Operational Policies and Procedures Manual

Florida Statewide Quality Assurance Program

Mission: *To deliver quality, clarity, and opportunity.*

Vision: *To deliver the most innovative solutions and unrivaled results with an agile, expert workforce and trusted strategic relationships.*

This manual describes the policies and procedures used to implement the Florida Statewide Quality Assurance Program. AHCA maintains review/revision oversight of this document. This document is considered current until otherwise notified by the Contractor.

Note: **This is a controlled document. Master document is the on-line version.** It supersedes all previous updates. Users shall not make unauthorized alterations. Users must determine the current version and completeness prior to use. The user must discard obsolete documents.

Contents

List of Acronyms and Terms

AHCA – **Agency for Health Care Administration** is the single state agency responsible for administering the Medicaid program in Florida and administers the Developmental Disabilities Individual Budgeting (iBudget) Waiver.

Agency – A business or organization enrolled to provide waiver services that has two or more employees to carry out the enrolled service(s), including the agency owner.

Alert – An alert is triggered when the Quality Assurance Reviewer determines a person's health, safety and /or rights are in jeopardy and immediate corrective action is needed.

APD – **Agency for Persons with Disabilities** is the state agency specifically tasked with serving the needs of Floridians with intellectual and developmental disabilities.

Regional Office – Agency for Persons with Disabilities Regional office responsible for managing one of six service Regions around the state.

CDC+ – The **Consumer Directed Care+ Program** operates under the authority of section 1915(j) Medicaid State Plan Amendment of the Social Security Act. This program permits individuals to self-direct their own personal assistance services, hire and pay legally liable relatives directly for personal assistance services identified in the service plan and budget through a monthly budget the individual manages. For the purpose of this program, individuals must be enrolled in the 1915(c) iBudget Waiver.

CDC+ Consultant – A Waiver Support Coordinator specifically trained to assist Consumer Directed Care+ (CDC+) Participants with program administration and care management. A CDC+ Consultant is required to meet all requirements of a Waiver Support Coordinator, therefore only the term Waiver Support Coordinator is utilized unless specific to CDC+ Program.

CDC+ Representative – An individual selected by the CDC+ participant to assist in managing the budget allowance and services. Representatives advocate for and act on behalf of the program participant in all CDC+ matters.

CSR - Customer Service Representative – is a Qlarant staff that serves as a liaison between Qlarant, iBudget Waiver service providers and recipients, the APD Regions, and the business community.

Discovery Process – Process of collecting data and direct participant experiences in order to assess the ongoing implementation of the service delivery program.

Discovery Review Tools – Instruments used to capture information gleaned from specific review processes.

FSQAP – The **Florida Statewide Quality Assurance Program** is the program under which providers rendering services and billing to the Developmental Disabilities Individual Budgeting Waiver are reviewed for quality assurance purposes.

HSRI – **Human Services Research Institute** is the organization that developed the National Core Indicators, together with the National Association of State Directors of Developmental Disabilities Services (NASDDDS).

iBudget Handbook – **Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook** The purpose of the Handbook is to educate the iBudget Waiver provider about policies and procedures needed to receive reimbursement for covered services provided to eligible waiver recipients. The Handbook provides descriptions and instructions on how and when to complete required documentation and contains minimum education/experience requirements for each service.

iBudget Waiver – **Developmental Disabilities Individual Budgeting Home and Community-Based Services Waiver** authorized under section 1915(c) of the Social Security Act and governed by Title 42, Code of Federal Regulations (CFR), Parts 440 and 441. Section 409.906, Florida Statutes (F.S.), and Rule 59G-13.070, Florida Administrative Code (F.A.C.). The iBudget Waiver is referenced in Chapter 393, F.S., and the Agency for Person's with Disabilities' Rule 65G- 4.0210, F.A.C. The iBudget Waiver provides home and community-based supports and services to eligible persons with developmental disabilities living at home or in a home-like setting.

QC – **Quality Council** is a council of self-advocates, families, Agency for Health Care Administration, Agency for Persons with Disabilities and service providers who provide direction for the Florida Statewide Quality Assurance Program.

MPR – **Medical Peer Review** is the process designed to identify the physical, functional and behavioral health care status, and needs of individuals currently receiving services on the Developmental Disabilities iBudget Waiver or Consumer Directed Care + program.

NCI – **National Core Indicator Adult In-Person Survey** is a survey tool developed by HSRI to gather information from people 18 years of age or older receiving waiver services to be used at a state level for comparison of the quality of waiver services.

ORC – **Observation Review Checklist** is used to gather information about specific locations (licensed residential homes and day training facilities).

PCR – **Person Centered Review** is a process of discovery beginning with the person and reviewing the services, outcomes, and supports provided to the person.

PDR – **Provider Discovery Review** is a process of discovery focusing on provider compliance and accountability in delivering appropriate supports and services to people and meeting their needs.

Provider – A provider is any entity, facility, person (solo), agency or group who is enrolled in the Developmental Disabilities iBudget Waiver program rendering services to Medicaid Waiver recipients and billing for Medicaid Waiver services.

QAR – **Quality Assurance Reviewer**s are employed and trained by Qlarant to conduct Discovery Reviews.

QO – Qualified Organization is a group of four or more Waiver Support Coordinators rendering Support Coordination and/or CDC+ Consultant services as employees.

Reconsideration Review Request – is the process the provider utilizes to request a change in scoring on the Provider Discovery Review. The request is only applicable to standards of performance related to identified potential billing discrepancies.

SSRR – The **Service Specific Record Review** is a review of the person's service record maintained by the provider. It is used to evaluate the extent to which providers incorporate a person centered approach in their service delivery systems, and maintain compliance and accountability to applicable laws, Agency for Persons with Disabilities expectations, and standards.

WSC – **Waiver Support Coordinator** is the provider who acts as the case manager for people receiving services through the Developmental Disabilities Individual Budgeting Waiver.

Confidentiality

All medical data and individual specific information are confidential and are only shared by Qlarant with agencies that have legal authority to receive such information. Qlarant complies with all federal and state laws governing confidentiality, including electronic treatment of records, facsimile mail, and electronic mail, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Discovery Process inputs are gathered via a customized, secure web-based application consisting of various modules. This application is continuously available to our Quality Assurance Review staff (except for pre-determined and approved maintenance windows) via the Internet, protected by Extended Validation SSL (EVSSL) encryption. All modules are accessible from a single point-of-entry. Access to the modules will be role-based and limited to only those persons who require access.

All Qlarant staff is required to take a Security Awareness training session annually.

Customer Service

A dedicated Customer Service Representative (CSR) serves as a liaison between Qlarant, iBudget Waiver service providers and recipients, the APD Regions, and the business community. The person in this position is trained in all review processes in order to better communicate with all stakeholders. If unable to answer an inquiry or respond to a grievance, the CSR forwards the call to the person best able to address the issue. In addition, the CSR is bi-lingual, fluent in English and Spanish. When the need for interpreter services for a Quality Assurance Review (QAR) arises, the CSR arranges for such services. Qlarant does not allow communication to be a barrier to providing excellence in services, including Customer Service. The CSR may be reached by the toll free number (866-254-2075) or by fax at (888-877-5526).

Complaints

Qlarant strives to provide the best service possible in all aspects of business. We take every step possible to ensure expectations are met and exceeded when possible. Through our rigorous training and staffing processes, we make certain QARs understand what is expected of them when interacting with individuals receiving services, family members, providers, state of Florida personnel, and other community members. We set high standards for our employees, and expect them to maintain ethical business practices, i.e. honesty, integrity, respect, trust, responsibility and to be helpful and courteous to our stakeholders at all times.
Qlarant consistently strives to exhibit the following key customer service qualities:

- Timeliness of response
- Accuracy of information
- Thoroughness of approach
- Respectful interactions

If Qlarant falls short of meeting these requirements and a complaint is made, we make every effort to resolve the complaint quickly. The following steps can be followed to lodge a complaint:

- Contact our Customer Service Representative at our toll free number 866-254-2075 and explain your concern.
- If you are not satisfied with the explanation/resolution ask to speak with a Regional Manager.
- If you are still not satisfied with the resolution please ask to speak with the Program Director.
- Calls are returned within 24 hours or by the next business day.
- Responses to written inquiries are returned within 30 days.

