Quality Council Meeting Qlarant Data Presentation July 21, 2022 Qlarant

Florida Statewide Quality Assurance Program

Best People. Best Solutions. Best Results.™

Outline

Person Centered Review (PCR):

October 2021 - March 2022

- Individual Demographics
- My Life Interview
- Health Summary
- WSC/CDC+ Consultant Record Reviews

Provider Discovery Review (PDR):

July 2021 - March 2022

- General Administrative Review (GAR)
- Qualifications & Training (Q&T)
- Observations
- Alerts
- Service Specific Record Review (SSRR)
- PDR Scores by Provider Size



Person Centered Review (PCR) October 2021 – March 2022

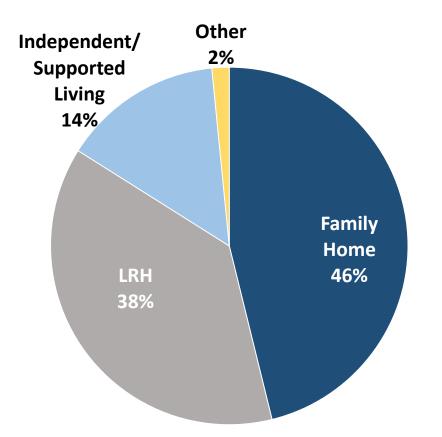
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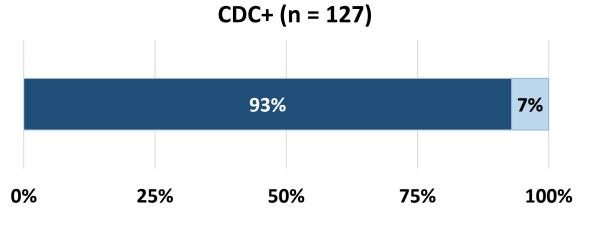
Person Centered Review Activity October 2021 - March 2022

| | Waiver | | C | C+ | |
|-----------|--------|--------|-----|--------|--|
| Region | n | % | n | % | |
| Northwest | 67 | 7.5% | 5 | 3.9% | |
| Northeast | 153 | 17.1% | 22 | 17.3% | |
| Central | 164 | 18.3% | 45 | 35.4% | |
| Suncoast | 211 | 23.5% | 19 | 15.0% | |
| Southeast | 193 | 21.5% | 17 | 13.4% | |
| Southern | 109 | 12.2% | 19 | 15.0% | |
| Total | 897 | 100.0% | 127 | 100.0% | |

Individual Demographics: Residential Setting

Waiver (n = 897)





Family Home Independent/Supported Living

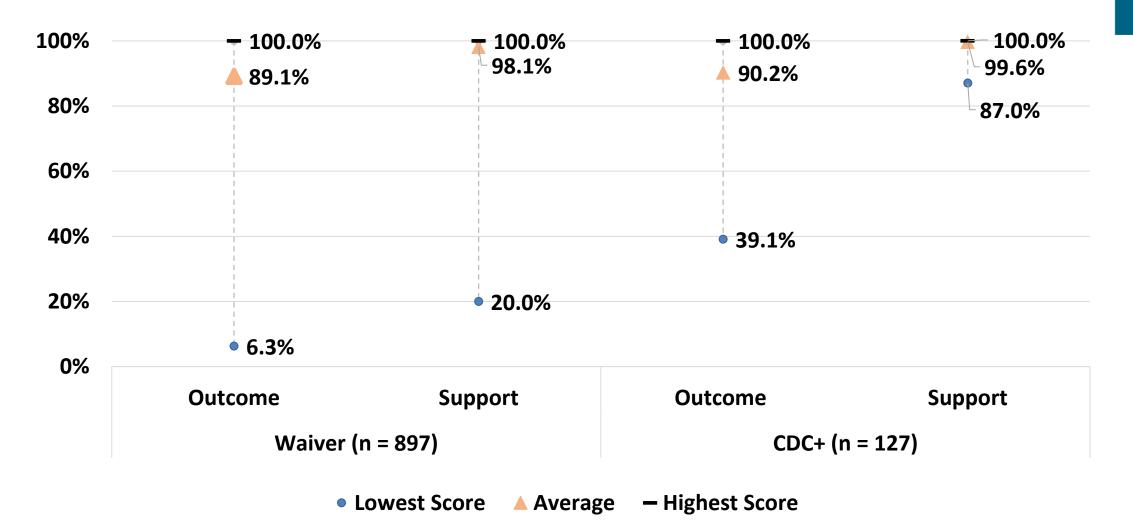
Individual Demographics: Age and Disability Qlarant **Primary Disability Age Groups** 100% 1.6% 100% 6.2% 13% 10.2% 27% 65+ 30.5% 75% 75% Autism 45-65 Intellectual 68% Disability 50% 50% 50% 22-44 81.1% Cerebral Palsy 54.3% Other **18-21** 25% 25% 17% <18 13% 4.9% **3.1%** 3.9% 6% 6% 4.0% 0% 0% Waiver (n = 897) CDC+ (n = 127) Waiver (n = 897) CDC+(n = 127)

*Other Disability: Waiver - Down syndrome (44) and Spina Bifida (9), Prader Willi (5), Phelan-McDermid Syndrome (2); CDC+ - Down syndrome (8).



