

Florida Statewide Quality Assurance Program

Year 2 Quarter 1 Report

July - September 2018

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



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Prepared by

Qlarant 

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List of Acronyms

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

Executive Summary

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

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

Findings for this first quarter are based on 336 PCRs and 513 PDRs. It is important to note data are from a small part of the PCR sample and eligible providers scheduled to be reviewed. Therefore, comparisons across groups or to previous years should be made with caution and interpretation of findings is very limited. However, to date, overall findings from both review types appear to be similar to previous years and are generally high indicating providers are offering quality services and individuals appear to be satisfied with the services they receive. A summary of preliminary findings includes the following:

- Average scores on all review components (interviews, observations and record reviews) were 90 percent or higher.
- Provider scores for documentation reviews (record reviews) were generally higher than scores for interviews and observations.
- Close to 40 percent of individuals were taking four or more prescribed medications.
- Approximately to 88 percent of the providers and 91 percent of WSCs reviewed to date had policies in place addressing background screening procedures and close to 86 percent of providers and 93 percent of WSCs showed required documentation in place for all employee records reviewed.

- WSCs show the lowest score on the Service Specific Record Reviews
- Life Skills Development 1 (Companion) and Personal Supports showed the greatest percent of records with a billing discrepancy

These and other findings are discussed in this report, with some recommendations provided. Additional analysis, with drill down into possible trends across demographics, will be possible when additional data are available.

Introduction

The Agency for Health Care Administration (AHCA) entered into a contract with Qlarant Foundation to provide quality assurance discovery activities for the Individual Budgeting Services (iBudget) waivers and the Consumer Directed Care Plus (CDC+) program, each 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). The second year of the current contract started July 2018.

Three quality management functions are identified by CMS: discovery, remediation, and improvement. Qlarant's purpose is within the discovery framework. Findings and trends identified in quarterly and annual reports are examined during the Regional Quarterly Meetings and Quality Council meetings to help target local and statewide remediation activity. The information is used by APD to help guide policies, programs, or other necessary actions to effectively remediate issues or problems uncovered through the discovery process.

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

The focus of the PDR is to review provider compliance with requirements and standards specified in the Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook, and to determine how well services are supporting individuals served. The PDR 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 third quarter report for the first contract year, January - March 2018. The report is divided into three sections.

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

Section I: Significant Contract Activity

Quality Assurance Activities

Status Meetings

Regular status meetings are held to provide an opportunity for Qlarant, AHCA, and APD representatives to discuss contract activities and other relevant issues as necessary. Revisions to processes and tools may be discussed as well as policy updates from AHCA or APD that may impact the FSQAP. During the first quarter of this contract year, a status meeting was held September 20. Because the Quality Council met in July, the July status meeting was canceled. Due to scheduling conflicts, the August meeting was also canceled.

Reliability

Qlarant Quality Assurance Reviewers (QAR) and Regional Managers undergo rigorous reliability testing each year, including formal and informal processes. QARs are periodically shadowed by managers to ensure proper procedures and protocols are followed throughout the review processes. Revised reliability processes were implemented October 2017, to provide more frequent (monthly) and targeted reliability testing, with the ability to focus on problematic areas. Because the process was more timely than expected, beginning in July 2018 AHCA approved a switch from monthly to every other month (bi-monthly), reporting results twice a year instead of quarterly.

Reliability processes include the following:

- **Bi-monthly reliability** sessions include standards reviewed from Service Specific Record Reviews as well as related questions from the iBudget handbook and the FSQAP Operational Policies and Procedure Manual. The QA Manager obtains actual file documents from a provider and the management team identifies the standards to be tested and creates the scoring key. The test is completed by each reviewer in Qlarant's online learning management system and scored automatically. All QARs must receive an average score of 85 percent or better each quarter to pass.
- **Field reliability** is conducted onsite with reviewers and is used to determine if protocols and procedures are followed correctly, prior to and during the review, and if responses on the review processes match responses of the manager conducting the reliability. The manager silently observes all information gathering and compares answers to all standards at the conclusion of the review. All QARs must receive an average score of 85 percent or better each quarter to pass.

During the first quarter, between July and September:

- PCR/PDR Field reliability was completed with three Quality Assurance Reviewers. All Reviewers passed.
- Bi-monthly File Reliability will be reported in the second quarter report.

Annual Florida Training Conference

Every year the entire Florida team comes together for extensive training and brainstorming activities. The annual conference was held July 10 – 13 in Tampa. The agenda for the week included the following:

- Updates from Qlarant Corporate, AHCA and APD
- Updates on all Qlarant disability programs
- Information provided on the CMS Setting Rule and the new NCI Adult In-person Survey
- Training/review on the Health Summary tool and Medical Peer Review process
- Review of PDR tools/processes
- Overview of the CDC+ program
- Training sessions for all new My Life interview tools: Individual, WSC, CDC+ Consultant and Provider
- Presentation on national trends in intellectual and developmental disabilities
- Presentation of Qlarant review data
- Quality Management and reliability updates

External Training/Presentations

Theresa Skidmore presented at the Family Care Council Florida meeting in Orlando on July 21. Topics included an overview of the new My Life Interview tool, update on Qlarant contract activities and a demonstration of the FL DD Resources Public Reporting website. Family Care Council leadership and Regional Chairs from around the state attended the meeting.

Katy Glasgow and Theresa Skidmore presented at the Reinventing Quality National Conference in Baltimore July 30 -31st. They presented as part of a session entitled ***Engaging Stakeholders: The Role of State Quality Councils and Monitoring Units.*** The panel included presentations highlighting the experience of three state IDD programs that have created Quality Councils with a variety of stakeholder members. Information shared during the presentation included the following:

- Successes and challenges of facilitating Florida's Quality Council
- A Council's ongoing impact on quality
- Tips on how to develop a Quality Council

- How to maintain active membership across a diverse group of invested agencies and individuals
- How to effectively utilize data to develop a forum for discussion to drive quality improvement

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 provide updates on current activities in the Region. Representatives from AHCA and APD State offices may attend the meetings in person or via phone in each Region. Face to face meetings were held in all APD Regions this quarter.¹

Quality Council (QC)

Qlarant facilitated a Quality Council meeting July 19, 2018, in Orlando. Members were provided the following:

- Updates from AHCA (AndraLica McCorvey-Reddick) and APD (Ed Debardeleben)
- Panel discussions with Qlarant reviewers (Janet Tynes, Gladys Brewer, Martina Pocaterra, and Chandra Rivers)
- Presentation of findings from the Qlarant reviews (Sue Kelly)
- Session to discuss “Acting on the Data” from HSRI (Stephanie Giordano)

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

Feedback Surveys

National Core Indicator (NCI) Consumer Survey Feedback Survey

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

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

returned to HSRI.² Since 2010 when the NCI surveys were implemented in Florida, results from the feedback surveys have been very positive. However, only seven were returned during the first quarter of the current year. Therefore, findings will be presented in the next report when more data are available.

Provider Feedback Survey

After each PDR, providers are given the opportunity to offer feedback to Qlarant about the review process and professionalism of the reviewer(s). Providers are given a survey they can complete and mail/fax to Qlarant, or surveys can be completed online on the FSQAP website. Between July and September 2018, 15 surveys were received from providers who had participated in a PDR and were entered into the database. On average, 99.1 percent of responses were positive (114/115). The one negative response indicated one reviewer was late to the appointment, but data also indicate the reviewer contacted the person about it.

| Table 1: Results from Provider Feedback Surveys | | | |
|---|--------------|-------------|------------------------|
| Surveys Received Between July – September 2018 | | | |
| Question | # Yes | # No | #NA³ |
| Did the Quality Assurance Reviewer (QAR) identify documents needed to complete the review? | 15 | 0 | 0 |
| Did the QAR explain the purpose of the review? | 15 | 0 | 0 |
| Did the QAR explain the review process and how the QAR or Qlarant team would conduct the review? | 15 | 0 | 0 |
| Did the QAR answer any questions you had in preparation for the review? | 14 | 0 | 1 |
| Did the QAR refer you to the FSQAP website, including the tools and procedures? | 15 | 0 | 0 |
| Did the QAR arrive at the review at the scheduled time? | 14 | 1 | 0 |
| If no, did the QAR call to notify you he/she might be a little late? (N=1) | 1 | 0 | 0 |
| Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving? | 15 | 0 | 0 |
| If you scored Not Met on any of the standards, did the QAR explain why? | 10 | 0 | 5 |
| Total Responses | 114 | 1 | 6 |

² N sizes listed with the results indicate when the total number of responses was less than 56.

³ Includes responses left blank.

Summary of Customer Service Calls

During the first quarter of the contract, July - September 2018, 279 calls were recorded in the Customer Service Log, with an average response time within one day for each call.⁴

Data Availability

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

Tool Revisions

Revised tools used to interview the individual, WSC, CDC+ Consultant and service provider/staff, were implemented July 1, 2018. The tools encompass domains related to My Service Life, My Home Life, My Work/Daily Life, My Social Life, My Health, and My Safety. The Individual Interview includes an assessment of both outcomes and supports, and questions addressing satisfaction with services and service providers. Reviewers also assess the stability of the person's life circumstances, such as the number of times over the previous 12 months the person has moved, changed providers or changed services.

Staff Changes

There were no staff changes during the first quarter.

