

# Florida Statewide Quality Assurance Program

**FY 2020: Year 3 Quarter 2 Report**

**October - December 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 Respite Service Logs this quarter and have maintained an average score of 85 percent or greater, and seven QARs have taken and passed onsite field reliability. Throughout the second 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.<sup>1</sup> These were 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 October 17, 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 761 PCRs, 982 PDRs and 95 CDC+ Representative reviews. Results reflect findings from approximately half 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:

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<sup>1</sup> Also referred to interchangeably just as regions in the report.

- Average scores on all review components (interviews, observations and record reviews) were approximately 90 percent or higher. One exception was outcomes for individuals, based on the individual survey, which showed a score of 88.5 percent.
- The PDR score for compliance was, on average, higher than the score for the quality component of the review.
- The lowest Observation scores were in the area of Medication Management (88.5%).
- While the My Life Interview score average for the PCR was relatively high, scores for outcomes ranged from 26.3 percent to 100 percent. Scores for supports ranged from 32.0 percent to 100 percent.
- For people receiving services through either the Waiver or through CDC+, they were least likely to have Safety Life Area outcomes present. Supports for Safety were 22 and 16 points higher than outcomes, respectively.
- Approximately half of individuals receiving services through the Waiver, and 45 percent through CDC+, were taking four or more prescription medications.
- Approximately 20 percent of people receiving services through the Waiver and 17 percent through CDC+, interviewed to date, reported service providers changed in their home at least once over the 12-month period.
- There were approximately 3 alerts for every 10 reviews completed.
- Approximately 45 percent of providers were not in compliance with billing discrepancy standards relevant to services provided.

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

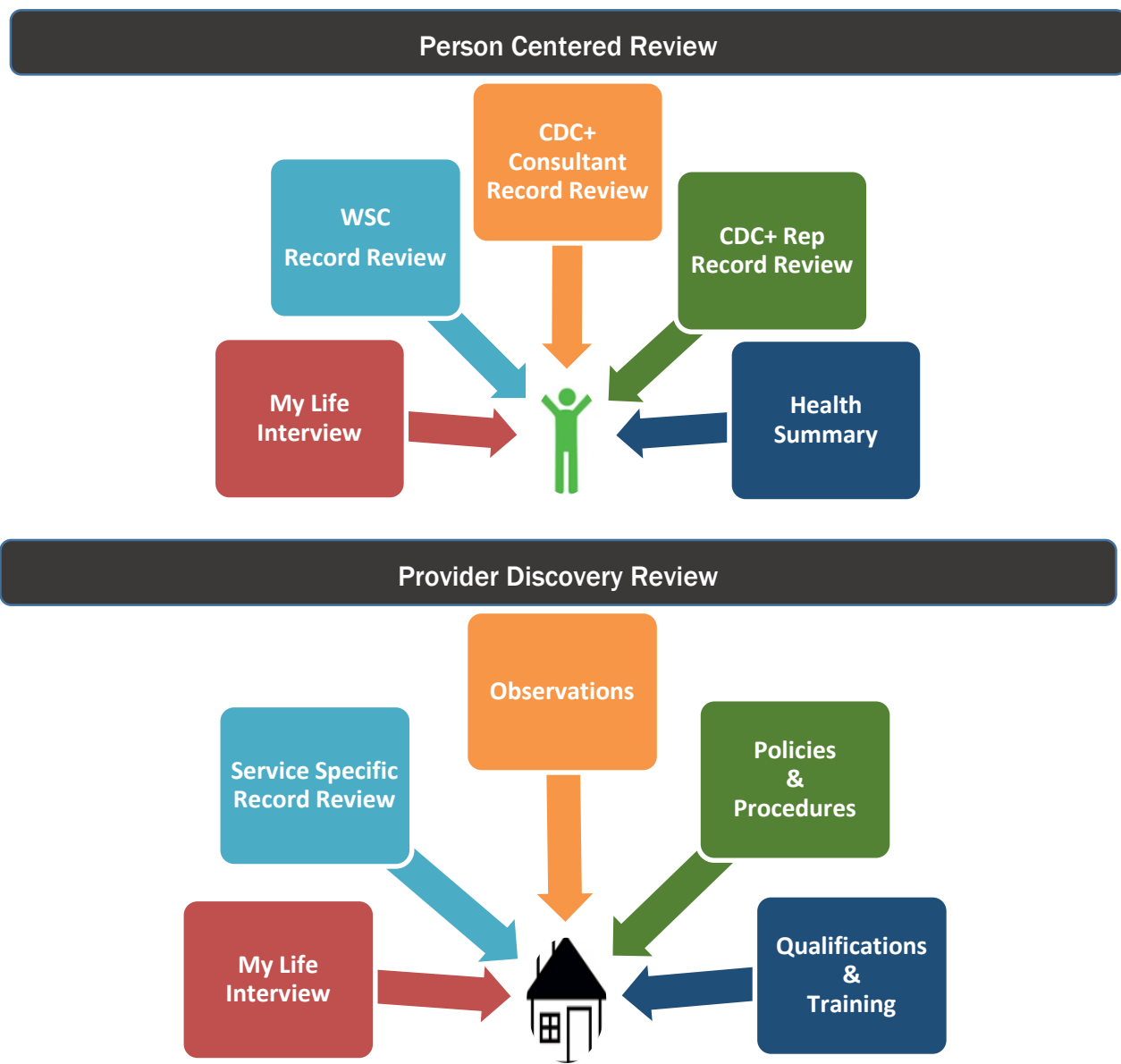
### Person Centered Review (PCR)

- 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 2<sup>nd</sup> Quarter Report of the FY20 contract year. The report is divided into three sections.

- Section I: Significant Contract Activity during the 2<sup>nd</sup> Quarter (October - December 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 (October - December 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 December 12. There was no status meeting in October, as Quality Council met October 17, and the meeting in November was canceled due to scheduling difficulties.

#### 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, 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.

During the second quarter of the current year, file reliability was completed with 25 reviewers on the Respite Service Logs. 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 seven QARs and all passed.

#### Annual Training/Conference

Every year the entire Florida team comes together for extensive training and brainstorming activities. The management team is currently researching times and dates for the conference. The QA manager is working with a "technical workgroup" to develop an agenda.

## Tool Revisions

Provider Discovery Review Service Specific Record Review (SSRR) tools used for the CDC Representative Review were updated and 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>

## 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.<sup>2</sup>

## 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. The WSC solo vacancies has been filled and membership is complete. During the second quarter, a meeting was held on October 17, 2019, in Tallahassee. Meeting topics included the following:

- Updates from AHCA and APD
- Qlarant review and tool revisions
- Qlarant data presentation (Katy Glasgow)
- National Core Indicator (NCI) Adult In-Person Survey data presentation (Stephanie Giordano)

See the Qlarant website for complete QC details, minutes, and agendas

(<https://florida.qlarant.com/Public2/qualityCouncil/index.html>).

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<sup>2</sup> Minutes for each meeting are on the FSQAP Portal Client Site and available to AHCA and APD (<https://florida.qlarant.com/Public2/qualityCouncil/archive.html>).

### Provider Feedback Survey

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 95 surveys were entered into the database during the second quarter. On average, 96.3 percent of responses were positive (549/570).



<b>Table 1. Results from Provider Feedback Surveys</b>			
<b>Surveys Received Between July - December 2019 (N=95)</b>			
<b>Question</b>	<b># Yes</b>	<b># No</b>	<b>NA/ Blank</b>
Did the Quality Assurance Reviewer explain the review process?	93	2	0
Did the Quality Assurance Reviewer share with you the names of the potential people chosen to participate in the review?	88	5	2
Did the Quality Assurance Reviewer explain the person's participation in the interview is voluntary?	91	3	1
Did the Quality Assurance Reviewer refer you to the Qlarant website that includes the tools and procedures?	86	7	2
Were the tools accessible on the Qlarant website?	89	1	5
Did you find the tools helpful when preparing for the review?	83	5	7
Did the Quality Assurance Reviewer answer your questions in preparation for the review?	88	2	5
Did the Quality Assurance Reviewer arrive on time?		5	1
If not, were you notified the Quality Assurance Reviewer would be late? (n=5)	3	2	90
Did the Quality Assurance Reviewer give you enough time to find the information requested?	87	2	6
Do you feel the Quality Assurance Reviewer was prepared for the review?	92	2	1
Did the review process go as explained by the Quality Assurance Reviewer?	91	4	0
Did the Quality Assurance Reviewer answer the questions you had during the review?	87	4	4
If applicable, did the Quality Assurance Reviewer explain why a standard was Not Met?	70	3	22
If an alert was identified, did the Quality Assurance Reviewer inform you of the follow up process?	32	3	60
Did the Quality Assurance Reviewer provide you with the preliminary findings of your review before leaving?	87	1	7
<b>Total Responses</b>	<b>549</b>	<b>21</b>	<b>190</b>

### Summary of Customer Service Calls

During the second quarter of the year, October - December 2019, 95 calls were recorded in the Customer Service Log, with an average response time within one day for each call.<sup>3</sup>

### Data Availability

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

### Staff Updates

There is currently one vacancy in the Southeast region and the regional manager continues to post the position and search for new reviewer.

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

## Section II: Data from Review Activities

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



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 is used. 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 = 71), the number of people receiving services through the Waiver (N = 690), and the total number of individuals who declined or were otherwise unable to participate (N = 168). The time period for declines is based upon the projected time period for the review.

Table 2: Person Centered Review Activity				
July - December 2019				
	Number of PCRs		Number of Declines	
Region	Waiver	CDC+	Waiver	CDC+
<b>Northwest</b>	45	3	14	1
<b>Northeast</b>	105	21	22	2
<b>Central</b>	142	16	42	0
<b>Suncoast</b>	145	11	35	2
<b>Southeast</b>	180	13	36	4
<b>Southern</b>	73	7	10	0
<b>Total</b>	690	71	159	9

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

<sup>4</sup> 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, 71.4 percent. An additional 26 individuals were either no longer receiving services (n = 21) or had moved out of the state (n = 5). Approximately 11 percent (n = 19) of individuals who declined indicated a preference to participate next year.

<b>Table 3. Person Centered Review Decline Reasons</b>			
<b>July – December 2019</b>			
<b>Decline Reason</b>	<b>Waiver</b>	<b>CDC+</b>	<b>Total</b>
Refused	115	5	120
Review Next Year	15	4	19
No Longer Receiving Services	21	0	21
Moved Out of State	5	0	5
<b>Total</b>	<b>159</b>	<b>9</b>	<b>168</b>

### Demographics

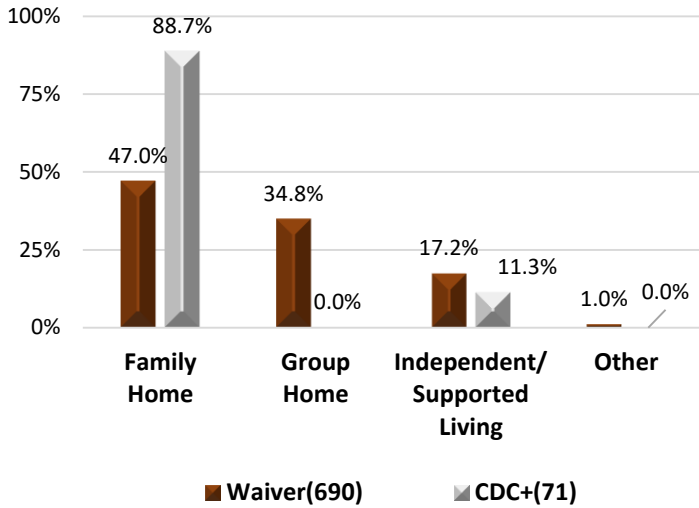
The following series of figures show the distribution of the PCR sample across Residential Setting, Age Group and Primary Disability.<sup>5</sup>

- The majority of individuals using CDC+ lived in the family home (88.7%), compared to less than half of individuals using Waiver services (47.0%). Receiving CDC+ requires that individuals not live in a licensed residential home setting.
- On average, the distribution for people receiving services through the Waiver or CDC+ is similar across age groups and disabilities.

