

**Florida Statewide Quality Assurance Program
Delmarva Foundation**

**Quarterly Report
January – March 2008**

**3rd 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 third quarter of contract Year Seven (January – March 2008), 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 senior 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 state and 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. Delmarva managers have also participated in APD's Quality Management Meetings when appropriate. In order to simplify access to the monthly and quarterly data reports provided to each Area, Delmarva has begun to post them to the FSQAP web site every month/quarter, as appropriate. The reports are accessible only to staff from AHCA, APD and Delmarva who have been approved to view the information.

Revisions to the CORE and WiSCC provider reports are currently underway and will be implemented during the fourth quarter of the year. A revised WiSCC procedure that includes an additional unannounced record review, bringing the total to four reviews per WSC, has been approved and implemented.

The number of consults and reviews completed during the first three quarters of Year Seven, July 2007 – March 2008, are as follows (projections are included in the Data section):

- 321 Waiver Support Coordination Consultations (WiSCC) of WSC entities;
- 417 Waiver Support Coordinators;
- 830 Person Centered Reviews to collect data, conduct a Personal Outcome Measures interview, and a Health Risk Screening;
- 621 Collaborative Outcomes Review and Enhancement (CORE);
- 516 Desk Reviews;
- 264 Follow-Up Reviews with Technical Assistance; and
- 506 Documentation Follow-Up Reviews.

Introduction

This is the third quarterly report for Year Seven of the Florida Statewide Quality Assurance Program (FSQAP) contract, January – March 2008. 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 January – March 2008.

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

Based upon feedback from the APD Area Offices, providers, and Delmarva consultants, the provider CORE report is being modified. The revisions are expected to be completed during the fourth quarter, with implementation some time in May.

Waiver Support Coordination Consultation (WiSCC) Update

The procedures were revised to include an additional unannounced record, bringing the total number of records reviewed during the process to four—two in conjunction with the Person-centered Review and two the WSC pulls the day of the consult. Analysis on the impact of the additional records will be completed in the Annual report if enough data have been collected at that time. In addition, information on the FOCUS plan Quality Enhancement Plan (QEP) was provided to area offices to help in meeting specific criteria for the annual WiSCC.

Public Reporting Website

Expanding the information contained on the Developmental Disabilities Public Reporting Website (www.flddresources.org) continues to be discussed at status meetings. We currently have approval to include a “star” system for the CORE/WiSCC Results Elements overall score: 4 Stars=Achieving, 3 Stars = Implementing, 2 Stars = Emerging, and 1 Star = Not Emerging. We will also add the overall Desk Review Score for providers who receive a Desk Review. Changes will be implemented during the 4th quarter of the current contract year.

Quarterly Meetings/Steering Committee Meetings

Delmarva managers and Consultants have met with each Area this Quarter, with the exception of Areas 1 and 13, to discuss any issues, problems or concerns Area Administrators may have. Delmarva uses this time to review the quarterly data tables and help with interpretation of any trends or problem areas that may be developing. Quarterly meetings in Areas 1 and 13 were postponed.

Some Area Quality Leaders conduct regular Steering Committee meetings to review the Delmarva data and discuss development, implementation and evaluation of quality improvement initiatives in the Area. Delmarva attended three of these meetings during the current quarter.

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. Updates generated from the AQL training in March are currently being incorporated into the quarterly data tables.

The data distributed monthly on CDs to each Area and to the Central Office are now available on the Delmarva FSQAP Website. Specific personnel from each Area have access to the data, but can only access data for their own Area. Other designated people from AHCA, APD and Delmarva have access to data from all the Areas. The transition from CDs to the Web site proceeded smoothly with no access problems to date.

Interagency Quality Council (IQC)

The quarterly IQC meeting was held January 29 and 30 in Tallahassee. Bob Foley presented an update of Delmarva activities and Sue Kelly presented a summary of the Quality Improvement (QI) studies that have been approved for Year Seven. Several Delmarva personnel participated in various IQC work groups:

- Sue Kelly and Julie Tyler were active in the work group to explore the current status and the pros and cons of moving DD services into a managed care environment.
- Bob Foley participated in the work group that is examining and defining the purpose and vision of IQC.
- Charmaine Pillay and Beth Townsend coordinate and participated in the educational and training workgroup. The purpose of this work group is to identify training topics most preferred by individuals and family members and provide information to IQC related to enhancing training opportunities for people with disabilities.