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

Section II: Data from Review Activities

Person Centered Reviews (PCR)⁵

The PCR includes an interview with the person, an interview with the Support Coordinator and a review of the person’s record maintained by the Support Coordinator. If the person receives services through CDC+, an interview is conducted with the person’s CDC+ Consultant and a record review is also completed for the CDC+ Representative. Table 2 shows the number of people reviewed who receive services through CDC+ (38), the number of people receiving services through the Waiver (298), and the total number of individuals who declined or were otherwise unable to participate. The time period for declines is based upon the projected time period for the review.

| Table 2: Person Centered Review Activity | | | | |
|--|------------|-----------|---------------|----------|
| July - September 2018 | | | | |
| Region | # of PCRs | | # of Declines | |
| | Waiver | CDC+ | Waiver | CDC+ |
| Northwest | 9 | 2 | 3 | 0 |
| Northeast | 57 | 15 | 15 | 0 |
| Central | 64 | 8 | 15 | 1 |
| Suncoast | 87 | 4 | 22 | 1 |
| Southeast | 65 | 6 | 28 | 1 |
| Southern | 16 | 3 | 9 | 1 |
| Total | 298 | 38 | 92 | 4 |

Individuals are free to decline to be interviewed at any time during the process. An individual who declines, or may be otherwise unable to participate, is replaced by another individual from the oversample to ensure an adequate and representative sample is used for analysis. The decline rate was approximately 23.8 percent for the waiver and 9.5 percent for CDC+.

Reasons given for the declines are shown in Table 3. Because reviewers schedule interviews through the person’s WSC, if the reviewer is told an individual decides not 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, 57.7 percent. An additional 13 (13.4%) individuals were no longer receiving services, had passed away (n=6), or had

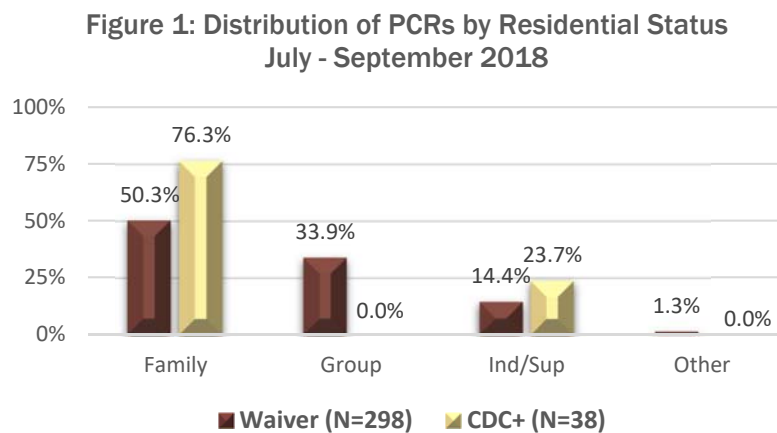
⁵ All review tools are posted on the FSQAP website (<http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>).

moved out of the state (n=10). Approximately 12.4 percent of individuals who declined indicated a preference to participate next year.

| Table 3: Person Centered Review Decline Reasons | | | |
|---|-----------|----------|-----------|
| July - December 2017 | | | |
| Decline Reason | Waiver | CDC+ | Total |
| Refused | 54 | 2 | 56 |
| Review Next Year | 10 | 2 | 12 |
| No Longer Receiving Services | 13 | 0 | 13 |
| Deceased | 6 | 0 | 6 |
| Moved Out of State | 10 | 0 | 10 |
| Total | 93 | 4 | 97 |

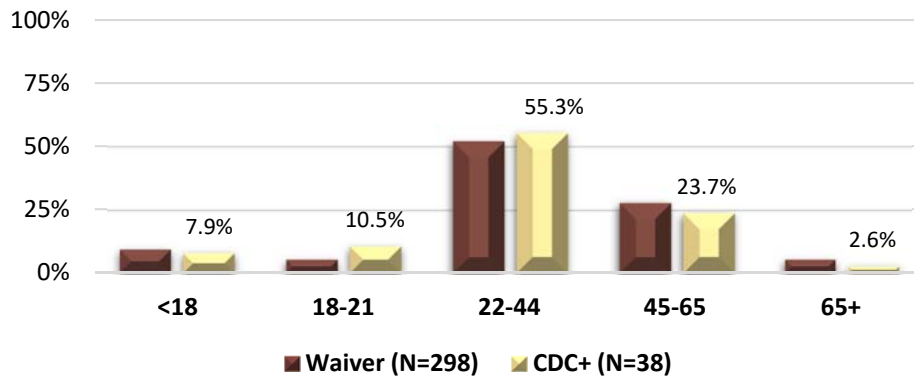
Demographics

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

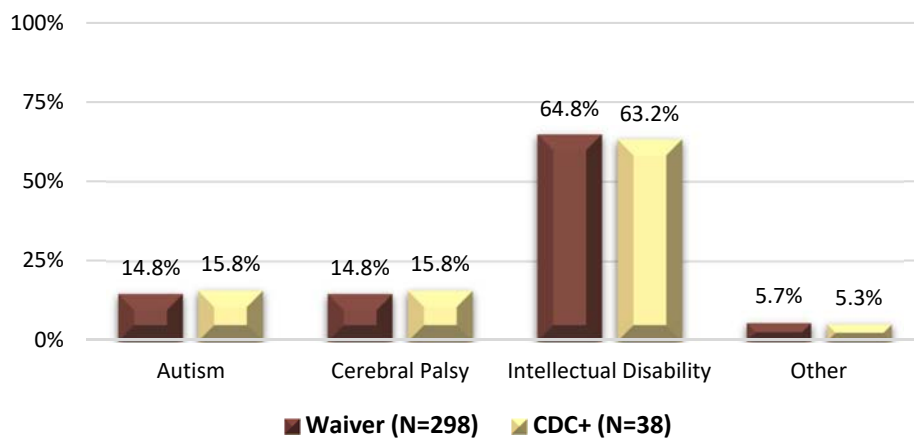


⁶ The Other category for Residential Type for the Waiver includes Assisted Living Facilities (3) and Adult Family Home Care (1). The Other Disability category for the Waiver includes Spina Bifida (2), Down Syndrome (11), Seizure Disorder (3), and Other (1), and for CDC included Down Syndrome (2).

**Figure 2: Distribution of PCRs by Age Group
 July - September 2018**



**Figure 3: Distribution of PCRs by Primary Disability
 July - September 2018**



PCR My Life Interview (MLI)⁷

Individuals who participate in a PCR receive a face-to-face interview that includes the PCR MLI and may include the National Core Indicator (NCI) In-Person Survey.⁸ The MLI was modified and implemented July 1, 2018. The new My Life Interview is organized around six areas important to a person’s life, and include measures of choice, respect, rights and community integration:

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

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

1. My Service Life - My Service Life consists of expectations for all of the services a person is receiving from iBudget providers and the involvement of the person in development and design of the service delivery system.
2. My Home Life – My Home Life consists of expectations for services a person is receiving in the home from iBudget providers.
3. My Work and Daily Life – My Work and Daily Life consists of expectations for services a person is receiving from iBudget providers pertaining to work and day activities. Services in this domain include the Life Skills Development services and Personal Supports depending on how it is utilized.
4. My Social Life – My Social Life consists of expectations for services a person is receiving from iBudget providers in the community.
5. My Health – My Health consists of expectations for a person who has iBudget provider support related to health access, satisfaction and education.
6. My Safety – My Safety consists of expectations for a person who has iBudget providers and relates to areas of safety in various settings, including education and knowledge about abuse, neglect, and exploitation.

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

PCR My Life Interview by Life Area

The average MLI score for each Life Area is presented in Figure 4 for outcomes and Figure 4a for supports. Scores to date are based on only a small portion of the total sample to be interviewed before July 2019. Therefore, findings are preliminary and should be interpreted with caution. Overall, individuals indicate they are supported slightly more than having outcomes present, 97.2 percent and 94.3 percent respectively.

Figure 4: My Life Interview by Life Area Outcomes
July - September 2018

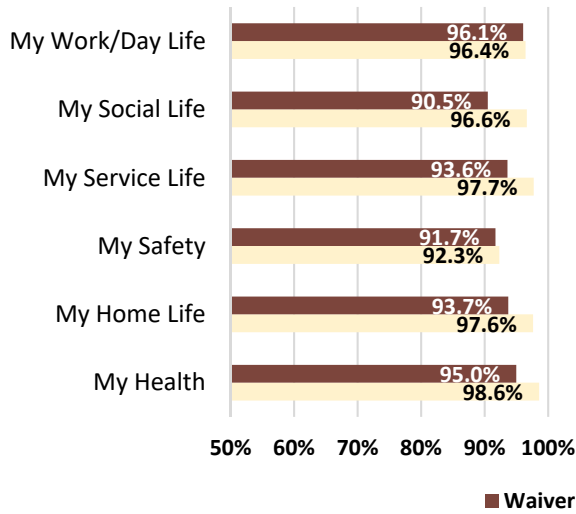
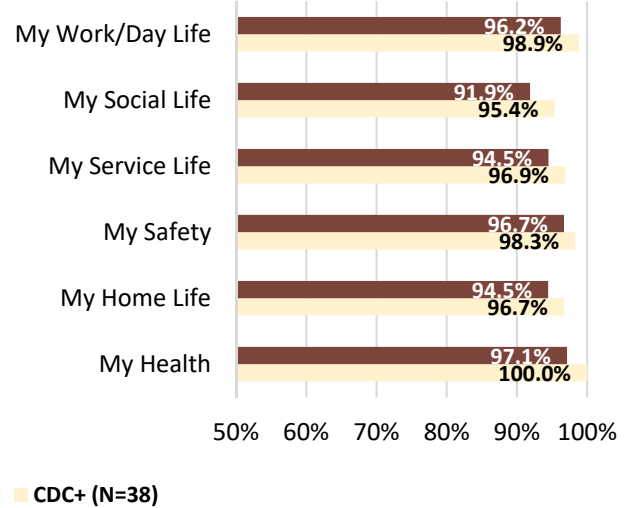


