

**Florida Statewide Quality Assurance Program  
Delmarva Foundation**

**Quarterly Report  
July - September 2007**

**1st Quarter  
Contract Year 7  
2007 - 2008**

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

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## Executive Summary

Throughout the first quarter of contract Year Seven, 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 Services 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 analyst, and other personnel as appropriate.

Delmarva actively interfaces with providers, consumers, families, AHCA, APD and other stakeholders in this project by attending quarterly meetings with each Area, Area Steering Committee meetings, Interagency Quality Council (IQC), conducting monthly status meetings, and attending/presenting at national conferences when possible. Delmarva staff review data specific to each Area at quarterly meetings and assist with interpretation of results and brainstorming ways to use the data in quality improvement efforts. To practice continuous improvement, Delmarva is currently refining the data tables and graphs that are sent to each Area every month in order to further simplify the readability and interpretation of the data. Phil Rond, with Health Strategies, has been contracted to help in this effort.

Implementation of the revised CORE process has continued smoothly across the state. A revised WiSCC procedure was implemented this quarter, including the addition of a third record review to further explore documentation necessary for billing. Analysis will be completed for the second quarter report to determine the number/percent of times this third record results in a recoupment, when the first two records did not.

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 first quarter, three formal training and educational sessions were provided, one each in Areas 3, 14 and 23.

All reports, Quality Improvement (QI) Studies and Psychotherapeutic Drug use studies completed in Year Six have been approved and posted to the Delmarva Website. AHCA, APD and Delmarva have begun discussing topics for the Year Seven studies, with none approved. In addition to the QI studies, a

modification will be included in the next contract amendment to discontinue the Psychotherapeutic Drug studies and move those resources to another activity, to be approved by AHCA and APD.

Review volume levels are being closely monitored by Delmarva managers, with updated projections reviewed monthly. The number of consults and reviews completed during the first quarter of Year Seven, July - September 2007, are as follows (projections are included in the Data section):

- 71 Waiver Support Coordination Consultations (WiSCC) of WSC entities;
- 87 Waiver Support Coordinators;
- 171 consumer interviews to collect data, conduct a Personal Outcome Measures interview, and a Health Risk Screening;
- 186 Collaborative Outcomes Review and Enhancement (CORE);
- 156 Desk Reviews;
- 92 Follow-Up Reviews with Technical Assistance; and
- 163 Documentation Follow-Up Reviews.

## **Introduction**

This is the first quarterly report for Year Seven of the Florida Statewide Quality Assurance Program (FSQAP) contract, July - September 2007. 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 the number of reviews conducted from July - September 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 and analysis of the data and contract activities.

## Section One: Summary of Quarterly Project Compliance Activities

### Project Initiatives

#### Collaborative Outcomes Review Enhancement (CORE) Update

No revisions or updates were implemented in the CORE procedure.

#### Waiver Support Coordination Consultation (WiSCC) Update

Revisions to the WiSCC tool and procedures were implemented July 1. They provide better overall clarity of the process and also delineate the new provider WiSCC Results Element (WRE) score. Each WSC and WSC entity now receives an overall WRE score (Achieving, Implementing, Emerging or Not Emerging) as well as results on the five Minimum Service Requirements (MSR). In addition, a third record is now being used to help determine results on Elements 9 and 11, the MSR elements that relate to recoupment.

#### Public Reporting Website

The Developmental Disabilities Public Reporting Website ([www.fldresources.org](http://www.fldresources.org)) has been discussed at several status meetings. APD has requested the addition of the overall scores for providers from the Results Elements. AHCA is currently trying to determine if this type of additional provider performance information can/should be added to the site. APD is also trying to determine if/when the needed resources may be available to move the website to APD. Marshall Patterson has implemented two changes:

1. Delmarva is now using a list of eligibility codes in the claims data to determine if providers have current eligibility to render services. If they are deemed ineligible they are not listed when using the provider search engine. This is updated monthly.
2. Marshall has also “cleaned up” the provider search engine, including the elimination of some common words such as “services” in order to better limit the number of providers listed for each search event.

