

Florida Statewide Quality Assurance Program
Delmarva Foundation

Quarterly Report
January - March 2007

3rd 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 third 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 (DD) and the Family Supported Living (FSL) Home and Community Based Waiver programs. Regional managers regularly monitor consultants 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.

Following training across the state with all CORE consultants, the revised CORE tool was put into practice on March 13th. Revisions to the tool reduced the number of elements scored from 25 to 13. Written procedures/probes provides clear descriptions of each evaluation level including practices providers need to incorporate into their organizations in order to attain a higher level. Consultants report the tool is easier to use, less subjective in nature, and easier for providers to understand. In addition to the revised CORE procedures and training, all CORE consultants are now trained and reliable on the Personal Outcome Measure interview process, enhancing their interview skills for the individual interview portion of the CORE consult.

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. Managers regularly meet with Area administrators and managers and/or consultants attend Steering Committee meetings when possible. Delmarva staff review data specific to each Area and assist with interpretation of results and brainstorming ways to use the data in quality improvement efforts.

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 approved 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 third quarter, two formal training and educational sessions were provided.

All reports, Quality Improvement Studies and Psychotherapeutic Drug use studies completed in Year Five have been approved and posted to the Delmarva Website. Three additional QI studies have been approved for completion in Year Six.

- A study examining abuse and neglect across the state, as measured by the Personal Outcome Measures item “People are free from abuse and neglect”;
- A study to analyze POM outcomes across services monitored through a CORE consult;
- An analysis of the self-perceived needs gap as indicated by individuals from the Health and Behavior Assessment interview that is completed during the POM process.

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 have been modified to include basic volumes of activity and target levels. The second quarterly report and annual report contain more in depth analyses, data tables, interpretations, trends (when possible) and recommendations. Data tables in the Area Data reports distributed monthly continue to be produced, with some modifications as suggested by the Area Quality Leaders. AHACA and APD have approved posting the Area Data reports on the FSQAP website in lieu of mailing CDs to each Area every month. Posting should begin by the end of May.

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 three quarters of Year Six, July 2006 – March 2007, are as follows (projections are included in the Data section):

- 308 Waiver Support Coordination Consultations (WiSCC) of WSC entities;
- 425 Waiver Support Coordinators;
- 850 consumer interviews to collect data, conduct a Personal Outcome Measures interview, and a Health Risk Screening;
- 565 Collaborative Outcomes Review and Enhancement (CORE);
- 429 Desk Reviews;
- 13 Follow-Up Reviews;¹
- 241 Follow-Up Reviews with Technical Assistance;
- 349 Documentation Follow-Up Reviews;
- 26 Reconsiderations (9 CORE, 17 Desk).

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

Introduction

This is the third quarterly report for Year Six of the Florida Statewide Quality Assurance Program (FSQAP) contract, January - March 2007. 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 partners, including:

- Project Initiatives
- 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 2006 through March 2007.

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

Section One: Summary of Quarterly Project Compliance Activities

Project Initiatives

Collaborative Outcomes Review Enhancement (CORE) Update

The modified CORE tool was finalized this quarter and approved by AHCA and APD. Changes to the application, used to enter data and generate reports, were also completed. Starting in February and ending the second week in March, four training sessions were conducted for consultants on the use of the updated CORE tool, consisting of an overview of each of the elements. The Regional Manager conducting the training sessions utilized scenarios to assist consultants in becoming more familiar with the actual application of the tool.

In order to notify providers around the state of this newest version of the CORE tool, APD sent it to IQC members and also sent an E-Bulletin to providers (who have signed up to receive them) about the tool and information about the changes. On February 27th, the modified CORE tool was posted to the FSQAP website and was implemented on March 13th. Since implementation, positive feedback has been received from providers and the consultants, particularly on the clarity of the new process.

Waiver Support Coordination Consultation (WiSCC) Update

Revised procedures for the WiSCC process were approved this quarter. The procedures document the new sampling methodology for the POM interviews and also delineate the new overall Results Element scoring. Each WSC entity now receives an overall WiSCC Results Element (WRE) score (Achieving, Implementing, Emerging or Not Emerging) as well as results on the five Minimum Service Requirements (MSR). Modifications to the WiSCC tool are currently under internal review.

Public Reporting Website

With the addition of FSL providers to the FSQAP program, an issue of duplicate entries for the providers became apparent when doing a provider search on the Public Reporting Website (www.flddresources.org). Providers who render services through both the FSL and DD Waivers were appearing twice, with review information reflected for one listing. This was confusing to users and generated several calls to Delmarva and APD. In addition to the duplicate provider issue, other problems or concerns with the search engine were raised, including confusing directions and a misunderstanding of how to properly narrow a search.

