Florida Statewide Quality Assurance Program

Year 1 Quarter 3 Report

January – March 2018

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

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Prepared by

Qlarant

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List of Acronyms

ANE – Abuse, Neglect and Exploitation
A P&P – Administrative Policy and Procedure
A Q&T – Administrative Qualifications and Training
AHCA – Agency for Health Care Administration
APD – Agency for Persons with Disabilities
ABC – Allocation, Budget, and Contract Control System
CDC+ - Consumer Directed Care Plus
DCF – Department of Children and Families
DD – Developmental Disability
FSQAP – Florida Statewide Quality Assurance Program
HCBS – Home and Community-Based Services
HSRI – Human Services Research Institute
iBudget Waiver – Individual Budgeting Waiver
IDD – Intellectual and Developmental Disability
IRR – Inter-rater Reliability
ISP – Individual Support Plan
IT – Information Technology
NCI – National Core Indicators
OBS - Observations
PCR – Person Centered Review
PCR II – Person Centered Review Individual Interview
PDR – Provider Discovery Review
PDR II – Provider Discovery Review Individual Interview
QA – Quality Assurance
QAR – Quality Assurance Reviewer
QC – Quality Council
QI – Quality Improvement
RM – Regional Manager
RTDR – Real Time Data Report
SSRR – Service Specific Record Review
SI – Staff Interview
SFY – State Fiscal Year
SCI – Support Coordinator Interview
The Handbook – Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook
WSC – Waiver Support Coordinator

Executive Summary

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

During the third quarter of the contract, July 2017 through March 2018, Qlarant continued formal and informal reliability processes, regional managers reviewed all reports before final approval and conducted bi-monthly meetings for all reviewers. Quarterly meetings were facilitated by Qlarant managers in each region to review data, explore trends, and discuss other relevant regional issues or best practices. Qlarant facilitated the Quality Council meeting in March, bringing together stakeholders to discuss data trends, tool revisions, and other aspects of the Quality Management System. In addition, feedback from individuals, families and providers, via feedback surveys, indicated very positive experiences related to the Qlarant review processes.

Findings through the third quarter are based on 1,361 PCRs and 1,557 PDRs. It is important to note data are from part of the PCR sample and eligible providers scheduled to be reviewed. Therefore, comparisons across groups or to previous years should be made with caution. However, to date, overall findings from both review types are generally high indicating providers are offering quality services and individuals appear to be satisfied with the services they receive. A summary of preliminary findings includes the following:

- Average scores on all review components (interviews, observations and record reviews) were 90 percent or higher.
- Provider scores for documentation reviews (record reviews) were generally higher than scores for interviews and observations.
- Health needs for individuals are generally addressed; however, close to 40 percent of individuals were taking four or more prescribed medications.
- Close to 19 percent of the providers reviewed did not have policies in place addressing background screening procedures and 16 percent of providers had at least one employee without all the required documentation in place.
- Support Coordinator's documentation compliance is generally high; however, approximately 16 percent did not have evidence the Pre-Support Plan planning activities occurred.

- Findings from billing standards to date indicate some service, in particular Supported Living Coaching and Respite, and in general providers in the Suncoast Region were most likely to have a billing discrepancy cited.

These and other findings are discussed in this report, with some recommendations provided. Additional analysis, with drill down into possible trends across demographics, will be possible when the Annual Report is completed in August.

Introduction

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

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

Qlarant's discovery process comprises two major components: Person Centered Reviews (PCR) and Provider Discovery Reviews (PDR). Each process ensures the person receiving services has a voice through individual interviews. The primary purpose of the PCR is to determine the quality of the person's service delivery system from the perspective of the person receiving services. The PCR includes an interview with the person, an interview with the person's Support Coordinator, and review of the Support Coordinator's record for the person. This process includes interviews with individuals receiving services through the Consumer Directed Care Plus (CDC+) program, and record reviews completed for the CDC+ Consultant and Representative.

The focus of the PDR is to review provider compliance with requirements and standards specified in the Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook, and to determine how well services are supporting individuals served. The PDR is composed of an Administrative Record Review of organizational Policies and Procedures and staff Qualifications and Training; Service Specific Record Reviews; interviews with individuals receiving

services and with staff. Observations are completed for licensed residential homes (LRH) and day programs. As possible, up to 30 percent of all observations may be unannounced.

For the CDC+ program, consultants and representatives are reviewed on the standards set forth by APD and AHCA. Although CDC+ is funded through the iBudget waiver, the programs are fundamentally different in several aspects and therefore results are analyzed separately. In this report, references are made to Waiver (iBudget Waiver) and CDC+ to make the distinction between the two groups. This is the third quarter report for the first contract year, January - March 20187. The report is divided into three sections.

- Section I: Significant Contract Activity During the Quarter
- Section II: Data from Review Activities. By contract, this is a "Quarterly Report" and the dates reflect the appropriate quarter; however, Year To Date (YTD) data and comparisons to previous years are used as appropriate
- Section III: Discussion and Recommendations

The tools used for review activities are the same as in previous years. Therefore, data analysis includes comparisons to earlier years, as appropriate. Several significant changes were implemented with the January 2015 revisions, and comparisons to data from years prior to 2016 are not possible or appropriate. Additional changes to the Administrative Record Review in January 2016 limit comparisons as well. Discussion of results and evidence based recommendations are offered.

Section I: Significant Contract Activity

Quality Assurance Activities

Status Meetings

Status meetings are held to provide an opportunity for Qlarant, AHCA, and APD representatives to discuss contract activities and other relevant issues as necessary. Revisions to processes and tools may be discussed as well as policy updates from AHCA or APD that may impact the FSQAP. During the third quarter of this contract year, a status meeting was held February 15. Because the Quality Council met in March, the March status meeting was canceled. Due to scheduling conflicts the January meeting was also canceled.

Reliability

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

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

- **Field reliability** is conducted onsite with reviewers and is used to determine if protocols and procedures are followed correctly, prior to and during the review, and if responses on the review processes match responses of the manager conducting the IRR. The manager silently observes all information gathering and compares answers to all standards at the conclusion of the review.

During the third quarter, between January and March, reliability activity included the following:

- Monthly Reliability was completed with 27 QARs for Medication Administration and Validation, two different Policies/Procedures, and for Implementation Plans. All Reviewers passed with a score of 85 percent or higher.
- PCR/PDR Field reliability was completed with 10 Quality Assurance Reviewers. All Reviewers passed with a score of 85 percent or higher.

Regional Quarterly Meetings

Qlarant facilitates meetings in each APD Region with the Qlarant Regional Manager(s) responsible for the review activities and staff in the Region and other APD Regional personnel, including the Regional Operations Manager (ROM) as possible. The purpose of the meetings is to discuss and interpret data from the Qlarant reviews to guide APD toward appropriate remediation activities, and to update all entities on current activities in the Region. Representatives from AHCA and APD State office may attend the meetings via phone in each Region. Face to face meetings were held in all APD Regions this quarter.[1]

Quality Council (QC)

Qlarant facilitated a Quality Council meeting March 8, 2018, in Tallahassee. Members were provided the following:

- Updates from AHCA and APD
- Data presentation of findings from Qlarant's review processes
- CMS Compliance presentation from Kaleema MuHammad, the CMS compliance coordinator
- Review of the new Individual Interview tool and Service Log Documentation

The next meeting is scheduled for July 2018, in Orlando, Florida. See the Qlarant website for complete QC details, minutes, and agendas (https://florida.qlarant.com/Public2/qualityCouncil/index.html) .

Feedback Surveys

National Core Indicator (NCI) Consumer Survey Feedback Survey

After each individual NCI interview, Qlarant provides the individual with a feedback survey. The individual is encouraged to complete the feedback survey, which is mailed directly to Human Services Research Institute (HSRI). Between July 2017 and March 2018, 56 surveys were returned

[1] Minutes for each meeting are on the FSQAP Portal Client Site and available to AHCA and APD (http://www.dfmc-florida.org/Public2/qualityCouncil/archive.html).

to HSRI.[2] Although results are generally based on a small return rate, they have remained positive and consistent over the years. Current feedback indicates the following:

- Respondents indicated 85.7 percent of individuals had participated in answering the Adult In-Person Survey.
- In 62.5 percent of the interviews, an advocate, relative or guardian participated in the Adult In-Person Survey.
- 20 feedback forms (35.7%) were completed by the person receiving services, with 57.1 percent completed by an advocate, relative or guardian.
- 67.9 percent of respondents indicated the NCI interviews took place in the home, with 7.1 percent in a public place and 7.1 percent at work.
- Respondents indicated 82.1 percent of individuals chose where to meet for the survey. However, nine respondents (16.1%) indicated the individual did not choose where to meet for the survey.
- All but one respondent felt the interview was scheduled at a convenient time, and most (94.2%) respondents felt it took about the right amount of time.
- Most respondents (91.9%) thought the questions were not difficult to answer and 78.6 percent indicated the interviewer explained the person did not have to answer the questions.
- All but one respondent felt the interviewer was respectful.
- 92.7 percent of respondents indicated the interviewer explained what the survey was about.

Provider Feedback Survey

After each PDR, providers are given the opportunity to offer feedback to Qlarant about the review process and professionalism of the reviewer(s). Providers are given a survey they can complete and mail/fax to Qlarant, or surveys can be completed online on the FSQAP website. Between July 2017 and March 2018, 70 surveys were received from providers who had participated in a PDR and were entered into the database. On average, 98.5 percent of responses were positive (529/537).

Table 1: Results from Provider Feedback Surveys			
Surveys Received Between July 2017 – March 2018			
Question	**# Yes**	**# No**	**#NA[3]**
Did the Quality Assurance Reviewer (QAR) identify documents needed to complete the review?	67	2	0
Did the QAR explain the purpose of the review?	69	0	0

[2] N sizes listed with the results indicate when the total number of responses was less than 56.
[3] Includes responses left blank.

Table 1: Results from Provider Feedback Surveys Surveys Received Between July 2017 – March 2018			
Question	**# Yes**	**# No**	**#NA[3]**
Did the QAR explain the review process and how the QAR or Qlarant team would conduct the review?	68	1	0
Did the QAR answer any questions you had in preparation for the review?	68	0	1
Did the QAR refer you to the FSQAP website, including the tools and procedures?	68	0	1
Did the QAR arrive at the review at the scheduled time?	68	0	1
If no, did the QAR call to notify you he/she might be a little late? **(N=0)**	1	0	0
Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving?	65	3	1
If you scored Not Met on any of the standards, did the QAR explain why?	55	2	12
Total Responses	529	8	16

Summary of Customer Service Calls

During the third quarter of the contract, January – March 2018, 400 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.
- The Results by Service Real Time Data Report is available on the private section (required member login) of the site.
- The Qlarant Review database is sent to APD monthly.

