

**Florida Statewide Quality Assurance Program
Delmarva Foundation**

**Quarterly Report
July – September 2006**

**1st Quarter
Contract Year 6
2006 - 2007**

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

Executive Summary

Throughout the first quarter of contract Year Six, Delmarva has continued to work closely with the Agency for Health Care Administration (AHCA), the Agency for Persons with Disabilities (APD), and The Council on Quality and Leadership (CQL) to help ensure positive outcomes for the people served under the Medicaid Developmental Disabilities Home and Community Based (DD) Waiver program. Delmarva is currently awaiting approval of a contract amendment that will expand the program by including providers of services under the Family and Supported Living (FSL) Waiver. 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 have been attended by all consultants, all Delmarva managers, Delmarva's research scientist and the analyst, Florida's IT representative and other personnel as appropriate.

In an effort to provide continuous improvement to the processes, and in response to feedback from Quality Improvement Consultants (QIC) and providers, Delmarva has revised the CORE and WiSCC procedures and overall outcome determinations. Marion Olivier-Ruelas has also worked extensively with a panel of consultants to "streamline" the CORE process, creating a tool similar to the WiSCC with approximately 11 elements instead of 25. The revised process is expected to be submitted to AHCA and APD during the second quarter of the year and implemented by January 2007.

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, Interagency Quality Council (IQC), conducting monthly status meetings and attending/presenting at national conferences. The Delmarva senior scientist has met with APD and the Area Quality Leaders (AQL) on various occasions in an effort to improve data formats to better meet Area needs. Revised data tables were distributed in September, with further revisions expected in December. Managers regularly meet with Area administrators. Two Delmarva managers, Charmaine Pillay and Beth Townsend, presented at the annual Home and Community Based Services conference in Minneapolis.

All APD Areas have been contacted and invited to work with Delmarva staff to ensure their education and training needs are being addressed. Delmarva is only able to offer 14 training sessions this year, one in each Area, due to the pending contract amendment. Charmaine Pillay, the Delmarva manager who oversees all training, has worked closely with each Area to ensure the training we provide is designed to fit their most essential needs. During the first quarter, five formal training and educational sessions were provided.

Four of the five Quality Improvement studies completed during Year Five have been revised, based upon feedback from AHCA and APD, and resubmitted to Pamela

Wainwright at AHCA. The fifth study is expected to be resubmitted by mid October. Delmarva expects to submit the Year Five Psychotherapeutic Drug Study by the end of October and present a proposal for the Year Six study at the October status meeting. The Year Five annual report was submitted to AHCA and APD in September, with extensive revisions to the data section, offering over 30 charts to better display data trends and comparisons.

In the April 2006 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 during the first quarter of Year Six, July - September 2006, are as follows (projections are included in the Data section):

- 73 Waiver Support Coordination Consultations (WiSCC) of WSC entities;
- 93 Waiver Support Coordinators;
- 185 consumer interviews to collect data, conduct a Personal Outcome Measures interview, and a Health Risk Screening;
- 130 Collaborative Outcomes Review and Enhancement (CORE);
- 105 Desk Reviews;
- 11 Follow-Up Reviews;¹
- 87 Follow-Up Reviews with Technical Assistance;
- 141 Documentation Follow-Up Reviews;
- 7 Reconsiderations (1 CORE, 6 Desk).

¹ As part of the contract amendment, regular Follow-up reviews will no longer be offered.

Introduction

This is the first quarterly report for Year Six of the Florida Statewide Quality Assurance Program (FSQAP) contract, July - September 2006. This report conforms to the modifications approved in the April 2006 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 three sections. The first section, **Summary of Quarterly Project Compliance Activities**, presents information relevant to compliance with contract issues. In this section we detail the activities and accomplishments of the Delmarva Staff and their partners, including:

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

The second section, **Data Report**, provides an overview of data collection from July through September 2006.

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

Section One: Summary of Quarterly Project Compliance Activities

Project Initiatives

Contract Amendment

An amendment to the current contract was submitted to AHCA during Year Five. Modifications included the addition of FSL (Family and Supported Living) Waiver activities, a change in rates for the CORE process and revisions to the expected number of Desk Reviews, and Follow-up and Follow-up with Technical Assistance reviews to be completed. The targeted number of training sessions and quality improvement studies was reduced. The contract amendment is currently under review by AHCA and expected to be approved prior to December 2006.