Work Group Activities

Delmarva staff has participated in several work groups during this quarter outside of the IQC groups noted above:

- Delmarva staff is working in an advisory capacity on a workgroup, chaired by Mary Hayden, that has contracted with the Florida Developmental Disabilities Council (FDDC) to develop a guidebook for people with disabilities and their family members. The purpose of the guidebook is to assist people to direct their own services and supports and the focus is on recruiting, hiring, and managing their own employees.

- Delmarva staff participates in an advisory capacity on the board of Florida Alliance for Direct Support Professionals (FADSP) whose goal is to promote the development of a highly competent human services workforce which can in turn support individuals with disabilities to attain their life goals.
- Delmarva staff facilitates a best practice workgroup, comprised of Family Care council staff and Delmarva consultants and a Delmarva manager. The group gathers best practices as they relate to improving supports and services for people with disabilities.
- Bob Foley, Marion Olivier-Ruelas and Sue Kelly met with the APD Quality Management Group on January 30, to discuss Quality Management and possible changes to the provider reports. As a result of that meeting, several changes to the provider reports are being completed including adding a numeric score for the Results Elements and additional information on the QEP.

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. Due to scheduling difficulties, during the 3rd Quarter of Year Seven a Status Meeting was not held in February, but was one was held on March 13, with representation from all organizations involved in the contract.

Statewide/National/International

Bob Foley, Marion Olivier-Ruelas and Sandra Williams-Rowe participated in DD Awareness Day at the Capitol Building in Tallahassee on February 18, 2008.

Sue Kelly presented to a group of faculty and graduate students at Florida State University. The presentation included a summary of the Delmarva processes and the HCBS Waiver program as well as results from a Quality Improvement Study.

Liaison and Education Activities

During the status meeting the Regional Manager in charge of Training and Education, Charmaine Pillay, noted that several Areas had not requested training to date this contract year. She requested that APD (central office) help encourage the local APD offices to contact Delmarva to schedule training sessions and suggest topics they prefer.

Four educational sessions were provided during the 3rd quarter, January – March 2008.

- In January a morning and afternoon session on Functional Documentation was provided in Area 8 to providers of all services and a few support coordinators. The session included information on all the basic documentation requirements such as policies and procedures, staff training, and specific documentation as dictated by the service provided. Examples were given throughout that enabled providers to understand not only the requirements but the function of documentation. During discussion on policies related to health and safety, providers were encouraged to see how well-developed policies assist them in having an organized approach to service delivery—assisting people to be healthy and safe, identifying concerns, and communicating expectations to staff. Discussion on staff training included an explanation of required trainings such as Core Assurances and Zero Tolerance, as well as information on how a well-trained staff benefits an organization. The bulk of the training focused on specific documentation requirements as dictated by the service rendered, and included information on service logs, implementation plans, support plans, monthly summaries and self assessments. This section also examined the role of documentation as a method to capture historical information, as a communication tool and as an evaluation tool. Breakout sessions were facilitated by Delmarva staff to assist providers to practice the concepts taught by critiquing and rewriting implementation plans, service logs and monthly summaries.
- In February a morning and afternoon session on Quality Assurance and Quality Improvement was provided in Area 7. The morning session was delivered to support coordinators with a focus on WiSCC processes and how support coordinators could facilitate outcomes for people they serve. There was an interactive discussion on person directed planning and its central place in addressing any of the outcomes such as health, safety, freedom from abuse and fair treatment. The rest of the session involved a discussion of living in the community, communication, collaboration and what to expect from providers of other services. Expectations pertaining to WiSCC processes were covered throughout. The afternoon session was attended by providers of all services and the same topic areas were covered, with a focus on expectations from the CORE processes. Providers were informed about expectations for support coordinators and the level of collaboration needed to ensure nothing falls through the cracks. Many creative suggestions were offered in both sessions for providers to take with them.
- In March an educational session was conducted in Area 11 to providers and support coordinators on person driven planning and included discussion on person centered planning, personal outcomes, rights, health and safety, abuse education and prevention, and community participation and integration. Key concepts of person directed planning were applied to each of the outcome areas and attendees were involved in a discussion of strategies and tools to assist in

the development and maintenance of individualized service delivery. A sample of a person centered plan was distributed and used to explain the concepts on a practical level.

