

Florida Statewide Quality Assurance Program

FY 2020: Year 3 Quarter 1 Report

July – September 2019

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



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Prepared by

Qlarant

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List of Acronyms

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

Executive Summary



In July 2019, the Agency for Health Care Administration entered into the third year of the current contract with Qlarant to provide the Florida Statewide Quality Assurance Program (FSQAP). Qlarant provides oversight processes of provider systems and Person Centered Review activities for individuals receiving services through the Developmental Disabilities Individual Budgeting (iBudget) Services waiver, including the Consumer Directed Care Plus (CDC+) program. Qlarant conducts Provider Discovery Reviews (PDR) and Person Centered Reviews (PCR) to provide information about providers, individuals receiving services, and the quality of service delivery systems.

Qlarant uses both formal and informal reliability processes to ensure consistency in data collection through the PCRs and PDRs. All 25 Quality Assurance Reviewers (QARs) have been tested on two different file reviews and have maintained an average score of 85 percent or greater, and two QARs have taken and passed onsite field reliability. Throughout the first quarter of this contract year (FY20) regional managers have reviewed all reports before final approval and conducted bi-monthly meetings for all QARs which may include training on problematic areas of the reviews or discussion of issues encountered in the field. Feedback survey findings indicated very positive experiences related to the Qlarant review processes.

Quarterly meetings were conducted in each APD region.¹ These are facilitated by Qlarant Regional Managers as venues used to review data, explore trends, and discuss other relevant regional issues and best practices. Qlarant facilitated a Quality Council meeting on July 18, 2019, bringing together stakeholders to discuss data trends, tool revisions, and other aspects of the Quality Management System. Findings were presented from both the National Core Indicator (NCI) Adult In-Person Survey and Qlarant review data.

Data for analysis in this report are based on 372 PCRs and 517 PDRs. Results reflect findings from only a small proportion of reviews to be completed this year; therefore, findings are preliminary. Results to date appear to be similar to previous years and are generally good indicating providers are in compliance with requirements and individuals appear to be satisfied with the services they receive. A summary of findings includes the following:

- Average scores on all review components (interviews, observations and record reviews) were approximately 90 percent or higher.

¹ Also referred to interchangeably just as regions in the report.

- Provider scores for documentation reviews (record reviews) were generally lower than scores for the individual interviews.
- Individuals were least likely to have Safety Life Area outcomes present.
- Approximately half of individuals receiving services through the Waiver, and close to 40 percent through CDC+, were taking four or more prescription medications.
- Provider scores in areas of compliance were somewhat higher than for areas of quality.
- There were approximately 2.6 alerts for every 10 reviews completed.

These and other findings are discussed in this report. Some recommendations are offered but more in-depth analysis and recommendations will be possible when more data are available in the next quarterly report.

Introduction

In July 2019, the Agency for Health Care Administration (AHCA) entered into the third year of the current contract with Qlarant to provide quality assurance discovery activities for the Developmental Disabilities Individualized Budgeting Services (iBudget) Waiver and the Consumer Directed Care Plus (CDC+) program. Through this Florida Statewide Quality Assurance Program (FSQAP), administered by the Agency for Persons with Disabilities (APD), Qlarant, AHCA and APD have designed a Quality Management Strategy based on the Home and Community Based Services (HCBS) Quality Framework Model developed by the Centers for Medicare and Medicaid Services (CMS). Three quality management functions are identified by CMS: discovery, remediation, and improvement.

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



Qlarant's discovery process comprises two major components: Person Centered Reviews (PCR) and Provider Discovery Reviews (PDR). Both ensure the person receiving services has a voice in evaluating performance and outcomes and both 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 life, and the quality of the person's service delivery system from the perspective of the person receiving services. The focus of the PDR is to review provider compliance with requirements and standards specified in the Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook (iBudget Handbook), and to determine how well services are supporting individuals served.

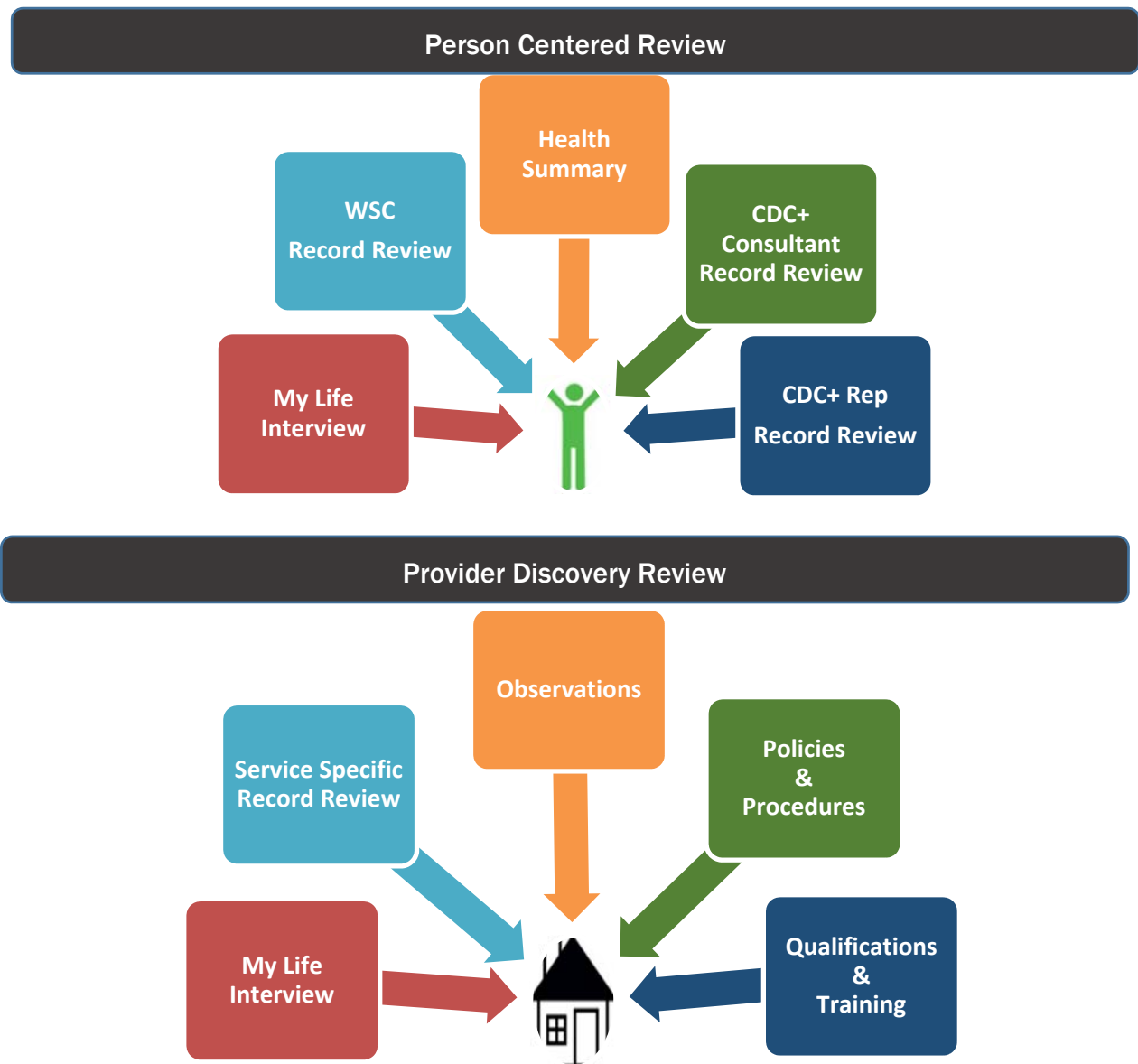
Person Centered Review (PCR)

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

Provider Discovery Review (PDR)

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

The PCR includes an interview with the person, including people receiving services through the Consumer Directed Care Plus (CDC+) program, , and review of the Support Coordinator’s record for the person, and record reviews completed for the CDC+ Consultant and Representative. The PDR includes an Administrative Record Review of organizational Policies and Procedures (agencies only) and staff Qualifications and Training; Service Specific Record Reviews; and interviews with individuals receiving services. Observations are completed for licensed residential homes (LRH) and day program facilities. 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 and CDC+ to make the distinction between the two groups. This is the 1st Quarter Report of the FY20 contract year. The report is divided into three sections.

- Section I: Significant Contract Activity during the 1st Quarter (July – September 2019)
- Section II: Data from Review Activities
- Section III: Discussion and Recommendations

Data analysis includes comparisons to earlier years, as appropriate. Most comparisons to data from years prior to FY19 are not possible or appropriate due to changes in tools and indicators/standards. Discussion of results and evidence-based recommendations are offered.

Section I: Significant Contract Activity

Quality Assurance Activities (July - September 2019)

Status Meetings

Status meetings are held to provide an opportunity for Qlarant, AHCA, and APD representatives to discuss contract activities and other relevant issues as necessary. Revisions to processes and tools may be discussed as well as policy updates from AHCA or APD that may impact the FSQAP. A meeting was held on August 15 and September 19th. There was no status meeting in July, as Quality Council met July 18.

Reliability

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

File reliability sessions are administered every other month. These include standards reviewed from Service Specific Record Reviews as well as related questions from the iBudget Handbook and the FSQAP Operational Policies and Procedure Manual. The QA Manager obtains actual file documents from a provider and the management team identifies the standards to be tested and creates the scoring key. The test is completed by each QAR, in Qlarant's online learning management system, and scored automatically.

Through the first quarter of the current year, all 25 QARs were tested on two different file topics: all materials on which they were trained at the annual conference (July) and Agency vs. Solo rates (September). Qlarant reports results to AHCA semi-annually. To date, all QARs have a passing score of 85 percent or higher.

Field reliability is conducted onsite with QARs 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 two QARs and both passed.

Annual Training/Conference

Every year the entire Florida team comes together for extensive training and brainstorming activities. The annual conference was held July 9 – 12 in Tampa. The agenda for the week included the following:

- Updates from Qlarant Corporate, AHCA and APD
- Updates on all Qlarant disability programs
- Brainstorming session on Striking a Balance between Compliance and Quality
- Training/review on the Health Summary tool
- Review of PDR tools/processes
- Training session on iConnect
- Training session on iPad tips
- Training session on Fenix
- Training session on the NCI Adult In-Person Survey with data highlights
- Presentation of Qlarant review data
- Quality Management and reliability updates

Tool Revisions

Provider Discovery Review Service Specific Record Review (SSRR) tools used for the CDC Representative Review were updated, to be implemented October 1, 2019. Edits were made to wording of Standards 7 and 8. These have been posted and a description of the edits and all tools are posted here:

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

Beginning July 1, 2019, the WSC and Provider/Staff interviews were removed from the review process. Informal interviews will still be completed during observations and as appropriate to help ensure a holistic review of services and supports is completed.

Regional Quarterly Meetings

The Qlarant Regional Manager facilitates meetings in each APD Region with available Qlarant QARs 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 help 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.²

² 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>).

