Florida Statewide Quality Assurance Program

FY 2021: Year 4 Quarter 1 Report

July – September 2020

Submitted to:

Agency for Health Care Administration and

Agency for Persons with Disabilities

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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 used to review data, explore trends, and discuss other relevant regional issues and best practices. Qlarant facilitates three Quality Council meetings annually, which will be conducted via Webinar. The first meeting is scheduled for October 15, during the second quarter.

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. Because these processes are very different, and because this 1st quarter data represent only a small portion of the FY 2021 sample, some comparisons are shown to the FY 2020 4th quarter data (April – June 2020). Additional comparisons, specifically to the pre-pandemic data, may be possible in the next report.

Data for analysis in this report are based on 321 PCRs, 575 PDRs and 44 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. A summary of 1st quarter findings includes the following:

* Average scores on all review components (interviews, observations and record reviews) were approximately 90 percent or higher. One exception was outcomes, based on the My Life Interview, which showed a score of approximately 80 percent for people receiving services through the Waiver.
* While the average My Life Interview score for the PCR was relatively high, scores for outcomes ranged from 12 percent to 100 percent. Scores for supports ranged from 26.7 percent to 100 percent.
* For people receiving services through either the Waiver or through CDC+, they were least likely to have Safety Life Area outcomes present. Supports for Safety were over 20 points higher than outcomes, respectively.
* During the 1st quarter of the current contract year, close to 10 percent or more of individuals experienced changes in all the areas measured with the exception of a change in the WSC agency.
* The PDR score for compliance was, on average, higher than the score for the person centered component of the review. In addition, small providers and solo WSCs on average score lower than larger providers or agency WSCs.
* For people on the Waiver, 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 1st Quarter Report of the FY 2021 contract year. The report is divided into four sections.

* Section I: Significant Contract Activity during the 1th Quarter (July - September 2020)
* Section II: Data from Review Activities 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 (July – September 2020)

### Status Meetings

Status meetings are held to provide an opportunity for Qlarant, AHCA, and APD representatives to discuss contract activities and other relevant issues as necessary. Revisions to processes and tools may be discussed as well as policy updates from AHCA or APD that may impact the FSQAP. A meeting was held September 17, 2020. The status meeting in July was canceled because stakeholders were together for the Quality Council meeting and the meeting in August was canceled due to scheduling difficulties.

### Reliability

Qlarant Quality Assurance Reviewers (QAR) and Regional Managers undergo rigorous reliability testing each year, including formal and informal processes. QARs are periodically shadowed by managers to ensure proper procedures and protocols are followed throughout the review processes.

**File reliability** sessions are administered every other month. These include standards reviewed from Service Specific Record Reviews as well as related questions from the iBudget Handbook and the FSQAP Operational Policies and Procedure Manual. After the QA Manager obtains actual file documents from a provider, the management team identifies the standards to be tested and creates the scoring key. The test is completed by each QAR, in Qlarant’s online learning management system, and scored automatically.

**Field reliability** 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. However, for the PCR and remote interviews a desk review process was developed so the manager is able to participate in the phone or video process to complete reliability testing.

Through the first quarter we completed two file review sessions: one on background screening and the Clearinghouse Roster and one on employee training. Two people completed the desk review field reliability process for the PCR and the PDR Administrative Review. Through an agreement with ACHA and APD, Qlarant reports reliability findings every six months; therefore, updates will be provided in the second quarter report.

### Annual Training/Conference

Every year the Florida team comes together for extensive training and brainstorming activities. The conference was tentatively scheduled for November 2020, but has been canceled due to the pandemic. Training activities will take place virtually in smaller snippets of time throughout the contract year.

## Tool and Process Revisions

Tools and processes have been modified to ensure the health and safety of all people involved in a Quality Review. Checklists for the revised processes have been posted to the portal and are updated as needed. 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 1st Quarter, using the webinar format.[[2]](#footnote-3)

## Quality Council (QC)

The first Quality Council (QC) meeting for FY 2021 is scheduled for October 15, 2020, and will be held via webinar. 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 mailed or faxed to the Qlarant office. Feedback findings for surveys entered into the database between July and September 2020 are presented in Table 1. A total of 70 surveys were entered into the database. On average, 97.5 percent of responses were positive (861/883).

| Table 1. Results from Provider Feedback Surveys | | | |
| --- | --- | --- | --- |
| Surveys Received Between July and September 2020 (N=70) | | | |
| Question | # Yes | # No | NA/  Blank |
| Did the Quality Assurance Reviewer explain the review process? | 69 | 1 | 0 |
| Did the Quality Assurance Reviewer share with you the names of the potential people chosen to participate in the review? | 68 | 0 | 2 |
| Did the Quality Assurance Reviewer explain the person's participation in the interview is voluntary? | 63 | 2 | 5 |
| Did the Quality Assurance Reviewer refer you to the Qlarant website that includes the tools and procedures? | 69 | 0 | 1 |
| Were the tools accessible on the Qlarant website? | 68 | 1 | 1 |
| Did you find the tools helpful when preparing for the review? | 65 | 3 | 2 |
| Did the Quality Assurance Reviewer answer your questions in preparation for the review? | 66 | 1 | 3 |
| Did the Quality Assurance Reviewer arrive on time? | 22 | 0 | 48 |
| If not, were you notified the Quality Assurance Reviewer would be late? (n=6) | 0 | 0 | 70 |
| Did the Quality Assurance Reviewer give you enough time to find the information requested? | 65 | 1 | 4 |
| Do you feel the Quality Assurance Reviewer was prepared for the review? | 62 | 3 | 5 |
| Did the review process go as explained by the Quality Assurance Reviewer? | 66 | 3 | 1 |
| Did the Quality Assurance Reviewer answer the questions you had during the review? | 63 | 2 | 5 |
| If applicable, did the Quality Assurance Reviewer explain why a standard was Not Met? | 41 | 3 | 26 |
| If an alert was identified, did the Quality Assurance Reviewer inform you of the follow up process? | 24 | 1 | 45 |
| Did the Quality Assurance Reviewer provide you with the preliminary findings of your review before leaving? | 50 | 1 | 19 |
| **Total Responses** | **861** | **22** | **237** |

## Summary of Customer Service Calls

During the first quarter of the year, July - September 2020, 247 calls were recorded in the Customer Service Log, with an average response time within one day for each call.[[3]](#footnote-4)

## Data Availability

* Production reports are available for download at any time, available on the private section (required member login) of the FSQAP website, for approved entities.
* A report including provider level billing information is sent to ACHA monthly.

## Staff Updates

None during the 1st quarter.

# Section II: Data from Review Activities

## 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. Beginning in April 2020, the record reviews were completed remotely and interviews were conducted telephonically (some have included a video component); therefore, results in this report for the 1st quarter of FY 2021 are comparable to the 4th Quarter of FY 2020; however, comparisons to data previous to April 2020 should be made with caution. 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 aspect of the program and a CDC+ Consultant acts as a service coordinator. CDC+ Consultants must also be certified as a Waiver Support Coordinator (WSC). Due to the differences, results for CDC+ are analyzed separately. Table 2 shows the number of people reviewed who received services through CDC+, the number who received services through the Waiver, and the total number of individuals who declined or were otherwise unable to participate (n = 12).

| Table 2: Person Centered Review Activity | | | | |
| --- | --- | --- | --- | --- |
| July - September 2020 | | | | |
|  | Number of PCRs | | Number of Declines | |
| Region | Waiver | CDC+ | Waiver | CDC+ |
| **Northwest** | 6 | 1 | 1 | 0 |
| **Northeast** | 54 | 9 | 1 | 2 |
| **Central** | 43 | 10 | 2 | 0 |
| **Suncoast** | 73 | 4 | 1 | 0 |
| **Southeast** | 77 | 13 | 4 | 0 |
| **Southern** | 27 | 4 | 1 | 0 |
| **Total** | 280 | 41 | 10 | 2 |

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 time period for declines is based upon the projected time period for the review. The replacement rate for the Waiver was approximately 3.4 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 similar to the 4th quarter in FY 2020, of 1.7 percent. This may indicate perhaps phone interviews may be less intrusive or easier to schedule than in-person interviews. The CDC+ replacement rate during the first quarter was 4.7 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. Nine of the 12 total declines were people who refused to participate.

