Florida Statewide Quality Assurance Program

FY19: Year 2 Quarter 3 Report

January - March 2019

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

May 15, 2019

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

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 both formal and informal reliability processes. Throughout the first three 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 and each reviewer is scheduled for an annual onsite reliability test.

Quarterly meetings in each region, facilitated by Qlarant managers, are venues used to review data, explore trends, and discuss other relevant regional issues and best practices. Qlarant facilitated the Quality Council meeting this quarter on March 14, 2019, 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 report are based on 1,135 PCRs and 1,639 PDRs. While not all data have been collected, overall findings through the third quarter 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, individuals indicated they do not always know what medications they are taking or why, or what the side effects of those medications could be.

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

These and other findings are discussed in this report, with some recommendations provided.
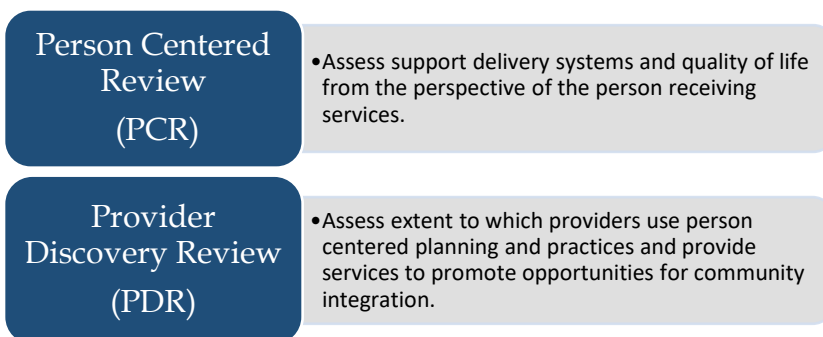
Introduction

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.

Person Centered Review (PCR)	• Assess support delivery systems and quality of life from the perspective of the person receiving services.
Provider Discovery Review (PDR)	• Assess extent to which providers use person centered planning and practices and provide services to promote opportunities for community integration.

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

For the CDC+ program, consultants and representatives are reviewed on the standards set forth by APD and AHCA. Although CDC+ is funded through the iBudget waiver, the programs are fundamentally different in several aspects and therefore results are analyzed separately. In this report, references are made to Waiver (iBudget Waiver) and CDC+ to make the distinction between the two groups. This is the third report of the FY19 contract year. Because not all of 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 third quarter, a status meeting was held on February 21. There was no meeting in March because the Quality Council met March 14. The meeting in January 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 in Qlarant's online learning management system, by each reviewer, and scored automatically. All QARs must receive an average score of 85 percent or better each quarter to pass. File reliability was completed with 24 reviewers on the topics of Supported Living Quarterly Summaries and Annual Reports, as well as CDC+ Purchasing Plans. All 24 reviewers received passing scores for the quarter.

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

Miscellaneous Activities to Enhance Quality

Qlarant reviewers completed the first of two modules to help with the transition to using the new APD iConnect system. They also completed an exam on the NCI process before beginning the next year of data collection, to continue to ensure data are consistent and valid.

Tool Revisions

The revised Support Coordination Tool and CDC+ Consultant Tool were implemented January 1, 2019, and have been posted to the website. Primary edits include:

- Changes made to standard #5 to address delay in required implementation of new Person Centered Support Plan format.
- Per APD, use of new Support Plan format is optional and required implementation date is still to be decided.
- Revisions to language and Not Met reasons to three standards related to the Medicaid Waiver Eligibility Worksheet

Revised interview tools used for the Person Centered Review and Provider Discovery Review were implemented January 1, 2019, and have been posted. Revised tools include the the PCR and PDR My Life Individual Interviews, the WSC Interview and My Life Staff Interview. Revisions included the following:

- Edited wording for an expectation under Health related to medications
- Combined two expectations under Safety

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 March 14, 2019, in Tallahassee. In addition to updates provided by AHCA and APD, presentation topics included:

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

- Refresher of the council's mission and purpose (Charlene Henry and Theresa Skidmore - Qlarant)
- Data summary from Qlarant reviews (Katy Glasgow) and NCI Data presentation (Stephanie Giordano - HSRI), each with a focus on employment
- Florida Employment Initiatives presented by Sheila Gritz-Swift, Deputy Director of Programs for the Florida Developmental Disabilities Council and David Darm, APD Policy Consultant
- Follow up items, next steps and confirmation of action items

Two self-advocate vacancies were filled. There is currently an opening for a solo waiver Support Coordinator and a representative from a medium sized provider agency. The next meeting is scheduled for July 2019 in Orlando, Florida. See the Qlarant website for complete QC details, minutes, and agendas (https://florida.qlarant.com/Public2/qualityCouncil/index.html).

Provider Feedback Survey[2]

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. A new survey was implemented in July 2018, with revised questions. Results are presented in Table 1. On average, 99 percent of responses were positive (397/399).

Table 1: Results from Provider Feedback Surveys			
Surveys Received Between July 2018 - March 2019			
Question	# Yes	# No	NA/ Blank
Did the Quality Assurance Reviewer explain the review process?	67	0	2
Did the Quality Assurance Reviewer share with you the names of the potential people chosen to participate in the review?	64	2	3
Did the Quality Assurance Reviewer explain the person's participation in the interview is voluntary?	64	3	2
Did the Quality Assurance Reviewer refer you to the Qlarant website that includes the tools and procedures?	62	3	4
Were the tools accessible on the Qlarant website?	66	0	3
Did you find the tools helpful when preparing for the review?	65	1	3

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[2] HSRI is no longer distributing the NCI feedback surveys.

Table 1: Results from Provider Feedback Surveys			
Surveys Received Between July 2018 - March 2019			
Question	# Yes	# No	NA/ Blank
Did the Quality Assurance Reviewer answer your questions in preparation for the review?	63	0	6
Did the Quality Assurance Reviewer arrive on time?	63	0	6
If not, were you notified the Quality Assurance Reviewer would be late?			69
Did the Quality Assurance Reviewer give you enough time to find the information requested?	66	0	3
Do you feel the Quality Assurance Reviewer was prepared for the review?	67	0	2
Did the review process go as explained by the Quality Assurance Reviewer?	67	0	2
Did the Quality Assurance Reviewer answer the questions you had during the review?	66	1	2
If applicable, did the Quality Assurance Reviewer explain why a standard was Not Met?	47	0	22
If an alert was identified, did the Quality Assurance Reviewer inform you of the follow up process?	19	1	49
Did the Quality Assurance Reviewer provide you with the preliminary findings of your review before leaving?	65	0	4
Total Responses	397	2	84

Summary of Customer Service Calls

During the third quarter of the contract, January - March 2019, 225 calls were recorded in the Customer Service Log, with an average response time within one day for each call.[3]

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

Antwan McKenzie-Plez resigned in February 2019.
 Marnie Weiss and Hugh Tarpley started March 31, 2019.

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[3] 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)[4]

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+ (106), the number of people receiving services through the Waiver (1,135), and the total number of individuals who declined or were otherwise unable to participate (298). The time period for declines is based upon the projected time period for the review.

Table 2: Person Centered Review Activity				
July 2018 – March 2019				
	# of PCRs		# of Declines	
Region	Waiver	CDC+	Waiver	CDC+
Northwest	75	10	27	4
Northeast	174	20	49	0
Central	222	19	59	1
Suncoast	287	14	55	2
Southeast	246	24	77	1
Southern	131	19	23	0
Total	1,135	106	290	8

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 20.4 percent for the waiver and 7.0 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.

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[4] 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 2018 – December 2019			
Decline Reason	Waiver	CDC+	Total
Refused	169	4	173
Review Next Year	40	2	42
No Longer Receiving Services	44	2	46
Deceased	21	0	21
Moved Out of State	16	0	16
Total	290	8	298

Demographics

The following series of figures shows the distribution of the PCR sample across Residential Setting, Age Group and Primary Disability.[5]

- Most individuals using CDC+ lived in the family home (88.7%), compared to about half of individuals using Waiver services (52.3%). Receiving CDC+ requires that individuals 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+, 68.5 percent and 59.4 percent respectively, and less likely to have Autism (10.9 percent versus 18.9 percent).

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[5] The Other category for Residential Type for the Waiver includes Adult Family Care Home (1), Assisted Living Facility (13) and Foster Care (5). The Other Disability category for the Waiver includes Spina Bifida (14), Seizure Disorder (4), Other (2), and Prader Willi (2), and for CDC included Down Syndrome (6), Spina Bifida (1), Seizure Disorder (1).

Figure 1. Distribution of PCRs by Residential Type
July 2018 - March 2019

■ Waiver (1,135)   ▨ CDC+ (106)
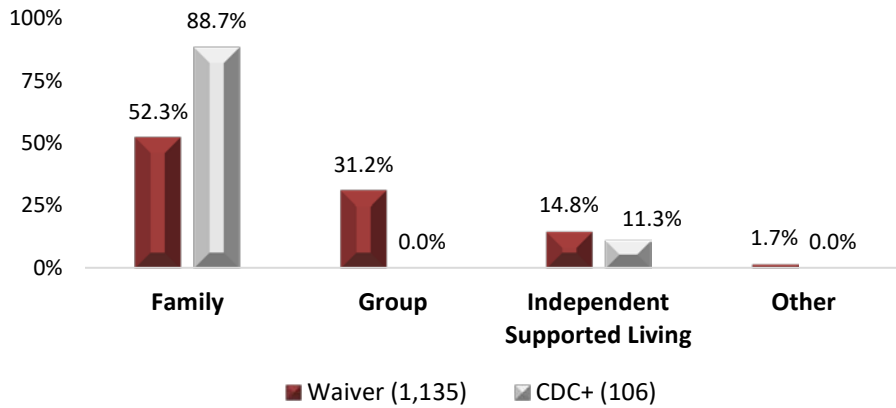
Figure 2. Distribution of PCRs by Age group
July 2018 - March 2019

■ Waiver (1,135)   ▨ CDC+ (106)
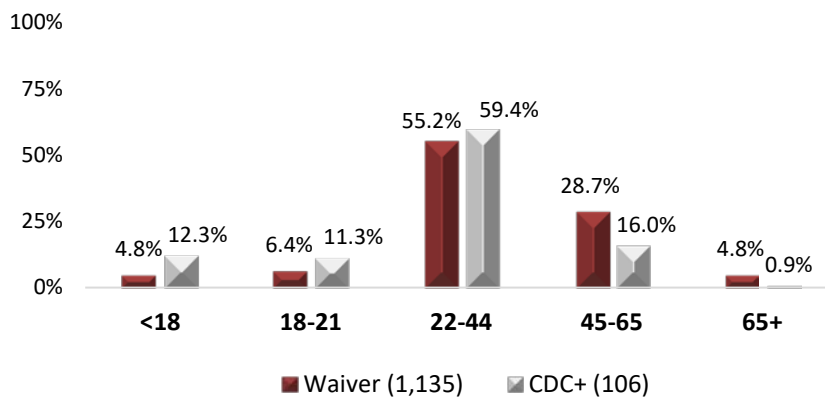
Figure 3. Distribution of PCRs by Disability
July 2018- March 2019

■ Waiver (1,135)   ▨ CDC+ (106)
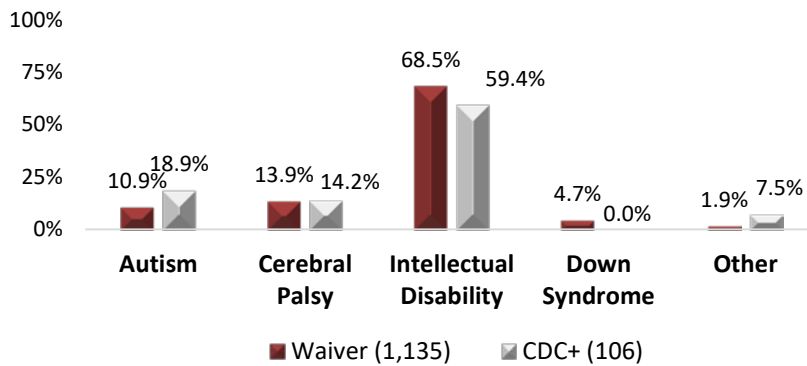
PCR My Life Interview (MLI) [6]

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.[7] The MLI was implemented July 1, 2018. Based on reviewer feedback, several standards were revised January 1, 2019. The MLI is organized around six Life Areas important to a person, and each incorporates measures of choice, respect, rights and community integration:

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

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

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[6] 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.

