Florida Statewide Quality Assurance Program

Year 1 Annual Report

July 2017 - June 2018

Submitted to:
Agency for Health Care Administration and
Agency for Persons with Disabilities

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Prepared by

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List of Acronyms

ANE – Abuse, Neglect and Exploitation

A P&P – Administrative Policy and Procedure

A Q&T – Administrative Qualifications and Training

AHCA – Agency for Health Care Administration

APD – Agency for Persons with Disabilities

ABC – Allocation, Budget, and Contract Control System

CDC+ - Consumer Directed Care Plus

DD – Developmental Disability

FSQAP – Florida Statewide Quality Assurance Program

HCBS – Home and Community-Based Services

HSRI – Human Services Research Institute

iBudget Waiver – Individual Budgeting Waiver

IDD – Intellectual and Developmental Disability

IRR – Inter-rater Reliability

ISP – Individual Support Plan

IT – Information Technology

NCI – National Core Indicators

OBS - Observations

PCR – Person Centered Review

PCR II – Person Centered Review Individual Interview

PDR – Provider Discovery Review

PDR II – Provider Discovery Review Individual Interview

QA – Quality Assurance

QAR – Quality Assurance Reviewer

QC – Quality Council

QI – Quality Improvement

RM – Regional Manager

RTDR – Real Time Data Report

SSRR – Service Specific Record Review

SI – Staff Interview

SFY – State Fiscal Year

SCI – Support Coordinator Interview

The Handbook – Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook

WSC – Waiver Support Coordinator

Executive Summary

In July 2017, the Agency for Health Care Administration entered into a contract with Qlarant Foundation to provide the Florida Statewide Quality Assurance Program (FSQAP). Qlarant provides oversight processes of provider systems and Person Centered Review activities for individuals receiving services through the Developmental Disabilities Individual Budgeting (iBudget) Services waiver, including the Consumer Directed Care Plus (CDC+) program. Qlarant conducts Provider Discovery Reviews (PDR) and Person Centered Reviews (PCR) to provide information about providers, individuals receiving services, and the quality of service delivery systems.

Throughout the Fiscal Year (FY17-18), July 2017 through June 2018, to ensure consistency in review processes Qlarant used formal and informal reliability processes, regional managers reviewed all reports before final approval and conducted bi-monthly meetings for all reviewers. Quarterly meetings were facilitated by Qlarant managers in each region to review data, explore trends, and discuss other relevant regional issues or best practices. Qlarant facilitated the Quality Council meetings July 13, 2017, October 12, 2017, and March 8, 2018, bringing together stakeholders to discuss data trends, tool revisions, and other aspects of the Quality Management System. In addition, feedback from individuals, families and providers, via feedback surveys, indicated very positive experiences related to the Qlarant review processes.

Findings in this report are based on 1,776 PCRs and 1,985 PDRs. Overall findings from both review types are generally high indicating providers are offering quality services and individuals appear to be satisfied with the services they receive. A summary of preliminary findings includes the following:

- Average scores on all review components (interviews, observations and record reviews) were 91 percent or higher.
- Compared to 2016, significant increases were identified in several areas of the PCR and PDR, particularly in the areas of Community Participation, Work and Relations.
- Record review scores for both the PCR and PDR were generally lower than scores for interviews or observations.
- Health needs for individuals are generally addressed; however, close to 40 percent of individuals were taking four or more prescribed medications.
- Individuals living in a group home were much more likely to be taking multiple prescription medications than individuals in other settings.
- Approximately 15 percent of the providers reviewed did not have policies in place addressing background screening procedures and 15 percent of providers had at least one employee without all the required documentation in place.

- Support Coordinator documentation compliance is generally high; however, approximately 17 percent did not have evidence the Pre-Support Plan planning activities occurred.
- Findings from billing standards to date indicate providers of Companion (LSD 1), Supported Employment (LSD 2), Personal Supports and Respite were more likely to have a billing discrepancy cited than for other services.
- A decrease was shown for both service providers and WSCs maintaining a policy and procedures addressing how to provide a smooth transition for individuals to and from a different provider.
- Among service providers, those working in a solo capacity were less likely to have policies and procedures in their records.

These and other findings are discussed in this report, with drill down into possible trends across demographics and years, and recommendations provided as indicated.
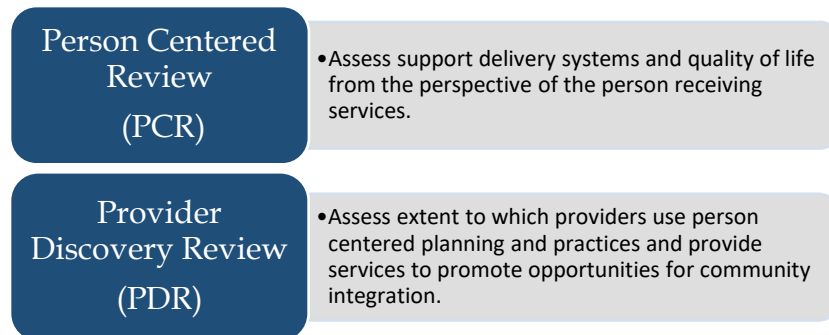
Introduction

In July 2017, the Agency for Health Care Administration (AHCA) entered into a contract with Qlarant (formerly known as Delmarva Foundation) to provide quality assurance discovery activities for the Individual Budgeting Services (iBudget) waivers and the Consumer Directed Care Plus (CDC+) program, administered by the Agency for Persons with Disabilities (APD). Through the Florida Statewide Quality Assurance Program (FSQAP), Qlarant, AHCA and APD have designed a Quality Management Strategy based on the Home and Community Based Services (HCBS) Quality Framework Model developed by the Centers for Medicare and Medicaid Services (CMS). Three quality management functions are identified by CMS: discovery, remediation, and improvement.

Qlarant's purpose is within the discovery framework. The information from the review processes is used by APD to help guide policies, programs, or other necessary actions to effectively remediate issues or problems uncovered through the discovery process. Data from the quarterly and annual reports are examined during the Regional Quarterly Meetings and Quality Council meetings to help target local and statewide remediation activity.

Qlarant's discovery process comprises two major components: Person Centered Reviews (PCR) and Provider Discovery Reviews (PDR). Both processes ensure the person receiving services has a voice in evaluating performance and outcomes. Both processes utilize comprehensive methods to evaluate the quality of the services received. The primary purpose of the PCR is to determine the quality of the person's service delivery system from the perspective of the person receiving services. The PCR includes an interview with the person, an interview with the person's Support Coordinator, and review of the Support Coordinator's record for the person. This process includes interviews with

individuals receiving services through the Consumer Directed Care Plus (CDC+) program, and record reviews completed for the CDC+ Consultant and Representative.

Person Centered Review (PCR)	• Assess support delivery systems and quality of life from the perspective of the person receiving services.
Provider Discovery Review (PDR)	• Assess extent to which providers use person centered planning and practices and provide services to promote opportunities for community integration.

The focus of the PDR is to review provider compliance with requirements and standards specified in the Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook, and to determine how well services are supporting individuals served. The PDR is composed of an Administrative Record Review of organizational Policies and Procedures and staff Qualifications and Training; Service Specific Record Reviews; interviews with individuals receiving services and with staff. Observations are completed for licensed residential homes (LRH) and day programs. As possible, up to 30 percent of all observations may be unannounced.

For the CDC+ program, consultants and representatives are reviewed on the standards set forth by APD and AHCA. Although CDC+ is funded through the iBudget waiver, the programs are fundamentally different in several aspects and therefore results are analyzed separately. In this report, references are made to Waiver (iBudget Waiver) and CDC+ to make the distinction between the two groups. This is the final report for the first contract year. The report is divided into three sections.

- Section I: Significant Contract Activity During the **4th Quarter**
- Section II: Data from Review Activities.
- Section III: Discussion and Recommendations

Data analysis includes comparisons to earlier years, as appropriate. Several significant changes were implemented with the January 2015 tool revisions, and some comparisons to data from years prior to 2016 are not possible or appropriate. Additional changes to the Administrative Record Review in January 2016 limit comparisons as well. Discussion of results and evidence based recommendations are offered.

Section I: Significant Contract Activity

Quality Assurance Activities

Status Meetings

Status meetings are held to provide an opportunity for Qlarant, AHCA, and APD representatives to discuss contract activities and other relevant issues as necessary. Revisions to processes and tools may be discussed as well as policy updates from AHCA or APD that may impact the FSQAP. During the 4th Quarter, a status meeting was held on April 14, May 17, and June 21.

Training Provided

QQS developed and presented a training curriculum to inform providers and other interested stakeholders of revisions to the PCR and PDR tools. During May and June, 12 sessions were completed around the State, two in each region

In May, two training sessions were completed at Empower Florida conference:

- The "empowerment through education and environmental actions to promote health and well-being" session provided an overview of Qlarant's two review processes. This included discussion about the new interview tools and how health and safety are integrated into all components of the tools. Presenters elaborated on the Medical Peer Review process, health data trends and examples of how to empower people through advocacy and informed choice for healthy living.
- "What to expect and how to prepare for your Qlarant review beginning July 2018" was an overview of the PDR process. This included discussion about the new interview tools as well as how to have a successful review. Presenters elaborated on lower scoring standards within each review component, common reasons for non-compliance, and provided tips to help providers avoid these errors.

One web-based module was added to the FSQAP website in June, "Preparing for Your Provider Discovery Review." This session details what to expect and how to prepare for the Administrative and Service Record Review Components of a Provider Discovery Review (PDR)

In June, QQS set up a table at Family Café to provide FSQAP information for all attendees and an overview of the person centered approach used in all processes. Pamphlets and other resource materials were handed out as QQS interacted with various stakeholders.

Reliability

Qlarant Quality Assurance Reviewers (QAR) and Regional Managers undergo rigorous reliability testing each year, including formal and informal processes. QARs are periodically shadowed by managers to ensure proper procedures and protocols are followed throughout the review processes. Revised reliability processes were implemented October 2017, to provide more frequent (monthly) and targeted reliability testing, with the ability to focus on problematic areas. Reliability processes include monthly and field reliability components.

Monthly reliability sessions include standards reviewed from Service Specific Record Reviews as well as related questions from the iBudget handbook and the FSQAP Operational Policies and Procedure Manual. The QA Manager obtains actual file documents from a provider and the management team identifies the standards to be tested and creates the scoring key. The test is completed by each reviewer in Qlarant's online learning management system and scored automatically. All QARs must receive an average score of 85 percent or better each quarter to pass.

The following topics were covered in monthly reliability this year: CDC+ Representative, Service Logs, service location, goals addressed, rights, billing, annual reports, sending the required documentation to the Waiver Support Coordinator, medication administration validation and training, Implementation Plans, policies and procedures, and quarterly reports. All QARs passed the monthly reliability training session for the year with a score of 85 percent or higher.

Field reliability is conducted onsite with reviewers and is used to determine if protocols and procedures are followed correctly, prior to and during the review, and if responses on the review processes match responses of the manager conducting the Field Reliability. The manager silently observes all information gathering and compares answers to all standards at the conclusion of the review. Field reliability was completed with all 28 Quality Assurance Reviewers this year and all passed.

Regional Quarterly Meetings

Qlarant facilitates meetings in each APD Region with the Qlarant Regional Manager(s) responsible for the review activities and staff in the Region and other APD Regional personnel, including the Regional Operations Manager (ROM) as possible. The purpose of the meetings is to discuss and interpret data from the Qlarant reviews to guide APD toward appropriate remediation activities, and to update all entities on current activities in the Region. Representatives from AHCA and APD State

office may attend the meetings via phone in each Region. Face to face meetings were held in all APD Regions this quarter.[1]

Quality Council (QC)

Qlarant facilitated three Quality Council meetings during the contract year (July 13 in Orlando, October 12 and March 8 in Tallahassee), but no meeting was held in the 4th quarter, between April and June 2018. The next meeting is scheduled for July 2018, in Orlando, Florida. See the Qlarant website for complete QC details, minutes, and agendas (https://florida.qlarant.com/Public2/qualityCouncil/index.html).

Feedback Surveys

National Core Indicator (NCI) In-Person Survey Feedback Survey
After each individual NCI interview, Qlarant provides the individual with a feedback survey. The individual is encouraged to complete the feedback survey, which is mailed directly to Human Services Research Institute (HSRI). Between July 2017 and June 2018, 63 surveys were returned to HSRI.[2] Although results are generally based on a small return rate, they have remained positive and consistent over the years. Current feedback indicates the following:

- Respondents indicated 87.3 percent of individuals had participated in answering the Adult In-Person Survey.
- In 61.9 percent of the interviews, an advocate, relative or guardian participated in the Adult In-Person Survey.
- 24 feedback forms (38.1%) were completed by the person receiving services, with 57.1 percent completed by an advocate, relative or guardian.
- 68.3 percent of respondents indicated the NCI interviews took place in the home, with 6.3 percent in a public place and 6.3 percent at work.
- Respondents indicated 77.8 percent of individuals chose where to meet for the survey. However, 11 respondents (17.5%) indicated the individual did not choose where to meet for the survey.

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[1] Minutes for each meeting are on the FSQAP Portal Client Site and available to AHCA and APD (https://florida.qlarant.com/Public2/qualityCouncil/archive.html).
[2] N sizes listed with the results indicate when the total number of responses was less than 63.

- All but one respondent felt the interview was scheduled at a convenient time, and most (95.2%) respondents felt it took about the right amount of time.
- Most respondents (90.5%) thought the questions were not difficult to answer and 79.4 percent indicated the interviewer explained the person did not have to answer the questions.
- All but two respondents felt the interviewer was respectful.
- 93.5 percent of respondents indicated the interviewer explained what the survey was about.

Provider Feedback Survey

After each PDR, providers are given the opportunity to offer feedback to Qlarant about the review process and professionalism of the reviewer(s). Providers are given a survey to complete and mail/fax to Qlarant, or surveys can be completed online on the FSQAP website. Between July 2017 and June 2018, 92 surveys were received from providers who had participated in a PDR and were entered into the database. On average, 98.7 percent of responses were positive (707/716).

Table 1: Results from Provider Feedback Surveys Surveys Received Between July 2017 – June 2018			
Question	# Yes	# No	#NA[3]
Did the Quality Assurance Reviewer (QAR) identify documents needed to complete the review?	90	2	0
Did the QAR explain the purpose of the review?	92	0	0
Did the QAR explain the review process and how the QAR or Qlarant team would conduct the review?	91	1	0
Did the QAR answer any questions you had in preparation for the review?	90	0	2
Did the QAR refer you to the FSQAP website, including the tools and procedures?	89	0	3
Did the QAR arrive at the review at the scheduled time?	90	1	1
If no, did the QAR call to notify you he/she might be a little late? (N=1)	1	0	0
Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving?	88	3	1
If you scored Not Met on any of the standards, did the QAR explain why?	76	2	14
Total Responses	707	9	21

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[3] Includes responses left blank.

Summary of Customer Service Calls

During the 4th quarter of the contract, April - June 2018, 351 calls were recorded in the Customer Service Log, with an average response time within one day for each call.4 Three calls were conducted in Spanish.

Data Availability

- Production reports are available for download at any time, available on the private section (required member login) of the FSQAP website.
- The Results by Service Real Time Data Report is available on the private section (required member login) of the site.
- The Qlarant Review database is sent to APD monthly.

Tool Revisions

Throughout the FY17-18, some revisions were made to many of the standards used for the PCR and PDR processes. However, complete tool revisions will be implemented July 1, 2018, as part of the new Fenix application being developed for the contract.