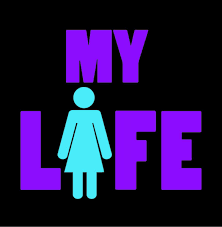
|  |  |  |  |
| --- | --- | --- | --- |
| Table 3. Person Centered Review Decline Reasons | | | |
| July - September 2020 | | | |
| Decline Reason | Waiver | CDC+ | Total |
| Refused | 8 | 1 | 9 |
| Review Next Year | 0 | 0 | 0 |
| No Longer Receiving Services | 0 | 0 | 0 |
| Moved Out of State | 1 | 0 | 1 |
| Deceased | 0 | 0 | 0 |
| Other | 1 | 1 | 2 |
| **Total** | 10 | 2 | 12 |

### Demographics

The following series of figures show the distribution of the PCR sample across Residential Setting, Age Group and Primary Disability.[[5]](#footnote-6)

* Receiving CDC+ requires that individuals not live in a licensed residential home setting; therefore, 37 of the 41 people interviewed lived in a family home, compared to about half of people using the Waiver.
* On average, people receiving services through the Waiver were more likely to be older.

### 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 March 2020, interviews have been conducted remotely. The MLI was implemented July 1, 2018. Based on QAR feedback, two standards were revised January 1, 2019. The MLI is organized around six Life Areas important to a person, and each incorporates measures of choice, respect, rights and community integration:

1. My Service Life – expectations for all of the services a person is receiving from providers and the involvement of the person in development and design of the service delivery system
2. My Home Life – expectations for services a person is receiving in the home
3. My Work and Daily Life – expectations for the person pertaining to work and day activities Services in this domain include the Life Skills Development services (Companion, Supported Employment and Day Programs) and Personal Supports depending on how it is utilized
4. My Social Life – expectations for the person regarding interaction with and integration in the community
5. My Health – includes measures of supports related to health access, satisfaction and education
6. My Safety – includes measures of safety in various settings, including education and knowledge about abuse, neglect, and exploitation

Each MLI question is scored twice: once to indicate if the outcome is present in the person’s life and once if the person is supported to meet the outcome. When a question is marked “Not Present” as either an outcome or a support, one or more reasons are selected to explain why. The MLI 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, the FY 2021 1st quarter, were collected remotely, as in the 4th quarter from the FY 2020 report. Comparisons to data collected previous to April 2020 should be made with caution, due to the change in processes to account for the COVID-19 pandemic. Because this report represents only a small portion of the total number of providers to be reviewed and individuals to be interviewed, results are preliminary.

#### PCR MLI Average Scores

The highest, lowest and average MLI scores are presented in Figure 4 for data collected between July and September 2020, 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 to date indicate the lowest scores were for the Waiver. CDC+ supports were very high across all 41 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, particularly for CDC+, is relatively small and comparisons across regions should be made with caution. Outcomes were lower than supports in each region. Differences were greatest in Suncoast and in the southern part of the state.

| Table 4. PCR Individual Interview Results by Region | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| July – September 2020 | | | | | | |
|  | Waiver | | | CDC+ | | |
| Region | N | Outcomes | Supports | N | Outcomes | Supports |
| **Northwest** | 6 | 94.7% | 98.5% | 1 | 95.7% | 95.8% |
| **Northeast** | 54 | 98.5% | 99.7% | 9 | 96.7% | 100.0% |
| **Central** | 43 | 88.1% | 94.5% | 10 | 93.0% | 100.0% |
| **Suncoast** | 73 | 87.8% | 98.3% | 4 | 87.0% | 100.0% |
| **Southeast** | 77 | 83.6% | 99.3% | 13 | 88.0% | 100.0% |
| **Southern** | 27 | 88.0% | 98.0% | 4 | 91.5% | 100.0% |
| **State** | **280** | **88.9%** | **98.2%** | **41** | **91.6%** | **99.9%** |

#### **PCR My Life Interview by Life Area**

The average MLI score for each Life Area is presented in Figure 5a for the Waiver and Figure 5b for CDC+, by outcomes and supports. Findings to date indicate individuals receiving services were supported across all life areas, 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 in areas of their social life, when compared to supports. 84.6 percent and 97.5 percent respectively.

Analysis of the 26 MLI indicators provides some insight into more specific data and reasons for My Life Area results. People receiving services through the iBudget waiver programs (Waiver and CDC+) appear to be well supported. For each waiver type all 26 indicators measuring support scored approximately 95 percent or higher. However, several outcomes reflected a score of less than 80 percent for individuals receiving services through the Waiver or CDC+.

Areas where outcomes were least likely to be present, for people on the Waiver, included understanding abuse, neglect and exploitation (ANE) (68.9%) and knowing what to do if these occurred (73.4%). Scores on the ANE measures have been among the lowest for several years. Most people who did not have this present did not understand what neglect or exploitation mean. In addition, individuals who were interviewed often indicated they do not participate in their communities (75.0%) and do not feel they are active and contributing members of their communities (79.6%). Due to the isolation of the response to the coronavirus pandemic, these lower scores on community engagement are somewhat expected.

#### 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 not shown, due to the low number of responses within all the categories. There is little variation across supports; however, the following disparities are present for outcomes measured to date:

* Residents of group homes were least likely to have outcomes present.
* Individuals receiving waiver services who have Autism Spectrum Disorder were somewhat less likely to have outcomes present than individuals with other types of disabilities.
* Outcomes for people receiving waiver services appear to trend up with age.

#### 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 and September 2020 (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 86.5 percent (Waiver) and 86.8 percent (CDC+) are down from 98.9 percent (Waiver) and 100 percent (CDC+) shown during the pre-pandemic time period (July 2019 – March 2020).

#### PCR My Life Interview: Stability

During the PCR MLI, individuals are asked how often, over the course of a year, they experienced changes in their WSC or WSC agency, place of employment, work/day activity, residence, services, or service providers in their home. Table 5 shows the percent of individuals who experienced one or more of these changes during the current quarter and the previous quarter (Y3Q4), when remote processes were initiated due to the pandemic.

During the 1st quarter of the current contract year, close to 10 percent or more of individuals experienced changes in all the areas measured with the exception of a change in the WSC agency. Compared to the previous quarter, an increase in the percent of people experiencing one or more changes was evident for changes in the Support Coordinator, services, and providers in the home, but particularly for employment where the proportion of people experiencing a change increased from three percent to 11.1 percent. For people receiving services through CDC+, the most likely change was in their Support Coordinator/Consultant.[[6]](#footnote-7)

| Table 5. PCR My Life Interview: Stability (Percent with 1 or more changes) | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Waiver** | | | | **CDC+** | | | |
|  | **Y3Q4 (413)** | | **Y4Q1 (280)** | | **Y3Q4 (36)** | | **Y4Q1 (41)** | |
| 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. | 295 | 3.1% | 211 | 3.3% | 96 | 1.0% | 32 | 3.1% |
| I experienced changes in my WSC. | 409 | 9.8% | 278 | 12.2% | 110 | 8.2% | 40 | 10.0% |
| I have changed employment. | 134 | 3.0% | 108 | 11.1% | 50 | 2.0% | 17 | 0.0% |
| I have experienced changes to my work/day activity service providers. | 343 | 17.5% | 228 | 12.7% | 82 | 6.1% | 34 | 5.9% |
| I have moved. | 372 | 9.7% | 264 | 9.8% | 108 | 3.7% | 38 | 7.9% |
| Service providers in my home have changed. | 356 | 14.9% | 249 | 16.1% | 107 | 15.9% | 39 | 0.0% |
| The services I receive have changed. | 394 | 8.4% | 272 | 9.9% | 110 | 10.0% | 40 | 0.0% |

The change in services and in where the person lived were the only two changes for which over half of the people involved indicated the change was their own choice, 59.3 percent and 53.8 percent respectively. All other change decisions were often made by natural and paid supports, or also driven by providers or Support Coordinators who were no longer rendering services.