Consultation/Review Activities

The CORE application was updated on May 16, 2006, to include drop-down menus that identify strengths and barriers faced by providers. The revised application also included a field to identify Family and Supported Living (FSL) Waiver providers and the services they provide. Implementation of the revised application went smoothly, with no loss of production time and no significant problems. Preliminary analysis of CORE barriers will be presented in the second quarterly report, February 15, 2007.

Delmarva has worked extensively to revise and update the CORE procedures and application, and to update portions of the WiSCC procedures. Some activities were initiated during the latter part of the Year Five contract and these have continued through the first quarter of the Year Six contract. As part of the procedural changes, the criteria for selecting providers eligible for review has changed for both the Desk reviews and CORE consults.² In addition to these changes, the overall score for the CORE outcome elements was revised to better reflect the overall rating on the outcome elements. These changes were submitted to AHCA and APD, discussed, approved and implemented. Procedural modifications to WiSCC are currently under review and include the addition of an overall outcome score, similar to that used in the CORE.

In June, a CORE workgroup was formed consisting of one Regional Manager (Marion Olivier-Ruelas) and three Quality Improvement Consultants who conduct CORE consults. Participants in the workgroup met eight times to address modifications to the CORE process. They discussed the current tool and identified ways to “streamline” the process, combining similar topics and elements. They also worked on the scoring for each element in order to help providers better understand the expectations and possibly use it as a means to evaluate their own organization. The new CORE tool will likely consist of 11 rather than 25 elements. A draft of the tool was completed in July and submitted to the other Regional Managers and the Director of Florida Programs. Three

² See Data Section for details on eligible providers.

additional meetings occurred to make other changes and modifications. On September 27, the tool was sent to APD and AHCA for comments and feedback.

Public Reporting Website

The Public Reporting Website (www.fldresources.org) workgroup has not met this quarter. However, a smaller group met August 31 to discuss the future direction of the web site, new information that can be added to the existing web site, and if the work was doable under the existing Delmarva contract. Linda Mabile, Steve Dunaway, Ed Rousseau, Pam Kyllonen, Pamela Wainwright and Sue Kelly participated in this meeting. The group examined the “list of elements” that had been developed by the larger work group to determine the viability of including any or all in updates to the site. Steve reported that APD would not be able to take on ownership and maintenance of the web site as soon as they had originally planned. Suggested changes in the content language were sent to this group for final approval. Delmarva is waiting for responses from the group.

Area Quality Leader (AQL) Contact

Sue Kelly has continued to work closely with the AQLs on reformatting the data tables that are sent to each Area monthly. She also met with Steve Dunaway, Linda Mabile, and Lori Reid to discuss the addition of tables/graphs to the quarterly data reports. Most of the suggested changes were implemented and provided to the Areas with the data sent in September 2006. The additions included an extensive number of graphs and some modifications to the tables. Sue Kelly also met with the AQLs after the September Interagency Quality Council (IQC) meeting for feedback from the group on the new tables and graphs Delmarva had provided. They made several more suggestions that should be included with the reports that will be distributed December 1, 2006.

Interagency Quality Council

The quarterly IQC meeting was held September 20 and 21 in Jacksonville. Bob Foley presented an update of Delmarva activities and Sue Kelly presented a summary of data analysis, including trends over the last two years. Data from the Personal Outcome Measures interviews generated discussion of a possible abuse and neglect problem across the state. From this discussion, Delmarva has recommended a Quality Improvement Study be completed to study the issue. This will be presented for discussion at the October 2006 status meeting.

Marion Olivier-Ruelas presented information on the revisions to the CORE procedures and new overall outcome score. She outlined the draft version of the revised CORE tool, moving from 18 to seven outcome elements and from seven to four Minimum Service Requirement elements. She also presented information on the new policies and procedures for the desk reviews.

Statewide/National/International Conference Representation

Charmaine Pillay and Beth Townsend presented at the annual Home and Community Based Services conference in Minneapolis. Their presentation focused on the shift from

a process centered to an outcome centered system. They also presented jointly with Steve Dunaway on the new Support Plan process: how and why it was developed.