Staff Changes

There were no staff changes among QARs or managers. A new Data Analyst IV, Sri Palamoor, began in June and will be working with data from FSQAP review processes, under the direction of Dr. Kathrine Glasgow.

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[4] The list of topics and number of calls per topic are presented in Attachment 1.

Section II: Data from Review Activities

Person Centered Reviews (PCR)[5]

The PCR includes an interview with the person, an interview with the Support Coordinator and a review of the person's record maintained by the Support Coordinator. If the person receives services through CDC+, an interview is conducted with the person's CDC+ Consultant and a record review is also completed for the CDC+ Representative. Four key areas are measured within each PCR process: Person Centered Supports (PCS), Community Involvement (CI), Health and Safety. Information in Table 2 provides the number of PCRs completed by APD Region during the contract year.

Table 2 shows the number of people reviewed who receive services through CDC+ (244), the number of people receiving services through the Waiver (1,532), and the total number of individuals who declined or were otherwise unable to participate. The time period for declines is based upon the projected time period for the review.

Table 2: Person Centered Review Activity				
July 2017 – June 2018				
	# of PCRs		# of Declines	
Region	Waiver	CDC+	Waiver	CDC+
Northwest	140	24	44	11
Northeast	226	42	67	9
Central	290	58	90	7
Suncoast	325	45	85	18
Southeast	301	52	95	5
Southern	250	23	38	2
Total	1,532	244	419	52

Individuals are free to decline to be interviewed at any time during the process. An individual who declines, or may be otherwise unable to participate, is replaced by another individual from the oversample to ensure an adequate and representative sample is used for analysis. The replacement rate was approximately 21.5 percent for the waiver and 17.6 percent for CDC+.

Reasons given for the declines are shown in Table 3. When an individual is unable to participate, the reviewer calls the person to verify the decision. This affords the person an opportunity to ask

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[5] All review tools are posted on the FSQAP website (https://florida.qlarant.com/).

questions or seek clarification about the PCR process and the person's potential role in it. This also gives individuals an opportunity to change their minds about participating.

The largest percent of declines was for people who refused to participate, 59.2 percent. An additional 94 (23.1%) individuals were no longer receiving services (n=59), had passed away (n=35), or had moved out of the state (n=15). Approximately 17.6 percent of individuals who declined indicated a preference to participate next year.

Table 3: Person Centered Review Decline Reasons			
July - December 2017			
Decline Reason	Waiver	CDC+	Total
Refused	261	18	279
Review Next Year	61	22	83
No Longer Receiving Services	54	5	59
Deceased	29	6	35
Moved Out of State	14	1	15
Total	419	52	471

Demographics

The following series of figures shows the distribution of the PCR sample across Residential Setting, Age Group and Primary Disability.[6]

- Almost all individuals using CDC+ lived in the family home (91.4%), compared to about half of individuals using Waiver services (48.8%). Receiving CDC+ requires that individuals may not be living in a licensed home setting.
- People receiving services through CDC+ were more likely to be younger than people receiving services through the Waiver.
- People receiving services through the Waiver were more likely to have an intellectual disability as a primary disability than CDC+ participants, 72.6 percent and 44.7 percent respectively.
- Approximately 47.5 percent of people using CDC+ had Cerebral Palsy or Autism as a primary disability compared to 20.9 percent of people using the Waiver.

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[6] The Other category for Residential Type for the Waiver includes Assisted Living Facilities (20) and Foster Care (6). The Other Disability category for the Waiver includes Spina Bifida (13), Down Syndrome (57), Seizure Disorder (3), and Prader Willi (13), and for CDC included Spina Bifida (19), Down Syndrome (11), and Seizure Disorder (3).

Figure 1: Distribution of PCRs by Residential Type
July 2017 - June 2018

	Family Home	Independent/ Supported Living	Group Home	Other
Waiver (N=1,532)	48.8%	16.1%	33.4%	1.7%
CDC+ (N=244)	91.4%	8.6%	0.0%	0.0%
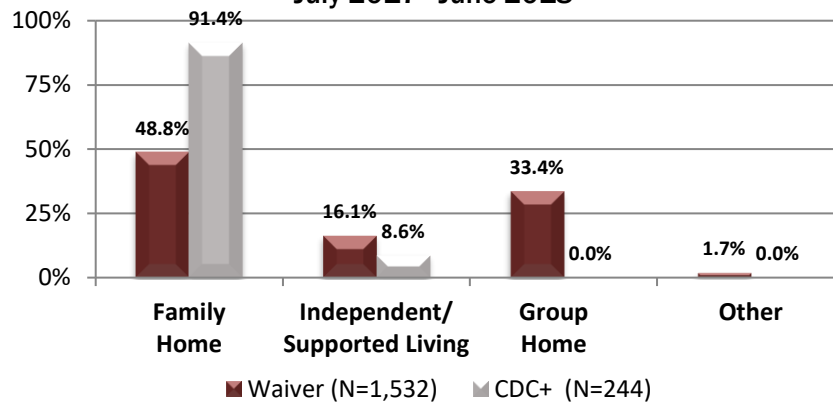
Figure 2: Distribution of PCRs by Age Group
July 2017 - June 2018

	<18	18-21	22-44	45-64	65+
Waiver (N=1,532)	5.4%	6.6%	52.8%	30.4%	4.8%
CDC+ (N=244)	12.3%	13.9%	60.7%	11.1%	2.0%
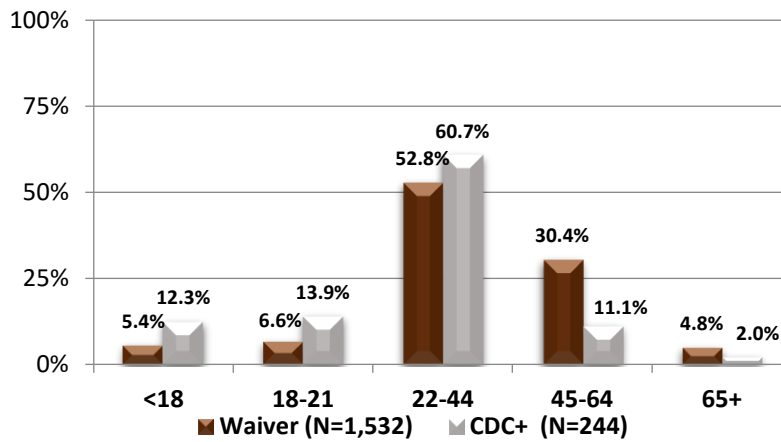
Figure3: Distribution of PCRs by Primary Disability
July 2017 - June 2018

	Intellectual Diability	Cerebral Palsy	Autism	Other
Waiver (N=1,532)	72.6%	10.8%	10.1%	6.5%
CDC+ (N=244)	44.7%	23.8%	23.8%	7.8%
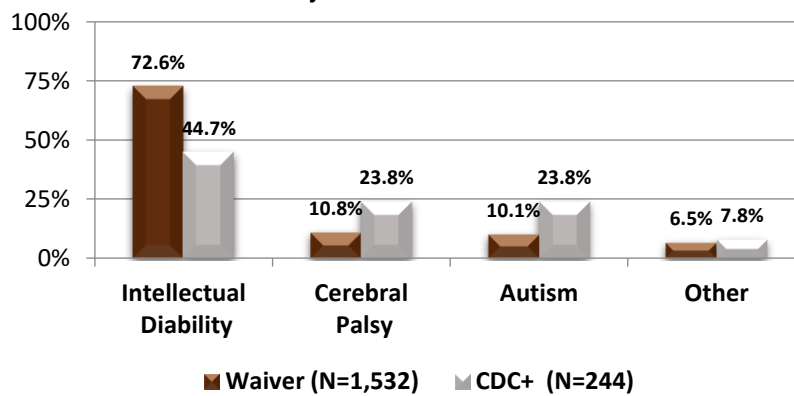
PCR Individual Interview (II) [7]

Individuals who participate in a PCR receive a face-to-face interview that includes the PCR II and may include the National Core Indicator (NCI) In-Person Survey.[8] The PCR II is composed of seven standards (four related to Community), each with a various number of indicators/questions. Up to 68 indictors are scored. Indicators addressing key areas such as rights and choice are embedded in and specific to each standard. The standards and number of indicators used to measure them (in parentheses) are as follows:

1. Person Centered Supports (27): Individual's needs are identified and met through person centered practices
2. Community: Individuals have opportunities for integration in all aspects of their lives including where they live (majority of findings apply to individuals in Supported Living and licensed settings) (9) (Residence)
3. Community: Individuals have opportunities for integration in all aspects of their lives including where they work (majority of findings apply to individuals receiving LSD 1, 2 or 3, or Personal Supports if used as a meaningful day activity) (4) (Work)
4. Community: Individuals have opportunities for integration in all aspects of their lives including access to community services and activities (5) (Participation)
5. Community: Individuals have opportunities for integration in all aspects of their lives including opportunities for new relationships (4) (Relationships)
6. Individuals are safe (12)
7. Individuals are in best possible health (7)

The CDC+ program provides people with additional flexibility and opportunities not offered to others on the iBudget waiver, such as the ability to directly hire/fire providers, use non-waiver providers who are often family members, and negotiate provider rates. A non-paid representative helps with the financial/business aspect of the program and a CDC+ Consultant acts as a service coordinator. CDC+ Consultants must also be certified as a Waiver Support Coordinator (WSC). Due to the differences, results for CDC+ are analyzed separately.

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[7] Some standards are weighted for calculating the overall provider's score. For example, standards measuring health and safety items are generally more important and therefore weigh heavier when calculating the provider's score. In this report, unless otherwise noted, unweighted results are shown (Percent Met). This provides an accurate reflection of the number and percent of providers who have the standards scored as Met.

[8] Since contract year 2012, children under age 18 have been included in the PCR sample. Because the NCI survey is only valid for adults, children do not participate in the NCI portion of the PCR process. In addition, the number of NCI In-Person surveys completed was reduced to a minimum of 750, January 2017.

PCR Individual Interview (II) by Standard

The average PCR II score for each standard, by year, is presented for Waiver interviews in Figure 4 and for CDC+ interviews in Figure 4a. Average scores for both are relatively high, showing a small increase since 2016. Given the high scores, changes since 2016 were small but some trends seem apparent:

- For people who receive services through the Waiver, each standard has shown a small increase since 2016.
- The greatest increase for people using the Waiver, was for Community Participation, from 90.2 percent to 96.0 percent (Significant at $p < .05$).
- For individuals using CDC+, scores on all the standards are very high, with the greatest increases since 2016 (about 2 percentage points) seen for Community Relationships and Individuals Are Safe.

Figure 4: PCR II Waiver Results by Year

Standard	Jan - Dec '16 (N=987)	Jan - Jun '17 (N=710)	Jul'17 - Jun'18 (N-1,532)
Person Centered Supports	95.9%	97.4%	98.0%
Community Residence	96.2%	97.6%	98.1%
Community Work	94.8%	96.3%	97.4%
Community Participation	90.2%	93.6%	96.0%
Community Relationships	92.5%	96.1%	96.8%
Individual Are Safe	97.1%	97.6%	98.2%
Best Possible Health	97.3%	97.9%	98.3%
Average PCR II Score	95.6%	97.1%	97.8%
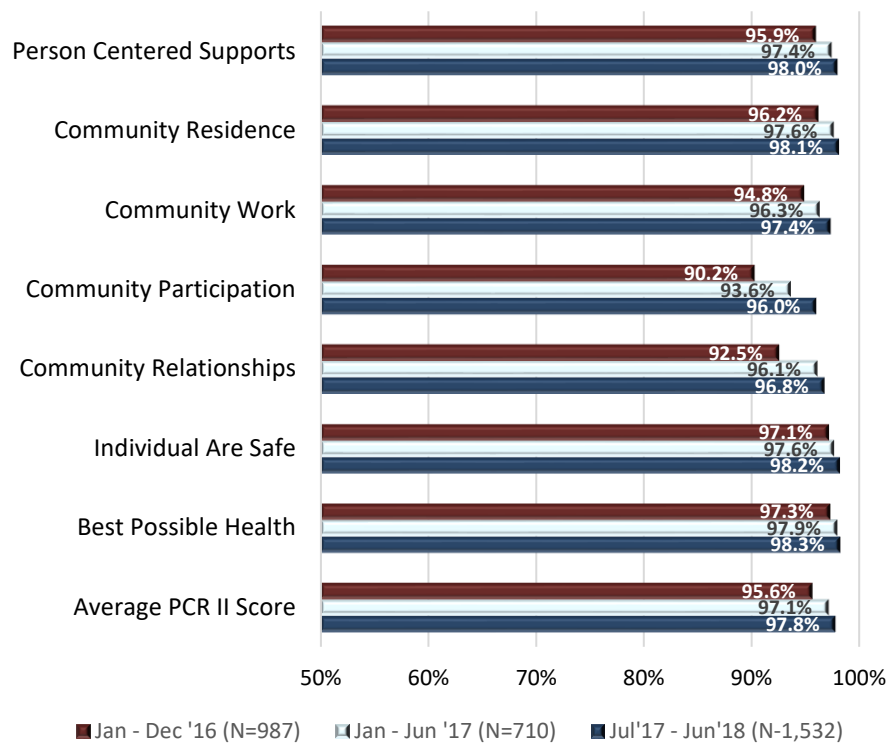
Figure 4a: PCR II CDC+ Results by Year

Person Centered Supports — 98.1%, 98.9%, 99.3%
Community Residence — 99.4%, 99.9%, 99.8%
Community Work — 97.8%, 99.1%, 98.9%
Community Participation — 96.0%, 95.9%, 97.6%
Community Relationships — 95.6%, 98.3%, 97.9%
Individual Are Safe — 97.2%, 98.4%, 99.1%
Best Possible Health — 98.6%, 99.3%, 99.3%
Average PCR II Score — 97.7%, 98.6%, 99.1%

■ Jan - Dec '16 (N=226)   ▣ Jan - Jul '17 (N=183)   ■ Jul'17 - Jun'18 (N=244)
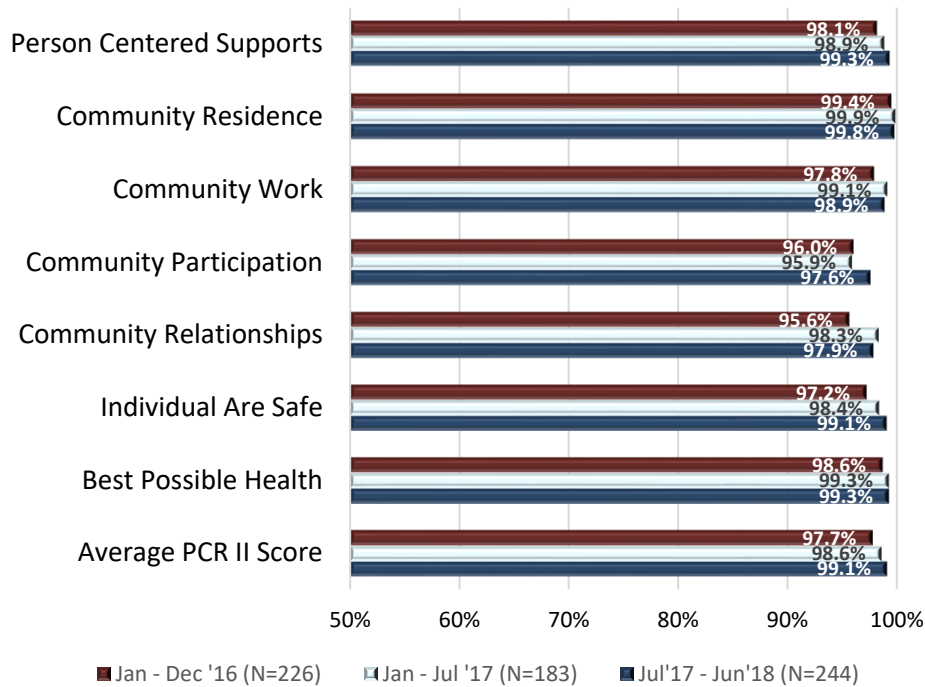
Of the 68 different indicators used to measure standards for the PCR II, individuals receiving services through the Waiver were least likely to have the following met, but each has shown improvement since 2016:

- Person does not know how to make WSC/WSC Agency change (94.0%), up from 92.8 percent in 2016.
- Person's preferences concerning social roles in the community are addressed (94.7%), up from 87.5 percent in 2016.
- Person is provided education/information about social roles in the community (92.5%). This is up from 81.2 percent in 2016.
- Person has had more than just limited opportunities to develop new friendships and relationships (93.7%), up from 86.8 percent in 2016.