#### Area Quality Leader (AQL) Contact/Quarterly Data

Sue Kelly and the other Delmarva managers have continued to work closely with the Area Quality Leaders and APD Area Administrators to constantly improve the data distributed each month to the Areas. Beginning with the data distributed September 1, 2007, (Year 6 data), Phil Rond (Health Strategies, Inc.), a subcontractor with Delmarva, will be creating most of the quarterly data tables. He is

working closely with Lori Reid to ensure tables are accurately populated, and he will focus on improving the quality of the presentation of tables and graphs that are updated on a quarterly basis.

#### Interagency Quality Council (IQC)

The quarterly IQC meeting was held September 26 and 27 in Jacksonville. Bob Foley presented an update of Delmarva activities and a review of data analysis and trends from Year 6. Sue Kelly presented a summary of the Quality Improvement (QI) study, *Outcome Results Analysis: Impact of Waiver Services on POM Outcomes*, and also presented recommendations from the Abuse and Neglect QI study as part of the Abuse, Neglect and Exploitation work group presentation.

Sue Kelly has agreed to participate in the work group formed to explore the current status and the pros and cons of moving DD services into a managed care environment. Bob Foley has agreed to participate in the work group that is examining and defining the purpose and vision of IQC.

#### 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 1st Quarter of Year Seven, a Status Meeting was held on July 19 and August 16, with representation from all organizations involved in the contract.

#### Health/Behavioral Questionnaire Recommendations Workgroup

APD has received feedback indicating a perception that recommendations given by Delmarva during the PCR process, particularly the health/behavioral aspect of the interview, are “driving up costs” of services as they are taken as a “need for the service” rather than a recommendation to explore the possible need for the service. Carol McDuff has initiated a workgroup to explore this and determine if Delmarva can reword the recommendations. The workgroup, including Linda Tupper, Pam Kyllonen, Sue Kelly, Krista McCracken, Michelle Leadbetter, and Steve Dunaway, has met twice and has discussed the content and format of the Health/Behavioral Questionnaire. Carol will present any recommendations at the October Status Meeting.

#### Statewide/National/International Conference Representation

No conferences were attended this quarter.

## Liaison and Education Activities

During the first quarter of the year, three formal training and educational sessions were conducted, each session 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 managers and consultants, presented during quarterly meetings, to decide on educational topics.

In July a session was provided in St. Petersburg during the annual convention for The ARC of Florida. Attendees included individuals receiving services, family members, providers and support coordinators. The educational session provided information on documentation, per Medicaid Waiver requirements, for a variety of services. This proved to be a great opportunity to ensure that each provider not only understood the documentation requirements for services but how critical it is to use documentation as a method of communication, as a tool to evaluate progress and effectiveness of supports, and as a way to maintain historical information. The session was delivered in four parts:

- First providers were taken through specific documentation requirements as dictated by the service provided and included discussion of service logs, monthly summaries, implementation plans, annual reports, service authorizations, satisfaction surveys, progress notes, self assessments, projected service outcomes, and behavior service plans.
- Second, session leaders provided a detailed explanation of required training such as Core Assurances, Zero Tolerance, Choice and Rights, Health and Safety, Personal Outcome Process, Direct Care Competency, Service Specific, Required Documentation, CPR, HIV/Aids, Infection Control, and the Needs and Characteristics of Individuals. Discussion on training was followed by information on Policies and Procedures which included topics such as Health and Safety, Personal Outcome process, Rights, Abuse and Neglect, Marketing Practices, Medication Administration, and Grievance Procedures.
- The third portion of the training focused on the use of documentation as a method of communicating information on progress toward outcomes, positives, barriers, referral systems, follow up method, advocacy, empowerment, and coordination of information. The role of documentation as a historical tool was examined--documentation that can capture people's past and present experiences, likes, dislikes, and past abuse. The use of documentation as an evaluation tool to assist in data comparison, next steps, and tracking systems was covered with participation from attendees encouraged throughout.
- During the fourth portion of the session participants read scenarios of documentation from a particular service, and were asked to brainstorm ideas for rewriting the service log/progress note or summary to reflect the essence of the entire training session: service specific requirements along with information related to communication, history, and evaluation.

