Florida Statewide Quality Assurance Program

Quality Improvement Study
Contract Year 5: July 2005 – June 2006

Barriers to DD HCBS Services from the Perspective of Waiver Support Coordinators, Service Providers, Area Quality Leaders, Families and Individuals with Developmental Disabilities

Florida DD HCBS Waiver

Prepared by Delmarva Foundation

Submitted to the Agency for Health Care Administration
and
The Agency for Persons with Disabilities

Executive Summary

The Agency for Health Care Administration (AHCA) and the Agency for Persons with Disabilities (APD) have recently initiated a shift in the focus of services rendered to individuals through the Developmental Disabilities Home and Community Based Services Waiver (DD HCBS). The program focus moved from quality assurance to quality improvement, providing a system dedicated to improving outcomes for individuals with disabilities—an outcomes-based program. Some evidence suggests this new focus may be positively impacting lives. However, barriers exist in any system and identifying them is critical to the improvement of services. This study is intended to identify these barriers, both real and perceived.

Data were obtained from three sources. A Waiver Support Coordinator Consultation (WiSCC) is completed annually for all support coordinators in the DD HCBS system. Through this process, 2,852 barriers were identified by WSCs during the 12 month period ending June 2005, grouped into 28 major categories (plus “other”). These barriers were recorded in the data and available for analysis. Focus group discussions were held in four different locations to obtain information from other service providers, individuals receiving services, and family members. Finally, one-to-one interviews were conducted with APD’s Area Quality Leaders (AQL) in six different APD Areas. While data from the WiSCC are quantitative and results are representative of all DD HCBS WSCs, data from the focus groups and interviews are qualitative and intended to help understand real and perceived barriers across the state and to implement programs to address identified issues.

Findings indicate stakeholders throughout the system are faced with some of the same barriers to optimal service, as well as with barriers unique to their own location in the system. WSCs and service providers (services other than Support Coordination) consistently confront issues surrounding paper work and work loads that force a focus on business rather than the individuals being served. Transportation issues surfaced in virtually every focus group and AQL interview, as well as in the WSC data. This needed service is difficult for individuals to get as it is only provided in conjunction with other Waiver services; payment to providers is often denied or delayed due to cost plan and/or service authorization problems; and, it is often unreliable and as such can create safety issues for individuals or problems procuring or maintaining work.

Also identified were problems for parents and individuals for students transitioning from high school to college or employment. One issue discussed was a lack of communication/cooperation between APD and Vocational Rehabilitation (VR). Also, WSCs are not consistently attending the Individual Education Plan (IEP), further hindering communication between the school district, APD and families. Families are often unaware of the processes through which students need to progress in order to facilitate a smooth transition from the high school environment.

Communication, in general, was an issue identified among all the participants in the study. WSCs are not consistently inviting all the service providers to the Support Plan

meeting, an essential component of an individual's system of services. AQLs noted a lack of communication among all service providers and also, at times, difficulty communicating with the APD program office. Service providers mentioned a lack of communication with their local APD offices while at the same time AQLs noted the difficulty in communicating with all providers due to time and budget constraints.

Training and education were a source of frustration for many of the providers and also noted by WSCs. A lack of training was the top ranked barrier noted by support coordinators, particularly in Areas 8, 11, 12, and 13 and most often perceived as a problem at the level of the APD Area office. Some confusion seemed to exist as to the requirements for different services. Trips to the Area APD office for training sessions are sometimes difficult and costly, particularly in areas that cover large geographic areas. Budget constraints prevented some AQLs from traveling to beneficial training sessions, and many providers noted the need for more/better training for WSCs.

In most every focus group there was some discussion/frustration with Waiver Support Coordinators and their ability to effectively coordinate services. Providers have difficulty being paid for services that are not authorized due to inaccuracies on cost plans, the responsibility of the WSC. This creates financial barriers for service providers. In addition, some evidence suggested rates for many services are too low, particularly for individuals needing full time care. Financial issues were also identified as a barrier for individuals. Finally, prior service authorization problems were discussed in every focus group, noted by WSCs, and also perceived as a problem by AQLs. On a good note, APD has worked with AHCA and Delmarva on several initiatives to improve this process.

As a result of the findings from this study, we provide the following recommendations:

Recommendation 1: It was recommended in at least one group discussion to provide transportation services that are not provided in conjunction with another service. This could help alleviate crowded conditions as well as possibly offer more choice for individuals who are apparently unhappy with the transportation they have.

Recommendation 2: APD should investigate the perceived concerns AQLs and providers have expressed as to the inequitable rates for transportation services.

Recommendation 3: Area APD offices should explore other options for improving transportation, such as grants or special programs.

Recommendation 4: Several AQLs reported they have quarterly meetings with providers and/or support coordinators. While some appear to be well attended, others are not as successful. One Area has started a large semi-annual meeting for support coordinators and service providers to improve communication among them. A quarterly or semi-annual workshop should be required for all providers, offered in several strategic locations across each APD Area, to improve provider relations and enhance communication.

Recommendation 5: There appears to be confusion relating to the required training for each service and who must provide the training, as well as concern that training offered by Area APD offices is insufficient. Because Delmarva's newest contract limits the number of sessions they will offer, we strongly recommend APD ensure all required training is offered in all APD Areas at least once during the year, and also ensure that other necessary and relevant sessions be offered in each Area as requested/needed. Sessions should either be offered in several locations across the Areas or APD should train providers to offer the training locally (train the trainer), using the knowledge and experience of Area providers when possible. Training sessions could be held in conjunction with larger meetings to bring providers together in an effort to improve provider relations and communication, as recommended above.

Recommendation 6: Local Area offices should regularly provide updated information to all providers on training requirements for each service, how these can be fulfilled, and dates and times of each training session.

Recommendation 7: There is a great need to work closely with the Department of Education (DOE) to determine the extent of transition planning across the state, how this varies by school district, and how it impacts individuals with disabilities. We recommend APD and Delmarva continue the current efforts to work with DOE on a two year study that will help identify district transition planning processes, the extent to which students participate in them, the knowledge level of parents, and the degree to which participation in the process helps high school graduates transition to gainful employment or college.

Recommendation 8: It is recommended that AHCA and APD revisit the waiver application to create efficiency in the process. APD should review the current system and identify opportunities to roll out new initiatives that reduce work load/paper work for all providers and simplify the application process for new providers. APD should also develop procedures to ensure the adequate notification and timeliness for implementation of each initiative.

Recommendation 9: The newly developed support plan process – Part A and B – will have an impact on the delayed service payments and service eligibility. The state should ensure WSCs have sufficient training in the new process.

Recommendation 10: Because the WSC is the "team captain" in terms of the provision of services to individuals, it is essential each WSC is well trained for the position. APD should ensure WSCs receive adequate training in the development of cost plans as well as the overall responsibilities of the job. WSCs would also benefit from training in the development of teams and team work to enhance and encourage all providers working with an individual to advocate for that individual and work together to improve all outcomes for the person.

