

Florida Statewide Quality Assurance Program

FY19: Year 2 Quarter 2 Report

October – December 2018

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



February 28, 2019

Prepared by

Qlarant

Table of Contents

List of Acronyms	4
Executive Summary	5
Introduction.....	7
Section I: Significant Contract Activity	9
Quality Assurance Activities	9
Status Meetings	9
Reliability.....	9
Regional Quarterly Meetings.....	9
Quality Council (QC)	10
Provider Feedback Survey.....	10
Summary of Customer Service Calls.....	11
Data Availability.....	11
Staff Changes.....	11
Section II: Data from Review Activities.....	12
Person Centered Reviews (PCR).....	12
Demographics	13
PCR My Life Interview (MLI).....	15
PCR Waiver Support Coordinator (WSC) Interview	20
PCR Waiver Support Coordinator and CDC+ Consultant Record Reviews	21
CDC+ Representative (CDC-R)	25
Health Summary	28
PCR Summary Results	29
Provider Discovery Reviews (PDR).....	29
PDR My Life and Staff Interview	30
Observations	32
Administrative Policies and Procedures.....	34
Qualifications and Training Requirements	37
Service Specific Record Review Results (SSRR)	41
Summary of PDR Scores by Region.....	43

Alerts	44
Background Screening	45
Potential Billing Discrepancy	46
Section III: Discussion and Recommendations	49
Overall Review Findings.....	49
Lowest Outcomes for Individuals.....	50
Medication Issues.....	51
Billing Discrepancies	51
Training	52
Summary.....	52
Attachment 1: Customer Service Activity	53

List of Acronyms

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

Executive Summary



In July 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.

To ensure consistency in data collection through the PCRs and PDRs, Qlarant uses formal and informal reliability processes. Therefore, throughout the first two quarters of 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. Every other month reviewers were trained and tested on specific sections of the record review tools.

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 this quarter on November 14, 2018, bringing together stakeholders to discuss data trends, tool revisions, and other aspects of the Quality Management System. In addition, feedback from individuals, families and providers, via feedback surveys, indicated very positive experiences related to the Qlarant review processes.

Findings for this second quarter are based on 813 PCRs and 1,082 PDRs. It is important to note data are from approximately half 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 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.

- Approximately 46 percent of individuals were taking four or more prescribed medications, with higher rates in the Southern (60%) and Northwest (51%) Regions.
- 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.
- Annual in-service training is most often missing for employees, particularly for Life Skills Development 1 (Companion) (74.7%); Residential Habilitation – Standard (73.7%); Personal Supports (74.2%)
- Individuals are often not aware of the side effects of medication they are taking
- Life Skills Development 1 (Companion), Respite, 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.

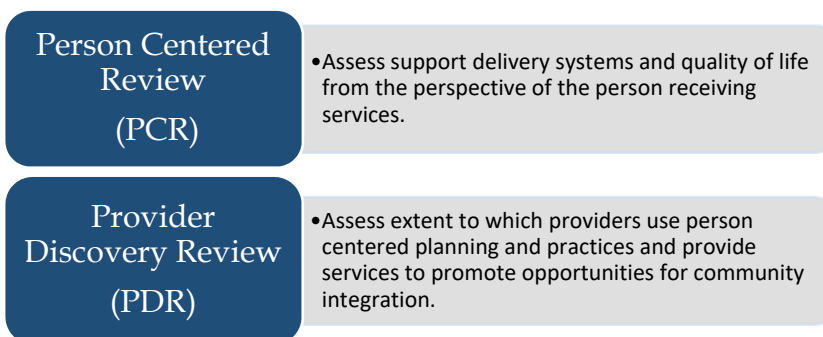
Introduction

In July 2018, the Agency for Health Care Administration (AHCA) entered into the second year of the current contract with Qlarant (formerly known as Delmarva Foundation) to provide quality assurance discovery activities for the Individual Budgeting Services (iBudget) waivers and the Consumer Directed Care Plus (CDC+) program, administered by the Agency for Persons with Disabilities (APD). Through the Florida Statewide Quality Assurance Program (FSQAP), Qlarant, AHCA and APD have designed a Quality Management Strategy based on the Home and Community Based Services (HCBS) Quality Framework Model developed by the Centers for Medicare and Medicaid Services (CMS). Three quality management functions are identified by CMS: discovery, remediation, and improvement.

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



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



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

For the CDC+ program, consultants and representatives are reviewed on the standards set forth by APD and AHCA. Although CDC+ is funded through the iBudget waiver, the programs are fundamentally different in several aspects and therefore results are analyzed separately. In this report, references are made to Waiver (iBudget Waiver) and CDC+ to make the distinction between the two groups. This is the second report of the FY19 contract year. Because only approximately half the PCR sample has been completed and not all providers have been reviewed, findings are considered preliminary and may change when all data are collected and reported in the Annual Report. The report is divided into three sections.

- Section I: Significant Contract Activity During the **2nd Quarter**
- Section II: Data from Review Activities.
- Section III: Discussion and Recommendations

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

Section I: Significant Contract Activity

Quality Assurance Activities

Status Meetings

Status meetings are held to provide an opportunity for Qlarant, AHCA, and APD representatives to discuss contract activities and other relevant issues as necessary. Revisions to processes and tools may be discussed as well as policy updates from AHCA or APD that may impact the FSQAP. During the 2nd Quarter, a status meeting was held on December 13. There was no meeting in November because the Quality Council met November 14. The meeting in October was canceled due to scheduling conflicts.

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. 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 Field Reliability. The manager silently observes all information gathering and compares answers to all standards at the conclusion of the review.

PCR and PDR field reliability was completed with four people and all passed. File Reliability for Supported Living Coaching was completed for 26 reviewers and all passed.

Regional Quarterly Meetings

Qlarant facilitates meetings in each APD Region with the Qlarant Regional Manager(s) responsible for the review activities and staff in the Region and other APD Regional personnel, including the Regional Operations Manager (ROM) as possible. The purpose of the meetings is to discuss and

interpret data from the Qlarant reviews to guide APD toward appropriate remediation activities, and to update all entities on current activities in the Region. Representatives from AHCA and APD State office may attend the meetings via phone in each Region. Face to face meetings were held in all APD Regions this quarter.¹

Quality Council (QC)

Qlarant facilitated a Quality Council meeting on November 14, 2018, in Tallahassee. The meeting had originally been scheduled for October but was postponed due to Hurricane Michael. In addition to updates provided by AHCA and APD, presentation topics included:

- National trends in IDD, presented by Diane McComb (Qlarant)
- Staff Stability Survey findings, presented by Stephanie Giordano (HSRI)
- Summary of findings from Qlarant reviews, presented by Katy Glasgow (Qlarant)
- Follow up items, next steps and confirmation of action items

There are currently two self-advocate vacancies. The next meeting is scheduled for March 2019 in Tallahassee, Florida. See the Qlarant website for complete QC details, minutes, and agendas (<https://florida.qclarant.com/Public2/qualityCouncil/index.html>).

Provider Feedback Survey²

After each PDR, providers are given the opportunity to offer feedback to Qlarant about the review process and professionalism of the reviewer(s). Providers are given a survey to complete and mail/fax to Qlarant, or surveys can be completed online on the FSQAP website. Between July and December 2018, 80 surveys were received from providers who had participated in a PDR and were entered into the database. On average, 99.0 percent of responses were positive (625/631).



Table 1: Results from Provider Feedback Surveys			
Surveys Received Between July and December 2018			
Question	# Yes	# No	#NA ³
Did the Quality Assurance Reviewer (QAR) identify documents needed to complete the review?	80	0	0
Did the QAR explain the purpose of the review?	78	1	1

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

² HSRI is no longer distributing the NCI feedback surveys.

³ Includes responses left blank.

Table 1: Results from Provider Feedback Surveys			
Surveys Received Between July and December 2018			
Question	# Yes	# No	#NA³
Did the QAR explain the review process and how the QAR or Qlarant team would conduct the review?	78	1	1
Did the QAR answer any questions you had in preparation for the review?	79	0	1
Did the QAR refer you to the FSQAP website, including the tools and procedures?	79	1	0
Did the QAR arrive at the review at the scheduled time?	77	3	0
If no, did the QAR call to notify you he/she might be a little late? (N=3)	3	0	0
Did the QAR provide you with the preliminary findings of your Provider Discovery Review (PDR) before leaving?	80	0	0
If you scored Not Met on any of the standards, did the QAR explain why?	71	0	9
Total Responses	625	6	12

Summary of Customer Service Calls

During the second quarter of the contract, October - December 2018, 353 calls were recorded in the Customer Service Log, with an average response time within one day for each call.⁴ Seven calls were conducted in Spanish.

Data Availability

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

Staff Changes

There were no staff changes during the second quarter. Qlarant continues to search to fill current reviewer vacancies.

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+ (57), the number of people receiving services through the Waiver (756), and the total number of individuals who declined or were otherwise unable to participate (216). The time period for declines is based upon the projected time period for the review.

Table 2: Person Centered Review Activity				
July – December 2018				
	# of PCRs		# of Declines	
Region	Waiver	CDC+	Waiver	CDC+
Northwest	39	3	21	1
Northeast	121	18	36	0
Central	133	12	31	1
Suncoast	197	5	45	2
Southeast	182	13	63	1
Southern	84	6	14	1
Total	756	57	210	6

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

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

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

The largest percent of declines was for people who refused to participate, 62.0 percent. An additional 54 (25.0%) individuals were no longer receiving services (n=27), had passed away (n=13), or had moved out of the state (n=14). Approximately 13.0 percent of individuals who declined indicated a preference to participate next year.