Figure 4a: My Life Interview by Life Area Supports
July - September 2018



Of the 27 different indicators used to measure outcomes for the PCR MLI, for both Waiver and CDC+, five reflected a score of less than 90 percent for individuals receiving services through the Waiver or CDC+:

- I am part of and participate in my community (Waiver = 87.7%)
- I am an active and contributing member of my community (Waiver = 84.7%)
- I understand what medications I take and why the medications are prescribed (Waiver = 81.8%; CDC+ = 89.7%).
- I understand what abuse, neglect and exploitation (ANE) mean (Waiver = 86.1%; CDC+ = 85.3%)
- I know what to do if abuse, neglect, or exploitation (ANE) occurs (Waiver = 89.0%; CDC+ = 88.2%)

My Life Interview Score by Demographics

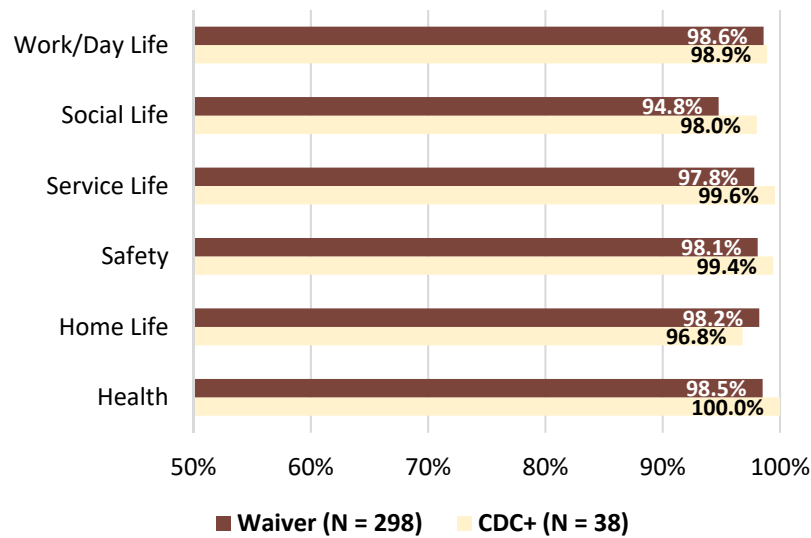
Because many categories within each demographic (region, residential setting, primary disability and age) are relatively small, results across these will be shown in the next quarterly report when more data are available.

PCR Waiver Support Coordinator (WSC) Interview

The PCR includes the new tool used to interview the WSC or CDC+ Consultant (CDC+ C) who is supporting the person at the time of the review. The new WSC/CDC+ interview tool was implemented July 1, 2018. Data are organized around the same 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/CDC+ C. For example, how well does the WSC support the person to achieve person centered planning or community integration?

WSC and CDC+ C interview results to date are shown in Figure 5. Scores are high for both WSCs and CDC+ Consultants in each area, above 93 percent, with very little variation across Life Areas. Because the number of interviews completed to date is relatively small, results by region will be shown when more data are available.

**Figure 5: Waiver and CDC+ Interview by Life Areas
 July - September 2018**



Of the 27 different indicators used to measure areas for the WSC/CDC+ C Interview, none showed a score of less than 90 percent. CDC+ Consultants scored 100 percent on 19 (70.4%) of the standards.

PCR Waiver Support Coordinator and CDC+ Consultant Record Reviews

During the PCR the records maintained by the WSC or CDC+ Consultant working for the person are reviewed. Compliance rates will be presented by Region when more data are available. Compliance rates by standard are shown for WSCs in Table 3 and CDC+ Consultants in Table 4.

Both WSC and CDC+ Consultants scored high on the record review, 95.4 percent and 98.4 percent respectively.

| Table 3: WSC Record Review Results by Standard | | |
|--|------------------------|--------------------|
| July - September 2018 | | |
| Standard | Number Reviewed | Percent Met |
| Level of care is reevaluated at least every 365 days and contains all required components for billing. | 297 | 98.0% |
| Level of care is reevaluated at least every 365 days and contains all required components for compliance. | 298 | 98.0% |
| Level of care is completed accurately using the correct instrument/form. | 298 | 94.6% |
| Person receiving services is given a choice of waiver services or institutional care at least annually. | 298 | 97.3% |
| The Support Plan is updated within 12 months of the person's last Support Plan. | 295 | 99.7% |
| The current Annual Report is in the record. | 291 | 87.6% |
| The Support Plan is updated/revised when warranted by changes in the needs of the person. | 135 | 94.1% |
| 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. | 298 | 96.3% |
| 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. | 292 | 93.2% |
| Support Plan includes supports and services consistent with assessed needs. | 298 | 98.7% |
| Support Plan reflects support and services necessary to address assessed risks. | 294 | 98.3% |
| Support Plan includes a current Safety Plan. | 11 | 100.0% |
| Support Plan reflects the personal goals/outcomes of the person. | 299 | 98.7% |
| The current Support Plan includes natural, generic, community and paid supports for the person. | 298 | 98.0% |
| WSC documentation demonstrates current, accurate, and approved Service Authorizations are issued to service provider(s). | 295 | 95.9% |
| 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. | 294 | 94.2% |
| The Support Coordinator is in compliance with billing procedures and the Medicaid Waiver Services Agreement. | 297 | 100.0% |
| The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted. | 296 | 85.1% |
| The Support Coordination Progress Notes demonstrate required monthly contact/activities were completed and are in the record. | 298 | 95.3% |

| Table 3: WSC Record Review Results by Standard | | |
|--|------------------------|--------------------|
| July - September 2018 | | |
| Standard | Number Reviewed | Percent Met |
| For individuals in supported living arrangements Progress Notes demonstrate required activities are covered during each quarterly home visit. | 41 | 100.0% |
| For persons living in Supported Living Arrangements the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider. | 43 | 100.0% |
| The Support Coordinator documents efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis. | 297 | 96.3% |
| The Support Coordinator documents efforts to support the person to make informed decisions when choosing among waiver service providers on an ongoing basis. | 298 | 97.3% |
| The Support Coordinator documents ongoing efforts to assist the person/legal representative to know about rights. | 298 | 92.6% |
| The Support Coordinator documents ongoing efforts to ensure the person's health and health care needs are addressed. | 298 | 96.6% |
| The Support Coordinator documents ongoing efforts to ensure the person's behavioral/emotional health needs are addressed. | 210 | 97.6% |
| The Support Coordinator documents ongoing efforts to ensure the person's safety needs are addressed. | 297 | 96.6% |
| The Support Coordinator documents information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis. | 221 | 90.0% |
| The Support Coordinator bills for services after service is rendered. | 298 | 96.3% |
| The Support Coordinator documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents. | 297 | 85.9% |
| Average WSC Record Review Score | 7,780 | 95.4% |

| Table 4: CDC+ Consultant Results by Standard | | |
|---|------------------------|--------------------|
| July – September 2018 | | |
| Standard | Number Reviewed | Percent Met |
| Level of care is reevaluated at least every 365 days and contains all required components for billing. | 38 | 97.4% |
| Level of care is reevaluated at least every 365 days and contains all required components for compliance. | 37 | 100.0% |
| Level of care is completed accurately using the correct instrument/form. | 38 | 97.4% |
| Person receiving services is given a choice of waiver services or institutional care at least annually. | 38 | 100.0% |
| The Support Plan is updated within 12 months of the person's last Support Plan. | 37 | 100.0% |
| The current Annual Report is in the record. | 37 | 97.3% |

| Table 4: CDC+ Consultant Results by Standard | | |
|---|------------------------|--------------------|
| July – September 2018 | | |
| Standard | Number Reviewed | Percent Met |
| The Support Plan is updated/revised when warranted by changes in the needs. | 12 | 91.7% |
| Support Plan includes supports and services consistent with assessed needs. | 38 | 100.0% |
| Support Plan reflects support and services necessary to address assessed risks. | 38 | 100.0% |
| Support Plan includes a current Safety Plan. | 2 | 100.0% |
| Support Plan reflects the personal goals of the person. | 38 | 100.0% |
| The current Support Plan includes natural, generic, community and paid supports for the person. | 38 | 100.0% |
| Services are delivered in accordance with the Cost Plan. | 38 | 100.0% |
| The Consultant is in compliance with billing procedures and the Medicaid Waiver Services Agreement. | 38 | 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. | 38 | 100.0% |
| Completed/signed Participant-Consultant Agreement is in the record. | 38 | 97.4% |
| Completed/signed CDC+ Consent Form is in the record. | 38 | 100.0% |
| Completed/signed Participant-Representative Agreement is in the record. | 37 | 100.0% |
| All applicable completed/signed Purchasing Plans are in the record. | 38 | 100.0% |
| The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan. | 38 | 100.0% |
| All applicable completed/signed Quick Updates are in the Record. | 11 | 100.0% |
| Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed. | 19 | 94.7% |
| When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month. | 33 | 100.0% |
| Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs. | 37 | 100.0% |
| Consultant has taken action to correct any overspending by the Participant. | 5 | 100.0% |
| If applicable, Consultant initiates Corrective Action. | 2 | 100.0% |
| Completed/signed Corrective Action Plan is in the record. | 2 | 100.0% |
| If applicable, an approved Corrective Action Plan is being followed. | 2 | 100.0% |
| The Emergency Backup Plan is in the record and is reviewed annually. | 37 | 94.6% |
| Consultant documentation demonstrates a copy of the Support Plan is provided to the CDC+ Representative within 30 calendar days of the Support Plan effective date. | 33 | 97.0% |
| The Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted. | 38 | 97.4% |
| The Consultant documents ongoing efforts to assist the person/legal representative to know about rights. | 37 | 89.2% |

