

**Delmarva Foundation**  
**Florida Statewide Quality Assurance Program**  
**Public Reporting**  
**Florida DD HCBS Waiver**

## Executive Summary

The purpose of this study is to explore the development and implementation of a public reporting system for data collected as part of the monitoring process for the Developmental Disabilities Home and Community Based Services (DD HCBS) Medicaid Waiver program. In September 2001, Delmarva Foundation, under contract with the Agency for Healthcare Administration, began oversight of the DD HCBS program through Provider Performance Reviews (PPR) of all enrolled and active DD HCBS Waiver providers and by conducting Person-centered Reviews (PCR) with a sample of consumers in the DD HCBS Waiver program. Since the project's inception, there has been an interest in public reporting of PPR results and discussion among project team members, stakeholders, and state agencies about approaches to create and implement a public reporting system for the DD Waiver program. While not a specific contract requirement, strategies and approaches for public reporting were discussed in the original proposal to the State and discussions about the appropriate and useful public sharing of information have continued between project staff and stakeholders.

Florida is becoming a nationally recognized leader in the area of public reporting for health care, social services and education. Data readily available, via the Internet, include individual licensure reports on health care facilities; status and locations of licensed professionals including actions related to suspension or revocation of professional licenses; and inspections of facilities for public health purposes. A variety of health data; public school "report cards"; and reports in the area of agriculture and consumer affairs are readily available. Several public reporting systems, particularly the Federally mandated Child Care Resource and Referral System, provide many of the components in which stakeholders involved in the Agency for Persons with Disabilities (APD) are interested and may provide a model for public reporting of services available through the APD.

Findings suggest there are several important guidelines and principles that need to be carefully considered in the development of any system of publicly reported data in order to develop an effective and efficient data reporting system. These include:

- Select clearly defined measures.
- Use standardized measures that are valid and reliable.
- Define the audience and purpose.
- Determine the type of information to be provided.
- Provide user guidance in interpreting results.
- Provide a mechanism for feedback and evaluation.

Several recommendations grew out of this research process.

Recommendation for Provider Reviews conducted On Site:

- *It is recommended that public reporting of provider performance on specific Elements of Performance be explored. These are the Minimum Service Requirements (MSR) monitored in both the CORE and WiSCC processes.*

Recommendations for Provider Reviews conducted through a Desk Review:

- *It is recommended that provider performance on MSR Elements of Performance be reported for providers of services subject to Desk Reviews, particularly elements concerning level 2 background screenings and documentation of training on abuse and neglect.*
- *It is recommended that a list of active providers who have not responded to requests to be reviewed be posted.*

Increasing Current Accessibility to Information

- *Because the Provider Performance Reviews, accessible to reviewers, providers and other selected users, on the Florida Delmarva web-page do not contain any confidential information, it is recommended that the feasibility of making this information publicly available through the Florida Delmarva website be explored.*

Testing the New Review Processes

- *Because new consultative reviews have been developed and are currently being implemented, it is recommended that overall provider performance results from the WiSCC and CORE On Site review processes not be reported at this time.*
- *Further, it is recommended that during the second contract period (FY 2005-2009), an approach for publicly reporting results be developed that includes the findings from these review processes.*

Provider Information, Services, Supports and Reporting System

- *It is recommended that the feasibility of using the current APD web site as a potential starting point or base for a Provider Information, Services, Supports and Reporting System be explored; and further that this list be updated monthly and include guidance for potential consumers on selecting services and providers.*
- *It is further recommended that a user work group be identified to help with the construction of the reporting system.*

## **Introduction**

The 2000 Florida Legislature appropriated funding to the Florida Agency for Health Care Administration (AHCA) for a program of Quality Assurance for persons served through the Developmental Disabilities Home and Community Based Services Waiver (DD HCBS). Through a competitive bid process, the Delmarva Foundation was awarded the contract and began the project in September 2001. Project development, implementation and operations have been accomplished in close cooperation with AHCA and the Agency for People with Disabilities (APD, formerly the Department of Children and Families), with oversight provided by an Interagency Quality Council (IQC) made up of agency representatives at the state and local level as well as consumers and family members.