Quality Council (QC)

Qlarant facilitates three Quality Council (QC) meetings each year. The purpose of the QC meetings is to bring together stakeholders to discuss data trends, tool revisions, and other aspects of the Quality Management System. During the first quarter, a meeting was held on July 18, 2019, in Orlando. Meeting topics included the following:

- Updates from AHCA and APD
- Panel Discussion, “Striking a Balance in the Qlarant Review Process”
 - The panel included a person receiving services, a parent of a person receiving services, a Support Coordinator, a provider of Adult Day Training and a Qlarant Quality Assurance Reviewer (QAR).
 - Discussion surrounded the Qlarant review processes
- Qlarant data presentation (Katy Glasgow)
- National Core Indicator (NCI) Adult In-Person Survey data presentation (Val Bradley, HSRI), with a focus on ways to support self-advocacy

See the Qlarant website for complete QC details, minutes, and agendas (<https://florida.qlarant.com/Public2/qualityCouncil/index.html>).

Provider Feedback Survey

After each PDR, providers are given a survey to complete and mail/fax to Qlarant, offering them an opportunity to provide feedback on the review process and professionalism of QARs. Surveys can also be completed online on the FSQAP website. Feedback findings are presented in Table 1. A total of 48 surveys were entered into the database during the first quarter. On average, 95.9 percent of responses were positive (638/665).



Table 1. Results from Provider Feedback Surveys			
Surveys Received Between July – September 2019 (N=48)			
Question	# Yes	# No	NA/ Blank
Did the Quality Assurance Reviewer explain the review process?	47	1	0
Did the Quality Assurance Reviewer share with you the names of the potential people chosen to participate in the review?	46	1	1
Did the Quality Assurance Reviewer explain the person's participation in the interview is voluntary?	45	2	1
Did the Quality Assurance Reviewer refer you to the Qlarant website that includes the tools and procedures?	43	3	2
Were the tools accessible on the Qlarant website?	45	1	2

Table 1. Results from Provider Feedback Surveys			
Surveys Received Between July – September 2019 (N=48)			
Question	# Yes	# No	NA/ Blank
Did you find the tools helpful when preparing for the review?	43	3	2
Did the Quality Assurance Reviewer answer your questions in preparation for the review?	45	1	2
Did the Quality Assurance Reviewer arrive on time?	46	2	0
If not, were you notified the Quality Assurance Reviewer would be late? (n=2)	1	1	46
Did the Quality Assurance Reviewer give you enough time to find the information requested?	42	1	5
Do you feel the Quality Assurance Reviewer was prepared for the review?	46	1	1
Did the review process go as explained by the Quality Assurance Reviewer?	45	3	0
Did the Quality Assurance Reviewer answer the questions you had during the review?	43	3	2
If applicable, did the Quality Assurance Reviewer explain why a standard was Not Met?	36	3	9
If an alert was identified, did the Quality Assurance Reviewer inform you of the follow up process?	23	0	25
Did the Quality Assurance Reviewer provide you with the preliminary findings of your review before leaving?	42	1	5
Total Responses	638	27	103

Summary of Customer Service Calls

During the first quarter of the year, July – September 2019, 170 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

- Denna Egelston, QAR, retired in September 2019.

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

- Pat Metcey, Administrative Support, retired in August 2019.
- Maria Miranda, new Customer Service/Administration Support, started in September 2019.

Section II: Data from Review Activities

Person Centered Reviews (PCR)⁴



The PCR includes an interview with the person, and a review of the person’s record maintained by the Support Coordinator. Formal interviews are no longer conducted as part of the PCR; however, informal interviews with the Support Coordinator and CDC + Consultant occur as possible to ensure a holistic approach to the process. If the person receives services through CDC+, a record review is also completed for the CDC+ Consultant and Representative.

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

Table 2 shows the number of people reviewed who receive services through CDC+ (N = 39), the number of people receiving services through the Waiver (N = 333), and the total number of individuals who declined or were otherwise unable to participate (N = 65). The time period for declines is based upon the projected time period for the review.

Table 2: Person Centered Review Activity				
July - September 2019				
	Number of PCRs		Number of Declines	
Region	Waiver	CDC+	Waiver	CDC+
Northwest	10	2	1	1
Northeast	54	15	10	1
Central	65	5	15	0
Suncoast	72	8	14	0
Southeast	100	7	17	3
Southern	32	2	3	0
Total	333	39	60	5

Individuals are free to decline to be interviewed at any time during the process. A person who declines, or may be otherwise unable to participate, is replaced by another person from the

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

oversample to ensure an adequate and representative sample is used for analysis. The replacement rate was approximately 15.3 percent for the Waiver and 7.7 percent for CDC+.

Reasons given for the declines are shown in Table 3. When an individual is unable to participate, the QAR calls the person to verify the decision. This affords the person an opportunity to ask questions or seek clarification about the PCR process and the person’s potential role in it. This also gives individuals an opportunity to change their minds about participating.

The largest percent of declines was for people who refused to participate, 73.8 percent. An additional eight individuals were either no longer receiving services (n = 5) or had moved out of the state (n = 3). Approximately 13.8 percent (n = 9) of individuals who declined indicated a preference to participate next year.

Table 3. Person Centered Review Decline Reasons			
July – September 2019			
Decline Reason	Waiver	CDC+	Total
Refused	46	2	48
Review Next Year	6	3	9
No Longer Receiving Services	5	0	5
Deceased	0	0	0
Moved Out of State	3	0	3
Total	60	5	65

Demographics

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

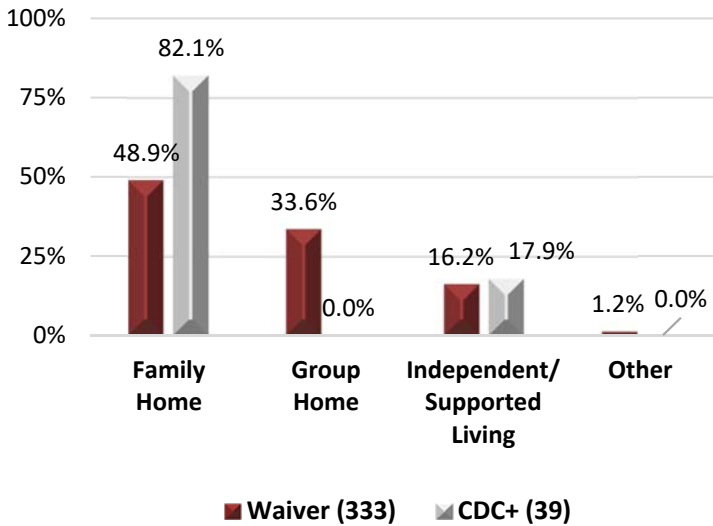
- The majority of individuals using CDC+ lived in the family home (82.1%), compared to less than half of individuals using Waiver services (48.9%). Receiving CDC+ requires that individuals not live in a licensed residential home setting.



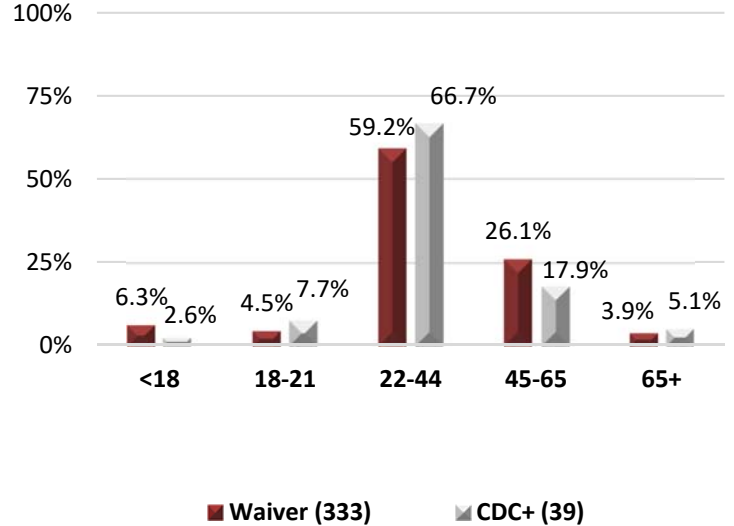
⁵ The Other category for Residential Type for the Waiver includes four in Assisted Living Facility. The Other Disability category for the Waiver includes Downs Syndrome (11), Spina Bifida (4), Prader Willi (1). For CDC+ “Other” included Downs Syndrome (1).

- On average, the distribution is similar across age groups and disabilities, for people receiving services through the Waiver or CDC+.

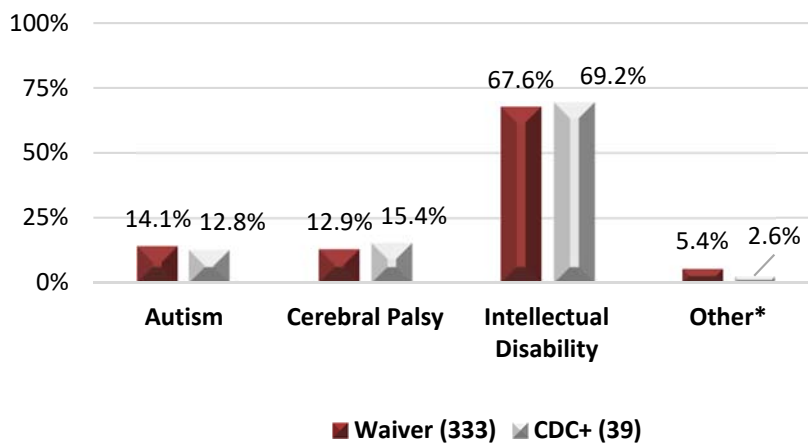
**Figure 1. Distribution of PCRs by Residential Type
 July - September 2019**



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



**Figure 3. Distribution of PCRs by Disability
 July - September 2019**



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 In-Person Survey (NCI). The MLI was implemented July 1, 2018. Based on QAR feedback, two standards were revised January 1, 2019. The MLI is organized around six Life Areas important to a person, and each incorporates measures of choice, respect, rights and community

integration:

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

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

Data Limitations

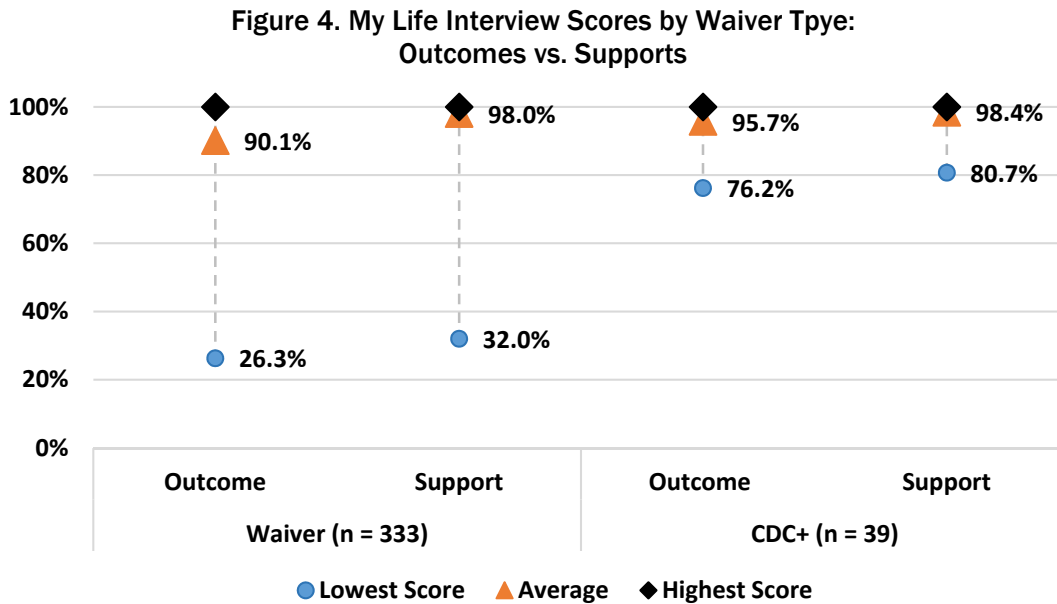
Throughout this report it is important to remember the data are preliminary and represent only a small portion of the final sample of both PCRs and PDRs to be completed. Results should be

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.

viewed with caution and may change as the year progresses. Some findings, or categories, will not be presented until more data are available for subsequent reports.