Recommendation 11: It will be essential to monitor the PSA process over the next year, after the new support plan has been implemented in June 2006. A study exploring the impact of the new Support Plan on service authorization should be considered.

Recommendation 12: The local APD offices should investigate Area specific barriers as identified in this study, and implement strategies for improvement if appropriate.

Introduction

The Delmarva Foundation, through a contract with the Agency for Health Care Administration (AHCA) since September 2001, has provided a quality assurance program for persons served through the Developmental Disabilities Home and Community Based Services (DD HCBS) Waiver, called the Florida Statewide Quality Assurance Program (FSQAP). AHCA and APD have recently initiated a shift in the focus of services within this program from quality assurance to quality improvement, providing a system dedicated to improving outcomes for individuals with disabilities. As part of this shift, the Waiver Support Coordination Consultation (WiSCC) was developed to monitor Waiver Support Coordinators (WSC) and complete Personal Outcome Measures (POM) interviews with individuals receiving services. Some evidence suggests this new focus may be positively impacting lives. However, barriers exist in any system and identifying them is critical to the improvement of services. This study is intended to identify these barriers, both real and perceived.

In developing the WiSCC process it was decided to collect information that could help determine where problems may exist within the delivery system for support coordinators. A discussion of both strengths and barriers is completed at the opening conference of the consultation in order to provide a framework with which to continue the consultation. The tool and application were designed to document these for each support coordinator. It was decided to not only collect data on the identified barriers but also on the level at which the barrier exists (state, local area, agency, etc.) and the WiSCC element for which it is relevant.

A limitation of the barriers recorded during the WiSCC process is that they only represent the perspective of waiver support coordinators. Barriers exist within the DD HCBS service delivery system for WSCs, but also for other service providers, individuals receiving services, families of those individuals, APD staff, and the school systems. The purpose of this study is to examine a broad array of barriers throughout the DD HCBS program in an effort to identify areas for which intervention strategies may be appropriate. A combination of quantitative data from WiSCC results and qualitative data from focus group discussions (with individuals receiving services, family members and service providers [not support coordination]) and interviews with APD staff is used to explore barriers within the system from the perspective of a variety of people who have an interest in an optimal service delivery system that enhances the accomplishment of desired outcomes for individuals receiving services.

Data and Methods

Data for this study were collected using three different techniques: information recorded as part of the WiSCC, focus group discussions and one-on-one interviews. Barriers from the perspective of support coordinators are taken from the WiSCC, as described above. A WiSCC is completed annually for all support coordinators who provide support coordination for individuals receiving services through the DD HCBS Waiver. Included

in this study are WiSCC evaluations that were completed between July 2004 and June 2005.

Barriers information is recorded by the use of "drop down" menus, with pre-determined selections within each WiSCC element.[1] During the first six months after the WiSCC was implemented, drop down menus for barriers had not yet been integrated into the WiSCC application. Therefore, consultants described barriers in text format. When appropriate, these were coded into one of the available options from the list. Barriers are coded as "other" when no logical link could be established with a pre-determined code.

In addition to issues faced by support coordinators, it is important to examine barriers from the perspective of other stakeholders within the DD HCBS service delivery system. Several focus groups were conducted across the state to gather information from individuals living with disabilities, family members, and providers of services other than support coordination (referred to as service providers to distinguish them from support coordinators). Focus groups were conducted in south Florida (Miami Area), Central Florida (Sebring and Tampa) and North Florida (Tallahassee). In addition to the research scientist, two Delmarva consultants participated in the focus group discussion in Miami, assisting with communication and translation. A Regional Manager participated in the focus groups in Sebring and Tampa. A total of 49 people participated including:

- Providers of
    - Residential Habilitation
    - Supported Living Coaching
    - Behavior Analyst
    - Adult Day Training
    - Chore
    - Companion
    - Transportation
    - In Home Supports
- Individuals living in group homes, family homes, independent living and supported living
- Parents
- Exceptional Student Education (ESE) Teachers

To gather information from the perspective of the Agency for Persons with Disabilities (APD), individual interviews were conducted with Area Quality Leaders (AQL) working with local APD offices. Interviews with AQLs were completed with representatives from APD Areas 1, 2, 3, 10, 11 and 13. These were one to one interviews with the exception of AQLs from Areas 10 and 11, who were interviewed simultaneously.

Both focus group and one-to-one interview settings provided an open, non-structured format. Participants shared information about barriers pertinent to their lives or the lives of the people they serve. While these data collection methods are ideal for gathering

[1] See Appendix A for a detailed list of all barriers.

information from a broad array of stakeholders, it is important to note the data collected are not from a random sample and can not be used to generalize results to the entire system. Statements made, and reported here, may or may not reflect the vision, mission, values and/or direction of APD in general. Results can be used to guide further research and/or initiate programs that help alleviate perceived or real problems.

A few similar questions/issues were referenced in each focus group and during each interview in order to gather information from the AQLs, providers, individuals living with disabilities, and families on similar issues. These were identified from review of WiSCC barriers and comments. However, other topics that had not been culled from the WiSCC information were also discussed at almost every group, such as transition issues and problems surrounding support coordination and prior service authorization. Therefore, while similar issues were addressed, the format used generated open discussion that varied from group to group. Similar "probes" included questions about:

- Quantity and Quality of providers
- Communication
- Solutions to barriers
- Denied services
- Financial problems
- Attitudes or labels
- Transportation
- Provider/APD office relationship

Results

<u>Waiver Support Coordinator Barriers (WiSCC)</u>

There were 2,852 barriers identified by WSCs during the 12 month period ending June 2005, grouped into 28 major categories (plus "other"). The series of exhibits in Appendix B shows the distribution of these barriers across categories, APD Areas, Level, and WiSCC Element. Highlights from Exhibit 1 include the following, from the perspective of support coordinators:

- The barrier most often cited indicated a *lack of training or ineffective training* is available in the Area (9.2%).
- *Time limitations due to workload* (8.8%) and t*ime limitations due to Area or State initiatives* (8.0%) rank second and third. Workload issues include caseload, paper work, and all issues pertaining to providing services. Area and state initiatives may pertain to efforts required to automate cost plans or to complete Individual Cost Guidelines.