At the Quality Symposium held in Lakeland (Area 14), a power point presentation explaining the primary factors and benefits to all stakeholders of promoting and supporting full community participation for individuals was provided to individuals, family members, providers, support coordinators, and APD staff. The session covered the concepts of social inclusion, person directed planning, and social capital. Discussion focused on the use of person directed planning methods to address each person's preference for participation in community life as well as the economic, health, and social benefits of building social capital. Audience participation was encouraged and supported throughout the presentation.

An educational session was provided in Area 3 to all provider types, support coordinators, and APD staff. The educational session covered documentation, per Medicaid Waiver requirements, for a variety of services. The session was delivered in three parts.

- During the first part providers were taken through specific documentation requirements as dictated by the service provided and included discussion on service logs, monthly summaries, implementation plans, annual reports, service authorizations, satisfaction surveys, progress notes, self assessments, projected service outcomes, and behavior service plans.
- The second part of the session offered a detailed explanation of required training such as Core Assurances, Zero Tolerance, Choice and Rights, Health and Safety, Personal Outcome Process, Direct Care Competency, Service Specific, Required Documentation, CPR, HIV/Aids, Infection Control, and the Needs and Characteristics of Individuals. This part of the session included information on Policies and Procedures which included topics such as Health and Safety, Personal Outcome process, Rights, Abuse and Neglect, Marketing Practices, Medication Administration, and Grievance Procedures.
- The third part targeted the use of documentation as a method of communicating information on progress toward outcomes, positives, barriers, referral systems, follow up methods, advocacy, empowerment, and coordination of information. Although the session was highly interactive, there were no break-out groups due to time limitations.<sup>1</sup>

## **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

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<sup>1</sup> Attachment 1 summarizes Delmarva's contacts and activities for the July through September 2007 time period.

desk review processes, including observing a CORE and WiSCC, in order to better field questions and concerns. He is also trained to complete desk reviews, completing 16 this quarter, and provides and/or arranges translation services when needed.

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 577 callers, an average of nine daily, mostly with providers of Medicaid Waiver services. Desk Reviews, including a subsequent documentation follow up, continue to generate the most calls, but proportionately fewer than in the previous three years.<sup>2</sup> Many providers need an explanation of the documents to be submitted for a review, information about the Quality Improvement Plan, documentation needed for the Documentation Follow-up, timeframes for submission, requests for extensions, or the reason for the documentation request. Providers often have questions about a non-compliance letter when they fail to send the documentation on time.

**Customer Service Contacts**  
*July 2004 - September 2007*

Area	Number				Percent			
	Year 4	Year 5	Year 6	Year 7 YTD	Year 4	Year 5	Year 6	Year 7 YTD
Desk Reviews	1,460	1,379	1,224	386	74.7%	77.3%	71.5%	66.9%
CORE	292	132	138	65	14.9%	7.4%	8.1%	11.3%
WiSCC	48	23	7	5	2.5%	1.3%	0.4%	0.9%
Interpreting Services	76	35	21	13	3.9%	2.0%	1.2%	2.3%
Complaints	0	35	19	7	0.0%	2.0%	1.1%	1.2%
On Line Assistance	0	68	69	17	0.0%	3.8%	4.0%	2.9%
Miscellaneous	78	111	233	84	4.0%	6.2%	13.6%	14.6%
<b>Total</b>	<b>1,954</b>	<b>1,783</b>	<b>1,711</b>	<b>577</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

There have been a total of 65 calls to Customer Service concerning CORE and five calls concerning a WiSCC during the first quarter of the year. 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 Quality Enhancement Plan (QEP). Providers inquired as to how to address the Minimum Service Requirement elements that had been scored as Not Met and are also often seeking contact with the Quality Improvement Consultant (QIC)

<sup>2</sup> Due to contract changes, Delmarva is conducting fewer Desk Reviews than in previous years.

who conducted the CORE. Contacts related to the WiSCC (Waiver Support Coordination Consultation) this quarter included two inquiries about the precursor questionnaires, a Support Coordinator requesting a copy of a WiSCC report, and a complaint by a provider and Support Coordinator who disagreed with the QIC's recommendations in a Personal Outcomes Measure interview.