PCR MLI Average Scores

The highest, lowest and average MLI scores are presented in Figure 4, for outcomes and supports. The two first two lines from the left represent scores for the Waiver and the two lines on the right represent scores for CDC+. The highest score for all types was 100 percent. The average statewide Waiver score for outcomes was 90.1 percent, somewhat lower than for CDC+ (95.7%). On average, support scores were higher than scores for outcomes. Data to date indicate the lowest score for someone receiving services through the Waiver was much lower than for CDC+, for both outcomes and supports.



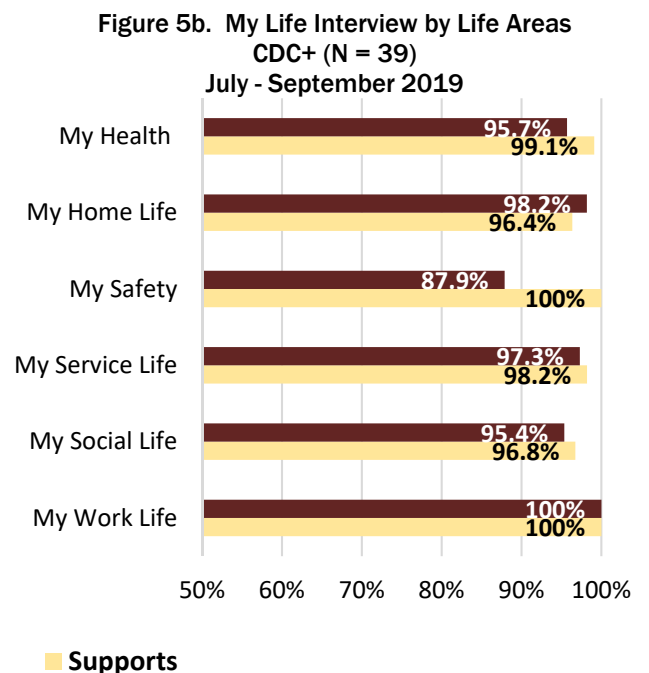
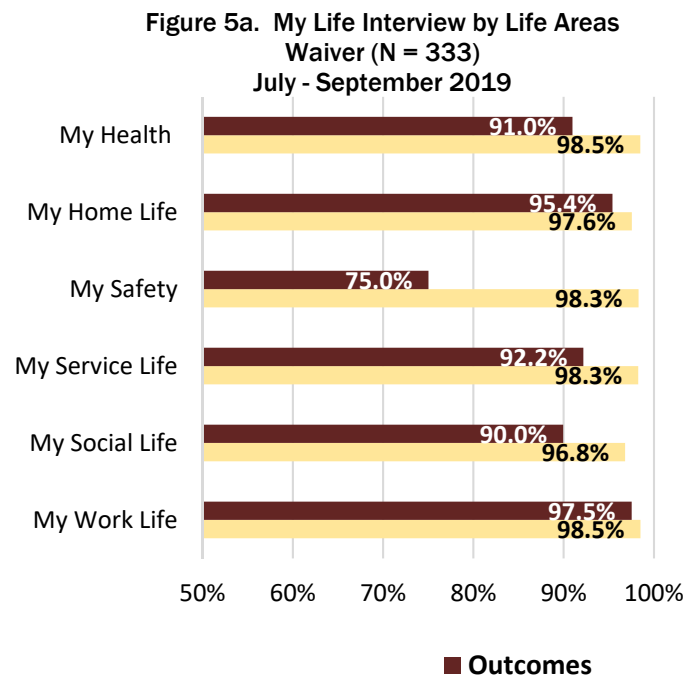
PCR My Life Interview Scores by Region

Average scores for outcomes and supports are presented by region in Table 4. The number of reviews completed in each region is relatively small and comparisons across regions should be made with caution. Through the first quarter, outcomes were generally higher than supports, more so for the Waiver than for CDC+.

Region	Waiver (N = 333)			CDC+ (N = 39)		
	N	Outcomes	Supports	N	Outcomes	Supports
Northwest	10	89.6%	94.2%	2	93.8%	91.7%
Northeast	54	96.2%	99.3%	15	98.3%	98.1%
Central	65	91.8%	95.4%	5	100.0%	99.2%
Suncoast	72	90.4%	98.7%	8	88.7%	99.5%
Southeast	100	86.1%	99.3%	7	95.4%	98.8%
Southern	32	88.5%	97.0%	2	98.1%	100.0%
State	333	90.1%	98.0%	39	95.7%	98.4%

PCR My Life Interview by Life Area

The average MLI score for each Life Area is presented in Figure 5a for the Waiver and Figure 5b for CDC+. Findings to date indicate individuals were least likely to have safety outcomes present.



Analysis of the 27 different MLI indicators provides some insight into more specific data and reasons for My Life Area results. People receiving services through the iBudget Waiver programs

(Waiver and CDC+) appear to be well supported. For each waiver type, all 27 indicators measuring Support scored 90 percent or higher. However, for reviews completed to date, several outcomes reflected a score of less than 90 percent for individuals receiving services through the Waiver or CDC+. The lowest scoring standards surround areas of community integration, awareness of abuse, neglect and exploitation, and the right to know and understand medications. An in-depth analysis at the indicator level will be completed when more data are available.

PCR MLI Results by Residential Status, Disability and Age

PCR MLI results are shown by residential setting, primary disability and age group in Figures 7 – 9. Results are only shown for the Waiver. CDC+ results will be displayed when more data are available. Even for the Waiver, the sample sizes across many categories are relatively small; therefore, results should be viewed with caution and considered preliminary. There is little variation across categories for supports: however, people living in group homes were least likely to have outcomes present.

Figure 7. PCR My Life Interview by Residential Status: Waiver (July - September 2019)

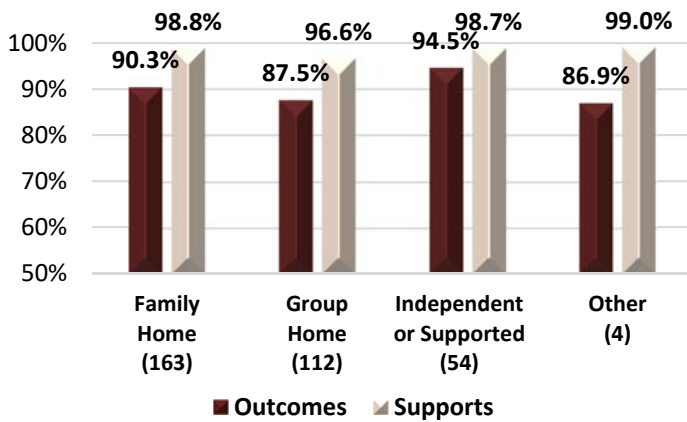
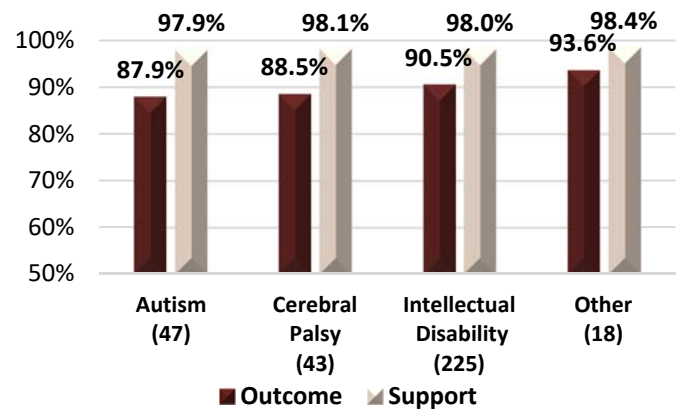
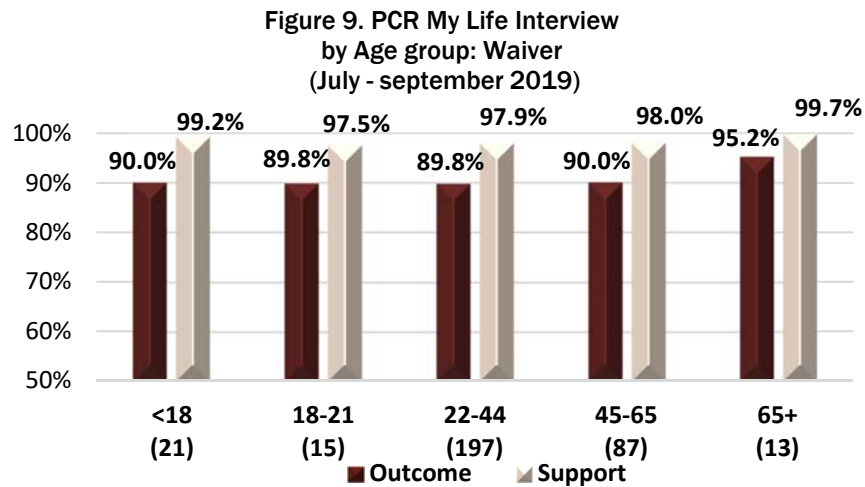


Figure 8. PCR My Life Interview by Disability: Waiver (July - September 2019)





PCR My Life Interview: Stability

During the PCR My Life Interview, individuals are asked how often, over the course of a year, they experienced changes in their WSC or WSC agency, place of employment, work/day activity, residence, services, or service providers in their home. Table 5 shows the percent of individuals who experienced one or more of these changes and Figure 10 shows the top reason(s) for the change.

The most common source of change for individuals receiving services through the Waiver or CDC+ was in the service providers in their home. Approximately 19 percent of people receiving services through the Waiver and 28 percent through CDC+, interviewed to date, reported service providers changed in their home at least once over the 12-month period (Table 5). This change was most commonly made by paid supports (42.0%), by natural supports (20.3%) or was the person’s choice (13.0%) (Figure 10).

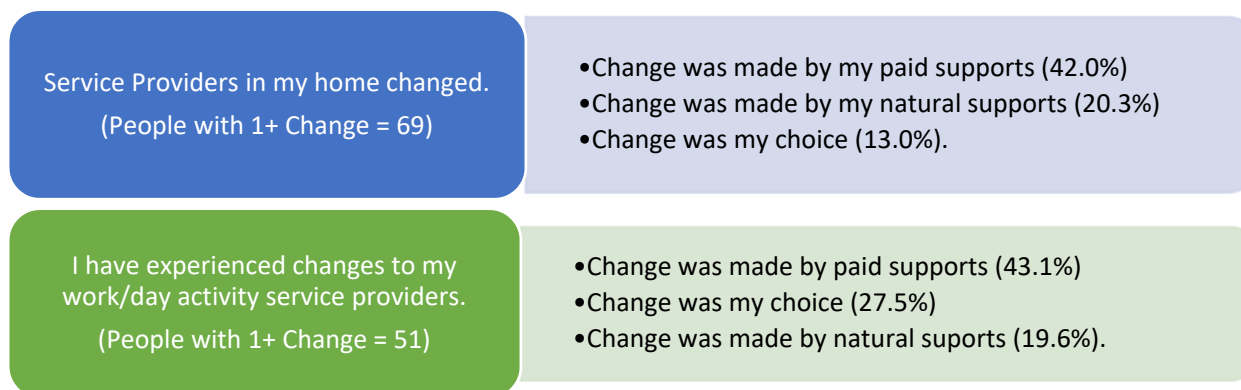
The second change most often cited for people receiving services was in their work/day activity. These changes were most often made by paid supports (43.1%), because of the person’s own choice (27.5%), or by the person’s natural supports (19.6%) (Figure 10).