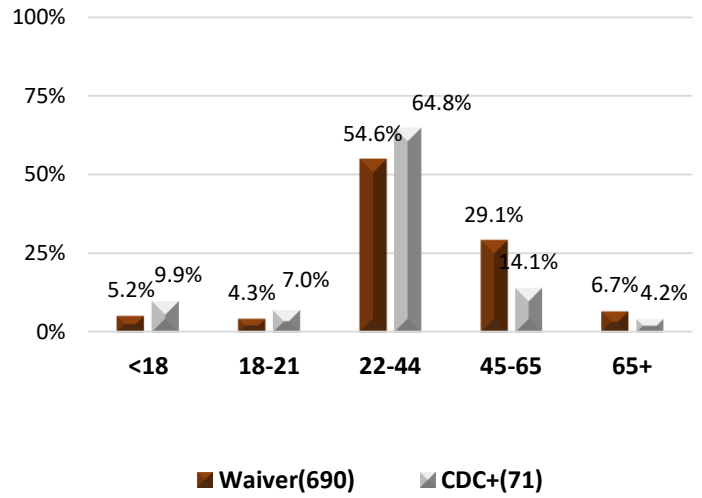


<sup>5</sup> The Other category for Residential Type for the Waiver includes six in Assisted Living Facility and 1 in a Foster Home. The Other Disability category for Primary Disability for the Waiver includes Downs Syndrome (20), Spina Bifida (7), Prader Willi (3), and Other (4). For CDC+ “Other” included Downs Syndrome (2) and Spina Bifida (1).

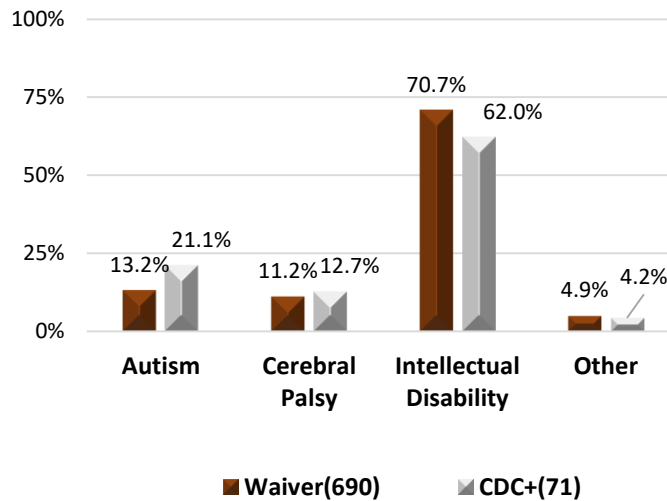
**Figure 1. Distribution of PCRs by Residential Type  
 July 2019 - December 2019**



**Figure 2. Distribution of PCRs by Age group  
 July 2019-December 2019**



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



### PCR My Life Interview (MLI)<sup>6</sup>



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 portion of the final sample of both PCRs and PDRs to be completed. Results should be viewed with

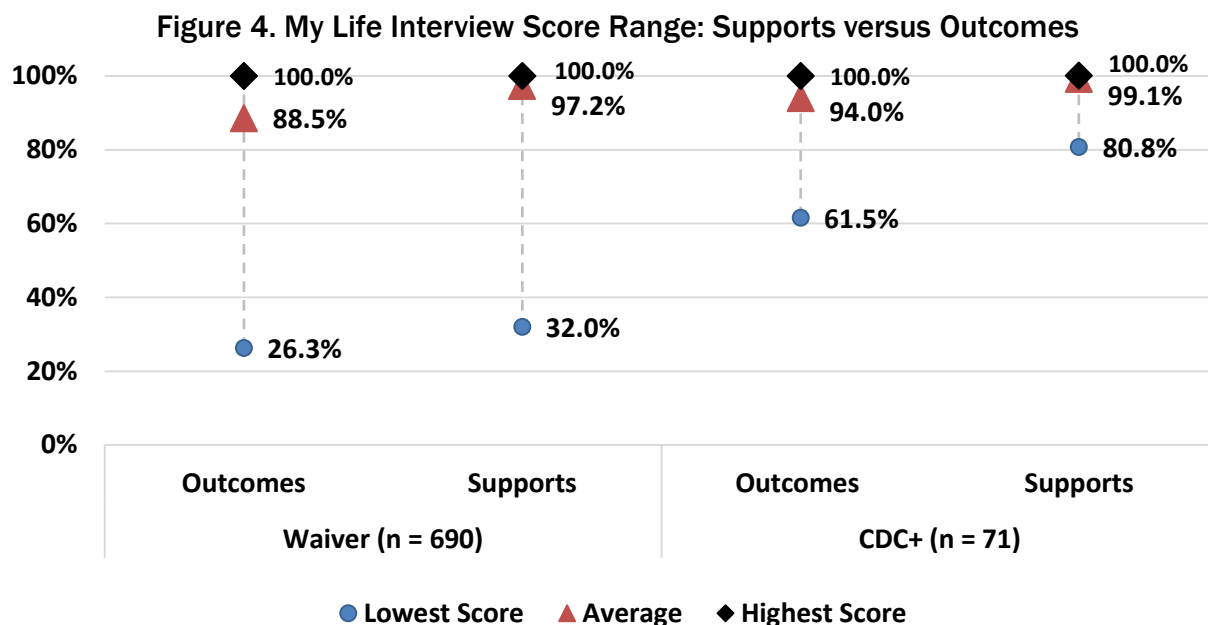
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<sup>6</sup> Some standards in the PCR and PDR may be weighted for calculating the overall provider's score. For example, standards measuring health and safety items are generally more important and therefore weigh heavier when calculating the provider's 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 present.

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 88.5 percent, somewhat lower than for CDC+ (94.0%). 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 second quarter, outcomes were generally higher than supports, more so for the Waiver than for CDC+. Differences were greatest in the southern part of the state for individuals receiving services through the Waiver, with supports over 10 percentage points higher in the Southern and Southeast Regions.

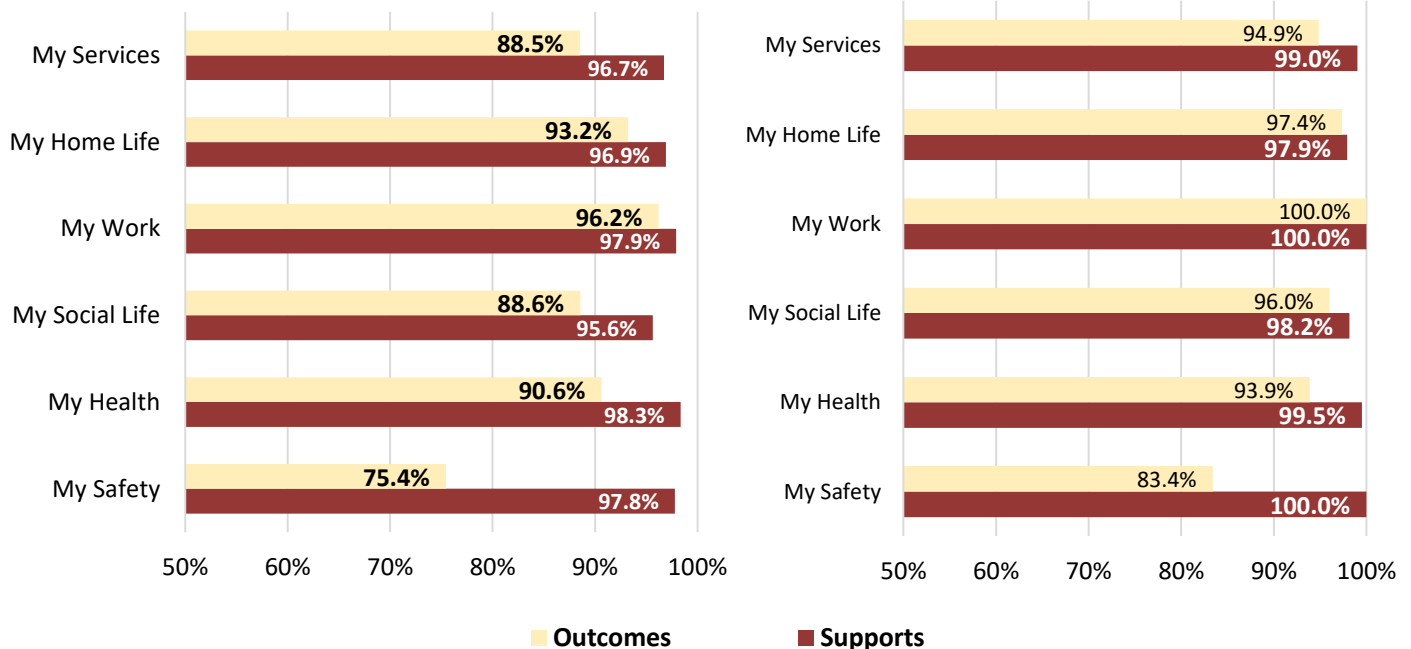
Region	Waiver (N = 690)			CDC+ (N = 71)		
	N	Outcomes	Supports	N	Outcomes	Supports
Northwest	45	89.1%	96.7%	3	91.3%	93.4%
Northeast	105	95.0%	98.0%	21	98.6%	98.6%
Central	142	89.9%	95.9%	16	98.5%	99.8%
Suncoast	145	88.0%	97.1%	11	88.2%	99.6%
Southeast	180	85.3%	98.4%	13	92.1%	99.4%
Southern	73	85.4%	96.3%	7	84.5%	100.0%
State	690	88.5%	97.2%	3	94.0%	99.1%

**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 supported across all life areas, but were less likely to meet outcomes related to safety. The greatest differences to date for both Waiver and CDC+ were for My Safety, in which Outcomes were 22 and 17 points lower than Supports, respectively

**Figure 5a. My Life Interview by Life Areas  
Waiver: July - December 2019 (n = 690)**

**Figure 5b. My Life Interview by Life Areas  
CDC+: July - December 2019 (n = 71)**



Analysis of the 27 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+.

Outcomes related to understanding medications, awareness of abuse, neglect and exploitation, and community integration were least likely to be present for individuals receiving services through the Wavier or CDC+. Table 5 displays the average percent met for each of these outcomes, as well as the reasons the indicators were scored not present. It should be noted that when an indicator is deemed “Not Met,” multiple reasons can be selected to explain why.

While outcomes within the My Life Area “My Health” scored relatively high overall (W: 90.6%; CDC+ 93.9%), the lowest scoring outcome for individuals receiving services through the iBudget Waiver programs was “I understand my medications” with scores of 58.5 percent met for individuals receiving Waiver services and 76.4 percent met for those on CDC+. Of the 249 (32.7%) individuals who did not meet this outcome, approximately 74 percent were not aware of potential side effects of the medication, 68 percent were not aware of the medications they take, and 65 percent were not aware of why their medications are prescribed.