Non-Compliance with the Discovery Review Process

According to 2021 Florida Statutes (409.907 and 409.913) and 1915j, the provider is required to participate in quality improvement activities conducted by the state of Florida. This includes the release of Medicaid patient information when requested. According to 1915j, "The State assures that there are necessary safeguards in place to protect the health and welfare of individuals provided services under this State Plan Option, and to assure financial accountability for funds expended for self-directed personal assistance services".

Non-Compliant providers are those:

- Who do not respond to at least two attempts to schedule a review.
- Who do not make individual records available for review purposes.
- Who is a “no-show” after a review has been scheduled.

Procedure for Providers who do not respond to scheduling efforts:

Immediately after the second failed attempt to schedule an annual Provider Discovery Review, the Qlarant QAR notifies Regional Agency for Persons with Disabilities (APD) staff of the difficulty scheduling the review with the provider/Consumer Directed Care+(CDC+) Representative. The provider/CDC+ Representative is given three business days to respond to APD Regional staff. If Regional staff succeeds in getting the provider/CDC+ Representative to comply, the review is scheduled and conducted accordingly. If there continues to be non-compliance from the provider/CDC+ Representative despite efforts from APD staff, the provider/CDC+ Representative is scored “Not Met” in all areas of the discovery tool.

Procedure for Providers who do not make individual records available for the review process:

During the scheduling phase of the Discovery Review Process providers/CDC+ Representatives are made aware of time frames for making records available. The QAR informs each provider/CDC+ Representative involved in the Person Centered Review (PCR) and Provider Discovery Review (PDR) which records need to be available and when. If the provider/CDC+ Representative does not make all records available for review within the designated time frame, the provider/CDC+ Representative is scored "Not Met" for all standards pertaining to the record review. The QAR notifies Regional APD staff by phone.

Procedure for providers who are a "no-show" after a review has been scheduled:

Should a provider fail to appear at the scheduled time and location for a PDR the QAR will wait thirty minutes while continuing to try to reach the provider/CDC+ Representative. If the provider/CDC+ Representative does not respond, we will notify the APD Region and score "Not Met" for all standards.

Discovery Review Procedures

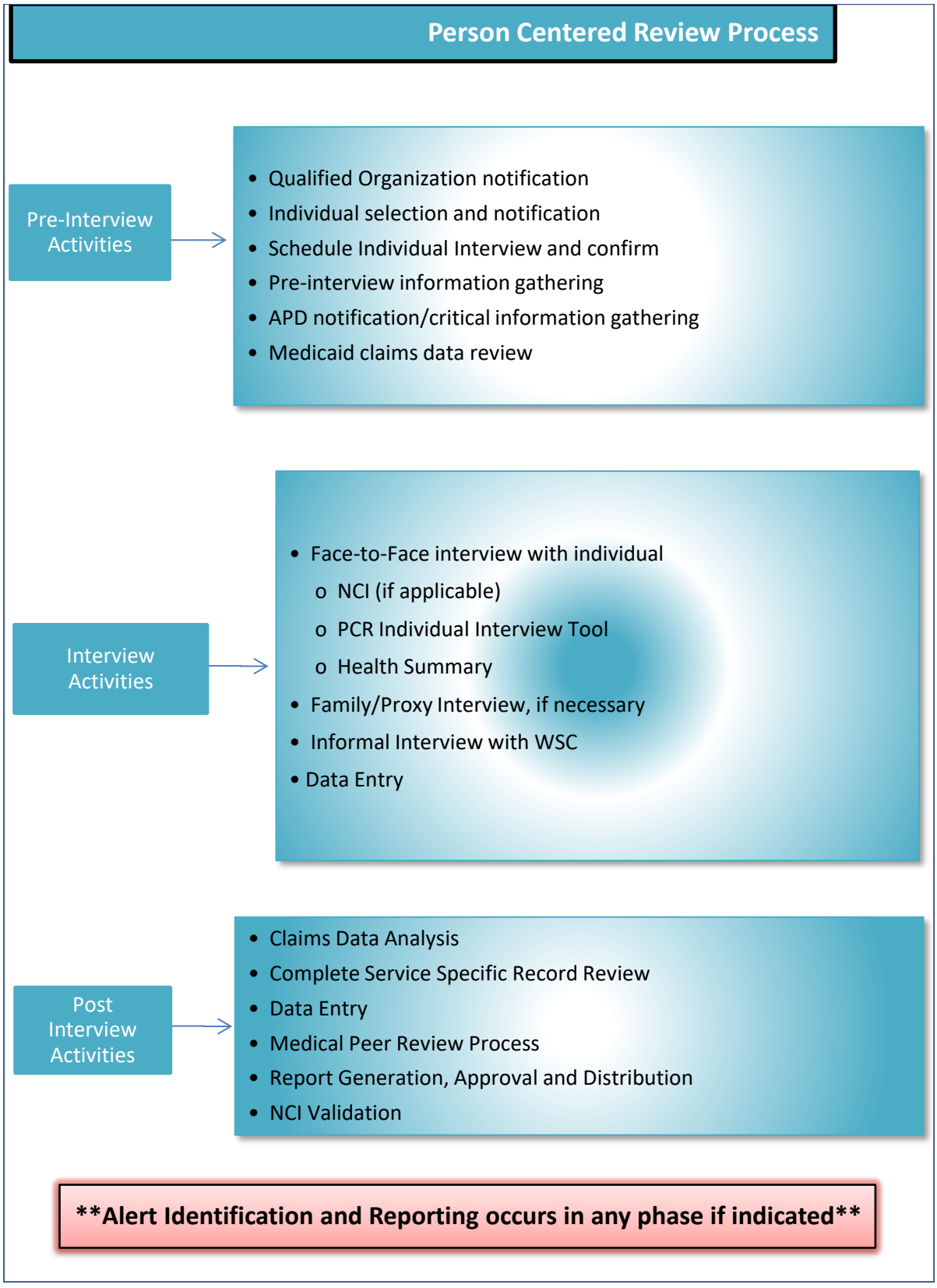
Quality Framework

The Quality Assurance System developed by Qlarant, in collaboration with the Agency for Health Care Administration (AHCA) and APD, is used to determine whether current systems to support individuals are efficient, effective, and rendered to their satisfaction. The Quality Assurance System Discovery Process has the goal of discovery. The two key processes are the PCR and PDR. All tools and checklists used as part of the PCR and PDR Discovery Process can be found at the Florida Statewide Quality Assurance Program, which can be found here: https://florida.qlarant.com/

Person Centered Reviews (PCR)

The Person Centered Review process embodies the philosophy commonly characterized by many self-advocates of "Nothing About Me, Without Me". It is designed to determine the effectiveness of the Waiver Support Coordinator (WSC) in rendering services to individuals, as specified by the person. Question areas can include, but are not limited to: Is there a consistent person centered approach used that allows individuals to direct their own lives, choose their own services and providers, participate in the development of their own support plans, and determine their own goals and objectives? Is the support plan deployed appropriately? The PCR sample is designed to allow results to be generalized to each APD Region and to the state system as a whole.

The Discovery Process begins with PCRs to assess the efficiency and quality of supports, services, planning and delivery from the person's perspective resulting in outcomes present for the person. PCRs begin with Face-to-Face interviews with persons receiving services and include a review of the outcomes, supports and services specific to that person, including a review of the Support Plan. The following flow chart describes the PCR process.



