

# Florida Statewide Quality Assurance Program

**FY 2022 Annual Report**

**July 2021 – June 2022**

**Submitted to:  
Agency for Health Care Administration and  
Agency for Persons with Disabilities**



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**Prepared by**

**Qlarant** 

## Table of Contents

List of Acronyms.....	4
Executive Summary .....	5
Introduction .....	7
Section I: Significant Contract Activity.....	11
Quality Assurance Activities (April - June 2022).....	11
Status Meetings .....	11
Reliability .....	11
Internal Annual Training/Conference .....	11
Tool and Process Revisions .....	12
Regional Quarterly Meetings .....	12
Quality Council (QC).....	12
Provider Feedback Survey .....	13
Summary of Customer Service Calls .....	14
Staff Updates .....	14
Data Availability .....	14
Section II: Data from Review Activities .....	15
Person Centered Reviews (PCR) .....	15
Individual Demographics.....	16
PCR My Life Interview (MLI) .....	17
PCR Waiver Support Coordinator and CDC+ Consultant Record Reviews.....	28
CDC+ Representative .....	34
Alerts.....	36
Health Summary.....	36
Medication Use.....	36
Significant Health Events .....	38
Provider Discovery Reviews: Qualified Organizations(QOs) .....	39
General Administrative Review .....	39
Staff Qualifications and Training .....	40
QO Record Reviews.....	44

Qualified Organization PDR Summary Results .....	46
Provider Discovery Reviews: Service Providers .....	48
PDR My Life Interview (MLI).....	49
Observations.....	51
General Administrative Review .....	53
Staff Qualifications and Training.....	55
Service Specific Record Review Results (SSRR).....	62
Alerts.....	66
Service Provider PDR Summary Results .....	67
Section III: Discussion and Recommendations.....	69
Overall Review Findings .....	69
Recommendations.....	71
Targeted Outreach.....	71
Safety.....	71
Community Life .....	72
Medication Use.....	73
CDC+ Representatives.....	74
CMS Remediation Indicators .....	74
Infectious Disease Training.....	74
Potential Billing Discrepancies .....	75
Observations.....	75
Summary.....	76
Attachment 1: Customer Service Activity: April 2022 – June 2022.....	76

## List of Acronyms

ABC – Allocation, Budget, and Contract Control System  
ADT – Adult Day Training  
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  
CDC+ R – CDC+ Representative  
DD – Developmental Disability  
FSQAP – Florida Statewide Quality Assurance Program  
FY – Fiscal Year (July – June)  
GAR – General Administrative Review  
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  
LRH – Licensed Residential Home  
NCI – National Core Indicators  
OBS – Observations  
OTC – Over-the-counter  
PBD – Potential Billing Discrepancy  
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  
QO – Qualified Organization

RM – Regional Manager  
RTDR – Real Time Data Report  
SEC – Supported Employment Coaching  
SSRR – Service Specific Record Review  
WSC – Waiver Support Coordinator

## Executive Summary



In July 2021, the Agency for Health Care Administration entered into the fifth 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.<sup>1</sup> Due to the COVID-19 virus, meetings were conducted virtually using Zoom.gov instead of face-to-face at the regional office. These were facilitated by Qlarant Regional Managers to review data, explore trends, and discuss other relevant regional issues and best practices. Qlarant facilitates three Quality Council meetings annually. All three meetings held in FY22 were conducted virtually on July 22, 2021, October 21, 2021, and March 17, 2022. Given the Webinar format, as opposed to in-person meetings in Tallahassee or Orlando, each meeting had over 100 attendees from across the state.

Due to the COVID-19 virus pandemic, on March 16, 2020, AHCA suspended all onsite review activity. During the remainder of March, with direction from AHCA and APD, Qlarant developed modified procedures to address each component of both PDRs and PCRs including how records would be reviewed (desk reviews) and phone interview techniques (remote interviews via phone or video). These new processes, using the same tools, were implemented April 1, 2020, and used for all review activity during FY21 and for records reviews in the current contract year (FY22). However, as of October 1, 2021, APD approved Qlarant to begin transitioning back to in-person interviews. Qlarant, APD, and providers take the health and safety of the individuals, as well as staff, very seriously. Accordingly, a health questionnaire is completed prior to each interview to determine if the need for a virtual interview exists.

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

Chapter 2020-71, formerly referred to as Senate Bill 82, was adopted into Florida law on July 1, 2021. Chapter 2020-71, in part, revised the definition of “Support Coordinator” to require all Support Coordinators be “an employee of a Qualified Organization (QO).” Chapter 2020-71 states APD may no longer contract with solo Waiver Support Coordinators (WSCs) or WSCs agencies, but rather may only contract with QOs for WSC services. Over the past several months, Qlarant has worked with AHCA and APD to revise WSC tools to accommodate rules and regulations as they apply to QOs. These tools became effective October 1, 2021.

Findings presented in this report are based on 1,593 Person Centered Reviews (PCRs), 246 CDC+ Representative (CDC+ R) reviews, 207 Qualified Organization PDRs (QO PDR), and 1,578 Service Provider PDRs conducted and approved in FY22 (July 2021 – June 2022). Findings include the following:

### Person Centered Reviews (PCRs)

- On average, Supports for individuals interviewed during the PDR were more likely to be met than Outcomes.
- People receiving services through the Waiver or CDC+ were least likely to have the Safety Life Area outcomes Met. Supports for Safety were 24 points higher than outcomes for the Waiver and 30 points higher for CDC+.
- The proportion of individuals on the Wavier or CDC+ who indicated they were satisfied with the amount of community involvement they have had over the past 12 months has increased by 9 and 6 points, respectively, since FY21.
- More than 40 percent of individuals interviewed in FY22 did not meet outcomes related to understanding their medications.
- PCR record review scores for WSCs and CDC+ Cs have declined since FY21 from an average of 95 and 98 percent, respectively, to approximately 90 and 94 percent, respectively.



### Provider Discovery Reviews (PDR)

- Average scores for the QO PDR Administrative review components (GAR and Q&T) were approximately 96 percent met or higher while the average score for the Record Review component was approximately 90 percent.
- Average scores for Service Provider PDRs were approximately 90 percent or higher with scores ranging from a high of 99 percent for Observations at ADT facilities to a low of 90.7 percent for solo provider GARs.
- Solo Service Providers were less likely than Agency Service Providers to meet standards within the GAR related to maintaining an Employee/Contractor Roster within the



Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.

- Agency Service Providers were less likely than Solo Service Providers to meet standards within the GAR related to identifying and addressing concerns about abuse, neglect, and exploitation (ANE) and less likely to report all instances of ANE.
- Records reviewed for LSD2 (SEC), Personal Supports, Respite, and Supported Living Coaching scored lower, on average, than other services reviewed and were the most likely to have a Potential Billing Discrepancy (PBD) identified.
- The proportion of Service Provider alerts related to the Clearinghouse Roster has declined from approximately 26 percent in FY21 to 11 percent in FY22.

## Introduction

In July 2021, the Agency for Health Care Administration (AHCA) entered into the fifth 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)<sup>2</sup> 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

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<sup>2</sup> In response to Chapter 2020-71, PCRs were delayed until October 1, 2021.

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.

**Person Centered Review  
(PCR)**

- Evaluate support delivery systems and quality of life from the perspective of the person receiving services.

**Provider Discovery Review  
(PDR)**

- Evaluate the extent to which providers use person centered planning and practices and provide services to promote opportunities for individuals receiving services.
- Ensure providers are in compliance with the iBudget Waiver Handbook, Florida Administrative Code and Florida Statute.

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, as well as record reviews completed for the CDC+ Consultant and Representative.

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. When data for these two groups are presented in the report, references are made to Waiver and CDC+ to make the distinction between the two groups.

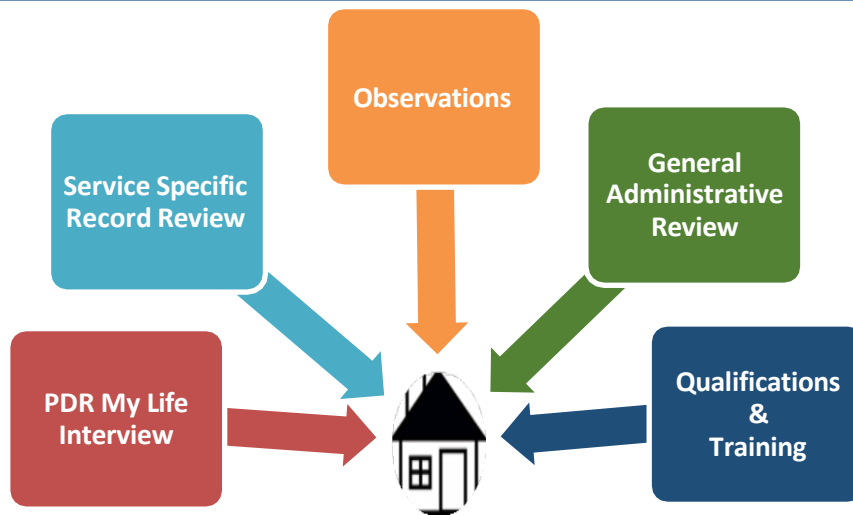


## Person Centered Review



The PDR is comprised of an Administrative Review – including the General Administrative Review (GAR) and Staff Qualifications and Training (Q&T) – and Service Specific Record Reviews (SSRRs). Service Providers may also receive Observations and interviews with individuals receiving services.<sup>3</sup> Individuals interviewed with the PDR My Life Interview (MLI) tool are only asked questions that apply to services they are receiving from the service provider being reviewed and are asked to answer according to their experiences with the provider being reviewed.

## Provider Discovery Review



<sup>3</sup> Observations only conducted at Licensed Residential Homes (LRH) and Day Services Programs.

This is the annual report for the FY22 contract year. The report is divided into three sections.

- Section I: Significant Contract Activity during the fourth quarter (April - June 2022)
- Section II: Data from Review Activities throughout FY22, including comparative analysis as possible
- Section III: Discussion and Recommendations

Most comparisons to data from years prior to FY19 are not possible or appropriate due to changes in tools and indicators/standards. Similarly, comparisons to WSC and CDC+ record reviews prior to FY22 are not always possible because of changes in the tools and the statewide transition to QOs. Discussion of results and evidence-based recommendations are offered.

## Section I: Significant Contract Activity

### Quality Assurance Activities (April - June 2022)

#### 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 affect the FSQAP. In the fourth quarter of FY22, a status meeting was in the Tallahassee office on April 21, 2022 and held virtually via zoom May 19, 2022 and June 16, 2022.

#### Reliability

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

**File reliability** sessions are administered every other month. These include standards reviewed from Service Specific Record Reviews as well as related questions from the iBudget Handbook and the FSQAP Operational Policies and Procedure Manual. After the QA Manager obtains actual file documents from a provider, the management team identifies the standards to be tested and creates the scoring key. The test is completed by each QAR in Qlarant's online learning management system, and scored automatically. One file reliability session was completed in Quarter 4 (Q4) on the topic of APD iConnect. File reliability results are reported to AHCA in the second and fourth quarters.