Table 5. PCR My Life Interview: Stability (Percent with 1 or more changes) July - September 2019				
Within the past 12 months,	Waiver		CDC+	
	N	%	N	%
I experienced changes in my WSC agency.	277	2.9%	33	0.0%
I experienced changes in my WSC.	333	12.0%	39	12.8%
I have changed employment.	141	3.5%	17	5.9%
I have experienced changes to my work/day activity service providers.	287	16.4%	32	12.5%
I have moved.	332	10.2%	39	5.1%

Table 5. PCR My Life Interview: Stability (Percent with 1 or more changes) July - September 2019				
Within the past 12 months,	Waiver		CDC+	
	N	%	N	%
Service providers in my home have changed.	299	19.4%	39	28.2%
The services I receive have changed.	330	9.7%	39	10.3%

Figure 10. Two Most Common Changes and Reasons Why

Within the past 12 months



PCR Waiver Support Coordinator and CDC+ Consultant Record Reviews



During the PCR the records maintained by the WSC and CDC+ Consultant are reviewed specific to the person who was interviewed. Performance rates are presented by APD 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 scored relatively high on the record reviews, with 95.7 percent and 98.1 percent of standards met respectively.
- There was little variation across regions.
- Two standards in the WSC record review reflected a score under 90 percent
 - The WSC documents ongoing efforts to assist the person to define abuse, neglect, and exploitation (ANE) including how the person would report any incidents (86.2%).
 - Waiver Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted (85.2%).
- Of the 39 CDC+ Consultant records reviewed this quarter, 22 of the 37 standards reviewed were scored 100 percent. One CDC+ Consultant standard showed a score under 90 percent:

- o The CDC+ Consultant documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents (86.8%).

Table 7. WSC and CDC+ Consultant Record Review Results by APD Region						
July - September 2019						
Region	WSC			CDC+ C		
	# Records	# Indicators	% Present	# Records	# Indicators	% Present
Northwest	10	267	96.3%	2	64	100%
Northeast	54	1,438	93.8%	15	480	97.3%
Central	65	1,675	94.4%	5	163	98.2%
Suncoast	72	1,922	95.9%	8	253	99.6%
Southeast	100	2,532	96.9%	7	217	98.6%
Southern	32	800	97.4%	2	63	95.2%
State Average	333	8,634	95.7%	39	1,240	98.1%

Table 8. WSC Record Review Results by Standard		
July - September 2019		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	332	95.8%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	332	94.9%
Level of care is completed accurately using the correct instrument/form.	333	92.8%
Person receiving services is given a choice of waiver services or institutional care at least annually.	333	95.8%
The Support Plan is updated within 12 months of the person's last Support Plan.	327	100.0%
The current Annual Report is in the record.	330	91.8%
The Support Plan is updated/revised when warranted by changes in the needs of the person.	135	97.8%
WSC documents a copy of the Support Plan is provided to the person or legal representative within 10 days of the Support Plan effective date.	333	97.9%
WSC documentation demonstrates a copy of the Support Plan is provided to all service providers within 30 calendar days of the Support Plan effective date.	324	93.5%
Support Plan includes supports and services consistent with assessed needs.	333	99.7%
Support Plan reflects support and services necessary to address assessed risks.	325	99.7%
Support Plan includes a current Safety Plan.	6	100.0%

Table 8. WSC Record Review Results by Standard July – September 2019		
Standard	Number Reviewed	Percent Met
Support Plan reflects the personal goals/outcomes of the person.	333	99.7%
The current Support Plan includes natural, generic, community and paid supports for the person.	333	98.5%
WSC documentation demonstrates current, accurate, and approved Service Authorizations are issued to service provider(s).	331	97.9%
The Support Coordinator documents efforts to ensure services are delivered in accordance with the service plan, including type, scope, amount, duration, and frequency specified in the Cost Plan.	325	94.8%
The Support Coordinator is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	333	100.0%
The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted.	330	85.2%
The Support Coordination Progress Notes demonstrate required monthly contact/activities were completed and are in the record.	333	96.4%
For individuals in supported living arrangements Progress Notes demonstrate required activities are covered during each quarterly home visit.	51	98.0%
For persons living in Supported Living Arrangements the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider.	52	96.2%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis.	331	99.1%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing among waiver service providers on an ongoing basis.	333	98.8%
The Support Coordinator documents ongoing efforts to assist the person/legal representative to know about rights.	333	92.2%
The Support Coordinator documents ongoing efforts to ensure the person's health and health care needs are addressed.	333	94.9%
The Support Coordinator documents ongoing efforts to ensure the person's behavioral/emotional health needs are addressed.	220	95.9%
The Support Coordinator documents ongoing efforts to ensure the person's safety needs are addressed.	333	95.8%
The Support Coordinator bills for services after service is rendered.	333	96.7%
The Support Coordinator documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents.	333	86.2%
The Support Coordinator documents information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis to address identified needs.	220	92.3%
Average WSC Record Review Score	8,634	95.7%

Table 9. CDC+ Consultant Results by Standard July - September 2019		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	39	100%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	39	100%
Level of care is completed accurately using the correct instrument/form.	39	100%
Person receiving services is given a choice of waiver services or institutional care at least annually.	39	100%
The Support Plan is updated within 12 months of the person's last Support Plan.	39	97.4%
The current Annual Report is in the record.	38	97.4%
The Support Plan is updated/revised when warranted by changes in the needs.	18	94.4%
Support Plan includes supports and services consistent with assessed needs.	39	100%
Support Plan reflects supports and services necessary to address assessed risks.	39	97.4%
Support Plan includes a current Safety Plan.	1	100%
Support Plan reflects the personal goals of the person.	39	100%
The current Support Plan includes natural, generic, community and paid supports for the person.	39	100%
Services are delivered in accordance with the Cost Plan.	39	100%
The Consultant is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	39	100%
Completed/signed Participant-Consultant Agreement is in the record.	39	97.4%
Completed/signed CDC+ Consent Form is in the record.	39	100%
Completed/signed Participant-Representative Agreement is in the record.	39	100%
All applicable completed/signed Purchasing Plans are in the record.	39	97.4%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	37	100%
All applicable completed/signed Quick Updates are in the Record.	20	100%
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	27	100%
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	34	100%
Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	34	100%
Consultant has taken action to correct any overspending by the Participant.	1	100%
If applicable, Consultant initiates Corrective Action.	.	.
Completed/signed Corrective Action Plan is in the record.	.	.
If applicable, an approved Corrective Action Plan is being followed.	.	.

Table 9. CDC+ Consultant Results by Standard July - September 2019		
Standard	Number Reviewed	Percent Met
The Emergency Backup Plan is in the record and reviewed annually.	39	100%
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.	36	94.4%
The Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted.	37	91.9%
The Consultant documents ongoing efforts to assist the person/legal representative to know about rights.	38	97.4%
The Consultant documents ongoing efforts to ensure the person’s health and health care needs are addressed.	38	97.4%
The Consultant documents ongoing efforts to ensure the person’s behavioral/emotional health needs are addressed.	31	96.8%
The Consultant documents ongoing efforts to ensure the person’s safety needs are addressed.	37	94.6%
The Consultant documents information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis to address identified needs.	34	100%
The Consultant documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents.	38	86.8%
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.	39	94.9%
The Consultant bills for services after services are rendered.	39	100%
Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	39	100%
Average PCR CDC+ Consultant Result	1,240	98.1%

CDC+ Representative (Representative)



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 assess 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; however, the Representative for the person still receives a review. Between July and September 2019, 41 Representatives were reviewed. Results are preliminary and presented by region in Table 10 and by standard in Table 11.

Table 10. CDC+ Representative Record Review Results by APD Region			
July - September 2019			
Region	# Reviews	# Indicators	% Present
Northwest	2	30	93.3%
Northeast	17	278	96.0%
Central	5	83	96.4%
Suncoast	8	128	96.9%
Southeast	7	111	91.9%
Southern	2	33	90.9%
State	41	663	95.2%

Table 11. CDC+ Representative Results by Standard July - September 2019		
Standard	Number Reviewed	Percent Met
Accurate, signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	38	78.9%
Signed and approved Invoices for Vendor Payments are available for review.	24	95.8%
Signed and approved receipts/statement of "Goods and Services" for reimbursement items are available for review.	9	100.0%
Copies of Support Plan(s) are available for entire period of review.	41	97.6%
Monthly Statements are available for review.	41	100.0%
Documentation is available to support the reconciliation of Monthly Statements.	39	84.6%
The Participant obtains services consistent with stated/documentated needs and goals.	41	100.0%
The Participant makes purchases consistent with the Purchasing Plan.	41	100.0%
Complete and signed Participant/ Representative Agreement is available for review.	41	97.6%
Complete Employee Packets for all Directly Hired Employees are available for review.	38	94.7%
Complete Vendor Packets for all vendors and independent contractors are available for review.	29	89.7%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	39	92.3%
All applicable signed and approved Purchasing Plans are available for review.	41	100.0%
All applicable signed and approved Quick Updates are available for review.	21	100.0%
Emergency Backup Plan is complete and available for review.	41	97.6%

Table 11. CDC+ Representative Results by Standard July – September 2019		
Standard	Number Reviewed	Percent Met
Corrective Action Plan (if applicable) is available for review.	.	.
The CDC+ Representative maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	38	89.5%
Copies of approved Cost Plan(s) are available for entire period of review.	41	100.0%
Background screening results for all Directly Hired Employees (DHE’s) who render direct care are available for review.	38	97.4%
Background screening results for all Vendors and Independent Contractors who render direct care are available for review.	22	95.5%
Average CDC+ Representative Record Review Score	663	95.2%

Health Summary



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

The following figure shows the percent of people receiving services through the Waiver or CDC+ who were taking medications, by the number of medications taken (Figure 11). Findings are similar to previous years. Additional analysis will be completed when more data are available: i.e., by region (Table 12), by residence (Figure 12), primary disability (Figure 13) and age group (Figure 14).⁷

⁷ The list of medications captured in the Health Summary was revised July 1, 2018. Dozens of medications which were previously captured in the ‘Other’ category were added to the list of medications in the Health Summary.

