

Florida Statewide Quality Assurance Program

FY 2020: Year 3 Annual Report

July 2019 – June 2020

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

ABC – Allocation, Budget, and Contract Control System
AHCA – Agency for Health Care Administration
ANE – Abuse, Neglect and Exploitation
APD – Agency for Persons with Disabilities
AIS – Adult In-Person Survey
CDC+ - Consumer Directed Care Plus
CDC+ C – CDC+ Consultant
DD – Developmental Disability
FSQAP – Florida Statewide Quality Assurance Program
FY – Fiscal Year
HCBS – Home and Community-Based Services
HSRI – Human Services Research Institute
iBudget Handbook – Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook
iBudget Waiver – Individual Budgeting Waiver
IDD – Intellectual and Developmental Disability
IRR – Inter-rater Reliability
IT – Information Technology
NCI – National Core Indicators
OBS – Observations
P&P –Policy and Procedure
PCR – Person Centered Review
PCR MLI – Person Centered Review My Life Interview
PDR – Provider Discovery Review
PDR MLI – Provider Discovery Review My Life Interview
Q&T – Qualifications and Training
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
WSC – Waiver Support Coordinator

Executive Summary



In July 2019, the Agency for Health Care Administration entered into the third year of the current contract with Qlarant 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.

Quarterly meetings were conducted with each APD region.¹ Due to the COVID-19 virus, some meetings were conducted via conference calls instead of face-to-face at the regional office. These were facilitated by Qlarant Regional Managers as venues used to review data, explore trends, and discuss other relevant regional issues and best practices. Qlarant facilitated a Quality Council meeting on March 26, 2020, bringing together stakeholders to discuss data trends, tool revisions, and other aspects of the Quality Management System. The meeting was conducted via Webinar. Findings were presented from both the National Core Indicator (NCI) Staff Turnover survey and Qlarant review data.

Due to the COVID-19 virus pandemic, on March 16, 2020, ACHA suspended all onsite review activity. During the remainder of the third quarter, with direction from AHCA and APD, Qlarant developed a desk review process. Modified procedures were developed to address each component of both PDRs and PCRs including how records would be reviewed and phone interview techniques for all interviews. These new processes, using the same tools, were implemented April 1, 2020. Because these processes are very different, data from desk reviews and phone interviews are analyzed separately, beginning with the 4th quarter report.

Data for analysis in this report are based on 1,538 PCRs, 2,118 PDRs and 207 CDC+ Representative reviews. Results appear to be similar to previous years and are generally good - indicating providers are in compliance with requirements and individuals appear to be satisfied with the services they receive. While there are some differences between the two time periods (Q1-3 using onsite reviews and Q4 using remote processes), particularly in areas of satisfaction, the true impact of the current pandemic may not be seen until results are analyzed from FY21. A summary of FY20 findings includes the following:

¹ Also referred to just as regions in the report.

- Average scores on all review components (interviews, observations and record reviews) were approximately 90 percent or higher. One exception was outcomes, based on the PCR My Life Interview, which showed a score of approximately 88 percent for people receiving services through the Waiver.
- While the average My Life Interview score for the PCR was relatively high, scores for outcomes ranged from 12.5 percent to 100 percent. Scores for supports ranged from 9.1 percent to 100 percent.
- For people receiving services through either the Waiver or through CDC+, they were least likely to have Safety Life Area outcomes present. Supports for Safety were over 20 points higher than outcomes, respectively.
- Approximately 19 percent of people receiving services through the Waiver and 16 percent through CDC+, interviewed to date, reported service providers changed in their home at least once over the 12-month period. Those percentages decreased some in the 4th quarter to 15 percent and 12 percent respectively.
- Approximately 41 percent of people receiving services through the Waiver were taking five or more prescription medications. The average for CDC+ is somewhat lower; however, people receiving services through CDC+ live in the family home or independently and in these residential settings they were more likely than people on the Waiver to take five or more medications. Therefore, the difference is for people receiving services through the Waiver who lived in licensed residential homes, who were most likely to be taking multiple medications.
- The PDR score for compliance was, on average, higher than the score for the person centered component of the review. In addition, small providers and solo WSCs on average score lower than larger providers or agency WSCs.
- The lowest Observation scores were in the area of Medication Management (88.4%) (Q1-3 only).
- There were approximately 3 alerts for every 10 PDRs completed and the billing discrepancy rate for service providers was lower when using the desk review process in the 4th quarter.
- For people on the Waiver, satisfaction levels of “strongly agree” were lower during the 4th quarter, particularly in how happy people were with their involvement in the community, but also with where they live and how meaningful their day activity is.

These and other findings are discussed in this report. Some recommendations are offered to help improve system performance.

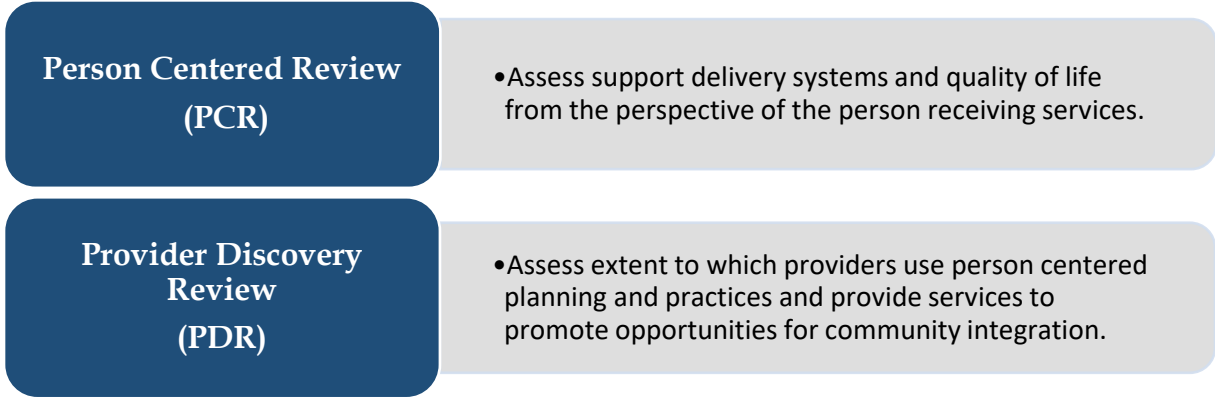
Introduction

In July 2019, the Agency for Health Care Administration (AHCA) entered into the third year of the current contract with Qlarant to provide quality assurance discovery activities for the Developmental Disabilities Individualized Budgeting Services (iBudget) Waiver and the Consumer Directed Care Plus (CDC+) program. Through this Florida Statewide Quality Assurance Program (FSQAP), administered by the Agency for Persons with Disabilities (APD), 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.

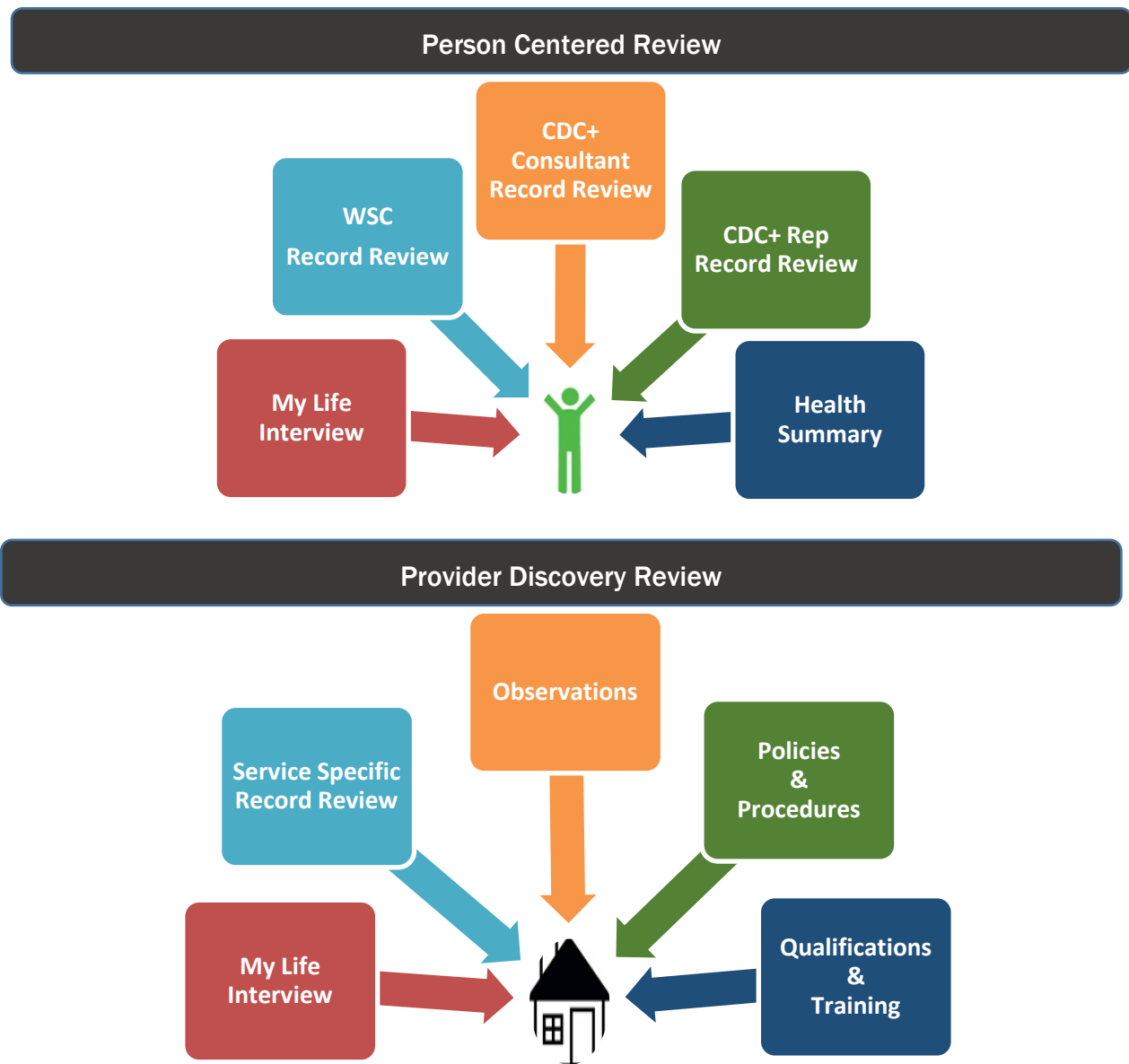
Qlarant’s purpose is within the discovery framework. The information from the review processes is used by AHCA and APD to help guide policies, programs, or other necessary actions to effectively remediate issues or problems uncovered through the discovery process. Data from the quarterly and annual reports 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 ensure the person receiving services has a voice in evaluating performance and outcomes and both 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 life, and the quality of the person’s service delivery system from the perspective of the person receiving services. 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 (iBudget Handbook), and to determine how well services are supporting individuals served.



The PCR includes an interview with the person, including people receiving services through the Consumer Directed Care Plus (CDC+) program, review of the Support Coordinator’s record for the person, and record reviews completed for the CDC+ Consultant and Representative. The PDR includes an Administrative Record Review of organizational Policies and Procedures (agencies only) and staff Qualifications and Training; Service Specific Record Reviews; and interviews with individuals receiving services. Observations are completed for licensed residential homes (LRH) and day program facilities. 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 and CDC+ to make the distinction between the two groups. This is the Annual Report of the FY20 contract year. The report is divided into three sections.

- Section I: Significant Contract Activity during the 4th Quarter (April - June 2020)
- Section II: Data from Review Activities from reviews that occurred during the year
- Section III: Discussion and Recommendations

Data analysis includes comparisons to earlier years, as appropriate. Most comparisons to data from years prior to FY19 are not possible or appropriate due to changes in tools and indicators/standards. Discussion of results and evidence-based recommendations are offered. In addition, due to the Coronavirus all onsite review processes were temporarily stopped mid-March. Beginning in April, processes were implemented using desk reviews and phone/video interviews. Because these are very different from onsite reviews and face-to-face interviews, results are analyzed separately.

Section I: Significant Contract Activity

Quality Assurance Activities (April – June 2020)

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. A meeting was held on April 16 and May 21. The status meeting in June was canceled due to scheduling difficulties.

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.

File reliability sessions are administered every other month. These 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. After the QA Manager obtains actual file documents from a provider, the management team identifies the standards to be tested and creates the scoring key. The test is completed by each QAR, in Qlarant's online learning management system, and scored automatically.

Field reliability is conducted onsite with QARs and 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 on all standards at the conclusion of the review.

Through an agreement with ACHA and APD, Qlarant reports reliability findings every six months. Results of all reliability during the year include the following:

- File Reliability was completed in the following areas, on which all QARs passed:
 - Providers bill at the appropriate rate
 - Service Logs
 - Implementation Plans
 - Quarterly Summaries
 - Annual Reports
 - Level of Care.

- PCR and PDR field reliability was completed with 15 QARs and all passed. It was not possible to complete this for nine QARs due to the Coronavirus pandemic and the inability to complete reviews in the field.

Annual Training/Conference

Every year the Florida team comes together for extensive training and brainstorming activities. The team met in July 2019 and the management team has tentatively identified the second week in November for the FY 21 conference. The QA manager will work with a “technical workgroup” to develop an agenda and discuss ways to meet virtually if the face-to-face meeting is not possible due to ongoing issues from the Coronavirus.

Outreach to Stakeholders

On June 25, 2020, as part of the efforts to provide virtual or e-learning opportunities for the provider community, Qlarant partnered with Empower Florida to present a webinar on Implementation Plans. Attendees were introduced to Gary Hartfield, the Empower Florida CEO, and greeted by Senator Darryl Rouson. Information was presented on Implementation Plans and Employment Stability Plans (ESP), including:

- Which services require an Implementation Plan (IP)
- Required components of an IP/ESP (Employment Stability Plan)
- Training on the standards in Qlarant tools related to Implementation Plans
- Data from Provider Discovery Reviews, with discussion on standards most frequently scored out and the most common reasons the standard was not met

The webinar platform had a limit of 500 attendees; 910 people registered and 523 people attended the session. The additional 23 attendees was possible due to people leaving the call, which allowed others to attend the session. For those who were unable to attend the 11 am session, Qlarant provided a recording to Empower Florida who offered a 5 PM session. Answers to multiple question were provided and Empower Florida issued certificates for 1.5 hours of credit to attendees.

Qlarant also attended the CDC+ Quality Advisory Committee meeting on June 17, 2020.

Tool and Process Revisions

Due to the Coronavirus pandemic, all onsite review activities were paused as of March 16, and revised remote processes began April 1, 2020. To ensure everyone’s safety, the Agency for Healthcare Administration (AHCA) directed Qlarant to begin adhering to the following guidelines when conducting Provider Discovery Reviews and Person Centered Reviews.

Provider Discovery Reviews (PDR):

- Discontinue provider on-site reviews; implement desk reviews.

- Require providers with electronic capability to send all information related to the PDR review via a secure data sharing program.
- Require providers who do not have electronic capability to send all information via a secure fax or mail.
- To limit the amount of paper and files transmitted, request six months of claims data documentation for the review rather than one year.
- Discontinue the observation component of the review for ADT settings and licensed residential homes.
- Conduct individual interviews as described in the following PCR section.

Person Centered Reviews (PCR):

- Conduct the review via telephone or videoconference with the person receiving services.
- For recipients who do not use words or who may not understand questions, request that a proxy (e.g., family member, caregiver) participate on the phone/video call as well.

Checklists for the revised processes were posted to the portal. Overall, feedback suggests the switch to desk reviews has been positively received. All tools are posted here:

<https://florida.qlarant.com/Public2/resourceCenter/providers/discoveryReviewTools/index.html>

AHCA Audit

The Agency for Health Care Administration conducted the annual audit of Qlarant's processes and quality assurance procedures. Qlarant scored 100 percent on the audit.

Regional Quarterly Meetings

The Qlarant Regional Manager facilitates meetings in each APD Region with available Qlarant QARs 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 help 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. Remote meetings were held in all the regions during the 4th Quarter, using the webinar format.²

Quality Council (QC)

Qlarant facilitated three Quality Council (QC) meetings this year. The purpose of the QC meetings is to bring together stakeholders to discuss data trends, tool revisions, and other aspects of the

² 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>).

Quality Management System. Meetings were held on July 18, 2019, October 17, 2019, and March 26, 2020. The next QC meeting will be held on July 23, 2020, via a webinar format.

See the Qlarant website for complete QC details, minutes, and agendas (<https://florida.qlarant.com/Public2/qualityCouncil/index.html>).

Provider Feedback Survey

After each PDR, providers are offered an opportunity to provide feedback on the review process and professionalism of QARs. Surveys can be completed online on the FSQAP website, or mailed or faxed to the Qlarant office. Because reviewers are not onsite, all surveys since April 2020 have been completed using this option. Feedback findings are presented in Table 1. A total of 256 surveys were entered into the database throughout the year (FY20).³ On average, 97.9 percent of responses were positive (3,319/3,390).



Table 1. Results from Provider Feedback Surveys			
Surveys Received or Reviews Completed Between July 2019 and June 2020 (N=256)			
Question	# Yes	# No	NA/ Blank
Did the Quality Assurance Reviewer explain the review process?	252	2	2
Did the Quality Assurance Reviewer share with you the names of the potential people chosen to participate in the review?	243	6	7
Did the Quality Assurance Reviewer explain the person's participation in the interview is voluntary?	243	6	7
Did the Quality Assurance Reviewer refer you to the Qlarant website that includes the tools and procedures?	242	10	4
Were the tools accessible on the Qlarant website?	240	2	14
Did you find the tools helpful when preparing for the review?	231	8	17
Did the Quality Assurance Reviewer answer your questions in preparation for the review?	242	3	11
Did the Quality Assurance Reviewer arrive on time?	184	6	66
If not, were you notified the Quality Assurance Reviewer would be late? (n=6)	3	3	250
Did the Quality Assurance Reviewer give you enough time to find the information requested?	239	3	14
Do you feel the Quality Assurance Reviewer was prepared for the review?	250	3	3
Did the review process go as explained by the Quality Assurance Reviewer?	250	4	2

³ A total of 19 surveys were entered into the system in July 2020, but for reviews completed in May or June 2020.

Table 1. Results from Provider Feedback Surveys			
Surveys Received or Reviews Completed Between July 2019 and June 2020 (N=256)			
Question	# Yes	# No	NA/ Blank
Did the Quality Assurance Reviewer answer the questions you had during the review?	232	5	9
If applicable, did the Quality Assurance Reviewer explain why a standard was Not Met?	170	4	82
If an alert was identified, did the Quality Assurance Reviewer inform you of the follow up process?	76	5	171
Did the Quality Assurance Reviewer provide you with the preliminary findings of your review before leaving?	222	1	33
Total Responses	3,319	71	692

Summary of Customer Service Calls

During the fourth quarter of the year, April - June 2020, 295 calls were recorded in the Customer Service Log, with an average response time within one day for each call.⁴

Data Availability

- Production reports are available for download at any time, available on the private section (required member login) of the FSQAP website, for approved entities.
- A report including provider level billing information is sent to ACHA monthly.

Staff Updates

Blanca Deason accepted a position and began employment in April as a reviewer in the Southeast Region.

Section II: Data from Review Activities

Person Centered Reviews (PCR)⁵



The PCR includes an interview with the person, and a review of the person’s record maintained by the Support Coordinator. Beginning in April 2020, the record reviews were completed remotely and interviews were conducted telephonically (some have included a video component); therefore, results for the 4th Quarter are presented separately from the first three quarters where interviews and record reviews were conducted onsite. Formal interviews with the Support Coordinator are no longer conducted as part of the PCR; however, informal interviews with the Support Coordinator and CDC + Consultant

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

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

occur, as possible, to ensure a holistic approach to the process is used. The Support Coordinator’s and CDC+ Consultant’s records are reviewed for individuals receiving a PCR. If the person receives services through CDC+, a record review is also completed for the CDC+ Representative.

The CDC+ program provides additional flexibility and opportunities not offered to other people on the iBudget Waiver, such as the ability to directly hire and fire providers, use non-waiver providers who are often family members, and negotiate provider rates. A non-paid representative helps with the financial and 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.

Table 2 shows, for Quarters 1 – 3 and Quarter 4 separately, the number of people reviewed who received services through CDC+, the number who received services through the Waiver, and the total number of individuals who declined or were otherwise unable to participate (N = 192).⁶ The time period for declines is based upon the projected time period for the review.

Table 2: Person Centered Review Activity								
July 2019 – March 2020					April - June 2020			
Number of PCRs			Number of Declines		Number of PCRs		Number of Declines	
Region	Waiver	CDC+	Waiver	CDC+	Waiver	CDC+	Waiver	CDC+
Northwest	78	6	15	1	21	0	4	0
Northeast	145	28	23	2	39	0	1	0
Central	187	21	45	0	103	13	0	0
Suncoast	222	20	44	2	118	9	1	0
Southeast	232	21	38	5	68	7	0	0
Southern	115	14	11	0	64	7	1	1
Total	979	110	176	10	413	36	7	1

Individuals are free to decline to be interviewed at any time during the process. A person who declines, or may be otherwise unable to participate, is replaced by another person from the oversample to ensure an adequate and representative sample is used for analysis. The replacement rate for the Waiver for the first three quarters was approximately 15.1 percent and was much lower during the 4th quarter, 1.7 percent, indicating perhaps phone interviews may be less intrusive or

⁶ Since the 3rd quarter report was completed, additional reviews from that time period were completed, approved and available for analysis. This is typical and these reviews are generally rolled into the annual averages for the annual report. However, in this annual report the Quarter 1 – 3 numbers are reported separately. Therefore, they differ somewhat from the numbers and percentages reported in the official Quarter 3 report that was submitted in May 2020.

easier to schedule than in-person interviews. The CDC+ replacement rate during the first three quarters was 8.3 percent and 2.7 percent during the 4th quarter.

