

**Florida Statewide Quality Assurance Program
Delmarva Foundation**

**Quarterly Report
January - March 2009**

**3rd Quarter
Contract Year 8
2008 - 2009**

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

Table of Contents

EXECUTIVE SUMMARY	3
INTRODUCTION.....	4
SECTION ONE: SUMMARY OF QUARTERLY PROJECT COMPLIANCE ACTIVITIES.....	5
PROJECT INITIATIVES.....	5
<i>Public Reporting Website.....</i>	<i>5</i>
<i>Quarterly Meetings/ Steering Committee Meetings.....</i>	<i>5</i>
<i>Quarterly and Monthly Data Reports.....</i>	<i>5</i>
<i>Interagency Quality Council (IQC).....</i>	<i>5</i>
<i>Work Group Activities.....</i>	<i>6</i>
<i>Status Meetings.....</i>	<i>6</i>
<i>Statewide/National/International.....</i>	<i>6</i>
LIAISON AND EDUCATION ACTIVITIES.....	6
SUMMARY OF CUSTOMER SERVICE ACTIVITY.....	7
QUALITY IMPROVEMENT INITIATIVES.....	8
INTERNAL QUALITY ASSURANCE ACTIVITIES.....	10
SECTION TWO: DATA REPORT.....	11
VOLUME OF ACTIVITY-PROVIDER PERFORMANCE REVIEWS AND CONSULTATIONS.....	11
MEDICAL REVIEW FINDINGS.....	13
SECTION THREE: SUMMARY.....	15
ATTACHMENT 1: DELMARVA CONTACTS.....	16
ATTACHMENT 2: INTERNAL QUALITY ASSURANCE QUARTERLY REPORT.....	20
STAFF CHANGES.....	20
MANAGER'S MEETINGS.....	20
IT INITIATIVES.....	20
WISCC.....	20
CORE.....	21
FORMAL RELIABILITY ACTIVITIES.....	21
ANNUAL GOLD STANDARD REVIEWS.....	22
FLORIDA PRODUCTION TRACKING TOOL.....	22
MEDICAL PEER REVIEW.....	23
SAMPLING REPORTS FOR BILLING.....	23

Executive Summary

Throughout the third quarter of contract Year 8 (July 2008 – March 2009), 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. 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 (when possible), Interagency Quality Council (IQC) (when possible), conducting monthly status meetings, and attending/presenting at state and national conferences. Through this process, Delmarva has actively worked to ensure a smooth transition to new rules and requirements established through law, such as the Tier development and implementation, rebasing, reduction of services and changes in rates.

Regional managers regularly monitor consultants and review 100 percent of CORE and WiSCC results 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, the Director, the Vice President of Disability Related Programs, and other personnel as appropriate. Bi-weekly Manager's meetings also continue, with attendance by Delmarva Corporate when possible and the Easton IT group. 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.

The number of consults and reviews completed during the first three quarters of Year 8, July 2008 – March 2009, are as follows (projections are included in the Data section):

- 310 Waiver Support Coordination Consultations (WiSCC) of WSC entities;
- 381 Waiver Support Coordinators;
- 760 Person Centered Reviews to collect data, conduct a Personal Outcome Measures interview, and a Health Risk Screening;
- 635 Collaborative Outcomes Review and Enhancement (CORE);
- 335 Desk Reviews;
- 392 Follow-Up Reviews with Technical Assistance; and
- 517 Documentation Follow-Up Reviews.

Introduction

This is the third quarter report for Year 8 of the Florida Statewide Quality Assurance Program (FSQAP) contract, January - March 2009. 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 2008 – March 2009.

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

Public Reporting Website

Delmarva has posted a statement on the Public Reporting Website to inform users provider information has not been updated since July 2007. This is a result of continued efforts to obtain claims data from FMMIS. Currently, Medicaid claims data through February 2009 have been successfully downloaded and stored in the Delmarva system. However, issues surrounding the provider information files have not yet been resolved and provider identification is not possible. Delmarva is continuing to work with AHCA to help identify and resolve issues surrounding identifying providers.