**Figure 11: Number of Prescriptions by Waiver Type
 July - September 2019**

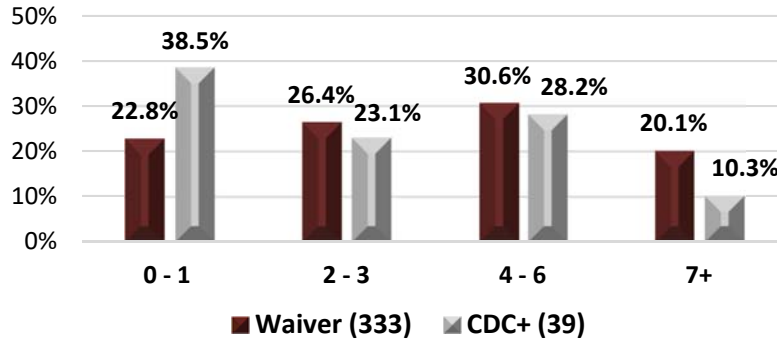
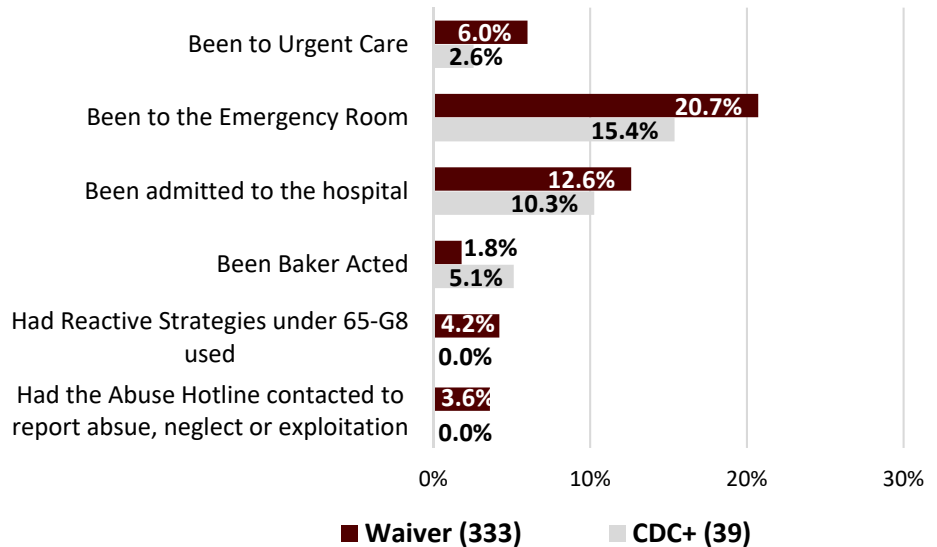


Figure 15 shows the percentage of individuals who experienced a significant health event within the past 12 months. The greatest proportion of events for people receiving services through the Waiver or CDC+ involved visits to the emergency room or the hospital.

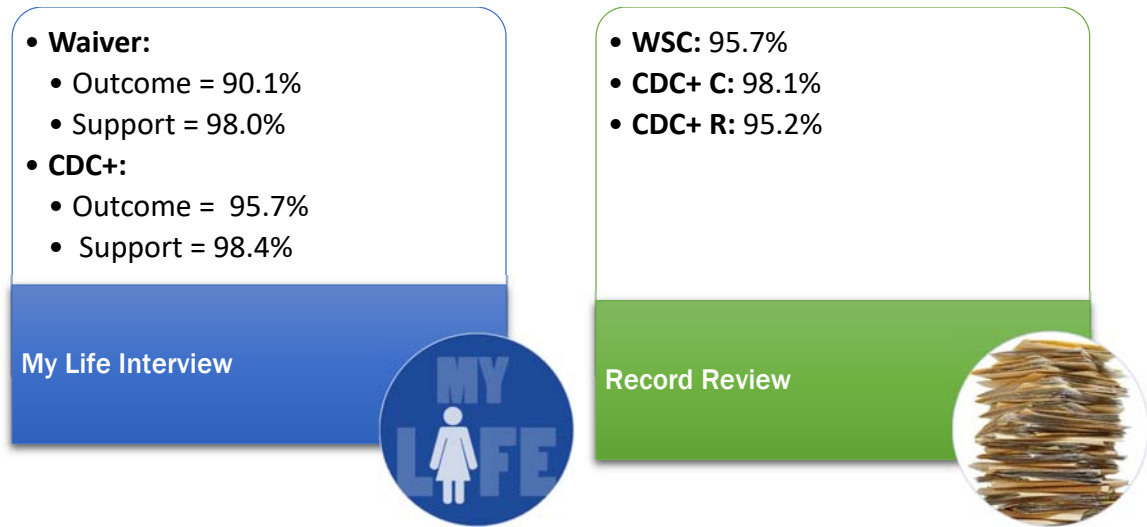
**Figure 15. Significant Health Events
 In the past 12 months the persons has:**



PCR Summary Results

A summary of scores from the PCR components is presented in the following figure, for the first quarter of the current contract year (July – September 2019). Average scores are relatively high across all the areas. For My Life Interview results, scores for outcomes are lower than for supports.

Figure 16. PCR Summary



Provider Discovery Reviews (PDR)⁸

During the course of the contract year, a PDR is completed for most providers who rendered at least one of the following services through the iBudget Waiver, for six months or more:⁹



- 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
- Residential Habilitation Enhanced Intensive Behavior
- Respite
- Special Medical Home Care
- Support Coordination/CDC+ Consultant

⁸ All review tools are posted on the FSQAP website
[67https://florida.qlarant.com/Public2/resourceCenter/providers/discoveryReviewTools/index.html](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 an Overall PDR Score of 95% or higher for Service Providers and 99% or higher for WSCs, with no alerts and no potential billing discrepancies for which the total reimbursement amount is five percent or greater.

- Supported Living Coaching

The PDR consists of up to five different review components: My Life interviews with individuals receiving services (MLI), observations (OBS) at waiver funded licensed residential homes (LRH) and day program facilities, review of agency Policy and Procedure (P&P), Qualification and Training (Q&T), and Service Specific Record Reviews (SSRR). Interviews with individuals receiving services are not included in the overall scores calculated for the PDR. Results are provided separately for WSCs and service providers. Between July and September 2019, 517 PDRs were completed and approved by Qlarant Regional Managers; 405 service providers and 112 WSCs. Table 12 shows the number and percent of PDRs completed per APD Region.

Region	Service Providers (N = 405)		WSCs (N = 112)	
	N	%	N	%
Northwest	27	6.7%	7	6.3%
Northeast	77	19.0%	13	11.6%
Central	82	20.2%	23	20.5%
Suncoast	100	24.7%	20	17.9%
Southeast	67	16.5%	37	33.0%
Southern	52	12.8%	12	10.7%

PDR My Life Interview

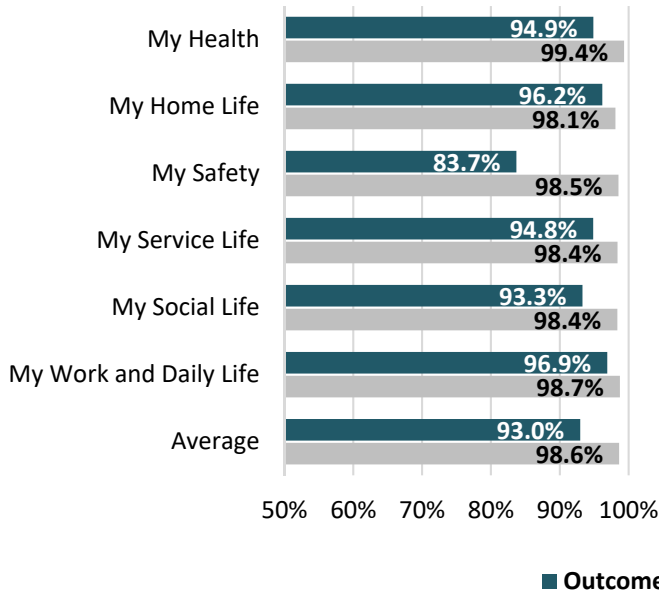


The PDR for service providers uses an interview with individuals receiving services from the provider to determine, from the person’s perspective, how well services are provided and if outcomes are present. Standards for the PDR MLI are the same as for the PCR MLI.^{10 11} Figure 17 displays findings from the PDR MLI for each Life Area (n = 584), by outcomes and supports, and Figure 18 provides results by region. With the exception of My Safety outcomes, scores in all areas and across all regions are above 90 percent.

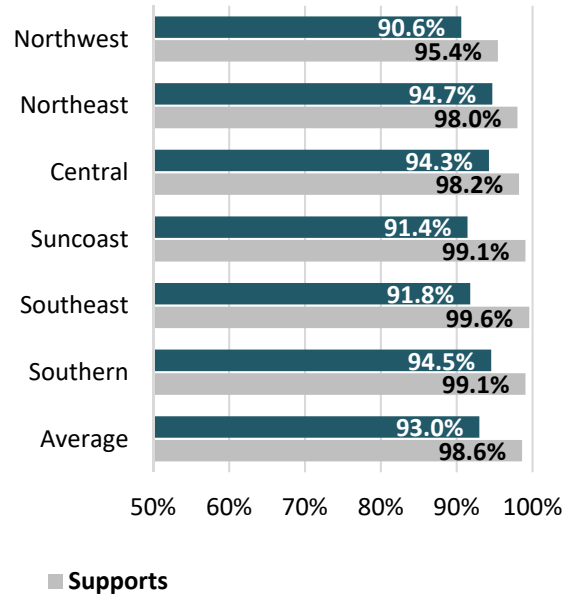
¹⁰ All PCR and PDR tools can be viewed on the Qlarant website:
<https://florida.qlarant.com/Public2/resourceCenter/providers/discoveryReviewTools/index.html>

¹¹ See the PCR My Life Interview Section for a more detailed description of the interview standards.

**Figure 17. PDR My Life Interview
 by Life Areas
 July - September 2019**



**Figure 18. PDR My Life Interview
 by APD Region
 July - September 2019**



Observations

Observations by Location: Licensed Residential Homes and Day Programs

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

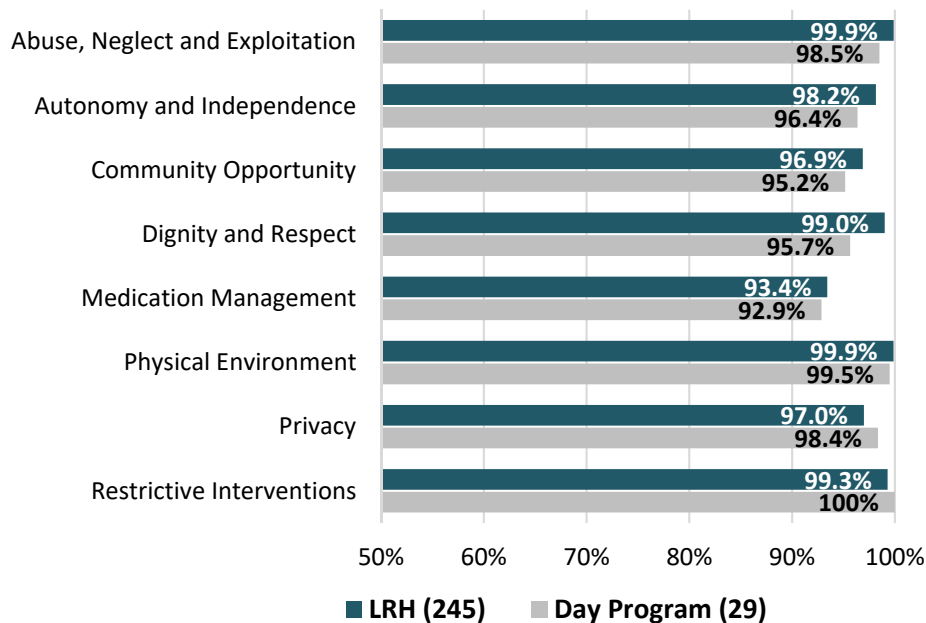


Observations were completed at 29 Day Program locations and 245 LRHs. PDR Observation scores are shown by region and type of location in Table 13. The number of Observations completed during the first quarter, particularly for day programs, is small so comparisons across regions or standards should be made with caution. Findings to date indicate compliance for both types of locations is high with little variation across APD Regions.

