

# Florida Statewide Quality Assurance Program

**FY 2019 Annual Report**

**July 2018 - June 2019**

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



**August 31, 2019**

**Prepared by**

**Qlarant**

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## List of Acronyms

ABC – Allocation, Budget, and Contract Control System

AHCA – Agency for Health Care Administration

ANE – Abuse, Neglect and Exploitation

APD – Agency for Persons with Disabilities

CDC+ - Consumer Directed Care Plus

CDC+ C – CDC+ Consultant

DD – Developmental Disability

FSQAP – Florida Statewide Quality Assurance Program

FY – Fiscal Year

HCBS – Home and Community-Based Services

HSRI – Human Services Research Institute

iBudget Waiver – Individual Budgeting Waiver

IDD – Intellectual and Developmental Disability

IRR – Inter-rater Reliability

IT – Information Technology

NCI – National Core Indicators

OBS – Observations

P&P – Policy and Procedure

PCR – Person Centered Review

PCR MLI – Person Centered Review My Life Interview

PDR – Provider Discovery Review

PDR MLI – Provider Discovery Review My Life Interview

Q&T – Qualifications and Training QA – Quality Assurance

QAR – Quality Assurance Reviewer

QC – Quality Council

QI – Quality Improvement

RM – Regional Manager

RTDR – Real Time Data Report

SSRR – Service Specific Record Review

SI – Staff Interview

SCI – Support Coordinator Interview

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

WSC – Waiver Support Coordinator

## Executive Summary



In July 2018, the Agency for Health Care Administration entered into the second year of the current contract with Qlarant to provide the Florida Statewide Quality Assurance Program (FSQAP). Qlarant provides oversight processes of provider systems and Person Centered Review activities for individuals receiving services through the Developmental Disabilities Individual Budgeting (iBudget) Services waiver, including the Consumer Directed Care Plus (CDC+) program. Qlarant conducts Provider Discovery Reviews (PDR) and Person Centered Reviews (PCR) to provide information about providers, individuals receiving services, and the quality of service delivery systems.

Qlarant uses both formal and informal reliability processes to ensure consistency in data collection through the PCRs and PDRs. All reviewers have taken and passed all desk and onsite reliability processes. Throughout the contract year (FY19) regional managers have reviewed all reports before final approval and conducted bi-monthly meetings for all reviewers which may include training on problematic areas of the reviews or discussion of issues encountered in the field.

Quarterly meetings in each region, facilitated by Qlarant managers, are venues used to review data, explore trends, and discuss other relevant regional issues and best practices. Qlarant facilitated three Quality Council meetings this year on July 19, 2019, November 14, 2018 and March 14, 2019 bringing together stakeholders to discuss data trends, tool revisions, and other aspects of the Quality Management System. In addition, a revised feedback survey form was implemented this year to gather feedback from individuals, families and providers. Findings indicated very positive experiences related to the Qlarant review processes.

Findings for this report are based on 1,637 PCRs and 2,164 PDRs. Results appear to be similar to previous years and are generally high indicating providers are in compliance and individuals appear to be satisfied with the services they receive. A summary of 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 lower than scores for interviews and observations.
- Approximately 46 percent of individuals were taking four or more medications, individuals indicated they do not always know what medications they are taking or why, or what the side effects of those medications could be.

- Life Areas of Safety and My Social Life were least likely to have outcomes present. While safety supports are generally present, people receiving services may not understand abuse, neglect and exploitation (ANE) or know what to do when experiencing ANE; and, they would like to participate more in their communities.
- Small providers, serving up to 29 individuals, scored lower on the policy and procedures, qualifications and training, and record review components of the PDR compared to medium (30 to 99) or large (100+) providers.
- Medium sized providers were more likely to have an alert or billing discrepancy during the review.

These and other findings are discussed in this report. Recommendations are provided, summarized as follows.

## Introduction

In July 2018, the Agency for Health Care Administration (AHCA) entered into the second year of the current contract with Qlarant 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 AHCA and APD to help guide policies, programs, or other necessary actions to effectively remediate issues or problems uncovered through the discovery process. Data from the quarterly and annual reports are examined during the Regional Quarterly Meetings and Quality Council meetings to help target local and statewide remediation activity.



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

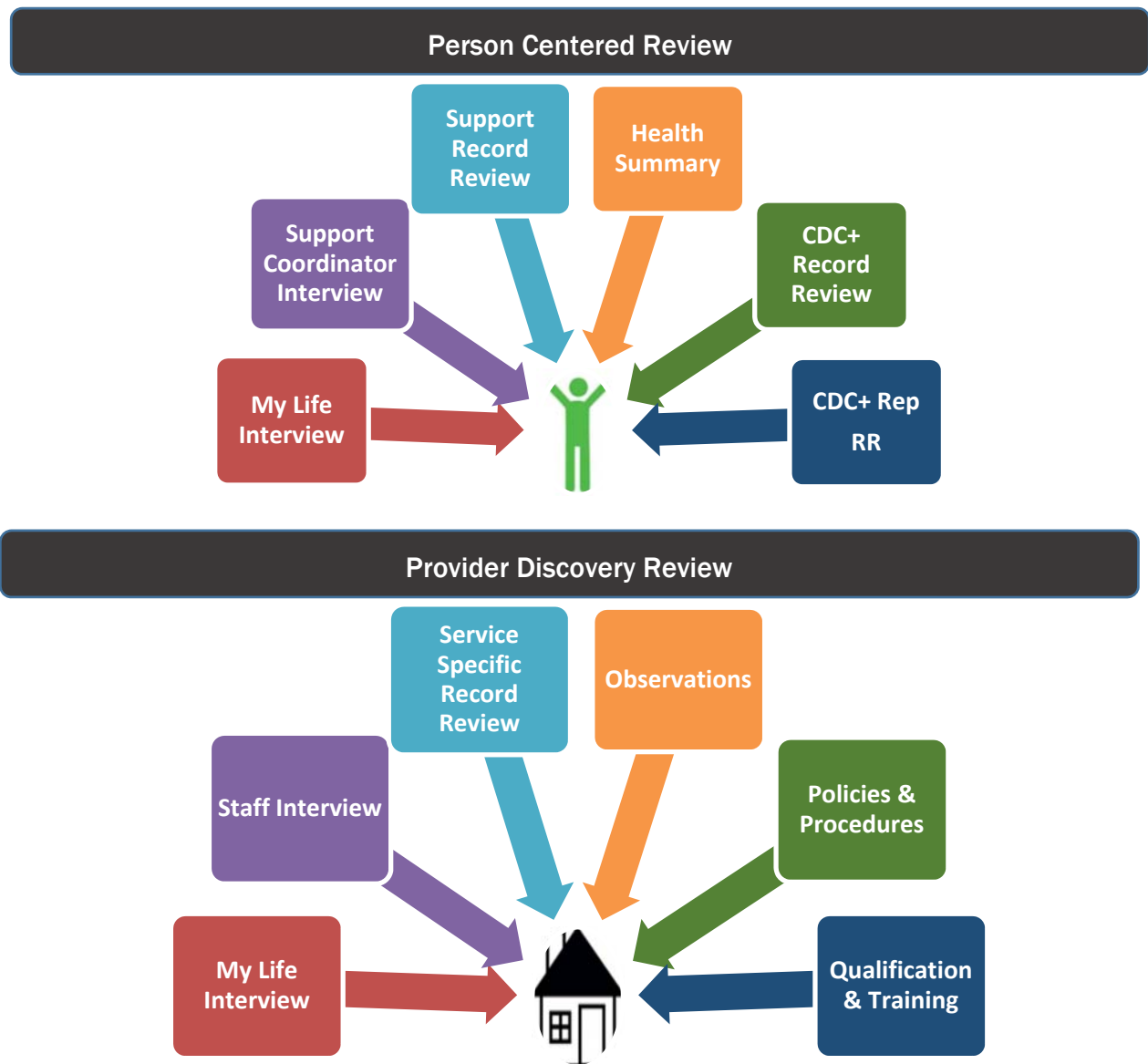
### Person Centered Review (PCR)

- Assess support delivery systems and quality of life from the perspective of the person receiving services.

### Provider Discovery Review (PDR)

- Assess extent to which providers use person centered planning and practices and provide services to promote opportunities for community integration.

The PCR includes an interview with the person, including people receiving services through the Consumer Directed Care Plus (CDC+) program, an interview with the person's Support Coordinator, and review of the Support Coordinator's record for the person, and record reviews completed for the CDC+ Consultant and Representative. The PDR includes an Administrative Record Review of organizational Policies and Procedures and staff Qualifications and Training; Service Specific Record Reviews; interviews with individuals receiving services and with staff. Observations are completed for licensed residential homes (LRH) and day programs. As possible, up to 30 percent of all observations may be unannounced.



For the CDC+ program, consultants and representatives are reviewed on the standards set forth by APD and AHCA. Although CDC+ is funded through the iBudget waiver, the programs are



fundamentally different in several aspects and therefore results are analyzed separately. In this report, references are made to Waiver (iBudget Waiver) and CDC+ to make the distinction between the two groups. This is the final report of the FY19 contract year. The report is divided into three sections.

- Section I: Significant Contract Activity during the **4th Quarter (April – June 2019)**
- Section II: Data from Review Activities.
- Section III: Discussion and Recommendations

Data analysis includes comparisons to earlier years, as appropriate. Most comparisons to data from years prior the current Fiscal Year (July 2018 – June 2019) are not possible or appropriate due to changes in tools and indicators/standards. Discussion of results and evidence based recommendations are offered.

## Section I: Significant Contract Activity

### Quality Assurance Activities (April – June 2019)

#### 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. Throughout the contract year, a meeting has been held each month, with the exception of months when Quality Council (QC) meetings are held. During the fourth quarter, a status meeting was held on April 18, May 17 and June 20.

#### Reliability

Qlarant Quality Assurance Reviewers (QAR) and Regional Managers undergo rigorous reliability testing each year, including formal and informal processes. QARs are periodically shadowed by managers to ensure proper procedures and protocols are followed throughout the review processes.

**File reliability** sessions are administered every other month. These include standards reviewed from Service Specific Record Reviews as well as related questions from the iBudget handbook and the FSQAP Operational Policies and Procedure Manual. 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. File reliability topics for this year included:

- Supported Living Quarterly Summary and Annual Reports
- LSD2 Employment Stability Plan
- CDC+ Consultant Purchasing Plans
- Supported Living Services Logs
- Respite Service Logs
- Standards relating to documentation of Physical and Behavioral/Emotional Health

All 24 reviewers received passing File Reliability scores for the year.

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

### Miscellaneous Activities to Enhance Quality

In May, Theresa Skidmore and Charlene Henry attended a redesign meeting for Life Skills Development Adult Day program activities. This was hosted by APD to discuss national influences on efforts to increase employment and community participation. Florida's present situation and challenges related to day programs and employment services were discussed with opportunities for possible solutions presented.

In June, Theresa Skidmore and Charlene Henry of Qlarant and Beth Mann-Pace of APD, set up a booth at the annual Family Café event. Their presentation described the waivers for people with intellectual and developmental disabilities in Florida, the iBudget and Consumer Directed Care Plus programs. The presentation included Centers for Medicaid and Medicare (CMS) requirements to continue having the waivers in Florida and an explanation of Florida's Continuous Quality Improvement Cycle, i.e., Qlarant's role of Discovery and APD's role of remediation.

### **Tool Revisions**

In July 2018, Qlarant began using new interview tools for the individual, support coordinator/CDC+ C, and staff interviews. Details regarding these new tools are described in detail in the results sections of this report.

### **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.<sup>1</sup>

### **Quality Council (QC)**

Qlarant facilitated three Quality Council meetings this year on November 14, 2018, March 14, 2019, and July 18, 2019 bringing together stakeholders to discuss data trends, tool revisions, and other aspects of the Quality Management System. See the Qlarant website for complete QC details, minutes, and agendas (<https://florida.qlarant.com/Public2/qualityCouncil/index.html>).

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<sup>1</sup> Minutes for each meeting are on the FSQAP Portal Client Site and available to AHCA and APD (<https://florida.qlarant.com/Public2/qualityCouncil/archive.html>).

## Provider Feedback Survey<sup>2</sup>

After each PDR, providers are given a survey to complete and mail/fax to Qlarant, offering them an opportunity to provide feedback on the review process and professionalism of reviewers. Surveys can also be completed online on the FSQAP website. A revised survey was implemented in July 2018. Feedback findings are presented in Table 1.



A total of 117 surveys were received throughout the year. On average, 96.9 percent of responses were positive (1,505/1,553).

Table 1. Results from Provider Feedback Surveys			
Surveys Received Between July 2018 - June 2019			
Question	# Yes	# No	NA/ Blank
Did the Quality Assurance Reviewer explain the review process?	115	0	2
Did the Quality Assurance Reviewer share with you the names of the potential people chosen to participate in the review?	110	2	5
Did the Quality Assurance Reviewer explain the person's participation in the interview is voluntary?	110	4	3
Did the Quality Assurance Reviewer refer you to the Qlarant website that includes the tools and procedures?	107	6	4
Were the tools accessible on the Qlarant website?	110	3	4
Did you find the tools helpful when preparing for the review?	110	4	3
Did the Quality Assurance Reviewer answer your questions in preparation for the review?	106	4	7
Did the Quality Assurance Reviewer arrive on time?	107	2	8
If not, were you notified the Quality Assurance Reviewer would be late? (n=2)	0	2	115
Did the Quality Assurance Reviewer give you enough time to find the information requested?	110	1	6
Do you feel the Quality Assurance Reviewer was prepared for the review?	114	0	3
Did the review process go as explained by the Quality Assurance Reviewer?	108	6	3
Did the Quality Assurance Reviewer answer the questions you had during the review?	106	7	4
If applicable, did the Quality Assurance Reviewer explain why a standard was Not Met?	82	3	32

<sup>2</sup> HSRI is no longer distributing the NCI feedback surveys.

Table 1. Results from Provider Feedback Surveys			
Surveys Received Between July 2018 - June 2019			
Question	# Yes	# No	NA/ Blank
If an alert was identified, did the Quality Assurance Reviewer inform you of the follow up process?	0	3	114
Did the Quality Assurance Reviewer provide you with the preliminary findings of your review before leaving?	110	1	6
<b>Total Responses</b>	<b>1,505</b>	<b>48</b>	<b>319</b>

### Summary of Customer Service Calls

During the fourth quarter of the contract, April - June 2019, 117 calls were recorded in the Customer Service Log, with an average response time within one day for each call.<sup>3</sup>

### 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.

### Staff Changes

Two new QARs were hired this quarter to fill positions in the Southeast region. There are currently two open positions: a QAR position in the Suncoast region and a Customer Service Representative based in Tampa. Managers are actively searching to fill these positions.

## Section II: Data from Review Activities

### Person Centered Reviews (PCR)<sup>4</sup>



The PCR includes an interview with the person, an interview with the Support Coordinator and a review of the person’s record maintained by the Support Coordinator. If the person receives services through CDC+, an interview is conducted with the person’s CDC+ Consultant and a record review is also completed for the CDC+ Consultant and Representative.

The CDC+ program provides additional flexibility and opportunities not offered to other people on the iBudget waiver, such as the ability to directly hire and fire providers, use non-waiver providers

<sup>3</sup> The list of topics and number of calls per topic are presented in Attachment 1.

<sup>4</sup> All review tools are posted on the FSQAP website (<https://florida.qlarant.com/>).

who are often family members, and negotiate provider rates. A non-paid representative helps with the financial and business aspect of the program and a CDC+ Consultant acts as a service coordinator. CDC+ Consultants must also be certified as a Waiver Support Coordinator (WSC). Due to the differences, results for CDC+ are analyzed separately.

Table 2 shows the number of people reviewed who receive services through CDC+ (N = 144), the number of people receiving services through the Waiver (N = 1,493), and the total number of individuals who declined or were otherwise unable to participate (N = 462). The time period for declines is based upon the projected time period for the review.

Table 2. Person Centered Review Activity				
July 2018 – June 2019				
Region	# of PCRs		# of Declines	
	Waiver	CDC+	Waiver	CDC+
Northwest <sup>5</sup>	94	11	41	4
Northeast	216	22	76	0
Central	323	36	96	4
Suncoast	374	25	91	4
Southeast	300	28	101	2
Southern	186	22	42	1
<b>Total</b>	<b>1,493</b>	<b>144</b>	<b>447</b>	<b>15</b>

Individuals are free to decline to be interviewed at any time during the process. An individual who declines, or may be otherwise unable to participate, is replaced by another individual from the oversample to ensure an adequate and representative sample is used for analysis. The replacement rate was approximately 23 percent for the waiver and nine percent for CDC+.

Reasons given for the declines are shown in Table 3. When an individual is unable to participate, the reviewer calls the person to verify the decision. This affords the person an opportunity to ask 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, 58.2 percent. An additional 120 (26.0%) individuals were either no longer receiving services (n = 70), had passed away

<sup>5</sup> Due to damage caused by Hurricane Michael, review activity in much of the Northwest region was suspended after October 2018.

(n = 32), or had moved out of the state (n = 18). Approximately 15.8 percent (n = 73) of individuals who declined indicated a preference to participate next year.