Table 3: Person Centered Review Decline Reasons			
July - December 2018			
Decline Reason	Waiver	CDC+	Total
Refused	131	3	134
Review Next Year	25	3	28
No Longer Receiving Services	27	0	27
Deceased	13	0	13
Moved Out of State	14	0	14
Total	210	6	216

Demographics

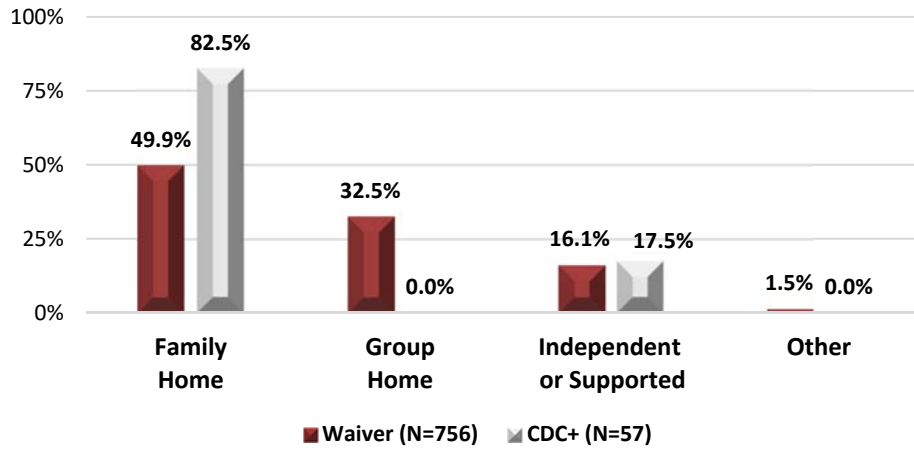
The following series of figures shows the distribution of the PCR sample across Residential Setting, Age Group and Primary Disability.⁶



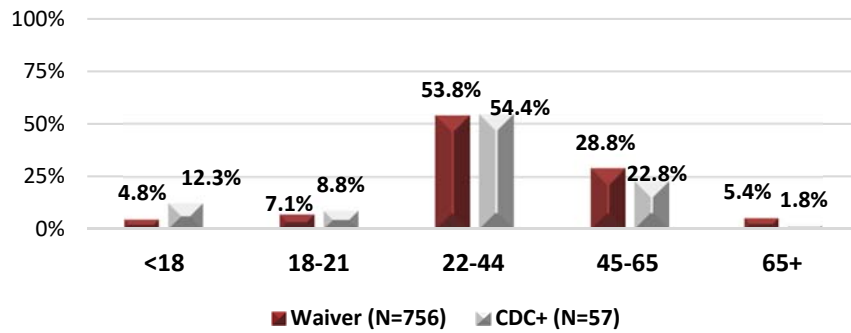
- Most individuals using CDC+ lived in the family home (82.5%), compared to about half of individuals using Waiver services (49.9%). Receiving CDC+ requires that individuals may not be living in a licensed home setting.
- People receiving services through CDC+ were more likely to be younger than people receiving services through the Waiver.
- People receiving services through the Waiver were somewhat more likely to have an intellectual disability as a primary disability than for CDC+, 68.1 percent and 59.6 percent respectively.
- Approximately 33.3 percent of people using CDC+ had Cerebral Palsy or Autism as a primary disability compared to 26.1 percent of people using the Waiver.

⁶ The Other category for Residential Type for the Waiver includes Adult Family Care Home (1), Assisted Living Facility (6) and Foster Care (4). The Other Disability category for the Waiver includes Spina Bifida (6), Down Syndrome (32), Seizure Disorder (4), Other (1), and Prader Willi (1), and for CDC included Down Syndrome (4).

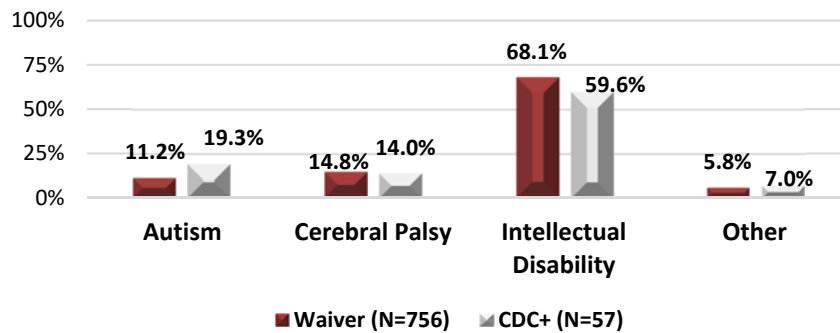
**Figure 1. Distribution of PCRs by Residential Type
 July - December 2018**



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



**Figure 3. Distribution of PCRs by Disability
 July - December 2018**



PCR My Life Interview (MLI)⁷



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.⁸ The MLI was implemented July 1, 2018. Based on reviewer feedback, several standards were targeted for revision to improve consistency of data collection. Revisions will be implemented January 1, 2019. The MLI is organized around six Life Areas important to a person's, and each incorporates measures of choice, respect, rights and community integration:

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.
3. My Work and Daily Life – 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 and Personal Supports depending on how it is utilized.
4. My Social Life – My Social Life consists of expectations for the person regarding interaction with and integration in.
5. My Health – My Health includes measures of supports related to health access, satisfaction and education.
6. My Safety – My Safety 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.

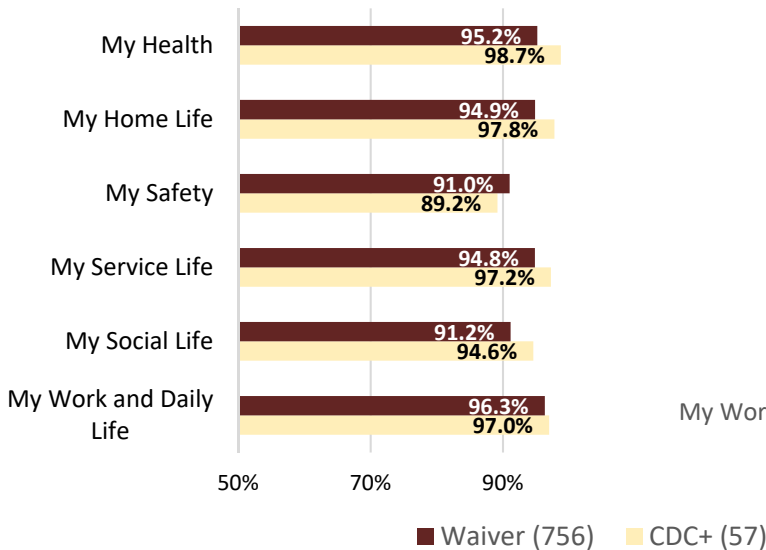
PCR My Life Interview by Life Area

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

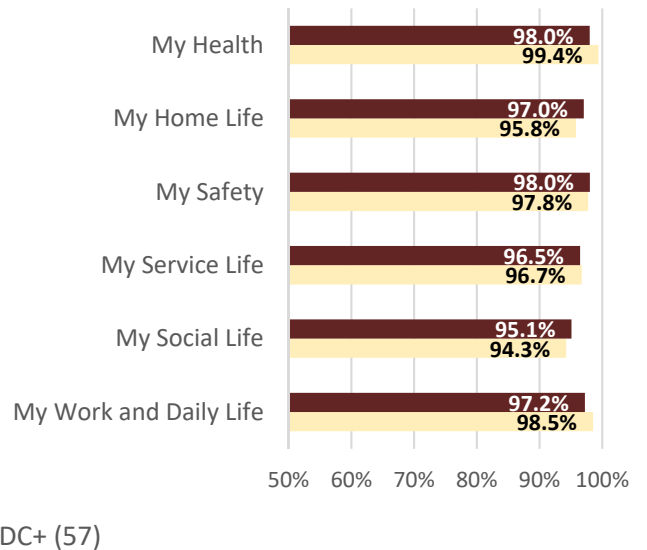
⁸ Since contract year 2012, children under age 18 have been included in the PCR sample. Because the NCI survey is only valid for adults, children do not participate in the NCI portion of the PCR process.

The average MLI score for each Life Area is presented in Figure 4a for outcomes and Figure 4b for supports. Scores to date are based on approximately half of the total sample to be interviewed before July 2019. Therefore, findings are preliminary and should be interpreted with caution. Findings to date may indicate individuals were more likely to be supported to be safe than to have safety outcomes met.

**Figure 4a. My Life Interview by Life Areas
 Outcomes: July - December 2018**



**Figure 4b. My Life Interview by Life Areas
 Supports: July - December 2018**



Of the 27 different indicators used to measure outcomes for the PCR MLI, for both Waiver and CDC+, six reflected a score of less than 90 percent for individuals receiving services through the Waiver or CDC+. Each indicator is listed below, followed by the reasons (percent of times used) the indicator was scored not met. Multiple reasons can be used per indicator.

