

**Florida Statewide Quality Assurance Program  
Year 8 Annual Report  
June 2008 – July 2009  
Appendix 1**

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## Attachment 1 Internal Quality Assurance Report April – June 2009

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

### Staff Changes

Andrea Thornley began as a CORE consultant on June 22. She will work primarily in the Tampa and Suncoast areas. She has completed all training and has shadowed consultants on several reviews. She has been hired to help with additional consults during the six month extension period of the contract.

### IT Initiatives

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.

### Bi-Weekly Conference Calls

Conference calls with all consultants on a bi-weekly schedule have continued throughout the quarter. Through this venue, Regional Managers 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. 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 continued through this quarter to enhance the reliability of QICs. A scenario that is focused on one or two elements is 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. This may include policy clarification and interpretation, when appropriate. Mandatory corporate training is also accomplished at these times. Guest speakers are invited when

possible. During a call in July, Steve Dunaway is scheduled to discuss the statewide Person Centered training that is part of the Real Choice Systems Grant.

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

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

### **Reliability Assurances**

Personal Outcome Measures (POM) reliability for QICs and managers continues to be maintained through The Council on Quality and Leadership (CQL). This occurs formally through the reliability process and through on site monitoring of five percent of the consults throughout the year. All consultants scheduled for formal reliability testing during the fourth quarter went through and passed the reliability process.

Reliability activities for the CORE and WiSCC processes consist of two parts. 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). During the year, 22 of the 27 consultants were tested and passed reliability. The seven who were not completed are scheduled for the first quarter of the extension period.

Regional Managers also participate in an annual reliability process on all the procedures. They conduct reviews with each other and test their own inter-rater reliability. When differences in their scores occur it gives all the managers an opportunity to discuss and come to agreement on the correct outcome, rendering more consistency to the overall procedures. All regional managers have passed the CORE and WiSCC reliability tests during Year 8.

### **Manager Review (Gold Standard)**

Delmarva Foundation managers continued to review and approve 100% of all WiSCC, CORE and PPR Desk Review reports prior to distribution. They ensure adequate documentation is present to justify scores. 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 also continue to the approved report reliability process where 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 were determined to have proper documentation to support determinations.

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

### **Weekly Manager Meetings**

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

### **Florida Production Tracking Tool**

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.

### **Provider Feedback Surveys**

Distribution of the revised Provider Feedback Survey began in March 2008. Providers 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. A total of 242 responses were received between July 2008 and June 2009, 134 (55.4%) from a CORE and 108 from a WiSCC. On average, close to 94 percent of responses from providers who participated in a CORE and 91 percent of support coordinator responses were favorable. A copy of the survey and summary of results are included as Attachments 6 and 7 to this Appendix.

### **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 continue to be 100 percent in accord with the decisions of the nurse reviewer.

### **Sampling Reports for Billing**

Processes are followed to ensure no consults or reviews are billed in error. The database manager searches the Health elements in the POM interviews to ensure all seven have been completed and the Regional Manager with IQAP responsibility samples five percent of reports to ensure that reports for which the program has billed are being posted as required. During the fourth quarter all billed reports had 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](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](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**  
**April – June 2009**

Begin Date	End Date	Description of Activity	Area	Participants and Topic
4/1/09	4/1/09	MCM Conference Call	ALL	All Medical Case Managers
4/3/09		Training	9	Robin Moorman and Charmaine Pillay provided training on Desk Reviews to a variety of provider types. Providers were taken through the entire desk review process from the letter requesting information to receipt of their report, documentation submission and the reconsideration process. Examples of acceptable documentation were shared with providers.
4/4/09		Education at Provider meeting	13	Beth Townsend and Charmaine Pillay handed out educational materials and spoke with a number of providers and Family Care Council members at the Family Care Council Forum in Wildwood. People were given an explanation of Delmarva's role in QA along with discussion of consultation tools.
4/6/09		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, Nicole Francis; Area 4 bringing Lou Brown on May 1st to talk about SE; Area 4 reviewing providers' files/documentation; provider updates with provider resignations; CORE, WiSCC, Desk Review trends, review of quarterly data; steering committee tracking discrete data from Delmarva reports regarding background screening issues; Delmarva training confirmed for June 17th