| Table 4: CDC+ Consultant Results by Standard July – September 2018 | | |
|---|-----------------|--------------|
| Standard | Number Reviewed | Percent Met |
| The Consultant documents ongoing efforts to ensure the person’s health and health care needs are addressed. | 37 | 100.0% |
| The Consultant documents ongoing efforts to ensure the person’s behavioral/emotional health needs are addressed. | 27 | 100.0% |
| The Consultant documents ongoing efforts to ensure the person’s safety needs are addressed. | 37 | 100.0% |
| The Consultant documents information about the person’s history regarding abuse, neglect, and/or exploitation on an ongoing basis. | 28 | 89.3% |
| The Consultant documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents. | 37 | 94.6% |
| 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. | 38 | 100.0% |
| The Consultant bills for services after services are rendered | 38 | 100.0% |
| Average PCR CDC+ Consultant Result | 1,192 | 98.4% |

CDC+ Representative (CDC-R)

Participants in CDC+ have a Representative (the participant is sometimes also the Representative), who helps with the “business” aspect of the program: such as hiring providers, completing and submitting timesheets, and paying providers. This is a non-paid position and is most often filled by a family member. Qlarant reviewers monitor the Representative’s records to help determine if the Representative is complying with CDC+ standards and other requirements. The person receiving services through CDC+ may decline to participate in the CDC+ PCR process. However, the Representative for the person still receives a review.

Between July and September 2018, 43 CDC+ Representatives were reviewed. Results are presented by region in Table 5 and by standard in Table 6. The number of reviews completed is only a small portion of the sample and results should be considered preliminary. The number of reviews completed in each region is small and comparisons across regions are not appropriate.

| Table 5: CDC+ Representative Record Review Results by Region July - September 2018 | | |
|--|--------------|-------------|
| Region | # of Reviews | Percent Met |
| Northwest | 2 | 96.9% |
| Northeast | 18 | 95.4% |
| Central | 9 | 83.7% |

| Table 5: CDC+ Representative Record Review Results by Region | | |
|--|--------------|-------------|
| July - September 2018 | | |
| Region | # of Reviews | Percent Met |
| Suncoast | 4 | 100.0% |
| Southeast | 6 | 99.0% |
| Southern | 4 | 87.9% |
| State | 43 | 93.5% |

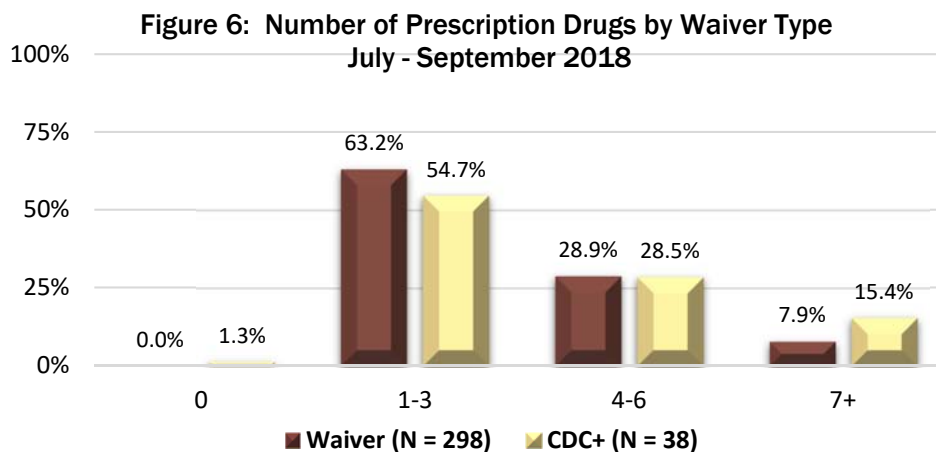
| Table 6: CDC+ Representative Results by Standard | | |
|--|-----------------|-------------|
| July - September 2018 | | |
| Standard | Number Reviewed | Percent Met |
| Accurate Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review. | 38 | 89.5% |
| Signed and approved Invoices for vendor payments are available for review. | 26 | 80.8% |
| Signed and approved receipts/statement of “Goods and Services” for reimbursement items are available for review. | 17 | 100.0% |
| Copies of Support Plan(s) are available for entire period of review. | 42 | 97.6% |
| Monthly Statements are available for review. | 43 | 97.7% |
| Documentation is available to support the reconciliation of Monthly Statements. | 43 | 79.1% |
| The participant obtains services consistent with stated/documented needs and goals. | 43 | 100.0% |
| The participant makes purchases that are consistent with the Purchasing Plan. | 43 | 100.0% |
| Complete and signed Participant/ Representative Agreement is available for review. | 42 | 95.2% |
| Complete Employee Packets for all Directly Hired Employees are available for review. | 37 | 89.2% |
| Complete Vendor Packets for all vendors and independent contractors are available for review. | 28 | 96.4% |
| Background screening results for all providers who render direct care are available for review. | 40 | 85.0% |
| Completed and signed Job Descriptions for each Directly Hired Employee are available for review. | 38 | 92.1% |
| All applicable signed and approved Purchasing Plans are available for review. | 42 | 100.0% |
| All applicable signed and approved Quick Updates are available for review. | 13 | 100.0% |
| Emergency Backup Plan is complete and available for review. | 43 | 97.7% |

| Table 6: CDC+ Representative Results by Standard | | |
|---|-----------------|-------------|
| July - September 2018 | | |
| Standard | Number Reviewed | Percent Met |
| Corrective Action Plan (if applicable) is available for review. | 3 | 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. | 33 | 87.9% |
| Copies of approved Cost Plan(s) are available for entire period of review. | 43 | 95.3% |
| Average CDC+ Representative Record Review Score | 657 | 93.5% |

Health Summary

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

The following figures and tables show the percent of individuals receiving services through the Waiver or CDC+ who were taking prescription medications, by the number of medications taken (Figure 6); the percent of individuals taking four or more medications or with health concerns by year (Table 7). Findings to date are similar to previous years and more in-depth analysis, including by demographics, will be included in the Annual Report.



| Table 7: Medications and Health Concerns | | | | |
|---|-------------------|----------------|-------------------|--------------|
| | Jul '17 – Jun '18 | | Jul '18 – Sep '18 | |
| | Waiver (1,532) | CDC + (244) | Waiver (298) | CDC+ (38) |
| Taking 4 or More Prescription Medications | 38.8% | 25.8% | 44.0% | 36.8% |
| Have Health Concerns and Needs are Not Being Met | 1.6% | 0.0% | 1.0% | 2.6% |

Provider Discovery Reviews (PDR)⁹

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

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

The PDR consists of up to six different review components: interviews with individuals receiving services (MLI), interviews with staff rendering services (SI), Observations at waiver funded licensed residential homes (LRH) and day programs (OBS), Policy and Procedure (P&P), Qualification and Training (Q&T), and Service Specific Record Reviews (SSRR). PDR results are provided separately for WSCs and service providers. Between July and September 2018, 513 PDRs were completed by reviewers and approved by Qlarant management; 427 service providers and 86 WSCs.

⁹ All review tools are posted on the FSQAP website <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>.

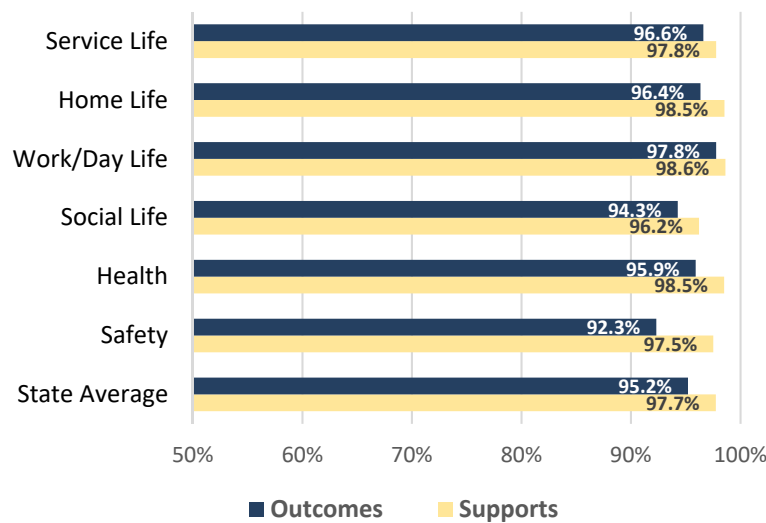
¹⁰ Deemed providers are permitted to skip one year for the PDR. Deemed for service providers is defined as a score of 95% or higher with no alerts or potential billing discrepancies of 5% or less of the total billed. For WSCs with a score of at least 99% and no alerts or billing discrepancies, only one PCR is completed as part of the PDR.