Table 3. Person Centered Review Decline Reasons			
July 2018 – June 2019			
Decline Reason	Waiver	CDC+	Total
Refused	263	6	269
Review Next Year	67	6	73
No Longer Receiving Services	67	3	70
Deceased	32	0	32
Moved Out of State	18	0	18
<b>Total</b>	<b>447</b>	<b>15</b>	<b>462</b>

### Demographics

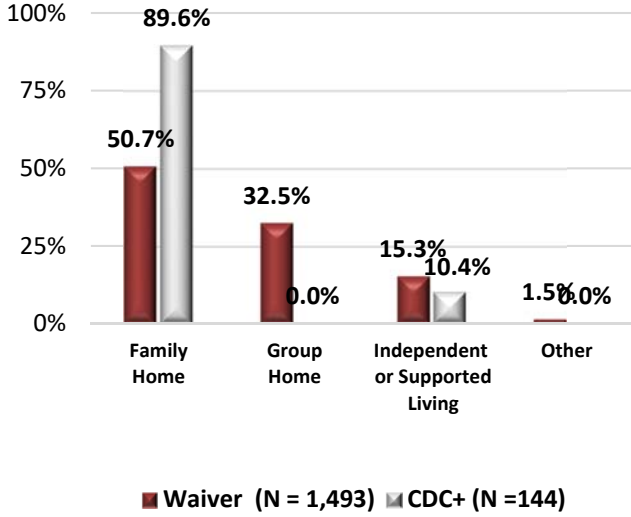
The following series of figures show the distribution of the PCR sample across Residential Setting, Age Group and Primary Disability.<sup>6</sup>



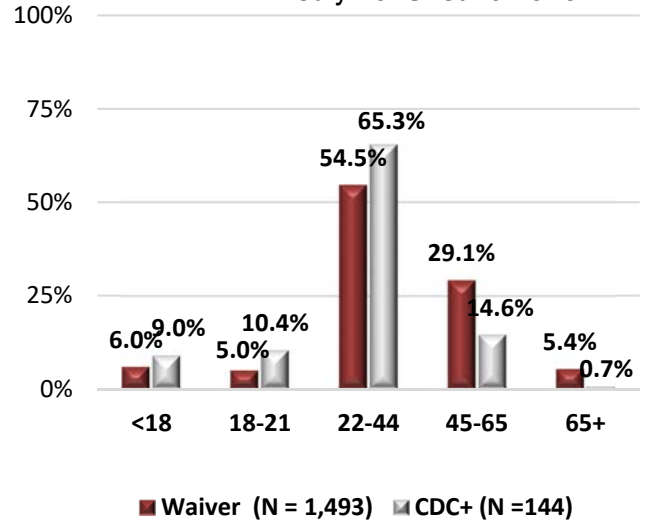
- The majority of individuals using CDC+ lived in the family home (88.7%), compared to about half of individuals using Waiver services (52.3%). Receiving CDC+ requires that individuals not live in a licensed home setting.
- On average, people receiving services through CDC+ were younger than people receiving services through the Waiver.
- People receiving services through the Waiver were somewhat more likely to have an intellectual disability as a primary disability than for CDC+, 68.5 percent and 59.4 percent respectively, and less likely to have Autism (10.9% versus 18.9%).

<sup>6</sup> The Other category for Residential Type for the Waiver includes Adult Family Care Home (1), Assisted Living Facility (16) and Foster Care (5). The Other Disability category for the Waiver includes Downs Syndrome (60), Spina Bifida (20), Seizure Disorder (4), Prader Willi (2), and Other (2). For CDC+ “Other” included Downs Syndrome (8), Spina Bifida (2), Seizure Disorder (1).

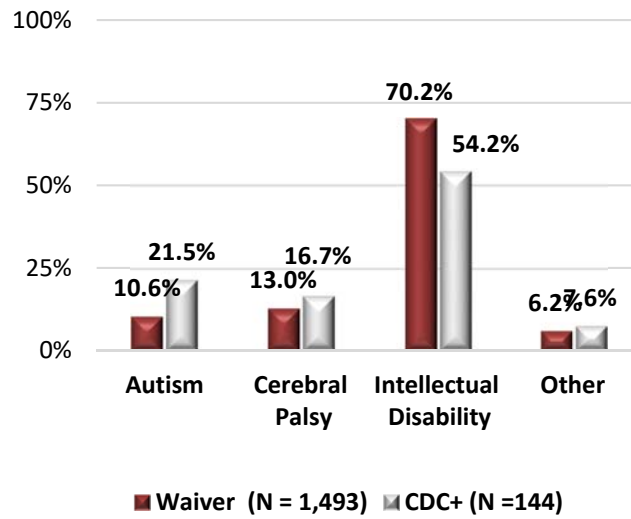
**Figure 1. Distribution of PCRs by Residential Setting  
 July 2018 - June 2019**



**Figure 2. Distribution of PCRs by Age Group  
 July 2018 - June 2019**



**Figure 3. Distribution of PCRs by Primary Disability  
 July 2018 - June 2019**





### PCR My Life Interview (MLI)<sup>7</sup>



Individuals who participate in a PCR receive a face-to-face interview that includes the PCR My Life Interview and may include the National Core Indicator (NCI) In-Person Survey. The MLI was implemented July 1, 2018. Based on reviewer feedback, several standards were revised January 1, 2019. The MLI is organized around six Life Areas important to a person, and each incorporates measures of choice, respect, rights and community integration:

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

Each MLI question is scored twice: once to indicate if the outcome is present in the individual's life and once if the person is supported to meet the outcome. When a question is marked "Not Present" as either an outcome or a support, one or more reasons are selected to explain why. The MLI consists of a series of questions regarding the level of satisfaction people have with various aspects of their life including services, day activities, residence, health, and involvement in the community.<sup>8</sup> Finally, the MLI is used to assess stability, i.e., how many times over the previous 12 months had the person experienced a change in services, service providers, support coordinators, jobs, or place of residence.

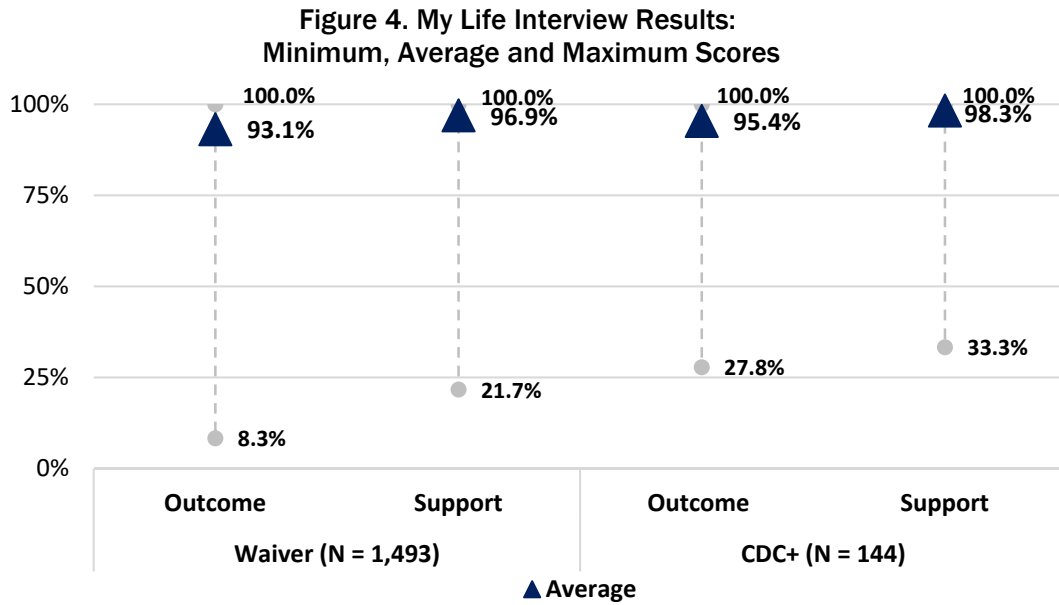
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<sup>7</sup> Some standards are weighted for calculating the overall provider's score. For example, standards measuring health and safety items are generally more important and therefore weigh heavier when calculating the provider's score. In this 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.

<sup>8</sup> Nearly 100% of individuals interviewed reported high levels of satisfaction with all life areas.

**PCR MLI Average Scores**

The highest, lowest and average MLI scores are presented in Figure 4. The average statewide score for outcomes was 93.1 percent for those on the Waiver and 95.4 percent for those using CDC+. On average, support scores were about three points higher than scores for outcomes – 96.9 percent for the Waiver and 98.3 percent for CDC+. While the overall averages are relatively high, there is a wide range of scores. Outcomes ranged from 8.3 percent to 100 percent present and supports ranged from a low of 21.7 percent to a high of 100 percent.



**PCR My Life Interview Scores by Region**

Average scores for outcomes and supports are presented by region in Table 4. The number of reviews completed in each region for CDC+ is relatively small and comparisons across regions or to the Waiver should be made with caution (see Table 2 for sample sizes within each region). While outcomes are generally higher than supports in all regions, this difference is most pronounced in the Suncoast and Southern regions where the average score for outcomes was more than five points lower than supports.

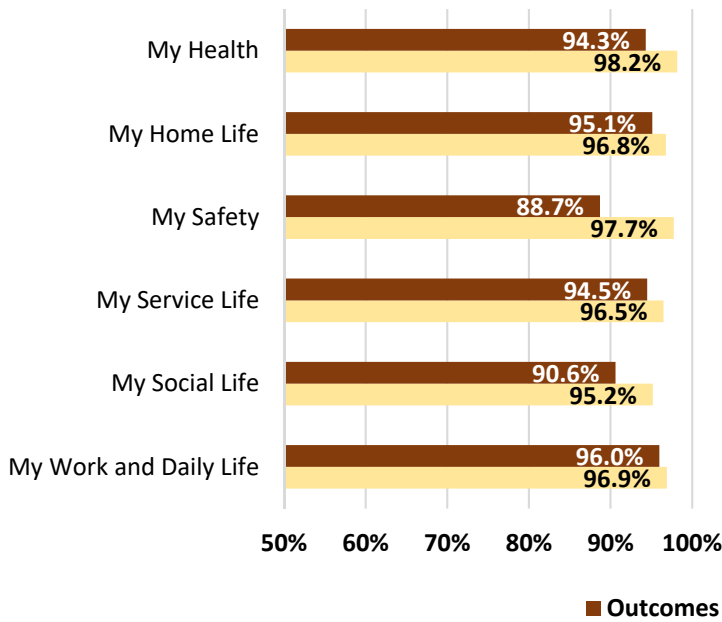
Table 4. PCR MLI Results by Region				
June 2018 - June 2019				
Region	Waiver (N = 1,493)		CDC+ (N = 144)	
	Outcomes	Supports	Outcomes	Supports
Northwest	90.1%	94.6%	93.4%	93.8%
Northeast	93.4%	96.9%	94.6%	95.5%
Central	91.3%	94.2%	96.8%	98.7%
Suncoast	93.0%	98.0%	90.7%	99.5%
Southeast	95.9%	98.4%	98.8%	99.6%
Southern	93.1%	98.5%	95.9%	99.4%

#### PCR My Life Interview by Life Area

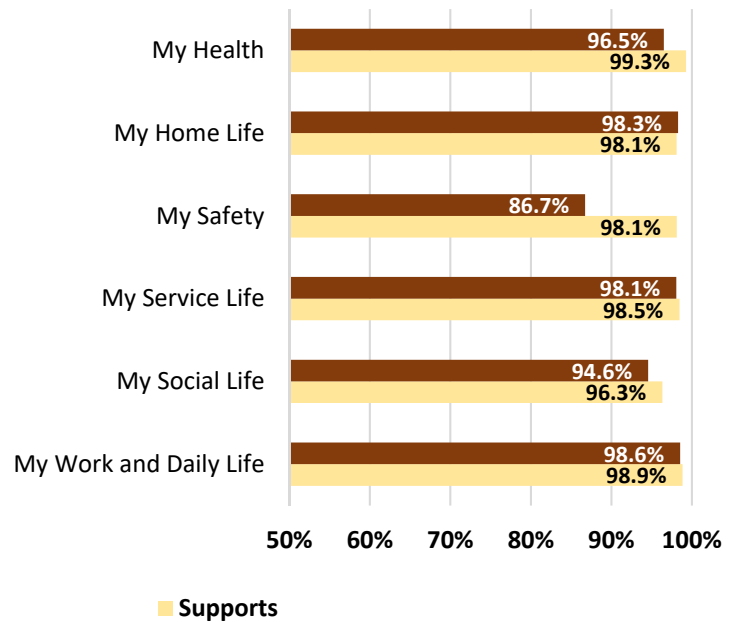
The average MLI score for each Life Area is presented in Figure 5a for the Waiver and Figure 5b for CDC+. Findings indicate individuals receiving services through the Waiver were more likely to be supported than to have outcomes present, particularly in the areas of Safety (a nine point difference, significant at  $<.0001$ ).<sup>9</sup> For CDC+, differences between outcomes and supports were small, except for Safety where outcomes were 11 points lower, significant at  $<.0001$ .

<sup>9</sup> P values indicate the chance a finding is due to sampling error. So a value shown as  $< 0.000$  means there is a very small chance the result is not showing a real difference. Values used to infer statistical significance are arbitrary and often set at  $p \leq 0.05$  in social science research.

**Figure 5a. My Life Interview by Life Area:  
 Waiver (N=1,493)**



**Figure 5b. My Life Interview by Life Area:  
 CDC+ (N=144)**



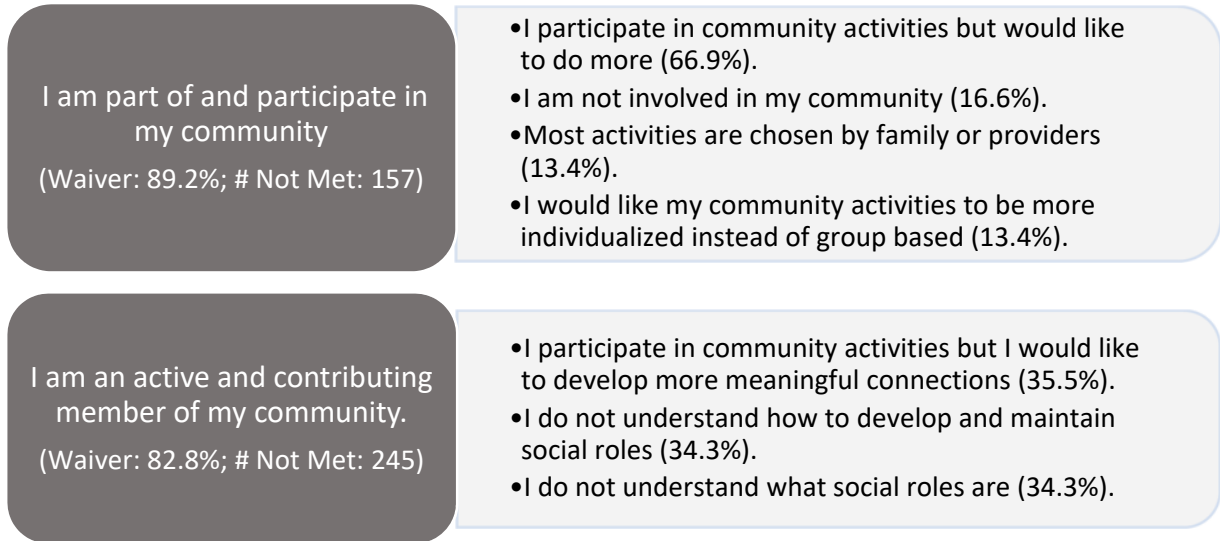
Analysis of the 27 different MLI indicators provides some insight into more specific data and reasons for My Life Area results. People receiving services through the iBudget waiver programs (Waiver and CDC+) appear to be well supported, with all 27 indicators measuring support scored 91 percent or higher. However, several outcomes reflected a score of less than 90 percent for individuals receiving services through the Waiver or CDC+. Multiple reasons can be selected each time an indicator is marked not present. Information to date indicates the following (Figure 6):

- About 16 percent of the individuals who did not meet the outcome “I am part of and participate in my community,” reported they were not involved in the community at all. The majority of individuals (66.9%), however, reported that while participating in the community, they were not doing so at the desired level, and another 13.4 percent reported their community activities were chosen by family or providers and they would like them to be more individualized. Many individuals who did not feel they were active, contributing members of the community expressed a desire for more meaningful community connections (35.5%) or did not understand different aspects of social role development (34.3%).
- Individuals who did not understand their medications were most often unaware of the potential side effects of medications (75.0%), what medications they were taking (66.7%) or why the medications were prescribed (37.7%).
- Individuals on the Waiver or using CDC+ reported their lowest outcomes within safety. This was primarily due to people indicating they did not understand what abuse, neglect and exploitation (ANE) meant or what to do if any of these occurs. Individuals who did not

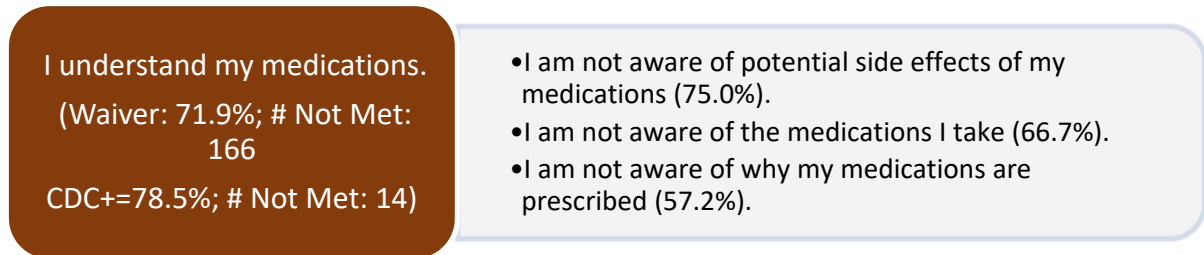
meet this outcome did not understand the meaning of exploitation (77.1%) or neglect (63.7%). Further, many individuals were not aware of what to do if ANE occurs (42.6%) and did not understand what the Abuse Hot Line was (53.7%) or where to find the number for it (38.0%).

**Figure 6. Lower Scoring MLI Standards and Top 3 Reasons Not Met**

**Choice and Self-Direction**



**Rights**



## Safety

I understand what abuse, neglect and exploitation mean.

(Waiver: 80.7% ; # Not Met: 267  
CDC+= 79.8%; # Not Met: 25)

- I do not understand what exploitation means (77.1%)
- I do not understand what neglect means (63.7%).
- I do not understand all the different types of abuse, i.e. , physical, emotional, verbal, sexual (49.0%).

I know what to do if abuse, neglect, or exploitation (ANE) occurs.

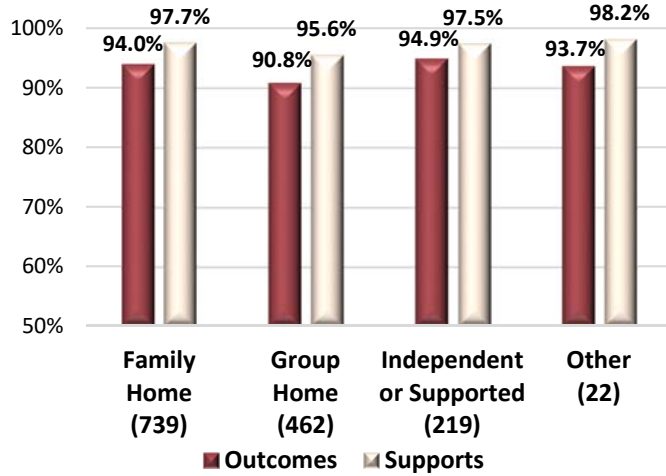
(Waiver: 84.7% ; # Not Met: 214  
CDC+: 77.8%; # Not Met: 28)

- I do not know what the Abuse Hotline is (53.7%).
- I am not aware of what to do if ANE occurs (42.6%).
- I do not know where to find the Abuse Hotline number (38.0%).