Since the project's inception, there has been an interest in public reporting of provider performance review results and discussion among project team members, stakeholders, and state agencies as to the best method for creating a public reporting system for the DD Waiver program. While not a specific contract requirement, strategies and approaches for public reporting were discussed in the original proposal to the State and discussions about the appropriate and useful public sharing of information have continued between project staff and stakeholders.

The concept of providing results from provider performance reviews in a format that can assist people in selecting providers for specific services has been of particular interest as the project has developed consumer tools such as the Consumer Road Map and My Personal Compass. The Consumer Road Map ([http://www.dfmc-florida.org/docs/Consumer\\_Road\\_Map\\_Rt1\\_020403.pdf](http://www.dfmc-florida.org/docs/Consumer_Road_Map_Rt1_020403.pdf)) offers a guide to FSQAP, Delmarva and information on the review processes for consumers and providers. My Personal Compass (<http://www.dfmc-florida.org/docs/PersonalCompass.pdf>) provides a means for consumers to evaluate for themselves the care they are receiving from providers.

This report presents an overview of the evolving Florida Statewide Quality Assurance Program (FSQAP) quality assurance/improvement process; summarizes the essential components of a public reporting system; describes some of the current public reporting initiatives in Florida; and recommends an approach and basic framework for a system of public information and reporting for the services available in Florida to persons served through the APD.

## **The Florida Statewide Quality Assurance Program**

In Years One through Three of the FSQAP contract, two types of reviews have been conducted, Provider Performance Reviews (PPR) and Person-Centered Reviews (PCR). A Person-Centered Review is completed on an individual who is part of a randomly selected sample of consumers that is large enough to provide statistically valid results at the state and district level. The purpose of the PCR is to ascertain if the lives of individual consumers are positively impacted by the services they receive, i.e., are their personal outcomes being met. The PCR includes a Personal Outcome Measures interview with the consumer; a follow up interview and central record review with the Waiver Support Coordinator; a review of claims data; and a medical peer review of health care services. Review results are summarized in an individual report that includes specific recommendations. Data from the PCR are aggregated at the State and district level, and information on the outcomes is available to the individual upon request.

Performance Reviews of providers of DD HCBS Waiver services are conducted based on service requirements promulgated in the DD Medicaid Waiver Handbook Coverage and Limitations. FSQAP reviewers measure the compliance of eligible providers with core assurances and with service specific elements of performance. Provider Performance Reviews are conducted On Site or through a Desk Review process. On Site reviews include a review of all Core Assurances and service specific requirements for Adult Day Training, Non-residential Support Services, Residential Habilitation, Supported Employment, Supported Living Coaching, and Support Coordination. Further, because many agency providers operate in various locations and districts, all provider locations within each district offering adult day training, residential habilitation, or support coordination are individually reviewed. Other services are reviewed through a Desk Review process that includes only those elements of performance that can be reviewed through examination of documentation. Both processes include an assessment of any DD HCBS services provided by the enrolled provider. Results of PPR's are reported as percentage scores based upon the number of Elements of Performance Met.

In March 2003, a number of changes were made to the PPR process and the scoring methodology that impacted the ability to provide meaningful trend analyses of the data. These changes included revisions and additions to the Elements of Performance based on new rule requirements; modifications in how results for providers with multiple services and locations were calculated; and the introduction of weighted values for selected Elements of Performance. It has been generally accepted that the review results from the Provider Performance Reviews has provided a baseline for compliance, specifically at the individual Element of Performance level.

Aggregate data from the PPR and PCR reviews are available through quarterly and annual reports at the state and district level. Provider reports are also

available to providers who have been reviewed through a PPR. Consumers, family members and Waiver Support Coordinators for consumers who have had a Person-centered Review may also receive individual reports. Districts receive regular individual review reports as well as aggregate data for their district for both types of reviews.<sup>1</sup> Individual and aggregate information is also available to selected staff within APD and AHCA at the state level.

As the project enters its fourth year, significant changes to the On Site PPR and PCR processes are being implemented that impact the development of a public reporting system.<sup>2</sup> Waiver Support Coordinators (WSC) are monitored through a process known as Waiver Support Coordination Consultation (WiSCC) that blends components of the PCR and PPR reviews. Providers of the other five services subject to On Site reviews (Adult Day Training, Non-residential Support Services, Residential Habilitation, Supported Employment, Supported Living Coaching, and Support Coordination) are monitored through a process known as the Collaborative Outcomes Review and Enhancement (CORE) process.