Qualified Organization (QO) Person Centered Review (PCR) Notification and Scheduling

Prior to May 15th of each year Qlarant Regional Managers are required to develop and submit to AHCA and APD the annual PCR schedule for the following contract year. The schedule is broken out by APD Region and identifies the quarter PCR's for each WSC within the QO are projected to be completed.

Qlarant ensures WSC's scheduled for PCRs receive a notification letter informing them they are scheduled to participate in a Provider Discovery Review (PDR) with PCR's within the next 90 days. This letter further informs the provider that a QAR will contact the provider up to 30 days prior to the date of the review.

Selecting the Sample for Person Centered Reviews

A list of individuals actively receiving services through the iBudget waiver is acquired from APD. From this list, a comprehensive list of WSCs is created and reviewed by Qlarant's Regional Managers. Once the list of WSCs is finalized, two individuals are randomly selected from each WSC's caseload within each APD region that they serve. For example, if a WSC provides services in two APD regions, two individuals are randomly selected for each region. All remaining individuals are randomly sorted by WSC and APD region to create an oversample.

In order to keep distribution of PCRs among WSC's equitable, the QAR will work with the QO to try to ensure eligible WSC's in the QO have just two PCRs. For WSC's who work in multiple APD regions, one PCR will be done for each for each region they work in, so if a WSC works in more than two regions this could result in more than two PCRs. The sample is typically pulled 45 days prior to the start of a contract year. Between the time the sample is pulled and a QAR reaches out to a QO to schedule, WSC caseloads shift and active WSC for the QO change which affect the sample. If needed, the QAR will request caseloads and randomly sample using random.org to bring each WSC in the QO to the appropriate number of PCRs sampled.

If the only people receiving services in a 2nd region for a WSC decline the PCR, then a PCR will be added from the other region to give the WSC the minimum of 2 PCRs overall. If a WSC serves just a few people in a region, the number of PCRs and Records sampled due to declines and other circumstances, could be less than procedures call for. QAR will always note in a discovery when this happens along with the reason.

There are circumstances in which a WSC could be pulled into more than 2 PCRs. Examples of these circumstances include, but are not limited to:

- Caseload shifts within a QO could result in one WSC serving more than 2 people who are in the original PCR sample.
- Individuals changing WSCs due to personal choice, or a WSC discontinuing services results in a WSC who has already been drawn into 2 PCRs now serving another person in the PCR sample.

Scheduling the Face-to-Face Individual Interview/Sending a Confirmation Letter

The WSC from the Qualified Organization is tasked with contacting the person selected for a PCR. If the person chooses not to participate, the QAR may follow-up with the person to determine if there were any questions about the process. For persons participating in the CDC+ program, the PCR may be declined but a PDR still occurs with the CDC+ Representative. For those persons who decline the reason for declining is captured in the web based application.

If there is a decline, the WSC is given the next name from the randomly ordered list and asked to contact the person. This process continues until the required number of interviews are scheduled. If the person chooses to participate, the WSC schedules the date, time and location for the interview based on the person's preferences. QARs maintain contact with WSCs to gather information on interview locations, dates and times. Once the interview has been confirmed, the QAR enters the information into the scheduling component of the web based application. This triggers the mailing of a confirmation letter to the person, outlining the purpose of a PCR, tools used and examples of questions the Qlarant QAR may ask. If the interview replaces a last minute cancellation, a letter will not be sent.

Information covered by the QAR during the initial phone call with the Qualified Organization will include the following at a minimum:

- Sharing the names of persons sampled for PCRs
- Coordinating with WSC's to assist with contacting and scheduling PCRs
- Confirming with the Qualified Organization the names of WSCs employed and hire/enrollment dates for each
- Requesting caseload information to complete sampling PCRs for any eligible WSCs not in original sample

Pre-Interview Information Gathering for the Individual Interview

Prior to conducting the National Core Indicator Adult In-Person survey (NCI IPS), PCR Individual Interview and the Health Summary it is important for the QAR to collect information from the WSC that may be beneficial to the person and the QAR to help ensure a successful interview. This information provided prior to the interview could include the person's communication style; adaptive equipment needs; or if the person's primary language is different than spoken English. If needed and if the person chooses, Qlarant can obtain an interpreter to assist during the interview, e.g. sign language, Spanish, or Creole.

Review of information from the Agency for Persons with Disabilities

Qlarant notifies APD of the upcoming PCR reviews for the month, including the name of the QAR. A request is made for information pertaining to incidents, concerns, complaints or grievances associated with the QO. This information is discussed with the QO during the PDR if applicable.

Confirmation with Waiver Support Coordinator

Once the QAR and WSC have determined the actual dates of the WSC follow-up and record review, this information is entered into Qlarant's web based application. A phone call or e-mail is made to the WSC to confirm date, location and time of review, and includes a list of documents that need to be available in APD iConnect (iConnect) for review such as the Cost Plan, Support Plan, Medicaid Waiver Eligibility Worksheet, and Progress Notes as noted in the notification letter. Subsequent calls to the WSC will be initiated by the QAR to:

- Finalize and confirm PCR dates, times and locations.
- Gather background information for NCI as applicable.
- Schedule time with the WSC for follow up discussion.
- Schedule the Qualified Organization PDR to include deadlines for submission of Administrative/Personnel record and Service Specific Record Review (SSRR).

Face-to-Face Interviews (PCR Individual Interview Tool, Health Summary, and National Core Indicators)

The interview with the person takes place at a date, time and location of the person's choosing. At the start of the interview with the person, the QAR confirms the person's willingness to participate in the interview, and confirms the person has approved the participation of any other people in attendance. Ideally, interviews are conducted with as few people present as possible to ensure the voice of the person is the focus of the interview. The QAR may gather additional information related to service delivery and satisfaction from family, guardian/legal representative, and/or support personnel. These interviews may be needed to corroborate information or if there are significant gaps in information provided by the person. If the person no longer chooses to participate in the process, the PCR concludes; however for persons on the CDC+ program a PDR occurs for the person's CDC+ Representative. For those who choose to participate, the PCR consists of the Individual Interview and Health Summary.

NCI (National Core Indicators) - Required NCI protocol is followed while administering the NCI survey to ensure the data are suitable for inclusion in the Human Services Research Institute (HSRI) national database of information. The NCI Adult In-Person Survey covers specific areas and consists primarily of choosing the most appropriate response. The purpose of the Survey is to identify and measure core indicators of performance of state developmental disabilities

service systems, such as satisfaction with services, community integration, and choice. Each Support Coordinator will be sampled for one NCI in addition to the required PCR(s). If the person chooses not to participate, a different name will be sampled.

The survey consists of five parts:

- Pre-Survey - Information to help set up the meeting
- Background Information - Person's demographic and personal characteristics
- Section 1 - Subjective questions, only the person receiving services may answer
- Section 2 – Objective questions, preferably completed by person receiving services, but a proxy can be used
- Surveyor Feedback Form - Details about survey and flag issues with specific questions

The NCI Adult In-Person Survey is conducted with people 18 years of age or older receiving waiver services. People may have a proxy present, to assist during specific sections of the survey; however section 1 must be answered by the person independently. After the survey is conducted, the QAR informs the person of the survey's conclusion and the confidential nature of the survey.

PCR Interview Tool - Data specific to a person's desired goals, outcomes and supports, are collected through the PCR Interview Tool. The Interview Tool covers six key tenets: choice and self-direction, rights, satisfaction, stability, future, and safety. The domains include My service life, My home life, My work/day activity life, My social life, My health, and My safety.
The interview consists of open-ended questions including but not limited to:

- What services and supports are you receiving?
- How did you have input into deciding which services you receive?
- How are you offered options of services and supports?
- Who is providing your supports and services?
- How did you have input into choosing who provides your services?
- How were your service providers selected?
- What do you know about your rights as a citizen?
- How does your WSC provide you with information about your rights?
- What rights are most important to you?