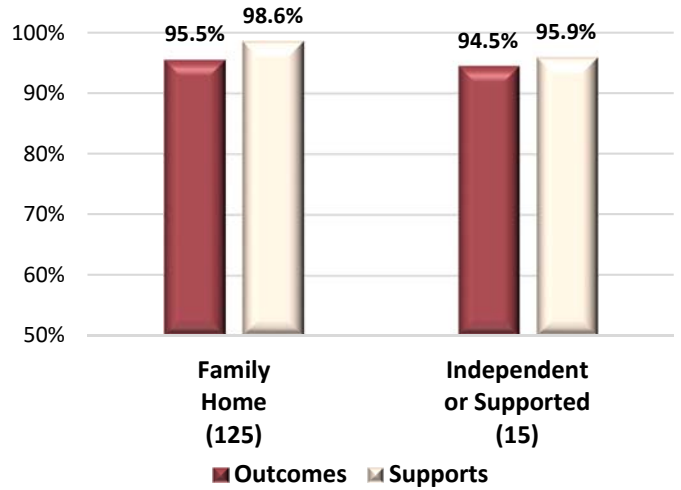
## PCR MLI Results by Residential Status, Disability and Age

PCR MLI results are shown by residential setting, primary disability and age group in Figures 7a – 9b. The sample size across many categories is relatively small, particularly for CDC+ and by age group. There is little variation across categories for outcomes or supports: however, people living in group homes were least likely to have outcomes present. Supports were somewhat higher in every category. Living in a group home showed the largest difference between outcomes and supports, support close to five point higher than outcomes. There is little variation across primary disability; and, for individuals receiving services through the Waiver, people age 65 and over showed the greatest difference between the presence of supports and outcomes (Table 7a).

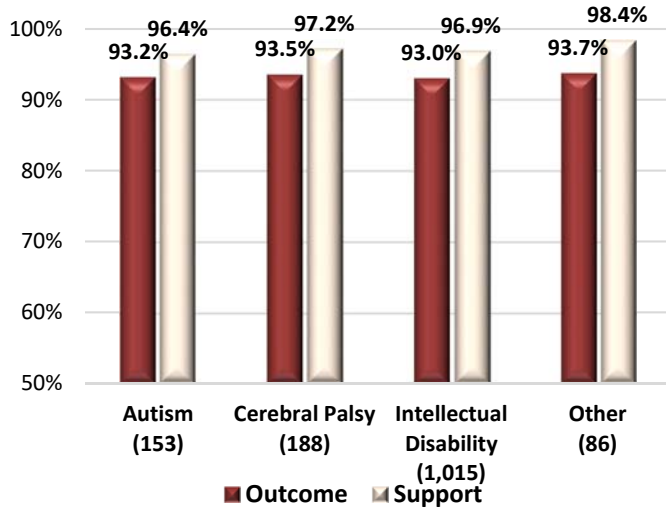
**Figure 7a. PCR MLI (Waiver) by Residential Status**



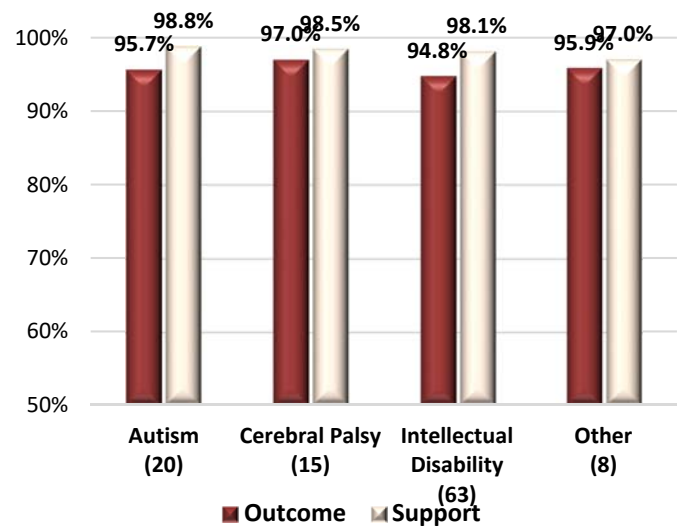
**Figure 7b. PCR MLI (CDC+) by Residential Status**

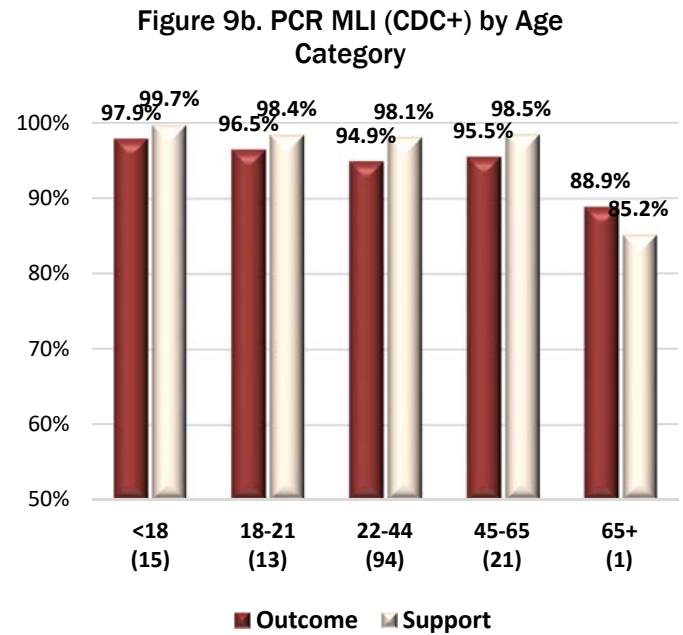
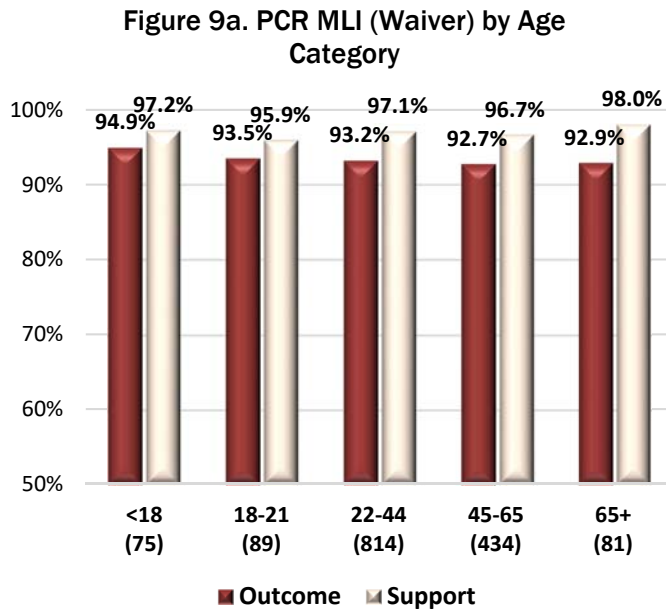


**Figure 8a. PCR MLI (Waiver) by Disability**



**Figure 8b. PCR MLI (CDC+) by Disability**





**PCR My Life Interview: Stability**

During the PCR My Life Interview, individuals are asked how often, over the course of a year, they experienced changes in their WSC or WSC agency, place of employment, work/day activity, residence, services, or service providers in their home. Table 5 shows the number and percent of individuals who experienced one or more of these changes and Figure 7 shows the top reason(s) for the change.

The most common source of change for individuals receiving services through the Waiver or CDC+ was in the service providers in their home. Nearly 19 percent of people receiving services through the Waiver and 11 percent for CDC+ reported service providers changing in their home at least once over the 12 month period (Table 5). This change was most commonly made by paid supports (39.2%) for the Waiver and by natural supports (68.8%) for CDC+ (Figure 10). More than 10 percent of individuals receiving services through the Waiver experienced one or more changes in work/day activity (14.3%), services they received (11.6%) or place of residence (11.0%). In each case, changes were most commonly made by the person. While these changes were less common for CDC+ (Table 5), they were most often made by natural supports.

Nine percent of all individuals experienced one or more changes in their Support Coordinator or CDC+ Consultant over a 12 month period. About half occurred because the Support Coordinator/Consultant stopped rendering services (51.5% Waiver; 46.2% CDC+). Another 20

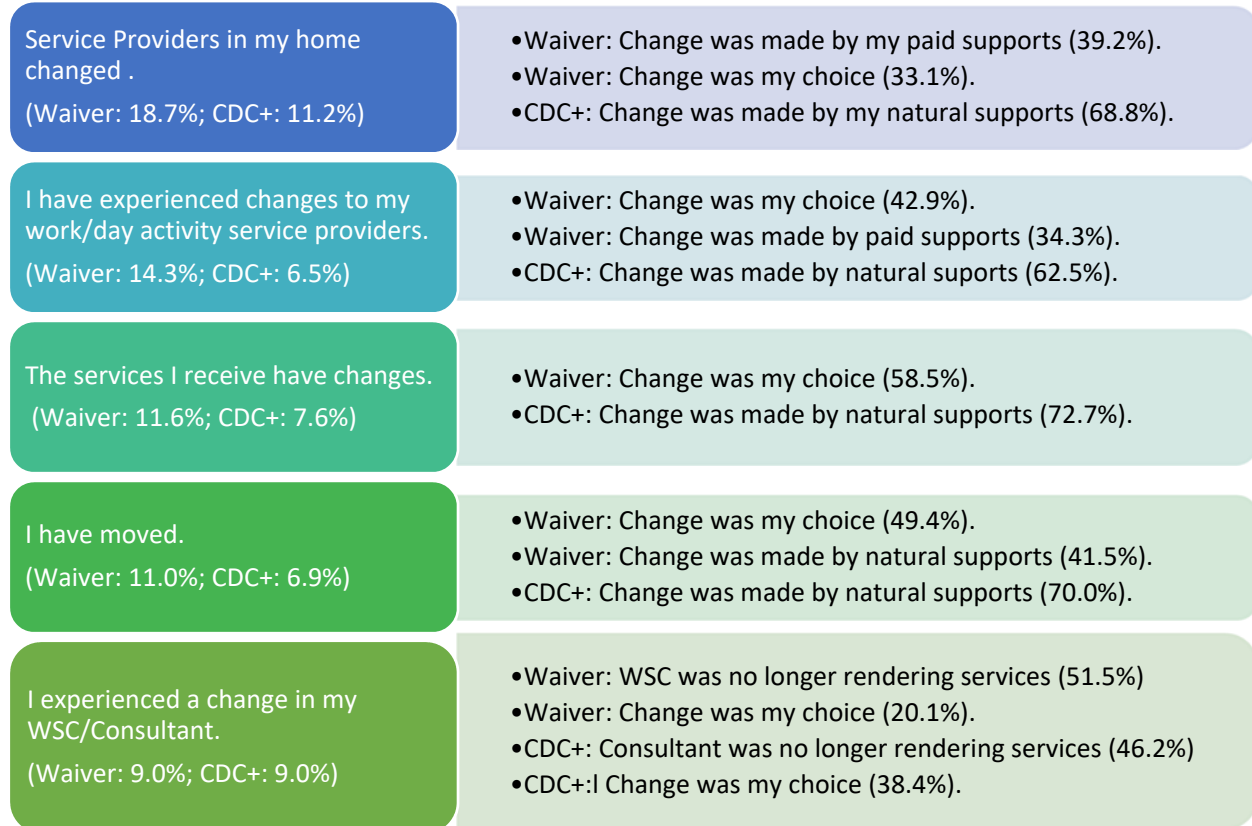


percent of individuals receiving services through the waiver and 38.4 percent through CDC+ said they chose to make this change. All other changes were made by natural/paid supports or by the WSC agency.

Table 5. PCR My Life Interview: Stability (1 or more changes) July 2018 – June 2019				
Within the past 12 months,	Waiver (N = 1,493)		CDC+ (N = 144)	
	N	%	N	%
I experienced changes in my WSC agency.	35	2.6%	6	4.4%
I experienced changes in my WSC.	134	9.0%	13	9.0%
I have changed employment.	35	3.1%	0	0.0%
I have experienced changes to my work/day activity service providers.	198	14.3%	8	6.5%
I have moved.	164	11.0%	10	6.9%
Service providers in my home have changed.	263	18.7%	16	11.2%
The services I receive have changed.	171	11.6%	11	7.6%

**Figure 10. Most Common Changes and Reasons Why**

Within the past 12 months...



**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. A new WSC/CDC+ interview tool was implemented July 1, 2018. Data are organized around the same Life Areas as described for the My Life Interview and measure supports provided to the person within each area. The focus is from the perspective of the WSC or CDC+ C.

WSC and CDC+ C interview results are shown in Figure 11. Scores are high for both in each area, above 97 percent, with very little variation across Life Areas or across regions (Table 6). Information in Table 6 includes the number of interviews completed in each region and the total number of indicators scored.

**Figure 11. WSC and CDC+ C Interviews  
 by Life Areas  
 July 2018 - June 2019**

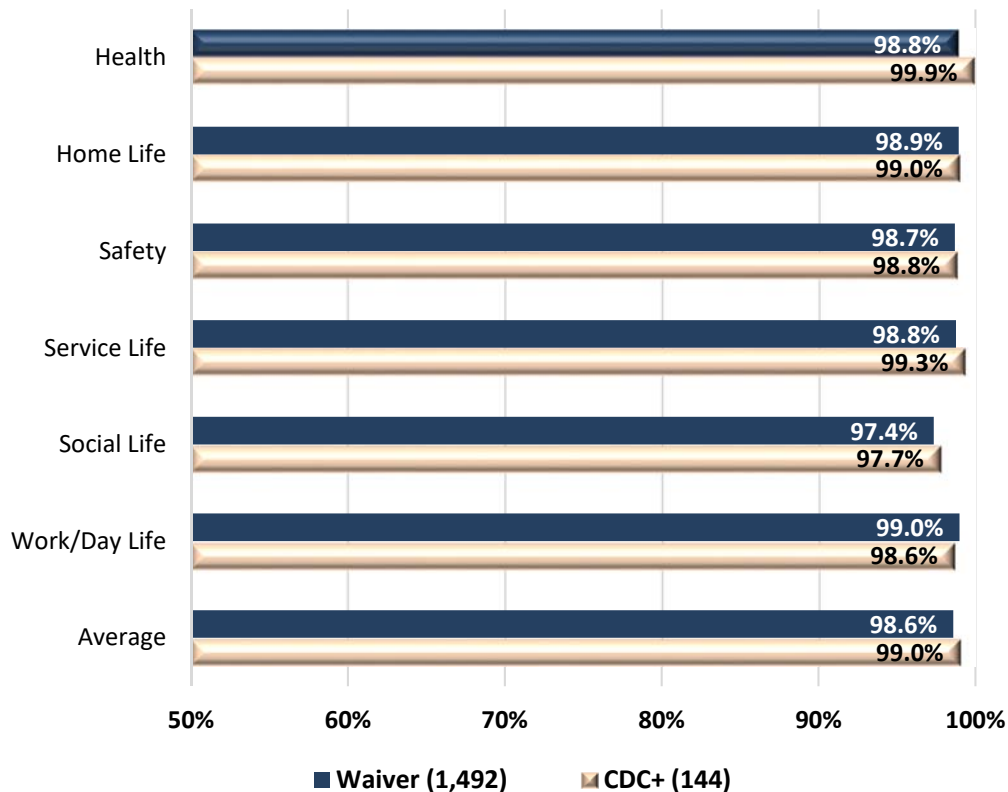


Table 6. WSC and CDC+ C Interview Results by Region						
July 2018 - June 2019						
Region	WSC (N = 1,492) <sup>10</sup>			CDC+ C (N = 144)		
	# Interviews	# Indicators	% Present	# Interviews	# Indicators	% Present
Northwest	93	2,284	96.2%	11	281	97.2%
Northeast	216	5,545	99.4%	22	539	97.6%
Central	323	8,239	97.2%	36	912	99.7%
Suncoast	374	9,504	99.2%	25	633	99.5%
Southeast	300	7,519	99.2%	28	690	99.6%
Southern	186	4,648	99.1%	22	529	98.9%
<b>State Average</b>	1,492	37,739	98.6%	144	3,584	99.0%

Of the 62 different indicators used to measure standards for the WSC and CDC+ C Interview, none showed a score of less than 93 percent.

### PCR Waiver Support Coordinator and CDC+ Consultant Record Reviews



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

- Both WSCs and Consultants scored relatively high on the record reviews, with 95.1 percent and 97.4 percent of standards met respectively.
- There was little variation across regions, with a four point difference between the highest (Southern: 97.3%) and lowest (Central: 93.2%) regions for the Waiver showing the greatest amount of discrepancy.
- Three standards in the WSC record review reflected a score under 90 percent (with reasons not met provided):
  - The Support Coordinator documents ongoing efforts to assist the person to define abuse, neglect, and exploitation (ANE) including how the person would report any incidents (85.0%). While most WSCs documented efforts to provide education on ANE, of the 223 who scored this Not Met:

<sup>10</sup> One WSC Interview is missing due to non-compliance.

- 39.9 percent did not document individualized efforts to assist the person to define ANE
- 39.5 percent did not document individualized efforts of providing **ongoing** ANE education
- 33.3 percent did not document how the person defines ANE
- Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted (82.0%). Among the 268 WSCs who scored this Not Met
  - 40.3 percent did not document discussions of specific dates, times or locations for the meeting
  - 39.9 percent did not document the meeting took place
  - 37.7 percent did not document any discussion about who the person wanted to attend the meeting
- The current Annual Report is in the record (89.6%). Among the 154 WSCs who scored this Not Met
  - 67.5 percent of the reports did not include progress toward meeting one or more individually determined goal
  - 40.9 percent did not include pertinent information about significant events in the person's life during the past year
  - Only 6.5 percent (10 WSCs) did not have the report in the record
- Two CDC+ standards showed scores under 90 percent:
  - The Progress Notes demonstrate pre-Support Plan planning activities were conducted (88.1%). Of the 17 CDC+ Consultants who scored this Not Met
    - Progress Notes for seven did not show evidence of discussing potential dates, times and locations for the meeting
    - Six did not have evidence the meeting took place
    - Notes for six individuals did not show evidence of discussing who the person wanted to attend the meeting
  - The consultant documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents (86.7%). For 19 CDC+ Consultants with this scored Not Met
    - Over half (10) had not documented efforts to provide **ongoing** education to the person on ANE
    - Eight had not documented how the person would report ANE if it occurred.