Table 13. PDR Observation Scores by APD Region and Location July – September 2019				
Region	LRH		Day Programs	
	# OBS	% Met	# OBS	% Met
Northwest	8	99.4%	1	96.4%
Northeast	40	98.0%	4	95.2%
Central	55	97.3%	5	98.4%
Suncoast	60	98.4%	10	95.7%
Southeast	38	99.4%	3	99.5%
Southern	44	98.1%	6	92.9%
State	245	98.2%	29	97.4%

Observations are shown by standard and location in Figure 19. Scores are generally high across all the standards, over 92 percent. The lowest scoring area is for Medication Management, which is least likely to be met in both locations. Additional analysis, for announced versus unannounced and by indicator will be completed when more data are available.

Figure 19. Observations by Standard and Location



Administrative Policies and Procedures



Each provider is reviewed on up to 18 standards to determine compliance with Policies and Procedures (P&P) as dictated in the Florida Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook. Results for all P&P standards reviewed over this year are shown in Table 14. WSC services are different than other provider services, therefore findings in Table 14 are presented separately for WSCs and service providers.¹² Most of the P&P tool applies to agency providers (n=367); however, some questions may also be asked of solo providers (n=150). Service providers reviewed this quarter averaged 94.0 percent compliance with Policy and Procedure requirements, the WSC average was somewhat higher (97.0%).

Table 14. PDR Service Provider Policies and Procedures Results by Standard July – September 2019				
P&P Standard	Service Providers		WSC	
	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.	6	100.0%	NA	NA
Agency vehicles used for transportation are properly insured.	122	99.2%	NA	NA
Agency vehicles used for transportation are properly registered.	125	96.0%	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.	342	98.5%	26	96.2%
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.	342	98.0%	26	100.0%
The provider maintains written policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening.	342	88.9%	26	100.0%
The provider maintains written policies and procedures detailing hours and days of operation and the notification process to be	341	89.7%	26	96.2%

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

Table 14. PDR Service Provider Policies and Procedures Results by Standard July – September 2019				
P&P Standard	Service Providers		WSC	
	Standards Reviewed	% Met	Standards Reviewed	% Met
used if the provider is unable to provide services for a specific time and day scheduled.				
The provider maintains written policies and procedures detailing how the provider will ensure the individuals' medications are administered and handled safely.	231	97.4%	NA	NA
The provider maintains written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider.	342	90.6%	26	100.0%
The provider maintains written policies and procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues.	342	98.5%	26	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.	342	83.9%	26	92.3%
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.	248	92.7%	NA	NA
The provider maintains written policies and procedures in compliance with 65G-8.003 (Reactive Strategy Policy and Procedures).	76	98.7%	NA	NA
The provider addresses all incident reports.	209	97.6%	81	98.8%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	61	98.4%	25	100.0%
All instances of abuse, neglect, and exploitation are reported.	59	93.2%	23	100.0%
The provider identifies addresses and reports all medication errors.	44	95.5%	3	100.0%
The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	402	95.3%	110	92.7%
If provider operates Enhanced Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	1	100%	NA	NA
Average Policies and Procedures	3,977	94.0%	430	97.0%

Findings by region are presented for agencies and solo service providers and WSCs in Table 15. WSCs are much more likely to operate as a solo entity. Many standards in the Policies and Procedures review are not applicable to solo providers; therefore, findings are presented separately by region for solo vs agency providers and comparisons should be made with caution.

Table 15. Administrative P&P Standards by APD Region								
July – September 2019								
	Service Providers				WSCs			
	Agency (n=341)		Solo (n=64)		Agency (n=26)		Solo (n=86)	
Region	Standards Reviewed	% Met	Standards Reviewed	% Met	Standards Reviewed	% Met	Standards Reviewed	% Met
Northwest	163	95.1%	14	92.9%	0	0.0%	15	100.0%
Northeast	665	93.7%	53	90.6%	56	98.2%	20	100%
Central	795	94.5%	36	94.4%	36	94.4%	36	91.7%
Suncoast	1,068	93.8%	10	90.0%	43	100%	34	91.2%
Southeast	635	94.8%	7	71.4%	66	100%	59	94.9%
Southern	530	93.4%	1	100%	54	98.1%	11	100%
State	3,856	94.1%	121	90.9%	255	98.4%	175	94.9%

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 405 providers and 112 WSCs who participated in a PDR between July and September 2019, Qlarant reviewed 1,042 and 152 employee records respectively.

A description of each standard scored within the Administrative Qualifications and Training component of the PDR is shown in Table 16 for service providers and Table 17 for WSCs. Each table shows the number of employee records reviewed, the number of providers reviewed (for which the standard was applicable) and the percent of providers (not employees) with the standard met for all staff. For the provider to score the standard met, all employee records reviewed must show compliance with the standard. If one record is out of compliance, the standard is Not Met for the provider.

Table 16. PDR Qualifications and Training Service Provider Results by Standard			
July – September 2019			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The provider received training in Zero Tolerance.	1,041	405	91.9%
The provider received training in Basic Person Centered Planning.	301	188	95.7%
The provider received training on Individual Choices, Rights and Responsibilities	304	188	95.7%
The provider received training in Requirements for all Waiver Providers	1,028	405	79.0%
The provider received training in HIPAA.	1,040	405	82.5%
The provider received training in HIV/AIDS/Infection Control.	1,014	401	80.3%
The provider maintains current CPR certification.	1,016	401	88.3%
The provider received training in First Aid.	1,014	401	81.5%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	425	194	96.4%
The provider maintains current medication administration validation.	423	193	94.3%
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).	134	64	90.6%
Drivers of transportation vehicles are licensed to drive vehicles used.	797	367	99.2%
Personal vehicles used for transportation are properly insured.	587	301	91.4%
Personal vehicles used for transportation are properly registered.	586	301	92.4%
The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.	4	3	100.0%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	318	211	93.8%
The provider has completed standardized, pre-service training for Life Skills Development Level 2.	42	38	100.0%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	48	23	91.3%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	529	279	89.6%
The provider meets all minimum educational requirements and levels of experience for Respite.	129	95	90.5%
The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care.	1	1	100.0%

Table 16. PDR Qualifications and Training Service Provider Results by Standard			
July – September 2019			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	114	99	97.0%
The provider completed required Supported Living Pre-Service training.	113	99	96.0%
The Supported Living Coach completed Introduction to Social Security Work Incentives.	109	95	83.2%
The provider received training in Direct Care Core Competencies.	746	335	94.9%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	24	18	94.4%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	5	4	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.	5	4	100.0%
The Life Skills Development 1 provider completes 4 hours of annual in-service training related to the specific needs of at least one person currently receiving services.	279	196	73.5%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	42	38	97.4%
The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment.	40	37	75.7%
The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services.	30	16	75.0%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	318	130	95.4%
The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	259	120	80.0%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	68	30	93.3%
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.	68	30	96.7%
The Residential Habilitation - Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.	48	27	88.9%

Table 16. PDR Qualifications and Training Service Provider Results by Standard			
July – September 2019			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	8	5	100.0%
The Residential Habilitation - Intensive Behavior provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	7	4	100.0%
The Supported Living Coach provider completes eight hours of annual in-service training.	102	91	75.8%
The Personal Support provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	454	264	69.7%
The Residential Habilitation - Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics.	3	3	33.3%
The provider has completed all aspects of required Level II Background Screening.	1,042	405	85.2%
The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	1,030	402	93.0%
The provider received training in Direct Care Core Competency. (Old)	297	185	98.4%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation- Enhanced Intensive Behavior.	3	1	100.0%
The Residential Habilitation – Enhanced Intensive Behavior provider completes eight hours of annual in-service training through participation in recipient case-review or in combination with training related to behavior analysis.	1	1	100.0%

Table 17. PDR Qualifications and Training WSC Results by Standard			
July - September 2019			
Standard	# Records Reviewed	# WSCs	% WSCs w/ Standard Met
The provider received training in Zero Tolerance.	152	112	97.3%
The provider received training in Basic Person Centered Planning.	138	107	99.1%

Table 17. PDR Qualifications and Training WSC Results by Standard			
July - September 2019			
Standard	# Records Reviewed	# WSCs	% WSCs w/ Standard Met
The provider received training on Individual Choices, Rights and Responsibilities	22	18	100%
The provider received training in Requirements for all Waiver Providers	151	112	90.2%
The provider received training in HIPAA.	152	112	92.9%
The provider received training in HIV/AIDS/Infection Control.	151	112	88.4%
The provider maintains current CPR certification.	152	112	93.8%
The provider received training in First Aid.	152	112	92.9%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	1	1	100.0%
The provider maintains current medication administration validation.	.	0	.
The provider received training in an Agency approved curriculum for behavioral emergency procedures consistent with the requirements of the Reactive Strategies rule (65G-8, FAC).	1	1	100%
Drivers of transportation vehicles are licensed to drive vehicles used.	24	15	100%
Personal vehicles used for transportation are properly insured.	16	12	83.3%
Personal vehicles used for transportation are properly registered.	16	12	100%
The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	43	36	100%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	152	112	100.0%
The Support Coordinator completed required Statewide pre-service training.	152	112	100.0%
The Support Coordinator completed required Region Specific training.	150	112	98.0%
The Support Coordinator completed Introduction to Social Security Work Incentives.	149	112	91.1%
The Support Coordinator completes 24 hours of job related annual in-service training.	146	111	97.3%
The provider received training in Direct Care Core Competencies.	73	57	98.2%
The provider has completed all aspects of required Level II Background Screening.	152	112	93.8%
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.	151	111	92.8%

Table 17. PDR Qualifications and Training WSC Results by Standard			
July - September 2019			
Standard	# Records Reviewed	# WSCs	% WSCs w/ Standard Met
The provider received training in Direct Care Core Competency. (Old)	78	63	100.0%

Service Specific Record Review Results (SSRR)



During the PDR, a sample of individuals is used to review records for each service offered by the provider. The number of records reviewed depends upon the size of the organization and the number of services provided, with at least one record per service included. The SSRR tool includes a review of standards specific to each service. There were 1,441 SSRRs completed between July and September 2019 as part of the 405 PDRs for service providers, scoring 23,268 standards, and 482 SSRRs completed as part of the 112 WSC PDRs, scoring 12,414 standards.

SSRR by Service and Region

SSRR results are presented by service in Figure 20 and by region in Table 18. Comparisons by service in Figure 20 show the Percent Met with the number of reviews completed in parentheses. 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 APD Region. Findings by service for the first quarter indicate service providers scored lower than WSCs, with five of the 13 services showing a score less than 90 percent met. There is some variation across regions.