The QAR ultimately determines within each domain if certain expectations/findings need to be reported as applicable for each person interviewed. The actual questions asked may vary from interview to interview depending on the needs of the person being interviewed and the person's communication style.

Health Summary - Data specific to the person's health and safety in all settings are collected using the Health Summary tool. The Health Summary is incorporated into the interview tool and consists of a series of questions related to medications taken, medical personnel involved in providing care, hospitalizations, adaptive equipment, environmental conditions, behavioral needs, and safety. The Health Summary is used to assist in identifying any health and behavioral issues/concerns. Discoveries are generated when applicable, and these are shared with the WSC and APD via the PCR Report.

If the face-to-face PCR interview occurs at a location where the person receives Residential Habilitation or Life Skills Development 3 (Adult Day Training) services, the QAR may conduct an observation of that environment if the provider is projected to have a PDR between then and the end of the contract year. The observation may be announced or unannounced. If it is announced, it is scheduled by the QAR with the provider with the intent that the information gathered during the observation is included in the provider's PDR results. Although observations may be conducted following the PCR interview with the person, the information becomes a part of the providers PDR report.

Informal Waiver Support Coordinator Interview

While there is no formal interview process with the WSC, following the Face-to-Face interview with the person, the QAR will talk with the WSC to obtain follow up information related to the Individual Interview and observation (if conducted). This is the opportunity for the QAR to learn about person centered planning processes used by the WSC.

Waiver Support Coordinator/CDC+ Consultant Central Record Review

The final component of the PCR is a review of the person's record maintained by the Qualified Organization using the WSC or CDC+ Consultant service specific record review tool (SSRR). In addition to records sampled for PCRs, an additional record is randomly sampled using random.org for each eligible WSC. Results from Record Reviews are included in both the PCR Report and the QO's PDR Report.

Review of records covers the prior 12-month period preceding the PDR and determines whether:

- Support Plans are based on identified needs and preferences of the person;
- The person's preferences are taken into consideration;
- The person is supported to choose services;
- The person is supported to choose service providers;
- The person is supported to drive service delivery including when and where services are rendered;
- The person's satisfaction with supports and services is addressed;
- The person's health and safety needs are addressed;

- There is collaboration between service provider(s) and the WSC.

The record review also helps to ensure the WSC is meeting the minimum standards listed below:

- Documentation verifying service delivery;
- The current Support Plan is in iConnect;
- Services are delivered in accordance with the person's Cost Plan;
- Billing requirements are met;
- Incident report requirements are met;
- Provider documentation is in the central record.

Medicaid Claims Data Analysis

Documentation in the person's central record is compared with Medicaid claims data. The QAR determines if billing requirements and documentation specifications were met as identified in the iBudget Handbook. If documentation is determined to be Not Met, applicable claims are included in the PDR report and identified as a potential billing discrepancy.

Data entry into the web based application

QARs ensure data collected from the QO, record reviews and interviews with persons are entered into the web based application following completion of the PCR process.

The Medical Peer Review Process

The Medical Peer Review (MPR) process is designed to identify the physical, functional and behavioral health care status and needs of people currently receiving services on the Florida HCBS iBudget waiver. The focus of the MPR process is on person's safeguards as identified in the HCBS Quality Framework Focus Area IV. It captures health risk and safety concerns and will identify interventions designed to promote the health and safety of the person. The process allows for the identification and reporting of critical incidents and potentially life threatening situations. It identifies environmental risks and recommendations, as needed, for modifications that promote safety and independence.

The process will identify:

- Use/misuse of chemical and/or physical restraints as defined in Florida Administrative Code 65G-8
- Medication management concerns and recommendations as defined in Florida Administrative Code 65G-7
- Information on the current provision of healthcare services for each person

The MPR is conducted with established methods by the Qlarant Nurse Reviewer and includes:

1. Observation – real time, actual events/behaviors that occur in the person's natural context based upon real time observations conducted by the QAR

2. Interview – targeted, direct questions that allow for the person's perspective based upon the PCR Individual Interview Tool
3. Documentation Review – stable and precise review of the person's Medical Information, Health Summary, Medicaid Claims Data and Medical Record Review (as indicated)

The Medical Peer Review process begins at the time of the PCR interview with the availability of the Nurse Reviewer for real time consultation with the QARs, people interviewed, families and providers as health and safety questions or concerns arise. Subsequent to the PCR on-site activity, the following activities occur for the MPR, for each person interviewed:

a. When available Medicaid (FMMIS) Claims Data review of Institutional, Medical and Pharmacy claims by the Nurse Reviewer, for the 12 month period prior to the review
b. Review of the comprehensive Health Summary data by the Nurse Reviewer
c. Review of the observational data collected through the PCR by the Nurse Reviewer
d. Review of information collected from the person's Central File and Medical File through the PCR on each person by the Nurse Reviewer.

The MPR process is completed as a Level One, Two or Three – Focused Review as follows:

a. Level One Review
    i. Components of a Level One Review include review of the PCR report, Health Summary, and Medicaid claims data. If no questions or need for additional follow-up is indicated, the MPR is concluded and closed at Level One.
b. Level Two Review
    i. If any of the following Triggers are identified in Level One the PCR is automatically elevated for Level Two Review
        - Three or more Emergency Room visits
        - Two or more hospitalizations
        - Two or more Baker Acts within 6 months
        - 2 or more falls
        - Skin breakdown
        - Unplanned weight change greater or less than 10 lbs.
        - Concurrent use of Anti-Epileptic/psycho therapeutic medications
        - Non-psych physician prescribing psychotropic medication
        - Use of Reactive Strategies
        - No medical care/preventative treatment for past year
        - Other
    ii. A Level Two review could be triggered when discrepancies are noted between the Health Summary, Institutional, Medical or Pharmacy claims data review and other document reviews that indicate the need for additional information.
    iii. Qlarant Nurse Reviewer will follow up on all identified triggers. Every attempt will be made to obtain additional information necessary for clarification by phone or

secure email. This could include calls to any of the following: Qlarant Reviewer, Person Family/Caregiver, WSC, Providers, or Regional/State APD Senior Behavior Analyst.

iv. Components of a Level Two Review may include a request for and review of the person's medical record.

v. If inquiries satisfy concerns, Qlarant Nurse Reviewer will forward any follow-up items and/or recommendations if applicable to the Regional/State APD Medical Case Manager and/or Regional/State APD Behavior Analyst. The MPR is concluded and closed at Level Two.

c. Level Three – Focused Review

i. If Qlarant Nurse Reviewer inquiries do not produce a satisfactory result and concerns persist the PCR is elevated to a Level Three – Focused Review.

ii. For trigger items not resolved in Level 2 and/or any new concerns brought on through Qlarant Nurse Reviewer inquiries in Level 2, Nurse will continue to follow up with contacts made during the Level Two review and expand contacts to include physicians, therapists and other licensed professionals as necessary as well as formal written requests for medical records.

iii. Qlarant Nurse Reviewer may also consult with the Qlarant Medical Director and/or Regional/State APD Nurse Case Manager as needed.

iv. If significant concerns persist and/or the level of complexity of the concern, warrants further in-depth review a referral will be sought from person's primary care physician to follow-up with a board-certified specialist (in the area of concern).

v. As part of a Focused Review, Nurse Reviewer will document the concerns/triggers that elevated the PCR to a Focused Review, findings and recommendations. A Focused Review Report including this information will be generated and posted to the Qlarant portal/secure website. APD Regional Nurse Case Manager, APD State office and AHCA are notified that a Focused Review report is posted for review. The MPR is concluded and closed at Level Three – Focused Review.