Tool Revisions

The following Provider Discovery Review (PDR) tools were revised throughout the third quarter, effective January 1, 2018:

- PDR Administrative
- Behavior Analysis
- Behavior Assistant
- Life Skills Development 2 (SEC)

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

- Life Skills Development 3 (ADT)
- Residential Habilitation Standard
- Residential Habilitation Behavior Focus
- Residential Habilitation Intensive
- Supported Living Coaching

In the PDR Administrative Tool, revisions were made to the language in the protocols and not met reasons in Standard #1. Two standards have been added to the tool: Standard 1a, at the provider/employee level, and Standard 65 at the administrative level. These were included to address provider compliance in maintaining a current Employee/Contractor Roster in the Clearinghouse, apply to both agency and solo providers, and can generate an alert.

In the Residential Habilitation Behavior Focus Tool, revisions were made to language in the protocols and not met reasons for Standards 13, 14, 17 and 18. Standards 15 and 16, related to the Local Review Committee approval, were deleted, and edits were made to standards 8 and 9 related to the Annual Report. In the remaining service specific tools, revisions to the language, protocols and not met reasons were made to the standards related to the Annual Report. Revisions did not change the required criteria but clarified the review criteria, emphasizing the Third Quarter Report (ninth monthly) can serve as the Annual Report. The following requirements are identified in the iBudget Handbook, and must be present:

- A summary of the previous quarter (month) of the Support Plan (SP) year
- A description of progress toward meeting individually determined goals
- Relevant information about significant events that occurred in the person's life during the previous year

The CDC+ Representative Discovery Review tool has been revised and will be effective February 1, 2018. Standard 7a was added to address compliance in maintaining a current Employee/Contractor Roster in the Clearinghouse. This applies to all employees listed on the purchasing plan and will generate an alert if not met.

Staff Changes

There were no staff changes during the third quarter.

Section II: Data from Review Activities

Person Centered Reviews (PCR)[5]

The PCR includes an interview with the person, an interview with the Support Coordinator and a review of the person's record maintained by the Support Coordinator. If the person receives services through CDC+, an interview is conducted with person's CDC+ Consultant and a record review is also completed for the CDC+ Representative. Four key areas are measured within each PCR process: Person Centered Supports (PCS), Community Involvement (CI), Health and Safety. Information in Table 2 provides the number of PCRs completed by APD Region for the first three quarters of the contract year. This represents about three quarters of the total sample to be completed by June 2018. Therefore, results should be viewed as preliminary.

Table 2 shows the number of people reviewed who receive services through CDC+ (208), the number of people receiving services through the Waiver (1,154), and the total number of individuals who declined or were otherwise unable to participate. The time period for declines is based upon the projected time period for the review.

Table 2: Person Centered Review Activity				
July 2017 – March 2018				
	# of PCRs		# of Declines	
Region	Waiver	CDC+	Waiver	CDC+
Northwest	92	19	31	10
Northeast	176	38	52	9
Central	201	48	75	7
Suncoast	259	34	69	17
Southeast	242	48	74	5
Southern	184	21	30	0
Total	1,154	208	331	48

Individuals are free to decline to be interviewed at any time during the process. An individual who declines, or may be otherwise unable to participate, is replaced by another individual from the oversample to ensure an adequate and representative sample is used for analysis. The decline rate was approximately 22.3 percent for the waiver and 18.8 percent for CDC+.

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

[5] All review tools are posted on the FSQAP website (http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html).

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

The largest percent of declines was for people who refused to participate, 58.3 percent. An additional 49 (12.9%) individuals were no longer receiving services, had passed away (n=25), or had moved out of the state (n=12). Approximately 19.0 percent of individuals who declined indicated a preference to participate next year.

Table 3: Person Centered Review Decline Reasons			
July - December 2017			
Decline Reason	**Waiver**	**CDC+**	**Total**
Refused	203	18	221
Review Next Year	53	19	72
No Longer Receiving Services	44	5	49
Deceased	19	6	25
Moved Out of State	12	0	12
Total	331	48	379

Demographics

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

- Almost all individuals using CDC+ lived in the family home (92.8%), compared to about half of individuals using Waiver services (49.1%).
- People receiving services through CDC+ were more likely to be younger than people receiving services through the Waiver.
- Waiver participants were more likely to have an intellectual disability as a primary disability than CDC+ participants, 71.9 percent and 45.2 percent respectively.
- Approximately 46.6 percent of people using CDC+ had Cerebral Palsy or Autism as a primary disability compared to 26.1 percent of people using the Waiver.

[6] The Other category for Residential Type for the Waiver includes Assisted Living Facilities (17) and Foster Care (4). The Other Disability category for the Waiver includes Spina Bifida (13), Down Syndrome (46), Seizure Disorder (3), and Prader Willi (10), and for CDC included Spina Bifida (5), Down Syndrome (10), and Seizure Disorder (2).

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

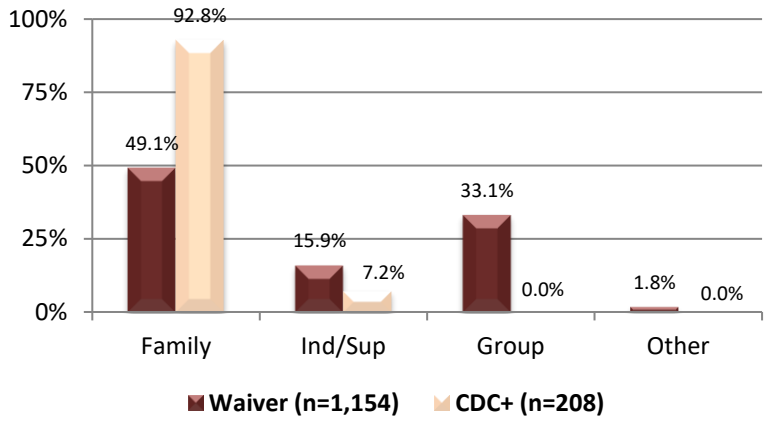


Figure 2: Distribution of PCRs by Age Group
July 2017 - March 2018

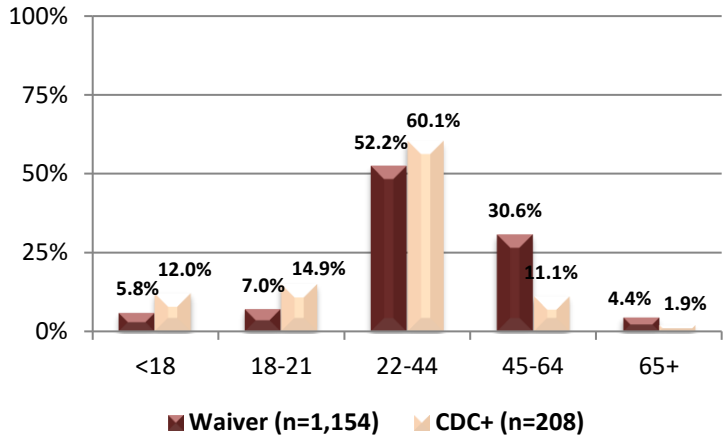
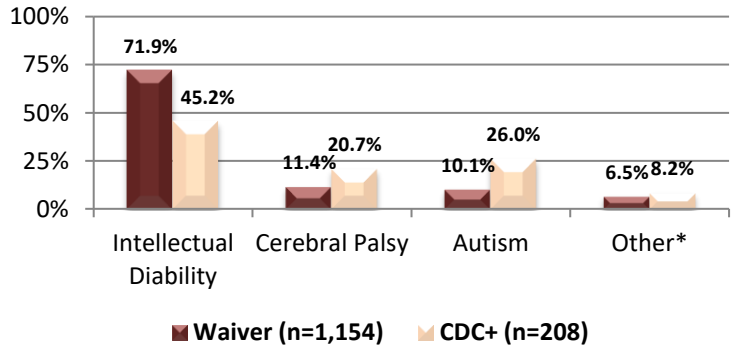


Figure 3: Distribution of PCRs by Primary Disability
July 2017 - March 2018



PCR Individual Interview (II) [7]

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

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

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

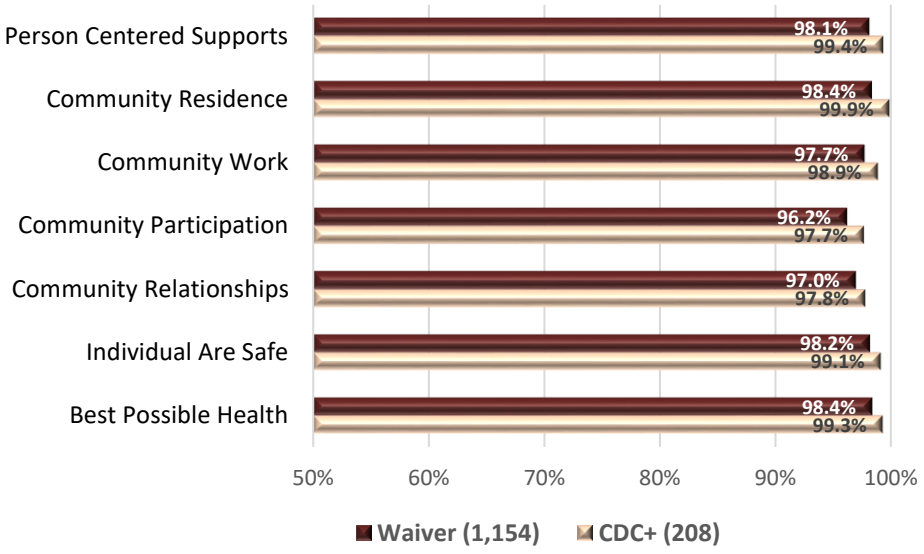
PCR Individual Interview (II) by Standard

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

[8] Since contract year 2012, children under age 18 have been included in the PCR sample. Because the NCI survey is only valid for adults, children do not participate in the NCI portion of the PCR process.

The average PCR II score for each standard is presented in Figure 4. Scores to date are high, with CDC+ somewhat higher on all standards.

Figure 4: PCR II Results by Standard and Type
July 2017 - March 2018



Of the 68 different indicators used to measure standards for the PCR II, for both Waiver and CDC+, none reflected a score of less than 92 percent.