4/15/09		Training	10	Training and education was provided to Area 10 on "Delmarva and You!". Carol McDuff and Avril Wilson presented the training. No other Delmarva staff was in attendance.
4/17/09		Quarterly Meeting	7	Jeff Coleman, Cheryl King, Andrea Currence, Francie Young, Sharon Jennings, Beth Townsend, Dr Cydney Yerushalmi, Brenda McConnell, Mary Martin, Gina Tumelty, Carol Solomon, Merari Perez; CDC+ expansion; funding for locked communities; QSI update on completed assessments; resigned and terminated providers; review of WiSCC, CORE, and Desk Review data/trends; Delmarva recognition of Area 7 efforts toward provider improvement; new Cost Plans due July 1st, WSCs to be reminded; disaster preparedness
4/23/09	4/24/09	Workgroup addressing Supported Living services	2	Charmaine Pillay attended and participated in a workgroup facilitated by APD. The goal of the group was to review how supported living coaching services are being rendered and to make recommendations for maintaining a classic model of SLC along with offering individuals the option of other models.
4/23/09		Training	3	Training and education was provided to Area 3 on Mastering the Minimum Service Requirements (Session 1) and Excelling Beyond the Basics (Session 2). Theresa Skidmore and Gwen Williams presented the training. Other Delmarva staff in attendance included Sheila Butler and Charlene Johnson.
4/24/09		Quarterly Meeting	12	Bassem Paul, Ed DeBardeleben, Vanessa Carter, Charlene Henry, Patrick Burwell, Shiela Butler, Sandra Mills, Dylan Gale, Beth Townsend; discussion of resigned providers, providers who have added services; discussion of data/trends; Area 12 moving to online registration for training; Christina Pinto is new chair for steering committee; steering committee looking at working on projects/topics, having stakeholders vote on key topics (prioritized) and identify key providers to work on.

4/28/09		Quarterly Meeting	2	Delmarva Staff Charmaine Pillay, Sandra Rowe and Kara Cowart met with APD staff. Best practices, along with provider issues were discussed. A review of data from the previous quarter took place. Brainstorming on improving performance occurred.
5/6/09		Quarterly Meeting	10	Martha Marinez, Bonnie Florom, David Gillis, Heidi Torro with APD; Avril Wilson, Jose Navarro, Anna Quintyne, Noeline Coore, and Carol McDuff with Delmarva. Discussed APD and Delmarva updates; data trends; new providers; behavior reviews onsite vs. desk review; and training.
5/6/09	5/6/09	MCM Conference Call	ALL	All Medical Case Managers
5/7/09		Quarterly Meeting	15	Peter Karlan, Sandra McCain, Brad Gradske, and several other APD staff; Michelle Ceville, Noeline Coore, and Carol McDuff with Delmarva. Discussed APD and Delmarva updates; data trends; new providers; and training.
5/7/09	5/8/09	National DDNA Board Meeting		National DDNA Board and Executive Director plus American Academy of Developmental Medicine and Dentistry Board Members
5/9/09	5/12/09	National DDNA Annual Educational Conference		Attended by Linda Tupper
5/15/09		Training	23	Training and education was provided to Area 23 How to Prepare for Your Consultation. Kristin Allen and Barbara Allen. Other Delmarva staff in attendance included Pat Metcev.
5/27/09		Quarterly	14	Delmarva attendees included Kristin Allen, Barbara Allen and Christie Gentry. APD attendees included Connie Miller, Heather Monteath, Carla Bettis, Art Ciesla, Kathleen Rossetter and Eric Olsen (AA). Topics discussed included Delmarva Staffing updates, follow-up from previous meeting, Public reporting site, Limited WSC contact requirements, QSI updates and CORE and WiSCC updates.

6/3/09		Quarterly	23	Delmarva attendees included Kristin Allen, Chris Kulaga, Trudy Acevedo and Steve Baylis. APD attendees included Brenda Porter, Harold Gross, Judith Redding, Marcia Degrazia, Anne Hendon, David Lepere, Kim Wojick, Valerie Reed-Martin and Kathleen Cisek-Freeman. The Area Administrator was not present. Topics discussed included Delmarva and APD Staffing updates, follow-up from previous meeting, FBI Clearance vs. Exemption, Incident Reports Reporting and CORE and WiSCC updates.
6/3/09	6/3/09	MCM Conference Call	ALL	All Medical Case Managers
6/4/09		Training	13	Training and education was provided to Area 13 on Excelling Beyond the Basics. Kristin Allen and Theresa Skidmore presented the training. Other Delmarva staff in attendance included Kathy Haydt.
6/5/09	6/6/09	Family Café		Delmarva staff provided educational materials/information to a variety of stakeholders at the Family Café event in Orlando. A training session on getting the most from Medicaid Waiver services was also provided for individuals, family members and providers.
6/6/09		Training	Family Café	Training and education was provided at the Family Café in Orlando on Getting the Most from Your Medicaid Waiver Services. Kristin Allen, Bob Foley, Charmaine Pillay and Theresa Skidmore presented this training. No other Delmarva staff were in attendance.
6/9/09		Quarterly Meeting	1	Delmarva staff Charmaine Pillay and Kathy Harkleroad met with APD staff to discuss provider and WSC performance issues. Best practices along with concerns was shared with APD. A review of data for the past quarter took place.