In Exhibit 2, the first table contains the number of barriers by APD Area and the second table lists the percent. Each column represents the total number and percent of barriers

by APD Area. The data indicate that in some Areas, there are one or two barriers that appear to be more prevalent than others (excluding the other category):

- In Area 1 the most prevalent barrier is the *support plan is driven by prior service authorization*. This is relatively greater than in any other Area.
- *Changing priorities* by the state, forcing a shift in focus for the providers, is ranked highest in Area 2. Examples of changing priorities may be a new requirement to find out if individuals want employment or to find out where all residents will go in case a hurricane hits the Area.
- In Area 3, *workload* issues create barriers for WSCs. *Ineffective training*, *lack of provider follow-thru* and *changing priorities* are also important barriers in this area.
- Area 4 WSCs are most often impacted by *time limitations due to State and Area initiatives*.
- *Ineffective/insufficient training* sessions are fairly dominant barriers noted by WSCs in areas 8, 12, 13 and particularly in 11.
- In Areas 9 and 15, *undue family/guardian influence* is the most prevalent barrier for support coordinators.
- *State and Area initiatives* and *changing priorities* impact WSCs in Area 10.
- WSCs in Area 23 ranked *time limitations due to Area and State initiatives* first as a problem in providing services.

Meaningful comparisons can also be made within each barrier, across APD areas and to the statewide total. If all APD areas have about the same barriers issues, each APD Area should have close to the statewide percent for the barrier. For example, 3.6 percent of the barriers statewide indicate a problem with transportation being available. If this problem were distributed evenly across the state, each Area would also show approximately 3.6 percent of the barriers as related to transportation. However, 11.1 percent of the barriers in Area 15 reflect a problem with the availability of transportation, much more than expected given the statewide total. This may indicate that Area 15 has some unique issues related to transportation that providers, the Area APD office, and AQLs should explore. Other barriers of interest include the following:

- In Areas 8, 13 and 14, *availability of community resources* is somewhat higher than expected.
- As noted above, *transportation barriers* appear to be an issue much more often in Area 15 than in any other area.
- Barriers to *effective training* are much more of a problem in Area 11 than any other area, and much higher than the state average. This is of interest since the Delmarva Manager in charge of training has noted that Area 11 is the only Area that has not requested any training from Delmarva thus far during the current contract year. In addition, the AQL in this Area indicated there is a lack of access to formalized training, especially in choices, and they need more education.
- *Lack of individual and/or guardian follow thru* is much more likely to be a problem for support coordinators in Area 9 than in any other area.

- Issues concerning the s*upport plan driven by prior service authorization* are cited in Area 1 (11.6%) more than would be expected, given the state average of 6.3 percent. This is much more prevalent in Area 1 than in any other Area.
- Area 10 coordinators face barriers pertaining to *time limitations due to* A*rea and State initiatives* and *changing priorities* relatively more often than other areas and much more than the statewide average.
- *Undue family or guardian influence* as a barrier to providing services appears to be problematic relatively more often in Areas 9 and 15.

Exhibits 3 and 4 have the same format as Exhibit 2. Exhibit 3 indicates where in the system the support coordinator perceives the barrier to be a problem: at the level of the State, Area, Agency (WSC), Treating Provider (WSC), Family, Individual, or the Service Provider (other than Support Coordination).[2]

- The State (669 or 25.4%) and Area (607 or 23.1%) are the top two levels at which barriers in general were identified.
- *Ineffective trainin*g ranks highest as a problem at the level of the APD Area (21.9%), much higher than the state average.
- A *lack of provider follow thru* is most often seen as an issue with the service provider, more so than with the treating provider (WSC). However, it is important to remember these results are from the perspective of the WSC.
- *Time limitations due to workload* issues are most often associated with the state.
- *Time limitations due to changing priorities* are most often associated with the agency or the treating provider.
- A *lack of financial resources* is most often identified as a barrier for individuals.

Exhibit 4 shows the distribution of barriers as identified by support coordinators across the 11 elements that are evaluated during the WiSCC.[3] The first six are related to outcomes and barriers impacting each are described below:

- Element 1 is a measure of how well the support coordinator knows the people being served. Barriers to this most often relate to *time limitation due to workload issues* and to A*rea and State initiatives.*
- Element 2 measures the awareness of and advocacy for individuals in terms of their health, safety and well-being. *Ineffective training* is often cited as a barrier in this area. In addition, when c*ommunication limitations with individuals and family members* are identified, they are seen as a barrier more often for Element 2 than for any other element.
- Element 3 identifies the extent to which the support plan includes the choices and preferences as identified by the person. *Ineffective training* and *undue influence from families, guardians and providers* impact this outcome. However, this is most likely impacted by using the support plan for prior service authorization—*support plan driven by prior service authorization, (services not approved or not*

[2] Totals on the tables vary due to missing data elements.
[3] See Appendix C for a description of each WiSCC Element.

funded). APD, AHCA and Delmarva have already taken steps to improve this by developing a new support plan that is currently being piloted in certain areas across the state.

- Element 4 is a measure of not only how well the WSC has identified the supports each person has, but how well the WSC has implemented strategies to address barriers. The number one barrier for this element is a *lack of provider follow thru*. *Time limitation due to changing priorities* is also often perceived to be a barrier for this element. This refers to state or Area initiatives that "take the place" of other responsibilities the WSCs have, placing new priories into their schedules.
- Element 5 refers to how well WSCs help facilitate the "3 E's" in the lives of people they serve: education, exposure and experience. This element was identified with the most barriers (589 or 20.8%) compared to any other element. Three barriers most often identified indicate *community resources* and *community transportation are not available,* and there is *undue family/guardian influence* on the individual.
- Element 6 is the last outcome element measured in the WiSCC and refers to the accomplishment of positive results for the people being served by the WSC. *Time limitations due to Area and State initiatives* create barriers for WSCs in this area.

Focus Group Barriers

Focus groups were used to collect information from providers of services other than support coordination, from individuals with disabilities and from family members. Participants in the groups were free to discuss any barriers they felt prevented them from receiving services or delivering services at optimal levels. Each group had a mix of providers, individuals with disabilities and family members. It is important to note that focus group data are not collected from a random, representative sample and should not be used to make gross generalizations across the state. However, the information is useful in determining barriers that exist for the people being interviewed in each APD Area, and in directing research and policy initiative within other APD areas to address barriers that may be the same or similar to those outlined in this study. Themes that emerged from the group discussions included issues involving:

- Transportation
- Transition
- Parental influence
- Education/training
- Communication
- Prior Service Authorization and Service Authorization
- System/Process/Area Office issues
- Financial Barriers
- Support Coordinators
- Community Resources and the 3 Es
- Quality/Quantity of Providers

Transportation

While a few participants were happy with their transportation, issues surrounding transportation were a part of every focus group discussion. Specific problems noted by different participants included:

- Needing and learning to use a different wheel chair in order to use public transportation to get to the community college;
- A driver wanting individuals to change the hours they work to avoid having to pick them up after eight in the evening, contradicting APD's policy/vision;
- Being unable to get to the job of their choice, or to the job they have;
- Drivers are often late or unreliable, sometimes causing individuals to miss work or wait in the dark with no phone to call for assistance;
- Putting four large people in one seat—over crowded conditions.
- None available through Vocational Rehabilitation. After receiving counseling to be able to go to work, there is no way to get there.