Quarterly Meetings/Steering Committee Meetings

Delmarva managers and consultants provided a Quarterly Meeting in each Area this quarter. Delmarva uses this time to review the quarterly data tables and help with interpretation of any trends or problem areas that may be developing.

Delmarva consultants are not currently attending Area Steering Committee meetings because the Areas may discuss the upcoming ITN for the new contract.

Quarterly and Monthly Data Reports

Area data for the second quarter in Year 8 were posted to the web site the end of February, 2009. Data for the third quarter will be posted by the end of May 2009. An additional table has been developed presenting the number and percent of Waiver Support Coordinators at each performance level (Achieving, Implementing, Emerging or Not Emerging) by Area. Monthly reports with information for all reviews completed in each Area since 2001 were posted in January, February and March.

Additional monthly data reports were submitted to APD the first of January, February and March. These reports give the number of CORE and WiSCC providers at each performance level for each Area. The number and average Desk Review score for each Area is also presented. "At A Glance" graphs for the second quarter of the year were completed and submitted to APD the end of February. These monthly and quarterly reports are described in more detail in the Quality Improvement section of the report.

Interagency Quality Council (IQC)

Due to budget constraints, the IQC meeting was not held this past quarter.

Work Group Activities

Several Delmarva managers attended workgroups presented by Pam Kyllonen on the new Medicaid Waiver Services Coverage and Limitations Handbook.

Delmarva Staff (Kristine Allen, Charmaine Pillay) participated in a workgroup convened by APD to develop templates and standardize paper work required from providers.

Status Meetings

Delmarva conducts a monthly Status Meeting with AHCA, APD and the Council on Quality and Leadership (CQL). Delmarva's IT representative and other application experts are included as needed. Regular Delmarva attendees include the Vice President of Disability Related Programs, the Director, Scientist, Regional Managers, and the Nurse Administrator. Status meetings enable all organizations involved in FSQAP to present updates and/or concerns about any facet of the program. They are also used as a forum to discuss and approve various aspects of the contract activity.

To ensure follow-up is completed on each issue discussed during the Status Meetings, Bob Foley initiated an ongoing "Follow-up" agenda item. Using recorded minutes, a list of all "to do" items is generated, including the person responsible for each item. The list is provided to all participants and progress is reported for each item during the next meeting. Status meetings this quarter were held January 21, February 18, and March 19, with representation from all organizations involved in the contract.

Statewide/National/International

Bob Foley attended the national Leadership Institute Training session January 11 -16, sponsored by the National Leadership Consortium on Developmental Disabilities.

Liaison and Education Activities

Training and education topics for sessions delivered in each Area are determined by a review of quarterly data, discussion with Area AQLs and Area training coordinators, and input from consultants and Delmarva managers. Topics presented at symposiums and conventions such as at FI ARC are usually decided upon by convention organizers with Delmarva input.

- Training and education on Quality Management Systems were provided in Area 12. Kristin Allen and Beth Townsend presented and other Delmarva consultants were in attendance, Sheila Bultler and Charlene Johnson.

- Training and education were provided in Area 14 on Functional Documentation. Barbara Allen presented and Kristin Allen attended.
- In Area 1 Delmarva staff (Kristin Allen, Charmaine Pillay) presented an educational session to providers on the functional use of documentation and best practices. The training was very well received.

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. The Customer Service Representative, Said Sanchez, has worked in this capacity since inception of the contract in 2001. He receives, logs and negotiates resolution of complaints; provides or arranges interpreting services; and updates provider demographic information when needed. Information is 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. Mr. Sanchez has completed extensive training on the consultative and desk review processes and is trained to complete desk reviews.

Mr. Sanchez maintains a daily log documenting the date, caller information, nature of the contact, type of assistance needed/requested, complaint, and/or other miscellaneous questions. This quarter he took 375 calls, mostly with providers of Medicaid Waiver services, with a total of 1,233 calls logged to date this contract year. The majority of calls pertain to Desk Reviews, many providers needing an explanation of the documents to be submitted for a review or consult, 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.

There have been a total of 28 calls to Customer Service concerning CORE consults during the third quarter, with a total 150 calls this year. Most calls this quarter were questions about the Minimum Service Requirements. Only one call this quarter pertained to the WiSCC, and this was a Waiver Support Coordinator reporting a change of address. Almost five percent of calls this year were questions about one of the web sites, with 18 calls this quarter. Providers often call in reference to the address or contact information listed on the public reporting web site.