PCR II by Region

The average PCR II scores are presented in Table 3, for each region and statewide. There is very little variation across regions for Waiver or CDC+ results. The Southern Region has shown the greatest improvement since 2016, up from 94.5 percent, a 4.2 percentage point increase. This represents a significant increase; however, it must be noted the difference of proportion test uses all the indicators scored for all the interviews, so the N is quite high and small differences may be

significant at p<.05. For example, the FY17-18 score of 98.7 percent is based on results from 14,796 indicators that were scored for 250 interviews.

Table 4: PCR II Results by Region				
July 2017 – June 2018				
	Waiver		CDC+	
Region	#	% Met	#	% Met
Northwest	140	98.1%	24	97.6%
Northeast	226	97.7%	42	98.9%
Central	290	96.7%	58	98.8%
Suncoast	325	97.7%	45	99.7%
Southeast	301	98.2%	52	99.4%
Southern	250	98.7%	23	99.4%
State	1,532	97.8%	244	99.1%

PCR II by Residential Status, Disability and Age

PCR II results are shown by residential setting, primary disability and age group in Figures 5 – 7. Because most individuals receiving services through CDC+ live in a family home, results for residence are shown only for the Waiver. There is very little variation across these demographic characteristics and few changes noted since 2016.

Figure 5: PCR II by Residential Setting (Waiver Only)
July 2017 - June 2018
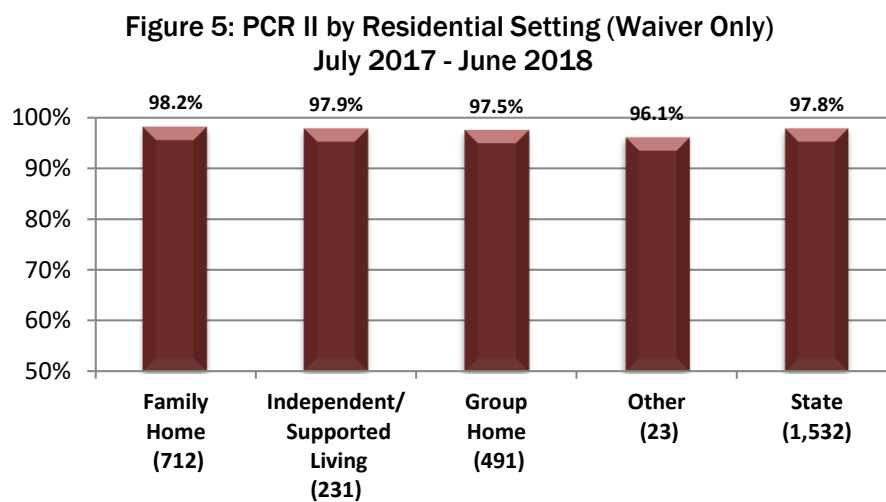
**Figure 6: PCR II by Primary Disability and Type
July 2017 - June 2018**

Waiver (N = 1532)   CDC+ (N = 244)
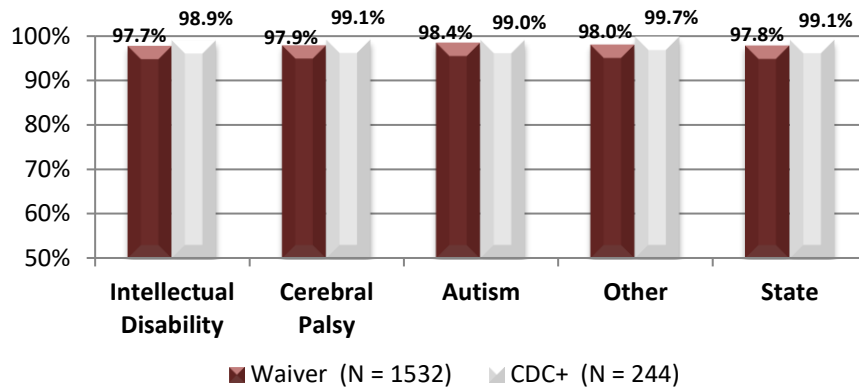
**Firgure 7: PCR II by Age Group and Type
July 2017 - June 2018**

Waiver (N = 1,532)   CDC+ (N = 244)
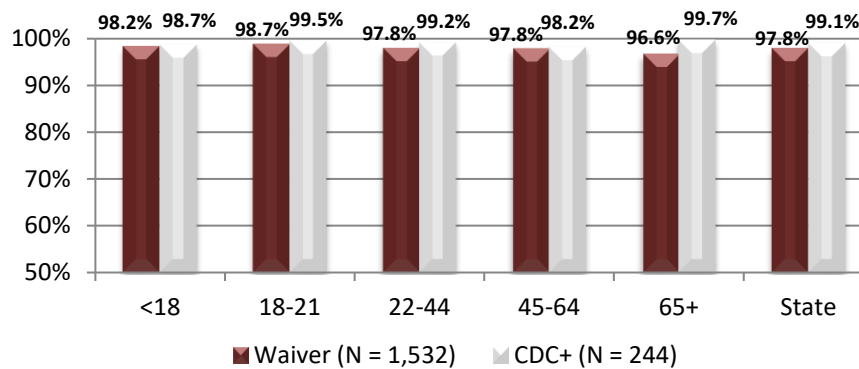
PCR Waiver Support Coordinator (WSC) Interview

The PCR includes an interview with the WSC or CDC+ Consultant (CDC+ C) who is supporting the person at the time of the review. The standards are the same as described for the PCR II. However, the focus is from the perspective of the WSC or CDC+ C. For example, how well does the WSC support the person to achieve person centered planning or community integration?

WSC and CDC+ C interview results are shown by Standard in Figure 8 and by Region in Table 5. Interview scores are very high for both CDC+ Consultants and WSCs, with very little variation across regions or standards. The greatest increase for the Waiver since 2016 is for Community Participation (97.8%), up from 94 percent and a significant change at $p<.05$. However, as noted above, the large n sizes (including all indicators reviewed for all interviews) increase the power of the calculation and the chance that small differences will be statistically significant.

Figure 8: WSC/CDC+ C Interiew Results by Standard
July 2017 - June 2018

	WSC	CDC+ Consultant
Person Centered Supports	99.6%	99.8%
Community Residence	99.5%	100.0%
Community Work	99.0%	99.8%
Community Participation	97.8%	99.4%
Community Relationships	99.2%	99.3%
Individual Are Safe	99.6%	99.9%
Best Possible Health	99.2%	99.8%
Average Interview Score	99.3%	99.8%
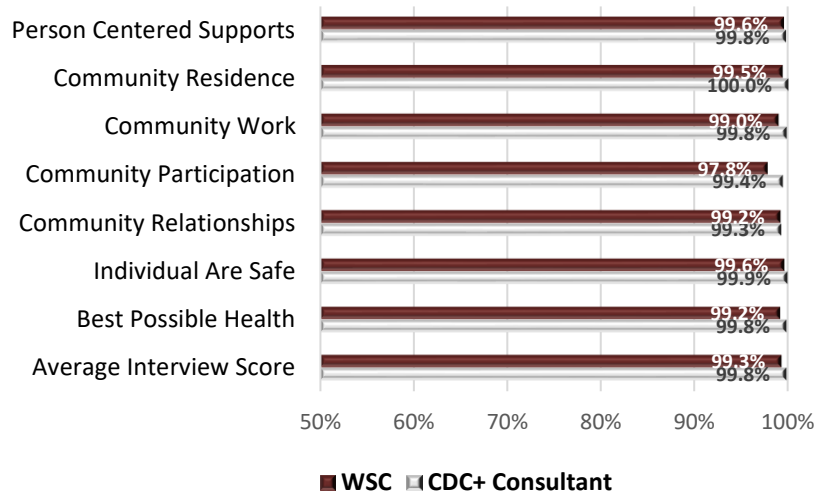
Table 5: WSC and CDC+ C Interview Results by Region				
July 2017 – June 2018				
	WSC		CDC+	
Region	#	% Met	#	% Met
Northwest	140	99.0%	24	99.1%
Northeast	226	99.7%	42	99.8%
Central	290	98.8%	58	99.8%
Suncoast	325	99.6%	45	99.9%
Southeast	301	99.3%	52	99.8%
Southern	250	99.4%	23	99.7%
State Average	1,532	99.3%	244	99.8%

Of the 62 different indicators used to measure standards for the WSC and CDC+ C Interview, none showed a score of less than 95 percent. CDC+ Consultants scored 100 percent on 40 of the indicators. The lowest scoring WSC indicator in 2016 was related to providing education and information to the person about social roles in the community. This is the lowest scoring indicator again in FY17-18; however, performance in this area has increased from 86.6 percent to 95.2 percent, significant at $p<.05$.

PCR Waiver Support Coordinator and CDC+ Consultant Record Reviews

During the PCR the records maintained by the WSC or CDC+ Consultant working for the person are reviewed. Compliance rates are presented by region in Table 6, and by standard for WSCs in Table 7 and CDC+ Consultants in Table 8. Findings indicate the following:

- Both WSCs and Consultants score relatively high on the record reviews, with 95.6 percent and 97.4 percent of standards met respectively.
- WSC records reviewed to date show four indicators with a score below 90 percent indicating WSC documentation did not provide evidence the:
  - Current Annual Report was present (89.3%)
  - Support Plan includes a current Safety Plan (n=141; 83.0%), a decrease from 97.2 percent in 2016; however, at that time only 36 records were reviewed on this standard
  - The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted (83.3%).
  - Support Coordinator documents efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents on an ongoing basis (89.9%)
- One indicator that has improved since 2016 is if the Support Coordinator documents efforts to ensure services are delivered in accordance with the service plan, including type, scope, amount, duration, and frequency specified in the Cost Plan. While just over 90 percent in FY17-18, this is up 3.2 points from 86.9 percent
- The lowest scoring indicator in Consultant records, ensuring the person is able to define abuse, neglect and exploitation, including how the person would report these, has increased from 88.5 percent in 2016 to 90.1 percent for FY17-18
- There is very little variation across regions

Table 6: PCR WSC and CDC+ Record Review Results by Region				
July 2017 – June 2018				
	Waiver Support Coordinator		CDC+ Consultant	
Region	# Records Reviewed	Percent Met	# Records Reviews	Percent Met
Northwest	140	96.6%	24	98.5%
Northeast	226	94.4%	42	96.5%

Table 6: PCR WSC and CDC+ Record Review Results by Region				
July 2017 – June 2018				
	Waiver Support Coordinator		CDC+ Consultant	
Region	# Records Reviewed	Percent Met	# Records Reviews	Percent Met
Central	290	94.4%	58	96.9%
Suncoast	325	95.6%	45	98.2%
Southeast	301	96.3%	52	98.0%
Southern	250	97.6%	23	97.8%
State	1,532	95.6%	244	97.4%

Table 7: WSC Record Review Results by Standard		
July 2017 – June 2018		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	1,531	96.5%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	1,530	97.3%
Level of care is completed accurately using the correct instrument/form.	1,532	93.0%
Person receiving services is given a choice of waiver services or institutional care at least annually.	1,532	98.3%
The Support Plan is updated within 12 months of the person's last Support Plan.	1,517	99.7%
The current Annual Report is in the record.	1,520	89.3%
The Support Plan is updated/revised when warranted by changes in the needs of the person.	788	98.2%
WSC documents a copy of the Support Plan is provided to the person or legal representative within 10 days of the Support Plan effective date.	1,529	97.1%
WSC documentation demonstrates a copy of the Support Plan is provided to all service providers within 30 calendar days of the Support Plan effective date.	1,484	92.6%
Support Plan includes supports and services consistent with assessed needs.	1,528	99.3%
Support Plan reflects support and services necessary to address assessed risks.	1,500	98.7%
Support Plan includes a current Safety Plan.	47	83.0%
Support Plan reflects the personal goals/outcomes of the person.	1,529	99.7%
The current Support Plan includes natural, generic, community and paid supports for the person.	1,530	98.6%

Table 7: WSC Record Review Results by Standard		
July 2017 – June 2018		
Standard	Number Reviewed	Percent Met
WSC documentation demonstrates current, accurate, and approved Service Authorizations are issued to service provider(s).	1,503	97.3%
The Support Coordinator documents efforts to ensure services are delivered in accordance with the service plan, including type, scope, amount, duration, and frequency specified in the Cost Plan.	1,502	90.1%
The Support Coordinator is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	1,529	100.0%
The Support Coordinator bills for services only after service is rendered.	1,530	96.6%
The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted.	1,525	83.3%
The Support Coordination Progress Notes demonstrate required monthly contact/activities were completed and are in the record.	1,529	95.8%
For individuals in supported living arrangements Progress Notes demonstrate required activities are covered during each quarterly home visit.	235	94.9%
For persons living in Supported Living Arrangements the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider.	231	95.2%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis.	1,512	97.8%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing among waiver service providers on an ongoing basis.	1,522	97.7%
The Support Coordinator documents efforts to assist the person/legal representative to know about rights on an ongoing basis.	1,528	95.6%
The Support Coordinator documents efforts to ensure the person's health and health care needs are addressed on an ongoing basis.	1,530	97.8%
The Support Coordinator documents efforts to ensure person's safety needs are addressed on an ongoing basis.	1,526	98.0%
The Support Coordinator has a method in place to document information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis.	1,035	93.0%
The Support Coordinator documents efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents on an ongoing basis.	1,529	88.9%
Average WSC Record Review Score	**38,863**	**95.6%**

Table 8: CDC+ Consultant Results by Standard		
July 2017 – June 2018		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	244	98.0%

Table 8: CDC+ Consultant Results by Standard July 2017 – June 2018		
Standard	**Number Reviewed**	**Percent Met**
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	244	96.7%
Level of care is completed accurately using the correct instrument/form.	244	97.1%
Person receiving services is given a choice of waiver services or institutional care at least annually.	244	98.0%
The Support Plan is updated within 12 months of the person's last Support Plan.	244	99.6%
The current Annual Report is in the record.	244	91.4%
The Support Plan is updated/revised when warranted by changes in the needs.	111	98.2%
Consultant documents the Support Plan is provided to the person or the legal representative, within 10 days of the Support Plan effective date.	243	98.8%
Support Plan includes supports and services consistent with assessed needs.	244	99.6%
Support Plan reflects support and services necessary to address assessed risks.	240	98.8%
Support Plan includes a current Safety Plan.	12	100.0%
Support Plan reflects the personal goals of the person.	244	99.2%
The current Support Plan includes natural, generic, community and paid supports for the person.	244	99.2%
Services are delivered in accordance with the Cost Plan.	244	100.0%
The Consultant is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	244	100.0%
The Consultant bills for services only after service is rendered	244	99.6%
Participant Monthly Review forms & Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	244	99.2%
The Consultant documents efforts to assist the person/legal representative to know about rights on an ongoing basis.	242	92.6%
The Consultant documents efforts to ensure the person's health and health care needs are addressed on an ongoing basis.	244	97.5%
The Consultant documents efforts to ensure the person's safety needs are addressed on an ongoing basis.	243	98.4%
The Consultant has a method in place to document information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis.	170	95.9%
The Consultant documents efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents on an ongoing basis.	242	90.1%
Completed/signed Participant-Consultant Agreement is in the record.	244	98.8%
Completed/signed CDC+ Consent Form is in the record.	244	96.7%
Completed/signed Participant-Representative Agreement is in the record.	242	99.2%