During the quarter there were 13 calls related to Interpretation Services. Mr. Sanchez has conducted several telephone and in-person interviews with Spanish speaking people at the request of a QIC. He also arranged to have a sign language interpreter for an individual interview in Lauderhill. The service was provided by Nationwide Interpreting on July 30th.

There were seven complaints logged this quarter, not including the complaint noted above regarding recommendations of the POM. All complaints were resolved or forwarded to APD for further review.

- A provider disagreed with the way her daughter was interviewed and with comments made by the QIC.
- A provider was upset with the results of her desk review report and requested to speak directly with the QIC who completed the review.
- A provider believed he was unfairly cited for not submitting evidence of training on Personal Outcomes for his employees.
- A Support Coordinator claimed the QIC was unprofessional.
- A family member disagreed with the low score a provider had received, while another family member disagreed with a high score a provider received.
- A mother was unhappy with a QIC who interviewed her son at home, believing the QIC had treated her as if she was the provider of companion services, when she was not.

Miscellaneous contacts include people requesting information about Delmarva, employment opportunities, and questions about how to become a Medicaid Waiver provider. APD staff called requesting information about the status of providers, contacts with Delmarva Consultants, or alerts reported to the APD office. Several calls (17) involved requests for address changes. Mr. Sanchez refers these calls to the appropriate Delmarva, APD or AHCA personnel.

## **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 noted trends or patterns.

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. Delmarva has worked closely with APD and the AQLs in a continuing effort to obtain feedback and improve the Area quarterly data tables.

Three Quality Improvement (QI) studies and one Psychotherapeutic Drug Study completed in Year Six have been approved and posted on the Delmarva Web site.

- Personal Outcome Measure “Person is Free from Abuse, Neglect and Exploitation”:  
Demographic Patterns and Predictors
- Health-Related Service Needs Assessment: Analysis of Health/Behavioral Questionnaire Results
- Outcome Results Analysis: Impact of Waiver Services on POM Outcomes Present
- Year 6 Evaluation of Impact of Selected Psychotherapeutic Drug Profiles and Medications on Waiver Service Usage and Personal Health in Florida’s Developmental Disabilities Home and Community-Based Services Waiver, July 1, 2002 – June 30, 2006

Topics for the three QI studies to be completed in Year Seven will be discussed during the September Status Meeting. In previous Status Meetings AHCA and APD agreed that an additional “drug study” using the pharmacy claims data will not be productive (six have already been completed). Pam Kyllonen will include a revision to the contract amendment indicating an alternative way to fulfill this portion of the contract—the current requirement to produce a study each year that targets the use and impact of psychotherapeutic medications. AHCA, APD, and Delmarva have begun discussions to target the resources once used for the psychotherapeutic drug study to another identified need, and will further these discussions at the next status meetings.

## **Internal Quality Assurance Activities**

Delmarva consultants and managers attended the annual week-long training session in Tampa, August 20-24. Sessions included the following:

- Updates on corporate activities by the CEO Dr. Jensen and Executive Vice President Julie Tyler;
- Report on major findings from the QI studies and how QICs can use the data or respond to providers who ask about “what we do with all that data”;

- Breakout sessions on navigating the computer and behavior management;
- WiSCC and CORE breakout “brainstorming” sessions;
- AHCA and APD updates;
- Information on guardianship from Melinda Coulter;
- Communication workshop with Rosa McAllister;
- Training sessions provided by the Delmarva corporate office including security, harassment and change management;
- A day-long session on organizational practices presented by Brenda Baker and Sally James from the Council on Quality and Leadership;
- Open spaces sessions to provide QICs a venue to discuss any concerns with the procedures or ideas for improvement; and
- A motivational talk by Idelio Valdez, a self-advocate.

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. 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. CQL observes consultants conducting POM interviews and conducts annual reliability with them. 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.<sup>3</sup>

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<sup>3</sup> See Attachment 2, Florida Statewide Internal Quality Assurance Program (IQAP) for details of these and other activities IQAP activities.

