

**Florida Statewide Quality Assurance Program
Year 8 Quarter 2 Report
October - December 2008
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Attachment 1 Internal Quality Assurance Report April – June 2008

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

Staff Changes

Steve Baylis began 11/10/08 as a WiSCC consultant for Area 23. He received WiSCC training and attended POM training the week of 11/17/08 with Sally James. He completed (and passed) Adult and Children and Youth POM reliability the week beginning 11/30/08 with Robin Shaw (CQL) and will go through WiSCC reliability in the next quarter.

Kathy Haydt started 10/1/08 as a CORE consultant. She had CORE training in October (10/6-10/8) and Desk Review training on 10/9/08. She passed internal reliability with Charmaine Pillay on 10/27/08 and POM reliability in December.

IT Initiatives

IT continues to support several initiatives within the Florida project. The Easton IT group continues to participate in the bi-weekly managers' meetings that address on going needs and issues for the WiSCC and CORE processes, computer issues and access to stored data. They also participate in the monthly status meetings and help with issues and updates to the Public Reporting Website.

Bi-Weekly Conference Calls

Conference calls with all consultants on a bi-weekly schedule have continued throughout the quarter. Through this venue, Regional Managers and the Director ensure consultants receive consistent information regarding procedures, interpretations, and system updates. Managers reinforce and supplement this information through telephone and face-to-face contact with the QICs. Consultants are also provided with any additional information or changes related to the CORE and WiSCC processes and, if necessary, clarification on different elements. Training on the new Handbook was provided to consultants on 1/7/09 by Charmaine Pillay. The Florida Vice President of Disability Programs participates in the calls and provides any information from AHCA or APD relevant to the QA/QI processes. Feedback is solicited from consultants on any CORE, WiSCC or system modifications—possible impacts to them in the field.

Scenarios have been used to bolster reliability and increase communication on the elements within each process. Scenarios for CORE and WiSCC focus on one element and are distributed prior to the

call. Each QIC “scores” the element and sends results to the Quality Assurance Regional Manager. Results are discussed on the call.

The conference calls are also used as an avenue to update consultants on key Delmarva initiatives at the corporate level and other educational programs as possible. Updates may include policy clarification and interpretation. Educational/training sessions have included safety tips from local police officers and information from APD on Tier Implementation. On December 17th, CORE and WiSCC consultants were provided with a session conducted by Carol Conry, a Law Enforcement Officer with the Medicaid Fraud office. Mandatory corporate training may also be accomplished at these times.

In addition, when questions arise from analyzing the data, the conference calls are often used to gather anecdotal information from the QICs in an attempt to explain what we may be seeing in the data. Feedback from the consultants in this area has been very valuable in interpreting results from analysis of data for reports and studies. Information from the data is provided during these calls that can also be used during Quarterly meetings to guide Local APD initiatives.

Consultants continue to share Best Practices, which are ultimately posted to the FSQAP web site so the positive experiences/processes identified by consultants can be viewed by the public. The conference calls are also a time when QICs share information they may have gathered from external sources, e.g. conferences. Gary Baird and Shiela Butler reported on the World Congress Expo they attended in Jacksonville in November.

Reliability Assurances

Reliability for QICs and managers conducting Personal Outcome Measures (POM) interviews continues to be maintained through The Council on Quality and Leadership (CQL). This occurs formally through the reliability process and through on site monitoring of five percent of the WiSCC consults throughout the year. All consultants scheduled for formal POM reliability testing in September, October or November of 2008 passed the reliability process.

Reliability activities for the CORE and WiSCC processes consist of two components. First, the Regional Managers observe consultants while they are conducting consultations periodically throughout the year. They accompany each consultant to an onsite visit, attending all onsite activities. Second, formal reliability testing is to be completed once per year for each consultant. Delmarva’s formal reliability procedures include the individual CORE interview, scoring the CORE tool (12 elements), and scoring the WiSCC tool (11 elements). Thus far this year 31 QICs will be

scheduled for either the CORE or WiSCC reliability process, or both (2 QICs). Through the end of December, 13 had completed the process. Eleven passed and two did not pass, one on WiSCC and one on CORE. These QICs are being coached and rescheduled for another reliability session.