It is important to note the number not met for each CDC+ indicator is small (n sizes of 6 to 10). For example, while 100 percent of individuals (CDC+) did not know what to do if experiencing ANE, this is based on a sample of eight people who scored the indicator not met. Information to date indicates many individuals are not part of and participating in the community (88.7% met), but the greatest proportion are participating but not at the desired level (71.1%). Most individuals who did not understand what medications they were taking did not know the side effects of their medications (71.1%)

- I am part of and participate in my community (Waiver = 88.7%)
 - I am not involved in my community (13.3%)
 - Most of my community activities are chosen by my family or service provider (16.9%)
 - I would like my community activities to be more individualized instead of group based (16.9%)
 - I participate in community activities but would like to do more (71.1%)
 - I am not participating in community activities that are of interest to me (14.5%)
- I am an active and contributing member of my community (Waiver = 85.1%)
 - I would like to volunteer, but have not had assistance to do so (4.6%)
 - I am not a member of any groups or organizations in my community and I want to be (25.9%)
 - I do not understand all the different community groups or organizations available in my community (29.6%)
 - I do not understand how to develop and maintain social roles (27.8%)
 - I do not understand what social roles are (31.5%)
 - I participate in community activities but I would like to develop more meaningful connections (42.6%)
- I understand what medications I take and why the medications are prescribed (Waiver = 81.1%)
 - I am not aware of why my medications are prescribed (51.2%)
 - I am not aware of the medications I take (62.8%)
 - I am not aware of potential side effects of my medications (71.1%)
- I understand what abuse, neglect and exploitation (ANE) mean (Waiver = 83.7%; CDC+ = 80.4%)
 - I do not understand what neglect means (Waiver = 67.0%; CDC+ = 70%)
 - I do not understand what exploitation means (Waiver = 84.3%; CDC+ = 90.0%)
 - I do not understand what abuse means (Waiver = 32.2%; CDC+ = 40.0%)
 - I do not understand all the different types of abuse (i.e. physical, emotional, verbal, sexual) (Waiver 40.0%; CDC+ = 40.0%)
- I know what to do if abuse, neglect, or exploitation (ANE) occurs (Waiver = 87.8%; CDC+ = 84.3%)
 - I am not aware of what to do if ANE occurs (Waiver = 50.6%; CDC+ = 100%)
 - I do not know where to find the Abuse Hotline number (Waiver = 36.8%; CDC+ = 50.0%)
 - I do not know what the Abuse Hotline is (Waiver = 57.5%; CDC+ = 37.5%)
 - I am not aware of who to go to if ANE occurs (Wavier = 20.7%; CDC+ = 37.5%)
- I know what to do if there is an emergency (CDC+ = 87.8%)
 - I do not know what to do in the event of a fire (83.3%)

- I do not know how to keep myself safe when out in my community (e.g. incapacitated staff, pedestrian safety, strangers) (33.3%)
- I do not know how or when to call 911 (16.7%)
- I do not know what to do in the event of a weather related emergency (e.g., Hurricane, Tornado) (50.0%)

PCR My Life Interview by Region

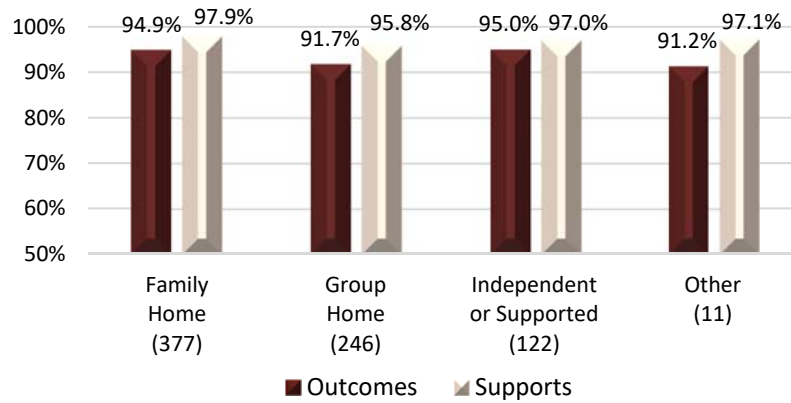
The average PCR MLI scores are presented in Table 4, for each region and statewide. The number of reviews completed in each region for CDC+ is small and comparisons are not appropriate across regions or to the Waiver. To date, individuals are more likely to have supports than to have outcomes met.

Table 4: PCR MLI Results by Region				
June - December 2018				
Region	Waiver (n=756)		CDC+ (n=57)	
	Outcomes	Supports	Outcomes	Supports
Northwest	89.7%	93.6%	88.9%	90.5%
Northeast	93.0%	96.6%	93.5%	95.0%
Central	93.2%	94.2%	97.6%	96.8%
Suncoast	93.2%	97.7%	90.2%	100.0%
Southeast	95.8%	98.3%	100.0%	99.7%
Southern	94.9%	99.0%	97.2%	100.0%
State	93.8%	97.0%	95.7%	97.2%

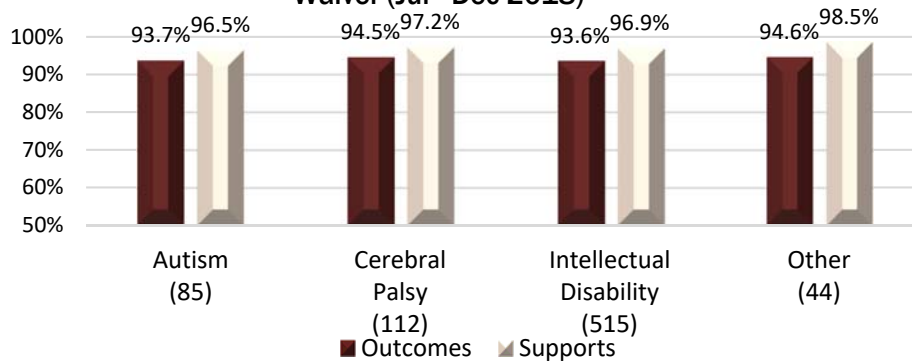
PCR MLI Results by Residential Status, Disability and Age

PCR MLI results are shown by residential setting, primary disability and age group in Figures 5 – 7. Because the sample size across most CDC+ categories is very small, results are shown only for the Waiver. There is some variation across home type: people in group homes or other homes (foster and assisted living) were least likely to have outcomes met and showed the largest difference between outcomes and supports. To date there is little variation across age groups or primary disability.

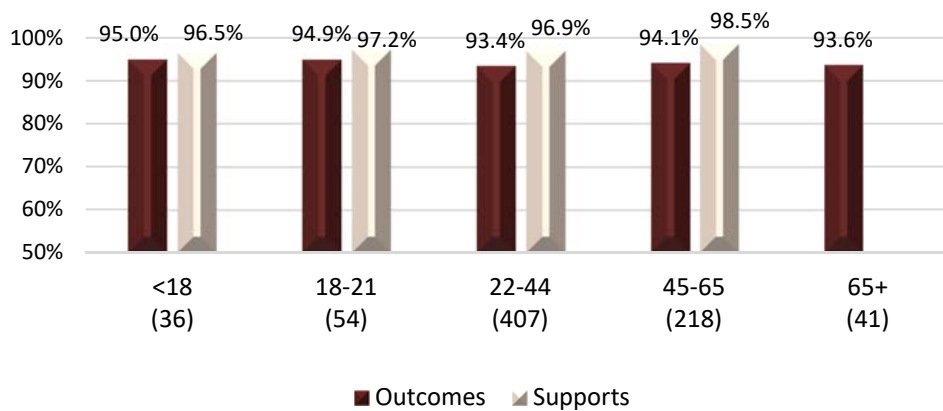
**Figure 5. PCR My Life Interview
 by Residential Status
 Waiver (Jul - Dec 2018)**



**Figure 6. PCR My Life Interview
 by Primary Disability
 Waiver (Jul - Dec 2018)**



**Figure 7. PCR My Life
 by Age Group
 Waiver (Jul - Dec 2018)**



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 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/CDC+ C.

WSC and CDC+ C interview results to date are shown in Figure 8. Scores are high for both WSCs and CDC+ Consultants in each area, above 96 percent, with very little variation across Life Areas. There is little variation across regions (Table 5).

Figure 8. WSC and CDC+ C Interview Life Areas Jul - Dec 2018

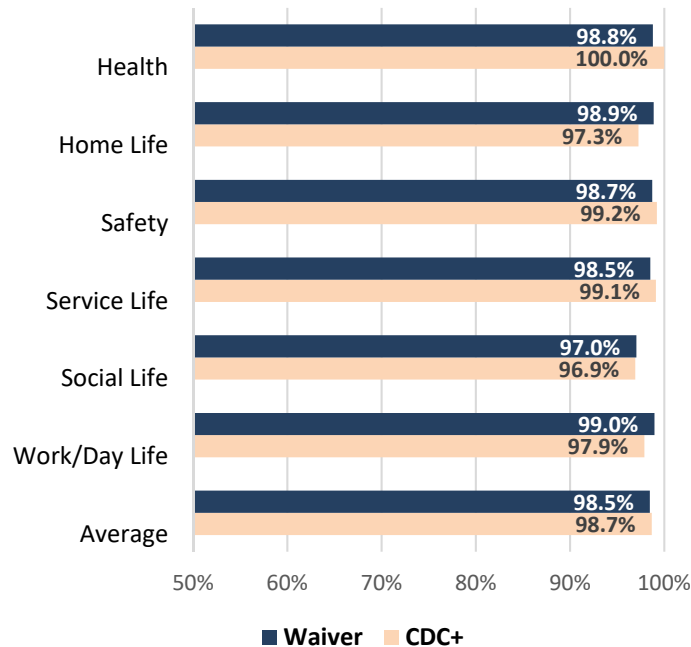


Table 5: WSC and CDC+ C Interview Results by Region				
July - December 2018				
	WSC		CDC+ C	
Region	#	% Met	#	% Met
Northwest	39	95.6%	3	93.6%
Northeast	121	99.3%	18	97.3%
Central	133	96.7%	12	99.4%

Table 5: WSC and CDC+ C Interview Results by Region				
July - December 2018				
	WSC		CDC+ C	
Suncoast	197	98.9%	5	100.0%
Southeast	182	99.0%	13	100.0%
Southern	84	99.2%	6	100.0%
State Average	756	98.5%	57	98.7%

Of the 62 different indicators used to measure standards for the WSC and CDC+ C Interview, none showed a score of less than 94 percent.