Delmarva met with members of the Public Reporting workgroup on March 21st at APD to discuss these issues and to field any other concerns or suggestions in terms of expanding the information currently available on the website. As a result:

1. Marshall Patterson has implemented a new (truncated) identifying number for providers that almost completely eliminated duplicate listings on the provider search engine.
2. The group has revised and posted new/simplified language for different sections of the web site, including clearer directions for the provider search section.
3. Delmarva staff will meet internally to discuss the pros and cons of posting other provider performance measures on the web site and report back to the group and to the status meeting in April.

Area Quality Leader (AQL) Contact

Sue Kelly and the other Delmarva managers have continued to work closely with the AQLs and APD Area Administrators to help with interpretation of the data tables sent to each Area. We have addressed several questions from AQLs concerning recent updates and graphs that have been included in the quarterly report. Sue Kelly will participate in the next AQL conference call on May 3rd to field any other questions AQLs may have concerning the data or new graphs and formats.

Abuse and Neglect Committee

Sue Kelly met on February 23rd and also on March 21st with members of IQC and Steve Dunaway to discuss issues of abuse, neglect and exploitation and review data provided by Delmarva. We presented results during the IQC meeting and Steve Dunaway is currently working with some of the Area AQLs and Administrators on ways to drill down in the data and effect positive changes where abuse rates appear to be high.

Interagency Quality Council

The quarterly IQC meeting was held March 21 and 22 in Tallahassee. Bob Foley presented an update of Delmarva activities and Sue Kelly presented a summary of the Quality Improvement study, *Personal Outcome Measures Supports that Best Predict Outcomes*, completed during the last fiscal year. She also presented data trends as part of the Abuse and Neglect committee presentation.

Status Meetings

Delmarva conducts a monthly Status Meeting with AHCA, APD and the Council on Quality and Leadership (CQL), with the exception of the month of an IQC meeting. Status meetings enable all organizations involved in FSQAP to present updates and/or concerns about any facet of the program. During the 3rd Quarter, a Status Meeting was held on January 18 and February 15.

Statewide/National/International Conference Representation

- Bob Foley attended the Reinventing Quality Conference in Charleston, South Carolina. He attended sessions relating to Quality Assurance initiatives and presented on the use of data to drive improvement in outcomes.
- Bob Foley and Marion Olivier-Ruelas provided information to individuals stopping at the Delmarva booth during DD Awareness Day at the state capital in Tallahassee.
- Linda Tupper, the Delmarva Nurse Reviewer, participated in two Medical Case Management conference calls, attended the National DDNA Board of Director's meeting, and attended the Mid-Florida DDNA P.A.N.E. unit meeting at the office of the Attorney General in Tallahassee. She also participated in a conference call with the Psychoactive Medication Management Advisory Board to discuss potential pilot project ideas.
- On January 29, Sue Kelly participated in a National Conference call conducted by the Agency for Healthcare Research and Quality (AHRQ). AHRQ is under a directive of the Deficit Reduction Act (DRA) of 2005 to develop HCBS State Medicaid performance measures, client function indicators and measures of client satisfaction.
- Bob Foley, Marion Olivier-Ruelas and Carol McDuff attended the Gap Meeting in Orlando, also attended by the APD central office, Area APD representatives and AHCA. The purpose of the meeting was to address perceived "gaps" in the APD DD system, specifically related to Delmarva, and to discuss possible modifications to the Delmarva QA process.

Data Set Workgroup

During the September IQC meeting some concerns were raised about the "data sets" that are used during a CORE consult. The data set provides POM results for the 12 month period prior to the CORE consult. Results collected from interviews with individuals the provider serves are presented at the provider level, and also average rates are presented at the Area and State level. As a result of discussion at the meeting, Sue Kelly, Marshall Patterson, Steve Dunaway, Ed Rousseau and Pam Kyllonen met on two different occasions. A primary concern raised during the first meeting was if distributing the data sets had the potential to violate the confidentiality agreement made to individuals about the information they provide.

Information gathered and presented in the second meeting included the following:

- An overwhelming majority (approximately 95%) of providers had five or fewer individuals' included in the data set results.
- A sample of 30 or more is the minimum we should consider before reporting the data.

- Most QICs indicated providers do not use the data sets, the information is more harmful than helpful in the consultative process and some providers do know who participated in the POM interviews.

Therefore, it was decided to discontinue distribution of the provider level information during the CORE consults. The Area and State level information will still be provided.

Liaison and Education Activities

During the third quarter of the year, two formal training and educational sessions were conducted. Topics were decided upon by Area staff in collaboration with local APD staff, Delmarva managers and a review of quarterly data.