PCR II by Region

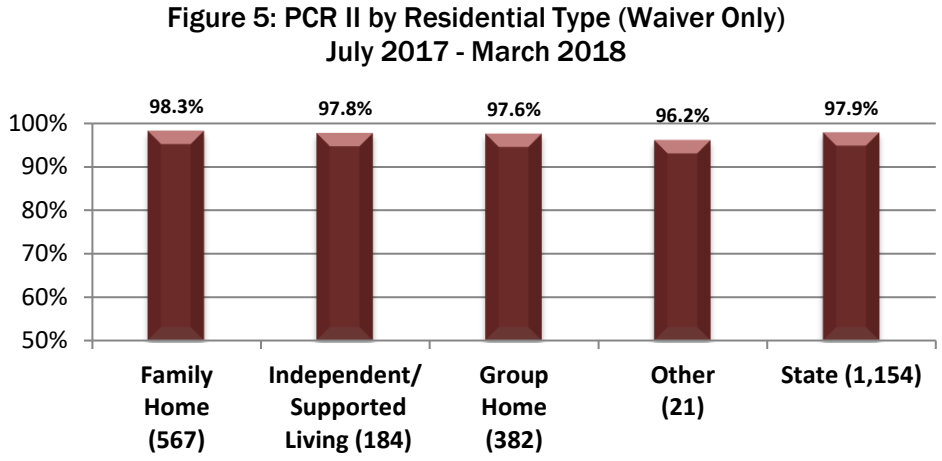
The average PCR II scores are presented in Table 3, for each region and statewide. There is very little variation across regions for Waiver or CDC+ results.

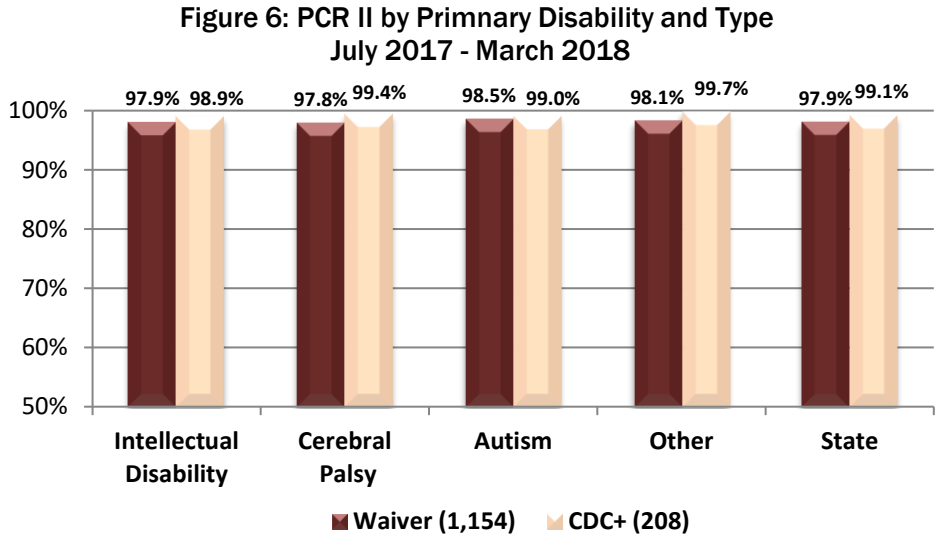
Table 4: PCR II Results by Region
July 2017 – March 2018

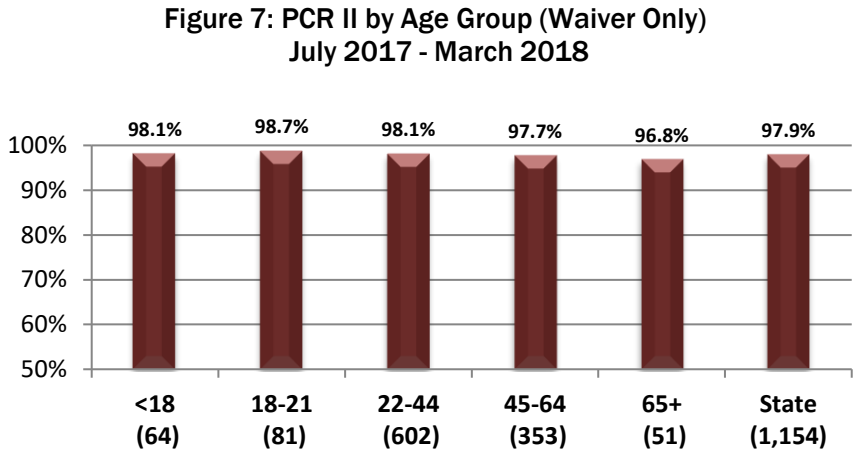
	Waiver		CDC+	
Region	**#**	**% Met**	**#**	**% Met**
Northwest	92	98.1%	19	97.4%
Northeast	176	98.1%	38	98.8%
Central	201	96.9%	48	98.9%
Suncoast	259	97.9%	34	99.7%
Southeast	242	98.2%	48	99.4%
Southern	184	98.6%	21	99.7%
State	1,154	97.9%	208	99.1%

PCR II by Residential Status, Disability and Age

PCR II results are shown by residential type, primary disability and age group in Figures 5 – 7. Because most individual receiving services through CDC+ live in a family home, and the number of CDC+ cases is small in many of the age groups, results for residence and age are shown only for the Waiver. CDC+ results will be shown when more data are available. There is very little variation across these demographic characteristics.







PCR Waiver Support Coordinator (WSC) Interview

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

WSC and CDC+ C interview results to date are shown by Standard in Figure 8 and by Region in Table 5. Interview scores are very high for both CDC+ Consultants and WSCs, with very little variation across regions or standards.

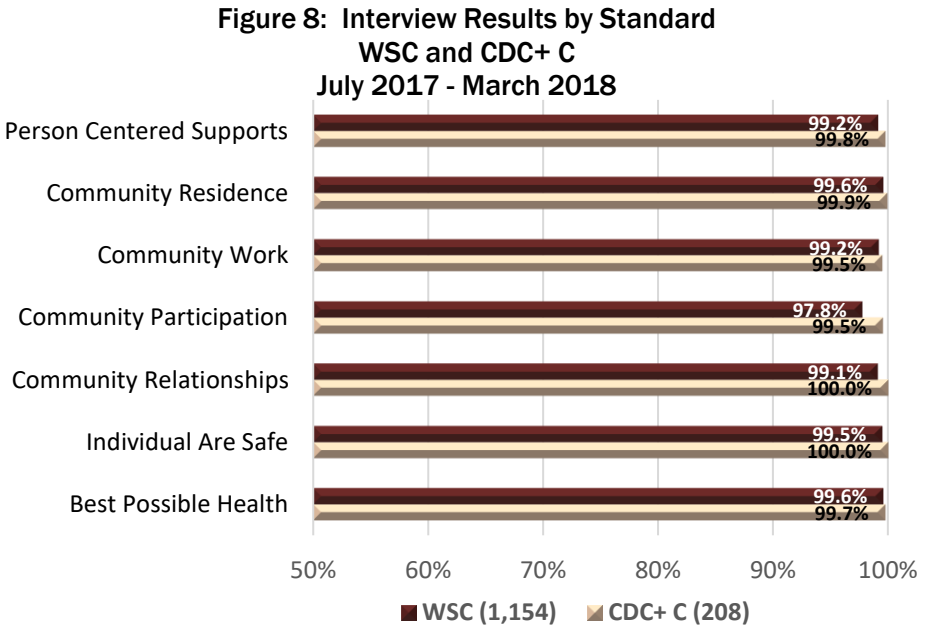


Table 5: WSC and CDC+ C Interview Results by Region July 2017 – March 2018				
	WSC		CDC+	
Region	#	% Met	#	% Met
Northwest	91	99.0%	19	98.9%
Northeast	177	99.8%	38	99.8%
Central	201	98.8%	48	99.9%
Suncoast	259	99.5%	34	100.0%
Southeast	242	99.3%	48	99.8%
Southern	184	99.4%	21	99.8%
State Average	1,154	99.3%	208	99.8%

Of the 62 different indicators used to measure standards for the WSC/CDC+ C Interview, none showed a score of less than 94 percent. CDC+ Consultants scored 100 percent on 42 of the standards.

PCR Waiver Support Coordinator and CDC+ Consultant Record Reviews

During the PCR the records maintained by the WSC or CDC+ Consultant working for the person are reviewed. Compliance rates are presented by Region in Table 6, and by Standard for WSCs in Table 7 and CDC+ Consultants in Table 8.

As the number of CDC+ reviews in each region is relatively small, comparisons between WSCs and Consultants across regions should be made with caution. To date, findings indicate:

- Both WSCs and Consultants score high on the record reviews, with 95.7 percent and 97.3 percent of standards met respectively.
- WSC records reviewed to date show five indicators with a score below 90 percent indicating WSC documentation did not provide evidence the:
    - Current Annual Report was present (88.3%)
    - Support Plan includes a current Safety Plan (n=120; 80.0%)
    - 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 (88.3%)

- Support Coordinator documents efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents on an ongoing basis (89.9%)
- Pre-Support Plan planning activities were conducted (84.0%)

- Consultant records reviewed to date showed one indicator with a score below 90 percent, indicating documentation did not provide evidence the Consultant assists the person to:
  - Define abuse, neglect and exploitation, including how the person would report these (88.4%)

Table 6: PCR WSC and CDC+ Record Review Results by Region				
July 2017 – March 2018				
	Waiver Support Coordinator		CDC+ Consultant	
Region	# Records Reviewed	Percent Met	# Records Reviews	Percent Met
Northwest	92	95.6%	17	98.1%
Northeast	176	93.9%	37	96.1%
Central	201	95.0%	44	96.3%
Suncoast	259	95.7%	25	98.2%
Southeast	242	96.4%	40	98.0%
Southern	184	97.4%	7	97.7%
State	1,154	95.7%	208	97.3%

Table 7: WSC Record Review Results by Standard		
July 2017 – March 2018		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	1,153	96.4%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	1,152	97.1%
Level of care is completed accurately using the correct instrument/form.	1,154	92.9%
Person receiving services is given a choice of waiver services or institutional care at least annually.	1,154	98.4%
The Support Plan is updated within 12 months of the person's last Support Plan.	1,143	99.8%
The current Annual Report is in the record.	1,145	88.3%

Table 7: WSC Record Review Results by Standard July 2017 – March 2018		
Standard	**Number Reviewed**	**Percent Met**
The Support Plan is updated/revised when warranted by changes in the needs of the person.	601	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.	1,151	96.9%
WSC documentation demonstrates a copy of the Support Plan is provided to all service providers within 30 calendar days of the Support Plan effective date.	1,115	91.9%
Support Plan includes supports and services consistent with assessed needs.	1,150	99.5%
Support Plan reflects support and services necessary to address assessed risks.	1,128	98.8%
Support Plan includes a current Safety Plan.	40	80.0%
Support Plan reflects the personal goals/outcomes of the person.	1,151	99.8%
The current Support Plan includes natural, generic, community and paid supports for the person.	1,153	98.4%
WSC documentation demonstrates current, accurate, and approved Service Authorizations are issued to service provider(s).	1,131	97.3%
The Support Coordinator documents efforts to ensure services are delivered in accordance with the service plan, including type, scope, amount, duration, and frequency specified in the Cost Plan.	1,,130	88.3%
The Support Coordinator is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	1153	100.0%
The Support Coordinator bills for services only after service is rendered.	1,152	96.4%
The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted.	11,47	84.0%
The Support Coordination Progress Notes demonstrate required monthly contact/activities were completed and are in the record.	1,152	95.4%
For individuals in supported living arrangements Progress Notes demonstrate required activities are covered during each quarterly home visit.	171	94.2%
For persons living in Supported Living Arrangements the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider.	167	96.4%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis.	1,139	98.2%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing among waiver service providers on an ongoing basis.	1,147	98.3%
The Support Coordinator documents efforts to assist the person/legal representative to know about rights on an ongoing basis.	1,152	95.7%
The Support Coordinator documents efforts to ensure the person's health and health care needs are addressed on an ongoing basis.	1,153	97.9%
The Support Coordinator documents efforts to ensure person's safety needs are addressed on an ongoing basis.	1,149	98.3%