- Also in March an educational session was provided to AQL's (new and old) and Area administrators in Orlando. Attendees were given an explanation of the CORE, Desk Review and WiSCC processes, providing information about the consultations from scheduling to report generation. This included a discussion of data collection, input into the system and sharing with local areas. Information was provided on access to and content of monthly and quarterly data tables that are now available on the website. A breakout session was facilitated by Delmarva consultants where each group was assisted to navigate through all of the information contained in a quarterly report with the goal of identifying trends, making recommendations pertaining to health and safety and the minimum service requirements and offering suggestions for improvement. Delmarva staff shared their contact information as a continued support to AQLs.

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. He is also trained to complete desk reviews, completing 30 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. This quarter he interacted by telephone (or by e-mail) with 440 callers and with approximately 1,017 thus far in Year Seven, an average of four 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.¹ 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.

¹ Due to contract changes, Delmarva is conducting fewer Desk Reviews than in previous years.

Customer Service Contacts
July 2004 - March 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	644	74.7%	77.3%	71.5%	63.3%
CORE	292	132	138	141	14.9%	7.4%	8.1%	13.9%
WiSCC	48	23	7	7	2.5%	1.3%	0.4%	0.7%
Interpreting Services	76	35	21	16	3.9%	2.0%	1.2%	1.6%
Complaints	0	35	19	25	0.0%	2.0%	1.1%	2.5%
On Line Assistance	0	68	69	37	0.0%	3.8%	4.0%	3.6%
Miscellaneous	78	111	233	147	4.0%	6.2%	13.6%	14.5%
Total	1,954	1,783	1,711	1,017	100.0%	100.0%	100.0%	100.0%

There have been a total of 76 calls to Customer Service concerning CORE and two concerning a WiSCC during the third 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 elements 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) who conducted the CORE. Contacts related to the WiSCC (Waiver Support Coordination Consultation) this quarter included a Support Coordinator requesting a copy of a WiSCC report, and another requesting explanation of 60 percent in the “Process Oriented” section of her report.

During the quarter there were three calls related to Interpreting Services. Mr. Sanchez provided services in a three way telephone conversation at the request of a Delmarva Quality Improvement Consultant (QIC) who interviewed a Spanish speaking individual.

There were 18 complaints logged this quarter. All complaints were resolved or forwarded to APD for further review. Examples include the following:

- A provider questioned receiving another desk review letter six months after the first one. It was explained we go by fiscal year and not by the calendar year.
- A provider received a second and third non compliance letter, and stated Delmarva was not compassionate enough and requested another extension after the non-compliance letter.
- A provider protested the reconsideration decision and became very upset when it was explained we do not do a second reconsideration, but an appeal can be made to the APD area office.

- A provider was not happy with a score of 40 percent on her desk review and was requesting a Reconsideration. Mr. Sanchez assisted her with how to submit both a Reconsideration and a QIP.

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 (8) 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, that were distributed monthly, are now available on the Delmarva website. Specific personnel in each Area, at AHCA, the central APD office, and Delmarva have access to the data. Local area personnel have access only to the data specific to their own Area. This system of distributing the information has been favorably received, with few questions or problems. The data tables 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.

Several Quality Improvement Study topics had previously been presented to AHCA and APD. During the January IQC meeting APD, AHCA and Delmarva met to discuss these ideas and determine which were to be completed this contract year. Three QI studies were approved, and one additional study was approved to replace the Psychotherapeutic Drug Study required in the contract. AHCA and APD agreed no more could be gained from an additional drug study, number seven in the series. Eliminating the Psychotherapeutic Drug study and replacing it with an additional QI study was discussed and approved at the December 2007 Status Meeting. Therefore, a total of four QI studies were approved, with one replacing the drug study as part of the contract and the other three as contract deliverables due June 30, 2008. The approved studies include the following:

- Comparison of outcomes for individuals receiving services through the Developmental Disabilities Waiver and Family and Supported Living Waiver, with an emphasis on the distinction between individuals 21 years of age and younger and those older than 21.
- The impact of having received more than one Delmarva review/consult on a provider's performance on the CORE or WiSCC evaluation process.
- An examination of the services that are most often linked to the low scores on CORE elements and the overall CORE score.
- The impact of each Minimum Service Requirement element on provider performance and outcomes in people's lives, with particular emphasis on the training requirements.