Table 5. Low Scoring MLI Outcomes and Top 3 Reasons Not Met: July - December 2019						
Outcome	Waiver (N = 690)			CDC+ (N = 71)		
	# Met	# Not Met	% Met	# Met	# Not Met	% Met
<b>Rights- I understand my medications.</b>	332	236	58.5%	42	13	76.4%
<b>Not Met Reasons</b>	<b># of Times Selected</b>	<b>% of Not Present</b>		<b># of Times Selected</b>	<b>% of Not Present</b>	
I am not aware of potential side effects of my medications.	178	75.4%		6	46.2%	
I am not aware of the medications I take.	169	71.6%		7	53.8%	
I am not aware of why my medications are prescribed.	154	65.3%		8	61.5%	
<b>Safety - I understand what abuse, neglect and exploitation (ANE) mean.</b>	383	260	59.6%	49	15	76.6%
<b>Not Met Reasons</b>	<b># of Times Selected</b>	<b>% of Not Present</b>		<b># of Times Selected</b>	<b>% of Not Present</b>	
I do not understand all the different types of abuse (i.e. physical, emotional, verbal, sexual).	169	65.0%		14	93.3%	

I do not understand what exploitation means.	178	68.5%	8	53.3%		
I do not understand what neglect means.	157	60.4%	8	53.3%		
<b>Safety - I know what to do if abuse, neglect, or exploitation (ANE) occurs.</b>	429	211	67.0%	46	17	73.0%
<b>Not Met Reasons</b>	<b># of Times Selected</b>	<b>% of Not Presents</b>	<b># of Times Selected</b>	<b>% of Not Presents</b>		
I do not know where to find the Abuse Hotline number.	125	59.2%	11	64.7%		
I do not know what the Abuse Hotline is.	122	57.8%	9	52.9%		
I am not aware of what to do if ANE occurs.	90	42.7%	5	29.4%		
<b>Choice and Self Direction - I am an active and contributing member of my community.</b>	506	149	77.3%	62	6	91.2%
<b>Not Met Reasons</b>	<b># of Times Selected</b>	<b>% of Not Presents</b>	<b># of Times Selected</b>	<b>% of Not Presents</b>		
I do not understand how to develop and maintain social roles.	66	44.3%	3	50.0%		
I do not understand what social roles are.	65	43.6%	2	33.3%		
I do not understand all the different community groups or organizations available in my community.	66	44.3%	3	50.0%		

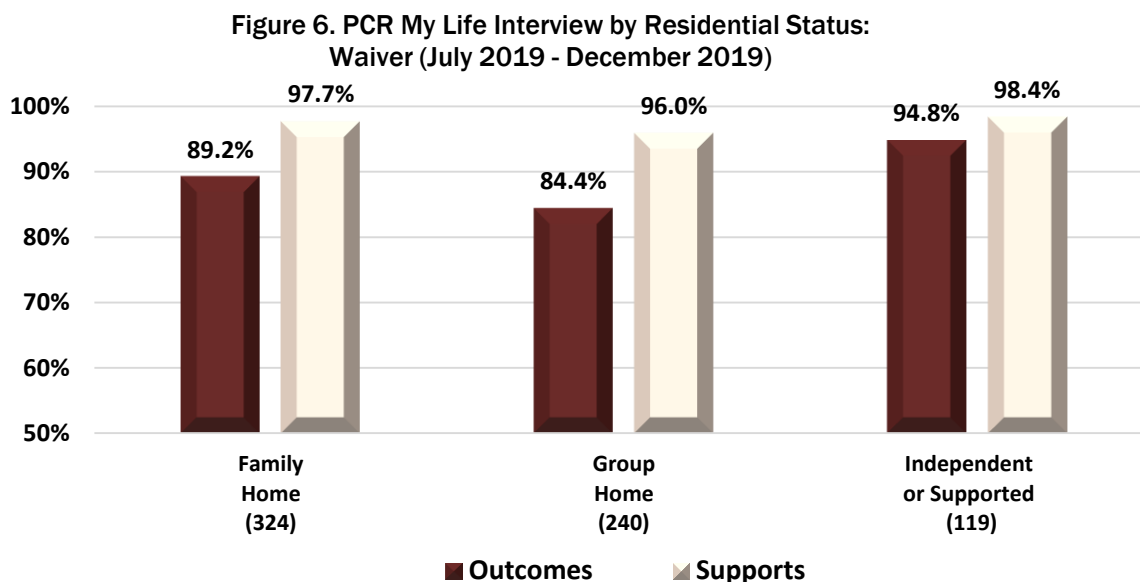
My Safety - the lowest scoring My Life Area - is largely affected by indicators having to do with abuse, neglect, and exploitation (ANE). People with disabilities may be particularly vulnerable to ANE and evidence suggests perpetrators are sometimes those closest to the person (i.e., caregivers). Accordingly, Qlarant does not allow for proxies to respond to questions related to ANE which may explain why scores related to ANE are lower than other safety standards where the input from family or caregivers is considered. Of the 275 individuals who did not understand the meaning of ANE, between 60 and 70 percent did not understand the meaning of exploitation (67.6%), neglect (60.0%), or the different types of abuse (i.e., sexual, physical (66.5%)). Further, of the 228 individuals who did not know what to do if ANE were to occur, 57 percent did not know what the Abuse Hotline was and 60 percent did not know where to find the Abuse Hotline number.

Only 77 percent of individuals receiving waiver services indicated they were active and contributing members of their communities – as opposed to 91 percent of individuals using CDC+. Not present reasons show approximately 44 percent of these individuals do not understand the meaning of social roles or how to develop and maintain them and do not understand the different community groups and organizations available within their communities.

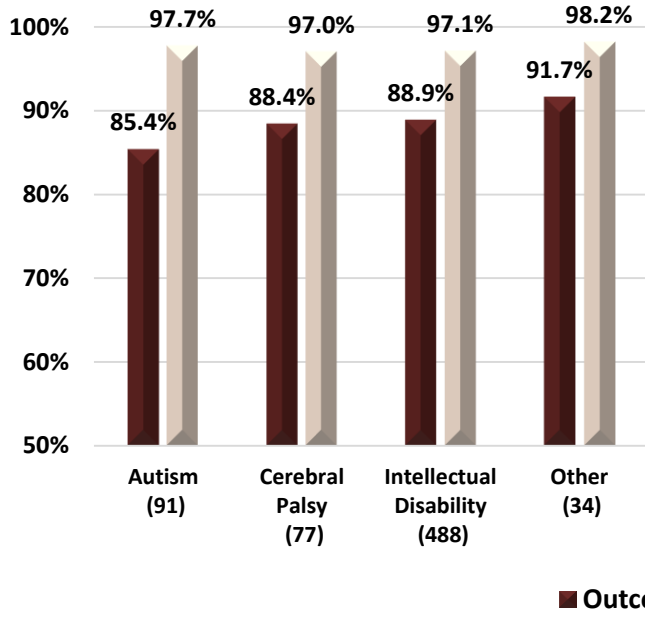
**PCR MLI Results by Residential Status, Disability and Age**

PCR MLI results are shown by residential setting, primary disability, and age group in Figures 6 – 8. Due to a low number of responses within each category, results by home type, other primary disability, and age are not presented for CDC+ participants. These results will be reported when more data are available. There is little variation across categories for supports; however, the following disparities are present for outcomes:

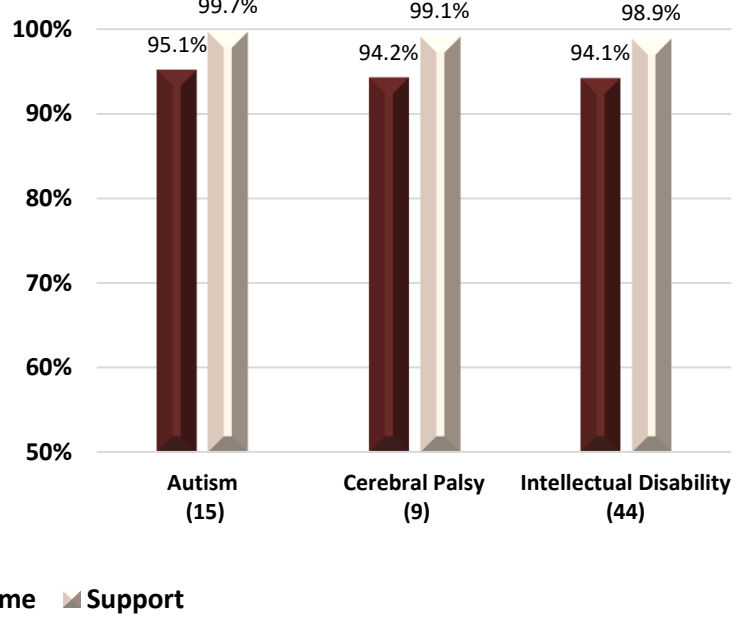
- Individuals receiving waiver services who live in independent or supported living settings are more likely to have outcomes present than people living in group or family homes.
- Individuals receiving waiver services who have Autism Spectrum Disorder were less likely to have outcomes present than individuals with other types of disabilities.



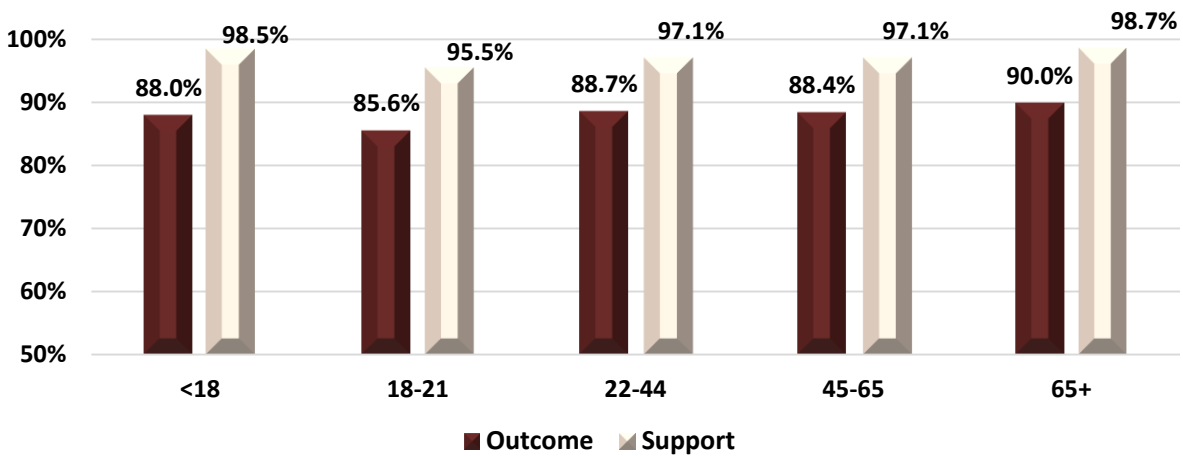
**Figure 7a. PCR My Life Interview  
 by Disability : Waiver (July 2019 - December 2019)**