**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 while the QAR conducts the review and compares answers on all standards at the conclusion of the review. In response to COVID-19 and the transition from in-person to remote reviews, Qlarant developed a desk review process so managers could participate remotely to complete reliability testing. PDR Desk Review Reliability was completed with five QARs and PCR reliability was completed with seven - all QARs passed.

#### Internal Annual Training/Conference

Every year, the Florida team comes together for extensive training and brainstorming activities; however, due to COVID-19, these conferences had not been possible since FY19. Between FY20 and FY22, virtual trainings were conducted with QARs as needed; however, Qlarant will be holding an in-person conference in August 2022.

## Tool and Process Revisions

As of July 1, 2021, the PDR Administrative Tool was separated into two distinct sections: 1) General Administrative and 2) Qualifications & Training. The tool previously known as ‘Policies & Procedures’ has been removed; however, while Qlarant will no longer review Policies & Procedures, Agency providers are still expected to develop and maintain applicable Policies & Procedures for their organization. Further, a separate Administrative Tool - developed for Qualified Organizations - became effective October 1, 2021.

Details regarding these updates, as well as the tools themselves, can be found on Qlarant’s FSQAP website:

<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 offices may attend the meetings via phone in each region. Remote meetings were held in all the regions during the fourth quarter of FY22, using a webinar format.<sup>4</sup>

## Quality Council (QC)

The final Quality Council (QC) meeting for FY22 was held via webinar on March 17, 2022. Using the webinar format has made the meeting accessible to many more stakeholders. There was an average of approximately 100 participants for each session. Agenda items included the following:

- APD Updates – Kimberly Quinn, Chief, Program Development, Compliance & Policy
- HSRI Data Presentation— Valerie J. Bradley, President Emerita & Stefanie Giordano, NCI Co-Director
- Critical Incident Reporting and Management - Robin Garland, Incident Report Manager
- Qlarant Updates – Theresa Skidmore, Program Director
- Qlarant Data Presentation – Katy Glasgow PhD, Scientist

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<sup>4</sup> Agendas for each meeting are on the FSQAP Portal Client Site and available to AHCA and APD ([Qlarant Regional Meeting Agendas](#)).

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 are completed online on the FSQAP website or downloaded and mailed or faxed to the Qlarant office. Table 1 presents feedback findings for surveys submitted between July 2021 and June 2022. In total, 142 providers completed the survey. On average, 96.6 percent of responses were positive (1,803/1,867). Surveys that included a request for a manager’s call back were also recorded in the Customer Service Log.



Table 1. Results from Provider Feedback Surveys Surveys Received Between July 2021 – June 2022 (N = 142)			
Question	# Yes	# No	NA/ Blank
Did the Quality Assurance Reviewer explain the review process?	139	2	1
Did the Quality Assurance Reviewer share with you the names of the potential people chosen to participate in the review?	134	2	6
Did the Quality Assurance Reviewer explain the person's participation in the interview is voluntary?	126	7	9
Did the Quality Assurance Reviewer refer you to the Qlarant website that includes the tools and procedures?	134	2	6
Were the tools accessible on the Qlarant website?	128	1	13
Did you find the tools helpful when preparing for the review?	127	4	11
Did the Quality Assurance Reviewer answer your questions in preparation for the review?	135	4	3
Did the Quality Assurance Reviewer arrive on time?	75	4	63
If not, were you notified the Quality Assurance Reviewer would be late?	13	1	128
Did the Quality Assurance Reviewer give you enough time to find the information requested?	136	4	2
Do you feel the Quality Assurance Reviewer was prepared for the review?	132	5	5
Did the review process go as explained by the Quality Assurance Reviewer?	133	7	2
Did the Quality Assurance Reviewer answer the questions you had during the review?	134	5	3
If applicable, did the Quality Assurance Reviewer explain why a standard was Not Met?	103	4	35
If an alert was identified, did the Quality Assurance Reviewer inform you of the follow up process?	40	5	97
Did the Quality Assurance Reviewer provide you with the preliminary findings of your review before leaving?	114	7	21
<b>Total Responses</b>	<b>1,803</b>	<b>64</b>	<b>405</b>

## Summary of Customer Service Calls

During the fourth quarter of FY22, 185 calls were recorded in the Customer Service Log, with an average response time of one day for each call.<sup>5</sup>

## Staff Updates

In FY22 Q4, the following staff changes occurred:

- Three QARs, Caitlin Flannery, Cherie O’Geen, and Wanda Miles, began working in the Northeast, Southeast and Suncoast regions, respectively.
- One QAR, Blanca Deason, resigned from the Southeast region.

## Data Availability

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

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<sup>5</sup> The list of topics and number of calls per topic are presented in Attachment 1.

## Section II: Data from Review Activities<sup>6</sup>

### Person Centered Reviews (PCR)<sup>7</sup>



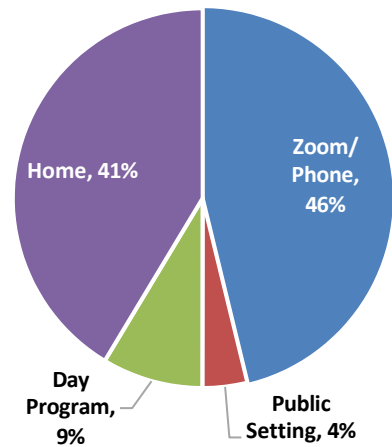
The PCR includes an interview with the person and a review of the person’s record maintained by the Waiver Support Coordinator (WSC) or CDC+ Consultant (CDC+ C). If the person receives services through CDC+, a record review is also completed for the CDC+ R. In FY22, 1,593 PCRs were completed and approved – 1,400 for individuals on the iBudget Waiver and 193 for individuals using CDC+.

The CDC+ program provides additional flexibility and opportunities not offered to other people on the iBudget Waiver, such as the ability to directly hire and fire providers, use of non-waiver providers who are often family members, and the ability to negotiate provider rates. A non-paid representative helps with the financial and business aspects of the program and a CDC+ C acts as a service coordinator. CDC+ Cs must also be certified as a WSC. Due to these differences, results for CDC+ are analyzed separately.

On October 1, 2021, Qlarant began transitioning back to in-person interviews, after more than a year of conducting interviews virtually (via Zoom or over the telephone). In FY22, less than half (46%) of PCR interviews were conducted remotely. The remaining interviews were conducted in-person, either in a public place, at the individual’s day program, or in the home. With over 50 percent of interviews conducted in-person, comparisons between interview data collected in FY21 (when all interviews were conducted virtually) and FY22 should be made with caution.

Region	Waiver		CDC+	
	n	%	n	%
Northwest	93	6.6%	15	7.8%
Northeast	226	16.1%	30	15.5%
Central	243	17.4%	55	28.5%
Suncoast	319	22.8%	29	15.0%
Southeast	325	23.2%	40	20.7%
Southern	194	13.9%	24	12.4%
<b>Total</b>	<b>1,400</b>	<b>100%</b>	<b>193</b>	<b>100%</b>

Figure 1. PCR Interview Location FY22 (N = 1,593)



<sup>6</sup> In response to Chapter 2020-71, formerly referred to as Senate Bill 82, PCRs were suspended during the first quarter of FY22 (July – September 2021); therefore, PCR results in this report are for reviews conducted after October 1, 2021.



<sup>7</sup> All review tools are posted on the FSQAP website (<https://florida.qlarant.com/>).

Individuals are not required to participate in the PCR interview and are able to leave the process at any time. A person who chooses not to participate, 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. As of June 2022, 69 individuals originally sampled for the PCR did not participate. Non-participation reasons 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 learn more about the process and potentially change their minds about participating. Most often the reason was people declined to participate in the interview (N = 35; 51%).

Table 3. Person Centered Review: FY22			
Non-Participation Reasons			
Decline Reason	Waiver	CDC+	Total
Deceased	1	2	3
Person Declined Interview	29	6	35
Moved Out of State	2	0	2
No Longer Receiving Services	2	0	2
Review Next Year	9	1	10
Other	15	2	17
<b>Total</b>	<b>58</b>	<b>11</b>	<b>69</b>

### Individual Demographics

The following series of figures show the distribution of the PCR sample across Residential Settings, Age Groups, and Primary Disability.<sup>8</sup> People receiving services through CDC+ are not permitted to live in a licensed residential home (LRH); therefore, most of the people interviewed lived in a family home compared to less than half of people using the Waiver. People on CDC+ tend to be younger - with over 85 percent of participants age 44 or younger – and include a higher proportion of individuals with a diagnosis of Autism.

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<sup>8</sup> The Other category for Residential Setting for the Waiver included 17 people living in an Assisted Living Facility. The Other category for Primary Disability for the Waiver included people with Down syndrome (62), Spina Bifida (16), Prader Willi (8), and Phelan-McDermid Syndrome (2). For CDC+ “Other” included people with Down syndrome (10).

Figure 2a. Residential Settings: Waiver Participants  
 FY22 (N = 1400)

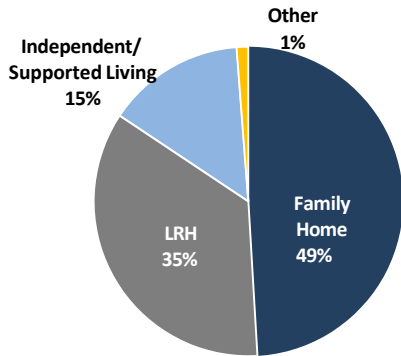


Figure 2b. Residential Settings: CDC+  
 FY22 (N = 193)

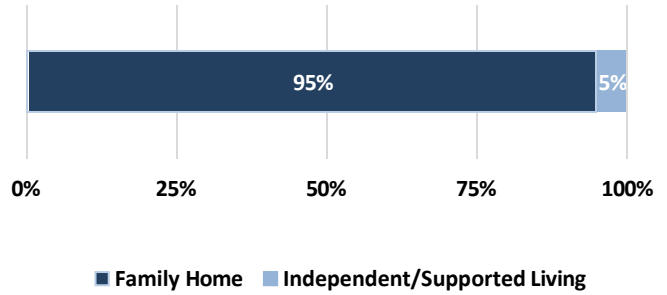


Figure 3a. Age Distribution:  
 Wavier and CDC+  
 FY22

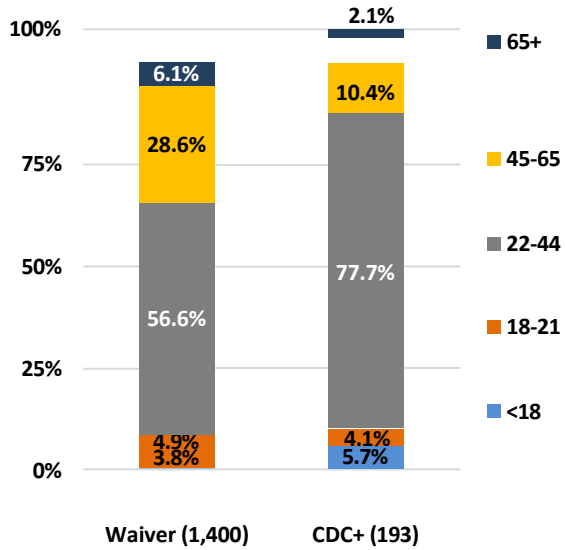
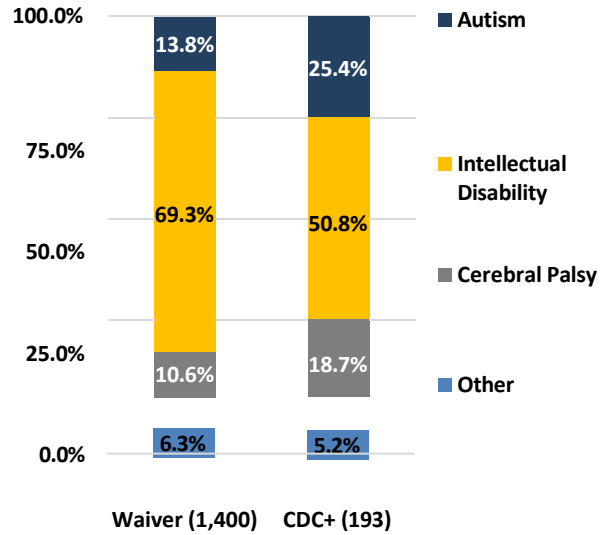
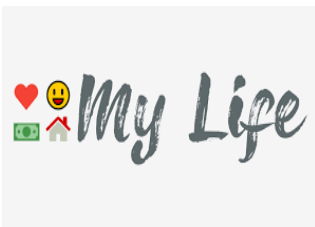


Figure 4. Primary Disability:  
 Wavier and CDC+  
 FY22



**PCR My Life Interview (MLI)**



The PCR My Life Interview tool is used to interview people participating in a PCR. The PCR 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.