A transportation provider who participated in the focus groups brought a different set of issues to the table, often overlapping with problems surrounding communication with support coordinators, approval of the support plan and service authorization for billing purposes. Sometimes the "support coordinators don't always know what to send in to Maximus or APS". This lengthens the process and delays payment to providers. Medicaid numbers may be incorrect so the service is not authorized or there may be no updated support plan. Providers may continue to provide the service but have a lot of difficulty receiving payment.

Transition

Planning to move on to gainful employment or to post secondary education is an important component of every high school student's education. For people living with disabilities, this is an even more vital service. However, evidence gathered in the focus group discussions suggests the transition planning across some areas of the state may be weak. Several problems and concerns were discussed:

- The Individual Education Plan (IEP) meeting should include both agencies—support coordinator and the school district. The support coordinator is the key for the individual in getting needed services, so it is "a barrier when the support coordinator is not there to help with transitioning from high school to work." Participants in the groups suggested support coordinators need training in this area so they can effectively communicate with parents, individuals and school districts.
- Better cooperation/communication is needed between Vocational Rehabilitation (VR) and APD. VR pays for some employment factors and on-the-job training, and then APD provides ongoing support services to maintain employment, but "the transition from VR to APD is not fluid." Students may graduate from high school and be approved for Adult Day Training but not for transportation. This

indicates a breakdown in the planning process, in particular between APD and the school system, and possible VR.

- According to many participants in the focus groups, parents are often unaware of the transition planning process. This is a huge barrier to the success of the process. Some fault the school system because students are "taken care of" in high school so parents think employment will logically follow after school, "but it doesn't". They may need supported employment and this must be part of the long term planning process.
- An issue mentioned in several focus groups was that "parents don't realize they need to start the process before age 22." According to several ESE teachers, students graduate and there is a "what now" time period. All too often, "when students leave school all they know is ADT, rather than thinking about a job or college." Typically families wait until graduation to address transition but by then it is too late to get needed services and individuals go on a waiting list. Families often do not understand that if they refuse a service at one point in time, they are removed from the waiting list. Later, when they need the service, they may think they are still on the list but find they must start the process over again.
- One individual believes the difficulty in being able to tour different campuses is a barrier in transitioning to college. He would like to see all people given the opportunity to have the exposure and experience of visiting a college so they can get excited about it and get a real feel for campus life.

Parental Influence

At the same time as participants were indicating the importance of parental participation, they also noted that parental influence can itself be a barrier. Parents, providers and individuals all agreed that not all parents "allow their children to thrive toward independence". The parent may not give the child a choice or may say the child is simply limited in what she/he can do. They may treat the providers as if they are a daycare system rather than getting involved in actively working with providers to move their child toward independent living.

Education/Training

Education and training was noted frequently by WSCs in the previous section as a barrier to services. These were also discussed in each focus group, sharing a variety of issues and problems that were directed mostly to training offered and/or required by the APD area, consistent with findings in the previous section.

- "Training needs to be more consistent" and "updated".
- There was also a feeling that APD needs to be more active in training providers.
- One Supported Living Coach provider felt face to face training was more appropriate for this service than online training modules. He felt a need for better communication with the Area APD office to learn about the services offered for individuals.
- Several groups discussed the problem of having to send providers to the "district" for training. They felt there should be a "train the trainer" program so they could

train people in their own Areas and save the expense of traveling to the local Area offices.
- A provider asked "What training is required and who can provide it? Does it have to be APD staff?"

Other training/education issues included:

- Training is needed for community members and potential employers. This could help provide exposure and experience for individuals living with disabilities.
- The Behavioral Analyst does not always provide training that is needed to teach providers how to collect data on certain aspects of an individual's behavior.
- Lack of effective cooperation with Vocational Rehabilitation.
- Lack of training related to the Family Supported Living Waiver resulting in a lack of providers on this waiver, especially for transportation.

Communication

A vital component of any program is a clear and operational system of communication among all stakeholders involved in the processes. Communication must be effective across stakeholder groups, among state agencies, across provider agencies and between providers and consumers/families. Some of the issues discussed above in terms of transition from high school show a breakdown in communication between school systems and families. Communication with the community is also essential. In every focus group there was some discussion of communication problems as barriers to optimal services.

Communication with APD was noted as a problem in some groups. Issues discussed included the following:

- Providers of Supported Living may know the APD employment goals for ADT (these were discussed at the December IQC meeting attended by the provider). However, they do not know of any goals for their service. "What is the APD employment goal for Supported Living? What is APD doing to achieve their five year employment goal for ADT?" Apparently this information was not known to the participants in the group.
- "Who/what is APS? APD should be educating us on this."
- "Who can explain the process of getting adaptive medical equipment?"
- Some participants expressed a desire for Delmarva and APD to communicate better. APD may focus on the use of new forms and sometimes Delmarva consultants are unaware of them. This creates conflict for the provider.
- A provider in one Area felt the "APD office is invisible". Consumers and providers see Delmarva more than they see APD. APD is not sharing what is happening in their areas with all providers and does not use provider knowledge enough.

Recent analysis of the FSQAP data indicated that one of the most important components of a provider's organization, in terms of generating positive outcomes for individuals, is the degree to which providers communicate with all providers involved with the

individual, advocating for needed services in all areas. However, inadequate communication among providers has been identified as a barrier by many participants in the focus groups.

- Several providers noted difficulties in communicating with Support Coordinators. This is essential in terms of getting the correct information for service authorization and billing purposes.
- A provider encouraged individuals to communicate with their support coordinator about problems at home. However, the provider did not appear to be communicating with the WSC to advocate for the individual.
- Better communication is needed between day and night programs. The distinction between Supported Living Coaching (SLC) and In Home Supports (IHS) is not always clear, so chores may not be completed when assumptions about responsibility are incorrect. A good WSC can help with this, if a communication system is in place.
- A provider at an ADT spent three years trying to communicate with a WSC and Certified Behavioral Analyst (CBA) regarding medication and behavioral problems for a particular individual.

In addition, some evidence suggests providers are not communicating well with individuals living in home environments. Parents who have children in school are often not informed they can also receive services in their home. ESE teachers in the groups indicated they may not be aware their children can receive Physical Therapy or Occupational Therapy or other needed services.