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

During the PCR, the records maintained by the WSC and CDC+ Consultant are reviewed specific to the person who was interviewed. Results are shown by region in Table 6, by standard for WSCs in Table 7 and CDC+ Consultants in Table 8. Results by standard are shown for the current quarter (July – September 2020) and for the 4th quarter of last year (April – July 2020). Findings indicate the following:

* Both WSCs and Consultants scored relatively high on the record reviews to date, with little variation across regions.
* Support Coordinators scored approximately 80 percent or higher on each indicator. Comparing the two quarters (April – June 2020 and July – September 2020), the following two indicators showed the greatest decrease (highlighted in the table):
  + The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted, a drop from 88.6 percent to 79.9 percent.
  + For individuals in supported living arrangements, Progress Notes demonstrate required activities are covered during each quarterly home visit, a decrease from 96.2 percent to 79.4 percent; however, this was based on a small sample size.
* To date, all CDC+ indicator scores were based on a small sample sizes and were relatively high. The only indicator under 90 percent showed a decrease since the previous quarter, similar to the WSC results: The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted, a drop from 94.1 percent to 82.9 percent.

| Table 6 WSC and CDC+ Consultant Record Review Results by APD Region | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| July – September 2020 | | | | | | | |
|  | WSC | | | CDC+ C | | | |
| Region | #  Records | # Indicators | %  Met | | #  Records | #  Indicators | %  Met |
| **Northwest** | 6 | 153 | 97.4% | | 1 | 35 | 100% |
| **Northeast** | 54 | 1,398 | 96.4% | | 9 | 287 | 98.6% |
| **Central** | 43 | 1,098 | 92.5% | | 10 | 321 | 95.6% |
| **Suncoast** | 73 | 1,913 | 93.3% | | 4 | 129 | 100% |
| **Southeast** | 77 | 1,984 | 95.1% | | 13 | 419 | 95.9% |
| **Southern** | 27 | 685 | 97.1% | | 4 | 118 | 97.5% |
| **State Average** | **280** | **7,231** | **94.7%** | | **41** | **1,309** | **97.1%** |

| Table 7. WSC Record Review Results by Standard (April – September 2020) | | | | |
| --- | --- | --- | --- | --- |
|  | Y3Q4 | | Y4Q1 | |
| Indicator | Number | % Met | Number | % Met |
| Level of care is reevaluated at least every 365 days and contains all required components for compliance. | 413 | 97.6% | 266 | 96.4% |
| Level of care is completed accurately using the correct instrument/form. | 407 | 89.4% | 229 | 84.5% |
| Person receiving services is given a choice of waiver services or institutional care at least annually. | 413 | 96.6% | 268 | 95.7% |
| The Support Plan is updated within 12 months of the person’s last Support Plan. | 411 | 98.3% | 266 | 98.5% |
| The current Annual Report is in the record. | 410 | 93.4% | 239 | 88.2% |
| The Support Plan is updated/revised when warranted by changes in the needs of the person. | 157 | 97.5% | 124 | 95.4% |
| 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. | 412 | 97.3% | 269 | 96.8% |
| 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. | 392 | 94.4% | 249 | 94.7% |
| Support Plan includes supports and services consistent with assessed needs. | 413 | 98.8% | 279 | 99.6% |
| Support Plan reflects support and services necessary to address assessed risks. | 402 | 98.8% | 265 | 99.6% |
| Support Plan includes a current Safety Plan. | 16 | 81.3% | 5 | 83.3% |
| Support Plan reflects the personal goals/outcomes of the person. | 412 | 98.5% | 279 | 99.6% |
| The current Support Plan includes natural, generic, community and paid supports for the person. | 413 | 99.3% | 277 | 98.9% |
| WSC documentation demonstrates current, accurate, and approved Service Authorizations are issued to service provider(s). | 404 | 98.0% | 269 | 98.5% |
| 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. | 396 | 94.7% | 240 | 89.2% |
| The Support Coordinator is in compliance with billing procedures and the Medicaid Waiver Services Agreement. | 411 | 99.8% | 278 | 99.6% |
| The Support Coordinator bills for services after services are rendered. | 411 | 98.5% | 266 | 95.3% |
| The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted. | 403 | 88.6% | 222 | 79.9% |
| The Support Coordination Progress Notes demonstrate required monthly contact/activities were completed and are in the record. | 409 | 98.0% | 263 | 93.9% |
| For individuals in supported living arrangements Progress Notes demonstrate required activities are covered during each quarterly home visit. | 52 | 96.2% | 27 | 79.4% |
| For persons living in Supported Living Arrangements the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider. | 51 | 96.1% | 32 | 100.0% |
| The Support Coordinator documents efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis. | 411 | 97.6% | 268 | 96.1% |
| The Support Coordinator documents efforts to support the person to make informed decisions when choosing among waiver service providers on an ongoing basis. | 411 | 96.8% | 270 | 96.8% |
| The Support Coordinator documents ongoing efforts to assist the person/legal representative to know about rights. | 412 | 93.9% | 262 | 94.2% |
| The Support Coordinator documents ongoing efforts to ensure the person’s health and health care needs are addressed. | 413 | 98.8% | 275 | 98.6% |
| The Support Coordinator documents ongoing efforts to ensure the person’s behavioral/emotional health needs are addressed. | 312 | 98.1% | 204 | 97.1% |
| The Support Coordinator documents ongoing efforts to ensure the person’s safety needs are addressed. | 412 | 98.8% | 274 | 98.2% |
| The Support Coordinator documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents. | 411 | 85.6% | 228 | 82.0% |
| The Support Coordinator documents information about the person’s history regarding abuse, neglect, and/or exploitation on an ongoing basis to address identified needs. | 297 | 94.3% | 188 | 96.9% |
| Level of care is reevaluated at least every 365 days and contains all required components for billing. | 412 | 96.8% | 268 | 95.7% |
| **Average WSC Record Review Score** | **10,699** | **96.2%** | **7,231** | **94.7%** |

| Table 8. CDC+ Consultant Record Review Results by Standard (April - September 2020) | | | | |
| --- | --- | --- | --- | --- |
|  | Y3Q4 | | Y4Q1 | |
| Indicator | Number | % Met | Number | % Met |
| All applicable completed/signed Purchasing Plans are in the record. | 36 | 100% | 41 | 100% |
| All applicable completed/signed Quick Updates are in the Record. | 23 | 100% | 15 | 100% |
| Completed/signed CDC+ Consent Form is in the record. | 36 | 100% | 41 | 100% |
| Completed/signed Corrective Action Plan is in the record. | 3 | 100% | 3 | 100% |
| Completed/signed Participant-Consultant Agreement is in the record. | 36 | 100% | 41 | 95.1% |
| Completed/signed Participant-Representative Agreement is in the record. | 36 | 100% | 41 | 97.6% |
| 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. | 36 | 100% | 40 | 97.5% |
| 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. | 36 | 100% | 41 | 95.1% |
| Consultant has taken action to correct any overspending by the Participant. | 4 | 100% | 3 | 100% |
| Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs. | 34 | 97.1% | 38 | 100% |
| If applicable, an approved Corrective Action Plan is being followed. | 3 | 100% | 3 | 100% |
| If applicable, Consultant initiates Corrective Action. | 4 | 75.0% | 2 | 100% |
| Level of care is completed accurately using the correct instrument/form. | 36 | 94.4% | 36 | 88.9% |
| Level of care is reevaluated at least every 365 days and contains all required components for billing. | 36 | 100% | 41 | 95.1% |
| Level of care is reevaluated at least every 365 days and contains all required components for compliance. | 36 | 100% | 41 | 95.1% |
| Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed. | 18 | 100% | 23 | 100% |
| Person receiving services is given a choice of waiver services or institutional care at least annually. | 36 | 100% | 41 | 95.1% |
| Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month. | 36 | 97.2% | 41 | 100% |
| Services are delivered in accordance with the Cost Plan. | 36 | 100% | 41 | 100% |
| Support Plan includes a current Safety Plan. | 0 | - | 0 | - |
| Support Plan includes supports and services consistent with assessed needs. | 36 | 100% | 41 | 100% |
| Support Plan reflects support and services necessary to address assessed risks. | 33 | 97.0% | 41 | 100% |
| Support Plan reflects the personal goals of the person. | 36 | 100% | 41 | 100% |
| The Consultant bills for services after services are rendered. | 36 | 100% | 41 | 100% |
| The Consultant documents information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis to address identified needs. | 24 | 100% | 29 | 100% |
| The Consultant documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents. | 36 | 88.9% | 41 | 90.2% |
| The Consultant documents ongoing efforts to assist the person/legal representative to know about rights. | 36 | 100.0% | 41 | 97.6% |
| The Consultant documents ongoing efforts to ensure the person’s behavioral/emotional health needs are addressed. | 26 | 100.0% | 37 | 94.6% |
| The Consultant documents ongoing efforts to ensure the person’s health and health care needs are addressed. | 36 | 97.2% | 41 | 97.6% |
| The Consultant documents ongoing efforts to ensure the person’s safety needs are addressed. | 36 | 100% | 41 | 97.6% |
| The Consultant is in compliance with billing procedures and the Medicaid Waiver Services Agreement. | 36 | 100% | 41 | 100% |
| The Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted. | 34 | 94.1% | 41 | 82.9% |
| The current Annual Report is in the record. | 36 | 97.2% | 41 | 95.1% |
| The current Support Plan includes natural, generic, community and paid supports for the person. | 36 | 100% | 41 | 100.0% |
| The Emergency Backup Plan is in the record and reviewed annually. | 35 | 91.4% | 41 | 92.7% |
| The Purchasing Plan reflects the goals/needs outlined in Participant’s Support Plan. | 36 | 100% | 41 | 100% |
| The Support Plan is updated within 12 months of the person’s last Support Plan. | 36 | 97.2% | 40 | 97.5% |
| The Support Plan is updated/revised when warranted by changes in the needs. | 15 | 100% | 17 | 100% |
| When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month. | 33 | 97.0% | 39 | 100% |
| **Average WSC Record Review Score** | **1,153** | **98.4%** | **1,309** | **97.1%** |

