

**Florida Statewide Quality Assurance Program
Year Six Annual Report
June 2006 – July 2007
Appendix 1**

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Attachment 1 Internal Quality Assurance Report October - December 2007

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

Staff Changes

Barbara Langford Moore, Area 11, and Denese Anderson, Area 4, resigned from Delmarva.

IT Initiatives

IT continues to support several initiatives within the Florida project. IT completed revisions to the WiSCC application. The Easton IT group continues to participate in the weekly managers' meetings that address on going needs and issues for the WiSCC and CORE processes.

CORE Consultant Training on POMs

Several CORE consultants passed POM reliability but most are scheduled to work with CQL in the third quarter of the year.

Bi-Weekly Conference Calls

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

The conference calls are also used as an avenue to update consultants on key Delmarva initiatives at the corporate level. This may include policy clarification and interpretation, when appropriate. Mandatory corporate training is also accomplished at these times. A guest speaker offered training on Social Security issues this quarter and a safety training is schedule for next quarter.

In addition, when questions arise from analyzing the data, the conference calls are often used to gather anecdotal information from the QICs in an attempt to explain what we may be seeing in the

data. Feedback from the consultants in this area has been very valuable in interpreting results from analysis of data for reports and studies. Information from the data is provided during these calls that can also be used during Quarterly meetings to guide Local APD initiatives.

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

Reliability Assurances

Reliability for QICs and managers conducting Personal Outcome Measures (POM) interviews continues to be maintained through The Council on Quality and Leadership (CQL). This occurs formally through the reliability process and through on site monitoring of five percent of the consults throughout the year. All consultants who were tested this quarter passed POM reliability.

Reliability activities for the CORE and WiSCC processes consist of two activities. First, the Regional Managers observe consultants while they are conducting consultations periodically throughout the year. They accompany each consultant to an onsite visit, attending all onsite activities. Second, formal reliability testing has been initiated this year, to be completed once per year for each consultant. Delmarva's formal reliability procedures include the individual CORE interview, scoring the CORE tool (25 elements on the original tool and 12 on the revised tool), and scoring the WiSCC tool (11 elements). All regional managers have passed the CORE and WiSCC reliability tests. In addition, all consultants have passed CORE and WiSCC reliability. Five consultants were tested and passed reliability this quarter and 29 percent have passed to date this year.

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

Manager Review (Gold Standard)

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

this activity will be reported in the next quarterly report. All reports reviewed this quarter under this new QA process were determined to be accurate.

Another internal system related to this area is the Medical Peer Review system. Linda Tupper, the Nurse Reviewer, has the opportunity to correct any errors or issues identified with the content or data included in the report.

Weekly Manager Meetings

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

Florida Production Tracking Tool

In collaboration with our IT department, the Florida Managers developed a tool whereby each consultant is able to manage his/her own review volume projections and production. The tool is maintained on the FSQAP web site and is available to consultants, managers and the Vice President of Disability Related Programs. Each consultant has a page which lists for the month the projected number of reviews, for each review type, as well as a list of reviews to be completed that month and the status for each review. The data are live and updated by the consultants on a regular basis, e.g., when the consultant schedules the dates for the review or marks the report as complete. Implementation is expected by mid April.

Provider Feedback Surveys

Distribution of the revised Provider Feedback Survey began this quarter. A summary of results will be included in the Annual Report.

Medical Peer Review

The Medical Director completes a quality assurance review on a random selection of five percent of individuals who received a Personal Outcome Interview. The Medical Director reviews the claims data, summary comments of the consultants and the decisions of the nurse reviewer. Results of these reviews (27 this quarter) continue to be 100 percent in accord with the decisions of the nurse reviewer.

Timeliness and Submission of Deliverables

Bob Foley and the Delmarva managers worked closely with each consultant throughout the year in an effort to complete all reviews targeted for Year Six. Updates to the “target v completed”

spreadsheet are discussed on the manager's call and biweekly on the CORE and WiSCC conference calls. With this system, managers are able to easily track QIC activities and how closely that aligns with projected volumes. The managers are working on an improved tracking system they hope to have operational before the end of the year. This will incorporate several different tracking devices to simplify the process.

The Regional Managers are able to extract reports from the Florida database which indicate the percentage of reports that consultants generate within the timeframes established by management and contractual obligations. The Regional Managers share these reports with each consultant, thereby providing additional feedback.