Volume of Activity

CORE and WiSCC onsite consultation processes have continued, implementing some changes to the procedures as noted above: eligibility criteria and the overall outcome determination have been revised. 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 quarter of contract Year Six are as follows:

- 73 Waiver Support Coordination Consultations (WiSCC) of WSC entities;
- 93 Waiver Support Coordinators;
- 185 consumer interviews to collect data, conduct a Personal Outcome Measures interview, and a Health Risk Screening;
- 130 Collaborative Outcomes Review and Enhancement (CORE);
- 105 Desk Reviews;
- 11 Follow-Up Reviews;³
- 87 Follow-Up Reviews with Technical Assistance;
- 141 Documentation Follow-Up Reviews;
- 7 Reconsiderations (1 CORE, 6 Desk).

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 July 20 and August 31. A status meeting was not held in September 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, including IT staff from Easton and Julie Tyler, the Delmarva Vice President over the FSQAP program.

Due to contract amendments, Delmarva is not able to offer the number of training sessions that were provided during Year Five. Therefore, Charmaine Pillay, the Regional Manager who oversees training and education across the state, has worked with each Area to ensure we can provide for them the sessions that will meet their most essential needs. During the first quarter of the year, five formal training and educational sessions were conducted, designed and conducted to meet the specific needs of the audience. Each Area was encouraged to use Delmarva data as well as information from Delmarva

³ As part of the contract amendment, regular Follow-up reviews will no longer be offered.

managers and consultants, presented during quarterly meetings, to decide on educational topics.

- Providers in Area 2 were presented with training on the desk review process. In addition to a power point presentation, a wide range of providers were also given examples of the information that is necessary to include for a desk review.
- Providers in Area 8 were presented with an educational session on health and behavioral risk indicators, including a very detailed discussion of each of the three risk indicators (Health, Behavioral and Functional). Discussion of each risk indicator included specific examples of the possible consequences to an individual's health and safety. The audience was encouraged to participate by presenting actual examples of potential risks and engaging in brainstorming to consider a range of potential solutions.
- In Area 1 an educational session on Health and Behavioral Risk Indicators was supplied to providers of all services. The session included a detailed discussion on recognizing potential risks and ended with providers participating in brainstorming possible responses to a variety of prepared scenarios. Additionally, providers presented actual scenarios with which they needed assistance and the entire group engaged in brainstorming solutions based on the material presented throughout the training session.
- One educational session was provided in Area 23. Providers of all services participated in a session on Health and Behavioral Risk Indicators. Again, the session was very interactive and required participants to brainstorm potential solutions to scenarios presented. All sessions were very well received by the participants. Based on information gathered from attendees at most sessions, a new training is currently being developed on Self Assessments and Projected Service Outcomes.
- In Area 7, a panel of Quality Improvement Consultants, Charmaine Pillay and Sue Kelly presented new AQL's (Area Quality Leaders) with training on the Delmarva processes (CORE, WiSCC, Desk Reviews), as well as a "hands on" demonstration of accessing and using Delmarva data to generate improvements.⁴

Summary of Customer Service Activity

The Customer Service unit continues to serve as a liaison between Delmarva, Medicaid Waiver service providers and beneficiaries, the APD Areas and the business community. Responses are provided for inquiries about Onsite CORE and WiSCC consultations, Desk Reviews, Person-centered Reviews, related issues on Quality Enhancement Plans, Reconsiderations, 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.

⁴ Attachment 1 summarizes Delmarva's contacts and activities for the July through September 2006 time period.

Said maintains a daily log documenting the dates, caller's information, nature of the contact, type of assistance needed/requested, complaints and other miscellaneous business questions. On average this quarter he interacted by telephone (or by e-mail) with eight callers daily, mostly providers of Medicaid Waiver services. In order to be in touch with the current Delmarva processes and with all the consultants, he attended various trainings or conferences including "The Florida Adventure", our Delmarva Annual Training Conference in August. In addition to fielding inquiries, Said has completed 30 Desk Reviews this quarter.

As indicated in the following table, there were 349 customer service contacts during the first quarter in Year Six. Desk Reviews, including a subsequent documentation follow up continue to generate the most calls, a similar percentage as in Years Four and Five. 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.