## Section Two: Data Report

### Volume of Activity-Provider Performance Reviews and Consultations

Providers who do not render one of the eight services subject to an onsite review as listed below and provide at least one other service through the DD or FSL waiver that is subject to a review, and meet the following criteria are subject to a Desk Review:<sup>4</sup>

- Any provider who had an Alert or a Recoupment on the previous review;
- Any provider last reviewed prior to two years ago;
- Any provider who had discontinued the provision of all services which require an onsite consultation; and
- All new providers.

Providers of Supported Living Coaching, Supported Employment, Adult Day Training (ADT), Residential Habilitation, Non Residential Support Services (NRSS), In-Home Support Services (IHSS), or Specialized Medical Care Services are subject to a CORE consult. Those eligible for a consult in Year Seven of the contract include:

- New providers;
- Providers who received a CORE in Year Six with an evaluation of Implementing, Emerging or Not Emerging; and
- Providers of Supported Living Coaching who are subject to annual review through State Rule.

Delmarva also provides a number of different Follow-up activities to enhance the providers' capacity to assist individuals they serve and to meet documentation requirements. Three potential Provider Performance Review (PPR)/CORE activities subsequent to an annual review include: Follow-up with Technical Assistance, Reconsiderations, and Documentation Follow-up.

In the CORE process, providers receive a Follow-up with Technical Assistance if the overall finding from the onsite is Not Emerging or Emerging, if the finding is Implementing and the provider requests the Follow-up with Technical Assistance through the APD Area office, or if an alert is cited. If the finding is Achieving no Follow-up is required. Follow-up with TA reviews may include the following:

- Assistance in the development of the QEP, as needed;

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<sup>4</sup> Providers of Support Coordination are included in the WiSCC results section. See Desk Review procedures for a list of services ([http://www.dfmc-florida.org/provider\\_pdr\\_procedures.htm](http://www.dfmc-florida.org/provider_pdr_procedures.htm)).

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

Documentation Reviews are primarily conducted for providers who have received a desk review, to ensure they have corrected elements that were 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.

**Provider Performance Reviews and CORE Follow-up Activities  
July 2004 – September 2007**

Type of Follow-up	Year Four	Year Five	Year Six	Year 7 YTD	Year Four	Year Five	Year Six	Year 7 YTD
Follow-up	143	144	13	0	12.3%	15.4%	1.6%	0.0%
Documentation FU	663	467	453	163	57.0%	49.9%	55.4%	63.4%
FU w TA	278	266	326	92	23.9%	28.4%	39.9%	35.8%
Reconsideration	80	58	26	2	6.9%	6.2%	3.2%	0.8%
<b>Total</b>	<b>1,164</b>	<b>935</b>	<b>818</b>	<b>257</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Similar to previous years, a majority of the follow-up activity during the first quarter of Year Seven has been Documentation Follow-ups for Desk Reviews. This proportion is somewhat higher during the first quarter of Year Seven.

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 Seven, July – September 2007. Projected volumes are included. Projections may change periodically and are submitted monthly to AHCA and APD.

**Review/Consult Numbers by APD Area  
July 2007 - September 2007**

APD Area	Desk	CORE	Follow-up w/TA	Doc FU	WiSCC	WSC	PCR
1	6	12	0	9	1	1	2
2	21	16	11	12	6	9	18
3	10	4	2	10	2	2	4
4	13	4	2	24	9	9	18
7	19	15	7	12	13	19	37
8	2	2	2	4	2	2	4
9	7	2	2	9	0	0	0
10	7	20	6	13	6	8	16
11	19	30	20	11	5	5	9
12	10	20	11	8	3	3	6
13	6	4	4	5	6	6	12
14	3	3	0	6	1	1	2
15	5	13	9	10	5	5	10
23	28	41	16	30	12	17	33
Total	156	186	92	163	71	87	171
<i>Projected</i>	600	972	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 Person Centered Review between July and September 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 if needed, and most issues are resolved at that time.