In February in Area 12 Providers, Support Coordinators and APD staff were presented with an educational session on Community Life and Social Inclusion. Key concepts of basic social inclusion and social integration, and a focus on community life were discussed. A results oriented approach to service delivery was emphasized, which encouraged all attendees to recognize that focusing on assisting individuals to participate actively in their communities benefits both individuals and providers. The session included a step by step approach, with examples, to assisting individuals to connect with their communities.

The subject material included definitions of community inclusion, social inclusion, and social capital as well as mechanisms to assist individuals receiving services to enjoy these facets of life. Training was interactive with input sought from attendees. Before concluding, the audience was separated into groups and given scenarios with which to brainstorm ways of increasing participation in community life for individuals with developmental disabilities. Questions and discussion were entertained throughout the presentation. Attendees were given handouts to assist with continuous enhancement of services.

In March an educational session was provided at the Quality Symposium held in Orlando, providing attendees with an understanding of the concept of social capital and its benefit to individuals receiving services. The session began by introducing people to a variety of community settings and amenities so they could become familiar with activities in their local areas and make choices regarding places to go and activities in which they may want to participate. Building on this initial step, attendees were presented with the various benefits of social inclusion for individuals, and with a variety of ways to promote social

connections and social roles. Included in the interactive discussion was the importance of ensuring staff receives training on the same concepts. Many real life examples were used throughout the session.²

Summary of Customer Service Activity

The Customer Service unit continues to serve as a liaison between Delmarva, Medicaid Waiver service providers and recipients, 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. In addition to fielding all questions or concerns, he is also trained to complete desk reviews, completing 39 this quarter, and provides and/or arranges translation services when needed.

Table 1: Customer Service Contacts
July 2004 – March 2007

Area	Number			Percent		
	Year 4	Year 5	Year 6 Jul-Mar	Year 4	Year 5	Year 6 Jul-Mar
Desk Reviews	1,460	1,379	865	74.7%	77.3%	67.7%
CORE	292	132	100	14.9%	7.4%	7.8%
WiSCC	48	23	7	2.5%	1.3%	0.5%
Interpreting Services	76	35	19	3.9%	2.0%	1.5%
Complaints	0	35	13	0.0%	2.0%	1.0%
On Line Assistance	0	68	56	0.0%	3.8%	4.4%
Miscellaneous	78	111	217	4.0%	6.2%	17.0%
Total	1,954	1,783	1,277	100.0%	100.0%	100.0%

Mr. Sanchez maintains a daily log documenting the dates, caller's information, nature of the contact, type of assistance needed/requested, complaints and other miscellaneous questions. On average this quarter he interacted by telephone (or by e-mail) with 520 callers, an average of nine daily, mostly with providers of Medicaid Waiver services. As indicated in Table 1, there have been a total of 1,277 customer service contacts thus far in Year Six, July 2006 – March 2007. Desk Reviews, including a subsequent documentation follow up continue to generate the most calls, but proportionately fewer than in Years Four and Five. Many providers need an explanation of the documents to be submitted for a review or documentation needed for the Documentation Follow-up, timeframes for submission, or the reason for

² Attachment 1 summarizes Delmarva's contacts and activities for the January through March 2007 time period.

the documentation request. Providers often have questions about a non-compliance letter when they fail to send the documentation on time.

There have been a total of 100 calls to Customer Service concerning CORE and seven calls concerning a WiSCC, with 51 and three calls respectively for the current quarter. Providers often needed to verify procedures they need to follow at the conclusion of a CORE consultation and also inquire about the interpretation of their scores on the Minimum Service Requirement element and/or the draft QEP. Contacts related to the WiSCC (Waiver Support Coordination Consultation) this quarter were requests for a copy of the report from the consult.

During the quarter there were 19 calls related to Interpretation Services. In some cases Mr. Sanchez was able to arrange services and in other cases he was able to provide this service himself. There has been a slight increase in the proportion of calls related to On Line Assistance. We may expect this number to increase as we continue to shift information that has been sent to APD to a web-based arena, such as the monthly data tables sent to each APD Area.

There were five complaints logged this quarter. Of these, three involved a complaint an individual or family member expressed about a provider or service. One call was a provider who was upset about the results of a Reconsideration Review that was denied and another call was in reference to a comment made during a desk review that was misinterpreted. All complaints were resolved or forwarded to APD for further review.

