

# Florida Statewide Quality Assurance Program

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

**January – March 2020**

**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. Throughout the third quarter of this contract year (FY20) regional managers 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.

Due to the COVID-19 virus pandemic, on March 16 ACHA suspended all onsite review activity. During the remainder of the quarter, Qlarant developed desk review processes for all record reviews and phone interview techniques for all interviews. Because these processes are very different, data from desk reviews and phone interviews will be analyzed separately, beginning with the 4th quarter report.

Quarterly meetings were conducted with each APD region.<sup>1</sup> Due to the COVID-19 virus, some meetings were conducted via conference calls instead of face-to-face at the regional office. 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 March 26, 2020, bringing together stakeholders to discuss data trends, tool revisions, and other aspects of the Quality Management System. The meeting was conducted via Webinar. Findings were presented from both the National Core Indicator (NCI) Staff Turnover survey and Qlarant review data.

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

Data for analysis in this report are based on 1,095 PCRs, 1,410 PDRs and 148 CDC+ Representative reviews. Results reflect findings from approximately three quarters of reviews to be completed this year; therefore, findings are preliminary. Results to date appear to be similar to previous years and are generally good - indicating providers are in compliance with requirements and individuals appear to be satisfied with the services they receive. A summary of findings includes the following:

- Average scores on all review components (interviews, observations and record reviews) were approximately 90 percent or higher. One exception was outcomes, based on the My Life Interview, which showed a score of 87.2 percent for people receiving services through the Waiver.
- While the average My Life Interview score for the PCR was relatively high, scores for outcomes ranged from 21.7 percent to 100 percent. Scores for supports ranged from 9.1 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 22.9 and 20.3 points higher than outcomes, respectively.
- Approximately 19 percent of people receiving services through the Waiver and 16 percent through CDC+, interviewed to date, reported service providers changed in their home at least once over the 12-month period.
- A little over half of individuals receiving services through the Waiver, and 43.1 percent through CDC+, were taking four or more prescription medications.
- 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 (88.4%).
- There were approximately 3 alerts for every 10 reviews completed.
- More than half of the service providers reviewed to date 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.

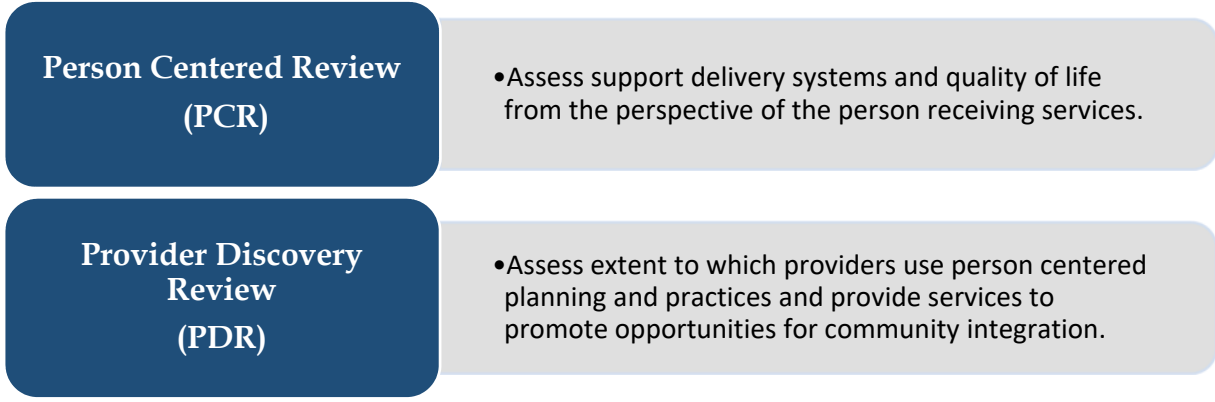
## Introduction

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.

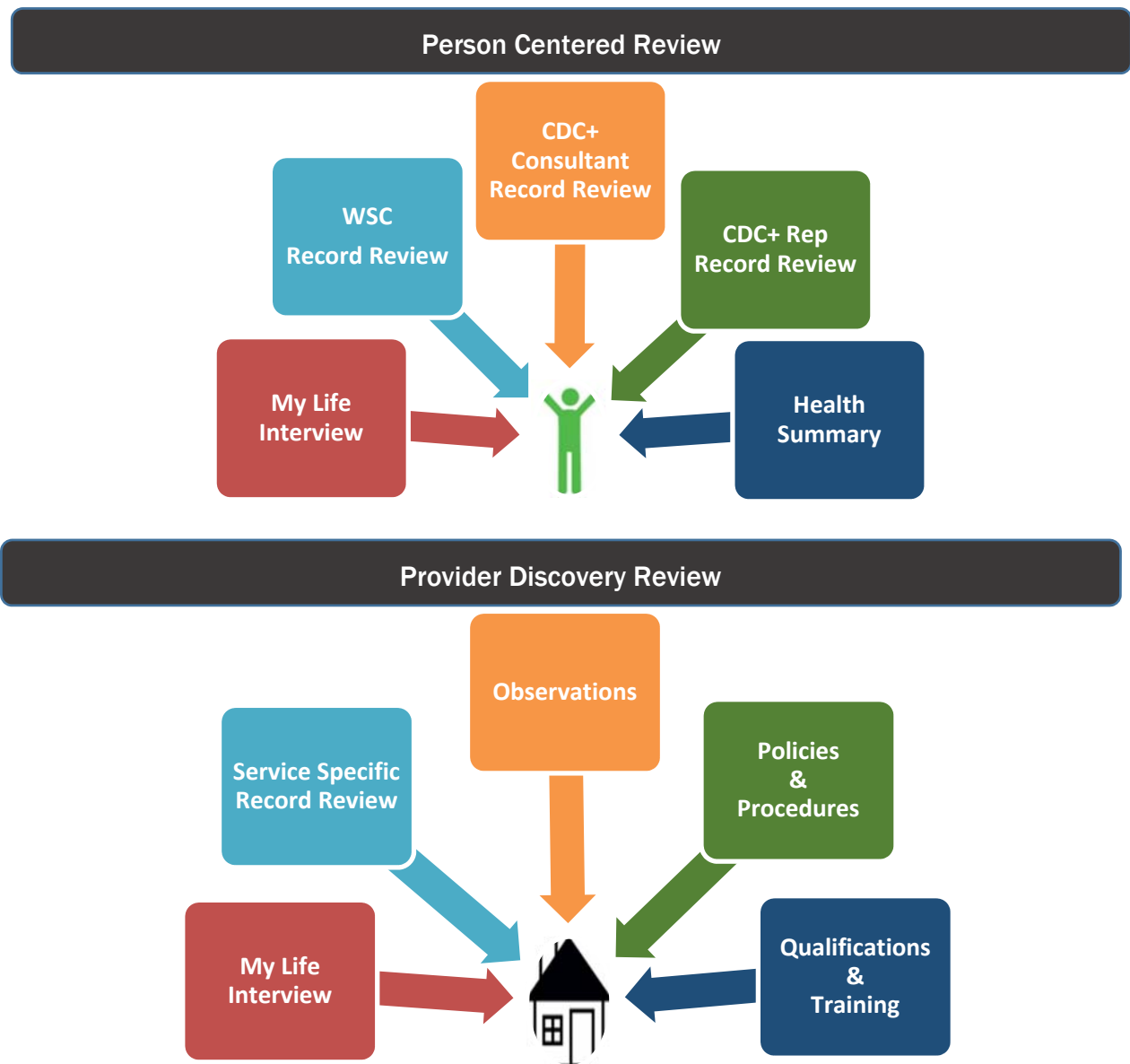
Qlarant’s purpose is within the discovery framework. The information from the review processes is used by AHCA and APD to help guide policies, programs, or other necessary actions to effectively remediate issues or problems uncovered through the discovery process. Data from the quarterly and annual reports 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.



The PCR includes an interview with the person, including people receiving services through the Consumer Directed Care Plus (CDC+) program, 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 3<sup>rd</sup> Quarter Report of the FY20 contract year. The report is divided into three sections.

- Section I: Significant Contract Activity during the 3<sup>rd</sup> Quarter (January - March 2020)
- Section II: Data from Review Activities from reviews that occurred during the year
- 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 (January – March 2020)

#### 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. After 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.

**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.

Through an agreement with ACHA and APD, Qlarant reports Reliability findings every six months. The final count will be provided in the annual report.

#### Annual Training/Conference

Every year the Florida team comes together for extensive training and brainstorming activities. The team last met in July 2019 and the management team has tentatively identified the second week in November for the FY 21 conference. The QA manager will work with a “technical workgroup” to develop an agenda.

## Tool and Process Revisions

Due to the Coronavirus pandemic, all onsite review activities were discontinued as of March 16. The Qlarant management team has been working to revise all processes, including the following:

- Record reviews will be completed via a desk review
- Interviews will be completed via phone and, when possible, video, with one proxy available for individuals as needed
- Observations have been temporarily discontinued.

Once processes are finalized and approved by AHCA, and a start date is established, reviews using the new processes will begin.

All tool 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. Due to the Coronavirus pandemic, meetings have moved to a webinar format. During the third quarter, face to face meetings were held in the Northeast, Suncoast, Southern, and Southeast regions, with webinars held for the Central and Northwest regions.<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 last QC meeting was held on March 26, 2020, in Tallahassee. Due to the Coronavirus pandemic, the meeting was conducted remotely. The schedule was modified to accommodate the call-in format, using four different sessions with 15 minute breaks and a break for lunch. A total of 95 people called in for the meeting. Agenda topics included the following:

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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>).

- Updates from APD (Edwin DeBardeleben, Chief, Program Development, Compliance & Policy and Meghan Torres, Program Administrator for Quality Improvement)
- AHCA updates and dental plan discussion (AndraLica McCorvey, Contract Manager)
- Qlarant data presentation (Katy Glasgow)
- National Core Indicator (NCI) results from the Florida Staff Stability Survey 2018 (Dorothy Hiersteiner, Research Associate – HSRI and Mary Lou Bourne, Chief Quality and Innovation Officer – NASDDS)
- Qlarant revised review process & Support Coordination tool discussion (Theresa Skidmore, Director Florida Statewide Quality Assurance Program)

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

### Provider Feedback Survey

After each PDR, providers are given a survey to complete and mail/fax to Qlarant, offering them an opportunity to provide feedback on the review process and professionalism of QARs. Surveys can also be completed online on the FSQAP website. Feedback findings are presented in Table 1. A total of 137 surveys were entered into the database through the third quarter. On average, 96.9 percent of responses were positive (1,828/1,887).



Table 1. Results from Provider Feedback Surveys			
Surveys Received Between July 2019 and March 2020 (N=137)			
Question	# Yes	# No	NA/ Blank
Did the Quality Assurance Reviewer explain the review process?	133	2	2
Did the Quality Assurance Reviewer share with you the names of the potential people chosen to participate in the review?	130	5	2
Did the Quality Assurance Reviewer explain the person's participation in the interview is voluntary?	131	5	1
Did the Quality Assurance Reviewer refer you to the Qlarant website that includes the tools and procedures?	127	8	2
Were the tools accessible on the Qlarant website?	127	2	8
Did you find the tools helpful when preparing for the review?	122	6	9
Did the Quality Assurance Reviewer answer your questions in preparation for the review?	126	2	9
Did the Quality Assurance Reviewer arrive on time?	130	6	1

<b>Table 1. Results from Provider Feedback Surveys</b>			
<b>Surveys Received Between July 2019 and March 2020 (N=137)</b>			
<b>Question</b>	<b># Yes</b>	<b># No</b>	<b>NA/ Blank</b>
If not, were you notified the Quality Assurance Reviewer would be late? (n=5)	3	3	131
Did the Quality Assurance Reviewer give you enough time to find the information requested?	128	2	7
Do you feel the Quality Assurance Reviewer was prepared for the review?	134	2	1
Did the review process go as explained by the Quality Assurance Reviewer?	133	4	0
Did the Quality Assurance Reviewer answer the questions you had during the review?	127	4	6
If applicable, did the Quality Assurance Reviewer explain why a standard was Not Met?	103	3	31
If an alert was identified, did the Quality Assurance Reviewer inform you of the follow up process?	45	4	88
Did the Quality Assurance Reviewer provide you with the preliminary findings of your review before leaving?	129	1	7
<b>Total Responses</b>	<b>1,828</b>	<b>59</b>	<b>305</b>

### Summary of Customer Service Calls

During the third quarter of the year, January - March 2020, 238 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

Kristi Daniel, a reviewer in the Northeast Region left Qlarant in January.

Blanca Deason accepted a position and began employment in April as a reviewer in the Southeast Region.

<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 with the Support Coordinator 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 = 109), the number of people receiving services through the Waiver (N = 964), and the total number of individuals who declined or were otherwise unable to participate (N = 184). The time period for declines is based upon the projected time period for the review.

Table 2: Person Centered Review Activity				
July 2019 – March 2020				
	Number of PCRs		Number of Declines	
Region	Waiver	CDC+	Waiver	CDC+
<b>Northwest</b>	77	6	15	1
<b>Northeast</b>	144	28	23	2
<b>Central</b>	224	20	44	0
<b>Suncoast</b>	147	20	43	2
<b>Southeast</b>	189	21	38	5
<b>Southern</b>	183	14	11	0
<b>Total</b>	964	109	174	10

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 8.4 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 27 individuals were either no longer receiving services (n = 22) or had moved out of the state (n = 5). Approximately 11 percent (n = 21) of individuals who declined indicated a preference to participate next year.