[7] 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.

PCR My Life Interview by Life Area

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 two thirds of the total sample to be interviewed by June 30, 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 2018 - March 2019

Life Area	Waiver (1,135)	CDC+ (106)
My Health	94.7%	97.5%
My Home Life	95.2%	98.5%
My Safety	90.3%	88.8%
My Service Life	94.77%	98.0%
My Social Life	90.80%	94.6%
My Work and Daily Life	95.92%	98.4%
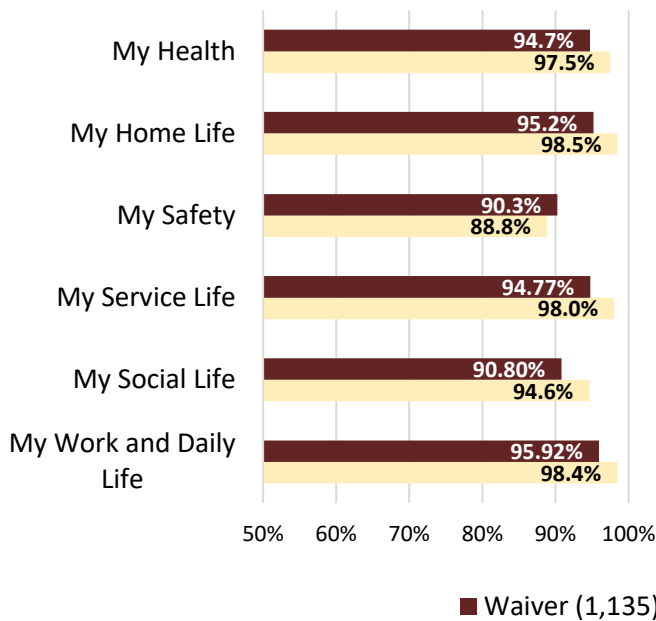
Figure 4a. My Life Interview by Life Areas Supports: July 2018 - March 2019

Life Area	Waiver (1,135)	CDC+ (106)
My Health	98.0%	99.2%
My Home Life	96.9%	97.4%
My Safety	97.7%	97.8%
My Service Life	96.3%	97.9%
My Social Life	94.9%	96.2%
My Work and Daily Life	96.9%	98.02%

■ Waiver (1,135)   ■ CDC+ (106)
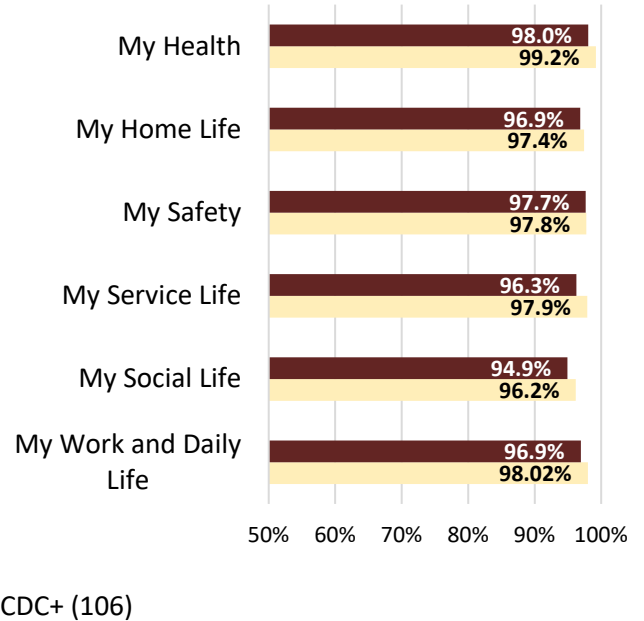
Analysis of the 27 different indicators used in the PCR MLI provides some preliminary insight into the more specific data and reasons for My Life Area results. People receiving services through the iBudget waiver programs (Waiver and CDC+) appear to be well supported, with all 27 indicators measuring support scored 91 percent or higher.

Five indicators reflected a score of less than 90 percent for individuals receiving services through the Waiver or CDC+. Each indicator is listed below, with the top three reasons (percent of times used) the indicator was scored not met listed. Multiple reasons can be used per indicator. Information to date indicates the following:

- Many individuals were not part of and participating in the community (88.6% present); however, the greatest proportion were participating but not at the desired level (52.2%).

- Many individuals did not feel they were active, contributing members of the community (83.8% present) because they would like more meaningful community connections and don't understand different aspects of social role development.
- For individuals who did not understand what medications they were taking, they were most often unaware of the side effects of their medications (40.1%)
- People were most likely to not understand what exploitation or neglect mean and often did not understand what the Abuse Hot Line is or how to find the number for it.

Choice and Self-Direction

I am part of and participate in my community (88.6%)	•I participate in community activities but would like to do more (52.2%) •I am not involved in my community (13.8%). •I would like my community activities to be more individualized instead of group based (12.6%).
I am an active and contributing member of my community (83.8%).	•I participate in community activities but I would like to develop more meaningful connections (25.4%). •I do not understand what social roles are (20.4%). •I do not understand how to develop and maintain social roles (20.1%).

Rights

I understand my medications (78.7%).	•I am not aware of potential side effects of my medications (40.1%). •I am not aware of the medications I take(33.2%). •I am not aware of why my medications are prescribed (26.7%).

Safety

I understand what abuse, neglect and exploitation mean (W=83.1%; CDC+= 81.9%).	•I do not understand what exploitation means (36.4%) •I do not understand what neglect means (28.9%). •I do not understand all the different types of abuse, i.e. , physical, emotional, verbal, sexual (20.9%).
I know what to do if abuse, neglect, or exploitation (ANE) occurs (W=87.0% ; CDC+=82.1%).	•I do not know what the Abuse Hotline is (34.5%). •I am not aware of what to do if ANE occurs (30.6%). •I do not know where to find the Abuse Hotline number (23.4%).

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 relatively small and comparisons are not appropriate across regions or to the Waiver (see Table 2). To date, individuals are more likely to have supports than to have outcomes present. The difference appears to be greatest in the Suncoast Region.

Table 4: PCR MLI Results by Region				
June 2018 - March 2019				
	Waiver (n=1,135)		CDC+ (n=106)	
Region	Outcomes	Supports	Outcomes	Supports
Northwest	91.4%	95.1%	93.5%	93.2%
Northeast	92.8%	96.3%	94.0%	95.1%
Central	91.6%	93.7%	97.9%	98.0%
Suncoast	93.9%	98.0%	92.0%	100.0%
Southeast	95.9%	98.3%	99.7%	99.8%
Southern	93.8%	98.3%	95.4%	99.4%
State	93.5%	96.8%	95.9%	97.9%

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 – 7b. Because most individuals receiving services through the CDC+ program live in a family home, results by residential status are shown only for individuals using the Waiver. The sample sizes across many categories is relatively small. There is some variation across residence: people living in group homes were least likely to have outcomes present and showed the largest difference between outcomes and supports. To date there is little variation across primary disability; however, for individuals receiving services through the Waiver, outcomes seem to decrease with age (Table 7a). It is important to note for age 65+ there was only one person.

**Figure 5a. PCR My Life Interview: Waiver
by Residential Status
(July 2018 - March 2019)**

Family Home (594): Outcomes 94%, Supports 98%
Group Home (354): Outcomes 91%, Supports 95%
Independent or Supported (168): Outcomes 95%, Supports 97%
Other (19): Outcomes 94%, Supports 98%

■ Outcomes ■ Supports
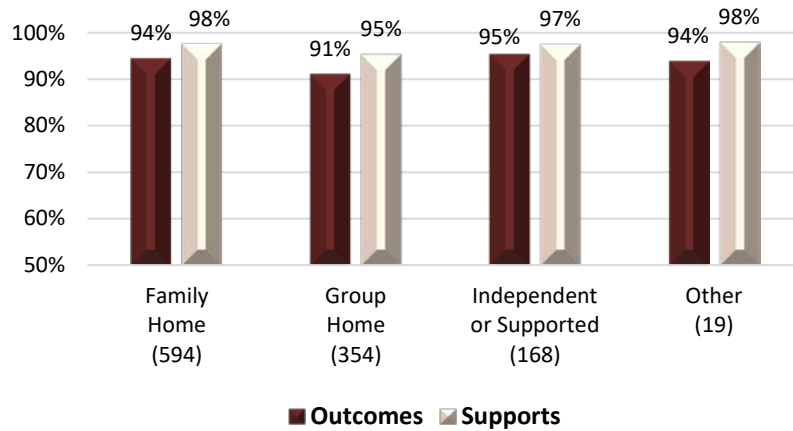
**Figure 6a. PCR My Life Interview: Waiver
by Primary Disability
July 2018 - March 2019**

Autism (124): Outcome 94%, Support 96%
Cerebral Palsy (158): Outcome 94%, Support 97%
Intellectual Disability (778): Outcome 93%, Support 97%
Other (75): Outcome 94%, Support 98%

■ Outcome ■ Support
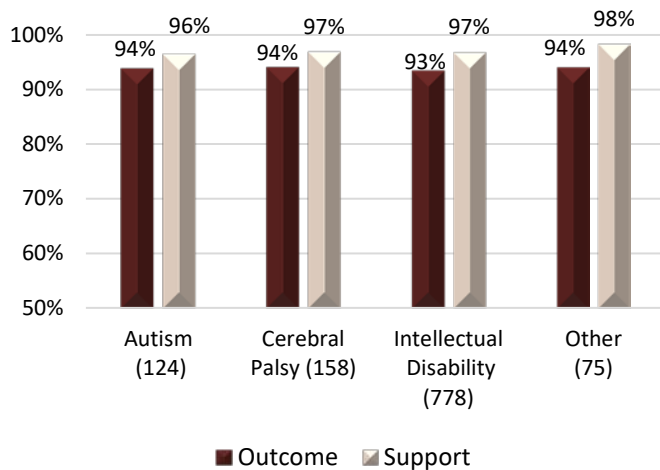
**Figure 6b. PCR My Life Interview: CDC+
by Primary Disability
July 2018 - March 2019**

Autism (20): Outcome 97%, Support 99%
Cerebral Palsy (15): Outcome 99%, Support 98%
Intellectual Disability (63): Outcome 95%, Support 98%
Other (8): Outcome 95%, Support 96%