Table 7: WSC Record Review Results by Standard July 2017 – March 2018		
Standard	**Number Reviewed**	**Percent Met**
The Support Coordinator has a method in place to document information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis.	779	93.1%
The Support Coordinator documents efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents on an ongoing basis.	1,152	89.8%
Average WSC Record Review Score	**29,264**	**95.7%**

Table 8: CDC+ Consultant Results by Standard July 2017 – March 2018		
Standard	**Number Reviewed**	**Percent Met**
Level of care is reevaluated at least every 365 days and contains all required components for billing.	208	97.6%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	208	96.6%
Level of care is completed accurately using the correct instrument/form.	208	96.6%
Person receiving services is given a choice of waiver services or institutional care at least annually.	208	97.6%
The Support Plan is updated within 12 months of the person's last Support Plan.	208	99.5%
The current Annual Report is in the record.	208	90.9%
The Support Plan is updated/revised when warranted by changes in the needs.	94	97.9%
Consultant documents the Support Plan is provided to the person or the legal representative, within 10 days of the Support Plan effective date.	207	99.0%
Support Plan includes supports and services consistent with assessed needs.	208	99.5%
Support Plan reflects support and services necessary to address assessed risks.	205	98.5%
Support Plan includes a current Safety Plan.	11	100.0%
Support Plan reflects the personal goals of the person.	208	99.0%
The current Support Plan includes natural, generic, community and paid supports for the person.	208	99.0%
Services are delivered in accordance with the Cost Plan.	208	100.0%
The Consultant is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	208	100.0%
The Consultant bills for services only after service is rendered	208	99.5%
Participant Monthly Review forms & Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	208	99.0%

Table 8: CDC+ Consultant Results by Standard July 2017 – March 2018		
Standard	Number Reviewed	Percent Met
The Consultant documents efforts to assist the person/legal representative to know about rights on an ongoing basis.	206	91.3%
The Consultant documents efforts to ensure the person's health and health care needs are addressed on an ongoing basis.	208	97.1%
The Consultant documents efforts to ensure the person's safety needs are addressed on an ongoing basis.	207	98.1%
The Consultant has a method in place to document information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis.	143	95.1%
The Consultant documents efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents on an ongoing basis.	206	88.4%
Completed/signed Participant-Consultant Agreement is in the record.	208	98.6%
Completed/signed CDC+ Consent Form is in the record.	208	96.2%
Completed/signed Participant-Representative Agreement is in the record.	207	99.0%
All applicable completed/signed Purchasing Plans are in the record.	208	98.6%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	207	98.1%
All applicable completed/signed Quick Updates are in the Record.	82	96.3%
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	87	92.0%
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	185	98.9%
Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	187	98.9%
Consultant has taken action to correct any overspending by the Participant.	9	100.0%
If applicable, Consultant initiates Corrective Action.	2	100.0%
Completed/signed Corrective Action Plan is in the record.	2	50.0%
If applicable, an approved Corrective Action Plan is being followed.	3	100.0%
The Emergency Backup Plan is in the record and is reviewed annually.	205	95.6%
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.	185	96.2%
Average PCR CDC+ Consultant Result	6,176	97.3%

CDC+ Representative (CDC-R)

Participants in CDC+ have a Representative (the participant is sometimes also the Representative), who helps with the "business" aspect of the program: such as hiring providers, completing and

submitting timesheets, and paying providers. This is a non-paid position and is most often filled by a family member. Qlarant reviewers monitor the Representative's records to help determine if the Representative is complying with CDC+ standards and other requirements. The person receiving services through CDC+ may decline to participate in the CDC+ PCR process. However, the Representative for the person still receives a review. Between July 2017 and March 2018, 246 CDC+ Representatives were reviewed. Results are presented by region in Table 9 and by standard in Table 10.

- On average, Representatives reviewed during the time period showed 93.1 percent compliance, with 158 of the 20 standards showing scores over 90.0 percent.
- There appears to be some variation across regions; however, the number in each region is relatively small and any trend will be analyzed in the Annual Report when all the data are available.
- The lowest scoring standards indicated documentation:
    - For Representatives who required a Corrective Action Plan (n=11) was not always available for review (72.7%)
    - Was not always available to support the reconciliation of monthly statements (79.7%)
    - Did not always show the employment status care on the Employee/Contractor Roster within the Clearinghouse, for all who provide direct care (78.8%, n=33)
    - Support background screening compliance (80.8%).

Table 9: CDC+ Representative Record Review Results by Region
July 2017 – March 2018

Region	# of Reviews	Percent Met
Northwest	24	90.4%
Northeast	47	96.0%
Central	50	93.4%
Suncoast	43	92.3%
Southeast	58	93.3%
Southern	24	90.2%
State	246	93.1%

Table 10: CDC+ Representative Results by Standard July 2017 – March 2018		
Standard	**Number Reviewed**	**Percent Met**
Complete and signed Participant/ Representative Agreement is available for review.	236	97.9%
Accurate Signed and approved timesheets for all Directly Hired Employees (DHE) are available for review.	200	88.1%
Signed and approved Invoices for Vendor Payments are available for review.	120	93.0%
Signed and approved receipts/statement of "Goods and Services" for reimbursement items are available for review.	57	93.4%
Complete Employee Packets for all Directly Hired Employees are available for review.	215	96.4%
Complete Vendor Packets for all vendors and independent contractors are available for review.	139	95.9%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	206	92.8%
Signed Employer/Employee Agreement for each Directly Hired Employee (DHE) is available for review.	87	95.6%
All applicable signed and approved Purchasing Plans are available for review.	232	96.3%
Copies of Support Plan(s) are available for entire period of review.	238	96.7%
Copies of approved Cost Plans are available for entire period of review.	227	92.3%
Emergency Backup Plan is complete and available for review.	230	95.0%
Corrective Action Plan (if applicable) is available for review.	8	72.7%
Background screening results for all providers who render direct care are available for review.	189	80.8%
All applicable signed and approved Quick Updates are available for review.	79	98.8%
Monthly Statements are available for review.	231	93.9%
Documentation is available to support the reconciliation of Monthly Statements.	196	79.7%
The participant obtains services consistent with stated/documented needs and goals.	243	98.8%
The participant makes purchases that are consistent with the Purchasing Plan.	235	99.2%
The CDC+ Representative maintains the employment status of all who provide direct care on the Employee/Contractor Roster within the Clearinghouse.	26	78.8%
Average CDC+ Representative Record Review Score	**3,647**	**93.1%**

Health Summary

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

The following figures and tables show the percent of individuals receiving services through the Waiver or CDC+ who were taking prescription medications, by the number of medications taken (Figure 9); the percent of individuals taking four or more medications or with health concerns by year (Table 11); and the percent of individuals taking or four or more medications by region (Table 12). Waiver results to date by region indicate some variation, from a low of 31.8 percent (Central) to a high of 48.8 percent (Southern). Other Findings to date are similar to previous years and more in-depth analysis, including by demographics, will be included in the Annual Report.

Figure 9: Number of Prescription Drugs by Type
July 2017 - March 2018

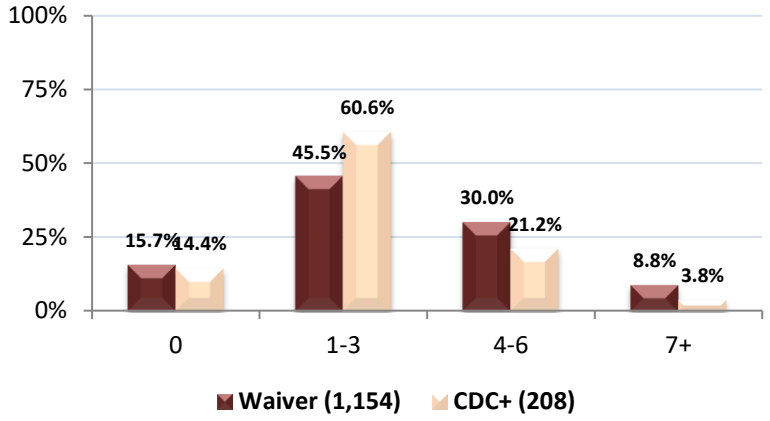


Table 11: Medications and Health Concerns January 2015 – March 2018								
	2015		2016		Jan – Jun 2017		Jul '17 – Mar '18	
	Waiver (1,047)	CDC (270)	Waiver (1,3557	CDC 385)	Waiver (987)	CDC+ (226)	Waiver (1,154)	CDC + (208)
Taking 4 or More Prescription Medications	39.3%	26.6%	37.5%	27.4%	39.2%	25.7%	38.8%	25.0%
Have Health Concerns and Needs are **Not** Being Met	2.6%	1.3%	2.5%	3.1%	1.5%	1.6%	1.7%	0.0%

Table 12: Individuals Taking 4 or More Mediations by Region July 2017 – March 2018				
	Waiver		CDC+	
Region	Number of PCRs	Percent Taking 4+ Meds	Number of PCRs	Percent Taking 4+ Meds
Northwest	92	33.7%	19	42.1%
Northeast	176	43.2%	38	28.9%
Central	201	31.8%	48	20.8%
Suncoast	259	40.9%	34	11.8%
Southeast	242	33.9%	48	27.1%
Southern	184	48.4%	21	28.6%
State	1,154	38.8%	208	25.0%

Provider Discovery Reviews (PDR)[9]

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

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

The PDR is composed of up to six different review components: Interviews with individuals receiving services (PDR II), Interviews with staff rendering services (SI), Observations at waiver