Table 8: CDC+ Consultant Results by Standard July 2017 – June 2018		
Standard	Number Reviewed	Percent Met
All applicable completed/signed Purchasing Plans are in the record.	244	98.8%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	243	97.9%
All applicable completed/signed Quick Updates are in the Record.	100	97.0%
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	103	92.2%
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	221	99.1%
Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	220	99.1%
Consultant has taken action to correct any overspending by the Participant.	11	100.0%
If applicable, Consultant initiates Corrective Action.	3	100.0%
Completed/signed Corrective Action Plan is in the record.	3	66.7%
If applicable, an approved Corrective Action Plan is being followed.	3	100.0%
The Emergency Backup Plan is in the record and is reviewed annually.	241	96.3%
Consultant documentation demonstrates a copy of the Support Plan is provided to the CDC+ Representative within 30 calendar days of the Support Plan effective date.	218	95.9%
Average PCR CDC+ Consultant Result	7,259	97.6%

CDC+ Representative (CDC-R)

Participants in CDC+ have a Representative (the participant is sometimes also the Representative), who helps with the "business" aspect of the program: such as hiring providers, completing and submitting timesheets, and paying providers. This is a non-paid position and is most often filled by a family member. Qlarant reviewers monitor the Representative's records to help determine if the Representative is complying with CDC+ standards and other requirements. The person receiving services through CDC+ may decline to participate in the CDC+ PCR process. However, the Representative for the person still receives a review. Between July 2017 and June 2018, 282 CDC+ Representatives were reviewed. Results are presented by region in Table 9 and by standard in Table 10.

- On average, findings for Representatives were similar to 2016, with 93.1 percent overall compliance and 15 of the 20 standards showing scores over 90.0 percent.

- There was some variation across regions, with the highest score in the Northeast (96.3%), representing a significant increase from 92.4 percent in 2016. However, Representative compliance in the Southern Region dropped significantly from 94.4 percent to 90.6 percent over the same time period.
- The lowest scoring standards indicated:
  - For Representatives who required a Corrective Action Plan (n=11), it was not always available for review (72.7%)
  - Documentation was not always available to support the reconciliation of monthly statements (81.2%)
  - Documentation did not always show the employment status for the Employee/Contractor Roster within the Clearinghouse, for all who provide direct care (77.8%, n=63)
  - Background screening was not always documented for all direct care providers (81.9%).

Table 9: CDC+ Representative Record Review Results by Region		
July 2017 –June 2018		
Region	# of Reviews	Percent Met
Northwest	27	90.3%
Northeast	51	96.3%
Central	60	93.9%
Suncoast	55	91.6%
Southeast	63	93.5%
Southern	26	90.6%
State	282	93.1%

Table 10: CDC+ Representative Results by Standard		
July 2017 – June 2018		
Standard	Number Reviewed	Percent Met
Complete and signed Participant/ Representative Agreement is available for review.	276	97.5%
Accurate Signed and approved timesheets for all Directly Hired Employees (DHE) are available for review.	261	87.0%

| Table 10: CDC+ Representative Results by Standard		
July 2017 – June 2018		
Standard	Number Reviewed	Percent Met
Signed and approved Invoices for Vendor Payments are available for review.	146	93.8%
Signed and approved receipts/statement of "Goods and Services" for reimbursement items are available for review.	70	92.9%
Complete Employee Packets for all Directly Hired Employees are available for review.	257	96.5%
Complete Vendor Packets for all vendors and independent contractors are available for review.	164	95.7%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	257	93.0%
Signed Employer/Employee Agreement for each Directly Hired Employee (DHE) is available for review.	91	95.6%
All applicable signed and approved Purchasing Plans are available for review.	277	96.0%
Copies of Support Plan(s) are available for entire period of review.	282	96.5%
Copies of approved Cost Plans are available for entire period of review.	282	93.3%
Emergency Backup Plan is complete and available for review.	278	94.6%
Corrective Action Plan (if applicable) is available for review.	11	72.7%
Background screening results for all providers who render direct care are available for review.	270	81.9%
All applicable signed and approved Quick Updates are available for review.	100	99.0%
Monthly Statements are available for review.	282	94.7%
Documentation is available to support the reconciliation of Monthly Statements.	282	81.2%
The participant obtains services consistent with stated/documented needs and goals.	282	98.9%
The participant makes purchases that are consistent with the Purchasing Plan.	273	99.3%
The CDC+ Representative maintains the employment status of all who provide direct care on the Employee/Contractor Roster within the Clearinghouse.	63	77.8%
Average CDC+ Representative Record Review Score	4,204	93.1%

Health Summary

During the PCR, Qlarant reviewers utilize an extensive Health Summary tool to help capture facets of the individual's health status, such as a need for adaptive equipment; if visits have been made to the doctor or dentist; if the person has been hospitalized or been to the emergency room; and type and number of psychotherapeutic drugs the person is taking.

The following figures and tables show the percent of individuals receiving services through the Waiver or CDC+ who were taking prescription medications, by the number of medications taken (Figure 9); the percent of individuals taking four or more medications or with health concerns by year (Table 11); and the percent of individuals taking four or more medications by region and year (Table 12). It is important to note the number of reviews completed in each region for CDC+ was relatively small each year, and comparisons should be made with caution. Findings indicate the following:

- The percent of individuals taking four or more prescription medications is greater for individuals using the Waiver compared to CDC+, 38.8 percent and 25.8 percent respectively. This relationship has been fairly consistent since 2015 (Table 11).
- Most all individuals who indicated having a health concern also reported the concern is being addressed. This has also been consistent since 2015.
- The statewide average is fairly consistent across the years for Waiver and CDC+; however, results have shown variation across the regions each year. In FY17-18 utilization ranged from a low of 30.7 percent (Northwest) to a high of 49.2 percent (Southern).
- One consistent finding indicates the rate of individuals taking four or more medications (Waiver) is consistently higher in the Southern Region than in other areas of the state. This may be the result of an older Waiver population in that area. This is not true for individuals receiving services through CDC+, typically a younger group.

**Figure 9: # of Prescription Drugs by
Waiver Type July 2017 - June 2018**
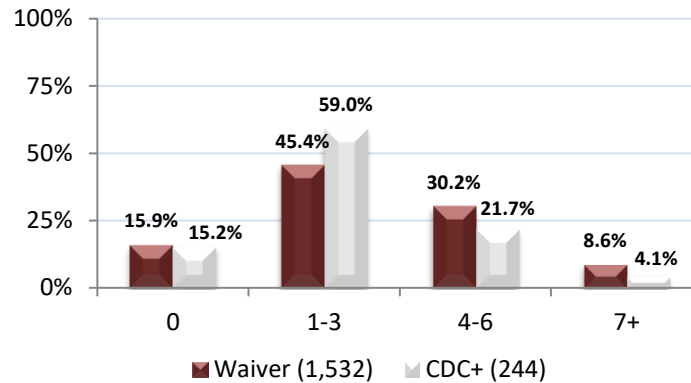
Table 11: Medications and Health Concerns January 2015 – June 2018								
	2015		**2016**		**Jan – Jun 2017**		**Jul '17 – Jun '18**	
	Waiver (1,047)	**CDC (270)**	**Waiver (1,3557**	**CDC 385)**	**Waiver (987)**	**CDC+ (226)**	**Waiver (1,532)**	**CDC + (244)**
Taking 4 or More Prescription Medications	39.3%	26.6%	37.5%	27.4%	39.2%	25.7%	38.8%	25.8%
Have Health Concerns and Needs are **Not** Being Met	2.6%	1.3%	2.5%	3.1%	1.5%	1.6%	1.6%	0.0%

Table 12: Percent of Individuals Taking 4 or More Medications Within Regions by Year						
	Waiver			**CDC+**		
Region	**2015 (N=1,355)**	**2016 (N=987)**	**FY17-18 (N=1,352)**	**2015 (N=383)**	**2016 (N=226)**	**FY17-18 (N=244)**
Northwest	43.5%	34.1%	30.7%	21.1%	35.7%	45.8%
Northeast	38.0%	34.8%	43.4%	28.1%	24.2%	26.2%
Central	37.7%	41.2%	33.4%	25.0%	25.5%	20.7%
Suncoast	38.3%	28.3%	39.1%	29.9%	25.0%	17.8%
Southeast	36.8%	39.5%	35.2%	23.2%	28.9%	26.9%
Southern	45.3%	48.0%	49.2%	34.1%	28.1%	30.4%
State	39.3%	37.5%	38.8%	26.6%	27.4%	25.8%

The following graphs show the distribution of individuals who were taking more than four prescription medications, across residential setting, primary disability, and age group. In most categories the sample sizes for CDC+ are relatively small, particularly for people age 65+ where only five individuals sampled were utilizing CDC+. Findings indicate:

- For Waiver services, 62.1 percent of individuals living in group homes used multiple medications. This setting appears to be what is driving up the state average.
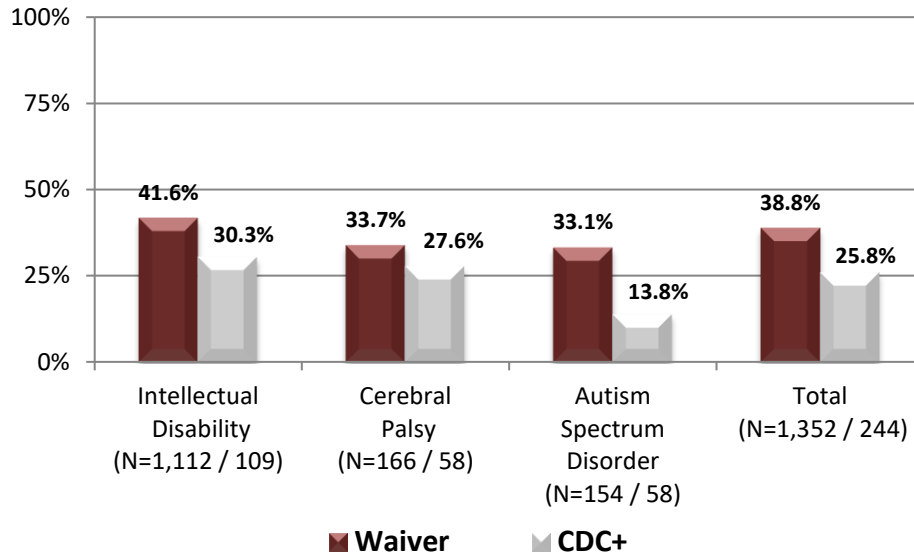- About one quarter of individuals for both the Waiver and CDC+ living in the family home were taking multiple medications.
- People living with ID as a primary disability were most likely to take four or more medications. Among people with Autism Spectrum Disorder, individuals utilizing CDC+ were much less likely to take multiple medications than individuals on the Waiver.
- On average, the use of four or more prescription medications increases with age.

Percent Taking 4+ Medications by Residential Setting
FY18: (N=Waiver / CDC+)

	Waiver	CDC+
Family Home (N=747 / 223)	24.2%	26.0%
Independent/ Supported Living (N=247 / 21)	33.6%	23.8%
Group Home (N=512)	62.1%	
Average (N=1,532 / 244)	38.8%	25.8%
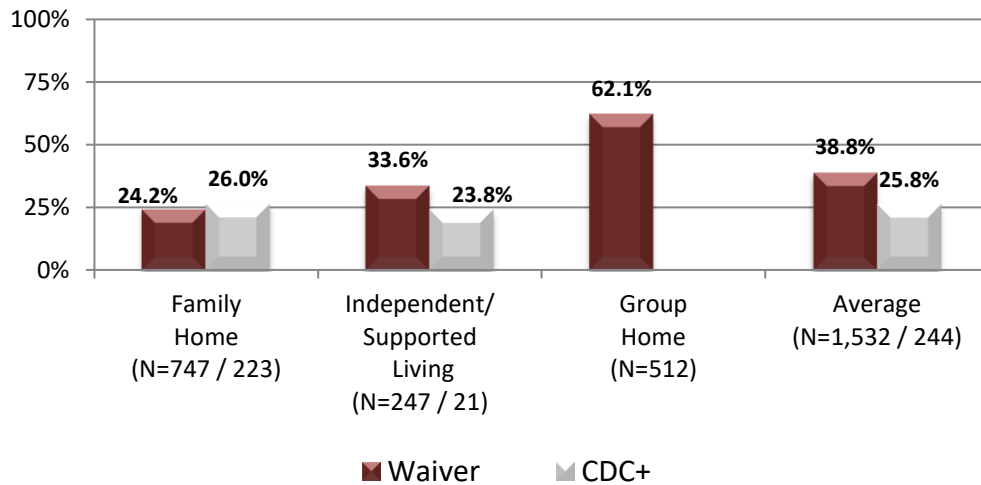
■ Waiver   ■ CDC+

Percent Taking 4+ Medications by Primary Disability
FY18: (N=Waiver / CDC+)

Intellectual Disability (N=1,112 / 109): Waiver 41.6%, CDC+ 30.3%
Cerebral Palsy (N=166 / 58): Waiver 33.7%, CDC+ 27.6%
Autism Spectrum Disorder (N=154 / 58): Waiver 33.1%, CDC+ 13.8%
Total (N=1,352 / 244): Waiver 38.8%, CDC+ 25.8%

Legend: Waiver | CDC+

Percent Taking 4+ Medications by Age Group
FY18: (N=Waiver / CDC+)

<18 (N=93 / 35): Waiver 26.9%, CDC+ 28.6%
18-21 (N=91 / 29): Waiver 26.4%, CDC+ 31.0%
22-44 (N=809 / 148): Waiver 35.4%, CDC+ 20.3%
45-64 (N=465 / 27): Waiver 45.2%, CDC+ 40.7%
65+ (N=74 / 5): Waiver 66.2%, CDC+ 60.0%
Total: Waiver 38.8%, CDC+ 25.8%

Legend: Waiver | CDC+
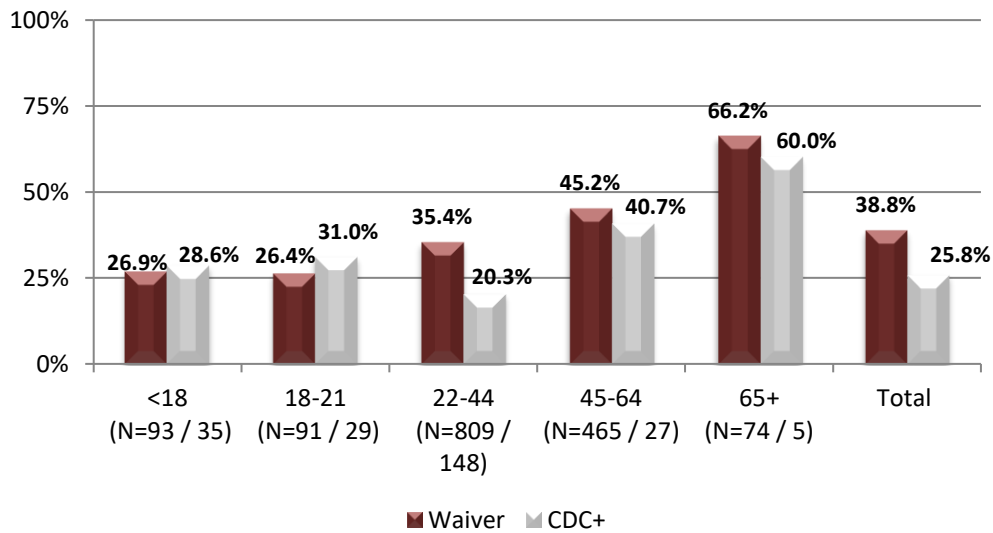
PCR Summary Results

A summary of scores from the PCR components is presented in the following figure. Average scores are relatively high across all the areas. Review of the records for the CDC+ Representatives showed the lowest performance rate; however, this has increased from approximately 84 percent since 2012.