■ Outcome ■ Support
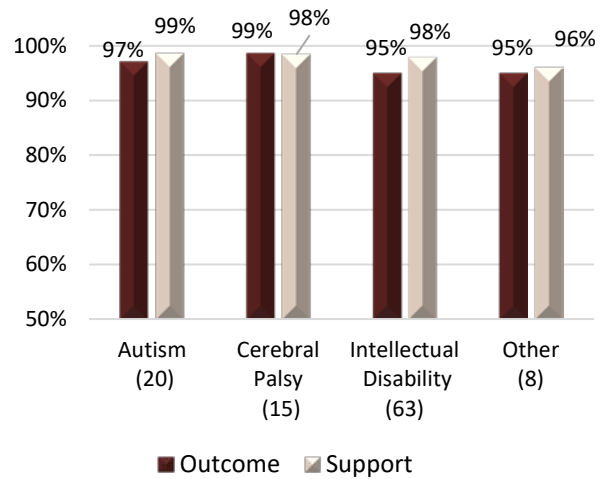
**Figure 7a. PCR My Life Interview: Waiver
by Age group
July 2018 - March 2019**
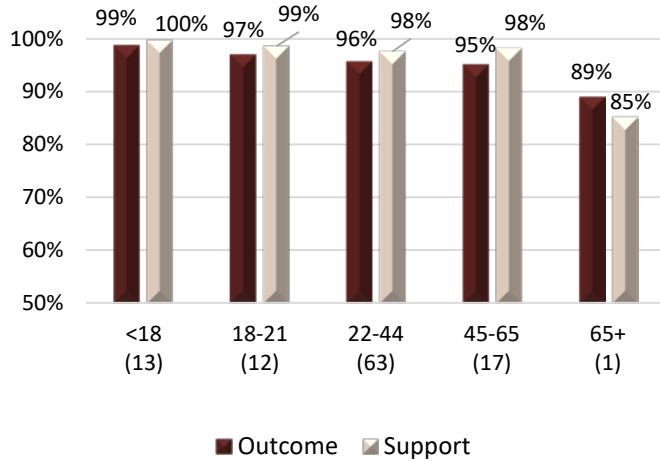
**Figure 7b. PCR My Life Interview: CDC+
by Age group
July 2018 - March 2019**
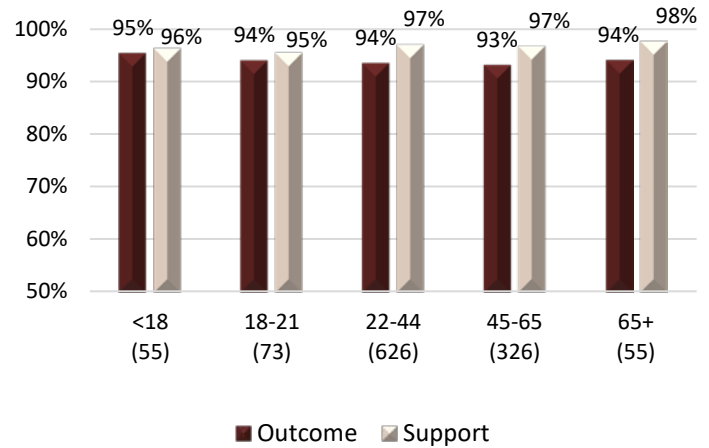
PCR Waiver Support Coordinator (WSC) Interview

The PCR includes an interview the WSC or CDC+ Consultant (CDC+ C) who is supporting the person at the time of the review. A new WSC/CDC+ interview tool was implemented July 1, 2018. Data are organized around the same Life Areas as described for the My Life Interview and measure supports provided to the person within each area. The focus is from the perspective of the WSC/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 97 percent, with very little variation across Life Areas or across regions (Table 5). Information in Table 5 includes the number of interviews completed in each region and the total number of indicators scored.

**Figure 8. WSC and CDC+ C
Interview Life Areas July 2018 - March 2019**
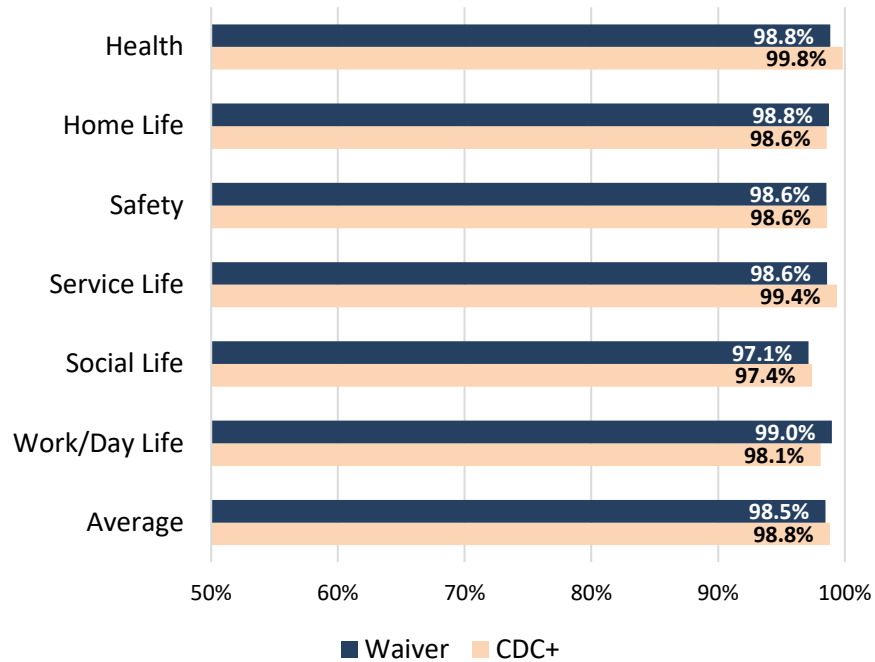
Table 5: WSC and CDC+ C Interview Results by Region

Region	WSC			CDC+ C		
	# Interviews	# Indicators	% Present	# Interviews	# Indicators	% Present
Northwest	75	1,840	96.5%	10	255	96.9%
Northeast	174	4,487	99.2%	20	489	97.3%
Central	222	5,679	96.7%	19	488	99.6%
Suncoast	287	7,351	99.0%	14	357	99.2%
Southeast	246	6,182	99.1%	24	594	100.0%
Southern	131	3,329	99.1%	19	462	98.9%
State Average	1,135	28,868	98.5%	106	2,645	98.8%

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

PCR Waiver Support Coordinator and CDC+ Consultant Record Reviews

During the PCR the records maintained by the WSC 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 95.4 percent and 97.2 percent of standards met respectively.
- There is some variation across regions, with a four to five point difference between the highest (Suncoast) and lowest (Southern) regions for the Waiver and six points between the highest (Northeast) and lowest (Southeast) regions for CDC+.
- Three 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 (85.6%)
  - The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted (82.6%)
  - The current Annual Report is in the record (89.8%)
- Two CDC+ standards showed scores under 90 percent:
  - The Progress Notes demonstrate pre-Support Plan planning activities were conducted (88.6%)
  - The consultant documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents (85.7%)

Table 6: WSC and CDC+ C Record Review Results by Region					
July 2018 - March 2019					
WSC			CDC+ C		
Region	# Records	# Indicators	% Present	# Interviews	# Indicators	% Present
Northwest	174	4,644	96.8%	20	633	98.7%
Northeast	75	2,005	96.4%	10	327	98.8%
Central	246	6,167	95.5%	24	743	96.9%
Suncoast	131	3,290	97.5%	19	590	97.1%
Southeast	287	7,615	95.2%	14	439	92.7%
Southern	222	5,832	92.9%	19	602	98.3%

State Average	1,135	29,553	95.4%	106	3,334	97.2%

Table 7: WSC Record Review Results by Standard		
July 2018 – March 2019		
Standard	**Number Reviewed**	**Percent Met**
Level of care is reevaluated at least every 365 days and contains all required components for billing.	1,134	96.5%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	1,135	96.7%
Level of care is completed accurately using the correct instrument/form.	1,134	94.5%
Person receiving services is given a choice of waiver services or institutional care at least annually.	1,135	97.4%
The Support Plan is updated within 12 months of the person's last Support Plan.	1,126	99.1%
The current Annual Report is in the record.	1,121	89.8%
The Support Plan is updated/revised when warranted by changes in the needs of the person.	522	95.2%
WSC documents a copy of the Support Plan is provided to the person or legal representative within 10 days of the Support Plan effective date.	1,132	97.2%
WSC documentation demonstrates a copy of the Support Plan is provided to all service providers within 30 calendar days of the Support Plan effective date.	1,107	94.6%
Support Plan includes supports and services consistent with assessed needs.	1,135	99.3%
Support Plan reflects support and services necessary to address assessed risks.	1,115	99.2%
Support Plan includes a current Safety Plan.	36	91.7%
Support Plan reflects the personal goals/outcomes of the person.	1,135	99.0%
The current Support Plan includes natural, generic, community and paid supports for the person.	1,134	98.6%
WSC documentation demonstrates current, accurate, and approved Service Authorizations are issued to service provider(s).	1,123	96.6%
The Support Coordinator documents efforts to ensure services are delivered in accordance with the service plan, including type, scope, amount, duration, and frequency specified in the Cost Plan.	1,111	91.1%
The Support Coordinator is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	1,132	100.0%
The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted.	1,129	82.4%
The Support Coordination Progress Notes demonstrate required monthly contact/activities were completed and are in the record.	1,134	94.8%
For individuals in supported living arrangements Progress Notes demonstrate required activities are covered during each quarterly home visit.	159	92.5%

Table 7: WSC Record Review Results by Standard		
July 2018 – March 2019		
Standard	**Number Reviewed**	**Percent Met**
For persons living in Supported Living Arrangements the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider.	157	97.5%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis.	1,125	97.5%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing among waiver service providers on an ongoing basis.	1,128	98.1%
The Support Coordinator documents ongoing efforts to assist the person/legal representative to know about rights.	1,134	91.5%
The Support Coordinator documents ongoing efforts to ensure the person's health and health care needs are addressed.	1,134	97.3%
The Support Coordinator documents ongoing efforts to ensure the person's behavioral/emotional health needs are addressed.	804	98.4%
The Support Coordinator documents ongoing efforts to ensure the person's safety needs are addressed.	1,132	96.0%
The Support Coordinator documents information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis.	784	92.5%
The Support Coordinator bills for services after service is rendered.	1,133	96.5%
The Support Coordinator documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents.	1,133	85.6%
Average WSC Record Review Score	**29,553**	**95.4%**

Table 8: CDC+ Consultant Results by Standard		
July 2018 – March 20149		
Standard	**Number Reviewed**	**Percent Met**
Level of care is reevaluated at least every 365 days and contains all required components for billing.	106	95.3%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	105	96.2%
Level of care is completed accurately using the correct instrument/form.	106	95.3%
Person receiving services is given a choice of waiver services or institutional care at least annually.	106	99.1%
The Support Plan is updated within 12 months of the person's last Support Plan.	104	100.0%
The current Annual Report is in the record.	105	98.1%
The Support Plan is updated/revised when warranted by changes in the needs.	33	93.9%