<b>Table 3. Person Centered Review Decline Reasons</b>			
<b>July 2019 - March 2020</b>			
<b>Decline Reason</b>	<b>Waiver</b>	<b>CDC+</b>	<b>Total</b>
Refused	125	6	131
Review Next Year	17	4	21
No Longer Receiving Services	22	0	22
Deceased	3	0	3
Moved Out of State	5	0	5
Other	2	0	2
<b>Total</b>	<b>174</b>	<b>10</b>	<b>184</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 (89.0%), compared to less than half of individuals using Waiver

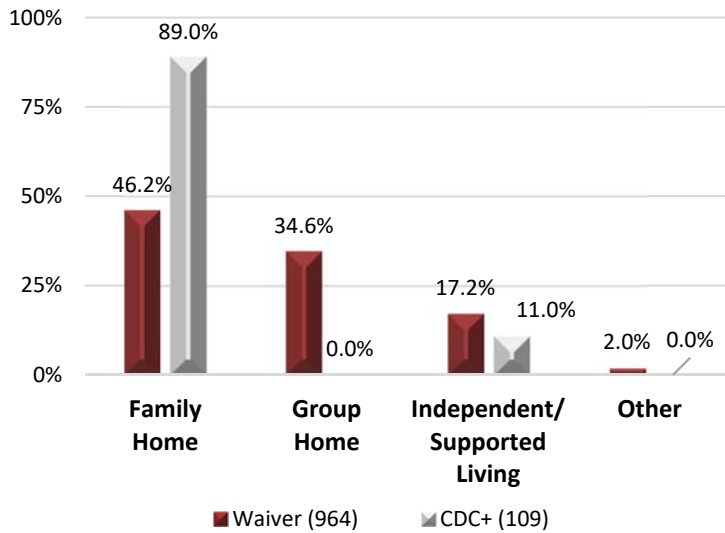


<sup>5</sup> The Other category for Residential Type for the Waiver includes six in Assisted Living Facility and 1 in a Foster Home. The Other Disability category for Primary Disability for the Waiver includes Down Syndrome (20), Spina Bifida (7), Prader Willi (3), and Other (4). For CDC+ “Other” included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

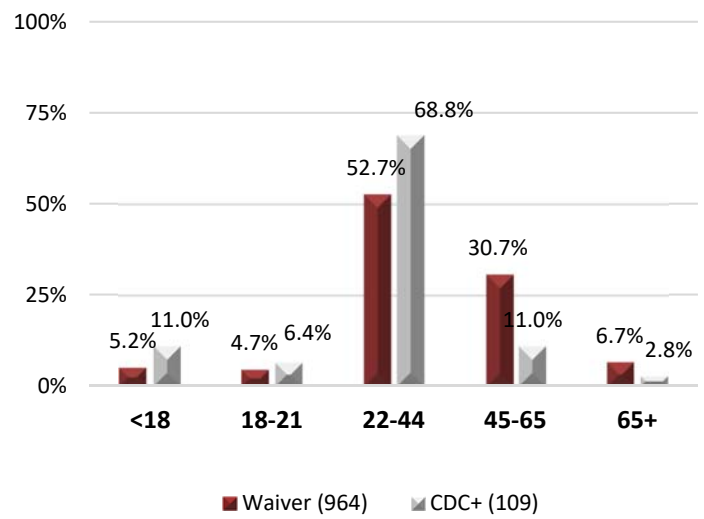
services (46.2%). Receiving CDC+ requires that individuals not live in a licensed residential home setting.

- On average, people receiving services through the Waiver were more likely to be older and more likely to have an intellectual disability than for CDC+.
- Individuals receiving services through CDC+ were more likely to have Autism.

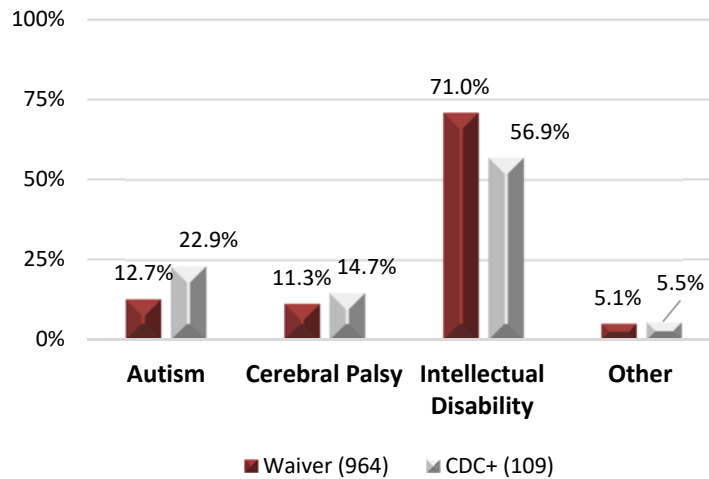
**Figure 1. PCRs by Residential Type  
 July 2019 - March 2020**



**Figure 2. PCRs by Age group  
 July 2019 - March 2020**



**Figure 3. PCRs by Disability  
 July 2019 - March 2020**





### PCR My Life Interview (MLI)



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 – 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 – expectations for services a person is receiving in the home
3. My Work and Daily Life – 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 – 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 – includes measures 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**

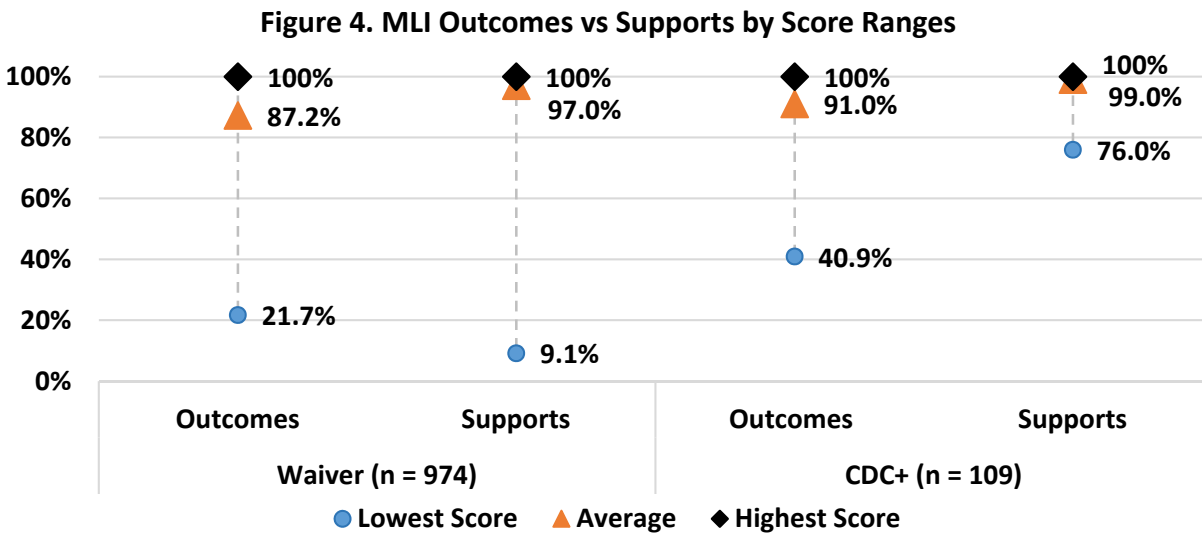
Throughout this report it is important to remember the data are preliminary and represent only a portion of the final sample of both PCRs and PDRs to be completed. Results may change as the when the final annual report is completed.

#### **PCR MLI Average Scores**

The highest, lowest and average MLI scores are presented in Figure 4, for outcomes and supports. The first two lines from the left represent scores for the Waiver and the two lines on the right

represent scores for CDC+. On average, support scores were higher than scores for outcomes. Reviewing the ranges of scores reveals the following:

- The highest score for all types was 100 percent.
- The average statewide Waiver score for outcomes was 87.2 percent, somewhat lower than for CDC+ (91.0%).
- The lowest outcome score for someone receiving services through the Waiver was 21.7 percent, much lower than for CDC+ (40.9%).
- The lowest Waiver score for supports was only 9.1 percent, compared to 76.0 percent for CDC+.



**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 for CDC+ is relatively small and comparisons across regions should be made with caution. Through the third quarter, outcomes were generally higher than supports in each region. Differences were greatest in Suncoast and in the southern part of the state, with supports over 10 percentage points higher than outcomes.

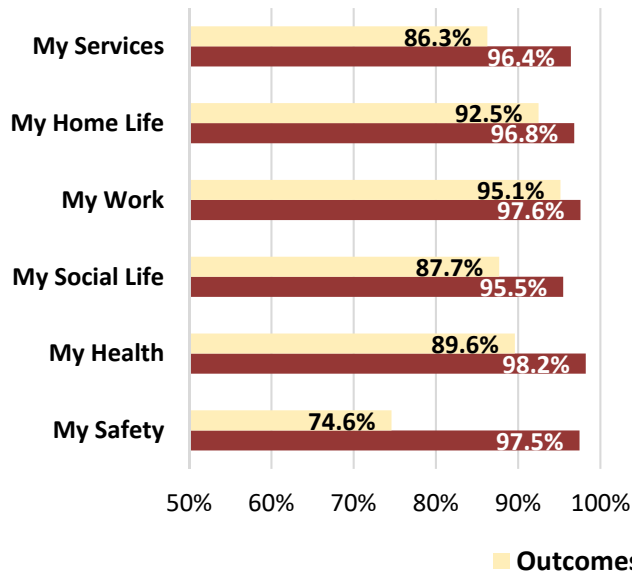
Region	Waiver (N = 974)			CDC+ (N = 109)		
	N	Outcomes	Supports	N	Outcomes	Supports
<b>Northwest</b>	77	90.0%	96.7%	6	92.6%	96.2%
<b>Northeast</b>	144	93.8%	97.7%	28	98.7%	98.9%

Region	Waiver (N = 974)			CDC+ (N = 109)		
	N	Outcomes	Supports	N	Outcomes	Supports
Central	185	88.8%	95.5%	20	93.4%	98.6%
Suncoast	219	84.9%	97.2%	20	81.1%	99.0%
Southeast	225	83.8%	98.2%	21	89.2%	99.4%
Southern	114	85.9%	96.0%	14	89.5%	100.0%
State	974	87.2%	97.0%	109	91.0%	99.0%

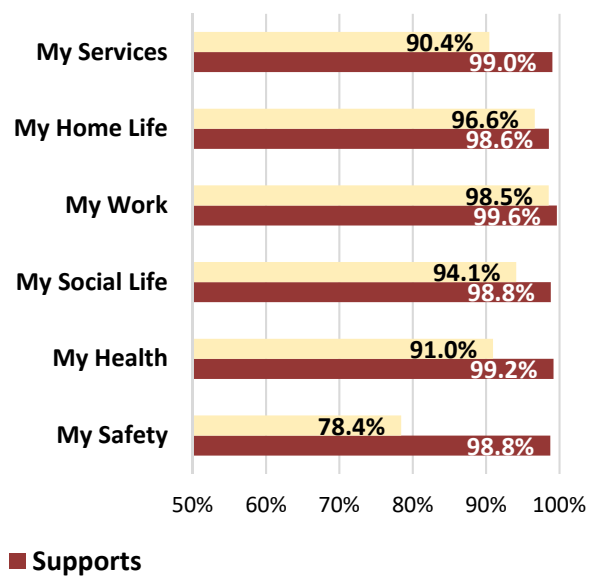
**PCR My Life Interview by Life Area**

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, and were least likely to meet outcomes related to safety for both the Waiver (74.6%) and CDC+ (78.4%). Outcomes for the Waiver were under 80 percent for individuals’ social life and health. The greatest differences to date for both Waiver and CDC+ were for My Safety, in which outcomes were 22.9 and 20.3 points lower than supports, respectively.

**Figure 5a. MLI by Life Areas  
Waiver (n=974)**



**Figure 5b. MLI by Life Areas  
CDC+ (n = 109)**



Analysis of the 26 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 26 indicators measuring Support scored approximately 95 percent or higher. However, for reviews completed to date, several

outcomes reflected a score of less than 85 percent for individuals receiving services through the Waiver or CDC+.

Five outcomes showed a score of less the 88 percent for both Waiver and CDC+ services. These were related to understanding medications, understanding abuse, neglect and exploitation and knowing what to do if they occur, knowing and exercising rights, and being an active and contributing member of the community. Table 5 displays the average percent met for each of the lowest scoring 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.

The lowest scoring indicator for people using the Waiver showed 56.6 percent of individuals using medications actually understood them. Most individuals for whom this was not present did not understand medications potential side effects (74.4%), were not aware of the medications they took (71.3%), and were not aware of why the medications were prescribed (64.9%). Most people using the Waiver who did not understand what abuse, neglect or exploitation mean did not understand exploitation and for people using CDC+ they were most likely to not understand different types of abuse. Most people did not understand what their rights are, or where to find the Abuse Hotline or how to use it. People often do not know what social roles are, how to develop and maintain them, or what different activities were available in the community.