Internal Quality Assurance Activities

Delmarva practices continuous quality improvement in the processes and procedures followed by staff to ensure the best possible systems are in place. A detailed account of on-going quality improvement processes is available in Attachment 2 of this report, with a brief summary included below.

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. Regional managers conduct annual reliability with consultants on the CORE and WiSCC 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.

Delmarva regularly downloads the Medicaid Claims data from AHCA's FMMIS system. In order to ensure seamless access to the data, Lori Reid attended an all-day training seminar on the new system.

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:²

- 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;

² 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).

- 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. The number and percent of the different follow-up review activities is presented in the following table.

**Provider Performance Reviews and CORE Follow-up Activities
July 2004 – March 2008**

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	506	57.0%	49.9%	55.4%	61.3%
FU w TA	278	266	326	264	23.9%	28.4%	39.9%	32.0%
Reconsideration	80	58	26	56	6.9%	6.2%	3.2%	6.8%
Total	1,164	935	818	826	100.0%	100.0%	100.0%	100.0%

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 Seven, July 2007 – March 2008. Projected volumes are included. Projections may change periodically and are submitted monthly to AHCA and APD.

**Review/Consult Numbers by APD Area
July 2007 – March 2008**

APD Area	Desk	CORE	Follow-up w/TA	Doc FU	WiSCC	WSC	PCR
1	15	16	2	16	4	10	20
2	72	48	12	50	25	35	70
3	34	21	7	26	17	23	46
4	47	12	8	49	41	45	90
7	57	48	16	45	56	67	132
8	11	10	2	13	13	16	32
9	18	14	2	17	6	8	16
10	34	54	31	39	22	28	55
11	56	113	47	50	32	36	71
12	31	51	43	30	19	23	46
13	16	40	17	11	11	23	46
14	14	16	3	14	10	18	36
15	8	26	25	21	17	17	34
23	103	152	49	125	48	68	136
Total	516	621	264	506	321	417	830
<i>Projected</i>	600	972	603	385	461	NA	1,416

CORE consults in Area 4 are fewer than expected due to the loss of the Quality Improvement Consultant in that Area. Currently, several other QICs as well as the Regional Managers are scheduling and completing CORE consults in Area 4, particularly with Supported Living Coaching providers. The loss of a WiSCC consultant in Area 1 has also impacted consults in that Area. While a QIC has been hired, she is currently focused on completing CORE consults and will train on the WiSCC in order to begin WiSCC consults next year. Additional WiSCC in Area 1 are currently being completed by other WiSCC consultants.

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 January and March 2008 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 – January - March 2008**

Disposition	Number	Percent
Requesting Medical Records	1	0.4%
Waiting for RN Review	0	0.0%
Waiting for MD Review	0	0.0%
Waiting for expert review	1	0.4%
Done - no additional concerns	223	91.0%
Done - additional concerns to WSC	6	2.4%
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	14	5.7%
Total with Disposition	245	100.0%

Section Three: Summary

Contract activities throughout the third quarter of Year Seven have proceeded smoothly. 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, the Delmarva managers have created a new tracking tool to allow them to track all scheduled and completed reviews. 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. During the AQL training in October, several more suggestions to the data tables were discussed and many will be implemented in the next release at the end of May. 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 helps 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 Annual report to AHCA and APD, due September 15, 2008, will contain more in-depth data analysis and recommendations.