Customer Service Contacts
July 2004 - September 2006

Area	Number			Percent		
	Year 4	Year 5	Year 6 Jul-Sep	Year 4	Year 5	Year 6 Jul-Sep
Desk Reviews	1,460	1,379	261	74.7%	77.3%	74.8%
CORE	292	132	32	14.9%	7.4%	9.2%
WiSCC	48	23	1	2.5%	1.3%	0.3%
Interpreting Services	76	35	0	3.9%	2.0%	0.0%
Complaints	0	35	2	0.0%	2.0%	0.6%
On Line Assistance	0	68	8	0.0%	3.8%	2.3%
Miscellaneous	78	111	45	4.0%	6.2%	12.9%
Total	1,954	1,783	349	100.0%	100.0%	100.0%

There were 32 calls to Customer Service concerning CORE and one call concerning a WiSCC. The WiSCC call was from a provider seeking assistance with the Delmarva web site to be able to review the WiSCC tool. Calls relating to CORE included:

- A need for clarification on the performance levels;
- Clarification on follow-up requirements;
- Questions related to the Minimum Service Requirements (process elements);
- A request for a reconsideration on the Projected Service Outcomes element (19);
- Assistance with the Delmarva website to be able to review the CORE tool.

Miscellaneous contacts include questions related to general information about Waiver services, Delmarva, training and address updates. One complaint was from a provider who was concerned that APD did not have the correct address for his company. Since

Delmarva had not yet reviewed this provider, Delmarva did not have the address either. The second complaint concerned a low score on a Desk Review.

Quality Improvement Initiatives

Collecting, analyzing and using data are primary ways to indicate areas for quality improvement in any program. Currently, Delmarva provides quarterly and annual reports to AHCA and APD, containing contract compliance information, data analysis, discussion and recommendations. In addition, Area reports are distributed monthly, with some tables updated monthly and others updated quarterly. These 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 improve the quarterly data tables. The first revisions were completed for the data sent to each Area in September 2006, that included information from Year Five and trends when appropriate. These revisions included the addition of 13 graphs and some modifications to existing tables. We expect to include an additional four or five graphs in the quarterly reports that will be distributed December 1, 2006.

In addition to the revisions to the quarterly data reports that target information specific to each Area, modifications were made to the Year Five Annual Report data analysis section, submitted September 29, 2006, to AHCA and APD. Over 30 graphs were added to the report in order to more clearly show data trends and comparisons across Areas, home types, years, and other characteristics. Further revisions/additions may be included after incorporating feedback from APD on the new information. Feedback on the annual report is due to Delmarva by November 3.

Four of the Quality Improvement (QI) studies completed in Year Five have been revised and resubmitted to AHCA: *Organizational Practices That Best Predict Percent of Personal Outcome Measures Met; Barriers to DD HCBS Services from the Perspective of Waiver Support Coordinators, Service Providers, Area Quality Leaders, Families and Individuals with Developmental Disabilities; Outcome Results Analysis: Impact of POM Supports on POM Outcomes Met; and Longitudinal Panel Analysis: Impact of Support Coordinator Turnover on Outcomes*. Comments from both AHCA and APD were incorporated into the revised versions. The fifth study, *Waiver Support Coordinator Caseload: Impact on Performance Evaluation*, has been revised and resent to APD (Steve Dunaway) for a second review. This is due back to Delmarva November 3. Quality Improvement Study ideas for Year Six will be presented to AHCA and APD at the October status meeting. Delmarva expects to submit the Year Five Psychotherapeutic Drug Study by the end of October and present a proposal for the Year Six study at the October status meeting.

Internal Quality Assurance Activities

Mike Heron, the Florida IT representative, is currently on Leave Without Pay due to military obligations. He is expected to be absent for one to one and a half years. The Easton office has established direct contacts for the consultants for any IT or application issues. IT staff are available on a high priority level to ensure the least amount of “down time” if problems arise.

Delmarva managers and the 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. Any issues surrounding the development and implementation of the revised WiSCC and CORE applications will be readily addressed.

Bob Foley has continued to improve the system he developed 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. Each regional manager has developed a quality improvement initiative to enhance the production process, including a system to track the cycle time for both WiSCC and CORE consults, from the beginning date to the date the consult is approved by a regional manager and ready to be billed.

The Delmarva managers and scientist have developed a process with which to test the reliability of the CORE and WiSCC tools and the CORE interviews. This has been implemented with the some of the managers. We expect to complete reliability for the managers by the end of October. Managers will complete reliability on the consultants prior to the end of the contract year.

In an on going effort to remain current on processes and procedures, Sue Kelly observed a CORE in July, conducted by Kara Cowart. She is scheduling a second observation of a WiSCC with Sandra Williams-Rowe in January. The analyst, Lori Reid, will schedule an observation of both a CORE and WiSCC within the next several months.