Outcome	Waiver (N = 974)			CDC+ (N = 109)		
	# Present	# Not Present	% Met	# Met	# Not Met	% Met
<b>Rights- I understand my medications.</b>	<b>453</b>	<b>348</b>	<b>56.6%</b>	<b>57</b>	<b>27</b>	<b>67.9%</b>
<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.	260		74.7%	14		51.9%
I am not aware of the medications I take.	248		71.3%	18		66.7%
I am not aware of why my medications are prescribed.	226		64.9%	15		55.6%
<b>Rights- I know and exercise my rights.</b>	<b>722</b>	<b>199</b>	<b>78.7%</b>	<b>90</b>	<b>17</b>	<b>84.1%</b>
<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 what my rights are.	154		79.0%	17		100%
I do not know how to report a complaint or grievance.	54		26.2%	1		5.9%

I do not know about rights restoration options.	10	5.1%	0	0%		
<b>Safety - I understand what abuse, neglect and exploitation (ANE) mean.</b>	<b>573</b>	<b>374</b>	<b>58.8%</b>	<b>61</b>	<b>30</b>	<b>67.0%</b>
<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 what exploitation means.	267	71.4%	17	56.7%		
I do not understand all the different types of abuse (i.e., physical, emotional, verbal, sexual).	239	63.9%	24	80.0%		
I do not understand what neglect means.	231	61.8%	14	46.7%		
<b>Safety - I know what to do if abuse, neglect, or exploitation (ANE) occurs.</b>	<b>593</b>	<b>307</b>	<b>65.9%</b>	<b>60</b>	<b>34</b>	<b>63.8%</b>
<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 am not aware of what to do if ANE occurs.	130	42.3%	14	41.2%		
I do not know where to find the Abuse Hotline number.	183	59.6%	19	55.9%		
I do not know what the Abuse Hotline is.	184	59.9%	24	70.6%		
<b>Choice and Self Direction - I am an active and contributing member of my community.</b>	<b>688</b>	<b>218</b>	<b>75.9%</b>	<b>90</b>	<b>13</b>	<b>87.4%</b>
<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.	90	41.3%	7	53.8%		
I do not understand what social roles are.	97	44.5%	8	61.5%		
I do not understand all the different community groups or organizations available in my community.	92	42.2%	6	46.2%		

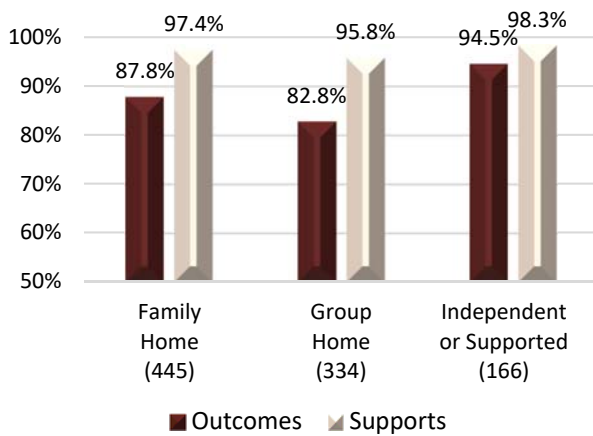
Only 77 percent of individuals receiving waiver services indicated they were active and contributing members of their communities – as opposed to 91 percent of individuals using CDC+. Not present reasons show approximately 44 percent of these individuals do not understand the meaning of social roles 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

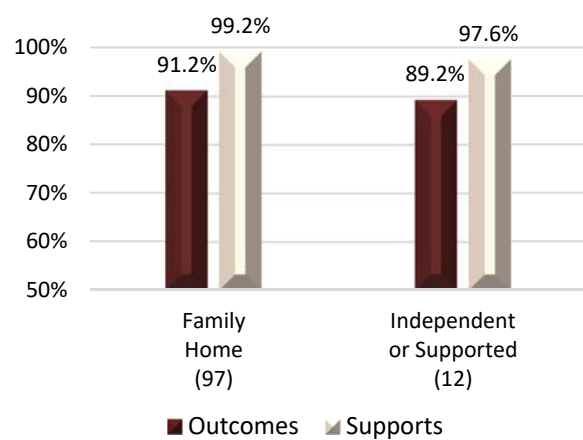
PCR MLI results are shown by residential setting, primary disability, and age group in Figures 6 – 8. Due to a low number of responses within some categories, particularly for CDC+, results should be view with caution. There is little variation across categories for supports; however, the following disparities 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 in group homes were least likely to have outcomes present.
- Individuals receiving waiver services who have Autism Spectrum Disorder were somewhat less likely to have outcomes present than individuals with other types of disabilities.
- Outcomes for individuals receiving waiver services appear to trend up with age.

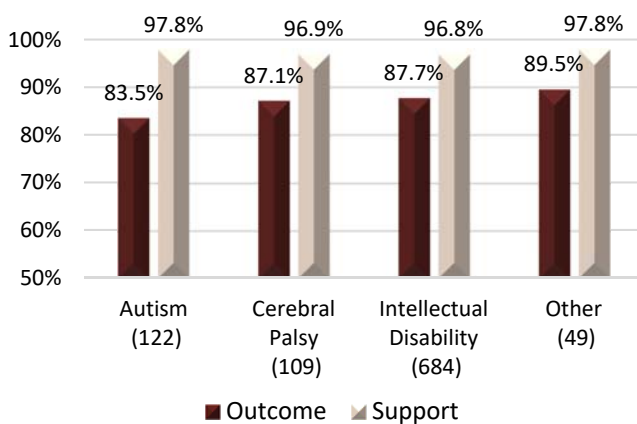
**Figure 6a. PCR My Life Interview by Residential Status Waiver (July 2019 - March 2020)**



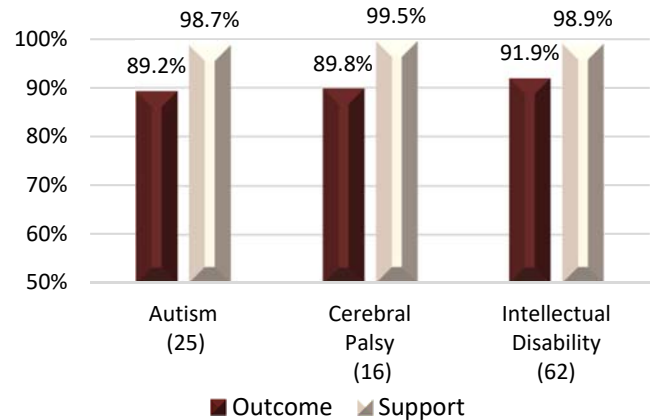
**Figure 6b. PCR My Life Interview by Residential Status CDC+ (Jul 2019 - March 2020)**



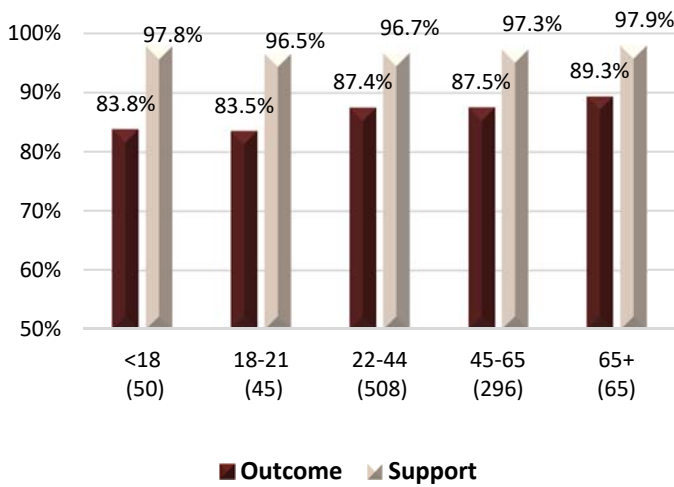
**Figure 7a. PCR MLI by Disability Waiver (July 2019 - March 2020)**



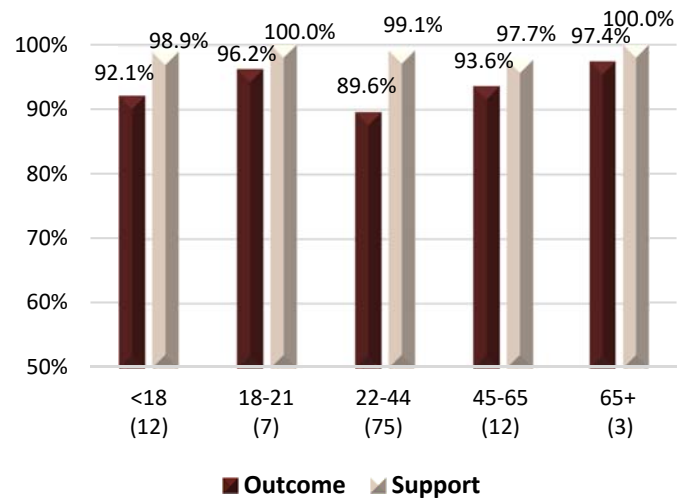
**Figure 7b. PCR MLI by Disability CDC+ (July 2019 - March 2020)**



**Figure 8a. PCR MLI by Age Group Waiver (July 2019 - March 2020)**



**Figure 8b. PCR MLI by Age Group CDC+ (July 2019 - March 2020)**



**PCR My Life Interview: Satisfaction**

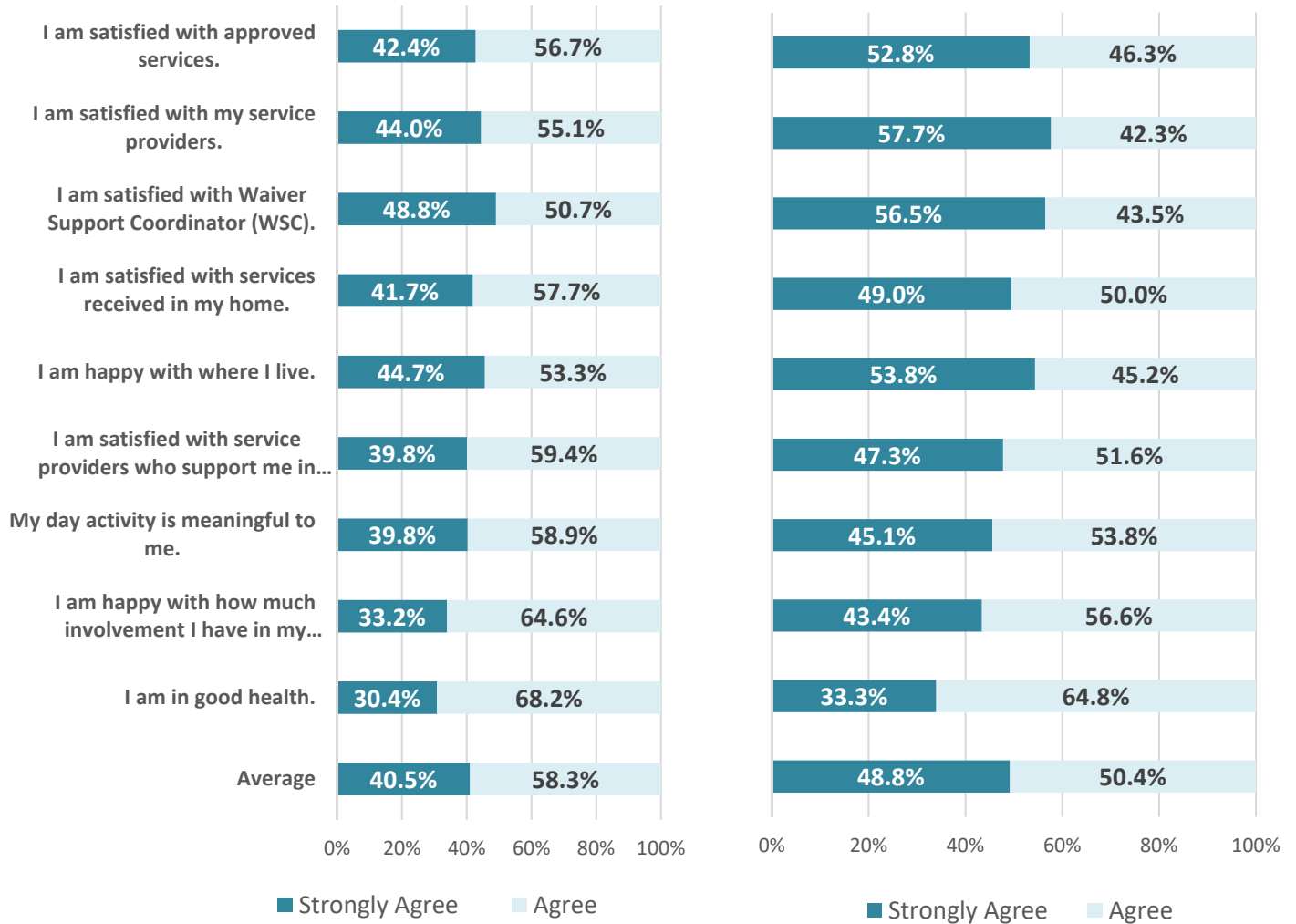
During the PCR, individuals are asked if they strongly agree, agree, disagree, or strongly disagree with a series of statements expressing satisfaction with various aspects of their lives, including their services, service providers, Support Coordinators, residence, and involvement in the community. While the majority of individuals reported agreement with statements of satisfaction, a small percentage of individual’s expressed disagreement, two percent or less on each indicator. The information in Figures 9a and 9b provide a breakdown of the percent of individuals who strongly agree or simply agree with each statement. Information is provided for the Waiver on the left and for CDC+ on the right and suggests the following:

- On average, people self-directing through CDC+ were more likely to score satisfaction areas Strongly Agree than were people receiving services through the Waiver, 48.8 percent and 40.5 percent, respectively.
- On every satisfaction indicator, individuals self-directing through CDC+ were more likely to strongly agree with each statement compared to the Waiver.
- CDC+ showed Strongly Agree at a rate 10 points or more greater than for the Waiver on three of the nine satisfaction indicators. CDC+ participants were much more likely to be strongly satisfied with:
  - Service providers (13.6 points higher)
  - Approved services (10.4 points higher)
  - Involvement in the community (10.2 points higher)

- For both programs, individuals were least likely to indicate they strongly agree they are in good health.

Figure 9a. Satisfaction Results  
Waiver (N=964)

Figure 9b. Satisfaction Results  
CDC+ (N=109)



**PCR My Life Interview: Stability**

During the PCR MLI, 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.