Table 7. WSC and CDC+ C Record Review Results by Region						
July 2018 - June 2019						
Region	WSC			CDC+ C		
	# Records	# Indicators	% Present	# Records	# Indicators	% Present
Northwest	94	2,520	94.4%	11	360	98.9%
Northeast	216	5,757	96.1%	22	701	98.9%
Central	323	8,483	93.2%	36	1,138	98.2%
Suncoast	374	9,928	95.3%	25	790	95.3%
Southeast	300	7,557	94.9%	28	866	96.5%
Southern	186	4,674	97.3%	22	681	97.1%
<b>State Average</b>	<b>1,493</b>	<b>38,919</b>	<b>95.1%</b>	<b>144</b>	<b>3,334</b>	<b>97.4%</b>

Table 8. WSC Record Review Results by Standard		
July 2018 - June 2019		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	1,492	96.2%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	1,493	96.6%
Level of care is completed accurately using the correct instrument/form.	1,492	93.1%
Person receiving services is given a choice of waiver services or institutional care at least annually.	1,493	97.2%
The Support Plan is updated within 12 months of the person's last Support Plan.	1,484	99.1%
The current Annual Report is in the record.	1,479	89.6%
The Support Plan is updated/revised when warranted by changes in the needs of the person.	673	94.8%
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.	1,490	96.8%
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.	1,451	93.9%
Support Plan includes supports and services consistent with assessed needs.	1,493	99.4%
Support Plan reflects support and services necessary to address assessed risks.	1,465	99.2%
Support Plan includes a current Safety Plan.	48	91.7%
Support Plan reflects the personal goals/outcomes of the person.	1,493	99.2%

Table 8. WSC Record Review Results by Standard July 2018 – June 2019		
Standard	Number Reviewed	Percent Met
The current Support Plan includes natural, generic, community and paid supports for the person.	1,492	98.5%
WSC documentation demonstrates current, accurate, and approved Service Authorizations are issued to service provider(s).	1,472	96.7%
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.	1,459	90.1%
The Support Coordinator is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	1,490	99.9%
The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted.	1,487	82.0%
The Support Coordination Progress Notes demonstrate required monthly contact/activities were completed and are in the record.	1,491	94.0%
For individuals in supported living arrangements Progress Notes demonstrate required activities are covered during each quarterly home visit.	221	91.0%
For persons living in Supported Living Arrangements the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider.	215	96.7%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis.	1,481	97.4%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing among waiver service providers on an ongoing basis.	1,486	97.6%
The Support Coordinator documents ongoing efforts to assist the person/legal representative to know about rights.	1,492	91.4%
The Support Coordinator documents ongoing efforts to ensure the person's health and health care needs are addressed.	1,491	97.0%
The Support Coordinator documents ongoing efforts to ensure the person's behavioral/emotional health needs are addressed.	1,062	98.1%
The Support Coordinator documents ongoing efforts to ensure the person's safety needs are addressed.	1,488	96.3%
The Support Coordinator documents information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis.	1,065	91.8%
The Support Coordinator bills for services after service is rendered.	1,491	96.2%
The Support Coordinator documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents.	1,490	85.0%
<b>Average WSC Record Review Score</b>	<b>38,919</b>	<b>95.1%</b>

Table 9. CDC+ Consultant Results by Standard July 2018 – June 2019		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	144	96.5%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	143	97.2%
Level of care is completed accurately using the correct instrument/form.	144	95.8%
Person receiving services is given a choice of waiver services or institutional care at least annually.	144	99.3%
The Support Plan is updated within 12 months of the person's last Support Plan.	142	100.0%
The current Annual Report is in the record.	143	97.9%
The Support Plan is updated/revised when warranted by changes in the needs.	46	93.5%
Support Plan includes supports and services consistent with assessed needs.	144	100.0%
Support Plan reflects support and services necessary to address assessed risks.	144	100.0%
Support Plan includes a current Safety Plan.	4	100.0%
Support Plan reflects the personal goals of the person.	144	100.0%
The current Support Plan includes natural, generic, community and paid supports for the person.	144	100.0%
Services are delivered in accordance with the Cost Plan.	144	99.3%
The Consultant is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	142	100.0%
Participant Monthly Review forms & Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	143	100.0%
Completed/signed Participant-Consultant Agreement is in the record.	144	97.9%
Completed/signed CDC+ Consent Form is in the record.	144	99.3%
Completed/signed Participant-Representative Agreement is in the record.	143	97.9%
All applicable completed/signed Purchasing Plans are in the record.	144	98.6%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	144	98.6%
All applicable completed/signed Quick Updates are in the Record.	69	98.6%
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	65	96.9%
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	136	98.5%
Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	134	100.0%
Consultant has taken action to correct any overspending by the Participant.	11	100.0%

Table 9. CDC+ Consultant Results by Standard July 2018 – June 2019		
Standard	Number Reviewed	Percent Met
If applicable, Consultant initiates Corrective Action.	4	100.0%
Completed/signed Corrective Action Plan is in the record.	4	100.0%
If applicable, an approved Corrective Action Plan is being followed.	4	100.0%
The Emergency Backup Plan is in the record and is reviewed annually.	143	93.0%
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.	128	99.2%
The Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted.	143	88.1%
The Consultant documents ongoing efforts to assist the person/legal representative to know about rights.	143	90.9%
The Consultant documents ongoing efforts to ensure the person’s health and health care needs are addressed.	143	98.6%
The Consultant documents ongoing efforts to ensure the person’s behavioral/emotional health needs are addressed.	104	100.0%
The Consultant documents ongoing efforts to ensure the person’s safety needs are addressed.	143	97.9%
The Consultant documents information about the person’s history regarding abuse, neglect, and/or exploitation on an ongoing basis.	100	93.0%
The Consultant documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents.	143	86.7%
Consultant documents a copy of the Support Plan is provided to the person or the legal representative, within 10 days of the Support Plan effective date.	143	100.0%
The Consultant bills for services after services are rendered.	142	93.7%
<b>Average PCR CDC+ Consultant Result</b>	<b>4,536</b>	<b>97.4%</b>

### CDC+ Representative (CDC-R)



People who elect to receive services through CDC+ have a Representative (the participant is sometimes also the Representative), who helps with the “business” aspect of the program, such as: hiring providers, completing and submitting timesheets, and paying providers. This is a non-paid position and is most often filled by a family member. Qlarant reviewers 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 2018 and June 2019, 179 CDC+ Representatives were reviewed. Results are presented by region in Table 10 and by standard in Table 11.



- On average, Representatives showed compliance of 92.3 percent, with 14 of the 19 standards reflecting scores over 91.0 percent.
- Representatives in the Southeast (96.0%) appear to be performing better than their counterparts in other regions, particularly compared to the Central Region with the lowest average score (89.5%)
- The lowest scoring standards were as follows:
  - Signed and approved Invoices for Vendor Payments are available for review (80.2%).
  - Consultant maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse (80.7%)
  - Background screening was documented for all direct care providers (81.9%).
  - Documentation is available to support the reconciliation of monthly statements (84.9%)
  - Accurate Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review (86.8%).

Table 10. CDC+ Representative Record Review Results by Region			
July 2018 – June 2019			
Region	# Reviews	# Indicators	% Present
Northwest	18	271	93.4%
Northeast	27	421	92.6%
Central	45	696	89.5%
Suncoast	29	448	92.6%
Southeast	36	548	96.0%
Southern	24	359	91.4%
<b>State</b>	<b>179</b>	<b>2,743</b>	<b>92.4%</b>

Table 11. CDC+ Representative Results by Standard July 2018 – June 2019		
Standard	Number Reviewed	Percent Met
Accurate Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	167	86.8%
Signed and approved Invoices for Vendor Payments are available for review.	91	80.2%
Signed and approved receipts/statement of “Goods and Services” for reimbursement items are available for review.	57	98.2%
Copies of Support Plan(s) are available for entire period of review.	177	94.9%
Monthly Statements are available for review.	179	96.6%
Documentation is available to support the reconciliation of Monthly Statements.	179	84.9%
The Participant obtains services consistent with stated/documentated needs and goals.	179	96.6%
The Participant makes purchases that are consistent with the Purchasing Plan.	179	98.3%
Complete and signed Participant/ Representative Agreement is available for review.	177	97.7%
Complete Employee Packets for all Directly Hired Employees are available for review.	167	92.2%
Complete Vendor Packets for all vendors and independent contractors are available for review.	98	92.9%
Background screening results for all providers who render direct care are available for review.	171	81.9%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	168	91.1%
All applicable signed and approved Purchasing Plans are available for review.	172	98.8%
All applicable signed and approved Quick Updates are available for review.	70	100.0%
Emergency Backup Plan is complete and available for review.	179	96.1%
Corrective Action Plan (if applicable) is available for review.	5	100.0%
The CDC+ Representative maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	150	80.7%
Copies of approved Cost Plan(s) are available for entire period of review.	178	95.5%
<b>Average CDC+ Representative Record Review Score</b>	<b>2,743</b>	<b>92.4%</b>

## 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 medications the person is taking.

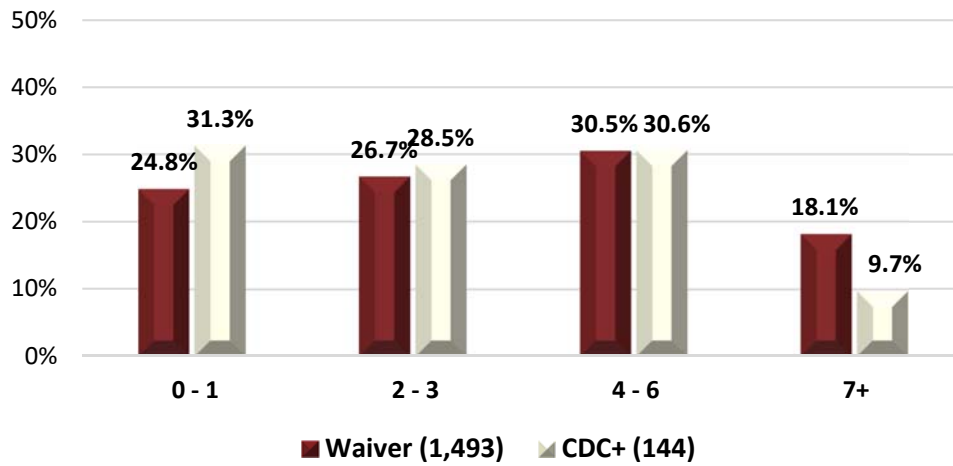
The following figures and tables show the percent of individuals receiving services through the Waiver or CDC+ who were taking medications, by the number of medications taken (Figure 12); and the percent of individuals taking four or more medications by region (Table 12), by residence (Figure 13), primary disability (Figure 14) and age group (Figure 15).<sup>11</sup> Some results are based on small sample sizes and should be viewed with caution. For example, only one person for CDC+ was age 65 or greater. Findings are similar to previous years, indicating:

- Individuals receiving services through the Waiver were more likely to take seven or more medications compared to CDC+ (Figure 12).
- Close to half (48.6%) of people receiving services through the Waiver were taking 4+ medications, compared to 40.3 percent for CDC+.
- Individuals in the Miami/Dade area (Southern Region) were most likely to take multiple medications, for both Waiver and CDC+, 55.9 percent and 50.0 percent respectively.
- People living in the family home (Waiver) were somewhat less likely to take multiple medications than people in the family home who opted for CDC+, 33.4 percent and 38.8 percent respectively, although the difference is not statistically significant.
- People living in a group home (Waiver) were significantly more likely to take multiple medications (70.9%) than their counterparts living in a family home (33.4%).
- People with an intellectual disability were most likely to take multiple medications and medication use appeared to increase with age.

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<sup>11</sup> The list of medications captured in the Health Summary was revised July 1, 2018. Dozens of medications which were previously capture in the 'Other' category were added to the list of medications in the Health Summary. This change most likely accounts for increases in the number of individuals taking 4 or more medications.

**Figure 12. Number of Prescriptions: Waiver vs CDC+**



**Table 12. Number and Percent of Individuals Taking 4 or More Medications by Region: July 2018 – June 2019**

Region	Waiver		CDC+	
	# PCRs	% Taking 4+	# PCRs	% Taking 4+
Northwest	94	50.0%	11	36.4%
Northeast	216	49.5%	22	45.5%
Central	323	45.2%	36	38.9%
Suncoast	374	50.3%	25	48.0%
Southeast	300	44.3%	28	25.0%
Southern	186	55.9%	22	50.0%
<b>Average</b>	<b>1,493</b>	<b>48.6%</b>	<b>144</b>	<b>40.3%</b>

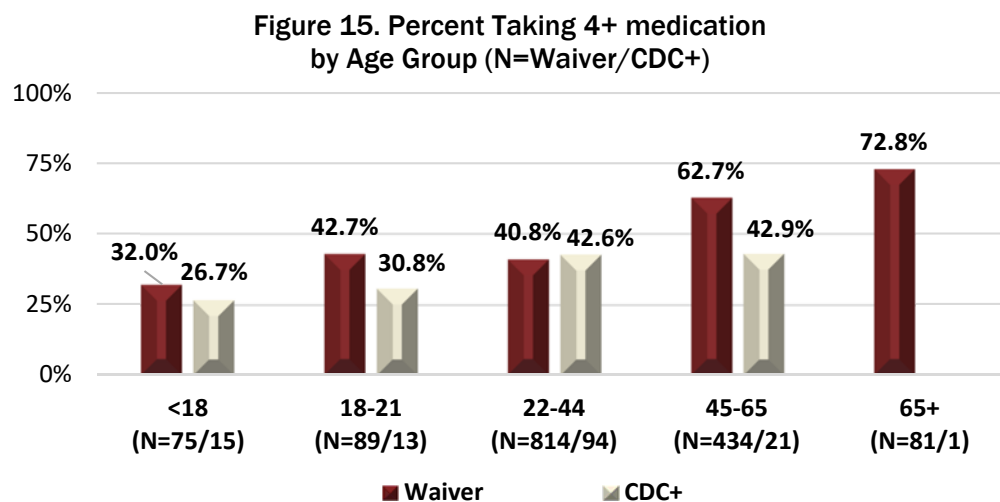
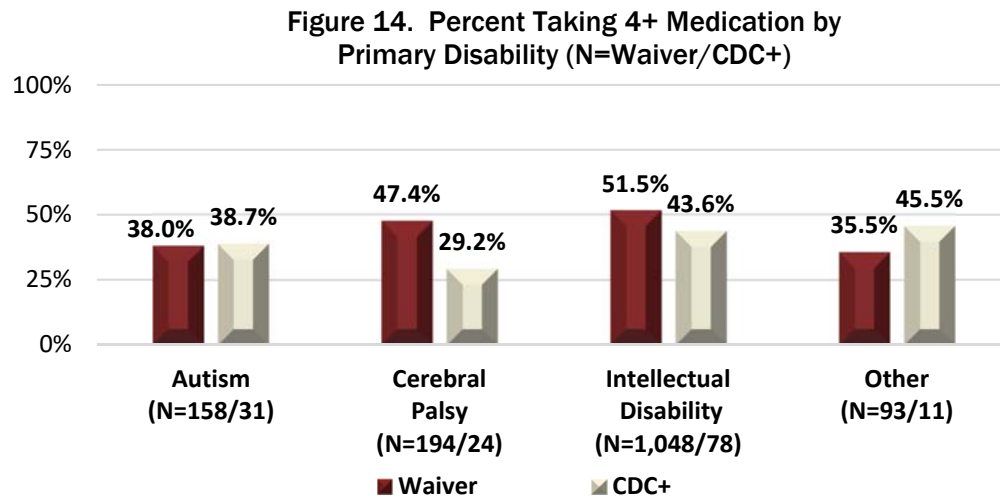
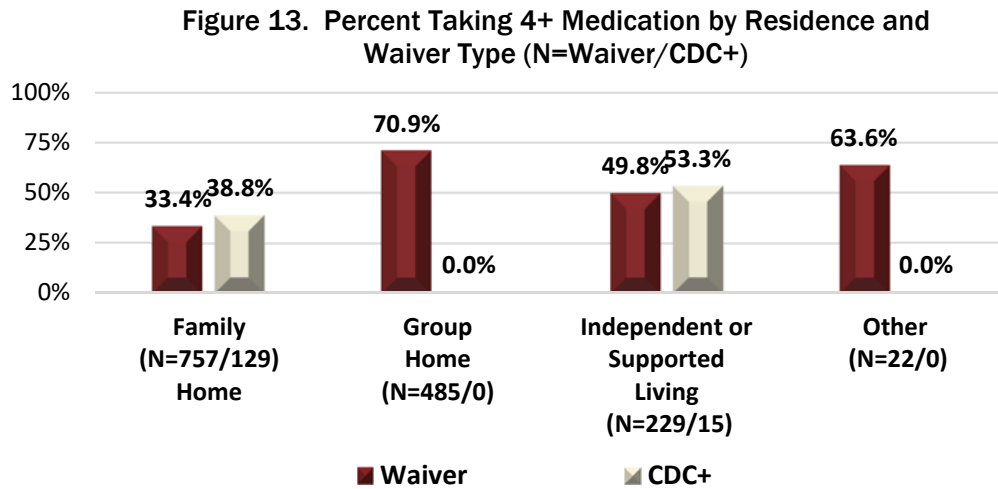
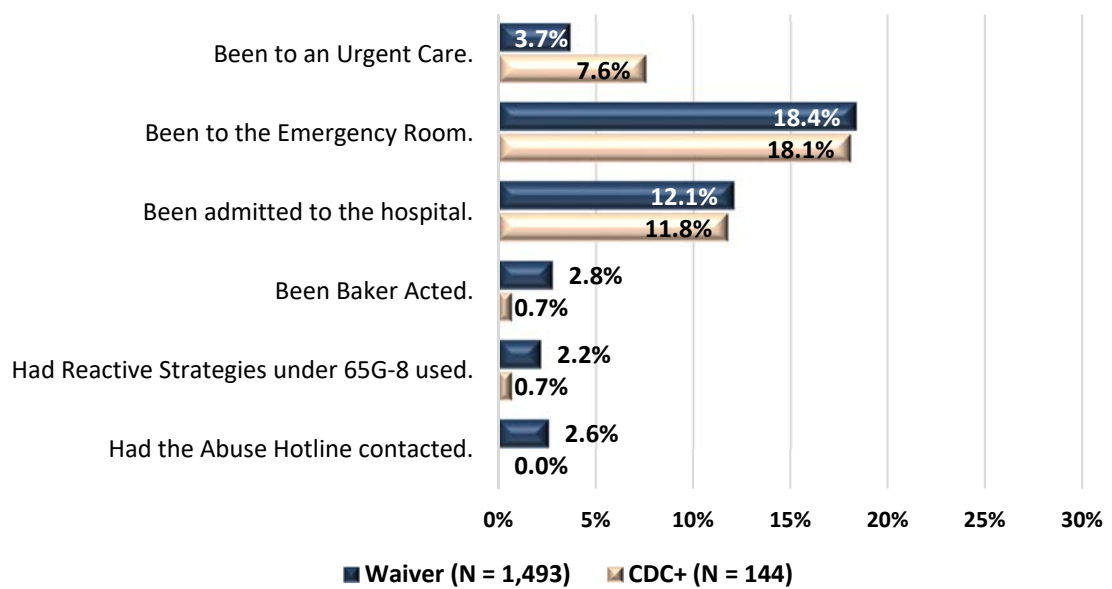


Figure 16 shows the percentage of individuals who experienced a significant health event within the past 12 months. About 18 percent of individuals on the Waiver and CDC+ had been to the Emergency Room at least once within the past 12 months and about 12 percent had been admitted to the hospital. Compared to individuals on the Waiver, rates of Urgent Care use were higher for those on CDC+ (7.3 % vs. 3.7%). Less than 3 percent of individuals on the Waiver were baker acted (2.8%), had to contact the abuse hotline (2.6%), or had reactive strategies used (2.2%).