**Figure 7b. PCR My Life Interview  
 by Disability : CDC+ (July 2019 - December 2019)**



**Figure 8. PCR My Life Interview by Age Group  
 Waiver (July 2019 - December 2019)**

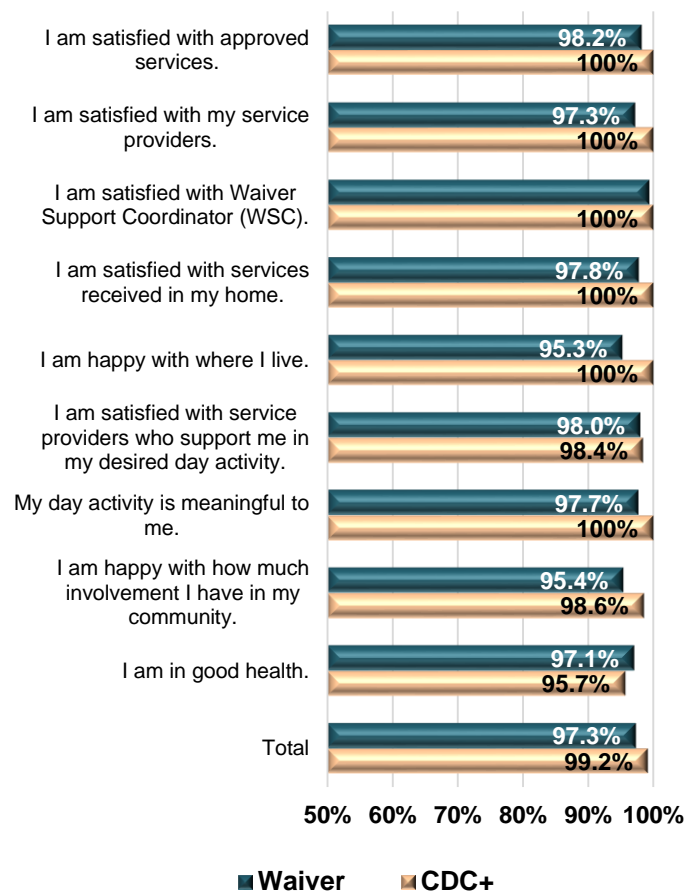


### PCR My Life Interview: Satisfaction

During the PCR, individuals are asked if they strongly agree, agree, disagree, or strongly disagree with a series of statements expressing satisfaction with various aspects of their lives, including their services, service providers, support coordinators, residence, and involvement in the community.

While the majority of individuals reported agreement with statements of satisfaction, a small percentage of individual’s expressed disagreement (Figure 9). Approximately five percent of individuals receiving waiver services disagreed with the statements “I am happy with where I live” and “I am happy with how much involvement I have in my community.” Among CDC+ participants, the greatest percentage (4.3%) of disagreement was with the statement “I am in good health.”

Figure 9. Satisfaction: Percent Agree or Strongly Agree



### 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 6 shows the percent of individuals who experienced one or more of these changes and Figure 10 shows the top reason(s) for the change for the two most common changes for individuals receiving services through the Waiver and CDC+.

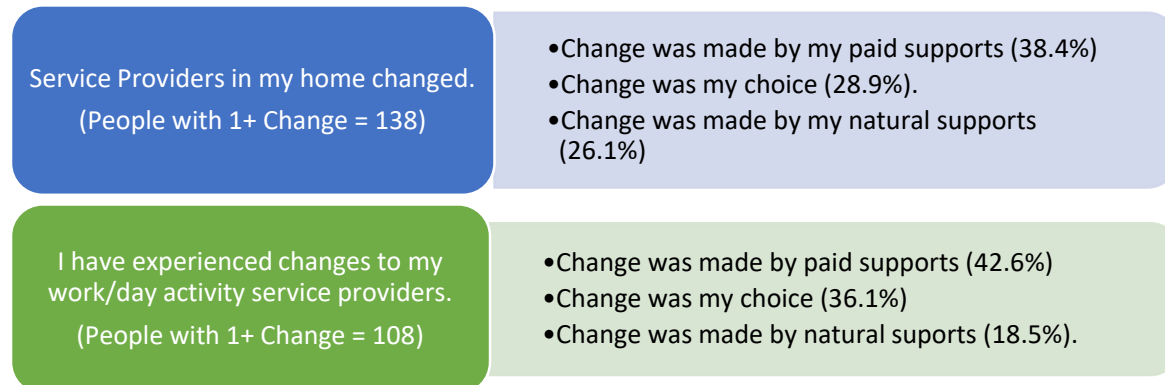
The most common source of change for individuals receiving services through the Waiver and for those using CDC+ was for service providers in their home. Approximately 20 percent of people receiving services through the Waiver and 17 percent through CDC+, interviewed to date, reported service providers changed in their home at least once over the 12-month period (Table 6). This change was most commonly made by paid supports (38.4%), by the person (28.9%), or by natural supports (26.1%) (Figure 10).

Changes in work/day activity was the second most common change for individuals receiving waiver services (17.2%) and third most common for individuals on CDC+ (7.1%). These changes were also most often made by paid supports (42.6%), the person (36.1%), or by the person’s natural supports (18.5%) (Figure 10).

Table 6. PCR My Life Interview: Stability (Percent with 1 or more changes) July – December 2019						
Within the past 12 months,	Waiver (N = 690)			CDC+ (N = 71)		
	#w/ 1+ change	# Applicable Responses	% w/ 1+ change	# / 1+ change	# Applicable Responses	% w/ 1+ change
I experienced changes in my WSC agency.	19	587	3.2%	1	65	1.5%
I experienced changes in my WSC.	86	686	12.5%	6	71	8.5%
I have changed employment.	16	302	5.3%	1	34	2.9%
I have experienced changes to my work/day activity service providers.	104	606	17.2%	4	56	7.1%
I have moved.	82	687	11.9%	2	71	2.8%
Service providers in my home have changed.	126	621	20.3%	12	69	17.4%
The services I receive have changed.	78	682	11.4%	6	71	8.5%

Figure 10. Two Most Common Changes and Reasons for Waiver and CDC+ Combined

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 Meted by APD Region in Table 7, and by standard for WSCs in Table 8 and CDC+ Consultants in Table 9. Findings indicate the following:

- Both WSCs and Consultants scored relatively high on the record reviews, with 95.6 percent and 98.3 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 Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted (85.0%).
  - The Support Coordinator documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents (85.1%).
- Of the 71 CDC+ Consultant records reviewed this quarter, 22 of the 39 standards reviewed were scored 100 percent. One CDC+ Consultant standard showed a score under 90 percent:
  - The CDC+ Consultant documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents (87.0%).

Table 7. WSC and CDC+ Consultant Record Review Results by APD Region						
July - December 2019						
	WSC			CDC+ C		
Region	# Records	# Indicators	% Met	# Records	# Indicators	% Met
Northwest	45	1,350	96.0%	3	117	100.0%
Northeast	105	3,150	93.9%	21	819	97.9%
Central	142	4,260	93.3%	16	624	97.9%
Suncoast	145	4,353	95.8%	11	429	99.4%
Southeast	180	5,400	97.3%	13	507	99.0%
Southern	73	2,190	97.7%	7	273	96.7%
<b>State Average</b>	<b>690</b>	<b>20,703</b>	<b>95.6%</b>	<b>71</b>	<b>2,769</b>	<b>98.3%</b>

Table 8. WSC Record Review Results by Standard		
July – December 2019		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	688	96.1%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	689	95.1%
Level of care is completed accurately using the correct instrument/form.	690	93.2%
Person receiving services is given a choice of waiver services or institutional care at least annually.	690	96.4%
The Support Plan is updated within 12 months of the person's last Support Plan.	681	99.4%
The current Annual Report is in the record.	683	91.4%
The Support Plan is updated/revised when warranted by changes in the needs of the person.	285	98.2%
WSC documents a copy of the Support Plan is provided to the person or legal representative within 10 days of the Support Plan effective date.	690	97.5%
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.	672	94.3%
Support Plan includes supports and services consistent with assessed needs.	690	99.7%
Support Plan reflects support and services necessary to address assessed risks.	676	99.7%
Support Plan includes a current Safety Plan.	23	100.0%
Support Plan reflects the personal goals/outcomes of the person.	690	99.6%
The current Support Plan includes natural, generic, community and paid supports for the person.	690	98.6%
WSC documentation demonstrates current, accurate, and approved Service Authorizations are issued to service provider(s).	682	97.8%
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.	673	91.1%
The Support Coordinator is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	689	99.9%
The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted.	685	85.0%
The Support Coordination Progress Notes demonstrate required monthly contact/activities were completed and are in the record.	690	95.5%
For individuals in supported living arrangements Progress Notes demonstrate required activities are covered during each quarterly home visit.	121	93.4%
For persons living in Supported Living Arrangements the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider.	115	97.4%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis.	686	98.5%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing among waiver service providers on an ongoing basis.	688	98.1%

Table 8. WSC Record Review Results by Standard		
July – December 2019		
Standard	Number Reviewed	Percent Met
The Support Coordinator documents ongoing efforts to assist the person/legal representative to know about rights.	689	92.7%
The Support Coordinator documents ongoing efforts to ensure the person’s health and health care needs are addressed.	690	95.8%
The Support Coordinator documents ongoing efforts to ensure the person’s behavioral/emotional health needs are addressed.	485	96.7%
The Support Coordinator documents ongoing efforts to ensure the person’s safety needs are addressed.	689	97.1%
The Support Coordinator bills for services after service is rendered.	689	96.8%
The Support Coordinator documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents.	690	85.1%
The Support Coordinator documents information about the person’s history regarding abuse, neglect, and/or exploitation on an ongoing basis to address identified needs.	489	91.6%
<b>Average WSC Record Review Score</b>	<b>17,987</b>	<b>95.6%</b>

Table 9. CDC+ Consultant Results by Standard		
July – December 2019		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	71	100%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	71	100%
Level of care is completed accurately using the correct instrument/form.	71	98.6%
Person receiving services is given a choice of waiver services or institutional care at least annually.	71	100%
The Support Plan is updated within 12 months of the person's last Support Plan.	71	98.6%
The current Annual Report is in the record.	70	97.1%
The Support Plan is updated/revised when warranted by changes in the needs.	30	96.7%
Support Plan includes supports and services consistent with assessed needs.	71	100%
Support Plan reflects supports and services necessary to address assessed risks.	71	98.6%
Support Plan includes a current Safety Plan.	2	100%
Support Plan reflects the personal goals of the person.	71	100%
The current Support Plan includes natural, generic, community and paid supports for the person.	71	100%

Table 9. CDC+ Consultant Results by Standard		
July – December 2019		
Standard	Number Reviewed	Percent Met
Services are delivered in accordance with the Cost Plan.	71	100%
The Consultant is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	71	100%
Completed/signed Participant-Consultant Agreement is in the record.	71	98.6%
Completed/signed CDC+ Consent Form is in the record.	71	100%
Completed/signed Participant-Representative Agreement is in the record.	71	100%
All applicable completed/signed Purchasing Plans are in the record.	71	95.8%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	69	100%
All applicable completed/signed Quick Updates are in the Record.	36	100%
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	42	100%
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	65	100%
Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	61	100%
Consultant has taken action to correct any overspending by the Participant.	3	100%
If applicable, Consultant initiates Corrective Action.	1	100%
Completed/signed Corrective Action Plan is in the record.	1	100%
If applicable, an approved Corrective Action Plan is being followed.	1	100%
The Emergency Backup Plan is in the record and reviewed annually.	71	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.	68	94.1%
The Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted.	69	91.3%
The Consultant documents ongoing efforts to assist the person/legal representative to know about rights.	70	98.6%
The Consultant documents ongoing efforts to ensure the person's health and health care needs are addressed.	70	98.6%
The Consultant documents ongoing efforts to ensure the person's behavioral/emotional health needs are addressed.	53	98.1%
The Consultant documents ongoing efforts to ensure the person's safety needs are addressed.	69	97.1%
The Consultant documents information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis to address identified needs.	59	98.3%
The Consultant documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents.	70	87.1%

Table 9. CDC+ Consultant Results by Standard		
July – December 2019		
Standard	Number Reviewed	Percent Met
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.	71	97.2%
The Consultant bills for services after services are rendered.	71	100%
Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	71	98.6%
<b>Average PCR CDC+ Consultant Result</b>	<b>2,220</b>	<b>98.3%</b>

### 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 December 2019, 95 Representatives were reviewed. Results are preliminary and Meted by region in Table 10 and by standard in Table 11. To date, there is very little variation across regions. The lowest scoring indicators include the following:

- Background screening results for all Independent Contractors who render direct care are available for review (85.7%).
- The CDC+ Representative maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse (78.8%).
- Accurate, signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review (82.8%).
- Background screening results for all Directly Hired Employees (DHE’s) who render direct care are available for review (87.4%).