**Medical Review Disposition  
Year 7 - July - September 2007**

Disposition	Number	Percent
Requesting Medical Records	2	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	0	0.0%
Done - additional concerns to WSC	160	93.6%
Done - no concern/no claims	6	3.5%
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	3	1.8%
<b>Total with Disposition</b>	<b>171</b>	<b>100.0%</b>

### Section Three: Summary

Contract activities throughout the first quarter of Year Seven have proceeded smoothly. The revised CORE and WiSCC tools have both been implemented with few problems. Some data from the revised CORE procedures were reported in the Year Six Annual report and a more in depth analysis will be completed in the second quarter report due February 15, 2008. Data from the revised WiSCC procedures including an overall WiSCC Results Element score and information from the third record review will also be analyzed and reported at that time.

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 Vice President of Disability 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 when possible.

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, 2008. More complete data tables have been distributed to each Area and the Central Office on a monthly basis throughout this quarter. The Second Quarter report to AHCA and APD, due February 2008, will contain more in depth data analysis and recommendations.

### Attachment 1

#### Delmarva Contacts

July - September 2007

#### Area, State and National Contacts

Begin Date	End Date	Description of Activity	Area	Participants and Topic
7/9/07		Quarterly Meeting	8	Beth Townsend, Krista McCracken, Marsha Vollmar, Jeff Smith, Todd Ryan, Bob Steinauer
7/10/07		Training, Florida ARC annual conference, St Pete	23	Charmaine Pillay and Beth Townsend provided an education session on Functional Documentation for Individuals, family members, and providers.
7/13/07		Quarterly Meeting	7	Beth Townsend, Cheryl King, Brenda McConnell, Gina Tumelty, Francie Young, Steve Roth, Jeff Coleman, Mary Martin, Carol Solomon, Paula Bowser
7/13/07		Quarterly Meeting	12	Beth Townsend, Charlene Johnson, Vanessa Carter, Davica Anderson, Brian, Cindy Camplin, Sandra Mills, Ed deBardeleben
7/16/07		Quarterly Meeting	4	Beth Townsend, Denese Anderson, Shiela Butler, Sharon York, Chris Chrusciel, Kerrie Wimberly, Janie Cromwell, Cathy Guiry, Nicole Francis, Sherndina Moreland, Conchetta Wilcox, Terry Mothershed Neuman
7/19/07		Status Meeting		Representation from all contract participants.
7/19/07	7/23/07	National Developmental Disabilities Nursing Association (DDNA) Board Meeting		Linda Tupper attended.

7/26/07		Steering Committee Meeting	23	Barbara Hawkins attended and participated in the Steering Committee. The mission of the committee was reviewed. A recommendation was made that the emergency phone tree system be explored. Different funding options will be explored. Carl Littlefield presented a regional update including proposed budget cuts. Trends revealed by Delmarva Foundation were discussed, particularly as related to organizational systems and the need for competency based training.
8/1/07		Quarterly Meeting,	23	Delmarva staff and local Area staff attended and facilitated a quarterly meeting in Area 23.
8/15/07		Quarterly Meeting,	14	Delmarva staff and local Area staff attended and facilitated a quarterly meeting in Area 14.
8/16/07		Status Meeting		Representation from all contract participants.
8/20/07	8/24/07	Training Week at Sand Key	23	All Florida employees participated in the week long training, furnished by internal entities and special guests.
8/28/07		Pre-Planning/Strategic Meeting	3	Marion Olivier-Ruelas, Theresa Skidmore, Linda Bodo and three Area staff attended. Reviewed annual data in detail, discussed issues and trends. One trend identified was the provider's score on having the necessary documentation in place declined in year 6. Generated ideas to help with this and to support providers when it comes to developing practices related to Rights and Choice/EEE. Delmarva's role in addressing these issues is to provide training to APD Area staff on the tools and submit information for their newsletter to be shared with providers.
9/7/07		Quarterly Meeting	1	Marion Olivier-Ruelas and Dena Johnson and two Area staff attended. Discussed provider trends both positive and negative. Received an update on the Area 1 Steering Committee and additional feedback on our performance. We specifically discussed consistency in Level II Background

