

**Florida Statewide Quality Assurance Program  
Delmarva Foundation**

**Quarterly Report  
July - September 2008**

**1st Quarter  
Contract Year 8  
2008 - 2009**

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

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## Executive Summary

Throughout the first quarter of contract Year 8 (July - September 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. Bi-weekly Manager's meetings also continue, with attendance by Delmarva Corporate when possible and the Easton IT group.

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. 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 Seven, July 2007 – March 2008, are as follows (projections are included in the Data section):

- 70 Waiver Support Coordination Consultations (WiSCC) of WSC entities;
- 80 Waiver Support Coordinators;
- 160 Person Centered Reviews to collect data, conduct a Personal Outcome Measures interview, and a Health Risk Screening;
- 159 Collaborative Outcomes Review and Enhancement (CORE);
- 36 Desk Reviews;
- 93 Follow-Up Reviews with Technical Assistance; and
- 278 Documentation Follow-Up Reviews.

## Introduction

This is the first quarter report for Year 8 of the Florida Statewide Quality Assurance Program (FSQAP) contract, July - September 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 July – September 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

#### Contract Monitoring

Kelly Hensley, the Agency for Health Care Administration contract manager, attended a WiSCC consult with Sandra Rowe in Area 2. Ms. Hensley found Ms. Rowe's performance satisfactory and that her actions were aligned with Delmarva's core values: big picture perspective; integrity, honor & ethics; quick & agile; demands excellence; continuous quality improvement; team approach & associate empowerment.

#### Public Reporting Website

Work has continued on the Developmental Disabilities Public Reporting Website ([www.flddresources.org](http://www.flddresources.org)), to include stars representing the provider performance level, overall desk review scores, and other service requirement information. The "star" system for the CORE/WiSCC Results Elements overall score is as follows: 4 Stars=Achieving, 3 Stars = Implementing, 2 Stars = Emerging, and 1 Star = Not Emerging. Charmaine Pillay has worked to identify all the desk review elements that indicate billing and/or service authorization in order to post results from the review of these elements on the public reporting web site. This has been completed and the changes are expected to "go live" in October.

#### 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.

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 one meeting in Area 23 this quarter.

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

Data for the last quarter in Year 7 were posted to the web site the end of August, 2008. To assist each Area with overall results, Delmarva has included a summary graph in the Quarterly Data tables, summarizing results on key indicators for each Area. A statewide rank is shown for the Area on each indicator. Tables for the first quarter of Year 8 will be posted by the end of November.

#### Interagency Quality Council (IQC)

Due to budget constraints, the IQC meeting scheduled in September, to be held in Orlando, was canceled.

#### Work Group Activities

Delmarva staff is participating 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 to support individuals to achieve their life goals. On 9/19/08 Delmarva staff participated in voting for a Direct Support Professional to receive an award based on the quality of service delivery.

#### 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. Delmarva's IT representative and other Application experts are included as needed. Status meetings enable all organizations involved in FSQAP to present updates and/or concerns about any facet of the program. They are also used a forum to discuss and approve various aspects of the contract activity. Status meetings this quarter were held July 24, August 21, and September 18, with representation from all organizations involved in the contract.

#### Statewide/National/International

Bob Foley and Diane McComb attended the Reinventing Quality conference in Baltimore, MD, in August. In addition to presentations on recent developments in the field of Developmental Disabilities, the conference provides the opportunity to network with other state representatives to share ideas that could be applied to the Florida DD system.

Bob Foley also participated in an interview with Aaron Nangle to help explain various aspects of the FSQAP program (<http://www.waiverprovider.com/>).

### **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 AQL's and Area training coordinators, input from consultants and Delmarva managers. Topics presented at symposiums and conventions such as at FL ARC are usually decided upon by convention organizers with Delmarva input.

An educational session was provided in Area 12 at the FL ARC annual convention. Presenters discussed the concept of community integration, giving examples of what it is and what it is not. They also presented the benefits of social roles and social capital, including increased health, decreased crime and

depression, and steps toward economic stability. The training session included personal examples of living in the community and being connected with others in the community. Self-advocates in attendance shared their stories of social capital. Use of the document “150 Things You Can Do to Build Social Capital” helped to generate this discussion.