Table 10. CDC+ Representative Record Review Results by APD Region			
July – December 2019			
Region	# Reviews	# Indicators	% Met
Northwest	10	200	92.9%
Northeast	33	662	94.0%
Central	17	340	93.0%
Suncoast	11	220	97.0%
Southeast	16	320	93.9%
Southern	8	160	85.8%
<b>State</b>	<b>95</b>	<b>1902</b>	<b>93.3%</b>

Table 11. CDC+ Representative Results by Standard		
July – December 2019		
Standard	Number Reviewed	Percent Met
Accurate, signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	87	82.8%
Signed and approved Invoices for Vendor Payments are available for review.	52	92.3%
Signed and approved receipts/statement of “Goods and Services” for reimbursement items are available for review.	22	100.0%
Copies of Support Plan(s) are available for entire period of review.	95	95.8%
Monthly Statements are available for review.	94	100.0%
Documentation is available to support the reconciliation of Monthly Statements.	92	89.1%
The Participant obtains services consistent with stated/documented needs and goals.	95	100.0%
The Participant makes purchases consistent with the Purchasing Plan.	95	97.9%
Complete and signed Participant/ Representative Agreement is available for review.	95	96.8%
Complete Employee Packets for all Directly Hired Employees are available for review.	87	95.4%
Complete Vendor Packets for all vendors and independent contractors are available for review.	61	93.4%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	89	89.9%
All applicable signed and approved Purchasing Plans are available for review.	94	95.7%
All applicable signed and approved Quick Updates are available for review.	48	97.9%
Emergency Backup Plan is complete and available for review.	95	94.7%
Corrective Action Plan (if applicable) is available for review.	3	100.0%

Table 11. CDC+ Representative Results by Standard		
July - December 2019		
Standard	Number Reviewed	Percent Met
The CDC+ Representative maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	85	78.8%
Copies of approved Cost Plan(s) are available for entire period of review.	95	98.9%
Background screening results for all Directly Hired Employees (DHE's) who render direct care are available for review.	87	87.4%
Background screening results for all Independent Contractors who render direct care are available for review.	42	85.7%
Accurate, signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	87	82.8%
Average CDC+ Representative Record Review Score	1,555	93.1%

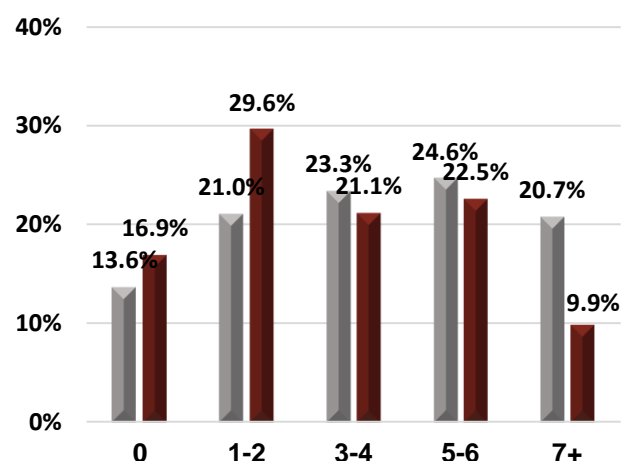
### Health Summary



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.

Figure 11 shows the percent of people receiving services through the Waiver or CDC+ who were taking medications, by the number of medications taken (Figure 11). People using CDC+ were less likely to take multiple (3 or more) medications and just over 20 percent of people receiving services through the Waiver were taking seven or more prescription medication. 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).<sup>7</sup>

Figure 11. Number of Prescriptions by Waiver Type: July - December 2019

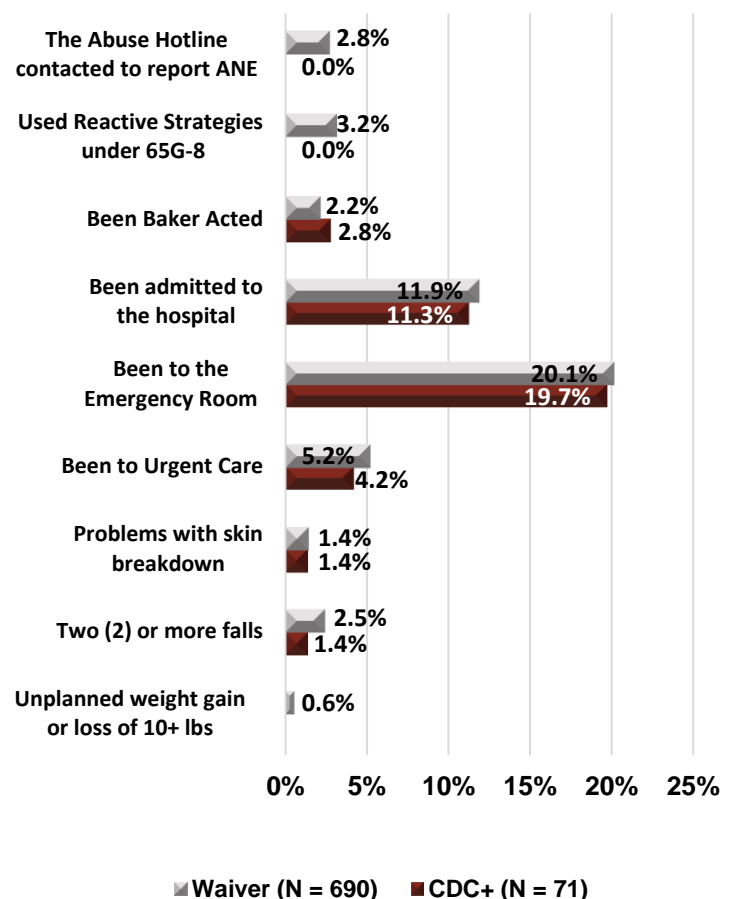


<sup>7</sup> The list of medications captured in the Health Summary was revised July 1, 2018. Dozens of medications which were previously captured in the 'Other' category were added to the list of medications in the Health Summary.

Figure 12 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.

While only a small percentage of individuals experienced the other significant health events listed in Figure 15, these events are critical and worth noting. Among individuals receiving iBudget waiver (Waiver and CDC+), 2.5 percent had the abuse hotline contacted to report ANE, 2.9 percent had reactive strategies employed, 2.2 percent were baker acted, 5.1 percent went to an urgent care center, 1.4 percent had problems with skin breakdown, 2.4 percent had two or more falls, and less than one percent either lost or gained more than 10 lbs without trying.

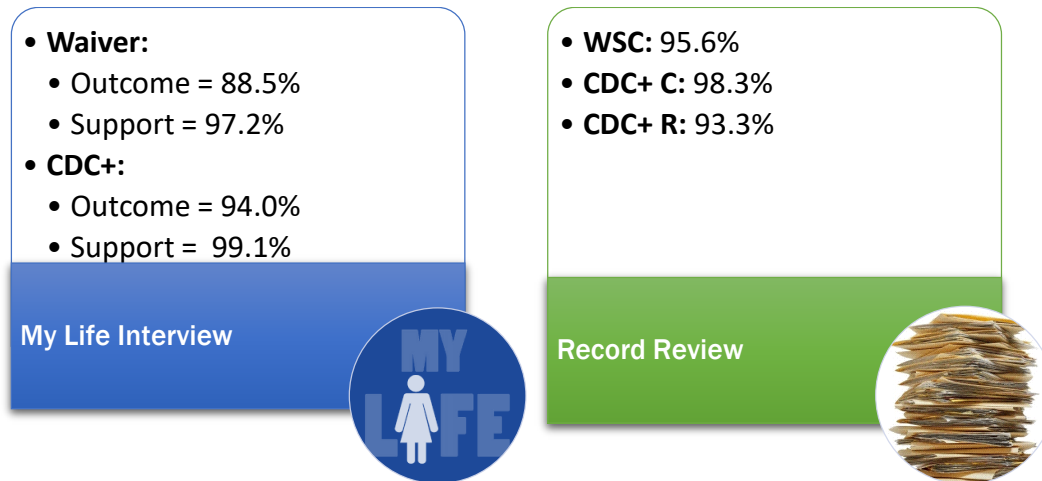
**Figure 12. Significant Health Events  
 In the past 12 months the person had:**



**PCR Summary Results**

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

Figure 13. PCR Summary



### Provider Discovery Reviews (PDR)<sup>8</sup>

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



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

<sup>8</sup> 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)

<sup>9</sup> Deemed providers are permitted to skip one year for the PDR. Deemed is currently 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.

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 December 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.

Table 12. Number of PDRs by 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

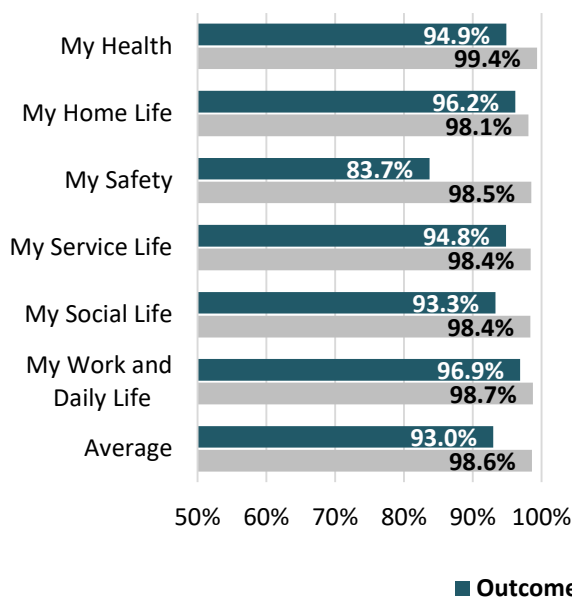


The PDR for service providers uses an interview with individuals receiving services from the provider to determine, from the person’s perspective, how well services are provided and if outcomes are met. Standards for the PDR MLI are the same as for the PCR MLI.<sup>10 11</sup> Figure 14 displays findings from the PDR MLI for each Life Area (n = 584), by outcomes and supports, and Figure 15 provides results by region. With the exception of My Safety outcomes (83.7%), scores in all areas and across all regions were above 90 percent.