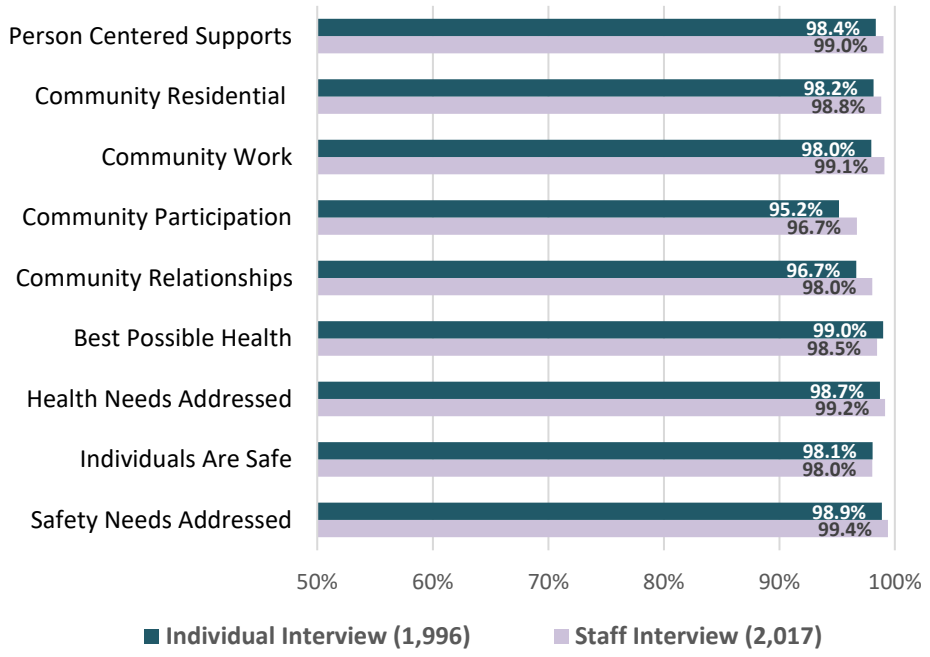
[9] All review tools are posted on the FSQAP website http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html .
[10] Deemed providers are permitted to skip one year for the PDR. Deemed is defined as a score of 95% or higher with no alerts or potential billing discrepancies.

funded licensed residential homes (LRH) and day programs (OBS), Policy and Procedure (P&P), Qualification and Training (Q&T), and Service Specific Record Reviews (SSRR). PDR results are provided separately for WSCs and service providers. Between July 2017 and March 2018, 1,557 PDRs were completed by reviewers and approved by Qlarant management; 1,149 service providers and 408 WSCs.

PDR Individual and Staff Interviews

The PDR for wavier services (excludes WSC PDR) uses an interview with individuals receiving services from the provider and an interview with staff providing services. The staff may or may not be providing services to individuals interviewed but all services are monitored through the interview processes. The purpose of the interviews is to determine from the person's perspective how well services are provided and determine from the staff how well people are being supported in each service. The standards for the PDR II are the same as for the PCR II but the focus is specific to the provider participating in the PDR.[11] [12] Figure 10 shows Individual and Staff Interview results by Standard and Table 13 shows results by region. There is little variation across standards or regions.

Figure 10: PDR Individual and Staff Interviews by Standard
July 2017 - March 2018



[11] All PCR and PDR tools can be viewed on the DFMC website: http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html
[12] See the PCR Individual Interview Section for a more detailed description of the interview standards.

Table 13: PDR Interview Results by Region				
July 2017 – March 2018				
	Individual		Staff	
Region	#	% Met	#	% Met
Northwest	134	98.1%	95	98.6%
Northeast	393	97.8%	223	98.6%
Central	341	97.3%	200	97.9%
Suncoast	505	98.0%	280	99.2%
Southeast	354	98.5%	190	99.0%
Southern	269	99.2%	158	98.8%
State	1,996	98.1%	1,146	98.7%

Observations

Observations by Location: Licensed Residential Homes and Day Programs

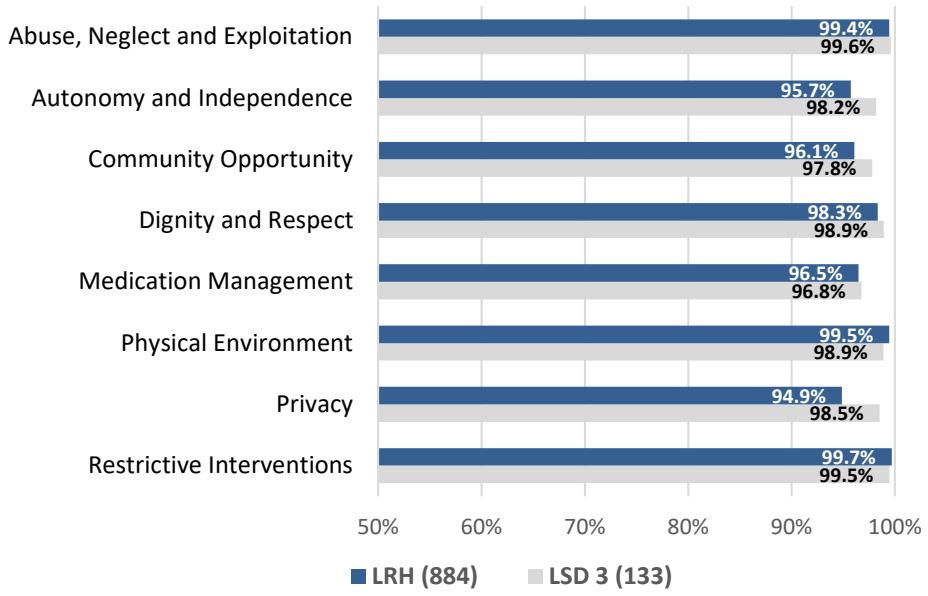
Qlarant reviewers conduct onsite Observations of up to 10 licensed residential homes (LRH) when reviewing providers of Residential Habilitation. For Life Skills Development 3 (LSD 3) facilities (Day Programs), all locations operated by the providers receive an onsite Observation. During this portion of the PDR, reviewers observe the physical facility, interactions among staff and individuals, and informally interview staff, residents, and day program participants as needed and as possible.

During the third quarter, Observations were completed at 133 Day Program locations and 884 LRHs. PDR Observation scores are shown by Region and type of location in Table 14. The number of Observations completed for Day Programs is relatively small in all regions and comparative analysis across regions or between LRHs and day programs should not be made with caution.

Table 14: PDR Observation Scores by Region and Location				
July 2017 – March 2018				
	LRH		LSD 3	
Region	# OBS	% Met	# OBS	% Met
Northwest	41	98.2%	10	97.5%
Northeast	173	97.0%	26	98.9%
Central	154	94.8%	18	98.1%
Suncoast	252	97.6%	48	99.0%
Southeast	138	97.8%	16	99.5%
Southern	126	98.3%	15	98.7%
State	884	97.2%	133	98.8%

Observations are shown by Standard and Location Type in Figure 11. To date, scores are generally high across all the standards, over 94 percent. Currently, the lowest scoring area is in Privacy, for LRHs, with 94.9 percent compliance.

Figure 11: Observatin by Location and Standard July 2017 - March 2018



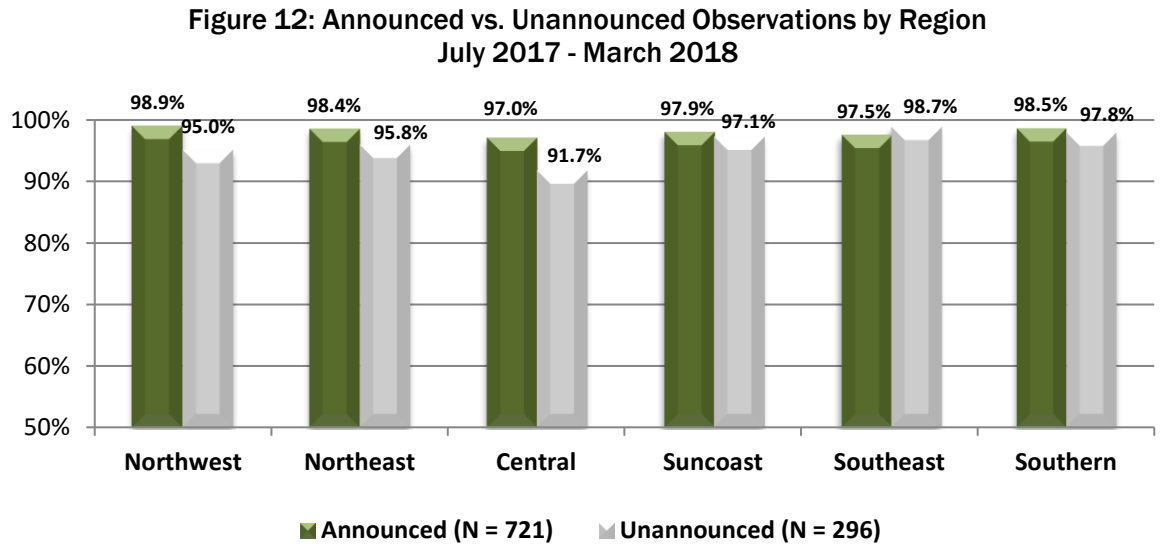
Observations by Type: Announced vs Unannounced

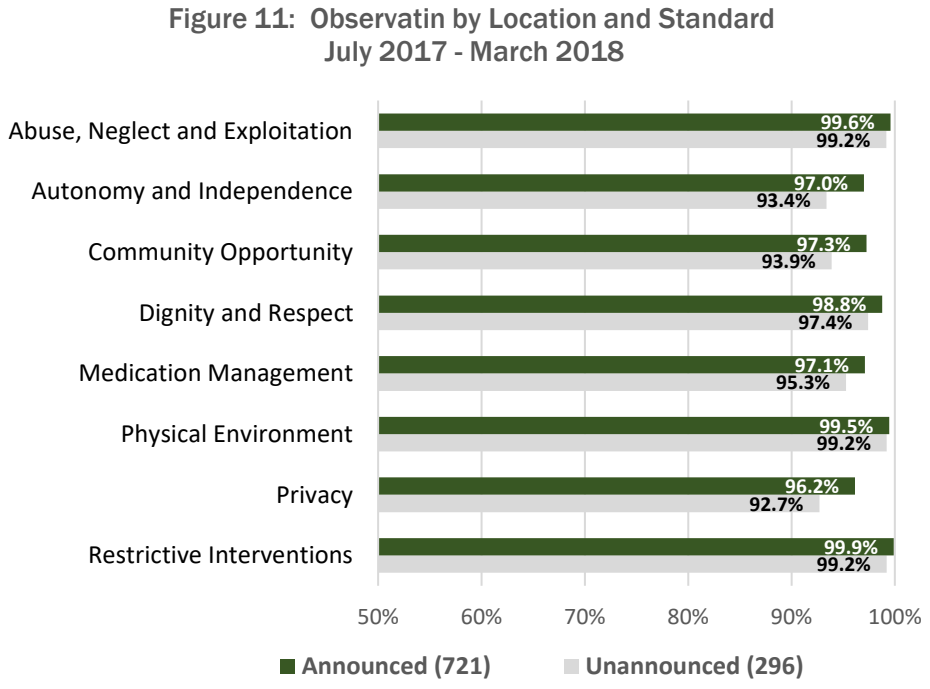
Of the 1,017 Observations completed, 296 (29.17%) were Unannounced Observations. While providers knew when the PDR would occur, they did not always know which facilities would be chosen for the Observation and when it would occur. Table 15 shows results by Observation location and type (Announced vs. Unannounced).