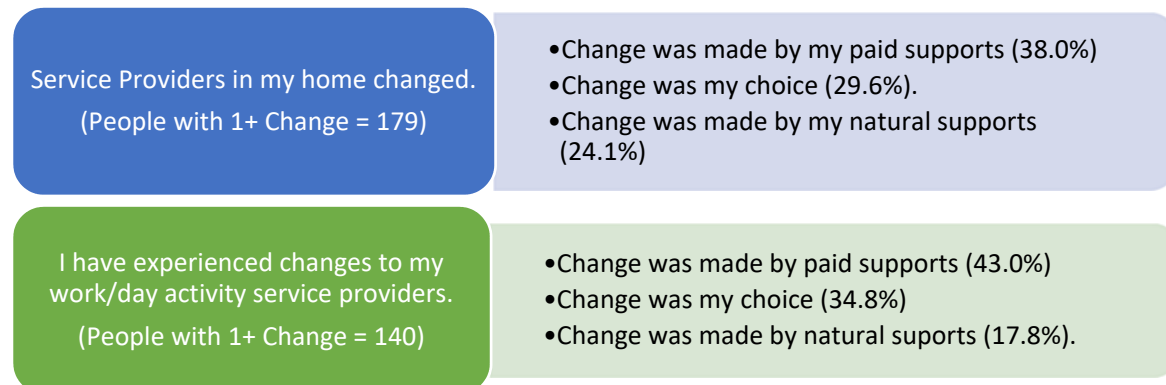
The most common source of change for individuals interviewed to date and receiving services was for service providers in their home. Approximately 19 percent of people receiving services through the Waiver and 16 percent through CDC+ reported service providers changed in their home at least once over the 12-month period (Table 6). For the combined programs, this change was most commonly made by paid supports (38.0%), and also by the person (29.6%) or by natural supports (24.1%) (Figure 10).

Changes in work/day activity was the second most common change for individuals receiving waiver services (16.4%). These changes were also most often made by paid supports (43.0%), and also by the person (34.8%) or by the person’s natural supports (17.8%) (Figure 10).

Within the past 12 months,	Waiver (N = 964)			CDC+ (N = 109)		
	# w/ 1+ change	# Applicable Responses	% w/ 1+ change	# w/ 1+ change	# Applicable Responses	% w/ 1+ change
I experienced changes in my WSC agency.	19	750	2.5%	1	95	1.1%
I experienced changes in my WSC.	101	960	10.5%	9	109	8.3%
I have changed employment.	19	387	4.9%	1	50	2.0%
I have experienced changes to my work/day activity service providers.	135	822	16.4%	5	82	6.1%
I have moved.	107	955	11.2%	4	107	3.7%
Service providers in my home have changed.	162	853	19.0%	17	106	16.0%
The services I receive have changed.	101	950	10.6%	11	109	10.1%

**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<sup>6</sup>**



During the PCR the records maintained by the WSC and CDC+ Consultant are reviewed specific to the person who was interviewed. Results are shown 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 95.3 percent and 98.3 percent of standards met respectively.
- There was little variation for Consultants across regions. Support Coordinators in the Central Region scored somewhat lower than in the other 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 (82.4%).
  - The Support Coordinator documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents (81.8%).
- Of the 109 CDC+ Consultant records reviewed this quarter, 16 of the 39 standards reviewed were scored met on 100 percent of the records. One CDC+ Consultant standard, with more than 50 records reviewed, showed a score under 90 percent:

<sup>6</sup> Some standards are weighted for calculating the overall provider's score. For example, standards measuring health and safety items are generally more important and therefore weigh heavier when calculating the provider's score. In this report, unless otherwise noted, unweighted results are shown (Percent Met). This provides an accurate reflection of the number and percent of providers who have the standards scored as present.

- The CDC+ Consultant documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents (88.9%).
- There were two Corrective Action Plans required. Of those, one was completed, signed, and in the record.

Table 7. WSC and CDC+ Consultant Record Review Results by APD Region						
July 2019 - March 2020						
Region	WSC			CDC+ C		
	# Records	# Indicators	% Met	# Records	# Indicators	% Met
Northwest	77	2,040	95.8%	6	192	99.5%
Northeast	144	3,863	94.7%	28	896	98.3%
Central	185	4,842	93.6%	20	648	98.0%
Suncoast	219	5,798	95.1%	20	633	98.6%
Southeast	225	5,752	96.6%	21	658	98.5%
Southern	114	2,832	96.6%	14	436	97.5%
<b>State Average</b>	<b>964</b>	<b>25,127</b>	<b>95.3%</b>	<b>109</b>	<b>3,463</b>	<b>98.3%</b>

Table 8. WSC Record Review Results by Standard		
July 2019 – March 2020		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	962	96.2%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	961	95.5%
Level of care is completed accurately using the correct instrument/form.	962	92.3%
Person receiving services is given a choice of waiver services or institutional care at least annually.	964	96.4%
The Support Plan is updated within 12 months of the person's last Support Plan.	952	99.5%
The current Annual Report is in the record.	956	91.8%
The Support Plan is updated/revised when warranted by changes in the needs of the person.	397	97.7%
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.	964	97.7%
WSC documentation demonstrates a copy of the Support Plan is provided to all service providers within 30 calendar days of the Support Plan effective date.	937	93.8%
Support Plan includes supports and services consistent with assessed needs.	964	99.7%

Table 8. WSC Record Review Results by Standard		
July 2019 – March 2020		
Standard	Number Reviewed	Percent Met
Support Plan reflects support and services necessary to address assessed risks.	940	99.7%
Support Plan includes a current Safety Plan.	27	100%
Support Plan reflects the personal goals/outcomes of the person.	964	99.5%
The current Support Plan includes natural, generic, community and paid supports for the person.	964	98.1%
WSC documentation demonstrates current, accurate, and approved Service Authorizations are issued to service provider(s).	953	98.0%
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.	937	90.1%
The Support Coordinator is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	962	99.9%
The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted.	959	82.4%
The Support Coordination Progress Notes demonstrate required monthly contact/activities were completed and are in the record.	963	95.3%
For individuals in supported living arrangements Progress Notes demonstrate required activities are covered during each quarterly home visit.	166	92.2%
For persons living in Supported Living Arrangements the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider.	156	97.4%
The Support Coordinator documents efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis.	960	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.	962	98.2%
The Support Coordinator documents ongoing efforts to assist the person/legal representative to know about rights.	963	92.7%
The Support Coordinator documents ongoing efforts to ensure the person's health and health care needs are addressed.	964	96.4%
The Support Coordinator documents ongoing efforts to ensure the person's behavioral/emotional health needs are addressed.	686	97.1%
The Support Coordinator documents ongoing efforts to ensure the person's safety needs are addressed.	963	97.8%
The Support Coordinator bills for services after service is rendered.	960	96.5%
The Support Coordinator documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents.	964	81.8%
The Support Coordinator documents information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis to address identified needs.	695	92.2%
<b>Average WSC Record Review Score</b>	<b>25,127</b>	<b>95.3%</b>

Table 9. CDC+ Consultant Results by Standard July 2019 – March 2020		
Standard	Number Reviewed	Percent Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	108	100%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	108	100%
Level of care is completed accurately using the correct instrument/form.	109	99.1%
Person receiving services is given a choice of waiver services or institutional care at least annually.	108	100%
The Support Plan is updated within 12 months of the person's last Support Plan.	108	99.1%
The current Annual Report is in the record.	107	97.2%
The Support Plan is updated/revised when warranted by changes in the needs.	50	98.0%
Support Plan includes supports and services consistent with assessed needs.	109	100%
Support Plan reflects supports and services necessary to address assessed risks.	108	99.1%
Support Plan includes a current Safety Plan.	2	100%
Support Plan reflects the personal goals of the person.	109	100%
The current Support Plan includes natural, generic, community and paid supports for the person.	109	100%
Services are delivered in accordance with the Cost Plan.	109	100%
The Consultant is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	109	100%
Completed/signed Participant-Consultant Agreement is in the record.	109	99.1%
Completed/signed CDC+ Consent Form is in the record.	109	99.1%
Completed/signed Participant-Representative Agreement is in the record.	109	99.1%
All applicable completed/signed Purchasing Plans are in the record.	109	97.2%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	107	100%
All applicable completed/signed Quick Updates are in the Record.	51	100%
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	57	96.5%
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	102	100%
Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	99	100%
Consultant has taken action to correct any overspending by the Participant.	7	100%
If applicable, Consultant initiates Corrective Action.	3	100%

Table 9. CDC+ Consultant Results by Standard		
July 2019 – March 2020		
Standard	Number Reviewed	Percent Met
Completed/signed Corrective Action Plan is in the record.	2	50.0%
If applicable, an approved Corrective Action Plan is being followed.	2	100.0%
The Emergency Backup Plan is in the record and reviewed annually.	108	96.3%
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.	106	96.2%
The Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted.	106	90.6%
The Consultant documents ongoing efforts to assist the person/legal representative to know about rights.	108	97.2%
The Consultant documents ongoing efforts to ensure the person’s health and health care needs are addressed.	108	99.1%
The Consultant documents ongoing efforts to ensure the person’s behavioral/emotional health needs are addressed.	81	98.8%
The Consultant documents ongoing efforts to ensure the person’s safety needs are addressed.	107	98.1%
The Consultant documents information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis to address identified needs.	85	97.6%
The Consultant documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents.	108	88.9%
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.	109	98.2%
The Consultant bills for services after services are rendered.	109	99.1%
Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	109	99.1%
<b>Average PCR CDC+ Consultant Result</b>	<b>3,463</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 2019 and March 2020, 148 Representatives were reviewed. Results are preliminary and displayed by region in Table 10 and by standard in Table 11. To date, there is some variation across regions, but

the number completed in each region was relatively small. The lowest scoring standards address compliance with the Employee/Contractor Roster, Timesheets, Background Screenings, Monthly Statements, and Job Descriptions, as follows:

- The CDC+ Representative maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse (76.1%).
- Accurate, signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review (79.7%).
- Background screening results for all Directly Hired Employees (DHE’s) who render direct care are available for review (83.3%).
- Documentation is available to support the reconciliation of Monthly Statements (86.2%).
- Completed and signed Job Descriptions for each Directly Hired Employee are available for review (87.9%).
- Background screening results for all vendors and Independent Contractors who render direct care are available for review (88.6%).

Table 10. CDC+ Representative Record Review Results by APD Region			
July 2019 – March 2020			
Region	# Reviews	# Indicators	% Met
Northwest	17	268	92.5%
Northeast	41	671	93.1%
Central	23	360	93.6%
Suncoast	24	373	92.5%
Southeast	28	454	90.1%
Southern	15	238	84.0%
<b>State</b>	<b>148</b>	<b>2,364</b>	<b>91.5%</b>

Table 11. CDC+ Representative Results by Standard		
July 2019 – March 2020		
Standard	Number Reviewed	Percent Met
Accurate, signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	138	79.7%
Signed and approved Invoices for Vendor Payments are available for review.	83	90.4%
Signed and approved receipts/statement of “Goods and Services” for reimbursement items are available for review.	31	100%

Table 11. CDC+ Representative Results by Standard		
July 2019 – March 2020		
Standard	Number Reviewed	Percent Met
Copies of Support Plan(s) are available for entire period of review.	148	95.3%
Monthly Statements are available for review.	145	97.9%
Documentation is available to support the reconciliation of Monthly Statements.	145	86.2%
The Participant obtains services consistent with stated/documented needs and goals.	148	99.3%
The Participant makes purchases consistent with the Purchasing Plan.	147	95.2%
Complete and signed Participant/ Representative Agreement is available for review.	148	94.6%
Complete Employee Packets for all Directly Hired Employees are available for review.	137	94.9%
Complete Vendor Packets for all vendors and independent contractors are available for review.	97	91.8%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	140	87.9%
All applicable signed and approved Purchasing Plans are available for review.	146	96.6%
All applicable signed and approved Quick Updates are available for review.	69	98.6%
Emergency Backup Plan is complete and available for review.	148	91.9%
Corrective Action Plan (if applicable) is available for review.	4	100%
The CDC+ Representative maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	134	76.1%
Copies of approved Cost Plan(s) are available for entire period of review.	148	96.6%
Background screening results for all Directly Hired Employees (DHE's) who render direct care are available for review.	138	83.3%
Background screening results for all Independent Contractors who render direct care are available for review.	70	88.6%
<b>Average CDC+ Representative Record Review Score</b>	<b>2,364</b>	<b>91.5%</b>

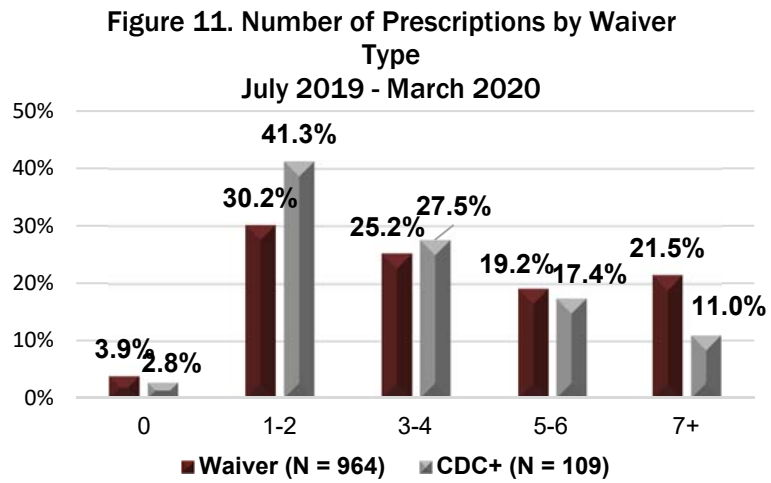
### Health Summary



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 seven or more medications with approximately 21.5 percent of people receiving services through the Waiver taking seven or more prescription medication. Additional analysis is presented by region (Table 12), by residence (Figure 12), by primary disability (Figure 13) and by age group (Figure 14).<sup>7</sup>



The proportion of people taking at least four medications appears to vary quite a bit across regions. The number of reviews in each region for CDC+ is relatively small and comparisons across regions or to the Waiver results should be made with caution. Data to date indicate:

- The smallest proportion of people taking multiple medications is in the Northwest, for both CDC+ and the Waiver.
- For the Waiver, 60 percent of individuals in Suncoast were taking multiple medications, the highest proportion among all the regions.
- To date, the highest proportion of individuals using CDC+ and taking multiple medications was in the Central region, but the sample size is small (n=20).