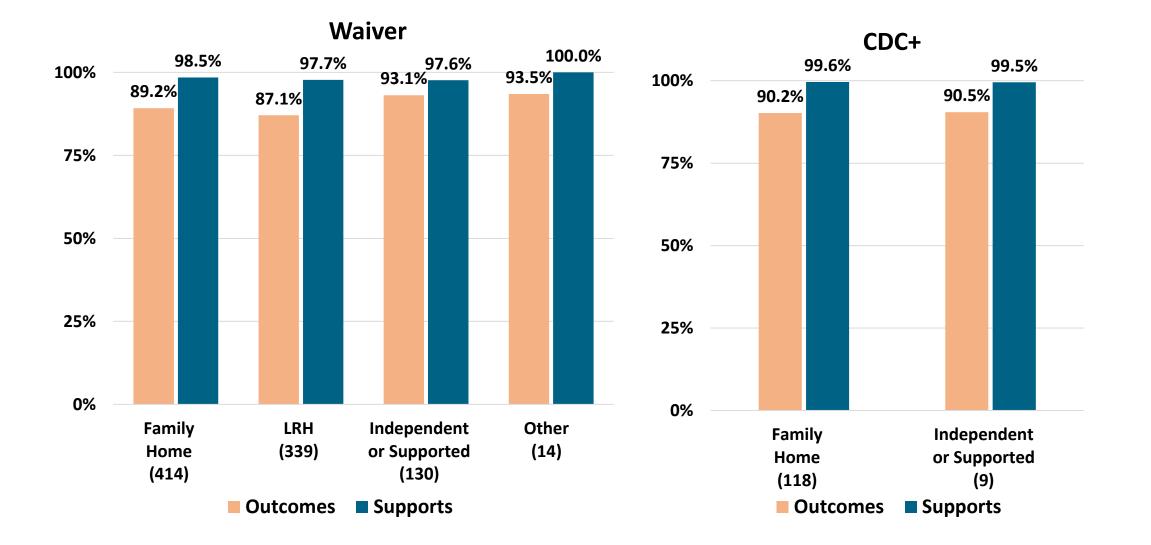


MLI Score Ranges: Outcomes vs Supports



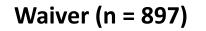


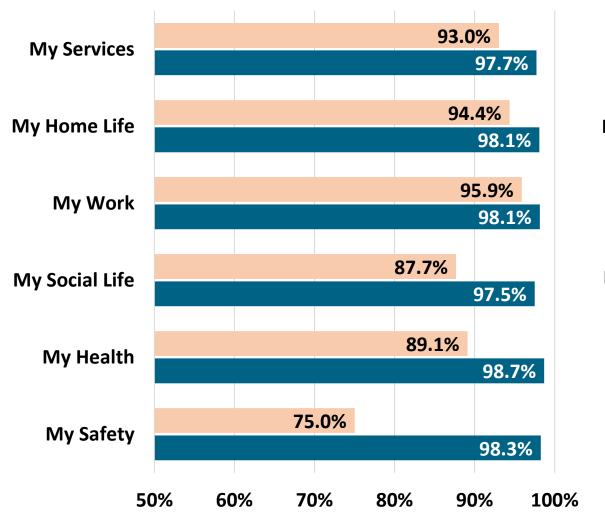
PCR My Life Interview by Residential Setting



MLI: Scores by Life Area

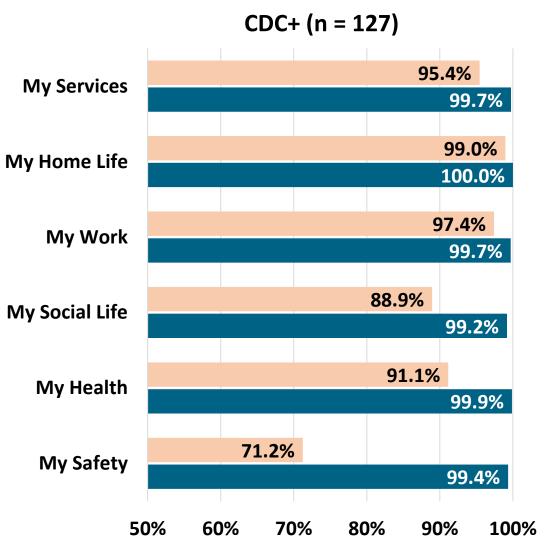
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Outcomes