Reasons given for the declines are shown in Table 3. When an individual is unable to participate, the QAR calls the person to verify the decision. This affords the person an opportunity to ask 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 during the first three quarters of the year was for people who refused to participate, 70.4 percent. An additional 30 individuals were either no longer receiving services (n=22), had moved out of the state (n=5), or had passed away (n=3). Approximately 11.8 percent (n=22) of individuals who declined indicated a preference to participate next year. Only eight declines were noted during the 4th Quarter, all refused to participate.

Decline Reason	July 2019 - March 2020				April - June 2020			
	Waiver	CDC+	Total	Percent of Total	Waiver	CDC+	Total	Percent of Total
Refused	125	6	131	70.4%	7	1	8	100%
Review Next Year	18	4	22	11.8%	0	0	0	0.0%
No Longer Receiving Services	22	0	22	11.8%	0	0	0	0.0%
Moved Out of State	5	0	5	2.7%	0	0	0	0.0%
Deceased	3	0	3	1.6%	0	0	0	0.0%
Other	3	0	3	1.6%	0	0	0	0.0%
Total	176	10	186		7	1	8	

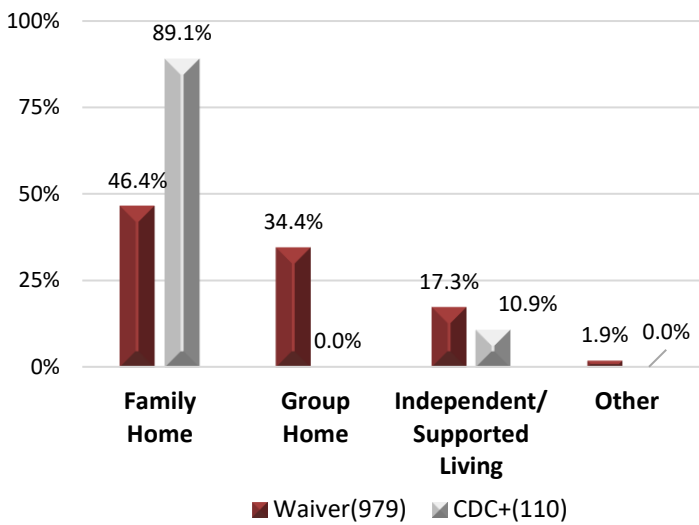
Demographics

The following series of figures show the distribution of the PCR sample across Residential Setting, Age Group and Primary Disability.⁷

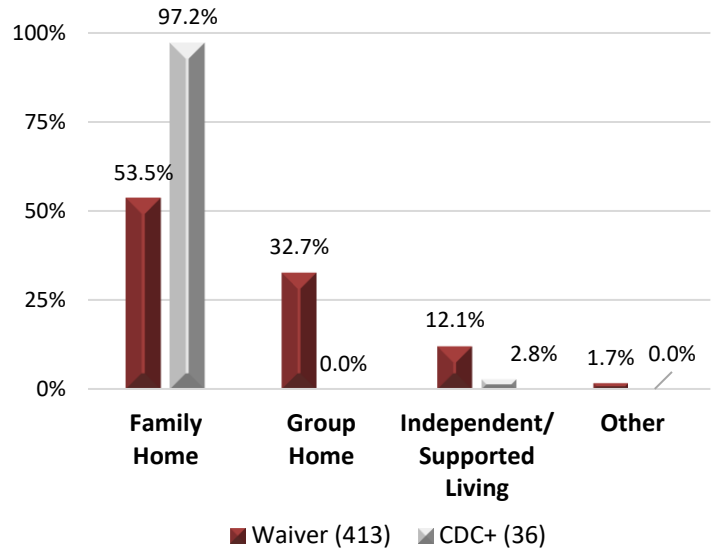


- The majority of individuals using CDC+ during both time periods (Quarters 1 – 3 and Quarter 4) lived in the family home. Receiving CDC+ requires that individuals not live in a licensed residential home setting.
- On average, people receiving services through the Waiver were more likely to be older and more likely to have an intellectual disability than for CDC+.
- Individuals receiving services through CDC+ were more likely to have Autism or Cerebral Palsy than individuals receiving services through the Waiver.

**Figure 1. PCRs by Residential Setting
 July 2019 - March 2020**

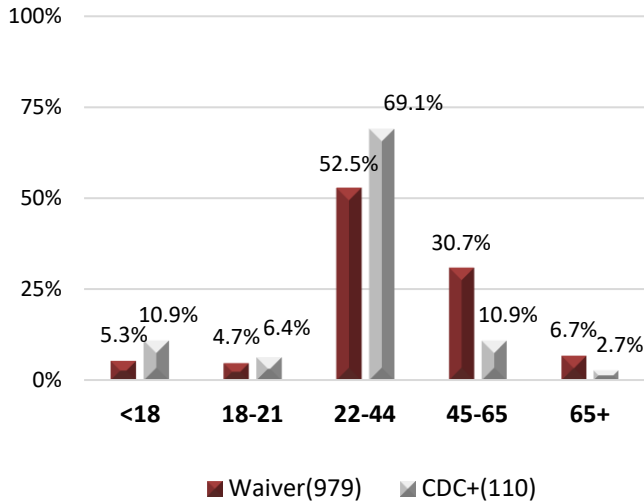


**Figure 1.a PCRs by Residential Setting
 April - June 2020**

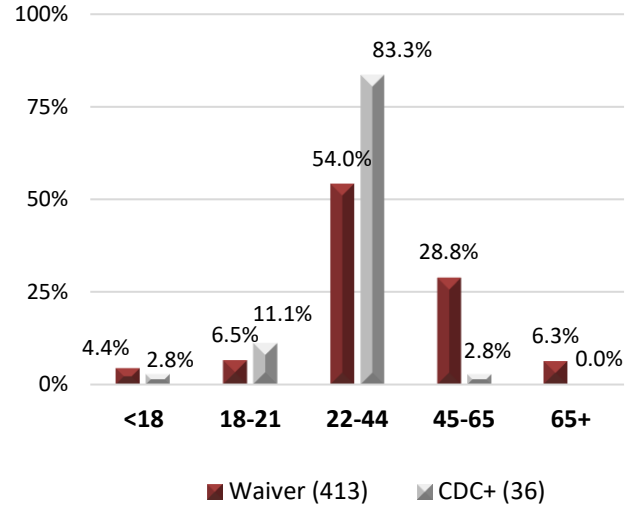


⁷ The Other category for Residential Setting for the Waiver includes a total of 15 in Assisted Living Facility, four in a Foster Home, one AFC, one non-APD group home, and one Other. The Other category for Primary Disability for the Waiver includes Down Syndrome (45), Spina Bifida (19), Prader Willi (7), Epilepsy (1), and Other (4). For CDC+ “Other” included Down Syndrome (7) and Spina Bifida (1).

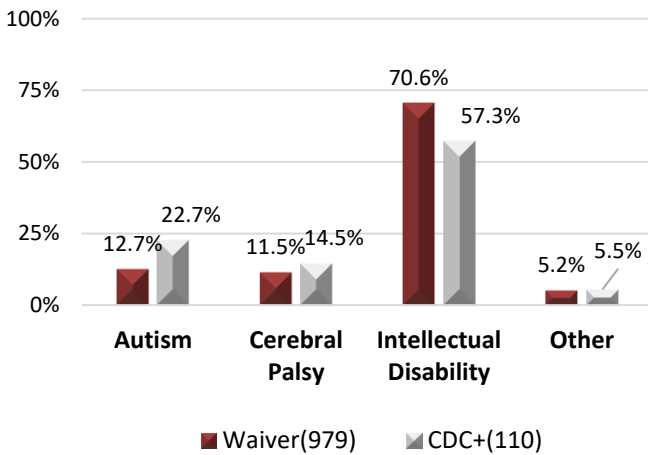
**Figure 2. PCRs by Age group
 July 2019-March 2020**



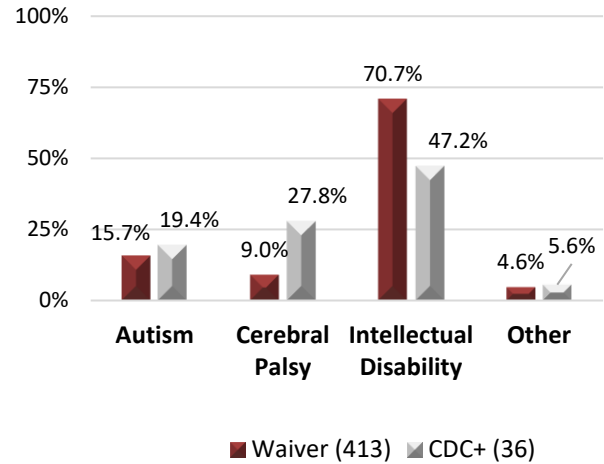
**Figure 2a. PCRs by Age group
 April - June 2020**



**Figure 3. PCRs by Disability
 July 2019 - March 2020**



**Figure 3a. PCRs by Disability
 April - June 2020**



PCR My Life Interview (MLI)



Individuals who participate in a PCR receive a face-to-face or telephone interview that includes the PCR My Life Interview and if conducted prior to March 16th, 2020, may include the In-Person Survey (NCI). The MLI was implemented July 1, 2018. Based on QAR feedback, two standards were revised January 1, 2019. The MLI is organized around six Life Areas important to a person, and each incorporates measures of choice, respect, rights and community integration:

1. My Service Life – expectations for all of the services a person is receiving from providers and the involvement of the person in development and design of the service delivery system
2. My Home Life – expectations for services a person is receiving in the home
3. My Work and Daily Life – expectations for the person pertaining to work and day activities
Services in this domain include the Life Skills Development services (Companion, Supported Employment and Day Programs) and Personal Supports depending on how it is utilized
4. My Social Life – expectations for the person regarding interaction with and integration in the community
5. My Health – includes measures of supports related to health access, satisfaction and education
6. My Safety – includes measures of safety in various settings, including education and knowledge about abuse, neglect, and exploitation

Each MLI question is scored twice: once to indicate if the outcome is present in the person’s life and once if the person is supported to meet the outcome. When a question is marked “Not Present” as either an outcome or a support, one or more reasons are selected to explain why. The MLI consists of a series of questions regarding the level of satisfaction people have with various aspects of their lives including services, day activities, residence, health, and involvement in the community. Finally, the MLI is used to assess stability, i.e., how many times over the previous 12 months had the person experienced a change in services, service providers, Support Coordinators, jobs, or place of residence.

Data Limitations

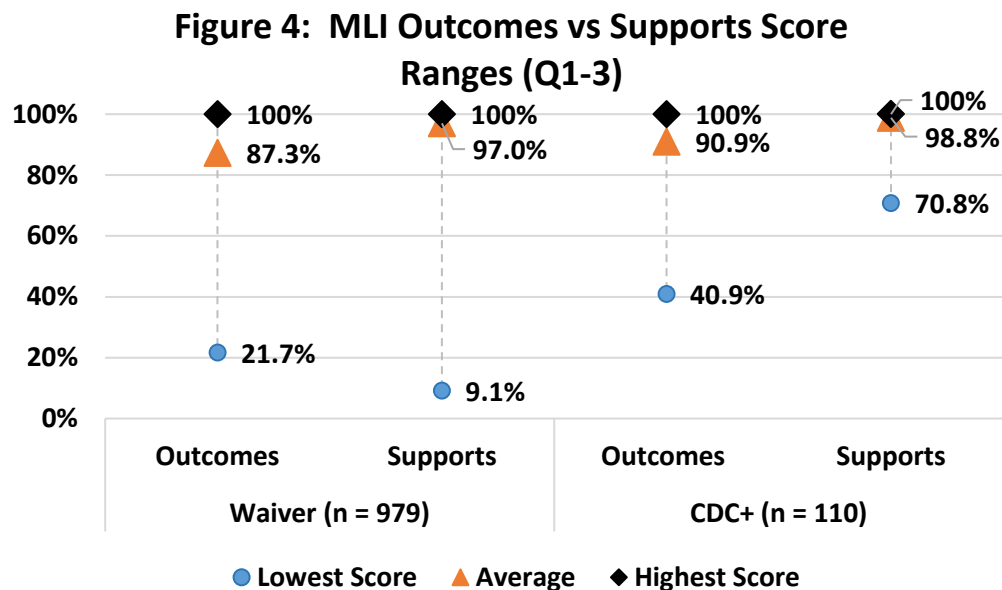
Throughout this report data from the 4th quarter are analyzed separately, due to the change in processes to account for the COVID-19 pandemic.

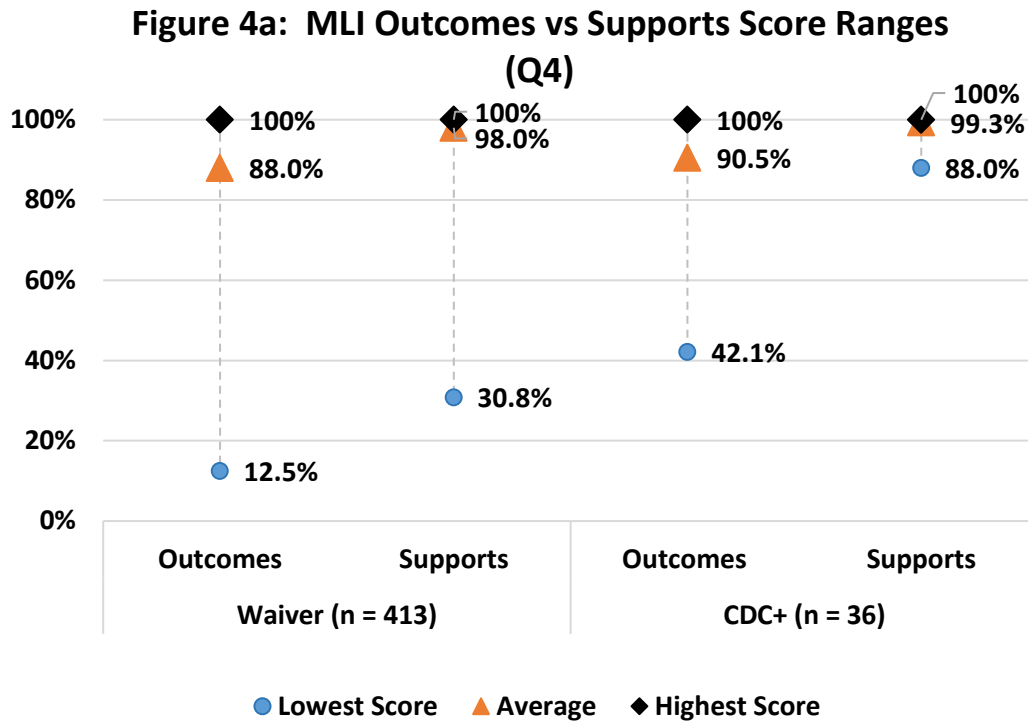
PCR MLI Average Scores

The highest, lowest and average MLI scores are presented in Figure 4 for Q1 through Q3 and in Figure 4a for Q4, for outcomes and supports. In each graph, the first two lines from the left

represent scores for the Waiver and the two lines on the right represent scores for CDC+. On average, support scores were higher than scores for outcomes. Reviewing the ranges of scores reveals the following:

- The pattern of scores is similar in the two different time periods:
 - The highest score for all types and both time periods was 100 percent
 - The lowest scores for both outcomes and supports were lower for the Waiver compared to CDC+
- The average statewide Waiver score for outcomes was 87.3 percent, somewhat lower than for CDC+ (90.9%).
- The lowest outcome score for someone receiving services through the Waiver was 12.5 percent, much lower than for CDC+ (40.9%).
- The lowest Waiver score for supports was only 9.1 percent, compared to 70.8 percent for CDC+.





PCR My Life Interview Scores by Region

Average scores for outcomes and supports are presented by region in Tables 4a and 4b. The number of reviews completed in each region for CDC+ is relatively small and comparisons across regions should be made with caution. Outcomes were higher than supports in each region. Differences were greatest in Suncoast and in the southern part of the state, with supports over 10 percentage points higher than outcomes. Differences for CDC+, during the 4th Quarter, may vary due to small numbers.

Region	Waiver (979)			CDC+ (110)		
	N	Outcomes	Supports	N	Outcomes	Supports
Northwest	78	90.0%	96.7%	6	92.6%	96.2%
Northeast	145	93.8%	97.7%	28	98.7%	98.9%
Central	187	88.9%	95.6%	21	93.1%	97.4%
Suncoast	222	85.0%	97.2%	20	81.1%	99.0%
Southeast	232	84.0%	98.2%	21	89.2%	99.4%
Southern	115	86.0%	96.0%	14	89.5%	100.0%
State	979	87.3%	97.0%	110	90.9%	98.8%

Region	Waiver (413)			CDC+ (36)		
	N	Outcomes	Supports	N	Outcomes	Supports
Northwest	21	94.5%	99.8%	0	0.0%	0.0%
Northeast	39	98.2%	99.7%	0	0.0%	0.0%
Central	103	90.0%	96.1%	13	95.7%	99.7%
Suncoast	118	86.4%	98.1%	9	84.0%	97.7%
Southeast	68	84.4%	99.0%	7	84.8%	100.0%
Southern	64	88.3%	98.6%	7	95.4%	100.0%
State	413	88.8%	98.0%	36	90.5%	99.3%

PCR My Life Interview by Life Area

The average MLI score for each Life Area is presented for the Waiver in Figure 5a for Quarters 1 – 3 and in Figure 5b for Quarter 4. CDC+ results are presented in Figure 5c for the first three quarters and 5d for Quarter 4. Findings to date indicate individuals were supported across all life areas, and were least likely to meet outcomes related to safety for both the Waiver and CDC+. All other outcomes were scored 86 percent or higher. The greatest differences to date for both Waiver and CDC+ were for My Safety and My Service Life, with an outcomes average of 22 and nine points higher respectively.

Figure 5a. My Life Interview by Life Areas
Waiver: July 2019 - March 2020 (979)

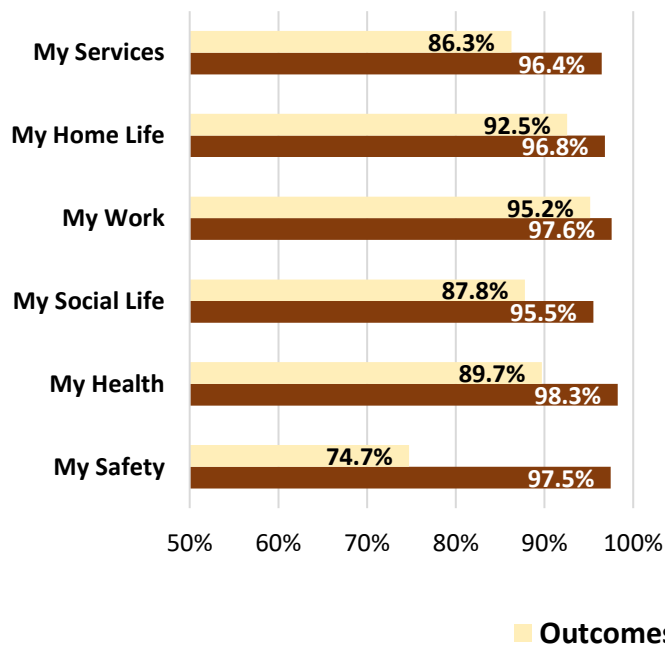
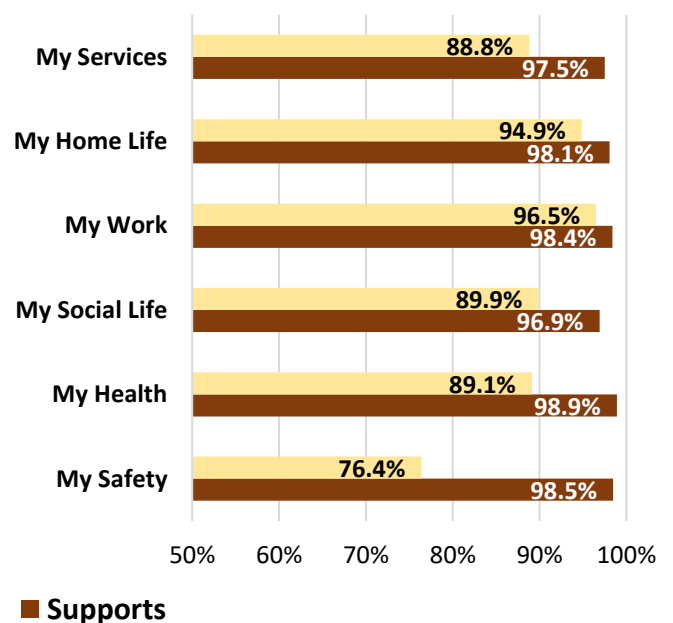
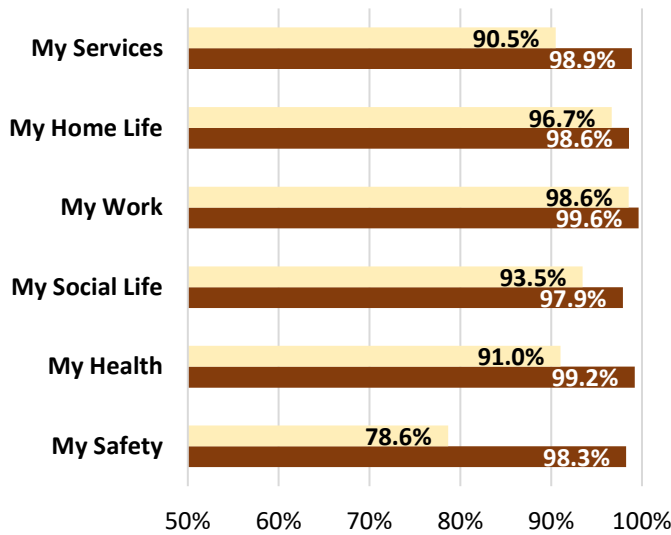


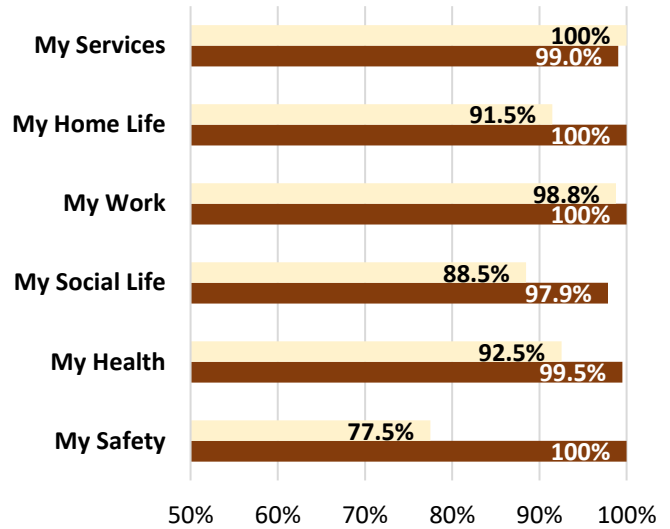
Figure 5b. My Life Interview by Life Areas
Waiver: April - June 2020 (N = 413)



**Figure 5c. CDC+
July - March 2020 (110)**



**Figure 5d. CDC+
April - June 2020 (36)**



Analysis of the 26 MLI indicators provides some insight into more specific data and reasons for My Life Area results. People receiving services through the iBudget Waiver programs (Waiver and CDC+) appear to be well supported. For each waiver type in both time periods, all 26 indicators measuring Support scored approximately 90 percent or higher. However, several outcomes reflected a score of less than 80 percent for individuals receiving services through the Waiver or CDC+.