Manager Review (Gold Standard)

Delmarva Foundation managers continued to review and approve 100% of all WiSCC, CORE and PPR Desk Review reports prior to their distribution. Direct feedback is provided to individual QICs as questions or concerns are identified, and more general concerns are addressed on the bi-weekly conference calls. Managers have implemented further assurances that reports are reliably reviewed before approval. Each manager reviews a sample of reports another manager has already approved in order to ensure the inter-rater reliability of the report approval process. All reports reviewed this quarter under this new QA process were determined to be accurate, with only one minor inconsistency noted and fixed.

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

Manager Meetings

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

Manager's Retreat

The annual manager's retreat was held November 10 and 11. This meeting gives the Vice president of Disability Related Programs, Director of Florida Disability Programs, Senior Scientist, Regional Managers and Team Leader an opportunity to brainstorm potential QA/QI activities, discuss problems that may be impacting the QA process, develop solutions, and generally help to apply continuous improvement to the Delmarva processes to enhance the FSQAP.

Florida Production Tracking Tool

In collaboration with our IT department, the Florida Managers developed a tool whereby each consultant is able to manage his/her own review volume projections and production. The tool is maintained on the FSQAP web site and is available to consultants, managers and the Vice President

of Disability Related Programs. Each consultant has a page which lists for the month the projected number of reviews, for each review type, as well as a list of reviews to be completed that month and the status for each review. The data are live and updated by the consultants on a regular basis, e.g., when the consultant schedules the dates for the review or marks the report as complete.

Provider Feedback Surveys

Distribution of the revised Provider Feedback Survey began in March 2008. Providers who participate in a CORE or WiSCC can complete the survey online, with a link from the FSQAP website. Or they can download a hard copy of the survey, complete it, and mail or fax it to Delmarva. Consultants also have a copy they hand to the provider during the closing conference. Since March, 152 providers have completed the survey. Of these:

- 100 were Agency and 52 Solo providers;
- 109 provided services for both the DD and FSL Waiver;
- 5 providers provided services only for the FSL Waiver;
- 83 received a CORE and 69 a WiSCC.

A hard copy of the survey and summary of the results are included as Attachments Six and Seven of this Appendix. When responses for CORE and WiSCC do not sum to 83 or 69 it is due to a response of “Neither” for the question. These are not included in the analysis.

Medical Peer Review

The Medical Director completes a quality assurance review on a random selection of five percent of individuals who received a Personal Outcome Interview. The Medical Director reviews the claims data, summary comments of the consultants and the decisions of the nurse reviewer. Results of these reviews (19 this quarter) continue to be 100 percent in accord with the decisions of the nurse reviewer.

Sampling Reports for Billing

Processes are followed to ensure that no consults or reviews are billed in error. The database manager searches the Health elements in the POM interviews to ensure seven specific elements have been completed and the Regional Manager with IQAP responsibility samples five percent of reports to ensure that reports for which the program has billed are being posted as required. All billed reports during this quarter have been appropriately posted.

Attachment 2: CORE Results and Minimum Service Requirement Elements

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

CORE (Implemented March 13, 2007)

CORE Results Elements

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

Minimum Service Requirements

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

Attachment 3: WiSCC Results and Minimum Service Requirement Elements

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

WiSCC Results Elements

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

Minimum Service Requirement Elements

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

**Attachment 4: Training, Education, and Liaison Contacts and Meetings
October - December 2008**

Area, State, and National Contacts

Begin Date	End Date	Description of Activity	Area	Participants and Topic
10/03/2008		Setting Up Person-Directed Systems	23	Kristen Allen was invited by the Area 23 AQL to attend this training as an observer and provide feedback. The training was provided to historically poor performing providers. The focus was on how to develop and follow person-centered Policies and Procedures.
10/6/2008		Quarterly Meeting	4	Terry Mothershed Neuman, Sherndina Moreland, Chris Crusciel, Kerrie Wimberly, Gayle Granger, Shiela Butler, Janice Newman, Beth Townsend attended. Topics of discussion included provider changes, data/trends, background screenings, training by Area 4, training by Delmarva for Area 4, protected health information, impact of tiers on quality and choice, steering committee update.
10/09/2008		Quarterly Meeting	9	Frank Houston, Michelle Ceville, Noeline Coore, and Carol McDuff attended. Discussion included Area 9 CORE and WiSCC trends.
10/10/2008		Quarterly Meeting	7	Steve Roth, Gina Tumelty, Carol Solomon, Francie Young, Brenda McConnell, Cheryl King, Jackie Mescavage, Cydney Yerushalmi, Sharon Jennings, Paula Bowser, Jeff Coleman, Andrea Currence, Beth Townsend; impact of tiers, QSI update, provider changes, data/trends, protected health information, training by Area 7, training by Delmarva for Area 7, steering committee update.
10/15/2008		Flow of Paperwork and Processes meeting		Bob Foley and Charmaine Pillay attended a telephone meeting with Dave Robinson and representatives from FARF, FI ARC, FASC, APD, AHCA and other providers to discuss streamlining processes and redundancies in paperwork.