These new processes (WiSCC and CORE) represent a shift from a quality assurance model that focuses on compliance to a quality improvement model. The quality improvement model combines review of compliance on key Elements of Performance for abuse, health, safety (including background screening requirements); training requirements and billing documentation, with the degree to which outcomes are met for consumers. Therefore, the new approaches reflect an assessment of the degree to which a provider is achieving results based upon a person-centered focus rather than achieving compliance with measures that are largely process oriented and program-based. While the new review/consultative approaches were designed by a team of experts and field tested with a pilot study, the processes themselves are unprecedented, and the reliability of the tools being used will be extensively tested throughout this first year of implementation.

### **Public Reporting - Basic Guidelines and Principles**

The capacity to collect and analyze information about services people receive as well as to report that information in a timely fashion has increased as a direct result of rapid advances in information technology. When health care performance is reported to the public, it demonstrates that providers can be

<sup>1</sup> Review data by individual providers have been sent to the districts on a regular basis in a spreadsheet format that can be used for analysis purposes and to track and record additional monitoring and technical assistance initiatives. During the latter part of Year 3, a work group of district staff convened to develop a format for standard district reports that are now provided quarterly and mirror to a large degree the statewide data that are reported on a quarterly basis, but with additional provider information for each specific district.

<sup>2</sup> The Desk Review process, for providers of services not subject to an On Site review, will not change during Year Four.

monitored and that the health care system is accountable to the public.<sup>3</sup> This has resulted in an increased number of organizations publicly reporting their data and also significant national initiatives to publicly report information about the availability, adequacy and quality of programs and services. In undertaking the development, implementation and maintenance of any system to public report data about similar types of services or products, there are basic principles, guidelines and components that must be carefully considered.

Basic principles should operate within a framework that is “compelling and useful to consumers and purchasers...designed to support decision making.”<sup>4</sup> In addition to the relevance and overall comprehension of the measures being reported, any system for public reporting must ensure the integrity and consistency of the data being used. There are also several components that need to be carefully considered in the development of any system of publicly reported data. Some of these are described below.

#### *Select Clearly Defined Measures*

Because public dissemination of data often presents scientific measures to a wide variety of people/groups, measures that are utilized must be clearly defined and understandable to a broad audience. It is imperative not to assume that users will have the same knowledge of performance indicators, acronyms, etc, as do those who are familiar with the data. Definitions of terms and measures should be easily accessible. What is a recidivism rate? What is a Level 2 Background Screening and why is it important? Including a glossary of terms and acronyms may be very helpful.

#### *Use Standardized Measures that are Valid and Reliable*

When applicable, measures must be standardized. In order to offer meaningful comparisons, a population-based methodology must be used. If based on fewer than 30 observations, results should be reported as a ratio. All results must be based upon measures that are valid and reliable representations of the providers' performances. Validity and reliability test methodologies and results should be available to interested parties upon request.

#### *Define the Audience and Purpose*

The target audience should drive the purpose of the data and the need and use of specific data elements. Is the targeted audience consumers, providers, policy makers or other stakeholders? Is the stated purpose to disseminate information about the availability and location of providers, service quality, health and safety conditions, personal outcomes and/or compliance with legal statutes?

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<sup>3</sup> Barr, Judith K., Bony, Cathy E., Kochurka, Kimberly A., et al., *Public Reporting of Hospital Patient Satisfaction: The Rhode Island Experience*. Health Care Financing Review. Vol 23, Num. 4. Summer 2002.

<sup>4</sup> The National Quality Forum. *A National Framework for Healthcare Quality Measurement and Reporting*. 2002.

While most often the “intended” audience are people who will be using the service, there are frequently other interested audiences such as funding sources or policy makers, who often identify the stated purpose for reporting in terms of public accountability, creating more options in the marketplace and influencing quality improvement. In the area of health and social services, providing information to help the consumer make a more informed choice or decision is most often cited as the purpose for a public reporting system. When secondary users become overly involved in defining the purpose and use, the needs of the primary users can easily be overlooked or not adequately addressed.