Individual Interview
- Waiver: 97.8%
- CDC+: 99.1%

Coordinator Interview
- WSC: 99.3%
- CDC+ C: 99.8%

Record Review
- WSC: 95.6%
- CDC+ C: 97.4%
- CDC+ R: 93.1%
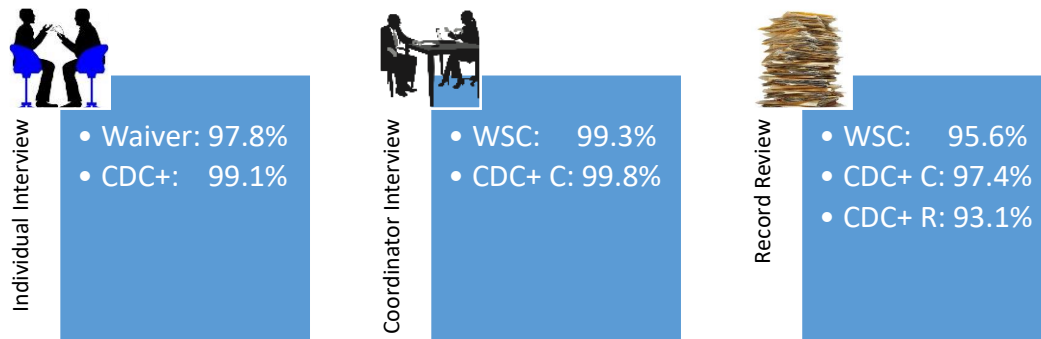
Provider Discovery Reviews (PDR)[9]

During the course of the contract year, a PDR is completed for all providers who rendered at least one of the following services through the iBudget Waiver, for six months or more:[10]

- Behavior Analysis
- Behavior Assistant
- Life Skills Development 1 (Companion)
- Life Skills Development 2 (SEC)
- Life Skills Development 3 (ADT)
- Personal Supports
- Residential Habilitation Behavior Focus
- Residential Habilitation Intensive Behavioral
- Residential Habilitation Standard
- Respite
- Special Medical Home Care
- Support Coordination/CDC+ Consultant
- Supported Living Coaching

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[9] All review tools are posted on the FSQAP website
https://florida.qlarant.com/Public2/resourceCenter/providers/discoveryReviewTools/index.html
[10] Deemed providers are permitted to skip one year for the PDR. Deemed is defined as a score of 95% or higher with no alerts or potential billing discrepancies.

The PDR is composed of up to six different review components: Interviews with individuals receiving services (PDR II), Interviews with staff rendering services (SI), Observations at waiver funded licensed residential homes (LRH) and day programs (OBS), Policy and Procedure (P&P), Qualification and Training (Q&T), and Service Specific Record Reviews (SSRR). PDR results are provided separately for WSCs and service providers. During FY17-18, July 2017 and June 2018, 1,985 PDRs were completed by reviewers and approved by Qlarant management; 1,456 service providers and 529 WSCs.

PDR Individual and Staff Interviews

The PDR for wavier services (excludes WSC PDR) uses an interview with individuals receiving services from the provider and an interview with staff providing services. The staff may or may not be providing services to individuals interviewed but all services are monitored through the interview processes. The purpose of the interviews is to determine from the person's perspective how well services are provided and determine from the staff how well people are being supported through each service. The standards for the PDR II are similar to the PCR II but the focus is specific to the provider participating in the PDR.[11] [12] In addition, the Health and Safety each have two standards. One indicates if the person is healthy (Best Possible Health) or Safe (Person is Safe) and the other indicates if health or safety needs have been addressed.

Figure 10 shows Individual and Staff Interview results by standard and Table 13 shows results by region.

- Similar to previous years, interview scores for the PDR were high across all the standards.
- The average Staff Interview score (98.8%) was slightly higher than the average in 2016 (96.8%).
- The lowest scoring area for individuals was in obtaining access to community activities, which also showed the greatest increase since 2016, up almost four points from 91.6 percent to 95.5 percent.
- Community Access was the lowest scoring standard among staff as well, and has also improved close to four points since 2016.
- There was little variation across regions.

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[11] All PCR and PDR tools can be viewed on the FSQAP website:
https://florida.qlarant.com/Public2/resourceCenter/providers/discoveryReviewTools/index.html
[12] See the PCR Individual Interview Section for a more detailed description of the interview standards.

**Figure 10: PDR Indivdual and Staff Interviews
by Standard
July 2017 - June 2018**

Standard	Individual	Staff
Person Centered Supports	98.4%	99.0%
Community Residence	98.1%	98.9%
Community Work	98.2%	99.2%
Community Access	95.5%	96.8%
Community Participation	97.0%	98.1%
Best Possible Health	99.0%	98.6%
Health Needs Addressed	98.6%	99.2%
Person is Safe	98.2%	98.1%
Safety Needs Addressed	98.9%	99.4%
Average Score	98.1%	98.8%

■ Individual Interview (N=2,475)   ■ Staff Interview (N=2,551)
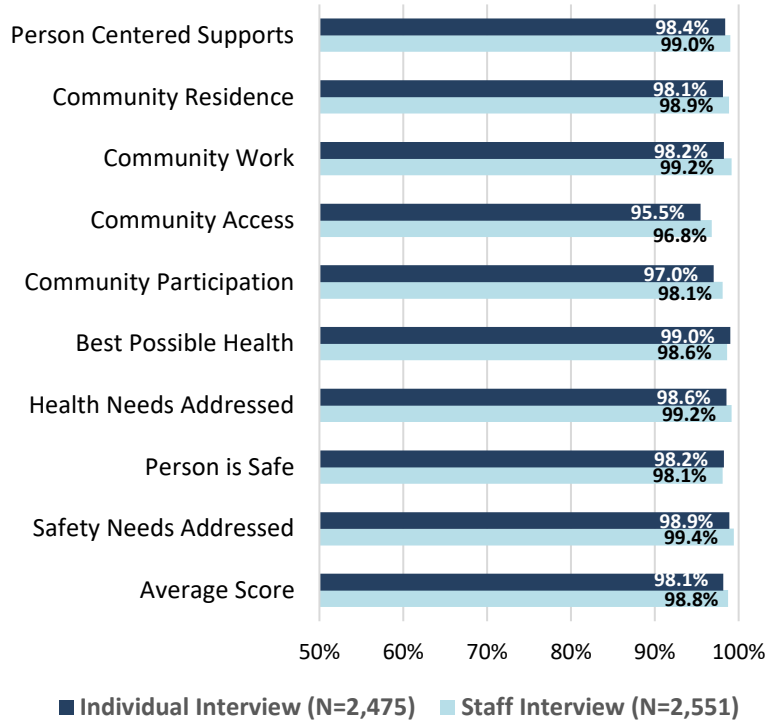
Table 13: PDR Interview Results by Region				
July 2017 – June 2018				
	Individual		Staff	
Region	#	% Met	#	% Met
Northwest	160	98.1%	170	98.6%
Northeast	492	97.8%	502	98.5%
Central	400	97.4%	397	98.0%
Suncoast	646	98.0%	654	99.2%
Southeast	444	98.6%	441	99.0%
Southern	333	99.3%	351	99.0%
State	2,475	98.1%	2,515	98.8%

Observations

Observations by Location: Licensed Residential Homes and Day Programs

Qlarant reviewers conduct onsite Observations of up to 10 licensed residential homes (LRH) when reviewing providers of Residential Habilitation. For Life Skills Development 3 (LSD 3) facilities (Day Programs), all locations operated by the providers receive an onsite Observation. During this portion of the PDR, reviewers observe the physical facility, interactions among staff and individuals, and informally interview staff, residents, and day program participants as needed and as possible.
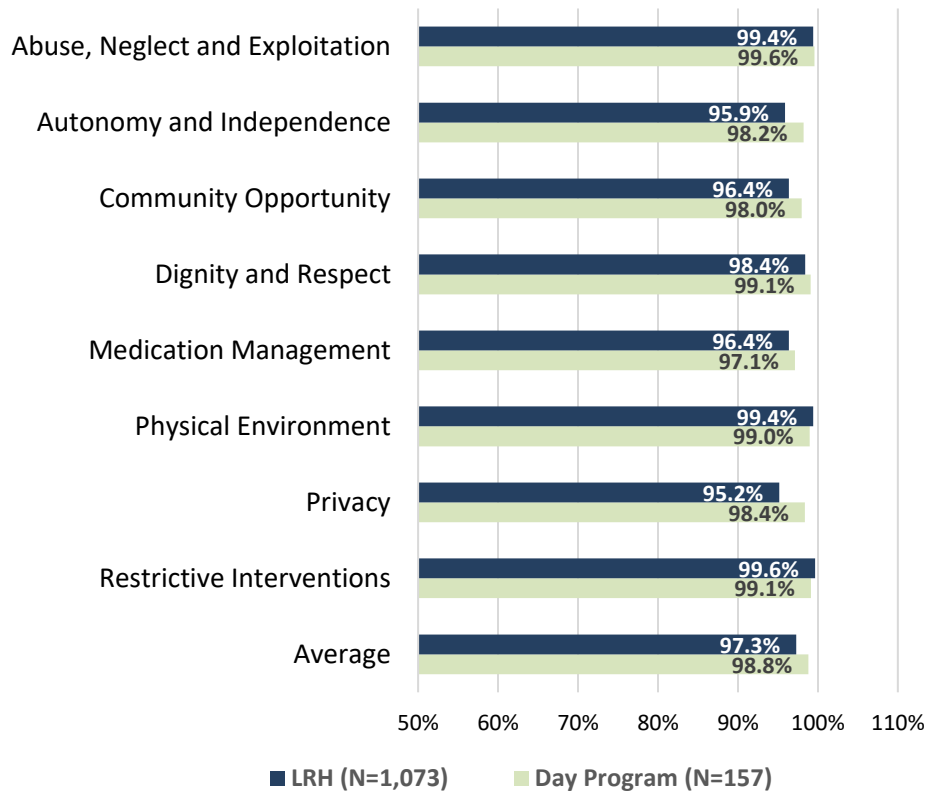
Observations were completed at 157 Day Program locations and 1,073 LRHs. PDR Observation scores are shown by Region and type of location in Table 14. The number of Observations completed for Day Programs is relatively small in all regions and comparative analysis across regions or between LRHs and day programs should be made with caution. The overall scores for both types of locations are high, they are similar to scores since 2016, and there is very little variation across regions.

Table 14: PDR Observation Scores by Region and Location				
July 2017 – June 2018				
	LRH		LSD 3	
Region	# OBS	% Met	# OBS	% Met
Northwest	45	98.4%	10	97.5%
Northeast	209	96.9%	32	99.1%
Central	191	95.4%	22	98.5%
Suncoast	302	97.7%	57	98.9%
Southeast	176	97.8%	17	99.0%
Southern	150	98.4%	19	98.7%
State	1,073	97.3%	157	98.8%

Observations are shown by Standard and Location Type in Figure 11. Scores are generally high across all the standards, over 95 percent. Currently, the lowest scoring area for LRHs is in Privacy, with 95.2 percent compliance. Overall findings are similar to 2016 results, with one to two point increases on some standards.

Figure 11: Observation by Location and Standard
July 2017 - June 2018

Standard	LRH (N=1,073)	Day Program (N=157)
Abuse, Neglect and Exploitation	99.4%	99.6%
Autonomy and Independence	95.9%	98.2%
Community Opportunity	96.4%	98.0%
Dignity and Respect	98.4%	99.1%
Medication Management	96.4%	97.1%
Physical Environment	99.4%	99.0%
Privacy	95.2%	98.4%
Restrictive Interventions	99.6%	99.1%
Average	97.3%	98.8%

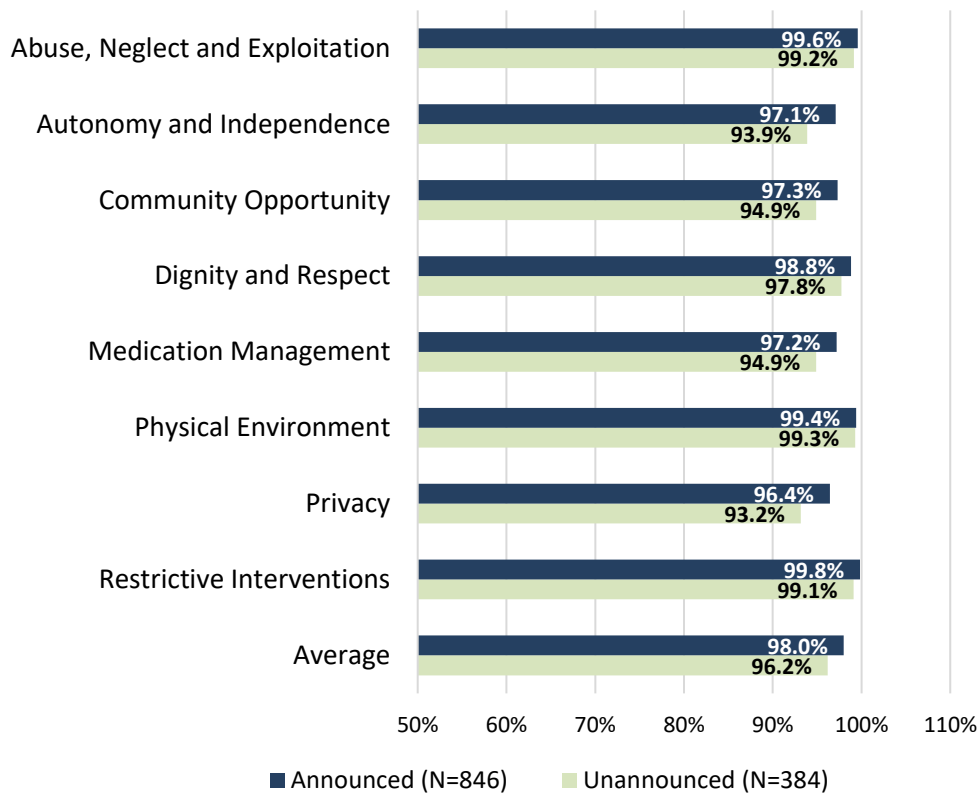### Observations by Type: Announced vs Unannounced

Of the 1,230 Observations completed, 384 (31.2%) were Unannounced Observations. While providers knew when the PDR would occur, they did not always know which facilities would be chosen for the Observation and when the onsite visit would occur. Table 15 shows results by Observation location and type (Announced vs. Unannounced).

| Table 15: Observation Scores by Observation Type and Location Type						
July 2017 - June 2018						
Observation Type	**LRH**		**LSD 3**		State	
	# OBS	**% Met**	**# OBS**	**% Met**	**# OBS**	**% Met**
Announced	739	97.9%	107	98.8%	846	98.0%
Unannounced	334	95.9%	50	98.7%	384	96.2%

Findings for Observation Type by standard are shown in Figure 12 and by region in Figure 13. Findings to date reflect the same patterns as in previous years:

- Unannounced findings showed lower scores across most standards. The greatest differences were reflected in Privacy and Autonomy/Independence, 3.3 and 3.2 points lower for Unannounced Observations.
- There is a greater difference between Announced and Unannounced scores in Central Florida. Compared to other regions, the Unannounced score was close to five points lower.
- Unannounced scores in the southern regions increased somewhat since 2016, 2.8 points in the Southeast and 2.2 points in the Southern Region.