10/16/2008		Status Meeting	Central Office APD and AHCA	Delmarva met with AHCA and APD representatives to review the status of contract deliverables and activities.
10/20/2008		Quarterly Meeting	8	Delmarva staff attendees: Beth Townsend, Krista McCracken and Kristin Allen. APD attendees included Todd Ryan, Carrie Meehan, Bob Steinhauer, Jeff Smith and Suzanne Thomson. The Area Administrator was not present. Transition from Beth to Kristin as the Area 8 Regional Manager. Introduction of Suzanne Thompson as Area transition coordinator. Discussed impact of tiers, status of recoupment, provider terminations, group home closing, data, and trend in the Area.
10/29/2008		Training	2	Training and education was provided to Area 2 on Desk/CORE Review Process. Charmaine Pillay presented the training.
10/29/2008	10/31/2008	Delmarva Quality Summit		Bob and Kristin met with members of Delmarva and other stakeholders to discuss national quality initiatives.
10/30/2008		Quarterly Meeting	12	Ed deBardeleben, Sandra Mills, Cindy Camplin, Vanessa Carter, Diveka Anderson, Charlene Johnson, Shiela Butler, Gary Baird, Beth Townsend; impact of tier implementation, provider changes, data/trends, follow-up w/TA and QEPs, training by Area 12, training by Delmarva for Area 12, protected health information.
10/30/2008	10/31/08	Flow of Paperwork and Processes meeting		Sue Kelly, Theresa Skidmore and Charmaine Pillay attend and contributed to a workgroup facilitated by Dave Robinson.
10/30/2008		Medication Rule Training		Medical Case Management, attended by Linda Tupper.
11/03/2008		Area 4 provider meeting	4	The Area 4 office asked Beth Townsend and the Are 4 QICs to attend the Area 4 provider meeting to discuss documentation requirements. Local Medicaid Fraud Control Unit representatives also presented their program which mirrored the

				Delmarva presentation.
11/05/2008		Quarterly Meeting	10	Martha Martinez, David Gillis, Pam Womack, Cathy Coleman, Heidi Torro, and several additional Area 10 staff; Anna Quintyne, Avril Wilson, Mario Arreaga, and Carol McDuff. Discussed CORE and WiSCC trends; Area 10 "happenings".
11/05/2008		Quarterly Meeting	23	Delmarva attendees included Kristin Allen, Barbara Allen, Chris Kulaga, Christie Gentry, Trudy Acevedo and Robyn Moorman. APD attendees included Jill Cramer, Helene Coutu, Brenda Porter, Dale Zinn, Harold Gross and Anne Hendon. Marcie Degrazia joined the meeting at the very end. Area Administrator was not present. Topics discussed included Delmarva Staffing updates, follow-up from previous meeting, APD attendance at consults and courteous behavior, report content preferences, recoupment, CORE and WiSCC updates and Supported Living vs. Family Home issues.
11/6/2008		Quarterly Meeting	15	Peter Karlan, Sandra McCain, Brad Gratske, and several additional Area 15 staff; Noeline Coore, Michelle Ceville, and Carol McDuff. Discussed Area 15 CORE and WiSCC trends; and Area 15 "happenings".
11/07/2008	11/7/2008	Training, Orlando	Area 7	An educational session was provided to Support coordinators and all other provider types on Quality Management, Self Assessments and Projected Service Outcomes. The key concepts of person directed planning formed the basis for the training. Many examples were given including scenarios driven by the audience. Beth Townsend and Charmaine Pillay presented.
11/10/2008	11/11/2008	Manager's Retreat		Florida RMs, Director, Sr. Scientist, and VP met to discuss strategies for meeting the needs of the state through our contract activities.