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 assessed 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.

When responding to questions in the PCR MLI, interviewees are asked to think about their lives as a whole and the role their WSC or CDC+ C plays in coordinating their entire service delivery system. This differs from the PDR MLI (discussed below), for which individuals, when responding to questions, are asked to refer only to their experiences with the provider being reviewed.

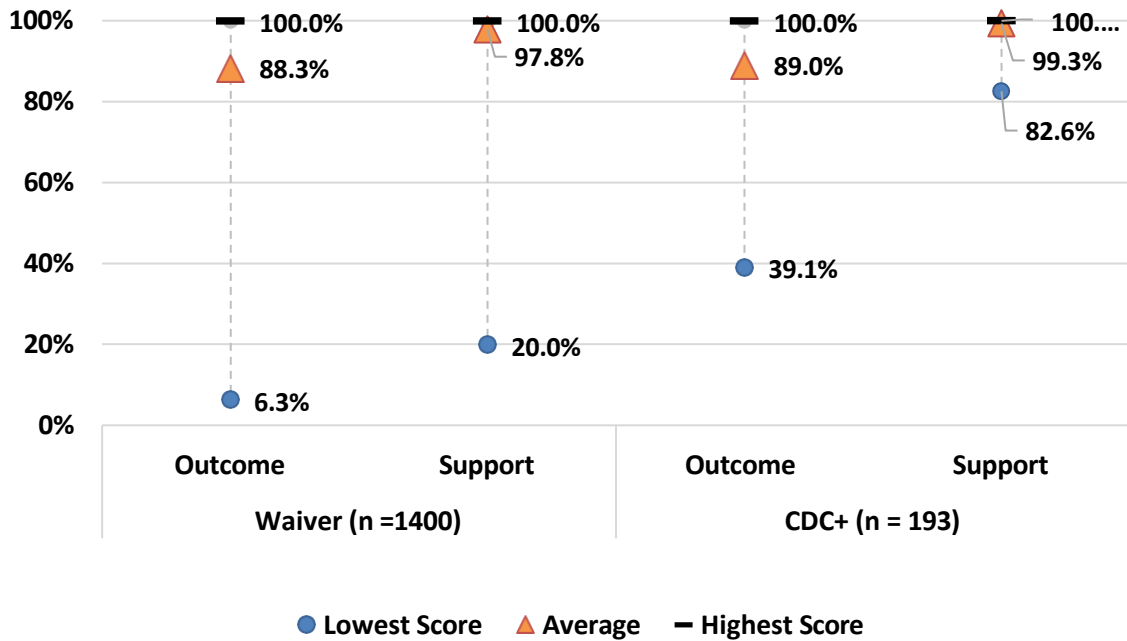
### Data Limitations

Results in some categories, particularly for CDC+, are based on relatively small numbers. When n sizes are small, comparisons across categories or between Waiver and CDC+ should be made with caution. Further, comparisons made between interview results from FY21 and FY22 should be made with caution as all interviews conducted in FY21 were conducted remotely, while interviews in FY22 include a combination of remote and in-person interviews.

### PCR MLI Average Scores

The highest, lowest, and average MLI scores are presented in Figure 5 for data collected throughout FY22, for Outcomes and Supports. The first two lines from the left represent scores for the Waiver and the two lines on the right represent scores for CDC+. Results for FY22 indicate the lowest scores were for Outcomes and while average rates were relatively high, Outcomes and Supports for some individuals were quite low. CDC+ supports were relatively high across all 193 PCRs.

Figure 5. MLI Outcomes vs Supports Score Ranges: FY22



### PCR My Life Interview Scores by Region

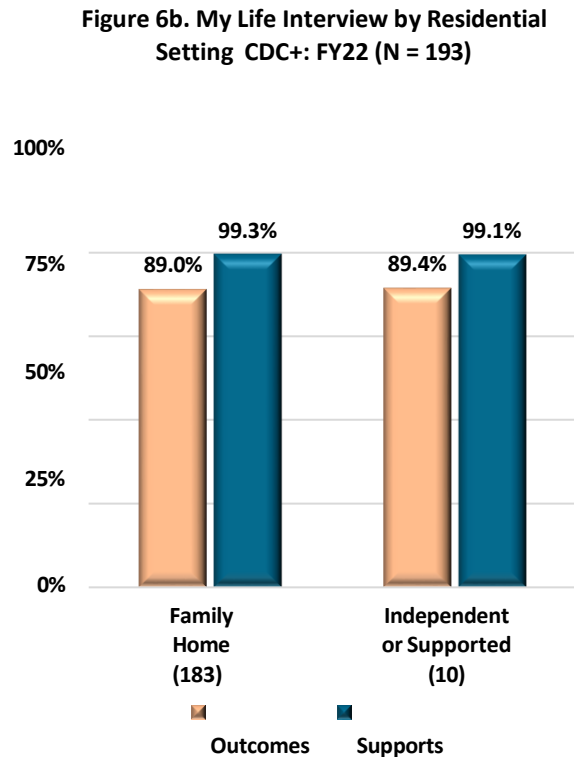
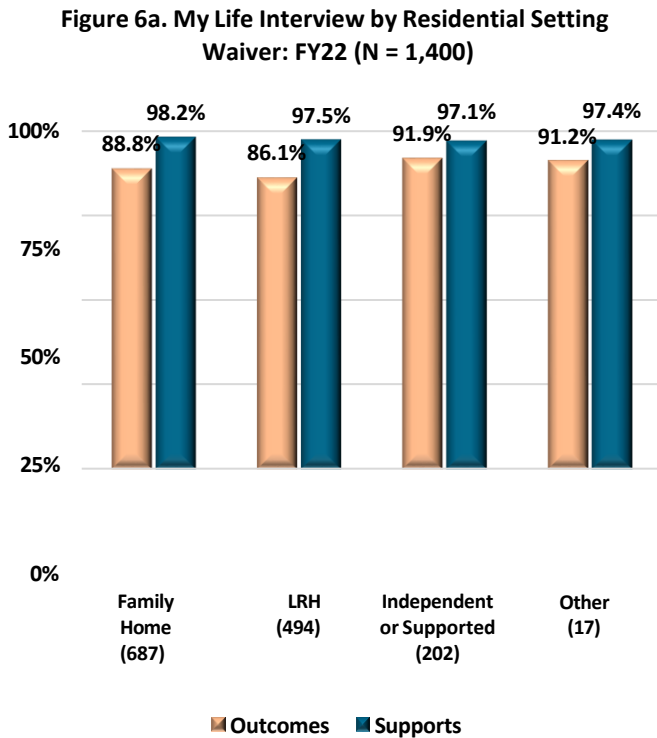
Average scores for Outcomes and Supports are presented by region in Table 4. On average, Outcomes were nine or more points lower than Supports for the state, with the exception of the northern part of the state where the disparity was lower. Relative to other regions, the Northeast region saw the highest scores, on average, for Outcomes – 96.7 percent for people on the Waiver and 98.3 percent for those using CDC+. For people on the Waiver, Outcomes were lowest in the Central (83.6 %) and for people using CDC+ Outcomes were lowest for people in the Suncoast region (84.5%).

Region	Waiver			CDC+		
	# of PCRs	Outcomes	Supports	# of PCRs	Outcomes	Supports
Northwest	93	88.5%	95.4%	15	89.9%	95.9%
Northeast	226	96.7%	99.1%	30	98.3%	99.7%
Central	243	83.6%	95.0%	55	86.7%	99.2%
Suncoast	319	86.7%	97.6%	29	84.5%	99.7%
Southeast	325	88.2%	98.7%	40	87.2%	99.8%
Southern	194	87.1%	99.5%	24	90.5%	99.8%

Region	Waiver			CDC+		
	# of PCRs	Outcomes	Supports	# of PCRs	Outcomes	Supports
State	1,400	88.3%	97.8%	193	89.0%	99.3%

### PCR My Life Interview by Residential Setting

The average MLI scores for each residential setting are presented in Figure 6a for the Waiver and Figure 6b for CDC+, by Outcomes and Supports. Findings from FY22 indicate individuals receiving services were well supported across all residential settings (each above 97%). Among individual receiving services through the Waiver, Outcomes were least likely to be present for people living in either a LRH (86.1%) or their family home (88.8%) at the time of the interview. Little variation in Outcomes was seen between residential settings among those using CDC+.



### PCR My Life Interview by Life Area

The average MLI score for each Life Area is presented in Figure 7a for the Waiver and Figure 7b for CDC+, by Outcomes and Supports. Findings from FY22 indicate individuals receiving services were supported across all Life Areas (each above 97%). Outcomes were least likely to be met in Life Areas related to ‘My Safety’ for both the Waiver and CDC+, 73.9 and 67.7 percent present, respectively. Outcomes related to ‘My Social Life’ and ‘My Health’ were relatively low for both the

FSQAP FY 2022  
July 2021 – June 2022

Waiver and CDC+.