Figure 12: Observation by Type and Standard
July 2017 - June 2018

Announced (N=846)   Unannounced (N=384)

**Figure 13: Announced vs. Unannounced Observations by Region
July 2017 - June 2018**
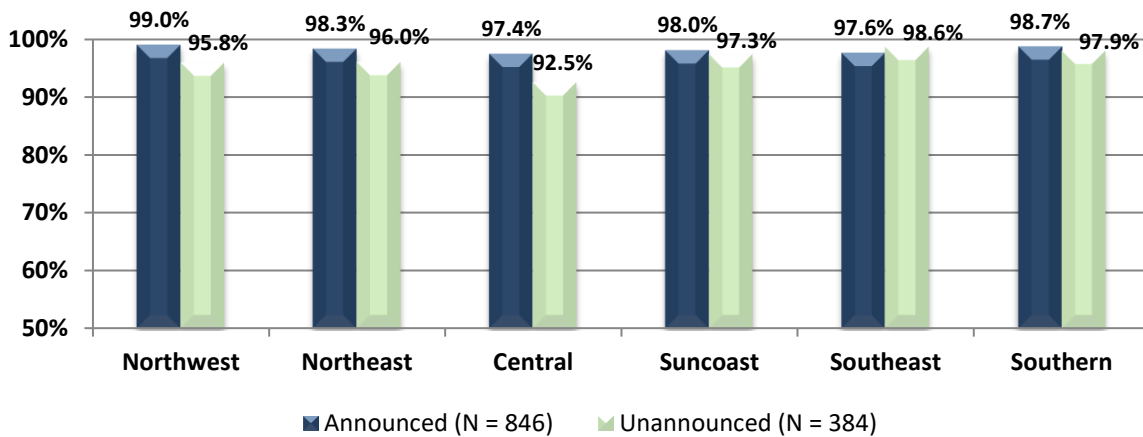
Observation Results by Indicator

The following indicators showed the lowest scores to date for LRH 7 Observations, lower than 90 percent present. While training on public transportation and participation in "house rules" are still lower scoring indicators, these have increased since 2015 from 76.3 percent and 80.0 percent respectively. No indicators for Day Programs scored under 90 percent.

Low scoring indicators for LRHs

> **Individuals have a key to their bedroom door (78.1%, n=1,012)**

> **Training in use of public transportation is available and facilitated (86.5%, n= 672)**

> **Individuals participate in the development of the 'house rules' (89.4%, n=1,033)**

Observation Indicator Differences by Type

There was a small difference, on average, between the Announced and Unannounced Observation scores, 98.0 percent and 96.2 percent respectively. However, as with previous years, data continue to indicate some differences between the two observation types at the indicator level. The following table lists the indicators for which the score from Announced onsite reviews was five or more points higher than the score from Unannounced onsite reviews. The greatest differences to date indicate when the observation was not announced in advance, people were less likely to have keys to bedrooms or the ability to lock the bathroom or bedroom door; to be trained in the use of public

transportation; to be given the opportunity to have checking or savings accounts; or to come and go as they please.

Table 16: Observation Indicators: Announced v Unannounced July 2017 – June 2018			
	Percent Met		
Indicator Text	Announced	Unannounced	Difference
Individuals have a key to their bedroom door.	81.7%	70.1%	11.6%
Individuals are not afforded the opportunity to have a checking or savings account or other means to have access to and control of funds.	97.3%	88.3%	8.7%
Individuals cannot come and go as they please.	85.8%	79.8%	6.0%
Training in the use of public transportation is available and facilitated.	89.3%	82.8%	9.3%
Individuals cannot lock the bathroom door.	95.9%	89.6%	6.3%
Individual cannot lock the bedroom door.	95.7%	88.4%	7.3%
Individuals cannot come and go as they please.	98.4%	92.3%	6.1%

Administrative Policies and Procedures

Each provider is reviewed on up to 18 standards to determine compliance with Policies and Procedures (P&P) as dictated in the Florida Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook. Results for all P&P Standards reviewed this year are shown in Table 17. WSC services are different than other provider services, therefore findings in Table 17 are presented separately for WSCs and service providers.[13] Most of the Administrative P&P tool is applied to agency providers (n=1,292); however, some questions may also be asked of solo providers (n=693).

Service providers reviewed this year averaged 91.6 percent compliance with Policy and Procedure requirements, the WSC average somewhat higher (94.3%). Service providers were least likely to have written policies and procedures in the same areas as in previous years, detailing:

- Compliance with background screening and 5-year rescreening requirements (82.1%), similar to compliance in 2016 (82.6%).

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[13] N sizes may vary throughout the report due to missing and/or not applicable data.

- Hours and days of operation and the notification process to be used if the provider is unable to provide services for a specific time and day as scheduled (83.4%), the same as the 2016 rate (83.5%).
- Methods for ensuring person's confidentiality and storing records in secure manner (88.1%), up somewhat from 86.7 percent in 2016.
- Methods for management and accounting of personal funds (85.5%), showing an increase of approximately six points since 2016. This represents the greatest increase on P&P standards since that time.
- The employment status of all employees on the Employee/Contractor Roster within the Clearinghouse (new standard effective 1/1/2018) (84.2%).
- How the provider will ensure a smooth transition to and from another provider. While showing a score of just under 90 percent (89.5%), this represents the largest decline among the P&P standards since 2016 when it was 95.1 percent.

WSCs were least likely to have written policies pertaining to:
- Background screening compliance (85.2%), representing a seven-point decrease from 92.3 percent in 2016.
- Maintaining the employment status of all employees on the Employee/Contractor Roster within the Clearinghouse (new standard effective 1/1/2018) (82.2%).
- Hours and days of operation and the notification process to be used if the provider is unable to provide services for a specific time and day as scheduled (90.4%), showing a decrease from the 2016 rate of 95.7 percent.
- How the provider will ensure a smooth transition to and from another provider. While scoring 91.2 percent in FY17-18, this also shows a seven-point decrease since 2016.

Table 17: PDR Service Provider Policies and Procedures Results by Standard July 2017 – June 2018				
	Service Providers (n = 1,456)		WSC (n = 529)	
P&P Standard	**Standards Reviewed**	**% Met**	**Standards Reviewed**	**% Met**
If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	46	100%	NA	NA
Agency vehicles used for transportation are properly insured.	483	98.8%	NA	NA
Agency vehicles used for transportation are properly registered.	493	95.7%	NA	NA

Table 17: PDR Service Provider Policies and Procedures Results by Standard July 2017 – June 2018				
	Service Providers (n = 1,456)		WSC (n = 529)	
P&P Standard	**Standards Reviewed**	**% Met**	**Standards Reviewed**	**% Met**
The provider maintains written policies and procedures with a detailed description of how the provider uses a person-centered approach to identify individually determined goals and promote choice.	1,179	96.4%	115	97.4%
The provider maintains written policies and procedures with a detailed description of how the provider will protect health, safety, and wellbeing of the individuals served.	1,179	94.6%	115	95.7%
The provider maintains written policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening.	1,179	82.1%	115	85.2%
The provider maintains written policies and procedures detailing hours and days of operation and the notification process to be used if the provider is unable to provide services for a specific time and day scheduled.	1,178	83.4%	115	90.4%
The provider maintains written policies and procedures detailing how the provider will ensure the individuals' medications are administered and handled safely.	833	95.2%	NA	NA
The provider maintains written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider.	1,179	89.5%	114	91.2%
The provider maintains written policies and procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues.	1,179	97.7%	116	97.4%
The provider maintains written policies and procedures, which detail methods for ensuring the person's confidentiality and maintaining and storing records in a secure manner.	1,179	89.1%	115	91.3%
The provider maintains written policies and procedures, which detail the methods for management and accounting of any personal funds, of all individuals in the care of, or receiving services from, the provider.	848	85.5%	NA	NA
The provider maintains written policies and procedures in compliance with 65G-8.003 (Reactive Strategy Policy and Procedures).	294	94.2%	NA	NA
The provider addresses all incident reports.	755	98.5%	410	99.0%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	227	99.1%	159	100%
All instances of abuse, neglect, and exploitation are reported.	212	98.6%	151	100%

Table 17: PDR Service Provider Policies and Procedures Results by Standard July 2017 – June 2018				
	Service Providers (n = 1,456)		WSC (n = 529)	
P&P Standard	**Standards Reviewed**	**% Met**	**Standards Reviewed**	**% Met**
The provider identifies, addresses and reports all medication errors.	199	99.5%	32	100%
The provider maintains the employment status of all employees on the Employee/Contractor Roster within the Clearinghouse.	590	84.2%	225	82.2%
Average Policies and Procedures	13,232	91.6%	1,823	94.3%

Findings by region are presented in Table 18. WSCs are much more likely to operate as a solo entity. While approximately 9.1 percent of service providers are solo providers, close to 60 percent of WSCs are solo providers. Because solo providers are only reviewed on the administrative standards and not the actual policies and procedures, findings are presented separately by region for solo vs agency providers and comparisons should be done with caution. Service providers in the Northern part of the state were somewhat less likely to be compliant on P&P standards than in the southern part of the state.

Table 18: Policies and Procedures by Region July 2017 – June 2018								
	Service Providers				WSCs			
	Agency (n=1,175)		Solo (n=281)		Agency (n=117)		Solo (n=412)	
Region	Standards Reviewed	% Met	Standards Reviewed	% Met	Standards Reviewed	% Met	Standards Reviewed	% Met
Northwest	619	89.8%	28	85.7%	83	95.2%	52	100.0%
Northeast	2,489	89.6%	73	80.8%	131	91.6%	97	97.9%
Central	2,227	91.5%	58	67.2%	161	96.3%	212	95.3%
Suncoast	3,672	91.7%	67	71.6%	200	89.5%	182	91.8%
Southeast	2,259	93.6%	14	71.4%	265	95.8%	125	92.0%
Southern	1,695	94.7%	31	90.3%	247	96.0%	68	95.6%
State	**12,961**	**91.9%**	**271**	**76.8%**	**1,087**	**94.2%**	**736**	**94.6%**

Qualifications and Training Requirements

WSCs and all Direct Service Providers are required to have certain training and education completed in order to render specific services. For each service provider and WSC, several employee records are reviewed. The total number of employee records sampled for review varies, depending on the number of people receiving services. Of the 1,456 providers and 529 WSCs who participated in a PDR between July 2017 and June 2018, 3,652 and 711 employee records were reviewed, respectively.

A description of each standard scored within the Administrative Qualifications and Training component of the PDR is shown in Table 19 for service providers and Table 20 for WSCs. Each table shows the number of employee records reviewed, the number of providers reviewed (for which the standard was applicable) and the percent of providers, not staff, with the standard met. For the provider to score the standard met, all employee records reviewed must show compliance with the standard. If one record is out of compliance, the standard is Not Met for the provider.[14] Findings from the Q&T component of the PDR indicate the following

- 60.9 percent of service providers and 74.0 percent of WSCs had received training in Requirements for All Waiver Providers
- Support Coordinators were more likely than service providers to be compliant on all background screening requirements, 93.0 percent and 84.7 percent respectively
- Approximately 64.0 percent of Personal Support providers completed four hours of annual in-service training related to the specific needs of at least one person currently served
- Many Life Skills Development 1 (Companion) providers had not completed 4 hours of annual in-service training related to the specific needs of at least one person currently receiving services (70.5%)
- Many Supported Employment providers (LSD 2) did not complete eight hours of annual in-service training related to employment; 77.9 percent met this training standard
- 70.2 percent of providers offering Residential Habilitation (Standard) and 76.0 percent of Life Skills Development 3 (ADT) providers had completed in-service training related to the implementation of individually tailored services
- Approximately 79.9 percent of WSCs had completed 24 hours of job related annual in-service training.

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[14] For some of the standards only a few records and providers were reviewed so comparisons across these standards should be made with caution.

Table 19: PDR Qualifications and Training Service Provider Results by Standard July 2017 – June 2018			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The provider has completed all aspects of required Level II Background Screening.	3,651	1,456	84.7%
The provider received training in Zero Tolerance.	3,650	1,455	91.3%
The provider received training in Basic Person Centered Planning.	2,115	1,079	90.2%
The provider received training on Individual Choices, Rights and Responsibilities	2,126	1,081	91.6%
The provider received training in Requirements for All Waiver Providers	3,599	1,453	60.9%
The provider received training in HIPAA.	3,646	1,455	84.1%
The provider received training in HIV/AIDS/Infection Control.	3,542	1,432	85.0%
The provider maintains current CPR certification.	3,547	1,431	92.0%
The provider received training in First Aid.	3,534	1,429	86.1%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	1,691	748	97.5%
The provider maintains current medication administration validation.	1,657	734	95.0%
The provider received training in an Agency approved curriculum for behavioral emergency procedures consistent with the requirements of the Reactive Strategies rule (65G-8, FAC).	582	255	95.3%
Drivers of transportation vehicles are licensed to drive vehicles used.	2,737	1,287	99.2%
Personal vehicles used for transportation are properly insured.	1,891	992	94.4%
Personal vehicles used for transportation are properly registered.	1,889	991	93.2%
The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.	47	42	90.5%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	938	613	96.9%
The provider has completed standardized, pre-service training for Life Skills Development Level 2.	181	152	98.7%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	219	122	99.2%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	1,712	949	96.1%

Table 19: PDR Qualifications and Training Service Provider Results by Standard July 2017 – June 2018			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The provider meets all minimum educational requirements and levels of experience for Respite.	438	320	96.6%
The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care.	1	1	100.0%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	402	330	99.4%
The provider completed required Supported Living Pre-Service training.	402	330	97.3%
The Supported Living Coach completed Introduction to Social Security Work Incentives.	383	315	83.2%
The provider received training in Direct Care Core Competency.	2,019	1,051	96.4%
The provider received training in Direct Care Core Competencies.	1,694	887	94.6%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	145	93	100.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	56	47	97.9%
The Behavior Assistant provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	54	46	100.0%
The Life Skills Development 1 provider completes 4 hours of annual in-service training related to the specific needs of at least one person currently receiving services	819	562	70.5%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	181	152	99.3%
The Life Skills Development 2 provider completed Introduction to Social Security Work Incentives.	179	150	90.0%
The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment.	170	145	77.9%
The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services.	162	104	76.0%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	1,221	497	96.6%
The Residential Habilitation - Standard provider completes eight hours of annual in-service training	1,019	476	70.2%