Attachment 1

Delmarva Contacts

January - March 2008

Area, State and National Contacts

Begin Date	End Date	Description of Activity	Area	Participants and Topic
01/07/08	01/07/08	quarterly meeting	4	Terry Mothershed-Neuman, Sharon York, Chris Chrusciel, Gary Baird, Beth Townsend, Cathy Guiry, Conchetta Wilcox, Sherndina Moreland, Kerrie Wimberly: Delmarva data being posted on the FSQAP website; difficulty for Area office to follow-up on desk reviews without original information in the documentation follow-up reports; Delmarva participation in IQC training & education workgroup; Area 4 quarterly meetings; FCC training on Guardianship, Waitlist, Benefits and Working, Natural/Community Supports; WSCs struggling with required contacts; Steering Committee coming up with new ideas for project this year
01/09/08		IQC Workgroup		Bob Foley met with IQC members to discuss the focus/mission of IQC.
01/09/08		Best Place to Work Conf. Call	FL.	Chaired by Linda Tupper.
01/11/08	01/11/08	quarterly meeting	7	Brenda McConnell, Cheryl King, Bob Foley, Francie Young, Gina Tumelty, Beth Townsend, Mary Martin, Steve Roth, Carol Solomon, Andrea Currence, Sharon Jennings, Dr Cydney Yerushalmi: are these meetings the way that we want them?; discussion of Delmarva data impact on Area ability to expand providers; Area disagreement with CORE scores for one particular providers of intensive behavior residential habilitation; training request for Delmarva in Area; QSI process and team members; Area 7 Health Record, Care Management/Health & Safety Review
01/17/08		DD Unity Summit		Bob attended a summit bringing together APD, Legislators, individuals receiving services, families, providers, and other stakeholders.
01/22/08		IQC Workgroup		Meeting with IQC members to discuss the focus/mission of IQC.
01/23/08	01/23/08	Steering Committee Meeting	23	Carl Lilltlefield gave a synopsis of the Unity Summit. Laurie Harlow gave an overview of the complaint protocol. Tom Nurse gave an IRIS update. The steering committee, APD, Advisory committee, FCC and Charmaine Pillay attended.

01/23/08	01/23/08	National DDNA Board of Directors Meeting	FL.	Board of Directors and executive Director
01/24/08	01/24/08	quarterly meeting	12	Ed deBardleben, Diveka Anderson, Charlene Johnson, Gary Baird, Shiela Butler, Shay Porter, Beth Townsend, Dylan Gale, Sandra Mills: Area training calendar under way, posted on the website; Beth to send to Vanesa our ppt on Functional Documentation for Area 12 to use; training by Delmarva on Collaboration on 05/09/2008 at DBCC (~100 people, ~2 hours); update on Adept since the meeting with them on 01/22/2008; specific information about WSCs performing well; Vanessa planning to attend POMs with Gary and/or Shiela; good follow-ups on COREs with specific providers; Beth to share ppt on self-assessments/PSOsAWOL providers; Steering Committee update;
01/25/08	01/25/08	Training	8, Ft Myers	Two educational sessions on Functional Documentation were provided to all provider types, including support coordinators. Charmaine Pillay and Beth Townsend provided the training.
01/28/08	01/28/08	quarterly meeting	8	Krista McCracken, Beth Townsend, Todd Ryan, Bob Steinhauer, Carrie Meehan: are we getting out of these quarterly meetings what we want?; ACPRT 1 & 2 screens; ICG training and updates; POMs; Support Plan signatures and content; Eligibility Worksheets; transitioning; changes in Supported Living/In Home Supports; SLCs' awareness of their responsibilities with individuals' finances and 3rd party benefits; IFPs, stipends, and fiscally responsible housing; Area concern that Desk Reviews do not yield much information; AWOL providers; incident and abuse reporting (lack thereof); self-assessments, training to be enhanced for next provider meeting; nursing assessments
01/29/08	01/30/08	Interagency Quality Council (IQC)		Delmarva representatives met with IQC members to discuss quality initiatives, report on data, and discuss future IQC activities. Charmaine Pillay presented on the progress of the Training and Education workgroup.
02/01/08		Technical Expert Panel		Bob listened to the discussions taking place amongst a national group of experts discussing systems and tools for measuring performance and quality.