Sampling Reports for Billing

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

Data Oversight

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

Attachment 2: CORE Results and Minimum Service Requirement Elements

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

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

CORE Results Elements

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

Minimum Service Requirements

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

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

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

Revised CORE (Implemented March 13, 2007)

CORE Results Elements

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

Minimum Service Requirements

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

Attachment 3: WiSCC Results and Minimum Service Requirement Elements

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

WiSCC Results Elements

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

Minimum Service Requirement Elements

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

Attachment 4
Training, Education, and Liaison
Contacts and Meetings
October - December 2007

Begin Date	End Date	Description of Activity	Area	Participants and Topic
09/07/07		Quarterly Meeting	1	Marion Olivier-Ruelas and Dena Johnson and five Area staff attended the meeting. We discussed provider trends both positive and negative. We received an update on the Area 1 Steering Committee and additional feedback on our performance. We reviewed staffing updates and encouraged APD staff to attend consultations. We requested up to date contact information for providers from the Area Office. We reviewed the WiSCC Third Record Review procedures. We discussed the purpose and expectations of the quarterly meetings and the Area staff stated they want to review with Delmarva information from their internal quality management committee. They would like to see more specific information related to specific service areas, i.e., supported employment, health and safety, etc. Also, they would like to see continued collaboration of information. We reviewed the changes to the Area quarterly reports and Area Office feedback was positive.
10/1/2007		Quarterly Meeting	4	Quarterly meeting held with Area 4 APD office. In attendance: Gary Baird, Shiela Butler, Denese Anderson, Sherndina Moreland, Terry Mothershed, Chris Crusciel, Sharon York. There was discussion of recoupments being done by Area 4; Tallahassee does not want to do the 081 form and the mechanism for collecting money is unclear. The Area has begun to implement a Transition Form to be used when individuals move from one setting to another. The group discussed Operation Spot Check. Area 4 expressed concern about the currency or accuracy of the Delmarva data. The WSC unit is concerned that downward trends may be due to the significant changes in the system. The Area 4 training calendar has been completely revamped and was shared with Delmarva. Area 4 is developing a draft policy on how

				to become a provider. Delmarva reports and any requests or additions that the Area office might request. Area staff request that Best Practices be identified in the reports.
10/05/07		Quarterly Meeting	15	Quarterly meeting that had been previously scheduled was cancelled and was to be rescheduled by Laura Ezzidio, acting Program Administrator.
10/07/07		Health and Wellness Action Group		(HWAG) – AAIDD (American Association of Intellectual and Developmental Disabilities) Bi-weekly conference calls (Oct, Nov, Dec)
10/12/07		Quarterly Meeting	7	Quarterly meeting was held with Area 7; in attendance were Cheryl King, Brenda McConnell, Francie Young, Gina Tumelty, Steve Roth, Jeff Smith, Merari Perez, Paula Bowser. Consultants discussed specific trends in results with providers. Area office was asked for the topic and date on which they would like Delmarva to do training in Area 7. Delmarva asked for any requests for reports, e.g. changes, additional information, format, etc.
10/15/07	10/17/2007	National DDNA Board Meeting		Linda Tupper attended.
10/18/07		Status Meeting		Regular meeting with AHCA, APD, and Delmarva staff
10/18/07		Ocala	7	Theresa Skidmore and Linda Bodo provided an educational session in 2 parts on documentation requirements, the review of WiSCC procedures, considerations and strategies for Expectations in the WiSCC tool and best practices.
10/19/07		Lakeland	14	An interactive presentation on Physical and Nutritional management was conducted for providers of all types in Area 14. The session raised many questions as to funding and lack of therapists on the Medicaid Waiver. For many of the participants this was their first exposure to this topic.
10/19/07		Physical/Nutritional Management	14	Linda Tupper attended.

10/22/07		Quarterly Meeting	8	Quarterly Meeting was held with Area 8; in attendance were Beth Townsend, Krista McCracken, Todd Ryan, Marsha Vollmar, Nanette Frankes, Bob Steinhauer, Pat Nowotniak, and Jeff Smith. Area 8 is beginning new monthly quality meetings between Jeff, Todd, and BNob regarding Delmarva reports on providers. The Area office is requesting Functional Documentation training by Delmarva. Krista discussed information regarding performance for specific providers. The new ResHab rates will be implemented 12/1/07. There will be mandatory quarterly meetings in Area 8 for group home operators (there are 235 empty beds). Todd has been sending recoupments to Ed.
10/23/07	10/24/2007	Manager's Retreat		Bob, Sue, Carol, Marion, Charmaine, and Beth met to discuss goals of the program and conduct planning activities.
10/25/07		Steering Committee Meeting: St Petersburg	23	This included Gulfcoast and Suncoast regions, district 14 and 8. There was a review of minutes from the last meeting including changes in chairperson. Marcie DiGrazia gave an overview of the IQC meeting. Marcie discussed the outcome of the meeting was to have a work committee to improve relationships between Delmarva and APD, APD's request for Delmarva to use a more "people friendly" language in reports, and a discussion of alerts/recoupments to have more of a clarity of what constitutes alerts and/or recoupments. Marcie gave an update on the Symposium that was held in Lakeland. Laurie Harlow gave an update on systems, protocols and data collection tools that are being developed by APD. Development of a separate data base for Delmarva reports as well as WISCC and CORE. Discussion of the Florida Alliance for Direct staff. Carl Littlefield gave an update on the FTE needs assessment, stating that 75 staff will be hired for the project. He also discussed a \$100,000.00 renovation of the building on the 102nd Ave property. He mentioned that another possible use of the building could be for trainings. He discussed the latest revenue report of a 700 million dollar deficit and the Regional Strategic Plan Meeting.