PDR My Life Interview

The PDR for wavier services (excludes WSC PDR) uses an interview with individuals receiving services from the provider and an interview with staff providing services. The staff may or may not be providing services to individuals interviewed but all services are monitored through the interview processes. The purpose of the interviews is to determine from the person’s perspective how well services are provided and outcomes are present, and determine from the staff how well people are being supported in each service. Standards for the PDR MLI are the same as for the PCR MLI.^{11 12}

Figure 7 displays findings from the PDR MLI for each Life Area, by outcomes and supports. Preliminary data indicates average scores for outcomes were slightly lower than supports, 95.2 percent and 97.7 percent respectively. Additional analysis, e.g., findings by region, will be completed when more data are available.

**Figure 7: PDR My Life Interview
 Outcomes and Supports by Life Area
 July - September 2018 (N=643)**

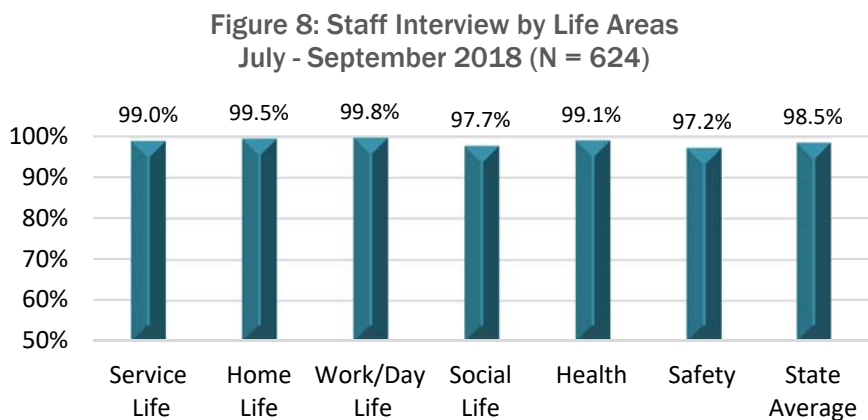


¹¹ All PCR and PDR tools can be viewed on the DFMC website: <http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/index.html>

¹² See the PCR My Life Interview Section for a more detailed description of the interview standards.

Staff Interviews

The new Staff Interview was implemented July 1 and is organized around the same Life Areas as the Support Coordinator Interview. During the first quarter, 624 staff were interviewed as part of the 427 PDRs conducted with service providers. Results to date are shown by Life Areas in Figure 8, with very little variation across areas.



Observations

Observations by Location: Licensed Residential Homes and Day Programs

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

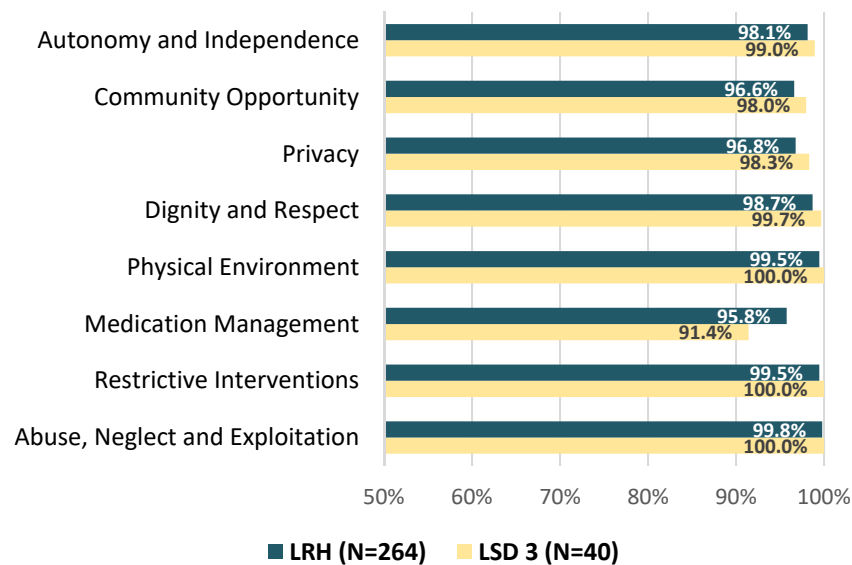
During the first quarter, Observations were completed at 40 Day Program locations and 264 LRHs. PDR Observation scores are shown by Region and type of location in Table 8. The number of Observations completed in all regions is relatively small and comparative analysis across regions or between LRHs and day programs should be made with caution. Scores to date, across all areas and in both types of settings, remain high as in previous years.

| Table 8: PDR Observation Scores by Region and Location July - September 2018 | | | | |
|---|--------------|--------------|--------------|--------------|
| | LRH | | LSD 3 | |
| Region | # OBS | % Met | # OBS | % Met |
| Northwest | 10 | 99.4% | 5 | 98.5% |

| Table 8: PDR Observation Scores by Region and Location July - September 2018 | | | | |
|---|------------|--------------|-----------|--------------|
| | LRH | | LSD 3 | |
| Northeast | 50 | 98.9% | 10 | 99.8% |
| Central | 61 | 97.3% | 9 | 98.3% |
| Suncoast | 52 | 98.7% | 4 | 100.0% |
| Southeast | 41 | 97.6% | 1 | 100.0% |
| Southern | 50 | 97.9% | 11 | 99.1% |
| State | 264 | 98.1% | 40 | 99.1% |

Observations are shown by standard and location in Figure 9. To date, scores are generally high across all the standards, over 90 percent. Currently, the lowest scoring area is in Medication Management, for Day Programs, with 91.4 percent compliance; however, only 40 programs had been reviewed.

**Figure 9: Observations by Setting and Standard
 July - September 2018**



Observations by Type: Announced vs Unannounced

Of the 304 Observations completed, 110 (36.2%) were Unannounced Observations. While providers knew when the PDR would occur, they did not always know which facilities would be

chosen for the observation and when it would occur. Table 9 displays results by location and type of observation (Announced vs. Unannounced).

| Table 9: Observation Scores by Observation Type and Location Type | | | | | | |
|--|--------------|--------------|--------------|--------------|--------------|--------------|
| July - September 2018 | | | | | | |
| Observation Type | LRH | | LSD 3 | | State | |
| | # OBS | % Met | # OBS | % Met | # OBS | % Met |
| Announced | 172 | 98.4% | 22 | 98.5% | 194 | 98.5% |
| Unannounced | 92 | 97.6% | 18 | 97.8% | 110 | 97.8% |

Observation Results by Indicator

Observation standards are measured using 72 different indicators. Findings to date indicate the lowest scoring standard indicates not all people had a key to their bedroom, for both Announced and Unannounced Observations, 87.1 percent and 80.9 percent respectively.

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. Most of the Administrative P&P tool is applied to agency providers; however, some questions may also be asked of solo providers.

The number of reviews for service providers and WSCs is presented in Table 10, by region. WSC services are different than other provider services, therefore findings by standard (Table 11) are presented separately for WSCs and service providers.¹³ Additional analysis will be completed when more data are available.

| Table 10: Number of PDRs by Region | | | | |
|---|--------------------------|------------|--------------------------|------------|
| Region | Agencies | | Solo | |
| | Service Providers | WSC | Service Providers | WSC |
| Northwest | 11 | 0 | 18 | 6 |
| Northeast | 58 | 6 | 26 | 9 |
| Central | 68 | 3 | 13 | 14 |
| Suncoast | 76 | 4 | 5 | 16 |

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

| Table 10: Number of PDRs by Region | | | | |
|------------------------------------|-------------------|-----|-------------------|-----|
| Region | Agencies | | Solo | |
| | Service Providers | WSC | Service Providers | WSC |
| Southeast | 66 | 7 | 6 | 14 |
| Southern | 76 | 3 | 4 | 4 |
| State | 355 | 23 | 72 | 63 |

| Table 11: PDR Service Provider Policies and Procedures Results by Standard July - September 2018 | | | | |
|---|--------------------------------|--------|--------------------|--------|
| P&P Standard | Service Providers (n = 427) | | WSC (n = 86) | |
| | Standards Reviewed | % Met | Standards Reviewed | % Met |
| If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst. | 9 | 100.0% | NA | NA |
| Agency vehicles used for transportation are properly insured. | 129 | 98.4% | NA | NA |
| Agency vehicles used for transportation are properly registered. | 131 | 96.2% | 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. | 355 | 98.9% | 23 | 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. | 356 | 97.5% | 22 | 100.0% |
| The provider maintains written policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening. | 356 | 88.2% | 23 | 91.3% |
| 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. | 356 | 89.3% | 23 | 100.0% |
| The provider maintains written policies and procedures detailing how the provider will ensure the individuals' medications are administered and handled safely. | 235 | 98.7% | 6 | 100.0% |
| The provider maintains written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider. | 356 | 89.9% | 21 | 90.5% |
| The provider maintains written policies and procedures detailing the process for addressing individual | 356 | 99.4% | 23 | 100.0% |

| Table 11: PDR Service Provider Policies and Procedures Results by Standard | | | | |
|--|--|------------------|-------------------------------|------------------|
| July - September 2018 | | | | |
| P&P Standard | Service Providers (n = 427) | | WSC (n = 86) | |
| | Standards Reviewed | % Met | Standards Reviewed | % Met |
| complaints and grievances regarding possible service delivery issues. | | | | |
| 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. | 356 | 81.5% | 23 | 87.0% |
| The provider maintains written policies and procedures, which detail the methods for management and accounting of any personal funds, of all individuals in the care of, or receiving services from, the provider. | 247 | 92.3% | NA | NA |
| The provider maintains written policies and procedures in compliance with 65G-8.003 (Reactive Strategy Policy and Procedures). | 68 | 97.1% | NA | NA |
| The provider addresses all incident reports. | 205 | 98.5% | 60 | 100.0% |
| The provider identifies and addresses concerns related to abuse, neglect, and exploitation. | 53 | 100.0% | 26 | 100.0% |
| All instances of abuse, neglect, and exploitation are reported. | 53 | 100.0% | 28 | 100.0% |
| The provider identifies addresses and reports all medication errors. | 55 | 98.2% | 5 | 100.0% |
| The provider maintains the employment status of all employees on the Employee/Contractor Roster within the Clearinghouse. | 399 | 90.7% | 72 | 91.7% |
| Average Policies and Procedures | 3,725 | 93.4% | 432 | 96.3% |

Qualifications and Training Requirements

WSCs and all Direct Service Providers are required to have certain training and education completed in order to render specific services. For each service provider and WSC, several employee records are reviewed. The total number of employee records sampled for review varies, depending on the number of people receiving services. Of the 427 providers and 86 WSCs who participated in a PDR between July and September 2018, 1,085 and 119 employee records were reviewed, respectively.