Information in Table 5 provides the lowest scoring indicators for the Waiver and CDC+, for the first three quarters of the year, with the top most often cited reasons the indicator was not present. The lowest scoring indicator for people using the Waiver showed 57.0 percent of individuals using medications actually understood them. Most individuals for whom this was not present did not understand potential side effects of the medications (74.6%), were not aware of the medications they took (71.2%), and were not aware of why the medications were prescribed (64.7%). During the 4th Quarter, this indicator showed a decline in the Waiver to 52.8 percent and a small decline in CDC+ to 66.7 percent. The same reasons were indicated as why people do not understand the medications they are taking.

Most people using the Waiver who did not understand what abuse, neglect or exploitation mean did not understand exploitation and for people using CDC+ they were most likely to not understand different types of abuse. Approximately 34 percent of individuals interviewed did not know what to do if ANE occurred, mostly they do not know what the Abuse Hotline is or where to find it. People who did not know or exercise their rights did not understand what their rights are and people

often do not know what social roles are, how to develop and maintain them, or what different activities were available in the community. These findings were similar to findings from the 4th Quarter data.

Table 5. Low Scoring MLI Outcomes and Top 3 Reasons Not Present: July 2019 – March 2020						
Outcome	Waiver (N = 979)			CDC+ (N = 110)		
	# Present	# Not Present	% Present	# Present	# Not Present	% Present
Rights- I understand my medications.	465	351	57.0%	58	27	68.2%
Not Present Reasons	# of Times Selected	% of Not Present		# of Times Selected	% of Not Present	
I am not aware of potential side effects of my medications.	262	74.6%		14	51.9%	
I am not aware of the medications I take.	250	71.2%		18	66.7%	
I am not aware of why my medications are prescribed.	227	64.7%		15	55.6%	
Rights- I know and exercise my rights.	735	197	78.9%	91	17	84.3%
Not Present Reasons	# of Times Selected	% of Not Present		# of Times Selected	% of Not Present	
I do not understand what my rights are.	155	78.7%		17	100%	
I do not know how to report a complaint or grievance.	52	26.4%		1	5.9%	
Safety - I understand what abuse, neglect and exploitation (ANE) mean.	543	378	59.0%	62	30	67.4%
Not Present Reasons	# of Times Selected	% of Not Present		# of Times Selected	% of Not Present	
I do not understand what exploitation means.	271	71.7%		17	56.7%	
I do not understand all the different types of abuse (i.e., physical, emotional, verbal, sexual).	240	63.5%		24	80.0%	
I do not understand what neglect means.	234	61.9%		14	46.7%	
Safety - I know what to do if abuse, neglect, or exploitation (ANE) occurs.	606	309	66.2%	61	34	64.2%
Not Present Reasons	# of Times Selected	% of Not Present		# of Times Selected	% of Not Present	
I do not know where to find the Abuse Hotline number.	185	59.9%		19	55.9%	
I do not know what the Abuse Hotline is.	185	59.9%		24	70.6%	
I am not aware of what to do if ANE occurs.	131	42.4%		14	41.2%	

Choice and Self Direction - I am an active and contributing member of my community.	699	221	76.0%	90	14	86.5%
Not Present Reasons	# of Times Selected	% of Not Present		# of Times Selected	% of Not Present	
I do not understand what social roles are.	100	44.5%		9	64.3%	
I do not understand how to develop and maintain social roles.	92	41.6%		7	50.0%	
I do not understand all the different community groups or organizations available in my community.	92	41.6%		7	50.0%	

PCR MLI Results by Residential Status, Disability and Age

PCR MLI results are shown by residential setting, primary disability, and age group in Figures 6 – 8. Due to a low number of responses within some categories, particularly for CDC+, results should be viewed with caution. The first two columns in each graph show results for Outcomes during Quarters 1 – 3 and Quarter 4. The third and fourth columns show supports for those time periods. There is little variation across categories for supports; however, the following disparities are present for outcomes:

- Individuals living in group homes were least likely to have outcomes present.
- Individuals receiving waiver services who have Autism Spectrum Disorder were somewhat less likely to have outcomes present than individuals with other types of disabilities.
- Outcomes for individuals receiving waiver services appear to trend up with age.

Waiver
979 / 413

CDC+
110 / 36

Figure 6. PCR My Life Interview by Residential Status
July 2019 - June 2020

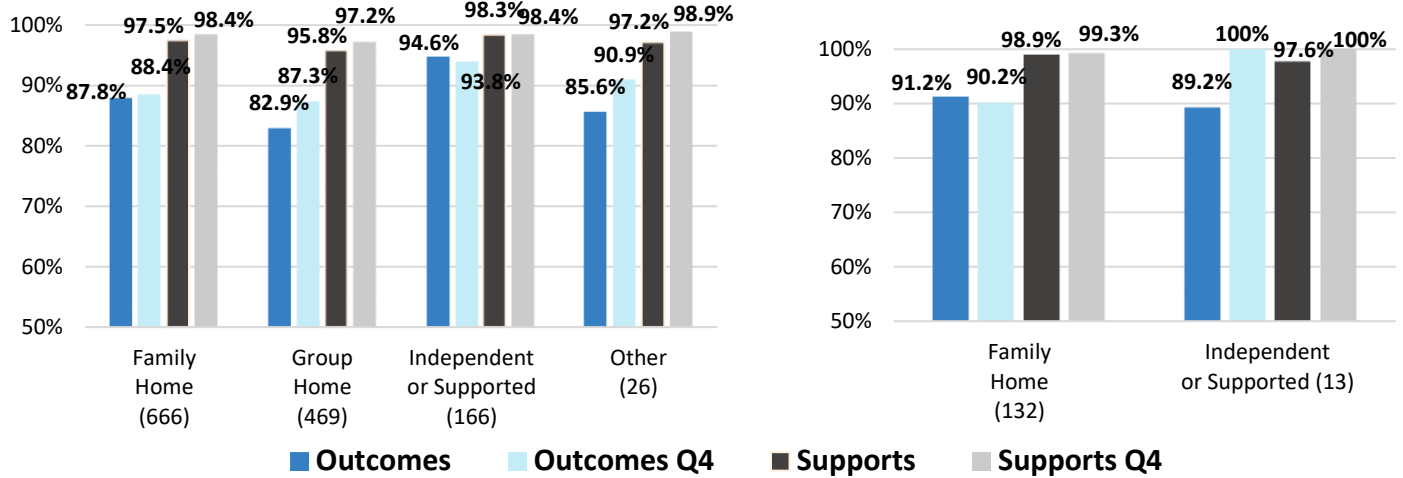
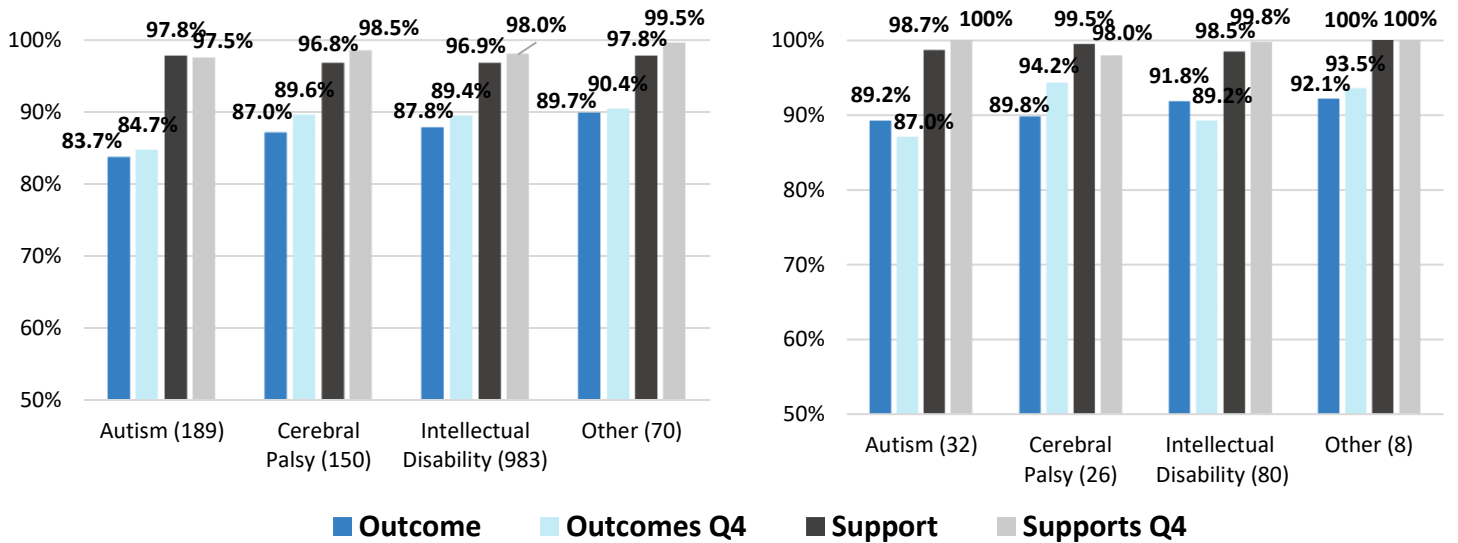
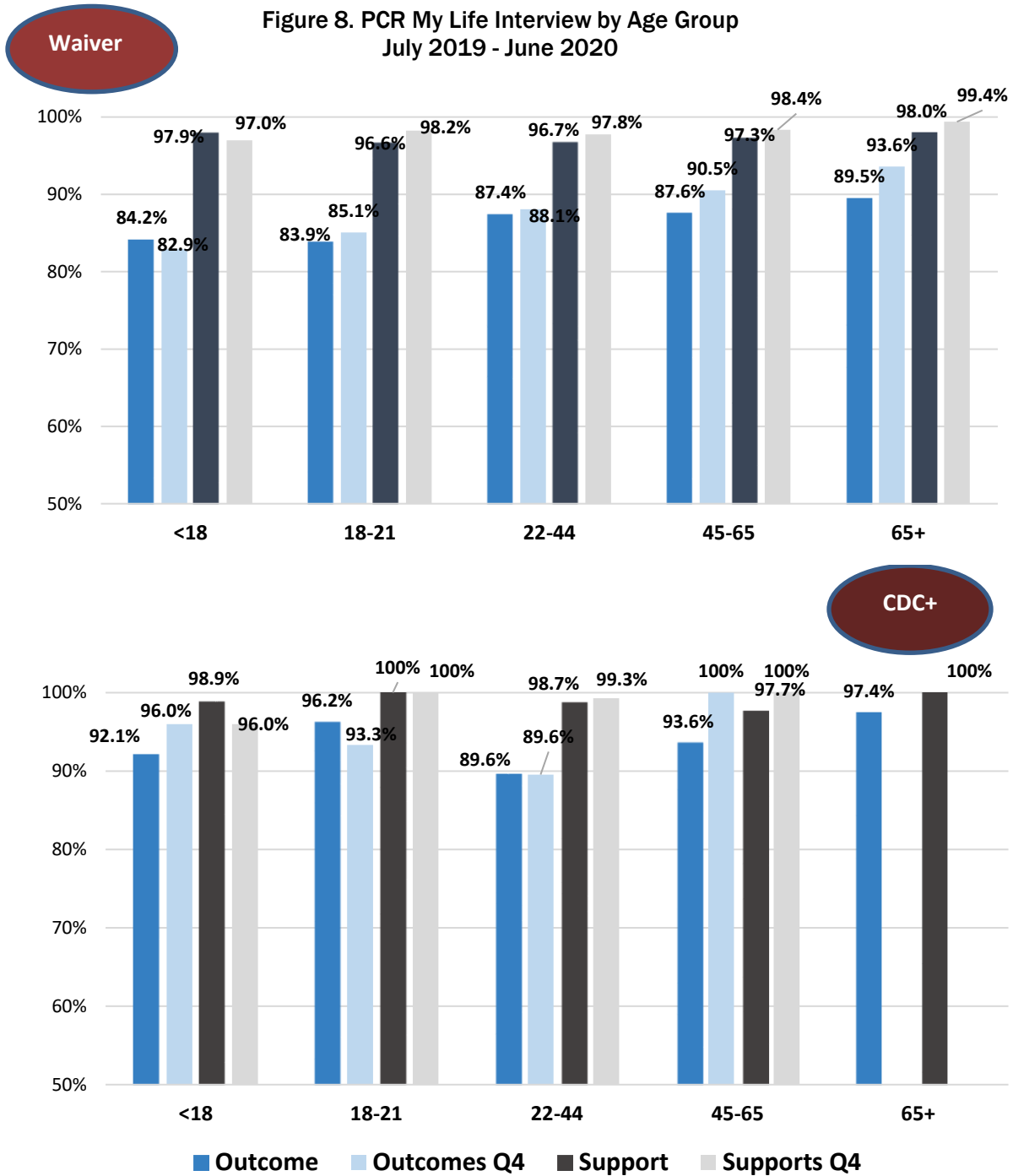


Figure 7. PCR My Life Interview by Primary Disability
July 2019 - June 2020



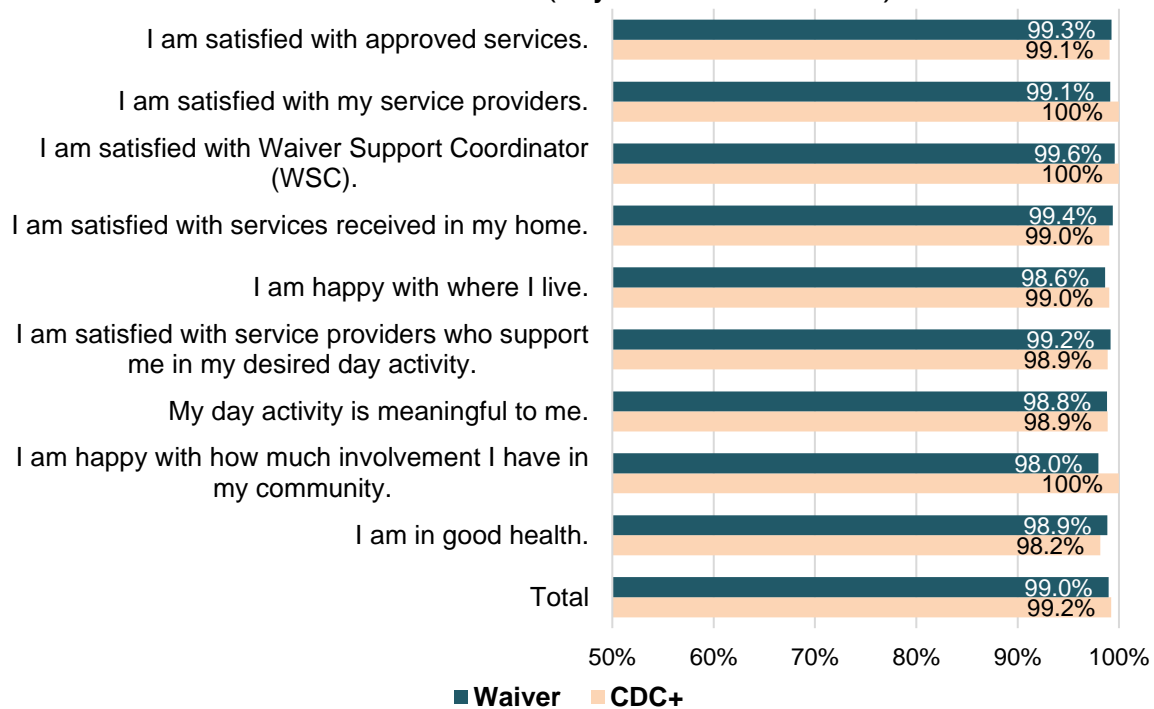


PCR My Life Interview: Satisfaction

During the PCR, individuals are asked if they strongly agree, agree, disagree, or strongly disagree with a series of statements expressing satisfaction with various aspects of their lives, including

services, service providers, Support Coordinators, residence, and involvement in the community. Interviews completed between July 2019 and March 2020 (Figure 9) show the majority of individuals receiving services reported agreement (strongly agree or agree) in each area.

Figure 9. Satisfaction: Percent Agree or Strongly Agree Waiver and CDC+ (July 2019 - March 2020)



However, information in Table 6 indicates during the 4th quarter, fewer people using the Waiver were strongly satisfied with all of these areas measured through the review, particularly in their involvement in the community. This is likely due to the Covid-19 pandemic and both providers and individuals struggling to adapt to increased isolation and social distancing. While the sample size for CDC+ is much smaller, particularly in the 4th quarter (n=36), strong satisfaction in these areas increased. This could mean the decrease for the Waiver may be primarily among people living in a Licensed Residential setting.

Table 6. Satisfaction Results Comparison: Percent Strongly Agree Q1-3 (July 2019 - March 2020) and Q4 (April - June 2020)						
	Waiver			CDC+		
	Q1-3	Q4	Diff	Q1-3	Q4	Diff
I am satisfied with approved services.	42.5%	37.7%	-4.8%	52.3%	60.0%	7.7%

Table 6. Satisfaction Results Comparison: Percent Strongly Agree Q1-3 (July 2019 - March 2020) and Q4 (April - June 2020)						
	Waiver			CDC+		
	Q1-3	Q4	Diff	Q1-3	Q4	Diff
I am satisfied with my service providers.	44.0%	40.1%	-4.0%	57.1%	60.0%	2.9%
I am satisfied with Waiver Support Coordinator (WSC).	48.7%	42.3%	-6.4%	56.0%	57.1%	1.2%
I am satisfied with services received in my home.	41.7%	35.3%	-6.4%	48.5%	64.7%	16.2%
I am happy with where I live.	45.1%	36.9%	-8.2%	53.3%	62.9%	9.5%
I am satisfied with service providers who support me in my desired day activity.	39.6%	32.7%	-6.9%	47.3%	60.7%	13.5%
My day activity is meaningful to me.	39.7%	32.1%	-7.6%	45.1%	62.1%	17.0%
I am happy with how much involvement I have in my community.	33.2%	22.5%	-10.7%	43.0%	44.1%	1.1%
I am in good health.	30.2%	24.6%	-5.6%	33.0%	40.0%	7.0%
Total	40.5%	33.8%	-6.8%	48.4%	56.7%	8.2%

PCR My Life Interview: Stability

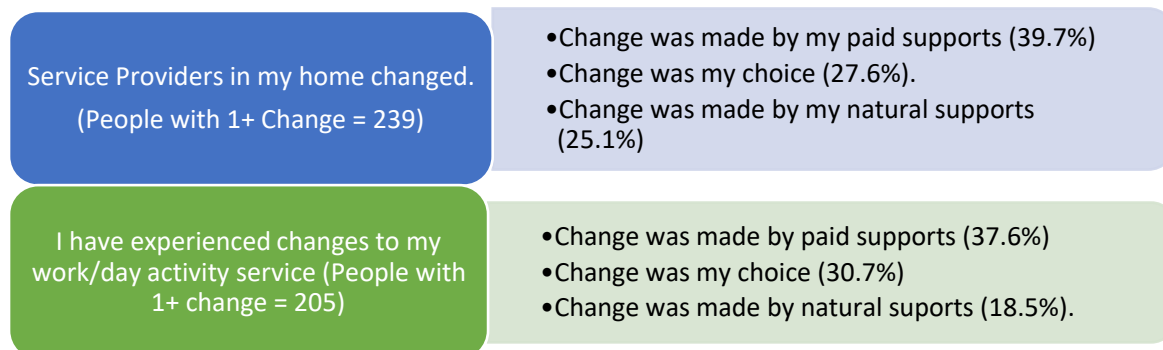
During the PCR MLI, individuals are asked how often, over the course of a year, they experienced changes in their WSC or WSC agency, place of employment, work/day activity, residence, services, or service providers in their home. Table 7 shows the percent of individuals who experienced one or more of these changes and Figure 10 shows the top reason(s) for the change for the two most common changes for individuals receiving services.