11/12/2008		Quarterly	14	Delmarva attendees included Kristen Allen, Barbara Allen, Christie Gentry, Charmaine Pillay, Linda Tupper and Steve Baylis. APD attendees included Melody Taylor, Connie Miller, Heather Monteath, Carla Bettis, Eric Olsen (AA), Linda Gibson and Kathleen Rossetter. 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 and Steering Committee update.
11/12/2008	11/14/2008	NASDDDS Annual Meeting		Bob attended the NASDDDS meeting in Virginia to learn about quality initiatives throughout the country.
11/13/2008			Area 2	Sue Kelly, Theresa Skidmore and Charmaine Pillay attended a workgroup facilitated by Dave Robinson. Other members of the workgroup included FIARC, FARF, FASC, APD, AHCA and a few providers. Ideas were presented toward the common goal of creating efficiencies in paperwork and processes. Due to time constraints presentations were brief and discussion was minimal. There was consensus among the group on many recommendations. Throughout the discussion Delmarva staff requested that all recommendations focus on the impact that each recommendation is likely to have on individuals receiving services.
11/14/2008		Flow of Paperwork and Processes meeting	Area 2	A few workgroup members including Theresa Skidmore and Charmaine Pillay met for 2 hours to review recommendations from the previous day. Dave Robinson asked that Joanne David, Area 1 staff, send out a compilation of the discussion and recommendations to each attendee so they could verify or revise any recommendations attributed to them. Delmarva staff requested that any actions taken by the workgroup be evaluated for effectiveness.

11/18/2008		IQC		Delmarva staff participated in the IQC conference call. Topics discussed included IQC workgroup updates, residential monitoring, Delmarva updates, Managed care and the future of IQC.
11/20/2008		Status meeting		Delmarva Staff attended a status meeting to discuss various aspects of the contract including CORE, WiSCC and Training updates. Study topics for year 8 were discussed and are awaiting APD approval..
12/05/2008		Quarterly meeting	Area 2	Delmarva staff facilitated a quarterly meeting with APD staff in Tallahassee. Handbook changes, steering committee activities, CORE and WiSCC activities and data were all topics that were thoroughly discussed with many items identified for follow up.
12/11/2008		Mid- Florida DDNA		DD Nurses, attended by Linda Tupper
12/15/2008		Quarterly Meeting	13	Theresa Skidmore, Kathy Haydt, Linda Tupper and four Area staff attended. APD reported on provider changes and concerns. Additional agenda items included discussion of issues with Claims data from EDS, securing PHI, topic/date for Delmarva Annual Training and review of first quarter data for FY 07/08.
12/15/2008		Quarterly meeting	1	Delmarva staff facilitated a quarterly meeting with APD staff in Pensacola. Handbook changes, steering committee activities, CORE and WiSCC activities, non compliant providers and data were all topics that were thoroughly discussed. Area 1 was encouraged to include more APD staff at quarterly meetings.
12/15/2008		Quarterly Meeting	3	Theresa Skidmore, Gwen Williams, Linda Tupper and eight APD staff members from Area 3 were in attendance. APD reported on provider changes and concerns in the Area. We reviewed first quarter data for FY 08/09 and discussed best practices and ideas for improvement by reviewing and comparing data from 3 other Areas. Additional agenda items included topic/date for Delmarva Annual Training, EDS Claims Data concerns and securing PHI.

12/16/2008		Quarterly Meeting	11	Kirk Ryon and Area 11 Medical Case Managers; and Carol McDuff. Discussed Area 11's list of 12 emerging/not emerging providers for the past couple of years. DF will follow up on the list with the QICs.
12/16/2008		Training	11	Training and education was provided to Area 11 on Quality Management Systems. Mario Arreaga was the presenter. There was a morning and afternoon session. Other Delmarva staff Attendees: Morning Session -- Carol McDuff, Jose Navarro, Berta Santos, Wanda Nitiss and Janet Tynes. Afternoon Session – Carol McDuff, Jose Navarro and Janet Tynes.
12/18/2008		Status Meeting		Delmarva met with AHCA and APD representatives to review the status of contract deliverables and activities.

Attachment 5: Health and Behavioral Questionnaire

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

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

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

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

3. Have you been treated in the emergency room this past year? Y/N

If yes, add when and why to the health note

4. Have you been admitted to the hospital this past year? Y/N

If yes, add when and why to the health notes

5. Do you take any medicines? Y/N

If yes, what ones?