Figure 7a. My Life Interview by Life Areas  
 Waiver: FY22 (N = 1,400)

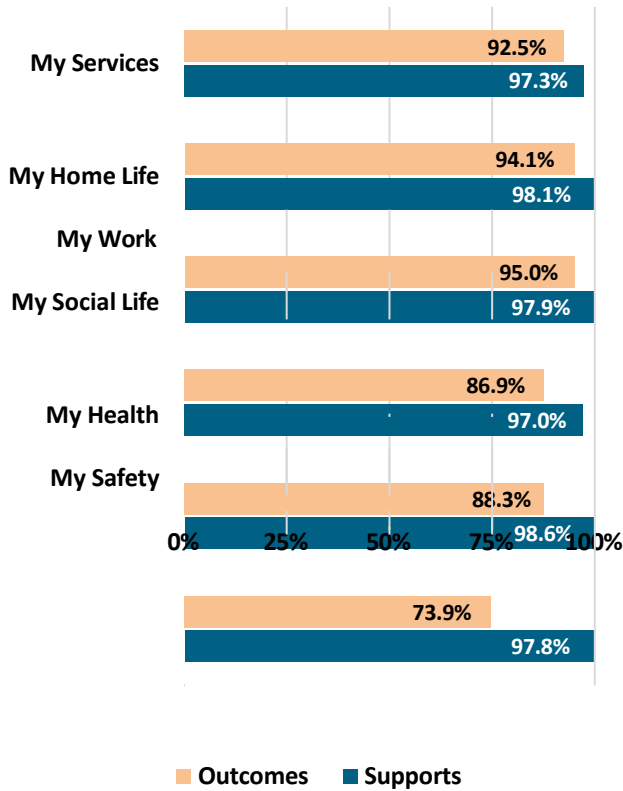
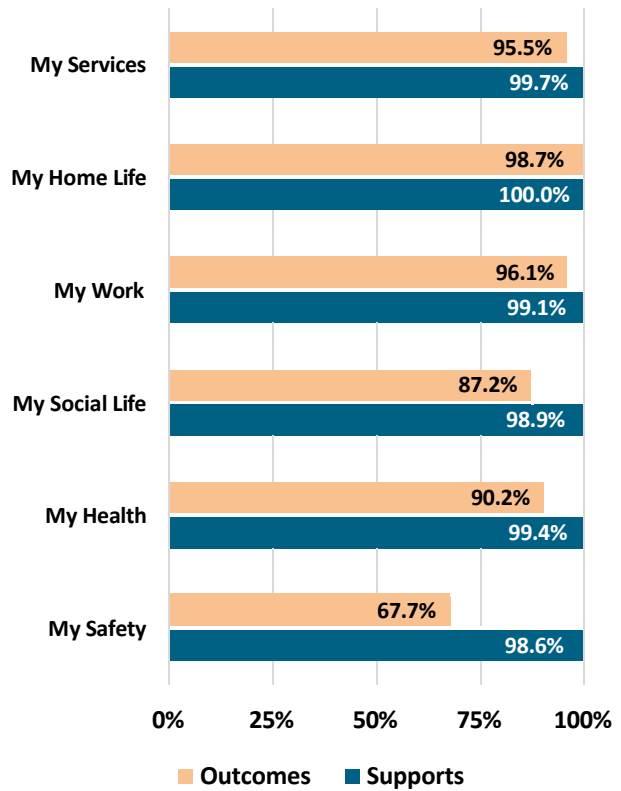


Figure 7b. My Life Interview by Life Areas  
 CDC+: FY22 (N = 193)

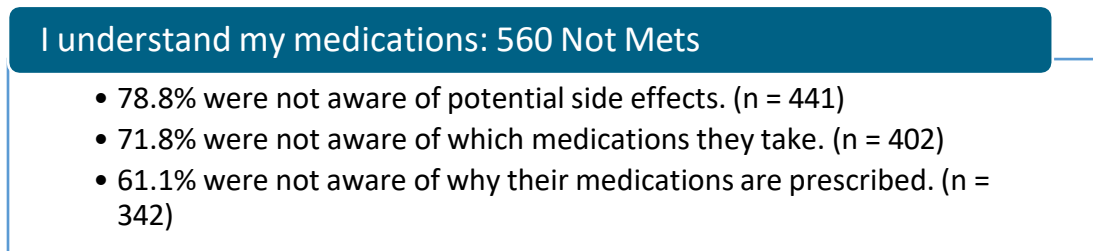


Analysis of the 26 MLI indicators provides some insight into more specific data and reasons for My Life Area results. For each waiver type, all 26 standards measuring Supports showed a score of approximately 94 percent or higher. However, a number of outcomes in the areas of ‘My Health’, ‘My Safety’, and ‘My Social Life’ reflected scores of less than 85 percent for individuals receiving services through the Waiver or CDC+ (see Table 5). On average, approximately 40 percent of individuals interviewed did not understand their medications, did not understand what Abuse, Neglect and Exploitation (ANE) mean, and close to 30 percent of people did not know what to do if ANE were to occur. Further, approximately 20 percent of individuals did not feel as if they were active and contributing members of their communities.

Table 5. Lowest Scoring Outcomes for Waiver and CDC+: FY22				
Outcomes	Waiver (n = 1,400)		CDC+ (n = 193)	
	# Reviewed	% Present	# Reviewed	% Present
<b>My Health and Safety</b>				
I understand my medications.	1,151	56.6%	156	61.5%
I understand what abuse, neglect, and exploitation (ANE) means.	1,268	60.6%	176	58.5%
I know what to do if abuse, neglect, or exploitation (ANE) occurs.	1,283	69.4%	176	60.2%
My safety needs are addressed.	1,370	79.0%	192	68.8%
<b>My Social Life</b>				
I am part of and participate in my community.	1,339	81.6%	188	78.7%
I am an active and contributing member of my community.	1,231	80.6%	175	80.6%

Overall, only 57 percent of individuals interviewed met the Outcome “I understand my medications” – representing the lowest scoring outcome in the MLI. When a standard is marked not met for an individual, one or more reasons are selected explaining why. Over three quarters (78.8%) of the individuals who did not meet this Outcome indicated they were not aware of their medications’ potential side effects. Further, 71.8 percent indicated they were not aware of which medications they were taking and 61 percent were not aware of why their medications were prescribed.

Figure 8. Not Met Reasons for Lowest Scoring MLI Outcome



### PCR My Life Interview Outcomes by Life Area and Year

Figures 9a and 9b show Outcome scores by FY for Waiver and CDC+ participants, respectively. On average, Outcomes have not showed much changed over the past three FYs; however, scores within ‘My Social Life’ and ‘My Safety’ have shown some variation. From FY20 to FY21, Outcomes for ‘My Social Life’ dropped from about 88 percent to 83 percent for those on the waiver and from 93.5 percent to 85 percent for those on the CDC+. Results from FY22 show some improvement in this

life area for both groups with Outcome scores of 86.9 percent and 87.2 percent, on average, for Waiver and CDC+ participants. Outcomes for ‘My Safety’ - the lowest scoring area across all three FYs – has declined by more than ten points for CDC+ participants since FY20.

Figure 9a. Outcomes by Life Area and FY: Waiver

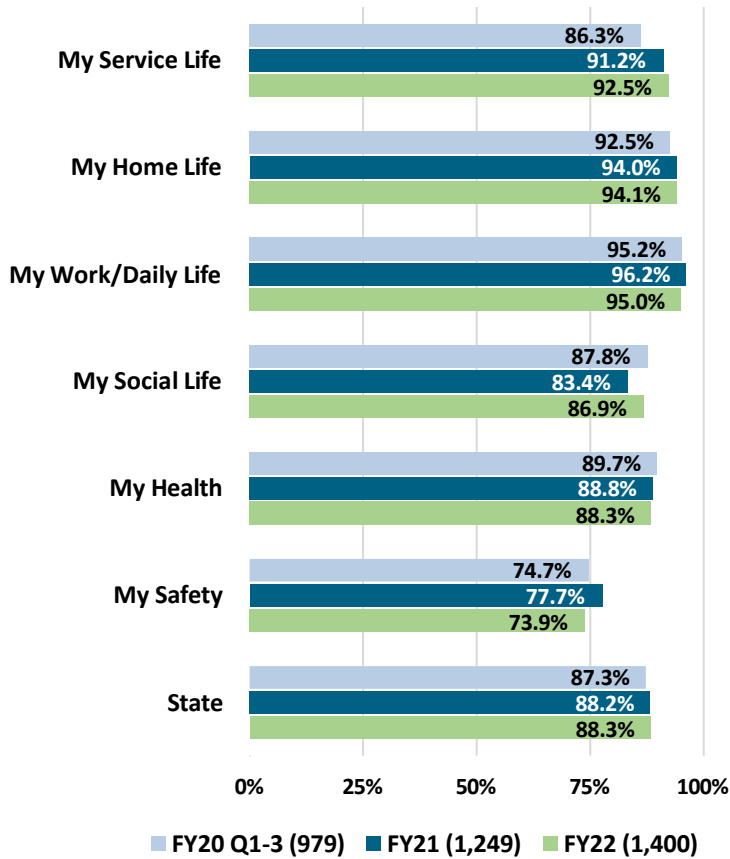


Figure 9b. Outcomes by Life Area and FY: CDC+

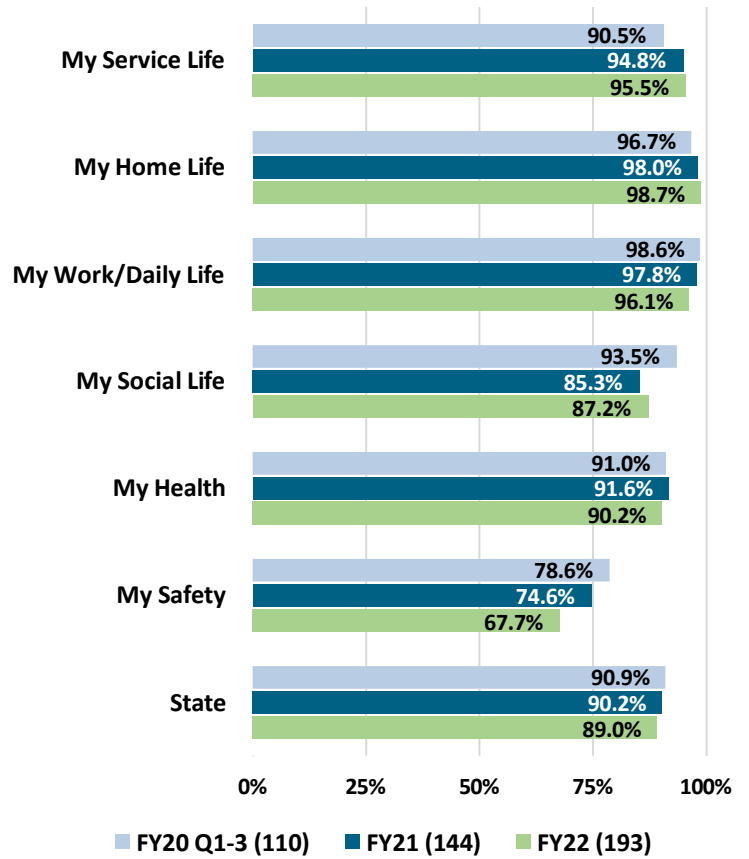


Figure 10 shows indicator level results over the previous three FYs for Outcomes related ‘My Safety’ for those on CDC+. Results show a decline across all indicators; however, the greatest decline was seen for “My Safety needs are being addressed.” Outcomes for this indicator declined from 89.7 percent in FY20 Q1-3 to 68.8 percent in FY22 (a 21 point decrease).