On average, the most common sources of change for individuals interviewed to date and receiving services were for service providers in the home and at the work/day programs. For the combined programs and for the contract year (combined time periods), changes were most commonly made by paid supports. The majority of the time changes were made, the person receiving services had not initiated the change.

Table 7. PCR My Life Interview: Stability (Percent with 1 or more changes)								
	Waiver				CDC+			
	Q1-3 (969)		Q4 (413)		Q1-3 (110)		Q4 (36)	
Within the past 12 months,	Applicable Responses	% w/ 1+ change	Applicable Responses	% w/ 1+ change	Applicable Responses	% w/ 1+ change	Applicable Responses	% w/ 1+ change
I experienced changes in my WSC agency.	758	2.5%	295	3.1%	96	1.0%	28	3.6%
I experienced changes in my WSC.	975	10.4%	409	9.8%	110	8.2%	35	5.7%
I have changed employment.	390	4.9%	134	3.0%	50	2.0%	12	0.0%
I have experienced changes to my work/day activity service providers.	834	16.3%	343	17.5%	82	6.1%	26	15.4%
I have moved.	969	11.1%	372	9.7%	108	3.7%	32	25.0%
Service providers in my home have changed.	866	19.1%	356	14.9%	107	15.9%	33	12.1%
The services I receive have changed.	964	10.5%	394	8.4%	110	10.0%	36	5.6%

Figure 10. Two Most Common Changes and Reasons for Waiver and CDC+ Combined

Within the past 12 months



PCR Waiver Support Coordinator and CDC+ Consultant Record Reviews⁸



During the PCR, the records maintained by the WSC and CDC+ Consultant are reviewed specific to the person who was interviewed. Results are shown by APD Region in Table 8, by standard for WSCs in Table 9 and CDC+ Consultants in Table 10. Findings indicate the following:

⁸ 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 present.

- During both time periods, both WSCs and Consultants scored relatively high on the record reviews, and little variation across regions.
- Several standards in the WSC record review reflected a score under 90 percent:
 - Pre-Support Plan planning activities were conducted (Q1-3 81.8%; Q4 88.6%).
 - The Support Coordinator documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents (Q1-3 81.9%; Q4 85.6%).
 - Level of care is completed accurately using the correct instrument/form (Q4 89.4%)
 - Support Plan includes a current Safety Plan (Q4 81.3%; n=16)
- One CDC+ Consultant standard, with more than 50 records reviewed, showed a score under 90 percent: the CDC+ Consultant documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents.

Table 8. WSC and CDC+ Consultant Record Review Results by APD Region						
July 2019 - March 2020				April - June 2020		
Region	PCRs	Indicators Scored	% Met	PCRs	Indicators Scored	% Met
Waiver						
Northwest	78	2,063	95.8%	21	549	99.6%
Northeast	145	3,888	94.7%	39	1,035	96.5%
Central	187	4,893	93.7%	103	2,678	96.2%
Suncoast	222	5,877	94.9%	118	3,076	94.1%
Southeast	232	5,928	96.6%	68	1,756	96.5%
Southern	115	2,858	96.6%	64	1,605	98.6%
Total	979	25,507	95.3%	413	10,699	96.2%
CDC+						
Northwest	6	192	99.5%	0	0	NA
Northeast	28	896	98.3%	0	0	NA
Central	21	675	96.6%	13	416	99.0%
Suncoast	20	633	98.6%	9	297	97.6%
Southeast	21	658	98.5%	7	221	97.7%
Southern	14	436	97.5%	7	219	98.6%
Total	110	3,490	98.0%	36	1,153	98.4%

Table 9. WSC Record Review Results by Standard (July 2019 – June 2020)

Indicator	Q1-3		Q4	
	Number	% Met	Number	% Met
For individuals in supported living arrangements Progress Notes demonstrate required activities are covered during each quarterly home visit.	166	92.2%	52	96.2%
For persons living in Supported Living Arrangements the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider.	156	97.4%	51	96.1%
Level of care is completed accurately using the correct instrument/form.	977	92.3%	407	89.4%
Level of care is reevaluated at least every 365 days and contains all required components for billing.	976	96.1%	412	96.8%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	975	95.5%	413	97.6%
Person receiving services is given a choice of waiver services or institutional care at least annually.	979	96.4%	413	96.6%
Support Plan includes a current Safety Plan.	27	100.0%	16	81.3%
Support Plan includes supports and services consistent with assessed needs.	979	99.7%	413	98.8%
Support Plan reflects support and services necessary to address assessed risks.	955	99.7%	402	98.8%
Support Plan reflects the personal goals/outcomes of the person.	979	99.4%	412	98.5%
The current Annual Report is in the record.	970	91.6%	410	93.4%
The current Support Plan includes natural, generic, community and paid supports for the person.	979	98.2%	413	99.3%
The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted.	974	81.8%	403	88.6%
The Support Coordination Progress Notes demonstrate required monthly contact/activities were completed and are in the record.	978	95.4%	409	98.0%
The Support Coordinator bills for services after service is rendered.	975	96.5%	411	98.5%
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.	951	89.8%	396	94.7%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing among waiver service providers on an ongoing basis.	977	98.3%	411	96.8%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis.	975	98.6%	411	97.6%
The Support Coordinator documents information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis to address identified needs.	708	92.2%	297	94.3%

Table 9. WSC Record Review Results by Standard (July 2019 – June 2020)				
Indicator	Q1-3		Q4	
	Number	% Met	Number	% Met
The Support Coordinator documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents.	978	81.9%	411	85.6%
The Support Coordinator documents ongoing efforts to assist the person/legal representative to know about rights.	978	92.6%	412	93.9%
The Support Coordinator documents ongoing efforts to ensure the person's behavioral/emotional health needs are addressed.	698	96.8%	312	98.1%
The Support Coordinator documents ongoing efforts to ensure the person's health and health care needs are addressed.	979	96.3%	413	98.8%
The Support Coordinator documents ongoing efforts to ensure the person's safety needs are addressed.	978	97.6%	412	98.8%
The Support Coordinator is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	977	99.9%	411	99.8%
The Support Plan is updated within 12 months of the person's last Support Plan.	965	99.5%	411	98.3%
The Support Plan is updated/revised when warranted by changes in the needs of the person.	400	97.8%	157	97.5%
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.	951	93.8%	392	94.4%
WSC documentation demonstrates current, accurate, and approved Service Authorizations are issued to service provider(s).	968	97.8%	404	98.0%
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.	979	97.8%	412	97.3%
Average WSC Record Review Score	25,507	95.3%	10,699	96.1%

Table 10. CDC+ Consultant Record Review Results by Standard (July 2019 – June 2020)				
Indicator	Q1-3		Q4	
	Number	% Met	Number	% Met
All applicable completed/signed Purchasing Plans are in the record.	110	97.3%	36	100%
All applicable completed/signed Quick Updates are in the Record.	51	100.0%	23	100%
Completed/signed CDC+ Consent Form is in the record.	110	99.1%	36	100%
Completed/signed Corrective Action Plan is in the record.	2	50.0%	3	100%
Completed/signed Participant-Consultant Agreement is in the record.	110	98.2%	36	100%
Completed/signed Participant-Representative Agreement is in the record.	110	98.2%	36	100%

Table 10. CDC+ Consultant Record Review Results by Standard (July 2019 – June 2020)

Indicator	Q1-3		Q4	
	Number	% Met	Number	% Met
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.	106	96.2%	36	100%
Consultant documents a copy of the Support Plan is provided to the person or the legal representative, within 10 days of the Support Plan effective date.	109	98.2%	36	100%
Consultant has taken action to correct any overspending by the Participant.	7	100%	4	100%
Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	99	100%	34	97.1%
If applicable, an approved Corrective Action Plan is being followed.	2	100%	3	100%
If applicable, Consultant initiates Corrective Action.	3	100%	4	75.0%
Level of care is completed accurately using the correct instrument/form.	110	98.2%	36	94.4%
Level of care is reevaluated at least every 365 days and contains all required components for billing.	109	99.1%	36	100%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	109	99.1%	36	100%
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	58	96.6%	18	100%
Person receiving services is given a choice of waiver services or institutional care at least annually.	109	99.1%	36	100%
Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	110	99.1%	36	97.2%
Services are delivered in accordance with the Cost Plan.	110	100%	36	100%
Support Plan includes a current Safety Plan.	2	100%	0	.
Support Plan includes supports and services consistent with assessed needs.	110	100%	36	100%
Support Plan reflects supports and services necessary to address assessed risks.	109	99.1%	33	97.0%
Support Plan reflects the personal goals of the person.	110	99.1%	36	100%
The Consultant bills for services after services are rendered.	110	99.1%	36	100%
The Consultant documents information about the person's history regarding abuse, neglect, and/or	86	97.7%	24	100%

Table 10. CDC+ Consultant Record Review Results by Standard (July 2019 – June 2020)				
Indicator	Q1-3		Q4	
	Number	% Met	Number	% Met
exploitation on an ongoing basis to address identified needs.				
The Consultant documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents.	109	89.0%	36	88.9%
The Consultant documents ongoing efforts to assist the person/legal representative to know about rights.	109	97.2%	36	100%
The Consultant documents ongoing efforts to ensure the person’s behavioral/emotional health needs are addressed.	82	98.8%	26	100%
The Consultant documents ongoing efforts to ensure the person’s health and health care needs are addressed.	109	99.1%	36	97.2%
The Consultant documents ongoing efforts to ensure the person’s safety needs are addressed.	107	98.1%	36	100%
The Consultant is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	110	100%	36	100%
The Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted.	107	90.7%	34	94.1%
The current Annual Report is in the record.	108	96.3%	36	97.2%
The current Support Plan includes natural, generic, community and paid supports for the person.	110	99.1%	36	100%
The Emergency Backup Plan is in the record and reviewed annually.	109	95.4%	35	91.4%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	108	100%	36	100%
The Support Plan is updated within 12 months of the person's last Support Plan.	109	99.1%	36	97.2%
The Support Plan is updated/revised when warranted by changes in the needs.	50	98.0%	15	100.0%
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	102	100%	33	97.0%
Average WSC Record Review Score	3,490	97.7%	1,153	98.4%

CDC+ Representative (Representative)



People who elect to receive services through 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 assess 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; however, the Representative for the person still receives a review. Between July 2019 and June 2020, 207 Representatives were reviewed. Results are displayed by region in Table 11 and by standard in Table 12. The number completed during the 4th quarter in each region was relatively small; however, there is some variation across regions, with the lowest score in Southern Region (84.0%). Analysis of the standards indicates some lower scoring areas and differences when using desk reviews in the 4th Quarter:

- Maintaining an Employee/Contractor Roster within the Department of Children and Families/APD Background Screening Clearinghouse was relatively low in Q1-3 and Q4, but showed a nine point increase during Q4, 76.1 percent and 85.2 percent respectively.
- Accurate, signed and approved Timesheets for all Directly Hired Employees (DHE) were always available for review; however, also showed an increase when reviewed remotely, from 79.7 percent to 88.9 percent.
- Background screening results, for all Directly Hired Employees (DHE’s) who render direct care, showed relatively low scores (Q1-3 83.3%; Q4 81.8%).
- While most Representatives reviewed onsite produced signed and approved invoices for vendor payments (90.4%), this decreased by over 10 points during 4th quarter desk reviews.

Table 11. CDC+ Representative Record Review Results						
Region	July 2019 – March 2020			April - June 2020		
	PCRs	Indicators	Met	PCRs	Indicators	Met
Northwest	17	268	92.5%	1	14	100%
Northeast	41	671	93.1%	0	0	NA
Central	23	360	93.6%	23	365	95.6%
Suncoast	24	373	92.5%	15	243	87.2%
Southeast	28	454	90.1%	10	153	94.8%
Southern	15	238	84.0%	10	163	96.3%
State	148	2,364	91.5%	59	938	93.5%

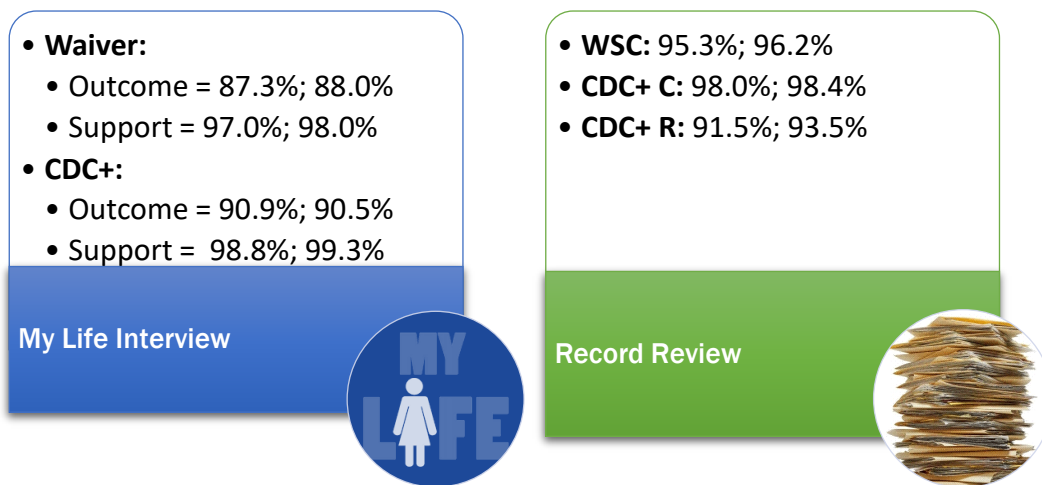
Table 12. CDC+ Representative Results by Standard (July 2019 - June 2020)				
Standard	Q 1-3		Q 4	
	Number	% Met	Number	% Met
Accurate, signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	138	79.7%	54	88.9%
All applicable signed and approved Purchasing Plans are available for review.	146	96.6%	59	98.3%
All applicable signed and approved Quick Updates are available for review.	69	98.6%	28	100%
Background screening results for all Directly Hired Employees (DHE's) who render direct care are available for review.	138	83.3%	55	81.8%
Background screening results for all Independent Contractors who render direct care are available for review.	70	88.6%	20	95.0%
Complete and signed Participant/ Representative Agreement is available for review.	148	94.6%	59	98.3%
Complete Employee Packets for all Directly Hired Employees are available for review.	137	94.9%	54	98.1%
Complete Vendor Packets for all vendors and independent contractors are available for review.	97	91.8%	35	97.1%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	140	87.9%	54	96.3%
Copies of approved Cost Plan(s) are available for entire period of review.	148	96.6%	59	98.3%
Copies of Support Plan(s) are available for entire period of review.	148	95.3%	59	98.3%
Corrective Action Plan (if applicable) is available for review.	4	100%	4	100%
Documentation is available to support the reconciliation of Monthly Statements.	145	86.2%	59	91.5%
Emergency Backup Plan is complete and available for review.	148	91.9%	59	86.4%
Monthly Statements are available for review.	145	97.9%	58	98.3%
Signed and approved Invoices for Vendor Payments are available for review.	83	90.4%	34	79.4%
Signed and approved receipts/statement of "Goods and Services" for reimbursement items are available for review.	31	100%	16	93.8%
The CDC+ Representative maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	134	76.1%	54	85.2%
The Participant makes purchases consistent with the Purchasing Plan.	147	95.2%	59	93.2%
The Participant obtains services consistent with stated/documented needs and goals.	148	99.3%	59	96.6%
Average CDC+ Representative Record Review Score	2,364	91.5%	938	93.5%

PCR Summary Results

A summary of scores from the PCR components is presented in the following figure. The first percentage for each component is for the first three quarters of the year, when onsite reviews and face-to-face interviews were conducted. The second percentage represents data from the last quarter of the year, when desk reviews and phone interviews were conducted. Average scores were relatively high across all the areas. My Life Interview outcomes were lower compared to all other areas, and the CDC+ Representative Record Review was the lowest scoring record review area.

There was very little difference shown across the two time periods, using different processes to gather the data. It was assumed, at the Covid-19 outset, the shift to desk reviews and phone interviews would be short-term. Therefore, reviews were completed by obtaining an understanding of life “pre-pandemic” and results may not yet show the true impact on individuals and providers of the “stay at home” requirements and limited access to the community. It is now evident the revised processes may continue throughout the next year and reviewers have been instructed to determine results based on current circumstances. Further training has been conducted to clarify responses during the pandemic.

Figure 15. PCR Summary



Health Summary



During the PCR, Qlarant QARs utilize an extensive Health Summary tool to help capture facets of the person’s health status, such as a need for adaptive equipment; if visits have been made to the doctor or dentist; if the

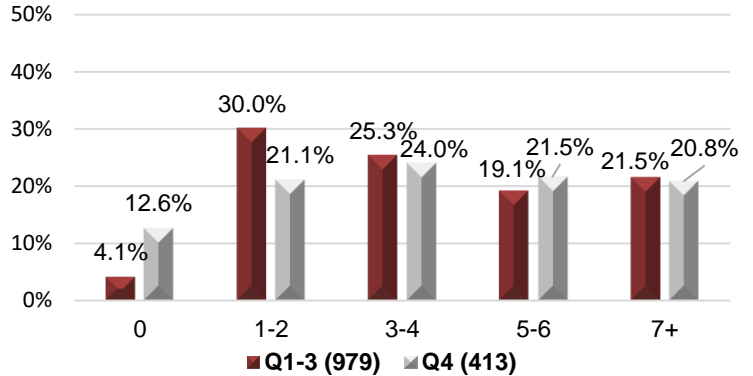
person has been hospitalized or been to the emergency room; and type and number of medications the person is taking.

Figures 11a (Waiver) and 11b (CDC+) show the percent of people receiving services through were taking medications, by the number of medications taken.⁹ The pattern during the year is similar to previous years, with approximately 40 to 41 percent of people on the Waiver using five or more medications. The pattern for CDC+ shows about half as many people taking only one or two medications in the 4th quarter, compared to Q1-3, proportionately more taking five or more, and fewer taking no medications at all. However, this is based on a small number of PCRs (36) and should be tracked over the next year.

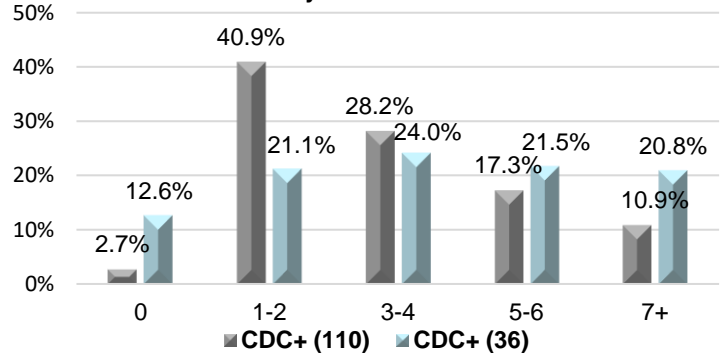
Additional analysis is presented by region (Table 13), by residence (Figure 12), by primary disability (Figure 13) and by age group (Figure 14). The number of reviews in each region for CDC+ in the 4th Quarter is relatively small and comparisons across regions or to the Waiver results should be made with caution. Data by region indicate:

- There is quite a bit of variation across regions, from 33.3 percent in the Northeast to 47.3 percent in Suncoast in Q1-3 for the Waiver and an even greater variance during the 4th Quarter, from 27.9 percent in the Southeast to 51.5 percent in Central.
- For the Waiver, the proportion of people taking multiple medications in the 4th Quarter was about the same or decreased in every region except Central where there was an increase of close to 12 points, to 51.5 percent.

**Figure 11a. Number of Prescriptions
 Waiver July 2019 - June 2020**



**Figure 11b. Number of Prescriptions
 CDC+ July 2019 - June 2020**



⁹ The list of medications captured in the Health Summary was revised July 1, 2018. Dozens of medications which were previously captured in the ‘Other’ category were added to the list of medications in the Health Summary. List includes over the counter medications prescribed for the person.

Table 13. Taking 5+ Medications by Region								
Waiver					CDC+			
Region	Q1-3		Q4		Q1-3		Q4	
	# PCRs	% Taking 5+	# PCRs	% Taking 5+	# PCRs	% Taking 5+	# PCRs	% Taking 5+
Northwest	78	33.3%	21	33.3%	6	0.0%	0	-
Northeast	145	40.0%	39	35.9%	28	25.0%	0	-
Central	187	39.6%	103	51.5%	21	47.6%	13	23.1%
Suncoast	222	47.3%	118	46.6%	20	20.0%	9	0.0%
Southeast	232	35.8%	68	27.9%	21	23.8%	7	0.0%
Southern	115	44.3%	64	42.2%	14	35.7%	7	28.6%
Total	979	40.6%	413	42.4%	110	28.2%	36	13.9%

The percentage of individuals taking multiple medications is shown in the following figures by residence, primary disability and age group. It is important to note the sample for several CDC+ categories is quite small, particularly for 4th Quarter results. Findings indicate:

- People living in group home settings, Residential Licensed Home (RLH), were much more likely to be taking multiple medications than people in and other setting.
- Comparing Waiver to CDC+ during Q1-3, it appears people who self-direct living in the family home or independently were more likely to take multiple medications than people on the Waiver.
- People with an intellectual disability were more likely to take multiple medications than people with Autism or Cerebral Palsy.
- Medication use increases with age.
- While the CDC+ sample for the 4th Quarter is relatively small, it appears it may be more difficult to determine the total number of medications taken via remote interviews for people who self-direct. The rate was lower in each demographic category when compared to Q1-3.