Table 8: CDC+ Consultant Results by Standard		
July 2018 – March 20149		
Standard	Number Reviewed	Percent Met
Support Plan includes supports and services consistent with assessed needs.	106	100.0%
Support Plan reflects support and services necessary to address assessed risks.	106	100.0%
Support Plan includes a current Safety Plan.	4	100.0%
Support Plan reflects the personal goals of the person.	106	100.0%
The current Support Plan includes natural, generic, community and paid supports for the person.	106	100.0%
Services are delivered in accordance with the Cost Plan.	106	99.1%
The Consultant is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	104	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.	105	100.0%
Completed/signed Participant-Consultant Agreement is in the record.	106	98.1%
Completed/signed CDC+ Consent Form is in the record.	106	99.1%
Completed/signed Participant-Representative Agreement is in the record.	105	97.1%
All applicable completed/signed Purchasing Plans are in the record.	106	98.1%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	106	99.1%
All applicable completed/signed Quick Updates are in the Record.	49	98.0%
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	49	95.9%
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	99	100.0%
Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	100	100.0%
Consultant has taken action to correct any overspending by the Participant.	10	100.0%
If applicable, Consultant initiates Corrective Action.	4	100.0%
Completed/signed Corrective Action Plan is in the record.	4	100.0%
If applicable, an approved Corrective Action Plan is being followed.	4	100.0%
The Emergency Backup Plan is in the record and is reviewed annually.	105	92.4%
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.	96	99.0%
The Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted.	105	88.6%

Table 8: CDC+ Consultant Results by Standard		
July 2018 – March 20149		
Standard	Number Reviewed	Percent Met
The Consultant documents ongoing efforts to assist the person/legal representative to know about rights.	105	91.4%
The Consultant documents ongoing efforts to ensure the person's health and health care needs are addressed.	105	99.0%
The Consultant documents ongoing efforts to ensure the person's behavioral/emotional health needs are addressed.	75	100.0%
The Consultant documents ongoing efforts to ensure the person's safety needs are addressed.	105	99.0%
The Consultant documents information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis.	68	91.2%
The Consultant documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents.	105	85.7%
Consultant documents a copy of the Support Plan is provided to the person or the legal representative, within 10 days of the Support Plan effective date.	105	100.0%
The Consultant bills for services after services are rendered.	104	91.3%
Average PCR CDC+ Consultant Result	1,781	97.2%

CDC+ Representative (CDC-R)

People who elect to receive services through CDC+ have a Representative (the participant is sometimes also the Representative), who helps with the "business" aspect of the program: such as hiring providers, completing and submitting timesheets, and paying providers. This is a non-paid position and is most often filled by a family member. Qlarant reviewers monitor the Representative's records to help determine if the Representative is complying with CDC+ standards and other requirements. The person receiving services through CDC+ may decline to participate in the CDC+ PCR process. However, the Representative for the person still receives a review. Between July 2018 and March 2019, 120 CDC+ Representatives were reviewed. Results are presented by region in Table 9 and by standard in Table 10.

- On average, Representatives showed compliance of 92.3 percent, with 14 of the 19 standards reflecting scores over 90.0 percent.
- To date, Representative in the Southeast (98.3%) appear to be performing better than their counterparts in other regions. Representatives in the Central Region showed the lowest average score (86.1%)
- The lowest scoring standards were as follows:

- o Documentation is available to support the reconciliation of monthly statements (80.0%)
- o Consultant maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse (80.4%)
- o Background screening was documented for all direct care providers (80.7%).
- o Signed and approved Invoices for Vendor Payments are available for review (81.7%).
- o Accurate Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review (87.4%).

Table 9: CDC+ Representative Record Review Results by Region			
July 2018 – March 2019			
Region	# Reviews	# Indicators	% Present
Northwest	12	188	94.1%
Northeast	24	377	92.0%
Central	21	316	86.1%
Suncoast	15	232	92.2%
Southeast	27	410	98.3%
Southern	21	319	90.3%
State	120	1,842	92.3%

Table 10: CDC+ Representative Results by Standard		
July 2018 – March 2019		
Standard	Number Reviewed	Percent Met
Accurate Signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	111	87.4%
Signed and approved Invoices for Vendor Payments are available for review.	60	81.7%
Signed and approved receipts/statement of "Goods and Services" for reimbursement items are available for review.	42	100.0%
Copies of Support Plan(s) are available for entire period of review.	119	96.6%
Monthly Statements are available for review.	120	95.8%
Documentation is available to support the reconciliation of Monthly Statements.	120	80.0%

Table 10: CDC+ Representative Results by Standard		
July 2018 – March 2019		
Standard	**Number Reviewed**	**Percent Met**
The Participant obtains services consistent with stated/documented needs and goals.	120	98.3%
The Participant makes purchases that are consistent with the Purchasing Plan.	120	99.2%
Complete and signed Participant/ Representative Agreement is available for review.	119	97.5%
Complete Employee Packets for all Directly Hired Employees are available for review.	111	91.0%
Complete Vendor Packets for all vendors and independent contractors are available for review.	65	93.8%
Background screening results for all providers who render direct care are available for review.	114	80.7%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	112	90.2%
All applicable signed and approved Purchasing Plans are available for review.	116	98.3%
All applicable signed and approved Quick Updates are available for review.	49	100.0%
Emergency Backup Plan is complete and available for review.	120	97.5%
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.	102	80.4%
Copies of approved Cost Plan(s) are available for entire period of review.	119	95.8%
Average CDC+ Representative Record Review Score	**1,842**	**92.3%**

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. Some results are based on small sample sizes and should be viewed with caution. Only one person for CDC+ was age 65 or greater. 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+ (Figure 9).
- Individuals in the Suncoast Region appear to be more likely to take multiple medications as are individual living in a group home.
- People on the Waiver living in a group home and people with an intellectual disability were more likely to be taking four or more medications.
- Medication use increases with age.

Figure 9. Number of Prescriptions
Waiver vs. CDC+
July 2018 - March 2019
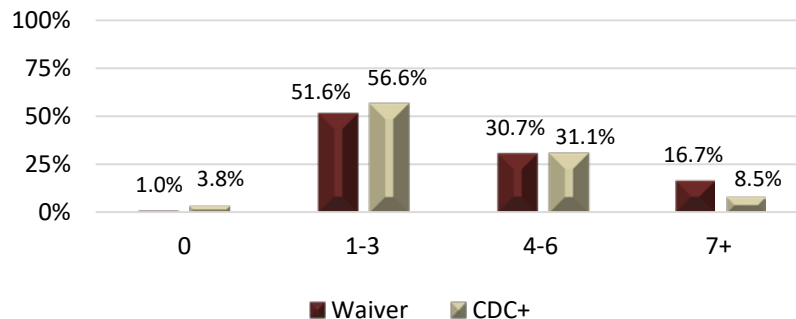
Table 11. Number and Percent of Individuals Taking 4 or More Medications by Region: July 2018 – March 2019				
	Waiver		CDC+	
	# PCRs	% Taking 4+	# PCRs	% Taking 4+
Northwest	174	47.1%	20	45.0%
Northeast	75	46.7%	10	40.0%
Central	246	45.9%	24	25.0%
Suncoast	131	57.3%	19	52.6%
Southeast	287	47.7%	14	50.0%
Southern	222	43.2%	19	31.6%
Average	1,135	47.4%	106	39.6%

Percent Taking 4+ Medications by Residence (N=Waiver/CDC+)

Percent Taking 4+ Medications by Primary Disability (N=Waiver/CDC+)

Percent Taking 4+ Medications by Age Group
(N=Waiver/ CDC+)

	<18 (N=55/ 13)	18-21 (N=73/ 12)	22-44 (N=626/ 63)	45-65 (N=326/ 17)	65+ (N=55/ 1)
Waiver	32.7%	41.1%	40.6%	59.8%	74.5%
CDC+	23.1%	33.3%	39.7%	52.9%	NA

■ Waiver   ◩ CDC+
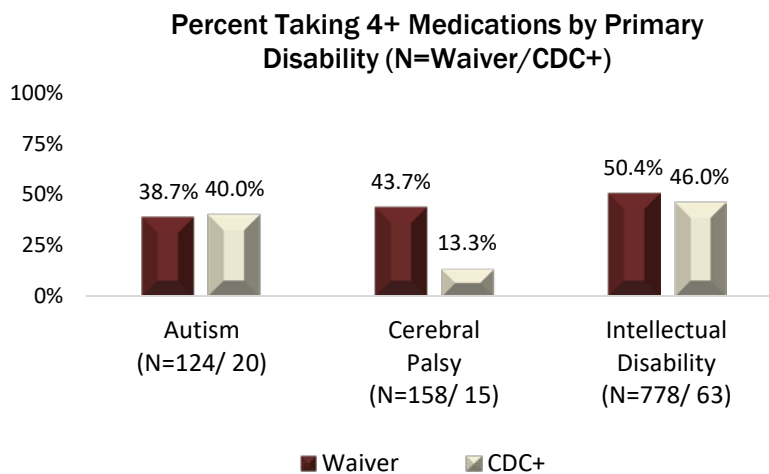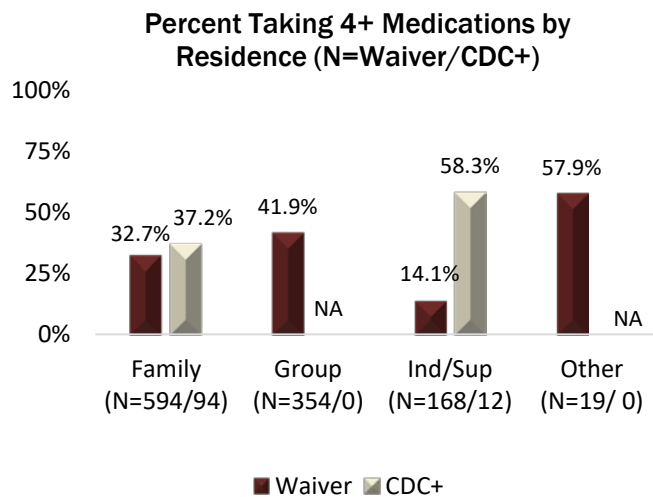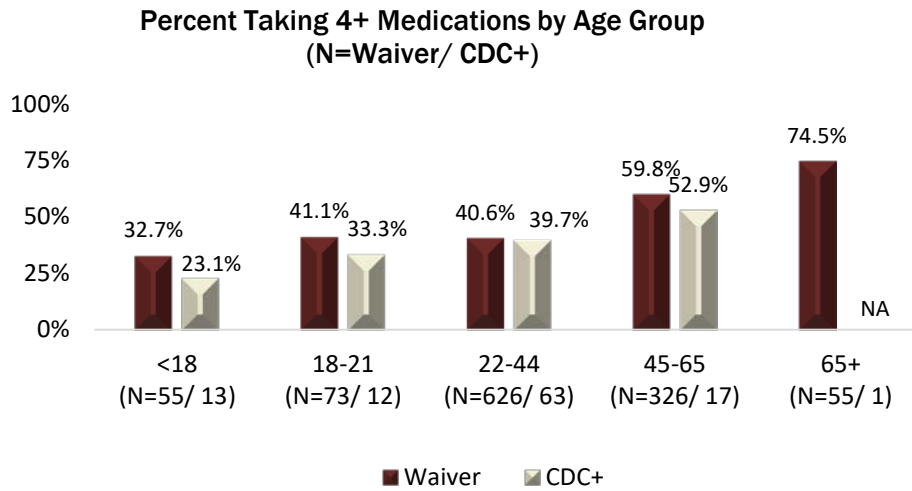
PCR Summary Results

A summary of scores from the PCR components is presented in the following figure. For the first three quarters of the year (July 2018 – March 2019). Average scores are relatively high across all the areas.