There were 16 complaints logged this quarter. Most were easily resolved through clarification of the process in question, education about the reconsideration process, or referral to the appropriate manager. All complaints were resolved or forwarded to APD for further review, and are documented in the customer service log. The proportion of calls in each of the different categories listed in the following table has remained relatively the same since Year 7.

Customer Service Contacts July 2005 - March 2009								
	Number				Percent			
Area	Year 5	Year 6	Year 7	YTD Yr 8	Year 5	Year 6	Year 7	Year 8
Desk Reviews	1,379	1,224	1,195	801	77.3%	71.5%	63.3%	65.0%
CORE	132	138	246	150	7.4%	8.1%	13.9%	12.2%
WiSCC	23	7	19	7	1.3%	0.4%	0.7%	0.6%
Interpreting Services	35	21	17	6	2.0%	1.2%	1.6%	0.5%
Complaints	35	19	45	30	2.0%	1.1%	2.5%	2.4%
On Line Assistance	68	69	71	59	3.8%	4.0%	3.6%	4.8%
Miscellaneous	111	233	300	180	6.2%	13.6%	14.5%	14.6%
Total	1,783	1,711	1,893	1,233	100.0%	100.0%	100.0%	100.0%

Quality Improvement Initiatives

In May 2008, Delmarva began to provide monthly and quarterly reports to APD that present a broad picture of Delmarva activities and results of these activities across the state. At the end of each month a table is produced that includes the number of providers/support coordinators in each APD Area who scored Achieving, Implementing, Emerging or Not Emerging on the CORE or WiSCC evaluation process, and the number of desk reviews and average score for each Area. As a point of reference, the total number of each, per Area, completed during the previous year is included.

On a quarterly basis, a series of graphic displays is produced to provide more in-depth summaries of provider performance across the Areas. These “At a Glance” reports include the following:

1. CORE Results by APD Area: Achieving/Implementing v Emerging/Not Emerging
2. WiSCC Results by APD Area: Achieving/Implementing v Emerging/Not Emerging
3. CORE: Percent of Providers with an Alert by Area and the Total Number of CORE Alerts by Area
4. Percent of Waiver Support Coordinators (WSC) with an Alert by Area and the Total Number of WSC Alerts by Area
5. CORE: Percent of Providers with Background Screening Met
6. Percent of WSCs with Background Screening Met
7. CORE: Percent of Background Screening Met at Follow-up
8. Percent of WSCs with Background Screening Met at Follow-up

9. Percent Abuse, Neglect, Exploitation Not Present by Area
10. Reason Abuse, Neglect, Exploitation Not Present by Area
11. Percent Abuse, Neglect, Exploitation Not Present by Home Type
12. Reason Abuse, Neglect, Exploitation Not Present by Home Type

Delmarva continues to provide 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.

APD Area specific data reports are 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. Some tables are generated monthly and others are generated quarterly. The information is data driven and intended to give Area staff and Area Quality Leaders (AQL) timely information, specific to their providers and individuals receiving services, 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 data tables.

Delmarva will produce up to four Quality Improvement studies this year. Approval has been given for three:

1. Update to the Abuse and Neglect Study completed in Year 5;
2. Study that focuses on trends or patterns of Health Alerts and providers who score low on the health and safety CORE element;
3. Examination of various aspects of Social Capital, as defined by CQL, with the Personal Outcome Measures.

An additional study exploring Supported Living Coaching has been proposed to AHCA and APD. This study would include a survey of Delmarva's Quality Improvement Consultants, focus groups comprised of self-advocates, families and support coordinators, and data analysis from the CORE consults. If approved, because the scope of work involves collection of additional data, the study would count toward the fourth study to be completed during Year 8 and the study to be completed during the six month extension of the contract, to be completed by November 2009.