Quality Improvement Initiatives

Delmarva provides quarterly and annual reports to AHCA and APD, containing contract compliance information, data analysis, discussion and recommendations. Reports are approved by both AHCA and APD and then posted to the Delmarva Website. Information from the reports is regularly presented as part of the Delmarva Updates Report to IQC, at times resulting in requests for further analysis or workgroup activities to address disturbing trends or patterns, such as with the abuse and neglect work discussed earlier.

APD Area specific data 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 worked closely with APD and the AQLs in a continuing effort to obtain feedback and improve the Area quarterly data tables. The most recently approved modification is to begin to post the data on the Delmarva website as opposed to sending CDs every month to each Area office. Specific

Area staff members will have access only to data from their own Area. Data will be posted by the first of each month and quarterly data tables will continue to be updated by the end of the second month subsequent to the end of the quarter (November, February, May, and August), sooner if possible.

Five Quality Improvement (QI) studies completed in Year Five have been approved and posted on the Delmarva Web site.

- 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
- Longitudinal Panel Analysis: Impact of Support Coordinator Turnover on Outcomes
- Waiver Support Coordinator Caseload: Impact on Performance Evaluation

Two Psychotherapeutic Drug Studies were also approved and posted this quarter.

- Year 4 Evaluation of Use of Selected Psychotherapeutic Drug Profiles in Florida's Developmental Disabilities Home and Community-Based Services Waiver
- Year 5 Evaluation of Impact of Selected Psychotherapeutic Drug Profiles on Personal Outcomes in Florida's Developmental Disabilities Home and Community-Based Services Waiver

Three Quality Improvement Studies have been approved for Year Six.

- A study examining abuse and neglect across the state, as measured by the Personal Outcome Measures item "People are free from abuse and neglect"
- A study to analyze POM outcomes across services monitored through a CORE consult
- An analysis of the self-perceived needs gap as indicated by individuals from the Health and Behavior Assessment interview that is completed during the POM process

Internal Quality Assurance Activities

Delmarva managers and the Easton IT staff continue to meet bi-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 have been readily addressed. This close

communication has been beneficial in the absence of Mike Heron, with Easton IT responding quickly to computer or software issues.

Sue Kelly attended an SPSS (Statistical Package for the Social Sciences) conference in an effort to remain updated on the latest analysis software and techniques as well as to learn about the newest techniques available through the software Delmarva currently uses. These techniques can help enhance data analysis and displays.

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, described in more detail in Appendix 2. All managers have passed all facets of the reliability testing and will complete reliability with the consultants prior to the end of the contract year. QICs who have not passed are currently being coached and observed and will be retested prior to the end of the year. Results for managers and QICs to date are as follows:

- 11 completed the CORE Interview Reliability Test and 10 (91%) passed.
- 9 completed the CORE Tool Reliability Test and 8 (89%) passed.
- 10 completed the WiSCC Tool Reliability Test and 9 (90%) passed.
- Combined pass rate for both CORE and WiSCC is 93.3 percent with 53 percent of QICs tested.

In an on going effort to remain current on processes and procedures, Sue Kelly observed a CORE in March, conducted by Marion Olivier-Ruelas, West McGee observed a CORE with Kara Cowart and a WiSCC with Sandra Williams-Rowe. The analyst, Lori Reid, has schedule a CORE observation with Kara in April and Sue Kelly will schedule a WiSCC observation with Sandra before the end of the fiscal year.

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 discuss any issues, problems, concerns or best practices witnessed in the field. These calls also provide the consultants with updated information related to policy and procedure changes from the state and are used for training relevant to all FSQAP personnel. During the call on January 17, all FSQAP staff received Security training from Delmarva's Corporate Security Officer. This training reinforced the need to not only protect the Delmarva Systems from outside "intrusions" but also provided methods to constantly improve necessary protection of the confidential data collected as part of this project.³

³ 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.⁴ Providers of all other DD and FSL 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.⁵ The following list identifies the criteria in place to determine a provider's eligibility for the consultation process, based upon new procedures:⁶

- 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.

⁴ 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.

⁵ Providers of Support Coordination receive a WiSCC and are required to be reviewed every year.

⁶ With implementation of the revised CORE March 13, some of the eligibility criteria were modified. These will be described in the annual 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 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 – March 2007

Type of Follow-up	Year 4	Year 5	Year 6 YTD	Year 4	Year 5	Year 6 YTD
Follow-up	143	144	13	12.3%	15.4%	2.1%
Documentation FU	663	467	349	57.0%	49.9%	55.5%
FU w TA	278	266	241	23.9%	28.4%	38.3%
Reconsideration	80	58	26	6.9%	6.2%	4.1%
Total	1,164	935	629	100.0%	100.0%	100.0%

Similar to previous years, a majority of the follow-up activity during the first three quarters 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 three quarters of Year Six, July 2006 – March 2007. Projected volumes are included. Projections may change periodically and are submitted monthly to AHCA and APD.