**Figure 16. Significant Health Events  
 In the past 12 months, the person has...**



**PCR Summary Results**

A summary of scores from the PCR components is presented in the following figure, for the second year of the current contract (July 2018 – June 2019). Average scores are relatively high across all the areas. In the MLI, scores for outcomes are lower than for supports. This trend is especially apparent in outcomes related to community integration and knowledge of medication use. To meet outcomes related to community integration, individuals need to be afforded more choice in their community activities and need opportunities to make meaningful connections with people other than their natural or paid supports. Individuals also need to be offered education on what medications they are taking and why, as well as their potential side effects.

Further, findings from the My Life Interview and the WSC/CDC+ C Records Reviews indicate individuals need additional support in understanding the meaning of abuse, neglect and exploitation

(ANE) and what to do if they occur. Approximately 80 percent of individuals interviewed understood the meaning of ANE while 85 percent of WSCs and 86.7 percent of CDC+ Consultants documented ongoing efforts to assist the person to define abuse, neglect, and exploitation (ANE), including how the person would report any incidents.

**Figure 17. PCR Score Summary**



### Provider Discovery Reviews (PDR)<sup>12</sup>

During the course of the contract year, a PDR is completed for most providers who rendered at least one of the following services through the iBudget Waiver, for six months or more:<sup>13</sup>



- 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

<sup>12</sup> All review tools are posted on the FSQAP website

<sup>13</sup> <https://florida.qclarant.com/Public2/resourceCenter/providers/discoveryReviewTools/index.html>

<sup>13</sup> Deemed providers are permitted to skip one year for the PDR. Deemed is defined as an Overall PDR Score of 95% or higher for Service Providers an 99% or higher for WSCs with no alerts and no potential billing discrepancies for which the total reimbursement amount is five percent or greater.

- Respite
- Special Medical Home Care
- Support Coordination/CDC+ Consultant
- Supported Living Coaching

The PDR consists of up to six different review components: My Life interviews with individuals receiving services (MLI), interviews with staff rendering services (SI), observations (OBS) at waiver funded licensed residential homes (LRH) and day programs, Policy and Procedure (P&P), Qualification and Training (Q&T), and Service Specific Record Reviews (SSRR). Interviews with individuals are not included in the overall scores calculated for the PDR. Results are provided separately for WSCs and service providers. Between July 2018 and June 2019, 2,164 PDRs were completed by reviewers and approved by Qlarant management; 1,614 service providers and 550 WSCs. Table 13 shows the number of PDRs completed within each region<sup>14</sup>.

Table 13. Number of PDRs by Region				
Region	Service Providers (N = 1,614)		WSCs (N = 550)	
	N	%	N	%
Northwest	132	8.2%	37	6.7%
Northeast	280	17.3%	83	15.1%
Central	302	18.7%	129	23.5%
Suncoast	369	22.9%	115	20.9%
Southeast	294	18.2%	119	21.6%
Southern	237	14.7%	67	12.2%

### My Life and Staff Interview



The PDR for service providers 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 WSC PDR uses interviews with individuals as well as WSCs. The purpose of the interviews is to determine from the person’s perspective how well services are provided and if outcomes are present, and determine

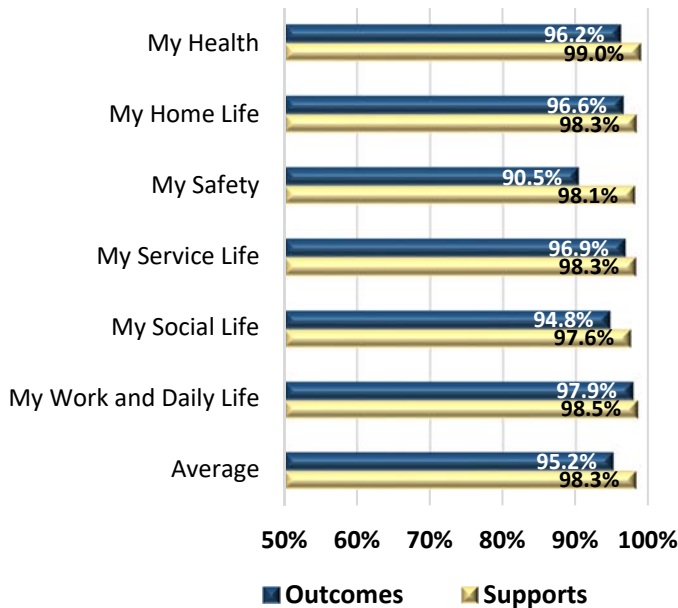
<sup>14</sup> Due to Hurricane Michael, review activity was suspended in many parts of the Northwest Region after October 2018.



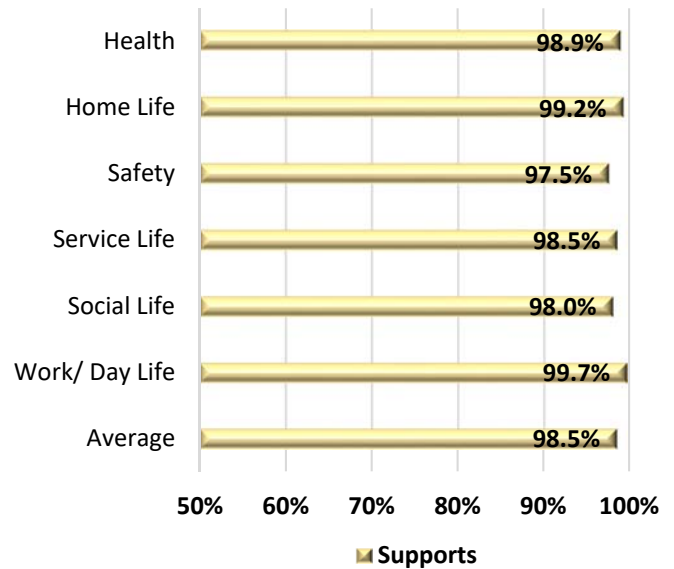
from the staff and WSC how well they think people are being supported in each service. Standards for the PDR MLI are the same as for the PCR MLI.<sup>15 16</sup>

Figure 18 displays findings from the PDR MLI for each Life Area, by outcomes and supports, and Figure 19 shows supports provided by Life Area according to the staff who were interviewed. Data indicate average scores for outcomes were slightly lower than supports, 95.2 percent and 98.3 percent respectively. The greatest difference is in safety, for which outcomes for individuals were close to eight points lower than supports provided, significant at <.0001. Staff Interview results (Figure 19) show high scores across all areas, with an average of 98.5 percent statewide. Scores vary somewhat across regions, from a low of 92.3 percent in the Northwest to 97.2 percent in the Southern region. Supports are consistently higher, particularly in the Northwest and Suncoast regions, where supports were close to five points higher than outcomes. Staff interview results are essentially the same across all the regions.

**Figure 18. PDR My Life Interview by Life Areas (N = 2,369)**



**Figure 19. PDR Staff Interview by Life Area (N=2,369)**



<sup>15</sup> All PCR and PDR tools can be viewed on the Qlarant website:

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

<sup>16</sup> See the PCR My Life Interview Section for a more detailed description of the interview standards.

Table 14. PDR Interview Results by Region					
July 2018 - June 2019					
	Individual			Staff	
Region	#	Outcomes	Supports	#	Supports
Northwest	183	92.3%	97.1%	190	97.3%
Northeast	356	96.1%	98.7%	373	99.0%
Central	428	94.5%	97.6%	422	98.1%
Suncoast	574	93.4%	98.2%	548	98.6%
Southeast	428	96.7%	98.7%	424	98.0%
Southern	400	97.2%	98.9%	412	99.1%
<b>State</b>	<b>2,369</b>	<b>95.2%</b>	<b>98.3%</b>	<b>2,369</b>	<b>98.5%</b>

## Observations

### Observations by Location: Licensed Residential Homes and Day Programs

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



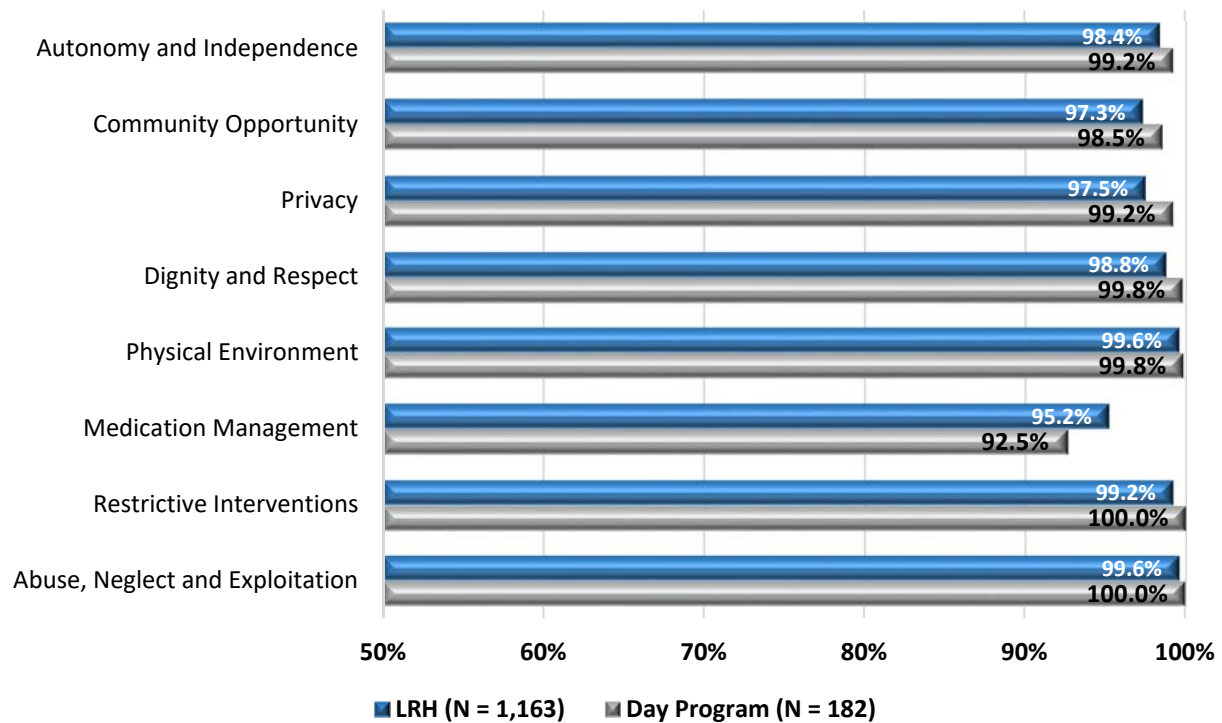
Observations were completed at 182 Day Program locations and 1,163 LRHs. PDR Observation scores are shown by region and type of location in Table 15. The number of Observations completed for Day Programs is relatively small in all regions and comparative analysis between LRHs and day programs should be made with caution. The overall scores for both types of locations are high and there is virtually no variation across regions.

Table 15. PDR Observation Scores by Region and Location				
July 2018 - June 2019				
	LRH		Day Programs	
Region	# OBS	% Met	# OBS	% Met
Northwest	64	98.3%	24	99.7%
Northeast	177	98.6%	27	99.5%
Central	232	98.2%	33	99.3%
Suncoast	288	98.2%	47	99.3%
Southeast	245	98.5%	21	99.4%

Table 15. PDR Observation Scores by Region and Location July 2018 – June 2019				
Region	LRH		Day Programs	
	# OBS	% Met	# OBS	% Met
Southern	157	98.6%	30	99.1%
State	1,163	98.4%	182	99.4%

Observations are shown by standard and location in Figure 20. Scores are generally high across all the standards, over 92 percent. The lowest scoring area is for Medication Management, which is least likely to be met in both locations.

Figure 20. Observations by Location and Standard



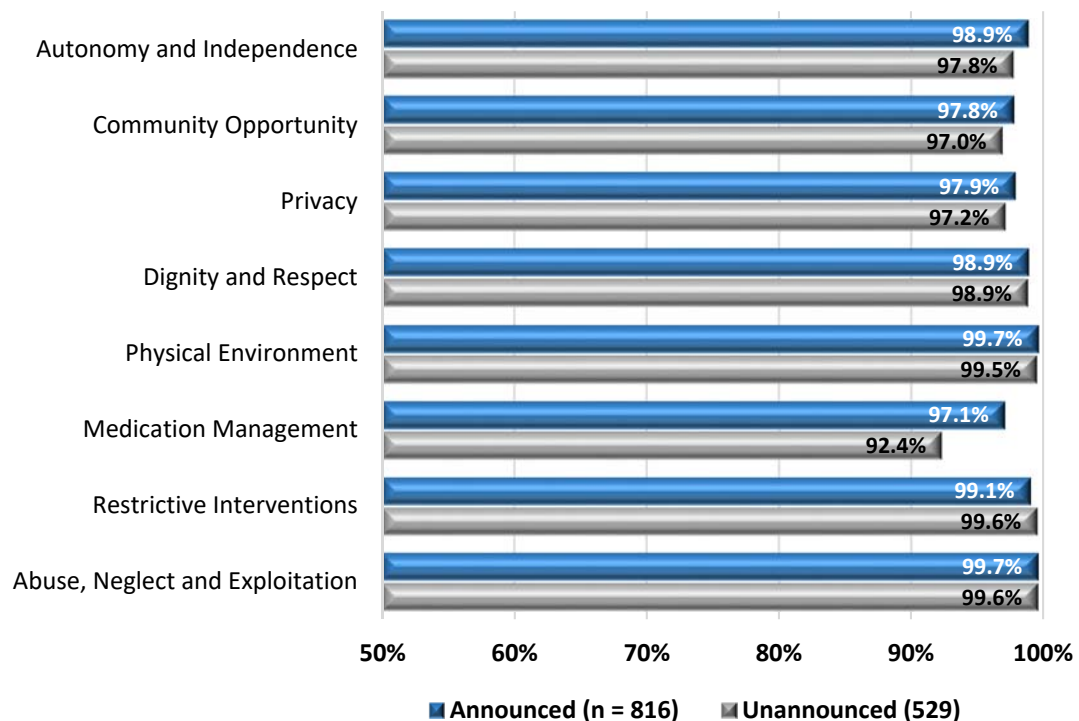
**Observations: Announced vs Unannounced**

Of the 1,345 Observations completed, 529 (39.3%) were Unannounced Observations. While providers may know when the PDR would occur, they did not always know which facilities would be chosen for the Observation or when the onsite visit would occur. Table 16 shows results by Observation location and type (Announced vs. Unannounced). Findings show no difference on average between the two types of Observations.

Table 16. Observation Scores by Observation Type and Location Type						
July 2018 - June 2019						
Observation Type	LRH		Day Program		State	
	# OBS	% Met	# OBS	% Met	# OBS	% Met
Announced	709	98.6%	107	99.4%	816	98.7%
Unannounced	454	97.9%	75	99.3%	529	98.1%

Results by standard for announced and unannounced observations are in Figure 21. Medication Management is the only standard that shows a discrepancy between the two observation types. Deeper analysis (Figure 22) indicates, on average, for unannounced observations facilities were less likely to meet the requirements to store controlled medications separately from other prescription and over-the-counter (OTC) medications, in a locked container within a locked enclosure (96.8% vs. 91.8%) and less likely to keep non-controlled medications in a locked container in a secured enclosure (96.8% vs. 89.6%).

**Figure 21. Announced vs. Unannounced Observations by Standard**



**Figure 22. Indicator Level Differences: Announced vs. Unannounced**



### 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 over 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.<sup>17</sup> Most of the P&P tool applies to agency providers (n=1,346); however, some questions may also be asked of solo providers (n=268).

Service providers reviewed this year averaged 93.1 percent compliance with Policy and Procedure requirements, the WSC average was somewhat higher (95.4%). Service providers and Support Coordinators were least likely to have written policies and procedures detailing methods for ensuring the person's confidentiality and maintaining and storing records in a secure manner (78.6% and 88.1% respectively).