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 Report

Volume of Activity-Provider Performance Reviews and Consultations

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.⁵ 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. There are several categories of providers subject to a Provider Performance Desk Review or a CORE in Year Six of the contract.⁶ The following list identifies the new criteria in place to determine a provider's eligibility for the consultation process, based upon new procedures:

- Any provider rendering at least one of the services listed above for the specified time period.
- Providers who previously received a Desk Review and are now providing at least one of the seven CORE services (Adult Day Training, In Home Supports, Non-Residential Supports and Services, Residential Habilitation, Specialized Medical Home Care, Supported Living Coaching, and Supported Employment) will receive a CORE consultation. The sections for new providers in Elements 21 and 25 will be included in the consultation.
- A provider who received an "Achieving" overall on the outcome elements (no alert or recoupment elements cited) will not be reviewed the following year. At a minimum, every provider will be reviewed no less than once every other year, except for Support Living Coaching services, which only will be reviewed using the full CORE tool annually. The other services provided will receive the exemption as stated above.
- Providers who render services in multiple APD Areas will have separate consultations completed for each APD Area.

For new providers who have not had an onsite consultation, the following applies:

- New providers who have never been reviewed, including on Elements 21 and 25 additional requirements for the first year consultation.
- New providers will be identified in narrative summary of the report.

In addition to the annual consults, Delmarva provides a number of different follow-up activities to enhance the provider's capacity to assist individuals served and to meet documentation requirements. Three potential post-consult/review activities include: Follow-up with Technical Assistance (TA), Documentation Follow-up, and

⁵ 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.

⁶ Providers of Support Coordination receive a WiSCC and are required to be reviewed every year.

Reconsiderations. As part of the revised procedures and amended contract, the regular Follow-up is no longer offered. 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.

Providers receive a Follow-up with Technical Assistance as follows:

- If the overall outcome score is Not Emerging or Emerging, a Follow-up with Technical Assistance consult will occur within 60 days of the date of the exit.
- If the overall outcome score is Implementing, a request to receive a Follow-up with Technical Assistance consult from Delmarva can be made through the Agency for Persons with Disabilities (APD) Area Office.
- For any outcome score with an Alert (or missing background screening documentation), a Follow-up with Technical Assistance will occur within 30 days of the date of the exit.

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 - September 2006

Type of Follow-up	Year 6			Year 6		
	Year 4	Year 5	YTD	Year 4	Year 5	YTD
Follow-up	143	144	11	12.3%	15.4%	4.5%
Documentation FU	663	467	141	57.0%	49.9%	57.3%
FU w TA	278	266	87	23.9%	28.4%	35.4%
Reconsideration	80	58	7	6.9%	6.2%	2.8%
Total	1,164	935	246	100.0%	100.0%	100.0%

Similar to previous years, a majority of the follow-up activity during the first quarter of Year Six has been Documentation Follow-ups for Desk Reviews. There has been a relative increase in Follow-ups with Technical Assistance 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 Centered Reviews (PCR) with individuals with disabilities. The following table gives the distribution of consults/reviews across all APD areas for the first quarter of Year Six, July – September 2006. Projected volumes are included. Projections change periodically and are submitted monthly to AHCA and APD.

Review/Consult Numbers by APD Area
July 2006 - September 2006

APD Area	Desk	CORE	Follow-up	Follow-up w TA	Doc Follow-up	WiSCC	WSC	PCR
1	0	6	2	2	4	2	5	10
2	4	19	0	4	11	4	5	10
3	3	16	0	15	9	4	4	8
4	15	1	0	4	11	13	13	26
7	16	7	5	6	16	8	11	22
8	0	1	0	4	6	2	2	4
9	9	0	0	1	10	3	3	6
10	1	13	0	6	13	5	7	14
11	10	14	0	14	13	10	12	24
12	5	0	2	0	14	1	1	2
13	4	14	1	3	8	4	8	16
14	2	10	0	5	4	3	5	9
15	5	1	0	6	8	7	7	14
23	31	28	1	17	14	9	16	32
Total	105	130	11	87	141	75	99	197
Projected ⁷	600	927	NA	603	385	461	NA	1,416

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

⁷ Projections are proposed annual targets pending contract amendment approval.