*Determine the Type of Information to be provided*

The specific types of information reported must be clearly identified. Information can be categorized into two rather broad types – factual process oriented information that is considered objective and easy to measure and analyze (quantitative) and information that is often described as qualitative and may be more subjective to measure—based on opinion and situations.

Factual, or process-oriented data, include:

- Descriptive information that may be as simple as a list of active providers, locations and contact information, services offered, eligibility criteria; and enrollment capacity.
- Utilization data most often includes widely disseminated information such as volume statistics or use rates for various services.
- Compliance data typically indicate whether operational requirements are being met such as the presence of appropriate documentation for proper training, education, and/or experience of staff; the presence of required policies and procedures; and licensure and background screening documentation.
- Satisfaction measures are a type of measurement that are often considered quantitative, although the information that is reported can often be misleading if the response rate is low, the information is not collected impartially, or the responses are not representative of the entire population served. Consumer/beneficiary satisfaction surveys may collect and report information on the overall rating of the service, the coordination of supports, and if consumers feel their preferences and choices are taken into consideration. While satisfaction surveys can be informative, collecting and analyzing the data can be time consuming, costly and must be completed by skilled analysts.

Information that is often considered to be more qualitative in nature includes:

- Outcome measures can be objective (quantitative) but may also be subjective (qualitative) in nature. For example, hospitals may report mortality rates for different diseases or procedures, or vocational training programs may report on the number of persons who are gainfully

employed upon program completion. Outcomes may also be subjective measures that require interpretation of the circumstances, interviews, or conditions of the program, and are therefore more complex to define and measure. Are consumer's rights observed? Are the outcomes important to the individual being adequately addressed?

- Satisfaction measures, as indicated above and when obtained through survey research, are often quantitative. However, when the satisfaction or "contentment" level of a consumer is gleaned from an open-ended interview process, these measures become subjective and more difficult to interpret. The opinion of the reviewer and the circumstances surrounding each individual's life become part of the measurement process. Are you satisfied with your job? Do you like the way your provider treats you? Answers often require interpretation and are therefore subjective by nature.

#### Provide User Guidance in Interpreting Results

Stakeholders are often overwhelmed by the large amount of information available.<sup>5</sup> Reported information should tend toward being parsimonious—getting the best result with the fewest measures possible. Therefore, one of the primary objectives for publicly reported data systems must be simplicity of use, particularly with a web-based format. People have a limited amount of time to devote to "surfing the web" for information that can be used to guide them in their quest for providers and services. In addition, many people do not have access to high speed connections that facilitate the process as well as a limited amount of experience using the Internet. Ease of navigating the web site is essential. The framework of the reporting system needs to present data in a clear, understandable format that is easily accessible, with language and directions that can be readily understood by the average user.

Consumers need a clear idea of what the results mean in order to make an informed decision. A variety of formats can be used to convey information to the public, including bar graphs, percentages, and evaluative symbols. These formats can be presented in several ways such as: a newsletter to interested parties; pamphlets that can be distributed at regular intervals; a web page available to anyone; or a web page with restricted access. Whatever the preferred presentation of information, data and results can be effectively displayed in various ways. Evaluative symbols to indicate relative performance include asterisks, bullets, checkmarks, circles, diamonds, grades, plus/minus signs, squares and stars. Color and rank ordering can also be used to convey relative performance. Regardless of the presentation format used, easy to understand instructions in using and interpreting the information need to be posted or included in the document in a visible and prominent location.

Local and state benchmarks should be posted, and nationally recognized and utilized performance measures should be used when possible to help interpret and

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<sup>5</sup> *ibid.* pg 8.

assess the value of information presented. Is a 40 percent turnover rate good or unacceptable? If only 70 percent of the staff in an agency have documentation of the proper training, is this an anomaly or fairly consistent with other organizations? Benchmarks may include the following:

- Averages: national and state averages, averages of similar services or in similar geographic areas.
- Goals or predicted performance levels: Pre-established performance goals or outcome expectations.
- Highest Performing: Top 10% in the nation and/or state.
- Comparison to previous years.

The timely availability of data is important as well as the ability for the data source to provide updates in a format that can be easily incorporated into the system. New scores for provider performance should be reported efficiently and quickly. Therefore, regular updates to publicly reported data are essential.