6/15/09		Quarterly Meeting	2	Delmarva Staff Charmaine Pillay and Sandra Rowe met with APD staff to review information on provider and WSC performance over the previous quarter. In addition to discussion of issues and best practices, data was reviewed. This generated discussion on ways to improve provider/WSC performance and other ways to work collaboratively with APD.
6/15/09		Training	15	Training and education was provided to Area 15 on Functional Documentation. Mario Arreaga presented the training. Other Delmarva staff in attendance included Carol McDuff.
6/16/09		Quarterly Meeting	9	This meeting had to be rescheduled to July 14. Frank Houston, Donnie Braitwaite with APD. Carol McDuff with Delmarva. Discussed APD and Delmarva updates; data trends; ABC project; and LENS conference.
6/17/09		Quarterly Meeting	11	This meeting had to be rescheduled to July 15. Kirk Ryon with APD; Janet Tynes, Jose Navarro, Mario Arreaga, Berta Santos, Wanda Nitiss, and Carol McDuff with Delmarva. Discussed APD and Delmarva updates; The new gallery; consistently emerging/not emerging provider list; data trends.
6/17/09		CDC+ meeting	2	Delmarva staff Sue Kelly, Bob Foley and Charmaine Pillay met with APD and AHCA to discuss APDs request for a special study on the whether the CDC+ program is working effectively for individuals and to brainstorm other goals for the study.
6/17/09		Training	4	Training and education was provided to Area 4 on Service Specific Documentation. A morning and afternoon session were provided. Beth Townsend presented the training. No other Delmarva staff was in attendance.

6/22/09		Quarterly Meeting	13	Theresa Skidmore, Kathy Haydt and three APD staff members from Area 13 were in attendance. The approval of 6 month contract extension for Delmarva was discussed. APD reported on provider changes and concerns in the Area. Area office provided feedback on Delmarva training completed 6/4/09 and training opportunities for 6 month contract extension period were discussed. Additional agenda items included review of 3rd quarter data for FY 08/09, upcoming WiSCC and CORE consults, outcome of LENS training and AQL activities.
6/25/09		Training	8	Training and education was provided to Area 8 on How to Educate People Who Do Not Use Words to Communicate on Rights, Abuse, Neglect and Exploitation. Kristin Allen, Linda Tupper and Krista McCracken presented the training. No other Delmarva staff was in attendance.
6/25/09		Quarterly	8	Delmarva staff attendees: Krista McCracken, Linda Tupper and Kristin Allen. APD attendees included Todd Ryan, Carrie Meehan, Jeff Smith, Laura Allen and Diane Whisman. Topics discussed included Delmarva and APD Staffing updates, follow-up from previous meeting, Issues with AHCA Provider monitoring, contact requirements for limited WSC and the Public Reporting site. A lengthy discussion was held regarding concern for individuals being transitioned from Gulf Coast Center into group homes in area 8. There are issues with people being moved multiple times and historical data not following. CORE and WiSCC updates were also presented.

## 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 (Carbamazepine)   |
| 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 _____					
<b>Comments:</b>					

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 <a href="mailto:florida@dfmc.org">florida@dfmc.org</a>
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February 2008

Attachment 7: Provider Feedback Survey Results

Results Provider Feedback Survey							
July 2008 - June 2009							
Average Results by Consult Type				Consultant interacted with you/staff in professional/collaborative manner.			
Consult Type	Strongly Agree/ Agree	Strongly Disagree/ Disagree	Total	Consult Type	Strongly Agree/ Agree	Strongly Disagree/ Disagree	Total
CORE	93.9%	6.1%	919	CORE	97.7%	2.3%	133
WiSCC	91.1%	8.9%	744	WiSCC	96.3%	3.7%	107
Total	92.7%	7.3%	1,663	Total	97.1%	2.9%	240
Consultation identified strengths of your organization.				Consultant interacted with people you serve in professional manner.			
Consult Type	Strongly Agree/ Agree	Strongly Disagree/ Disagree	Total	Consult Type	Strongly Agree/ Agree	Strongly Disagree/ Disagree	Total
CORE	93.9%	6.1%	132	CORE	97.7%	2.3%	132
WiSCC	94.2%	5.8%	104	WiSCC	96.3%	3.7%	108
Total	94.1%	5.9%	236	Total	97.1%	2.9%	240
Feedback will help you provide supports and services that meet desired outcomes of individuals you serve.				You and your consultant brainstormed ways to enhance your services.			
Consult Type	Strongly Agree/ Agree	Strongly Disagree/ Disagree	Total	Consult Type	Strongly Agree/ Agree	Strongly Disagree/ Disagree	Total
CORE	96.2%	3.8%	130	CORE	93.8%	6.2%	130
WiSCC	91.4%	8.6%	105	WiSCC	91.5%	8.5%	106
Total	94.0%	6.0%	235	Total	92.8%	7.2%	236
Consultation addressed barriers, challenges, and needs of your organization.				Would you feel comfortable contacting the consultant for more brainstorming and Technical Assistance?			
Consult Type	Strongly Agree/ Agree	Strongly Disagree/ Disagree	Total	Consult Type	Yes	No	Total
CORE	93.8%	6.3%	128	CORE	84.3%	15.7%	134
WiSCC	93.4%	6.6%	106	WiSCC	75.0%	25.0%	108
Total	93.6%	6.4%	234	Total	80.2%	19.8%	242