Review/Consult Numbers by APD Area
July 2006 – March 2007

APD Area	Desk	CORE	Follow-up	Follow-up w TA	Doc Follow-up	WiSCC	WSC	PCR
1	15	20	2	2	8	10	20	40
2	46	53	0	7	39	27	38	76
3	15	41	0	29	19	19	28	56
4	37	36	0	13	27	41	42	84
7	43	33	5	8	36	48	55	109
8	7	23	0	10	8	8	11	22
9	17	11	2	4	15	6	6	12
10	15	44	0	31	23	20	29	58
11	51	72	0	39	45	41	47	94
12	38	4	2	2	28	9	14	28
13	20	42	1	16	17	8	21	42
14	15	23	0	7	12	11	20	39
15	17	28	0	26	16	10	10	20
23	93	135	1	47	56	50	84	170
Total	429	565	13	241	349	308	425	850
Projected	600	927	NA	603	385	461	NA	1,416

Medical Review Findings

The Nurse Reviewer is responsible for overseeing recommendations that are generated by the QIC when utilizing the Health/Behavioral Data Collection Form. As part of the approval process for the report, the Nurse Reviewer evaluates the appropriateness of recommendations and compares the findings to information contained in the claims data. If discrepancies exist in any of the findings, the Nurse Reviewer may initiate a Focused Review. Any significant findings are reported to the WSC and possibly to the local Medical Case Manager, if appropriate.

The Nurse Reviewer is notified of the existence of any critical health issues that have been encountered by the QICs and 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 January - March 2007 is presented in the next table. The overwhelming majority show no additional concerns were noted. This is due, in part, to the procedure whereby the Nurse Reviewer is contacted during the interview and most issues are resolved at that time.

Medical Review Disposition
Year 6 – January - March 2007

<u>Disposition</u>	<u>Number</u>	<u>Percent</u>
Requesting Medical Records	3	1.2%
Waiting for RN Review	0	0.0%
Waiting for MD Review	0	0.0%
Waiting for expert review	0	0.0%
Done - no additional concerns	245	96.8%
Done - additional concerns to WSC	5	2.0%
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	253	100

Section Three: Summary

Contract activities throughout the third quarter of Year Six have proceeded smoothly. The revised CORE tool has completed, reviewed, approved and implemented. Feedback indicates the new procedures are clearer and less subjective. Modifications to the WiSCC procedures have been approved and modifications to the WiSCC tool are under internal review.

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 and with the Director of Florida Programs 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 and to help AQLs and Area office staff to interpret and use the data. 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.

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 annual report to AHCA and APD, due September 2007, will contain more in depth data analysis and recommendations.

Attachment 1
Delmarva Contacts
January - March 2007
Area, State and National Contacts

Begin Date	End Date	Description of Activity	Area	Participants and Topic
1/10/07		Quarterly Meeting	7	Francie Young, Beth Townsend, Cheryl King, Gina Tumelty, Steve Roth, Lara Grant, Jeff Coleman; introduced new QIC, decertified provider, steering committee update, trends and data, training update.
1/10/07		Medical Case Management Conf. Call	FL.	Linda Tupper attended. State and Area Medical Case Management
1/11/07		Quarterly Meeting	12	Shiela Butler, Beth Townsend, Ed DeBardeleben, Laura Kraljev, Sandra Mills, Melissa Brooks; inter-rater reliability, revisions to CORE & WiSCC tools, pulling the third file, training needs by Delmarva (social capital), trends/data
1/12/07		Quarterly Meeting	4	Gary Baird, Shiela Butler, Beth Townsend, Sherndina Moreland, Terry Mothershed Neuman, Kay Lawing, Margie Pound, Christine Corcoran, Jamie Cromwell; APD management changes to monitoring/risk management, pulling the 3rd file during WiSCC, go-to person for background screening, timeliness of Delmarva reports, Quality Symposium in Orlando, steering committee update, quality assurance position in Area 4, training needs for Area 4.
1/18/07	1/22/07	National DDNA Board of Directors Meeting	FL.	Linda Tupper attended. Board of Directors and executive Director