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. Delmarva Managers 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 regularly 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, scenarios, 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 downloads the Medicaid Claims data from AHCA's FMMIS system on a monthly basis. Claims data are in various facets of the review process, including identifying providers eligible for a Delmarva review and identifying provider information for the Public Reporting website. In order to ensure seamless access to the data, Lori Reid attended several all-day training seminars on the new system. However, the transition to the EDS system has been cumbersome and time consuming. As a result, up through the end of the third quarter, Delmarva had been unable to download and update any claims data. Progress has been made and Delmarva now has Claims data up through the end of February. However, Delmarva and AHCA have been unable to resolve issues surrounding provider information that is obtain through the claims data. Therefore, identifying providers for Desk Reviews and the Public Reporting Website is still problematic. AHCA and Delmarva are continuing to address the issue.

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:¹

- 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 Eight of the contract include:

- New providers;
- Providers who received a CORE in Year Seven 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;

¹ 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 Implementing 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 for the CORE and Desk Review processes are presented in the following table.

Provider Performance Reviews and CORE Follow-up Activities								
July 2005 – March 2009								
Type of Follow-up	Year Five	Year Six	Year Seven	YTD Eight	Year Five	Year Six	Year Seven	YTD Eight
Follow-up	144	13	0	3	15.4%	1.6%	0.0%	0.4%
Documentation FU	467	453	553	517	49.9%	54.3%	52.6%	62.8%
FU w TA	266	326	380	252	28.4%	39.1%	36.1%	30.6%
Reconsideration	58	42	119	51	6.2%	5.0%	11.3%	6.2%
Total	935	834	1052	823	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, including a Follow-up with Technical Assistance review for most Waiver Support Coordinators. The following table gives the distribution of consults/reviews across all APD Areas for the first three quarters of Year Eight, July 2008 – March 2009. Projected volumes are included.

Review/Consult Numbers by APD Area							
July 2008 - March 2009							
APD Area	Desk	CORE	Follow-up w/TA	Doc FU	WiSCC	WSC	PCR
1	10	29	11	18	8	15	30
2	37	39	36	41	30	39	78
3	24	44	19	39	16	19	38
4	36	44	25	46	27	28	56
7	34	44	35	48	50	55	110
8	10	15	28	11	12	12	24
9	8	25	9	17	7	10	20
10	17	48	34	32	24	28	56
11	42	111	49	50	46	57	110
12	10	41	26	12	10	11	22
13	15	19	13	31	11	17	34
14	3	15	13	15	11	13	28
15	18	25	18	28	16	17	34
23	71	136	76	129	42	60	120
Total	335	635	392	517	310	381	760
<i>Projected</i>	<i>600</i>	<i>972</i>	<i>603</i>	<i>385</i>	<i>461</i>	<i>NA</i>	<i>1,416</i>

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 2008 and March 2009 is presented in the next table. The overwhelming majority shows 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. The large number of reviews not yet completed (85) is due to an inability to access claims data, as noted previously in this report. In addition, the individual eligibility code, used to identify claims for individuals who have received a Person Centered Review (and POM), has changed. Therefore, Delmarva is developing a new process to enable the nurse reviewer to access claims data and complete the Medical Review process.

Medical Review Disposition		
Year 8 – July 2008 – March 2009		
Disposition	Number	Percent
Requesting Medical Records	0	0.0%
Waiting for RN Review	0	0.0%
Waiting for MD Review	0	0.0%
Waiting for expert review	1	0.1%
Done - no additional concerns	643	84.6%
Done - additional concerns to WSC	20	2.6%
Done - no concern/no claims	11	1.4%
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	85	11.2%
Total with Disposition	760	100.0%

Section Three: Summary

Contract activities throughout the first three quarters of Year 8 have proceeded smoothly. Delmarva managers successfully use the tracking tool to track scheduled and completed reviews to help identify possible problems more accurately and in a timely fashion. Managers and the Director 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.

In addition to regular activities, Delmarva managers and consultants have worked closely with APD, Support Coordinators, and service providers to help with the transition to new rates and the implementation of the Tier Program as mandated by the legislature. The Director and several managers attended workshops on the new Medicaid Waiver Handbook and consultants and managers continue to participate in Area Quarterly Meetings.

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, 2009. Due to problems obtaining Medicaid Claims data and accurate provider information, the number of Desk Reviews completed to date this year is somewhat lower than expected. However, it is likely the target will be reached by the end of the contract year. The annual report to AHCA and APD, due September 15, 2009, will contain more in-depth data analysis and recommendations.