Figure 12a. Percent Taking 5+ Medications by Residence: Waiver (July 2019 - June 2020)

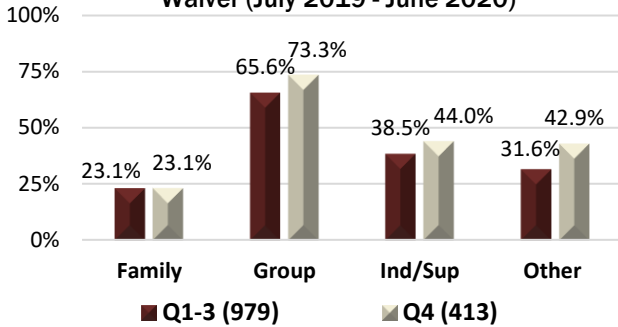


Figure 12b. Percent Taking 5+ Medications by Residence: CDC+ (July 2019 - June 2020)

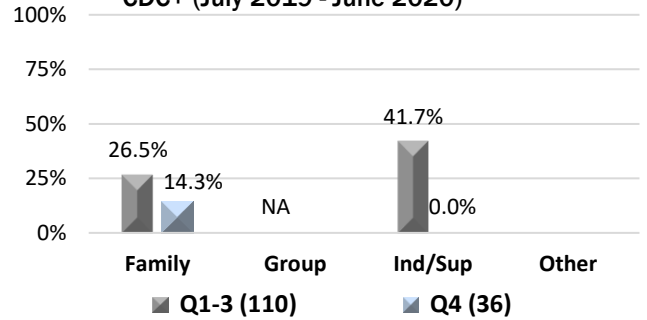


Figure 13a. Percent Taking 5+ Medications by Primary Disability: Waiver (July 2019 - June 2020)

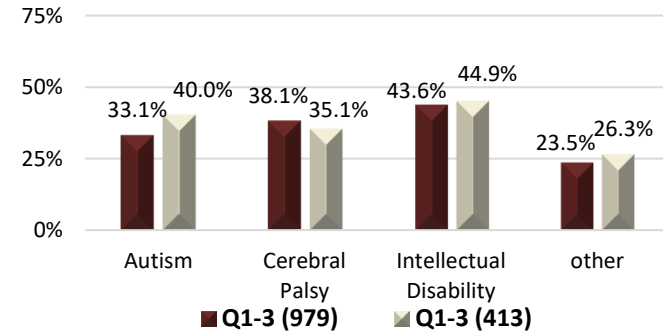


Figure 13b. Percent Taking 5+ Medications by Primary Disability: CDC+ (July 2019 - June 2020)

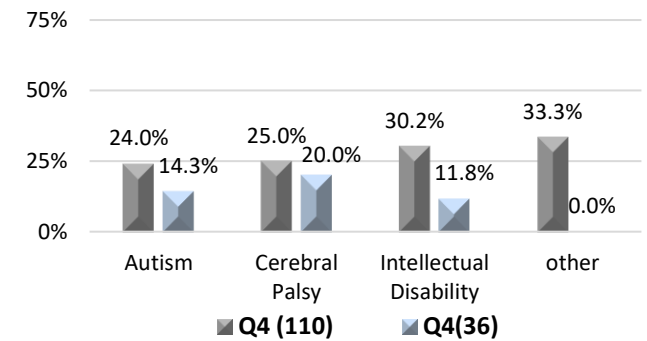


Figure 14a. Percent Taking 5+ Medications by Age Group: Waiver (July 2019 - June 2020)

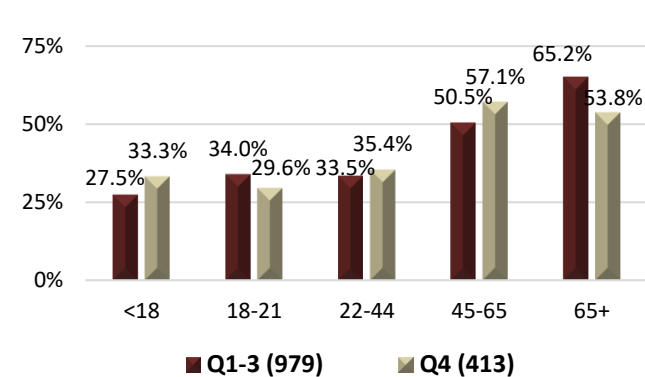


Figure 14b. Percent Taking 5+ Medications by Age Group: CDC+ (July 2019 - June 2020)

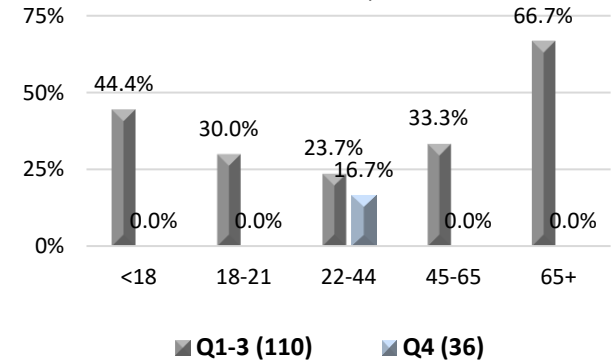


Table 14 displays the percentage of individuals who experienced a significant health event within the past 12 months. The greatest proportion of events for people receiving services through the Waiver or CDC+ involved visits to the emergency room or the hospital. While only a small percentage of individuals experienced the other significant health events listed in Table 14, these events are critical and worth noting. Although the percentages were relatively small, these are representative of the population, given a five percent error rate. For example, if 3.4 percent of the population has been subjected to Reactive Strategies, that could be as many as 900 to 1,000 people.

In the previous 12 months:	Waiver		CDC+	
	Q1-3 (979)	Q4 (413)	Q1-3 (110)	Q4 (36)
Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation?	2.3%	1.9%	0.0%	0.0%
Have Reactive Strategies under 65G-8 been used due to behavioral concerns?	3.4%	3.4%	0.9%	0.0%
Have you been Baker Acted?	2.9%	2.4%	3.6%	0.0%
Have you been admitted to the hospital?	10.6%	12.1%	11.8%	5.6%
Have you been to an Emergency Room?	18.3%	17.4%	20.9%	8.3%
Have you been to an Urgent Care Center?	5.4%	6.3%	4.5%	5.6%

Provider Discovery Reviews (PDR)¹⁰

During the course of the contract year, a PDR is completed for most providers who rendered at least one of the following services through the iBudget Waiver, for six months or more:¹¹



- 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

¹⁰ All review tools are posted on the FSQAP website
<https://florida.qlarant.com/Public2/resourceCenter/providers/discoveryReviewTools/index.html>

¹¹ Deemed providers are permitted to skip one year for the PDR. Deemed is currently defined as an Overall PDR Score of 95% or higher for Service Providers and 99% or higher for WSCs, with no alerts and no potential billing discrepancies for which the total reimbursement amount is five percent or greater.

- Residential Habilitation Standard
- Residential Habilitation Enhanced Intensive Behavior
- Respite
- Special Medical Home Care
- Support Coordination/CDC+ Consultant
- Supported Living Coaching

The PDR consists of up to five different review components: My Life interviews with individuals receiving services (MLI), observations (OBS) at waiver funded licensed residential homes (LRH) and day program facilities, review of agency Policies and Procedure (P&P), Qualification and Training (Q&T), and Service Specific Record Reviews (SSRR). Interviews with individuals receiving services are not included in the overall scores calculated for the PDR. Results are provided separately for WSCs and service providers. Between July 2019 and June 2020, 2,124 PDRs were completed and approved by Qlarant Regional Managers; 1,542 service providers and 582 WSCs. Table 14 shows the number completed per APD Region for the first three quarters and for the last quarter when desk reviews and phone interviews were implemented, and the observations were temporarily stopped.

Region	Service Providers		WSCs	
	Q1-3	Q4	Q1-3	Q4
Northwest	72	54	35	13
Northeast	185	91	66	16
Central	182	100	96	45
Suncoast	241	139	72	42
Southeast	190	84	95	34
Southern	135	69	47	21
Total	1,005	537	411	171

PDR My Life Interview



The PDR for service providers uses an interview with individuals receiving services from the provider to determine, from the person’s perspective, how well services are provided and if outcomes are present. Standards for the PDR MLI are the same as for the PCR MLI.^{12 13} Figures 16a and 16b displays findings from the PDR MLI

¹² All PCR and PDR tools can be viewed on the Qlarant website:
<https://florida.qlarant.com/Public2/resourceCenter/providers/discoveryReviewTools/index.html>

¹³ See the PCR My Life Interview Section for a more detailed description of the interview standards. Some standards do not apply to all services reviewed during the PDR.

for each Life Area (n = 880 and 696), by Outcomes and Supports, and Figures 17a and 17b provide results by region. Results to date indicate:

- Similar to PCR MLI results, PDR findings show Outcomes lower than Supports across all My Life Areas, the greatest difference in My Safety with less than 80 percent of Outcomes present during both time periods.
- Outcomes for individuals living in the Northwest, Suncoast, and Southeast regions were all under 90 percent during the first three quarters of the year.
- Outcomes during the 4th Quarter were the same or higher across all Life Areas and regions. Because reviewers were focused on the person’s life during the pre-pandemic timeframe, impact from the virus may not be seen until the next report.

Figure 16a. PDR My Life Interview by Life Areas
 July 2019 - March 2020 (N = 880)

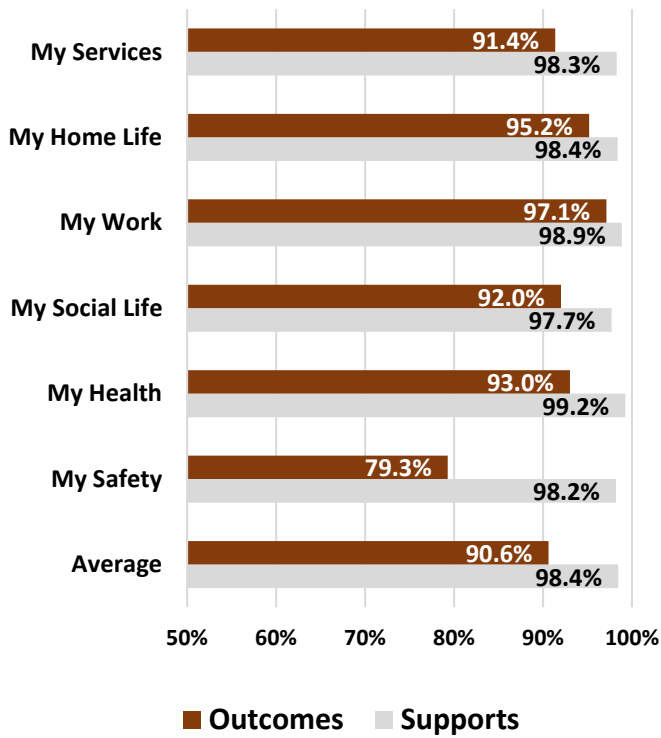
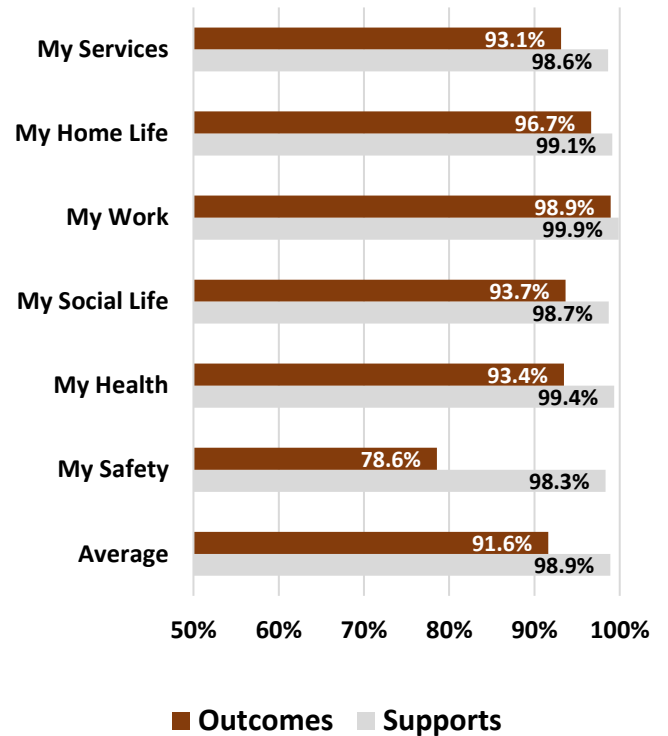
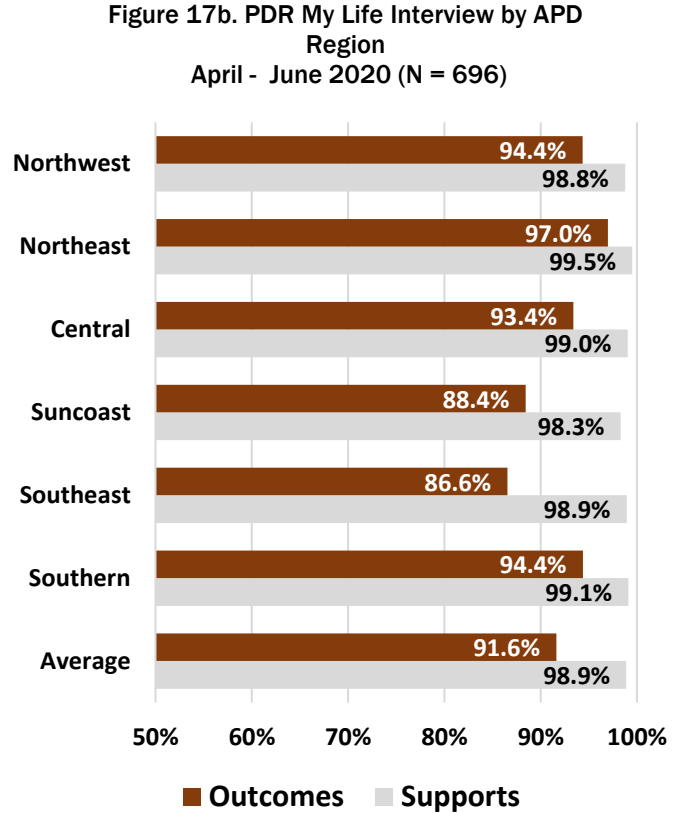
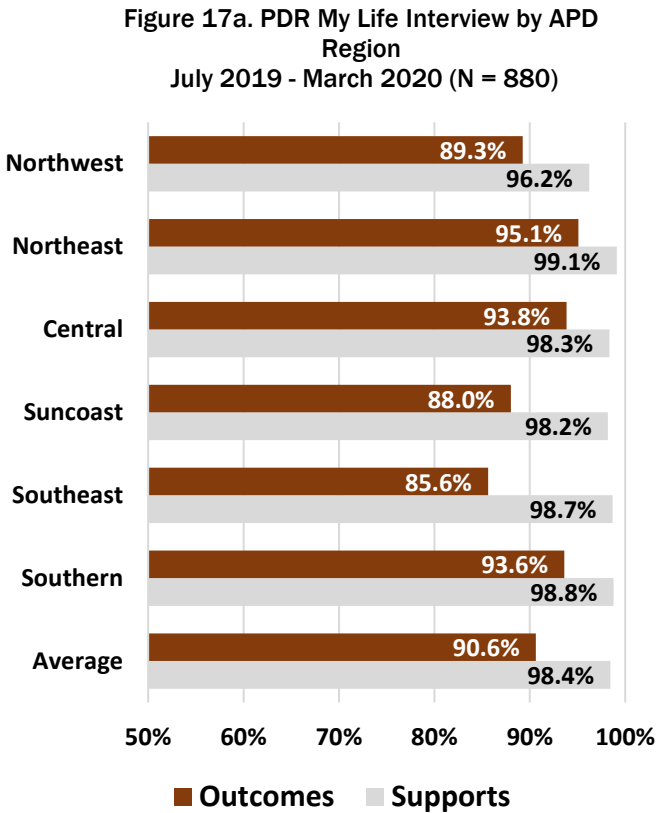


Figure 16b. PDR My Life Interview by Life Areas
 April - June 2020 (N = 696)





Observations

Observations by Location: Licensed Residential Homes and Day Programs

When reviewing providers of Residential Habilitation, Qlarant QARs conduct onsite Observations of up to 10 licensed residential homes (LRH). 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, QARs observe the physical facility, interactions among staff and individuals, and informally interview staff, residents, and day program participants as needed and as possible. Due to the pandemic, no observations were completed during the 4th Quarter of the year. Information presented in this section is from the 3rd Quarter Report.

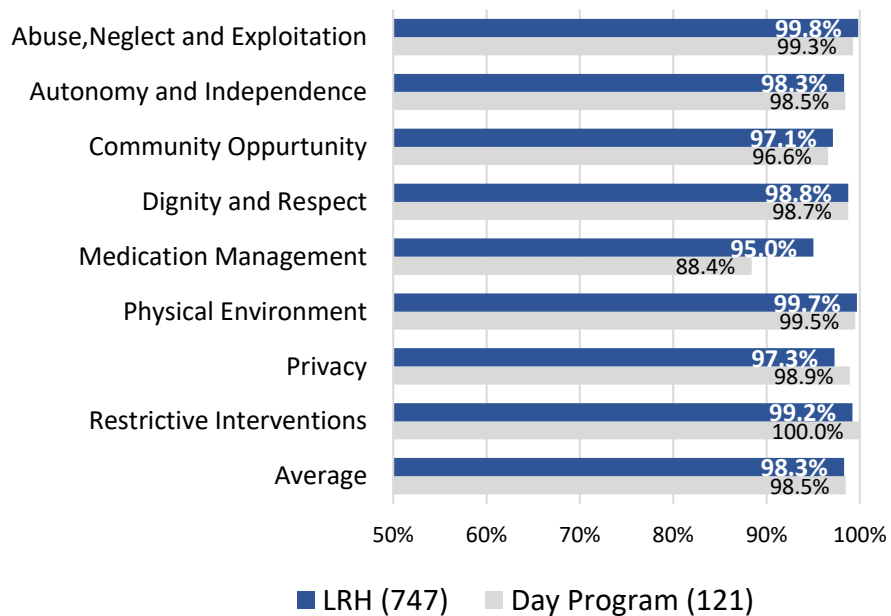


Observations were completed at 121 Day Program locations and 747 LRHs. PDR Observation scores are shown by region and type of location in Table 15. The number of observations completed during the first three quarters, particularly for day programs, is small so comparisons across regions or standards should be made with caution. Findings to date indicate compliance for both types of locations is high with little variation across regions.

Table 15. PDR Observation Scores by Region and Location July 2019 – March 2020				
Region	LRH		Day Programs	
	# OBS	% Present	# OBS	% Present
Northwest	33	99.3%	9	99.5%
Northeast	117	98.3%	20	99.0%
Central	136	97.8%	16	97.7%
Suncoast	192	98.0%	43	98.5%
Southeast	151	99.0%	18	99.4%
Southern	118	98.3%	15	97.4%
State	747	98.3%	121	98.5%

Observations are shown by standard and location in Figure 18. Scores are generally high across the standards, with only one exception all showing a score of over 95 percent. The lowest scoring area is for Medication Management, which is least likely to be met in both locations, particularly for Day Programs (88.4%).

**Figure 18. Observations by Standard and Location
July 2019 - March 2020**



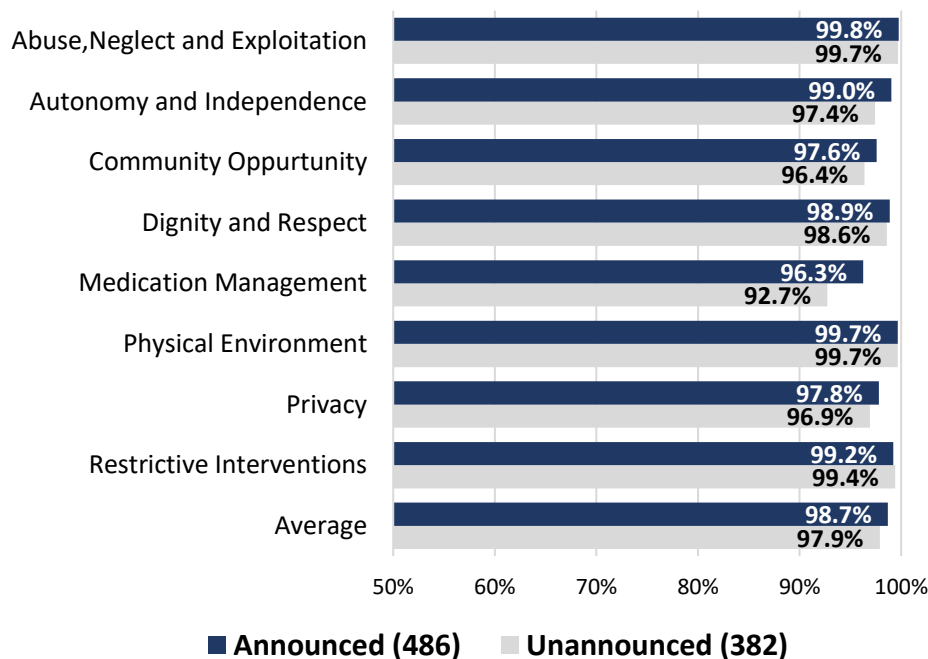
While the average difference was small between the two types of locations for the percent of standards met, some differences appear to exist in certain areas. While the sample size on some of these is relatively small for Day Programs, the following findings will be tracked in the annual report when all data have been collected:

- Day Programs (n=23) were less likely than LRHs (n=235) to have video/audio monitoring equipment present in the setting without consent of all individuals, 100 percent and 94.5 percent respectively.
- Day Programs (n=57) were more likely than LRHs (n=726) to have non-controlled medications that were not centrally stored in a locked container in a secured enclosure, 84.2 percent and 93.5 percent respectively.