				screening notifications to the Area Office, training in the Core Assurances, receipt of the weekly and monthly reports and recoupment documentation in the reports. Information was gathered from the Area staff on changes they would like to see on the CORE and WiSCC reports. We encouraged the Area Office staff participation in the consults. The annual data were reviewed and discussed.
9/7/07		Training, Quality Symposium,	14	Barbara Hawkins provided a training session on Community Life to individuals, family members, providers and APD. Discussion and brainstorming occurred on Community Life and building social capital.
9/11/07		Mid Florida DDNA Meeting		Linda Tupper attended.
9/12/07		Quarterly Meeting	10	Martha Martinez, Pam Romack, David Gillis, Haydee Toro, and several more area staff. Anna Quintyne, Avril Wilson, Mario Arreaga and Carol McDuff. Discussed changes in area staff, steering committee status, informal area trends, recoupment initiatives, training on revised WiSCC tool, and area feedback on Delmarva reports.
9/12/07		Quarterly Meeting	10	Martha Martinez, Pam Romack, David Gillis, Haydee Toro, and several more area staff. Anna Quintyne, Avril Wilson, Mario Arreaga and Carol McDuff. Discussed changes in area staff, steering committee status, informal area trends, recoupment initiatives, training on revised WiSCC tool, and area feedback on Delmarva reports.
9/13/07		Quarterly Meeting	9	Frank Houston, Gerry Driscoll, Doni Braithwath, Noeline Coore, Michelle Ceville and Carol McDuff. Discussed changes in area staff, steering committee status, informal area trends, recoupment initiatives, WiSCC tool revisions, and feedback on Delmarva reports.

9/14/07		Quarterly Meeting	2	<p>Marion Olivier-Ruelas, Sandra Rowe, Kara Cowart and 5 Area staff attended. Discussed provider trends both positive and negative. Received an update on the Area 2 Steering Committee and additional feedback on our performance. We specifically discussed receipt of the weekly and monthly reports and recoupment documentation in the reports. Information was gathered from the Area staff on changes they would like to see on the CORE and WiSCC reports. The Area requested that Sandra, the WiSCC consultant, identify how issues/concerns are addressed with the WSC during the consult since this information is not included in the report. We encouraged Area Office staff participation in the consults. The annual data reports were reviewed and discussed. Based upon this information the Area requested training from Dlemarva related to documentation for providers and WSCs.</p>
9/14/07		Quarterly Meeting	11	<p>Kirk Ryon, Barbara Moore, Berta Santos, Jose Navarro, Mario Arreaga, and Carol McDuff. Discussed changes in area staff, steering committee status, informal area trends, recoupment initiatives, WiSCC tool revisions, and feedback on Delmarva reports.</p>
9/15/07		DD Pilot Project Advisory Board Meeting		<p>Linda Tupper attended.</p>
9/17/07		Planning Meeting	3	<p>Marion Olivier-Ruelas and Linda Bodo and seven Area staff attended. Discussed positive and negative provider trends. Received an update on the Area 3 Steering Committee and additional feedback on our performance. We specifically discussed how they would like the data to be "live data" and be able to access it on our website. Information was gathered from the Area staff on changes they would like to see on the CORE and WiSCC reports. We</p>

				encouraged Area Office staff participation in the consults. Ideas generated from the strategic/pre-quarterly meeting where presented and discussed.
9/17/07		Quarterly Meeting	13	Marion Olivier-Ruelas, Linda Bodo and three Area staff attended. Discussed provider trends both positive and negative. Received an update on the Area 13 Steering Committee and additional feedback on our performance. They are requesting we include in the annual report providers who have received a CORE from one year to the next. Information was gathered from the Area staff on changes they would like to see on the CORE and WiSCC reports. We encouraged Area Office staff participation in the consults. Annual data results were reviewed and discussed.
9/18/07		Training - Functional Documentation	3	Marion Olivier Ruelas and Beth Townsend provided an educational session to providers, support coordinators, and APD staff on Functional Documentation.
9/19/07		Employment Workgroup Meeting	14	Quarterly meeting with APD to discuss statewide progress in supported employment.
9/26/07	9/27/07	Interagency Quality Council meeting in Jacksonville.		Attended by Florida management team, Julie Tyler, and Marshall Patterson.

## Attachment 2: Internal Quality Assurance Quarterly Report July – September 2007

### Staff Changes

No staff changes this quarter.