Interaction with and input from the audience was encouraged. Providers in attendance posed questions about what is allowed and not allowed, e.g. clarifying that Companion services may not be rendered in the provider’s home. During this session, self-advocates discussed aspects of how their staff support and interact with them. There was discussion about providers using assessments to determine people’s experiences and preferences in the community. For example, one individual stated he knew his assessment was filed in his record and he knows what the assessment looks like. He then asked whether he could ask the provider to remove that assessment from his file. This led to another discussion on people having the right to view their records.

## **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 15 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 383 callers, an average of 5.8 daily, mostly with providers of Medicaid Waiver services. Desk Reviews, including a subsequent documentation follow up, continue to generate the most calls, but proportionately fewer than in the previous three years.<sup>1</sup> Many providers need 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. Providers often have questions about a non-compliance letter when they fail to send the documentation on time.

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

Customer Service Contacts July 2005 –September 2008								
	Number				Percent			
Area	Year 5	Year 6	Year 7	Year 8	Year 5	Year 6	Year 7	Year 8
Desk Reviews	1,379	1,224	1,195	228	77.3%	71.5%	63.3%	59.5%
CORE	132	138	246	59	7.4%	8.1%	13.9%	15.4%
WiSCC	23	7	19	5	1.3%	0.4%	0.7%	1.3%
Interpreting Services	35	21	17	1	2.0%	1.2%	1.6%	0.3%
Complaints	35	19	45	9	2.0%	1.1%	2.5%	2.3%
On Line Assistance	68	69	71	18	3.8%	4.0%	3.6%	4.7%
Miscellaneous	111	233	300	63	6.2%	13.6%	14.5%	16.4%
Total	1,783	1,711	1,893	383	100.0%	100.0%	100.0%	100.0%

There have been a total of 59 calls to Customer Service concerning CORE and five concerning a WiSCC during the first quarter of the current year. Providers inquired about the interpretation of their scores on the Minimum Service Requirement elements and how to address the elements that had been scored as Not Met, questions about the training, and reconsideration of reports, discontinuation of services, and billing questions. Contacts related to the WiSCC (Waiver Support Coordination Consultation) this quarter included a support coordinator who called about clarification related to support living. She stated she had already started the process with one of our Consultants who was seeking clarification from the APD central office.

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

- Provider received a follow up report and was complaining about the elements scored as Not Met, saying it was unfair for us to ask her for documentation for something when she was not aware we needed it, such as elements related to service logs. Mr. Sanchez referred her to the Handbook for the service she provides, so she will be better prepared for her next review.
- A guardian wanted to know the role Delmarva plays when there is a case of abuse/neglect. She has noticed marks and bruises on her son that reveal abuse by an Agency provider in the past and that she herself has not been treated with respect by that provider when she has tried to ask questions or find out what happens. Mr. Sanchez explained if incidents of abuse have not been reported to the Abuse Hot Line she can do it at any time and have them start an investigation.

He also explained how to report it to APD and the role of Delmarva Consultants – to report immediately to the abuse line and to APD any suspected abuse. Delmarva documents abuse in the onsite report provided to the provider and this information also goes to the designated person at the local APD office. However, Delmarva does not do investigations. It was also suggested that when she reports abuse to send a copy of her complaint to Delmarva. This will provide a flag to our consultants for the next Consultation.

- A guardian was frustrated with her daughter's support coordinator and with her local APD office. Mr. Sanchez provided information for her to contact the APD Central office and AHCA, but suggested that she initially try to have her issues resolved locally.

## Quality Improvement Initiatives

During the first quarter of the year, 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 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 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 data tables.

Delmarva will produce four Quality Improvement studies this year. Topic ideas for these will be presented at the October Status meeting.

## **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 all aspects of FSQAP. 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, 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. 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 first quarter, Delmarva had been unable to download and update any claims data. Progress has been made and we expect to begin downloading sometime during the second quarter. We have requested a VPN connection account from ACHA to help in this endeavor.

