Florida Statewide Quality Assurance Program

FY 2021: Year 4 Annual Report

July 2020 – June 2021

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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

CDC+ - Consumer Directed Care Plus

CDC+ C – CDC+ Consultant

DD – Developmental Disability

FSQAP – Florida Statewide Quality Assurance Program

FY – Fiscal Year (July – June)

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

IPS – In Person Survey (NCI)

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 2020, the Agency for Health Care Administration entered into the fourth year of the current contract with Qlarant, 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.

Quarterly meetings were conducted with each APD region.[[1]](#footnote-2) Due to the COVID-19 virus, meetings were conducted via conference calls instead of face-to-face at the regional office. These were facilitated by Qlarant Regional Managers as venues to review data, explore trends, and discuss other relevant regional issues and best practices. Qlarant facilitates three Quality Council meetings annually, which have been conducted via Webinar since March 2020. Meetings for FY 2021 were held on July 23, 2020, October 15, 2020, and March 25, 2021. Given the Webinar format, as opposed to in-person meetings in Tallahassee or Orlando, there were over 100 attendees from across the state.

Due to the COVID-19 virus pandemic, on March 16, 2020 ACHA suspended all onsite review activity. During the remainder of March, with direction from AHCA and APD, Qlarant developed modified procedures to address each component of both PDRs and PCRs including how records would be reviewed (desk reviews) and phone interview techniques (remote interviews via phone or video). These new processes, using the same tools, were implemented April 1, 2020, and used during the current contract year (FY21). Because these processes are very different, comparisons to data collected through pre-pandemic onsite processes should be made with caution and to help determine differences that may have occurred due to the pandemic and revised processes.

Data for analysis in this report are based on 1,393 PCRs, 2,147 PDRs and 189 CDC+ Representative reviews. Results are generally good - indicating providers are in compliance with requirements and individuals appear to be satisfied with the services they receive. Findings are preliminary and include the following:

* Average scores on all review components (interviews and record reviews) were approximately 90 percent or higher.
* While the average My Life Interview score for the PCR was relatively high, scores for outcomes ranged from 25 percent to 100 percent. Scores for supports ranged from 4.3 percent to 100 percent.
* For people receiving services either through the Waiver or through CDC+, they were least likely to have Safety Life Area outcomes Met. Supports for Safety were close to 20 points higher than outcomes for the Waiver and 25 point higher for CDC+.
* Small service providers and solo WSCs on average score lower than larger providers or agency WSCs.
* Satisfaction levels with community involvement were lower than for any other area. This and several other areas may be reflecting the impact of the Coronavirus pandemic.

These and other findings are discussed in this report. Some recommendations are offered to help improve system performance.

# Introduction

In July 2020, the Agency for Health Care Administration (AHCA) entered into the fourth 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, completed for licensed residential homes (LRH) and day program facilities, have been temporarily ceased due to the coronavirus pandemic.

Person Centered Review

Provider Discovery Review

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.

Beginning in April 2020, review processes were modified to allow for COVID-19 precautions. All interviews are now completed remotely by phone or, if possible, by video. Documentation reviews are completed via a desk review.

This is the Annual Report of the FY 2021 contract year. The report is divided into three sections.

* Section I: Significant Contract Activity during the 4th Quarter (April - June 2021)
* Section II: Data from Review Activities throughout the contract year, including comparative analysis as possible
* Section III: Discussion and Recommendations

Most comparisons to data from years prior to FY 2019 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 (April - June 2021)

### 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. Status meetings were held via Zoom on April 22 and May 20, 2021. Due to scheduling conflicts, the June meeting was cancelled.

### 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 One file reliability has been completed so far for the second half of the contract year on the topic of Implementation Plan timeliness and Billing Discrepancies. We received permission from AHCA to suspend the remaining two file reliabilities due to the workload demands of the remote NCI surveys. All reviewers passed the reliability that was completed.

**Field reliability** has always been 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. In response COVID-19 and the transition from in-person to remote reviews, Qlarant developed a desk review process so managers could participate in the phone or video process and complete reliability testing. PCR and PDR Desk Review Reliability was completed with 10 reviewers and all passed.

### Internal Annual Training/Conference

Every year the Florida team comes together for extensive training and brainstorming activities; however, due to COVID-19, these conferences have not been possible since FY 2019. Discussion is underway to determine if a conference will be possible during FY 2022.

## Tool and Process Revisions

No tool changes were made this quarter but there were some updates completed to the CDC+/WSC desk review checklists.

Qlarant has attended weekly meetings with State APD and AHCA representatives to discuss WSC tool changes related to updates due to Senate Bill-82, moving all Support Coordinators to agencies. The revised tool is expected to be implemented in October 2021.

All tools are posted here: <https://florida.qlarant.com/Public2/resourceCenter/providers/discoveryReviewTools/index.html>

## Regional Quarterly Meetings

The Qlarant Regional Manager facilitates meetings in each APD Region with available Qlarant QARs in the Region, and other APD Regional personnel, including the Regional Operations Manager (ROM) as possible. The purpose of the meetings is to discuss and interpret data from the Qlarant reviews to help guide APD toward appropriate remediation activities, and to update all entities on current activities in the Region. Representatives from AHCA and APD State office may attend the meetings via phone in each Region. Remote meetings were held in all the regions during the 4th Quarter, using the webinar format.[[2]](#footnote-3)

## Quality Council (QC)

For FY 2021, Quality Council (QC) meetings were held via webinar on July 23, 2020, October 15, 2020, and March 25, 2021. Using the webinar format has made the meeting accessible to many more stakeholders. There was an average of approximately 100 participants for each session. Agenda items included the following:

* AHCA updates – AndraLica McCorvey, Contract Manager
* APD Updates including
  + Greeting and Staff Introductions – Ed Debardeleben, Chief Program  
    Development, Compliance & Policy
  + APD iConnects - Shelia Mott, Organizational Change Management and Training  
    Manager
  + Senate Bill 82 - Lorena Fulcher, Bureau Chief of Consumer Supports
  + COVID 19 - Karen Hagan, Emergency Coordination Officer
* Qlarant Data Presentation – Kathrine Glasgow PhD, Senior Data Analyst
* Critical Incident Reporting and Management – Meghan Torres, Program Administrator for Quality Improvement and Penny Bos, Management Consultant, APD
* NCI Data Presentation – Stephanie Girodano, Policy Analyst and Val Bradley, President Emerita, HSRI

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 offered an opportunity to provide feedback on the review process and professionalism of QARs. Surveys can be completed online on the FSQAP website, or downloaded and mailed or faxed to the Qlarant office. Feedback findings for surveys entered into the database between July 2020 and June 2021 are presented in Table 1. A total of 233 surveys were entered into the database. On average, 98.0 percent of responses were positive (2,956/3,018). Any survey which included a request for a manager’s call back was also recorded in the Customer Service Log.

| Table 1. Results from Provider Feedback Surveys | | | |
| --- | --- | --- | --- |
| Surveys Received Between July 2020 – June 2021 (N = 235) | | | |
| Question | # Yes | # No | NA/  Blank |
| Did the Quality Assurance Reviewer explain the review process? | 230 | 3 | 2 |
| Did the Quality Assurance Reviewer share with you the names of the potential people chosen to participate in the review? | 229 | 0 | 6 |
| Did the Quality Assurance Reviewer explain the person's participation in the interview is voluntary? | 212 | 12 | 11 |
| Did the Quality Assurance Reviewer refer you to the Qlarant website that includes the tools and procedures? | 227 | 4 | 4 |
| Were the tools accessible on the Qlarant website? | 224 | 1 | 10 |
| Did you find the tools helpful when preparing for the review? | 214 | 7 | 14 |
| Did the Quality Assurance Reviewer answer your questions in preparation for the review? | 223 | 2 | 10 |
| Did the Quality Assurance Reviewer arrive on time? | 87 | 1 | 147 |
| If not, were you notified the Quality Assurance Reviewer would be late? | 21 | 3 | 211 |
| Did the Quality Assurance Reviewer give you enough time to find the information requested? | 224 | 3 | 8 |
| Do you feel the Quality Assurance Reviewer was prepared for the review? | 222 | 5 | 8 |
| Did the review process go as explained by the Quality Assurance Reviewer? | 226 | 5 | 4 |
| Did the Quality Assurance Reviewer answer the questions you had during the review? | 217 | 3 | 15 |
| If applicable, did the Quality Assurance Reviewer explain why a standard was Not Met? | 145 | 6 | 84 |
| If an alert was identified, did the Quality Assurance Reviewer inform you of the follow up process? | 71 | 4 | 160 |
| Did the Quality Assurance Reviewer provide you with the preliminary findings of your review before leaving? | 184 | 3 | 48 |
| **Total Responses** | **2,956** | **62** | **742** |

## Summary of Customer Service Calls

During the final quarter of the year, April - June 2021, 116 calls were recorded in the Customer Service Log, with an average response time within one day for each call.[[3]](#footnote-4)

## Data Availability

* Several reports are available at any time: Current Schedule Report, Results by Service and Standard, and Review Activity Report. These are accessed through the private section (required member login) of the FSQAP website, for people approved to view them.
* A report of provider level billing information is sent to ACHA monthly.

## Staff Updates

No changes this quarter.

# Section II: Data from Review Activities

| Table 2: Person Centered Review Activity | | | | | |
| --- | --- | --- | --- | --- | --- |
| July 2020 – June 2021 | | | | | |
|  | | Number  of PCRs | | Number of Declines | |
| Region | | Waiver | CDC+ | Waiver | CDC+ |
| **Northwest** | 95 | | 12 | 2 | 0 |
| **Northeast** | 186 | | 28 | 12 | 4 |
| **Central** | 214 | | 34 | 13 | 2 |
| **Suncoast** | 294 | | 19 | 6 | 0 |
| **Southeast** | 272 | | 32 | 13 | 0 |
| **Southern** | 188 | | 19 | 2 | 0 |
| **Total** | **1,249** | | **144** | **48** | **6** |

## Person Centered Reviews (PCR)[[4]](#footnote-5)

The PCR includes an interview with the person and a review of the person’s record maintained by the Support Coordinator. Since April 2020, record reviews have been completed remotely and interviews conducted telephonically (some have included a video component); therefore, results in this report are comparable to the 4th Quarter of FY 2020. However, comparisons to data before March 2020 should be made with caution and completed to explore differences in results that may be due to the different procedures or the impact of the COVID pandemic.

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. The Support Coordinator and CDC+ Consultant records are reviewed for individuals receiving a PCR. If the person receives services through CDC+, a record review is also completed for the CDC+ 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 of non-waiver providers who are often family members, and the ability to negotiate provider rates. A non-paid representative helps with the financial and business aspects 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 received services through CDC+ (144), the number who received services through the Waiver (1,249), and the total number of individuals who declined or were otherwise unable to participate (54).

|  |  |  |  |
| --- | --- | --- | --- |
| Table 3. Person Centered Review Decline Reasons | | | |
| July 2020 - July 2021 | | | |
| Decline Reason | Waiver | CDC+ | Total |
| Refused | 31 | 3 | 34 |
| Review Next Year | 4 | 0 | 4 |
| No Longer Receiving Services | 3 | 0 | 3 |
| Moved Out of State | 2 | 0 | 2 |
| Deceased | 1 | 0 | 1 |
| Other | 7 | 3 | 10 |
| **Total** | **48** | **6** | **54** |

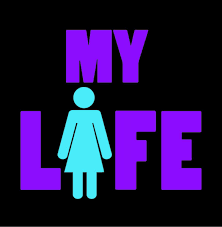
Individuals are free to decline to be interviewed at any time during the process. A person who declines, or may be otherwise unable to participate, is replaced by another person from the oversample to ensure an adequate and representative sample is used for analysis. The period for declines is based upon the projected period for the review. The replacement rate for the Waiver was approximately four percent. This decline rate is much lower than in previous years, which averaged around 15 percent, perhaps due to the modified remote processes as opposed to onsite and face-to-face interviews. The rate was slightly higher than the 4th quarter in FY 2020, of 1.7 percent. This may indicate perhaps phone or video interviews may be less intrusive or easier to schedule than in-person interviews. The CDC+ replacement rate for FY 2021 was also four percent.