PCR Waiver Support Coordinator and CDC+ Consultant Record Reviews



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

- Both WSCs and Consultants score relatively high on the record reviews, with 95.7 percent and 98.0 percent of standards met respectively
- There is some variation across regions
- Two standards in the WSC record review reflected scores under 90 percent:
 - The Support Coordinator documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents (85.7%)
 - The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted (83.3%)
- Three CDC+ standards showed scores under 90 percent; however, the sample size is small and these will be tracked throughout the next reporting periods

Table 6: PCR WSC and CDC+ Record Review Results by Region				
July – December 2018				
	Waiver Support Coordinator		CDC+ Consultant	
Region	# Records Reviewed	Percent Met	# Records Reviews	Percent Met
Northwest	39	95.5%	3	96.9%
Northeast	121	96.8%	18	98.8%
Central	133	92.7%	12	98.1%
Suncoast	197	96.1%	5	96.8%
Southeast	182	95.4%	13	98.0%
Southern	84	98.6%	6	96.7%
State	756	95.7%	57	98.0%

Table 7: WSC Record Review Results by Standard		
July - December 2018		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	755	97.4%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	756	97.4%
Level of care is completed accurately using the correct instrument/form.	755	95.4%
Person receiving services is given a choice of waiver services or institutional care at least annually.	756	97.8%
The Support Plan is updated within 12 months of the person's last Support Plan.	750	99.3%
The current Annual Report is in the record.	747	90.5%
The Support Plan is updated/revised when warranted by changes in the needs of the person.	364	94.0%
WSC documents a copy of the Support Plan is provided to the person or legal representative within 10 days of the Support Plan effective date.	755	97.7%
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.	743	94.5%
Support Plan includes supports and services consistent with assessed needs.	756	99.1%
Support Plan reflects support and services necessary to address assessed risks.	743	99.1%
Support Plan includes a current Safety Plan.	22	90.9%
Support Plan reflects the personal goals/outcomes of the person.	760	99.1%

Table 7: WSC Record Review Results by Standard		
July - December 2018		
Standard	Number Reviewed	Percent Met
The current Support Plan includes natural, generic, community and paid supports for the person.	756	98.4%
WSC documentation demonstrates current, accurate, and approved Service Authorizations are issued to service provider(s).	747	97.1%
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.	746	91.3%
The Support Coordinator is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	754	100.0%
The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted.	755	83.3%
The Support Coordination Progress Notes demonstrate required monthly contact/activities were completed and are in the record.	756	95.5%
For individuals in supported living arrangements Progress Notes demonstrate required activities are covered during each quarterly home visit.	117	91.5%
For persons living in Supported Living Arrangements the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider.	118	96.6%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis.	756	97.2%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing among waiver service providers on an ongoing basis.	757	97.9%
The Support Coordinator documents ongoing efforts to assist the person/legal representative to know about rights.	758	92.1%
The Support Coordinator documents ongoing efforts to ensure the person's health and health care needs are addressed.	755	97.1%
The Support Coordinator documents ongoing efforts to ensure the person's behavioral/emotional health needs are addressed.	539	98.5%
The Support Coordinator documents ongoing efforts to ensure the person's safety needs are addressed.	754	97.0%
The Support Coordinator documents information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis.	518	92.5%
The Support Coordinator bills for services after service is rendered.	755	97.6%
The Support Coordinator documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents.	754	85.7%
Average WSC Record Review Score	19,757	95.7%

Table 8: CDC+ Consultant Results by Standard		
July – December 2018		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	57	94.7%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	56	96.4%
Level of care is completed accurately using the correct instrument/form.	57	96.5%
Person receiving services is given a choice of waiver services or institutional care at least annually.	57	100.0%
The Support Plan is updated within 12 months of the person's last Support Plan.	56	100.0%
The current Annual Report is in the record.	56	98.2%
The Support Plan is updated/revised when warranted by changes in the needs.	18	94.4%
Support Plan includes supports and services consistent with assessed needs.	57	100.0%
Support Plan reflects support and services necessary to address assessed risks.	57	100.0%
Support Plan includes a current Safety Plan.	3	100.0%
Support Plan reflects the personal goals of the person.	57	100.0%
The current Support Plan includes natural, generic, community and paid supports for the person.	57	100.0%
Services are delivered in accordance with the Cost Plan.	57	100.0%
The Consultant is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	56	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.	56	100.0%
Completed/signed Participant-Consultant Agreement is in the record.	57	98.2%
Completed/signed CDC+ Consent Form is in the record.	57	100.0%
Completed/signed Participant-Representative Agreement is in the record.	56	100.0%
All applicable completed/signed Purchasing Plans are in the record.	57	100.0%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	57	100.0%
All applicable completed/signed Quick Updates are in the Record.	20	100.0%
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	26	92.3%
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	51	100.0%
Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	54	100.0%

Table 8: CDC+ Consultant Results by Standard July – December 2018		
Standard	Number Reviewed	Percent Met
Consultant has taken action to correct any overspending by the Participant.	6	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.	56	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.	50	98.0%
The Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted.	56	94.6%
The Consultant documents ongoing efforts to assist the person/legal representative to know about rights.	56	89.3%
The Consultant documents ongoing efforts to ensure the person’s health and health care needs are addressed.	56	100.0%
The Consultant documents ongoing efforts to ensure the person’s behavioral/emotional health needs are addressed.	40	100.0%
The Consultant documents ongoing efforts to ensure the person’s safety needs are addressed.	56	100.0%
The Consultant documents information about the person’s history regarding abuse, neglect, and/or exploitation on an ongoing basis.	39	89.7%
The Consultant documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents.	56	87.5%
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.	57	100.0%
The Consultant bills for services after services are rendered.	55	100.0%
Average PCR CDC+ Consultant Result	1,781	98.0%

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 December

2018, 65 CDC+ Representatives were reviewed. Results are presented by region in Table 9 and by standard in Table 10.

- On average, findings for Representatives were similar to the previous year, with 93.9 percent overall compliance and 14 of the 19 standards showing scores over 90.0 percent.
- The number of reviews in each region is small and comparisons across ~~across~~ regions are not appropriate.
- The lowest scoring standards indicated:
 - Documentation was not always available to support the reconciliation of monthly statements (83.2%)
 - Documentation did not always show the employment status for the Employee/Contractor Roster within the Clearinghouse, for all who provide direct care (84.6%)
 - Background screening was not always documented for all direct care providers (85.2%).
 - Signed and approved Invoices for Vendor Payments are Signed and approved Invoices for Vendor Payments were not always available for review

Table 9: CDC+ Representative Record Review Results by Region		
July - December 2018		
Region	# of Reviews	Percent Met
Northwest	4	96.7%
Northeast	22	92.8%
Central	13	89.1%
Suncoast	5	100.0%
Southeast	13	98.5%
Southern	8	91.7%
State	65	93.9%

Table 10: CDC+ Representative Results by Standard		
July - December 2018		
Standard	Number Reviewed	Percent Met
Accurate Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	59	89.8%

Table 10: CDC+ Representative Results by Standard		
July – December 2018		
Standard	Number Reviewed	Percent Met
Signed and approved Invoices for Vendor Payments are available for review.	38	84.2%
Signed and approved receipts/statement of “Goods and Services” for reimbursement items are available for review.	25	100.0%
Copies of Support Plan(s) are available for entire period of review.	64	98.4%
Monthly Statements are available for review.	65	98.5%
Documentation is available to support the reconciliation of Monthly Statements.	65	83.1%
The Participant obtains services consistent with stated/documentated needs and goals.	65	98.5%
The Participant makes purchases that are consistent with the Purchasing Plan.	65	100.0%
Complete and signed Participant/ Representative Agreement is available for review.	64	96.9%
Complete Employee Packets for all Directly Hired Employees are available for review.	58	91.4%
Complete Vendor Packets for all vendors and independent contractors are available for review.	40	95.0%
Background screening results for all providers who render direct care are available for review.	61	85.2%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	59	91.5%
All applicable signed and approved Purchasing Plans are available for review.	62	100.0%
All applicable signed and approved Quick Updates are available for review.	21	100.0%
Emergency Backup Plan is complete and available for review.	65	96.9%
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.	52	84.6%
Copies of approved Cost Plan(s) are available for entire period of review.	64	96.9%
Average CDC+ Representative Record Review Score	995	93.9%