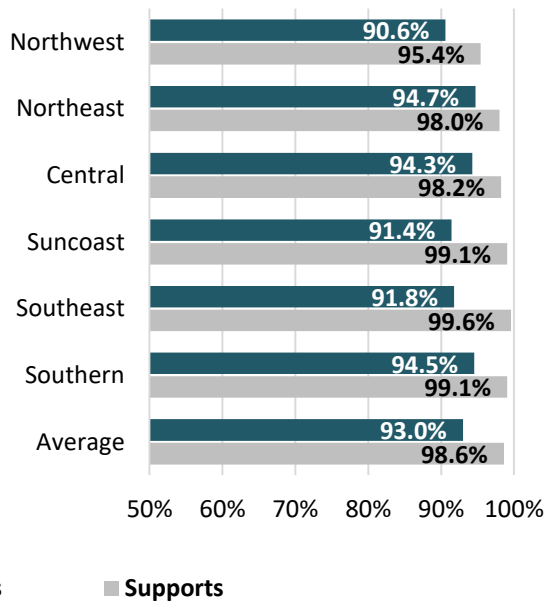
<sup>10</sup> All PCR and PDR tools can be viewed on the Qlarant website:  
<https://florida.qlarant.com/Public2/resourceCenter/providers/discoveryReviewTools/index.html>

<sup>11</sup> See the PCR My Life Interview Section for a more detailed description of the interview standards. Some standards do not apply to all services reviewed during the PDR.

**Figure 14. PDR My Life Interview  
 by Life Areas  
 July - December 2019**



**Figure 15. PDR My Life Interview  
 by APD Region  
 July - December 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.

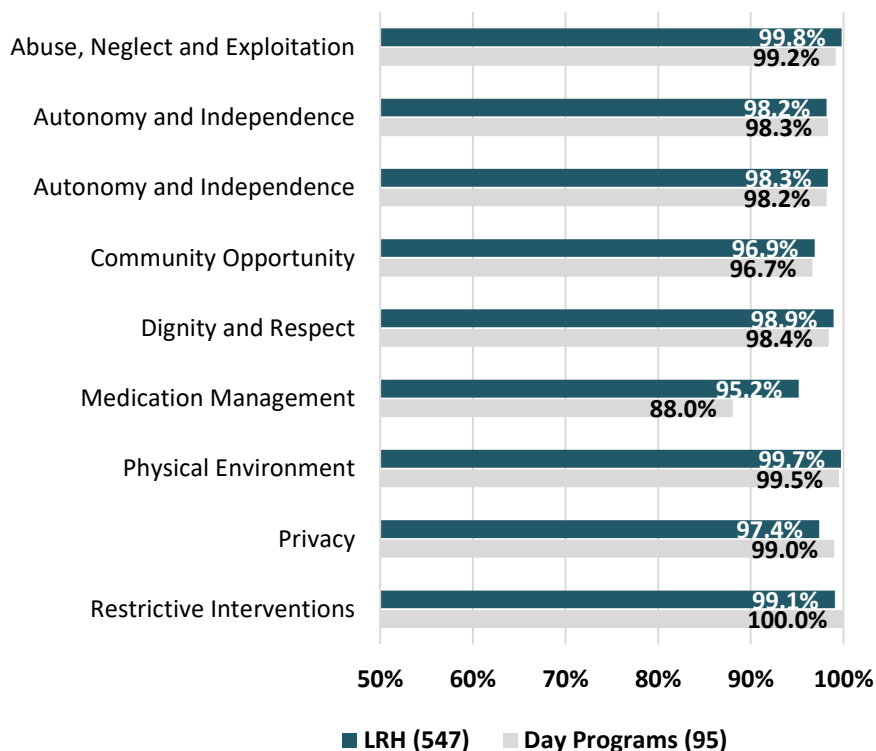


Observations were completed at 95 Day Program locations and 547 LRHs. PDR Observation scores are shown by region and type of location in Table 13. The number of Observations completed during the first two quarters, particularly for day programs, is small so comparisons across regions or standards should 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 – December 2019				
Region	LRH		Day Programs	
	# OBS	% Present	# OBS	% Present
Northwest	23	99.3%	7	100%
Northeast	108	98.2%	17	98.8%
Central	99	97.7%	12	96.9%
Suncoast	122	98.4%	35	98.7%
Southeast	109	99.0%	14	99.3%
Southern	86	98.2%	10	96.8%
<b>State</b>	<b>547</b>	<b>98.3%</b>	<b>95</b>	<b>98.4%</b>

Observations are shown by standard and location in Figure 16. Scores are generally high across all the standards, with one exception over 95 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 16: Observation by Standard and Location  
July - December 2019**



**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 are presented separately for WSCs and service providers.<sup>12</sup> Most of the P&P tool applies to agency providers (n=682); however, some questions may also be asked of solo providers (n=300). Service providers reviewed this quarter averaged 94.0 percent compliance with Policy and Procedure requirements, the WSC average was somewhat higher (97.2%).

Table 14. PDR Service Provider Policies and Procedures Results by Standard				
July - December 2019				
P&P Standard	Service Providers (N = 728)		WSC 254 (N = 254)	
	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.	16	100%	NA	NA
Agency vehicles used for transportation are properly insured.	255	98.0%	NA	NA
Agency vehicles used for transportation are properly registered.	259	96.9%	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.	618	97.9%	63	98.4%
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.	619	97.7%	63	98.4%
The provider maintains written policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening.	619	90.5%	63	96.8%
The provider maintains written policies and procedures detailing hours and days of operation and the notification process to be used if the provider is unable to provide services for a specific time and day scheduled.	618	90.1%	63	96.8%

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

<b>Table 14. PDR Service Provider Policies and Procedures Results by Standard</b>				
<b>July – December 2019</b>				
<b>P&amp;P Standard</b>	<b>Service Providers (N = 728)</b>		<b>WSC 254 (N = 254)</b>	
	<b>Standards Reviewed</b>	<b>% Met</b>	<b>Standards Reviewed</b>	<b>% Met</b>
The provider maintains written policies and procedures detailing how the provider will ensure the individuals' medications are administered and handled safely.	435	97.2%	NA	NA
The provider maintains written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider.	618	91.9%	63	98.4%
The provider maintains written policies and procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues.	619	98.7%	63	98.4%
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.	619	81.3%	63	95.2%
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.	467	93.8%	NA	NA
The provider maintains written policies and procedures in compliance with 65G-8.003 (Reactive Strategy Policy and Procedures).	156	98.1%	NA	NA
The provider addresses all incident reports.	410	96.8%	194	99.0%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	136	97.1%	72	100%
All instances of abuse, neglect, and exploitation are reported.	132	95.5%	70	98.6%
The provider identifies addresses and reports all medication errors.	106	97.2%	NA	NA
The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	725	93.8%	248	94.0%
If provider operates Enhanced Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	2	100%	NA	NA
<b>Average Policies and Procedures</b>	<b>7,429</b>	<b>94.0%</b>	<b>1,025</b>	<b>97.2%</b>

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 – December 2019								
	Service Providers				WSCs			
	Agency		Solo		Agency		Solo	
Region	# PDRs	% Met	# PDRs	% Met	# PDRs	% Met	# PDRs	% Met
Northwest	27	94.4%	24	92.3%	4	100.0%	14	100.0%
Northeast	103	92.8%	37	89.1%	9	99.0%	28	98.6%
Central	109	94.3%	21	85.7%	9	91.0%	53	92.1%
Suncoast	165	94.2%	18	78.3%	9	100.0%	31	94.7%
Southeast	121	95.0%	10	0.0%	20	100.0%	50	96.0%
Southern	92	94.6%	1	0.0%	14	98.5%	13	100.0%
<b>State</b>	<b>617</b>	<b>94.2%</b>	<b>111</b>	<b>86.9%</b>	<b>65</b>	<b>98.3%</b>	<b>189</b>	<b>95.6%</b>

### Qualifications and Training Requirements



WSCs and all Direct Service Providers are required to have certain training and education completed in order to render specific services. For each service provider and WSC, several employee records are reviewed. The total number of employee records sampled varies, depending on the number of people receiving services. Of the 728 providers and 254 WSCs who participated in a PDR between July and December 2019, Qlarant reviewed 1,886 and 351 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.

Support Coordinators scored over 90 percent on all standards. Service providers scored lower than 80 percent on four standards:

- The Personal Support provider completes four hours of annual in-service training related to the specific needs of at least one person currently served (71.3%).
- The Life Skills Development 1 provider completes 4 hours of annual in-service training related to the specific needs of at least one person currently receiving services (77.0%).

- The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services (77.9%).
- The provider received training in Requirements for all Waiver Providers (79.1%).

<b>Table 16. PDR Qualifications and Training Service Provider Results by Standard</b>			
<b>July – December 2019</b>			
<b>Standard</b>	<b># Records Reviewed</b>	<b># Providers</b>	<b>% Providers w/ Standard Met</b>
The provider received training in Zero Tolerance.	1,885	728	92.3%
The provider received training in Basic Person Centered Planning.	551	341	94.7%
The provider received training on Individual Choices, Rights and Responsibilities	556	341	96.2%
The provider received training in Requirements for all Waiver Providers	1,867	728	79.1%
The provider received training in HIPAA.	1,884	728	83.8%
The provider received training in HIV/AIDS/Infection Control.	1,829	721	80.0%
The provider maintains current CPR certification.	1,830	721	88.6%
The provider received training in First Aid.	1,827	721	82.8%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	826	370	96.8%
The provider maintains current medication administration validation.	826	371	93.8%
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).	291	132	91.7%
Drivers of transportation vehicles are licensed to drive vehicles used.	1,416	652	99.2%
Personal vehicles used for transportation are properly insured.	976	504	91.9%
Personal vehicles used for transportation are properly registered.	974	504	92.9%
The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.	17	14	100%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	532	356	94.7%
The provider has completed standardized, pre-service training for Life Skills Development Level 2.	103	86	98.8%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	121	68	95.6%

<b>Table 16. PDR Qualifications and Training Service Provider Results by Standard</b>			
<b>July – December 2019</b>			
<b>Standard</b>	<b># Records Reviewed</b>	<b># Providers</b>	<b>% Providers w/ Standard Met</b>
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	895	489	91.6%
The provider meets all minimum educational requirements and levels of experience for Respite.	218	164	90.9%
The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care.	1	1	100%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	214	182	97.3%
The provider completed required Supported Living Pre-Service training.	213	182	97.8%
The Supported Living Coach completed Introduction to Social Security Work Incentives.	204	176	85.8%
The provider received training in Direct Care Core Competencies.	1,344	605	94.2%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	57	40	97.5%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	19	16	100%
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.	18	15	100%
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.	469	330	77.0%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	103	86	96.5%
The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment.	95	81	80.2%
The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services.	91	55	81.8%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	605	253	94.9%
The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	511	240	77.9%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	149	68	94.1%
The Residential Habilitation - Behavior Focus provider has completed at least 20 contact hours of instruction in a	149	68	95.6%

<b>Table 16. PDR Qualifications and Training Service Provider Results by Standard</b>			
<b>July – December 2019</b>			
<b>Standard</b>	<b># Records Reviewed</b>	<b># Providers</b>	<b>% Providers w/ Standard Met</b>
curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.			
The Residential Habilitation - Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.	122	62	93.5%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	24	15	100%
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.	23	14	92.9%
The Supported Living Coach provider completes eight hours of annual in-service training.	192	168	81.0%
The Personal Support provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	770	464	71.3%
The Residential Habilitation - Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics.	17	11	81.8%
The provider has completed all aspects of required Level II Background Screening.	1,885	728	85.3%
The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	1,872	725	91.7%
The provider received training in Direct Care Core Competency. (Old)	545	337	96.7%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation- Enhanced Intensive Behavior.	4	2	100%
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.	2	2	100%