Reasons given for the declines are shown in Table 3. When an individual is unable to participate, the QAR calls the person from the sample 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. Most of the declines, 34 of 54 (63%), were people who refused to participate.

### Demographics

The following series of figures show the distribution of the PCR sample across Residential Setting, Age Group and Primary Disability.[[5]](#footnote-6) People receiving services through CDC+ are not permitted to live in a licensed residential home (LRH); therefore, most of the people interviewed using the CDC+ program lived in a family home compared to about half of people using the Waiver. Other demographic differences between the two groups are relatively small.

### PCR My Life Interview (MLI)

Individuals who participate in a PCR receive an interview that includes the PCR My Life Interview and may include the National Core Indicators (NCI) In-Person Survey (IPS). Since April 2020, interviews have been conducted remotely. The MLI was implemented July 1, 2018. 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 “NotMet” as either an outcome or a support, one or more reasons are selected to explain why. The MLI also includes a series of questions regarding the level of satisfaction people have with various aspects of their lives 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

Data in this report were collected remotely. Due to the change in processes to account for the COVID-19 pandemic, comparisons to data collected prior to April 2020 should be made with caution. In addition, results in some categories, particularly for CDC+, are based on relatively small numbers. When n sizes are small, comparisons across categories or between Waiver and CDC+ should also be made with caution.

#### PCR MLI Average Scores

The highest, lowest and average MLI scores are presented in Figure 4 for data collected between July 2020 and June 2021, 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+. Results for FY21 indicate the lowest scores were for the Waiver and that while average rates were relatively high, outcomes and supports for some individuals were quite low. CDC+ supports were relatively high across all 144 PCRs completed.

#### 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. On average, outcomes were 10 or more points lower than supports in all regions, with the exception of the northern part of the state. In the Northeast and Northwest regions, outcomes were only three to four points lower than supports, on average.

| Table 4. My Life Interview Results (PCR) by Region | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| July 2020 – June 2021 | | | | | | |
|  | Waiver | | | CDC+ | | |
| Region | # of PCRs | Outcomes | Supports | # of PCRs | Outcomes | Supports |
| **Northwest** | 95 | 92.9% | 96.9% | 12 | 96.3% | 99.6% |
| **Northeast** | 186 | 95.8% | 98.8% | 28 | 97.0% | 99.7% |
| **Central** | 214 | 84.6% | 94.5% | 34 | 87.8% | 97.8% |
| **Suncoast** | 294 | 87.1% | 97.0% | 19 | 85.5% | 99.1% |
| **Southeast** | 272 | 86.3% | 99.1% | 32 | 88.4% | 99.5% |
| **Southern** | 188 | 87.2% | 98.2% | 19 | 89.0% | 100.0% |
| **State** | **1,249** | **88.2%** | **97.5%** | **144** | **90.2%** | **99.1%** |

#### 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. Results for CDC+ are shown; however, it is important to note the low number of responses for some demographic categories (e.g., independent or supported living, Down syndrome)[[6]](#footnote-7). All demographic graphics show data collected between July 2020 and June 2021. There is little variation across supports; however, the following disparities are present for outcomes measured to date:

* With the exception of the 26 people living in “other” settings, residents of independent or supported living settings were most likely to have outcomes present; however, only nine individuals receiving services through CDC+ lived outside a family home.
* Residents of licensed residential homes were least likely to have outcomes present.
* Individuals with a primary diagnosis of Autism Spectrum Disorder or Down syndrome were somewhat less likely to have outcomes present than individuals with other types of disabilities. This difference was more pronounced for the 28 people with Autism receiving services through CDC+.
* Outcomes for people receiving Waiver services appear to trend up with age.

PCR My Life Interview by Life Area

The average MLI score for each Life Area is presented in Figure 8a for the Waiver and Figure 8b for CDC+, by outcomes and supports. Findings to date indicate individuals receiving services were supported across all life areas (each above 96%), and were least likely to meet outcomes related to safety for both the Waiver and CDC+. People receiving services through the Waiver were also much less likely to have outcomes present, when compared to supports, in the areas of Safety and Social Life.

Analysis of the 26 MLI indicators provides some insight into more specific data and reasons for My Life Area results. For each waiver type, all 26 indicators measuring support showed a score of approximately 94 percent or higher. However, a number of outcomes in the areas of My Health, My Safety, and My Social Life reflected a score of less than 90 percent for individuals receiving services through the Waiver and CDC+, shown in Table 5.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Table 5. Lowest Scoring Outcomes for Waiver and CDC+ (July 2020 - June 2021) | | | | | |
| **Outcomes** | **Waiver (N = 1,249)** | | | **CDC+ (N = 144)** | |
| **# Reviewed** | **%**  **Present** | **# Reviewed** | | **%**  **Present** |
| **My Health and Safety** | | | | | |
| I understand my medications. | 1,030 | 59.0% | 110 | | 68.2% |
| I understand what abuse, neglect and exploitation (ANE) mean. | 1,147 | 64.9% | 127 | | 62.2% |
| I know what to do if abuse, neglect, or exploitation (ANE) occurs. | 1,148 | 74.1% | 129 | | 69.8% |
| My safety needs are addressed. | 1,217 | 82.9% | 139 | | 77.0% |
| **My Social Life** | | | | | |
| I am part of and participate in my community. | 1,196 | 71.7% | 142 | | 73.2% |
| I am an active and contributing member of my community. | 1,131 | 77.8% | 133 | | 80.5% |
| I have meaningful friendships and relationships. | 1,204 | 84.9% | 140 | | 87.9% |

##### Understanding Medications

For people who did not understand the medications they were taking, most did not know:

* What they were taking (W: 67.1%; C: 80.0%)
* Why their medications were prescribed (W: 61.1%; C: 57.1%)
* Their medications’ side effects (W: 76.5%; C: 62.9%).

Further analysis indicated individuals living in a licensed residential home (LRH) were the least likely to understand their medications. Among Waiver participants, 54.7 percent of individuals living in an LRH setting did not meet this outcome versus 32.6 percent of those living in all other residential settings.

##### Abuse, Neglect and Exploitation

* Among people who did not understand what ANE means, most did not understand exploitation (W: 78.4%; C: 68.8%) or neglect (W: 68.0%; C: 62.5%).
* Among people who did not know what to do if ANE occurs, most indicated they do not know what the Abuse Hotline is (W: 65.7%; C: 59.0%) or how to find it (W: 58.9%; C: 53.8%).

Knowing how to recognize ANE and what to do if it occurs is critical yet these outcomes are consistently the lowest scoring standards in the MLI. When an individual is unable to meet the outcome, it is especially important they have someone in their circle of supports who does has a clear understanding of the different types of abuse and knows what to do if they occur. To this end, findings from FY 2021 show the majority of individuals missing this outcome have support available to them. Among Waiver participants, only two percent of individuals interviewed were missing both outcomes and supports when it came to understanding what ANE means and what to do if it were to occur. Among those using CDC+, only one individual was lacking both the outcome and support for understanding ANE and no one was lacking both when it came to knowing what to do when it occurs.

##### Community Participation

Since the pre-pandemic period (July 2019 – March 2020), there was a nearly 20 point decrease in the proportion of waiver participants who reported they are part of and participated in their community (95.7% to 71.7%) or who feel they are active and contributing members of their community (95.6% to 77.8%). While outcomes have decreased substantially, it is encouraging these have remained over 70 percent and may indicate the innovative methods used by providers to help maintain community connections during the pandemic.

Among people who feel they are not part of or participating in their communities,

* Approximately 15 to 20 percent indicated they were not involved in their community at all
* Nearly three quarters of individuals expressed that while they participate in their communities, they would like to do more (W: 72.0%; C: 73.7)

Among people who feel they are not active or contributing members of their communities, several reasons were identified which may provide some insight into the barriers they faced when trying to engage in community life. These reasons include:

* Not understanding what social roles are (W: 38.2%; C: 46.2%) or how to develop and maintain them (W: 25.5%; C: 38.5%)
* Having the desire to join a community group or organization but not being able to (W: 21.2%; C: 7.7%)
* Not understanding all the different community groups or organizations available in the community (W: 13.9%; 23.1%)
* Wanting to volunteer, but not having the assistance to do so (W: 8.8%; C: N/A)

#### 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 services, service providers, Support Coordinators, residence, and involvement in the community. Interviews completed between July 2020 and June 2021 (Figure 9) show the majority of individuals receiving services reported agreement (strongly agree or agree) in each area. The lowest scoring area was satisfaction with how much involvement there is in the community. Scores of 85.0 percent (Waiver) and 88.3 percent (CDC+) are down from 98.9 percent (Waiver) and 100 percent (CDC+) shown during the pre-pandemic period (July 2019 – March 2020).

The following table shows each satisfaction indicator, the number reviewed and the percent scored as ‘Very Satisfied’. The comparison is provided between the pre-pandemic (July 2019 – March 2020 (Y3Q1-3)) and mid-pandemic data (July 2020 – June 2021(Y4)) time periods. With two minor exceptions for CDC+, each satisfaction indicator showed a decrease in the proportion of people receiving services who indicated they were very satisfied. In other words, the degree of satisfaction has declined during the pandemic. It is important to remember the procedures for collecting the data also changed; therefore, it is not possible to determine exactly what may be causing the reduced satisfaction.

The greatest differences, for both Waiver and CDC+, were satisfaction with involvement in the community, a decrease of 17.5 and 17.9 points, respectively. This is a reasonable finding given the COVID pandemic, but may also indicate a need to continue to find innovative and satisfactory alternatives for people to access communities and friends. In addition, during both periods community participation showed the lowest proportions of Very Satisfied. Other areas people were least likely to be very satisfied were regarding health, having a meaningful day activity and with service providers who support them in their day activities.

| Table 6. Indicators of Satisfaction: Number and Percent Responding 'Strongly Agree'  Difference Between Pre and Mid-Pandemic | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Satisfaction Indicator | Waiver | | | | | | CDC+ | | | | | |
| Y3Q1-3 | | Y4 | | | Difference | Y3Q1-3 | | Y4 | | | Difference |
| # | % | | # | % | # | % | | # | % |
| I am satisfied with approved services. | 930 | 42.4% | | 1,196 | 38.1% | -4.3% | 108 | 52.8% | | 137 | 52.6% | -0.25% |
| I am satisfied with my service providers. | 915 | 44.0% | | 1,168 | 39.5% | -4.5% | 104 | 57.7% | | 132 | 53.0% | -4.7% |
| I am satisfied with Waiver Support Coordinator (WSC). | 946 | 48.8% | | 1,219 | 42.2% | -6.6% | 108 | 56.5% | | 139 | 51.8% | -4.7% |
| I am satisfied with services received in my home. | 811 | 41.7% | | 1,059 | 38.0% | -3.7% | 102 | 49.0% | | 135 | 48.1% | -0.9% |
| I am happy with where I live. | 941 | 44.7% | | 1,181 | 38.9% | -5.8% | 104 | 53.8% | | 140 | 49.3% | -4.5% |
| I am satisfied with service providers who support me in my desired day activity. | 835 | 39.8% | | 1,047 | 34.1% | -5.7% | 91 | 47.3% | | 126 | 41.3% | -6.0% |
| My day activity is meaningful to me. | 850 | 39.8% | | 1,063 | 33.8% | -6.0% | 91 | 45.1% | | 126 | 39.7% | -5.4% |
| I am happy with how much involvement I have in my community. | 923 | 33.2% | | 1,179 | 15.7% | -17.5% | 106 | 43.4% | | 137 | 25.5% | -17.9% |
| I am in good health. | 956 | 30.4% | | 1,225 | 26.7% | -3.7% | 108 | 33.3% | | 142 | 33.8% | 0.5% |

#### PCR My Life Interview: Stability

During the PCR, MLI questions are used to measure stability in the person’s life. 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 7 shows the percent of individuals who experienced one or more of these changes during FY 2021 (July 2020 – June 2021 (Y4)). The same data are shown for the first three quarters in the previous year, pre-pandemic (July 2019 – March 2020 (Y3Q1-3)).