10/25/07		Steering Committee Meeting: Area 12 office	12	Three Delmarva representatives attended this meeting. Discussion of rules, approval of minutes, and a discussion of Delmarva tools and data occurred. Delmarva staff reviewed the data related to scoring on the CORE consults, WiSCC consults and Personal Outcome Measures from July 2006 to June 2007. The changes in both the CORE and WiSCC tools and procedures were reviewed with the committee. Delmarva also informed the committee about the WiSCC third record review. The committee reported on the progress for the steering committee's special project regarding recruiting providers for health care. Formulation of groups and discussion of which health care service providers were most needed, specifically therapy service providers.
10/25/07		Quarterly Meeting	12	Quarterly Meeting was held with Area 12; in attendance were Beth Townsend, Shiela Butler, Charlene Johnson, Ed DeBardleben, Sandra Mills, Dylan Gale, Davica, Vanessa. Area 12 discussed providers who have been decertified and recouped. There were discussions regarding specific providers and their status. Charlene has been trying to bridge the gap between provider and the Area office. Area 12 talked about upcoming training and is still deciding on what topic is to be done by Delmarva. There was discussion on report requests (changes, additions, format etc). Beth is to ask if the Area office can request a Desk Review for a provider who is not on the to-do list.
10/26/07		Delmarva's Fall Quality Summit		Bob attended this meeting with other Delmarva employees and board members. External entities provided presentations regarding trends in the human services/medical field.
10/30/07		Delmarva Operations Meeting		Bob and managers attended this quarterly meeting in Easton, MD.
11/02/07		Access to Specialty Care Summit		Linda Tupper attended.
11/07/07	11/9/2007	NASDDDS Annual Meeting		Bob and Julie attended this national conference, with this year's primary focus on Supported Employment

11/07/07		Quarterly Meeting	23	Delmarva staff attended and facilitated a quarterly meeting with APD staff. The meeting began with a discussion of the purpose and expectations of the quarterly meeting and included a discussion of the following areas: APD attendance at closings, best and problematic provider practices, recoupment issues, report content, provider contact issues, APD survey, discussion on timing of documentation submission, Area training needs, ALF regulations, need for liaison training on tools, participation of medical case management at quarterly meetings, steering committee attendance and training needs, WiSCC 3 rd record, limited support coordination, WiSCC tool changes, CORE tool changes, alerts (health and safety) APD complaint/grievance report needs updating, APD sharing of data disc information internally. 7 Delmarva staff participated in this quarterly meeting with APD staff.
11/07/07		Medical Case Management		Linda Tupper attends monthly conference calls (October and November)
11/13/07		Mid-Florida Board Meeting		Linda Tupper attended.
11/14/07		Advisory Board Meeting	4	Linda Tupper attended, Psychotherapeutic Medication Project
11/14/07		Quarterly Meeting	14	Delmarva staff attended and facilitated a quarterly meeting with APD staff. The meeting began with a discussion of the purpose and expectations of the quarterly meeting and included a discussion of the following areas: APD attendance at closings, best and problematic provider practices, recoupment issues, report content, WiSCC 3 rd record, limited support coordination, WiSCC tool changes, CORE tool changes, alerts (health and safety), Best Practice workgroup, CBA (Kathleen Rossetter) training for consultants on behavioral issues. 3 Delmarva staff participated in this quarterly meeting with APD staff.
11/15/07		Status Meeting		Regular meeting with AHCA, APD, and Delmarva staff