<u>Prior Service Authorization and Service Authorization</u>
Maximus and APS were cited as a barrier in every focus group with the exception of the group in Tallahassee (which consisted primarily of individuals). Several groups discussed the difficulty in using the support plan to drive the authorization of services; the conflict between a person–centered approach and a medical necessity framework. When providers are honest and report the improved well being of individuals, services are often denied, determined to be no longer medically necessary. The concern is that "the consumer's needs will always be there" and the opinions expressed by the groups are that Maximus and APS do not fully understand this. Some comments included:

- PSA—it takes too long to get it done.
- Sometimes the support coordinators don't know what to send in.
- A big barrier is APS.
- Justification for services focuses on the most negative aspects of the person.
- Authorization was really bad, but it has gotten worse with APS.
- Approvals are still pending, with no response from Maximus or APS.
- The support plan is too long.
- Providers justify services (send all the information) to the WSC and have to further justify them to APS or Maximus. "What more do they need to know?" One provider suggested it would help to eliminate the "middle man" (APD/WSC) and let the provider deal directly with APS.

APD and Delmarva formed a Support Plan Workgroup to address many of the issues noted above. The group has developed a new support plan with two parts. Part A focuses on the individual and their desired outcomes. Part B provides information necessary for service authorization. It is hoped this new approach will help alleviate some of the difficulties providers have faced. In addition, APD has worked with both Maximus and APS in an effort to improve communication and current authorization processes.

However, there are other aspects of the service authorization process that appear to be problematic. When a consumer goes off the waiver and returns, they receive a new Medicaid number. Often providers are unaware there is a new number so the wrong number is used when billing for the service. Several providers asked "who is responsible to straighten out the numbers?"

Area offices want the WSC to wait until the end of the month to request an extension of the services, but this may create problems for providers. While the extension process is being completed, they may continue to provide services but are not authorized to render them and therefore not paid. One transportation provider was waiting for over $14,000, due to delays in extension approvals.

System/Process/Area Office Issues

Some providers indicate a lack of support from their Area offices as a barrier. Long, complicated and cumbersome applications and other paper work are common barriers and many providers depend on assistance from their offices. In several instances providers noted little help was available.

- A consumer wanted to submit an application for companion services and called the local APD office for help. She was told "if you aren't smart enough to fill out the form, you can't be a companion." The process can be intimidating and confusing. Applications may be sent back with parts incomplete, but according to some providers, these parts seem irrelevant to the specific service. It took three months to finish the application.
- Similarly, an application for transportation services took nine months. The original paper work was sent to the wrong office but there was no response from the Area that it needed to go to another office.
- A provider with a Long Term Residential Care (LTRC) facility lost his roof during a hurricane. He used a temporary tarp but the health department closed him down. He related that APD did not try to help him reopen and when he did reopen, APD said "suspiciously, where did you get the money"?
- Another provider was very disappointed in the local APD office and its lack of interaction with consumers or providers in the area.
- Provider enrollment process is cumbersome and redundant with no training or formal procedures made available to the Area that ensure consistency and timeliness of the process.

"Too much paper work" and too much of a focus on paper work were common themes across all the focus groups and also noted by the WSCs during the WiSCC. "You need to jump through a lot of hoops" to get a CBA, so it can take months. When providers have to focus on the paper work, they are unable to focus on the consumers. "The system needs to focus on the consumer. Homes need to be more like homes than like business entities." Area APD staff may check group homes every month, but they examine paper work and fail to interact with consumers.

An additional system/process issue noted in one focus group relates to the psychological required for eligibility. The language of the requirement is that a "full scale IQ" test be completed. This is not always possible as some consumers are non-verbal or lack the ability to perform the fine motor skill portion. Therefore, these sections may not be administered by the psychologist. However, the APD Area office "says they did not get a full scale IQ, so they can not process the eligibility application". This provider would like to see a change in the language of "full scale IQ" and cooperation from the Area office in the form of a letter, when needed, indicating certain portions of the test are irrelevant to a specific consumer.

Financial Barriers

Results for the WiSCC barriers indicated financial problems were an issue for individuals more so than providers, agencies, the state or the area. However, data from the focus groups suggests financial barriers are prevalent for providers who are not support coordinators as they try to provide services across the state. Issues discussed included not only insufficient pay rates for services but also difficulty getting the correct amount of money, difficulty getting paid, and not always knowing who to bill.

- Pay is not always appropriate for the amount of work being done. "Low functioning individuals may need constant monitoring. The rate for this is ridiculous."
- Rates were reduced a few years ago. "They are too low."
- A Cost of Living increase is needed. "Workers Compensation and other insurance have tripled but most rates have not increased."
- "We need more money and more staff."
- Recently transportation had a rate increase, but service authorization did not reflect the newer rate. Until the new rate is entered into the cost plan, the provider must bill at the old rate to be reimbursed.
- Current Mercer Rate Structure is too complicated and not functionally driven.

Support Coordinators

Barriers were noted in terms of some support coordinators and the processes for which they are responsible. Several of these associate closely with other barriers, such as financial issues when forms are not properly completed or completed in a timely way.

- The support coordinator is responsible for updating the cost plan but it does not always appear to be a priority for them.
- The high rate of WSC turnover is a problem.

- Several providers discussed the need for more training for the support coordinators, particularly in terms of completing the support plan and other forms. Forms have been completed with the wrong Medicaid number, wrong name, or wrong rate. In one case an individual "stayed home for five months waiting for items to be corrected."
- Providers would like to be asked by the WSC if they would attend the support plan meeting, and this does not appear to be happening consistently. One provider stated he was told "the consumer doesn't want you there", but he thinks "they are playing a game and just want the meeting to go quickly."
- Several participants in the groups mentioned a need for more/better training for WSCs.

Community Resources and the 3 Es

Providers and families can offer a variety of supports to people living with disabilities, encompassing the education, experience and exposure needed for optimal outcomes in their lives. However, they are hindered if community resources are limited or unavailable. According to the Medicaid Handbook, a neighborhood can have no more than 10 percent of individuals who are "developmentally delayed" living in supported living. Participants in one focus group stated the housing for Supported Living is at the saturation level and difficult to find.

During several group discussions it was noted there is not enough effort given to exposing consumers to opportunities beyond "bagging groceries" or "cleaning", and that funding has been cut for community activities, which perpetuates the problem. The lack of a resource list is a barrier to helping find employment, particularly in giving a variety of options to consumers. A participant suggested a need for support from the Area office to improve access to community resources. It would be helpful to have a point person who can identify community employers who will hire people with disabilities.

"Safety" was mentioned several times as an "excuse" to help find employment for people or to allow them the exposure and experience of different types of roles in the community. As noted in one group, "Safety is used as a barrier to prevent people from experiencing life." Another provider indicated not all parents "allow their children to thrive to independence".

Quantity/Quality of Providers

In every focus group a problem concerning the quantity and/or quality of behavioral services was discussed. One provider suggested there is a shortage of CBAs and suggested this is due in part to the payment system. They are only paid for contact hours and it may be a two hour trip, one way, to reach the consumer. Another expressed concern that "there are not enough good 'hands on' (behavioral) providers". They "show up in a coat and tie, with a clip board" and the consumer's behavior changes (the Hawthorne effect). The CBA needs to experience the individuals' daily routines and spend more time with them in order to do a valid assessment of their needs.