For the Waiver, people were most likely to experience a change in work/day activity or home service providers. Compared to the pre-pandemic data, they were less likely to have experienced a change in service providers in the home, but more likely to have experienced a change in employment. The change in employment increase appears to be related to being dismissed from the job. The proportion of people who indicated dismissal increased from 15.8 percent to 29.8 percent.

For CDC+, people were most likely to have experienced changes in their WSC or to have moved during the pandemic period. Higher rates of moving could be because people have lost the support or employment needed to live independently and therefore need to move back to the family home. The proportion of people using CDC+ and living independently decreased from 11.0 percent to 6.9 percent from the pre to mid-pandemic period. When individuals were asked why they moved, one person indicated that their residence had close, but the remaining reported that either they or their natural supports initiated the change. Senate Bill 82 may explain increases in the number of individuals who experiences changes in their WSC or WSC agency as this bill required solo WSCs to join qualified organizations (QOs).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Table 7. PCR My Life Interview: Stability (Percent with 1 or more changes) | | | | | | | | |
|  | Waiver | | | | CDC+ | | | |
|  | **Y3Q1-3 (969)** | | **Y4 (1,249)** | | **Y3Q1-3 (110)** | | **Y4 (144)** | |
| Within the past 12 months, | **Applicable Responses** | **% w/ 1+ change** | **Applicable Responses** | **% w/ 1+ change** | **Applicable Responses** | **% w/ 1+ change** | **Applicable Responses** | **% w/ 1+ change** |
| I experienced changes in my WSC agency. | 758 | 2.5% | 933 | 3.0% | 96 | 1.0% | 120 | 3.3% |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I experienced changes in my WSC. | 975 | 10.4% | 1,233 | 10.9% | 110 | 8.2% | 143 | 9.8% |
| I have changed employment. | 390 | 4.9% | 517 | 9.1% | 50 | 2.0% | 50 | 2.0% |
| I have experienced changes to my work/day activity service providers. | 834 | 16.3% | 1,025 | 16.9% | 82 | 6.1% | 106 | 5.7% |
| I have moved. | 969 | 11.1% | 1,191 | 9.7% | 108 | 3.7% | 135 | 7.4% |
| Service providers in my home have changed. | 866 | 19.1% | 1,106 | 15.3% | 107 | 15.9% | 139 | 2.2% |
| The services I receive have changed. | 964 | 10.5% | 1,205 | 11.1% | 110 | 10.0% | 142 | 4.2% |

There are multiple reasons why a change in any of the above situations might occur, including a move by the person from where the provider offers the service or the provider/WSC may no longer be providing services. However, for individuals who had experienced at least one change in any of the areas in Table 7, almost one quarter of them (23.5%) indicated paid supports and not the person or the person’s natural supports initiated the change.

### PCR Waiver Support Coordinator and CDC+ Consultant Record Reviews[[7]](#footnote-8)

Records maintained by the WSC and CDC+ Consultant are reviewed specific to the person who was interviewed during the PCR. Results by region are in Table 8, by standard for WSCs in Table 9 and for CDC+ Consultants in Table 10. Results by standard are shown for Y4 (July 2020 – June 2021) and for the pre-pandemic period (July 2019 – March 2020 (Y3Q1-3)). Findings indicate the following:

* Both WSCs and Consultants scored relatively high on the record reviews to date, with little variation across regions.
* Current results of the record reviews are similar to the pre-pandemic period (July 2019 – March 2020 (Y3Q1-3)), with little variation statewide or regionally.
* Support Coordinators scored approximately 83 percent or higher on each indicator.
* The two lowest scoring areas for WSCs indicate:
  + Progress Notes do not always demonstrate if the Pre-Support Plan planning activities occurred (83.4%).
  + The Support Coordinator documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents (84.7%).
* Comparing the different periods, the following indicators showed a decrease of over five percentage points (highlighted in the table):
  + The level of care is completed using the correct instrument/form (down 5.6 points)
  + The Support Plan includes a Safety Plan (down 12.5 points; however, sample sizes are relatively low)
  + The current Annual Report is in the record. (down 5.7 points)
  + The Support Plan is updated/revised when warranted by changes in the needs of the person (down 5.8 points)
* On average, CDC+ consultants scored relatively high (all indicators above 90%) and similar to the pre-pandemic period. The lowest scoring standard indicates Progress Notes do not always demonstrate if the Pre-Support Plan planning activities occurred (90.3%).
* Comparing the different periods, two indicators showed an increase of over five percentage points (highlighted in the table):
  + The Consultant documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents (up 8.3 points).
  + The Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted (up 8 points).

| Table 8. WSC and CDC+ Consultant Record Review Results by APD Region | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| July 2020 – June 2021 | | | | | | | |
|  | WSC | | | CDC+ C | | | |
| Region | #  Records | # Indicators | %  Met | | #  Records | #  Indicators | %  Met |
| Northwest | 95 | 2,850 | 94.8% | | 12 | 468 | 98.4% |
| Northeast | 186 | 5,580 | 95.9% | | 28 | 1092 | 99.1% |
| Central | 214 | 6,420 | 93.5% | | 34 | 1326 | 98.1% |
| Suncoast | 294 | 8,820 | 91.9% | | 19 | 741 | 96.7% |
| Southeast | 272 | 8,160 | 96.5% | | 32 | 1248 | 97.4% |
| Southern | 188 | 5,640 | 97.9% | | 19 | 741 | 99.3% |
| **State** | **1,249** | **37,470** | **94.9%** | | **144** | **5,616** | **98.2%** |

| Table 9. WSC Record Review Results by Standard: Pre vs. Mid-Pandemic | | | | |
| --- | --- | --- | --- | --- |
|  | Pre-pandemic  (Y3Q1-3) | | Mid-pandemic  (Y4) | |
| Indicator | Number | % Met | Number | % Met |
| For individuals in supported living arrangements Progress Notes demonstrate required activities are covered during each quarterly home visit. | 166 | 92.2% | 173 | 87.3% |
| For persons living in Supported Living Arrangements the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider. | 156 | 97.4% | 169 | 97.6% |
| Level of care is completed accurately using the correct instrument/form. | 962 | 92.3% | 1,207 | 86.7% |
| Level of care is reevaluated at least every 365 days and contains all required components for billing. | 962 | 96.2% | 1,249 | 96.1% |
| Level of care is reevaluated at least every 365 days and contains all required components for compliance. | 961 | 95.5% | 1,245 | 96.5% |
| Person receiving services is given a choice of waiver services or institutional care at least annually. | 964 | 96.4% | 1,249 | 96.5% |
| Support Plan includes a current Safety Plan. | 27 | 100.0% | 32 | 87.5% |
| Support Plan includes supports and services consistent with assessed needs. | 964 | 99.7% | 1,248 | 98.0% |
| Support Plan reflects support and services necessary to address assessed risks. | 940 | 99.7% | 1,188 | 97.5% |
| Support Plan reflects the personal goals/outcomes of the person. | 964 | 99.5% | 1,249 | 99.4% |
| The current Annual Report is in the record. | 956 | 91.8% | 1,236 | 86.1% |
| The current Support Plan includes natural, generic, community and paid supports for the person. | 964 | 98.1% | 1,249 | 99.2% |
| The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted. | 959 | 82.4% | 1,241 | 83.4% |
| The Support Coordination Progress Notes demonstrate required monthly contact/activities were completed and are in the record. | 963 | 95.3% | 1,240 | 94.9% |
| The Support Coordinator bills for services after services are rendered. | 960 | 96.5% | 1,244 | 96.8% |
| The Support Coordinator documents efforts to ensure services are delivered in accordance with the service plan, including type, scope, amount, duration, and frequency specified in the Cost Plan. | 937 | 90.1% | 1,177 | 88.4% |
| 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% | 1,241 | 97.1% |
| 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% | 1,237 | 97.3% |
| 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% | 816 | 93.6% |
| 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% | 1,245 | 84.7% |
| The Support Coordinator documents ongoing efforts to assist the person/legal representative to know about rights. | 963 | 92.7% | 1,245 | 94.3% |
| The Support Coordinator documents ongoing efforts to ensure the person’s behavioral/emotional health needs are addressed. | 686 | 97.1% | 907 | 97.8% |
| The Support Coordinator documents ongoing efforts to ensure the person’s health and health care needs are addressed. | 964 | 96.4% | 1,246 | 98.4% |
| The Support Coordinator documents ongoing efforts to ensure the person’s safety needs are addressed. | 963 | 97.8% | 1,246 | 98.5% |
| The Support Coordinator is in compliance with billing procedures and the Medicaid Waiver Services Agreement. | 962 | 99.9% | 1,245 | 99.8% |
| The Support Plan is updated within 12 months of the person’s last Support Plan. | 952 | 99.5% | 1,230 | 98.5% |
| The Support Plan is updated/revised when warranted by changes in the needs of the person. | 397 | 97.7% | 589 | 91.9% |
| WSC documentation demonstrates a copy of the Support Plan is provided to all service providers within 30 calendar days of the Support Plan effective date. | 937 | 93.8% | 1,171 | 95.1% |
| WSC documentation demonstrates current, accurate, and approved Service Authorizations are issued to service provider(s). | 953 | 98.0% | 1,205 | 97.1% |
| 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% | 1,246 | 97.0% |
| **Average WSC Record Review Score** | **25,127** | **95.3%** | **30,608** | **94.9%** |

| Table 10. CDC+ Consultant Record Review Results by Standard | | | | |
| --- | --- | --- | --- | --- |
|  | Pre-pandemic  (Y3Q1-3) | | Mid-pandemic  (Y4) | |
| Indicator | Number | % Met | Number | % Met |
| All applicable completed/signed Purchasing Plans are in the record. | 109 | 97.2% | 110 | 99.1% |
| All applicable completed/signed Quick Updates are in the Record. | 51 | 100% | 36 | 100% |
| Completed/signed CDC+ Consent Form is in the record. | 109 | 99.1% | 109 | 99.1% |
| Completed/signed Corrective Action Plan is in the record. | 2 | 50.0% | 5 | 100% |
| Completed/signed Participant-Consultant Agreement is in the record. | 109 | 99.1% | 110 | 98.2% |
| Completed/signed Participant-Representative Agreement is in the record. | 109 | 99.1% | 110 | 99.1% |
| 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% | 109 | 97.2% |
| 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% | 110 | 96.4% |
| Consultant has taken action to correct any overspending by the Participant. | 7 | 100% | 6 | 100% |
| Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs. | 99 | 100% | 100 | 100% |
| If applicable, an approved Corrective Action Plan is being followed. | 2 | 100% | 6 | 100% |
| If applicable, Consultant initiates Corrective Action. | 3 | 100% | 4 | 100% |
| Level of care is completed accurately using the correct instrument/form. | 109 | 99.1% | 104 | 95.2% |
| Level of care is reevaluated at least every 365 days and contains all required components for billing. | 108 | 100% | 110 | 98.2% |
| Level of care is reevaluated at least every 365 days and contains all required components for compliance. | 108 | 100% | 110 | 97.3% |
| Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed. | 57 | 96.5% | 51 | 98.0% |
| Person receiving services is given a choice of waiver services or institutional care at least annually. | 108 | 100% | 110 | 97.3% |
| Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month. | 109 | 99.1% | 110 | 100.0% |
| Services are delivered in accordance with the Cost Plan. | 109 | 100% | 144 | 98.6% |
| Support Plan includes a current Safety Plan. | 2 | 100% | 46 | 100.0% |
| Support Plan includes supports and services consistent with assessed needs. | 109 | 100% | 143 | 99.3% |
| Support Plan reflects supports and services necessary to address assessed risks. | 108 | 99.1% | 6 | 100.0% |
| Support Plan reflects the personal goals of the person. | 109 | 100% | 144 | 98.6% |
| The Consultant bills for services after services are rendered. | 109 | 99.1% | 144 | 99.3% |
| 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% | 143 | 97.9% |
| 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% | 144 | 97.2% |
| The Consultant documents ongoing efforts to assist the person/legal representative to know about rights. | 108 | 97.2% | 7 | 100.0% |
| The Consultant documents ongoing efforts to ensure the person’s behavioral/emotional health needs are addressed. | 81 | 98.8% | 130 | 100.0% |
| The Consultant documents ongoing efforts to ensure the person’s health and health care needs are addressed. | 108 | 99.1% | 7 | 100.0% |
| The Consultant documents ongoing efforts to ensure the person’s safety needs are addressed. | 107 | 98.1% | 5 | 100.0% |
| The Consultant is in compliance with billing procedures and the Medicaid Waiver Services Agreement. | 109 | 100% | 137 | 95.6% |
| The Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted. | 106 | 90.6% | 144 | 98.6% |
| The current Annual Report is in the record. | 107 | 97.2% | 144 | 97.9% |
| The current Support Plan includes natural, generic, community and paid supports for the person. | 109 | 100% | 60 | 98.3% |
| The Emergency Backup Plan is in the record and reviewed annually.` | 108 | 96.3% | 144 | 97.9% |
| The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan. | 107 | 100% | 144 | 100.0% |
| The Support Plan is updated within 12 months of the person's last Support Plan. | 108 | 99.1% | 144 | 99.3% |
| The Support Plan is updated/revised when warranted by changes in the needs. | 50 | 98.0% | 2 | 100.0% |
| When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month. | 102 | 100% | 144 | 100.0% |
| **Average CDC+ Record Review Score** | **3,463** | **98.3%** | **4,460** | **98.2%** |