## Section Two: Data Report

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

Providers who do not render one of the eight services subject to an onsite review as listed below and provide at least one other service through the DD or FSL Waiver that is subject to a review, and meet the following criteria are subject to a Desk Review:<sup>2</sup>

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

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

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<sup>2</sup> Providers of Support Coordination are included in the WiSCC results section. See Desk Review procedures for a list of services ([http://www.dfmc-florida.org/provider\\_pdr\\_procedures.htm](http://www.dfmc-florida.org/provider_pdr_procedures.htm)).

- Assistance with the development of organizational practices key to facilitating the achievement of outcomes for the individuals served;
- Review of each of the elements not scored as Achieving to determine how the provider plans to address or is addressing the area; and
- If deemed necessary, the consultant may interview individuals, staff, and others.

Documentation Reviews are primarily conducted for providers who have received a desk review, to ensure they have corrected elements that were scored as not met or for which correct documentation was not submitted at the time of the original review. Occasionally providers receiving an onsite consult are required to submit information for a documentation review if they scored 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 is presented in the following table.

**Provider Performance Reviews and CORE Follow-up Activities  
July 2005 – September 2008**

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	0	15.4%	1.6%	0.0%	0.0%
Documentation FU	467	453	553	279	49.9%	54.3%	52.6%	74.0%
FU w TA	266	326	380	94	28.4%	39.1%	36.2%	24.9%
Reconsideration	58	42	118	4	6.2%	5.0%	11.2%	1.1%
<b>Total</b>	<b>935</b>	<b>834</b>	<b>1051</b>	<b>377</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

In addition to the CORE, Desk Review, and Follow-up activities, consultants have continued to meet with Waiver Support Coordinators (WiSCC) and to conduct Personal Centered Reviews (PCR) with individuals with disabilities. The following table gives the distribution of consults/reviews across all APD Areas for the first quarter of Year Eight, July - September 2008. Projected volumes are included. Consultants working in Areas 8, 9 and 12 have focused activity in other Areas and will switch their focus to these three Areas in the next quarter.

**Review/Consult Numbers by APD Area  
July – September 2008**

APD Area	Desk	CORE	Follow-up w/TA	Doc FU	WiSCC	WSC	PCR
1	1	2	1	14	3	4	8
2	5	6	6	21	10	14	28
3	1	13	5	21	3	3	6
4	1	15	3	24	7	7	14
7	3	9	3	25	11	11	22
8	0	4	7	5	0	0	0
9	0	8	4	8	0	0	0
10	2	14	9	19	3	3	6
11	8	30	12	18	11	12	24
12	0	9	6	7	0	0	0
13	5	5	5	22	4	4	8
14	1	2	1	11	3	3	6
15	4	7	7	10	5	5	10
23	5	35	24	73	10	14	28
Total	36	159	93	278	70	80	160
<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 January and March 2008 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.

**Medical Review Disposition  
Year 8 – July - September 2008**

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	0.6%
Done - no additional concerns	144	90.0%
Done - additional concerns to WSC	6	3.8%
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	9	5.6%
<b>Total with Disposition</b>	<b>160</b>	<b>100.0%</b>

### Section Three: Summary

Contract activities throughout the first quarter of Year 8 have proceeded smoothly. Delmarva managers have been successfully using the new tracking tool created last year 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.

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.

Delmarva consultants participated in the week long annual training session in August which included sessions to help them with physical nutrition management, Supported Employment and Special Needs financial planning issues. Delmarva participates in Area Quarterly Meetings, Area Steering Committee and IQC meetings when possible; 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, 2009. More complete data tables have been distributed to each Area and the Central Office on a monthly basis throughout this quarter. The second quarter report to AHCA and APD, due February 15, 2009, will contain more in-depth data analysis and recommendations.