Individual Interview
- Waiver:
  O = 93.5%
  S = 96.8%
- CDC+:
  O = 95.9%
  S = 97.9%

Coordinator Interview
- WSC: 98.5%
- CDC+ C: 98.8%

Record Review
- WSC: 95.7%
- CDC+ C: 97.2%
- CDC+ R: 92.3%
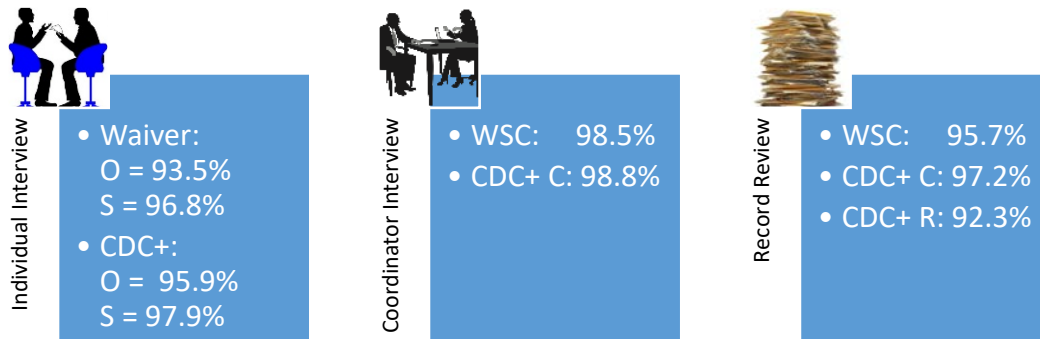
Provider Discovery Reviews (PDR)[8]

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:[9]

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[8] All review tools are posted on the FSQAP website
https://florida.qlarant.com/Public2/resourceCenter/providers/discoveryReviewTools/index.html
[9] 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 for which the total reimbursement amount is five percent or greater.

- 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: My Life interviews with individuals receiving services (MLI), interviews with staff rendering services (SI), observations (OBS)at waiver funded licensed residential homes (LRH) and day programs, Policy and Procedure (P&P), Qualification and Training (Q&T), and Service Specific Record Reviews (SSRR). PDR results are provided separately for WSCs and service providers. Between July 2018 and March 2019, 1,639 PDRs were completed by reviewers and approved by Qlarant management; 1,222 service providers and 417 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.[10] [11]

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, 95.3

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

percent and 98.2 percent respectively. The greatest difference is in safety, for which outcomes for individuals were close to seven points lower than supports provided. Staff Interview results (Figure 11) show high scores across all areas, with an average of 98.4 percent statewide. There may be some variation in Outcomes for individuals across regions, which can be analyzed further in the Annual Report.

Figure 10. PDR My Life Interview by Life Areas (N=1,829) July 2018 - March 2019

Life Area	Outcomes	Supports
My Health	96.3%	98.8%
My Home Life	96.5%	98.2%
My Safety	91.1%	98.1%
My Service Life	96.7%	98.1%
My Social Life	94.7%	97.4%
My Work and Daily Life	98.1%	98.5%
Average	95.3%	98.2%
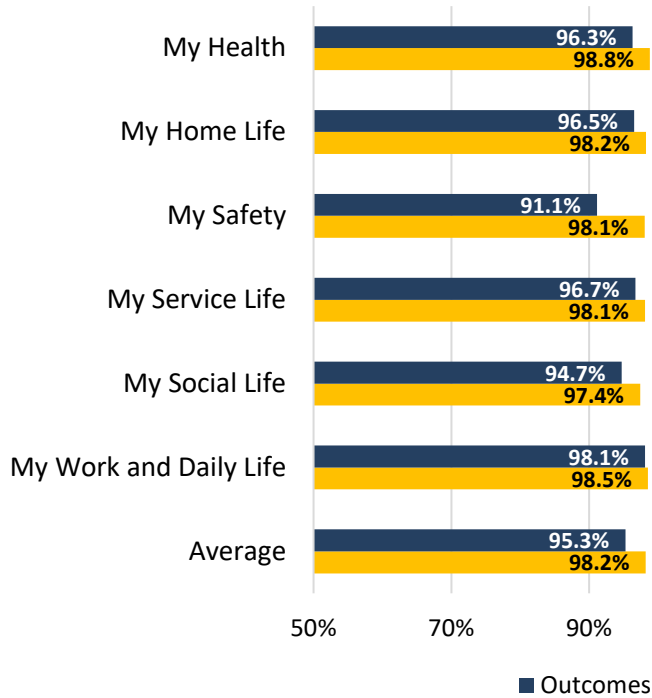
Figure 11. PDR Staff Interview (N=1,808) July 2018 - March 2019

Life Area	Supports
Health	98.8%
Home Life	99.2%
Safety	97.4%
Service Life	98.4%
Social Life	98.0%
Work/ Day Life	99.6%
Average	98.4%
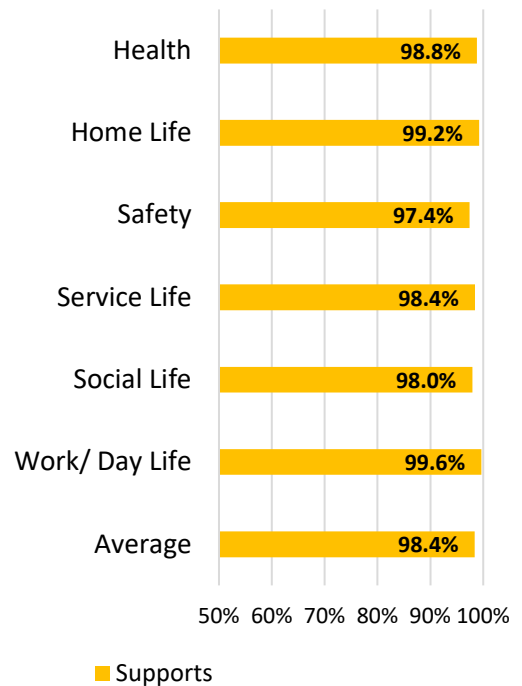
■ Outcomes   ■ Supports

Table 12: PDR Interview Results by Region					
July 2018 – March 2019					
	Individual			Staff	
Region	#	Outcomes	Supports	#	% Met
Northwest	104	92.1%	97.4%	112	97.4%
Northeast	301	96.1%	98.6%	297	99.1%
Central	329	94.0%	97.3%	327	97.8%
Suncoast	450	93.4%	98.1%	420	98.6%
Southeast	316	96.9%	98.4%	316	97.6%
Southern	329	97.8%	98.9%	336	99.2%
State	1,829	95.3%	98.2%	1,808	98.4%

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 146 Day Program locations and 889 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 virtually no variation across regions.

Table 14: PDR Observation Scores by Region and Location July 2018 – March 2019				
	LRH		**LSD 3**	
Region	**# OBS**	**% Met**	**# OBS**	**% Met**
Northwest	41	98.2%	16	99.6%
Northeast	155	98.5%	24	99.5%
Central	165	98.2%	28	99.2%
Suncoast	236	98.4%	36	99.4%
Southeast	165	98.4%	17	99.5%
Southern	127	98.5%	25	99.2%
State	889	98.4%	146	99.4%

Observations are shown by Standard and Location Type in Figure 12. Scores are generally high across all the standards, over 90 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 2018 - March 2019
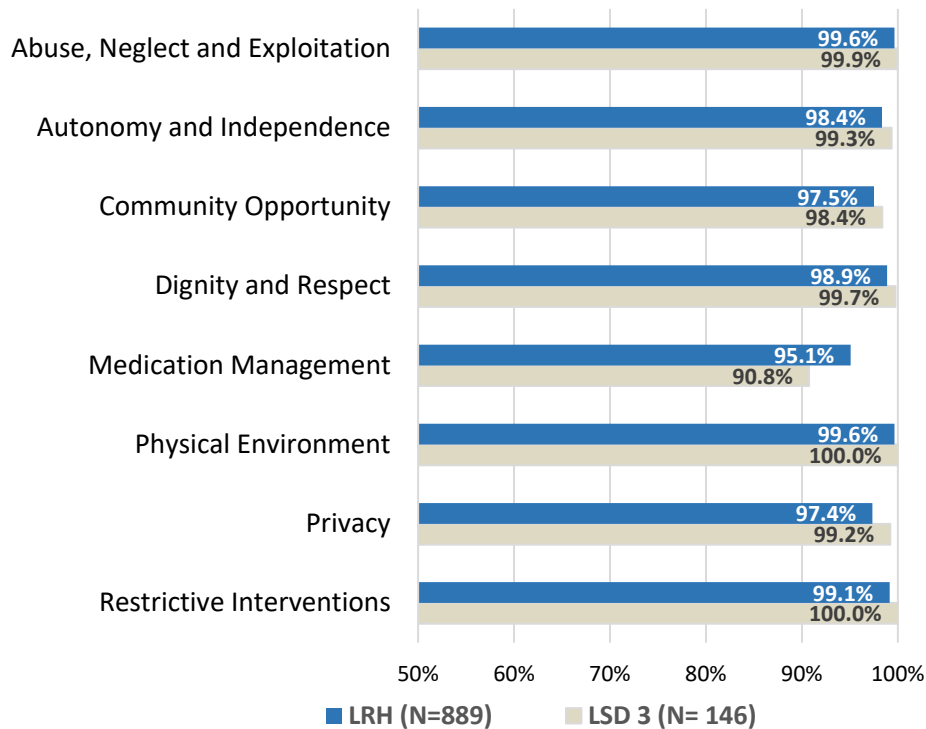
Observations by Type: Announced vs Unannounced

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 2018 - March 2019						
Observation Type	LRH		LSD 3		State	
	# OBS	% Met	# OBS	% Met	# OBS	% Met
Announced	567	98.6%	87	99.4%	654	98.7%
Unannounced	322	99.4%	59	99.3%	381	98.1%

Observation Results by Indicator

Data through the first three quarters of the year show some small differences between unannounced and announced observations at the indicator level. These were most often surrounding measure of

medication management. The following indicators were more often scored not met during unannounced observations:

- Non-controlled medications are centrally stored in a locked container in a secured enclosure (8.3 points lower)
- Controlled medications are stored separately from other prescription and OTC medications in a locked container within a locked enclosure (6.5 points lower)
- Provider documented administration on the medication administration record (4.6 points lower)

Administrative Policies and Procedures

Each provider is reviewed on up to 18 standards to determine compliance with Policies and Procedures (P&P) as dictated in the Florida Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook. Results for all P&P Standards reviewed over the first three quarter of 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.[12] Most of the Administrative P&P tool applies to agency providers (n=1,020; however, some questions may also be asked of solo providers (n=202).

Service providers reviewed this year averaged 93.4 percent compliance with Policy and Procedure requirements, the WSC average was somewhat higher (95.6%). To date, service providers and Support Coordinators were least likely to have written policies and procedures detailing methods for ensuring the person's confidentiality and maintaining and storing records in a secure manner (80.0% and 87.9% respectively).