Supports



Outcomes Supports

Lowest Scoring Outcomes for Waiver and CDC+



| | Waiver (n | = 897) | CDC+ (n = 127) | |
|--|---------------|--------------|----------------|--------------|
| Outcomes | # Reviewed | % Present | # Reviewed | % Present |
| My Health and Safety | | | | |
| I understand my medications. | 742 | 58.4% | 105 | 65.7% |
| I understand what abuse, neglect, and exploitation (ANE) means. | 813 | 60.5% | 117 | 62.4% |
| I know what to do if abuse, neglect, or exploitation (ANE) occurs. | 819 | 72.3% | 117 | 65.0% |
| My safety needs are addressed. | 872 | 80.5% | 126 | 73.0% |
| My health needs are being addressed. | 890 | 89.7% | 127 | 91.3% |
| My Social Life | | | | |
| I am part of and participate in my community. | 849 | 81.6% | 123 | 82.9% |
| I am an active and contributing member of my community. | 772 | 81.3% | 115 | 83.5% |



I understand my medications: 345 Not Mets

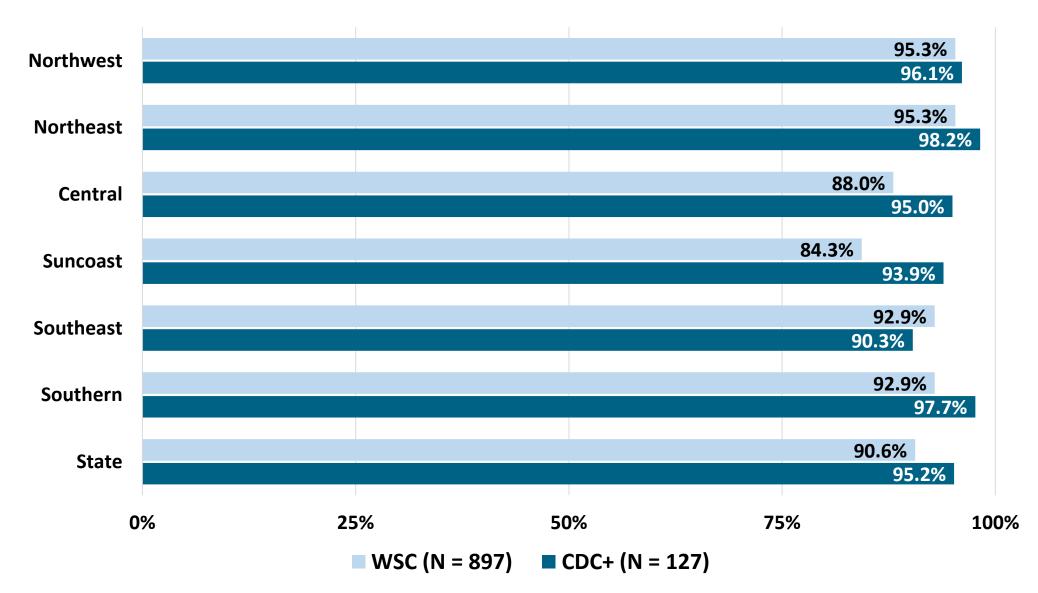
- 77.1% were not aware of potential side effects.
- 71.9% were not aware of which medications they take.
- 60.0% were not aware of why their medications are prescribed.





WSC/CDC+ Consultant Record Review

WSC/CDC+ Consultant Record Review Scores by Region (October 2021 – March 2022)



Low Scoring Record Review Indicators: WSCs

The Support Plan reflects support and services necessary to address assessed risks.

• 78.7% Met; n = 844

Level of care is completed accurately using the correct instrument/form.

• 80.4% Met; n = 889

The Support Plan includes supports and services consistent with assessed needs.

• 81.2% Met; n = 889

Support Coordinator Progress Notes demonstrate pre-Support Plan planning activities were conducted.

• 82.6% Met; n = 805

Low Scoring Record Review Indicators: CDC+ Consultants

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The CDC+ Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted.

• 86.3% Met; n = 117

CDC+ Consultant Progress Notes include meaningful information to effectively assist the person in achieving goals/outcomes.

• 88.1% Met; n = 126

The current Annual Report is in the record.

• 89.8% Met; n =12



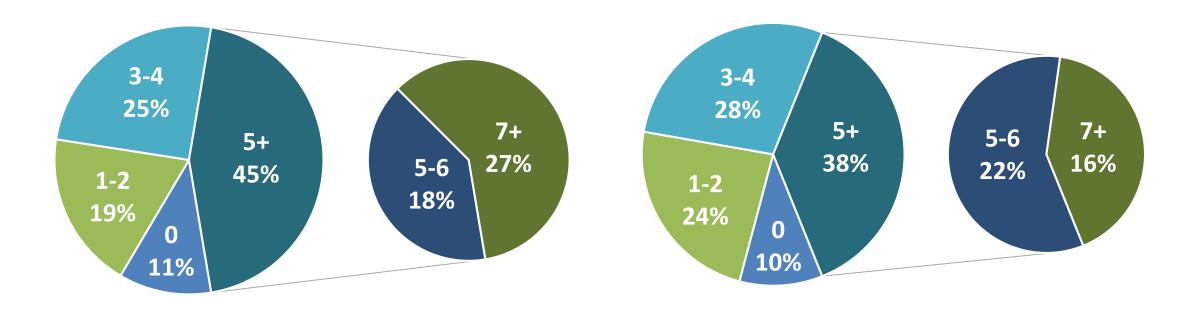
Percent of Individuals with a Significant Health Event by Waiver Type (% Yes)