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

Medical Review Disposition
Year 6 - July 2006 - September 2006

Disposition	Number	Percent
Requesting Medical Records	7	3.8%
Waiting for MD Review	0	0.0%
Done - no additional concerns	176	95.1%
Done - additional concerns to WSC	2	1.1%
Done - no concern/no claims	0	0.0%
Done - concern yes/no claims	0	0.0%
Done - ancillary claims only	0	0.0%
Done - additional concerns to MCM	0	0.0%
Focus Review/Not yet complete	0	0.0%
Total with Disposition	185	100.0%

Section Three: Summary

Contract activities throughout the first quarter of Year Six have proceeded smoothly. Several changes have been implemented in the CORE and Desk Review procedures, with modifications to the WiSCC procedures currently being developed. Revisions to the CORE process/tool have been completed and are under review at AHCA and APD. Systems are in place and constantly monitored to ensure the target numbers of consults/reviews are met by the end of the fiscal year. As part of this process, Delmarva managers are working closely with all consultants to ensure that while target numbers are reached, consultants maintain the highest quality standards in the review and consultative processes.

Delmarva continues to work closely with APD to help modify data tables provided to the Area offices to best meet their needs. Revised tables were distributed in September and further revisions will be included in the December tables. 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 and strength information is now collected during the CORE, similar to the WiSCC process. New procedures and processes have been developed in an effort to become more efficient and effective in providing QA and QI in the program.

The data presented in this report are 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, 2007. More complete data tables have been distributed to each Area and the Central Office on a monthly basis throughout this quarter. The updated quarterly data reports will be distributed December 1. The second quarterly report to AHCA and APD, due February 15, 2006, will contain more in depth data analysis and recommendations.

Attachment 1
Delmarva Contacts
July - September 2006
Area, State and National Contacts

Date	Description of Activity	Topics, Participants, Audience
13-Jul-06	New AQL training in Orlando	New AQLs, CQL, Delmarva Staff (Sue Kelly, Theresa Skidmore, Susan Von Fossen, Mario Arreaga, Charmaine Pillay, APD).
18-Jul-06	Provider training Area 2	Marion Olivier Ruelas, Providers, APD.
27-Jul-06	Steering Committee Meeting, Area 23 - St Pete	Barbara Hawkins, APD, Providers, Individuals, Family Members. The recommendation letter to the Area and IQC was read to attendees. Open discussion was held on the "state of the region". Led to a discussion of the need for support coordinators to identify and connect natural supports to individuals. Committee will attend next support coordinator meeting to solicit information about how WSCs link individuals with community and natural supports. It was suggested the steering committee go out and actively solicit feedback from support coordinators and individuals receiving services. It was felt that a more proactive approach may result in better attendance and feedback.
27-Jul-06	Provider training Area 8 - Ft Myers.	Linda Tupper (Delmarva), Providers.
28-Jul-06	Steering Committee conference call Area 4	Terry Mothershed-Neuman, Vecie Yasinsac, Dave Vinson, Beth Townsend
2-Aug-06	Meeting with Area 10 Providers	Anna Quintyne, Jose Navarro, Mario Arreaga, and Carol McDuff met with about 40 various providers to answer their questions on the CORE process.
4-Aug-06	Steering Committee Meeting Area 14, Lakeland	Barbara Hawkins, APD staff, Providers, Individuals, Family Members. There was a discussion of marketing supported employment to community employers and individuals receiving services; and of finding out staff retention systems at agencies with low turnover. Suggested that committee develop a survey which could be utilized by providers internally; this would provide agencies with internal system to capture data related to satisfaction as it pertains to others in the circle of support.
9-Aug-06	Quarterly Meeting, Area 23 - St Pete	Delmarva Staff-Charmaine Pillay, Barbara, Hawkins, Susan Von Fossen, Christie Gentry, Kristin Allen, Christine Kulaga, APD staff.
10-Aug-06	Steering Committee Meeting Area 7	Committee decided to continue to address safety within the community for individuals served. Chair highlighted the 3 arrests of individuals with disabilities during the past month and felt a focus on raising awareness of the police and sheriff's offices in the area would be an appropriate next course of action. Quarterly data from the Delmarva reviews were disseminated and discussed briefly.