### Internal Training

Sue Kelly observed a CORE follow-up with Marion Olivier-Ruelas in September. All FSQAP associates attended the week-long training session in August, described in the body of this report. A training session on Social Security was offered to all QICs via the bi-weekly conference call all associates attend.

### Manager's Meetings

All the Florida Managers and the Vice President of Disability Programs meet via conference call on a bi-weekly basis to enhance communication and ensure everyone has the same information about process/procedure changes or issues that need to be addressed. Projections and actual volume of activity are discussed to help monitor contract activity and ensure all reviews are completed in a timely fashion.

### IT Initiatives

IT continues to support the Florida project. The Easton IT group participates in the bi-weekly managers meetings that address on going needs for the WiSCC and CORE processes, phone or computer problems, or any other IT-related issues. Most issues are resolved fairly quickly and turn-around time is short if a computer needs to be shipped to Easton for repair.

### 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 posted to the Delmarva Web site. Issues or concerns raised by any provider or policy changes or clarifications from APD are presented and discussed. Consultants are also given information on overall productivity levels and the status of the Delmarva corporate dashboards. Minutes of these meetings are usually provided to all relevant staff.

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. All WiSCC consultants must pass an annual reliability test on the WiSCC process.

## **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 usually 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 was implemented in Year Six. Each CORE consultant must pass reliability on the CORE consultation and CORE interview processes on an annual basis.

## **Formal Reliability Activities**

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. CQL conducts annual reliability testing on all consultants who conduct POM interviews. Two consultants who were tested this quarter passed 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. 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 on that section. 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 Vice President of Disability Programs on a case-by-case basis and determine the best way to proceed. One consultant was tested in both areas of the CORE and passed reliability this quarter.

### **Annual Gold Standard Reviews**

Regional Manager review of 100% of the CORE, WiSCC, and POM results 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.

A new process was implemented in the fourth quarter of Year Six to add an additional layer of reliability to the review process. Each manager reviews and approves all reports from their QICs. A schedule has been developed whereby each manager will review a small sample of another manager's approved reports to determine if the managers are requiring the same expectations and documentation from each QIC across the state. Three Desk Reviews, three CORE, and three WiSCC reports have been reviewed. Results to date have been positive with only a few minor questions raised concerning a CORE and a WiSCC report.

### **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 have generally indicated a high degree of satisfaction with the process and the consultants. An analysis will be included in the second quarter report this year. In addition, the regional managers are in the process of revising this survey to better reflect the provider's experience during the review process.

### **Evaluation of Provider/Consumer Education Sessions**

Three formal education/training sessions were provided during the first quarter of Year Seven. 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 1 to 4) from the 84 feedback surveys returned this quarter was 3.25, indicating a high degree of satisfaction with the training sessions.

### **Feedback From APD Survey**

As a direct response to the APD Feedback survey, we have collected information from each Area to gather suggestions on ways to improve the reports generated for each provider after a consult. The WiSCC and CORE/PPR lead managers are working closing together on this project. We have also been working with each Quality Improvement Consultant to improve the quality and content of their reports.

## 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 Seven he reviewed 38 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.

## 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, that data are being gathered in a format that can be analyzed in an aggregate form, and that reports are submitted to the provider and to APD in a timely fashion. Bob Foley and the Delmarva managers are working closely with each consultant in an effort to complete all reviews targeted for Year Seven. Updates to “target v completed” are discussed weekly on the manager’s call and biweekly on the CORE and WiSCC conference calls. This effort resulted in very positive results in Year Six, completing even more reviews than required by the contract.

## 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 each month to be certain they are posted on the web page as an actual review. During this quarter one report was initially listed as “pending”. Marshall Patterson is investigating this report.

## Best Place to Work Group

Linda Tupper is the chair for the new FSQAP Best Place to Work Group. In order to constantly improve services, Delmarva believes input from associates on the work environment is essential. This work group discusses possible ways to improve work conditions for associates, within the bounds of budget and time. For example, the group may explore different safety devises QICs may find useful during all their time on the road. The committee is currently meeting bi-monthly.