| | Wai | iver | CDC+ | |
|--|---------------------|------------------------|-------------------|------------------------|
| In the previous 12 months: | FY21 (N = 1,294) | FY22 Q1-3 (n = 897) | FY21 (N = 144) | FY22 Q1-3 (n = 127) |
| Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation? | 1.6% | 1.8% | 0.0% | 0.0% |
| Have Reactive Strategies under 65G-8 been used due to behavioral concerns? | 3.3% | 3.9% | 0.7% | 0.0% |
| Have you been Baker Acted? | 2.6% | 2.6% | 0.0% | 0.8% |
| Have you been admitted to the hospital? | 11.0% | 10.3% | 9.7% | 7.1% |
| Have you been to an Emergency Room? | 14.5% | 16.7% | 9.0% | 11.8% |
| Have you been to an Urgent Care Center? | 4.5% | 5.5% | 1.4% | 6.3% |

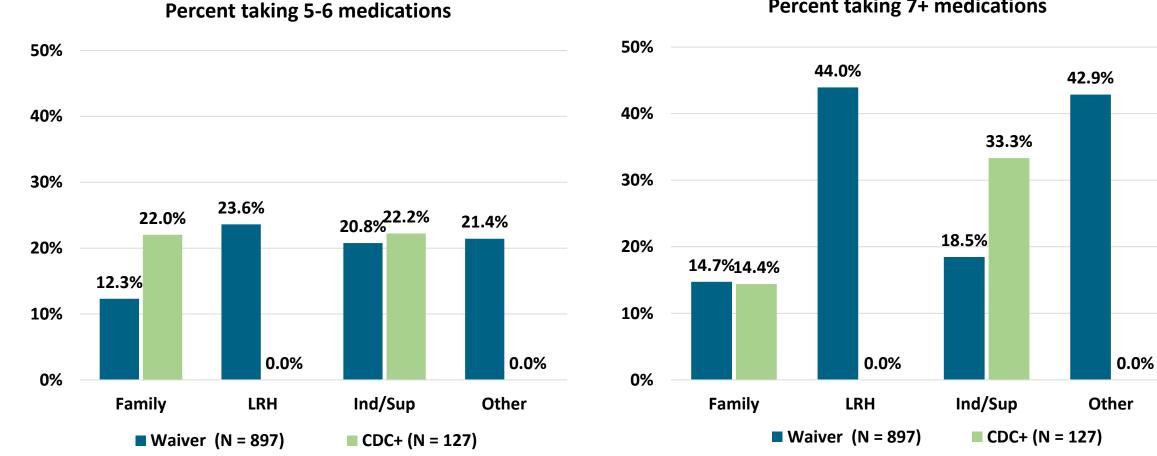
Health Summary: Number of Medications

Waiver (n = 897)

CDC+ (n = 127)



Medication Use by Residential Setting



Percent taking 7+ medications

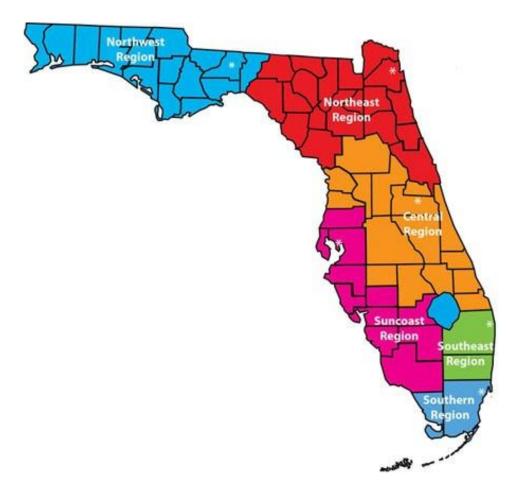


Provider Discovery Reviews: July 2021 – March 2022



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PDRs: July 2021 – March 2022



| | # of PDRs | | | | |
|-----------|----------------------|-----------------------------|--|--|--|
| Region | Service Providers | Qualified Organizations* | | | |
| Northwest | 96 | 7 | | | |
| Northeast | 195 | 15 | | | |
| Central | 222 | 23 | | | |
| Suncoast | 313 | 22 | | | |
| Southeast | 233 | 38 | | | |
| Southern | 179 | 23 | | | |
| State | 1,238 | 128 | | | |

Service Provider PDRs by Region July 2021 – March 2022

| Region (n) | GAR | | Q&T | SSRR | OBS* (163) | |
|-----------------|---------------------|---------------|---------|---------|---------------|-------------|
| | Agencies (1,060) | Solo (178) | (3,186) | (4,160) | LRH (143) | ADT (20) |
| Northwest (96) | 97.1% | 97.4% | 91.4% | 93.4% | 99.5% | 98.7% |
| Northeast (195) | 96.0% | 87.3% | 93.3% | 92.8% | 99.5% | 100% |
| Central (222) | 97.3% | 89.7% | 91.4% | 92.6% | 96.7% | 100% |
| Suncoast (313) | 95.9% | 91.7% | 90.5% | 91.1% | 98.0% | 100% |
| Southeast (233) | 99.3% | 100.0% | 91.5% | 93.5% | 99.7% | 99.4% |
| Southern (179) | 94.7% | 85.7% | 92.6% | 94.7% | 98.7% | NA |
| State (1,238) | 96.7% | 91.5% | 91.6% | 92.7% | 98.0% | 99.6% |