### CDC+ Representative (Representative)

People who elect to receive services through CDC+ have a 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; however, the participant is sometimes also the Representative. Qlarant QARs review 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 2020 and June 2021, 189 Representatives were reviewed. Results are displayed by region in Table 11 and by standard in Table 12 and include data from the pre-pandemic period in Year 3 (July 2019 – March 2020). On average, record reviews showed a small increase over the two periods; however, the Southern Region improved by over 10 percentage points, but with small sample sizes.

There are also some differences noted across the periods for individual standards. To date the areas highlighted in Table 12 showed an improvement of five or more percentage points in the mid-pandemic period. This may indicate the remote method is beneficial in documentation retrieval for some areas of the review. The lowest scoring area continues to be for maintaining documentation of background screening for directly hired employees with a score of 80.8 percent, slightly lower than Year 3 findings.

| Table 11. CDC+ Representative Record Review Results | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | Pre-pandemic (Y3Q1-3) | | | Mid-pandemic (Y4) | | |
| Region | Records | Indicators | Met | Records | Indicators | Met |
| Northwest | 17 | 268 | 92.5% | 15 | 300 | 92.1% |
| Northeast | 41 | 671 | 93.1% | 32 | 640 | 94.7% |
| Central | 23 | 360 | 93.6% | 41 | 820 | 96.2% |
| Suncoast | 24 | 373 | 92.5% | 35 | 700 | 90.3% |
| Southeast | 28 | 454 | 90.1% | 39 | 780 | 91.5% |
| Southern | 15 | 238 | 84.0% | 27 | 540 | 94.1% |
| **State** | **148** | **2,364** | **91.5%** | 189 | 3,780 | 93.2% |

| Table 12. CDC+ Representative Results by Standard | | | | |
| --- | --- | --- | --- | --- |
|  | Pre-Pandemic  (Y3Q1-3) | | Mid-Pandemic  (Y4) | |
| Standard | Number | % Met | Number | % Met |
| Accurate signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review. | 138 | 79.7% | 168 | 88.7% |
| All applicable signed and approved Purchasing Plans are available for review. | 146 | 96.6% | 184 | 96.7% |
| All applicable signed and approved Quick Updates are available for review. | 69 | 98.6% | 59 | 100.0% |
| Background screening results for all Directly Hired Employees (DHE’s) who render direct care are available for review. | 138 | 83.3% | 167 | 80.8% |
| Background screening results for all Independent Contractors who render direct care are available for review.[[8]](#footnote-9) | 70 | 88.6% | 61 | 93.4% |
| Complete and signed Participant/Representative Agreement is available for review. | 148 | 94.6% | 189 | 94.7% |
| Complete Employee Packets for all Directly Hired Employees are available for review. | 137 | 94.9% | 168 | 95.2% |
| Complete Vendor Packets for all vendors and independent contractors are available for review. | 97 | 91.8% | 136 | 94.9% |
| Completed and signed Job Descriptions for each Directly Hired Employee are available for review. | 140 | 87.9% | 171 | 94.2% |
| Copies of approved Cost Plan(s) are available for entire period of review. | 148 | 96.6% | 189 | 97.4% |
| Copies of Support Plan(s) are available for entire period of review. | 148 | 95.3% | 188 | 97.9% |
| Corrective Action Plan (if applicable) is available for review. | 4 | 100.0% | 7 | 100.0% |
| Documentation is available to support the reconciliation of Monthly Statements. | 145 | 86.2% | 188 | 87.2% |
| Emergency Backup Plan is complete and available for review. | 148 | 91.9% | 189 | 95.2% |
| Monthly Statements are available for review. | 145 | 97.9% | 187 | 98.4% |
| Signed and approved Invoices for Vendor Payments are available for review. | 83 | 90.4% | 111 | 90.1% |
| Signed and approved receipts/statement of “Goods and Services” for reimbursement items are available for review. | 31 | 100.0% | 41 | 95.1% |
| 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% | 178 | 83.1% |
| The Participant makes purchases consistent with the Purchasing Plan. | 147 | 95.2% | 189 | 95.8% |
| The Participant obtains services consistent with stated/documented needs and goals. | 148 | 99.3% | 189 | 95.8% |
| **Average CDC+ Representative Record Review Score** | **2,364** | **91.5%** | 2,959 | 93.2% |

### **PCR Summary Results**

A summary of scores from the PCR components is presented in the following figure. Average scores were relatively high across all the areas. Consistent with previous reports, My Life Interview outcomes were lower compared to all other areas, and the CDC+ Representative Record Review was the lowest scoring record review area.

Figure 10. PCR Summary

### 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.

A total of 123 medications are captured in the Health Summary. [[9]](#footnote-10) Figure 11 shows the percent of people receiving services by waiver type and the total number of medications they are taking. The pattern to date is similar to previous years; however, for Waiver participants, the proportion of people taking five or more medications shows a consistent increase from 36 percent in FY 2018 to 40 percent in FY 2019, to 42 percent in FY 2021. The rate for CDC+ is approximately the same over the years.

Additional analysis is presented by region in Table 13. Data to date indicate the use of multiple medications for Waiver recipients has increased, since Year 3 (pre-pandemic), in the Northeast (up 9.2 points) and Central (up 7.7 points) regions. CDC+ rates showed large increases and decreases for some regions, but rates may to be unstable due to the relatively small sample sizes. The statewide average is similar in both periods.

| Table 13. Taking 5+ Medications by Region | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Waiver | | | | CDC+ | | | |
|  | Pre-pandemic  (Y3Q1-3) | | Mid-pandemic  (Y4) | | Pre-pandemic  (Y3Q1-3) | | Mid-pandemic (Y4) | |
| Region | #  PCRs | % Taking 5+ | #  PCRs | % Taking 5+ | # PCRs | % Taking 5+ | # PCRs | % Taking 5+ |
| Northwest | 77 | 32.5% | 95 | 34.7% | 6 | 0.0% | 12 | 33.3% |
| Northeast | 144 | 40.3% | 186 | 49.5% | 28 | 25.0% | 28 | 35.7% |
| Central | 185 | 39.5% | 214 | 47.2% | 20 | 50.0% | 34 | 35.3% |
| Suncoast | 219 | 47.9% | 294 | 44.2% | 20 | 20.0% | 19 | 36.8% |
| Southeast | 225 | 35.6% | 272 | 32.4% | 21 | 23.8% | 32 | 15.6% |
| Southern | 114 | 44.7% | 188 | 44.1% | 14 | 35.7% | 19 | 36.8% |
| Total | **964** | **40.7%** | **1,249** | **42.2%** | **109** | **28.4%** | **144** | **31.3%** |

Information for individuals taking multiple medications by residence, primary disability and age group is shown in Figures 12 – 14, for July 2020 – June 2021.[[10]](#footnote-11) Results are similar to previous analyses, which indicate people in licensed residential home (LRH) settings or with an intellectual disability were more likely than their counterparts to take five or more medications. Further, multiple medication use tends to increase with age. People living in a family home were equally likely to be taking multiple medications, regardless of waiver type. Therefore, it is apparently living in licensed residential home settings that drives the multiple medication use rate up.

Table 14 displays the percentage of individuals who, within the past 12 months, had experienced a significant health event.[[11]](#footnote-12) The greatest proportion of events for people receiving services through the Waiver or CDC+ involved visits to the emergency room (ER) or the hospital. The proportion of people receiving services through the Waiver who had visited the ER has declinded somewhat since the pre-pandemic period.

| Table 14. Percent of Individuals with a Significant Health Event by Waiver Type (% Yes) | | | | |
| --- | --- | --- | --- | --- |
| In the previous 12 months: | Waiver | | CDC+ | |
| Pre-pandemic  Y3Q1-3 (964) | Mid-pandemic  Y4  (1,294) | Pre-pandemic  Y3Q1-3 (109) | Mid-pandemic  Y4  (144) |
| Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation? | 5.4% | 1.6% | 4.6% | 0.0% |
| Have Reactive Strategies under 65G-8 been used due to behavioral concerns? | 3.3% | 3.3% | 0.9% | 0.7% |
| Have you been Baker Acted? | 2.8% | 2.6% | 3.7% | 0.0% |
| Have you been admitted to the hospital? | 10.9% | 11.0% | 11.9% | 9.7% |
| Have you been to an Emergency Room? | 18.6% | 14.5% | 21.1% | 9.0% |
| Have you been to an Urgent Care Center? | 5.4% | 4.5% | 4.6% | 1.4% |

## Provider Discovery Reviews (PDR)[[12]](#footnote-13)

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:[[13]](#footnote-14)

* 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 Interview with individuals receiving services (MLI), review of agency Policies and Procedure (P&P), Qualification and Training (Q&T), and Service Specific Record Reviews (SSRR). Observations (OBS) at waiver funded licensed residential homes (LRH) and day program facilities were temporarily stopped in March 2020. 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 2020 and June 2021, 2,149 PDRs were completed and approved by Qlarant Regional Managers for 1,592 service providers and 557 WSCs.[[14]](#footnote-15) Table 15 shows the number completed per region for FY 2021. All PDRs were conducted via Desk reviews and phone interviews.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Table 15. PDRs by APD Region | | | | |
|  | Service Providers | | WSCs | |
|  | (N = 1,592) | | (N = 557) | |
| Region | N | % | N | % |
| Northwest | 104 | 6.5% | 41 | 7.4% |
| Northeast | 264 | 16.6% | 77 | 13.8% |
| Central | 316 | 19.8% | 122 | 21.9% |
| Suncoast | 399 | 25.1% | 109 | 19.6% |
| Southeast | 272 | 17.1% | 138 | 24.8% |
| Southern | 237 | 14.9% | 70 | 12.6% |

### PDR My Life Interview

The PDR for service providers uses an interview with individuals receiving services from the provider to determine, from the person’s perspective, how well services are provided and if outcomes are present. Not all PDRs include this component of the review process because people are free to decline to participate. If there is no one else receiving services from the provider there is no one else to interview. Standards for the PDR MLI are the same as for the PCR MLI.[[15]](#footnote-16) [[16]](#footnote-17) Figures 15a and 15b display findings from the PDR MLI for each Life Area, by Outcomes and Supports, for the June 2019 – March 2020 (n=880) and July 2020 – June 2021 (n=2,076) periods respectively. Figures 16a and 16b provide results by region. Findings indicate:

* Similar to PCR MLI results, PDR findings show Outcomes lower than Supports across all My Life Areas, the greatest difference was in My Safety, with less than 80 percent of Outcomes during both periods.
* With the exception of a small decrease for My Social Life, results are similar across the Life Areas and regions when comparing the pre and mid-pandemic periods.
* Outcomes for individuals living in the Southeast were lower than in other region.