**Figure 10. My Safety Outcomes by FY: CDC+**

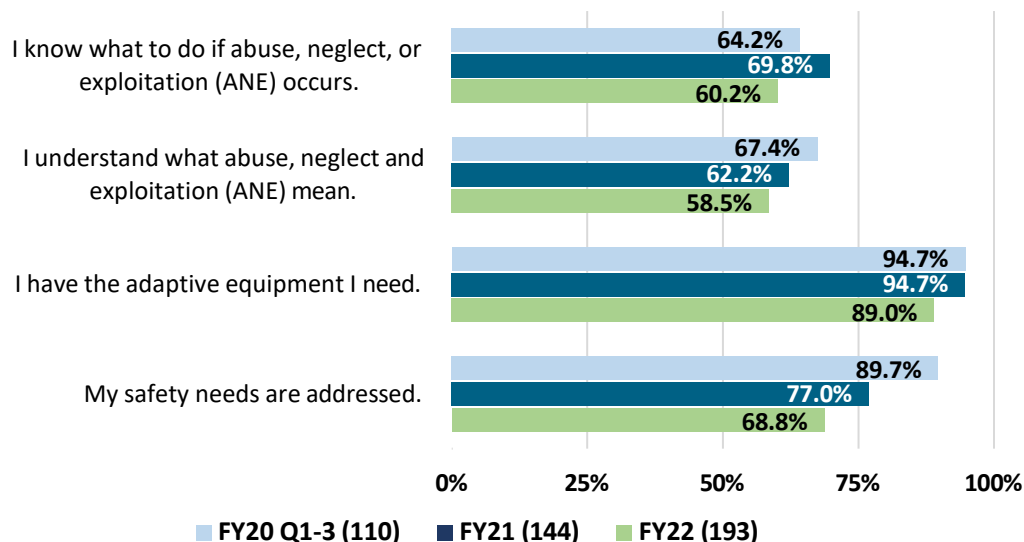


Table 6 shows the reasons why the standard “My Safety needs are addressed” was marked ‘Not Met’ for people using CDC+ by FY. For each year, the table shows the number of times the standard was marked ‘Not Met’, the number of times the reason was selected and the percent of people this reason was selected.<sup>9</sup> Over the three FYs, the greatest increase was seen in the percent of people who did not know how or when to call 911 (8.4 percent in FY20 Q1-3 to 28.1 percent in FY22).

Reason Not Met	FY20 Q1-3 (107 PCRs; 11 Not Mets)		FY21 (139 PCRs; 32 Not Mets)		FY22 (193 PCRs; 60 Not Mets)	
	# Times Selected	% PCRs	# Times Selected	% PCRs	# Times Selected	% PCRs
I do not know what to do in the event of a weather related emergency.	2	1.9%	5	3.6%	10	5.2%
I do not know what to do in the event of a fire.	6	5.6%	19	13.7%	24	12.5%
I do not know how to keep myself safe when out in my community.	9	8.4%	15	10.8%	25	13.0%
I do not know how or when to call 911.	9	8.4%	25	18.0%	54	28.1%

<sup>9</sup> When an indicator is marked ‘Not Met’ one or more reasons explaining why are selected; therefore, the number of reasons do not always equal the number of Not Mets.

### 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/CDC+ Consultants, residence, and involvement in the community. Figure 11 shows results for interviews completed in FY22. Findings indicate the majority of individuals receiving services reported agreement (strongly agree or agree) in each area. The lowest scoring area was satisfaction with their level of involvement in the community.

**Figure 11. Satisfaction: Percent Agree or Strongly Agree**

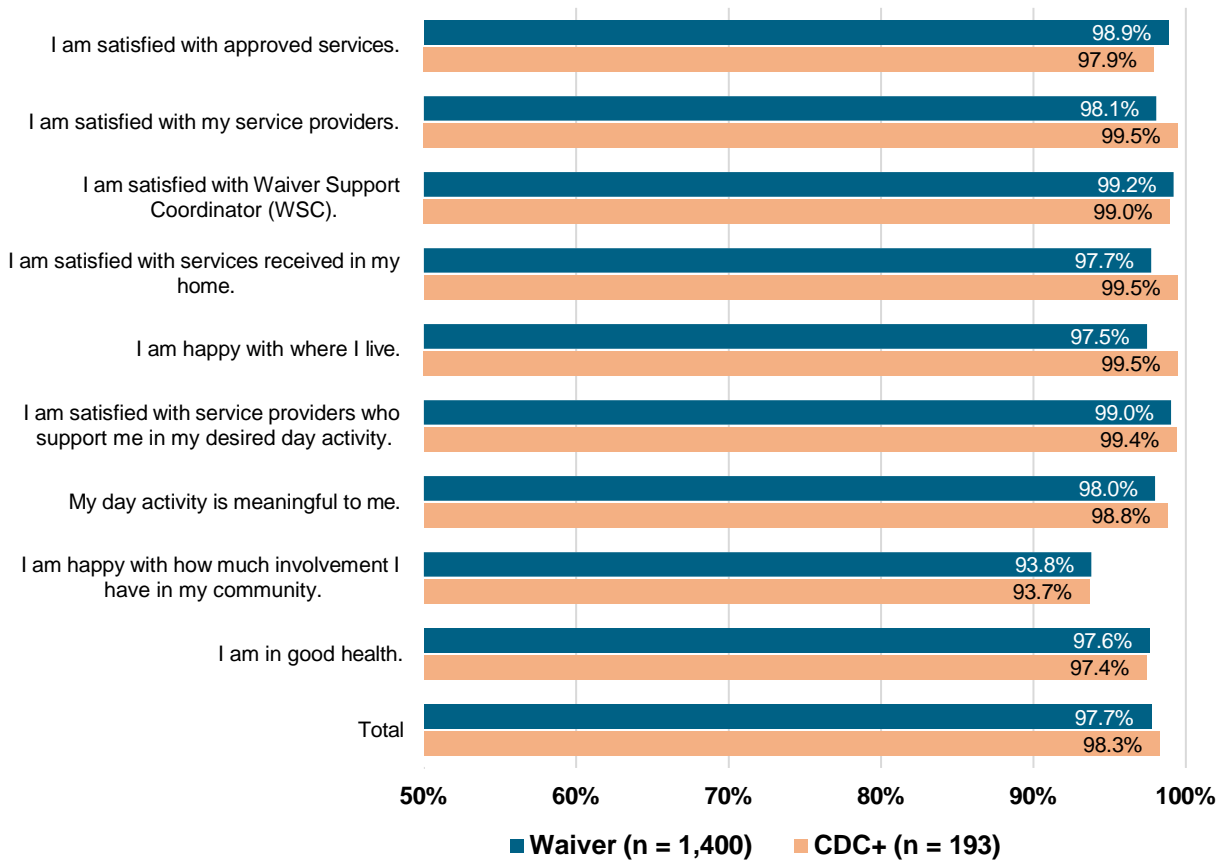
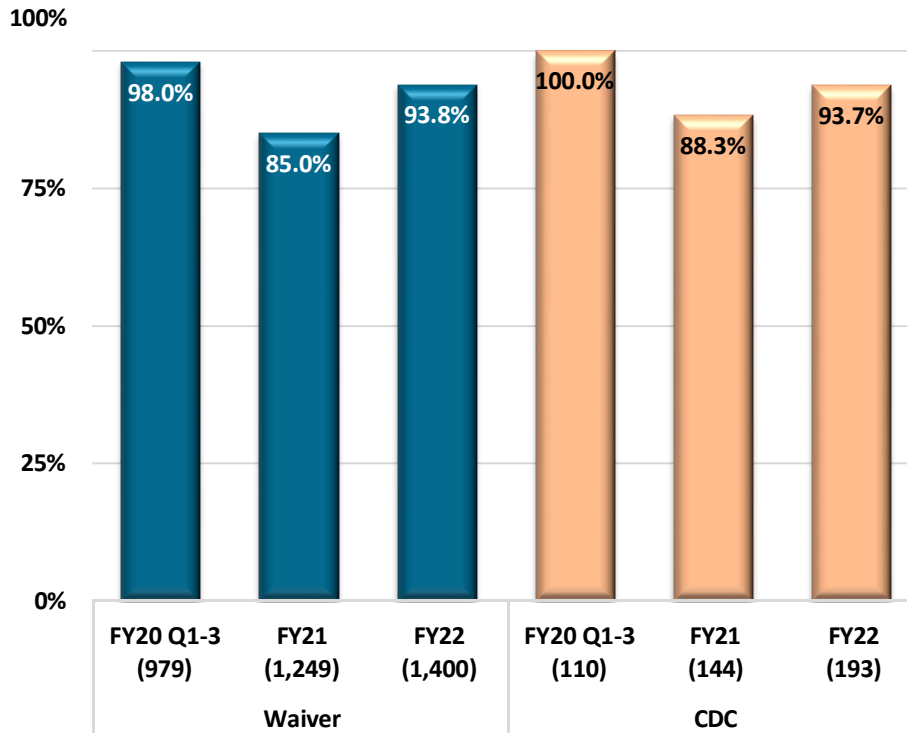


Figure 12 shows the percent of individuals who agreed or strongly agreed with the statement “I am happy with how much involvement I have in my community” by FY. Between FY20 Q1-3 and FY21, satisfaction for Waiver and CDC+ declined from nearly 98 and 100 percent, respectively, to 85 and 88 percent. However, results from FY22 show an increase in satisfaction with rates to approximately 94 percent for both Wavier and CDC+.

**Figure 12. % Agree/Strongly Agree: I am happy with how much involvement I have in my community by FY**



**PCR My Life Interview: Stability**

During the PCR, MLI questions are used to measure stability in the person’s life. Individuals are asked how often, over the course of a year, they experienced changes in their WSC or WSC agency, place of employment, work/day activity, residence, services, or service providers in their home. Table 7 shows the percent of individuals who experienced one or more of these changes during FY21 (July 2020 – June 2021) and FY22.

For interviews conducted in FY22, nearly 27 percent of waiver participants and 17 percent of people using CDC+ experienced a change in the WSC agency – representing the most common source of change for both populations. These increases are likely the results of WSCs transitioning into qualified organizations (QOs). Qlarant will continue to monitor these rates over time and expect them to come back down to rates closer to those in FY21.

Other common sources of change in FY22 for Waiver or CDC+ participants were in service provider(s) within their home (W: 17.3%; C: 7.5%), as well as their work/day program(s) (W: 15.6%; CDC+: 9.3%). There are multiple reasons why a change in these situations might occur. For waiver participants, these changes were most commonly made by the person’s paid supports. For people

using CDC+, these changes were most commonly made by the person’s natural supports (e.g., parents and relatives).

Table 7. PCR My Life Interview: Stability (Percent with 1 or more changes)									
Within the past 12 months,	Waiver				CDC+				
	FY21 (1,249)		FY22 (1,400)		FY21 (1,249)		FY22 (193)		
	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.	933	3.0%	1,339	26.5%	120	3.3%	191	17.3%	
I experienced changes in my WSC.	1,233	10.9%	1,362	12.7%	143	9.8%	191	13.6%	
I have changed employment.	517	9.1%	521	5.2%	50	2.0%	76	1.3%	
I have experienced changes to my work/day activity service providers.	1,025	16.9%	1,068	15.6%	106	5.7%	140	9.3%	
I have moved.	1,191	9.7%	1,336	10.2%	135	7.4%	182	6.0%	
Service providers in my home have changed.	1,106	15.3%	1,198	17.3%	139	2.2%	186	7.5%	
The services I receive have changed.	1,205	11.1%	1,329	13.9%	142	4.2%	189	7.4%	

## PCR Waiver Support Coordinator and CDC+ Consultant Record Reviews<sup>10</sup>

Records maintained by the WSC and CDC+ C are reviewed specific to the person who was interviewed during the PCR. The number of reviews and indicators scored in FY22 are presented by region in Table 8 and average scores by region are presented in Figure 13.