Report Approval and Distribution

Qlarant Regional Managers approve 100% of reports prior to dissemination.

Reports are mailed to the QO, distributed to people participating in the PCR process upon request and made available electronically to AHCA and APD for authorized users through the FSQAP Reporting System within 45 days of completion of the review. Reports include specific information from the interview and record review for each person sampled as part of the PCR process.

Provider Discovery Reviews (PDR)

The Provider Discovery Review (PDR) is an integral component of the discovery process, used to evaluate the extent to which providers incorporate a person centered approach into their service delivery systems as well as their compliance and accountability to Medicaid, the Home and community-based services (HCBS) Waiver authorized under 1915(c) and 1915(j), AHCA and APD standards. The PDR process uses a well-rounded approach where information is gathered from interviews with persons receiving services, informal interviews with providers/Direct Support Professionals, review of required qualifications and training for services provided, review of general provider practices, review of person's service records and observations of Licensed Residential and Day Training Facilities.

The PDR process

- ✓ Centers around the provider's service delivery system
- ✓ Evaluates performance in delivering appropriate services and supports to assist the person in achieving personally identified goals/outcomes and meeting identified needs
- ✓ Assesses quality, billing and compliance with the iBudget Handbook, Florida Statute, Florida Administrative Code, Title 42 of the Code of Federal Regulations and other state/federal requirements, rules, and policy

This holistic approach ensures information is gathered directly from people receiving services while allowing providers the opportunity to demonstrate their adherence to person-centered planning and compliance with standards as set forth by Centers for Medicare and Medicaid Services (CMS) and the iBudget Handbook.

For Onsite PDRs, the PDR takes place where the records are maintained. This could be an office, group home or the provider's home office. Any deviation from the provider's office location must be approved through AHCA

Eligibility Criteria

All providers identified as meeting eligibility criteria are required to participate in a PDR once per contract year in each APD region in which services are rendered. The contract year is defined as the period from July to June. An exception to this is when the provider's overall PDR score in the previous contract year meets "deemed status" criteria. Criteria are determined on an annual basis by AHCA and APD and can be revoked statewide or for a given provider at the discretion of either entity.

Deemed status is defined differently for a QO than for providers of other services. A provider that meets deemed status criteria may skip a year of review. A QO that meets deemed status

criteria will still have an annual review but may only be sampled for one PCR per WSC per APD region.

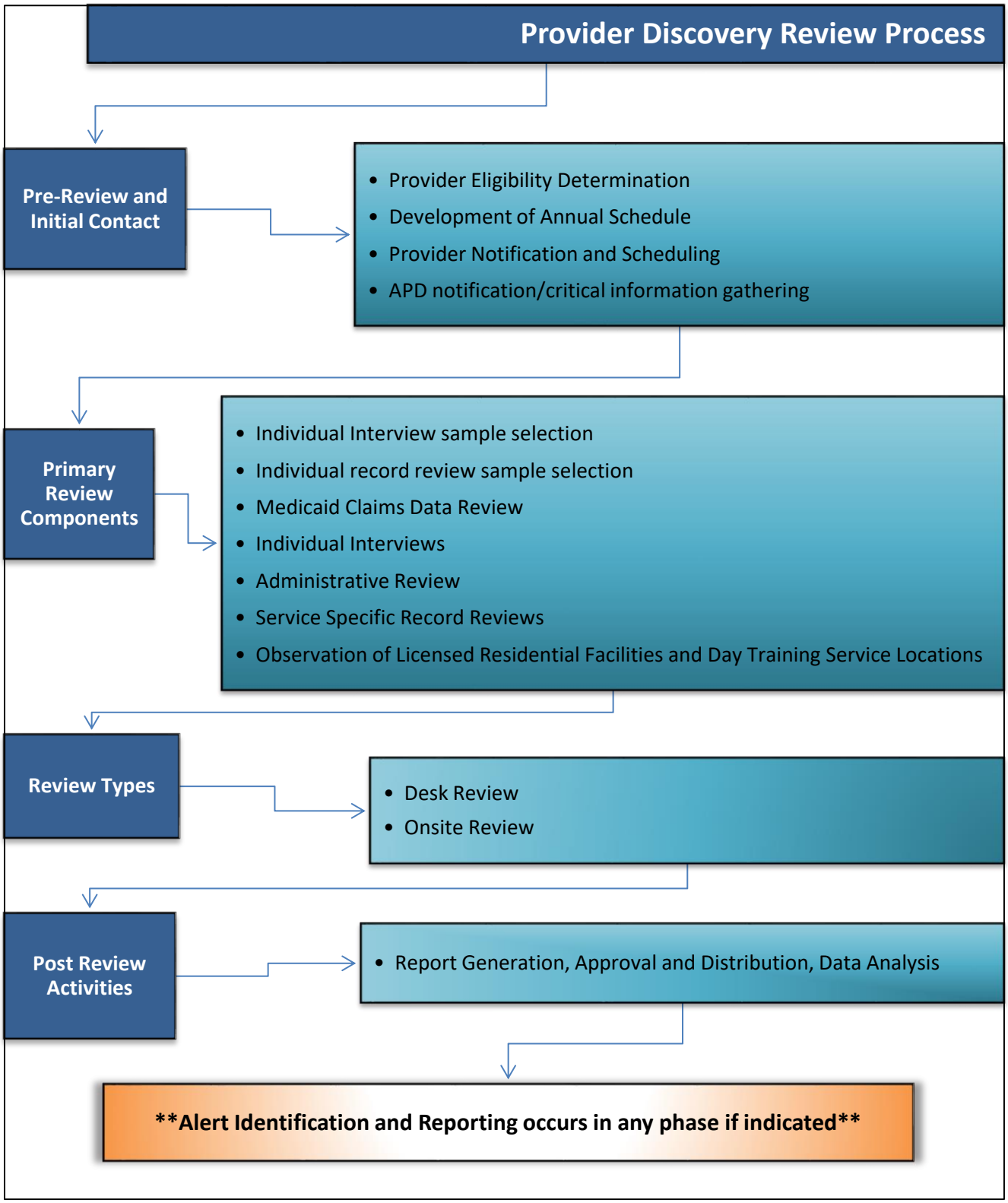
It should be noted the annual PDR schedule is driven by the volume of providers eligible for review per contract year. Additionally annual PDRs may not always be exactly 12 months apart.

A provider becomes eligible for a PDR when services have been rendered and billed for at least 6 months for one or more of the following services:

- Behavior Analysis Services
- Behavior Assistant Services
- Residential Habilitation Standard
- Residential Habilitation Behavior Focus
- Residential Habilitation Intensive Behavior
- Residential Habilitation Enhanced Intensive Behavior
- Life Skills Development 1 (Companion)
- Life Skills Development 2 (Supported Employment)
- Life Skills Development 3 (Adult Day Training)
- Personal Supports
- Respite Care (under 21)
- Supported Living Coaching Services
- Specialized Medical Home Care
- Waiver Support Coordination/CDC+ Consultant

At the time of the PDR, **all** eligible services provided within the previous 12-month review period will be included in the review.

The table below outlines each review type, key components and related activities.



Pre-Review and Initial Contact Activities

Provider Notification and Scheduling

Prior to May 15th of each year Qlarant Regional Managers are required to develop and submit to AHCA and APD the annual PDR schedule for the following contract year. The schedule is broken out by APD Region and identifies the quarter a provider is projected to be reviewed.

Providers scheduled for a PDR receive a notification letter from Qlarant informing them they are scheduled to participate in a Provider Discovery Review (PDR) within the next 90 days. This letter further informs the provider that a QAR will contact the provider up to 30 days prior to the date of the review.