*Resumed in January 2022

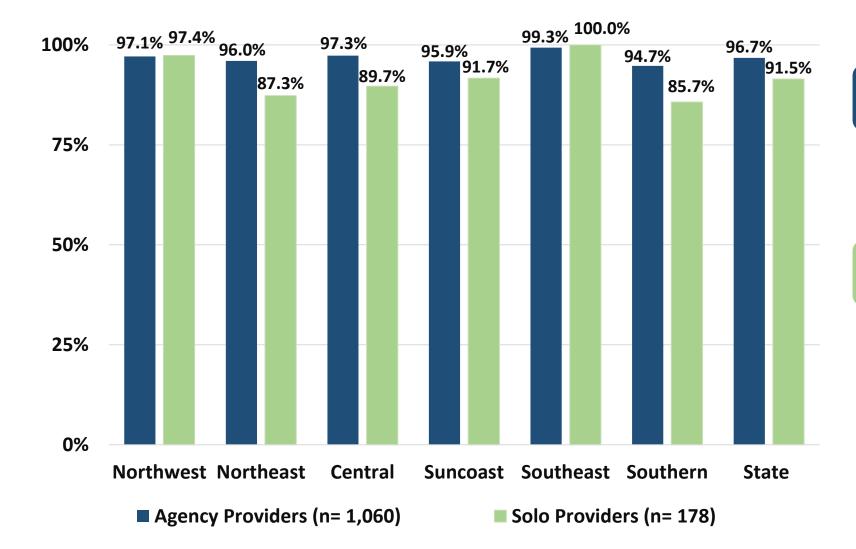
QO PDRs by Region October 2021 – March 2022

| Region (n) | GAR (128) | Q&T (437) | SSRR (1,357) |
|----------------|--------------|--------------|-----------------|
| Northwest (7) | 100.0% | 97.6% | 95.5% |
| Northeast (15) | 100.0% | 97.7% | 95.4% |
| Central (23) | 97.2% | 95.9% | 90.7% |
| Suncoast (22) | 96.4% | 94.4% | 87.6% |
| Southeast (38) | 96.6% | 97.0% | 93.1% |
| Southern (23) | 95.4% | 97.3% | 93.9% |
| State (128) | 97.1% | 96.5% | 92.2% |



General Administrative Review (GAR)

General Administrative Review by Region for Service Providers



Lowest Scoring Indicators

Agencies

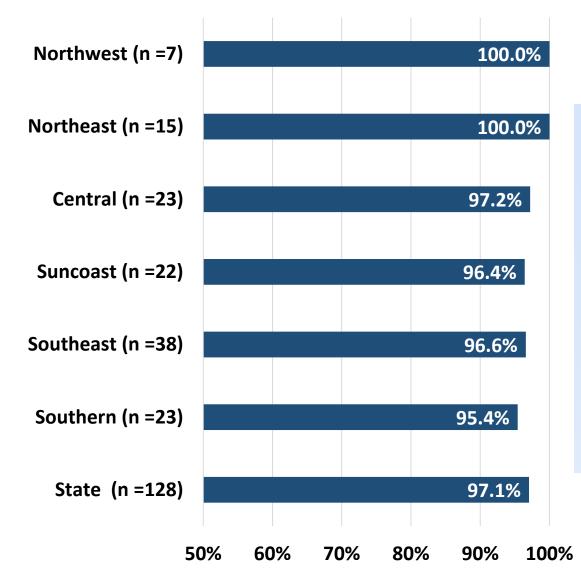
- The provider identifies and addresses concerns related to abuse, neglect, and exploitation.
 - 89.7% Met; n = 39

Solos

 The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.