Table 17: PDR Service Provider Policies and Procedures Results by Standard July 2018 – March 2019				
	Service Providers (n = 1,222)		WSC (n = 417)	
P&P Standard	Standards Reviewed	% Met	Standards Reviewed	% Met
If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	32	100%	NA	NA
Agency vehicles used for transportation are properly insured.	410	99.3%	NA	NA

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

Table 17: PDR Service Provider Policies and Procedures Results by Standard July 2018 – March 2019				
	Service Providers (n = 1,222)		WSC (n = 417)	
P&P Standard	Standards Reviewed	% Met	Standards Reviewed	% Met
Agency vehicles used for transportation are properly registered.	414	97.3%	NA	NA
The provider maintains written policies and procedures with a detailed description of how the provider uses a person-centered approach to identify individually determined goals and promote choice.	1,030	98.4%	97	100.0%
The provider maintains written policies and procedures with a detailed description of how the provider will protect health, safety, and wellbeing of the individuals served.	1,031	97.2%	98	100.0%
The provider maintains written policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening.	1,030	88.7%	99	93.9%
The provider maintains written policies and procedures detailing hours and days of operation and the notification process to be used if the provider is unable to provide services for a specific time and day scheduled.	1,031	89.3%	99	97.0%
The provider maintains written policies and procedures detailing how the provider will ensure the individuals' medications are administered and handled safely.	690	96.8%	NA	NA
The provider maintains written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider.	1,031	91.4%	97	96.9%
The provider maintains written policies and procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues.	1,031	98.6%	99	100.0%
The provider maintains written policies and procedures, which detail methods for ensuring the person's confidentiality and maintaining and storing records in a secure manner.	1,031	80.0%	99	87.9%
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.	724	91.2%	NA	NA
The provider maintains written policies and procedures in compliance with 65G-8.003 (Reactive Strategy Policy and Procedures).	232	96.6%	NA	NA
The provider addresses all incident reports.	649	97.4%	315	97.8%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	194	97.4%	125	99.2%

Table 17: PDR Service Provider Policies and Procedures Results by Standard July 2018 – March 2019				
	Service Providers (n = 1,222)		WSC (n = 417)	
P&P Standard	**Standards Reviewed**	**% Met**	**Standards Reviewed**	**% Met**
All instances of abuse, neglect, and exploitation are reported.	188	97.9%	128	99.2%
The provider identifies, addresses and reports all medication errors.	165	99.4%	17	100.0%
The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	1,151	92.4%	354	88.7%
Average Policies and Procedures	12,064	93.4%	1,672	95.6%

Findings by region are presented in Table 18. WSCs are much more likely to operate as a solo entity. While approximately 16.5 percent of service providers are solo providers, approximately 76 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 2018 – March 2019								
	Service Providers				WSCs			
	Agency (n=1,020)		Solo (n=202)		Agency (n=100)		Solo (n=317)	
Region	**Standards Reviewed**	**% Met**	**Standards Reviewed**	**% Met**	**Standards Reviewed**	**% Met**	**Standards Reviewed**	**% Met**
Northwest	563	94.0%	20	60.0%	43	100.0%	42	97.6%
Northeast	2,063	94.1%	124	90.3%	122	98.4%	108	96.3%
Central	2,093	92.1%	94	79.8%	133	97.7%	206	94.2%
Suncoast	3,056	94.6%	31	83.9%	194	97.9%	170	92.4%
Southeast	2,004	93.0%	81	92.6%	285	94.0%	121	93.4%
Southern	1,910	93.8%	25	72.0%	189	97.4%	60	93.3%
State	**11,689**	**93.6%**	**375**	**84.8%**	966	96.8%	**707**	**94.1%**

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 varies, depending on the number of people receiving services. Of the 1,222 providers and 417 WSCs who participated in a PDR between July 2018 and March 2019, Qlarant reviewed 3,137 and 558 employee records respectively.

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

Findings from the Q&T component to date indicate the following:
- Five services for which fewer than 85 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%)
  - Life Skills Development 3 (Day Programs) (78.1%)
  - Residential Rehabilitation (Standard) (76.6%)
  - Personal Supports (73.5%)
  - Supported Living Coaching (82.2%)
- 78.5 percent of providers received training in Requirements for all Waiver Providers
- Support Coordinators were least likely to have training in the Requirements for all Waiver providers (86.3%)

Table 19: PDR Qualifications and Training Service Provider Results by Standard July 2018 – March 2019			
Standard	**# Records Reviewed**	**# Providers**	**% Providers w/ Standard Met**
The provider received training in Zero Tolerance.	3,136	1,222	91.7%
The provider received training in Basic Person Centered Planning.	1,355	754	92.0%
The provider received training on Individual Choices, Rights and Responsibilities	1,369	757	93.3%

Table 19: PDR Qualifications and Training Service Provider Results by Standard July 2018 – March 2019			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The provider received training in Requirements for all Waiver Providers	3,116	1,221	78.5%
The provider received training in HIPAA.	3,129	1,221	85.9%
The provider received training in HIV/AIDS/Infection Control.	3,045	1,202	84.9%
The provider maintains current CPR certification.	3,041	1,198	91.9%
The provider received training in First Aid.	3,036	1,198	86.4%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	1,392	614	96.4%
The provider maintains current medication administration validation.	1,381	610	93.4%
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).	480	220	97.3%
Drivers of transportation vehicles are licensed to drive vehicles used.	2,337	1,089	99.4%
Personal vehicles used for transportation are properly insured.	1,532	801	93.5%
Personal vehicles used for transportation are properly registered.	1,531	801	91.6%
The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.	30	28	92.9%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	823	533	97.4%
The provider has completed standardized, pre-service training for Life Skills Development Level 2.	141	118	96.6%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	202	106	99.1%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	1,467	791	95.4%
The provider meets all minimum educational requirements and levels of experience for Respite.	356	258	95.3%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	322	259	98.5%
The provider completed required Supported Living Pre-Service training.	320	259	99.6%
The Supported Living Coach completed Introduction to Social Security Work Incentives.	309	250	92.0%

Table 19: PDR Qualifications and Training Service Provider Results by Standard July 2018 – March 2019			
Standard	**# Records Reviewed**	**# Providers**	**% Providers w/ Standard Met**
The provider received training in Direct Care Core Competencies.	1,858	889	95.2%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	115	73	100.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	35	31	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.	34	30	96.7%
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.	724	490	74.7%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	141	117	98.3%
The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment.	130	112	85.7%
The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services.	162	96	78.1%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	1,060	432	96.1%
The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	896	415	76.6%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	269	117	99.1%
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.	264	116	99.1%
The Residential Habilitation - Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.	227	109	97.2%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	25	15	100.0%

Table 19: PDR Qualifications and Training Service Provider Results by Standard July 2018 – March 2019			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
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.	24	15	100.0%
The Supported Living Coach provider completes eight hours of annual in-service training.	295	241	82.2%
The Personal Support provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	1,278	755	73.5%
The Residential Habilitation - Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics.	17	12	100.0%
The provider has completed all aspects of required Level II Background Screening.	3,137	1,222	86.3%
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.	3,008	1,178	90.4%
The provider received training in Direct Care Core Competency. (Old).	1,316	732	97.4%
The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care	2	1	100%

Table 20: PDR Qualifications and Training WSC Results by Standard July 2018 – March 2019			
Standard	# Records Reviewed	# WSCs	% WSCs w/ Standard Met
The provider received training in Zero Tolerance.	557	416	95.7%
The provider received training in Basic Person Centered Planning.	512	390	97.9%
The provider received training on Individual Choices, Rights and Responsibilities	122	104	100%
The provider received training in Requirements for all Waiver Providers	558	417	86.3%
The provider received training in HIPAA.	558	417	89.0%
The provider received training in HIV/AIDS/Infection Control.	558	417	89.2%
The provider maintains current CPR certification.	558	417	93.8%

Table 20: PDR Qualifications and Training WSC Results by Standard July 2018 – March 2019			
Standard	# Records Reviewed	# WSCs	% WSCs w/ Standard Met
The provider received training in First Aid.	558	417	91.6%
Drivers of transportation vehicles are licensed to drive vehicles used.	77	67	100%
Personal vehicles used for transportation are properly insured.	45	37	100%
Personal vehicles used for transportation are properly registered.	45	37	100%
The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	163	132	100%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	556	417	99.8%
The Support Coordinator completed required Statewide pre-service training.	556	417	99.8%
The Support Coordinator completed required Region Specific training.	552	417	97.4%
The Support Coordinator completed Introduction to Social Security Work Incentives.	545	416	94.5%
The Support Coordinator completes 24 hours of job related annual in-service training.	537	415	89.9%
The provider received training in Direct Care Core Competencies.	165	137	95.6%
The provider has completed all aspects of required Level II Background Screening.	558	417	92.8%
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.	519	386	89.4%
The provider received training in Direct Care Core Competency. (Old)	407	323	98.8%

Service Specific Record Review Results (SSRR)

During the PDR, a sample of individuals is used to review records for each service offered by the provider. The number of records reviewed depends upon the size of the organization and the number of services provided. At least one record per service is reviewed, a minimum of 10 records for larger providers (caseload of 200 or more). The SSRR tool includes a review of standards specific to each service. There were 4,509 SSRRs completed between July 2018 and March 2019 as part of the 1,222 PDRs for service providers, scoring 74,364 standards, and 1,714 SSRRs completed as part of the 417 WSC PDRs, scoring 44,428 standards.

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 show providers of Supported Employment and Supported Living Coaching with the lowest record review scores, 87.0 Percent and 88.2 percent respectively. There is little variation across regions; however, Support Coordinators in Central Region appear to be scoring lower than their counterparts in other regions.

Figure 14. Service Specific Record Reviews
Percent Met by Service
July 2018 - March 2019
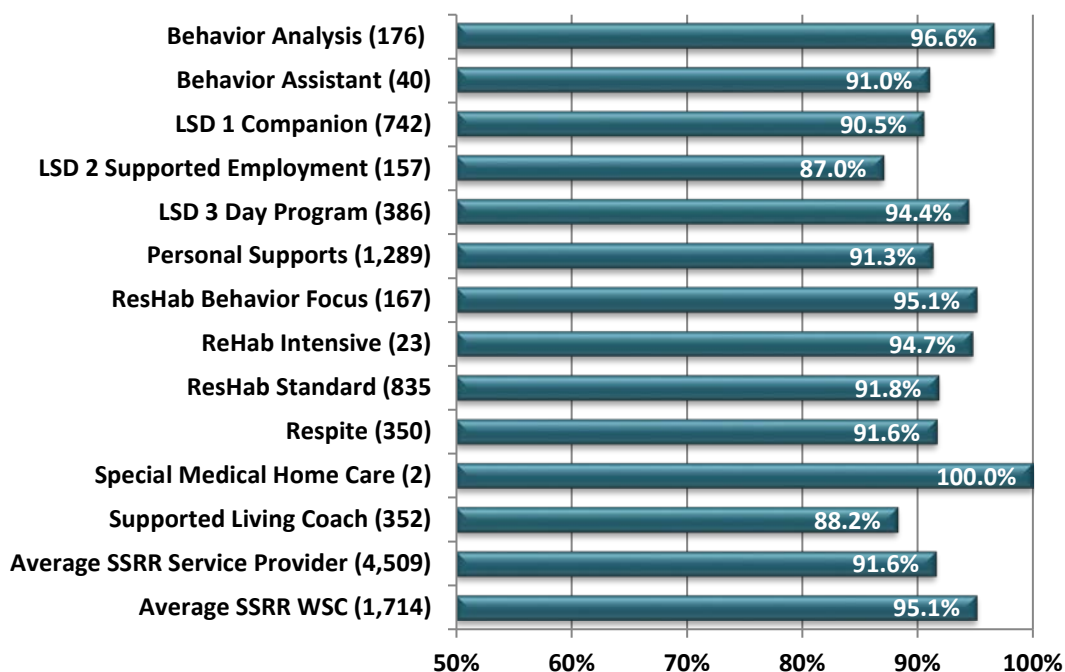
Service	Percent Met
Behavior Analysis (176)	96.6%
Behavior Assistant (40)	91.0%
LSD 1 Companion (742)	90.5%
LSD 2 Supported Employment (157)	87.0%
LSD 3 Day Program (386)	94.4%
Personal Supports (1,289)	91.3%
ResHab Behavior Focus (167)	95.1%
ReHab Intensive (23)	94.7%
ResHab Standard (835	91.8%
Respite (350)	91.6%
Special Medical Home Care (2)	100.0%
Supported Living Coach (352)	88.2%
Average SSRR Service Provider (4,509)	91.6%
Average SSRR WSC (1,714)	95.1%