Health Summary

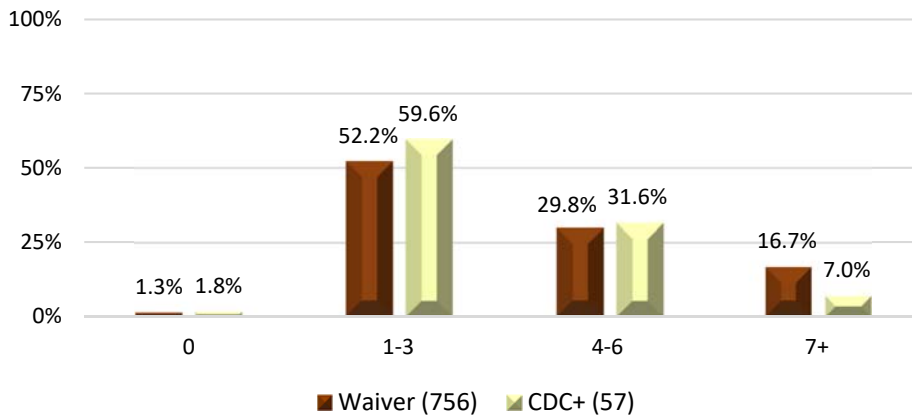


During the PCR, Qlarant reviewers utilize an extensive Health Summary tool to help capture facets of the individual’s health status, such as a need for adaptive equipment; if visits have been made to the doctor or dentist; if the person has been hospitalized or been to the emergency room; and type and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

The following figures and tables show the percent of individuals receiving services through the Waiver or CDC+ who were taking prescription medications, by the number of medications taken (figure 9); and the percent of individuals taking four or more medications by region (Table 11). Findings to date are similar to previous years and more in-depth analysis, including by demographics, will be included in the Annual Report. Further analysis will be possible when more data are available. To date, information is similar to previous years, indicating individuals receiving services through the Waiver are more likely to take seven or more medications compared to CDC+.

There appears to be some variation across regions which will be tracked through the rest of the year.

**Figure 9. Number of Prescription Medications
 Waiver vs. CDC+
 July - December 2018**

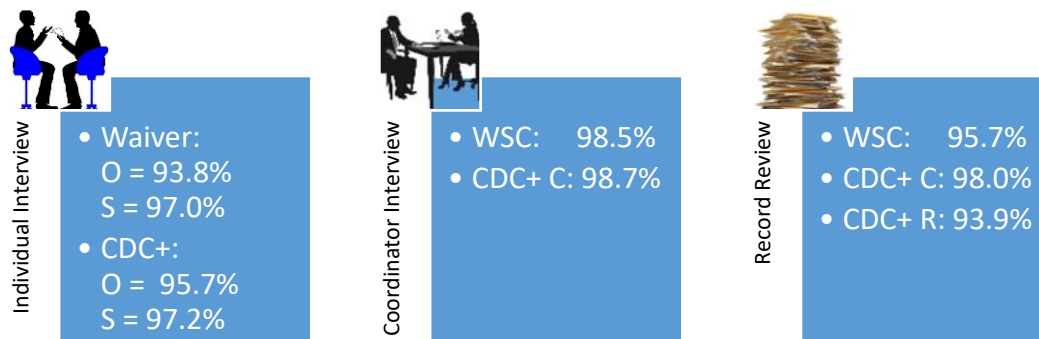


	Waiver		CDC+	
	# PCRs	% Taking 4+	# PCRs	% Taking 4+
Northwest	39	51.3%	3	33.3%
Northeast	121	46.3%	18	50.0%

Table 11. Number and Percent of Individuals Taking 4 or More Medications by Region: Jul - Dec 2018				
	Waiver		CDC+	
	# PCRs	% Taking 4+	# PCRs	% Taking 4+
Central	133	39.1%	12	25.0%
Suncoast	197	46.7%	5	60.0%
Southeast	182	44.5%	13	23.1%
Southern	84	59.5%	6	50.0%
Average	756	46.4%	57	38.6%

PCR Summary Results

A summary of scores from the PCR components is presented in the following figure. For the first two quarters of the year (July – December 2018). Average scores are relatively high across all the areas. Review of the records for the CDC+



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)

⁹ All review tools are posted on the FSQAP website

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

¹⁰ Deemed providers are permitted to skip one year for the PDR. Deemed is defined as a score of 95% or higher with no alerts or potential billing discrepancies Or total billing discrepancy dollars amount to less than 5.00% of total reimbursed amount.

- 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 December 2018, 1,082 PDRs were completed by reviewers and approved by Qlarant management; 842 service providers and 240 WSCs.

PDR My Life and Staff Interview



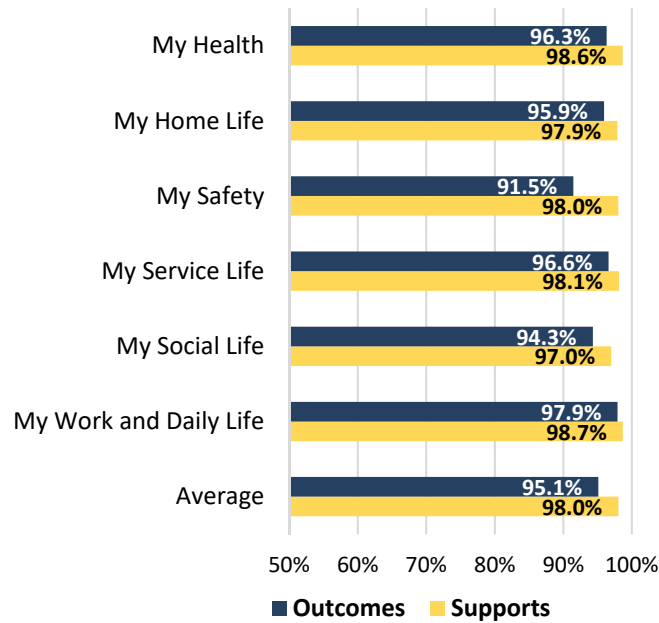
The PDR for wavier services (excludes WSC PDR) uses an interview with individuals receiving services from the provider and an interview with staff providing services. The staff may or may not be providing services to individuals interviewed but all services are monitored through the interview processes. 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 10 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, 95.1 percent and 98.0 percent respectively. Staff Interview results (Figure 11) show high scores across all areas, with an average of 98.5 percent statewide. There may be some variation in Outcomes for individuals across regions and should be tracked as more data become available.

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.

**Figure 10. PDR My Life Interview
 by Life Areas (N=1,315)
 July - December 2018**



**Figure 11. PDR Staff Interview
 (N=1,292) Jul - Dec 2018**

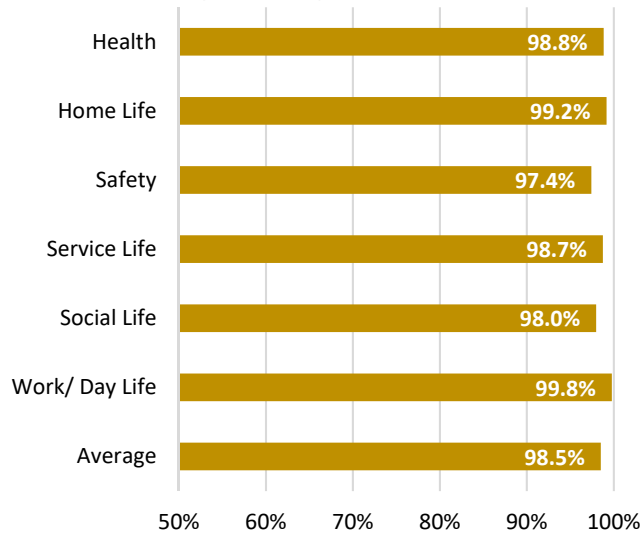


Table 12: PDR Interview Results by Region					
July – December 2018					
Region	Individual			Staff	
	#	Outcomes	Supports	#	% Met
Northwest	40	94.2%	97.8%	53	97.7%
Northeast	136	96.0%	98.5%	159	99.2%
Central	142	93.6%	97.3%	162	98.1%
Suncoast	172	93.1%	97.9%	186	98.8%
Southeast	135	96.7%	98.3%	145	97.3%
Southern	126	97.5%	98.4%	137	99.2%
State	751	95.1%	98.0%	842	98.5%

Observations

Observations by Location: Licensed Residential Homes and Day Programs

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



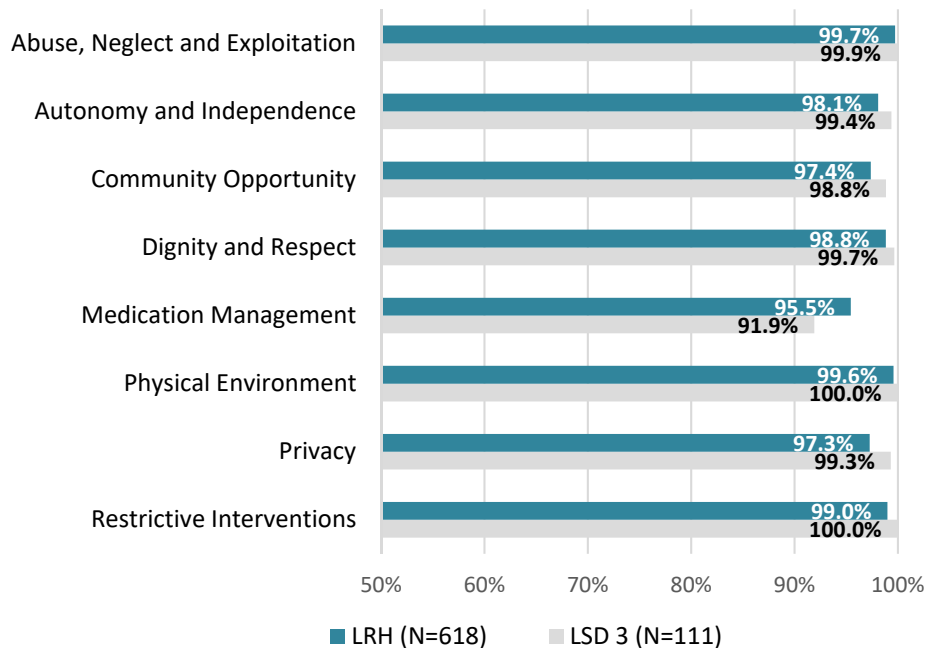
Observations were completed at 111 Day Program locations and 618 LRHs. PDR Observation scores are shown by Region and type of location in Table 14. The number of Observations completed for Day Programs is relatively small in all regions and comparative analysis across regions or between LRHs and day programs should be made with caution. The overall scores for both types of locations are high and there is very little variation across regions.