^{• 90.4%} Met; n = 177

General Administrative Review by Region for QOs



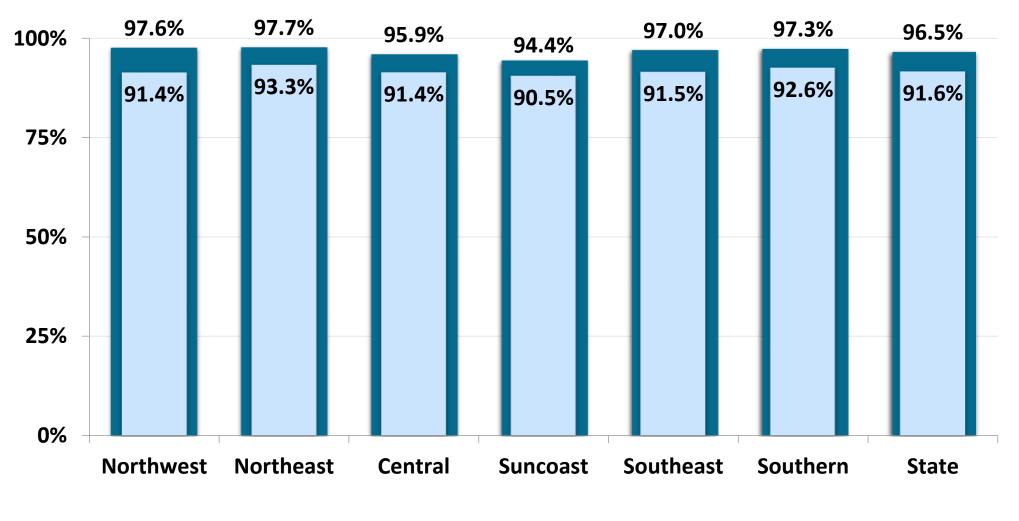
- 3 of 11 standards were <u>100</u> met.
- The lowest scoring standard, was in reference to the provider maintaining a Table of Organization (94.4%; n = 126).
 - 7 QOs missed this standard. These QOs had a Table of Organization, but were missing one of the following elements:
 - Medicaid provider numbers for each WSC (n = 6).
 - \circ Contact email and phone for each WSC (n = 4).
 - Designation of mentor(s) (n = 5).
 - The region(s) the WSC was rendering in (n = 5).
 - Point of contact for the region under review (n = 6).



Staff Qualifications and Training (Q&T)

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Qualifications and Training Scores by Region



WSC Records (n = 437)
Service Provider Employee Records (n = 3,178)

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Lowest Scoring Q&T Indicator: Medication Validation

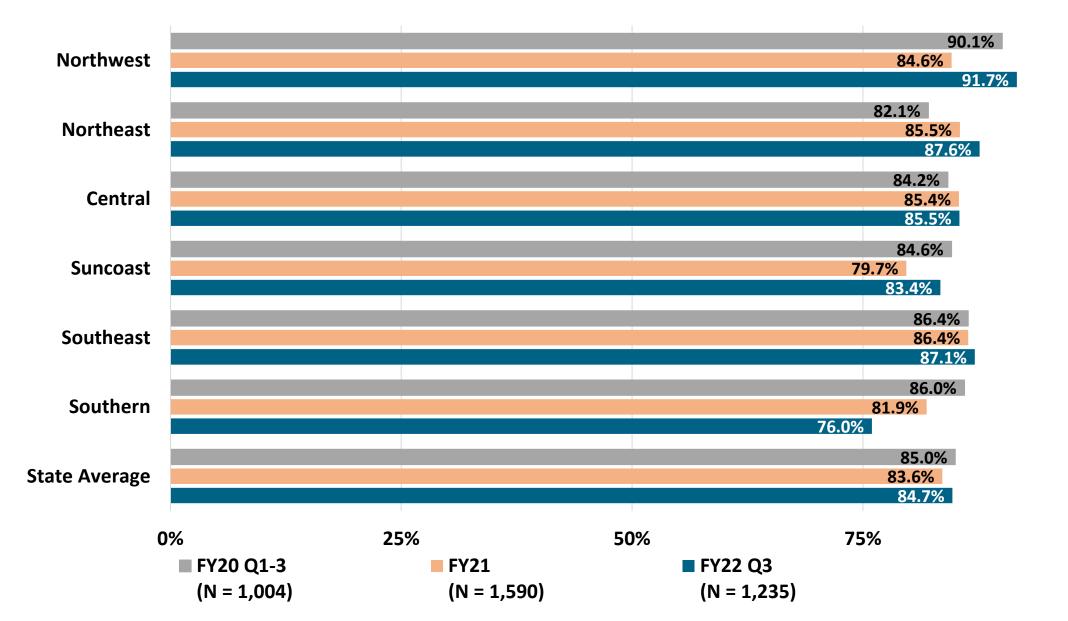
Approximately <u>40%</u> of service providers did not meet compliance requirements for maintaining current Basic Medication Administration Validation.

Of the 438 Basic Medication Administration Validation Certificates deemed out of compliance:

- Just over **50%** did not have the Established Primary Route circled,
- Nearly **40%** were either missing or had an incorrect Validation Effective Date,
- And **35%** were either missing or had an incorrect Validation Expiration Date.

