	Agree	Total "Agree"
CORE	89.5%	5.5%	95.0%
WiSCC	91.1%	3.3%	94.4%
Total	90.0%	4.8%	94.8%

Responding CORE = 181 WiSCC = 90

Q6 = The consultant facilitated an environment which was collaborative and positive.

Consult Type	Strongly Agree	Agree	Total "Agree"
CORE	82.8%	11.7%	94.4%
WiSCC	83.3%	8.9%	92.2%
Total	83.0%	10.7%	93.7%

Responding CORE = 180 WiSCC = 90

By Provider Type

Q1 = The consultation adequately identified strengths of your organization.

Provider Type	Strongly Agree	Agree	Total "Agree"
Solo	77.3%	16.8%	94.1%
Agency	79.8%	13.5%	93.3%
Total	78.7%	14.9%	93.6%

Responding Solo = 119 Agency = 163

Q2 = The consultation provided your organization with constructive feedback to better provider supports and services that meet the desired outcomes of the individuals

Provider Type	Strongly Agree	Agree	Total "Agree"
Solo	81.8%	11.6%	93.4%
Agency	79.8%	14.1%	93.9%
Total	80.6%	13.0%	93.7%

Responding Solo = 121 Agency = 163

Q3 = The consultation provided your organization with useful information to better support your staff

Provider Type	Strongly Agree	Agree	Total "Agree"
Solo	75.4%	8.5%	83.9%
Agency	75.5%	19.0%	94.5%

Total 75.4% 14.6% 90.0%
Responding Solo = 118 Agency = 163

Q4 = The consultation adequately addressed the barriers, challenges, and/or needs of your organization.

Provider Type	Strongly Agree	Agree	Total "Agree"
Solo	72.5%	17.5%	90.0%
Agency	73.5%	20.4%	93.8%
Total	73.0%	19.1%	92.2%

Responding Solo = 120 Agency = 162

Q5 = The consultant interacted with you (and your staff) in a professional manner.

Provider Type	Strongly Agree	Agree	Total "Agree"
Solo	88.4%	5.0%	93.4%
Agency	91.4%	4.9%	96.3%
Total	90.1%	4.9%	95.1%

Responding Solo = 121 Agency = 163

Q6 = The consultant facilitated an environment which was collaborative and positive.

Provider Type	Strongly Agree	Agree	Total "Agree"
Solo	84.3%	7.4%	91.7%
Agency	81.5%	14.2%	95.7%
Total	82.7%	11.3%	94.0%

Responding Solo = 121 Agency = 162