Table 22: PDR Service Specific Record Review Results by Region					
July 2018 – March 2019					
	Service Providers			WSCs		
Region	# Records Reviewed	Weighted Score	Percent Met	# Records Reviewed	Weighted Score	Percent Met
Northwest	267	93.3%	92.7%	100	96.5%	96.6%
Northeast	803	92.0%	91.4%	261	96.6%	96.4%

Table 22: PDR Service Specific Record Review Results by Region						
July 2018 – March 2019						
	Service Providers			WSCs		
Region	# Records Reviewed	Weighted Score	Percent Met	# Records Reviewed	Weighted Score	Percent Met
Central	872	92.5%	91.9%	295	92.0%	91.6%
Suncoast	1,095	90.6%	90.2%	441	95.2%	94.9%
Southeast	743	91.3%	90.8%	386	95.5%	95.1%
Southern	729	94.5%	93.8%	231	97.5%	97.4%
State	4,509	92.1%	91.6%	1,714	95.1%	94.8%

Lowest SSRR Indicators by Service

Approximately 11 percent of all the SSRR standards scored showed compliance rates under 85 percent. The lowest scoring areas to date (scored for at least 50 records) include the following standards:

- The current Employment Stability Plan covering services provided and billed during the period under review contains all required components (Supported Employment - 55.1%)
- Provider documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents (Supported Living Coaching - 67.2%; ResHab Standard – 68.5%)
- The provider submits documents to the Waiver Support Coordinator as required (Supported Living Coaching – 69.8%)

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 2018 and March 2019, 361 alerts were recorded for service providers with an additional 58 reported for WSCs (Table 23). Of these 419 alerts, 30.1 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 149 alerts to date

this contract year, a greater proportion than any other type of alert (35.6%). A total of 25.5 percent of the alerts related to medication – storage, administration, or training.

Table 23. Alerts by Type		
July 2018 – March 2019		
Alert Type	Number	Percent
Clearing House Roster	149	35.6%
Background Screening	126	30.1%
Medication Storage	68	16.2%
Medication Admin/Training	39	9.3%
Driver's License/Insurance (EMP)	14	3.3%
Rights	11	2.6%
Vehicle Insurance (ADMIN)	5	1.2%
Health & Safety	4	1.0%
Abuse, Neglect, & Exploitation	3	0.7%
Total Alerts	419	

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, 86.3 percent and 92.8 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 198 providers/WSCs who had at least one background screening standard scored not met, 126 (63.6%) 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 2018 - March 2019
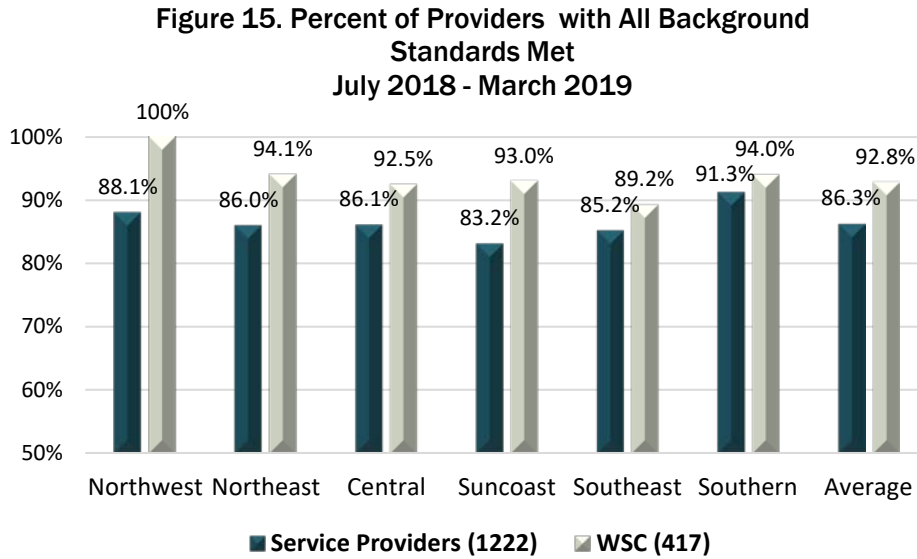
Potential Billing Discrepancy

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 24 provides the percent of standards reviewed, by service, <u>not</u> in compliance with billing requirements. To date there is some variation across services:

- On average approximately 17.7 percent of providers had at least one potential billing discrepancy.
- Records maintained for providers of Life Skills Development 3 (Day Program), Supported Living Coaching, and CDC+ Representatives were most likely to have a potential billing discrepancy, each service showing approximately 28 percent or more of providers missing at least one billing discrepancy standard.

Table 24: Potential Billing Discrepancy by Service		
July 2018 – March 2019		
Service	Records Reviewed	% of PDRs w/ 1+ Not Met
Behavior Analysis	176	7.4%
Behavior Assistant	40	25.0%
CDC+ Consultant	91	5.8%
CDC+ Consultant UA	47	6.4%
CDC+ Representative	742	28.6%

Table 24: Potential Billing Discrepancy by Service		
July 2018 – March 2019		
Service	Records Reviewed	% of PDRs w/ 1+ Not Met
Life Skills Development 1 (Companion)	157	24.8%
Life Skills Development 2 (SEC)	386	9.3%
Life Skills Development 3 (Day Program)	1,289	29.4%
Personal Supports	167	5.4%
Residential Habilitation Behavior Focus	23	0.0%
Residential Habilitation Intensive Behavioral	825	7.9%
Residential Habilitation Standard	350	25.1%
Respite	2	0.0%
Support Coordination	1,084	9.3%
Support Coordination UA	630	11.3%
Supported Living Coaching	352	29.8%
Total	6,361	17.7%

Potential billing discrepancy information is presented by region in Figure 16. The information represents the percent of providers with at least one potential billing discrepancy standard scored not met. Findings are similar to previous years and indicate:

- Service providers were more likely to have a potential billing discrepancy than WSCs, 38.2 percent and 25.4 percent not met respectively.
- Suncoast appears to have the highest proportion of both service providers and WSCs with a potential billing discrepancy, with over half of service providers showing a potential billing issue.

Figure 17. Percent of Providers with at least one Billing Discrepancy Standard Not Met
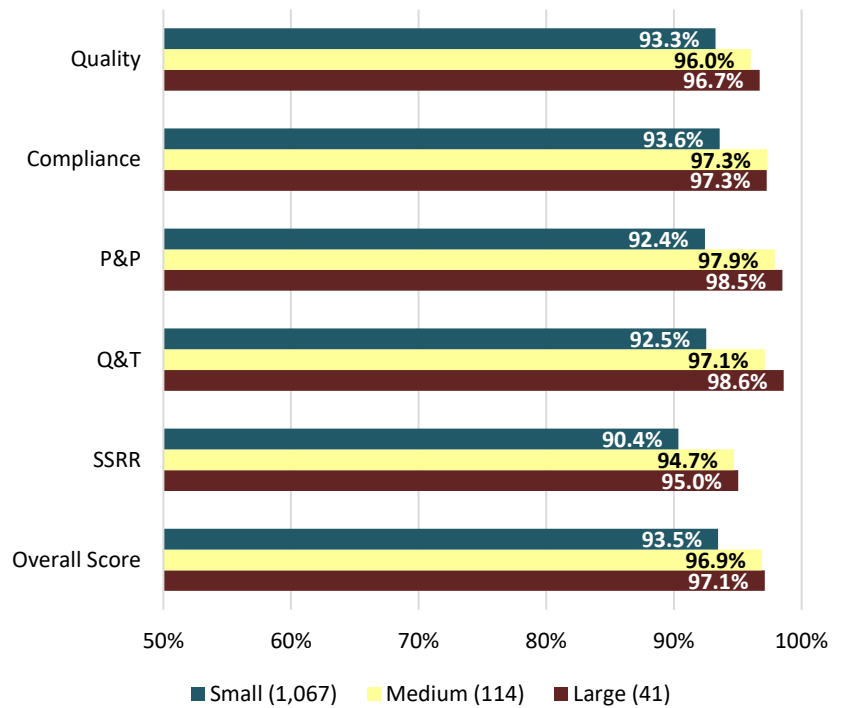July 2018 - March 2019
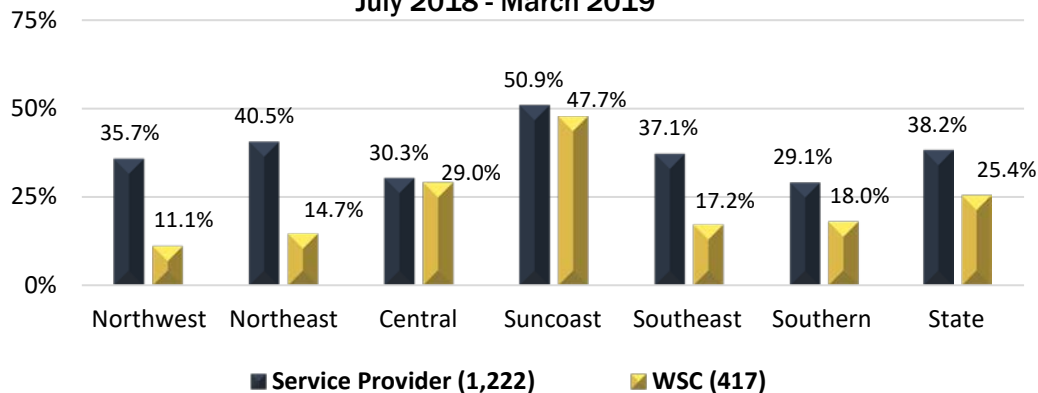
Summary of PDR Scores by Provider Size

Florida's providers of HCBS services, through the iBudget waiver, vary greatly in the number of employees they have and the number of people served. In Table 23, the average score for each review component and the overall score is provided for Large, Medium, and Small providers, defined as serving the following number of individuals:[13]

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

Standards throughout all tools used during the PDR have been labeled as Compliance or Quality oriented. Compliance standards address required documents – are they complete, do they have all the necessary components? Quality standards address best practices and the extent to which individuals have key outcomes in their lives, such as informed choice, desired levels of community integration and person centered service delivery. Information in Figure 18 provides a summary of the average PDR results by review components, including for Compliance and Quality. Small provider appear to score lower in all areas of the review, including on Compliance and Quality standards.

Figure 18. PDR Review Results by Provider Size July 2018 - March 2019

Component	Small (1,067)	Medium (114)	Large (41)
Quality	93.3%	96.0%	96.7%
Compliance	93.6%	97.3%	97.3%
P&P	92.4%	97.9%	98.5%
Q&T	92.5%	97.1%	98.6%
SSRR	90.4%	94.7%	95.0%
Overall Score	93.5%	96.9%	97.1%

■ Small (1,067) ■ Medium (114) ■ Large (41)

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[13] The overall provider score is impacted by any alert the provider may have had, reducing the score by up to 15 percentage points. The average scores calculated here do not include any impact from alerts.