Figure 13. WSC and CDC+ C Record Review Results by Region: FY22

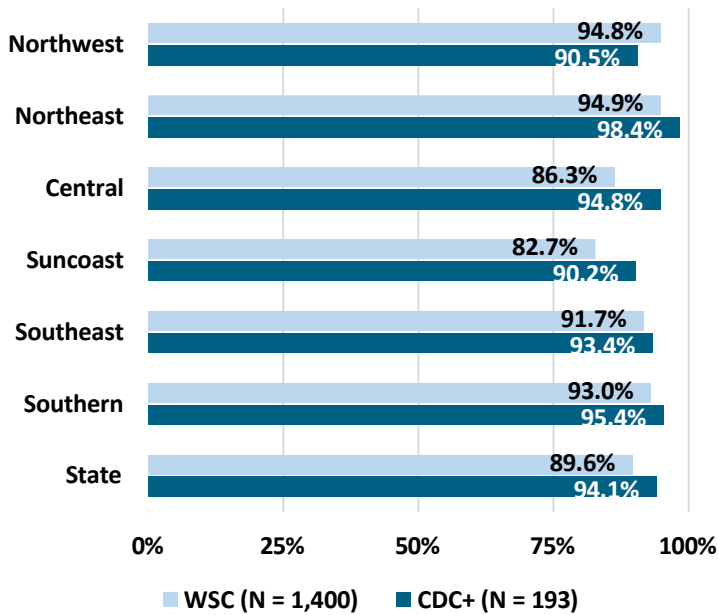


Table 8. Number of Records and Applicable Standards by Region: FY22				
Region	WSC (N = 1,400)		CDC+ C (N = 193)	
	# of Records	# of Indicators Scored	# of Records	# of Indicators Scored
Northwest	93	2,759	15	529
Northeast	226	6,374	30	1,003
Central	243	6,843	55	1,886
Suncoast	319	9,065	29	1,011
Southeast	325	9,358	40	1,372
Southern	194	5,339	24	807
<b>State</b>	<b>1,400</b>	<b>39,738</b>	<b>193</b>	<b>6,608</b>

Findings from FY22 indicate the following:<sup>11</sup>

- CDC+ Consultants scored relatively high on the record reviews (94.1%), with scores ranging from a low of 90.5 percent in the Southeast region to a high of 98.4 percent in the Northeast region.
- On average, WSCs scored lower than CDC+ Consultants with an average score of 89.6 percent and scores ranging from a low of 82.7 percent in the Suncoast region to a high of 95 percent in the Northwest and Northeast regions.

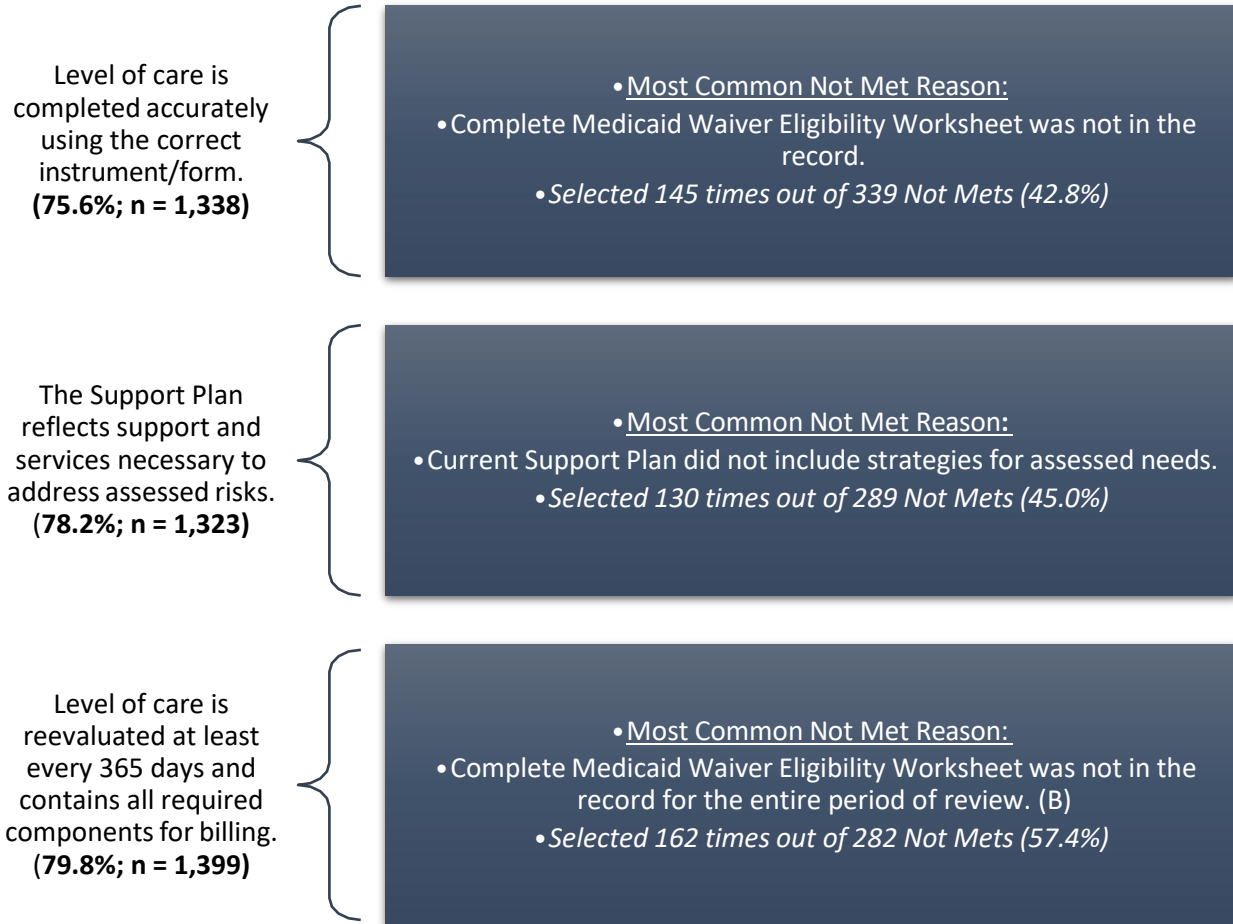
<sup>10</sup> Some standards are weighted for calculating the overall provider's score. For example, standards measuring health and safety items are generally more important and therefore weigh heavier when calculating the provider's score. In this report, unless otherwise noted, unweighted results are shown (Percent Met). This provides an accurate reflection of the number and percent of providers who have the standards scored as present.

<sup>11</sup> Scores are not discussed for indicators with fewer than 30 applicable responses.



- Eleven of 38 WSC Record Review standards scored below 85 percent, on average (highlighted in Table 9).
- Three standards (scored on more than 30 records) were present less than 80 percent of the time. These indicators, and their most frequently cited not met reason, are outlined in Figure 14.

**Figure 14. Lowest Scoring WSC Record Review Standards and Most Common Not Met Reason**



For CDC+ Consultants, only two of 45 standards scored below 85 percent present (excluding standards scores on less than 30 records). These indicators, and their most frequently cited not met reason, are outlined in Figure 15.

**Figure 15. Lowest Scoring CDC+ Consultant Record Review Standards and Most Common Not Met Reason**

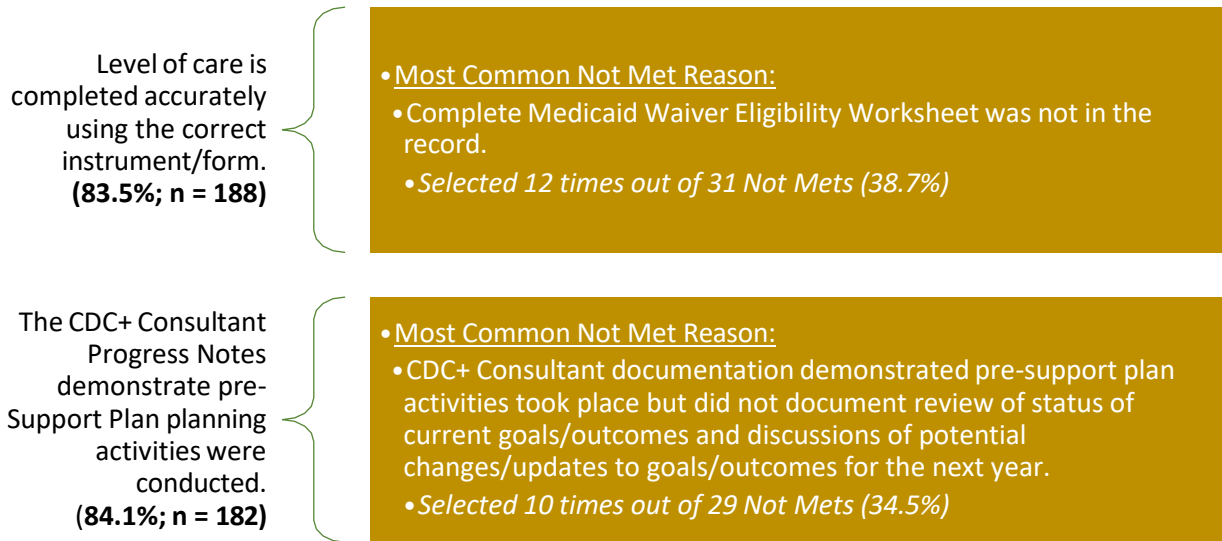


Table 9. WSC Record Review Results by Standard: FY22 (N = 1,400)				
Standard	# Met	Total Scored	% Met	
Level of care is re-evaluated at least every 365 days and contains all required components for billing.	1,117	1,399	79.8%	
Level of care is re-evaluated at least every 365 days and contains all required components for compliance.	1,125	1,395	80.6%	
Level of care is completed accurately using the correct instrument/form.	1,049	1,388	75.6%	
Person receiving services is given a choice of waiver services or institutional care at least annually.	1,125	1,396	80.6%	
The Support Plan is developed, updated, and completed with signatures timely.	1,187	1,386	85.6%	
Support Coordinator completed accurate Significant Additional Need (SAN) requests.	222	229	96.9%	
Support Coordinator solicits and addresses the person's preferences with regard to employment.	1,214	1,246	97.4%	
The current Annual Report is in the record.	1,148	1,352	84.9%	
The Support Plan is updated when warranted by changes in the needs of the person.	503	538	93.5%	
Support Coordinator documentation demonstrates a copy of the Support Plan is provided to the person or legal representative within 10 days of the Support Plan effective date.	1,328	1,384	96.0%	

Table 9. WSC Record Review Results by Standard: FY22 (N = 1,400)