## Attachment 1: Delmarva Contacts

July - September 2008

### Area, State, and National Contacts

Begin Date	End Date	Description of Activity	Area	Participants and Topic
07/07/2008	7/7/08	Quarterly Meeting	4	Terry Mothershed Neuman, Sherndina Moreland, Gayle Granger, Chris Crusciel, Nicole Francis, Kerrie Wimberly, Gary Baird, Shiela Butler, Beth Townsend; trends with providers, training update, new systems in APD Area 4, steering committee update
07/10/2008		Mid-Florida DDNA		Linda Tupper attended a meeting on the Use of Evidence Based Nursing Practice in DD
7/11/2008	7/11/2008	Quarterly Meeting	7	Steve Roth, Cydney Yerushalmi, Jackie Mescavage, Andrea Currence, Carol Solomon, Sharon Jennings, Paula Bowser, Cheryl King, Gina Tumelty, Brenda McConnell, Francie Young, Beth Townsend; trends with providers, latest events in Area 7, training topic by Delmarva
07/14/2008	7/14/2008	Quarterly Meeting	8	Marsha Vollmar, Jeff Smith, Todd Ryan, Bob Steinhauer, Carrie Meehan, Krista McCracken, Beth Townsend; latest events in Area 8, trends with providers, steering committee update
07/16/2008		Florida Status Meeting		Delmarva representatives met with AHCA and APD for our monthly Status Meeting.
07/17/2008		WSC Monthly Meeting	23	Charmaine Pillay attended a short presentation that was provided by Ability Medical Equipment and Mobility Transportation System. The following topics were then discussed by Denise Oetinger: Process for submitted emergency requests, How to manage Notices of Intent issued by Maximus, Process for completing provider changes, EDS information and information regarding technical assistance meetings for interested WSCs.
07/24/2008	7/24/2008	Quarterly Meeting	12	Ed DeBardeleben, Dylan Gale, Sandra Mills, Diveka Anderson, Vanessa Carter, Gary Baird, Shiela Butler, Charlene Johnson, Beth Townsend; APD update, provider trends, training by Area 12 update

07/24/2008		Steering Committee	12	Update on APD implementation of tiers, rate reductions, fiscal agent change; APD Area 12 activity report, of special groups to increase provider enrollment, especially dental and therapies presentation by AQL on LENS project; Delmarva update; data information from One Voice Volusia reminders about Ability Fair and Mentoring Day.
08/04/2008	08/08/08	Annual August Conference	State	All Delmarva employees from the Florida program gathered for training, information sharing, and camaraderie.
08/6/2008		Medical Case Management Conf. Call		Linda Tupper participated in the call with the Area MCM's
08/10/2008	08/12/2008	Reinventing Quality Conference		Bob Foley attended the Reinventing Quality Conference in Baltimore.
08/12/2008		Quarterly Meeting	11	Kirk Ryon, APD; Jose Navarro, Mario Arreaga, Janet Tynes, Berta Santos, Wanda Nitiss, and Carol McDuff, Delmarva Foundation. Discussed implementation of the Tier system's impact; current CORE and WiSCC trends by QIC; Area 11 staffing updates.
08/12/2008		WSC Orientation	11	Berta Santos, DF, provided an overview of Delmarva activities and the WiSCC process to nine new WSCs.
08/13/2008		Quarterly Meeting	10	Martha Martinez, Cathy Coleman, Connie Wadsworth, Bob Wessels, Heidi Torro, David Gillis, APD staff. Avril Wilson, Anna Quintyne, Mario Arreaga, Jose Navarro, Noeline Coore, and Carol McDuff, Delmarva Foundation. Discussed the "Provider Service Agreement" process; supported employment tracking system; "forensic group homes"; Ticket to work; CORE and WiSCC trends per the QICs.
08/14/2008		Interview with Aaron Nangle		Bob Foley shared program related information as part of an interview with Aaron Nangle of waiverproviders.com.
08/14/2008		Quarterly Meeting	15	Peter Karlan, Sandra Cain, and multiple other Area 15 APD staff; Noeline Coore, Michelle Ceville, and Carol McDuff Delmarva Foundation Discussed implementation of the Tier system's impact; current CORE and WiSCC trends by QIC; Area 15 staffing updates; Area 15 provider trends and actions taken.