Table 15: Observation Scores by Observation Type and Location Type July 2017 - March 2018

Observation Type	LRH		LSD 3		State	
	# OBS	% Met	# OBS	% Met	# OBS	% Met
Announced	629	97.8%	92	98.7%	721	97.9%
Unannounced	255	95.5%	41	98.8%	296	95.8%

Findings for Observation Type by Region are shown in Figure 12 and by Standard in Figure 13. Findings to date indicate there may be a somewhat greater difference in Announced and Unannounced scores in Central Florida than in other regions. Unannounced findings showed lower scores across all the standards, and the lowest score in the Central Region.





Observation Results by Indicator

The following indicators showed the lowest scores to date for LRH and LSD 3 Observations, lower than 90 percent present. One indicator for Day Programs showed a score of 75 percent, if individuals have a key to their bedroom doors; however, this was only applicable in four observations.

Low scoring indicators for LRHs

Individuals have a key to their home. (84.0%, n=781)

Individuals have a key to their bedroom door (76.9%, n=843)

Training in use of public transportation is available and facilitated (84.7%, n= 557)

Individuals participate in the development of the 'house rules' (88.9%, n=849)

Observation Indicator Differences by Type

There was a small difference, on average, between the Announced and Unannounced Observation scores, 97.9 percent and 95.84 percent respectively. However, data indicate some differences between the two observation types at the indicator level. The following table lists the indicators for which the score from Announced onsite reviews was five or more points higher than the score from Unannounced onsite reviews. The greatest differences to date indicate when the observation was not announced in advance, people were less likely to have keys to bedrooms or the ability to lock the bathroom door; to be trained in the use of public transportation; to be given the opportunity to have checking or savings accounts; to come and go as they please; or to get unopened mail.

Table 16: Observation Indicators: Announced v Unannounced
July 2017 – March 2018

	Percent Met		
Indicator Text	Announced	Unannounced	Difference
Individuals have a key to their bedroom door.	80.8%	66.9%	13.9%
Individuals are not afforded the opportunity to have a checking or savings account or other means to have access to and control of funds.	97.3%	86.3%	11.0%
Person's mail is not opened by others without permission	99.7%	93.2%	6.5%
Training in the use of public transportation is available and facilitated.	88.6%	79.3%	9.3%
Individuals cannot lock the bathroom door.	95.5%	88.7%	6.8%
Individuals cannot come and go as they please.	98.4%	92.3%	6.1%

Administrative Policies and Procedures

Each provider is reviewed on up to 18 standards to determine compliance with Policies and Procedures (P&P) as dictated in the Florida Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook. Results for all P&P Standards reviewed to date this year are shown in Table 17. WSC services are different than other provider services, therefore findings in Table 17 are presented separately for WSCs and service providers.[13] Most of the Administrative P&P tool is applied to agency providers (n=938); however, some questions may also be asked of solo providers (n=211). In addition, because solo WSCs are not reviewed on many standards, findings are presented separately by region for solo vs agencies. Findings by region are presented in Table 18.

Service providers reviewed to date this year averaged 91.4 percent compliance with Policy and Procedure requirements, WSCs scoring somewhat higher (95.3%). Service providers were least likely to have written policies and procedures detailing:

- Compliance with background screening and 5-year rescreening requirements (81.2%)
- Hours and days of operation and the notification process to be used if the provider is unable to provide services for a specific time and day as scheduled (83.2%)
- Methods for ensuring person's confidentiality and storing records in secure manner (88.1%)
- Methods for management and accounting of personal funds (84.8%)
- The employment status of all employees on the Employee/Contractor Roster within the Clearinghouse (new standard) (80.5%)

WSCs were least likely to have written policies pertaining to:

- Background screening compliance (82.6%)
- Methods for ensuring person's confidentiality and storing records in secure manner (88.4%)
- Maintaining the employment status of all employees on the Employee/Contractor Roster within the Clearinghouse (new standard) (77.3%)

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

Table 17: PDR Service Provider Policies and Procedures Results by Standard July 2017 – March 2018				
	Service Providers (n = 1,149)		WSC (n = 408)	
P&P Standard	Standards Reviewed	% Met	Standards Reviewed	% Met
If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	35	100.0%	NA	NA
Agency vehicles used for transportation are properly insured.	385	99.2%	NA	NA
Agency vehicles used for transportation are properly registered.	391	95.9%	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.	943	96.3%	86	97.7%
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.	943	94.3%	86	94.2%
The provider maintains written policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening.	943	81.2%	86	82.6%
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.	942	83.2%	86	90.7%
The provider maintains written policies and procedures detailing how the provider will ensure the individuals' medications are administered and handled safely.	654	95.1%	NA	NA
The provider maintains written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider.	943	89.8%	85	91.8%
The provider maintains written policies and procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues.	943	97.7%	87	96.6%
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.	943	88.1%	86	88.4%
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.	670	84.8%	NA	NA
The provider maintains written policies and procedures in compliance with 65G-8.003 (Reactive Strategy Policy and Procedures).	239	93.3%	NA	NA

Table 17: PDR Service Provider Policies and Procedures Results by Standard July 2017 – March 2018				
	Service Providers (n = 1,149)		WSC (n = 408)	
P&P Standard	Standards Reviewed	% Met	Standards Reviewed	% Met
The provider addresses all incident reports.	600	98.2%	304	99.7%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	196	99.0%	125	100.0%
All instances of abuse, neglect, and exploitation are reported.	181	98.3%	124	100.0%
The provider identifies, addresses and reports all medication errors.	162	99.4%	24	100.0%
The provider maintains the employment status of all employees on the Employee/Contractor Roster within the Clearinghouse.	313	80.5%	128	77.3%
Average Policies and Procedures	10,426	91.4%	1,338	94.0%

Findings by region are presented in Table 18. Because solo WSCs are not reviewed on many standards, findings are presented separately by region for solo vs agencies providers. Service providers working alone (Solo) were much less likely to have been compliant on the P&P standards, 75 percent vs 91.6 percent respectively.

Table 18: Policies and Procedures by Region July 2017 – March 2018								
	Service Providers				WSCs			
	Agency (n=938)		Solo (n=211)		Agency (n=85)		Solo (n=323)	
Region	Standards Reviewed	% Met	Standards Reviewed	% Met	Standards Reviewed	% Met	Standards Reviewed	% Met
Northwest	558	89.6%	17	82.4%	57	93.0%	36	100.0%
Northeast	1,924	89.7%	52	82.7%	91	90.1%	78	97.4%
Central	1,828	90.3%	54	79.6%	101	95.1%	150	96.0%
Suncoast	2,800	92.0%	52	69.2%	152	88.2%	148	93.2%
Southeast	1,709	93.3%	8	75.0%	209	96.7%	92	92.4%
Southern	1,397	93.8%	27	88.9%	175	94.3%	49	95.9%
State	**10,216**	**91.6%**	**210**	**79.0%**	**785**	93.2%	**553**	95.1%

Qualifications and Training Requirements

WSCs and all Direct Service Providers are required to have certain training and education completed in order to render specific services. For each service provider and WSC, several employee records are reviewed. The total number of employee records sampled for review varies, depending on the

number of people receiving services. Of the 1,149 providers and 408 WSCs who participated in a PDR between July 2017 and March 2018, 2,905 and 538 employee records were reviewed, respectively.

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

- Only 57.2 percent of service providers and 70.2 percent of WSCs had received training in Requirements for All Waiver Providers
- Background screening compliance was complete for 84.3 percent of service providers
- Approximately 63.1 percent of Personal Support providers completed four hours of annual in-service training related to the specific needs of at least one person currently served.
- Many Life Skills Development 1 (Companion) providers had not completed 4 hours of annual in-service training related to the specific needs of at least one person currently receiving services (69.7%)
- 69.1 percent of providers offering Residential Habilitation (Standard) and 72.1 percent of Life Skills Development 3 (ADT) providers had completed in-service training related to the implementation of individually tailored services
- Approximately 78.4 percent of WSCs had completed 24 hours of job related annual in-service training.

Table 19: PDR Qualifications and Training Service Provider Results by Standard July 2017 – March 2018

Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The provider has completed all aspects of required Level II Background Screening.	2905	1149	84.3%
The provider received training in Zero Tolerance.	2905	1149	90.8%

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

Table 19: PDR Qualifications and Training Service Provider Results by Standard July 2017 – March 2018			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The provider received training in Basic Person Centered Planning.	1690	858	89.9%
The provider received training on Individual Choices, Rights and Responsibilities	1700	860	91.5%
The provider received training in Requirements for All Waiver Providers	2863	1147	57.2%
The provider received training in HIPAA.	2901	1149	82.9%
The provider received training in HIV/AIDS/Infection Control.	2813	1130	84.0%
The provider maintains current CPR certification.	2820	1130	91.1%
The provider received training in First Aid.	2809	1128	84.3%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	1333	582	97.3%
The provider maintains current medication administration validation.	1306	572	94.8%
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).	468	206	95.1%
Drivers of transportation vehicles are licensed to drive vehicles used.	2151	1002	99.2%
Personal vehicles used for transportation are properly insured.	1475	770	94.5%
Personal vehicles used for transportation are properly registered.	1473	769	92.8%
The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.	38	34	88.2%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	751	483	96.7%
The provider has completed standardized, pre-service training for Life Skills Development Level 2.	151	124	99.2%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	172	101	100.0%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	1369	756	95.2%
The provider meets all minimum educational requirements and levels of experience for Respite.	367	261	95.8%
The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care.	1	1	100.0%

Table 19: PDR Qualifications and Training Service Provider Results by Standard July 2017 – March 2018			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	311	259	99.6%
The provider completed required Supported Living Pre-Service training.	312	260	97.7%
The Supported Living Coach completed Introduction to Social Security Work Incentives.	296	248	81.5%
The provider received training in Direct Care Core Competency.	1631	838	95.9%
The provider received training in Direct Care Core Competencies.	1321	700	93.7%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	122	78	100.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	45	39	97.4%
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.	43	38	100.0%
The Life Skills Development 1 provider completes 4 hours of annual in-service training related to the specific needs of at least one person currently receiving services	654	446	69.7%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	151	124	99.2%
The Life Skills Development 2 provider completed Introduction to Social Security Work Incentives.	149	122	89.3%
The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment.	144	121	76.9%
The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services.	129	86	72.1%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	966	391	96.7%
The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	813	376	69.1%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	220	100	98.0%