Attachment 1: Delmarva Contacts

January - March 2009

Area, State, and National Contacts

Begin Date	End Date	Description of Activity	Area	Participants and Topic
1/5/2009		Quarterly Meeting	4	Terry Mothershed-Neuman, Janice Newman, Shiela Butler, Beth Townsend, Gary Baird, Sherndina Moreland, Kerrie Wimberly-Pledger, Chris Crusciel, Conchetta Wilcox, Joanna, Gayle Granger; provider updates with provider resignations; CORE, WiSCC, Desk Review trends, review of quarterly data; Cost Plan Rebasing project resumed; Jim DeBeaugrine looking at individualized budgets, discarding tiers, using two assessments (incl. QSI); Area 4 tracking specific information in reports, e.g. lack of training; Delmarva to do in-depth documentation training specific to services for Area 4
1/5/2009		Training	14	Training and education was provided to Area 14 on Functional Documentation. Barbara Allen presented the training. Other Delmarva staff in attendance included Kristin Allen.
1/11/2009	1/16/09	Leadership Institute Training		Bob Foley attended Leadership Institute Training sponsored by The National Leadership Consortium on DD.
1/21/2009		Florida Status Meeting		Delmarva, AHCA, and APD met to discuss the status of the FSQAP contract.
1/22/2009		Quarterly Meeting	12	Sandra Mills, Ed DeBardleben, Dylan Gale, Patrick Burwell, Vanessa Carter, Charlene Johnson-Henry, Shiela Butler, Beth Townsend; provider changes, enrollment, resignations, terminations; WiSCC, CORE, Desk Review data and trends; questions about Direct Care Core Competency training; Area 12 training including ABC training, Area Specific, functional documentation; discussion of Ed Rousseau's training matrix; SCIETT project coming with Area 12 as the lead; training tomorrow by Delmarva foundation on Quality Management
1/23/2009		Training	12	Training and education was provided to Area 12 on Quality Management Systems. Kristin Allen and Beth Townsend presented the training. Other Delmarva staff in attendance included Sheila Bultler and Charlene Johnson.

1/26/2009		Quarterly Meeting	8	Delmarva staff attendees: Krista McCracken and Kristin Allen. APD attendees included Todd Ryan, Carrie Meehan, Bob Steinhauer, Jeff Smith, and Marsha Vollmer. Discussed ongoing impact of tiers, status of recoupment, provider terminations, group home closing, data, HIPAA, CORE and WiSCC updates, etc.
2/4/2009		Quarterly Meeting	10	Martha Martinez, David Gillis, plus numerous Area 10 staff; Avril Wilson, Mario Arreaga, and Carol McDuff with DF. Discussed APD updates; CORE and WiSCC trends; and DF training.
2/5/2009		Quarterly Meeting	15	Peter Karlan, Sandra McCain, Brad Gradske and additional area staff; Noeline Coore, Michelle Ceville, and Carol McDuff with DF. Discussed APD updates; CORE and WiSCC trends; and DF training.
2/11/2009		2007 Medicaid Waiver Handbook workshop	7	Pam Kyllonen, local APD personnel, providers and families from various Areas, Brenda McConnell, Cheryl King, Frances Young, Beth Townsend; provider suggestions for changes to Handbook requirements; families' questions regarding provider requirements
2/11/2009		Quarterly Meeting	14	Delmarva attendees included Kristin Allen, Barbara Allen, Christie Gentry and Linda Tupper. APD attendees included Melody Taylor, Connie Miller, Heather Monteath, Carla Bettis, and Eric Olsen (AA). Topics discussed included Delmarva Staffing updates, follow-up from previous meeting, Public reporting site and the stars, report content likes and dislikes, recoupment, QEP process, how's it going, CORE and WiSCC updates, group home closing and HIPAA, etc.
2/13/2009		Rule Development for Waiver Services	2	AHCA, Providers, APD, stakeholders, Delmarva met to offer recommendations for changes to the Medicaid Waiver Services Coverage and Limitations Handbook.
2/18/2009		Florida Status Meeting		Delmarva, AHCA, and APD met to discuss the status of the FSQAP contract.
2/18/2009		Quarterly Meeting	23	Delmarva attendees included Kristin Allen, Chris Kulaga, Trudy Acevedo, Steve Baylis and Robyn Moorman. APD attendees included Jill Cramer, Brenda Porter, Harold Gross, Judith Redding, and Marcia Degrazia. The Area Administrator was not present. Topics discussed included Delmarva Staffing updates, follow-up from previous meeting, report content likes and dislikes, recoupment, CORE and WiSCC updates and new contact information for the new Delmarva/APD 23 Liaison.