Table 17. PDR Service Provider Policies and Procedures Results by Standard July 2018 – June 2019				
P&P Standard	Service Providers (n = 1,614)		WSC (n = 550)	
	Standards Reviewed	% Met	Standards Reviewed	% Met
If provider operates Intensive Behavior group homes the Program or Clinical Services Director	44	100%	NA	NA

<sup>17</sup> 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 2018 – June 2019				
P&P Standard	Service Providers (n = 1,614)		WSC (n = 550)	
	Standards Reviewed	% Met	Standards Reviewed	% Met
meets the qualifications of a Level 1 Behavior Analyst.				
Agency vehicles used for transportation are properly insured.	533	99.1%	NA	NA
Agency vehicles used for transportation are properly registered.	539	97.6%	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.	1,354	98.3%	133	100.0%
The provider maintains written policies and procedures with a detailed description of how the provider will protect health, safety, and wellbeing of the individuals served.	1,355	97.5%	133	99.2%
The provider maintains written policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening.	1,354	88.8%	134	93.3%
The provider maintains written policies and procedures detailing hours and days of operation and the notification process to be used if the provider is unable to provide services for a specific time and day scheduled.	1,355	88.8%	134	97.0%
The provider maintains written policies and procedures detailing how the provider will ensure the individuals' medications are administered and handled safely.	928	95.9%	NA	NA
The provider maintains written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider.	1,355	91.4%	132	96.2%
The provider maintains written policies and procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues.	1,356	98.5%	134	100.0%
The provider maintains written policies and procedures, which detail methods for ensuring the person's confidentiality and maintaining and storing records in a secure manner.	1,354	78.6%	134	88.1%
The provider maintains written policies and procedures, which detail the methods for management and accounting of any personal	970	90.7%	NA	NA

Table 17. PDR Service Provider Policies and Procedures Results by Standard July 2018 – June 2019				
P&P Standard	Service Providers (n = 1,614)		WSC (n = 550)	
	Standards Reviewed	% Met	Standards Reviewed	% Met
funds, of all individuals in the care of, or receiving services from, the provider.				
The provider maintains written policies and procedures in compliance with 65G-8.003 (Reactive Strategy Policy and Procedures).	300	96.7%	NA	NA
The provider addresses all incident reports.	855	97.4%	423	97.9%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	247	97.2%	162	98.1%
All instances of abuse, neglect, and exploitation are reported.	239	97.5%	166	98.8%
The provider identifies, addresses and reports all medication errors.	214	99.1%	26	100.0%
The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	1,527	92.8%	476	89.1%
<b>Average Policies and Procedures</b>	<b>15,879</b>	<b>93.1%</b>	<b>2,206</b>	<b>95.4%</b>

Findings by region are presented for agencies and solo service providers and WSCs in Table 18. WSCs are much more likely to operate as a solo entity. While approximately 16.6 percent of service providers are solo providers, approximately 75 percent of WSCs are solo providers. Many standards reviewed in the Policies and Procedures tool are not applicable to solo providers; therefore, findings are presented separately by region for solo vs agency providers and comparisons should be made with caution.

Table 18. Administrative Standards by Region July 2018 – June 2019								
Region	Service Providers				WSCs			
	Agency (n=1,346)		Solo (n=268)		Agency (n=136)		Solo (n=414)	
	Standards Reviewed	% Met	Standards Reviewed	% Met	Standards Reviewed	% Met	Standards Reviewed	% Met
<b>Northwest</b>	909	92.5%	29	62.1%	50	98.0%	61	90.2%
<b>Northeast</b>	2,629	92.7%	158	82.9%	154	98.1%	130	96.2%
<b>Central</b>	2,817	92.8%	106	80.2%	184	98.4%	271	93.7%
<b>Suncoast</b>	3,889	94.7%	50	80.0%	272	96.7%	220	93.2%
<b>Southeast</b>	2,868	93.1%	89	89.9%	366	93.7%	168	94.6%
<b>Southern</b>	2,308	94.0%	27	74.1%	257	98.1%	73	93.2%

Table 18. Administrative Standards by Region								
July 2018 - June 2019								
Region	Service Providers				WSCs			
	Agency (n=1,346)		Solo (n=268)		Agency (n=136)		Solo (n=414)	
	Standards Reviewed	% Met	Standards Reviewed	% Met	Standards Reviewed	% Met	Standards Reviewed	% Met
<b>State</b>	<b>15,420</b>	<b>93.5%</b>	<b>459</b>	<b>81.5%</b>	1,283	96.6%	<b>923</b>	<b>93.8%</b>

### Qualifications and Training Requirements



WSCs and all Direct Service Providers are required to have certain training and education completed in order to render specific services. For each service provider and WSC, several employee records are reviewed. The total number of employee records sampled varies, depending on the number of people receiving services. Of the 1,614 providers and 550 WSCs who participated in a PDR between July 2018 and June 2019, Qlarant reviewed 4,137 and 744 employee

records 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 employees) with the standard met for all staff. For the provider to score the standard met, all employee records reviewed must show compliance with the standard. If one record is out of compliance, the standard is Not Met for the provider.

Findings from the Q&T component indicate the following:

- Fewer than 85 percent of service providers were in compliance with annual in-service training related to the specific needs of at least one person currently receiving one of the following services: Personal Supports (72.8 %)
  - Life Skills Development 1 (Companion) (75.5%)
  - Life Skills Development 3 (Day Programs) (75.6%)
  - Residential Habilitation (Standard) (77.2 %)
  - Supported Living Coaching (83.4 %)
- 79.5 percent of providers had required documentation demonstrating their staff have received training in Requirements for all Waiver Providers.
- 84.2 percent of provider had required documentation demonstrating their staff received training in HIV/AIDS/Infection Control.



- Support Coordination was least likely to have required documentation demonstrating their staff received training in the Requirements for all Waiver providers (87.8 %)

<b>Table 19. PDR Qualifications and Training Service Provider Results by Standard</b>			
<b>July 2018 – June 2019</b>			
<b>Standard</b>	<b># Records Reviewed</b>	<b># Providers</b>	<b>% Providers w/ Standard Met</b>
The provider received training in Zero Tolerance.	4,135	1,614	91.3%
The provider received training in Basic Person Centered Planning.	1,728	984	91.8%
The provider received training on Individual Choices, Rights and Responsibilities	1,746	990	92.9%
The provider received training in Requirements for all Waiver Providers	4,104	1,613	79.5%
The provider received training in HIPAA.	4,127	1,613	85.1%
The provider received training in HIV/AIDS/Infection Control.	4,017	1,589	84.2%
The provider maintains current CPR certification.	4,011	1,585	91.4%
The provider received training in First Aid.	4,005	1,585	85.6%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	1,852	819	96.8%
The provider maintains current medication administration validation.	1,830	810	93.2%
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).	603	275	96.0%
Drivers of transportation vehicles are licensed to drive vehicles used.	3,107	1,448	99.4%
Personal vehicles used for transportation are properly insured.	2,080	1,079	93.8%
Personal vehicles used for transportation are properly registered.	2,081	1,079	92.9%
The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.	38	34	91.2%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	1,119	717	96.5%
The provider has completed standardized, pre-service training for Life Skills Development Level 2.	183	154	97.4%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	260	137	98.5%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	1,978	1,058	94.8%

<b>Table 19. PDR Qualifications and Training Service Provider Results by Standard</b>			
<b>July 2018 – June 2019</b>			
<b>Standard</b>	<b># Records Reviewed</b>	<b># Providers</b>	<b>% Providers w/ Standard Met</b>
The provider meets all minimum educational requirements and levels of experience for Respite.	476	347	94.8%
The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care.	2	1	100.0%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	1	1	100.0%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	441	353	98.0%
The provider completed required Supported Living Pre-Service training.	439	353	98.3%
The Supported Living Coach completed Introduction to Social Security Work Incentives.	424	342	92.7%
The provider received training in Direct Care Core Competency. (Old)	1,683	957	97.7%
The provider received training in Direct Care Core Competencies.	2,491	1,192	95.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	139	88	100.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	44	38	100.0%
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	37	97.3%
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.	978	661	75.5%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	185	155	98.7%
The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment.	170	146	87.0%
The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services.	208	123	75.6%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	1,398	570	95.6%
The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	1,176	548	77.2%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	312	142	98.6%
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	307	141	98.6%

Table 19. PDR Qualifications and Training Service Provider Results by Standard			
July 2018 – June 2019			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
state office and approved by the APD designated behavior analyst.			
The Residential Habilitation - Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.	257	128	96.9%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation- Intensive Behavior.	38	24	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.	37	24	100.0%
The Supported Living Coach provider completes eight hours of annual in-service training.	406	331	83.4%
The Personal Support provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	1,711	1,011	72.8%
The Residential Habilitation - Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics.	28	21	100.0%
The provider has completed all aspects of required Level II Background Screening.	4,137	1,614	85.9%
The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	3,992	1,565	90.9%

Table 20. PDR Qualifications and Training WSC Results by Standard			
July 2018 – June 2019			
Standard	# Records Reviewed	# WSCs	% WSCs w/ Standard Met
The provider received training in Zero Tolerance.	743	549	94.5%
The provider received training in Basic Person Centered Planning.	688	519	97.9%
The provider received training on Individual Choices, Rights and Responsibilities	NA	NA	NA
The provider received training in Requirements for all Waiver Providers	744	550	87.8%
The provider received training in HIPAA.	744	550	89.5%
The provider received training in HIV/AIDS/Infection Control.	743	550	89.5%

Table 20. PDR Qualifications and Training WSC Results by Standard			
July 2018 – June 2019			
Standard	# Records Reviewed	# WSCs	% WSCs w/ Standard Met
The provider maintains current CPR certification.	743	550	91.5%
The provider received training in First Aid.	743	550	88.9%
Drivers of transportation vehicles are licensed to drive vehicles used.	105	86	100.0%
Personal vehicles used for transportation are properly insured.	58	48	100.0%
Personal vehicles used for transportation are properly registered.	58	48	100.0%
The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	214	177	100.0%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	741	549	99.6%
The Support Coordinator completed required Statewide pre-service training.	742	550	99.6%
The Support Coordinator completed required Region Specific training.	737	550	97.6%
The Support Coordinator completed Introduction to Social Security Work Incentives.	726	549	94.9%
The Support Coordinator completes 24 hours of job related annual in-service training.	714	548	91.1%
The provider received training in Direct Care Core Competency. (Old)	586	430	98.6%
The provider received training in Direct Care Core Competencies.	220	182	95.1%
The provider has completed all aspects of required Level II Background Screening.	744	550	92.7%
The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	702	516	89.7%

### Service Specific Record Review Results (SSRR)



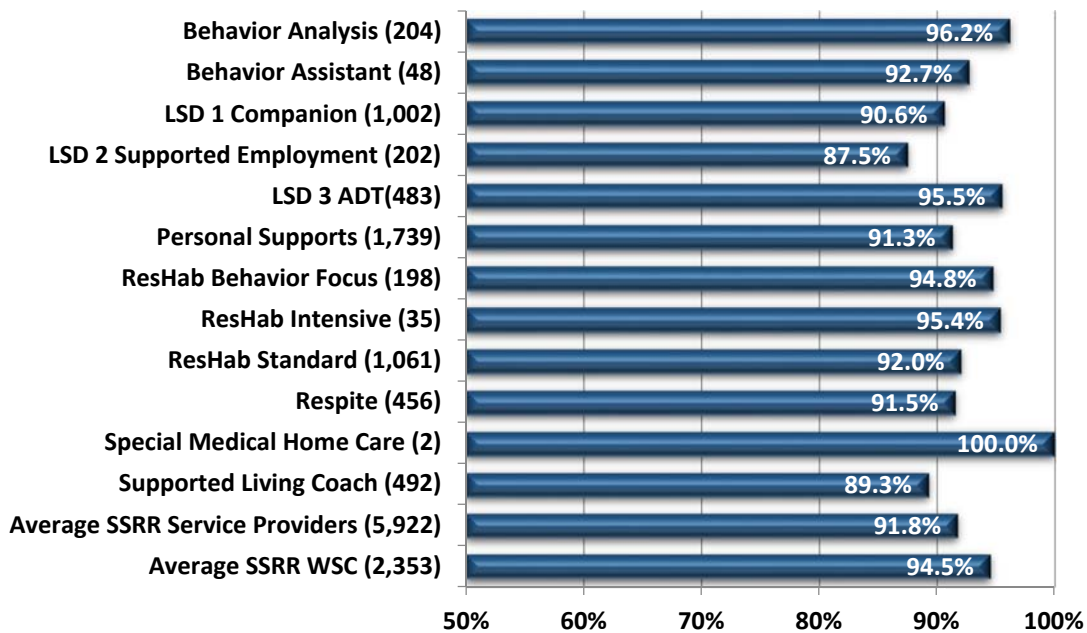
During the PDR, a sample of individuals is used to review records for each service offered by the provider. The number of records reviewed depends upon the size of the organization and the number of services provided. At least one record per service is reviewed. The SSRR tool includes a review of standards specific to each service.

There were 5,922 SSRRs completed between July 2018 and June 2019 as part of the 1,614 PDRs for service providers, scoring 97,609 standards, and 2,353 SSRRs completed as part of the 550 WSC PDRs, scoring 61,098 standards.

**SSRR by Service and Region**

SSRR results are presented by service in Figure 23 and by region in Table 21. Because many of the standards have a weight of more than one, both the weighted score and the percent of standards scored as met (Percent Met) are presented by region. Comparisons by service in Figure 23 show the Percent Met with the number of reviews completed in parentheses. Findings by service show providers of Supported Employment and Supported Living Coaching with the lowest record review scores, 87.5 percent and 89.3 percent respectively. There is little variation across regions; however, Support Coordinators in Central and Northeast Regions appear to be scoring lower than their counterparts in other regions.

**Figure 23. Service Specific Record Reviews  
 Weighted Percent Met by Service  
 July - June 2019**



**Table 21. PDR Service Specific Record Review Results by Region  
 July 2018 - June 2019**

Region	Service Providers			WSCs		
	# Records Reviewed	Weighted Score	Percent Met	# Records Reviewed	Weighted Score	Percent Met
Northwest	457	92.3%	91.6%	155	93.4%	93.6%
Northeast	979	90.7%	90.1%	350	95.2%	95.6%
Central	1,139	92.3%	91.8%	477	92.8%	93.3%
Suncoast	1,424	90.5%	90.0%	574	94.0%	94.7%

Table 21. PDR Service Specific Record Review Results by Region						
July 2018 - June 2019						
	Service Providers			WSCs		
Region	# Records Reviewed	Weighted Score	Percent Met	# Records Reviewed	Weighted Score	Percent Met
Southeast	1,025	91.5%	90.9%	475	92.7%	94.8%
Southern	898	94.5%	93.8%	322	96.4%	97.0%
State	<b>5,922</b>	<b>91.8%</b>	<b>91.2%</b>	<b>2,353</b>	<b>94.5%</b>	<b>94.8%</b>

### Lowest SSRR Indicators by Service

Approximately 12 percent of all the SSRR standard scores showed compliance rates under 85 percent. Figure 24 lists standards where services most commonly scored below 85 percent. Findings indicate high levels of non-compliance for submitting documentation to the Waiver Support Coordination. Ten of eleven services reviewed score below 85 percent on this standard and the only service to score above 85 percent was Special Medical Home Care where only two records were reviewed. Further, other than Support Coordination, all other services requiring documentation of ongoing efforts to assist the person in defining ANE were below compliance. Three or more services scored below 85 percent on standards requiring the Annual Report cover services provided and billed during the review period, documentation demonstrating ongoing efforts to assist the person or legal representative about rights, and having complete Service Logs.

**Figure 24. Lowest Scoring SSRR Standards**

The provider submits documents to the Waiver Support Coordinator as required.

- Behavior Assistant: 54.2%
- Supported Living Coach: 66.8%
- Respite: 73.7%
- Life Skills Development 2 (SEC): 74.5%
- Personal Supports: 75.0%
- Life Skills Development 1 (Companion): 76.0%
- Behavior Analysis: 76.5%
- Residential Habilitation - Standard: 76.5%
- Residential Habilitation - Behavior Focus: 82.8%
- Life Skills Development 3 (ADT): 84.1%

Provider documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents.

- Residential Habilitation - Standard: 67.6%
- Supported Living Coaching: 70.2%
- Residential Habilitation - Behavior Focus: 73.6%
- Residential Habilitation - Intensive: 75.8%
- CDC+ Consultant: 82.7%

The Annual Report covering services provided and billed during the period under review contains all required components.

- Supported Living Coach: 75.5%
- Life Skills Development 2 (SEC): 78.0%
- Residential Habilitation - Standard: 83.6%

The provider documents ongoing efforts to assist the person/legal representative to know about rights.

- Personal Supports: 75.4%
- Companion: 78.0%
- Life Skills Development 2 (SEC): 80.0%

The provider has complete Service Logs covering services provided and billed during the period under review.

- Life Skills Development 1 (Companion): 75.0%
- Personal Supports: 75.3%
- Respite: 79.1%

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

Between July 2018 and June 2019, 482 alerts were recorded for service providers with an additional 77 reported for WSCs for a total of 559 alerts (Table 22). Of these, 174 (31.1 %) were 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 has generated 189 alerts to date this contract year, a greater proportion than any other type of alert (33.8 %). A total of 25.6 percent of the alerts was related to medication – storage, administration, or training.

<b>Alert Type</b>	<b>Number</b>	<b>Percent</b>
Clearing House Roster	189	33.9%
Background Screening	174	30.9%
Medication Storage	53	9.5%
Medication Admin/Training	90	16.2%
Driver’s License/Insurance (EMP)	17	3.1%
Rights	18	3.2%
Vehicle Insurance (ADMIN)	9	1.6%
Health & Safety	6	1.1%
Abuse, Neglect, & Exploitation	3	0.5%
<b>Total Alerts</b>	<b>559</b>	<b>100.0%</b>

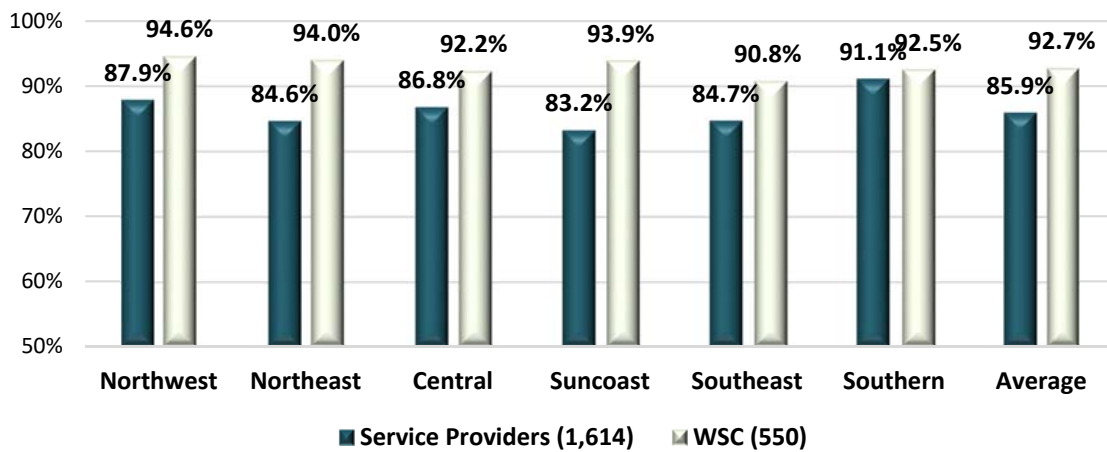


**Background Screening**



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 (Figure 25) shows the percent of service providers and WSCs compliant with all background screening documentation requirements. Findings indicate:

**Figure 25. Percent of Providers with All Background Standards Met  
 July 2018 - June 2019**



- Service providers were less likely to have the background screening requirements met than were WSCs, 85.9 percent and 92.7 percent respectively. However, since most WSCs are solo providers and most service providers are agencies, maintaining current screening for all employees is likely more challenging for service providers.
- Of the 227 providers/WSCs who had at least one background screening standard scored not met, 143 (63.0 %) resulted in an alert. The most common reason this standard was marked as an alert was that the provider did not present evidence of current APD General FDLE/FBI clearance from the Clearinghouse (n = 100).