A description of each standard scored within the Administrative Qualifications and Training component of the PDR is shown in Table 12 for service providers and Table 13 for WSCs. Each table shows the number of employee records reviewed, the number of providers reviewed (for which the standard was applicable) and the percent of providers, not staff, with the standard met.

For the provider to score the standard met, all employee records reviewed must show compliance with the standard. If one record is out of compliance, the standard is Not Met for the provider.¹⁴

| Table 12: PDR Qualifications and Training Service Provider Results by Standard July - September 2018 | | | |
|--|---------------------------|--------------------|------------------------------------|
| Standard | # Records Reviewed | # Providers | % Providers w/ Standard Met |
| The provider received training in Zero Tolerance. | 1,085 | 427 | 93.0% |
| The provider received training in Basic Person Centered Planning. | 543 | 288 | 90.6% |
| The provider received training on Individual Choices, Rights and Responsibilities | 548 | 287 | 93.0% |
| The provider received training in Requirements for all Waiver Providers | 1,079 | 427 | 78.5% |
| The provider received training in HIPAA. | 1,082 | 426 | 87.3% |
| The provider received training in HIV/AIDS/Infection Control. | 1,065 | 424 | 84.9% |
| The provider maintains current CPR certification. | 1,066 | 423 | 93.4% |
| The provider received training in First Aid. | 1,064 | 423 | 87.7% |
| The provider received training in Medication Administration prior to administering or supervising the self-administration of medication. | 476 | 213 | 95.8% |
| The provider maintains current medication administration validation. | 469 | 211 | 91.5% |
| 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). | 143 | 62 | 96.8% |
| Drivers of transportation vehicles are licensed to drive vehicles used. | 818 | 378 | 98.9% |
| Personal vehicles used for transportation are properly insured. | 565 | 291 | 93.8% |
| Personal vehicles used for transportation are properly registered. | 565 | 291 | 93.8% |
| The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant. | 5 | 5 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1. | 288 | 186 | 96.2% |

¹⁴ Findings are preliminary. In addition, for some of the standards only a few records and providers were reviewed so comparisons across these standards should be made with caution.

| Table 12: PDR Qualifications and Training Service Provider Results by Standard July - September 2018 | | | |
|--|---------------------------|--------------------|------------------------------------|
| Standard | # Records Reviewed | # Providers | % Providers w/ Standard Met |
| The provider has completed standardized, pre-service training for Life Skills Development Level 2. | 43 | 37 | 94.6% |
| The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3. | 60 | 32 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Personal Supports. | 553 | 292 | 96.2% |
| The provider meets all minimum educational requirements and levels of experience for Respite. | 132 | 95 | 94.7% |
| The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching. | 116 | 87 | 97.7% |
| The provider completed required Supported Living Pre-Service training. | 114 | 87 | 100.0% |
| The Supported Living Coach completed Introduction to Social Security Work Incentives. | 114 | 87 | 90.8% |
| The provider received training in Direct Care Core Competency. | 1 | 1 | 100.0% |
| The provider received training in Direct Care Core Competencies. | 564 | 278 | 95.7% |
| The provider meets all minimum educational requirements and levels of experience for Behavior Analysis. | 24 | 17 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Behavior Assistant. | 7 | 7 | 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. | 7 | 7 | 100.0% |
| The Life Skills Development 1 provider completes 4 hours of annual in-service training related to the specific needs of at least one person currently receiving services. | 263 | 177 | 71.2% |
| The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2. | 42 | 36 | 97.2% |
| The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment. | 38 | 35 | 74.3% |
| The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services. | 51 | 29 | 89.7% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard. | 345 | 138 | 94.2% |

| Table 12: PDR Qualifications and Training Service Provider Results by Standard July - September 2018 | | | |
|---|---------------------------|--------------------|------------------------------------|
| Standard | # Records Reviewed | # Providers | % Providers w/ Standard Met |
| The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services. | 295 | 134 | 69.4% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus. | 86 | 36 | 97.2% |
| The Residential Habilitation - Behavior Focus provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst. | 84 | 36 | 97.2% |
| The Residential Habilitation - Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics. | 74 | 33 | 90.9% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior. | 2 | 2 | 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. | 2 | 2 | 100.0% |
| The Supported Living Coach provider completes eight hours of annual in-service training. | 108 | 84 | 79.8% |
| The Personal Support provider completes four hours of annual in-service training related to the specific needs of at least one person currently served. | 505 | 288 | 70.8% |
| The Residential Habilitation - Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics. | 1 | 1 | 100.0% |
| The provider has completed all aspects of required Level II Background Screening. | 1,085 | 427 | 85.5% |
| The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse. | 1,032 | 411 | 87.8% |
| The provider received training in Direct Care Core Competency. (Old) | 545 | 284 | 97.9% |

| Table 13: PDR Qualifications and Training WSC Results by Standard | | | |
|--|---------------------------|---------------|-------------------------------|
| July - September 2018 | | | |
| Standard | # Records Reviewed | # WSCs | % WSCs w/ Standard Met |
| The provider received training in Zero Tolerance. | 119 | 86 | 95.3% |
| The provider received training in Basic Person Centered Planning. | 111 | 82 | 96.3% |
| The provider received training on Individual Choices, Rights and Responsibilities | 29 | 23 | 100.0% |
| The provider received training in Requirements for all Waiver Providers | 119 | 86 | 86.0% |
| The provider received training in HIPAA. | 119 | 86 | 91.9% |
| The provider received training in HIV/AIDS/Infection Control. | 119 | 86 | 84.9% |
| The provider maintains current CPR certification. | 119 | 86 | 94.2% |
| The provider received training in First Aid. | 119 | 86 | 89.5% |
| The provider received training in Medication Administration prior to administering or supervising the self-administration of medication. | 2 | 2 | 100.0% |
| The provider maintains current medication administration validation. | 2 | 2 | 100.0% |
| The provider received training in an Agency approved curriculum for behavioral emergency procedures consistent with the requirements of the Reactive Strategies rule (65G-8, FAC). | 2 | 2 | 100.0% |
| Drivers of transportation vehicles are licensed to drive vehicles used. | 20 | 16 | 100.0% |
| Personal vehicles used for transportation are properly insured. | 15 | 11 | 100.0% |
| Personal vehicles used for transportation are properly registered. | 15 | 11 | 100.0% |
| The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+). | 37 | 29 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Support Coordination. | 119 | 86 | 98.8% |
| The Support Coordinator completed required Statewide pre-service training. | 119 | 86 | 98.8% |
| The Support Coordinator completed required Region Specific training. | 118 | 86 | 95.3% |
| The Support Coordinator completed Introduction to Social Security Work Incentives. | 115 | 86 | 96.5% |
| The Support Coordinator completes 24 hours of job related annual in-service training. | 114 | 86 | 79.1% |
| The provider received training in Direct Care Core Competencies. | 30 | 24 | 91.7% |
| The provider has completed all aspects of required Level II Background Screening. | 119 | 86 | 93.0% |
| The employment status of the provider/employee is maintained on the Employee/Contractor Roster within | 110 | 77 | 93.5% |

| Table 13: PDR Qualifications and Training WSC Results by Standard July - September 2018 | | | |
|--|--------------------|--------|------------------------|
| Standard | # Records Reviewed | # WSCs | % WSCs w/ Standard Met |
| the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse. | | | |
| The provider received training in Direct Care Core Competency. (Old) | 93 | 70 | 97.1% |