02/06/08	02/06/08	Quarterly Meeting	23	Several topics were covered at the quarterly meeting. Review and reaffirmation of the purpose of the meeting, APD attendance at closings, provider contact information, non compliant providers, steering committee updates, training topics, CORE and WiSCC issues, best practices and a review of data were the among the highlights. APD staff and Delmarva staff (Bob Foley, Charmaine Pillay, Kristin Allen, Christie Gentry, Trudy Acevedo, Chris Kulaga, Barbara Hawkins and Robin Moorman attended.
02/06/08		AHCA Meeting		Bob and Marion met with Pam K. and Kelly H. at AHCA as part of an introduction to Kelly.
02/07/08		MCM Conference Call		State Medical Case Managers, Linda Tupper attended
02/11/08	02/11/08	Steering Committee Meeting	23, Tampa	The complaint protocol was reviewed and there was discussion on problem solving issues related to the identified complaint system. There was discussion regarding the recoupment process and possible system changes that could make it easier. Carl Littlefield provided a regional update. Tom Nurse provided an IRIS update. Christie Gentry, Delmarva consultant attended and provided input.
02/11/08	02/11/08	Training	7, Orlando	Two educational sessions were provided on Quality Assurance and Quality Improvement and the expectations of the CORE and WiSCC processes. The first session was attended by support coordinators and the second session by all provider types. The training was facilitated by Beth Townsend and Charmaine Pillay.
02/13/08	02/13/08	Quarterly Meeting	14	At the quarterly meeting data from the previous quarter was discussed with brainstorming as to how to facilitate improvements. Other topics covered included APD attendance at closing conferences, CORE and WiSCC changes, best practices and specific provider issues. APD and Delmarva staff Christie Gentry and Charmaine Pillay attended.
02/13/08		Status Meeting		Delmarva representatives met with APD and AHCA to discuss the status of contract activities.
02/13/08		Best Place to Work Conf. Call	FL.	State and Area Medical Case Management: Linda Tupper
02/18/08		DD Awareness Day		Bob, Marion, and Sandra participated in DD Awareness Day at the State Capitol Building.

02/21/08	02/21/08	Quarterly Meeting	15	Peter Karlan, Sandra Cain, Margarie Dotson, and several additional Area 15 staff. Also Bob Foley, Noeline Coore, Michelle Ceville, and Carol McDuff with Delmarva. Discussed the Delmarva processes and gave a historical perspective on the FSQAP project; Area changes; and a brainstorming activity.
02/22/08	02/22/08	Quarterly Meeting	11	Quarterly Meeting had to be rescheduled due to competing priorities currently occurring.
02/22/08	02/25/08	National DDNA Board of Directors Meeting	FL.	Board of Directors and executive Director: Linda Tupper
02/27/08	02/27/08	Quarterly Meeting	10	Martha Martinez, David Gillis, Heidi Torro and several additional Area 10 staff. Avril Wilson, Mario Arreaga, Jose Navarro, and Carol McDuff with Delmarva. Discussed area trends; revisions to the WiSCC procedures; and area training.
03/04/08	03/04/08	Quarterly Meeting	9	Quarterly Meeting had to be rescheduled due to competing priorities currently occurring.
03/04/08		Best Place to Work Conf. Call		Chaired by Linda Tupper.
03/05/08		MCM Conference Call		State Medical Case Managers: Linda Tupper
03/07/08	03/07/08	Steering Committee Meeting	14	The committee discussed the success of the annual provider awards ceremony and brainstormed ways to extend the nominees to include providers besides direct support professionals. The consensus was that the awards are a huge success and need to be built upon each year. The meeting was attended by steering committee members, providers and Charmaine Pillay.
03/07/08	03/07/08	Provider Meeting	14	At a provider meeting hosted by Area 14 providers awards were handed out to select nominees. The awards recognized hard work and dedication by direct support staff. The entire awards ceremony was a collaborative effort by providers, APD, and FCC.