Table 19: PDR Qualifications and Training Service Provider Results by Standard July 2017 – June 2018			
Standard	**# Records Reviewed**	**# Providers**	**% Providers w/ Standard Met**
related to the implementation of individually tailored services.			
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	287	129	98.5%
The Residential Habilitation - Behavior Focus provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	285	128	97.7%
The Residential Habilitation - Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.	236	120	90.0%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	38	27	100.0%
The Residential Habilitation - Intensive Behavior provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	38	27	96.3%
The Supported Living Coach provider completes eight hours of annual in-service training.	375	309	79.6%
The Personal Support provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	1,483	903	64.0%
The Residential Habilitation - Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics.	32	25	92.0%
The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Clearinghouse.	1,456	609	82.6%

Table 20: PDR Qualifications and Training WSC Results by Standard July 2017 – June 2018			
Standard	**# Records Reviewed**	**# WSCs**	**% WSCs w/ Standard Met**
The provider has completed all aspects of required Level II Background Screening.	711	529	93.2%
The provider received training in Zero Tolerance.	711	529	94.7%
The provider received training in Basic Person Centered Planning.	650	490	96.7%

Table 20: PDR Qualifications and Training WSC Results by Standard July 2017 – June 2018			
Standard	# Records Reviewed	# WSCs	% WSCs w/ Standard Met
The provider received training on Individual Choices, Rights and Responsibilities	216	165	100.0%
The provider received training in Requirements for all Waiver Providers	708	527	74.0%
The provider received training in HIPAA.	711	529	90.0%
The provider received training in HIV/AIDS/Infection Control.	710	529	88.1%
The provider maintains current CPR certification.	710	529	90.0%
The provider received training in First Aid.	710	529	87.5%
Drivers of transportation vehicles are licensed to drive vehicles used.	84	74	100.0%
Personal vehicles used for transportation are properly insured.	64	55	94.5%
Personal vehicles used for transportation are properly registered.	64	55	98.2%
The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	200	168	98.2%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	705	524	99.6%
The Support Coordinator completed required Statewide pre-service training.	711	529	99.4%
The Support Coordinator completed required Region Specific training.	706	527	97.7%
The Support Coordinator completed Introduction to Social Security Work Incentives.	698	528	91.5%
The Support Coordinator completes 24 hours of job related annual in-service training.	671	518	79.9%
The provider received training in Direct Care Core Competency.	581	454	98.2%
The provider received training in Direct Care Core Competencies.	141	116	93.1%
The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Clearinghouse.	360	248	83.1%

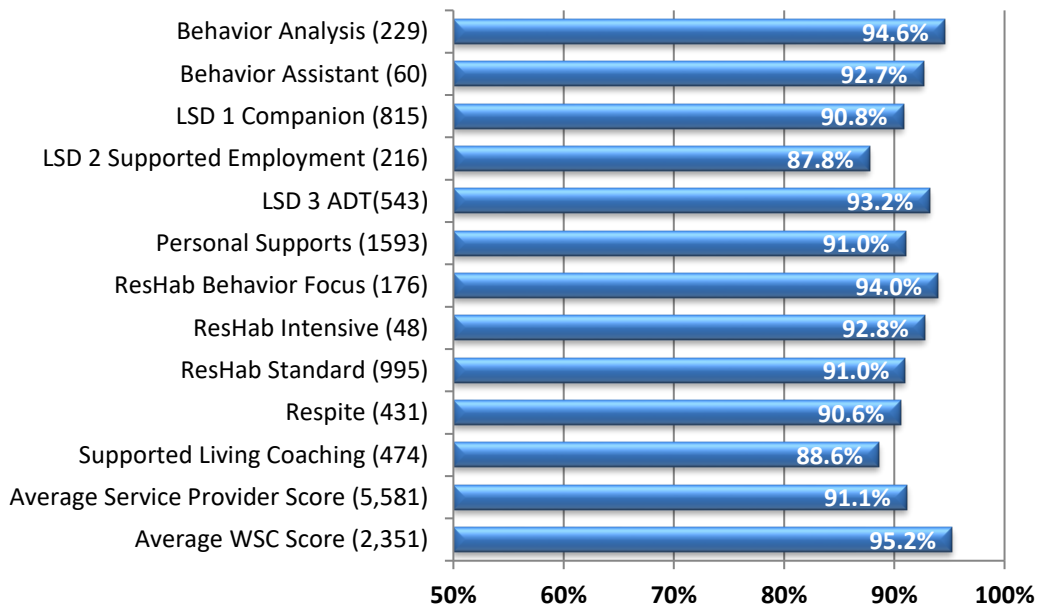## Service Specific Record Review Results (SSRR)

During the PDR, a sample of individuals is used to review records for each service offered by the provider. The number of records reviewed depends upon the size of the organization and the number of services provided. At least one record per service is reviewed, a minimum of 10 records for larger providers (caseload of 200 or more). The SSRR tool includes a review of standards specific to each service. There

were 5,581 SSRRs completed between July 2017 and June 2018 as part of the 1,456 PDRs for service providers and 2,351 SSRRs completed as part of the 529 WSC PDRs. All WSCs had at least two records reviewed as part of the PCR. These are included in the WSC PDR and are supplemented with additional unannounced records requested at the time of the review.

SSRR results are presented by service in Figure 14 and by region in Table 22. Because many of the standards have a weight of more than one, both the weighted score and the percent of standards scored as met (Percent Met) are presented by region. Comparisons by service in Figure 14 show the Percent Met with the number of reviews completed in parentheses. Data indicate:

- The average SSRR score for service providers continues to be lower than for WSCs, 91.1 percent and 95.2 percent respectively.
- Providers offering Supported Employment (87.8%) or Supported Living Coaching (88.6%) scored lowest on service compliance standards. Supported Employment has been one of the lowest scoring services in this area for several years. The current rate represents a decrease of approximately two points since 2016.
- Only one provider of Special Medical Home Care was reviewed, with 100 percent compliance.
- There appears to be some variation across regions. Service providers in the Northeast Region scored somewhat lower than other regions, the only region showing a score less than 90 percent. This region has been the lowest scoring on SSRRs since 2016.

Figure 14: Service Specific Record Reviews Percent Met by Service
July 2017 - June 2018

Table 22: PDR Service Specific Record Review Results by Region					
July 2017 – June 2018					
	Service Providers			WSCs		
Region	# Records Reviewed	Weighted Score	Percent Met	# Records Reviewed	Weighted Score	Percent Met
Northwest	355	93.5%	93.2%	219	96.4%	96.3%
Northeast	1,118	88.9%	88.0%	351	93.7%	94.1%
Central	942	92.8%	92.2%	441	93.5%	93.6%
Suncoast	1,504	92.1%	91.2%	502	94.5%	94.6%
Southeast	958	91.5%	90.4%	460	95.7%	96.1%
Southern	704	95.4%	94.5%	378	97.6%	97.5%
State	5,581	92.0%	91.1%	2351	95.1%	95.2%

Lowest SSRR Indicators by Service

While scores on the SSRRs are relatively high, some indicators within each service showed rates of under 80 percent compliance:

- For 10 of the services Qlarant reviews, providers were not submitting all required documentation to the WSC, a range of scores from 65.4 percent for Supported Living Coaching to 78.2 percent for Behavior Analysis.
- Records reviewed for the three Life Skills Development services, the three Residential Habilitation services, and Supported Living Coaching often did not have the third quarter/annual report in the record with all required components, a range of scores from 66.7 percent to 79.4 percent.
- Other lower scoring standards address Implementation Plan requirements, complete quarterly summaries in the record, missing a current Safety Plan as applicable, and documentation of efforts to assist the person to define abuse, neglect and exploitation.

Summary of PDR Scores by Region

Information in Tables 23 and 24 provides a summary of the average PDR results by region and review components, for service providers and WSCs respectively. For service providers, interview and observation results in general showed somewhat higher scores than documentation/record reviews (P&P, Q&T, SSRR). WSCs were least likely to be in compliance with qualification and training requirements.

Table 23: PDR Component Scores for Service Providers by Region July 2017 - June 2018						
Region	Policy & Procedure (n=1,456)	Qualifications & Training (n=3,652)[15]	SSRR (n=5,581)	Staff Interview (n=2,515)	Individual Interview (n=2,475)	OBS (N= 1,230)
Northwest	89.6%	92.6%	93.2%	98.6%	98.1%	98.3%
Northeast	89.4%	91.4%	88.0%	98.5%	97.8%	97.2%
Central	90.9%	90.1%	92.2%	98.0%	97.4%	95.7%
Suncoast	91.4%	91.5%	91.2%	99.2%	98.0%	97.9%
Southeast	93.5%	90.9%	90.4%	99.0%	98.6%	97.9%
Southern	94.7%	93.2%	94.5%	99.0%	99.3%	98.5%
State	**91.6%**	**92.6%**	**91.1%**	**98.8%**	**98.1%**	**97.4%**

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[15] Data based on the number of employee records reviewed (2,068).

Table 24: PDR Component Scores for WSCs by Region July 2017 – June 2018				
Region	# of PDRs	Qualifications & Training (n = 711)	Policy & Procedure (n = 529)	WSC Record Reviews (n = 2,351)
Northwest	48	96.1%	97.0%	96.3%
Northeast	79	95.3%	94.3%	94.1%
Central	121	91.3%	95.7%	93.6%
Suncoast	99	92.1%	90.6%	94.6%
Southeast	115	92.1%	94.6%	96.1%
Southern	67	92.5%	95.9%	97.5%
State	**529**	**92.9%**	**94.3%**	**95.2%**

Alerts

At any time during a review if a situation is noted that could cause harm to an individual, the reviewer immediately informs the local APD Regional office. The Qlarant reviewer calls the abuse hotline, if appropriate, records an alert, and notifies their Qlarant manager who notifies the local APD Regional and State offices, and AHCA in writing. Alerts can be related to health, safety or rights. In addition, when any provider or employee who has direct contact with individuals does not have all the appropriate background screening documentation on file, an alert is recorded, unless the only reason cited is noncompliance with the Affidavit of Good Moral Conduct.

Between July 2017 and June 2018, 409 alerts were recorded for service providers with an additional 73 reported for WSCs. Of these 480 alerts, 40.0 percent was due to a lack of required documentation needed to provide evidence background screening had been completed. Ensuring employee status is maintained in the Clearinghouse Roster is a new standard and has generated 147 alerts since implemented January 1 (30.6%).

Table 25: Alerts by Type July 2017 – June 2018		
Alert Type	Number	Percent
Rights	11	2.3%
Health & Safety	38	7.9%
ANE	1	0.2%
Background Screening	192	40.0%

Table 25: Alerts by Type		
July 2017 – June 2018		
Alert Type	**Number**	**Percent**
Medication Admin/Training	51	10.6%
Driver's License/Insurance	14	2.9%
Vehicle Insurance	2	0.4%
Clearing House Roster	147	30.6%
Medication Storage	24	5.0%
Total Alerts	480	100%

Background Screening

When examining background screening results, a varying number of employee records are reviewed to determine compliance with all the components of the requirement. For Background Screening, if any one staff record indicates a lack of any required documentation, the provider is reported as having the standard Not Met. The following information (Table 26) shows the number and percent of service providers and WSCs with at least one record showing a lack of compliance on Background Screening. Findings indicate:

- Service providers were less likely to have the background screening requirements met than were WSCs, 84.8 percent and 96.6 percent respectively. However, since most WSCs are solo providers and most service providers are agencies, the maintaining current screening for all employees is likely more challenging for service providers.
- Service providers in the Central Region were least likely to have all requirements met.

Figure 15: Percent of Providers with all Background Standards Met
July 2017 - June 2018
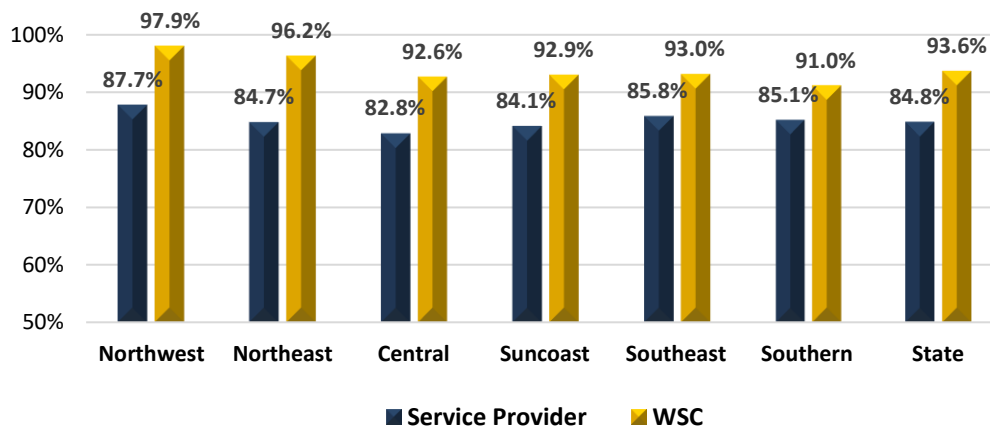
Potential Billing Discrepancy

For each service, several applicable standards related to billing requirements are scored by reviewers. If any of the standards are scored Not Met, it is noted on the PDR Report as a potential billing discrepancy. Table 27 provides the percent of standards reviewed, by service, that were not in compliance with billing requirements. To date there is some variation across services:

- On average close to 15 percent of providers had at least one potential billing discrepancy.
- Records maintained for providers of Supported Living Coaching were most likely to have a potential billing discrepancy (27.2%). This represents an increase of approximately 10 points from 2016, when the rate was 17.6 percent.
- Records reviewed for LSD 1 (Companion) and LSD 2 (Supported Employment), Personal Supports and Respite showed over 20 percent of PDRs with a potential billing discrepancy. These services were also relatively high in 2016, with rates of approximately 20 percent each.
- Within the services, the standards most often not met were related to maintaining accurate service logs or progress notes.

Table 27: Potential Billing Discrepancy by Service		
July 2017 – June 2018		
Service	Records Reviewed	% of PDRs w/ 1+ Not Met
Behavior Analysis	229	13.5%
Behavior Assistant	60	16.7%
CDC+ Consultant	233	3.0%
CDC+ Consultant Unannounced	48	8.3%
Life Skills Development 1 (Companion)	798	23.4%
Life Skills Development 2 (SEC)	211	22.3%
Life Skills Development 3 (ADT)	536	11.0%
Personal Supports	1565	22.9%
Residential Habilitation Behavior Focus	176	4.0%
Residential Habilitation Intensive Behavioral	48	16.7%
Residential Habilitation Standard	982	5.5%
Respite	424	23.8%
Support Coordination	1471	7.3%
Support Coordination Unannounced	790	10.3%
Supported Living Coaching	464	27.2%
Total	8,035	14.8%

Potential billing discrepancy information is presented by region in Figure 16. The information represents the percent of providers with all potential billing discrepancy standards scored met on all of the records reviewed. Findings are similar to previous years and indicate:

- Service providers were more likely to have a potential billing discrepancy than WSCs, 65.9 percent and 76.2 percent met respectively.
- Suncoast appears to have the highest proportion of both service providers and WSCs with a potential billing discrepancy, with approximately half of service providers showing a potential billing issue.
- Central is the only region in which the service providers were more likely than WSCs to have potential billing discrepancy standards met.