### 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 or the participant is sometimes also the Representative. Qlarant QARs review the Representative’s records to help determine if the Representative is complying with CDC+ standards and other requirements. The person receiving services through CDC+ may decline to participate in the CDC+ PCR; however, the Representative for the person still receives a review.

Between July and September 2020, 44 Representatives were reviewed. Results are displayed by region in Table 9 and by standard in Table 10. Results for the 4th quarter in Year 3 are presented as well. The number of Representatives reviewed in each region, for each time period, was relatively small so comparisons across time or regions are not advised. To date, during the 1st quarter, Representatives were least likely to maintain the employee roster at the APD background screening clearinghouse (75%).

| Table 10. CDC+ Representative Record Review Results | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | April - June 2020 (Y3Q4) | | | July – September 2020 (Y4Q1) | | |
| Region | PCRs | Indicators | Met | PCRs | Indicators | Met |
| Northwest | 1 | 14 | 100% | 1 | 17 | 70.6% |
| Northeast | 0 | 0 | NA | 10 | 168 | 97.0% |
| Central | 23 | 365 | 95.6% | 9 | 154 | 99.4% |
| Suncoast | 15 | 243 | 87.2% | 5 | 70 | 92.9% |
| Southeast | 10 | 153 | 94.8% | 13 | 218 | 91.7% |
| Southern | 10 | 163 | 96.3% | 6 | 89 | 88.8% |
| **State** | **59** | **938** | **93.5%** | **44** | **716** | **93.9%** |

| Table 11. CDC+ Representative Results by Standard (April - September 2020) | | | | |
| --- | --- | --- | --- | --- |
|  | Y3Q4 | | Y4Q1 | |
| Standard | Number | % Met | Number | % Met |
| Complete and signed Participant/ Representative Agreement is available for review. | 59 | 98.3% | 44 | 97.7% |
| Accurate signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review. | 54 | 88.9% | 40 | 87.5% |
| Signed and approved Invoices for Vendor Payments are available for review. | 34 | 79.4% | 30 | 96.7% |
| Signed and approved receipts/statement of “Goods and Services” for reimbursement items are available for review. | 16 | 93.8% | 11 | 100% |
| Complete Employee Packets for all Directly Hired Employees are available for review. | 54 | 98.1% | 39 | 89.7% |
| Complete Vendor Packets for all vendors and independent contractors are available for review. | 35 | 97.1% | 36 | 100% |
| The CDC+ Representative maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse. | 54 | 85.2% | 44 | 75.0% |
| Completed and signed Job Descriptions for each Directly Hired Employee are available for review. | 54 | 96.3% | 40 | 95.0% |
| All applicable signed and approved Purchasing Plans are available for review. | 59 | 98.3% | 42 | 95.2% |
| All applicable signed and approved Quick Updates are available for review. | 28 | 100% | 19 | 100% |
| Copies of Support Plan(s) are available for entire period of review. | 59 | 98.3% | 44 | 100% |
| Copies of approved Cost Plan(s) are available for entire period of review. | 59 | 98.3% | 44 | 100% |
| Emergency Backup Plan is complete and available for review. | 59 | 86.4% | 44 | 97.7% |
| Corrective Action Plan (if applicable) is available for review. | 4 | 100% | 2 | 100% |
| Monthly Statements are available for review. | 58 | 98.3% | 43 | 97.7% |
| Documentation is available to support the reconciliation of Monthly Statements. | 59 | 91.5% | 44 | 86.4% |
| The Participant obtains services consistent with stated/documented needs and goals. | 59 | 96.6% | 44 | 97.7% |
| The Participant makes purchases consistent with the Purchasing Plan. | 59 | 93.2% | 44 | 95.5% |
| Background screening results for all Directly Hired Employees (DHE’s) who render direct care are available for review. | 55 | 81.8% | 39 | 84.6% |
| Background screening results for all Independent Contractors who render direct care are available for review. | 20 | 95.0% | 23 | 95.7% |
| **Average CDC+ Representative Record Review Score** | **938** | **93.5%** | **716** | **93.9%** |

### **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. My Life Interview outcomes were lower compared to all other areas, and the CDC+ Consultant Record Review was the highest scoring record review area. Comparisons to “pre-pandemic” data may be possible in the next report when more data are available.

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.

Figure 11 shows the percent of people receiving services by waiver type and the number of medications taken.[[8]](#footnote-9) The pattern to date is similar to previous years, with approximately 40 to 41 percent of people on the Waiver using five or more medications, compared to about one quarter of people using CDC+. However, this is based on a small portion of the whole sample, only 41 interviews for CDC+.

Additional analysis is presented by region in Table 11. The number of reviews in each region in the 1st Quarter, particularly for CDC+, is relatively small and comparisons across regions or to the Waiver results should be made with caution.

| Table 11. Taking 5+ Medications by Region | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Waiver | | | | CDC+ | | | |
|  | Y3Q4 | | Y4Q1 | | Y3Q4 | | Y4Q1 | |
| Region | # PCRs | % Taking 5+ | # PCRs | % Taking 5+ | # PCRs | % Taking 5+ | # PCRs | % Taking 5+ |
| Northwest | 21 | 33.3% | 6 | 33.3% | 0 | - | 1 | 0.0% |
| Northeast | 39 | 35.9% | 54 | 50.0% | 0 | - | 9 | 44.4% |
| Central | 103 | 51.5% | 43 | 44.2% | 13 | 23.1% | 10 | 30.0% |
| Suncoast | 118 | 46.6% | 73 | 46.6% | 9 | 0.0% | 4 | 50.0% |
| Southeast | 68 | 27.9% | 77 | 32.5% | 7 | 0.0% | 13 | 7.7% |
| Southern | 64 | 42.2% | 27 | 29.6% | 7 | 28.6% | 4 | 25.0% |
| Total | **413** | **42.4%** | **280** | **41.1%** | **36** | **13.9%** | **41** | **26.8%** |

The percentage of individuals taking multiple medications by residence, primary disability and age group will be shown in the next report when more data are available. Previous analyses have indicated people in group home settings or with an intellectual disability were more likely than their counterparts to be taking five or more medications. In addition, while people using CDC+ were much less likely to be taking multiple medications, this difference disappeared when controlling for residential setting, indicating the difference was due to the fact that no CDC+ participants live in a group home setting. Finally, it appeared to be more difficult to determine the total number of medications taken via remote interviews for people who self-direct. The rate was lower in each demographic category when compared to pre-pandemic face-to-face interviews. These and other findings will be further explored and reported in the semi-annual report.