22-Aug-06	Provider training Area 1 - Pensacola.	Linda Tupper, Providers, APD.
23-Aug-06	Quarterly Meeting Area 14 - Lakeland.	Delmarva Staff-Charmaine Pillay, Barbara, Hawkins, APD staff.
25-Aug-06	Quarterly Meeting Area 8	Jeff Smith, Todd Ryan, Marsha Vollmar, Bob Steinhauer, Carrie ?, Krista McCracken, Beth Townsend
29-Aug-06	Quarterly Meeting Area 4	Chris Crucial, Sharon York, Kay Lawing, Terry Mothershed-Neuman, Sherndina Moreland, Denese Anderson, Gary Baird, Beth Townsend
11-Sep-06	Provider Meeting Area 14 - Lakeland	Charmaine Pillay, Providers.
11-Sep-06	Quarterly Meeting Area 3	Marion Olivier-Ruelas, Christine Stevenson, and 5 Area staff attended. Discussed Area steering committee's progress, and reviewed provider concerns, trends for technical assistance and positives seen. Discussed the revisions to the CORE, WiSCC and Desk Review procedures, CORE Tool modifications the Area's training needs from Delmarva this year and the trend of providers not collaborating with one another. The Area staff stated they will continue to promote this and re-iterate it in the next provider meetings.
11-Sep-06	Quarterly Meeting Area 13	Marion Olivier-Ruelas, Christine Stevenson, and 6 district staff attended. Discussed the Area steering committee's progress, and reviewed provider concerns, trends for technical assistance and the positives seen. Discussed the revisions to the CORE, WiSCC and Desk Review procedures, the CORE Tool modifications, Area's training needs from Delmarva this year, and the trend of providers not collaborating with one another. Area staff stated they will continue to promote this and re-iterate it in the next provider meetings. We also talked about issues with Guardianship, Payment system, and WSC over-expectations of provider documentation.
12-Sep-06	HSRI meeting to discuss Florida QA system	Bob and Marion met with representatives of HSRI, AHCA, and APD. Sue Kelly participated via conference call.
14-Sep-06	Quarterly Meeting Area 1	Marion Olivier-Ruelas, Sharon Searcy, Dena Johnson and 5 Area staff attended the meeting. We discussed and reviewed provider concerns, trends for technical assistance and the positives seen. We discussed the revisions to the CORE, WiSCC and Desk Review procedures. A brief overview of the CORE Tool modifications was also discussed. The Area Office staff reported that all feedback regarding Delmarva consults has been positive.
14-Sep-06	Steering Committee Area 7	AQL steering and advisory committees, Donale Cochran, Beth Townsend

15-Sep-06	Quarterly Meeting Area 2	Marion Olivier-Ruelas, Kara Cowart and Sandra Rowe and 7 Area staff attended the meeting. We reviewed provider concerns, trends for technical assistance and the positives seen. We discussed the issues with the lack of collaboration between providers and suggested joint trainings. Also, recommended that WSCs get POM re-fresher course at a WSC meeting. We talked about the Area's procedure for giving providers a copy of their Level II Background results. We discussed the revisions to the CORE, WiSCC and Desk Review procedures. A brief overview of the CORE Tool modifications was also discussed.
23-Sep-06	Provider training Area 23 - St Pete.	Linda Tupper, Charmaine Pillay, APD, Providers.
27-Sep-06	Quarterly Meeting Area 9	Meeting with Gerry Driscoll and Frank Houston of APD. Also attending were Anna Quintyne, Carol Taylor, and Carol McDuff of Delmarva. Discussed informal trends seen with Area 9 providers by the consultants. Discussed Delmarva data and trends.
28-Sep-06	Steering Committee Meeting Area 23, St Pete.	Susan VonFossen, APD, Individuals, Family Members, Providers.
28-Sep-06	Steering Committee Meeting Area 12	AQL steering and advisory committees, Jennifer Colley, Beth Townsend
28-Sep-06	Quarterly Meeting Area 11	Meeting with Kirk Ryon, and Carolyn Elleby. Also Jose Navarro, Mario Arreaga, Barbara Langford Moore, Berta Santos and Carol McDuff. Discussed informal trends with Area 11 providers by the consultants. Discussed Delmarva data and trends; and the status of the Area's Steering Committee.
July – September	Area 15	After several e mails and phone calls to Area 15 from the RM, it was not possible to schedule a quarterly meeting.

Attachment 2
Internal Quality Assurance Quarterly Report
July - September 2006

Staff Changes

Mike Heron has been called back to active duty and is no longer working with Delmarva. While he may return, he is expected to be on Leave Without Pay for up to a year and a half. Easton IT staff has taken over Mike's responsibilities and providing IT and application/computer support to all Florida associates.

Denese Anderson (Area 4) and Jennifer Colley (Area 12) were hired and trained to conduct CORE.