Observation Type: Announced vs Unannounced

Approximately 44 percent of the observations completed during the 3rd quarter were unannounced, meaning the provider did not know which facility would be visited. There is very little difference across the standards (Figure 19). The greatest difference is for Medication Management for which Unannounced findings (92.7%) were close to four points lower than for Announced observations.

**Figure 19. Observations by Standard and Observation Type
 July 2019 - March 2020**



Results by indicator provide a deeper dive into the nuances of the differences for these types of observations. Information may suggest there could potentially be issues with access to food, access

to training on transportation, medication storage and the use of video monitoring equipment that are being missed during regular announced observations. The following areas showed scores four or more percentage points lower when conducting Unannounced Observations:

- Training in the use of public transportation is not available and/or facilitated (6.6 points lower).
- Video/audio monitoring equipment is present in the setting without consent of all individuals (6.2 points lower).
- Controlled medications are not stored separately from other prescription and OTC medications in a locked container within a locked enclosure (5.4 points lower).
- Non-controlled medications are not centrally stored in a locked container in a secured enclosure (4.5 points lower).
- Food, beverages and snacks are not easily accessible to individuals (4.2 points lower).

Administrative Policies and Procedures



Each provider is reviewed on up to 19 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 over the first three quarters of the year are shown in Table 16a and results for the 4th Quarter are shown in Table

16b. WSC services are different than other provider services, therefore findings are presented separately for WSCs and service providers.¹⁴ Most of the P&P tool applies to agency providers; however, some questions may also be asked of solo providers. Service providers reviewed averaged 93.5 percent compliance with P&P requirements (94.1% in Q4), the WSC average was somewhat higher, over 97 percent. The lowest scoring standard is if the provider maintains written policies and procedures which detail method/s for ensuring the person's confidentiality, including maintaining and storing records in a secure manner.

Table 16a. PDR Policies and Procedures Results by Standard				
July 2019 – March 2020				
P&P Standard	Service Providers (N = 1,006)		WSC (N = 404)	
	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.	26	100%	NA	NA

¹⁴ N sizes may vary throughout the report due to missing and/or not applicable data.

Table 16a. PDR Policies and Procedures Results by Standard				
July 2019 – March 2020				
P&P Standard	Service Providers (N = 1,006)		WSC (N = 404)	
	Standards Reviewed	% Met	Standards Reviewed	% Met
Agency vehicles used for transportation are properly insured.	362	98.6%	NA	NA
Agency vehicles used for transportation are properly registered.	366	97.0%	NA	NA
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.	854	97.7%	85	98.8%
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.	856	97.7%	85	98.8%
The provider maintains written policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening.	856	90.2%	85	97.6%
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.	855	89.5%	85	97.6%
The provider maintains written policies and procedures detailing how the provider will ensure the individuals' medications are administered and handled safely.	596	96.1%	15	100.0%
The provider maintains written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider.	855	91.7%	85	96.5%
The provider maintains written policies and procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues.	856	98.4%	85	98.8%
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.	856	78.6%	85	94.1%
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.	632	93.4%	7	100.0%
The provider maintains written policies and procedures in compliance with 65G-8.003 (Reactive Strategy Policy and Procedures).	202	98.0%	2	100.0%
The provider addresses all incident reports.	569	96.1%	312	99.0%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	180	96.7%	117	99.1%

Table 16a. PDR Policies and Procedures Results by Standard				
July 2019 – March 2020				
P&P Standard	Service Providers (N = 1,006)		WSC (N = 404)	
	Standards Reviewed	% Met	Standards Reviewed	% Met
All instances of abuse, neglect, and exploitation are reported.	175	96.6%	114	99.1%
The provider identifies addresses and reports all medication errors.	145	97.2%	21	100.0%
The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	1,000	94.0%	395	94.7%
If provider operates Enhanced Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	3	100%	NA	NA
Average Policies and Procedures Q1-3	10,244	93.5%	1,579	97.4%

Table 16b. PDR Policies and Procedures Results by Standard				
April - June 2020				
P&P Standard	Service Providers (N = 537)		WSC (N = 171)	
	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.	14	100%	NA	
Agency vehicles used for transportation are properly insured.	172	99.4%	NA	
Agency vehicles used for transportation are properly registered.	173	97.7%	NA	
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.	432	97.5%	45	97.8%
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.	432	96.5%	45	100%
The provider maintains written policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening.	432	91.7%	45	97.8%
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.	432	93.5%	45	100%

Table 16b. PDR Policies and Procedures Results by Standard				
April - June 2020				
P&P Standard	Service Providers (N = 537)		WSC (N = 171)	
	Standards Reviewed	% Met	Standards Reviewed	% Met
The provider maintains written policies and procedures detailing how the provider will ensure the individuals' medications are administered and handled safely.	320	95.9%	NA	
The provider maintains written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider.	432	91.4%	45	95.6%
The provider maintains written policies and procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues.	432	98.1%	45	100%
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.	432	79.9%	45	91.1%
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.	331	97.6%	NA	
The provider maintains written policies and procedures in compliance with 65G-8.003 (Reactive Strategy Policy and Procedures).	110	96.4%	NA	
The provider addresses all incident reports.	242	97.1%	112	100%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	67	100%	28	100%
All instances of abuse, neglect, and exploitation are reported.	54	100%	24	100%
The provider identifies addresses and reports all medication errors.	39	97.4%	7	100%
The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	534	92.7%	171	94.7%
If provider operates Enhanced Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	4	100%	NA	100%
Average Policies and Procedures Q4	5,084	94.1%	657	97.5%

Findings by region are presented for agencies and solo service providers and WSCs in Tables 17a and 17b. WSCs were much more likely to operate as a solo entity. Many standards in the Policies and Procedures review are not applicable to solo providers; therefore, findings are presented separately by region for solo vs agency providers and comparisons should be made with caution. On

average, service provider agencies scored higher than solo providers, and there was very little difference between WSC agency and solo scores.

Table 17a. Administrative P&P Standards by APD Region								
July 2019 – March 2020								
Region	Service Providers				WSCs			
	Agency		Solo		Agency		Solo	
	# PDRs	% Standards Met	# PDRs	% Standards Met	# PDRs	% Standards Met	# PDRs	% Standards Met
Northwest	40	93.7%	31	84.8%	6	100%	29	98.2%
Northeast	132	92.9%	52	88.1%	11	98.4%	55	97.9%
Central	159	92.5%	24	86.3%	12	93.0%	81	95.2%
Suncoast	218	94.3%	23	82.8%	15	99.3%	55	94.8%
Southeast	175	94.0%	16	86.7%	27	98.9%	67	97.1%
Southern	130	94.7%	6	100.0%	17	98.7%	29	98.2%
State	854	93.7%	152	86.9%	88	98.1%	316	96.5%

Table 17b. Administrative P&P Standards by APD Region								
April - June 2020								
Region	Service Providers				WSCs			
	Agency		Solo		Agency		Solo	
	# PDRs	% Standards Met	# PDRs	% Standards Met	# PDRs	% Standards Met	# PDRs	% Standards Met
Northwest	27	94.8%	27	64.3%	1	100%	12	100%
Northeast	70	97.5%	21	97.5%	2	100%	14	100%
Central	80	94.6%	20	80.8%	6	98.4%	39	96.1%
Suncoast	116	93.0%	23	74.3%	11	97.3%	31	90.6%
Southeast	76	93.5%	8	90.0%	13	96.5%	21	100%
Southern	62	94.4%	7	87.5%	12	100%	9	100%
State	431	94.5%	106	81.6%	45	98.1%	126	96.4%

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 varies, depending on the number of people receiving services. Of the 1,006 service providers and 404 WSCs who participated in a PDR between July 2019 and March 2020, Qlarant reviewed 2,612 and 532

employee records respectively. Of the 535 service providers and 171 WSCs who participated in a PDR between April and June 2020, Qlarant reviewed 1,335 and 237 employee records respectively.

A description of each standard scored within the Administrative Qualifications and Training component of the PDR is shown in Tables 18a (Q1-3) and 18b (Q4) for service providers and Tables 19a (Q1-3) and 19b (Q4) 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 employees) with the standard met for all staff. 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.

Support Coordinators scored over 90 percent on all standards. Service providers scored lower than 80 percent on five standards:

- The Personal Support provider completes four hours of annual in-service training related to the specific needs of at least one person currently served; 71.9 percent in Q1-3 and 74.8 percent in Q4.
- 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; 77.0 percent in Q1-3 but increased to 81.1 percent during Q4.
- The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services; 77.6 percent in Q1-3 but increased to 83.8 percent in Q4.
- The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment; 79.6 percent in Q1-3 and 81.3 percent in Q4.
- The Supported Living Coach provider completes eight hours of annual in-service training; 79.9 percent in Q1-3 and 85.2 percent in Q4.

Table 18a. PDR Qualifications and Training Service Provider Results by Standard			
July 2019 – March 2020			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The provider received training in Zero Tolerance.	3,001	1,006	91.6%
The provider received training in Basic Person Centered Planning.	851	460	95.2%
The provider received training on Individual Choices, Rights and Responsibilities	855	459	95.6%
The provider received training in Requirements for all Waiver Providers	2,977	1,006	80.2%

Table 18a. PDR Qualifications and Training Service Provider Results by Standard			
July 2019 – March 2020			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The provider received training in HIPAA.	2,999	1,006	84.4%
The provider received training in HIV/AIDS/Infection Control.	2,924	995	81.1%
The provider maintains current CPR certification.	2,921	995	89.4%
The provider received training in First Aid.	2,913	995	83.4%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	1,338	515	95.9%
The provider maintains current medication administration validation.	826	371	93.8%
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).	496	174	92.5%
Drivers of transportation vehicles are licensed to drive vehicles used.	2,305	893	99.1%
Personal vehicles used for transportation are properly insured.	1,573	683	91.8%
Personal vehicles used for transportation are properly registered.	1,571	683	92.5%
The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.	26	18	100%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	1,005	484	94.0%
The provider has completed standardized, pre-service training for Life Skills Development Level 2.	161	108	96.3%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	177	86	95.3%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	1,512	666	91.0%
The provider meets all minimum educational requirements and levels of experience for Respite.	360	214	92.5%
The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care.	1	1	100%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	1	1	100%
The Support Coordinator completed required Statewide pre-service training.	1	1	100%
The Support Coordinator completed required Region Specific training.	1	1	100%

Table 18a. PDR Qualifications and Training Service Provider Results by Standard			
July 2019 – March 2020			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The Support Coordinator completed Introduction to Social Security Work Incentives.	1	1	100%
The Support Coordinator completes 24 hours of job related annual in-service training.	1	1	100%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	376	239	97.1%
The provider completed required Supported Living Pre-Service training.	375	239	98.3%
The Supported Living Coach completed Introduction to Social Security Work Incentives.	366	233	86.7%
The provider received training in Direct Care Core Competencies.	2,163	849	94.1%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	78	52	98.1%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	29	21	100%
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.	28	20	100%
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.	890	453	77.0%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	161	108	95.4%
The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment.	153	103	79.6%
The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services.	144	70	81.4%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	1,029	351	94.3%
The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	870	335	77.6%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	307	97	91.8%
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	306	97	95.9%

Table 18a. PDR Qualifications and Training Service Provider Results by Standard			
July 2019 – March 2020			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
state office and approved by the APD designated behavior analyst.			
The Residential Habilitation - Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.	262	89	95.5%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	59	23	100%
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.	58	22	95.5%
The Supported Living Coach provider completes eight hours of annual in-service training.	351	224	79.9%
The Personal Support provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	1,312	631	71.9%
The Residential Habilitation - Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics.	51	18	88.9%
The provider has completed all aspects of required Level II Background Screening.	3,001	1,006	85.0%
The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	2,985	1,001	92.0%
The provider received training in Direct Care Core Competency. (Old)	845	457	96.9%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation- Enhanced Intensive Behavior.	4	2	100%
The Residential Habilitation – Enhanced Intensive Behavior provider completes eight hours of annual in-service training through participation in recipient case-review or in combination with training related to behavior analysis.	2	2	100.0%
The provider maintains current medication administration validation.	510	144	90.3%

Table 18b. PDR Qualifications and Training Service Provider Results by Standard			
April - June 2020			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The provider has completed all aspects of required Level II Background Screening.	1,335	535	89.3%
The provider received training in Zero Tolerance.	1,335	535	93.6%
The provider received training in Direct Care Core Competencies.	1,049	459	96.7%
The provider received training in Basic Person Centered Planning.	286	192	91.7%
The provider received training on Individual Choices, Rights and Responsibilities	279	187	93.6%
The provider received training in Requirements for all Waiver Providers	1,325	535	91.8%
The provider received training in HIPAA.	1,335	535	88.8%
The provider received training in HIV/AIDS/Infection Control.	1,277	522	78.9%
The provider maintains current CPR certification.	1,270	521	89.6%
The provider received training in First Aid.	1,274	521	85.2%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	599	283	96.1%
The provider maintains current medication administration validation.	592	279	94.3%
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).	228	92	93.5%
Drivers of transportation vehicles are licensed to drive vehicles used.	1,004	478	99.4%
Personal vehicles used for transportation are properly insured.	699	371	94.1%
Personal vehicles used for transportation are properly registered.	698	370	93.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	53	34	100%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	20	17	100%
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.	17	14	100%
The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.	17	15	100%

Table 18b. PDR Qualifications and Training Service Provider Results by Standard			
April - June 2020			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	394	255	94.9%
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.	342	238	81.1%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	38	34	100%
The provider has completed standardized, pre-service training for Life Skills Development 2.	37	33	100%
The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment.	36	32	81.3%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	71	37	97.3%
The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services.	62	37	89.2%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	618	336	94.0%
The Personal Supports provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	549	325	74.8%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	462	182	92.9%
The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	403	179	83.8%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	126	55	92.7%
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.	126	55	96.4%
The Residential Habilitation-Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.	111	54	96.3%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	20	15	100%
The Residential Habilitation – Intensive Behavior provider has completed at least 20 contact hours of instruction in a	19	14	100%

Table 18b. PDR Qualifications and Training Service Provider Results by Standard			
April - June 2020			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.			
The Residential Habilitation – Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics.	17	13	92.3%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation- Enhanced Intensive Behavior.	4	4	100%
The provider meets all minimum educational requirements and levels of experience for Respite.	101	77	92.2%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	127	110	97.3%
The provider completed required Supported Living Pre-Service training.	127	110	96.4%
The Supported Living Coach completed Introduction to Social Security Work Incentives.	125	108	85.2%
The Supported Living Coaching provider completes eight hours of annual in-service training.	123	107	84.1%
The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	1,333	533	91.4%
The provider received training in Direct Care Core Competency. (Old)	286	194	97.9%
The Residential Habilitation – Enhanced Intensive Behavior provider completes eight hours of annual in-service training through participation in recipient case-review or in combination with training related to behavior analysis.	3	3	100%

Table 19a. PDR Qualifications and Training WSC Results by Standard			
July 2019 – March 2020			
Standard	# Records Reviewed	# WSCs	% WSCs w/ Standard Met
The provider received training in Zero Tolerance.	590	403	90.3%
The provider received training in Basic Person Centered Planning.	544	381	96.3%
The provider received training on Individual Choices, Rights and Responsibilities	60	50	98.7%
The provider received training in Requirements for all Waiver Providers	586	401	100%

Table 19a. PDR Qualifications and Training WSC Results by Standard			
July 2019 – March 2020			
Standard	# Records Reviewed	# WSCs	% WSCs w/ Standard Met
The provider received training in HIPAA.	591	404	93.3%
The provider received training in HIV/AIDS/Infection Control.	590	404	93.6%
The provider maintains current CPR certification.	591	404	92.1%
The provider received training in First Aid.	591	404	93.3%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	NA		
The provider maintains current medication administration validation.	NA		
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).	2	2	100%
Drivers of transportation vehicles are licensed to drive vehicles used.	64	45	100%
Personal vehicles used for transportation are properly insured.	34	27	100%
Personal vehicles used for transportation are properly registered.	34	27	92.6%
The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	224	139	100%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	590	402	99.3%
The Support Coordinator completed required Statewide pre-service training.	590	402	100%
The Support Coordinator completed required Region Specific training.	584	402	99.8%
The Support Coordinator completed Introduction to Social Security Work Incentives.	578	402	98.5%
The Support Coordinator completes 24 hours of job related annual in-service training.	568	401	94.5%
The provider received training in Direct Care Core Competencies.	253	177	94.0%
The provider has completed all aspects of required Level II Background Screening.	592	404	97.2%
The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	585	397	94.1%
The provider received training in Direct Care Core Competency. (Old)	347	260	94.5%

Table 19b. PDR Qualifications and Training WSC Results by Standard			
April - June 2020			
Standard	# Records Reviewed	# WSCs	% WSCs w/ Standard Met
The provider has completed all aspects of required Level II Background Screening.	237	171	97.1%
The provider received training in Zero Tolerance.	237	171	95.9%
The provider received training in Direct Care Core Competencies.	115	85	96.5%
The provider received training in Basic Person Centered Planning.	224	163	95.7%
The provider received training on Individual Choices, Rights and Responsibilities.	1	1	100%
The provider received training in Requirements for all Waiver Providers.	233	167	97.0%
The provider received training in HIPAA.	237	171	93.0%
The provider received training in HIV/AIDS/Infection Control.	237	171	93.6%
The provider maintains current CPR certification.	234	170	95.3%
The provider received training in First Aid.	235	171	94.2%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	0	0	.
The provider maintains current medication administration validation.	0	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).	0	0	.
Drivers of transportation vehicles are licensed to drive vehicles used.	20	17	100%
Personal vehicles used for transportation are properly insured.	12	11	100%
Personal vehicles used for transportation are properly registered.	12	11	100%
The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	63	45	100%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	236	171	99.4%
The Support Coordinator completed required Statewide pre-service training.	236	171	98.8%
The Support Coordinator completed required Region Specific training.	236	171	97.7%
The Support Coordinator completed Introduction to Social Security Work Incentives.	231	171	97.7%
The Support Coordinator completes 24 hours of job related annual in-service training.	220	170	95.3%

Table 19b. PDR Qualifications and Training WSC Results by Standard			
April - June 2020			
Standard	# Records Reviewed	# WSCs	% WSCs w/ Standard Met
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	1	1	100%
The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	237	171	94.7%
The provider received training in Direct Care Core Competency. (Old)	121	99	97.0%

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, with at least one record per service included. The SSRR tool includes a review of standards specific to each service. There were 5,011 SSRRs completed during the year as part of the 1,543 PDRs for service providers, scoring 90,770 standards; and 1,992 SSRRs completed as part of the 575 WSC PDRs, scoring 51,763 standards.

SSRR by Service and Region

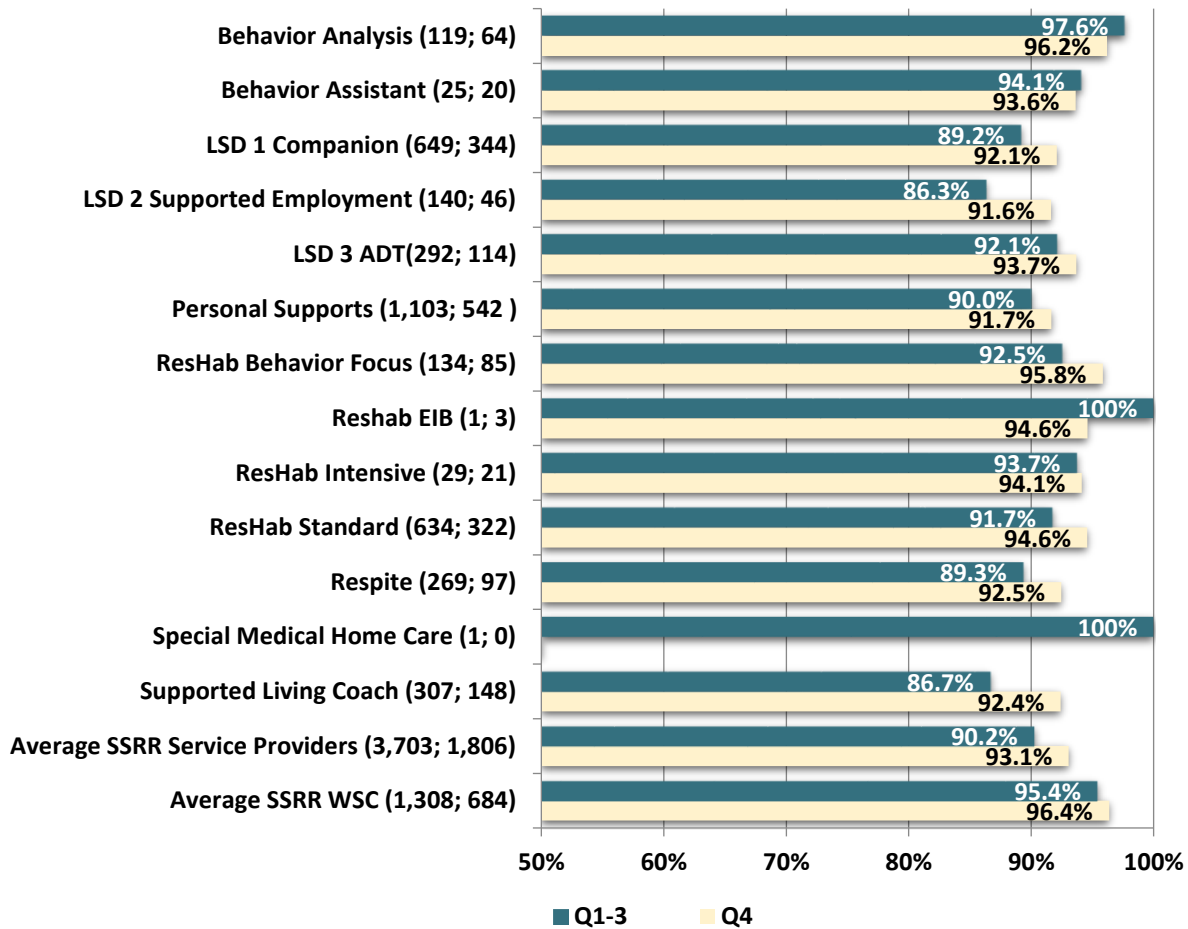
SSRR results are presented by region in Tables 20a for Q1-3 and 20b for Q4, and by service in Figure 20. Comparisons by service show the Percent Met with the number of reviews completed in parentheses, for Q1-3 and Q4. The number of standards scored, on which the percent met is based, varies from 10 for Special Medical Home Care to 24,236 for Personal Supports. 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. There is some variation across regions and services.