**Figure 20. Service Specific Record Reviews
Percent Met by Service (number of reviews)
July - September 2019**

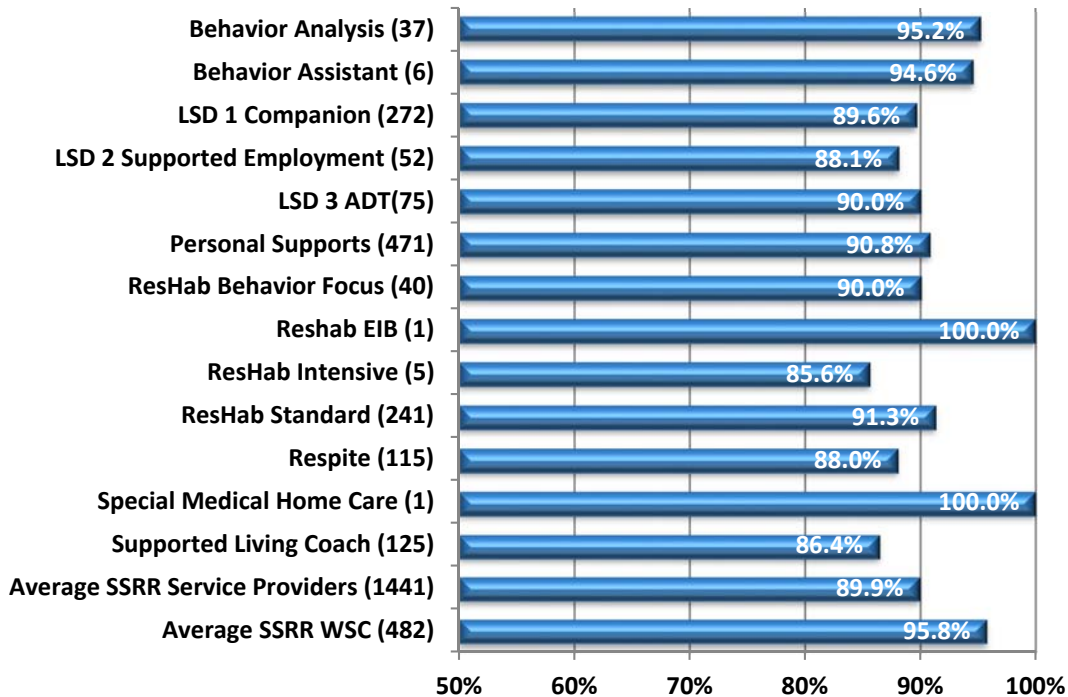


Table 18. PDR Service Specific Record Review Results by APD Region						
July - September 2019						
	Service Providers			WSCs		
Region	# Records Reviewed	Weighted Score	Percent Met	# Records Reviewed	Weighted Score	Percent Met
Northwest	95	92.9%	92.4%	16	97.2%	97.0%
Northeast	255	89.4%	89.4%	72	94.0%	94.5%
Central	286	90.8%	90.3%	83	94.2%	94.6%
Suncoast	399	88.6%	87.9%	102	93.1%	94.3%
Southeast	222	91.0%	91.0%	154	96.9%	97.2%
Southern	184	92.9%	92.0%	55	97.7%	97.6%
State	1,441	90.4%	89.9%	482	95.3%	95.8%

Lowest SSRR Indicators by Service

Of approximately 400 standards scored for all the different services, four reflected compliance of less than 70 percent. These lowest scoring standards for the providers reviewed during the first quarter, with the service provided in parentheses, were for compliance with:

- Submitting documentation to the Waiver Support Coordination (Behavior Analysis and Assistant)
- Billing procedures and the Medicaid Provider Agreement (Behavior Assistant)
- Ensuring the current Employment Stability Plan covering services provided and billed during the period under review contains all required components (Life Skills Development 2 – Supported Employment Coaching)
- Documenting ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents (Residential Habilitation Behavior Focus, Supported Living Coaching)

Alerts



At any time during a review if a situation is noted that could cause harm to an individual receiving services, the QAR immediately informs the local APD Regional office. The Qlarant QAR calls the abuse hotline, if appropriate, records an alert, and notifies the Qlarant Regional Manager who notifies the local APD Regional and State offices, and AHCA in writing. Alerts can be related to health, safety, abuse, neglect, exploitation 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 Character/Attestation of Good Moral Character.

Between July and September 2019, 114 alerts were recorded for service providers with an additional 15 reported for WSCs for a total of 129 alerts (Table 19). The highest proportions of alerts were for a lack of documentation to demonstrate compliance with level 2 background screening requirements, compliance with maintaining an Employee/Contractor Roster within the Clearinghouse, and proper medication storage (licensed residential and day training locations).

Alert Type	Number	Percent
Abuse, Neglect, & Exploitation	1	0.8%
Background Screening	39	30.2%
Clearinghouse Roster	38	29.5%
Driver’s License/Insurance	7	5.4%
Health & Safety	0	0.0%
Medication Admin/Training	12	9.3%
Medication Storage	27	20.9%
Rights	3	2.3%

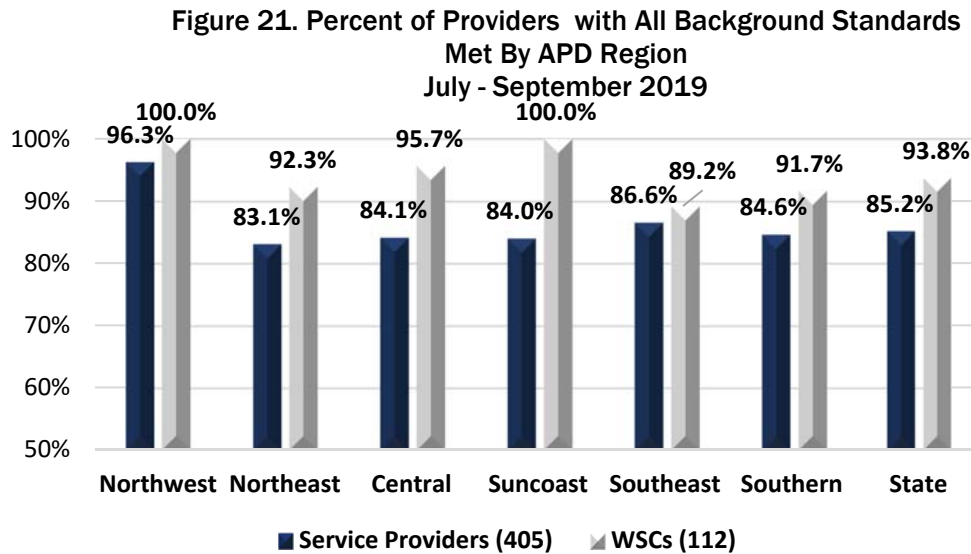
Alert Type	Number	Percent
Vehicle Insurance	2	1.6%
Total Alerts	129	100%

Background Screening



When examining background screening results, a varying number of employee records are reviewed to determine compliance with all the components of the requirement. For Background Screening, if any one staff record indicates a lack of required documentation, the provider is reported as having the standard Not Met.

The following information (Figure 21) shows the percent of service providers and WSCs compliant with all background screening documentation requirements, by region. For staff records reviewed during the first quarter, service providers were less likely to have all the required background documentation in place than were WSCs.



Potential Billing Discrepancy



For each service, several applicable standards related to billing requirements are scored by QARs. If any of the standards are scored Not Met, it is noted on the PDR Report as a potential billing discrepancy. The percentage of providers with one or more potential billing discrepancy is presented, by region, in Figure 22. Findings for the first quarter are similar to previous years showing greater compliance for WSCs across all regions. To date, providers and WSCs in the Suncoast region were least likely to have billing standards met.

**Figure 22. Percent of Providers with all Billing Discrepancy Standards Met by APD Region
July - September 2019**

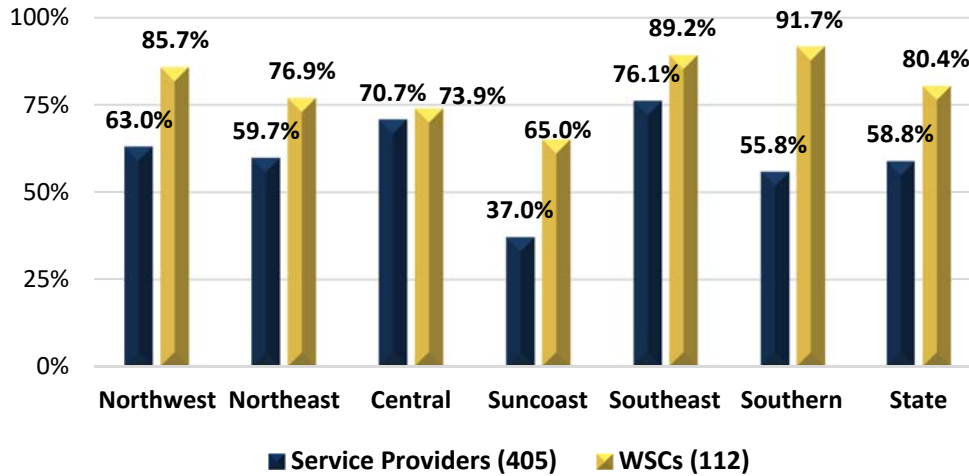


Table 20 provides the percent of records reviewed, by service, with all potential billing discrepancy standards scored met. For providers reviewed during the first quarter, approximately 78 percent of billing standards were scored met, the lowest compliance shown for Supported Living Coaching (56.8%).¹³

Table 20: Potential Billing Discrepancies (BD) by Service July - September 2019		
Service	# of Records Reviewed	% of Records w/ all BD Met
Behavior Analysis	37	78.4%
Behavior Assistant	6	66.7%
CDC+ Consultant	32	96.9%
CDC+ Consultant UA	13	100.0%
Life Skills Development 1 (Companion)	272	67.6%
Life Skills Development 2 (SEC)	52	65.4%
Life Skills Development 3 (ADT)	75	84.0%
Personal Supports	471	67.5%
Residential Habilitation Behavior Focus	40	87.5%
Residential Habilitation EIB	1	100%
Residential Habilitation Intensive Behavior	5	60.0%
Residential Habilitation Standard	241	92.1%

¹³ Additional analysis, using billing amounts and other data as possible, will be completed when more data are available.

Table 20: Potential Billing Discrepancies (BD) by Service		
July - September 2019		
Service	# of Records Reviewed	% of Records w/ all BD Met
Respite	115	66.1%
Special Medical Home Care	1	100%
Support Coordination	299	93.6%
Support Coordination UA	183	94.5%
Supported Living Coaching	125	56.8%
Total	1,968	78.2%

PDR Summary Results

Overall Provider Score Range by Region

With the exception of the My Life Interview, standards from all PDR tools are used to calculate the Overall Provider Score. The score is calculated by dividing the total number of standards met over the total number of standards reviewed and subtracting five points for every alert (up to 15 points). Information in Tables 21 and 22 provides the lowest, average and highest Overall Provider score by APD Region, for service providers and WSCs respectively. For all providers reviewed this quarter, the highest score in every region is 100 percent. The lowest service provider score, 31.8 percent, was for a provider reviewed in the Northeast Region and the lowest WSC scores were in the Central and Suncoast Regions (55.8%). The average service provider score is similar across all regions while the average WSC scores to date vary somewhat across regions.

Table 21. Overall Provider Scores by APD Region			
July - September 2019			
Region	Lowest	Average¹⁴	Highest
Northwest	57.0%	92.9%	100%
Northeast	31.8%	89.3%	100%
Central	50.0%	89.4%	100%
Suncoast	43.8%	89.2%	100%
Southeast	53.2%	91.9%	100%
Southern	66.1%	91.0%	100%

¹⁴ The aggregate average overall score is calculated as the average of all scores, i.e., the average percentage from the percentage score for providers. This means smaller provider scores have as much weight in the summary data as larger providers, but we are also able to account for the decrease in scores due to alerts. If an average is calculated as total met/total scored, the impact of alerts cannot be incorporated.