1/26/07		Provider Meeting, Bartow		Charmaine Pillay attended a Provider meeting in Area 14. The audience included providers, Family Care Council, Area staff, Steering Committee and Advisory committee members. Special awards were handed out to outstanding providers in recognition of their hard work and tenacious efforts.
1/26/07		Steering Committee	14	Susan vonFossen attended the meeting along with the steering committee members. The stakeholder group has evolved into a provider organization and Keith Jordan will serve as the liaison between providers and the steering committee. The supported employment initiative was discussed with members agreeing to ask more business people to join the BLN. New steering committee and advisory committee members were elected. The employee retention project will continue and the awards ceremony for direct support staff was a huge success. APD, FCC, Providers, Individuals and Family were present.
1/29/07		Quarterly Meeting	8	Krista McCracken, Linda Tupper, Beth Townsend, Jeff Smith, Todd Ryan, Carrie Meehan, Bob Steinhauer; provider meeting/training on Handbook, new Area QA position for hire, recoupment, alerts, Quality Symposium, training update, medication reviews, steering committee update.
1/29/07		HCBS Measure Scan Meeting		Sue Kelly participated in a National Conference call conducted by the Agency for Healthcare Research and Quality (AHRQ) under a directive of the Deficit Reduction Act (DRA) of 2005 to develop HCBS State Medicaid performance measures, client function indicators and measures of client satisfaction.

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Final Version**

2/6/07		Steering Committee	8	Krista McCracken attended the meeting along with the steering committee members. This was a full Committee Meeting to discuss the progress towards the annual goals via the three Sub-committees. Several of the goals were redistributed to a more appropriate sub-committee. There are two officer positions open, vice Chair and Secretary. There were only a few members there, so the positions were not elected. The Quality Symposium was discussed at length. We brainstormed on possible topics and presenters. The next meeting will be May 1, 2007 at 10:00 at the Area 8 APD office.
2/6/07		Quarterly FARF meeting		Charmaine Pillay and Marion Olivier-Ruelas attended and presented a training session on the revised CORE tool.
2/15/07		Training	12	Beth Townsend, APD Area personnel, WSCs; Community Life
2/15/07		Training, Daytona	12	Beth Townsend provided an educational session to providers, support coordinators and Area staff on building and promoting community life for people served.
2/21/07		Quarterly Meeting, St Pete	23	Delmarva staff and local Area staff attended a quarterly meeting in Area 23.
2/27/07		Quarterly Meeting, Lakeland	14	Delmarva staff and local Area staff attended a quarterly meeting in Area 14.
3/4/07	3/6/07	Reinventing Quality Conference in Charleston, South Carolina		Bob Foley attended sessions relating QA initiatives and presented on the use of data to drive improvement in outcomes.
3/5/07	4/4/07	The Gap Plan	State	Deb Blizzard, Linda Mabile, Ed Rousseau, Beth Townsend; discussion of trends found with providers related to lack of or improper training, discussion of training needs/requirements, how certain Areas are addressing training (increasing requirements), lack of consistency

				among the Areas, solicitation of input from Delmarva regarding training needs and requirements for service providers.
3/7/07		Quarterly Meeting	9	Gerry Driscoll, Frank Houston, Anna Quintyne, Noeline Coore, and Carol McDuff. Discussed steering committee status, informal area trends, and Delmarva data.
3/7/07		Medical Case Management Conf. Call	FL.	Linda Tupper attended. State and Area Medical Case Management
3/8/07		Quarterly Meeting	10	David Gillis, Bonnie Florum, Jose Navarro, Mario Arreaga, Avril Wilson, Anna Quintyne and Carol McDuff. Discussed changes in area staff, steering committee status, informal area trends, and Delmarva data.
3/8/07		Quality Symposium, Orlando		.Denese Anderson presented an educational session in Orlando on the concept and practical implementation of developing social capital.
3/9/07		APD Quality Management Delmarva Workgroup in Orlando		Bob Foley, Carol McDuff, and Marion Olivier-Ruelas participated in a workgroup with representatives from APD Central, APD Areas, as well as with a representative from AHCA, in an effort to define and evaluate potential modification to the Delmarva QA process.
3/12/07	3/12/07	Quarterly Meeting	3	Christine Stevenson, Theresa Skidmore, Marion Olivier-Ruelas and 5APD Area 3 staff attended. We discussed provider trends both positive and negative. We received an update on the Area 3 Steering Committee and additional feedback on our performance. We discussed the upcoming modifications to the WiSCC policy and procedures. We talked about the implementation of the modified CORE tool. We reviewed the data and discussed how to utilize these data more for planning and strategizing.