Table 20a. PDR Service Specific Record Review Results by APD Region								
July 2019 – March 2020								
Region	Service Providers				WSCs			
	# Records Reviewed	# Standards Scored	Weighted Score	Percent Met	# Records Reviewed	# Standards Scored	Weighted Score	Percent Met
Northwest	257	4,236	92.1%	90.7%	92	2,461	96.3%	96.3%
Northeast	645	10,563	88.0%	86.8%	207	5,491	93.3%	93.8%

Table 20a. PDR Service Specific Record Review Results by APD Region								
July 2019 – March 2020								
	Service Providers				WSCs			
Region	# Records Reviewed	# Standards Scored	Weighted Score	Percent Met	# Records Reviewed	# Standards Scored	Weighted Score	Percent Met
Central	681	11,097	89.8%	88.7%	249	6,504	93.6%	93.8%
Suncoast	962	16,,312	88.5%	88.0%	276	7,305	94.2%	94.8%
Southeast	674	10605	93.1%	91.1%	326	8,318	96.9%	97.1%
Southern	484	7,800	92.6%	90.9%	158	3,913	96.9%	97.2%
State	3,703	60,613	90.2%	89.0%	1,308	33,992	95.1%	95.4%

Table 20b. PDR Service Specific Record Review Results by APD Region								
April - June 2020								
	Service Providers				WSCs			
Region	# Records Reviewed	# Standards Scored	Weighted Score	Percent Met	# Records Reviewed	# Standards Scored	Weighted Score	Percent Met
Northwest	168	2,757	90.9%	90.2%	37	975	99.4%	99.5%
Northeast	317	5,448	95.5%	95.3%	61	1,617	96.6%	96.5%
Central	332	5,530	91.7%	91.0%	165	4,276	96.2%	96.0%
Suncoast	451	7,733	92.2%	91.4%	185	4,849	94.1%	94.3%
Southeast	291	4,600	95.4%	95.2%	123	3,216	96.6%	97.1%
Southern	247	4,096	95.9%	95.5%	113	2,838	98.7%	98.4%
State	1,806	30,164	93.6%	93.1%	684	17,771	96.3%	99.5%

**Figure 20. Service Specific Record Reviews
 Percent Met by Service
 July 2019 - June 2020 (N=Q1-3; Q4)**



Lowest SSRR Indicators by Service

Of approximately 400 standards scored for all the different services, four reflected compliance of less than 70 percent. These lowest scoring standards (under 70%) for providers reviewed during the first three quarters, with the service provided in parentheses, were for compliance with:

- The current Employment Stability Plan covering services provided and billed during the period under review contains all required components (LSD 2 – Supported Employment)
- A Quarterly Summary covering services provided and billed during the period under review is in the record (Supported Living Coaching)
- Documenting ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents (Supported Living Coaching, Residential Habilitation Standard and Behavior Focus)

- Submitting documents to the Waiver Support Coordinator as required (Supported Living Coaching)

Each indicator showed a score between 70 percent and 80 percent in the 4th Quarter.

Alerts



At any time during a review if a situation is noted that could cause harm to an individual receiving services, the QAR immediately informs the local APD Regional office. The Qlarant QAR calls the abuse hotline, if appropriate, records an alert, and notifies the Qlarant Regional Manager who notifies the local APD Regional and State offices, and AHCA in writing. Alerts can be related to health, safety, abuse, neglect, exploitation 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 Character/Attestation of Good Moral Character.

Between July 2019 and June 2020, 481 alerts were recorded, 427 for service providers with an additional 54 reported for WSCs (Table 21). The highest proportion of alerts was for a lack of documentation to demonstrate compliance with Level 2 Background Screening requirements, followed by compliance with maintaining an Employee/Contractor Roster within the Clearinghouse. During Q4, compared to Q1-3, alerts were more likely to be related to the Clearinghouse requirements and less likely to be related to proper medication storage (licensed residential and day training locations).

Alert Type	Q1-3		Q4	
	Number	Percent	Number	Percent
Abuse, Neglect, & Exploitation	2	0.6%	0	0.0%
Background Screening	119	33.9%	49	37.7%
Clearinghouse Roster	97	27.6%	49	37.7%
Driver's License/Insurance	16	4.6%	9	6.9%
Health & Safety	4	1.1%	1	0.8%
Medication Admin/Training	38	10.8%	18	13.8%
Medication Storage	63	17.9%	3	2.3%
Rights	10	2.8%	0	0.0%
Vehicle Insurance	2	0.6%	1	0.8%
Total Alerts	351	100%	130	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 required documentation, the provider is reported as having the standard Not Met.

The following information (Figures 21a and b) shows the percent of service providers and WSCs compliant with all background screening documentation requirements, by region. Service providers were less likely to have all required background documentation in place than were WSCs. Providers in the Northeast Region were least likely to have all background documentation in place (82.1% Met) during the first part of the year; however, that rate increased to 94.5 percent in Q4. Service Providers in the Northwest were most likely to meet all background screening requirements (90.1% Met); however, that rate decreased to 85.2 percent during Q4. The changes may be due to a smaller sample size in Q4. As desk review processes are used during the next contract year, it will be important to track any significant changes that may occur.

Figure 21a. Percent of Providers with All Background Standards Met July 2019 - March 2020

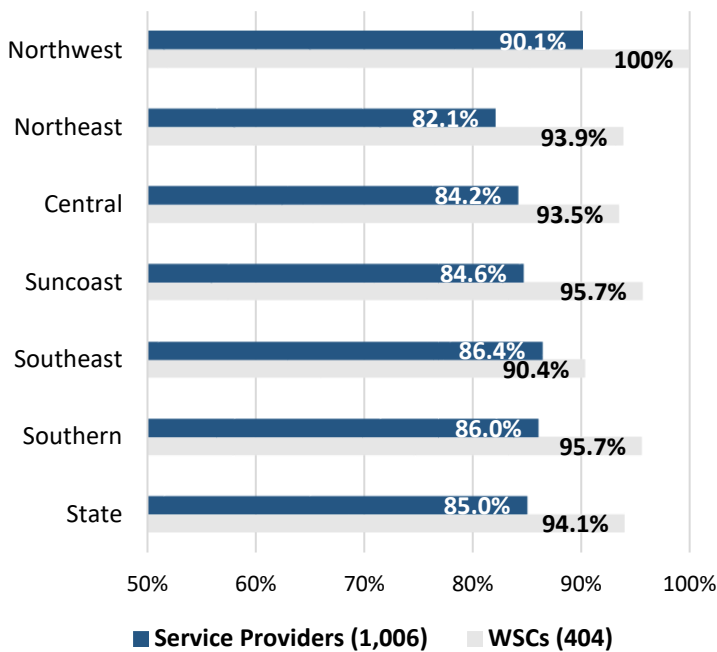
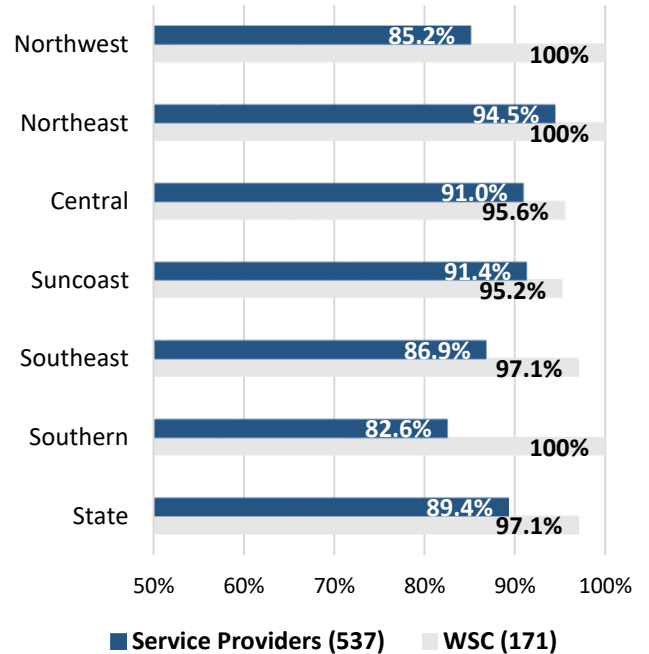


Figure 21b. Percent of Providers with All Background Standards Met April - June 2020



Potential Billing Discrepancy



For each service, several applicable standards related to billing requirements are scored by QARs. If any of the standards are scored Not Met, it is noted on the PDR Report as a potential billing discrepancy. The percentage of providers with one or more potential billing discrepancy is presented by region in Figures 22a and 22b. Findings from the first three quarters were similar to previous years showing greater compliance for WSCs across all regions. Approximately 56 percent of service providers had all billing discrepancy standards scored Met, compared to 81 percent of WSCs.

With one exception, results during the last quarter (April – June 2020) were higher than in the first three quarters of the year. The increases seem relatively large: an improvement for service providers of 22 points in the Northeast Region and 10 point in the Central Region, and a 12 point increase in the Southeast Region for CDC+. Only in the Northwest Region did a smaller proportion of service providers have all the billing requirements met, a drop from 54 percent to 44 percent. This should be tracked into the next year to determine if something about the desk review processes enhances provider’s ability to adequately address all billing discrepancy standards.

Figure 22a. Percent of Providers with all Billing Discrepancy Standards Met July 2019 -March 2020

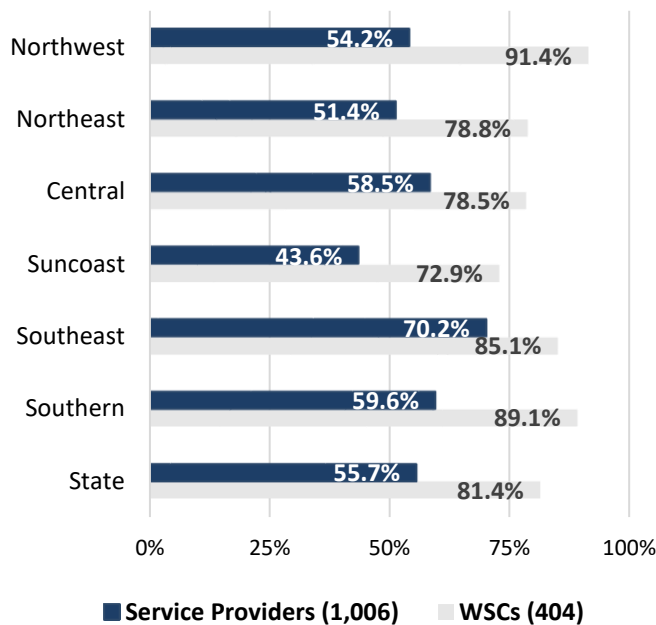


Figure 22b. Percent of Providers with all Billing Discrepancy Standards Met April 2020 -June 2020

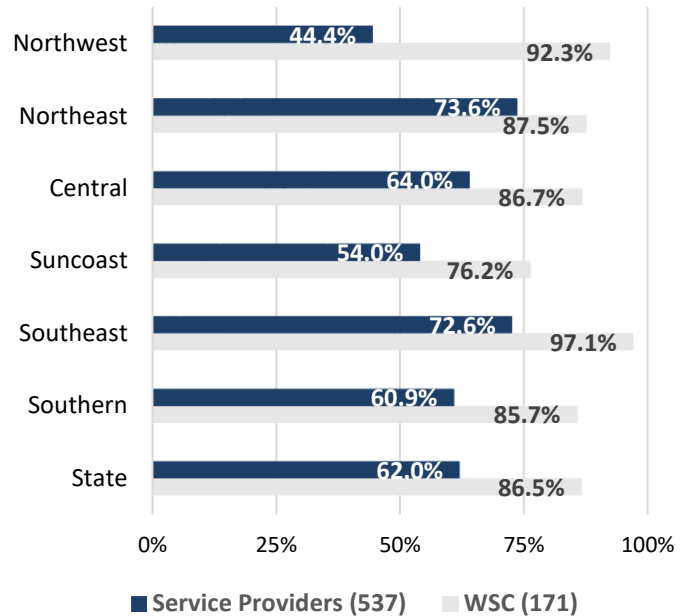


Table 22 provides the percent of records reviewed, by service, with all billing discrepancy standards scored Met. For providers reviewed during the first three quarters, approximately 77.5 percent of

billing standards were scored Met, the lowest compliance shown for Supported Living Coaching (58.0%). Four other services showed compliance rates lower than 70 percent: Respite, Companion (LSD 1), Supported Employment (LSD 2), and Personal Supports. Compared to Q4, differences for most services were six points or lower; however, increases noted above appear to be primarily among providers offering Supported Employment, Supported Living Coaching, and Unannounced CDC+ Consultant record reviews, with a 21.9, 19.0, and 10.2 point increase respectively.

Table 22: Potential Billing Discrepancies (BD) by Service				
Service	July 2019 – March 2020		April – June 2020	
	# of Records Reviewed	% of Records w/ all BD Met	# of Records Reviewed	% of Records w/ all BD Met
Behavior Analysis	119	90.8%	64	84.4%
Behavior Assistant	25	76.0%	20	70.0%
CDC+ Consultant	70	97.1%	35	94.3%
CDC+ Consultant UA	49	89.8%	19	100%
Life Skills Development 1 (Companion)	649	64.1%	344	67.2%
Life Skills Development 2 (SEC)	140	62.9%	46	84.8%
Life Skills Development 3 (ADT)	292	80.5%	114	81.6%
Personal Supports	1,103	65.0%	542	67.0%
Residential Habilitation Behavior Focus	134	89.6%	85	91.8%
Residential Habilitation EIB	1	100.0%	3	100%
Residential Habilitation Intensive Behavioral	29	89.7%	21	95.2%
Residential Habilitation Standard	634	91.3%	322	94.1%
Respite	269	63.9%	97	67.0%
Special Medical Home Care	1	100.0%	0	NA
Support Coordination	701	92.6%	430	94.2%
Support Coordination UA	607	91.4%	254	95.7%
Supported Living Coaching	307	58.0%	148	77.0%
Total # of Records Reviewed	5,130	77.5%	2,544	81.6%

PDR Summary Results

Overall Provider Score Range by Region

With the exception of the My Life Interview, standards from all PDR tools are used to calculate the Overall Provider Score. The score is calculated by dividing the total number of standards met over the total number of standards reviewed and subtracting five points for every alert (up to 15 points).

Information in Tables 23 and 24 provides the lowest, average and highest Overall Provider score by APD Region, for service providers and WSCs respectively.

For all providers reviewed between July 2019 and March 2020 and also during the 4th quarter, the highest score in every region was 100 percent, for both service providers and WSCs. The lowest service provider scores ranged from 31.4 percent in the Central Region to 61.3 percent in the Southern Region. The lowest WSC scores ranged from 27.3 percent in the Central Region to 98.0 percent in the Northwest.

Table 23a. Overall Provider Scores by APD Region			
July 2019 – March 2020			
Region	Lowest	Average ¹⁵	Highest
Northwest	57.0%	91.7%	100%
Northeast	31.8%	89.2%	100%
Central	31.4%	89.2%	100%
Suncoast	43.8%	90.0%	100%
Southeast	35.8%	92.7%	100%
Southern	61.3%	92.9%	100%

Table 23b. Overall Provider Scores by APD Region			
April – June 2020			
Region	Lowest	Average	Highest
Northwest	40.0%	88.2%	100%
Northeast	52.6%	94.2%	100%
Central	41.8%	89.8%	100%
Suncoast	28.3%	90.1%	100%
Southeast	31.9%	93.4%	100%
Southern	38.8%	93.9%	100%

Table 24a. Overall WSC Scores by APD Region			
July 2019 – March 2020			
Region	Lowest	Average	Highest
Northwest	85.2%	97.5%	100%

¹⁵ The aggregate average overall score is calculated as the average of all scores, i.e., the average percentage from the percentage score for providers. This means smaller provider scores have as much weight in the summary data as larger providers, but we are also able to account for the decrease in scores due to alerts. If an average is calculated as total met/total scored, the impact of alerts cannot be incorporated.

Table 24a. Overall WSC Scores by APD Region			
July 2019 – March 2020			
Region	Lowest	Average	Highest
Northeast	49.4%	94.3%	100%
Central	27.3%	93.3%	100%
Suncoast	55.8%	92.2%	100%
Southeast	64.0%	95.3%	100%
Southern	83.9%	95.4%	100%

Table 24b. Overall WSC Scores by APD Region			
April – June 2020			
Region	Lowest	Average	Highest
Northwest	98.0%	99.4%	100%
Northeast	57.6%	94.9%	100%
Central	57.0%	95.4%	100%
Suncoast	32.2%	91.7%	100%
Southeast	60.4%	96.5%	100%
Southern	85.5%	97.8%	100%

PDR Scores by Review Component

A summary of PDR results by region is presented for Service Providers in Tables 25a and 25b and WSCs in Tables 26a and 26b. With a few exceptions, scores are close to 90 percent and above. For service providers, individual outcomes were lowest in the Southeast (85.6%), Suncoast (88.0%) and Northwest (89.3%) Regions, and SSRRs were lowest in the Northeast (86.8%), Central (88.7%) and Suncoast (88.0%) Regions. Results for the SSRRs were somewhat higher during the 4th quarter when compared to Q1-3, 89.0 percent vs 93.1 percent.

Table 25a. PDR Component Scores for Service Providers by APD Region							
July 2019 – March 2020							
Region	# of PDRs	Policy & Procedure (1,006)	Q&T (2,812)	SSRR (3,703)	MLI (1,476)		OBS (868)
					Outcomes	Supports	
Northwest	71	93.1%	91.5%	90.7%	89.3%	96.2%	99.3%
Northeast	184	92.6%	93.0%	86.8%	95.1%	99.1%	98.4%
Central	183	92.2%	92.6%	88.7%	93.8%	98.3%	97.8%
Suncoast	241	94.2%	92.2%	88.0%	88.0%	98.2%	98.1%
Southeast	191	94.0%	94.0%	91.1%	85.6%	98.7%	99.1%

Table 25a. PDR Component Scores for Service Providers by APD Region July 2019 – March 2020							
Region	# of PDRs	Policy & Procedure (1,006)	Q&T (2,812)	SSRR (3,703)	MLI (1,476)		OBS (868)
					Outcomes	Supports	
Southern	136	94.7%	94.9%	90.9%	93.6%	98.8%	98.2%
State	1,006	93.5%	93.1%	89.0%	90.6%	98.4%	98.3%

Table 25b. PDR Component Scores for Service Providers by APD Region April - June 2020							
Region	# of PDRs	Policy & Procedure (537)	Q&T (1,335)	SSRR (1,806)	MLI (696)		OBS (NA)
					Outcomes	Supports	
Northwest	54	92.2%	91.2%	90.2%	94.4%	98.8%	
Northeast	91	97.5%	95.0%	95.3%	97.0%	99.5%	
Central	100	94.2%	92.6%	91.0%	93.4%	99.0%	
Suncoast	139	92.5%	93.4%	91.4%	88.4%	98.3%	
Southeast	84	93.5%	95.2%	95.2%	86.6%	98.9%	
Southern	69	94.3%	95.7%	95.5%	94.4%	99.1%	
State	537	94.1%	94.0%	93.1%	91.6%	98.9%	

Table 26a. PDR Component Scores for WSCs by APD Region July 2019 – March 2020					
Region	# of PDRs	Policy & Procedure (404)	Qualifications & Training (532)	WSC RR Announced (701)	WSC RR Unannounced (607)
Northwest	35	99.1%	99.0%	96.0%	91.3%
Northeast	66	98.1%	97.7%	93.2%	89.4%
Central	93	94.4%	95.5%	93.2%	90.8%
Suncoast	70	97.2%	95.8%	95.2%	89.2%
Southeast	94	98.3%	95.4%	96.8%	93.1%
Southern	46	98.6%	95.7%	97.5%	90.0%
State	404	97.4%	96.3%	95.3%	94.7%

Table 26b. PDR Component Scores for WSCs by APD Region April - June 2020					
Region	# of PDRs	Policy & Procedure (171)	Qualifications & Training (237)	WSC RR Announced (430)	WSC RR Unannounced (254)
Northwest	13	100%	98.2%	99.3%	99.8%
Northeast	16	100%	95.5%	96.5%	96.7%
Central	45	97.1%	97.0%	95.9%	96.7%
Suncoast	42	94.9%	97.3%	93.8%	94.7%
Southeast	34	97.4%	97.8%	95.9%	97.6%
Southern	21	100%	95.4%	98.7%	98.6%
State	171	97.5%	97.0%	96.1%	96.8%

PDR by Provider Size

Florida’s providers of HCBS services, through the iBudget Waiver, vary greatly in the number of employees they have and the number of people served. Providers have been categorized by size, with the number of people served, as follows:

- Small – 1 to 29
- Medium – 30 to 99
- Large – 100+

Information in Table 27 provides a summary of PDR results by provider size, including for Compliance and Person Centered Practices. Compliance standards address required documents – Are they complete? Do they have all the necessary components? Person Centered Practices standards address best practices and the extent to which individuals have key outcomes in their lives, such as informed choice, desired levels of community integration and person centered service delivery. Alerts and the number of billing standards scored not met are presented as a rate per 10 reviews for each size category.