#### *Provide a mechanism for Feedback and Evaluation*

Feedback is an important link in any system that operates to serve the public. Feedback can be solicited through mail-in surveys as well as through an on line survey feedback method for web-based materials. Either technique may solicit useful information from the users or potential users of the information. However, it is important to note specific differences in the cost and degree to which the results may represent the user population. Surveys mailed to a random sample of users (e.g., consumers or families of someone with a developmental disability, parents in need of child care), may provide a sufficient response rate (70% or higher) to determine how much they actually access the information, as well as feedback and suggestions to help improve the system. The responses will generate information that represents the targeted population, on average. However, mail-in surveys require a defined population (with correct addresses) and can be costly and time consuming.

If the interest is not in generalizing to the population, or a population cannot be well defined, web-based surveys may be effective and useful. Responses will originate from people who use or attempt to use a web site to access the information. Because the respondents are not randomly selected, it cannot be assumed that the information represents the thoughts or opinions of all the users, on average. However, if the survey is easily accessible, valuable feedback and suggestions can be solicited. The costs involved are mostly those necessary to set up and maintain the web-based survey.

Requests for feedback and the structure for providing input (whether a mail-in or web-based survey) should be designed by individuals competent in research and evaluation design techniques. Questions should be clear and simple and follow a logical format. Examples of the type of evaluative input and feedback from users that might help improve or enhance the public reporting system include:

- Identification of new or additional data including contact information, expanded service descriptions, new categories of information or trend information for existing data that may be helpful to users.
- Suggestions for new types of data displays. Graphic presentations of statistics can be confusing for people not familiar with reading charts and graphs.<sup>6</sup>
- Suggestions for improved site navigability for web based sites or layouts for hard copy materials.

## **Public Reporting in Florida**

Florida has moved aggressively to make public information available electronically and to provide a variety of information to consumers, providers, legislators and others. The state is becoming a nationally recognized leader in the area of public reporting for health care, social services and education. Data readily available, via the Internet, include individual licensure reports on health care facilities; status and locations of licensed professionals including actions related to suspension or revocation of professional licenses; and inspections of facilities for public health purposes. A variety of health data; public school “report cards”; and reports in the area of agriculture and consumer affairs are available in individual as well as aggregate formats based on various groupings (type, local geographic area, statewide).<sup>7</sup>

Governor Bush recently (June 14, 2004) signed into law an act that provides several measures designed to improve access to affordable quality health care for all Floridians through the Agency for Health Care Administration (AHCA).<sup>8</sup> Some of the initiatives of the law in the area of publicly reporting data include:

- A requirement that health care facilities provide a link to AHCA’s website to allow access to hospital and ambulatory surgical charges for inpatient and outpatient procedures as determined by the Agency.
- A requirement to provide consumers with meaningful information about the performance of their health care providers.
- A requirement that AHCA develop and implement a strategy for adoption and use of electronic health records.
- The creation of an infrastructure for real quality improvement and the reduction of medical errors. This initiative includes the creation of the

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<sup>6</sup> Barr, Judith K., Bony, Cathy E., Kochurka, Kimberly A., et al., *Public Reporting of Hospital Patient Satisfaction: The Rhode Island Experience*. *Health Care Financing Review*. Vol 23, Num. 4. Summer 2002.

<sup>7</sup> For example, see [www.myflorida.com](http://www.myflorida.com), [www.doh.state.fl.us](http://www.doh.state.fl.us), and <http://www.doh.state.fl.us>.

<sup>8</sup> Go to [http://www.fdhc.state.fl.us/Executive/Communications/Press\\_Releases/06\\_14\\_2004.shtml](http://www.fdhc.state.fl.us/Executive/Communications/Press_Releases/06_14_2004.shtml) for details.

Florida Patient Safety Corporation, a non-regulatory learning organization assisting health care providers to improve quality and safety of health care.

Currently, health care consumers in Florida have access to a wide variety of health related data for inpatient and outpatient procedures through the Florida Healthstat website ([www.floridahealthstat.com](http://www.floridahealthstat.com)). Using the Quickstat Link (<http://www.floridahealthstat.com/quickstat.shtml>) on this site, summary data are available for counties and hospitals that provide information on, for example, demographics of the population, discharge diagnoses and procedures, ambulatory and outpatient surgery, and cesarean rates. More advanced queries are possible using the Healthstat Link on the web page (<http://www.floridahealthstat.com/healthstatcq.shtml>), where consumers can specify the patient subset of interest, the time period and/or medical condition, and create a number of custom tables. Information on volume, patient day, length of stay and mean charges is readily available.