### Observations

Temporarily discontinued due to the COVID-19 pandemic.

### 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 are in Table 16 for service providers and Table 17 for WSCs. WSC services are different from other provider services, therefore findings are presented separately.[[17]](#footnote-18) Most of the P&P tool applies only to agency providers; however, some questions may also be asked of solo providers.

Findings by region are presented for agencies and solo service providers and WSCs in Table 16. WSCs were much more likely to operate as a solo entity; however, all solo WSCs will be incorporated into a Qualified Organization (QO) of four or more WSCs beginning July 1, 2021. 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, agencies scored higher than did solo providers and WSCs scored higher than did service providers.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Table 16. Policy and Procedure Results by Region Agency v. Solo  July 2020 - June 2021 | | | | | | | | | |
|  | **Service Provider Agencies** | | | **Service Provider Solos** | | | **SP State Average** | | |
| Region | N | Standards Scored | %  Met | N | Standards Scored | %  Met | N | Standards Scored | %  Met |
| Northwest | 70 | 776 | 95.6% | 34 | 35 | 80.0% | 104 | 811 | 94.9% |
| Northeast | 208 | 2,505 | 93.3% | 56 | 93 | 88.2% | 264 | 2,598 | 93.1% |
| Central | 277 | 3,081 | 92.8% | 39 | 59 | 86.4% | 316 | 3,140 | 92.6% |
| Suncoast | 351 | 3,961 | 89.1% | 48 | 54 | 79.6% | 399 | 4,015 | 89.0% |
| Southeast | 251 | 2,570 | 91.6% | 21 | 24 | 87.5% | 272 | 2,594 | 91.5% |
| Southern | 231 | 2,324 | 93.8% | 6 | 6 | 83.3% | 237 | 2,330 | 93.7% |
| **State** | **1,388** | **15,217** | **92.0%** | **204** | **271** | **84.9%** | **1,592** | **15,488** | **91.9%** |
|  | **WSC Agencies** | | | **WSC Solo** | | | **WSC State Average** | | |
| Region | N | Standards Scored | %  Met | N | Standards Scored | %  Met | N | Standards Scored | %  Met |
| Northwest | 7 | 63 | 100% | 34 | 43 | 97.7% | 41 | 106 | 99.1% |
| Northeast | 17 | 156 | 99.4% | 60 | 123 | 96.7% | 77 | 279 | 98.2% |
| Central | 19 | 168 | 100% | 103 | 183 | 95.1% | 122 | 351 | 97.4% |
| Suncoast | 21 | 202 | 95.1% | 88 | 166 | 91.0% | 109 | 368 | 93.2% |
| Southeast | 44 | 380 | 94.7% | 94 | 142 | 93.0% | 138 | 522 | 94.3% |
| Southern | 29 | 250 | 98.4% | 41 | 63 | 95.2% | 70 | 313 | 97.8% |
| **State** | **137** | **1,219** | **97.1%** | **420** | **720** | **94.2%** | **557** | **1,939** | **96.0%** |

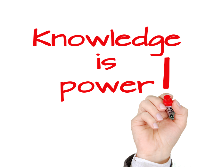
Information in Tables 17 and 18 show indicator level results for the pre-pandemic (July 2019 – March 2020 (Y3Q1-3)) and mid-pandemic (July 2020 – June 2021 (Y4)) periods for Service Providers and WSCs, respectively. Findings are summarized as follows:

* There were only small differences in results for the two different periods.
* For service providers, only four of the 19 standards showed compliance rates of less than 90 percent (highlighted in Table 17).
* The lowest scoring standard for service providers was in reference to confidentiality and secure storage of people’s records (74.2%) - this was also the area that showed the greatest decrease since Y3Q1-3 (down 4.4 points).
  + Most providers who missed this standard did not have written procedures addressing how they would ensure the secure transmission of electronic protected health information (72.3%) or how they would control access to and protect electronic media (63.4%).
* For WSCs, all standards scored above 90 percent, on average.

| Table 17. PDR Policies and Procedures Results by Standard (Service Providers) | | | | | |
| --- | --- | --- | --- | --- | --- |
|  | Y3Q1-3 (1,006) | | Y4 (1,592) | | |
| P&P Standard | Standards Reviewed | %  Met | | Standards Reviewed | %  Met |
| Agency vehicles used for transportation are properly insured. | 362 | 98.6% | | 508 | 96.1% |
| Agency vehicles used for transportation are properly registered. | 366 | 97.0% | | 510 | 96.3% |
| All instances of abuse, neglect, and exploitation are reported. | 175 | 96.6% | | 109 | 96.3% |
| If provider operates Enhanced Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst. | 3 | 100.0% | | 4 | 100.0% |
| If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst. | 26 | 100.0% | | 31 | 100.0% |
| The provider addresses all incident reports. | 569 | 96.1% | | 546 | 97.8% |
| The provider identifies addresses and reports all medication errors. | 145 | 97.2% | | 70 | 98.6% |
| The provider identifies and addresses concerns related to abuse, neglect, and exploitation. | 180 | 96.7% | | 117 | 96.6% |
| The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse. | 1000 | 94.0% | | 1,592 | 92.1% |
| 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% | | 1,390 | 87.8% |
| The provider maintains written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider. | 855 | 91.7% | | 1,390 | 89.5% |
| The provider maintains written policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening. | 856 | 90.2% | | 1,390 | 89.5% |
| The provider maintains written policies and procedures detailing how the provider will ensure the individuals' medications are administered and handled safely. | 596 | 96.1% | | 917 | 95.1% |
| The provider maintains written policies and procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues. | 856 | 98.4% | | 1,389 | 97.5% |
| The provider maintains written policies and procedures in compliance with 65G-8.003 (Reactive Strategy Policy and Procedures). | 202 | 98.0% | | 330 | 97.6% |
| 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% | | 1,383 | 96.2% |
| The provider maintains written policies and procedures with a detailed description of how the provider will protect health, safety, and wellbeing of the individuals served. | 856 | 97.7% | | 1,390 | 95.5% |
| 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% | | 1,390 | 74.2% |
| The provider maintains written policies and procedures, which detail the methods for management and accounting of any personal funds, of all individuals in the care of, or receiving services from, the provider. | 632 | 93.4% | | 1,032 | 95.1% |
| Average Policies and Procedures | **10,244** | **93.5%** | | **15,488** | **91.9%** |

| Table 18. PDR Policies and Procedures Results by Standard (WSCs) | | | | | |
| --- | --- | --- | --- | --- | --- |
|  | Y3Q1-3 (404) | | Y4Q (557) | | |
| P&P Standard | Standards Reviewed | %  Met | | Standards Reviewed | %  Met |
| Agency vehicles used for transportation are properly insured. | NA | NA | | NA | NA |
| Agency vehicles used for transportation are properly registered. | NA | NA | | NA | NA |
| All instances of abuse, neglect, and exploitation are reported. | 114 | 99.1% | | 56 | 98.2% |
| If provider operates Enhanced Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst. | NA | NA | | NA | NA |
| If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst. | NA | NA | | NA | NA |
| The provider addresses all incident reports. | 312 | 99.0% | | 296 | 97.6% |
| The provider identifies addresses and reports all medication errors. | 21 | 100% | | 4 | 100.0% |
| The provider identifies and addresses concerns related to abuse, neglect, and exploitation. | 117 | 99.1% | | 67 | 97.0% |
| The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse. | 395 | 94.7% | | 557 | 93.7% |
| 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. | 85 | 97.6% | | 135 | 96.3% |
| The provider maintains written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider. | 85 | 96.5% | | 135 | 92.6% |
| The provider maintains written policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening. | 85 | 97.6% | | 135 | 93.3% |
| The provider maintains written policies and procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues. | 85 | 98.8% | | 135 | 100.0% |
| 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. | 85 | 98.8% | | 134 | 99.3% |
| 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. | 85 | 98.8% | | 135 | 100.0% |
| The provider maintains written policies and procedures, which detail methods for ensuring the person’s confidentiality and maintaining and storing records in a secure manner. | 85 | 94.1% | | 135 | 94.8% |
| Average Policies and Procedures (WSC) | **1,554** | **97.4%** | | **1,924** | **96.0%** |

### 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 1,590 service providers and 557 WSCs who participated in a PDR between July 2020 and June 2021, Qlarant reviewed 4,142 and 764 employee records, respectively. [[18]](#footnote-19)

A description of each standard scored within the Administrative Qualifications and Training component of the PDR is shown in Tables 19 (service providers) and 20 (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) in compliance with the standard. All employee records reviewed must meet the requirements for the provider to be in compliance with the standard. In other words, if one record is out of compliance for the standard, the provider is not in compliance with that standard.

Qualification and Training scores to date are relatively high and similar to previous years. For Support Coordination, two indicators showed a score of less than 90 percent and for Service Providers, eight of 53 indicators showed a score a less than 80 percent. These indicators are highlighted in Tables 19 and 20.

| Table 19. PDR Qualifications and Training Service Provider Results by Standard | | | |
| --- | --- | --- | --- |
| July 2020 – June 2021 | | | |
| Standard | # Records Reviewed | #  Providers | % Providers w/ Standard Met |
| Drivers of transportation vehicles are licensed to drive vehicles used. | 2,949 | 1,405 | 98.9% |
| Personal vehicles used for transportation are properly insured. | 2,084 | 1,067 | 90.3% |
| Personal vehicles used for transportation are properly registered. | 2,086 | 1,068 | 89.7% |
| 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 | 23 | 100.0% |
| 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. | 4,140 | 1,590 | 91.4% |
| 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. | 1,161 | 745 | 76.9% |
| The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment. | 166 | 141 | 73.1% |
| The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services. | 191 | 120 | 75.8% |
| The Personal Supports provider completes four hours of annual in-service training related to the specific needs of at least one person currently served. | 1,799 | 1,000 | 73.2% |
| The provider completed Annual Update Training in Basic Medication Administration prior to expiration of current validation. | 1,153 | 599 | 86.0% |
| The provider completed required Supported Living Pre-Service training. | 459 | 349 | 91.7% |
| The provider completed the Prescribed Enteral Formula Administration Annual Update training prior to the expiration of their current validation. | 50 | 30 | 96.7% |
| The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant. | 29 | 25 | 84.0% |
| The provider has completed all aspects of required Level II Background Screening. | 4,141 | 1,590 | 83.6% |
| The provider has completed standardized, pre-service training for Life Skills Development 2. | 177 | 147 | 95.2% |
| The provider has completed the Prescribed Enteral Formula Administration training. | 143 | 80 | 87.5% |
| The provider maintains current Basic Medication Administration Validation. | 1,533 | 731 | 73.1% |
| The provider maintains current CPR certification. | 3,933 | 1,554 | 88.6% |
| The provider maintains current Prescribed Enteral Formula Administration Validation. | 134 | 70 | 82.9% |
| The provider meets all minimum educational requirements and levels of experience for Behavior Analysis. | 115 | 76 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Behavior Assistant. | 33 | 28 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1. | 1,279 | 780 | 97.3% |
| The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2. | 177 | 147 | 99.3% |
| The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3. | 217 | 129 | 97.7% |
| The provider meets all minimum educational requirements and levels of experience for Personal Supports. | 2,005 | 1,029 | 95.9% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation- Enhanced Intensive Behavior. | 1 | 1 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus. | 310 | 135 | 97.8% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior. | 47 | 27 | 96.3% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard. | 1,353 | 542 | 96.9% |
| The provider meets all minimum educational requirements and levels of experience for Respite. | 406 | 288 | 95.8% |
| 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 provider meets all minimum educational requirements and levels of experience for Supported Living Coaching. | 457 | 348 | 97.1% |
| The provider obtains Temporary Validation when indicated. | 7 | 5 | 80.0% |
| The provider received Basic Medication Administration Training prior to administering or supervising the self-administration of medication. | 1,601 | 757 | 90.6% |
| 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). | 441 | 188 | 91.5% |
| The provider received training in Basic Person Centered Planning. | 793 | 503 | 91.3% |
| The provider received training in Direct Care Core Competencies. | 3,358 | 1,422 | 91.0% |
| The provider received training in Direct Care Core Competency. (Old) | 780 | 496 | 95.8% |
| The provider received training in First Aid. | 3,928 | 1,552 | 82.7% |
| The provider received training in HIPAA. | 4,140 | 1,590 | 82.2% |
| The provider received training in HIV/AIDS/Infection Control. | 3,998 | 1,564 | 73.3% |
| The provider received training in Requirements for all Waiver Providers | 4,113 | 1,590 | 89.7% |
| The provider received training in Zero Tolerance. | 4,141 | 1,590 | 88.0% |
| The provider received training on Individual Choices, Rights and Responsibilities | 791 | 502 | 91.4% |
| The Residential Habilitation – Enhanced Intensive Behavior provider completes eight hours of annual in-service training through participation in recipient case-review or in combination with training related to behavior analysis. | 1 | 1 | 100.0% |
| The Residential Habilitation – Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics. | 43 | 26 | 88.5% |
| 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. | 48 | 28 | 100.0% |
| The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services. | 1,214 | 529 | 76.6% |
| The Residential Habilitation-Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics. | 274 | 130 | 92.3% |
| The Residential Habilitation-Behavior Focus provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst. | 304 | 134 | 93.3% |
| The Supported Living Coach completed Introduction to Social Security Work Incentives. | 448 | 343 | 91.0% |