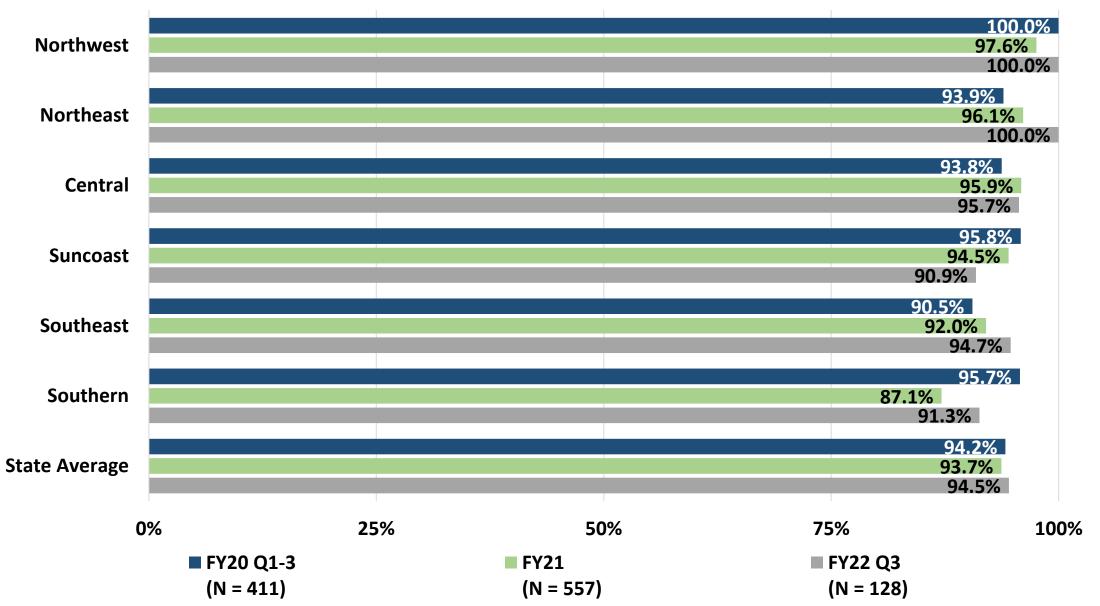
Percent of Service Providers with all Background Screenings Met by FY





100%

Percent of QOs with all Background Screenings Met by FY

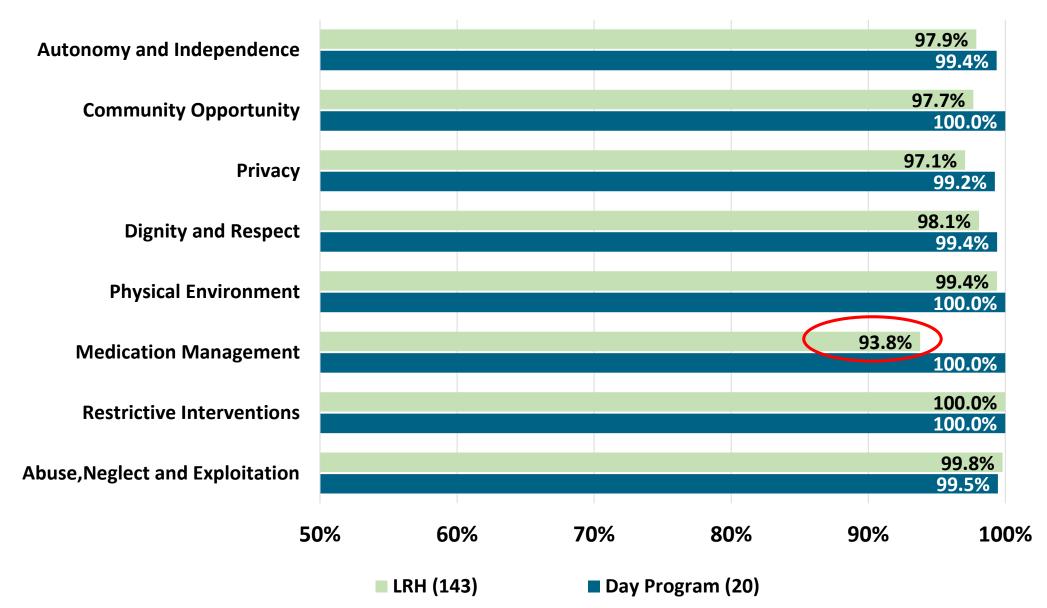




Observations: January – March 2022

| | LF | RH | Day Programs | | |
|-----------|-------|-------|--------------|-------|--|
| Region | # OBS | % Met | # OBS | % Met | |
| Northwest | 4 | 99.5% | 1 | 98.7% | |
| Northeast | 23 | 99.5% | 5 | 100% | |
| Central | 44 | 96.7% | 5 | 100% | |
| Suncoast | 46 | 98.0% | 7 | 100% | |
| Southeast | 12 | 99.7% | 2 | 99.4% | |
| Southern | 14 | 98.7% | 0 | - | |
| State | 143 | 98.0% | 20 | 99.6% | |

Observations by Standard and Location



Privacy and Medication Management

Licensed Residential Homes:

Privacy:

Individuals do not always have a key to their bedroom door (89.3%; n = 132).

Medication Management:

- Controlled medications are not stored separately from other prescription and OTC medications, in a locked container within a locked enclosure (91.2%; n = 120).
- Non-controlled medications are not centrally stored in a locked container in a secured enclosure (92.5%; n = 133).