Table 14: PDR Observation Scores by Region and Location				
July - December 2018				
Region	LRH		LSD 3	
	# OBS	% Met	# OBS	% Met
Northwest	33	98.7%	11	99.3%
Northeast	128	98.6%	21	99.5%
Central	121	98.0%	22	99.2%
Suncoast	142	98.5%	27	99.6%

Table 14: PDR Observation Scores by Region and Location July - December 2018				
	LRH		LSD 3	
Region	# OBS	% Met	# OBS	% Met
Southeast	115	98.2%	15	99.7%
Southern	79	98.1%	15	99.3%
State	618	98.3%	111	99.4%

Observations are shown by Standard and Location Type in Figure 12. Scores are generally high across all the standards, over 91 percent. Currently, the lowest scoring area is for Medication Management, and is least likely to be met in both locations.

Figure 12. Observations by Location and Standard
 July - December 2018



Observations by Type: Announced vs Unannounced

Of the 729 Observations completed, 270 (37.0%) 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 and when the onsite visit would occur. Table 15 shows results by Observation location and type (Announced vs. Unannounced). Findings show no difference on average between the two types of Observations.

Table 15: Observation Scores by Observation Type and Location Type						
July - December 2018						
Observation Type	LRH		LSD 3		State	
	# OBS	% Met	# OBS	% Met	# OBS	% Met
Announced	391	98.6%	68	99.5%	459	98.3%
Unannounced	227	97.9%	43	99.4%	270	98.1%

Observation Results by Indicator

Data through the first two quarters of the year show only one indicator with a score below 90 percent. Individuals in a residential facility do not always have a key to their bedrooms (85.5%).

Administrative Policies and Procedures



Each provider is reviewed on up to 18 standards to determine compliance with Policies and Procedures (P&P) as dictated in the Florida Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook. Results for all P&P Standards reviewed this year are shown in Table 17. WSC services are different than other provider services, therefore findings in Table 17 are presented separately for WSCs and service providers.¹³ Most of the Administrative P&P tool is applied to agency providers (n=716); however, some questions may also be asked of solo providers (n=126).

Service providers reviewed this year averaged 93.4 percent compliance with Policy and Procedure requirements, the WSC average somewhat higher (95.6%). To date, service providers 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 (79.9%). Support Coordinators were least likely to maintain the employment status of all employees on the Employee/Contractor Roster within the Clearinghouse (new standard effective 1/1/2018) (87.3%).

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

Table 17: PDR Service Provider Policies and Procedures Results by Standard				
July – December 2018				
P&P Standard	Service Providers (n = 842)		WSC (n = 240)	
	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.	20	100%	NA	NA
Agency vehicles used for transportation are properly insured.	276	98.9%	NA	NA
Agency vehicles used for transportation are properly registered.	280	96.8%	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.	720	98.8%	66	100%
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.	721	97.4%	67	100%
The provider maintains written policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening.	720	89.2%	68	95.6%
The provider maintains written policies and procedures detailing hours and days of operation and the notification process to be used if the provider is unable to provide services for a specific time and day scheduled.	721	89.7%	68	97.1%
The provider maintains written policies and procedures detailing how the provider will ensure the individuals' medications are administered and handled safely.	477	96.9%	NA	NA
The provider maintains written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider.	721	91.1%	66	95.5%
The provider maintains written policies and procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues.	721	98.8%	68	100%
The provider maintains written policies and procedures, which detail methods for ensuring the person's confidentiality and maintaining and storing records in a secure manner.	721	79.9%	68	89.7%
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.	503	92.0%	NA	NA
The provider maintains written policies and procedures in compliance with 65G-8.003 (Reactive Strategy Policy and Procedures).	166	96.4%	NA	NA

Table 17: PDR Service Provider Policies and Procedures Results by Standard July – December 2018				
P&P Standard	Service Providers (n = 842)		WSC (n = 240)	
	Standards Reviewed	% Met	Standards Reviewed	% Met
The provider addresses all incident reports.	444	97.3%	188	97.9%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	139	98.6%	79	100%
All instances of abuse, neglect, and exploitation are reported.	135	98.5%	84	98.8%
The provider identifies addresses and reports all medication errors.	118	99.2%	8	100%
The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	800	91.9%	204	87.3%
Average Policies and Procedures	8,403	93.4%	1,034	95.6%

Findings by region are presented in Table 18. WSCs are much more likely to operate as a solo entity. While approximately 15 percent of service providers are solo providers, close to 72 percent of WSCs are solo providers. Because solo providers are only reviewed on the administrative standards and not the actual policies and procedures, findings are presented separately by region for solo vs agency providers and comparisons should be done with caution. There may be some variation across regions; however, the number of reviews, and therefore the number of standards scored, was relatively low in many regions.

Table 18: Administrative Standards by Region July – December 2018								
Region	Service Providers				WSCs			
	Agency (n=716)		Solo (n=126)		Agency (n=68)		Solo (n=172)	
	Standards Reviewed	% Met	Standards Reviewed	% Met	Standards Reviewed	% Met	Standards Reviewed	% Met
Northwest	341	93.5%	15	53.3%	34	100%	15	100%
Northeast	1,530	94.8%	72	91.7%	98	100%	64	95.3%
Central	1,467	92.8%	73	76.7%	75	98.7%	119	93.3%
Suncoast	2,072	94.5%	13	84.6%	116	99.1%	99	90.9%
Southeast	1,424	92.8%	36	91.7%	209	93.8%	67	94.0%
Southern	1,346	93.3%	14	57.1%	143	97.2%	28	89.3%
State	8,180	93.7%	223	81.6%	675	97.2%	392	93.1%

Qualifications and Training Requirements



WSCs and all Direct Service Providers are required to have certain training and education completed in order to render specific services. For each service provider and WSC, several employee records are reviewed. The total number of employee records sampled for review varies, depending on the number of people receiving services. Of the 842 providers and 240 WSCs who participated in a PDR between July and December 2018, Qlarant reviewed 2,190 and 341 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 staff, with the standard met. For the provider to score the standard met, all employee records reviewed must show compliance with the standard. If one record is out of compliance, the standard is Not Met for the provider.¹⁴

Findings from the Q&T component to date indicate three services for which less than 80 percent of service providers had completed the required number of hours of annual in-service training related to the specific needs of at least one person currently receiving services: Life Skills Development 1 (Companion) (74.7%); Residential Habilitation – Standard (73.7%); Personal Supports (74.2%). No WSC standards reflected a score lower than 80 percent.

Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The provider received training in Zero Tolerance.	2,189	842	92.0%
The provider received training in Basic Person Centered Planning.	983	532	92.3%
The provider received training on Individual Choices, Rights and Responsibilities	993	534	93.3%
The provider received training in Requirements for all Waiver Providers	2,175	842	79.6%
The provider received training in HIPAA.	2,183	841	87.0%
The provider received training in HIV/AIDS/Infection Control.	2,129	831	85.0%
The provider maintains current CPR certification.	2,123	828	93.7%

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

Table 19: PDR Qualifications and Training Service Provider Results by Standard July - December 2018			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The provider received training in First Aid.	2,120	828	88.4%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	955	426	97.2%
The provider maintains current medication administration validation.	947	424	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).	340	154	96.8%
Drivers of transportation vehicles are licensed to drive vehicles used.	1,647	749	99.1%
Personal vehicles used for transportation are properly insured.	1,092	561	94.1%
Personal vehicles used for transportation are properly registered.	1,093	562	92.9%
The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.	21	21	95.2%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	579	372	97.6%
The provider has completed standardized, pre-service training for Life Skills Development Level 2.	103	85	96.5%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	160	84	100.0%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	1,045	557	96.2%
The provider meets all minimum educational requirements and levels of experience for Respite.	244	179	94.4%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	236	185	97.8%
The provider completed required Supported Living Pre-Service training.	234	185	100.0%
The Supported Living Coach completed Introduction to Social Security Work Incentives.	224	177	90.4%
The provider received training in Direct Care Core Competencies.	1,258	607	95.7%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	84	53	100.0%

Table 19: PDR Qualifications and Training Service Provider Results by Standard July - December 2018			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	24	24	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.	23	23	95.7%
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.	507	340	74.7%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	102	84	97.6%
The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment.	94	80	83.8%
The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services.	132	77	81.8%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	706	293	95.2%
The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	590	281	73.7%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	185	82	98.8%
The Residential Habilitation - Behavior Focus provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	181	81	98.8%
The Residential Habilitation - Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.	157	77	96.1%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	16	9	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.	15	9	100.0%

Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The Supported Living Coach provider completes eight hours of annual in-service training.	212	170	81.8%
The Personal Support provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	909	535	74.2%
The Residential Habilitation - Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics.	13	8	100.0%
The provider has completed all aspects of required Level II Background Screening.	2,190	842	86.2%
The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	2,107	818	90.0%
The provider received training in Direct Care Core Competency. (Old)	962	516	97.7%