Figure 16: Percent of Providers with all Potential Billing Discrepancy Standards Met
July 2017 - June 2018
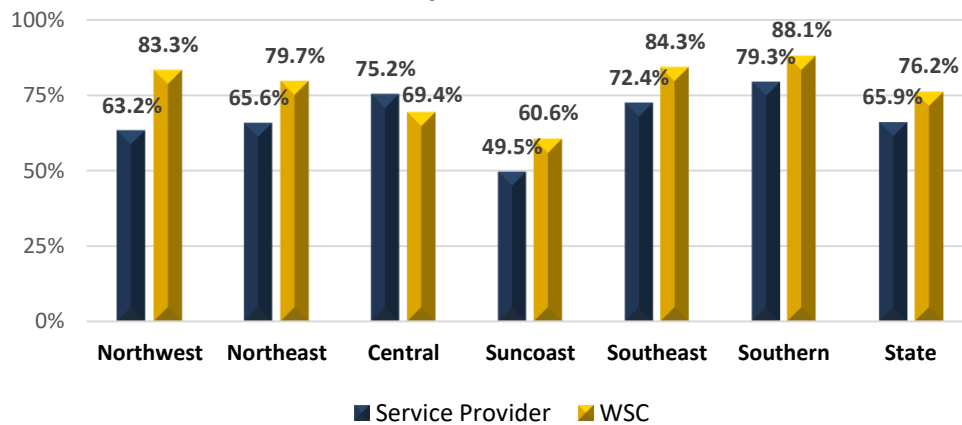
Section III: Discussion and Recommendations

Findings in this report reflect data from PCR and PDR reviews completed between July 2017 and June 2018. A total of 1,776 PCRs, 1,985 PDRs and 282 CDC+ Representative reviews were completed, approved and available for analysis. Feedback from providers about the reviewer and review processes remains extremely positive, and the overall performance of providers is high and has improved over the last couple of years.

During the 4th quarter, regional managers reviewed all reports before final approval and facilitated a quarterly meeting in each region to review data, explore trends, and discuss other relevant regional issues or best practices. The director and managers met bi-weekly via conference call, with one face-to-face meeting to further enhance communication and ensure consistency in processes. Managers and reviewers continue to participate in rigorous field and file review reliability testing, with all reviewers passing this year. The bi-weekly conference calls enhance training and reliability efforts through discussion of real situations and review questions.

Overall Review Findings

Results from reviews completed this year indicate providers are offering quality services and individuals are generally satisfied with those services. In addition, most people with a health concern indicated their needs were being met and even for standards with high scores, many have shown improvement since 2016.

The PCR is composed of an interview with the person and the person's Support Coordinator, and a review of the record maintained by the support coordinator for that person. Results for the PCR components were relatively high, each over 93 percent:

Individual Interview (Waiver) – 97.8%
Individual Interview (CDC+) – 99.1%
WSC Interview – 99.3%
CDC+ Consultant Interview - 99.8%
Support Coordinator Record Review – 95.6%
CDC+ Consultant Record Review – 97.4%
CDC+ Representative Review – 93.1%

Results from the PDRs conducted with service providers and WSCs indicate providers performed very well in all aspects of the review, as shown in the following graphic.

PDR Individual Interview – 98.1%
Staff Interview – 98.8%
Observations – LSD 3 98.8% ; LRH 97.3%
Service Specific Record Reviews– 91.8%; WSC 94.7%
Policies and Procedures – Service Providers 91.1% ; WSC 95.2%
Qualifications and Training – Service Providers 92.6% ; WSC 92.9%

While the overall review scores were high, there were a few areas worth noting that may warrant further tracking or a quality improvement initiative.

Provider Discovery Review Findings

Policies and Procedures

On average, 91 percent of required policies and procedures were documented and complete in the record for service providers, and close to 95 percent for WSCs. This rate is similar to 2016 compliance for service providers but reflects a small decrease for WSCs, from 98 percent. Two areas for service providers that showed compliance of approximately 85 to 86 percent, ensuring confidentiality of records and management of personal funds, each showed improvement since 2016.

However, both types of providers showed lower compliance (under 90%) in the same four areas, a lack of or incomplete documentation in the provider's records for:

- Background screening
- Hours and days of operation and notification process if unable to provide services
- A smooth transition to and from another provider
- The new standard this year ensuring providers include the employment status of all employees in the Clearinghouse Roster.

Compliance on the new Clearinghouse Roster indicator should be tracked and if improvement is not evidenced over the next year, explore why and how initiatives might be developed to help increase compliance for this. However, WSC compliance has decreased in the other three areas since 2016, reflecting a seven-point decline each for background screening and maintaining a policy to ensure a

smooth transition to or from another provider. Service providers showed their greatest decline in the latter standard with an approximate 6.5 point difference since 2016.

Recommendation 1: Compliance on the new Clearinghouse Roster standard should be tracked and if improvement is not evidenced over the next year, explore why and how initiatives might be developed to help increase compliance for this.

Recommendation 2: Choice of providers and WSCs, as well as the ability to transition among providers without interruption to services, is important to the quality of life for individuals and necessary as a component to provider's systems. Qlarant could identify providers who are not in compliance with this standard, explore why, and report specific findings to the regional APD office to help ensure providers and WSCs have systems in place to ensure transition is successful.

Recommendation 3: The recommendation from the previous quarter report remains relevant, particularly since WSCs compliance on background screening declined by seven points since 2016. APD should consider including, in a training session, information on how to develop procedures to ensure background screening policies are in place. The Quality Council should consider developing a template for this policy if one is not available or is not user friendly.

Recommendation 4: Qlarant should explore the reasons providers are missing the standard concerning the hours of operation and documenting a notification process when the provider is unable to provide the service. If certain pieces of the requirement are identified as problematic, this could be shared with regions through QC and with providers through Qlarant reviews. Best practices may be available to share that would help improve performance in this area.

Qualifications and Training

Depending upon the service offered, providers are required to have a certain level of education, specific qualifications, and documentation of initial and ongoing training. In addition, APD tracks provider compliance on training requirements for CMS reporting. However, fewer than 85 percent of providers or WSCs had current and complete documentation in several areas. Both provider types did not always have documentation of completing training on the Requirements for All Waiver Providers. Providers of the following services show lower compliance (less than 80%) in obtaining the required hours of in-service training specific to the service:

- Personal Supports
- Companion (LSD 1)
- Supported Employment (LSD 2)
- Residential Habilitation (Standard)

- Day Programs (LSD 3)
- Support Coordination

One additional area that remains relatively low, is the percent of service providers compliant on all background screening requirements. The compliance rate has remained fairly consistent since 2016, approximately 84 to 85 percent.

Recommendation 5: Qlarant currently provides APD regional offices with the reasons background screening was not met for providers in the region and helps determine if any patterns exist that could help identify systemic initiatives to help improve background screening compliance for all providers. Perhaps during these meetings different and new initiatives could be discussed, including best practices Qlarant reviewers might be able to share.

Recommendation 6: Qlarant should work with APD, perhaps through the Quality Council, to identify resources available to providers in each region where providers could complete some types of training specific to the needs of the person receiving services. This information could be posted to the APD and Qlarant websites and offered to providers while onsite for provider reviews.

Service Specific Record Reviews

During the PDR, at least one record per service is reviewed to help provide an overall picture of the provider's performance and include a review of all requirements specific to each service. Scores on the service specific requirements have, on average, remained consistent since 2016, and relatively high. However, providers of Life Skills Development 2 (Supported Employment) have been one of the lowest scoring providers in this area for several years (89 percent).

Information obtained at the indicator level for each service shows some specific areas that may help further improve scores for each service. Many providers were not submitting, to the WSC, all the required documentation and many seem to struggle with having all required components of the quarterly/annual report in their record.

Recommendation 7: APD may want to consider an ad hoc report focused on Supported Employment and why providers of this service have consistently shown relatively low compliance on the requirements specific to the service. This report may include drill down into the data and also anecdotal information from Qlarant reviewers and managers as to why this has persisted and best practices that may be put into place to help improve overall documentation in this area.

Recommendation 8: Submitting documentation to the WSC may be score not met if one or more of the required components are missing. The data systems APD is developing should help providers organize and submit all the necessary documentation, and also help WSCs organize and document what they have and have not received. It is recommended this standard be tracked to determine if compliance improves when the new systems is available.

Potential Billing Discrepancies

During the PDR, many standards are used to assess the accuracy of the provider's billing in the claims data. Several services showed relatively high levels of potential billing discrepancies, including Life Skills Development 1 (Companion), Life Skills Development 2 (Supported Employment), Personal Supports, and Respite, each with 22 to 24 percent of records showing non-compliance respectively. Overall, 36 percent of service providers and 24 percent of WSCs had at least one record with a potential billing discrepancy. Providers and WSCs in the Suncoast Region showed the lowest compliance rates, over 50 percent of the providers and 40 percent of the WSCs had at least one potential billing discrepancy, higher than in any other region.

Recommendation 9: Qlarant could provide an ad hoc report to APD, drilling down into the reasons for the potential billing discrepancies specific to each service and help determine why providers of certain services are more likely to have a potential billing discrepancy. Evidence-based recommendations may be possible that would incorporate ways to avoid this as part of the in-service training specific to each service.

Recommendation 10: The APD Regional Office in Suncoast should work with providers and WSCs in the region, perhaps through brainstorming at the provider meetings, to help determine how technical assistance could be provided to reduce the amount of billing issues in the area. Any best practices developed could be shared and implemented across the state.

Person Centered Review Findings

Interviews

Interview results appear to indicate individuals are satisfied with services and are supported to have a quality life. Indicators measuring community participation, employment and building relationships have, on average, increased for Waiver providers by approximately three points since 2016. Specific areas that have been problematic over the years, particularly concerning social role development, have improved. Both Waiver and CDC + findings show improvement in addressing the person's preferences for social roles and in providing education for the person on social development. Findings from WSC and CDC+ interviews remain high across all standards.

Record Reviews

Findings from record reviews have typically been somewhat lower than for interviews. However, scores for this component of the review have also improved, particularly in documenting how providers ensure services are provided in accordance with the service plan. Several of the same standards, however, remain below 90 percent compliance. WSC records indicated for many the following are not in the record: current annual report, safety plan, and documentation of how the person is assisted to be able to define abuse, neglect and exploitation. While the documentation on abuse, neglect and exploitation was the lowest scoring indicator for CDC + Consultants, they showed improvement in this area, up to 90 percent compliance.

In addition, as in the previous report, approximately 17 percent of WSCs did not show evidence the Pre-Support Plan planning activities had occurred on behalf of the person. At least annually the WSC is required to conduct Pre-Support Plan planning activities to help prepare the person for the upcoming Support Plan meeting and encourage the person to start thinking of personal goals, needs, and supports prior to the development of the support plan. This is an important step in helping provide information that enhances the person's ability to have a voice during the meetings. During these activities the WSC should:

- Discuss the purpose of the planning process with the person.
- Review the status of the person's current goals and outcomes, and discuss potential changes for the coming year.
- Review the status of current services and providers, and discuss changes that may be needed.
- Discuss person's preferences for possible dates, times, and locations for the meeting, and who the person would like to invite including providers, family members and friends.

Recommendation 11: The Quality Council should consider adding the Pre-Support Plan planning activities to the agenda for the next QC meeting, to brainstorm barriers that may be preventing this important activity and ways WSCs could ensure it occurs with the person.

Health Summary

Each person who participates in the PCR is assessed with the Health Summary to obtain a broad overview of the person's health and health needs. Findings were similar to previous years indicating individuals on the Waiver continue to be more likely to take four or more prescription medications than individuals receiving services through CDC+. It is not clear why over half of individuals living in a group home (62.1%) take multiple medications, almost twice that of any other residential setting; why a greater percent of individuals living independently who receive services through the Waiver take four or more medications, compared to CDC+, 33.6 percent and 23.8 percent respectively; or why the rate for individuals using the Waiver is greater in the Southern Region.

Recommendation 13: It may be helpful to drill down into the use of multiple medications to determine if some demographic such as age or level of ID is driving the greater use of multiple medications in group homes and in the Southern Region, and why the use of multiple medications among individuals living independently is greater for the Waiver than for CDC+. It is recommended such drill down be completed by Qlarant as an ad hoc report and reported to QC for discussion.

Summary

While the focus of a Quality Improvement (QI) report is to identify problem areas for potential QI initiatives, findings from reviews completed during the contract period were very positive. Several areas within different review components have shown significant improvements since 2016. Compliance rates on average are high reflecting how well APD has worked cooperatively with AHCA and Qlarant to continue to improve the Florida Statewide Quality Assurance Program and increase the providers' ability to build better community connections for individuals receiving services.

Attachment 1: Customer Service Activity

April - June 2018

Customer Service Topic	#	Description	Outcome	Ave Time
Address/ Phone Update	28	Providers call to update their phone numbers/ addresses	Phone numbers/ addresses are updated in the Discovery application, and providers are advised to update with AHCA.	1 day
Background Screening	6	Providers and provider consultants call with questions regarding FL background screening and employee/contractor roster requirements.	Background screening requirements are explained to providers, with reference to the Handbook, Florida Statute and Administrative Code.	1 day
Clarification	6	Providers called asking for clarification on topics such as acceptable training sources, acceptable documentation, training timeframes, and documentation completion/submission timeframes	Questions were answered and callers were referred to the iBudget Handbook, local APD Regional Office and the Qlarant tools.	1 day
Contact QAR	6	Providers call to contact the QAR assigned to do their review.	QAR was contacted by office staff and asked to contact the provider	1 day
HSRI Family Survey	29	Family members and providers called asking general questions regarding the survey such as who should complete the survey, who is HSRI, what happens to the results, etc.	Questions were answered.	1 day
Miscellaneous/ Other	48	Family stakeholders and providers called with requests unrelated to our process, e.g. how to access services in other states, wher to send their Plan of Remediation, how to report Abuse.	All questions were answered. Where appropriate, callers are referred to APD.	1 day
New Tools	14	Early in the quarter providers called asking questions regarding the recent change made to the Observation Review Checklist. Providers also called with general tool related questions.	Providers are referred to our website and shown the current tools posted. Questions regarding the tools were answered, with references to the protocols and the not met reasons.	1 day
Next Review	47	Providers call asking when their next review will occur. Some providers called asking for a specific reviewer or to have their review postponed to a future date.	The review process is explained to the providers, including all the factors that are involved in scheduling. Providers are informed that PDRs are conducted each contract year with those who are eligible. Providers are referred to their 90-day notification letters and advised to wait for	1 day

Customer Service Topic	#	Description	Outcome	Ave Time
			the phone call from the reviewer to schedule their review.	
Provider Feedback Survey - Callback	2	When a Feedback survey includes a request for a callback from a manager it is passed on to the manager for follow-up.	The responsible manager contacts the provider and takes any necessary action if warranted.	
Question	28	Providers and APD staff call with questions regarding documentation or qualification requirements; for assistance accessing resources on our website; for explanations of the review processes.	Questions are answered with references to appropriate documents or entities.	1 day
Reconsideration	16	Providers called asking for clarification on the process to submit a request for reconsideration or inquiring as to the status of a request already submitted.	The reconsideration process is explained to provider, including reference to our Operational Policies and Procedures. The provider is directed to the end of their PDR report and the FSQAP website where they will find detailed instructions on how to submit a request for reconsideration.	1 day
Billing Discrepancy	7	Providers called with questions about how to repay money identified as billing discrepancy in their quality assurance review report.	Providers are given the AHCA email address for billing discrepancy. APDProviderBilling@ahca.myflorida.com	1 day
Report Requested	8	Providers call or email requesting their report be re-sent.	Mailing addresses are confirmed and reports are re-sent.	1 day
Review Reports	29	Providers called asking for an explanation of their reports.	Reports are reviewed and explained; providers are referred to their local APD office for technical assistance.	1 day
Training	71	Providers and provider consultants call asking about training requirements.	Training requirements are explained, including reference to the Handbook and the APD website.	1 day
Provider Search Website	6	Providers call asking how to get their provider name added to the public reporting website.	The process as related to receipt of Medicaid claims data is explained.	1 day
Total Number of Calls	351			