Donale Cochran (Area 7) resigned.

Delmarva has been actively recruiting for new Quality Improvement Consultants in Area 7, Area 11, Area 15 and Area 23.

Internal Training

The Annual Training Conference was held in Tampa from August 14 through August 18. Sessions included:

- Update on Florida activities
- Presentation of Corporate programs including information on Collaboratives.
- Training on Communication Challenges by Rosa McAllister.
- Presentation of the Quality Improvement Study findings.
- The Place that Quality Built training by CQL.
- Carol Cook, the Delmarva Ethics manager, conducted ethics training for the entire Florida staff.
- Staff also received training on Business Recovery, Harassment, and Corporate Responsibility.
- Mike Heron presented a brief session on safety to consultants who are on the road most of the day, including what to look for in parking lots and what to do if the police want to pull them over in a fairly remote area.
- The "open spaces" process was used to gather feedback from consultants on any areas of concern or issues they would like to see addressed.

Sue Kelly observed a CORE process with Kara Cowart.

Lori Reid attended the advanced FMMIS training offered by AHCA.

IT Initiatives

IT continues to support several initiatives within the Florida project. 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. They are currently working on

changes to the CORE and WiSCC applications. The revised CORE process and application is currently out for final review and is scheduled to be implemented in January.

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. Best practices are now being posted to the Delmarva Web site. The consultants are also given information on overall productivity and the status of the Delmarva corporate dashboards. Mike Heron has been available on these calls to address IT/computer issues. A representative from Easton will continue in this role moving into the next quarter.

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.

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 to the process. Any issues identified during the POM interview or WiSCC process are discussed with the QIC and may be discussed during the bi-weekly conference calls with Delmarva Managers and Consultants if appropriate. Formal reliability testing for the WiSCC process is scheduled to begin during the second quarter of Year Six. All consultants will be tested prior to June 30, 2007.

POM Monitoring and Annual Reliability

The Council on Quality and Leadership (CQL) continues to provide on site monitoring of 5% of all POMs conducted annually. CQL representatives accompany consultants on interviews and observe the administration of the POM as well as the overall WiSCC process. Monitoring is designed to ensure reliability in conducting the POM interviews is maintained as well as to provide on going technical assistance as needed. All but one consultant this quarter passed reliability. The QIC who did not pass is no longer working with Delmarva.

CORE

Biweekly conference calls with Delmarva Managers and Consultants were continued this quarter, with a focus on any issues, problems or concerns generated from any consult. 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 have monitored CORE consults during the first quarter of contract Year Six. Managers provide assistance and feedback in order to continue to build reliability among the consultants. 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. Formal reliability testing for the CORE and CORE interview processes will begin during the second quarter of Year Six. All consultants will be tested prior to June 30, 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.

Consumer and Family Feedback

Distribution of the revised AHCA Recipient Survey began in January. These are distributed to individuals who receive a POM or individuals who are interviewed for the CORE consult. AHCA has not yet obtained a software program to provide input and analysis of the survey results. Results from the recipient survey should be presented by AHCA at the next IQC meeting in December.

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 over 35 percent, with more providers sending surveys in by mail than completing the on line survey. During the first quarter in Year Six, 44 surveys were submitted to Delmarva.

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 first quarter of Year Six he reviewed 24 records. His results were 100 percent in accord with the decisions of the nurse reviewer.

The nurse reviewer has worked with Pamela Wainwright from AHCA to revise the monitoring process used for the Medical Peer Review. There have been suggested modifications that have not yet been approved.

Evaluation of Provider/consumer education

Five formal education/training sessions were provided during the first quarter. These are described in the body of the report as well as in Attachment 1 of this Appendix. We continue to provide participants with feedback surveys and encourage them to complete the surveys before leaving. The average score (range is 0 to 4) from the feedback surveys this quarter was 3.6, indicating a high degree of satisfaction with the training sessions.

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 are working closely with each consultant in an effort to complete all reviews targeted for Year Six. Updates to “target v completed” are discussed weekly on the manager’s call and biweekly on the CORE and WiSCC conference calls.

In addition, a process to track the “cycle time” of CORE and WiSCC consults has been developed. Information from this will be used to target specific areas or staff who may benefit from initiatives that will improve the timeliness of the process.

Sampling Reports for Billing

Processes were initiated (discussed in previous reports) 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 review before billing to be certain they are posted on the web page as an actual review. No errors were found during this quarter.