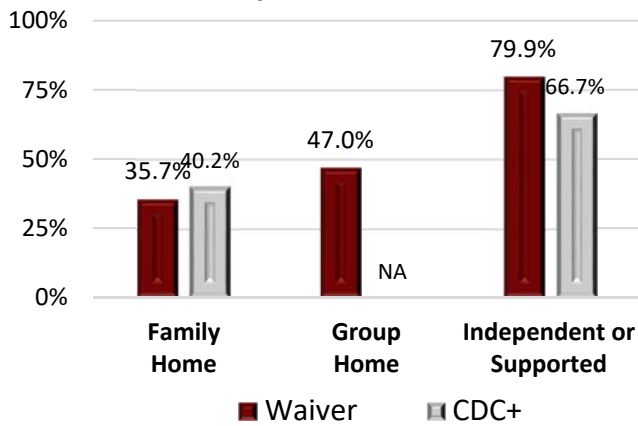
Region	Waiver			CDC+		
	# PCR's	# Taking 4+	% Taking 4+	# PCR's	# Taking 4+	% Taking 4+
Northwest	77	29	37.7%	6	1	16.7%
Northeast	144	83	57.6%	28	9	32.1%
Central	185	99	53.5%	20	13	65.0%
Suncoast	219	132	60.3%	20	9	45.0%
Southeast	225	109	48.4%	21	9	42.9%
Southern	114	63	55.3%	14	6	42.9%
<b>Total</b>	<b>964</b>	<b>515</b>	<b>53.4%</b>	<b>109</b>	<b>47</b>	<b>43.1%</b>

<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.

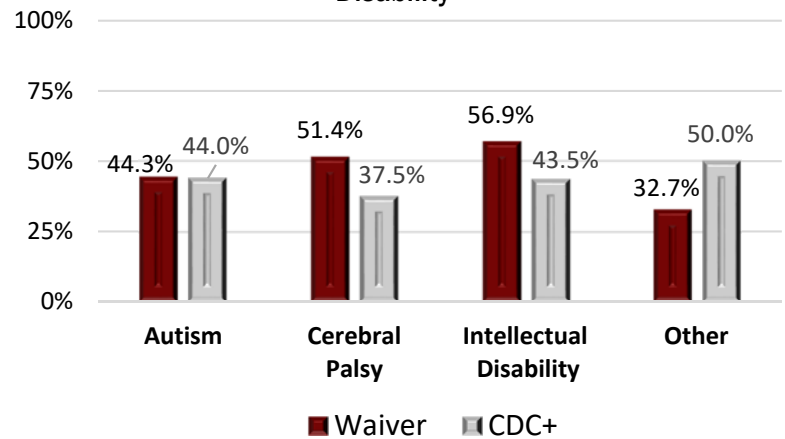
The percentage of individuals taking multiple medications is shown in the following figures by residence, disability and age group. It is important to note the sample completed to date for several CDC+ categories is quite small and includes Other Disability (n=6), Cerebral Palsy (n=16), and all age groups which have an n of 12 or less, except ages 22 to 44. Findings indicate:

- People living in independent or supported settings were much more likely to be taking multiple medications than people in family or group homes.
- People with an intellectual disability were more likely to take multiple medications than people with Autism or Cerebral Palsy.
- Medication use increases with age.

**Figure 12. Percent Taking 4+ Medication by Residential Status**



**Figure 13. Percent Taking 4+ Medications by Disability**



**Figure 14. Percent Taking 4+ Medication by Age Group**

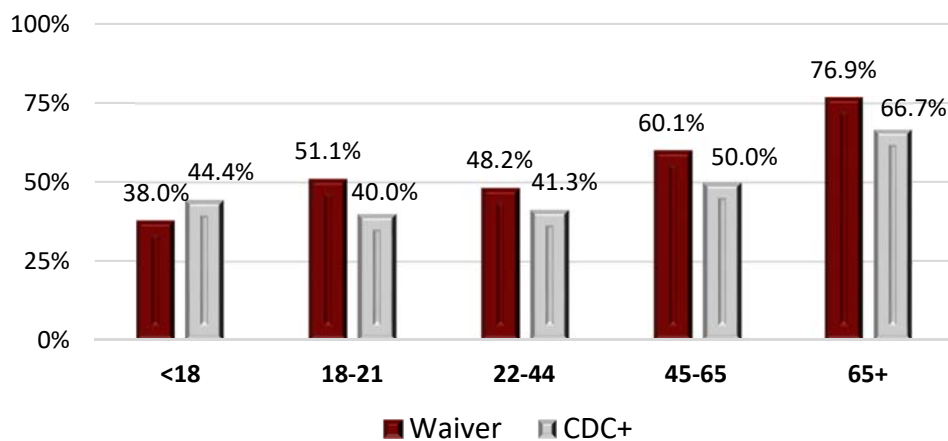


Table 13 displays the percentage of individuals who experienced a significant health event within the past 12 months. The greatest proportion of events for people receiving services through the Waiver or CDC+ involved visits to the emergency room or the hospital.

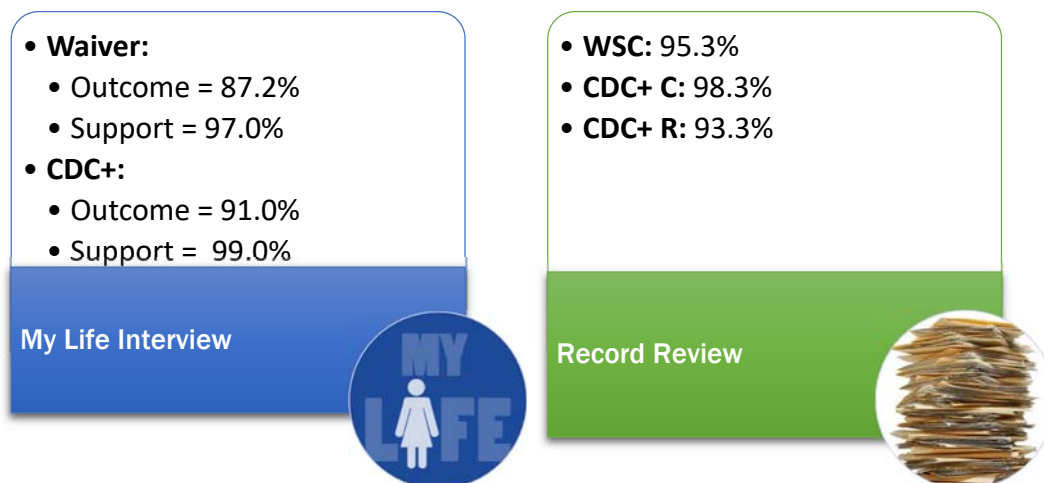
Table 13. Percent of Individuals with a Significant Health Event by Waiver Type		
In the previous 12 months, have you:	Waiver (N = 964)	CDC+ (N = 109)
Been to Urgent Care	5.4%	4.6%
Been to the Emergency Room	18.6%	21.1%
Been admitted to the hospital	10.9%	11.9%
Been Baker Acted	2.8%	3.7%
Used Reactive Strategies under 65G-8	3.3%	0.9%
The Abuse Hotline contacted to report ANE	2.4%	0.0%

While only a small percentage of individuals experienced the other significant health events listed in Table 13, these events are critical and worth noting. Although the percentages were relatively small, these are representative of the population, given a five percent error rate. For example, if 3.3 percent of the population has been subjected to Reactive Strategies, that could be as many as 900 people.

### PCR Summary Results

A summary of scores from the PCR components is presented in the following figure, for the first three quarters of the current contract year (July 2019 – March 2020). Average scores were relatively high across all the areas. My Life Interview outcomes were lowest compared to all other areas, and the CDC+ Representative Record Review was the lowest scoring record review area.

Figure 15. 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

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 Policies 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 2019 and March 2020, 1,410 PDRs were completed and approved by Qlarant Regional Managers; 1,006 service providers and 404 WSCs. Table 14 shows the number and percent of PDRs completed per APD Region.

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<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.

Table 14. Number of PDRs by APD Region				
Region	Service Providers (N = 1,006)		WSCs (N = 404)	
	N	%	N	%
Northwest	71	7.1%	35	8.7%
Northeast	184	18.3%	66	16.3%
Central	183	18.2%	93	23.0%
Suncoast	241	24.0%	70	17.3%
Southeast	191	19.0%	94	23.3%
Southern	136	13.5%	46	11.4%

### PDR My Life Interview



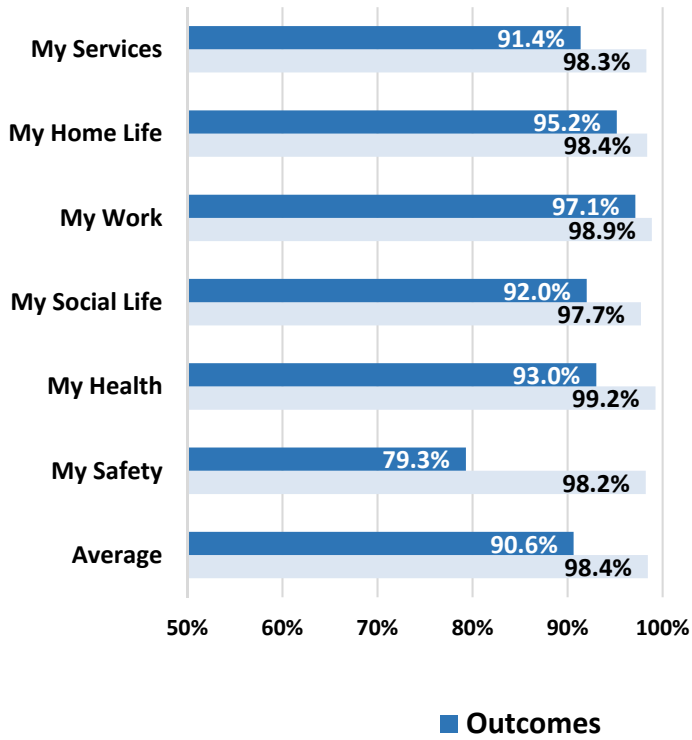
The PDR for service providers uses an interview with individuals receiving services from the provider to determine, from the person’s perspective, how well services are provided and if outcomes are met. Standards for the PDR MLI are the same as for the PCR MLI.<sup>10 11</sup> Figure 16 displays findings from the PDR MLI for each Life Area (n = 880), by Outcomes and Supports, and Figure 17 provides results by region. Results to date indicate:

- Similar to PCR MLI results, PDR findings show Outcomes lower than Supports across all My Life Areas, the greatest difference in My Safety with 79.3 percent of Outcomes present.
- Outcomes for individuals living in the Northwest, Suncoast, and Southeast regions were all under 90 percent, 89.3 percent, 88.0 percent and 85.6 percent respectively.

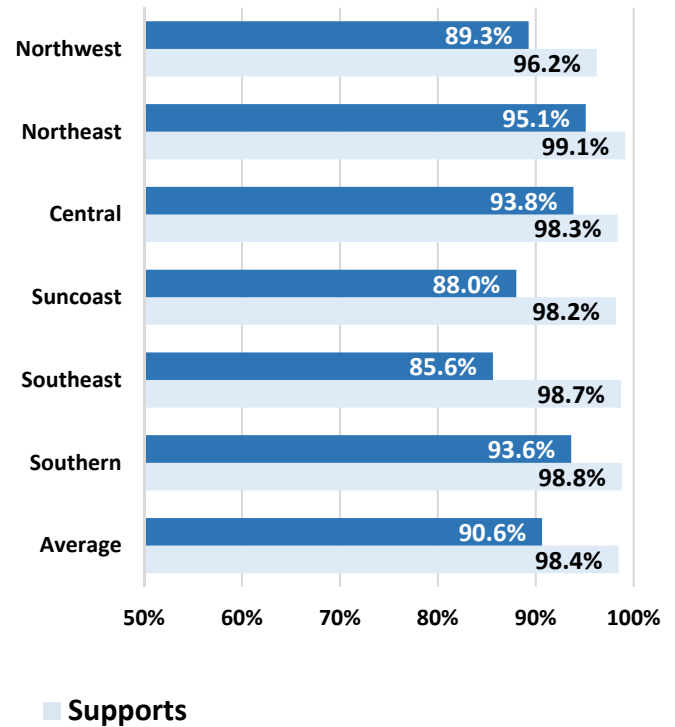
<sup>10</sup> All PCR and PDR tools can be viewed on the Qlarant website:  
<https://florida.qclarant.com/Public2/resourceCenter/providers/discoveryReviewTools/index.html>

<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 16. PDR My Life Interview by Life Areas**  
July - March 2020 (N = 880)



**Figure 17. PDR MLI by Region**  
July - March 2020 (N = 880)



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.

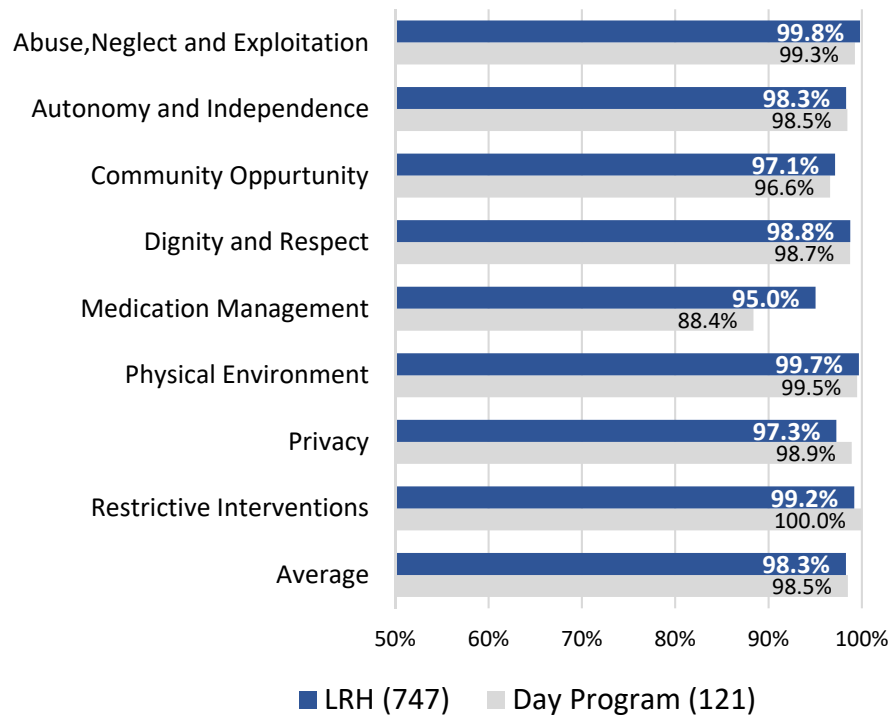


Observations were completed at 121 Day Program locations and 747 LRHs. PDR Observation scores are shown by region and type of location in Table 15. The number of Observations completed during the first two quarters, particularly for day programs, is small so comparisons across regions or standards should be made with caution. Findings to date indicate compliance for both types of locations is high with little variation across regions.