Standard	# Records Reviewed	# WSCs	% WSCs w/ Standard Met
The provider received training in Zero Tolerance.	340	239	95.4%
The provider received training in Basic Person Centered Planning.	317	228	96.5%
The provider received training on Individual Choices, Rights and Responsibilities	79	64	100%
The provider received training in Requirements for all Waiver Providers	341	240	87.5%
The provider received training in HIPAA.	341	240	90.0%
The provider received training in HIV/AIDS/Infection Control.	341	240	90.8%
The provider maintains current CPR certification.	341	240	95.4%
The provider received training in First Aid.	341	240	92.9%
Drivers of transportation vehicles are licensed to drive vehicles used.	41	36	100%
Personal vehicles used for transportation are properly insured.	31	25	100%
Personal vehicles used for transportation are properly registered.	31	25	100%

Table 20: PDR Qualifications and Training WSC Results by Standard July – December 2018			
Standard	# Records Reviewed	# WSCs	% WSCs w/ Standard Met
The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	101	80	100%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	340	240	99.6%
The Support Coordinator completed required Statewide pre-service training.	340	240	99.6%
The Support Coordinator completed required Region Specific training.	337	240	96.7%
The Support Coordinator completed Introduction to Social Security Work Incentives.	331	239	93.3%
The Support Coordinator completes 24 hours of job related annual in-service training.	328	239	86.6%
The provider received training in Direct Care Core Competencies.	91	74	94.6%
The provider has completed all aspects of required Level II Background Screening.	341	240	93.3%
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.	314	218	88.1%
The provider received training in Direct Care Core Competency. (Old)	260	194	99.0%

Service Specific Record Review Results (SSRR)

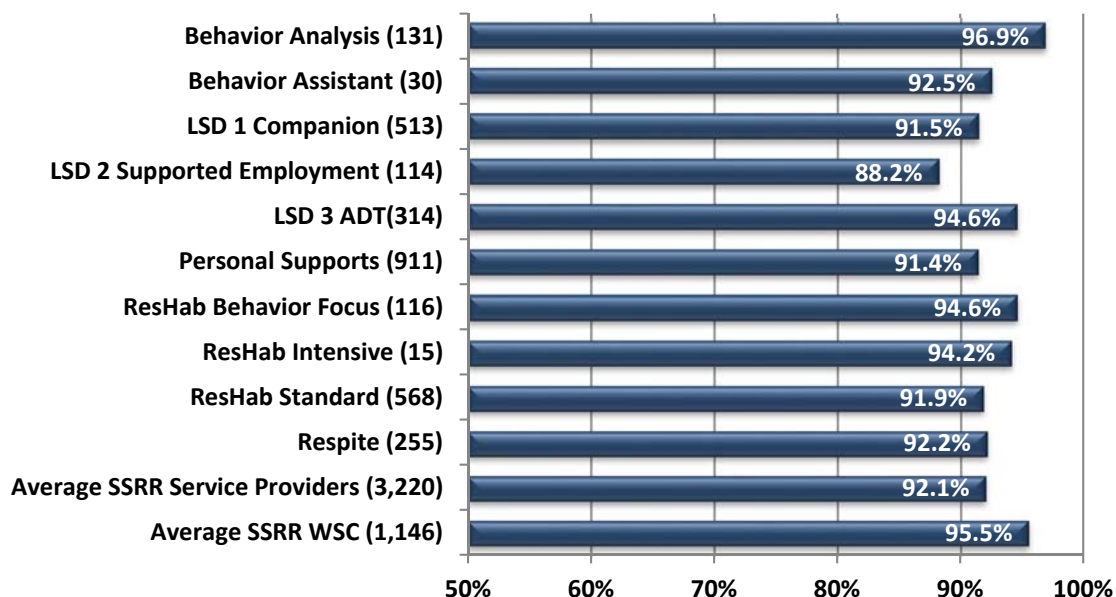


During the PDR, a sample of individuals is used to review records for each service offered by the provider. The number of records reviewed depends upon the size of the organization and the number of services provided. At least one record per service is reviewed, a minimum of 10 records for larger providers (caseload of 200 or more). The SSRR tool includes a review of standards specific to each service. There were 3,240 SSRRs completed between July and December 2018 as part of the 842 PDRs for service providers and 1,146 SSRRs completed as part of the 240 WSC PDRs.

SSRR results are presented by service in Figure 14 and by region in Table 22. Because many of the standards have a weight of more than one, both the weighted score and the percent of standards scored as met (Percent Met) are presented by region. Comparisons by service in Figure 14 show the Percent Met with the number of reviews completed in parentheses. Findings by service are similar to previous and show providers of Supported Employment with the lowest record review scores

(88.8%). There is little variation across regions and service providers scored somewhat lower than WSCs.

**Figure 14. Service Specific Record Reviews
 Percent Met by Service
 July - Decedmbler 2018**



**Table 22: PDR Service Specific Record Review Results by Region
 July - December 2018**

Region	Service Providers			WSCs		
	# Records Reviewed	Weighted Score	Percent Met	# Records Reviewed	Weighted Score	Percent Met
Northwest	163	94.4%	93.7%	65	95.8%	95.8%
Northeast	606	92.7%	92.3%	179	95.6%	95.9%
Central	646	93.3%	92.6%	175	91.8%	92.4%
Suncoast	773	90.8%	90.5%	299	95.1%	95.7%
Southeast	534	92.3%	92.0%	279	95.5%	95.6%
Southern	498	93.8%	93.0%	149	98.4%	98.3%
State	3,220	92.5%	92.1%	1,146	95.2%	95.5%

Lowest SSRR Indicators by Service

While scores on the SSRRs are relatively high, for nine of the services Qlarant reviews, providers were often not submitting all required documentation to the WSC, a range of scores from 56.7 percent for Behavior Assistant to 79.4 percent for Behavior Analysis.

Summary of PDR Scores by Region

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

Region	Policy & Procedure (n=842)	Q&T (n=2,190)¹⁵	SSRR (n=3,220)	Staff Interview (n=1,292)	MLI Outcomes (n=1,315)	MLI Supports (n= 1,315)	OBS (n= 729)
Northwest	91.9%	93.5%	93.7%	97.7%	97.8%	94.2%	98.8%
Northeast	94.7%	95.0%	92.3%	99.2%	98.5%	96.0%	98.7%
Central	92.0%	93.5%	92.6%	98.1%	97.3%	93.6%	98.1%
Suncoast	94.5%	93.2%	90.5%	98.8%	97.9%	93.1%	98.7%
Southeast	92.8%	91.7%	92.0%	97.3%	98.3%	96.7%	98.4%
Southern	92.9%	95.0%	93.0%	99.2%	98.4%	97.5%	98.3%
State	93.4%	93.7%	92.1%	98.5%	98.0%	95.1%	98.5%

¹⁵ Data based on the number of employee records reviewed.

Table 24: PDR Component Scores for WSCs by Region July - December 2018				
Region	# of PDRs	Qualifications & Training (n = 341)	Policy & Procedure (n = 240)	WSC Record Reviews (n = 1,146)
Northwest	13	98.7%	100.0%	95.8%
Northeast	40	95.9%	98.1%	95.9%
Central	53	92.7%	95.4%	92.4%
Suncoast	49	96.2%	95.3%	95.7%
Southeast	58	94.6%	93.8%	95.6%
Southern	27	95.2%	95.9%	98.3%
State	240	95.1%	95.7%	95.8%

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 and December 2018, 409 alerts were recorded for service providers with an additional 73 reported for WSCs. Of these 480 alerts, 40.0 percent was due to a lack of required documentation needed to provide evidence background screening had been completed. Ensuring employee status is maintained in the Clearinghouse Roster has generated 98 alerts to date this contract year, a greater proportion than any other type of alert (36.0%).

Table 25: Alerts by Type July - December 2018		
Alert Type	Number	Percent
Rights	9	3.3%
Health & Safety	3	1.1%
ANE	3	1.1%
Background Screening	72	26.5%
Medication Admin/Training	27	9.9%
Driver's License/Insurance	11	4.0%

Table 25: Alerts by Type		
July - December 2018		
Alert Type	Number	Percent
Vehicle Insurance	3	1.1%
Clearing House Roster	98	36.0%
Medication Storage	46	16.9%
Total Alerts	272	100%

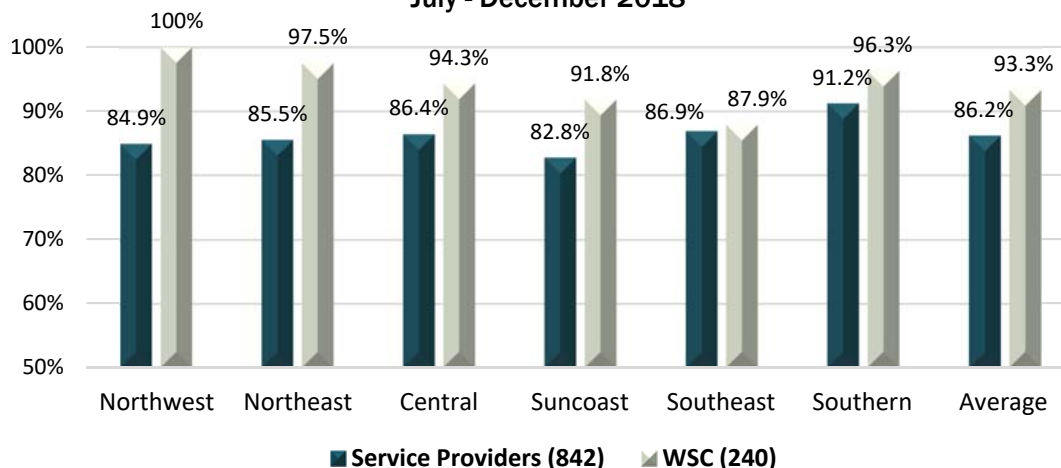
Background Screening



When examining background screening results, a varying number of employee records are reviewed to determine compliance with all the components of the requirement. For Background Screening, if any one staff record indicates a lack of any required documentation, the provider is reported as having the standard Not Met. The following information (Figure 15) shows the percent of service providers and WSCs compliant with all background screening documentation requirements. Findings indicate:

- Service providers were less likely to have the background screening requirements met than were WSCs, 86.2 percent and 93.3 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 132 providers/WSCs who had at least one background screening standard scored not met, 70 resulted in an alert. The reasons most often cited were the current Local Law/Criminal Records Check or the current APD General FDLE/FBI clearance were missing.