**With the exception of seven people using the Waiver for services, all people interviewed this quarter indicated they either had no health issues or if they did, they were being addressed.**

Table 12 displays the percentage of individuals who experienced a significant health event within the past 12 months. The greatest proportion of events for people receiving services through the Waiver or CDC+ involved visits to the emergency room or the hospital. While only a small percentage of individuals experienced the other significant health events listed in Table 12, these events are critical and worth noting. For example, if 3.4 percent of the population has been subjected to Reactive Strategies, that could be as many as 900 to 1,000 people. Further analysis and comparisons to the pre-pandemic data may be possible in the next report

| Table 12. Percent of Individuals with a Significant Health Event by Waiver Type | | | | |
| --- | --- | --- | --- | --- |
| In the previous 12 months: | Waiver | | CDC+ | |
| Y3Q4 (413) | Y4Q1 (280) | Y3Q4 (36) | Y4Q1 (41) |
| Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation? | 1.9% | 2.1% | 0.0% | 0.0% |
| Have Reactive Strategies under 65G-8 been used due to behavioral concerns? | 3.4% | 2.9% | 0.0% | 2.4% |
| Have you been Baker Acted? | 2.4% | 3.6% | 0.0% | 0.0% |
| Have you been admitted to the hospital? | 12.1% | 8.9% | 5.6% | 12.2% |
| Have you been to an Emergency Room? | 17.4% | 13.6% | 8.3% | 9.8% |
| Have you been to an Urgent Care Center? | 6.3% | 5.4% | 5.6% | 0.0% |

## Provider Discovery Reviews (PDR)[[9]](#footnote-10)

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:[[10]](#footnote-11)

* 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 and September 2020, 575 PDRs were completed and approved by Qlarant Regional Managers; 461 service providers and 114 WSCs. Table 13 shows the number completed per region for the first quarter of the contract year (July – September 2020). As in the last quarter in FY 2020, desk reviews and phone interviews were used.

| Table 13. Number of PDRs by APD Region | | | | |
| --- | --- | --- | --- | --- |
| Region | Service Providers  (N = 461) | | WSCs  (N = 114) | |
| N | % | N | % |
| Northwest | 26 | 5.6% | 5 | 4.4% |
| Northeast | 62 | 13.4% | 16 | 14.0% |
| Central | 105 | 22.8% | 21 | 18.4% |
| Suncoast | 117 | 25.4% | 27 | 23.7% |
| Southeast | 69 | 15.0% | 35 | 30.7% |
| Southern | 82 | 17.8% | 10 | 8.8% |

### 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.[[11]](#footnote-12) [[12]](#footnote-13) Figures 12a and 12b display findings from the PDR MLI for each Life Area (n = 880 and 696), by Outcomes and Supports, for the April – June and July – September time periods respectively. Figures 13a and 13b provide results by region. Preliminary results indicate:

* Similar to PCR MLI results, PDR findings show Outcomes lower than Supports across most all My Life Areas, the greatest difference in My Safety with less than 80 percent of Outcomes present during both time periods.
* Outcomes for individuals living in the Suncoast, and Southeast regions were lower than in other regions.
* Outcomes and Supports during the 1st quarter of FY 2021 were similar to the previous quarter in FY 2020.

### Observations

Temporarily discontinued due to the coronavirus 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 shown in Table 14 for service providers and Table 15 for WSCs. WSC services are different than other provider services, therefore findings are presented separately for WSCs and service providers.[[13]](#footnote-14) Most of the P&P tool applies to agency providers; however, some questions may also be asked of solo providers. Service providers reviewed between July and September 2020 averaged 94.1 percent compliance with P&P requirements. Results by indicator were similar to the previous quarter. The WSC average of 93.8 percent is somewhat lower than in the previous quarter.

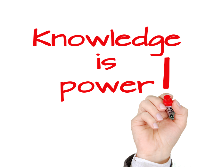
| Table 14. PDR Policies and Procedures Results by Standard (Service Providers) | | | | | |
| --- | --- | --- | --- | --- | --- |
|  | Y3Q4 (537) | | Y4Q1 (461) | | |
| P&P Standard | Standards Reviewed | %  Met | | Standards Reviewed | %  Met |
| Agency vehicles used for transportation are properly insured. | 172 | 99.4% | | 125 | 98.4% |
| Agency vehicles used for transportation are properly registered. | 173 | 97.7% | | 126 | 97.6% |
| All instances of abuse, neglect, and exploitation are reported. | 54 | 100% | | 27 | 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. | 4 | 100% | | 2 | 100% |
| If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst. | 14 | 100% | | 5 | 100% |
| The provider addresses all incident reports. | 242 | 97.1% | | 144 | 97.9% |
| The provider identifies addresses and reports all medication errors. | 39 | 97.4% | | 13 | 100% |
| The provider identifies and addresses concerns related to abuse, neglect, and exploitation. | 67 | 100% | | 28 | 96.4% |
| The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse. | 534 | 92.7% | | 461 | 90.9% |
| 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. | 432 | 93.5% | | 405 | 88.6% |
| The provider maintains written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider. | 432 | 91.4% | | 405 | 90.9% |
| The provider maintains written policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening. | 432 | 91.7% | | 405 | 91.4% |
| The provider maintains written policies and procedures detailing how the provider will ensure the individuals' medications are administered and handled safely. | 320 | 95.9% | | 251 | 94.4% |
| The provider maintains written policies and procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues. | 432 | 98.1% | | 404 | 98.3% |
| The provider maintains written policies and procedures in compliance with 65G-8.003 (Reactive Strategy Policy and Procedures). | 110 | 96.4% | | 91 | 98.9% |
| 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. | 432 | 97.5% | | 404 | 96.8% |
| The provider maintains written policies and procedures with a detailed description of how the provider will protect health, safety, and wellbeing of the individuals served. | 432 | 96.5% | | 405 | 95.6% |
| 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. | 432 | 79.9% | | 405 | 76.8% |
| 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. | 331 | 97.6% | | 287 | 94.4% |
| Average Policies and Procedures | **5,084** | **94.1%** | | **3,596** | **92.4%** |

| Table 15. PDR Policies and Procedures Results by Standard (WSCs) | | | | | |
| --- | --- | --- | --- | --- | --- |
|  | Y3Q4 (171) | | WSC (114) | | |
| 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. | 24 | 100% | | 20 | 100% |
| 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. | 112 | 100% | | 58 | 96.7% |
| The provider identifies addresses and reports all medication errors. | 7 | 100% | | 4 | 100% |
| The provider identifies and addresses concerns related to abuse, neglect, and exploitation. | 28 | 100% | | 21 | 100% |
| The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse. | 162 | 95% | | 97 | 85.1% |
| 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. | 45 | 100% | | 26 | 100% |
| The provider maintains written policies and procedures detailing how the provider will ensure a smooth transition to and from another provider. | 43 | 96% | | 24 | 92.3% |
| The provider maintains written policies and procedures detailing how the provider will ensure compliance with background screening and five-year rescreening. | 44 | 98% | | 24 | 92.3% |
| The provider maintains written policies and procedures detailing how the provider will ensure the individuals’ medications are administered and handled safely. | 7 | 100% | | 1 | 100% |
| The provider maintains written policies and procedures detailing the process for addressing individual complaints and grievances regarding possible service delivery issues. | 45 | 100% | | 26 | 100% |
| The provider maintains written policies and procedures in compliance with 65G-8.003 (Reactive Strategy Policy and Procedures). | NA | NA | | NA | NA |
| The provider maintains written policies and procedures with a detailed description of how the provider uses a person-centered approach to identify individually determined goals and promote choice. | 44 | 98% | | 26 | 100% |
| 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. | 45 | 100% | | 26 | 100% |
| 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. | 41 | 91% | | 24 | 92.3% |
| 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. | 5 | 100% | | 1 | 100% |
| Average Policies and Procedures (WSC) | **652** | **97.5%** | | **403** | **93.8%** |

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. 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 solo providers.

| Table 16. Administrative P&P Standards by APD Region | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| July - September 2020 | | | | | | | | | |
|  | Service Providers | | | | WSCs | | | | |
|  | Agency | | Solo | | Agency | | Solo | |
| **Region** | # PDRs | % Standards Met | # PDRs | % Standards Met | # PDRs | % Standards Met | # PDRs | % Standards Met |
| **Northwest** | 15 | 98.1% | 11 | 81.8% | 0 | . | 5 | 100% |
| **Northeast** | 45 | 98.0% | 17 | 91.4% | 5 | 98.0% | 11 | 95.8% |
| **Central** | 93 | 96.0% | 12 | 93.3% | 4 | 100% | 17 | 88.2% |
| **Suncoast** | 105 | 89.1% | 12 | 91.7% | 4 | 100% | 23 | 86.0% |
| **Southeast** | 64 | 87.5% | 5 | 85.7% | 8 | 91.4% | 27 | 84.8% |
| **Southern** | 81 | 91.8% | 1 | 100.0% | 4 | 100% | 6 | 100% |
| **State** | **403** | **92.5%** | **58** | **90.6%** | **25** | **97.1%** | **89** | **89.0%** |

### 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 461 service providers and 114 WSCs who participated in a PDR between July and September 2020, Qlarant reviewed 1,202 and 155 employee records respectively.