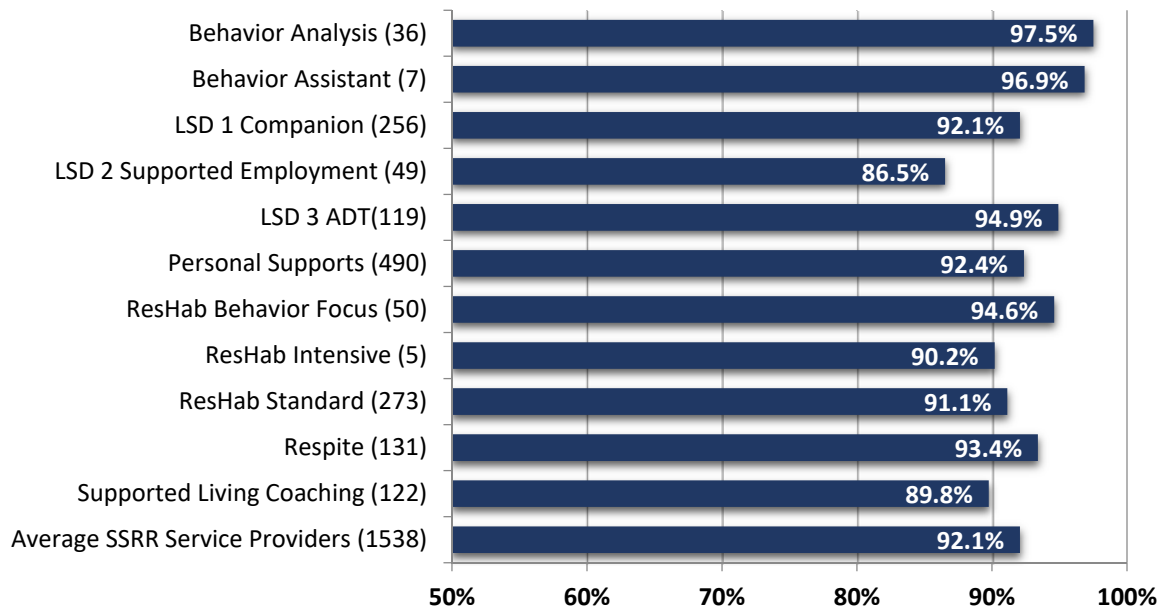
Service Specific Record Review Results (SSRR)

During the PDR, a sample of individuals is used to review records for each service offered by the provider. The number of records reviewed depends upon the size of the organization and the number of services provided. At least one record per service is reviewed, a minimum of 10 records for larger providers (caseload of 200 or more). The SSRR tool includes a review of standards specific to each service. There were 1,538 SSRRs completed during the first quarter of SFY19 as part of the 427 PDRs for service providers and 403 SSRRs completed as part of the 86 WSC PDRs.

SSRR results are presented by service in Figure 15 and by region in Table 15. 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 for each region. Comparisons by service in Figure 15 show the Percent Met with the number of reviews completed shown in parentheses. Preliminary data reflect findings similar to previous years:

- Providers offering Supported Employment or Supported Living Coaching scored lowest on service compliance standards.
- There appears to be some variation across regions.

**Figure 15: SSRR Results by Service
July - September 2018**



**Table 15: PDR Service Specific Record Review Results by Region
July - September 2018**

| Region | Service Providers | | | WSCs | | |
|--------------|--------------------|----------------|--------------|--------------------|----------------|--------------|
| | # Records Reviewed | Weighted Score | Percent Met | # Records Reviewed | Weighted Score | Percent Met |
| Northwest | 75 | 95.6% | 95.0% | 15 | 99.5% | 99.3% |
| Northeast | 298 | 92.2% | 91.8% | 87 | 95.5% | 96.4% |
| Central | 317 | 92.0% | 91.5% | 79 | 92.6% | 93.4% |
| Suncoast | 339 | 91.8% | 91.5% | 104 | 95.1% | 96.0% |
| Southeast | 226 | 90.1% | 89.5% | 100 | 93.6% | 93.7% |
| Southern | 283 | 93.0% | 92.4% | 18 | 94.4% | 95.6% |
| State | 1,538 | 92.1% | 91.6% | 403 | 94.5% | 94.5% |

Summary of PDR Scores by Region

Information in Tables 16 and 17 provide a summary of the average PDR results by region and review components, for service providers and WSCs respectively. For service providers, interview

and observation results in general showed somewhat higher scores than documentation/record reviews (P&P, Q&T, SSRR).

| Region | Policy & Procedure (n=427) | Q&T (n=1,085) ¹⁵ | SSRR (n=1,538) | Staff Interview (n=624) | MLI Outcomes (n=643) | MLI Supports (n= 643) | OBS (n= 304) |
|--------------|-------------------------------|--------------------------------|-------------------|----------------------------|-------------------------|--------------------------|-----------------|
| Northwest | 90.8% | 92.4% | 95.0% | 97.1% | 96.9% | 95.7% | 99.2% |
| Northeast | 96.1% | 95.0% | 91.8% | 99.7% | 99.2% | 96.9% | 99.0% |
| Central | 91.6% | 92.7% | 91.5% | 98.4% | 96.9% | 93.2% | 97.4% |
| Suncoast | 94.9% | 92.8% | 91.5% | 98.9% | 97.6% | 92.8% | 98.8% |
| Southeast | 91.8% | 89.9% | 89.5% | 96.3% | 97.6% | 96.2% | 97.7% |
| Southern | 92.7% | 93.8% | 92.4% | 99.1% | 97.6% | 97.5% | 98.1% |
| State | 93.4% | 92.9% | 91.6% | 98.5% | 97.7% | 95.2% | 98.2% |

| Region | # of PDRs | Qualifications & Training (n = 119) | Policy & Procedure (n = 86) | WSC Record Reviews (n = 403) |
|--------------|-----------|--|--------------------------------|---------------------------------|
| Northwest | 6 | 98.1% | 100.0% | 99.3% |
| Northeast | 15 | 97.2% | 100.0% | 96.4% |
| Central | 17 | 89.6% | 97.3% | 93.4% |
| Suncoast | 20 | 94.6% | 97.3% | 96.0% |
| Southeast | 21 | 95.2% | 92.9% | 93.7% |
| Southern | 7 | 90.1% | 91.2% | 95.6% |
| State | 86 | 94.3% | 96.4% | 94.5% |

Alerts

At any time during a review if a situation is noted that could cause harm to an individual, the reviewer immediately informs the local APD Regional office. The Qlarant reviewer calls the abuse hotline, if appropriate, records an alert, and notifies the local APD Regional and State offices, and AHCA. Alerts can be related to health, safety or rights. In addition, when any provider or employee who has direct contact with individuals does not have all the appropriate background

¹⁵ Data based on the number of employee records reviewed.

screening documentation on file, an alert is recorded, unless the only reason cited is noncompliance with the Affidavit of Good Moral Conduct.

Between July and September 2018, 141 alerts were recorded for service providers with an additional seven reported for WSCs. WSC alerts included six for the Clearinghouse Roster and one background screening.

| Alert Type | Times Cited |
|---------------------------------------|--------------------|
| Rights | 6 |
| Health & Safety | 2 |
| Abuse, Neglect, Exploitation | 0 |
| Background Screening | 38 |
| Medication Administration or Training | 18 |
| Driver’s License or Insurance | 7 |
| Vehicle Insurance | 2 |
| Clearing House Roster | 56 |
| Medication Storage | 19 |
| Total Alerts | 148 |

Background Screening

When examining background screening results, a varying number of employee records are reviewed to determine compliance with all the components of the requirement. For Background Screening, if any one staff record indicates a lack of any required documentation, the provider is reported as having the standard Not Met. The following information (Table 26) shows the number and percent of service providers and WSCs with at least one record showing a lack of compliance on Background Screening. Service providers were less likely to have the background screening requirements than were WSCs, 85.5 percent and 93.0 percent respectively.

| Region | Service Providers | | Support Coordinators | |
|------------------|--------------------------|--------------------------------|-----------------------------|--------------------------------|
| | PDRs | % With BG Screening Met | PDRs | % With BG Screening Met |
| Northwest | 29 | 82.8% | 6 | 100.0% |

| Table 19: Percent of Providers with Background Screening Met by Region July - September 2018 | | | | |
|---|--------------------------|--------------|-----------------------------|--------------|
| | Service Providers | | Support Coordinators | |
| Northeast | 84 | 88.1% | 15 | 100.0% |
| Central | 81 | 85.2% | 17 | 94.1% |
| Suncoast | 81 | 82.7% | 20 | 95.0% |
| Southeast | 72 | 86.1% | 21 | 81.0% |
| Southern | 80 | 86.3% | 7 | 100.0% |
| Total | 427 | 85.5% | 86 | 93.0% |

Billing Discrepancy

For each service, several applicable standards related to billing requirements are scored. If any of the standards are scored Not Met, it is noted on the PDR Report as a potential billing discrepancy. Table 20 provides the percent of standards reviewed, by service, that were not in compliance with billing requirements. To date there is some variation across services.

| Table 20: Billing Discrepancy by Service July - September 2018 | | |
|---|-------------------------|------------------------|
| Service | Records Reviewed | % w/ 1+ Not Met |
| Behavior Analysis | 36 | 2.8% |
| Behavior Assistant | 7 | 0.0% |
| CDC+ Consultant | 31 | 3.2% |
| Life Skills Development 1 (Companion) | 256 | 27.7% |
| Life Skills Development 2 (SEC) | 49 | 22.4% |
| Life Skills Development 3 (Day) | 119 | 10.1% |
| Personal Supports | 490 | 26.9% |
| Residential Habilitation Behavior Focus | 50 | 6.0% |
| Residential Habilitation Intensive Behavioral | 5 | 0.0% |
| Residential Habilitation Standard | 273 | 7.7% |
| Respite | 131 | 22.1% |
| Support Coordination | 403 | 6.2% |
| Supported Living Coaching | 122 | 25.4% |
| Total | 1,972 | 17.1% |

Billing discrepancy information is presented by region in Table 21. The percentages in the table represent the percent of providers who had at least one billing discrepancy standard scored Not Met on any of the records reviewed. To date this year, service providers were more likely to have a billing discrepancy than WSCs, 35.4 percent and 17.4 percent respectively.