2/19/2009		Meeting with Kelly Hensley and Tamara Demko		Bob Foley met with Kelly Hensley and Tamara Demko in an effort to bring Tamara up to speed on the activities surrounding the FSQAP contract.
2/20/2009		Quarterly Meeting	7	Sharon Jennings, Dr Yerushalmi, Jeff Coleman, Mary Martin, Cheryl King, Charmaine Pillay, Beth Townsend, Brenda McConnell, Francie Young, Carol Solomon, Merari Perez, Andrea Currence; departure of Steve Roth as PA, Merari Perez now main contact for Delmarva regarding provider findings/issues; Jeff Coleman also to be contacted regarding background screening issues; QSI update, 319 to be completed by mid-March; newly enrolled providers are coming in from other Areas; Jim DeBeaugrine's memo that WSCs who do not comply with the QSI process are to be terminated, resulted in two terminations in Area 7; discussion of WiSCC, CORE, and Desk Review data and trends, including the requirement for APD approval for family as providers; discussion of PHI breach reports; Area 7 training calendar updated, to train on new Handbook; Carol Solomon providing specific TA to providers based on CORE/Desk Review results
2/23/2009		Training	1, Pensacola	Delmarva staff (Kristin Allen, Charmaine Pillay) delivered an educational session to all provider types on the functional use of documentation and best practices.
2/25/2009	2/26/2009	Documentation Standardization Workgroup	2	Delmarva Staff (Kristine Allen, Charmaine Pillay) participated in a workgroup convened by APD to develop templates and standardize paperwork required from providers.
2/27/2009		Quarterly Meeting	9	Frank Houston with APD; Michelle Ceville, Noeline Coore, and Carol McDuff with DF. Discussed APD updates; CORE and WiSCC trends; and DF training.
3/16/2009		Quarterly Meeting	3	Theresa Skidmore, Gwen Williams and five APD staff members from Area 3 were in attendance. APD reported on provider changes and concerns in the Area. Delmarva Training scheduled for April 23rd was discussed including content and expectations. Additional agenda items included review of 2nd quarter data for FY 08/09, status of claims data issues, upcoming CORE & WiSCC consults and AQL activities.
3/17/2009		Quarterly Meeting	11	Kirk Ryon with APD; Jose Navarro, Mario Arreaga, Berta Santos, Wanda Nitiss, and Carol McDuff with DF. Discussed our working partnership and success with the areas providers who have consistently scored "not emerging or emerging".

3/19/2009		Florida Status Meeting		Delmarva, AHCA, and APD met to discuss the status of the FSQAP contract.
3/20/2009		Meeting with AHCA/APD		Bob, Sue, Charmaine, and Julie Tyler met with AHCA representatives Kelly Hensley, Leigh Meadows, Darcy Abbott and APD representatives Jim Debeaugrine and Dave Robinson to discuss the use of Delmarva data and other contract activities.
3/20/2009		Quarterly Meeting	13	Theresa Skidmore, Kathy Haydt and three APD staff members from Area 13 were in attendance. APD reported on provider changes and concerns in the Area. Date and topic for Delmarva training scheduled for June 2009 was discussed. Additional agenda items included review of 2nd quarter data for FY 08/09, status of claims data issues, upcoming WiSCC and CORE consults, upcoming LENS training and AQL activities.
3/23/2009		Quarterly Meeting	1	Kathy Harkleroad and Charmaine Pillay met with APD staff in Pensacola to discuss QA activities. CORE and WiSCC providers who received a consultation over the last quarter were discussed and best practices along with concerns were identified. Area staff made a request for assistance with implementation plan training. Materials were subsequently sent to them. Area staff provided Delmarva staff with helpful provider lists and schedules. Overall it was a very collaborative and productive meeting.
3/24/2009		Developmental Disabilities Awareness Day	2	Exhibitors from around the State, including Delmarva, filled the rotunda area of the capitol building. Information regarding FSQAP activities was provided to individuals, family members and provider groups. The event was designed to bring awareness of issues facing individuals with developmental disabilities to Florida Legislators.