Table 19: PDR Qualifications and Training Service Provider Results by Standard July 2017 – March 2018			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
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.	218	99	97.0%
The Residential Habilitation - Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.	179	93	91.4%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	27	20	100.0%
The Residential Habilitation - Intensive Behavior provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	27	20	95.0%
The Supported Living Coach provider completes eight hours of annual in-service training.	290	243	79.4%
The Personal Support provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	1,171	716	63.1%
The Residential Habilitation - Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics.	22	18	94.4%
The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Clearinghouse.	759	322	78.0%

Table 20: PDR Qualifications and Training WSC Results by Standard July 2017 – March 2018			
Standard	# Records Reviewed	# WSCs	% WSCs w/ Standard Met
The provider has completed all aspects of required Level II Background Screening.	538	408	92.6%
The provider received training in Zero Tolerance.	538	408	93.9%
The provider received training in Basic Person Centered Planning.	494	376	96.5%
The provider received training on Individual Choices, Rights and Responsibilities	162	122	100.0%
The provider received training in Requirements for all Waiver Providers	535	406	70.2%
The provider received training in HIPAA.	538	408	88.7%

Table 20: PDR Qualifications and Training WSC Results by Standard July 2017 – March 2018			
Standard	# Records Reviewed	# WSCs	% WSCs w/ Standard Met
The provider received training in HIV/AIDS/Infection Control.	537	408	87.3%
The provider maintains current CPR certification.	537	408	89.5%
The provider received training in First Aid.	537	408	87.7%
Drivers of transportation vehicles are licensed to drive vehicles used.	65	58	100.0%
Personal vehicles used for transportation are properly insured.	50	44	97.7%
Personal vehicles used for transportation are properly registered.	50	44	100.0%
The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	157	131	97.7%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	533	404	99.5%
The Support Coordinator completed required Statewide pre-service training.	538	408	99.3%
The Support Coordinator completed required Region Specific training.	535	406	97.3%
The Support Coordinator completed Introduction to Social Security Work Incentives.	532	407	90.7%
The Support Coordinator completes 24 hours of job related annual in-service training.	514	398	78.4%
The provider received training in Direct Care Core Competency.	451	353	98.3%
The provider received training in Direct Care Core Competencies.	99	86	91.9%
The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Clearinghouse.	173	139	79.1%

Compliance with Qualifications and Training standards, by region, is provided in Table 21. The percent shown represents the average score by region, based on the criteria noted above: if one employee record is scored not met on a standard, the provider is scored not met on that standard. Results are preliminary and comparisons across regions should be made with caution. On average, service providers are compliant on 87.3 percent of the requirements and WSCs are compliant on 90.9 percent of the requirements. There appears to be some variation across regions.

Table 21: Qualifications and Training Results by Region July 2017 – March 2018				
	Service Providers		WSCs	
Region	# PDRs	Average	# PDRs	Average
Northwest	95	90.2%	33	95.8%
Northeast	224	87.8%	65	93.9%
Central	203	85.1%	91	88.8%
Suncoast	280	87.3%	77	90.0%
Southeast	190	85.6%	91	89.9%
Southern	157	90.1%	51	90.7%
Total	1,149	87.3%	408	90.9%

Service Specific Record Review Results (SSRR)

During the PDR, a sample of individuals is used to review records for each service offered by the provider. The number of records reviewed depends upon the size of the organization and the number of services provided. At least one record per service is reviewed, a minimum of 10 records for larger providers (caseload of 200 or more). The SSRR tool includes a review of standards specific to each service. There were 4,484 SSRRs completed during the first three quarters of SFY18 as part of the 1,149 PDRs for service providers and 1,172 SSRRs completed as part of the 408 WSC PDRs. All WSCs had two records reviewed as part of the PCR. These are included in the WSC PDR and are supplemented with additional unannounced records requested at the time of the review.

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

- Providers offering Supported Employment or Supported Living Coaching scored lowest on service compliance standards.
- Only one provider of Special Medical Home Care was reviewed, with 100 percent compliance.
- There appears to be some variation across regions.

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

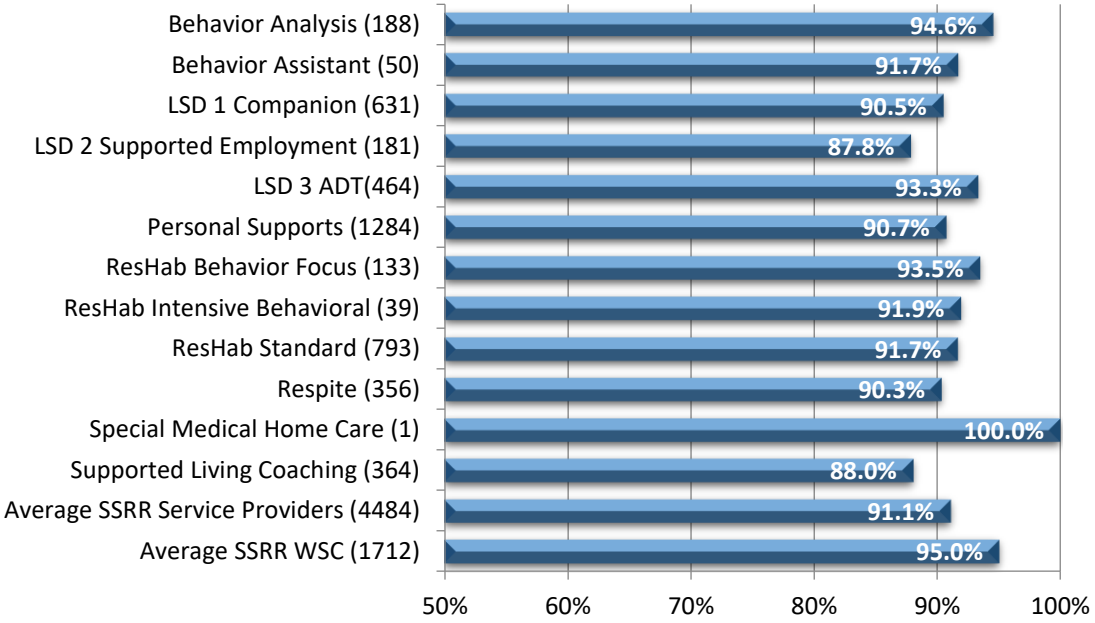


Table 22: PDR Service Specific Record Review Results by Region July 2017 – March 2018						
	Service Providers			WSCs		
Region	# Records Reviewed	Weighted Score	Percent Met	# Records Reviewed	Weighted Score	Percent Met
Northwest	297	93.2%	92.8%	141	95.4%	95.2%
Northeast	884	88.6%	87.6%	248	92.8%	93.2%
Central	791	92.7%	92.0%	277	93.5%	93.6%
Suncoast	1,174	92.2%	91.4%	399	94.7%	94.7%
Southeast	760	91.9%	90.8%	369	95.8%	96.1%
Southern	578	94.9%	94.0%	278	97.5%	97.3%
State	4,484	91.9%	91.1%	1,712	95.0%	95.0%

Summary of PDR Scores by Region

Information in Tables 23 and 24 provide a summary of the average PDR results by region and review components, for service providers and WSCs respectively. For service providers, interview and observation results in general showed somewhat higher scores than documentation/record

reviews (P&P, Q&T, SSRR). WSCs were least likely to be in compliance with qualification and training requirements.

Table 23: PDR Component Scores for Service Providers by Region July 2017 - March 2018						
Region	Policy & Procedure (n=1,149)	Qualifications & Training (n=2,905)[15]	SSRR (n=4,484)	Staff Interview (n=2,017)	Individual Interview (n=1,996)	OBS (N= 1,017)
Northwest	89.4%	92.3%	93.2%	98.6%	98.1%	98.1%
Northeast	89.5%	91.1%	88.6%	98.6%	97.8%	97.2%
Central	90.0%	89.6%	92.7%	97.9%	97.3%	95.1%
Suncoast	91.6%	91.0%	92.2%	99.2%	98.0%	97.8%
Southeast	93.2%	89.8%	91.9%	99.0%	98.5%	97.9%
Southern	93.8%	92.6%	94.9%	98.8%	99.2%	98.3%
State	**91.4%**	**90.8%**	**91.9%**	**98.7%**	**98.1%**	**97.3%**

Table 24: PDR Component Scores for WSCs by Region July 2017 – March 2018				
Region	# of PDRs	Qualifications & Training (n = 538)	Policy & Procedure (n = 408)	WSC Record Reviews (n = 1,712)
Northwest	33	96.5%	95.7%	95.2%
Northeast	65	94.6%	93.5%	93.2%
Central	91	89.8%	95.6%	93.6%
Suncoast	77	91.8%	90.7%	94.7%
Southeast	91	91.2%	95.3%	96.1%
Southern	51	92.4%	94.6%	97.3%
State	**408**	**92.1%**	**94.0%**	**95.0%**

Alerts

At any time during a review if a situation is noted that could cause harm to an individual, the reviewer immediately informs the local APD Regional office. The Qlarant reviewer calls the abuse hotline, if appropriate, records an alert, and notifies the local APD Regional and State offices, and

[15] Data based on the number of employee records reviewed (2,068). Percent Met is based on the percent of providers for which all employee records scored the standards met.

AHCA. Alerts can be related to health, safety or rights. In addition, when any provider or employee who has direct contact with individuals does not have all the appropriate background screening documentation on file, an alert is recorded, unless the only reason cited is noncompliance with the Affidavit of Good Moral Conduct.

Between July 2017 and March 2018, 315 alerts were recorded for service providers with an additional 55 reported for WSCs. Approximately 42.2 percent of the alerts was due to a lack of required documentation needed to provide evidence background screening had been completed. Ensuring employee status is maintained in the Clearinghouse Roster is a new standard and has generated 99 alerts since implemented January 1.

Table 25: Alerts by Type
July 2017 – March 2018

Alert Type	Times Cited
Rights	6
Health & Safety	36
Abuse/Neglect/Exploitation	1
Background Screening	131
Medication Administration/Training	43
Driver's License/Insurance (Employee)	11
Vehicle Insurance (Administrative)	2
Clearinghouse Roster	70
Medication Storage	15
WSC Background Screening	25
WSC Rights	1
WSC Clearinghouse Roster	29
Total Alerts	370

Background Screening

When examining background screening results, a varying number of employee records are reviewed to determine compliance with all the components of the requirement. For Background Screening, if any one staff record indicates a lack of any required documentation, the provider is reported as having the standard Not Met. The following information (Table 26) shows the number and percent of service providers and WSCs with at least one record showing a lack of compliance on Background Screening. Service providers were less likely to have the background screening requirements than were WSCs, 84.3 percent and 92.6 percent respectively.