Table 15. PDR Observation Scores by Region and Location July 2019 – March 2020				
Region	LRH		Day Programs	
	# OBS	% Present	# OBS	% Present
Northwest	33	99.3%	9	99.5%
Northeast	117	98.3%	20	99.0%
Central	136	97.8%	16	97.7%
Suncoast	192	98.0%	43	98.5%
Southeast	151	99.0%	18	99.4%
Southern	118	98.3%	15	97.4%
State	747	98.3%	121	98.5%

Observations are shown by standard and location in Figure 18. Scores are generally high across the standards, with only one exception all showing a score of over 95 percent. The lowest scoring area is for Medication Management, which is least likely to be met in both locations, particularly for Day Programs (88.4%).

**Figure 18. Observations by Standard and Location  
July 2019 - March 2020**



While the average difference between the two types of locations for the percent of standards met was small, some differences appear to exist in certain areas. While the sample size on some of these is relatively small for Day Programs, the following findings will be tracked in the annual report when all data have been collected:

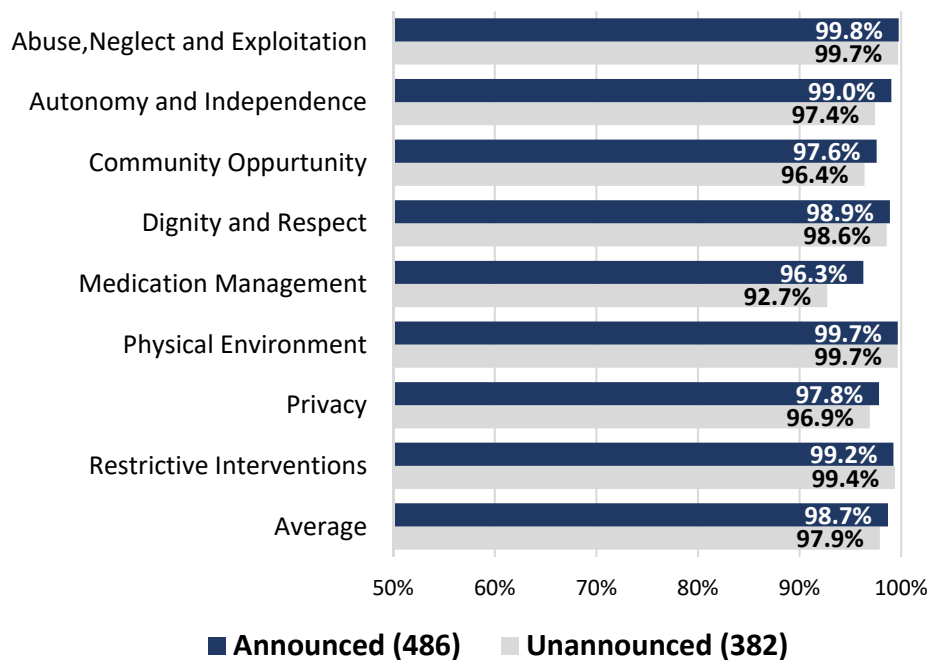
- Day Programs (n=23) were less likely than LRHs (n=235) to have video/audio monitoring equipment present in the setting without consent of all individuals, 100 percent and 94.5 percent respectively.
- Day Programs (n=57) were more likely than LRHs (n=726) to have non-controlled medications that were not centrally stored in a locked container in a secured enclosure, 84.2 percent and 93.5 percent respectively.

**Observation Type: Announced vs Unannounced**

Approximately 44 percent of the observations completed to date this year have been unannounced, meaning the provider did not know which facility would be visited. There is very little difference across the standards (Figure 19). The greatest difference is for Medication Management for which Unannounced findings (92.7%) were close to four points lower than for Announced observations.



**Figure 19. Observations by Standard and Observation Type  
July 2019 - March 2020**



Results by indicator provide a deeper dive into the nuances of the differences for these types of observations. Information may suggest there could potentially be issues with access to food, access to training on transportation, medication storage and the use of video monitoring equipment that are being missed during regular announced observations. However, when the full sample is complete for the annual report, statistical analysis will be used to determine if the results indicate a significant difference in the scores. The following areas showed scores four or more percentage points lower when conducting Unannounced Observations:

- Training in the use of public transportation is not available and/or facilitated (6.6 points lower).
- Video/audio monitoring equipment is present in the setting without consent of all individuals (6.2 points lower).
- Controlled medications are not stored separately from other prescription and OTC medications in a locked container within a locked enclosure (5.4 points lower).
- Non-controlled medications are not centrally stored in a locked container in a secured enclosure (4.5 points lower).
- Food, beverages and snacks are not easily accessible to individuals (4.2 points lower).

### Administrative Policies and Procedures



Each provider is reviewed on up to 19 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 16. 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; however, some questions may also be asked of solo providers. Service providers reviewed this quarter averaged 93.5 percent compliance with P&P requirements, the WSC average was somewhat higher (97.4%). The lowest scoring standard is if the provider maintains written policies and procedures which detail methods for ensuring the person's confidentiality, including maintaining and storing records in a secure manner.

<b>Table 16. PDR Policies and Procedures Results by Standard</b>				
<b>July 2019 – March 2020</b>				
<b>P&amp;P Standard</b>	<b>Service Providers (N = 1,006)</b>		<b>WSC (N = 404)</b>	
	<b>Standards Reviewed</b>	<b>% Met</b>	<b>Standards Reviewed</b>	<b>% Met</b>
If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	26	100%	NA	NA
Agency vehicles used for transportation are properly insured.	362	98.6%	NA	NA
Agency vehicles used for transportation are properly registered.	366	97.0%	NA	NA
The provider maintains written policies and procedures with a detailed description of how the provider uses a person-centered approach to identify individually determined goals and promote choice.	854	97.7%	85	98.8%
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.	856	97.7%	85	98.8%
The provider maintains written policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening.	856	90.2%	85	97.6%
The provider maintains written policies and procedures detailing hours and days of operation and the notification process to be used if the provider is unable to provide services for a specific time and day scheduled.	855	89.5%	85	97.6%

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

Table 16. PDR Policies and Procedures Results by Standard				
July 2019 – March 2020				
P&P Standard	Service Providers (N = 1,006)		WSC (N = 404)	
	Standards Reviewed	% Met	Standards Reviewed	% Met
The provider maintains written policies and procedures detailing how the provider will ensure the individuals' medications are administered and handled safely.	596	96.1%	15	100.0%
The provider maintains written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider.	855	91.7%	85	96.5%
The provider maintains written policies and procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues.	856	98.4%	85	98.8%
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.	856	78.6%	85	94.1%
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.	632	93.4%	7	100.0%
The provider maintains written policies and procedures in compliance with 65G-8.003 (Reactive Strategy Policy and Procedures).	202	98.0%	2	100.0%
The provider addresses all incident reports.	569	96.1%	312	99.0%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	180	96.7%	117	99.1%
All instances of abuse, neglect, and exploitation are reported.	175	96.6%	114	99.1%
The provider identifies addresses and reports all medication errors.	145	97.2%	21	100.0%
The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	1,000	94.0%	395	94.7%
If provider operates Enhanced Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	3	100%	NA	NA
<b>Average Policies and Procedures</b>	<b>10,244</b>	<b>93.5%</b>	<b>1,579</b>	<b>97.4%</b>

Findings by region are presented for agencies and solo service providers and WSCs in Table 17. 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. On average, to date this year, agency providers have scored somewhat higher than solo providers.

Table 17. Administrative P&P Standards by APD Region								
July 2019 – March 2020								
Region	Service Providers				WSCs			
	Agency		Solo		Agency		Solo	
	# PDRs	% Standards Met	# PDRs	% Standards Met	# PDRs	% Standards Met	# PDRs	% Standards Met
Northwest	40	93.7%	31	84.8%	6	100.0%	29	98.2%
Northeast	132	92.9%	52	88.1%	11	98.4%	55	97.9%
Central	159	92.5%	24	86.3%	12	93.0%	81	95.2%
Suncoast	218	94.3%	23	82.8%	15	99.3%	55	94.8%
Southeast	175	94.0%	16	86.7%	27	98.9%	67	97.1%
Southern	130	94.7%	6	100.0%	17	98.7%	29	98.2%
<b>State</b>	<b>854</b>	<b>93.7%</b>	<b>152</b>	<b>86.9%</b>	<b>88</b>	<b>98.1%</b>	<b>316</b>	<b>96.5%</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 1,006 service providers and 404 WSCs who participated in a PDR between July 2019 and March 2020, Qlarant reviewed 2,612 and 532

employee records respectively.

A description of each standard scored within the Administrative Qualifications and Training component of the PDR is shown in Table 18 for service providers and Table 19 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 five 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 (71.9%).

- 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 (77.6%).
- The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment (79.6%).
- The Supported Living Coach provider completes eight hours of annual in-service training (79.9%).

Table 18. PDR Qualifications and Training Service Provider Results by Standard			
July 2019 – March 2020			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
The provider received training in Zero Tolerance.	3,001	1,006	91.6%
The provider received training in Basic Person Centered Planning.	851	460	95.2%
The provider received training on Individual Choices, Rights and Responsibilities	855	459	95.6%
The provider received training in Requirements for all Waiver Providers	2,977	1,006	80.2%
The provider received training in HIPAA.	2,999	1,006	84.4%
The provider received training in HIV/AIDS/Infection Control.	2,924	995	81.1%
The provider maintains current CPR certification.	2,921	995	89.4%
The provider received training in First Aid.	2,913	995	83.4%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	1,338	515	95.9%
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).	496	174	92.5%
Drivers of transportation vehicles are licensed to drive vehicles used.	2,305	893	99.1%
Personal vehicles used for transportation are properly insured.	1,573	683	91.8%
Personal vehicles used for transportation are properly registered.	1,571	683	92.5%
The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.	26	18	100.0%

<b>Table 18. PDR Qualifications and Training Service Provider Results by Standard</b>			
<b>July 2019 – March 2020</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 Life Skills Development 1.	1,005	484	94.0%
The provider has completed standardized, pre-service training for Life Skills Development Level 2.	161	108	96.3%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	177	86	95.3%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	1,512	666	91.0%
The provider meets all minimum educational requirements and levels of experience for Respite.	360	214	92.5%
The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care.	1	1	100.0%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	1	1	100.0%
The Support Coordinator completed required Statewide pre-service training.	1	1	100.0%
The Support Coordinator completed required Region Specific training.	1	1	100.0%
The Support Coordinator completed Introduction to Social Security Work Incentives.	1	1	100.0%
The Support Coordinator completes 24 hours of job related annual in-service training.	1	1	100.0%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	376	239	97.1%
The provider completed required Supported Living Pre-Service training.	375	239	98.3%
The Supported Living Coach completed Introduction to Social Security Work Incentives.	366	233	86.7%
The provider received training in Direct Care Core Competencies.	2,163	849	94.1%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	78	52	98.1%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	29	21	100.0%
The Behavior Assistant provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	28	20	100.0%
The Life Skills Development 1 provider completes 4 hours of annual in-service training related to the specific needs of at least one person currently receiving services.	890	453	77.0%

<b>Table 18. PDR Qualifications and Training Service Provider Results by Standard</b>			
<b>July 2019 – March 2020</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 Life Skills Development 2.	161	108	95.4%
The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment.	153	103	79.6%
The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services.	144	70	81.4%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	1,029	351	94.3%
The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	870	335	77.6%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	307	97	91.8%
The Residential Habilitation - Behavior Focus provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	306	97	95.9%
The Residential Habilitation - Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.	262	89	95.5%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	59	23	100.0%
The Residential Habilitation - Intensive Behavior provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	58	22	95.5%
The Supported Living Coach provider completes eight hours of annual in-service training.	351	224	79.9%
The Personal Support provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	1,312	631	71.9%
The Residential Habilitation - Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics.	51	18	88.9%
The provider has completed all aspects of required Level II Background Screening.	3,001	1,006	85.0%
The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the	2,985	1,001	92.0%

Table 18. PDR Qualifications and Training Service Provider Results by Standard			
July 2019 – March 2020			
Standard	# Records Reviewed	# Providers	% Providers w/ Standard Met
Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.			
The provider received training in Direct Care Core Competency. (Old)	845	457	96.9%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation- Enhanced Intensive Behavior.	4	2	100.0%
The Residential Habilitation – Enhanced Intensive Behavior provider completes eight hours of annual in-service training through participation in recipient case-review or in combination with training related to behavior analysis.	2	2	100.0%
The provider maintains current medication administration validation.	510	144	90.3%