Initial Phone Call/Contact

QAR's will initiate a phone call with the provider to schedule the review. The QAR will also email if unable to reach the provider directly by phone. Providers who are non-responsive during the attempts to contact and schedule can be found Non-Compliant due to failure to respond to attempts to schedule. See Non-compliant procedures above.

The QAR documents all calls/contact efforts to the provider in a contact log.

During this initial phone call, the QAR introduces themselves and explains the purpose of the call. The QAR describes the process to the provider, including the provider's role in scheduling interviews with persons served, and takes the opportunity to answer any questions the provider may have.

QAR will direct the provider to the FSQAP website at https://florida.qlarant.com and refer the provider to this Operational Policies and Procedure Manual, the Discovery Review tools, the Service Specific Checklists, and the available training on the website.

The QAR will confirm primary provider contact information, address, phone and email and ensure the provider has QAR contact information.

Information requested and discussed will vary between QOs and providers of other services and may include, but not be limited to, the following:

- Does the provider operate in other APD regions(s)?
- What services are provided?
- Is the provider an agency or solo provider?
- Request a list of persons currently served by service. Current caseloads may be requested for WSCs within QOs.

At time of the initial contact, the QAR will ask the provider to send a list of ALL employees for the region being reviewed within seven calendar days. A copy of the Clearinghouse roster is not acceptable for this component.

This list should include the following information:

- A list of services the employee provides;
- Whether the employee renders services to someone with a behavior plan that includes reactive strategies;
- Whether or not the employee administers or supervises the self-administration of medications and/or prescribed enteral formula;
- Whether or not the employee transports anyone using their own vehicle or company vehicle;
- Whether the staff is an employee or sub-contractor;
- Staff hire date and annual in-service training period;
- All APD region(s) in which provider renders service.

In addition, the QAR will ask if the provider operates Licensed Residential Facilities and/or Day Program locations. If so, a list of names, addresses and phone numbers will be requested to be provided within 7 days of the initial call.

During the initial or subsequent calls, the QAR will inform the provider of the names of individuals sampled for Individual Interviews (PCRs for QOs) and record reviews. The QAR will ask the provider to schedule interviews and send the interview and contact information within seven calendar days to the QAR via secure methods. QAR will explain a person may decline to participate in a PDR Individual Interview. The provider should notify the QAR as soon as possible so another name can be randomly sampled.

The QAR will explain during the phone call that the provider has 14 calendar days to securely submit documentation through RightFax, SecureShare, or another secure method of the provider's choice. Documentation will only be accepted electronically. Mail, FedEx, or physical submission of paper will NOT be accepted. The QAR will ask the provider to send all documents in a one-time submission in order to keep this process organized and streamlined and to ensure file tracking. Larger files should be split into smaller sections to ensure successful transmission, but should occur on the same date.

The QAR will accept all information sent in the designated 14-day window with the exception of documents required to be housed within iConnect. The QAR will schedule a date and time for a phone review with the provider to occur after the 14th day. The process after the 14-day

document submission window will differ based on whether the PDR with the provider is to be conducted as a Desk Review or as an Onsite Review.

PDR Review Types – Desk and Onsite

A PDR for a provider can be conducted as either a Desk Review or an Onsite.

- Providers scoring 85% or higher in the previous contract year and who have had an onsite within the previous 3 years will be scheduled for a Desk Review, unless they meet deemed status criteria.
- New providers that have never been reviewed and providers who scored less than 85% the previous contract year will be scheduled for an Onsite Review.

All providers regardless of score will be scheduled for an Onsite Review at least once every 3 years.

Sampling criteria for Interviews and Record Reviews is the same for both a Desk Review and Onsite and described below.

A Desk Review and an Onsite both include the same review components:

- Individual Interviews (PCRS for QOs)
- Administrative Review
  - General Administrative
  - Qualifications and Training
- Service Specific Record Reviews
- Observations when applicable

Desk Review

A Desk Review is primarily conducted virtually with all documentation submitted electronically via secure electronic methods and meetings with the provider conducted virtually using Zoom for Government. Some interviews as outlined in the Individual Interview section below will be done in person and observations if applicable will be done in person. The review begins when the QAR makes the initial phone call/contact with the provider as outlined above.

The QAR will review all required documentation made available for review during the initial 14-day submission window. Following review of documentation the QAR will contact the provider and schedule a date and time to meet virtually with the provider to go over any documentation not initially submitted.

At the beginning of the scheduled call, the QAR will send an email via SecureShare to the provider detailing any remaining documents needed to complete the review. Following review

of the list, the provider will be given 5 hours to submit the additional documents via a secure method. The provider will not be given any additional time past the 5 hours so providers are strongly encouraged to comply with the initial 14 day window and submit all documentation during that time. Upon receipt of the additional documents, the QAR will review submission, complete, and securely email the Preliminary Findings to the provider for review. In this email, the provider will be asked to contact the QAR to arrange a time to review the Preliminary Findings. The provider will then electronically sign the Preliminary Findings and submit them back to the QAR within 24 hours of the call.

Onsite Review

The Onsite is a hybrid review. The first part of the review is conducted exactly like the desk review described above beginning with the QAR making an initial call/contact to the provider to request information. The provider has up to 14 calendar days to submit all requested documentation not already available to the reviewer in iConnect. The QAR will accept all information sent in the designated 14-day window with the exception of documents required to be in iConnect.

The QAR will review all required documentation made available for review during the initial 14 day submission window. Following review of documentation the QAR will contact the provider to schedule a date and time for the QAR to come onsite where records are kept to conclude the review. Once onsite the QAR will give the provider a list detailing any remaining documents needed to complete the review and/or will work with QAR on locating the documentation in iConnect. A limited amount of time will be given to the provider to present additional documentation. The amount of time will be determined based on the size of the review and communicated to the provider when the QAR schedules the onsite component. Providers who do not submit any documentation for an employee or individual record review during the 14-day submission window could potentially be determined non-compliant for refusing to make records available. A provider is expected to use the 14-day window to submit all documentation requested. Once review of additional documentation is complete the QAR will complete and review Preliminary Findings with the provider in person and obtain signature on Preliminary Findings. This will conclude the PDR.

Individual Interview sample selection

This section pertains to Individual Interview sampling for service providers. Qualified Organizations are sampled for PCRs as outlined in the PCR section.

The PDR for service providers includes interviews with people receiving services to capture the person's perspective regarding the effectiveness of supports and services in meeting stated goals

and needs. In keeping with the expectations of CMS, interviews with people are designed to assess the efficiency and quality of supports, services, planning and delivery—the support delivery system—from the person's perspective.

Face to Face interviews will be conducted with people receiving Residential Habilitation (Standard, Live-in, Behavior Focus, Intensive Behavior, Enhanced Intensive Behavior), Supported Living Coaching and Life Skills Development 3 (ADT) services. People receiving services other than Residential Habilitation, Supported Living Coaching and Life Skills Development 3 (ADT) will be interviewed via phone or Zoom for Government according to their preference. The one exception would be for a person considered to be in a Supported Living situation who receives Personal Supports but not Supported Living Coaching. This interview would be face to face.

Individual Interviews can be completed during the course of Licensed Residential Facility or Adult Day Training observations and may be used to meet the required number of interviews needed according to the Sample Matrix below. Interviews completed during observations are not required to be scheduled in advance.

The number of people sampled to interview per provider is based on the number of people served by the provider and the services the provider renders. Using a combination of information submitted by the provider including, names of people served, services received, and claims data the QAR will randomly select the names of people to interview. See "PDR Individual Interview Sample Matrix" below. In instances where a person's communication style limits the ability to collect information and with the person's permission, proxies may be used to gather necessary information. If proxies are used, the use of a proxy will be captured in the web based application for purposes of data analysis.