Florida has also been in the forefront of public reporting in K-12 education and has published report cards for individual schools that include a variety of demographic data as well as student performance on standardized assessments in reading, math and writing skills (<http://schoolgrades.fldoe.org>). Schools receive grades based on the improvement in their performance. Other information available includes enrollment trends, projected high school graduates, teacher shortages, teacher education programs, and much more. Local school district performance is aggregated and reported based upon the performance of its schools. Data are available in a web-based format as well as through numerous “hardcopy” formats.

A system that provides public information about available child care resources in Florida is the Child Care Resource and Referral (CCR&R) System. The Child Care Resource and Referral System provides many of the components in which stakeholders involved in the APD are interested and may provide a model for public reporting of services available through the APD. Jointly developed and maintained by The Florida Children’s Forum ([www.fcforum.org/findingchildcare](http://www.fcforum.org/findingchildcare)) and Department of Children and Families (<http://www.dcf.state.fl.us/childcare>) this valuable resource is a Federally required quality initiative funded through Child Care Development Funds (CCDF) that are administered through the Administration of Children and Families of the Department of Health and Human Services. Each state is required to submit a comprehensive plan biennially that includes information about providing current and valuable information about available child care resources. CCDF supports this initiative under its requirements to improve quality.

The Florida Child Care Resource and Referral system is a web-based system that provides a variety of information about child care providers and resources by geographic area. The web page is available to the general public as well as to designated Child Care Resource and Referral staff who assist families, including

those eligible for subsidized child care, in identifying child care that meets the needs of each individual family. The types of data include: the location of the child care program; type of program; hours and days of operation; capacity; ages served; availability of special programs and fee structure. Information on any accreditation that the program may have is included; and in some areas of the state a Gold Star system has been implemented consistent with the activities of the local Early Childhood/PreK Coalitions. Copies of licensing reports completed by the designated licensing staff are also included. When a standard is “not met” the rule is quoted and the “infraction” is described. If corrective action has been taken, that is also noted.<sup>9</sup>

## **Recommendations**

### **On Site Review Recommendation**

As noted in this report, tool changes were implemented in March 2003 that revised Elements of Performance and changed the scoring protocols, including the addition of a weighted factor for Elements of Performance determined to be more important than others. (i.e. Alerts and Outcome oriented elements). Therefore, reporting individual provider performance scores at the service, location or aggregate provider level, expressed as a total percentage of Elements which are Met, is not recommended for reviews completed during Year One through Three of the FSQAP project. However, *it is recommended that public reporting of provider performance on specific Elements of Performance be explored.* Primary consideration should be given to common Elements of Performance that will continue to be reviewed through the new On Site review processes (CORE and WiSCC).<sup>10</sup> For CORE and WiSCC, these Elements of Performance have been identified as Minimum Service Requirements (MSR's). There are five MSR elements of performance reviewed in the WiSCC process. These requirements are assessed for all Waiver Support Coordinators and are critically important components with which to comply in order to provide adequate, safe and effective services for consumers:

- Level 2 background screenings are completed for all direct service employees. And, employees undergo background screening every five years if applicable;
- WSC has attended required training;
- 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);
- The provider bills for the service at the authorized rate;
- The provider maintains documentation required for billing.

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<sup>9</sup> Go to <http://199.250.30.131/childcare/provider/providersearch.aspx> for more information and examples.

<sup>10</sup> Recommendation Two addresses Desk Reviews.