Table 19. PDR Qualifications and Training WSC Results by Standard			
July 2019 – March 2020			
Standard	# Records Reviewed	# WSCs	% WSCs w/ Standard Met
The provider received training in Zero Tolerance.	590	403	90.3%
The provider received training in Basic Person Centered Planning.	544	381	96.3%
The provider received training on Individual Choices, Rights and Responsibilities	60	50	98.7%
The provider received training in Requirements for all Waiver Providers	586	401	100.0%
The provider received training in HIPAA.	591	404	93.3%
The provider received training in HIV/AIDS/Infection Control.	590	404	93.6%
The provider maintains current CPR certification.	591	404	92.1%
The provider received training in First Aid.	591	404	93.3%
The provider received training in Medication Administration prior to administering or supervising the self-administration of medication.	2	2	93.1%
The provider maintains current medication administration validation.	1	1	100.0%
The provider received training in an Agency approved curriculum for behavioral emergency procedures consistent with the requirements of the Reactive Strategies rule (65G-8, FAC).	2	2	100.0%



Table 19. PDR Qualifications and Training WSC Results by Standard			
July 2019 – March 2020			
Standard	# Records Reviewed	# WSCs	% WSCs w/ Standard Met
Drivers of transportation vehicles are licensed to drive vehicles used.	64	45	100.0%
Personal vehicles used for transportation are properly insured.	34	27	100.0%
Personal vehicles used for transportation are properly registered.	34	27	92.6%
The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	224	139	100.0%
The provider meets all minimum educational requirements and levels of experience for Support Coordination.	590	402	99.3%
The Support Coordinator completed required Statewide pre-service training.	590	402	100.0%
The Support Coordinator completed required Region Specific training.	584	402	99.8%
The Support Coordinator completed Introduction to Social Security Work Incentives.	578	402	98.5%
The Support Coordinator completes 24 hours of job related annual in-service training.	568	401	94.5%
The provider received training in Direct Care Core Competencies.	253	177	94.0%
The provider has completed all aspects of required Level II Background Screening.	592	404	97.2%
The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	585	397	94.1%
The provider received training in Direct Care Core Competency. (Old)	350	263	94.5%

### Service Specific Record Review Results (SSRR)



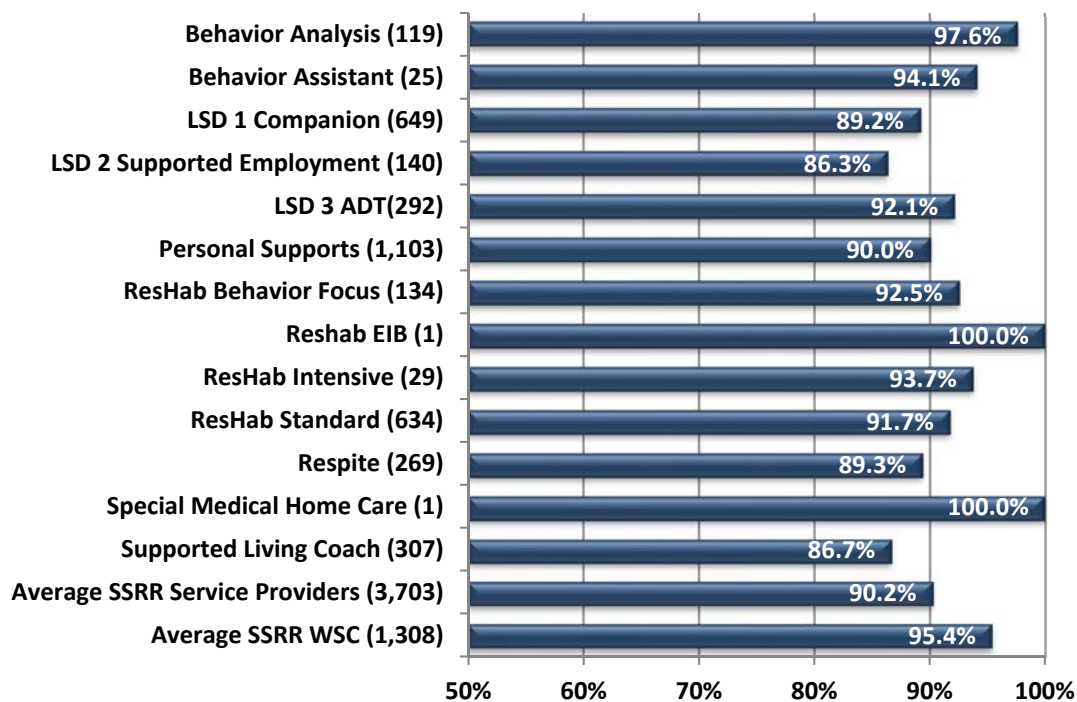
During the PDR, a sample of individuals is used to review records for each service offered by the provider. The number of records reviewed depends upon the size of the organization and the number of services provided, with at least one record per service included. The SSRR tool includes a review of standards specific to each service. There were 3,703 SSRRs completed between July 2019 and March 2020 as part of the 1,006 PDRs for service providers, scoring 60,613 standards, and 1,308 SSRRs completed as part of the 404 WSC PDRs, scoring 33,992 standards.

### SSRR by Service and Region

SSRR results are presented by service in Figure 20 and by region in Table 20. Comparisons by service show the Percent Met with the number of reviews completed in parentheses. The number of standards scored, on which the percent met is based, varies from 10 for Special Medical Home Care to 16,223 for Personal Supports. Because many of the standards have a weight of more than one, both the weighted score and the percent of standards scored as met (Percent Met) are presented by region. There is some variation across regions. Findings by service for the first three quarters indicate service providers scored lower than WSCs, 95.4 percent vs 90.2 percent with four of the 13 services showing a score less than 90 percent met.

Table 20. PDR Service Specific Record Review Results by APD Region								
July 2019 – March 2020								
Region	Service Providers				WSCs			
	# Records Reviewed	# Standards Scored	Weighted Score	Percent Met	# Records Reviewed	# Standards Scored	Weighted Score	Percent Met
Northwest	257	4,236	92.1%	90.7%	92	2,461	96.3%	96.3%
Northeast	645	10,563	88.0%	86.8%	207	5,491	93.3%	93.8%
Central	681	11,097	89.8%	88.7%	249	6,504	93.6%	93.8%
Suncoast	962	16,,312	88.5%	88.0%	276	7,305	94.2%	94.8%
Southeast	674	10605	93.1%	91.1%	326	8,318	96.9%	97.1%
Southern	484	7,800	92.6%	90.9%	158	3,913	96.9%	97.2%
<b>State</b>	<b>3,703</b>	<b>60,613</b>	<b>90.2%</b>	<b>89.0%</b>	<b>1,308</b>	<b>33,992</b>	<b>95.1%</b>	<b>95.4%</b>

**Figure 20. Service Specific Record Reviews  
Percent Met by Service  
July 2019 - March 2020**



#### 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 (under 70%) for the providers reviewed during the first three quarters, with the service provided in parentheses, were for compliance with:

- 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).
- Submitting documents to the Waiver Support Coordinator as required (Supported Living Coaching)

**Alerts**



At any time during a review if a situation is noted that could cause harm to an individual receiving services, the QAR immediately informs the local APD Regional office. The Qlarant QAR calls the abuse hotline, if appropriate, records an alert, and notifies the Qlarant Regional Manager who notifies the local APD Regional and State offices, and AHCA in writing. Alerts can be related to health, safety, abuse, neglect, exploitation or rights. In addition, when any provider or employee who has direct contact with individuals does not have all the appropriate background screening documentation on file, an alert is recorded, unless the only reason cited is noncompliance with the Affidavit of Good Moral Character/Attestation of Good Moral Character.

Between July 2019 and March 2020, 309 alerts were recorded for service providers with an additional 42 reported for WSCs for a total of 351 alerts (Table 21). The highest proportion of alerts was for a lack of documentation to demonstrate compliance with Level 2 Background Screening requirements, followed by compliance with maintaining an Employee/Contractor Roster within the Clearinghouse, and proper medication storage (licensed residential and day training locations).

Alert Type	Number	Percent
Abuse, Neglect, & Exploitation	2	0.6%
Background Screening	119	33.9%
Clearinghouse Roster	97	27.6%
Driver’s License/Insurance	16	4.6%
Health & Safety	4	1.1%
Medication Admin/Training	38	10.8%
Medication Storage	63	17.9%
Rights	10	2.8%
Vehicle Insurance	2	0.6%
<b>Total Alerts</b>	<b>351</b>	<b>100%</b>

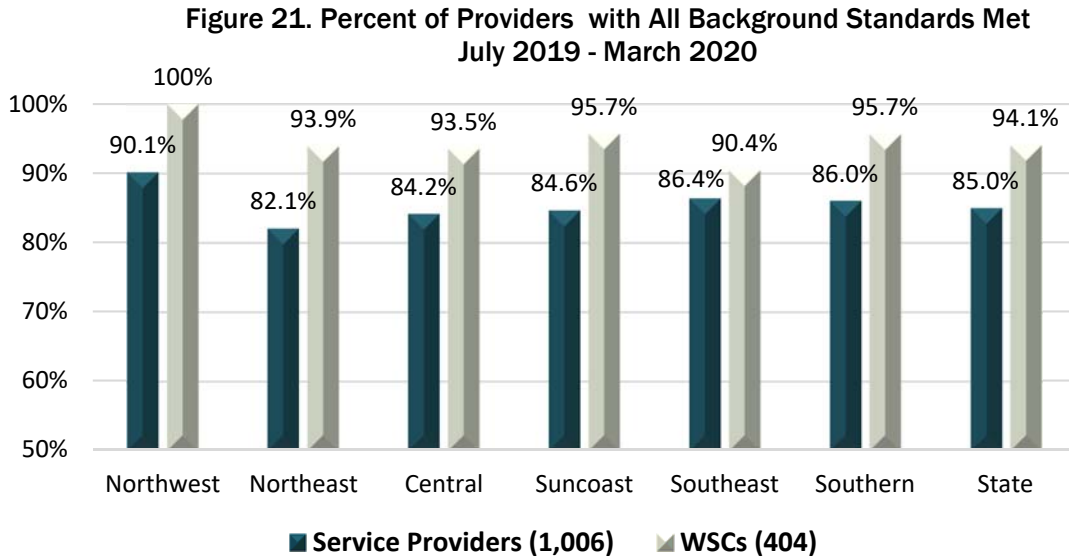
**Background Screening**



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

The following information (Figure 21) shows the percent of service providers and WSCs compliant with all background screening documentation requirements, by region. For staff records reviewed during the first three 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 (82.1% Met), and providers in the Northwest were most likely to meet all background screening requirements (90.1% Met).



**Potential Billing Discrepancy**



For each service, several applicable standards related to billing requirements are scored by QARs. If any of the standards are scored Not Met, it is noted on the PDR Report as a potential billing discrepancy. The percentage of providers with one or more potential billing discrepancy is presented, by region, in Figure 22. Findings for the first three quarters were similar to previous years showing greater compliance for WSCs across all regions. On average, WSC compliance was approximately 26 points higher than for service providers. Billing compliance for service providers ranged from 43.6 percent in Suncoast to 70.2 percent in the Southeast.

**Figure 22. Percent of Providers with all Billing Discrepancy Standards Met  
July 2019 -March 2020**

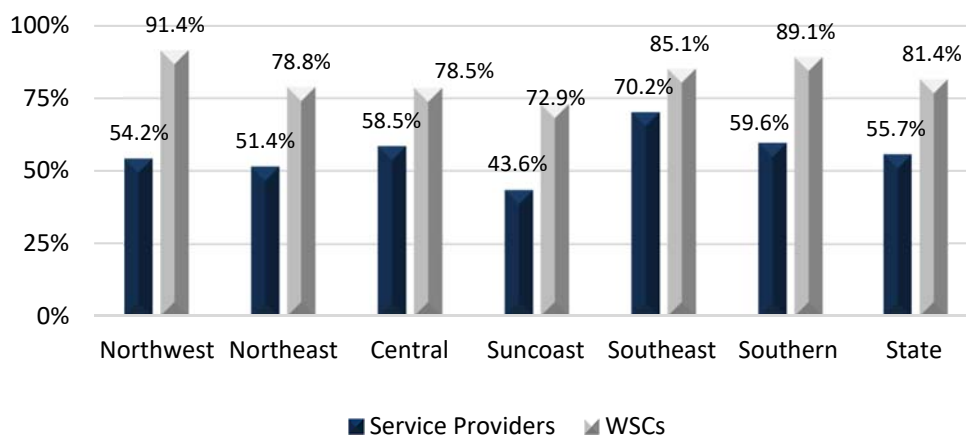


Table 22 provides the percent of records reviewed, by service, with all billing discrepancy standards scored met. For providers reviewed during the first three quarters, approximately 77.5 percent of billing standards were scored met, the lowest compliance shown for Supported Living Coaching (58.0%).<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 22: Potential Billing Discrepancies (BD) by Service July 2019 – March 2020		
Service	# of Records Reviewed	% of Records w/ all BD Met
Behavior Analysis	119	90.8%
Behavior Assistant	25	76.0%
CDC+ Consultant	70	97.1%
CDC+ Consultant UA	49	89.8%
Life Skills Development 1 (Companion)	649	64.1%
Life Skills Development 2 (SEC)	140	62.9%
Life Skills Development 3 (ADT)	292	80.5%
Personal Supports	1,103	65.0%
Residential Habilitation Behavior Focus	134	89.6%
Residential Habilitation EIB	1	100.0%
Residential Habilitation Intensive Behavioral	29	89.7%
Residential Habilitation Standard	634	91.3%
Respite	269	63.9%

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

Table 22: Potential Billing Discrepancies (BD) by Service		
July 2019 – March 2020		
Service	# of Records Reviewed	% of Records w/ all BD Met
Special Medical Home Care	1	100.0%
Support Coordination	701	92.6%
Support Coordination UA	607	91.4%
Supported Living Coaching	307	58.0%
<b>Total # of Records Reviewed</b>	<b>5,130</b>	<b>77.5%</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 23 and 24 provides the lowest, average and highest Overall Provider score by APD Region, for service providers and WSCs respectively.

For all providers reviewed between July 2019 and March 2020, the highest score in every region is 100 percent, for both service providers and WSCs. The lowest service provider scores range from 31.4 percent in the Central Region to 61.3 percent in the Southern Region. The lowest WSC scores ranged from 27.3 percent in the Central Regions to 85.2 percent in the Northwest.