On average, overall scores for small service were somewhat lower than for medium or large providers. The billing discrepancy rate was lower for service providers during the 4th quarter, using the desk review process, compared to Q1-3. Service providers showed a greater alert rate and billing discrepancy rate than WSCs and WSCs operating as solo providers scored lower across all the areas (Overall, Compliance, and Person Centered Scores) than agencies.

Table 27. Results by Provider Size: July 2019 – March 2020							Rate per 10 Reviews	
Provider Size	# Reviews	Overall Score	Compliance Score	Person Centered Score	# Alerts	# BD	Alerts	Billing Discrepancy Standards
Small	895	92.2%	93.1%	89.7%	267	1,049	2.98	11.72
Medium	81	95.7%	96.6%	92.4%	21	115	2.59	14.20
Large	30	95.2%	96.2%	89.2%	21	49	7.00	16.33
Total	1,006	93.0%	94.0%	90.0%	309	1,213	3.07	12.06
April – June 2020								
Small	492	93.2%	93.1%	93.4%	112	479	2.28	9.74
Medium	36	96.7%	96.8%	96.6%	6	15	1.67	4.17
Large	9	96.7%	96.5%	97.0%	0	4	0.00	4.44
Total	537	93.7%	93.6%	93.9%	118	498	2.20	9.27

Table 27. WSC Results by Solo vs. Agency: July 2019 - March 2020							Rate per 10 Reviews	
Provider Size	# Reviews	Overall Score	Compliance Score	Person Centered Score	# Alerts	# BD	Alerts	Billing Discrepancy Standards
Solo	316	94.0%	95.8%	91.7%	34	104	1.08	3.29
Agency	88	96.5%	97.6%	95.1%	8	36	0.91	4.09
Total	404	95.3%	96.7%	93.5%	42	140	1.04	3.47
April – June 2020								
Solo	126	94.2%	95.6%	92.4%	12	37	0.95	2.94
Agency	45	98.5%	98.8%	98.2%	0	5	0.00	1.11
Total	171	96.5%	97.3%	95.5%	12	42	0.70	2.46

Section III: Discussion and Recommendations



Findings in this report reflect data from PCR and PDR reviews completed between July 2019 and June 2020. A total of 1,538 PCRs, 1,124 PDRs and 207 CDC+ Representative reviews were completed, approved and available for analysis. Due to the Coronavirus pandemic, processes were revised and new remote reviews were implemented April 1, 2020. Therefore, the 4th quarter data were analyzed separately and results should be track through FY21.

Feedback from providers remains very positive with all questions on the feedback survey were above 90 percent. During this quarter, Qlarant facilitated the Quality Council in Tallahassee, 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. Managers worked extensively with AHCA, APD, providers and reviewers to monitor the new remote review processes and revise procedures as needed.

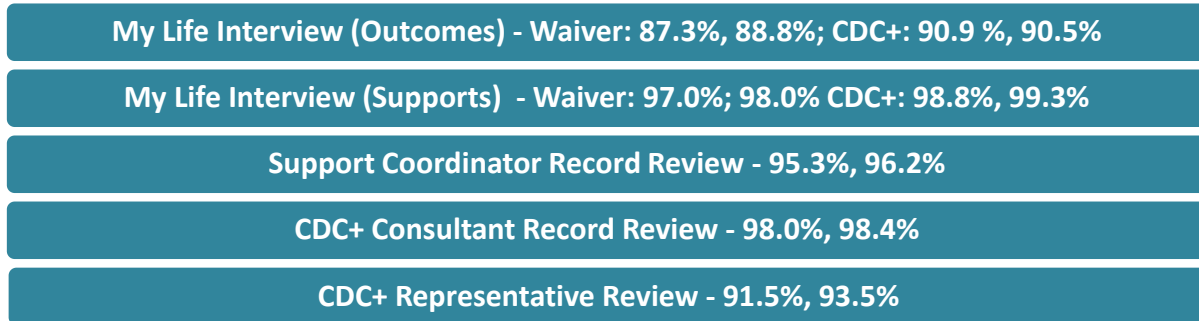
The director and managers meet bi-weekly via conference call, with one face-to-face meeting to further enhance communication and ensure consistency in processes. The face-to-face meeting was not possible during the 4th quarter but remote meetings occurred. Regional Managers and QARs continue to participate in rigorous field and file review reliability testing, and use bi-weekly conference calls to enhance training and reliability efforts through discussion of real situations and review questions.

Overall Review Findings

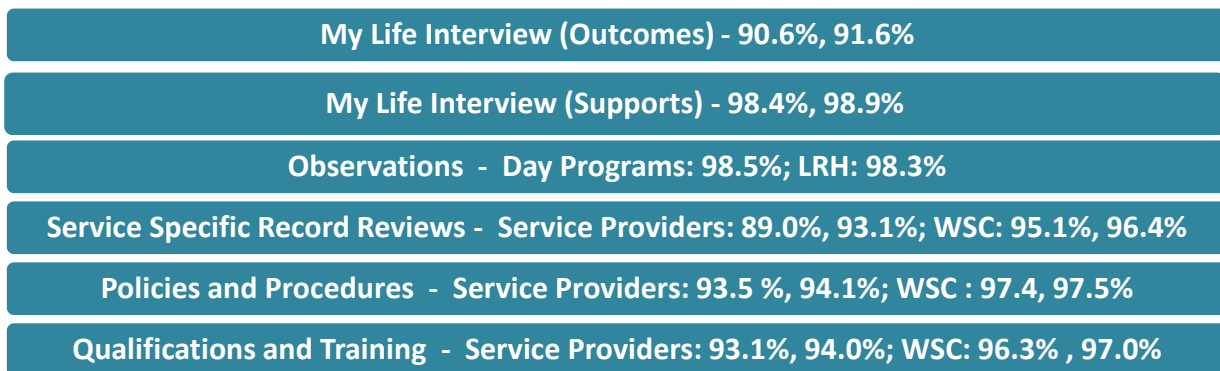
Results from reviews completed this year indicate the majority of providers reviewed were in compliance with most requirements and individuals were generally satisfied with their services. Of interest is the decreased satisfaction levels during the 4th quarter, i.e., the proportion marked “strongly agree.” This could be directly related to the isolation and social distancing enforced due to the pandemic.

General trends showed that on average, scores for people receiving services through CDC+ were higher than for people receiving services through the Waiver. Overall, scores for supports were higher than for outcomes and providers scored higher on compliance standards than standards measuring person centered practices. Also, WSCs scored higher on all components of the PDR than service providers.

The PCR consists of an interview with the person and an informal discussion with the person’s Support Coordinator, and a review of the record maintained by the Support Coordinator/CDC+ Consultant for that person. Percentages in the following graphic are listed first for Q1-3 and second for Q4. Results for the PCR components were similar to previous years and relatively high, most over 90 percent. Outcome scores for people receiving services through the Waiver were lowest, approximately 88 percent present for the year.



Results from the PDRs conducted with service providers and WSCs indicate providers were in compliance with most all aspects of the review, as shown in the following graphic. Each component of the PDR process reflects an average score of approximately 90 percent or higher. There were no Observation scores for the 4th quarter.



Recommendations

Some areas noted from reviews completed lend themselves to recommendations for systemic improvement.

Safety

The My Life Interview tool is providing the ability to do a deeper dive into a person’s outcomes by identifying the reason an outcome is not present. Results are similar to FY19 indicating Safety is the

lowest scoring outcome area for people receiving services. While most service providers and WSCs offered supports to address safety and had policies in place to identify, address and report instances of abuse, neglect and exploitation (ANE), individuals did not always understand what neglect or exploitation mean, what to do if experiencing ANE, or the different types of abuse, such as physical or sexual. Individuals also indicated they do not know how to use the Abuse Hotline or how to find the number.

Recommendation 1: Conduct several focus groups with people receiving services and family members to identify their knowledge of safety, barriers to self-preservation, and how they can be better supported to identify safety issues, particularly ANE. Incorporate ideas into a comprehensive ANE training for individuals and families. Alternatively, a “focus group” could be invited to QC to accomplish something similar. Ensure information about the abuse hotline and how to use it is provided in a way people with all communication styles can understand.

Recommendation 2: Ensure education about ANE, specifically for neglect and exploitation, is on the agenda for APD Regional provider meetings. Share best practices and discuss barriers to ensuring ANE education is not only provided, but is individualized so the person understands, i.e., proper communication and individualized methods are used for the educational session. Place a focus on exploitation and neglect because most people do seem to understand what abuse means.

Recommendation 3: The Quality Council should include access to and education on use of the abuse hot line as a topic for a workgroup. The group could help determine ways for providers to effectively disseminate information to individuals receiving services and how to incorporate ideas into training developed from the focus group discussions.

Individual Outcomes

While data suggest providers were offering adequate support to individuals, outcomes were generally lower in all measurement areas. Across regions, the Northwest and Northeast had a higher percentage of outcomes present than other regions; with outcomes, on average, lower in the southern part of the state. In addition, while supports were relatively high and similar across different types of residences, outcomes were highest for individuals receiving services who live independently or in supported living and lowest for residents of group homes. The structure and constraints of group homes may limit outcomes for people and additional support from families and friends is more accessible to individuals in a family home. It will be important to track this in FY21 as the impact of the pandemic is measured.

Essentially no differences were shown for outcomes when comparing the onsite reviews/interviews completed during Q1-3 to remote reviews completed in Q4. However, satisfaction with services, where people live, and work/day activities appears to have declined in the 4th quarter. This may be because while reviewers focused on outcomes and supports provided prior to the pandemic, the person's satisfaction is likely reflecting current life situations which the pandemic has impacted.

Recommendation 4: Because satisfaction levels seem to have dropped since the implementation of remote reviews and the pandemic, it will be essential to track how well providers compensate for the isolation and social distancing in providing adequate support for individuals receiving services. If the support appears to be declining, the regions could help identify ways providers can “think outside the box” to support people who are isolated or, as with many citizens, missing social contact with other. These ideas could be disseminated at regional meetings.

Recommendation 5: During regional data meetings, Qlarant's regional managers in the Northeast and Northwest could work with the area representatives to gather ideas or best practices in helping individuals receiving services achieve outcomes. These could be shared through newsletters and also through Qlarant's regional managers in other regions, bringing these up as a topic at the quarterly regional meetings across the state.

Recommendation 6: Residents of Licensed Residential Homes have typically, and consistently, scored lower on outcomes than people in other types of residences. Drill down into the data suggests they score lowest in:

- Understanding medications (41.5%)
- Understanding abuse, neglect and exploitation (ANE) (51.0%)
- Knowing what to do if ANE occurs (59.2%)
- Being an active and contributing member of the community (65.0%)

A training could be developed that targets these areas specific to licensed home settings. For instance, a deeper dive into the reasons these outcomes were not present indicates that 50 percent of individuals in LRHs who were not active and contributing members of their communities indicated they did not understand all the different community groups or organizations available in their community. This compares to only 35 percent of individuals living in a family home and 38 percent who were living independently. Accordingly, a training might focus on developing more effective methods of disseminating information about community groups to individuals living in LRH's or providing information on how to research this information independently. This could be developed as a webinar and made available to providers and residents of group homes.

Stability

When asked about stability of providers, individuals receiving services through the Waiver indicated the greatest proportion of changes made for the person's service providers and day activities were initiated by paid supports and less than one third by the person receiving the service. When people receiving services feel they do not have a say in the changes that occur with their service providers or services/supports, person centered practices are not always being practiced.

Recommendation 7: Everyone should be provided opportunities to make decisions about their lives, i.e., their healthcare, day to day living options, service providers, services, and community activities. APD may want to assess the use and impact of current Person Centered Thinking training, such as how much of a culture change takes place in the organization after staff is trained, and initiate activities to help people receiving services be more in charge of changes implemented to their providers and choice of activities. The increased autonomy afforded to people and families should improve their overall quality of life.

Medication Use

The rate of individuals taking five or more prescription medications has remained fairly constant over the last several years, approximately 40 percent of people interviewed taking multiple medications (5 or more).¹⁶ People living in independent or supported settings or a family home were much less likely to be taking multiple medications than residents of group home settings. Over the years, the average rate for people using CDC+ has been considerably lower than for people using the Waiver. However, drilling into the data it appears that for people living in a family home or independently, settings where all CDC+ recipients live, individuals on CDC+ were actually somewhat more likely to be taking multiple medications, indicating the issue lies more with living in a group home than the differences between the Waiver and CDC+ programs.

Results also indicate many people receiving services do not understand their medications and most people who did not meet this critical standard were not aware of what they took, why, or what the potential side effects are of the medications they take. In addition, approximately 25 percent of all alerts issued throughout the year were related to medication administration, training, or storage.

Recommendation 8: From the data presented, it is clear the focus of medication use should, at least for a time, target residents of Licensed Residential Settings. The APD Licensing staff may be able to monitor this. It is important to determine if the use of multiple medications is warranted. To that end they should ensure medical records for all individuals taking multiple medications, or certain

¹⁶ The list of medications include vitamins and over the counter medications that may have been prescribed to the person.

combinations of medications, are reviewed by clinical specialists to determine if revisions should be made, and follow-up with providers on any recommendations they provide.

Recommendation 9: Qlarant could provide APD and AHCA an ad hoc report with additional data for people taking multiple medications who live in a group home. The report could be used to drill down into the types of medications taken, combinations of medications, and how these may be impacting outcomes for individuals.

Recommendation 10: In the last annual report, it was recommended WSCs ensure providers and families support people receiving services to understand what medications they are taking, why, and what the potential side effects are. Qlarant should be sure to measure and track this support, through the supports section of the My Life Interview, to determine if progress is being made in helping ensure WSCs advocate and work with providers on this, and to ensure education is being provided, particularly in an individualized manner for each person receiving services.

Recommendation 11: The ability to understand complex medications and diagnoses is difficult for many people, with or without a disability. The Quality Council should consider brainstorming ways to present information about the most common forms of medications and perhaps develop a “story line” or presentation for self-advocates to share in their regions. Training by providers should include these story lines and ensure people understand the content. Using face-to-face scenarios with peer participation could help enhance people’s understanding of the medications they take.

Potential Billing Discrepancies

During the PDR, many standards are used to assess the accuracy of the provider’s billing in the claims data. On average there is non-compliance on just over one billing discrepancy standard per provider review and approximately 40 percent of standards reviewed were scored Not Met. Service providers perform considerably worse than WSCs and small providers have a higher billing discrepancy rate than medium or large providers. While the rate for WSCs on average is much lower than for service providers, agencies also tend to score better in this area than solo WSCs. The smaller providers may not have the ability to keep up with paper work, especially if working alone.

Finally, billing discrepancy standards were less likely to be scored Not Met in the 4th quarter, using the desk review process, when compared to the onsite reviews during Q1-3. Perhaps using the remote review procedures providers may have been more able to gather all the relevant documentation. Also, as per AHCA and APD request, Qlarant has tried to offer providers sufficient time to gather and send the information, which may be more time than has generally been provided during onsite reviews.

Recommendation 12: Billing discrepancies are an important feature of the quality review processes, and the proportion of these standards scored Not Present has lingered around 40 percent for several years. Perhaps Qlarant could develop a revised training specific to these standards and target presenting this to smaller providers. At the same time, Quality Council may explore creating a system for smaller providers to use when documenting billing requirements. This could be presented during the training.

Recommendation 13: Qlarant could develop a work group to discuss differences in collecting billing information, desk reviews compared to onsite reviews. If specific areas of improvement are identified, perhaps these could be incorporated into onsite reviews when they are once again implemented. Perhaps a hybrid review process in this area could help providers increase performance with billing. In addition, the move to APD iConnects may also impact this process and should be tracked as it unfolds.

Summary

Findings from reviews completed during the year were similar to previous years and generally positive. Compliance rates on average remain high, reflecting how well APD has worked cooperatively with AHCA and Qlarant to continue to improve the Florida Statewide Quality Assurance Program and increase providers' ability to build better community connections for individuals receiving services. The three entities, AHCA, APD and Qlarant, worked very quickly in the face of a pandemic, to revise review processes in a way that would keep providers, individuals receiving services, and Qlarant's reviewers safe and healthy. Through that effort, the state was able to continue oversight of this important program and at the same time help providers continue to offer critical services to a vulnerable population.

However, the focus of a Quality Improvement (QI) report is to identify problem areas for potential QI initiatives. The format of the My Life Interview tool highlights outcomes and supports, showing discrepancies between them with outcomes consistently lower, particularly in areas of safety. Providers consistently score higher on compliance than person centered practices, something that may be reflected in the fact that most changes made to providers and services were not initiated by the person receiving the service. The use of multiple medications for many individuals continues, especially in group home settings. As findings are tracked using the remote review processes, Qlarant, AHCA and APD will explore what works and does not work, and perhaps develop a type of hybrid that includes the best of both.

Attachment 1: Customer Service Activity

April - June 2020

Customer Service Topic	#	Description	Outcome	Avg Time
Address/ Phone/Name Update	43	Providers called to update their phone numbers/addresses/Names	Phone numbers/addresses were updated in the Discovery application, and providers were also advised to update contact information with AHCA.	1 day
Background Screening	2	Providers called requesting clarification on the Attestation of Good Moral Character and if it needed to be notarized.	Providers were advised that the Attestation of Good Moral Character is not required to be notarized and referred to the APD website for further information.	1 day
Clarification	26	Providers called asking for clarification on topics such as acceptable documentation, service specific requirements, and documentation completion/submission timeframes. Several providers called following the Implementation Plan webinar seeking further clarification on information provided.	Questions were answered by CSR or Regional Managers. Callers were referred to the iBudget Handbook, local APD Regional Office and the Qlarant tools posted on our website.	1.5 day
Contact QAR	15	Providers called to contact the QAR assigned to do their review.	QARs were contacted by office staff and asked to contact the provider.	1 day
Qlarant On-line Training	27	Qlarant presented a webinar as part of the Empower Florida Conference: Florida Statewide Quality Assurance Program - Implementation Plans	Many calls were fielded related to registration, log-in issues, etc. Other callers wanted to know how to obtain in-service training certificates. These callers were directed to Empower Florida.	1 day
HSRI Family Surveys	3	Families called with questions such as what is the purpose of the survey, can they assist the person in completing, where to mail it and is there a Spanish version.	All questions were answered and a Spanish version is mailed as requested.	1 day
Miscellaneous/ Other	30	Family stakeholders and providers called with requests unrelated to our Desk Review process, where to send their Plan of Remediation, how to report Abuse.	Questions within our scope of work were answered. Where appropriate, callers were referred to APD and AHCA.	1.5 day
Tools	8	Providers called with questions regarding where to find the most review tools, most specifically the Desk Review Checklists. Providers also called with general tool related questions.	Providers were 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	50	Providers called asking when their next review will occur. Providers called following receipt of	The review process was explained to the providers, including all the factors that	1 day

Customer Service Topic	#	Description	Outcome	Avg Time
		their PDR notification letter to advice of vacation, planned unavailability or resignation in order to avoid possible non-compliance if attempts to contact them while away are made. Providers also called with questions related to the Desk Review process.	are involved in scheduling. If indicated the assigned reviewer is notified of issues to consider when scheduling or the provider is removed from the schedule.	
Provider Feedback Survey - Callback	6	Provider Feedback Surveys were given to providers at the close of each review with the option to complete and return by mail or fax. They may also go online to complete the survey. Some providers indicated a desire for a callback from a Regional Manager.	A Regional Manager from the Region identified on the survey called the provider to follow-up per their request. Reasons for the callback ranged from wanting to provide positive feedback to concerns. Concerns were addressed accordingly.	1.5 days
Provider Web Search	6	Providers called asking how to find their provider name or get their provider name added to the public reporting website. Other calls were from individuals and families looking to find potential providers.	Providers, individuals and family members were guided through the best way to use the site.	1 day
Reconsideration	24	Providers call 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
Potential Billing Discrepancy	9	Providers call with questions about how to repay money identified as a potential billing discrepancy in their quality assurance review report.	Providers are given the AHCA email address for potential billing discrepancy. APDProviderBilling@ahca.myflorida.com	1 day
Report Requested	9	Providers call or email requesting their report be re-sent.	Mailing addresses are confirmed and reports are re-sent.	1 day
Review	25	Providers call 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	12	Providers and provider consultants call asking about training requirements.	Training requirements are explained, including reference to the Handbook and the APD website.	1 day
Total Number of Calls	295			