Table 22. Overall WSC Scores by APD Region			
July - September 2019			
Region	Lowest	Average	Highest
Northwest	91.0%	97.8%	100%
Northeast	80.1%	94.9%	100%
Central	55.8%	92.3%	100%
Suncoast	55.8%	90.9%	100%
Southeast	72.2%	95.7%	100%
Southern	83.9%	96.1%	100%

PDR Scores by Review Component

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

Table 23. PDR Component Scores for Service Providers by APD Region						
July - December 2019						
Region	Policy & Procedure (405)	Q&T (1,042)	SSRR (1,441)	MLI (584)		OBS (274)
				Outcomes	Supports	
Northwest	94.9%	93.4%	92.4%	90.6%	95.4%	99.5%
Northeast	93.5%	92.2%	89.4%	94.7%	98.0%	97.8%
Central	94.5%	91.9%	90.3%	94.3%	98.2%	97.4%
Suncoast	93.8%	92.6%	87.9%	91.4%	99.1%	98.4%
Southeast	94.5%	92.8%	91.0%	91.8%	99.6%	99.3%
Southern	93.4%	92.9%	92.0%	94.5%	99.1%	97.9%
State	94.0%	92.5%	89.9%	93.0%	98.6%	98.1%

Table 24. PDR Component Scores for WSCs by APD Region				
July - December 2019				
Region	# of PDRs	Policy & Procedure (112)	Qualifications & Training (152)	WSC Record Reviews (482)
Northwest	7	100.0%	98.4%	97.0%
Northeast	13	98.7%	97.9%	94.5%
Central	23	93.1%	94.6%	94.6%
Suncoast	20	96.1%	95.9%	94.3%
Southeast	37	97.6%	96.5%	97.2%
Southern	12	98.5%	96.4%	97.6%
State	112	97.0%	96.3%	95.8%

PDR 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. Providers have been categorized by size, with the number of people served, as follows:

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

Information in Table 23 provides a summary of PDR results by provider size, including for Compliance and Person Centered Practices. Compliance standards address required documents – are they complete, do they have all the necessary components? Person Centered Practices standards address best practices and the extent to which individuals have key outcomes in their lives, such as informed choice, desired levels of community integration and person centered service delivery. Alerts and the number of billing standards scored not met are presented as a rate per 10 reviews for each size category.

On average, overall scores for providers reviewed the first quarter of the year were similar across provider sizes. Quality scores were lower in each size category than compliance scores, with the largest difference between the two scores shown for large providers. There were close to three alerts per every 10 reviews, on average, with the highest rate among large providers. On average, there was approximately one billing discrepancy standard scored not met per review (10.96 per 10 reviews), with closer to two per review for providers of medium size (20.77 per 10 reviews).

Table 25. Results by Provider Size: July – September 2019

Provider Size	# Reviews	Overall Score	Compliance Score	Quality Score	# Alerts	# BD	Rate per 10 Reviews	
							Alerts	Billing Discrepancy Standards
Small	371	90.0%	93.2%	89.5%	101	375	2.72	10.11
Medium	26	92.7%	95.1%	90.0%	8	54	3.08	20.77
Large	8	89.9%	95.9%	84.1%	5	15	6.25	18.75
Total	405	90.2%	93.7%	89.2%	482	444	2.81	10.96

Section III: Discussion and Recommendations



Findings in this report reflect data from PCR and PDR reviews completed between July and September 2019. A total of 372 PCRs, 517 PDRs and 41 CDC+ Representative reviews were completed, approved and available for analysis.

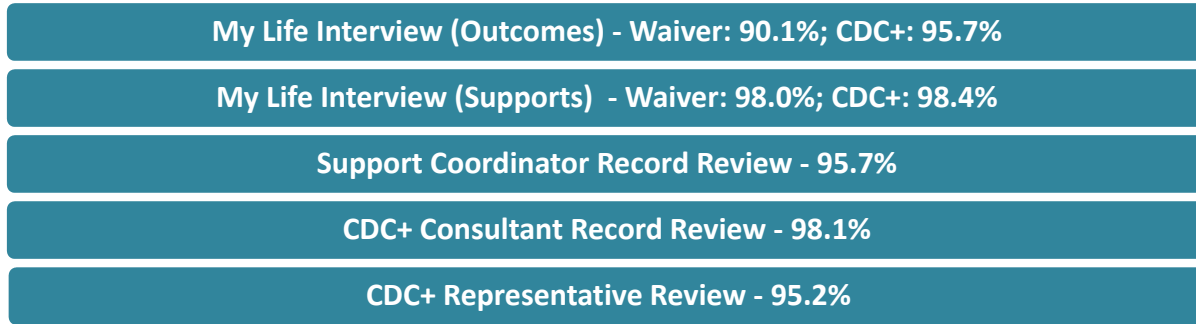
Feedback from providers remains very positive with all questions on the feedback survey, about the QAR and review processes, above 90 percent. During this quarter, Qlarant facilitated the Quality Council in Orlando, Regional Managers reviewed all reports before final approval and facilitated a quarterly meeting in each region to review data, explore trends, and discuss other relevant regional issues or best practices. The entire team came together for an annual conference in July that included training on tools, standards, corporate updates, and news from AHCA and APD.

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. Regional Managers and QARs continue to participate in rigorous field and file review reliability testing, and use bi-weekly conference calls to enhance training and reliability efforts through discussion of real situations and review questions. Through the first quarter, all QARs have maintained an 85 percent passing rate on reliability tests.

Overall Review Findings

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

The PCR consists of an interview with the person and an informal discussion with the person's Support Coordinator, and a review of the record maintained by the Support Coordinator/CDC+ Consultant for that person. Results for the PCR components were similar to previous years and relatively high, each over 90 percent.



Results from the PDRs conducted with service providers and WSCs indicate providers were in compliance with most all aspects of the review, as shown in the following graphic. Each component of the PDR process reflects an average score of approximately 90 percent or higher.



Recommendations

Because a small proportion of reviews have been completed for the contract year, results are preliminary. Some areas noted from reviews completed to date, however, are similar to previous years.

Safety

The My Life Interview tool is providing the ability to do a deeper dive into a person's outcomes. Results are similar to FY19 and indicate Safety is the lowest scoring area for outcomes – primarily because individuals do not understand the meaning of abuse, neglect, and exploitation (ANE) or know what to do if they were to occur. While close to 90 percent of providers had policies in place to identify, address and report instances of ANE, individuals did not always understand what any of these mean or what to do if experiencing ANE. Recommendations are as follows:

Recommendation 1: 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.

Recommendation 2: Conduct several focus groups with people receiving services and family members to identify their knowledge of safety, barriers to self-preservation, and how they can be better supported to identify safety issues, particularly ANE.

Recommendation 3: Ensure education about ANE is on the agenda for APD Regional provider meetings. Share best practices and discuss barriers to ensuring ANE education is not only provided, but the person understands, i.e., proper communication and individualized methods are used for the educational session.

Medication Use

The rate of individuals taking four or more prescription medications have remained fairly constant over the last several years, approximately half of people interviewed this quarter taking multiple medications. Results to date indicate many were not aware of what medications they were taking, why they were prescribed or what their side effects were.

Recommendation 4: In the annual report, it was recommended WSCs ensure providers and families support people receiving services to understand what medications they are taking, why, and what the potential side effects are. Qlarant should be sure to measure and track this support to determine if progress is being made in helping ensure WSCs advocate and work with providers on this.

Recommendation 5: Education sessions targeting individuals receiving services, families and guardians should be developed or revised to ensure people understand medications and their side effects. Providers could include a “medication awareness tip” of the week in their contact with individuals.

Potential Billing Discrepancies

During the PDR, many standards are used to assess the accuracy of the provider’s billing in the claims data. On average there is non-compliance on at least one billing discrepancy standard per provider review. In the Suncoast region, of the 100 PDRs completed only 37 percent of providers had met all the billing discrepancy standards.

Recommendation 6: During the Suncoast Regional Meeting, ensure Qlarant shares the billing discrepancy information with the regional office. Brainstorm what the specific issues may be, identify possible improvement initiatives, and share them with other APD Regions as appropriate.

Summary

Findings from reviews completed during the contract period were similar to previous years and generally positive. Compliance rates on average remain high, reflecting how well APD has worked cooperatively with AHCA and Qlarant to continue to improve the Florida Statewide Quality Assurance Program and increase the providers' ability to build better community connections for individuals receiving services. However, the focus of a Quality Improvement (QI) report is to identify problem areas for potential QI initiatives. The new format of the My Life Interview tool highlights outcomes and supports, showing discrepancies between them with outcomes consistently lower. Providers consistently score higher on compliance than quality, and the use of multiple medications for many individuals continues. More in depth analysis will be possible when more data are available, to hopefully guide additional quality improvement initiatives in these areas.

Attachment 1: Customer Service Activity

July - September 2019

(Four calls were conducted in Spanish)

Customer Service Topic	#	Description	Outcome	Avg Time
Address/ Phone Update	20	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 APD and AHCA.	1 day
Background Screening	2	Providers called with questions regarding FL background screening requirements.	One provider was informed of the new Attestation of Good Moral Character. Another provider received confirmation that Local Law clearance is required every five years.	1 day
CDC+	1	Provider called to inquire about documentation requirements for the CDC+ program.	Provider was told Qlarant only reviews CDC+ Rep documentation and referred the provider to APD for further assistance.	1 day
Clarification	13	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	4	Providers call to contact the QAR assigned to conduct their review.	QARs are contacted by office staff and asked to contact the provider.	1 day
Miscellaneous/ Other	1	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, AHCA and the Abuse Hotline.	1 day
New Tools	5	Providers call inquiring about the location of the most current review tools.	Providers are guided to the FSQAP website and to the most current review tools.	1 day
Next Review	38	Providers call asking when their next review will occur. Providers call following receipt of their PDR notification letter to advice of vacation, planned unavailability or resignation in order to avoid possible non-compliance if attempts to contact them while away are made.	The review process is explained to the providers, including all the factors that are involved in scheduling. Providers are referred to their 90-day notification letters and advised to wait for the phone call from the reviewer to schedule their review. If indicated the assigned reviewer is notified of issues to consider when scheduling or the provider is removed from the schedule.	1.5 day
Provider Feedback Survey	1	Provider Feedback survey was received requesting a call-back from a Qlarant Regional Manager.	Qlarant Regional Manager contacted the provider to discuss information provided in the returned survey.	1 Day

Customer Service Topic	#	Description	Outcome	Avg Time
Provider Web Search	5	Providers call asking how to get their provider name added to the public reporting website.	The process as related to receipt of Medicaid claims data is explained.	1 Day
Question	43	Providers and APD staff call with questions regarding documentation or qualification requirements; for assistance accessing resources on our website; for explanations of the review processes.	Questions are answered with references to appropriate documents or entities.	1.5 Day
Reconsideration	13	Providers call asking for clarification on the process to submit a request for reconsideration or inquiring as to the status of a request already submitted.	The reconsideration process is explained to provider, including reference to our Operational Policies and Procedures. The provider is directed to the end of their PDR report and the FSQAP website where they will find detailed instructions on how to submit a request for reconsideration.	1 day
Billing Discrepancy	7	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	4	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 Day
Training	5	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	170			