In addition to CBA issues, problems with support coordinator turnover were expressed. One parent indicated her son had “new staff every six months”, and this was a barrier to his consistency in care. There was not enough time for him to build an appropriate level of trust with the provider. An individual expressed concern about her companion, stating she simply did not always show up when scheduled. The individual felt the provider “does not need to come some days as it isn’t a regular job”.

A list of barriers and needs provided by one ADT provider noted a shortage of the following:[4]

- Geriatric day services
- Targeted residential group homes for dully diagnosed or challenging youth
- Specialized In Home Supported Living Models
- Smaller ADT facilities with creative approaches and more off-site models
- All therapies—Speech, Occupational, Physical and Massage
- Stronger quality providers of Personal Care Assistance
- Transportation
- Dental
- Dietary/Nutritional providers
- Waiver Support Coordinators

Barriers for Area Quality Leaders

The AQLs from six different APD Areas were interviewed. While a number of unique issues were presented by each AQL, some barrier themes discussed at the focus groups and/or recorded during the WiSCC process were also evident in the data collected at the AQL interviews:

- Transportation
- System/APD issues
- Communication
- Financial Barriers
- Quality/Quantity of Providers

Transportation

Four of the six AQLs indicated transportation was an issue in their areas. From their perspective, this impacts the ability of individuals to develop different social roles and their ability to acquire any degree of independence. It was reported that some consumers lose their jobs due to a lack of transportation or poor quality services. Rural areas appear to be impacted more than urban areas, although the AQL in Area 3 indicated transportation did not seem to be a major problem in their rural areas.

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[4] These may not all be consistent with APD vision/policy, such as the desire for growth in the number of group homes for specialized populations.

Some services, such as NRSS and Supported Employment, offer transportation within the service. However, with other services it may not be available. The barrier exists in that an individual must try to get the Waiver Service that encompasses transportation services in order to receive adequate transportation alternatives. In addition, the smaller transportation providers do not appear to be "getting the same rates as larger agencies." According to one AQL, rates are negotiated within each APD Area. Apparently larger agencies with large vans and more staff receive more money than smaller providers.

System/APD Issues

Problems and concerns with overall system issues and communication between the AQLs and the state program office varied across the areas. Some AQLs indicated the program office is very supportive and they quickly receive answers when faced with questions or problems. Others reported communication with some staff in the program office is very problematic and feels the response is often, "I'll get back to you", but they never do.

Changing priorities from APD were noted by WSCs as a real barrier to adequately providing services. Some of the AQLs who were interviewed also feel there are too many changes to the system, and these are difficult to incorporate into their processes. With the implementation of prior service authorization through APS, these directives have been compounded.

The credibility and usefulness of APD's ABC data system has also been noted as a barrier. While this was not specifically discussed in the previous sections of this study, many comments in the WiSCC reports indicated the system is problematic for support coordinators who are responsible for inputting data. With a large caseload and busy schedule, demographic (e.g., change in residential status) or other changes for individuals may not always be recorded in the system by the WSC. In addition, WSCs may have been trained on the system several years ago and have little continuous practice/experience with it. When the information is incorrect, providers indicated they are not able to bill for services rendered.

Communication

The AQLs who were interviewed identified various areas in which a lack of communication creates barriers for them or for providers or consumers across the state. These include the following:

- One AQL states, "Consumers do not network enough". She believes barriers could be broken down for consumers if they would/could create a system that would provide networking capabilities, such as an online chat room.
- We need a "step system to residential care" because "consumers and their families are not aware of their options and how to step up to more independent living."
- In Area 1 they have made an effort to improve communication with monthly meetings for support coordinators. However, in the larger agencies the AQL does not believe the information filters to all support coordinators affiliated with the agency.

- In Area 2, the division between 2a and 2b "is a challenge" with a "lack of consistent communication between the two." Small concerns may become a large problem before the AQL knows anything about it. "Communication is a huge problem."
- When DCF investigates an event, it is not always communicated to the local APD office. They do not appear to get results of these investigations in a consistent manner and they are unable to follow up with providers if they are unaware of the problem.
- Communication across large geographic areas is difficult and costly when it involves mailings, such as for the Yellow Notebook. Additional staff to help with this and also to develop flyers and other mailing could improve the Area office's ability to get information out to providers.
- A "competitive atmosphere" among service providers was mentioned by several AQLs as a barrier to communication and optimal service delivery. It has been a "dog eat dog" environment, and there has been a reluctance to share information and ideas among providers serving the same individuals. However, one AQL sees recent signs of improvement in this area.

Financial Barriers

While some AQLs indicated service rates and caseloads are too low and create barriers in terms of recruiting and maintaining good providers, others stated there were "no grumblings". Therefore, the financial perspective of some of the AQLs interviewed varied sharply from the perspective of providers who participated in the focus groups. In at least one Area in which the AQL did not see rates as a problem, several providers from that same Area reported the rates are too low to provide optimal service, particularly for individuals who require total care/monitoring.

In addition to inconsistencies between the perceptions of AQLs and providers concerning rates, other financial issues surfaced during the interviews.

- Several AQLs related the caseload for support coordinators is an issue, which is directly related to rates. When rates are low, WSCs need to maintain the maximum caseload of 36. The AQL believes this caseload size creates a barrier to optimal service, so rates should be increased and the maximum caseload should be reduced to as few as 25.
- One AQL thought some providers have very low rates and that even though these may be increasing for some therapies, they are still very low. The "rate is very low for Specialized Mental Health."
- The rate for Residential Habilitation is not high enough to provide individuals with choice and exposure. There is not sufficient money to "take someone out". This echo's a concern by one consumer who was denied NRSS and told she could get the "same level of care" she needed from Residential Habilitation, but she no longer gets to go out as much as she did before and this has impacted her quality of life.
- Area offices "need money to hire more staff."

- One AQL who was interviewed indicated there is not enough money allocated for travel when covering a large area. She is unable to attend some trainings that may be beneficial due to a lack of travel funds. In addition, an AQL reported the Area offices did not know they were responsible for travel money for the Steering Committee meetings. This has created barriers to attending the meetings as there is little money for travel in the Area office budget.

Quantity/Quality of Providers

Both the quantity and quality of Waiver providers and Medicaid providers across the state is perceived as an issue by many of the AQLs who were interviewed. Overall comments indicate a shortage of dentists, other Medicaid physicians and behavior health analysts.