03/07/08		Quarterly Meeting	2	Marion Olivier-Ruelas, Sandra Rowe, Kara Cowart, Bob Foley and 6 Area staff attended the meeting. We discussed provider trends both positive and negative. We received an update on the Area 2 Steering Committee. We reviewed results from a survey conducted with Area staff and received additional feedback on our performance. APD reported on provider changes. Proposed changes to the WiSCC and CORE reports and processes were discussed. We reviewed the data for the second Area quarterly report and developed a couple of initiatives based upon the information.
03/10/08		Quarterly Meeting	3	Marion Olivier-Ruelas, Theresa Skidmore, Gwen Williams and eight Area staff attended. We discussed provider trends both positive and negative. The AQL representative for the Area 3 Steering Committee requested to be notified when the most current Area quarterly data are posted so meetings can be scheduled after. We reviewed results from a survey conducted with Area staff and received additional feedback on our performance. APD reported on provider changes. Proposed changes to the WiSCC and CORE reports and processes and increasing unannounced record reviews were discussed. We discussed how Cost Plan submissions are being completed in Area 3. We reviewed the data for the second Area quarterly report and recommendations which were presented to the group as improvement initiatives based upon the information. The Program Administrator requested further analysis be completed in areas identified as needing improvement. Therefore, APD Area staff and Delmarva scheduled a pre-quarterly meeting to further delve into the data and prepare a report for the next quarterly.
03/13/08		Mid-Fl. DDNA Meeting	FL.	Psychotherapeutic Medication Management: Linda Tupper
03/14/08	03/14/08	Training	11	An educational session was provided on the principles of Person Driven Planning to all provider types. The training was attended by providers, WSCs and APD. Delmarva staff Mario Arreaga provided the session with Janet Tynes and Berta Santos assisting with questions.

03/20/08	03/20/08	Training	7	<p>An educational session was provided to AQLs (new and old) and Area Administrators. Attendees were provided with detailed explanations of the CORE, Desk and WiSCC processes in preparation for understanding data collection and interpretation. Data available on the Delmarva web site was introduced to attendees and this included screen shots and a narrative description to ensure their ability to access data easily. Each data table was explained in detail. During a breakout session Delmarva consultants facilitated workgroups who were presented with a quarterly report and asked to identify trends and make recommendations for improvement.</p>
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Attachment 2: Internal Quality Assurance Quarterly Report January– March 2008

Staff Changes

Kathy Harkleroad joined Delmarva this past quarter to conduct CORE and WiSCC reviews in Area 1, and Gwen Williams started in Area 3 to conduct CORE consults. They both received one on one training on the CORE process and shadowed other consultants for two weeks. They were shadowed by the regional manager for their first consult. Wanda Nitiss was hired in January to conduct WiSCC in Area 11. She has received training on the WiSCC process and is trained and passed reliability on the POM process.

Internal Training

Preparations are being made for the annual Delmarva training, scheduled for the first week in August. A guest speaker was invited to discuss “safety issues while on the road” during one of the bi-weekly QIC conference calls this quarter. Lori Reid attended a FMMIS training at AHCA.

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 the volume of activity are discussed to help monitor contract activity and ensure all reviews are completed in a timely fashion. Feedback on Quality Management issues from APD is also discussed.

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, applications, 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 call, 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. Regional Managers are developing “scenarios” to give to

consultants to help improve the consistency with which they score each WiSCC element. These will be re-introduced during April 2008.

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 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, and also pass reliability on the Personal Outcome Measures interview 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, and also pass reliability on the Personal Outcome Measures interview process. Regional Managers are developing “scenarios” to give to consultants to help improve the consistency with which they score each CORE element. These will be re-introduced during April 2008.

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. 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. Beginning in Year Seven, the Managers have switched the consultants with whom they conduct the reliability testing. In this way, each consultant will be observed and tested independently by a different manager, further validating the reliability process.

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 Related Programs on a case-by-case basis and determine the best way to proceed. Consultants tested this quarter passed reliability in all areas.

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 the 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. Since the fourth quarter of Year Six, review of previously reviewed reports has progressed smoothly, with only one discrepancy, which was discussed among the providers and resolved.

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 specific 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 (9 this quarter) continue to be 100 percent in accord with the decisions of the nurse reviewer. No monitoring of the system occurred during this quarter.

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 all reports listed as billed were on the web page.

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 devices QICs may find useful during all their time on the road. The committee is currently meeting bi-monthly.