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3/12/07	3/12/07	Quarterly Meeting	13	Christine Stevenson, Marion Olivier-Ruelas and 5APD 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 the upcoming modifications to the WiSCC policy and procedures. We talked about the implementation of the modified CORE tool. We reviewed the data and discussed how low stipends in this area may affect POM results.
3/13/07		DD Awareness Day in Tallahassee	2	Bob Foley and Marion Olivier-Ruelas provided information to individuals stopping at the Delmarva booth.
3/13/07		Mid-Fl. DDNA Meeting	FL.	Linda Tupper attended. Office of the Attorney General - P.A.N.E. Unit
3/14/07		Quarterly Meeting	11	Kirk Ryon, Hillary Jackson, Jose Navarro, Mario Arreaga, Anna Quintyne, Berta Santos, and Carol McDuff. Discussed changes in area staff, steering committee status, informal area trends, and Delmarva data.
3/20/07	3/20/07	Quarterly Meeting	2	Sandra Williams-Rowe, Marion Olivier-Ruelas and 5 Area 2 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 the upcoming modifications to the WiSCC policy and procedures. We talked about the implementation of the modified CORE tool. The Area staff shared training initiatives including adding a day to pre-service which focuses on developing a business. We reviewed the data and discussed trends.
3/21/07	3/22/07	Interagency Quality Council in Tallahassee		Bob Foley, Julie Tyler, Sue Kelly, and Marion Olivier-Ruelas attended the IQC, presenting information to the group and participating in workgroup breakouts.

3/21/07		Pilot Project: Psychoactive Medication Management Advisory Board Conference Call	FL.	Linda Tupper attended. Advisory Board Members, Project Personnel
3/22/07		Steering Committee	23	Barbara Hawkins attended the meeting along with the steering committee members. The chair of the meeting invited feedback regarding the direction the committee was going. Delmarva suggested that there might be better provider buy in if there was a completed project as a result of the committee. The chair indicated that currently the charter indicates that committee's role is to make recommendations. Delmarva gave feedback regarding trends noticed during consults, particularly those regarding rights issues with individuals who have children and those involved with the legal system. Discussion then moved to budget issues, and how to reach out to individuals and families on the waiting list.
3/23/07	3/27/07	Quarterly Meeting	1	Marion Olivier-Ruelas and 2 Area 1 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 the upcoming modifications to the WiSCC policy and procedures. We talked about the implementation of the modified CORE tool. We reviewed the data and discussed trends.
3/29/07		Quarterly Meeting	15	Laura Ezzidio, Margie Dotson, and other area staff met with Noeline Coore and Carol McDuff. Discussed changes in area staff, steering committee status, informal area trends, and Delmarva data.

3/29/07		Steering Committee	8	Beth Townsend, Francie Young, Gina Tulumelty, and Cheryl King along with the other steering committee members attended. Delmarva presented most current data related to results from the CORE, WiSCC and POMs. Steve Roth presented information related to the work group tackling the APD deficit. He described several of the recommendations that are being considered to help with the deficit. The group talked about abuse, neglect and exploitation as a possible area of focus.
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Attachment 2
Internal Quality Assurance Quarterly Report
January – March 2007

Staff Changes

Charlene Johnson started as a CORE QIC in Area 12 on 2/15/07. She went through Human Resources training, CORE training with Beth Townsend, and a full day of training/observation with Anna Quintyne.

Delmarva has been actively recruiting for new Quality Improvement Consultants in Areas 9 and 15.

Internal Training

Sue Kelly observed a CORE consult with Marion Olivier-Ruelas in March. West McGee attended a CORE with Kara Cowart and a WiSCC with Sandra Rowe. All CORE consultants completed reliability in the POM interview process. All FSQAP staff received Security Training from the Corporate Security Officer. Plans are already being discussed for the annual QIC training in Tampa in August.

Marion Olivier-Ruelas passed POM reliability.

IT Initiatives

IT continues to support several initiatives within the Florida project. The Easton IT group participates in the weekly managers meetings that address on going needs and issues for the WiSCC and CORE processes. IT support for field consultants, in the absence of Mike Heron, has proceeded smoothly. Most issues are resolved fairly quickly and turn-around time is short if a computer needs to be shipped to Easton for work.

Formal Reliability

During the first part of Year Six, Delmarva developed a formal reliability tool to test the reliability of consultants on the CORE tool, the CORE interview process and the WiSCC tool (CQL tests reliability on the POM interview process). Each consultant is observed by a Regional manager throughout the entire process. The QIC and the manager score the tools independently and compare results. There must be a 90% match rate in each section to be deemed reliable. For example, a QIC may be deemed reliable on the CORE tool but not the CORE interview.

If a consultant does not pass reliability on the first attempt, he or she will be coached, on site or by phone, throughout subsequent reviews during the next 30 days and undergo a second reliability test in that time frame. If the QIC does not pass during the second attempt the manager will discuss options

with the Director of Florida Programs on a case-by-case basis and determine the best way to proceed. Results for managers and QICs to date are as follows:

11 completed the CORE Interview Reliability Test and 10 (91%) passed.