Standard	# Met	Total Scored	% Met
Support Coordinator documentation demonstrates a copy of the Support Plan is provided to all service providers within 30 calendar days of the Support Plan effective date.	1,201	1,281	93.8%
The Support Plan includes supports and services consistent with assessed needs.	1,114	1,388	80.3%
The Support Plan reflects support and services necessary to address assessed risks.	1,034	1,323	78.2%
The record includes a current complete Safety Plan when warranted.	18	26	69.2%
The Safety Plan was distributed and reviewed with pertinent providers.	15	22	68.2%
Support Coordinator documentation demonstrates use of a person centered approach to define the personal goals/outcomes important to the person.	1,233	1,384	89.1%
Support Coordinator documentation demonstrates efforts to solicit natural, community supports for the person prior to waiver service requests.	1,325	1,390	95.3%
Support Coordinator documentation demonstrates Service Authorizations are issued to service provider(s).	1,249	1,298	96.2%
Support Coordinator monitors service delivery to ensure services are delivered in accordance with the Support Plan and Cost Plan.	1,128	1,303	86.6%
Support Coordinator bills for services after required contacts are rendered.	1,332	1,370	97.2%
Support Coordinator Progress Notes demonstrate pre-Support Plan planning activities were conducted.	1,038	1,277	81.3%
Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing in a facility.	494	533	92.7%
Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing in supported living situation or independent living.	190	210	90.5%
Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing family home.	628	688	91.3%
Support Coordinator Progress Notes include meaningful information to effectively assist the person in achieving goals/outcomes.	1,232	1,377	89.5%
For persons in Supported Living Arrangements/Situation, Progress Notes demonstrate required activities are covered during each quarterly home visit.	174	195	89.2%
For persons living in Supported Living Arrangements/Situations, the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider.	173	176	98.3%
Support Coordinator documentation demonstrates efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis.	1,352	1,378	98.1%
Support Coordinator documentation demonstrates efforts to support the person to make informed decisions when choosing among waiver service providers on an ongoing basis.	1,343	1,378	97.5%
Support Coordinator documents ongoing efforts to assist the person/legal representative to know about rights.	1,323	1,394	94.9%
Support Coordinator documents ongoing efforts to ensure all of the person's health care needs are addressed.	1,368	1,395	98.1%

Table 9. WSC Record Review Results by Standard: FY22 (N = 1,400)			
Standard	# Met	Total Scored	% Met
Support Coordinator documents ongoing efforts to assess and address the person's safety needs.	1,327	1,394	95.2%
Support Coordinator documents person's history regarding abuse, neglect and/or exploitation.	973	1,012	96.1%
Support Coordinator documents efforts to assist the person to define abuse, neglect, and exploitation.	1,277	1,393	91.7%
Support Coordinator documents efforts to assist person with knowing when and how to report any incidents of Abuse, Neglect and/or Exploitation.	1,288	1,393	92.5%
Support Coordinator documents the invitation to take the satisfaction survey to the person receiving services.	688	851	80.8%
Support Coordinator documents the review of the QO's disciplinary process to the person receiving services.	534	593	90.1%
Support Coordinator documents the review of the QO's code of ethics to the person receiving services.	538	595	90.4%
<b>Average WSC Score</b>	<b>35,615</b>	<b>39,738</b>	<b>89.6%</b>

Table 10. CDC+ Consultant Record Review Results by Standard: FY22 (N = 193)			
Standard	# Met	Total Scored	% Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	164	193	85.0%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	168	193	87.0%
Level of care is completed accurately using the correct instrument/form.	157	188	83.5%
Person receiving services is given a choice of waiver services or institutional care at least annually.	168	193	87.0%
The Support Plan is developed, updated, and completed with signatures timely.	171	193	88.6%
CDC+ Consultant completed accurate Significant Additional Need (SAN) requests.	35	35	100%
CDC+ Consultant solicits and addresses the person's preferences with regard to employment.	165	167	98.8%
The current Annual Report is in the record.	178	193	92.2%
The Support Plan is updated when warranted by changes in the needs of the person.	85	86	98.8%
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.	187	191	97.9%
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.	180	188	95.7%
The Support Plan includes supports and services consistent with assessed needs.	166	189	87.8%

**Table 10. CDC+ Consultant Record Review Results by Standard: FY22 (N = 193)**

Standard	# Met	Total Scored	% Met
The Support Plan reflects support and services necessary to address assessed risks.	156	181	86.2%
The record includes a current complete Safety Plan when warranted.	2	2	100%
The Safety Plan was distributed and reviewed with pertinent providers.	1	2	50.0%
CDC+ Consultant documentation demonstrates use of a person centered approach to define the personal goals/outcomes important to the person.	180	191	94.2%
CDC+ Consultant documentation demonstrates efforts to solicit natural, community supports for the person prior to waiver service requests.	185	191	96.9%
CDC+ Consultant monitors service delivery to ensure services are delivered in accordance with the Support Plan and Cost Plan.	191	192	99.5%
CDC+ Consultant bills for services after required contacts are rendered.	186	192	96.9%
The CDC+ Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted.	153	182	84.1%
Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	177	192	92.2%
CDC+ Consultant Progress Notes include meaningful information to effectively assist the person in achieving goals/outcomes.	175	192	91.1%
CDC+ Consultant documents ongoing efforts to assist the person/legal representative to know about rights.	185	192	96.4%
CDC+ Consultant documents ongoing efforts to ensure all of the person's health care needs are addressed.	190	192	99.0%
CDC+ Consultant documents ongoing efforts to assess and address the person's safety needs.	183	192	95.3%
CDC+ Consultant documents person's history regarding abuse, neglect and/or exploitation.	137	138	99.3%
CDC+ Consultant documents efforts to assist the person to define abuse, neglect, and exploitation.	185	192	96.4%
CDC+ Consultant documents efforts to assist person with knowing when and how to report any incidents of Abuse, Neglect and/or Exploitation.	184	192	95.8%
CDC+ Consultant documents the invitation to take the satisfaction survey to the person receiving services.	123	136	90.4%
CDC+ Consultant documents the review of the QO's disciplinary process to the person receiving services.	90	95	94.7%
CDC+ Consultant documents the review of the QO's code of ethics to the person receiving services.	90	95	94.7%
Completed/signed Participant-Consultant Agreement is in the record.	186	190	97.9%
Completed/signed CDC+ Consent Form is in the record.	186	192	96.9%
Completed/signed Participant-Representative Agreement is in the record.	189	192	98.4%
All applicable completed/signed Purchasing Plans are in the record.	189	192	98.4%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	189	192	98.4%
All applicable completed/signed Quick Updates are in the Record.	56	57	98.2%
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	72	74	97.3%

**Table 10. CDC+ Consultant Record Review Results by Standard: FY22 (N = 193)**

Standard	# Met	Total Scored	% Met
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	173	176	98.3%
CDC+ Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	171	173	98.8%
CDC+ Consultant has taken action to correct any overspending by the Participant.	12	13	92.3%
If applicable, CDC+ Consultant initiates Corrective Action.	6	6	100%
Completed/signed Corrective Action Plan is in the record.	6	6	100%
If applicable, an approved Corrective Action Plan is being followed.	6	6	100%
The Emergency Backup Plan is in the record and reviewed annually.	180	190	94.7%
<b>Average CDC+ C Score</b>	<b>6,218</b>	<b>6,609</b>	<b>94.1%</b>

### CDC+ Representative



People who elect to receive services through CDC+ have a Representative who helps with the “business” aspect of the program, such as hiring

providers, completing and submitting timesheets, and paying providers. This is a non-paid position and is most often filled by a family member; however, the participant is sometimes also the Representative. Qlarant QARs review records to help determine if the Representative is complying with CDC+

standards and other requirements. The person receiving services through CDC+ may decline to participate in the CDC+ PCR; however, the Representative for the person still receives a review.

**Table 11. CDC+ Representative Scores by Region: FY22**

Region	# of Reviews	# of Standards Scored	% Met
Northwest	19	276	92.4%
Northeast	42	650	90.6%
Central	59	887	94.8%
Suncoast	44	680	94.3%
Southeast	50	785	90.7%
Southern	32	499	95.2%
<b>State</b>	<b>246</b>	<b>3,777</b>	<b>93.0%</b>

In FY22, 246 Representatives were reviewed. Results are displayed by region in Table 11 and by standard in Table 12. On average, CDC+ Rs scored relatively high on record reviews – 93.0% met. At the standard level, all but three standards scored above 90 percent. The three lowest scoring standards (highlighted in Table 12) indicate Representatives did not always

- maintain an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse (76.7%; n = 240)
- have background screening results for Directly Hired Employees (DHE’s) who render direct care available for review (83.0%; n = 229)

- or have documentation available to support the reconciliation of Monthly Statements (88.0%; n = 212)

The three standards listed above were also the lowest scoring indicators in FY21. Scores for standards related to background screenings and Monthly Statements have improved slightly since FY21 (up 2.16 and .77 points, respectively); however, scores related to the Clearinghouse Roster have declined from 83.1 percent in FY21 to 76.7 percent in FY22 (down 6.5 points).

**Table 12. CDC+ Representative Record Review Results by Standard: FY22 (N = 246)**

Standard	# Met	Total Scored	% Met
Complete and signed Participant/ Representative Agreement is available for review.	241	246	98.0%
Accurate signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	209	227	92.1%
Signed and approved Invoices for Vendor Payments are available for review.	98	105	93.3%
Signed and approved receipts/statement of “Goods and Services” for reimbursement items are available for review.	32	33	97.0%
Complete Employee Packets for all Directly Hired Employees are available for review.	217	228	95.2%
Complete Vendor Packets for all vendors and independent contractors are available for review.	121	129	93.8%
The CDC+ Representative maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	184	240	76.7%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	218	230	94.8%
All applicable signed and approved Purchasing Plans are available for review.	231	243	95.1%
All applicable signed and approved Quick Updates are available for review.	73	74	98.6%
Copies of Support Plan(s) are available for entire period of review.	237	245	96.7%
Copies of approved Cost Plan(s) are available for entire period of review.	235	246	95.5%
Emergency Backup Plan is complete and available for review.	231	246	93.9%
Corrective Action Plan (if applicable) is available for review.	9	10	90.0%
Monthly Statements are available for review.	230	238	96.6%
Documentation is available to support the reconciliation of Monthly Statements.	212	241	88.0%
The Participant obtains services consistent with stated/documented needs and goals.	237	244	97.1%
The Participant makes purchases consistent with the Purchasing Plan.	236	244	96.7%
Background screening results for all Directly Hired Employees (DHE’s) who render direct care are available for review.	190	229	83.0%
Background screening results for all Independent Contractors who render direct care are available for review.	72	79	91.1%
<b>Average CDC+ R Score</b>	<b>3,513</b>	<b>3,777</b>	<b>93.0%</b>



## Alerts

In FY22, CDC+ Representatives were cited for 69 alerts – all related to background screenings for DHE’s and maintaining the Clearinghouse Roster. Table 13 shows the breakdown of these alerts by region. The Northeast region had the largest proportion of CDC+ Representatives cited for both types of alerts.<sup>12</sup>

Region	Background Screening		Clearinghouse Roster	
	# of Alerts	% of Reps	# of Alerts	% of Reps
Northwest (19)	2	10.5%	3	15.8%
Northeast (42)	8	19.0%	9	21.4%
Central (59)	5	8.5%	10	16.9%
Suncoast (44)	4	9.1%	8	18.2%
Southeast (50)	8	16.0%	7	14.0%
Southern (32)	3	9.4%	2	6.3%
<b>Total (246)</b>	<b>30</b>	<b>12.2%</b>	<b>39</b>	<b>15.9%</b>

## **Health Summary**



During the PCR, Qlarant QARs utilize an extensive Health Summary tool to help capture facets of the person’s health status, such as a need for adaptive equipment; if visits have been made to the doctor or dentist; if the person has been hospitalized or been to the emergency room; and type and number of medications the person is taking. Data for the Health Summary tool is collected through self-reporting from the person receiving services, their supports, their record, and through QAR observation.