404 Alerts: July 2021 - March 2022

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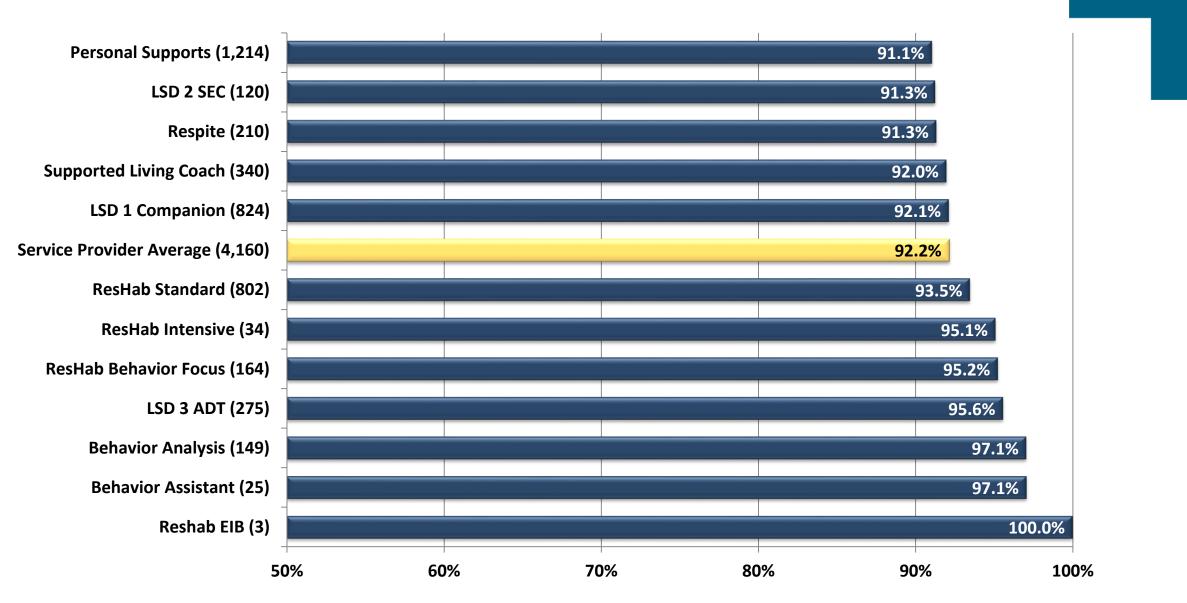
*163 observations were completed during this time period



Service Specific Record Reviews (SSRRs)

SSRR Scores by Service





Lowest Scoring Indicator for Lowest Scoring Services

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LSD 1 Companion:

- The provider has complete Service Logs covering services provided and billed during the period under review.
 - 81.1% Met; n = 821

Personal Supports:

- The provider has complete Service Logs covering services provided and billed during the period under review
 - 69.4% Met; n = 1,212

Respite:

- The provider has complete Service Logs covering services provided and billed during the period under review
 - 71.0%; n = 210

LSD 2 (SEC):

- The current Employment Stability Plan covering services provided and billed during the period under review contains all required components
 - 56.3%; n = 119

Supported Living Coaching:

- The current Implementation Plan covering services provided and billed during the period under review contains all required components
 - 73.2% Met; n = 339



PDR Scores by Provider Size

Summary of PDR Scores for Service Providers by Size* July 2021 - March 2022

| PDR Score | | Alerts | | Billing Discrepancy Standards Missed | | | |
|---------------|------------------|------------|---------------------------------|---|---------------------------|-------|---------------------------|
| Size | Overall Score | Compliance | Person Centered Practices | # | Rate per 10 Reviews | # | Rate per 10 Reviews |
| Small (1,130) | 92.1% | 91.9% | 92.6% | 362 | 3.20 | 959 | 8.49 |
| Medium (95) | 95.8% | 95.5% | 96.5% | 31 | 3.26 | 84 | 8.84 |
| Large (13) | 97.0% | 97.0% | 96.9% | 6 | 4.62 | 12 | 9.23 |
| State (1,238) | 92.8% | 92.6% | 93.2% | 399 | 3.22 | 1,055 | 8.52 |

*Small – 1 to 29 people; Medium – 30 to 99 people; Large – 100+ people.

Summary of PDR Scores for QO's by Size* October 2021 - March 2022

| | PDR Score | | Alerts | | Billing Discrepancy Standards Missed | | |
|-------------|------------------|--------------------------|--------|---|---|-----|---------------------------|
| Size | Overall Score | Administrative Review | SSRR | # | Rate per 10 Reviews | # | Rate per 10 Reviews |
| Small (20) | 93.0% | 97.7% | 92.0% | 1 | 0.50 | 17 | 8.50 |
| Medium (31) | 85.5% | 94.4% | 84.0% | 2 | 0.65 | 63 | 20.32 |
| Large (77) | 93.6% | 97.2% | 93.3% | 2 | 0.26 | 266 | 34.55 |
| State (128) | 92.5% | 96.6% | 92.1% | 5 | 0.39 | 346 | 27.03 |

*Small – 1 to 29 people; Medium – 30 to 99 people; Large – 100+ people.





Questions? Comments?

Contact:

Katherine Glasgow (glasgowk@qlarant.com)

Shubhangi Vasudeo (vasudeos@qlarant.com)

Edmund Dogoe (dogoee@qlarant.com)