Table 17. PDR Qualifications and Training WSC Results by Standard			
July - December 2019			
Standard	# Records Reviewed	# WSCs	% WSCs w/ Standard Met
The provider received training in Zero Tolerance.	351	254	95.7%
The provider received training in Basic Person Centered Planning.	325	243	98.4%
The provider received training on Individual Choices, Rights and Responsibilities	60	50	100%
The provider received training in Requirements for all Waiver Providers	348	253	92.5%
The provider received training in HIPAA.	350	254	91.3%
The provider received training in HIV/AIDS/Infection Control.	350	254	91.7%
The provider maintains current CPR certification.	351	254	92.9%
The provider received training in First Aid.	351	254	92.9%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	2	2	100%
The provider maintains current medication administration validation.	1	1	100%
The provider received training in an Agency approved curriculum for behavioral emergency procedures consistent with the requirements of the Reactive Strategies rule (65G-8, FAC).	2	2	100%
Drivers of transportation vehicles are licensed to drive vehicles used.	45	33	100%
Personal vehicles used for transportation are properly insured.	28	22	90.9%
Personal vehicles used for transportation are properly registered.	28	22	100%
The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	104	86	100%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	349	252	100%
The Support Coordinator completed required Statewide pre-service training.	349	252	99.6%
The Support Coordinator completed required Region Specific training.	345	252	98.8%
The Support Coordinator completed Introduction to Social Security Work Incentives.	341	252	92.9%
The Support Coordinator completes 24 hours of job related annual in-service training.	332	251	96.4%
The provider received training in Direct Care Core Competencies.	157	119	96.6%
The provider has completed all aspects of required Level II Background Screening.	351	254	92.9%

Table 17. PDR Qualifications and Training WSC Results by Standard			
July - December 2019			
Standard	# Records Reviewed	# WSCs	% WSCs w/ Standard Met
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.	346	249	94.0%
The provider received training in Direct Care Core Competency. (Old)	203	162	100%

### Service Specific Record Review Results (SSRR)

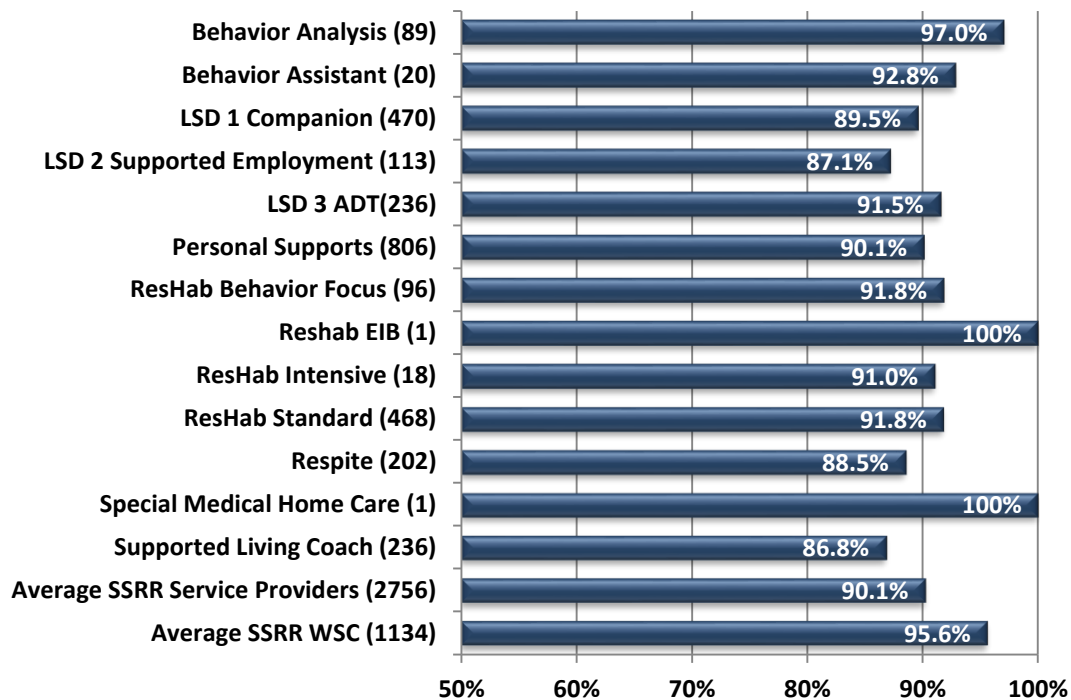


During the PDR, a sample of individuals is used to review records for each service offered by the provider. The number of records reviewed depends upon the size of the organization and the number of services provided, with at least one record per service included. The SSRR tool includes a review of standards specific to each service. There were 2,756 SSRRs completed between July and December 2019 as part of the 728 PDRs for service providers, scoring 45,154 standards, and 1,134 SSRRs completed as part of the 254 WSC PDRs, scoring 29,453 standards.

### **SSRR by Service and Region**

SSRR results are presented by service in Figure 17 and by region in Table 18. Comparisons by service 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 two quarters indicate service providers scored lower than WSCs, with four of the 13 services showing a score less than 90 percent met. There is some variation across regions.

**Figure 17. Service Specific Record Reviews  
 Percent Met by Service  
 July 2019- December 2019**



**Table 18. PDR Service Specific Record Review Results by APD Region  
 July – December 2019**

Region	Service Providers			WSCs		
	# Records Reviewed	Weighted Score	Percent Met	# Records Reviewed	Weighted Score	Percent Met
Northwest	191	92.4%	91.8%	72	96.2%	96.2%
Northeast	509	87.6%	87.5%	176	93.7%	93.2%
Central	484	91.1%	90.5%	224	93.7%	93.5%
Suncoast	747	88.8%	88.0%	235	95.4%	94.7%
Southeast	487	93.6%	93.5%	295	97.3%	97.0%
Southern	338	93.6%	92.8%	132	97.8%	97.7%
<b>State</b>	<b>2,756</b>	<b>90.7%</b>	<b>90.1%</b>	<b>1,134</b>	<b>95.6%</b>	<b>95.2%</b>

**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 two quarters, with the service provided in parentheses, were for compliance with:

- Submitting documentation to the Waiver Support Coordination (Behavior Assistant, Supported Living Coaching, Residential Habilitation Behavior Focus and Intensive Behavioral)
- The current Employment Stability Plan covering services provided and billed during the period under review contains all required components (LSD 2 – Supported Employment).
- A Quarterly Summary covering services provided and billed during the period under review is in the record (Supported Living Coaching)
- Documenting ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents (Supported Living Coaching, Residential Habilitation Standard and Behavior Focus)

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 December 2019, 227 alerts were recorded for service providers with an additional 30 reported for WSCs for a total of 257 alerts (Table 19). The highest proportions of alerts was 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).

<b>Alert Type</b>	<b>Number</b>	<b>Percent</b>
Abuse, Neglect, & Exploitation	2	0.8%
Background Screening	83	32.3%
Clearinghouse Roster	74	28.8%
Driver’s License/Insurance	10	3.9%
Health & Safety	2	0.8%
Medication Admin/Training	23	8.9%
Medication Storage	53	20.6%

Table 19. Alerts by Type July – December 2019		
Alert Type	Number	Percent
Rights	8	3.1%
Vehicle Insurance	2	0.8%
Total Alerts	257	100%

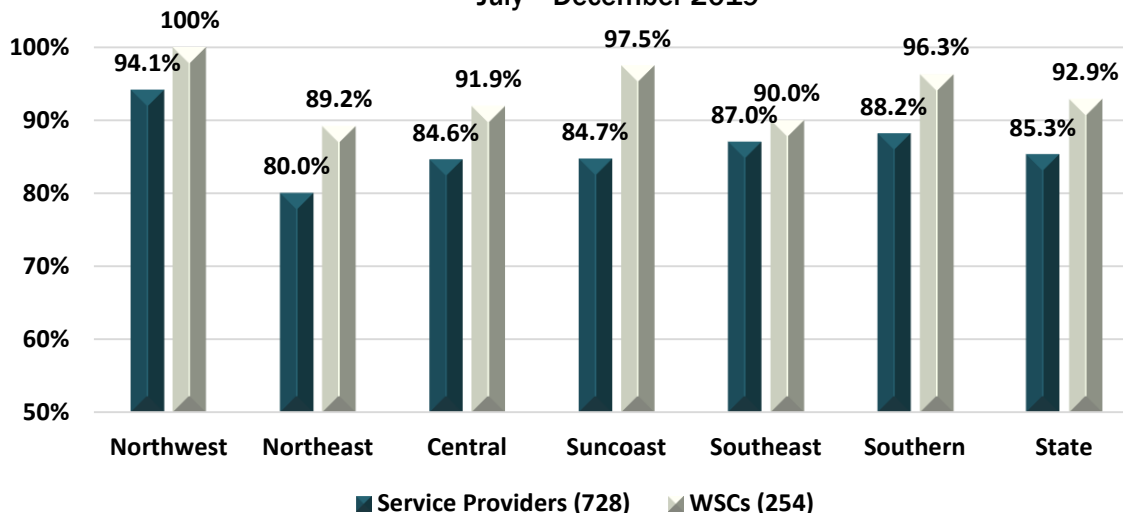
### Background Screening



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 18) shows the percent of service providers and WSCs compliant with all background screening documentation requirements, by region. For staff records reviewed during the first two quarters, service providers were less likely to have all the required background documentation in place than were WSCs. Providers in the Northeast Region were least likely to have all background documentation in place (80% Met).

**Figure 18. Percent of Providers with all Background Standards Met  
July - December 2019**



### 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 19. Findings for the first

two quarters were similar to previous years showing greater compliance for WSCs across all regions. On average, WSC compliance was approximately 23 points higher than for service providers. Billing compliance for service providers ranged from 41.5 percent in Suncoast to 62.3 percent in Central.

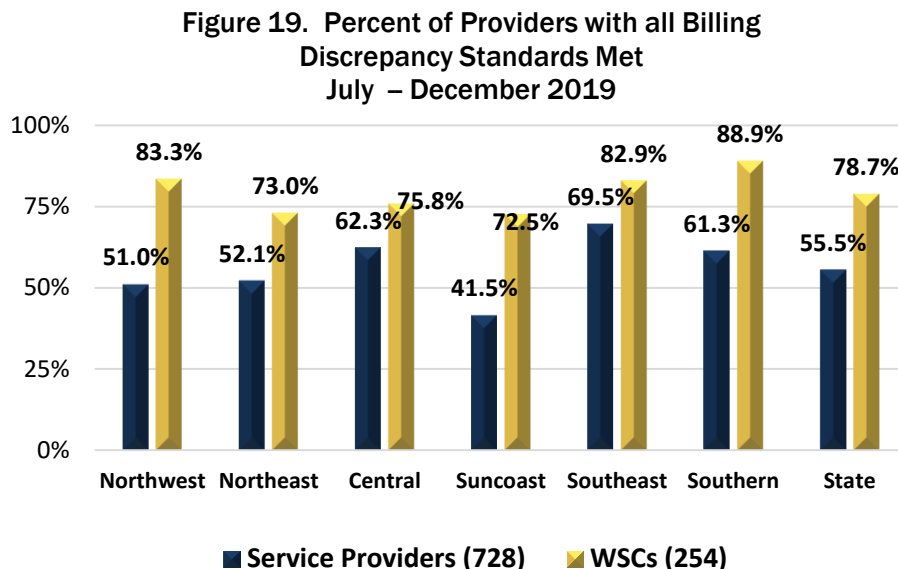


Table 20 provides the percent of records reviewed, by service, with all potential billing discrepancy standards scored met. For providers reviewed during the first two quarters, approximately 78 percent of billing standards were scored met, the lowest compliance shown for Supported Living Coaching (58.9%).<sup>13</sup> Four other services showed compliance rates lower than 70 percent: Respite, Companion (LSD 1), Supported Employment (LSD 2), and Personal Supports.