PDR Individual Interview Sample Matrix	
Individuals Served Per Provider	Number Individuals Sampled
1 - 29	At least 1 per eligible service, minimum of 1 per provider
30 - 59	At least 1 per eligible service, minimum of 2 per provider
60 - 99	At least 1 per eligible service, minimum of 3 per provider
100 +	At least 1 per eligible service, minimum of 5 per provider

Individual record review sample selection

A minimum number of individual records are selected to ensure all eligible services rendered by the provider in the previous 12 months are represented in the sample. The sample size is based on the total number of people receiving at least one eligible service from the provider at the time of the review. The record of a person interviewed may be but is not required to be included in this sample. A full record review is review of all eligible services the person currently receives or has received in the previous twelve months from the provider. A single service record review is review of only one eligible service received by a person in the previous twelve months from the provider even if the service has ended. If the person only receives one service from the provider the record review can count as either a full record or a single service record. Additional records will be reviewed as needed to cover all services and meet the single service record requirement based on services provided.

The matrix below describes sample selection for PDR individual record reviews.

PDR Individual Record Review Sample Matrix		
Individuals Served Per Provider	Individuals Full Records	Single Service Records
1 - 29	At least 1 per eligible service, minimum of 2 per provider	1
30 - 99	At least 1 per eligible service, a minimum of 3 per provider	2
100 - 199	At least 1 per eligible service, a minimum of 5 per provider	3
200 +	At least 1 per eligible service, a minimum of 7 per provider	4

The matrices above do not apply to Qualified Organizations (QOs). For WSCs, as described earlier two record reviews will be completed as part of the PCR process. One additional record will be randomly sampled for review from the caseloads of each eligible WSC within the QO.

Request information from the Agency for Persons with Disabilities

Current PDR and PCR schedules are sent to each APD region on a weekly basis. Designated APD regional staff have access to current schedules via the FSQAP Reporting System as authorized users. This serves as formal notification and request for information pertaining to complaints or grievances against the provider, reportable incidents, or any other general concerns. This

information may be discussed with the provider during the review to determine how the provider has addressed any complaints, grievances or follow-up related to reportable incidents.

Medicaid Claims Data Review

QARs access and review available Medicaid claims data prior to the review to confirm services rendered by the provider and to assist in selecting the sample for record reviews.

Individual Interviews (Provider Discovery Review)

A PDR Individual Interview Tool is used to gather information as part of interviews with people receiving services. The purpose of this interview is to gather information from the person specific to their identified goals, outcomes and satisfaction with services rendered by the provider.

The interviews assist to determine whether services and supports rendered by the provider are consistent with the person's goals in the Support Plan and are effectively implemented in accordance with the person's unique needs, expressed preferences and decisions concerning his/her life.

In instances where a person's communication style limits the ability to collect information and with the person's permission, family members or other proxies may be used to gather additional information related to service delivery and satisfaction. This information may be needed to corroborate information if there are significant gaps in information provided by the person. If family or other supports are used, the use of a proxy will be captured in the web based application for purposes of data analysis.

The PDR Individual Interview covers six key tenets: Choice and self-direction, rights, satisfaction, stability, future, and safety.

The domains include: My service life, My home life, My work/day activity life, My social life, My health, and My safety.

Domains addressed and questions asked will be driven by the specific service(s) the person receives from the provider. People receiving Residential Habilitation, Supported Living services or living in supported living situations will be asked questions related to all domains mentioned above. People receiving services other than Residential Habilitation and Supported Living will only be asked questions included in My Service Life and My Safety domains.

Administrative Review

FSQAP Discovery Review Tools include an Administrative Review tool specific to Qualified Organizations and one specific to all other provider types.

The Administrative Review assesses provider compliance with general administrative requirements and qualifications and training as dictated in the iBudget Handbook, Florida Statute and Florida Administrative Code.

The Administrative Review Tools have two sections, General Administrative and Qualifications and Training.

General Administrative standards address provider compliance with regard to incident reporting, Abuse, Neglect and Exploitation reporting, insuring/registering agency vehicles, and Clearinghouse Roster maintenance.

Qualifications and Training standards address provider compliance with Background Screening, training required for all provider types as well as the qualifications and training required by service.

A sample of employee records are selected based upon the services the provider renders. A minimum of three employee records are selected, where available, to ensure all eligible services rendered by the provider are represented in the sample.

For Qualified Organizations, a maximum of four treating WSC records are selected. QAR will ensure inclusion of at least one CDC+ Consultant record when applicable.

PDR Employee Record Sample
Minimum of 3 per provider, at least 1 per eligible service
QO Employee Record Sample
Maximum of 4 per Qualified Organization

The provider has 7 calendar days from the date of the confirmation email to submit a list of current employees.
This list must include the following information for each employee:

- Service(s) they provide
- Date of hire

- Annual in-service training period
- Whether or not they administer or supervise the self-administration of medications
- Whether or not they work with someone with a behavior plan that includes reactive strategies
- Whether or not they transport someone using their own vehicle or a company vehicle

Upon receipt of this information the QAR will select the employee names to be reviewed and contact the provider within 24 hours to inform them of the records needed. The date employee names are shared with the provider serves as the review date for employee records. Any required training and background screening completed on or after this date will be considered not present at the time of the review and scored accordingly. The provider has 14 calendar days from the date of the confirmation email to submit all required documents.

Service Specific Record Reviews

FSQAP Discovery Review Tools include a designated Service Specific Record Review Tool for each service that is eligible for review.

Data captured in a service record review provides a means to objectively measure the majority of the HCBS Quality Framework Focus Areas and compliance with relevant iBudget Handbook requirements, to include but not be limited to:

- Information to support choice of community based services and supports in communities;
- Person centered service planning and delivery and effective deployment of the Support Plan;
- Provider capacity and capabilities including provider training and qualifications;
- Participant safeguards to include health, safety and well-being, and freedom from abuse, neglect and exploitation;
- Education on rights and responsibilities, and opportunities for exercising rights;
- Satisfaction with services and achievement of outcomes;
- System support as evidenced by provider collaboration;
- Appropriate billing practices as evidenced by Medicaid claims; and
- Required documentation.

Documentation for services rendered by the provider is reviewed for the 12-month period prior to the review. Medicaid claims data within the 12 months are compared to the provider's documentation for evidence of appropriate billing, and for identification of potential billing discrepancies. At a minimum and where applicable documentation review includes a review of Support Plans, Implementation Plans, Behavior Plans, Service Authorizations, Agency Approved Assessment, Progress Notes, Service Logs, and other required documentation as specified per service. Documentation is used to determine the provider's compliance with requirements per the iBudget Handbook, State and Federal rules, and to make other determinations identified above.

The provider has 14 calendar days from the date of the confirmation email to submit all documentation requested by the QAR that is not required to be in iConnect.

APD iConnect

Whether keeping documentation on paper as a physical record or entering documentation into an electronic record in iConnect, providers should not bill until services are documented.

Documentation in iConnect is viewed and handled differently from "paper" documentation. While providers have up to 14 calendar days to gather and submit paper documentation for review, the QAR has direct access to iConnect and does not need to wait for submission. Review of iConnect records/documentation and the comparison to billing can occur as soon as the first day the QAR contacts the provider to initiate a review. There is no 14 day waiting period. Any documentation added or edited to service dates in iConnect after a reviewer has made contact will not be accepted at the time of a review or for Reconsideration afterwards. Qlarant will follow APD guidance to determine what service types are required to use iConnect and from what dates billing documentation must be viewed in iConnect.

Observation of Licensed Residential Facilities and Day Training Service Locations

Observations are conducted by the QAR at Licensed Residential and Day Training service locations. The focus of these observations is used to make determinations in the following key areas:

- Autonomy and Independence
- Community Opportunity
- Privacy Dignity and Respect
- Physical Environment
- Medication Management
- Restrictive Interventions
- Abuse, Neglect and Exploitation

During the observation component of the PDR, people who agree to participate are informally engaged in conversation to determine how supports and services are being provided and to determine their level of satisfaction with where they live or where they spend their day and the service provider. An Individual Interview may also be conducted with a person during the observation. Staff on the premises are also included in conversations related to any of the key focus areas.