11/16/07		Steering Committee Meeting: Tampa	23	The Delmarva representative presented on the new WiSCC tool and highlighting the main changes. The majority of the meeting was concerning the “Regional Complaint Protocol-draft” and some discussion on APD’s Recoupment Protocol. The committee was concerned that the Complaint protocol was too vague and left the complainant not knowing what they could expect in terms of follow-up contacts, status reports and resolution after a complaint was filed. After a long discussion it was decided that this protocol is not as far along as it should be and Carl Littlefield recommended that a “process map” be developed for review at the January steering committee meeting (also for the Recoupment Protocol). The December meeting will be cancelled due to the holidays. One Delmarva representative attended this meeting.
11/28/07		Quarterly Meeting	10	Martha Marinez, David Gillis, Haydee Toro, Pam Womack and several additional area staff; Avril Wilson, Jose Navarro, Mario Arreaga, Anna Quintyne and Carol McDuff. Discussed revised WiSCC 3rd Record Procedure; changes to the Health and Behavioral Questionnaire; Adult Day Training programs; training topics for Delmarva and the area; and CORE and WiSCC trends.
12/06/07		Quarterly Meeting	11	Kirk Ryon, Jose Navarro, Janet Tynes, Mario Arreaga, and Carol McDuff. Discussed revised WiSCC 3rd Record Procedure; changes to the Health and Behavioral Questionnaire; Adult Day Training programs; training topics for Delmarva and the area; and CORE and WiSCC trends.
12/07/07		Quarterly Meeting	2	Marion Olivier-Ruelas, Sandra Rowe, Kara Cowart and 5 Area staff attended the meeting. We discussed provider trends both positive and negative. We received an update on the Area 2 Steering Committee and additional feedback on our performance. We reviewed staffing updates and encouraged APD staff to attend consultations. We requested up to date contact information for providers from the Area Office. We reviewed the WiSCC Third Record Review procedures. We discussed the purpose and expectations of the quarterly meetings and the Area staff stated they want to continue to discuss trends in the data, like discussing specifics related to provider's who have had

				consultations, hear Delmarva's feedback and interpretation of issues identified for the Area, see staffing updates and to conference in other QICs conducting consults in Area 2. We reviewed the changes to the Area quarterly reports and Area Office feedback was positive.
12/07/07		Quarterly Meeting	9	Gerry Driscoll, Frank Houston, Noeline Coore, and Michelle Ceville. Discussed revised WiSCC 3rd Record Procedure; changes to the Health and Behavioral Questionnaire; Adult Day Training programs; training topics for Delmarva and the area; and CORE and WiSCC trends.
12/7/2007		Quarterly Meeting	3	Marion Olivier-Ruelas, Theresa Skidmore, Linda Bodo and five Area staff attended. We discussed staffing updates. A topic brought up by the Area Office was behavior focus requirements for residential habilitation providers. We talked about what the CORE QIC looks for and the Area staff shared concerns about the Implementation Plans. We discussed both Delmarva and the Area's expectations of the quarterly meeting. The following opinions were shared: a meeting to looking at trends in the data, review of the quality management system, finding the connections between what Delmarva does and the Area Office as it relates to quality management, forum to share information, give updates on provider issues and recent consults completed and discuss the processes in plain english. The Area Office gave Delmarva feedback related to timeframes for large agencies, consistency in documentation, and detailed information during the closing conference and we encouraged APD staff to attend the consults. Delmarva requested up to date provider contact information. The Area AQL provided an update on the steering committee. We reviewed the WiSCC Third Record Review procedures. Delmarva shared provider concerns and positives practiced. We reviewed the changes to the Area quarterly reports and Area Office feedback was positive.

12/10/07		Quarterly Meeting	13	Marion Olivier-Ruelas, Theresa Skidmore, Linda Bodo and five Area staff attended. We discussed staffing updates. A topic brought up by the Area Office was behavior focus requirements for residential habilitation providers, what the CORE QIC looks for and the Area staff shared concerns about the Implementation Plans. We discussed both Delmarva and the Area's expectations of the quarterly meeting. The following opinions were shared: a meeting to look at trends in the data, review of the quality management system, finding the connections between what Delmarva does and the Area Office as it relates to quality management, forum to share information, give updates on provider issues and recent consults completed and discuss the processes in plain English. The Area Office gave Delmarva feedback related to timeframes for large agencies, consistency in documentation, and detailed information during the closing conference and we encouraged APD staff to attend the consults. Delmarva requested up to date provider contact information. The Area AQL provided an update on the steering committee. We reviewed the WiSCC Third Record Review procedures. Delmarva shared provider concerns and positives practiced. We reviewed the changes to the Area quarterly reports and Area Office feedback was positive.
12/11/07		Mid-Florida DDNA Meeting		Linda Tupper attended.
12/12/07		Jacksonville	4	An educational session was provided covering documentation, per Medicaid Waiver requirements, for a variety of services. Attendees were providers of a variety of services and a few support coordinators. Provided by Delmarva staff Charmaine Pillay and Beth Townsend.
12/13/07		Status Meeting		Regular meeting with AHCA, APD, and Delmarva staff
		Health and Behavioral Questionnaire		Several work group conference calls used to update the Health and Behavioral questionnaire and recommendations that are part of the PCR process
		Best Place to Work Group Meetings		Bi-weekly conference calls (All months). Linda Tupper attends.

Attachment 5 Health and Behavioral Questionnaire

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

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

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

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

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

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

5. Do you take any medicines? Y/N

If yes, what ones?

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

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

Add all others to the health notes

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

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

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

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