- According to the AQL in Area 1, there are approximately 130 providers, but they are concentrated in two of the four counties, mostly in Pensacola. It is difficult to support a provider in rural areas when there are only a few consumers and providers are not paid for their travel time, e.g. from Pensacola to Santa Rosa.
- In Area 11 there is a shortage of WSCs. According to the AQL, there are approximately 125 support coordinators and over 6,000 consumers. The support coordinators are “burnt out or burning out”.
- One AQL indicated the qualifications for some services may be a college degree or a number of years of experience, but there is no “paper and pencil” test to help determine qualifications in terms of working with people or service skills. She sees providers that may have a degree in Social Work but lack humanitarian skills. On average, in her Area she sees “no caring attitude” and providers who “do not treat people with respect”.
- A barrier to quality also exists in the de-certifying process which goes through the Inspector General’s office. According to one AQL, APD needs the right to impose a moratorium on providers while they undergo any investigation.

Miscellaneous

Some issues did not fall into the broader themes discussed above but are relevant to the current study.

- Individuals are not given a variety of options to explore different social roles they may wish to experience. Providers “tend to take them to the same places (the same restaurants or bowling)” and this “does not help them expand their social roles”. The provider becomes the consumer’s friend rather than helping the consumer make new friends in different social environments.
- One AQL believes providers have a fear of educating consumers of their rights because then individuals will demand more from them. For example, if individuals know they have the right to control their own finances, providers may then have to educate and work with them to help them accomplish this. In addition, providers may also be hesitant to see “consumers suffer the consequences” of increased rights and/or their movements toward independence.

- A related observation from an AQL was that support coordinators and other providers may sometimes take "ownership" of individuals. This can create barriers if what the providers want differs from the desires of the individual or conflicts with the wishes of the parent or guardian. Conflict is also created if the wishes of the individual are not the wishes of the parent, and the provider wants to advocate for the individual.
- There may be a tendency among some large Support Coordination Agencies to use specific providers for services, which supplants the consumer's ability to choose.
- In Area 2, the AQL noted that not all providers are helping to develop the Support Plan. This concurs with information provided by a provider in that Area who expressed concern that support coordinators were not inviting them to the table.
- According to one AQL, "ADT should redefine how they do business." He sees most offering Adult Special Ed programs and basic education skills but "less than 10 percent transition to supported employment."
- One parent indicated her son lost a volunteer position due to some issues that could have been avoided if he had been provided with a supported employment provider. However, this service is not available when consumers are "only volunteers". She felt this should be provided regardless of whether or not individuals are paid because the point is that they are working and the volunteer work could segue into paid employment.

Discussion and Recommendations

In this study we have investigated the presence of barriers within the DD HCBS waiver program, preventing or impeding the services provided to individuals living with disabilities. Data were collected and analyzed from three different sources: the WiSCC barrier data from the perspective of support coordinators; focus group discussions to gain the perspective from services providers (render services other than support coordination), individuals and their families; and face to face interviews with Area Quality Leaders to gather information from Area APD offices. Some barriers were evident from the perspective of all three different groups represented in the study while others were unique to only one.

<u>Transportation</u>
From the perspective of support coordinators, transportation is not the top barrier identified, with 103 of the 2,852 barriers (3.6%) related to this. However, this is apparently a major barrier in Area 15 and also for many other providers and individuals receiving services. Drivers are often late, or do not show up at all, leaving individuals without a means of getting to or from work. This can create safety issues for individuals waiting alone for transportation. It also prevents them from taking part in other activities that may help increase their ability to experience and develop different social roles in the community, as was demonstrated by the lack of community transportation on Element 5, relating to the 3 E's.

Large case loads and a need for training were areas many felt impact the support coordinators' ability to develop accurate cost plans and support plans. This in turn impacts the transportation providers' ability to receive payment and the individual's likelihood of being approved for the service. Questions were also raised as to rate differences across providers, indicating that at least the perception exists that smaller transportation providers do not receive the same rates as larger providers due to different types of vehicles and/or staff levels.

Recommendation 1: It was recommended in at least one group discussion to provide transportation services that are not provided in conjunction with another service. This could help alleviate crowded conditions as well as possibly offer more choice for individuals who are apparently unhappy with the transportation they have.

Recommendation 2: APD should investigate the perceived concerns AQLs and providers have expressed as to the inequitable rates for transportation services.

Recommendation 3: Area APD offices should explore other options for improving transportation, such as grants or special programs.

<u>Communication</u>

Communication is a vital component of any system and appears to be problematic from the perspective of nearly all the stakeholders involved in this study. Providers do not appear to consistently communicate with each other, at times creating more of a competitive rather than a cooperative environment. *Communication limitations with individuals* was identified as a key barrier by support coordinators for Element 2, that measures advocating for the health, safety and well being of individuals.

Service providers indicated a lack of communication with Area APD offices has been frustrating, leaving them with a sense the APD office is not sharing information with providers in the Area, or benefiting from the experiences and knowledge providers have to offer. Evidence presented suggests they have had difficulty obtaining information from their local offices and this appears to have created some amount of frustration. At the same time, AQLs indicated communication across large geographic areas is often challenging and a lack of money and staff hinders their ability to get mailings and other information out to providers. According to some of the AQLs interviewed, the relationship between providers and the Area offices has been improving. However, there is some inconsistency in the comments. While the AQLs in areas 10 and 11 see relations with the providers as good, at least one provider in Area 11 indicated he would like more support from the Area office and felt they were invisible in the field.

Communication *among* providers has also been identified as problematic. Service providers reported they often have difficulty communicating with support coordinators. Service providers may not communicate with each other relating to responsibilities and chores for an individual, with the result that chores are not always accomplished. Several AQLs indicted providers often focus on a competition with each other rather than the individual needing services.

Recommendation 4: Several AQLs reported they have quarterly meetings with providers and/or support coordinators. While some appear to be well attended, others are not as successful. One Area has started a large semi-annual meeting for support coordinators and service providers to improve communication among them. A quarterly or semi-annual workshop should be required for all providers, offered in several strategic locations across each APD Area, to improve provider relations and enhance communication.

Training/Education

Various studies have been completed for the FSQAP program. Several of these have indicated a lack of training and/or education sessions create problems for providers, families, and the ability of individuals to achieve outcomes they desire. Results in this study support previous research, demonstrating service providers, individuals, and families have all reported a lack of training in various areas creates barriers to optimal services for individuals living with disabilities. An additional barrier, not discussed in this study but relevant to the problem, is that recent contract agreements with Delmarva have reduced the number of training sessions offered annually by Delmarva from 40 to one per Area, or 14. This could seriously limit the number and variety of education sessions offered across the state.