08/19/2008		Training	12 Daytona Beach	Delmarva staff provided an educational session at the FI ARC annual convention. The session covered the development of 'Community Life' and was provided to individuals receiving services.
08/20/2008		Quarterly Meeting	14 Lakeland	Delmarva Staff facilitated and participated in a quarterly meeting in Area 14. Staffing updates, CORE and WiSCC findings and trends, Area issues, data, and further collaboration were discussed. The logistics of conducting consultations and Area licensing reviews six months apart to ensure providers are receiving input on their services every six months was the topic for collaboration.
08/21/2008		WSC Monthly Meeting	23	Carol McDuff attended a short presentation that was provided by Work Opportunities Unlimited. Kimberly Houston spoke on SETS and other reminders about Supported Employment. Denise Oetinger spoke about the latest process for submitting emergency requests and cost plan amendments. Michael Rao discussed the new Tier Implementation protocols and procedures.
08/21/2008		Florida Status Meeting	State	Delmarva representatives met with AHCA and APD for our monthly Status Meeting.
08/21/2008		Meeting with Jim DeBeaugrine		Bob Foley met with Jim DeBeaugrine to discuss the QM system in Florida and the Delmarva contract activities.
08/27/2008		Quarterly Meeting	23 St Pete	Delmarva Staff participated in a quarterly meeting with APD staff in Area 23. Staffing updates, CORE and WiSCC findings, data tables, background screening, and further collaboration were discussed. APD and Delmarva staff agreed to provide training for each other on interpreting the new medication administration guidelines and understanding CORE and WiSCC expectations at the next quarterly meeting.
09/05/2008		WSC Orientation	11	Berta Santos, DF, provided an overview of Delmarva activities and the WiSCC process to eight new WSCs.
9/8/2008		Quarterly Meeting	3	Theresa Skidmore, Gwen Williams and seven APD staff members from Area 3 were in attendance. We discussed Delmarva staffing changes and APD reported on provider changes in the Area. Additional agenda items included discussion of Tier implementation, provider concerns & positives, topic/date for Delmarva Annual Training and review of fourth quarter data for FY 07/08.

09/08/2008		Quarterly Meeting	13	Theresa Skidmore and three Area staff attended. We discussed Delmarva staffing changes and APD reported on provider changes in the Area. Additional agenda items included discussion of Tier implementation, provider concerns & positives, topic/date for Delmarva Annual Training and review of fourth quarter data for FY 07/08.
09/10/2008		Medical Case Management Conf. Call		Linda Tupper participated in call with Area MCM's
09/11/2008		Mid-Florida DDNA		The Role of University Centers of Excellence in DD Nursing Practice. Linda Tupper attended.
09/12/2008		Provider meeting		Delmarva staff attended a provider meeting in Area 23. Discussion centered around the impact of the Tier system and training on Abuse and neglect.
09/15/2008		Quarterly Meeting	1	Delmarva Staff facilitated a quarterly meeting with Area 1 staff in Pensacola. CORE and WiSCC findings were discussed along with data tables. Procedures for addressing non compliant providers/WSCs were also discussed.
09/17/2008		Presentation to State Medicaid Program Integrity	State Wide Representatives from MPI	Carol McDuff presented an overview of Delmarva's quality assurance/ quality improvement program to about 25 representatives from the Medicaid Program Integrity units from across the state of Florida. The presentation lasted two hours with time for questions and answers both during and after the power point session. Wanda Nitiss with DF also participated.
09/18/2008	9/21/2008	National DDNA Board of Directors Meeting		DDNA Board and American Academy of Developmental Medicine and Dentistry Board, Linda Tupper attended.
09/18/2008		WSC Monthly Meeting	23	Opening presentation was provided by Gerald Harness on the Guardian Advocacy Program. Denise Oetinger then went through additional information and new timeframes for Tier Implementation and how cost plans need to be adjusted based on the new 10/15/08 start date. Discussion was held regarding PCA for children now being covered under Medicaid State Plan and implications for current providers. The last topic discussed was regarding the QSI assessments, timelines for completion and WSC role. Bob Foley attended.