**Figure 15. Percent of Providers with All Background Standards Met
 July - December 2018**



Potential Billing Discrepancy



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

- On average approximately 16 percent of providers had at least one potential billing discrepancy.
- Records maintained for providers of Personal Supports, LSD 1 (Companion), Respite or Supported Living Coaching, were most likely to have a potential billing discrepancy, each service showing approximately 25 percent or more of providers missing at least one billing discrepancy standard.

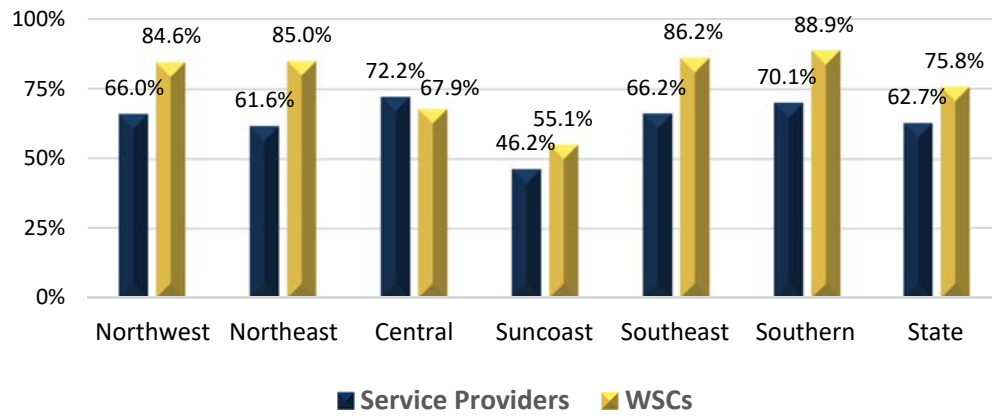
Table 27: Potential Billing Discrepancy by Service July – December 2018		
Service	Records Reviewed	% of PDRs w/ 1+ Not Met
Behavior Analysis	131	7.6%
Behavior Assistant	30	20.0%
CDC+ Consultant	50	6.0%
CDC+ Consultant UA	33	6.1%
CDC+ Representative	1	0.0%

Table 27: Potential Billing Discrepancy by Service		
July – December 2018		
Service	Records Reviewed	% of PDRs w/ 1+ Not Met
Life Skills Development 1 (Companion)	513	27.3%
Life Skills Development 2 (SEC)	114	18.4%
Life Skills Development 3 (ADT)	314	8.9%
Personal Supports	911	29.0%
Residential Habilitation Behavior Focus	116	5.2%
Residential Habilitation Intensive Behavioral	15	0.0%
Residential Habilitation Standard	568	6.3%
Respite	255	25.9%
Support Coordination	732	6.6%
Support Coordination UA	414	8.7%
Supported Living Coaching	253	24.5%
Total	4,450	16.4%

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

- Service providers were more likely to have a potential billing discrepancy than WSCs, 62.7 percent and 75.8 percent 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.
- Central is the only region in which the service providers were more likely than WSCs to have potential billing discrepancy standards met.

**Figure 16. Percent of Providers with all Billing Discrepancy Standards Met
July - December 2018**



Section III: Discussion and Recommendations



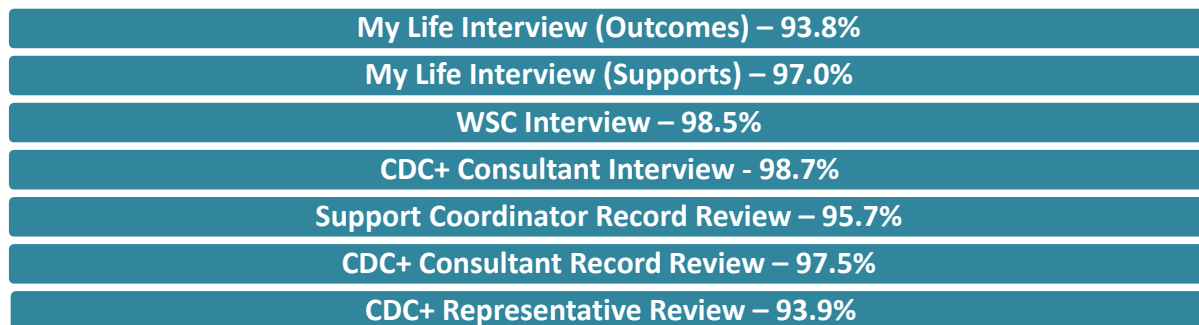
Findings in this report reflect data from PCR and PDR reviews completed between July and December 2018. A total of 813 PCRs, 1,082 PDRs and 65 CDC+ Representative reviews were completed, approved and available for analysis. Because this represents approximately half of the total number of reviews to 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 is providing 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 93 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 portion of reviews completed, as findings may change as the year progresses. Some areas to track are highlighted in this section.

Lowest Outcomes for Individuals

While Safety supports seem to be present for individuals, Safety outcomes were least likely to be present for individuals interviewed during either the PCR (91.0%) or the PDR (91.5%). The lower score for this My Life Area outcome seems to be most impacted by two specific indicators: Individuals do not always understand what abuse, neglect and exploitation (ANE) mean (83.7% present) or what to do if experiencing ANE (87.8%). In addition, Support Coordinator do not always document ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents (85.7%)

Recommendation 1: Support Coordinators 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.

Social Life was also one of the lowest scoring outcome areas for individuals. Information to date indicates many people receiving services are not part of and participating in the community (88.7% met). The greatest proportion of individuals for which this was not met are actually participating in the community but not at their desired level (71.1%). Supports are present to get individuals into the community but are not apparently always individualized to meet specific needs of the person.

Recommendation 2: 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.

Medication Issues

Most individuals who did not understand what medications they were taking did not know the side effects of their medications (71.1%). In addition, observation data indicate medication management was the lowest scoring area and approximately 46 percent of individuals were taking more than four prescription medications, including close to 60 percent of individuals in the Southern Region and 51 percent in the Northwest Region.

Recommendation 3: Support Coordinators should ensure providers and families support individuals to understand what medications they are taking, why, and what the potential side effects are. Education could be developed and provided that may include a “medication awareness tip” of the week.

Recommendation 4: If the high proportion of individuals taking multiple medications in the Southern and Northwest regions continues, APD should consider an ad hoc report to drill into characteristics of each region and identify what may be driving the high rates to guide some quality improvement initiatives.

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, Personal Supports, LSD 1 (Companion), Respite or Supported Living Coaching, were most likely to have a

potential billing discrepancy, each service showing approximately 25 percent or more of providers missing at least one billing discrepancy standard.

Recommendation 5: 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.

Training

APD tracks provider compliance with various types of training, and reports findings to the CMS through mandatory evidentiary reports. Findings to date indicate three services for which less than 80 percent of service providers had completed the required number of hours of annual in-service training related to the specific needs of at least one person currently receiving services: Life Skills Development 1 (Companion) (74.7%); Residential Habilitation – Standard (73.7%); Personal Supports (74.2%).

Recommendation 6: Because it is important to ensure all providers are adequately trained, the Quality Council should consider a session to brainstorm ways to improve attendance for annual in-service training.

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 two quarters 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
October - December 2018

Customer Service Topic	#	Description	Outcome	Avg Time
Address/ Phone Update	59	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	1	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	19	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
Contact QAR	14	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	14	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
Name Correction	1	Provider called to inform us she received a notification letter under a previous name. Agency name has changed and also operates under a DBA.	Provider was referred to AHCA to report that name change and edits were made to the PDR demographics for this year.	1 Day
New Tools	8	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	76	Providers call asking when their next review will occur. Providers call following receipt of the notification letter to advise of vacation or planned unavailability 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 informed that PDRs are conducted each contract year with those who are eligible. Providers are referred to their 90-day notification letters and advised to wait for the phone call from the reviewer to schedule their review.	1 day

Customer Service Topic	#	Description	Outcome	Avg Time
Question	51	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	41	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	7	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	15	Providers call or email requesting their report be re-sent.	Mailing addresses are confirmed and reports are re-sent.	1 day
Review/Reports	31	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	16	Providers and provider consultants call asking about training requirements.	Training requirements are explained, including reference to the Handbook and the APD website.	1 day
Total Number of Calls	353			