A description of each standard scored within the Administrative Qualifications and Training component of the PDR is shown in Tables 17 (service providers) and 18 (WSCs). Each table shows the number of employee records reviewed, the number of providers reviewed (for which the standard was applicable) and the percent of providers (not employees) with the standard met for all staff records reviewed. For the provider to score the standard met, all employee records reviewed must show compliance with the standard. If one record is out of compliance, the standard is Not Met for the provider.

Qualification and Training scores to date are relatively high and similar to previous years. For Support Coordination, only one indicator showed a score of under 85 percent: 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. To date, fewer than 85 percent of service providers were compliant on eight indicators for training requirements. These are highlighted in Table 17. One indicators is highlighted in Table 18, showing the lowest scoring area for WSCs.

| Table 17. PDR Qualifications and Training Service Provider Results by Standard | | | |
| --- | --- | --- | --- |
| July - September 2020 | | | |
| Standard | # Records Reviewed | #  Providers | % Providers w/ Standard Met |
| The provider has completed all aspects of required Level II Background Screening. | 1,201 | 459 | 85.4% |
| The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse. | 1,201 | 459 | 90.9% |
| The provider received training in Zero Tolerance. | 1,202 | 459 | 91.3% |
| The provider received training in Direct Care Core Competencies. | 985 | 415 | 92.5% |
| The provider received training in Direct Care Core Competency. (Old) | 211 | 132 | 96.2% |
| The provider received training in Basic Person Centered Planning. | 215 | 134 | 91.8% |
| The provider received training on Individual Choices, Rights and Responsibilities | 211 | 131 | 90.8% |
| The provider received training in Requirements for all Waiver Providers | 1,194 | 459 | 91.7% |
| The provider received training in HIPAA. | 1,201 | 459 | 84.5% |
| The provider received training in HIV/AIDS/Infection Control. | 1,162 | 451 | 73.6% |
| The provider maintains current CPR certification. | 1,145 | 450 | 88.7% |
| The provider received training in First Aid. | 1,145 | 449 | 82.9% |
| 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). | 115 | 49 | 91.8% |
| Drivers of transportation vehicles are licensed to drive vehicles used. | 839 | 403 | 98.8% |
| Personal vehicles used for transportation are properly insured. | 636 | 329 | 92.4% |
| Personal vehicles used for transportation are properly registered. | 637 | 330 | 92.4% |
| The provider meets all minimum educational requirements and levels of experience for Behavior Analysis. | 30 | 22 | 100% |
| The provider meets all minimum educational requirements and levels of experience for Behavior Assistant. | 8 | 6 | 100% |
| The Behavior Assistant provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst. | 6 | 4 | 100% |
| The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant. | 4 | 3 | 66.7% |
| The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1. | 377 | 234 | 95.7% |
| 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. | 335 | 222 | 77.0% |
| The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2. | 55 | 45 | 100% |
| The provider has completed standardized, pre-service training for Life Skills Development 2. | 54 | 44 | 97.7% |
| The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment. | 48 | 40 | 85.0% |
| The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3. | 59 | 35 | 94.3% |
| The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services. | 50 | 34 | 79.4% |
| The provider meets all minimum educational requirements and levels of experience for Personal Supports. | 635 | 323 | 92.6% |
| The Personal Supports provider completes four hours of annual in-service training related to the specific needs of at least one person currently served. | 563 | 314 | 75.5% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard. | 326 | 130 | 93.1% |
| The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services. | 286 | 124 | 79.0% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus. | 84 | 33 | 93.9% |
| 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. | 81 | 33 | 93.9% |
| The Residential Habilitation-Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics. | 74 | 32 | 93.8% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior. | 6 | 2 | 100% |
| The Residential Habilitation – Intensive Behavior provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst. | 7 | 3 | 100% |
| The Residential Habilitation – Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics. | 5 | 3 | 100% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation- Enhanced Intensive Behavior. | 1 | 1 | 100% |
| The Residential Habilitation – Enhanced Intensive Behavior provider completes eight hours of annual in-service training through participation in recipient case-review or in combination with training related to behavior analysis. | 1 | 1 | 100% |
| The provider meets all minimum educational requirements and levels of experience for Respite. | 150 | 107 | 92.5% |
| The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care. | 1 | 1 | 100% |
| The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching. | 131 | 102 | 95.1% |
| The provider completed required Supported Living Pre-Service training. | 131 | 102 | 95.1% |
| The Supported Living Coach completed Introduction to Social Security Work Incentives. | 130 | 101 | 94.1% |
| The Supported Living Coaching provider completes eight hours of annual in-service training. | 123 | 97 | 86.6% |
| The provider received Basic Medication Administration Training prior to administering or supervising the self-administration of medication. | 434 | 203 | 90.6% |
| The provider maintains current Basic Medication Administration Validation. | 420 | 198 | 77.8% |
| The provider completed Annual Update Training in Basic Medication Administration prior to expiration of current validation. | 292 | 151 | 88.7% |
| The provider has completed the Prescribed Enteral Formula Administration training. | 44 | 22 | 95.5% |
| The provider maintains current Prescribed Enteral Formula Administration Validation. | 44 | 20 | 95.0% |
| The provider completed the Prescribed Enteral Formula Administration Annual Update training prior to the expiration of their current validation. | 24 | 13 | 92.3% |
| The provider obtains Temporary Validation when indicated. | 3 | 1 | 100% |

| Table 18. PDR Qualifications and Training WSC Results by Standard | | | |
| --- | --- | --- | --- |
| July - September 2020 | | | |
| Standard | # Records Reviewed | # WSCs | % WSCs w/ Standard Met |
| The provider has completed all aspects of required Level II Background Screening. | 155 | 114 | 88.6% |
| 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. | 155 | 114 | 84.2% |
| The provider received training in Zero Tolerance. | 155 | 114 | 93.0% |
| The provider received training in Direct Care Core Competencies. | 94 | 76 | 97.4% |
| The provider received training in Direct Care Core Competency. (Old) | 61 | 45 | 100.0% |
| The provider received training in Basic Person Centered Planning. | 130 | 97 | 95.9% |
| The provider received training in Requirements for all Waiver Providers | 152 | 112 | 93.8% |
| The provider received training in HIPAA. | 155 | 114 | 88.6% |
| The provider received training in HIV/AIDS/Infection Control. | 155 | 114 | 86.8% |
| The provider maintains current CPR certification. | 153 | 112 | 95.5% |
| The provider received training in First Aid. | 154 | 113 | 95.6% |
| Drivers of transportation vehicles are licensed to drive vehicles used. | 15 | 11 | 100% |
| Personal vehicles used for transportation are properly insured. | 7 | 7 | 100% |
| Personal vehicles used for transportation are properly registered. | 6 | 6 | 100% |
| The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+). | 50 | 39 | 100% |
| The provider meets all minimum educational requirements and levels of experience for Support Coordination. | 155 | 114 | 99.1% |
| The Support Coordinator completed required Statewide pre-service training. | 155 | 114 | 95.6% |
| The Support Coordinator completed required Region Specific training. | 155 | 114 | 93.0% |
| The Support Coordinator completed Introduction to Social Security Work Incentives. | 154 | 114 | 92.1% |
| The Support Coordinator completes 24 hours of job related annual in-service training. | 153 | 113 | 87.6% |

### 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 1,568 SSRRs completed during the 1st quarter of the contract year as part of the 461 PDRs for service providers, scoring 25,440 standards; and 420 SSRRs completed as part of the 114 WSC PDRs, scoring 10,918 standards.