There are seven Minimum Service Requirements monitored in the CORE process, two with additional requirements designated specifically for new providers. These are assessed for all providers of the remaining five On Site services and have been monitored by reviewers for three years:

- Provider meets service specific projected service outcome(s) as identified for each service (Adult Day Training, Non-residential Support Services, Residential Habilitation, Supported Employment, and Supported Living Coaching).
- Level 2 background screenings are completed for all direct service employees. And, employees undergo background screening every five years if applicable;
- Independent providers and agency staff receive other training specific to the needs or characteristics to the individual as required to successfully provide services and supports (Note: New providers have the required training and qualifications required for the service).
- Proof of required training in recognition of abuse and neglect and the required reporting procedures are available for all independent providers and agency staff;
- Provider is authorized to provide the service;
- The service is provided and billed as authorized (Authorized rate, frequency, staffing ratio as appropriate);
- The provider maintains required documentation (Note: New providers maintain required documentation to include all required policies and procedures).

#### Desk Review Recommendation

Desk Reviews require compliance with many of the same MSR elements as described in the On Site recommendations. *It is recommended that provider performance on MSR Elements of Performance be reported for providers of Desk Reviewed services, particularly elements concerning level 2 background screenings and documentation of training on abuse and neglect.*

Further, *it is recommended that a list of active providers who have not responded to requests to be reviewed be posted.* This group is typically those who are subject to a Desk Review. State policy requires that two letters be sent to the provider. If the documentation, other relevant information, or some form of response has not been submitted within two months of receiving the second letter, a third letter is sent to AHCA and copied to APD and to the provider. Providers who fail to respond after the third letter should be listed with a non-compliant review status. This list should be updated monthly to remove providers who subsequently comply with the requests, remove providers who have discontinued the service, as well as add additional providers who have not responded to requests for information/documentation.

Deleted:

#### Increasing Current Accessibility to Information

Provider Performance Review reports are available through the project team area of the Delmarva-Florida web site. Access is limited to project staff, and state AHCA and APD staff. Information in this area includes copies of PPR and PCR reports as well as confidential information related to claims data, individual demographic data and other data that reviewers or state personnel need to access in order to complete reviews or to perform oversight activities. *Because the Provider Performance Reviews do not contain any confidential information, it is recommended that the feasibility of making this information publicly available through the Florida Delmarva website should be explored.*

#### Testing the New Review Processes

The new WiSCC and CORE processes are unprecedented. Reliability testing was initiated during the week-long training session for reviewers, before implementing the new processes. However, the importance of reporting data tested for validity and reliability has been noted in this report, and an ongoing effort should be made to continue to test the new tools throughout the first year of utilization. *Therefore, it is recommended that overall provider performance results from the WiSCC and CORE On Site review processes not be reported for the implementation year (Year Four). Further, it is recommended that during the second contract period (FY 2005-2009), an approach for publicly reporting results be developed.* Public reporting should include providers who are achieving desired results, making significant progress towards achieving results, and those who are not making any progress towards improving results.

#### Provider Information, Services , Supports and Reporting System

A long-term recommendation that is more comprehensive than simply the public reporting of provider performance, is the development and implementation of a Provider Information, Services, Supports and Reporting System. A list of enrolled providers of services in each district, by service category (<http://www.dcf.state.fl.us/apd/provider/vensearchdist.shtml>) is currently available through the APD website. While the list is updated semi-annually, not all providers are active or are accepting new business. The site also contains information on the specific qualifications providers need to provide certain services and the DD HCBS waiver application, and a link to FSQAP where providers can review the tools used to assess their performance. *It is recommended that the feasibility of using the current APD web site as a potential starting point or base for a Provider Information, Services, Supports and Reporting System be explored; and further that this list be updated monthly and include guidance for potential consumers on selecting services and providers.*

The development of a Provider Information, Services, Supports and Reporting System should be based upon the information needs and desires of the intended users (or stakeholders), with a user work group identified to help with its construction. In addition to providing data on performance or results, it could serve as a current information source of enrolled and active providers and include

the services available through each provider. Demographic and program characteristics (identified by the user group) for each provider might include: How long have they been authorized to provide this service? How many developmentally disabled people do they serve? What types of disabilities do the people they serve have? Other helpful information might be tips on how to choose a provider, what types of questions to ask a potential provider and what to expect from the service to be provided.

Based upon user input, a framework should be designed for the presentation of the desired components and a process defined for regularly assessing data and maintaining an accurate database. The work group should determine how often different components should be updated. Relevant benchmarks should be identified and the efficacy of posting them on the web page should be discussed. Finally, the design process should clearly address not only development costs, but also the required resources to maintain and update the system on a regular basis.