An Observation Review Checklist is used as a guide and reporting mechanism for the QAR to document any findings. Observations may be announced or unannounced. These occur at all day

program facilities and up to a maximum of 10 licensed residential facilities per provider. All licensed residential facilities receiving funding for any level of Residential Habilitation and all onsite day training programs receiving funding for Life Skills Development 3 (ADT) are required to have onsite observations as part of the annual PDR. Observations can occur anytime during the year prior to the annual PDR as either announced or unannounced. Sometimes the observation may be done when a person chooses to be interviewed at their home. Any facility observation conducted prior to the annual PDR will count in that year and will not need to be done again during the formal scheduled PDR. However, if the provider has more than 10 licensed residential facilities, a maximum of 10 sites are observed per contract year (July – June). The homes not seen in one year are slotted to participate in an observation the next year until all facilities have been visited. Observations are conducted annually at all Day Training Program facilities

The numbers of Licensed Residential Facility locations are selected as follows:

Number of Licensed Residential Facilities	Number of Licensed Residential Facilities receiving an Observation
1 to 10	1 per home
11 or more	A maximum of 10 different homes

Provider Discovery Reviews for CDC+ Representatives

The CDC+ Representative PDR may or may not occur in conjunction with a PCR. The CDC+ Representative is required to participate in the PDR even when the CDC+ Participant declines participation in the PCR process.

- A CDC+ Representative record review can include but is not limited to a review of:
  - Employee background screenings
  - Monthly spending procedures and corrective actions if applicable
  - Current Employee job descriptions

The Confirmation letter mailed to CDC+ participants scheduled for a PCR includes information regarding the Record Review of the CDC+ Representatives Additionally, CDC+ Representatives receive a mailed notification letter regarding scheduling of a review to occur within the next 90 days. In the event the CDC+ Representative review is due to a PCR interview decline, a letter may not generate.

If the CDC+ Representative PDR is being conducted in conjunction with the PCR, the CDC+ Representative will be given the option of having their PDR conducted in person at the time and location of the PCR or to have the review conducted as a desk review.

If selection is made for PDR to be completed in person at the time of the PCR, all documentation will need to be made available for the QAR to conduct a review of the record. For any documentation not presented at that time, the CDC+ Representative will be provided a list of missing documentation and have 24 hours to submit the additional documents via a secure method. Upon receipt of the additional documents, the QAR will complete the review and will schedule time to review Preliminary Findings with the CDC+ Representative. Preliminary Findings will then be securely sent to the CDC+ Representative to review, sign and return to the QAR.

If selection is made for PDR to be completed as a Desk Review, the CDC+ Representative will be given 14 days from the time of the initial phone call to submit required documentation. The QAR will review all required documentation made available for review during the initial 14 day submission period. Following review of documentation, the QAR will contact the CDC+ Representative to schedule time to review items not presented for review. At the beginning of the scheduled call, the QAR will send an email via secure share to the CDC+ Representative detailing any remaining documents needed to complete the review. Following review of the list, the CDC+ Representative will have 24 hours to submit the additional documents via a secure method. Upon receipt of the additional documents, the QAR will complete the review and schedule time to review Preliminary Findings with the CDC+ Representative. Preliminary Findings will then be securely sent to the CDC+ Representative to review, sign and return to the QAR.

Alert Reporting

If at any point during the Discovery Process the QAR uncovers any indication of abuse, neglect, exploitation or has any concerns related to medical, behavioral, rights, health, safety, and/or mistreatment the appropriate entity is contacted – the abuse registry if needed – and the Regional APD office is notified by telephone immediately. Every effort is made to safeguard the person should such a situation arise. An Alert Notification showing the details of the alert is provided to AHCA, APD State Office and Regional APD within two business days of the incident. Qlarant QAR Regional Managers take the lead on reporting alerts.

Report Approval and Distribution

Qlarant Regional Managers approve 100% of reports prior to dissemination.

Reports are mailed to the provider and made available electronically to APD and AHCA for authorized users through the FSQAP Reporting System within 45 days of completion of the review.

The report presents findings of each component of the PDR, including the individual record review, individual interviews, observations where applicable, general administrative, and qualifications and training.

Other Reporting Activities

Data are captured to facilitate reporting on information specifically identified by the state in order to aid in its efforts toward remediation and improvement. Data from the PDR are collected using the Met/Not Met/NA format based on the review procedures described above. Most standards result in a numeric point score, although some standards may be weighted due to their importance. All PDR reports include a "How my score is calculated" table at the end of the report to assist providers with understanding their score.

Qlarant Reconsideration Review Procedures

The Reconsideration Review is the process a provider utilizes to request a change in scoring on the Provider Discovery Review (PDR). An example of when a provider may request a Reconsideration Review is when the provider believes required documentation presented to the reviewer during the review met requirements, but the final report showed the standard identified as "Not Met".

Reconsideration Review Requests are only applicable to standards of performance related to noted potential billing discrepancies. These standards are identified on the Provider Discovery Review report under the heading **Potential Billing Discrepancies.** Additional clarification is under two other headings following results of each individual record review: **Detailed Issues from Record Reviews by Service and Individual** and **Billing Discrepancy Detail**.

* **Important Note:** Documentation not made available at the time of the initial review will not be accepted for a Reconsideration Review. All documents pertinent to the reconsideration request must be sent at the same time. Only one request for reconsideration per PDR will be processed.

If you disagree with the findings related to noted potential billing discrepancies in your Provider Discovery Review (PDR) report, you may request a Reconsideration Review. The Reconsideration Review Request must be made in writing and received within 30 days of the annual PDR report mailing date. If the request is not submitted in the 30 days, it will not be accepted and the request will be deemed ineligible. You have the option of submitting the Reconsideration Review Request by hand delivery, mail or by fax to the Tampa address or Right Fax number located below. Upon receipt, your Reconsideration Review Request will be entered into a tracking system to ensure Qlarant completes the Reconsideration Review Report within 30 days of receipt of your request.

To submit a Reconsideration Review Request you must fill out the Reconsideration Review Request form located on our website at https://florida.qlarant.com under Provider Resources. Please carefully follow the procedures outlined below when requesting a Reconsideration Review. All fields must be completed to be eligible for Reconsideration:

- Provider Name
- Provider Number
- PDR ID
- APD Region

- Provider Street Address/City/State/Zip
- Provider Location (if applicable)
- Provider Discovery Review date
- Qlarant Reviewer Name
- Billing discrepancy Standards (list service and standard number- example: Respite # 5) for which Reconsideration is requested. List service and standard # on each page submitted.
- Documentation to support Reconsideration (each document submitted must state which service and standard it applies to).
- Name of Person to Contact/Phone number

The completed Reconsideration Review Request form along with documentation to support the Reconsideration Request may be hand delivered, mailed or faxed to the Tampa office.

A review of the Reconsideration Request will be processed and a report generated within 30 days. If you do not receive your Reconsideration Review Report shortly after the 30 days, please contact our Customer Service Representative at 1-866-254-2075.

Final Note: Reconsideration Review Request submissions should only include documentation related to the request. Please forward other documents related to APD remediation plans, corrective action plans or corrected documentation to your Regional APD office if and when requested.

Tampa Office
14025 Riveredge Dr.
Suite 150
Tampa, FL 33637
(866) 254-2075
(888) 877-5993 Fax

Revision History

Effective February 26, 2018, SharePoint maintains the version history.
SharePoint assigns a QMS_ID number, version number for subsequent edits, updates the modified date, and the name of the individual who makes the initial upload or change.