A lack of training was the top ranked barrier noted by support coordinators, particularly in Areas 8, 11, 12, and 13 and most often perceived as a problem at the level of the APD Area office. Support coordinators cited training as an issue impacting their ability to advocate for the health, safety and well being of individuals (Element 2) and development of the support plan (Element 4). Other service providers indicated support coordinators need more training to help alleviate problems with the development and accuracy of support plans and cost plans. Participants in the focus groups showed some confusion as to what training was required by the state and the requirements for who must lead the sessions. In some instances it appeared training had to be completed with APD staff, but this was not always clear. In addition, trips to the Area APD office for training sessions are difficult and costly, particularly in areas that cover large geographic areas. Budget constraints prevented some AQLs from traveling to beneficial training sessions.

Recommendation 5: There appears to be confusion relating to the required training for each service and who must provide the training, as well as concern that training offered by Area APD offices is insufficient. Because Delmarva's newest contract limits the number of sessions they will offer, we strongly recommend APD ensure all required training is offered in all APD Areas at least once during the year, and also ensure that other necessary and relevant sessions be offered in each Area as requested/needed. Sessions should either be offered in several locations across the Areas or APD should train providers to offer the training locally (train the trainer), using the knowledge and experience of Area providers when possible. Training sessions could be held in conjunction with larger meetings to bring providers together in an effort to improve provider relations and communication, as recommended above.

Recommendation 6: Local Area offices should regularly provide updated information to all providers on training requirements for each service, how these can be fulfilled, and dates and times of each training session.

Transition

In discussion with providers, parents, and individuals, the transition process from high school to employment or college is very problematic. There is insufficient cooperation between VR and APD; support coordinators are not consistently present at (invited to) the Individual Education Plan (IEP) meeting; and, parents are often unaware of the process and therefore wait until the student is close to graduation to begin post graduation planning, and then it is too late. As a result, students graduate and see a "logical" move to ADT.

Recommendation 7: There is a great need to work closely with the Department of Education (DOE) to determine the extent of transition planning across the state, how this varies by school district, and how it impacts individuals with disabilities. We recommend APD and Delmarva continue the current efforts to work with DOE on a two year study that will help identify district transition planning processes, the extent to which students participate in them, the knowledge level of parents, and the degree to which participation in the process helps high school graduates transition to gainful employment or college.

APD System Requirements/Work Load

Several broad issues relating to APD and system requirements were evident in data from the WiSCC and from the focus groups and interviews. Time limitations due to area/state initiatives and workload issues were the second and third ranked barriers for support coordinators. Service providers indicated that cumbersome application processes and paper work made it difficult to do "business as usual", delayed their ability to hire new providers and shifted too many of their resources from individuals to business. Some providers and AQLs stated there is not enough support or communication from the local APD office and others indicated APD is "invisible" and does not interact with the consumers.

Recommendation 8: It is recommended that AHCA and APD revisit the waiver application to create efficiency in the process. APD should review the current system and identify opportunities to roll out new initiatives that reduce work load/paper work for all providers and simplify the application process for new providers. APD should also develop procedures to ensure the adequate notification and timeliness for implementation of each initiative.

Financial

Individuals, providers, and AQLs are all impacted by financial barriers. Providers indicated they not only have problems with low rates but with getting through all the paper work correctly in order to receive payment. An apparent problem is that many of the forms required to approve eligibility and ensure payment are out of the control of the service providers, for example the support plan and cost plan. If the WSC errs on the

support plan, a common complaint among providers in all the focus groups, service payment may be delayed. The support coordinators' ability to complete forms accurately may be related to caseloads, which are perceived to be too high.[5]

Recommendation 9: The newly developed support plan process – Part A and B – will have an impact on the delayed service payments and service eligibility. The state should ensure WSCs have sufficient training in the new process.

Waiver Support Coordination

In most every focus group there was some discussion/frustration with Waiver Support Coordinators and their ability to effectively coordinate services. Providers have difficulty being paid for services that are not authorized due to inaccuracies on cost plans. The perception of some participants was that WSCs do not make completing the cost plan a priority and that a high turnover among WSCs impacts the quality of cost plans and support plans. WSCs do not consistently invite other providers to support plan meetings and WSCs are not routinely present at a student's Individual Education Plan meeting. This is an issue in terms of improving communication among providers and supports as well, particularly because studies have found that communication among all providers serving an individual improves outcomes for that person. It was mentioned repeatedly that WSCs need more/better training and that WSC turnover is perceived to be very problematic. Turnover was discussed as an issue by family members as well, who are constantly "getting used to" a new provider.

Recommendation 10: Because the WSC is the "team captain" in terms of the provision of services to individuals, it is essential each WSC is well trained for the position. APD should ensure WSCs receive adequate training in the development of cost plans as well as the overall responsibilities of the job. WSCs would also benefit from training in the development of teams and team work to enhance and encourage all providers working with an individual to advocate for that individual and work together to improve all outcomes for the person.

Prior Service Authorization

Prior Service Authorization has been a major problem for providers, particularly since the initiation of the APS contract. Many participants said that being truthful on the support plan often resulted in a loss of needed services for individuals. To address these concerns, APD and Delmarva have worked with a stakeholder group to develop a new support plan process to help alleviate this type of problem. In addition, the process is lengthy and confusing, often taking many months. APD has worked with Maximus and APS in an effort to reduce approval times and improve communication.

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[5] A Quality Improvement study submitted to AHCA/APD June 30, 2006, and not yet approved, examined WSC caseload size (Waiver Support Coordinator Caseload: Impact on Performance Evaluation). Caseloads of 36, the maximum allowed in Florida, were not found to negatively impact outcomes for individuals or the WSC's overall evaluation on the WiSCC outcome elements. However, this study did not explore the impact of caseload size on the WSCs Minimum Service Requirement elements that would address paperwork and documentation issues.

Recommendation 11: It will be essential to monitor the PSA process over the next year, after the new support plan has been implemented in June 2006. A study exploring the impact of the new Support Plan on service authorization should be considered.

Area Specific Barriers

In addition to the major barriers discussed above, several Area specific barriers as perceived by support coordinators are worth noting. Issues surrounding the support plan and prior service authorization appear to be much more dominant in Area 1 than in any other area. Training and education problems appear to be prevalent in Area 11, and this was reported by the support coordinator, other service providers and the AQL. While transportation is an issue across the state, support coordinators in Area 15 noted this as a barrier more so than any other barrier to services.

Recommendation 12: The local APD offices should investigate Area specific barriers as identified in this study, and implement strategies for improvement if appropriate.

AHCA and APD have recently initiated a shift in the focus of services from quality assurance to quality improvement, providing a system dedicated to improving outcomes for the individuals with disabilities. Some evidence suggests this new focus may be positively impacting lives. However, barriers exist in any system and identifying them is critical to the improvement of services. This study is intended to identify these barriers, both real and perceived, in an effort to move toward the best possible outcomes on behalf of people receiving DD services. Implementing programs to eliminate barriers, as recommended in this study, is one important step in the continued provision of optimal person-centered services. One provider said it best of individuals: “We can no longer just flip them a coin when they make their bed.”