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

- | | |
|----------------------------|--------------------------------|
| 18. Inderal (Propranolol) | 43. Tegretol (Carbamezapine) |
| 19. Keppra (Levetiracetam) | 44. Thorazine (Chlorpromazine) |
| 20. Klonopin (Clonazepam) | 45. Topamax (Topiramate) |
| 21. Lamictal (Lamotragine) | 46. Vasotec (Enalapril) |
| 22. Lasix (Furosemide) | 47. Wellbutrin (Bupropion) |
| 23. Lexapro (Escitalopram) | 48. Xanax (Alprazolam) |
| 24. Lipitor (Atorvastin) | 49. Zoloft (Sertraline) |
| 25. Lithium (Eskalith) | 50. Zyprexa (Olanzapine) |

Add all others to the health notes

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

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

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

Attachment 6: Provider Feedback Survey

CORE/WiSCC FEEDBACK SURVEY

This survey seeks your feedback on Delmarva’s CORE and WiSCC Consultation process. Your feedback is very important to us. Thank you for participating.

Type of Provider (Chose One): Solo Agency
Waiver (Choose all that apply): DD FSL Both
Type of Consultation (Chose One): CORE WiSCC
Event Type (Chose One): Annual Follow Up with Technical Assistance

APD Area _____ Month/Year of Consultation (MM/YYYY) _____

Please check the box that best defines your agreement with the statements below.	Strongly Agree	Somewhat Agree	Neither	Somewhat Disagree	Strongly Disagree
1. The consultation identified the strengths of your organization.					
2. Feedback you received will help you provide supports and services that meet the desired outcomes of the individuals you serve.					
3. The consultation addressed the barriers, challenges, and/or needs of your organization.					
4. The consultant interacted with you (and your staff) in a professional and collaborative manner.					
5. The consultant interacted with the people you serve in a professional manner.					
6. You and your consultant brainstormed ways to enhance your services.					
7. Would you feel comfortable contacting the consultant for more brainstorming and technical assistance?	Yes		No		
Do you want someone to contact you? If yes, please indicate phone number or email and the subject.					
Phone # _____ Email _____ Subject _____					
Comments:					

Return your Survey using one of the following methods:

Mail: Delmarva Foundation 2039 Centre Pointe Blvd., Suite 202 Tallahassee, Fl. 32308	Fax: Re: Provider Survey Delmarva Foundation (850) 878-2958	Email: Re: Provider Survey florida@dfmc.org
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February 2008

Attachment 7: Provider Feedback Survey Results (March – December 2008)

Average Results by Consult Type

Consult Type	Strongly Agree/ Agree	Strongly Disagree/ Disagree	Total
CORE	93.9%	6.1%	573
WiSCC	96.0%	4.0%	478
Total	94.9%	5.1%	1051

Consultant interacted with you/staff in professional/collaborative manner.

Consult Type	Strongly Agree/ Agree	Strongly Disagree/ Disagree	Total
CORE	98.8%	1.2%	83
WiSCC	98.5%	1.5%	68
Total	98.7%	1.3%	151

Consultation identified strengths of your organization.

Consult Type	Strongly Agree/ Agree	Strongly Disagree/ Disagree	Total
CORE	96.3%	3.7%	82
WiSCC	100.0%	0.0%	66
Total	98.0%	2.0%	148

Consultant interacted with people you serve in professional manner.

Consult Type	Strongly Agree/ Agree	Strongly Disagree/ Disagree	Total
CORE	97.6%	2.4%	82
WiSCC	100.0%	0.0%	69
Total	98.7%	1.3%	151

Feedback will help you provide supports and services that meet desired outcomes of individuals you serve.

Consult Type	Strongly Agree/ Agree	Strongly Disagree/ Disagree	Total
CORE	93.9%	6.1%	82
WiSCC	97.1%	2.9%	68
Total	95.3%	4.7%	150

You and your consultant brainstormed ways to enhance your services.

Consult Type	Strongly Agree/ Agree	Strongly Disagree/ Disagree	Total
CORE	91.3%	8.8%	80
WiSCC	95.7%	4.3%	69
Total	93.3%	6.7%	149

Consultation addressed barriers, challenges, and needs of your organization.

Consult Type	Strongly Agree/ Agree	Strongly Disagree/ Disagree	Total
CORE	93.8%	6.2%	81
WiSCC	98.6%	1.4%	69
Total	96.0%	4.0%	150

Would you feel comfortable contacting the consultant for more brainstorming and Technical Assistance?

Consult Type	Strongly Agree/ Agree	Strongly Disagree/ Disagree	Total
CORE	85.5%	14.5%	83
WiSCC	82.6%	17.4%	69
Total	84.2%	15.8%	152