| Table 20. PDR Qualifications and Training WSC Results by Standard | | | |
| --- | --- | --- | --- |
| July 2020 – June 2021 | | | |
| Standard | # Records Reviewed | # WSCs | % WSCs w/ Standard Met |
| Drivers of transportation vehicles are licensed to drive vehicles used. | 32 | 26 | 100.0% |
| Personal vehicles used for transportation are properly insured. | 18 | 16 | 100.0% |
| Personal vehicles used for transportation are properly registered. | 17 | 15 | 100.0% |
| 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. | 764 | 557 | 93.4% |
| The provider has completed all aspects of required Level II Background Screening. | 764 | 557 | 93.7% |
| The provider maintains current CPR certification. | 752 | 549 | 96.4% |
| The provider meets all minimum educational requirements and levels of experience for Support Coordination. | 763 | 556 | 99.3% |
| The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+). | 259 | 203 | 99.5% |
| The provider received training in Basic Person Centered Planning. | 690 | 507 | 94.5% |
| The provider received training in Direct Care Core Competencies. | 433 | 323 | 96.3% |
| The provider received training in Direct Care Core Competency. (Old) | 333 | 284 | 98.2% |
| The provider received training in First Aid. | 752 | 550 | 95.5% |
| The provider received training in HIPAA. | 764 | 557 | 92.3% |
| The provider received training in HIV/AIDS/Infection Control. | 763 | 557 | 89.2% |
| The provider received training in Requirements for all Waiver Providers | 756 | 550 | 95.8% |
| The provider received training in Zero Tolerance. | 764 | 557 | 93.0% |
| The Support Coordinator completed Introduction to Social Security Work Incentives. | 748 | 557 | 95.0% |
| The Support Coordinator completed required Region Specific training. | 749 | 557 | 95.9% |
| The Support Coordinator completed required Statewide pre-service training. | 764 | 557 | 97.1% |
| The Support Coordinator completes 24 hours of job related annual in-service training. | 735 | 554 | 80.5% |

Figure 17 shows the percent of providers in compliance with standards scored within the Qualification and Training tool, grouped by the percent Met: 0 to 85 percent, 86 to 99 percent, or 100 percent. Approximately 60 percent of WSCs had 100 percent compliance - meaning all employees met every standard scored – and another 27 percent had at least 85 percent compliance. Among Service Providers, 33.8 percent had 100 percent compliance and another 34.8 percent had at least 85 percent compliance. The percent of service providers with less than 85 percent compliance was more than double that of WSCs (31.4% versus 12.4%).

### 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 5,459 SSRRs completed in FY 2021 as part of the 1,592 PDRs for service providers, scoring 84,689 standards; and 2,134 SSRRs completed as part of the 557 WSC PDRs, scoring 54,208 standards.

**SSRR by Region**

SSRR results are presented by region in Table 21 and by service in Figure 18. 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. On average, WSCs scored between two and four points higher than service providers in every region. The greatest differences between WSCs and service providers were in the Northwest and Suncoast regions, where WSCs scored 4.4 points higher. Both service providers and WSCs in Suncoast scored relatively lower than their counterparts in other regions.

| Table 21. PDR Service Specific Record Review Results by APD Region | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| July 2020 – June 2021 | | | | | | | | |
|  | Service Providers | | | | WSCs | | | |
| Region | # Records Reviewed | # Standards Scored | Weighted Score | Percent  Met | # Records Reviewed | # Standards Scored | Weighted Score | Percent  Met |
| Northwest | 333 | 4,874 | 91.8% | 91.0% | 170 | 4,366 | 95.3% | 95.4% |
| Northeast | 796 | 11,216 | 93.4% | 92.9% | 303 | 7,856 | 96.4% | 96.2% |
| Central | 1145 | 16,541 | 92.1% | 91.9% | 362 | 9,246 | 94.0% | 93.8% |
| Suncoast | 1411 | 20,205 | 88.8% | 88.1% | 494 | 12,243 | 92.7% | 92.5% |
| Southeast | 878 | 12,064 | 94.8% | 94.5% | 478 | 12,310 | 96.9% | 97.0% |
| Southern | 896 | 12,835 | 95.4% | 94.6% | 325 | 8,187 | 98.3% | 98.1% |
| **State** | **5,459** | **77,735** | **92.3%** | **91.8%** | **2,132** | **54,208** | **95.5%** | **95.3%** |

**SSRR by Service**

Comparisons by service are in Figure 18. The Figure presents 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 12 for Special Medical Home Care to 22,510 for Personal Supports.

Overall, WSCs scored relatively high with a statewide average of 95.3 percent Met. The statewide average for Service Providers was also high (91.8%); however, there was some variation by service. Providers of LSD2 (Supported Employment) and Supported Living Coaching (SLC) were least likely to have the standards Met – 87.0 percent and 89.0 percent Met, respectively. Across the 12 services listed in Figure 18 (not including WSC), five standards reflected compliance of less than 75 percent and they were all SEC and SLC.

Four of the lowest scoring SSRR standards were billing indicators and measured if the record contained all required components for services provided and billed during the period under review, for the following areas and services:

* Employment Stability Plan (LSD2: 54.4%)
* Quarterly Summary (LSD2: 69.7%)
* Annual Report (LSD2: 69.7%; SLC: 71.3%)
* Implementation Plan (SLC: 70.8%)

Providers of SEC and SLC were also least likely to submit documents to the WSC (74.2% and 74.7%, respectively).

### 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 QAR calls the abuse hotline, if appropriate, records an alert, and notifies the Regional Manager. The Regional Manager then notifies the local APD Regional and State offices and AHCA in writing. Alerts can be related to health, safety, abuse, neglect, exploitation, rights, medications, driver’s license and vehicle insurance. 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 2020 and June 2021, a total of 681 alerts was reported - 519 for service providers, 57 for WSCs and 48 for CDC+ Representatives (CDC+ Rep). These are listed by type of alert in Table 22. For WSCs and CDC+ Reps, all but one alert was related to background screening. In total, background screening, the maintaining the employee/contractor roster within the clearinghouse and medication administration training or validation were responsible for the majority of alerts (94.0%). Note that due to the pandemic, observations are not currently being conducted. This likely reduces the total number of alerts, particularly for rights, health and safety, and medication storage. There was also a hiatus on some background screening requirements between April and September 2020, due to the pandemic.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Table 22. Alert Type by Review Type: July 2020 – June 2021 | | | | | |
| Alert Type | Service Provider | WSC | CDC+ Rep | Total | % of Total |
| Abuse, Neglect, Exploitation | 1 | 0 | 0 | 1 | 0.1% |
| Background Screening | 177 | 24 | 23 | 224 | 32.9% |
| Clearinghouse Roster | 166 | 23 | 25 | 223 | 32.7% |
| Driver’s License/Insurance | 29 | 0 | 0 | 29 | 4.3% |
| Health & Safety | 0 | 0 | 0 | 0 | 0.0% |
| Medication Admin/Training | 193 | 0 | 0 | 193 | 28.3% |
| Medication Storage | 0 | 0 | 0 | 0 | 0.0% |
| Rights | 2 | 1 | 0 | 3 | 0.4% |
| Vehicle Insurance | 8 | 0 | 0 | 8 | 1.2% |
| **Total Alerts** | **576** | **57** | **48** | **681** | **100.0%** |

### 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 shows the percent of service providers and WSCs compliant with all background screening documentation requirements, by region, for the pre-pandemic period (Figure 19a) and the current contract year (Figure 19b). Results were similar in both periods. Service providers were, on average, less likely to have all required background documentation in place than were WSCs, however, that difference was greater in the pre-pandemic period.

### 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 20. Approximately 60.6 percent of service providers had all billing discrepancy standards scored Met, compared to 83.8 percent of WSCs, a 23.3 point difference. Providers in the Suncoast Region were least likely to have all their billing standards Met, for both service providers and WSCs, 47 percent and 62.5 percent respectively. The greatest discrepancies between the two types of providers were in the Southern and Northwest regions.

Table 23 shows the number of records reviewed, by service, including the percent of billing discrepancy standards scored Met, showing data for the pre and mid-pandemic periods. Results for FY21 indicate 81.3 percent of billing standards were scored Met, on average - a nearly four-point increase since the pre-pandemic period. While a shorter time period is used to review documents, six months as opposed to 12 months in the pre-pandemic, this increase could suggest there may be some advantage to the remote processes for providers of several services that showed improvements in documenting billing requirements in the mid-pandemic period. Compared to pre-pandemic data, the following services saw an increase of more than 10 points:

* Supported Employment (up 11.3 points)
* Supported Living Coaching (up 11 points)
* Respite (up 10.7 points)

The lowest compliance rates in the current contract year were shown for Personal Supports (68.9%), Supported Living Coaching (69.9%), and Respite (74.6%). Among these providers, the lowest scoring billing discrepancy indicator was in regards to having complete service logs or daily progress notes covering services provided and billed during the period under review.

| Table 23. Billing Discrepancy” Percent of Standards Scored Met by Service | | | | |
| --- | --- | --- | --- | --- |
|  | Y3Q1-3 | | Y4 | |
| Service | Records Reviewed | % Met | Records Reviewed | % Met |
| Behavior Analysis | 119 | 90.8% | 181 | 88.4% |
| Behavior Assistant | 25 | 76.0% | 34 | 82.4% |
| CDC+ Consultant | 70 | 97.1% | 148 | 98.0% |
| CDC+ Consultant UA | 49 | 89.8% | 64 | 89.1% |
| Life Skills Development 1 (Companion) | 649 | 64.1% | 1,024 | 71.2% |
| Life Skills Development 2 (SEC) | 140 | 62.9% | 186 | 74.2% |
| Life Skills Development 3 (ADT) | 292 | 80.5% | 369 | 82.1% |
| Personal Supports | 1,103 | 65.0% | 1,645 | 68.9% |
| Residential Habilitation Behavior Focus | 134 | 89.6% | 196 | 91.3% |
| Residential Habilitation EIB | 1 | 100.0% | 2 | 100.0% |
| Residential Habilitation Intensive Behavioral | 29 | 89.7% | 38 | 94.7% |
| Residential Habilitation Standard | 634 | 91.3% | 961 | 91.5% |
| Respite | 269 | 63.9% | 370 | 74.6% |
| Special Medical Home Care | 1 | 100.0% | 1 | 100.0% |
| Support Coordination | 701 | 92.6% | 1,286 | 91.6% |
| Support Coordination UA | 607 | 91.4% | 846 | 93.0% |
| Supported Living Coaching | 307 | 58.0% | 452 | 69.0% |
| **Total** | **5,130** | **77.5%** | **7,803** | **81.3%** |