Table 26: Percent of Providers with Background Screening Met by Region July 2017 – March 2018				
	Service Providers		Support Coordinators	
Region	PDRs	% With BG Screening Met	PDRs	% With BG Screening Met
Northwest	95	87.4%	33	97.0%
Northeast	224	85.3%	65	95.4%
Central	203	81.8%	91	90.1%
Suncoast	280	84.6%	77	92.2%
Southeast	190	84.7%	91	92.3%
Southern	157	83.4%	51	92.2%
Total	1,149	84.3%	408	92.6%

Billing Discrepancy

For each service, several applicable standards related to billing requirements are scored by reviewers. If any of the standards are scored Not Met, it is noted on the PDR Report as a potential billing discrepancy. Table 27 provides the percent of standards reviewed, by service, that were not in compliance with billing requirements. To date there is some variation across services. Close to a quarter of records reviewed for Life Skills Development 1 and 2, Personal Supports and Respite had a billing discrepancy noted, with close to 30 percent for Supported Living Coaching. Within the services, the standards most often not met were related to maintaining accurate service logs or progress notes.

Table 27: Billing Discrepancy by Service July 2017 – March 2018		
Service	Records Reviewed	% w/ 1+ Not Met
Behavior Analysis	188	11.7%
Behavior Assistant	50	16.0%
CDC+ Consultant	195	3.6%
CDC+ Consultant Unannounced	35	8.6%
Life Skills Development 1 (Companion)	631	23.8%
Life Skills Development 2 (SEC)	181	23.2%
Life Skills Development 3 (ADT)	464	11.4%
Personal Supports	1284	23.1%

Table 27: Billing Discrepancy by Service July 2017 – March 2018		
Service	Records Reviewed	% w/ 1+ Not Met
Residential Habilitation Behavior Focus	133	3.0%
Residential Habilitation Intensive Behavioral	39	17.9%
Residential Habilitation Standard	793	4.7%
Respite	356	25.0%
Special Medical Home Care	1	0.0%
Support Coordination	1,110	7.8%
Support Coordination Unannounced	602	11.5%
Supported Living Coaching	364	29.1%
Total	6,425	15.3%

Billing discrepancy information is presented by region in Table 28. The percents in the table represent the percent of providers who had at least one billing discrepancy standard scored Not Met on any of the records reviewed. To date this year, service providers were more likely to have a billing discrepancy than WSCs, 35.2 percent and 24.3 percent respectively. Suncoast appears to have the highest proportion of both service providers and WSCs with a billing discrepancy.

Table 28: Providers and WSCs w/ At Least One Billing Discrepancy						
	Service Providers			Support Coordinators		
Region	# of Providers	Providers W/ 1+ BD	% W/ 1+ BD	# of WSCs	# With 1+ BDs	% W/ 1+ BD
Northwest	95	36	37.9%	33	6	18.2%
Northeast	224	80	35.7%	65	14	21.5%
Central	203	53	26.1%	91	28	30.8%
Suncoast	280	144	51.4%	77	31	40.3%
Southeast	190	56	29.5%	91	13	14.3%
Southern	157	35	22.3%	51	7	13.7%
Total	1,149	404	35.2%	408	99	24.3%

Section III: Discovery

Findings in this report reflect data from PCR and PDR reviews completed between July 2017 and March 2018. A total of 1,362 PCRs, 1,557 PDRs and 246 CDC+ Representative reviews were completed, approved and available for analysis. Because this represents about two thirds of the total number of reviews to be completed by the end of contract year, results are preliminary and comparisons across categories or years are not appropriate. Feedback from providers about the reviewer and review processes remains extremely positive.

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

Overall Review Findings

Results from reviews completed to date this year indicate providers are offering quality services and individuals are generally satisfied with those services. In addition, most people with a health concern indicated their needs were being met.

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

- **Individual Interview (Waiver) – 97.9%**
- **Individual Interview (CDC+) – 99.1%**
- **WSC Interview – 95.6%**
- **CDC+ Consultant Interview - 97.0%**
- **Support Coordinator Record Review – 99.3%**
- **CDC+ Consultant Record Review – 99.8%**
- **CDC+ Representative Review – 93.1%**

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

Individual Interview – 98.1%

Staff Interview – 98.7%

Observations – LSD 3 98.8% ; LRH 97.2%

Service Specific Record Reviews– 91.8%; WSC 94.7%

Policies and Procedures – Service Providers 91.1% ; WSC 94.6%

Qualifications and Training – Service Providers 86.8% ; WSC 90.2%

To date, findings from the reviews show patterns similar to previous years. Further drill down will be possible in the Annual Report. While the overall review scores were high, there were a few areas worth continued monitoring.

Support Coordination

Support Coordinators and CDC+ Consultants showed high scores on interviews and compliance from record reviews. However, as in the previous report, approximately 16 percent of WSCs did not show evidence the Pre-Support Plan planning activities had occurred on behalf of the person. At least annually the WSC is required to conduct Pre-Support Plan planning activities to help prepare the person for the upcoming Support Plan meeting and encourage the person to start thinking of personal goals, needs, and supports prior to the development of the support plan. This is an important step in helping provide information that enhances the person's ability to have a voice during the meetings. During these activities the WSC should:

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

Recommendation 1: The Quality Council could consider adding the Pre-Support Plan planning activities to the agenda for the next QC meeting, to brainstorm barriers that may be preventing this important activity and ways WSCs could ensure it occurs with the person.

Billing Discrepancies

During the PDR, many standards are used to assess the accuracy of the provider's billing in the claims data. Several services showed relatively high levels of potential billing discrepancies, including Supported Living Coaching and Respite, with 29 percent and 25 percent of records showing non-compliance respectively. In addition, in the Suncoast Region, over 50 percent of the providers and 40 percent of the WSCs reviewed had at least one billing discrepancy, higher than in any other region.

Recommendation 2: The Quality Council could work with Qlarant reviewers to determine why providers of certain services are more likely to have a billing discrepancy and incorporate ways to avoid this in service specific training.

Recommendation 3: The APD Region Office in Suncoast should work with providers and WSCs in the region, perhaps through brainstorming at the provider meetings, to help determine how technical assistance could be provided to reduce the amount of billing issues in the area.

Service Provider Qualifications and Training

It is important for providers to be qualified and to keep all required training up to date. Evidence in this report suggests close to half of providers had not completed training in the Requirements of All Waiver Providers. In addition, many providers were lacking evidence of completing training on the specific needs of at least one person or on the implementation of individually tailored services. Because each person has unique needs, this type of individualized training is needed to help the person live the fullest life possible. The recommendation from the previous report remains relevant.

Recommendation 4: Qlarant should work with APD, perhaps through the Quality Council, to identify resources available to providers in each region where providers could complete some types of training specific to the needs of the person receiving services. This information could be posted to the APD and Qlarant websites and offered to providers while onsite for provider reviewers.

Providers need to ensure all relevant employees have completed background screening requirements, and re-screening every five years. Approximately 15 percent of the providers did not have this documentation in place. APD has implemented various quality improvement initiatives that have, over the last several years, increased overall compliance with background screening requirements. However, approximately 19 percent of providers reviewed do not have written policies and procedures in place detailing how the provider will ensure compliance with background screening and re-screening.

Recommendation 5: APD should consider including, in a training session, information on how to develop procedures to ensure background screening policies are in place. The Quality Council should consider developing a template for this policy if one is not available or is not user friendly. This could help provide a solid base for all providers to use to help ensure staff fulfill this essential component to providing services.

Summary

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

Attachment 1: Customer Service Activity

January – March 2018

Customer Service Topic	#	Description	Outcome	Ave Time
Address/ Phone Update	57	Providers call to update their phone numbers/ addresses	Phone numbers/ addresses are updated in the Discovery application, and providers are advised to update with AHCA.	1 day
Background Screening	7	Providers and provider consultants call with questions regarding FL background screening requirements.	Background screening requirements are explained to providers, with reference to the Handbook and FL rule.	1 day
Clarification	8	Providers called asking for clarification on topics such as acceptable training sources, acceptable documentation, training timeframes, and documentation completion/submission timeframes	Questions were answered and callers were referred to the iBudget Handbook, local APD Regional Office and the Qlarant tools.	1 day
Contact QAR	17	Providers call to contact the QAR assigned to do their review.	QAR was contacted by office staff and asked to contact the provider	1 day
HSRI Family Survey	45	Family members and providers called asking general questions regarding the survey such as who should complete the survey, who is HSRI, what happens to the results, etc.	Questions were answered.	1 day
Miscellaneous/ Other	43	Family stakeholders and providers called with requests unrelated to our process, e.g. how to access services in other states.	All questions were answered. Where appropriate, callers are referred to APD.	1 day
New Tools	18	Early in the quarter providers called asking questions regarding the recent change made to the Observation Review Checklist. Providers also called with general tool related questions.	Providers are referred to our website and shown the current tools posted. Questions regarding the tools were answered, with references to the protocols and the not met reasons.	1 day
Next Review	8	Providers call asking when their next review will occur. Some providers called asking for a specific reviewer or to have their review postponed to a future date.	The review process is explained to the providers, including all the factors that are involved in scheduling. Providers are informed that PDRs are conducted each contract year with those who are eligible. Providers are referred to their 90-day notification letters and advised to wait for the phone call from the reviewer to schedule their review.	1 day

Customer Service Topic	#	Description	Outcome	Ave Time
Provider Feedback Survey - Callback	1	When a Feedback survey includes a request for a callback from a manager it is passed on to the manager for follow-up.	The responsible manager contacts the provider and takes any necessary action if warranted.	
Question	37	Providers and APD staff call with questions regarding documentation or qualification requirements; for assistance accessing resources on our website; for explanations of the review processes.	Questions are answered with references to appropriate documents or entities.	1 day
Reconsideration	29	Providers called asking for clarification on the process to submit a request for reconsideration or inquiring as to the status of a request already submitted.	The reconsideration process is explained to provider, including reference to our Operational Policies and Procedures and their report cover letters; reconsiderations submitted are researched and providers are given an expected delivery date.	1 day
Records	1	Physician's offices called regarding receipt of medical records requests	Qlarant Medical Peer Review Nurse contacts the offices to answer any questions and clarify needed information.	
Billing Discrepancy	20	Providers called with questions about how to repay money identified as billing discrepancy in their quality assurance review report.	Providers are given the AHCA email address for billing discrepancy. APDProviderBilling@ahca.myflorida.com	1 day
Report Requested	11	Providers call or email requesting their report be re-sent.	Mailing addresses are confirmed and reports are re-sent.	1 day
Review Reports	73	Providers called asking for an explanation of their reports.	Reports are reviewed and explained; providers are referred to their local APD office for technical assistance.	1 day
Training	20	Providers and provider consultants call asking about training requirements.	Training requirements are explained, including reference to the Handbook and the APD website.	1 day
Provider Search Website	5	Providers call asking how to get their provider name added to the public reporting website.	The process as related to receipt of Medicaid claims data is explained.	1 day
Total Number of Calls	**400**			