09/18/2008		Quarterly Meeting	2	Delmarva Staff facilitated and participated in a quarterly meeting with Area 2 staff. CORE and WiSCC findings were discussed along with data tables. Procedures for addressing non compliant providers/WSCs were also discussed.
09/18/2008		Debriefing meeting with Kelly Hensley		Bob Foley met with Kelly Hensley to discuss the Florida contract.
09/18/2008		Florida Status Meeting		Delmarva representatives met with AHCA and APD for our monthly Status Meeting.
10/03/2008		Quarterly Meeting	9	Frank Houston, APD; Noeline Coore, Michelle Ceville, Anna Quintyne, and Carol McDuff, Delmarva Foundation. Discussed implementation of the Tier system's impact; current CORE and WiSCC trends by QIC; Area 9 staffing updates.

## Attachment 2: Internal Quality Assurance Quarterly Report July - September 2008

### Staff Changes

During the first quarter of this year, Marion Olivier-Ruelas left the Florida program. She was the manager for Areas 1, 2, 3, and 13. Linda Bodo, the Quality Improvement Consultant for CORE in Area 13, also left the Florida program.

Kathy Haydt was hired to replace Linda Bodo in Area 13. Her start date is October 1, 2008. She will receive CORE training, Desk Review training, POM training and reliability.

Charmaine Pillay, the Regional Manager for Areas 14 and 23, moved to a position as the Director of Florida Programs. She has management responsibilities for Areas 1 and 2 as well as responsibilities as a Director, acting as liaison to AHCA and APD.

Kristin Allen, a WiSCC consultant in Area 23, replaced Charmaine Pillay as a Regional Manager with oversight of Areas 8, 14, and 23. She received coaching/management training on 9/15/08 and 9/16/08 and is scheduled to receive CORE and Desk Review training in October.

Theresa Skidmore became a Team Leader in Areas 3 and 13, where she will continue to conduct WiSCC consults but will also have management/oversight responsibilities in these Areas. She received coaching training on 9/24/08 and is scheduled to receive CORE and Desk Review training in October.

Janice Newman began on August 25th as the new CORE QIC for Area 4. She completed a three-day training on the CORE by Anna Quintyne, and shadowed other consultants before conducting a review on her own.

### Internal Training

All Florida Delmarva staff members attended the annual August training. The managers and consultants attended all sessions and other staff attended sessions as appropriate. The week-long training was well received and included the following sessions:

- Updates from Delmarva Corporate, AHCA and APD;
- Safety session with a representative of the Pinellas Police Department;
- Physical Nutrition Management;
- An all day session on Supported Employment;
- CORE and WiSCC breakout sessions;

- Required training from Delmarva Corporate;
- LENS session with the Council on Quality and Leadership;
- Results from current data analysis;
- Presentation from a self advocate.

## **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**

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. Mike Heron, the computer technician with responsibility over all remote access users (consultants), also participates on these calls.

## **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 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 have reinstated “scenarios” to give 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 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 usually provided to all relevant staff. Scenarios, as described for the WiSCC meetings, have been reinstated 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 who conduct POM interviews. Consultants who were tested in July and August passed reliability. Results for September were not yet available and will be reported in the next 2<sup>nd</sup> Quarter report.

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. In year seven, after the managers passed reliability, they switched the consultants with whom they conducted the reliability last year. 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 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. Five consultants (4 CORE/1 WiSCC) were tested and passed this quarter.

### **Annual Gold Standard Reviews**

Regional Manager review of 100% of the CORE, WiSCC, and POM results and approval of all reports continues to ensure accuracy and consistency in the identification and development of recommendations, as well as the consistency of application for all elements. The process of report review and approval includes individual follow up and consultation with the consultant.

A 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.

### **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, the Director, 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. 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. No reviews were monitored by the Medical Director this quarter. However, 19 reviews have been sent to him for completion during the next quarter. No monitoring of the Medical Peer Review 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 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 continues to meet bi-monthly.