9 completed the CORE Tool Reliability Test and 8 (89%) passed.

10 completed the WiSCC Tool Reliability Test and 9 (90%) passed.

Combined pass rate for both CORE and WiSCC is 93.3 percent with 53 percent of QICs tested.

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, and posted to the Delmarva Web site. The consultants are also given information on overall productivity and the status of the Delmarva corporate dashboards.

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 began in January and 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 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 interview is maintained as well as to provide on going technical assistance as needed. All consultants who were tested this quarter passed reliability.

CORE

Bi-weekly 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, providing 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 began 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

Recipient feedback surveys have been distributed to individuals who receive a POM and more recently to individuals who are interviewed for the CORE consult. However, during the 3rd Quarter of Year 6 AHCA and APD decided to discontinue use of the Recipient surveys.

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. The survey is available online or can be faxed to the Tallahassee office. Results from February 2005 through February 2007 are presented by provider type and consult type in the tables following this section and reflect very positive feedback.

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. Modifications were put into practice. However, no monitoring occurred during this quarter.

Evaluation of Provider/consumer education

Two formal education/training sessions were provided during the third quarter of Year Six. 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 3.5, 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 is 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 reviews before billing to be certain they are posted on the web page as an actual review. One error was found and remedied during the January review. One error was found in February with a PCR. Marshall Patterson found a technical glitch and rebuilt all the PCR reports for that month. In March, five reports were found to be missing and one was blank. These are currently under investigation and results will be reported in the annual report.

Provider Feedback Survey Results
February 2005 - February 2007
By Provider Type

Q1 = The consultation adequately identified strengths of your organization.

Provider Type	Strongly Agree	Agree	Total "Agree"
Solo	81.8%	13.8%	95.6%
Agency	73.4%	19.0%	92.4%
Total	76.4%	17.1%	93.6%

Responding Solo = 203 Agency = 357

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	82.6%	11.6%	94.2%
Agency	80.6%	14.6%	95.2%
Total	81.3%	13.5%	94.8%

Responding Solo = 207 Agency = 355

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

Provider Type	Strongly Agree	Agree	Total "Agree"
Solo	76.1%	10.4%	86.6%
Agency	73.3%	20.5%	93.8%
Total	74.3%	16.9%	91.2%

Responding Solo = 201 Agency = 356

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

Provider Type	Strongly Agree	Agree	Total "Agree"
Solo	79.0%	15.6%	94.6%
Agency	68.2%	22.5%	90.7%
Total	72.1%	20.0%	92.1%

Responding Solo = 205 Agency = 355

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

Provider Type	Strongly Agree	Agree	Total "Agree"
Solo	90.8%	5.8%	96.6%
Agency	90.7%	7.6%	98.3%
Total	90.7%	7.0%	97.7%

Responding Solo = 207 Agency = 354

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

Provider Type	Strongly Agree	Agree	Total "Agree"
Solo	84.5%	9.7%	94.2%
Agency	84.0%	11.7%	95.7%
Total	84.2%	10.9%	95.2%

Responding Solo = 207 Agency = 351

Provider Feedback Survey Results
February 2005 - February 2007
By Consult Type

Q1 = The consultation adequately identified strengths of your organization.

Consult Type	Strongly Agree	Agree	Total "Agree"
CORE	78.8%	14.4%	93.2%
WiSCC	71.2%	22.0%	93.2%
Total	76.3%	16.9%	93.2%

Responding CORE = 354 WiSCC = 177

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	83.9%	11.8%	95.8%
WiSCC	74.2%	18.5%	92.7%
Total	80.7%	14.1%	94.7%

Responding CORE = 355 WiSCC = 178

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

Consult Type	Strongly Agree	Agree	Total "Agree"
CORE	78.8%	15.3%	94.1%
WiSCC	64.6%	21.1%	85.7%
Total	74.1%	17.2%	91.3%

Responding = 528

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

Consult Type	Strongly Agree	Agree	Total "Agree"
CORE	74.9%	17.5%	92.4%
WiSCC	65.9%	25.0%	90.9%
Total	71.9%	20.0%	91.9%

Responding = 531

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

Consult Type	Strongly Agree	Agree	Total "Agree"
CORE	91.8%	6.5%	98.3%
WiSCC	88.7%	7.3%	96.0%
Total	90.8%	6.8%	97.6%

Responding = 532

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

Consult Type	Strongly Agree	Agree	Total "Agree"
CORE	84.6%	10.8%	95.4%
WiSCC	83.1%	10.1%	93.3%
Total	84.1%	10.6%	94.7%

Responding = 529