#### SSRR by Region and by Service

SSRR results are presented by region in Table 19 and by service in Figure 14. Because many of the standards have a weight of more than one, both the weighted score and the percent of standards scored as met (Percent Met) are presented by region. Comparisons by service shown in Figure 14 present 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 7,373 for Personal Supports. There is some variation to date across regions and services.

| Table 19. PDR Service Specific Record Review Results by APD Region | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| July – September 2020 | | | | | | | | | |
|  | Service Providers | | | |  | WSCs | | | |
| Region | # Records Reviewed | # Standards Scored | Weighted Score | Percent  Met | # Records Reviewed | | # Standards Scored | Weighted Score | Percent  Met |
| Northwest | 83 | 1,361 | 89.0% | 88.2% | 11 | | 337 | 98.1% | 98.2% |
| Northeast | 181 | 2,935 | 93.1% | 92.8% | 77 | | 1,997 | 96.7% | 96.0% |
| Central | 393 | 6,480 | 93.3% | 93.1% | 64 | | 1,643 | 93.5% | 93.2% |
| Suncoast | 421 | 6,982 | 87.7% | 87.2% | 113 | | 2,964 | 93.8% | 93.8% |
| Southeast | 212 | 3,240 | 94.0% | 94.1% | 112 | | 2,893 | 94.6% | 95.4% |
| Southern | 278 | 4,442 | 94.0% | 93.2% | 43 | | 1,084 | 97.7% | 97.6% |
| **State** | **1,568** | **25,440** | **91.7%** | **91.4%** | **420** | | **10,918** | **95.0%** | **95.1%** |

#### Lowest SSRR Indicators by Service

Of approximately 400 standards scored for all the different services, among the standards that were reviewed for at least 50 records, three reflected compliance of less than 70 percent:

* The current Employment Stability Plan covering services provided and billed during the period under review contains all required components (LSD 2 – Supported Employment).
* The Annual Report covering services provided and billed during the period under review contains all required components (Supported Employment and Supported Living Coaching).
* Provider documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents (Residential Habilitation Standard).

### Alerts

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

Between July and September 2020, 161 alerts were recorded, 137 for service providers with an additional 34 reported for WSCs. These are listed by type of alert in Table 20.

|  |  |  |
| --- | --- | --- |
| Table 20. Alerts by Type (July – September 2020) | | |
| Alert Type | Number | Percent |
| Abuse, Neglect, & Exploitation | 2 | 1.2% |
| Background Screening | 49 | 30.2% |
| Clearinghouse Roster | 57 | 35.2% |
| Driver’s License/Insurance | 9 | 5.6% |
| Health & Safety | 0 | 0.0% |
| Medication Admin/Training | 44 | 27.2% |
| Medication Storage | 0 | 0.0% |
| Rights | 0 | 0.0% |
| Vehicle Insurance | 1 | 0.6% |
| Total Alerts | 162 | 100% |

### Background Screening

When examining background screening results, a varying number of employee records are reviewed to determine compliance with all the components of the requirement. For Background Screening, if any one staff record indicates a lack of required documentation, the provider is reported as having the standard Not Met. The following information (Figure 15) shows the percent of service providers and WSCs compliant with all background screening documentation requirements, by region. Service providers were, on average, somewhat less likely to have all required background documentation in place than were WSCs. Additional analysis, for example comparing results to the pre-pandemic data, will be possible in the next report when more data are available.

### 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 17. Approximately 61 percent of service providers had all billing discrepancy standards scored Met, compared to close to 83 percent of WSCs. The greatest discrepancy between the two types of providers was in the Southern and Northwest regions.

Figure 18 provides the percent of records reviewed, by service, with all billing discrepancy standards scored Met. For all services reviewed during the first quarter, approximately 78.1 percent of billing standards were scored Met. The lowest compliance was shown for Personal Supports (64.6%), Respite (65.6%), and Supported Living Coaching (66.9%).

### PDR Summary Results

#### PDR Scores by Review Component

A summary of PDR results by region is presented for Service Providers in Table 21 and for WSCs in Table 22. With a few exceptions, scores are close to 90 percent and above. On average, supports identified through the MLI were the highest scores for all the service provider PDR components. As in previous years, WSC PDR scores are all relatively high. The lowest scoring area was for the Policy and Procedure component of the review in the Southeast Region (88.8%).

| Region | Table 21. PDR Component Scores for Service Providers by APD Region  July – September 2020 | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # of PDRs | Policy & Procedure (461) | Q&T (1,202) | | SSRR  (1,568) | MLI  (659) | | OBS |
| Outcomes | Supports |
| Northwest | 26 | 97.1% | | 89.1% | 88.2% | 95.3% | 99.6% | NA |
| Northeast | 62 | 97.6% | | 94.9% | 92.8% | 96.8% | 99.1% | NA |
| Central | 105 | 95.9% | | 93.7% | 93.1% | 93.1% | 98.9% | NA |
| Suncoast | 117 | 89.1% | | 88.4% | 87.2% | 90.2% | 98.4% | NA |
| Southeast | 69 | 87.5% | | 93.1% | 94.1% | 88.3% | 99.1% | NA |
| Southern | 82 | 91.8% | | 93.0% | 93.2% | 93.4% | 99.2% | NA |
| State | **461** | **92.4%** | | **92.0%** | **91.4%** | **92.1%** | **98.9%** | **NA** |

| Table 22. PDR Component Scores for WSCs by APD Region  July – September 2020 | | | | | |
| --- | --- | --- | --- | --- | --- |
| Region | # of PDRs | Policy & Procedure (114) | Qualifications & Training (155) | WSC RR  Announced  (270) | WSC RR Unannounced  (150) |
| Northwest | 5 | 100% | 100% | 97.9% | 100% |
| Northeast | 16 | 97.3% | 98.5% | 96.8% | 96.5% |
| Central | 21 | 94.7% | 94.9% | 92.3% | 95.8% |
| Suncoast | 27 | 92.9% | 91.9% | 93.3% | 94.8% |
| Southeast | 35 | 88.8% | 92.1% | 93.9% | 95.5% |
| Southern | 10 | 100% | 97.5% | 97.2% | 98.4% |
| State | **114** | **93.8%** | **94.4%** | **94.5%** | **95.9%** |

#### PDR Score Range by Region

While the average scores across all the review components were relatively high, and the highest PDR score in each region is 100 percent, the minimum PDR score in each region varies substantially for both service providers and WSCs, as shown in Table 23. The lowest service provider score was just over 11 percent (Suncoast) and the lowest WSC score was approximately 28 percent (Central).

| Table 23. Lowest PDR Score by Region | | |
| --- | --- | --- |
| July - September 2020 | | |
| Region | Service Providers | WSCs |
| Northwest | 32.0% | 93.7% |
| Northeast | 66.1% | 86.6% |
| Central | 50.8% | 27.9% |
| Suncoast | 11.2% | 45.2% |
| Southeast | 17.3% | 60.9% |
| Southern | 28.2% | 86.0% |

#### 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 24 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, overall scores for small service providers were somewhat lower than for medium or large providers. Service providers showed a greater alert rate and billing discrepancy rate than WSCs and WSCs operating as solo providers scored lower than agencies across all the areas (Overall, Compliance, and Person Centered Scores).

| Table 24. Results by Provider Size and Agency vs Solo  July – September 2020 | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  |  |  |  |  | Rate per 10 Reviews | |
| Service Providers | # Reviews | | Overall | Compliance | Person Centered  Practices | #  Alerts | #  BD | Alerts | Billing Discrepancy Standards |
| Small | 411 | 91.1% | | 91.4% | 90.5% | 125 | 449 | 3.04 | 10.92 |
| Medium | 40 | 94.0% | | 94.3% | 93.4% | 11 | 51 | 2.75 | 12.75 |
| Large | 10 | 98.2% | | 97.8% | 99.1% | 1 | 8 | 1.00 | 8.00 |
| **Total** | **461** | **91.9%** | | **92.2%** | **91.4%** | **137** | **508** | 2.97 | 11.02 |
| WSCs | | | | | | | | | |
| Agency | 25 | 97.3% | | 97.6% | 96.9% | 1 | 10 | 0.40 | 4.00 |
| Solo | 89 | 92.7% | | 93.9% | 91.3% | 23 | 31 | 2.58 | 3.48 |
| **Total** | **114** | **95.2%** | | **95.8%** | **94.3%** | **24** | **41** | **2.11** | **3.60** |

# Section III: Discussion and Recommendations

Findings in this report reflect data from PCR and PDR reviews completed between July and September 2020. A total of 321 PCRs, 461 PDRs and 44 CDC+ Representative reviews were completed, approved and available for analysis. Due to the Coronavirus pandemic, processes were revised and new remote reviews were implemented April 1, 2020.

Provider feedback remains very positive with all questions on the feedback survey above 90 percent positive. During this quarter, Qlarant Regional Managers reviewed all reports before final approval and facilitated a quarterly meeting in each region to review data, explore trends, and discuss other relevant regional issues or best practices. Managers have worked to revise and update processes to ensure the best quality assurance reviews possible.