### PDR Summary Results

#### PDR Scores by Review Component

A summary of PDR results by region is presented for service providers in Table 24 and for WSCs in Table 25. Average statewide scores for service providers were 90 percent or greater on all the PDR review components. in five of the six regions. Scores in Suncoast were lower than in all other regions on the documentation review components of the PDR. WSC scores continue to be high, showing compliance rates of 93 percent or higher across all the review components.

| Region | Table 24. PDR Component Scores for Service Providers by APD Region  July 2020 – June 2021 | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # of PDRs | Policy & Procedure (1,592) | Q&T (4,142) | | SSRR  (5,459) | MLI  (2,076) | | OBS |
| Outcomes | Supports |
| Northwest | 104 | 94.9% | | 91.2% | 91.0% | 95.0% | 99.2% | NA |
| Northeast | 264 | 93.1% | | 92.1% | 92.9% | 96.8% | 99.3% | NA |
| Central | 316 | 92.6% | | 92.2% | 91.9% | 89.8% | 97.9% | NA |
| Suncoast | 399 | 89.0% | | 88.1% | 88.1% | 89.5% | 98.2% | NA |
| Southeast | 272 | 91.5% | | 93.4% | 94.5% | 87.1% | 99.4% | NA |
| Southern | 237 | 93.7% | | 93.6% | 94.6% | 90.7% | 99.4% | NA |
| State | **1,592** | **91.9%** | | **91.5%** | **91.8%** | **90.6%** | **98.7%** | **NA** |

| Table 25. PDR Component Scores for WSCs by APD Region  July 2020 – June 2021 | | | | | |
| --- | --- | --- | --- | --- | --- |
| Region | # of PDRs | Policy & Procedure (557) | Qualifications & Training (764) | WSC RR  Announced  (1,288) | WSC RR Unannounced  (846) |
| Northwest | 41 | 99.1% | 97.5% | 95.2% | 95.4% |
| Northeast | 77 | 98.2% | 96.7% | 95.8% | 97.5% |
| Central | 122 | 97.4% | 96.4% | 93.0% | 95.6% |
| Suncoast | 109 | 93.2% | 93.6% | 92.6% | 93.0% |
| Southeast | 138 | 94.3% | 94.3% | 96.4% | 97.6% |
| Southern | 70 | 97.8% | 94.1% | 98.2% | 98.5% |
| State | 557 | 96.0% | 95.1% | 95.0% | 96.2% |

#### PDR Score Range by Region

While the average scores across all the review components were relatively high, and the highest score in each region was 100 percent, the minimum PDR score in each region varies substantially for both service providers and WSCs, as shown in Table 26. The lowest service provider score was 2.8 percent (Northwest) and the lowest WSC score was 11.3 percent (Northeast).

| Table 26. Lowest PDR Score by Region | | |
| --- | --- | --- |
| July 2020 – June 2021 | | |
| Region | Service Providers | WSCs |
| Northwest | 2.8% | 82.2% |
| Northeast | 34.1% | 11.3% |
| Central | 32.3% | 27.9% |
| Suncoast | 9.8% | 45.2% |
| Southeast | 17.3% | 56.1% |
| Southern | 29.2% | 64.6% |

#### PDR by Provider Size

Florida’s providers of HCBS services, through the iBudget Waiver, vary greatly in the number of employees they have and the number of people served. As per APDs definition, WSCs provide services as a solo provider or as part of an agency. For this report, service 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 for service providers and by agency vs solo for WSCs, 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, scores for small service providers were somewhat lower than for medium or large providers; however, small providers were also somewhat less likely to have potential billing discrepancies. Service providers showed a greater alert rate and billing discrepancy rate than WSCs. Support Coordinators operating as solo providers scored lower than agencies across all the areas (Overall, Compliance, and Person Centered Scores), had a higher alert rate but a similar billing discrepancy rate.

| Table 27. Results by Provider Size and Agency vs Solo  July 2020 – June 2021 | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  |  |  |  |  | Rate per 10 Reviews | |
| Service Providers | # Reviews | | Overall | Compliance | Person Centered  Practices | #  Alerts | #  BD | Alerts | Billing Discrepancy Standards |
| Small | 1,430 | 91.3% | | 91.2% | 91.5% | 481 | 1,342 | 3.36 | 9.38 |
| Medium | 131 | 95.2% | | 95.2% | 95.3% | 30 | 129 | 2.29 | 9.85 |
| Large | 31 | 96.2% | | 95.8% | 97.2% | 8 | 31 | 2.58 | 10.00 |
| **Total** | **1,592** | **92.0%** | | **91.9%** | **92.2%** | **519** | **1,502** | **3.26** | **9.43** |
| WSCs | | | | | | | | | |
| Agency | 137 | 97.0% | | 97.5% | 96.4% | 4 | 44 | 0.29 | 3.21 |
| Solo | 420 | 93.9% | | 94.3% | 93.3% | 53 | 127 | 1.26 | 3.02 |
| **Total** | **557** | **95.6%** | | **96.0%** | **95.1%** | **57** | **171** | **1.02** | **3.07** |

# Section III: Discussion and Recommendations

Findings in this report reflect data from PCR and PDR reviews completed between July 2020 and June 2021, with comparisons to Year 3 data collected prior to the pandemic and the shift from onsite to remote review processes (July 2019 – March 2020). A total of 1,393 PCRs, 2,147 PDRs and 189 CDC+ Representative reviews were completed, approved and available for analysis.

Provider feedback remains very positive with an average score on the feedback survey of 98.9 percent positive. Over the contract year, Qlarant Regional Managers reviewed all reports before final approval and facilitated quarterly meetings in each region to review data, explore trends, and discuss other relevant regional issues or best practices. Managers work continuously to revise and update processes to ensure the best quality assurance reviews possible.

The director and managers meet bi-weekly via conference call. 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. Of note is the decreased satisfaction people have with their involvement in the community. This is likely directly related to the isolation and social distancing enforced due to the pandemic.

On average, scores from the MLI were higher for supports than for outcomes. Interview scores for people receiving services through CDC+ were higher than for people receiving services through the Waiver and WSCs scored higher on all components of the PDR than service providers.

The PCR consists of an interview with the person, 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, approximately 88 percent present for the year.

Results from the PDRs conducted with service providers and WSCs indicate providers were in compliance with most aspects of the review, as shown in the following graphic. Each component of the PDR process reflects an average score of approximately 91 percent or higher. There were no Observation scores.

## Recommendations

### Safety

Results from the MLI are similar to previous years, indicating Safety is the lowest scoring outcome area for people receiving services. While most service providers and WSCs offered supports to address safety and 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 what the different types of abuse are, such as physical or sexual. Individuals continue to indicate they do not know how to use the Abuse Hotline or how to find the number. Several recommendations from previous reports are still relevant.

Recommendation 1: Qlarant would encourage Quality Council members to brainstorm ways to help ensure information about the abuse hotline and how to use it is provided to all people receiving services, in a way people with all communication styles can understand. In addition, there may be some information that could be developed and disseminated to families to help reach people receiving services who live in a family home.

Recommendation 2: A panel of people receiving services, and their families, could be invited to QC to discuss issues surrounding ANE. This may be more effective when the council is able to meet face-to-face again. Discussion should include how to enhance people’s understanding of the different types of abuse (ANE) and what action to take when faced with any type of ANE, focusing on exploitation and neglect.

Recommendation 3: Ensure education about ANE, specifically for neglect and exploitation, is on the agenda for APD Regional provider meetings. Share best practices on how to ensure material is individualized so the person understands, i.e., proper communication and individualized methods are used for the educational session. Place a focus on exploitation and neglect because most people do seem to understand what abuse means.

Recommendation 4: Findings from FY 2021 indicate about two percent of individuals receiving services on the waiver were missing both Outcomes and Supports associated with ANE. These individuals may be more at risk of being victims of ongoing or unreported abuse. Qlarant could work with APD and the Quality Council to identify these individuals and have regions reach out to ensure they and their close supports are offered appropriate educational materials explaining ANE and how to use the Abuse Hotline.

### Possible Impact from the Coronavirus Pandemic

Several findings from FY 2021 may reflect the changes in our lives due to the pandemic. Areas of possible impact include the following:

* Outcomes for My Social Life was the second lowest scoring area in FY 2020 and the pandemic appears to have created even more barriers to life in the community as outcomes in this area decreased from 87.8 percent in FY 2020 to 83.4 percent in FY 2021. Clearly, as with the general population, people receiving services through the iBudget Waiver are not accessing the community or participating in community events (or events have been canceled) as desired, and the data reflect this. While supports seem to be excellent (97.1%) and providers may be offering clever and safe alternative activities, people are likely expressing dissatisfaction because they are not participating as they used to or as they want to.
* The greatest differences between pre and mid-pandemic, for both Waiver and CDC+, were satisfaction with involvement in the community, a decrease of 17.9 and 17.5 points respectively. This is a reasonable finding given the COVID-19 pandemic, but may also indicate a need to increase alternative ways for people to access communities and friends through technologies such as Zoom and FaceTime or by ensuring individuals receive both doses of the COVID-19 vaccine so they can begin socializing with others in person again.
* Other areas people were least likely to be very satisfied were regarding health, having a meaningful day activity and with service providers who support them in their day activities.

Recommendation 5: With vaccines available to Floridians over 12 years of age, Qlarant Quality Assurance Reviewers (QARs) should work with service providers and Support Coordinators to ensure they are supporting fully vaccinated individuals to resume pre-pandemic activities within their communities.

Recommendation 6: The Quality Council could develop work groups within their regions to ensure individuals who have not received the COVID-19 vaccine have access to educational resources on the various types of vaccines and know where to receive them. They can also work with service providers and Support Coordinators to develop innovative and creative ways for individuals to continue to engage in socially distanced activities in either outdoor or virtual settings – both of which have become increasingly common over the course of the pandemic.

### Medication Use

The rate of individuals receiving services who take five or more medications has consistently increased, from 36.3 percent in FY 2018 to 41 percent in FY 2019, to 42.2 in FY 2021.[[19]](#footnote-20) Both pre and mid-pandemic data show that people living in licensed residential homes were much more likely to take multiple medications than were people living with the family or independently. Among individuals receiving waiver services, the current rate of 63.3 percent for residents of licensed residential homes (LRH) is more than double that for residents of a family home (27.3%) and about 20 points higher than for people living independently (43.4%). However, comparing the pre and mid pandemic data to date, the rate of multiple medication usage was similar for residents of LHRs but had increased by six points for people living independently and four points for people living with a family member.

Recommendation 7: The rate of multiple medication use for people receiving services through the iBudget waiver has increased every year for three years. Even though the medication list includes OTC medications provided as a prescription for the person, the increase is something APD should further explore. Certain combinations of medication, even including OTC types, could put people at higher risk for health issues and should be identified. This information could be provided to the Quality Council to discuss initiatives that might help reduce the rate of multiple medication use.

Recommendation 8: People living in LRHs were more likely to be prescribed multiple medications than people living in other residential settings. This finding has been consistent over the years. Qlarant should further explore which types of medications are administered in licensed residential homes, compared to other residential settings, and what other factors may be at play when driving increased medication rates for licensed residential home residents (e.g., primary disability type, age, outcomes for community integration).