**Potential Billing Discrepancy**



For each service, several applicable standards related to billing requirements are scored by reviewers. If any of the standards are scored Not Met, it is noted on the PDR Report as a potential billing discrepancy. The percentage of providers with one or more potential billing discrepancy is presented, by region, in Figure 26. Findings are similar to previous years and indicate:

- Service providers were more likely to have a potential billing discrepancy than WSCs, 39.5 percent and 27.8 percent not met respectively.
- Suncoast appears to have the highest proportion of both service providers and WSCs with a potential billing discrepancy, with over half of service providers showing a potential billing issue.

**Figure 26. Percent of Providers with 1+ Potential Billing Discrepancies  
July 2018 - June 2019**

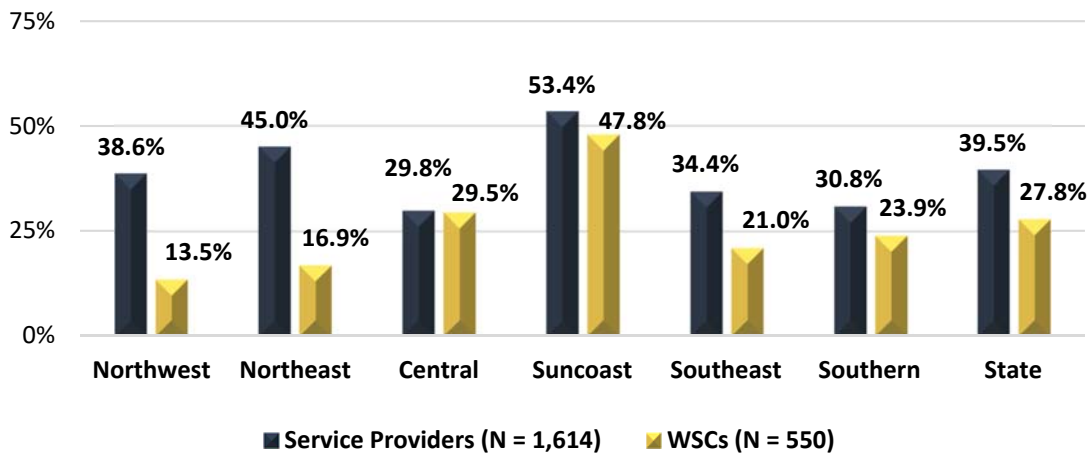


Table 23 provides the percent of records reviewed, by service, with one or more potential billing discrepancies. There is some variation across services:

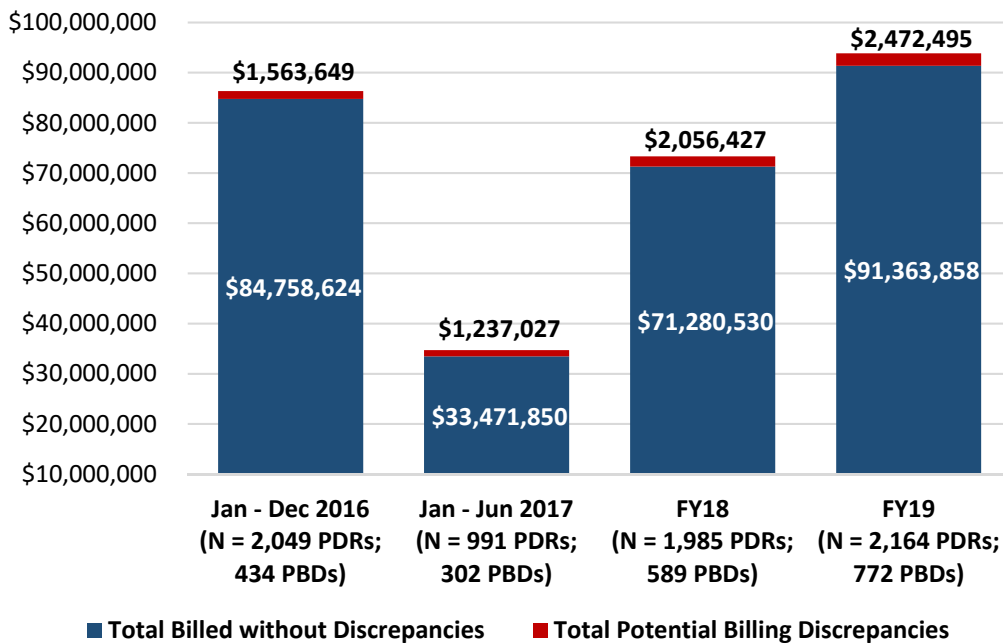
- On average, 18.4% of service records reviewed had at least one potential billing discrepancy cited.
- Records maintained for providers of Supported Living Coach, Life Skills Development 1 (Companion), Personal Supports, Life Skills Development 2 (SEC), and Behavior Assistant were most likely to have a potential billing discrepancy, each service showing approximately 27 percent or more of providers missing at least one billing discrepancy standard.
- Many of the services with higher rates of billing discrepancies often did not have complete Service Logs covering services provided and billed during the period under review (Life Skills Development 1 (Companion):75.0%; Personal Supports: 75.3% ; Respite: 79.1%; Behavior Assistant: 81.3%).

- Providers offering Supported Living, who had a billing discrepancy, often did not have complete Daily Progress Notes for each date of service provided and billed during the period under review (80.9%).

<b>Table 23: Potential Billing Discrepancies by Service</b>		
<b>July 2018 – June 2019</b>		
<b>Service</b>	<b># of Records Reviewed</b>	<b>% of Records w/ 1+ Not Met</b>
Behavior Analysis	204	9.8%
Behavior Assistant	48	27.1%
CDC+ Consultant	135	3.7%
CDC+ Consultant UA	62	6.5%
Life Skills Development 1 (Companion)	1,002	29.4%
Life Skills Development 2 (SEC)	202	27.2%
Life Skills Development 3 (ADT)	483	11.0%
Personal Supports	1,739	29.0%
Residential Habilitation Behavior Focus	198	4.5%
Residential Habilitation Intensive Behavioral	35	2.9%
Residential Habilitation Standard	1,061	8.1%
Respite	456	26.3%
Special Medical Home Care	2	0.0%
Support Coordination	1,494	9.0%
Support Coordination UA	857	12.4%
Supported Living Coaching	492	30.3%
<b>Total</b>	<b>8,470</b>	<b>18.4%</b>

Figure 27 shows the total dollars billed without discrepancies and the total potential billing discrepancies (PBDs) identified as part of a PDR over the past four review years. The number of PDRs vary year to year and therefore the total dollars billed and the total PBDs vary as well. For year to year comparisons, Table 24 shows the annual percentage of reimbursed dollars identified as being out of compliance with billing requirements, specified within the Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook. Over the past four review years, 2.5 percent of dollars reimbursed to providers was identified as a possible discrepancy. This rate varies from a low of 1.8 in 2016 to a high of 3.6 from January – December 2017.

**Figure 27. Total Dollars Billed and Potential Billing Discrepancies by Year**



Jan - Dec 2016	Jan - Jun 2017	FY 2018	FY 2019	Average
1.8%	3.6%	2.8%	2.6%	2.5%

In FY 2019, 2.6 percent of all dollars billed were identified as having potential billing discrepancies. Figure 28 shows the total dollars billed without discrepancies and the PBDs by region and Table 25 shows the percent of PBDs by region. Suncoast and Northwest had the highest PBD rates, 3.6 and 3.5 percent respectively. The Southern region had lowest PBD rate (1.3%).

**Figure 28. Total Dollars Billed and Potential Billing Discrepancies by Region:  
July 2018 - June 2019**

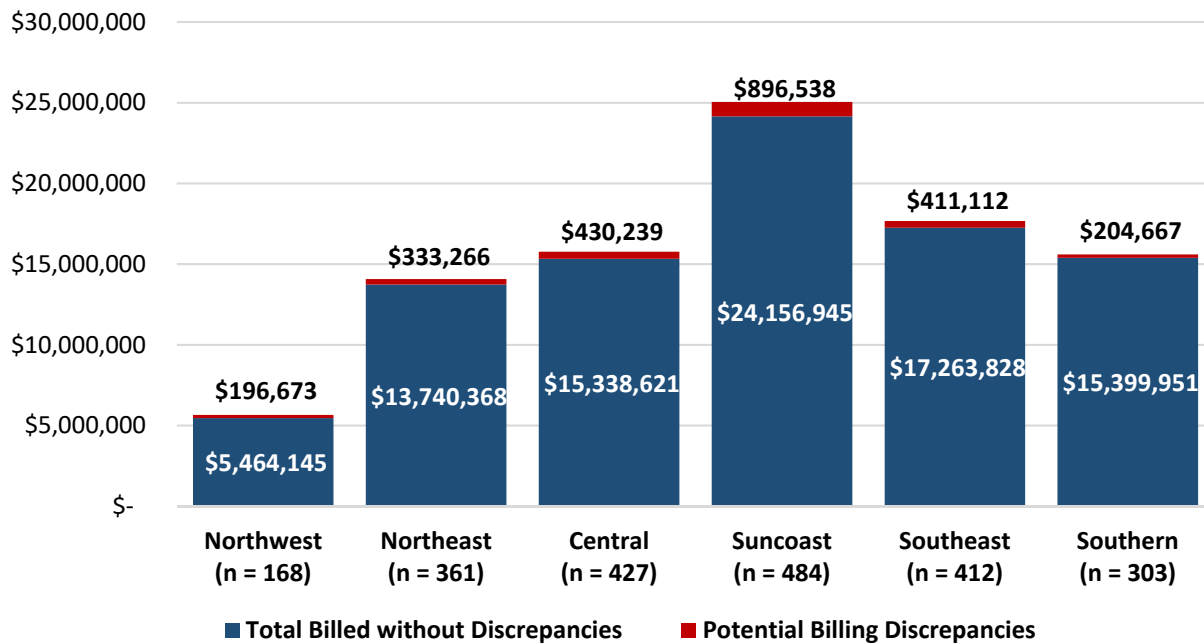


Table 25. Percent of Dollars Billed Identified as Potential Billing Discrepancies by Region					
Northwest	Northeast	Central	Suncoast	Southeast	Southern
3.5%	2.4%	2.7%	3.6%	2.3%	1.3%

### Summary of PDR Scores

#### Overall PDR Score

With the exception of the My Life Interview, standards throughout all PDR tools are used towards the Overall PDR Score. The score is calculated by dividing the total number of standards met over the total number of standards reviewed and subtracting five points for every alert (up to 15 points). Information in Table 26 shows the proportion of providers scoring less than 85 percent and the proportion scoring 95 percent or above. Compared to WSCs, a greater proportion of Service Providers scored below 85 percent (16.9% versus 9.1%) and a greater proportion of WSCs scored 95 percent or above (67.8% versus 51.4%).

Figures 29 and 30 show the distribution of Overall PDR Scores for Service Providers and WSCs, respectively, as well as the average score, WSCs scoring higher than Service Providers (94.2% versus 91.6%). The graphs display the range of scores (x-axis) and the percent of providers who scored within that range (y-axis). For example, 37.9 percent of providers had an overall score between 95 and 99 percent. Findings show lower scores range along a continuum, from less than 50 percent to 80 percent.

Table 26. Overall PDR Scores: Highs and Lows: Highs and Lows July 2018 - June 2019				
Provider Type	Score < 85%		Score ≥ 95%	
	N	%	N	%
Service Providers (N = 1,614)	256	15.9%	829	51.4%
WSCs (N = 550)	50	9.1%	373	67.8%

Figure 29. Service Providers Overall PDR Scores  
 July 2018 - June 2019 (N = 1,614)

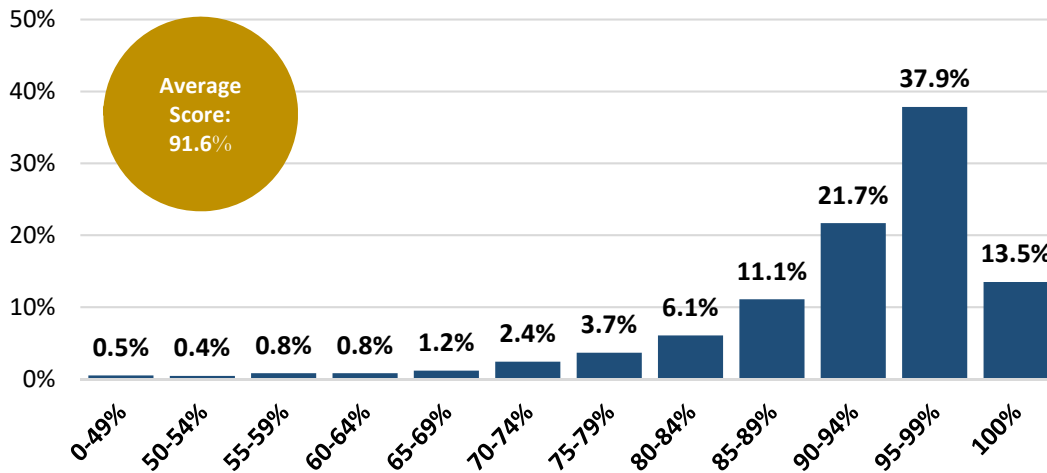
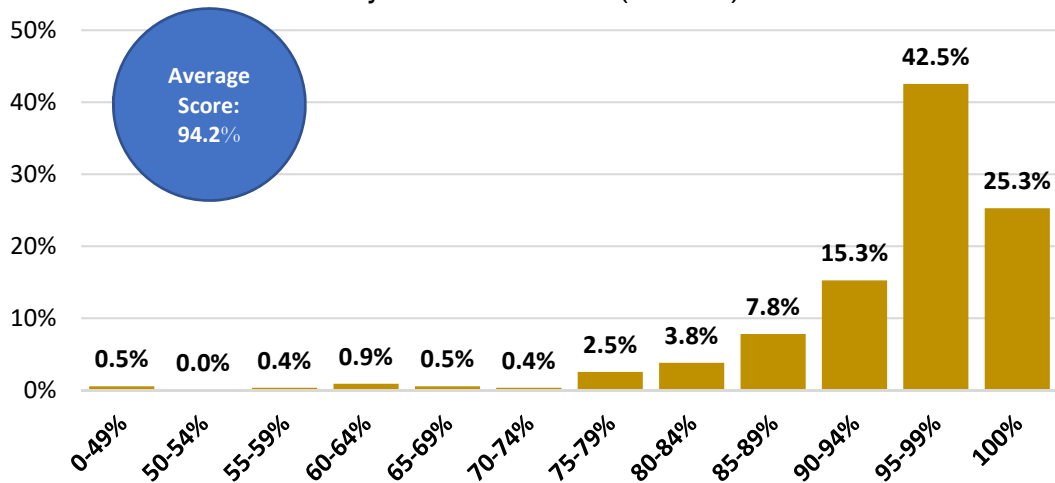


Figure 30. WSC Overall PDR Scores  
 July 2018 - June 2019 (N = 550)



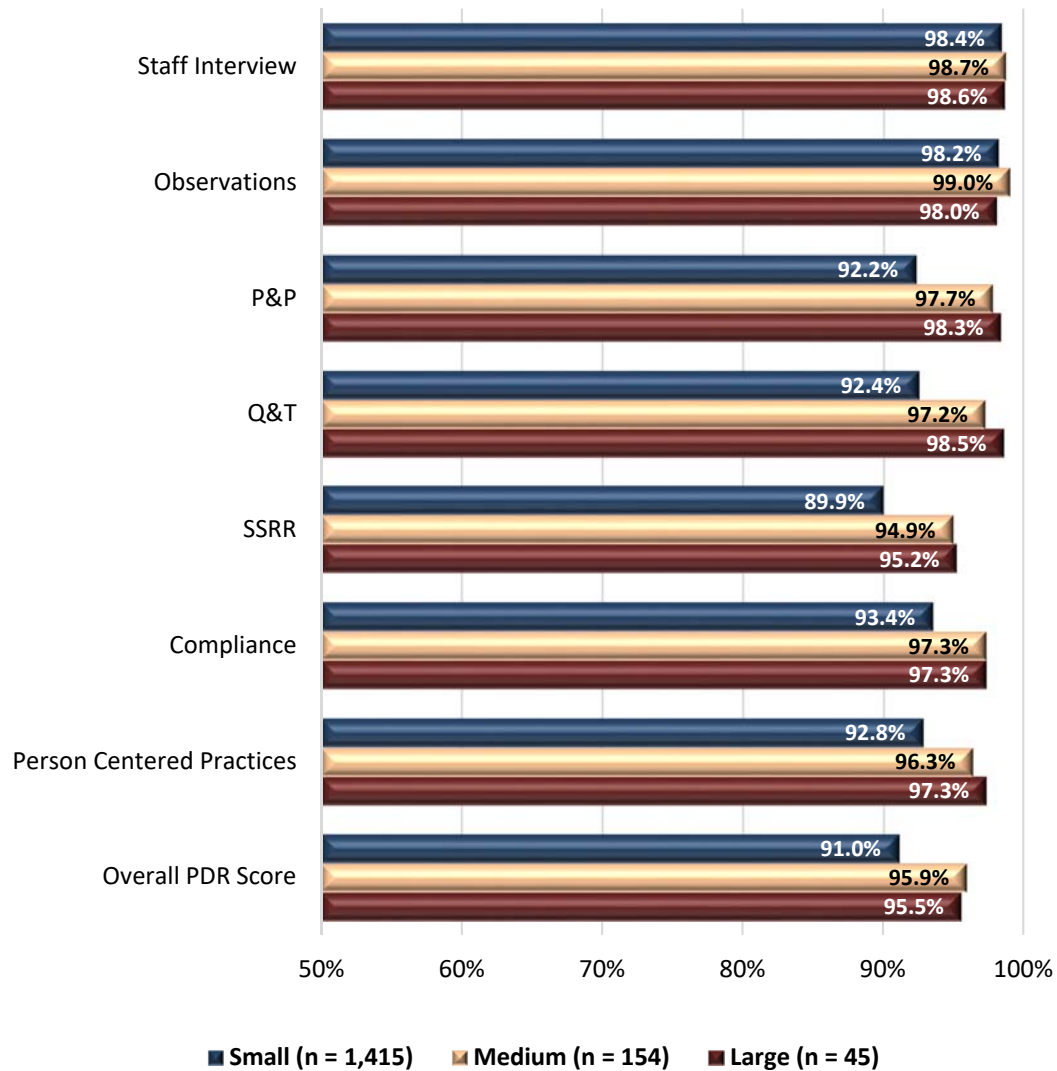
### **PDR Scores by Component and Provider Size**

Florida's providers of HCBS services, through the iBudget waiver, vary greatly in the number of employees they have and the number of people served.