| Table 21: Providers and WSCs w/ At Least One Billing Discrepancy | | | | | | |
|--|-------------------|----------|------------|----------------------|---------------|------------|
| Region | Service Providers | | | Support Coordinators | | |
| | # of Providers | W/ 1+ BD | % W/ 1+ BD | # of WSCs | # With 1+ BDs | % W/ 1+ BD |
| Northwest | 29 | 7 | 24.1% | 6 | 0 | 0.0% |
| Northeast | 85 | 30 | 35.3% | 15 | 2 | 13.3% |
| Central | 80 | 21 | 26.3% | 17 | 4 | 23.5% |
| Suncoast | 81 | 41 | 50.6% | 20 | 5 | 25.0% |
| Southeast | 72 | 27 | 37.5% | 21 | 3 | 14.3% |
| Southern | 80 | 25 | 31.3% | 7 | 1 | 14.3% |
| Total | 427 | 151 | 35.4% | 86 | 15 | 17.4% |

Section III: Discovery

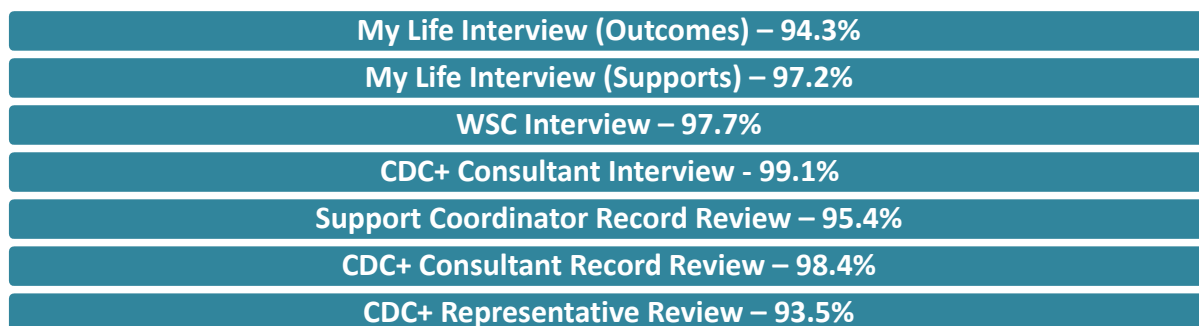
Findings in this report reflect data from PCR and PDR reviews completed between July and September 2018. A total of 336 PCRs, 513 PDRs and 43 CDC+ Representative reviews were completed, approved and available for analysis. Because this represents only a small proportion of the total number of reviews to be completed by the end of contract year, results are preliminary and direct comparisons across categories or years are not appropriate. Feedback from providers about the reviewer and review processes remains extremely positive.

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

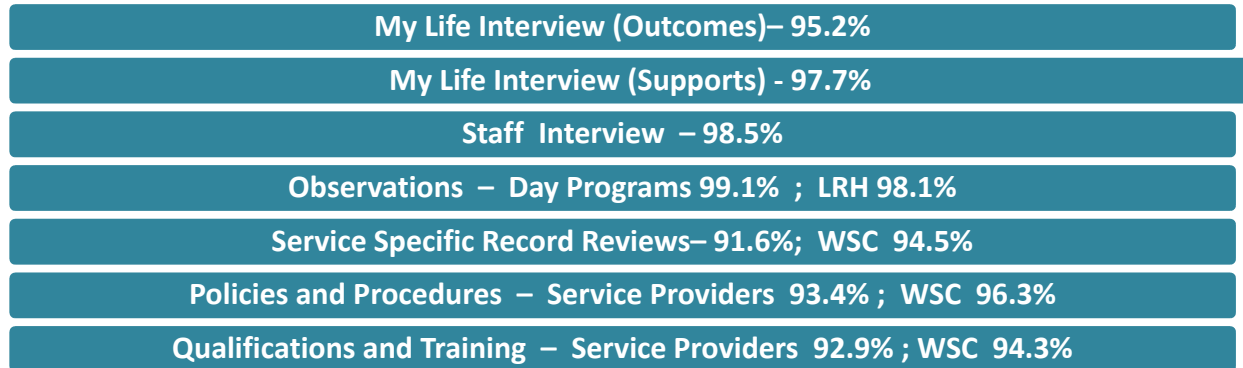
Overall Review Findings

Results from reviews completed to date this year indicate providers are offering quality services and individuals are generally satisfied with those services. The addition of new interview tools will provide a deeper dive into a person's outcomes versus the support provided, which will be tracked as the year progresses.

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 94 percent:



Results from the PDRs conducted with service providers and WSCs indicate providers performed very well in all aspects of the review, as shown in the following graphic. Each component of the PDR process reflects an average score of 91 percent or higher.



To date, findings from the reviews show patterns similar to previous years. Further drill down will be possible as more of the PCR sample is completed and additional providers are reviewed. Providing a broad array of recommendations is not appropriate with only a small portion of reviews completed, as findings may change as the year progresses. However, indications from some review components suggests continued issues from previous years.

Billing Discrepancies

During the PDR, many standards are used to assess the accuracy of the provider’s billing in the claims data. Several services showed relatively high levels of potential billing discrepancies, including Life Skills Development 1 (Companion), Personal Supports, Life Skills Development 2 (Supported Employment) and Respite; 27.7 percent, 26.9 percent, 22.4 percent, and 22.1percent of records reviewed showing non-compliance, respectively. In addition, in the Suncoast Region, over 50 percent of the 81 providers reviewed had at least one billing discrepancy, higher than in any other region, and similar to last year.

Recommendation 1: The Quality Council could work with Qlarant reviewers to determine why providers of certain services are more likely to have a billing discrepancy and incorporate ways to avoid this in service specific training.

Recommendation 2: The APD Region Office in Suncoast should work with providers, perhaps through brainstorming at the provider meetings, to help determine how technical assistance could be provided to reduce the amount of billing issues in the area. The quarterly meetings facilitated by

Qlarant, using data from the region, could also be used to develop methods for improving billing practices, including documentation.

Service Provider Qualifications and Training

It is important for providers to be qualified and to keep all required training up to date not only to ensure the best quality services are provided by qualified staff/providers, but to include as evidence to CMS in regular reporting on the service delivery system. Evidence in this report suggests many providers are not completing different required trainings.

Recommendation 3: Qlarant and APD should track training compliance in the next report and work together to identify specific areas that may need quality improvement initiatives. The Quality Council could develop a work group with APD to develop methods that could help providers attend trainings as required.

Summary

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

Attachment 1: Customer Service Activity

July - September 2018

| Customer Service Topic | # | Description | Outcome | Avg Time |
|------------------------|----|---|--|----------|
| Address/ Phone Update | 44 | Providers call to update their phone numbers/addresses | Phone numbers/addresses are updated in the Discovery application, and providers are advised to update with AHCA. | 1 day |
| Background Screening | 2 | Providers and provider consultants call with questions regarding FL background screening and employee/contractor roster requirements. | Background screening requirements are explained to providers, with reference to the Handbook, Florida Statute and Administrative Code. Providers are referred to their Regional APD Office for further assistance. | 1 day |
| Clarification | 3 | Providers call asking for clarification on topics such as acceptable training sources, acceptable documentation, training timeframes, 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 |
| Complaint | 2 | <ul style="list-style-type: none"> – Anonymous caller wanted to know where to send a grievance letter. – Provider called to speak with manager about concerns about a reviewer. | <p>Caller was provided with the name and address of the program director in Tallahassee.</p> <p>Regional Manager was immediately notified and follow-up was completed accordingly.</p> | 1 day |
| Contact QAR | 10 | 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 |
| HSRI Family Survey | 1 | Family members and providers call asking general questions regarding the survey such as who should complete the survey, who is HSRI, what happens to the results, etc. | Questions are answered. | 1 day |
| Miscellaneous/ Other | 16 | 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 | 23 | Providers called with questions regarding the updated tools effective 7/1/18. Providers also called with general tool related questions. | Providers are referred to our website and shown the current tools posted. Questions regarding the tools are answered, with references to the protocols and the not met reasons. | 1 day |
| Next Review | 35 | Providers call asking when their next review will occur. Providers call following receipt of the notification | The review process is explained to the providers, including all the factors that are involved in scheduling. Providers are | 1 day |

| Customer Service Topic | # | Description | Outcome | Avg Time |
|------------------------------|------------|---|--|----------|
| | | letter to advise of vacation or planned unavailability to avoid possible non-compliance if attempts to contact them while away are made. | informed that PDRs are conducted each contract year with those who are eligible. Providers are referred to their 90-day notification letters and advised to wait for the phone call from the reviewer to schedule their review. | |
| Question | 36 | Providers and APD staff call with questions regarding documentation or qualification requirements; for assistance accessing resources on our website; for explanations of the review processes. | Questions are answered with references to appropriate documents or entities. | 1 day |
| Reconsideration | 14 | 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 quality assurance review report. | Providers are given the AHCA email address for potential billing discrepancy. APDProviderBilling@ahca.myflorida.com | 1 day |
| Report Requested | 12 | Providers call or email requesting their report be re-sent. | Mailing addresses are confirmed and reports are re-sent. | 1 day |
| Review Review/Reports | 57 | Providers call asking for an explanation of their reports. | Reports are reviewed and explained; providers are referred to their local APD office for technical assistance. | 1 day |
| Training | 18 | Providers and provider consultants call asking about training requirements. | Training requirements are explained, including reference to the Handbook and the APD website. | 1 day |
| Provider Search Website | 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 |
| Total Number of Calls | 279 | | | |