Medium size providers were least likely to have an alert or a billing discrepancy during a review. On average, there were close to three (2.95) alert for every 10 reviews completed; about one per 10 for medium providers but three per 10 for small providers and closer to four per 10 for large providers. On average, there were approximately nine billing discrepancies per 10 reviews, with somewhat fewer for medium size providers (8.9) and approximately 10.5 for large providers.

Provider Size	# Reviews	# Alerts	# BD	Rate per 10 Reviews	
				Alert	Billing Discrepancy
Small	1,067	333	971	3.12	9.10
Medium	114	13	101	1.14	8.86
Large	41	15	43	3.66	10.49
Total	1,222	361	1,115	2.95	9.12

Summary of PDR Scores by Region

A summary of PDR Results by Region is presented for Service Providers in Table 23 and WSCs in Table 24. All scores are above 90 percent.

Table 23: PDR Component Scores for Service Providers by Region July 2018 – March 2019							
Region	Policy & Procedure (n=1,222)	Q&T (n=3,137)[14]	SSRR (n=4,509)	Staff Interview (n=1808)	MLI Outcomes (n=1,828)	MLI Supports (n= 1,315)	OBS (n= 729)
Northwest	92.8%	91.9%	92.7%	97.4%	92.1%	97.4%	98.5%
Northeast	93.9%	94.5%	91.4%	99.1%	96.1%	99.1%	98.6%
Central	91.5%	92.9%	91.9%	97.8%	94.0%	97.8%	98.3%
Suncoast	94.5%	93.4%	90.2%	98.6%	93.4%	98.6%	98.5%
Southeast	92.9%	91.4%	90.8%	97.6%	96.9%	97.6%	98.5%
Southern	93.5%	95.1%	93.8%	99.2%	97.8%	99.2%	98.6%
State	**93.4%**	**93.4%**	**91.6%**	**98.4%**	**95.3%**	**98.4%**	**98.5%**

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[14] Data based on the number of employee records reviewed.

Table 24: PDR Component Scores for WSCs by Region July 2018 – March 2019				
Region	# of PDRs	Qualifications & Training (n = 558)	Policy & Procedure (n = 456)	WSC Record Reviews (n = 1,714)
Northwest	27	97.4%	98.8%	96.5%
Northeast	68	96.1%	97.4%	96.6%
Central	93	93.6%	95.6%	92.0%
Suncoast	86	96.4%	95.3%	95.2%
Southeast	93	93.5%	93.8%	95.5%
Southern	50	93.7%	96.4%	97.5%
State	417	93.4%	95.6%	95.1%

Section III: Discussion and Recommendations

Findings in this report reflect data from PCR and PDR reviews completed between July 2018 and March 2019. A total of 1,241 PCRs, 1,639 PDRs and 120 CDC+ Representative reviews were completed, approved and available for analysis. Because this does not represent all 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 remains very positive with all questions on the feedback survey, about the reviewer and review processes, above 90 percent. During this quarter, Qlarant facilitated the Quality Council in Tallahassee, regional managers reviewed all reports before final approval and facilitated a quarterly meeting in each region to review data, explore trends, and discuss other relevant regional issues or best practices. The director and managers met bi-weekly via conference call, with one face-to-face meeting to further enhance communication and ensure consistency in processes. Managers and reviewers continue to participate in rigorous field and file review reliability testing, and the bi-weekly conference calls used to enhance training and reliability efforts through discussion of real situations and review questions.
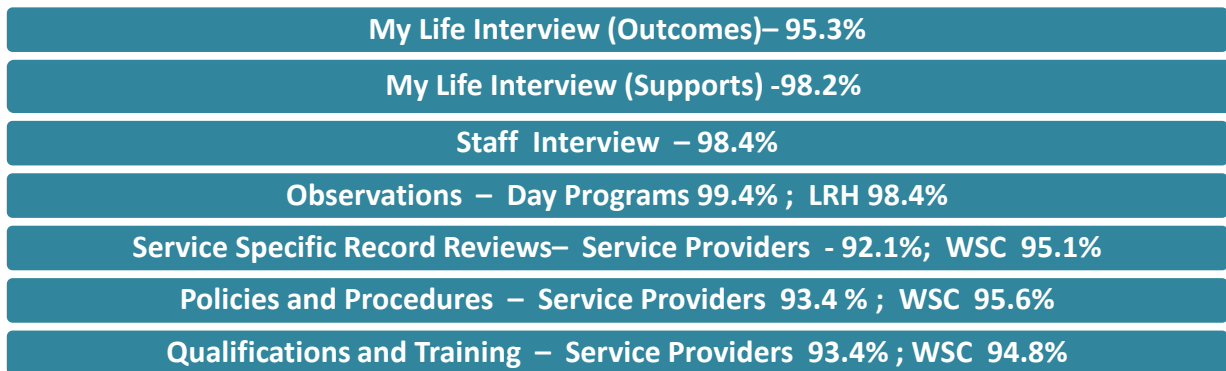
Overall Review Findings

Results from reviews completed 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 verses the support provided. Final analysis on all aspects of the reviews will be completed for the Annual Report when all data have been collected and are available for review.

The PCR consists of an interview with the person and the person's Support Coordinator, and a review of the record maintained by the Support Coordinator for that person. Results for the PCR components were similar to previous years and relatively high, each over 92 percent. CDC+ Representative record reviews showed the lowest scores.

My Life Interview (Outcomes) – Waiver - 93.5%; CDC+ - 97.9%
My Life Interview (Supports) – Waiver - 96.8%; CDC+ - 97.9%
WSC Interview – 98.5%
CDC+ Consultant Interview - 98.8%
Support Coordinator Record Review – 95.5%
CDC+ Consultant Record Review – 97.2%
CDC+ Representative Review – 92.3%

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 92 percent or higher.

My Life Interview (Outcomes)– 95.3%
My Life Interview (Supports) -98.2%
Staff Interview – 98.4%
Observations – Day Programs 99.4% ; LRH 98.4%
Service Specific Record Reviews– Service Providers - 92.1%; WSC 95.1%
Policies and Procedures – Service Providers 93.4 % ; WSC 95.6%
Qualifications and Training – Service Providers 93.4% ; WSC 94.8%

To date, findings from the reviews show patterns similar to previous years. Further drill down will be completed when the total PCR sample is completed and all providers have been 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 the PCR for the Waiver (90.3%) and individuals receiving services through CDC+ (88.8%). The lower scores are impacted by several specific areas. While almost all providers have policies in place to identify, address and report all instances of abuse, neglect and exploitation (ANE), individuals do not always understand what ANE mean or what to do if experiencing ANE. In CDC+, individuals who primarily live at home do not know what to do in case of an emergency.

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.

Recommendation 2: APD should consider a training session, face to face or web-based, targeting families and guardians, to help families understand the importance of individuals knowing what to do in the event of different types of emergencies, including evacuation procedures when needed. APD should ensure the session is offered in both English and Spanish.

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

Recommendation 3: Regions could work with provider organizations to help develop programs and activities in communities that address specific wishes for individuals receiving services. Discussion groups should convene before each outing to help determine destinations and desired activities, prioritize these, and develop a schedule/timeline for events if appropriate.

Recommendation 4: Developing new and meaningful social roles is critical for all of us, to help with self-growth, increase social networks, and expand our circle of meaningful friendships. Social role education and developing meaningful social roles have been a constant challenge for individuals with IDD and providers offering services. The Quality Council could focus on this during one meeting to help identify what these challenges are and how to overcome the barriers. In addition, focus groups could be convened in some key areas across the state to gather up-to-date information from individuals receiving services, families, support coordinators and providers. This information could be used at the regional level to develop trainings that will address relevant issues and barriers.

Recommendation 5: Providers should consider adding education on public transportation as a "focus for the week" training, providing opportunities to teach residents of a home or individuals in the day program how to read, understand and use bus schedules. If they do not already do this, organize outings using public transportation available near the facility.

Medication Issues

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

Recommendation 6: Support Coordinators should ensure providers and families support individuals to understand what medications they are taking, why, and what the potential side effects are. Provider should include a "medication awareness tip" of the week in their contact with individuals, and education sessions targeting individuals receiving services, families and guardians should be developed and/or revised to ensure people understand medications and their side effects.

Recommendation 7: If the high proportion of individuals taking multiple medications in the 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, Life Skills Development 3 (Day Program), Supported Living Coaching, and CDC+ Representatives, were most likely to have a potential billing discrepancy, each service showing approximately 28 percent or more of providers missing at least one billing discrepancy standard.

Recommendation 8: 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. Qlarant reviewers could use this information during onsite review activity to help providers improve their billing systems and documentation.

Results by Provider Size

A new analysis in this report stratifies PDR review findings by the size of the provider. Data indicate smaller providers, serving up to 29 individuals, make up greatest proportion of HCBS providers in Florida and also scored lower than medium or large size providers. The overall score for small providers was 93.5 percent compared to 96.9 percent and 97.1 percent for the other providers, respectively. On the other hand, medium size providers, serving 30 to 100 individuals, were more likely to have alerts or billing discrepancies noted during their reviews.

Recommendation 9: Qlarant may want to work with the Quality Council to identify why providers in the mid-range would be more prone to alerts and billing issues. The information could be used to provide technical assistance to provider during reviews.

Recommendation 10: The breakdown by size created for this report resulted in small providers comprising 87 percent of total. So while they scored lower across all the review components, it is reflecting most of the provider scores. Qlarant should work with APD and perhaps develop better definitions of different sized providers, to further enhance our ability to direct quality improvement initiatives.

Summary

While the focus of a Quality Improvement (QI) report is to identify problem areas for potential QI initiatives, findings from reviews completed during the first three quarters of the contract period were 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

January – March 2019

Customer Service Topic	#	Description	Outcome	Avg Time
Address/ Phone Update	39	Providers call to update their phone numbers/addresses	Phone numbers/addresses are updated in the Discovery application, and providers are also advised to update contact information with AHCA.	1 day
Background Screening	5	Providers and provider consultants call with questions regarding FL background screening and in particular the DCF/APD Clearinghouse Employee/Contractor Roster requirements.	Background screening requirements are explained to providers, with reference to the Handbook, Florida Statute and Administrative Code. Providers are referred to their Regional APD Office for further assistance.	1 day
Clarification	6	Providers call asking for clarification on topics such as acceptable documentation, service specific requirements, and documentation completion/submission timeframes.	Questions are answered and callers are referred to the iBudget Handbook, local APD Regional Office and the Qlarant tools posted on our website.	1 day
Contact QAR	15	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	9	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	10	Providers continue to call with questions regarding the updated tools effective 7/1/18 and the more recent updates effective 1/1/19. 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	42	Providers call asking when their next review will occur. Providers call following receipt of their PDR notification letter to inform us of vacation or planned unavailability in order to avoid possible non-compliance if attempts are made to contact them while away.	The review process is explained to the providers, including all the factors that are involved in scheduling. Providers are referred to their 90-day notification letters and advised to wait for the phone call from the reviewer to schedule their review. If indicated the assigned reviewer is notified of issues to consider when scheduling.	1 day
Provider Web Search	7	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

Customer Service Topic	#	Description	Outcome	Avg Time
Question	30	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	17	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	9	Providers call with questions about how to repay money identified as a potential billing discrepancy in their Provider Discovery Review report.	Providers are given the AHCA email address for potential billing discrepancy resolution inquiries. APDProviderBilling@ahca.myflorida.com	1 day
Report Requested	14	Providers call or email requesting their report be re-sent.	Mailing addresses are confirmed and reports are re-sent.	1 day
Review/Reports	8	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	14	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	**225**			