Attachment 2: Internal Quality Assurance Quarterly Report January - March 2009

Staff Changes

Delmarva has remained fully staffed during this quarter.

Mike Heron's last day was March 30, 2009. Computer, application, and phone issues will be resolved in Easton and with local contractors as necessary.

Manager's Meetings

All the Florida Managers, the Director, and the Vice President of Disability Programs continue to meet via conference call on a bi-weekly basis to enhance communication and ensure everyone has the same information about process/procedure changes, training, reports, 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

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

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. On each call new concerns/issues about processes or procedures are discussed as well as best practices observed in the field. Best practices are posted to the Delmarva Web site under several broad categories (number currently posted for each in parentheses): APD (2), Community (2), Consultant (1), Provider (40), WSC (12), and Shared Practices (7).

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 have continued to give "scenarios" to consultants to help improve the consistency with which they score each WiSCC element. A situation from a consult, relating to one specific element, is written, approved and scored by all the managers. It is then sent to the consultants who must

determine which element the scenario addresses and how they would score it. While it is difficult to include all the information needed to accurately determine the score for the relevant element, participation has been good and results positive. Consultants have provided quality technical assistance ideas

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 appropriate.

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 with CQL.

CORE

Bi-weekly conference calls with Delmarva Managers and Consultants were continued this quarter, with a focus on any issues, problems, or concerns generated from any consult. These meetings follow the same general format as described above for the WiSCC QICs. Minutes of these meetings are provided to all relevant staff. Scenarios, as described for the WiSCC meetings, continue to be used for CORE consultants as well.

Delmarva Managers regularly observe 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 has continued throughout this contract year. 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.

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. Fourteen consultants were tested during this quarter, January – March 2009, and each achieved reliability.

Each QIC and manager must also pass relevant reliability testing annually on the CORE and/or WiSCC process. The QIC and the manager providing reliability testing score the tools independently and compare results. There must be a 90% match rate in each section to be deemed reliable on that section. To date this year, 18 consultants have participated in a reliability consult. Of these, 15 consultants have passed all sections of their relevant review processes; two consultants will be re-tested on the individual interview portion of the CORE tool and one consultant will be re-tested on the CORE Results Element portion of the process.

If a consultant does not pass reliability on the first attempt, he or she is coached, on site or by phone, throughout subsequent reviews during the next 30 days and undergoes 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.

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 schedule has been developed whereby each manager will also 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. Review of previously reviewed reports has progressed smoothly, with only one discrepancy over the past year, which was discussed among the managers and resolved. All reviews this quarter were deemed appropriate.

Florida Production Tracking Tool

The Florida Production Tracing Tool (FPIT) was developed to help each consultant manage his/her own review volume projections and production, and to help managers monitor review activities of their consultants. The tool is maintained on the FSQAP web site and is available to consultants, managers, the Director, and the Vice President of Disability Related Programs. Each consultant has a page which lists monthly projections for each review type, as well as a list of specific reviews to be completed that month and the status of 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. Color coding helps managers identify when updates have been made and when reviews are off-schedule. Using this

tracking tool has helped keep managers more up to date on the status of activity among the QICs and also helps the Vice President of Disability Related Programs compare projections to completed reviews in the context of final target numbers.

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, to determine if the nurse reviewer has correctly identified issues or problems. During this quarter, January - March 2009, 23 individuals' records were monitored by the Medical Director, with 100 percent agreement to the nurse reviewer's decisions.

Sampling Reports for Billing

Sampling reports for billing was initiated help to ensure that no consults or reviews are billed in error. Delmarva IT searches the Health elements in the POM interviews to ensure all seven have been completed before posting and billing occur. The Quality Assurance manager randomly checks 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.