Recommendation 9: The increase in multiple medication usage among individuals living in the family home or independently, comparing pre and mid pandemic data, should be closely monitored to determine if the increases are directly related to the restrictions imposed during the pandemic or some other reason. Qlarant should report these findings to the Quality Council.

In addition, results have also consistently indicated many people receiving services do not understand their medications and 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. It is essential for individuals receiving services to understand their medications in order to more effectively control their own health care.

Recommendation 10: The ability to understand complex medications and diagnoses is difficult for many people, with or without a disability; however, more than half of individuals living in a LRH reported not understanding their medications compared with 32 percent in other residential settings. The Quality Council might consider brainstorming ways to provide education on medications and determine ways to help disseminate this information to LRH providers and residents in their regions.

### CDC+ Representatives

CDC+ Representatives are required to maintain certain documentation about the providers they hire and receipts for money they spend on behalf of the person receiving services through the CDC+ program. Since Qlarant started reviewing this documentation in 2010, results have improved significantly. For example, scores for background screening have increased from approximately 36 percent to the current rate of 83 percent. However, this indicator has typically been one of the lowest scoring areas for Representatives and has not shown much improvement for several years.

Recommendation 11: Qlarant could help identify participants for and facilitate a workgroup or focus group, via a zoom webinar, to review training provided for CDC+ Representatives and determine if additional or updated education is warranted, particularly specific documentation about background screening requirements and how to reconcile monthly statements. Perhaps this training could include some examples from Representatives who have good systems in place to achieve either of these requirements.

Pre and mid-pandemic data show increases across multiple indicators that may suggest the desk record review process for Representatives is beneficial for document retrieval. The greatest increases were for indicators related to Directly Hired Employees (DHE). For example, there was an eight-point increase in the percent of records with accurate and approved timesheets for all DHEs available for review and nearly a seven-point increase in the percent of records with completed and signed Job Descriptions for each DHE. Complete Vendor Packets for all vendors and independent contractors available for review increased by approximately five points.

Recommendation 12: The desk-review process saves on travel time for Qlarant assessors and may be benefiting CDC+ Representatives as well. While the remote process may not be appropriate for many of the PDR and PCR review processes, APD and AHCA may consider a hybrid review format allowing Representatives to continue to receive PDRs via desk-review after the pandemic ends, or receive a desk review every other time a review is completed.

### Qualifications and Training

APD utilizes over 30 standards captured in the Qualifications and Training tool to determine the number and percent of providers in compliance with the CMS Performance Measure requiring providers with service specific staff to meet all training requirements. As previously explained, to be in compliance, all of the provider’s employees must meet requirements set out by all of the standards captured in the tool. While compliance for individual standards typically range between 70 and 90 percent, the rate of service providers meeting 100 percent compliance across all standards has been below 50 percent (33.8% in FY 2021) for several years.

Recommendation 13: Qlarant could work with APD to organize a training for providers on the expectations set out by CMS regarding training requirements for themselves and their employees. This training could review standards that are most often score Not Met as well as the most common reasons for which they are being missed. APD may also consider incentivizing providers to meet 100 percent compliance by recognizing their achievement publicly or providing some other sort of incentive.

### Potential Billing Discrepancies

During the PDR, many standards are used to assess the accuracy of the provider’s billing in the claims data. Service providers perform considerably worse than WSCs and small providers have a higher billing discrepancy rate than medium or large providers. The smaller providers may not have the ability to keep up with paper work, especially if working alone. By service, the lowest compliance was for providers offering Personal Supports (68.9%), Respite (74.6%), and Supported Living Coaching (69.0%). The greatest differences compared to pre-pandemic data indicate an increase in compliance for Supported Employment and Supported Living Coaching, 11.3 and 11.0 points higher in the current year, respectively.

Recommendation 14: Qlarant could work with APD and AHCA to organize a web-based focus group discussion with providers who offer these three services (Personal Supports, Respite and Support Living Coaching) to discuss the billing discrepancy indicators and identify barriers to meeting these standards, such as maintaining complete Service Logs. Subsequent to this meeting, a training focusing on documentation could be developed that targets specific issues for providers of these three services.

Recommendation 15: As part of the web-based discussion suggested in Recommendation 12, providers of Supported Employment and Supported Living Coaching may be tapped to discuss what systems they may have put in place or changes in procedures that may have helped improve their billing practices. These could be shared with all providers.

### Record Reviews by Region

Scores on all the PDR components were relatively high. While data to date do not show large discrepancies across regions for the different review components (Policy and Procedures, Qualifications and Training, Service Specific Record Reviews, and My Life Interviews) Suncoast was consistently the lowest scoring region on all the record reviews.

Recommendation 16: Qlarant could provide information on documentation areas for which Suncoast scores are lowest. Qlarant could then use the next Regional Quarterly Meeting to discuss documentation, specifically targeting these areas and providing suggestions of best practices or other means to improve performance. These could also be shared across all regions to enhance documentation practices.

## S**ummary**

Findings from reviews completed during FY 2021 were generally positive. Compliance rates on average remained high, even in the midst of a global pandemic. Qlarant, AHCA and APD continue to revise and update processes to help keep providers, individuals receiving services, and Qlarant’s reviewers safe and healthy. Through these efforts the state has been able to continue oversight of this important program and at the same time help providers continue to offer critical services to a vulnerable population.

While there is some indication that satisfaction with community connections is being impacted and medication use in LRH settings has increased, providers continue to offer support for the people they serve. In addition, data suggest that for some documentation, desk review processes may be beneficial to providers and reviewers alike. Moving forward, as the pandemic subsides and onsite reviews are again possible, Qlarant, AHCA and APD will discuss which portions of the remote processes may be beneficial to keep, and the possibility of creating a hybrid type of PDR.

# Attachment 1: Customer Service Activity

| **April – June 2021 (116 Calls; 0 in Spanish)** | | | | |
| --- | --- | --- | --- | --- |
| **Customer Service Topic** | **#** | **Description** | **Outcome** | **Avg Time** |
| Contact QAR | 5 | Providers called to contact the QAR assigned to do their review. | QARs were contacted by office staff and asked to contact the provider. | 1 day |
| HSRI Family Survey | 2 | Family members, legal guardians and providers called 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. | The purpose of the survey was explained, questions were answered and a Spanish version was mailed when requested. | 1 day |
| Miscellaneous/Other | 8 | Family, stakeholders, APD and providers called with requests unrelated to our Desk Review process, where to send their Plan of Remediation, how to report Abuse or to speak to a specific Regional Manager. | Questions within Qlarant’s scope of work were answered. Where appropriate, callers were referred to the Regional Manager, APD and AHCA. | 1 day |
| Name/Address/Phone Update | 14 | Providers called to update their phone numbers/addresses/Names after receiving a notification letter or to ensure a letter is received in the future. | Phone numbers/addresses were updated in the Fenix application, and providers were also advised to update contact information with AHCA. | 1 day |
| Next Review | 10 | Providers called asking when their next review will occur. Providers called 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. Providers also called with questions related to the Desk Review process. | The review process was explained to the providers, including all the factors that are involved in scheduling. If indicated the assigned reviewer is notified of issues to consider when scheduling or the provider is removed from the schedule. | 1 day |
| Provider Feedback Survey | 4 | Providers have the option to request a call from a manager when submitting a Provider Feedback Survey after their review. | The managers assigned to the Region associated with the call back requests were notified. Contact was either made or attempted with not success. | 1 Day |
| Provider Web Search | 2 | Providers called to inquire why they do not appear in the provider search website. | The provider was educated on how a provider gets added to the search. The search is driven entirely by AHCA claims so once waiver claims are submitted and paid the agency will be added to the system. | 1 day |
| Potential Billing Discrepancy | 2 | Providers called with questions about how to repay money identified as a potential billing discrepancy on their PDR. | Providers were given the AHCA email address for potential billing discrepancy. [APDProviderBilling@ahca.myflorida.com](mailto:APDProviderBilling@ahca.myflorida.com) | 1 day |
| Question | 15 | Providers called with questions regarding documentation requirements, qualification and training requirements, and service limitations; for assistance accessing resources on our website; for explanations of the review processes and clarification on various other topics. | Questions were answered by CSR or Regional Managers. Callers were referred to the iBudget Handbook, local APD Regional Office, relevant websites and the Qlarant tools posted on the FSQAP website. | 1 day |
| Reconsideration | 17 | Providers called 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 was explained to the provider, including reference to Qlarant’s Operational Policies and Procedures. The providers were directed to the end of their PDR reports and the FSQAP website where they will find detailed instructions on how to submit a Request for Reconsideration. If a reconsideration request was in process the provider was given a status update. | 1 day |
| Report Requested | 2 | Providers called or emailed requesting a copy of their report be re-sent. | Mailing addresses were confirmed and reports were re-sent. | 1 day |
| Review | 35 | Providers called asking for an explanation of their report. | Reports were reviewed and explained by the Customer Service Representative or Regional Manager; providers were referred to their local APD Regional office for technical assistance. | 1 day |

1. Also referred to just as regions in the report. [↑](#footnote-ref-2)
2. Minutes for each meeting are on the FSQAP Portal Client Site and available to AHCA and APD (<https://florida.qlarant.com/Public2/qualityCouncil/archive.html>). [↑](#footnote-ref-3)
3. The list of topics and number of calls per topic are presented in Attachment 1. [↑](#footnote-ref-4)
4. All review tools are posted on the FSQAP website (https://florida.qlarant.com/). [↑](#footnote-ref-5)
5. The Other category for Residential Setting for the Waiver included a total of 15 in Assisted Living Facility, two in a Foster Home, two AHCA Adult Family Care home and one non-assisted living. The Other category for Primary Disability for the Waiver included Down syndrome (41) and Spina Bifida (13), Prader Willi (5), and Phelan-McDermid Syndrome (2) and Epilepsy (2). For CDC+ “Other” included Spina Bifida (2) and Down syndrome (2). [↑](#footnote-ref-6)
6. MLI scores are not presented for demographic groups with n sizes below five. [↑](#footnote-ref-7)
7. 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. [↑](#footnote-ref-8)
8. This indicator in Year 3 was “Background screening results for all Vendors and Independent Contractors who render direct care are available for review.” In Year 4 “Vendors” was removed. [↑](#footnote-ref-9)
9. 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. Other medications continue to be recorded and added to the list of medications as warranted. [↑](#footnote-ref-10)
10. Recall the N sizes within different demographic categories, particularly for CDC+, are relatively small and results are not shown for groups with n<5. For example, the “other” disability category had an n size of only 3 for CDC+. [↑](#footnote-ref-11)
11. Significant health events captured through the Health Summary tool are self-reported. [↑](#footnote-ref-12)
12. All review tools are posted on the FSQAP website <https://florida.qlarant.com/Public2/resourceCenter/providers/discoveryReviewTools/index.html> [↑](#footnote-ref-13)
13. 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. [↑](#footnote-ref-14)
14. An additional 189 CDC+ Representative reviews were completed and are considered PDRs; however; results for these are reported with the CDC+ findings presented earlier. [↑](#footnote-ref-15)
15. All PCR and PDR tools can be viewed on the Qlarant website: [https://florida.qlarant.com/Public2/resourceCenter/providers/discoveryReviewTools/index.html](https://portal.qlarant.com/sites/PAV/archive/client/PDR%20Reports/Reports%20FY19/FSQAP%20FY19%20Annual%20Report%20version%201%20to%20post.docx) [↑](#footnote-ref-16)
16. 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. [↑](#footnote-ref-17)
17. N sizes may vary throughout the report due to missing and/or not applicable data. [↑](#footnote-ref-18)
18. Two service providers did not have staff employed at the time of their PDR. [↑](#footnote-ref-19)
19. The list of medications includes vitamins and over the counter medications that may have been prescribed to the person. [↑](#footnote-ref-20)