Table 20: Potential Billing Discrepancies (BD) by Service July – December 2019		
Service	# of Records Reviewed	% of Records w/ all BD Met
Behavior Analysis	89	88.8%
Behavior Assistant	20	70.0%
CDC+ Consultant	70	97.1%
CDC+ Consultant UA	31	96.8%
Life Skills Development 1 (Companion)	470	66.0%
Life Skills Development 2 (SEC)	113	62.8%
Life Skills Development 3 (ADT)	236	80.9%
Personal Supports	806	64.3%
Residential Habilitation Behavior Focus	96	90.6%

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

<b>Table 20: Potential Billing Discrepancies (BD) by Service</b>		
<b>July - December 2019</b>		
<b>Service</b>	<b># of Records Reviewed</b>	<b>% of Records w/ all BD Met</b>
Residential Habilitation EIB	1	100.0%
Residential Habilitation Intensive Behavioral	18	83.3%
Residential Habilitation Standard	468	91.0%
Respite	202	62.4%
Special Medical Home Care	1	100.0%
Support Coordination	694	92.5%
Support Coordination UA	440	92.3%
Supported Living Coaching	236	58.9%
<b>Total # of Records Reviewed</b>	<b>3,991</b>	<b>78.3%</b>

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 between July and December 2019, the highest score in every region is 100 percent. The lowest service provider score, 18.2 percent, was for a provider reviewed in the Northeast Region and the lowest WSC score was in the Central Regions (27.3%).

<b>Table 21. Overall Provider Scores by APD Region</b>			
<b>July - December 2019</b>			
<b>Region</b>	<b>Lowest</b>	<b>Average<sup>14</sup></b>	<b>Highest</b>
Northwest	57.0%	91.7%	100%
Northeast	18.2%	87.6%	100%

<sup>14</sup> 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 21. Overall Provider Scores by APD Region			
July - December 2019			
Region	Lowest	Average <sup>14</sup>	Highest
Central	50.0%	89.4%	100%
Suncoast	43.8%	89.1%	100%
Southeast	49.1%	92.6%	100%
Southern	61.3%	92.4%	100%

Table 22. Overall WSC Scores by APD Region			
July - December 2019			
Region	Lowest	Average	Highest
Northwest	85.2%	97.4%	100%
Northeast	49.4%	93.0%	100%
Central	27.3%	91.7%	100%
Suncoast	55.8%	92.2%	100%
Southeast	72.2%	96.0%	100%
Southern	83.9%	96.2%	100%

**PDR Scores by Review Component**

A summary of PDR Results by Region is presented for Service Providers in Table 22 and WSCs in Table 23. All scores are close to 90 percent and above.

Table 23. PDR Component Scores for Service Providers by APD Region							
July - December 2019							
Region	# of PDRs	Policy & Procedure (728)	Q&T (1,886)	SSRR (2,756)	MLI (1,108)		OBS (642)
					Outcomes	Supports	
Northwest	51	94.3%	91.3%	91.8%	90.3%	96.3%	99.4%
Northeast	140	92.6%	92.0%	87.5%	94.6%	98.9%	98.3%
Central	130	93.9%	92.2%	90.5%	93.9%	98.3%	97.6%
Suncoast	183	94.0%	92.9%	88.0%	89.4%	98.7%	98.4%
Southeast	131	94.8%	93.8%	93.5%	86.9%	99.0%	99.0%
Southern	93	94.6%	94.3%	92.8%	95.0%	99.0%	98.1%
State	728	94.0%	92.9%	90.1%	91.4%	98.6%	98.4%

Table 23. PDR Component Scores for WSCs by APD Region July – December 2019				
Region	# of PDRs	Policy & Procedure (254)	Qualifications & Training (351)	WSC Record Reviews (1,134)
Northwest	18	100%	99.2%	96.2%
Northeast	37	98.8%	97.7%	93.7%
Central	62	91.6%	93.9%	93.7%
Suncoast	40	97.5%	95.8%	95.4%
Southeast	70	98.7%	96.4%	97.3%
Southern	27	98.7%	98.3%	97.8%
State	254	97.2%	96.4%	95.6%

### 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 24 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 two quarters of the year show small providers with somewhat lower scores. 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 approximately three alerts per every 10 reviews, on average, with the highest rate among large providers. Small providers reviewed to date showed a somewhat lower rate of billing discrepancy than indicated for medium or larger providers.

Table 24. Results by Provider Size: October - December 2019								
Provider Size	# Reviews	Overall Score	Compliance Score	Quality Score	# Alerts	# BD	Rate per 10 Reviews	
							Alerts	Billing Discrepancy Standards
Small	643	92.3%	93.2%	89.8%	192	776	3.0	12.1
Medium	60	95.4%	96.2%	92.6%	18	96	3.0	16.0
Large	25	94.7%	96.0%	87.4%	17	41	6.8	16.4
<b>Total</b>	<b>728</b>	<b>93.0%</b>	<b>94.0%</b>	<b>90.0%</b>	<b>227</b>	<b>913</b>	<b>3.1</b>	<b>12.5</b>

## Section III: Discussion and Recommendations



Findings in this report reflect data from PCR and PDR reviews completed between July and December 2019. A total of 761 PCRs, 982 PDRs and 95 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.

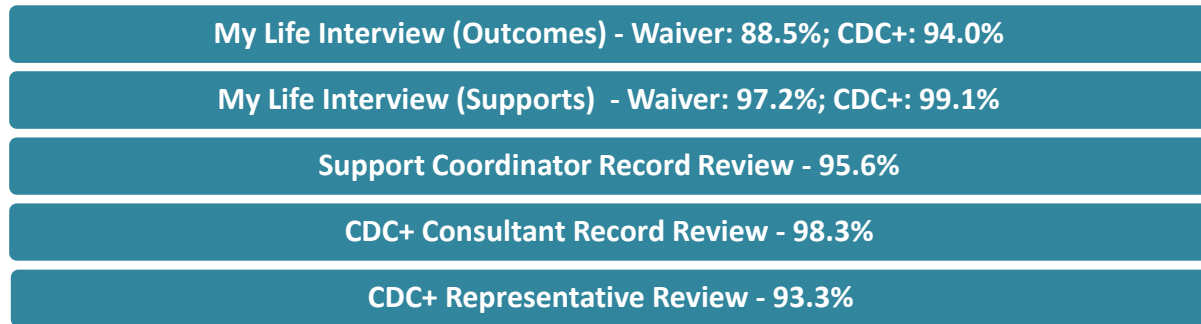
During this quarter, Qlarant facilitated the Quality Council in Tallahassee, Regional Managers reviewed all reports before final approval and facilitated a quarterly meeting in each region to review data, explore trends, and discuss other relevant regional issues or best practices.

The director and managers met bi-weekly via conference call, with one face-to-face meeting to further enhance communication and ensure consistency in processes. 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 second 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 were 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 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, most over 90 percent. Outcome scores for people receiving services through the Waiver were lowest, 88.5 percent met.



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 only about half of the sample of reviews has 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 tools is providing the ability to do a deeper dive into a person’s outcomes. Results are similar to FY19 indicating 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 97 percent of providers had policies in place to identify, address and report instances of ANE, individuals did not always understand what neglect or exploitation mean (Waiver 59.6%; CDC+ 76.6%) or what to do if experiencing ANE (Waiver 67.0%; CDC+ 73.0%). Recommendations are as follows:

Recommendation 1: 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 2: 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 five or more prescription medications has remained fairly constant over the last several years, approximately half of people interviewed taking multiple medications. In addition, results indicate many people receiving services do not understand their medications (Waiver 58.5%; CDC+ 76.4%).

Recommendation 4: In the last 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: The ability to understand complex medications and diagnoses is difficult for many people, with or without a disability. The Quality Council should consider brainstorming ways to present information about the most common forms of medications and perhaps develop a “story line” or presentation for self-advocates to share in their regions. Using face-to-face scenarios with peer participation could help enhance people’s understanding of the medications they take.

### Submitting Documentation

For several years providers appear to face challenges in ensuring documentation is appropriately submitted to the person’s Waiver Support Coordinator. For the first two quarters this year, the average compliance for this was approximately 79 percent. However four services appear to be having the greatest impact on this standard: Behavior Assistant, Supported Living Coaching, Residential Habilitation Behavior Focus and Intensive Behavioral.

Recommendation 6: Perhaps APD could target the four services (Behavior Assistant, Supported Living Coaching, Residential Habilitation Behavior Focus and Intensive Behavioral) to determine

what the challenges are in submitting documentation, and how to implement processes to ensure documentation is submitted to WSCs as required. Once the new iConnect system is fully implemented the ease of submitting documentation should improve.

### 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 183 PDRs completed only 41 percent of providers had met all the billing discrepancy standards.

Recommendation 7: The following recommendation was provided in the previous report: 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. It is further recommended we follow up on this recommendation to see if any progress has been made in discussing the issue and brainstorming processes that may then be shared across the state.

### 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 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**  
**October - December 2019**

<b>Customer Service Topic</b>	<b>#</b>	<b>Description</b>	<b>Outcome</b>	<b>Avg Time</b>
Address/ Phone/Name Update	15	Providers call to update their phone numbers/addresses/Names	Phone numbers/addresses are updated in the Discovery application, and providers are also advised to update contact information with AHCA.	1 day
Background Screening	1	Provider called requesting clarification on when a background screening is required for a new employee and to corroborate information provided by APD.	Provider was advised to follow APD recommendations and refer to navigate the APD website for further instructions.	1 day
Clarification	3	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	6	Providers call to contact the QAR assigned to do their review.	QARs are contacted by office staff and asked to contact the provider.	1 day
Miscellaneous/ Other	6	<ul style="list-style-type: none"> <li>Person receiving services called to express concern about their services.</li> <li>Person looking to relocate from Georgia to Texas asking about benefits.</li> <li>Provider email inquiry about Qlarant e-notifications.</li> </ul>	<ul style="list-style-type: none"> <li>Person was provided contact information to the appropriate APD Region.</li> <li>Person was referred to disability services in Texas.</li> <li>Email response was sent with the link to sign up for Qlarant e-notifications.</li> </ul>	1 day
New Tools	6	Provider inquiring about the location of the current CDC+ Rep tool.	Provider was guided to the FSQAP website and to the most current review tools.	1 day
Next Review	27	Providers call asking when their next review will occur. Providers call following receipt of their PDR notification letter to advise of vacation, planned unavailability or resignation in order to avoid possible non-compliance if attempts to contact them while away are made.	The review process is explained to the providers, including all the factors that are involved in scheduling. Providers are referred to their 90-day notification letters and advised to wait for the phone call from the reviewer to schedule their review. If indicated the assigned reviewer is notified of issues to consider when scheduling or the provider is removed from the schedule.	1 day
Provider Web Search	1	Family member emailed requesting assistance with searching for providers.	The family member was personally assisted with navigating the site.	1 Day
Reconsideration	11	Providers call asking for clarification on the process to submit a request for	The reconsideration process is explained to provider, including reference to our Operational Policies and Procedures. The	1 day

<b>Customer Service Topic</b>	<b>#</b>	<b>Description</b>	<b>Outcome</b>	<b>Avg Time</b>
		reconsideration or inquiring as to the status of a request already submitted.	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.	
Report Requested	2	Providers call or email requesting their report be re-sent.	Mailing addresses are confirmed and reports are re-sent.	1 day
Review/Reports	12	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
<b>Total Number of Calls</b>	<b>95</b>			