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

Information in Figure 31 provides a summary of the average PDR results by review component, including the Compliance and Person Centered Practices scores. Compliance standards address required documents – are they complete, do they have all the necessary components? Person Centered Practices standards address best practices and the extent to which individuals have key outcomes in their lives, such as informed choice, desired levels of community integration and person centered service delivery. Small providers appear to score lower in all areas of the review, including on the Overall PDR, Compliance and Person Centered Practices scores. Medium and Large provider scores did not show much variation across the various review components.

**Figure 31. PDR Review Results by Provider Size:  
 July 2018 - June 2019**



On average, there were close to three (2.99 per 10 reviews) alerts for every 10 reviews completed. Medium size providers were least likely to have an alert during a review (1.56 per 10 reviews). On average, there were approximately 11.5 not met billing discrepancy standards per 10 reviews, with fewer for small providers (10.3) and approximately 19 for medium and large providers.



Table 26. Alerts and PBDs by Provider Size					
Provider Size	# Reviews	#Alerts	# BD	Rate per 10 Reviews	
				Alert	Billing Discrepancy Standards
Small	1,415	443	1,462	3.13	10.33
Medium	154	24	302	1.56	19.61
Large	45	15	87	3.33	19.33
<b>Total</b>	<b>1,614</b>	<b>482</b>	<b>1,851</b>	<b>2.99</b>	<b>11.47</b>

**PDR Scores by Region**

A summary of PDR Results by Region is presented for Service Providers in Table 23 and WSCs in Table 27. All scores are above 90 percent

Table 27. PDR Component Scores for Service Providers by Region July 2018 - June 2019							
Region	Policy & Procedure (n=1,614)	Q&T (n=4,137)	SSRR (n=5,922)	Staff Interview (n=2,369)	MLI (n=2,369)		OBS (n=1,345)
					Outcomes	Supports	
<b>Northwest</b>	91.6%	91.9%	92.3%	97.3%	92.3%	97.3%	98.7%
<b>Northeast</b>	92.1%	93.4%	90.7%	99.0%	96.1%	99.0%	98.7%
<b>Central</b>	92.4%	93.0%	92.3%	98.1%	94.5%	98.1%	98.3%
<b>Suncoast</b>	94.5%	93.5%	90.5%	98.6%	93.4%	98.6%	98.3%
<b>Southeast</b>	93.0%	91.9%	91.5%	98.0%	96.7%	98.0%	98.5%
<b>Southern</b>	93.8%	95.2%	94.5%	99.1%	97.2%	99.1%	98.6%
<b>State</b>	<b>93.1%</b>	<b>93.2%</b>	<b>91.8%</b>	<b>98.5%</b>	<b>95.2%</b>	<b>98.5%</b>	<b>98.7%</b>

Table 28. PDR Component Scores for WSCs by Region July 2018 - June 2019				
Region	# of PDRs	Policy & Procedure (n=550)	Qualifications & Training (n=744)	WSC Record Reviews (n=2,353)
<b>Northwest</b>	37	93.7%	95.8%	93.4%

<b>Table 28. PDR Component Scores for WSCs by Region                      July 2018 – June 2019</b>				
<b>Region</b>	<b># of PDRs</b>	<b>Policy &amp; Procedure (n=550)</b>	<b>Qualifications &amp; Training (n=744)</b>	<b>WSC Record Reviews (n=2,353)</b>
<b>Northeast</b>	83	97.2%	95.4%	95.2%
<b>Central</b>	129	95.6%	94.5%	92.8%
<b>Suncoast</b>	115	95.1%	96.3%	94.0%
<b>Southeast</b>	119	94.0%	93.9%	92.7%
<b>Southern</b>	67	97.0%	94.0%	96.4%
<b>State</b>	<b>550</b>	<b>95.4%</b>	<b>94.9%</b>	<b>94.5%</b>

## Section III: Discussion and Recommendations



Findings in this report reflect data from PCR and PDR reviews completed between July 2018 and June 2019. A total of 1,637 PCRs, 2,164 PDRs and 179 CDC+ Representative reviews were completed, approved and available for analysis.

Feedback from providers remains very positive with all questions on the feedback survey, about the reviewer and review processes, above 90 percent. During this quarter, Qlarant facilitated the Quality Council in Tallahassee, regional managers reviewed all reports before final approval and facilitated a quarterly meeting in each region to review data, explore trends, and discuss other relevant regional issues or best practices. 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 used to enhance training and reliability efforts through discussion of real situations and review questions.

### Overall Review Findings

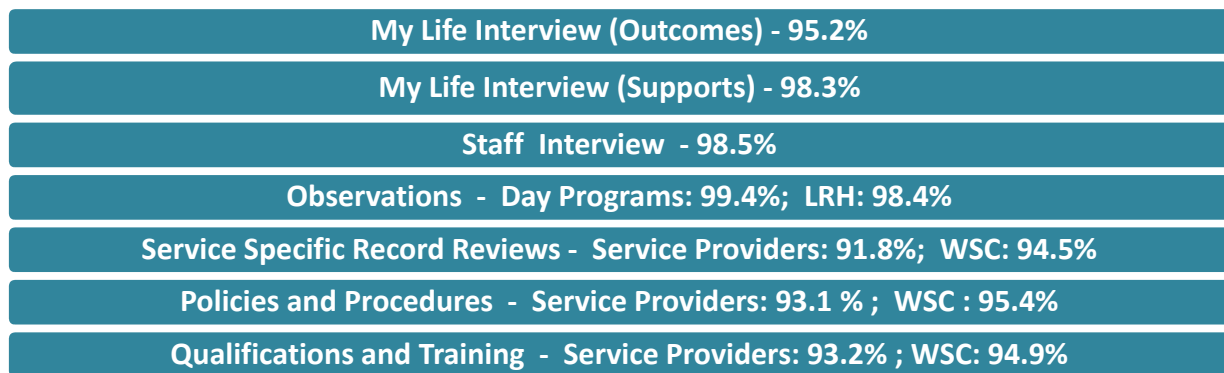
Results from reviews completed this year indicate the majority of providers reviewed was in compliance and individuals were generally satisfied with their services. General trends showed that on average, scores for individuals using CDC+ were higher than for people receiving services through on the Waiver and overall, scores for supports were higher than outcomes. Also, WSCs scored higher on all components of the PDR than service providers.

The PCR consists 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 similar to previous years and relatively high, each over 92 percent. CDC+ Representative record reviews showed the lowest scores.

<b>My Life Interview (Outcomes) - Waiver: 93.1%; CDC+: 95.4%</b>
<b>My Life Interview (Supports) - Waiver: 96.9%; CDC+: 98.3%</b>
<b>WSC Interview - 98.6%</b>
<b>CDC+ Consultant Interview - 99.0%</b>
<b>Support Coordinator Record Review - 94.8%</b>
<b>CDC+ Consultant Record Review - 96.8%</b>
<b>CDC+ Representative Review - 92.4%</b>

The addition of new My Life Interview tools is providing the ability to do a deeper dive into a person's outcomes versus the support provided. Results for the year indicate Safety is the lowest scoring area for outcomes – primarily because individuals do not understand the meaning of abuse, neglect, and exploitation or know what to do if they were to occur. Further, indicator level analysis revealed low scoring outcomes surrounding medication use and community life. More specifically, individuals reported they are not always aware of which medications they take, why they take them, or their potential side effects. Further, individuals (Waiver) reported that while they are going out into the community, they would like to do that more often and would like more opportunities to develop meaningful social connections.

Results from the PDRs conducted with service providers and WSCs indicate providers were in compliance with all aspects of the review, as shown in the following graphic. Each component of the PDR process reflects an average score of 92 percent or higher.



## Recommendations for Individuals

### Safety

While Safety supports seem to be present for individuals, Safety outcomes were least likely to be present for individuals interviewed during the PCR for the Waiver (88.7%) and individuals receiving services through CDC+ (86.7%). The lower scores were impacted by several specific areas. While almost all providers had policies in place to identify, address and report instances of abuse, neglect and exploitation (ANE), individuals did not always understand what any of these mean or what to do if experiencing ANE. In CDC+, individuals who primarily live at home did not know what to do in case of an emergency.

Recommendation 1: Support Coordinators and CDC+ Consultants should ensure education is provided to individuals about ANE and that it is offered in an individualized manner specific to the

communication style preferred by each person receiving services. Additional focus should be given to concepts such as exploitation and neglect, as these were less likely to be understood by individuals than abuse.

Recommendation 2: Fewer than 85 percent of providers offering Residential Habilitation and Supported Living had documentation demonstrating their ongoing efforts to assist the person to define abuse, neglect and exploitation, including how the person would report any incidents. Providers offering these services are instrumental in the daily lives of individuals making them especially qualified to offer education about ANE on an ongoing basis. APD should consider developing a training session, targeting providers offering these services, on how to teach individuals with IDD how to recognize ANE and what to do if it occurs.

Recommendation 3: APD should consider a training session, face to face or web-based, targeting families and guardians, to help families understand the importance of individuals knowing what to do in the event of different types of emergencies, including evacuation procedures when needed. APD should ensure the session is offered in both English and Spanish.

### Community Life

Social Life was also one of the lowest scoring outcome areas for individuals. Information to date indicates many people receiving services did not feel a part of the community and did not believe they actively participate and contribute to the community. A large proportion of individuals were not actively participating in their communities did not have information about social roles, what they are, why they are important, and how to develop meaningful social roles that would help with building friendships and community integration. Individuals also noted they did not have transportation to access the community and while observation scores were quite high, the lowest scoring standard indicated individuals were not always offered training on the use of public transportation, essential for many people who would like to connect with their communities. They also felt their preferences for activities are not addressed or supported.

Recommendation 4: Regions could work with provider organizations to help develop programs and activities in communities that address specific wishes for individuals receiving services. Discussion groups should convene before each outing to help determine destinations and desired activities, prioritize these, and develop a schedule/timeline for events if appropriate.

Recommendation 5: Developing new and meaningful social roles is critical for all of us, to help with self-growth, increase social networks, and expand our circle of meaningful friendships. Social role education and developing meaningful social roles have been a constant challenge for individuals with

IDD and providers offering services. The Quality Council could focus on this during one meeting to help identify what these challenges are and how to overcome the barriers. In addition, focus groups could be convened in some key areas across the state to gather up-to-date information from individuals receiving services, families, Support Coordinators and providers. This information could be used at the regional level to develop trainings to address relevant issues and barriers.

Recommendation 6: Providers should consider adding education on public transportation as a “focus for the week” training, providing opportunities to teach residents of a home or individuals in the day program how to read, understand and use bus schedules. If they do not already do this, organize outings using public transportation available near the facility.

### Medication Issues

Most individuals who did not understand what medications they were taking did not know the side effects of their medication, did not know what they were taking or why they were prescribed. In addition, approximately 47 percent of individuals were taking more than four medications and Medication Management was the lowest scoring area during observations in both LRHs and day programs.

Recommendation 7: Support Coordinators should ensure providers and families support individuals to understand what medications they are taking, why, and what the potential side effects are. Providers should include a “medication awareness tip” of the week in their contact with individuals. Education sessions targeting individuals receiving services, families and guardians should be developed or revised to ensure people understand medications and their side effects.

Recommendation 8: APD should consider an ad hoc report to drill into characteristics of each region and identify what may be driving the high rates of multiple medication use, to guide some quality improvement initiatives.

## **Recommendations for Providers**

### 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, Life Skills Development 1 (Companion), Life Skills Development 2 (SEC), Supported Living Coaching, Behavior Assistant, and Personal Supports were most likely to have a potential billing discrepancy, each service showing approximately 27 percent or more of providers missing at least one billing discrepancy standard. Each of these services showed scores below 85 percent on standards confirming that Service Logs and Daily Progress Notes were complete and in place.

Recommendation 9: The Quality Council could work with Qlarant reviewers (perhaps a panel format) 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. Qlarant reviewers could use this information during onsite review activity to help providers improve their billing systems and documentation.

### Medication Storage and Administration/Training

A quarter of alerts identified this year were related to medication storage, administration, or training. In addition, Medication Management was the only standard that showed a discrepancy between the announced and unannounced observations. Specifically, facilities experiencing unannounced observations were less likely to have met requirement to store controlled medications separately from other prescription and OTC medications in a locked container within a locked enclosure (96.8% vs. 91.8%) or to keep non-controlled medications in a locked container in a secured enclosure (96.8% vs. 89.6%).

Recommendation 10: The Quality Council could work with Qlarant reviewers to determine why medication storage and administration is a problem area for some providers offering Residential and LSD 3 (ADT) services and offer providers technical assistance during reviews.

### Provider Size

A new analysis in this report stratifies PDR review findings by the size of the provider. Data indicate smaller providers, serving up to 29 individuals, make up the greatest proportion of HCBS providers in Florida, approximately 88 percent, and also scored lower on average than medium or large size providers. The overall score for small providers was 91.0 percent compared to 95.9 percent and 95.5 percent for the medium and large providers, respectively. On the other hand, medium and large providers, were more likely to have alerts or billing discrepancies noted during their reviews.

Recommendation 11: While small providers scored well on the My Life and Staff Interviews, scores related to training and documentation fell short of larger provider scores. Qlarant may want to work with the Quality Council to identify possible causes for this discrepancy and determine ways in which Qlarant can provide small providers with technical assistance during reviews.

Recommendation 12: Qlarant may want to work with the Quality Council to identify why medium and large providers would be more prone to alerts and billing issues. The information could be used to provide technical assistance to providers during reviews.

Recommendation 13: The breakdown by size created for this report resulted in 88 percent of the total categorized as small providers. So while they scored lower across all the review components, it is reflecting most of the provider scores. Qlarant should work with APD and perhaps develop better definitions of different sized providers, to further enhance our ability to better discriminate performance by size, and target quality improvement initiatives.

### Summary

The focus of a Quality Improvement (QI) report is to identify problem areas for potential QI initiatives. Findings from reviews completed during the contract period were similar to previous years and generally positive. Compliance rates on average remain high, reflecting how well APD has worked cooperatively with AHCA and Qlarant to continue to improve the Florida Statewide Quality Assurance Program and increase the providers' ability to build better community connections for individuals receiving services. However, the new My Life Interview tool highlights discrepancies between outcomes and supports in the areas of safety, community life, and medication use. As we continue to use this tool, we may find these are areas in which we can conduct more in depth analysis in hopes of improving outcomes for individuals across the state.



## Attachment 1: Customer Service Activity

April - June 2019

Customer Service Topic	#	Description	Outcome	Avg Time
Address/ Phone Update	9	Providers call to update their phone numbers/addresses	Phone numbers/addresses are updated in the Discovery application, and providers are also advised to update contact information with AHCA.	1 day
Background Screening	3	Providers and provider consultants call with questions regarding FL background screening and in particular the DCF/APD Clearinghouse Employee/Contractor Roster requirements.	Background screening requirements are explained to providers, with reference to the Handbook, Florida Statute and Administrative Code. Providers are referred to their Regional APD Office for further assistance.	1.5 day
CDC+	1	Office of Attorney General - Medicaid Fraud Unit called asking about what gets reviewed related to someone receiving services through CDC+.	Areas reviewed were discussed with the caller and copies of the review tools were emailed to her.	1 day
Clarification	15	Providers call asking for clarification on topics such as acceptable documentation, service specific requirements, and documentation completion/submission timeframes.	Questions are answered and callers are referred to the iBudget Handbook, local APD Regional Office and the Qlarant tools posted on our website.	1 day
Contact QAR	2	Providers call to contact the QAR assigned to do their review.	QARs are contacted by office staff and asked to contact the provider.	1 day
Miscellaneous/ Other	7	Family stakeholders and providers call with requests unrelated to our process, e.g. how to access services in other states, where to send their Plan of Remediation, how to report Abuse.	Questions within our scope of work are answered. Where appropriate, callers are referred to APD and AHCA.	1 day
New Tools	1	Provider inquiring about the location of the current review tools.	Provider was guided to the FSQAP website and to the most current review tools.	1 day
Next Review	20	Providers call asking when their next review will occur. Providers call following receipt of their PDR notification letter to advise of vacation, planned unavailability or resignation in order to avoid possible non-compliance if attempts to contact them while away are made.	The review process is explained to the providers, including all the factors that are involved in scheduling. Providers are referred to their 90-day notification letters and advised to wait for the phone call from the reviewer to schedule their review. If indicated the assigned reviewer is notified of issues to consider when scheduling or the provider is removed from the schedule.	1 day

Customer Service Topic	#	Description	Outcome	Avg Time
Provider Web Search	2	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
Question	24	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.	1.5 Day
Reconsideration	13	Providers call asking for clarification on the process to submit a request for reconsideration or inquiring as to the status of a request already submitted.	The reconsideration process is explained to provider, including reference to our Operational Policies and Procedures. The provider is directed to the end of their PDR report and the FSQAP website where they will find detailed instructions on how to submit a request for reconsideration.	1 day
Billing Discrepancy	4	Providers call with questions about how to repay money identified as a potential billing discrepancy in their Provider Discovery Review report.	Providers are given the AHCA email address for potential billing discrepancy resolution inquiries. <a href="mailto:APDProviderBilling@ahca.myflorida.com">APDProviderBilling@ahca.myflorida.com</a>	1 day
Report Requested	7	Providers call or email requesting their report be re-sent.	Mailing addresses are confirmed and reports are re-sent.	1 day
Review/Reports	7	Providers call asking for an explanation of their reports.	Reports are reviewed and explained; providers are referred to their local APD office for technical assistance.	1.5 Day
Training	2	Providers and provider consultants call asking about training requirements.	Training requirements are explained, including reference to the Handbook and the APD website.	1 day
<b>Total Number of Calls</b>	<b>117</b>			