Table 23. Overall Provider Scores by APD Region			
July 2019 – March 2020			
Region	Lowest	Average <sup>14</sup>	Highest
Northwest	57.0%	91.7%	100%
Northeast	31.8%	89.2%	100%
Central	31.4%	89.2%	100%
Suncoast	43.8%	90.0%	100%
Southeast	35.8%	92.7%	100%
Southern	61.3%	92.9%	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 24. Overall WSC Scores by APD Region			
July 2019 – March 2020			
Region	Lowest	Average	Highest
Northwest	85.2%	97.5%	100%
Northeast	49.4%	94.3%	100%
Central	27.3%	93.3%	100%
Suncoast	55.8%	92.2%	100%
Southeast	64.0%	95.3%	100%
Southern	83.9%	95.4%	100%

### PDR Scores by Review Component

A summary of PDR results by region is presented for Service Providers in Table 25 and WSCs in Table 26. With a few exceptions, scores are close to 90 percent and above. For service providers, individual outcomes were lowest in the Southeast (85.6%), Suncoast ((88.0%) and Northwest (89.3%) Regions, and SSRRs were lowest in the Northeast (86.8%), Central (88.7%) and Suncoast (88.0%) Regions.

Table 25. PDR Component Scores for Service Providers by APD Region							
July 2019 – March 2020							
Region	# of PDRs	Policy & Procedure (1,006)	Q&T (2,812)	SSRR (3,703)	MLI (1,476)		OBS (868)
					Outcomes	Supports	
Northwest	71	93.1%	91.5%	90.7%	89.3%	96.2%	99.3%
Northeast	184	92.6%	93.0%	86.8%	95.1%	99.1%	98.4%
Central	183	92.2%	92.6%	88.7%	93.8%	98.3%	97.8%
Suncoast	241	94.2%	92.2%	88.0%	88.0%	98.2%	98.1%
Southeast	191	94.0%	94.0%	91.1%	85.6%	98.7%	99.1%
Southern	136	94.7%	94.9%	90.9%	93.6%	98.8%	98.2%
<b>State</b>	<b>1,006</b>	<b>93.5%</b>	<b>93.1%</b>	<b>89.0%</b>	<b>90.6%</b>	<b>98.4%</b>	<b>98.3%</b>

Table 26. PDR Component Scores for WSCs by APD Region					
July 2019 – March 2020					
Region	# of PDRs	Policy & Procedure (404)	Qualifications & Training (532)	WSC RR Announced (701)	WSC RR Unannounced (607)
Northwest	35	99.1%	99.0%	96.0%	91.3%
Northeast	66	98.1%	97.7%	93.2%	89.4%



Table 26. PDR Component Scores for WSCs by APD Region July 2019 – March 2020					
Region	# of PDRs	Policy & Procedure (404)	Qualifications & Training (532)	WSC RR Announced (701)	WSC RR Unannounced (607)
<b>Central</b>	93	94.4%	95.5%	93.2%	90.8%
<b>Suncoast</b>	70	97.2%	95.8%	95.2%	89.2%
<b>Southeast</b>	94	98.3%	95.4%	96.8%	93.1%
<b>Southern</b>	46	98.6%	95.7%	97.5%	90.0%
<b>State</b>	<b>404</b>	<b>97.4%</b>	<b>96.3%</b>	<b>95.3%</b>	<b>94.7%</b>

### 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 27 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 three quarters of the year show small providers with somewhat lower scores. Smaller providers scored lower than other providers in all areas: Compliance, Quality, and Overall. 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 27. Results by Provider Size: July 2019 – March 2020								
Provider Size	# Reviews	Overall Score	Compliance Score	Quality Score	# Alerts	# BD	Rate per 10 Reviews	
							Alerts	Billing Discrepancy Standards
Small	895	92.2%	93.1%	89.7%	267	1,049	2.98	11.72
Medium	81	95.7%	96.6%	92.4%	21	115	2.59	14.20
Large	30	95.2%	96.2%	89.2%	21	49	7.00	16.33
<b>Total</b>	<b>1,006</b>	<b>93.0%</b>	<b>94.0%</b>	<b>90.0%</b>	<b>309</b>	<b>1,213</b>	3.07	12.06

## Section III: Discussion and Recommendations



Findings in this report reflect data from PCR and PDR reviews completed between July 2019 and March 2020. A total of 1,095 PCRs, 1,410 PDRs and 148 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.

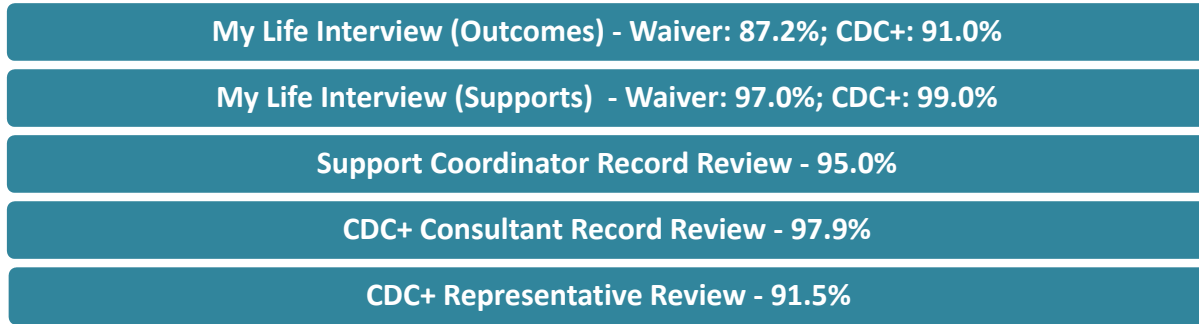
During this quarter, Qlarant facilitated the Quality Council in Tallahassee, Regional Managers reviewed all reports before final approval and facilitated a quarterly meeting in each region to review data, explore trends, and discuss other relevant regional issues or best practices. Managers also worked extensively with AHCA and APD to develop desk review and phone interview processes to transition from onsite reviews in April, to adjust for the COVID 19 pandemic.

The director and managers meet 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.

### Overall Review Findings

Results from reviews completed this year indicate the majority of providers reviewed were in compliance with most requirements 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, 87.2 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 not all of the reviews have been completed for the contract year, results are preliminary. Some areas noted from reviews completed to date, however, are similar to previous years.

### Safety

The My Life Interview tool is providing the ability to do a deeper dive into a person’s outcomes by identifying the reason an outcome is not present for someone. Results are similar to FY19 indicating Safety is the lowest scoring area for people receiving services. While most providers and WSCs had policies in place to identify, address and report instances of abuse, neglect and exploitation (ANE), individuals did not always understand what neglect or exploitation mean, what to do if experiencing ANE, or the different types of abuse, such as physical or sexual. Individuals also indicated they do not know how to use the abuse Hot Line or how to find it.

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. Incorporate ideas into a comprehensive ANE training for individuals and families. Alternatively, a “focus group” could be invited to QC to accomplish something similar.

Recommendation 2: Ensure education about ANE, specifically for neglect and exploitation, 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.

Recommendation 3: The Quality Council should include access to and education on use of the abuse hot line as a topic for a workgroup. The group could help determine ways for providers to effectively disseminate information to individuals receiving services and how to incorporate ideas into training developed from recommendation 1 above.

### Individual Outcomes

While data suggest providers were offering adequate support to individuals, outcomes were generally lower in all measurement areas. Across regions, the Northwest and Northeast scored higher on outcomes than other regions in the state. In addition, while supports were relatively high and similar across different types of residences, outcomes were highest for individuals receiving services who live independently or in supported living and lowest for residents of group homes. The structure and constraints of group homes may limit outcomes for people and additional support from families and friends is more accessible to individuals in a family home.

Recommendation 4: The Quality Council could work with regional representatives and providers from the Northwest and Northeast to determine if they have best practices to share that help people receiving services achieve desired outcomes. Qlarant’s regional managers could also explore this area. Any ideas or best practices could be shared through newsletters and also through Qlarant’s regional managers, bringing these up as a topic at the quarterly regional meetings across the state.

Recommendation 5: When analyzing the annual data, Qlarant should dig into specific outcomes that are most often not met for individuals living in group homes. Using the reasons these outcomes are not met, recommendations could be developed for quality improvement initiatives or training to help improve outcomes for individuals living in these homes.

### Satisfaction and Stability

Responses to the questions that pertain to satisfaction with supports and services indicated most people were satisfied with services they receive and with providers working with them. However, on each question, individuals receiving services through CDC+ were much more likely to respond with

Strongly Agree, rather than simply Agree, than were individuals using the Waiver. This may indicate the ability to hire/fire providers, being in charge of decisions, providers, and services received, improves autonomy and satisfaction.

In addition, for individuals receiving services through the Waiver, when asked about stability of providers, indicated the greatest proportion of changes made for the person's service providers (43%) and day activities (40%) were initiated by paid supports and not by the person receiving the service. Perhaps the flexibility of the CDC+ program, the option to hire and fire providers, the use of a family member as a provider, and the ability to self-direct may be driving a much higher degree of satisfaction.

Recommendation 6: People receiving services through the Waiver do not “self-direct” to the same degree as people using CDC+, as the latter program is specifically structured for this. However, everyone should be provided opportunities to make decisions about their lives, i.e., their healthcare, day to day living options, service providers, services, and community activities. APD may want to assess the use and impact of current Person Centered Thinking training, such as how much of a culture change takes place in the organization after staff is trained, and initiate activities to help people receiving services be more in charge of their lives, decisions, choice of providers and choice of activities. The increased autonomy afforded to people and families may improve their overall quality of life.

### Medication Use

The rate of individuals taking four or more prescription medications has remained fairly constant over the last several years, approximately half of people interviewed taking multiple medications (4 or more). In addition, results indicate many people receiving services do not understand their medications (Waiver 56.6% present; CDC+ 67.9% present). Most people who did not meet this critical standard were not aware of what they took, why, or what the potential side effects are of the medications they take. In addition, 28 percent of alerts issued to date were related to medication administration, training, or storage.

People living in independent or supported settings were much more likely to be taking multiple medication than people in family or group homes. While their outcomes were higher than in other areas, they also seem on average take more medications. It is possible people living at home may have more complex diagnoses than people in licensed facilities, and because of that families feel they can do better in a family home with more natural supports.

Recommendation 7: 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 8: 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. Training by providers should include these story lines and ensure people understand the content. Using face-to-face scenarios with peer participation could help enhance people’s understanding of the medications they take.

Recommendation 9: Regional APD representatives should work with all licensed facilities, particularly for any that have been cited for improper medication storage, and ensure each has an adequate system used to properly store all medications, and follow-up periodically to ensure proper procedures are followed.

Recommendation 10: Qlarant should use the annual data to drill down into medication use in the family home and why it is so much greater than use in a group home, by exploring comparisons of diagnoses and possible dual diagnoses to determine what may be driving these findings and if any quality improvement initiative may be helpful.

### 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 241 PDRs completed only 43.6 percent of providers had met all the billing discrepancy standards.

Recommendation 11: 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, the use of multiple medications for many individuals continues, and safety areas appear to be an issue for many individuals. More in depth analysis will be performed for the annual report when all the data are available, to hopefully guide additional quality improvement initiatives in these areas.



## Attachment 1: Customer Service Activity

January - March 2020

Customer Service Topic	#	Description	Outcome	Avg Time
Address/ Phone/Name Update	42	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	2	Providers called requesting clarification on the Attestation of Good Moral Character and if it needed to be notarized.	Provider was advised that the Attestation of Good Moral Character is not required to be notarized.	1 day
Clarification	12	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.	1.5 day
Contact QAR	14	Providers call to contact the QAR assigned to do their review.	QARs are contacted by office staff and asked to contact the provider.	1 day
HSRI Family Surveys	40	Families call with questions such as what is the purpose of the survey, can they assist the person in completing, where to mail it and is there a Spanish version.	All questions are answered and a Spanish version is mailed as requested.	1 day
Miscellaneous/ Other	18	Family stakeholders and providers call with requests unrelated to our process, e.g. how to access services in other states, where to send their Plan of Remediation, how to report Abuse.	Questions within our scope of work are answered. Where appropriate, callers are referred to APD and AHCA.	1.5 day
New Tools	7	Providers called with questions regarding the most recent update to tools effective. Providers also called with general tool related questions.	Providers are referred to our website and shown the current tools posted. Questions regarding the tools are answered, with references to the protocols and the not met reasons.	1 day
Next Review	38	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	5	Providers call asking how to find their provider name or get their provider name added to the public reporting website.	Providers are guided through the best way to use the site. The process as	1 day

Customer Service Topic	#	Description	Outcome	Avg Time
			related to receipt of Medicaid claims data is explained.	
Question	3	Providers and stakeholders called requesting information about registering for the upcoming Quality Council meeting. Stakeholder called to inquire about any changes that would be made to our review process in response to the Covid-19 pandemic	Information was shared about how to register for QC and what to expect during the process. The caller was informed we are working closely with AHCA and APD and will be posting new procedures with the next few days.	1 day
Reconsideration	20	Providers call asking for clarification on the process to submit a request for reconsideration or inquiring as to the status of a request already submitted.	The reconsideration process is explained to provider, including reference to our Operational Policies and Procedures. The provider is directed to the end of their PDR report and the FSQAP website where they will find detailed instructions on how to submit a request for reconsideration.	1 day
Potential Billing Discrepancy	4	Providers call with questions about how to repay money identified as a potential billing discrepancy in their quality assurance review report.	Providers are given the AHCA email address for potential billing discrepancy. <a href="mailto:APDProviderBilling@ahca.myflorida.com">APDProviderBilling@ahca.myflorida.com</a>	1 day
Report Requested	1	Providers call or email requesting their report be re-sent.	Mailing addresses are confirmed and reports are re-sent.	1 day
Review/Reports	27	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	4	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>238</b>			