The director and managers meet bi-weekly via conference call. When the pandemic has subsided, one face-to-face meeting will begin again to further enhance communication and ensure consistency in processes. Regional Managers and QARs continue to participate in rigorous field and file review reliability testing, and use bi-weekly conference calls to enhance training and reliability efforts through discussion of real situations and review questions.

## Overall Review Findings

Results from reviews completed this year indicate the majority of providers reviewed were in compliance with most requirements and individuals were generally satisfied with their services. Of note is the decreased satisfaction levels during the 1st quarter 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. Providers scored higher on compliance standards than standards measuring person centered practices. Also, WSCs scored higher on all components of the PDR than service providers. In addition, scores for people receiving services through CDC+ were higher than for people receiving services through the Waiver.

The PCR consists of an interview with the person and an informal discussion with the person’s Support Coordinator, and a review of the record maintained by the Support Coordinator/CDC+ Consultant for that person. Results for the PCR components were similar to previous years and relatively high, most over 90 percent. Outcome scores for people receiving services through the Waiver were lowest, approximately 89 percent present for the year.

Results from the PDRs conducted with service providers and WSCs indicate providers were in compliance with most all aspects of the review, as shown in the following graphic. Each component of the PDR process reflects an average score of approximately 90 percent or higher. 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.

Recommendation 1: 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 ANE and what action to take when faced with any type of ANE. Discussion could also include the best way to ensure information about the abuse hotline and how to use it is provided, in a way people with all communication styles can understand.

Recommendation 2: 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.

### Possible Impact from the Coronavirus Pandemic

Several findings in the 1st quarter may reflect the changes in our lives due to the pandemic. Qlarant should discuss these areas of concern with the Quality Assurance Reviewers (QARs) who continue to offer assistance and may be able to share innovative ideas to ensure the highest quality of life in the midst of this pandemic. To date, areas of concern include the following:

* Interview scores for My Social Life were the second lowest scoring area, and showed a large difference between the outcome achieved (84.6%) and the support provided (97.5%). Clearly, no one is accessing the community or participating in community events (or events have been canceled), and the data reflect this.
* Satisfaction with participation and involvement in the community was the only area, for which satisfaction was measured, that fell below 96 percent. While supports seem to be excellent 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 proportion of individuals who experienced a change (measures of stability) appears to be higher than in previous reports, with a change in the WSC agency the only area for which fewer than 10 percent of people experienced one or more changes. This could be a function of providers or WSCs going out of business, people having to move back home, or services being reduced.
* The proportion of individuals who had at least one hospital or emergency room visit appears to have declined some since the pre-pandemic data were reported (July 2019 – March 2020). It seems reasonable people may be more likely to be hospitalized as this is a vulnerable population in terms of health; however, with everyone staying home more and not interacting with others through community activities, there is less need for health-related admissions.

### Medication Use

The rate of individuals taking five or more prescription medications has remained fairly constant over the last several years, approximately 40 percent of people interviewed taking multiple medications (5 or more).[[14]](#footnote-15) Results indicate 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.

Recommendation 3: A recommendation from a previous report is still relevant. The ability to understand complex medications and diagnoses is difficult for many people, with or without a disability. The Quality Council should consider brainstorming ways to present information about the most common forms of medications and perhaps develop a “story line” or presentation for self-advocates to share in their regions. Training by providers should include these story lines and ensure people understand the content. Using face-to-face scenarios with peer participation could help enhance people’s understanding of the medications they take.

### 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. The lowest compliance was for providers offering Personal Supports (64.6%), Respite (65.6%), and Supported Living Coaching (66.9%).

Recommendation 4: Training could be developed that targets specific issues for the three services showing the lowest compliance rates for billing discrepancies.

**S**ummary

Findings from reviews completed during the 1st quarter of FY 2021 were generally positive. Compliance rates on average remained high, even in the midst of a global pandemic. Qlarant, AHCA and APD worked very quickly revise review processes in a way that would keep providers, individuals receiving services, and Qlarant’s reviewers safe and healthy. Through that effort, the state was 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, providers continue to provide support for the people they serve.

As more data are available, comparisons will be possible to data collected pre-pandemic, through onsite review processes and face-to-face interviews. As findings are tracked using the remote review processes, Qlarant, AHCA and APD will explore updates needed for the process to be beneficial to all stakeholders.

# Attachment 1: Customer Service Activity

**July-September 2020**

| **Customer Service Topic** | **#** | **Description** | **Outcome** | **Avg Time** |
| --- | --- | --- | --- | --- |
| Address/ Phone/Name Update | 32 | Providers called to update their phone numbers/addresses/Names | Phone numbers/addresses were updated in the Discovery application, and providers were also advised to update contact information with AHCA. | 1 day |
| Background Screening | 8 | Providers called requesting clarification on the Attestation of Good Moral Character and if it needed to be notarized. | Providers were advised that the Attestation of Good Moral Character is not required to be notarized and referred to the APD website for further information. | 1 day |
| Clarification | 8 | Providers called asking for clarification on topics such as acceptable documentation, service specific requirements, and documentation completion/submission timeframes. Several providers called following the Implementation Plan webinar seeking further clarification on information provided. | Questions were answered by CSR or Regional Managers. Callers were referred to the iBudget Handbook, local APD Regional Office and the Qlarant tools posted on our website. | 1.5 day |
| Contact QAR | 16 | 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 |
| Miscellaneous/Other | 35 | Family stakeholders and providers called with requests unrelated to our Desk Review process, where to send their Plan of Remediation, how to report Abuse. | Questions within our scope of work were answered. Where appropriate, callers were referred to APD and AHCA. | 1.5 day |
| Next Review | 47 | Providers called asking when their next review will occur. Providers called following receipt of their PDR notification letter to advice 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 |
| Review Tools | 5 | Providers called with questions regarding where to find the most review tools, most specifically the Desk Review Checklists. Providers also called with general tool related questions. | Providers were referred to our website and shown the current tools posted. Questions regarding the tools were answered, with references to the protocols and the not met reasons. | 1 day |
| Provider Web Search | 2 | Providers called asking how to find their provider name or get their provider name added to the public reporting website. Other calls were from individuals and families looking to find potential providers. | Providers, individuals and family members were guided through the best way to use the site. | 1 day |
| Question | 12 | Providers and APD staff call with questions regarding documentation or qualification requirements; for assistance accessing resources on our website; for explanations of the review processes. | Questions are answered with references to appropriate documents or entities. | 1.5 Day |
| Potential Billing Discrepancy | 7 | Providers call with questions about how to repay money identified as a potential billing discrepancy in their quality assurance review report. | Providers are given the AHCA email address for potential billing discrepancy. [APDProviderBilling@ahca.myflorida.com](mailto:APDProviderBilling@ahca.myflorida.com) | 1 day |
| Reconsideration | 18 | Providers call asking for clarification on the process to submit a request for reconsideration or inquiring as to the status of a request already submitted. | The reconsideration process is explained to provider, including reference to our Operational Policies and Procedures. The provider is directed to the end of their PDR report and the FSQAP website where they will find detailed instructions on how to submit a request for reconsideration. | 1 day |
| Report Requested | 22 | Providers call or email requesting their report be re-sent. | Mailing addresses are confirmed and reports are re-sent. | 1 day |
| Review | 33 | Providers call asking for an explanation of their reports. | Reports are reviewed and explained; providers are referred to their local APD office for technical assistance. | 1 day |
| Training | 2 | Providers and provider consultants call asking about training requirements. | Training requirements are explained, including reference to the Handbook and the APD website. | 1 day |
| **Total Number of Calls** | **247** |  |  |  |

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 seven in Assisted Living Facility, one in a Foster Home, one non-APD group home. The Other category for Primary Disability for the Waiver included Down Syndrome (10) and Spina Bifida (2). For CDC+ “Other” included Spina Bifida (1). [↑](#footnote-ref-6)
6. Throughout this report, Y3Q4 refers to April – June 20 and Y4Q1 refers to July – September 2020. [↑](#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. 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. List includes over the counter medications prescribed for the person. [↑](#footnote-ref-9)
9. All review tools are posted on the FSQAP website 67<https://florida.qlarant.com/Public2/resourceCenter/providers/discoveryReviewTools/index.html> [↑](#footnote-ref-10)
10. 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-11)
11. 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-12)
12. 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-13)
13. N sizes may vary throughout the report due to missing and/or not applicable data. [↑](#footnote-ref-14)
14. The list of medications include vitamins and over the counter medications that may have been prescribed to the person. [↑](#footnote-ref-15)