## Medication Use

Over one-hundred medications are captured in the Health Summary, and include a combination of controlled, prescription, and over-the-counter (OTC) medications.<sup>13</sup> Figures 16a and 16b show the proportion of individuals who reported taking 0, 1-2, 3-4, 5-6, or 7 or more medications in FY22.

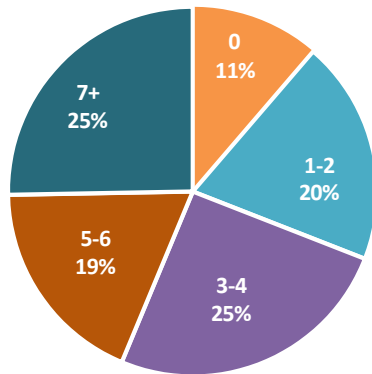
<sup>12</sup> Alerts for WSC/CDC+ Consultants are reviewed in the QO PDR Section.

<sup>13</sup> The list of medications captured in the Health Summary was revised July 1, 2018. Dozens of medications which were previously captured in the ‘Other’ category were added to the list of medications in the Health Summary. Other medications continue to be recorded and added to the list of medications as warranted.

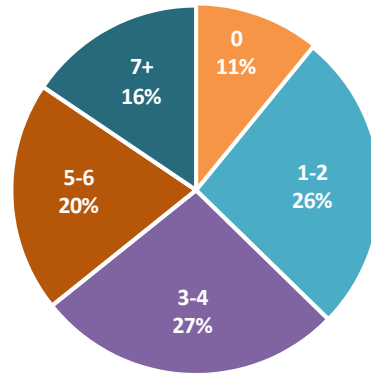


When comparing medication use for those on the Waiver versus those on CDC+, the proportion of individuals taking between zero and five medications are fairly comparable; however, one quarter of people on the Wavier reported taking seven or more medications as opposed to only 16 percent of those on CDC+.

**Figure 16a. # of Medications:  
 Waiver Participants  
 FY22 (N = 1,400)**

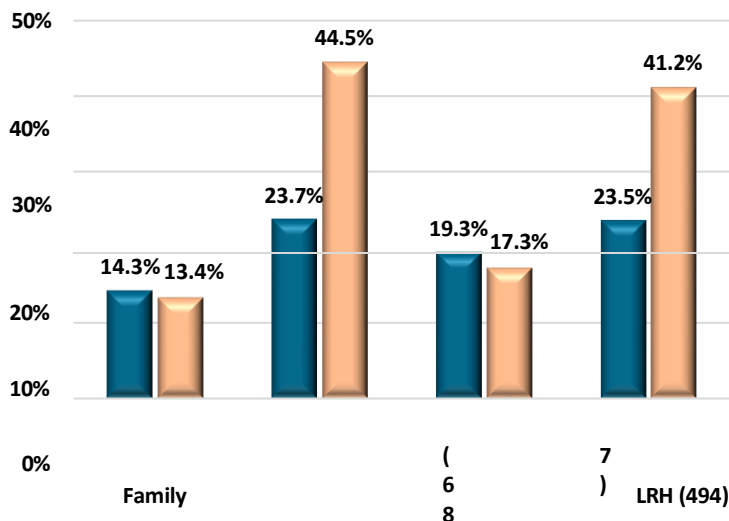


**Figure 16b. # of Medications:  
 CDC+  
 FY22 (N = 193)**

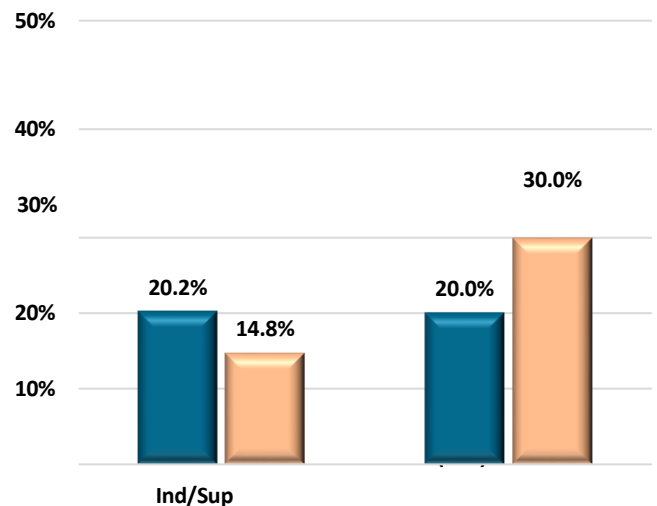


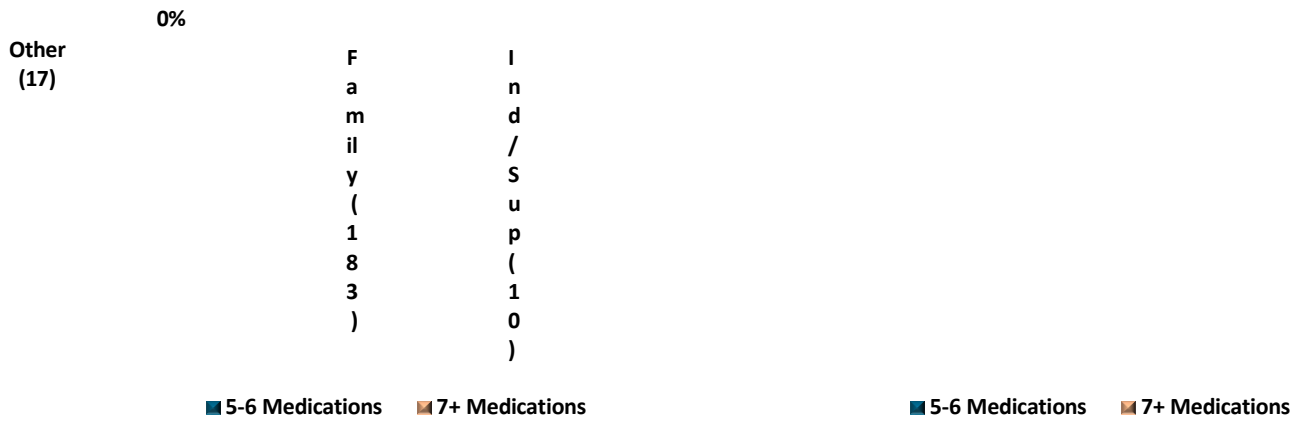
Analysis by residential setting provides some insight into higher rates of medication use among Waiver participants. Figures 17a and 17b show the proportion of individuals taking five or six medications versus seven or more medications by residential setting for Waiver and CDC+. FY22 shows Waiver Participants living in a LRH and CDC+ participants living independently were more likely to be taking seven or more medications than people were in other living situations

**Figure 17a. Percent taking 5-6 or 7+ Medications by  
 Residential Setting: Waiver  
 FY22 (N = 1,400)**



**Figure 17b. Percent taking 5-6 or 7+ Medications by Residential Setting: CDC+  
 FY22 (N =193)**





## Significant Health Events

Table 14 displays the percent of individuals who, within the past 12 months prior to the review, had experienced a significant health event.<sup>14</sup> In FY22, the most common health events for people receiving services through the Waiver or CDC+ involved admission to the hospital, visiting the emergency room (ER), and visiting urgent care. Since FY20 (July 2010 – March 2020), the proportion of individuals experiencing any one of these three events has remained fairly stable for Waiver participants; however, for CDC+ participants, the proportion of individuals admitted to the hospital or visiting the ER has declined, while the visits to an Urgent Care center have increased from 4.5 percent to 7.3 percent.

In the previous 12 months:	Waiver			CDC+		
	FY20 Q1-3 (N = 979)	FY21 (N = 1,294)	FY22 (N = 1,400)	FY20 Q1-3 (N = 110)	FY21 (N = 144)	FY22 (N = 193)
Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation?	2.3%	1.6%	1.5%	0.0%	0.0%	0.0%
Have Reactive Strategies under 65G-8 been used due to behavioral concerns?	3.4%	3.3%	3.4%	0.9%	0.7%	1.0%
Have you been Baker Acted?	2.9%	2.6%	2.6%	3.6%	0.0%	1.0%
Have you been admitted to the hospital?	10.6%	11.0%	10.3%	11.8%	9.7%	9.3%
Have you been to an Emergency Room?	18.3%	14.5%	17.1%	20.9%	9.0%	13.5%
Have you been to an Urgent Care Center?	5.4%	4.5%	5.1%	4.5%	1.4%	7.3%

<sup>14</sup> Significant health events captured through the Health Summary tool are self-reported.

## Provider Discovery Reviews: Qualified Organizations(QOs)<sup>15</sup>

During the course of the contract year, a PDR is completed for all Qualified Organizations. The QO PDR consists of an Administrative Review – including the General Administrative Review and Staff Qualifications and Training - and a Service Specific Record Review (SSRR). In response to Chapter 2020-71 (previously known as Senate Bill 82), PDRs for Qualified Organizations (QOs) were delayed until October 2021.

Between July 2021 and June 2022, 207 QOs PDRs were completed and approved by Qlarant Regional Managers. Table 15 shows the number of QO PDRs completed per region during this time.<sup>16</sup> All PDRs were conducted virtually via Desk Review and interviews with individuals were completed either in- person, via Zoom.gov, or over the phone.

**Table 15. PDR QOs by Region: FY22**

Region	QOs	
	N	%
Northwest	11	5.3%
Northeast	29	14.0%
Central	37	17.9%
Suncoast	38	18.4%
Southeast	57	27.5%
Southern	35	16.9%
<b>State</b>	<b>207</b>	<b>100%</b>

## General Administrative Review



Using the General Administrative Review (GAR) tool, each QO is reviewed on 11 standards. These standards address compliance dictated

in the iBudget Handbook, Florida

Administrative Code and Florida Statute regarding incident reporting, ANE reporting, insuring/registering agency vehicles, and Clearinghouse Roster maintenance

Findings by region are presented for QOs in Table 16. On average, QOs scored relatively

high on the GAR component of the PDR (97.5%) and variation by region for was minimal.

Table 17 shows indicator level results for QOs. The lowest scoring standards (with more than 25 responses), were 95.6% met and were in reference to the QO maintaining their Business Liability

**Table 16. General Administrative Results by Region Qualified Organizations: FY22**

Region	N	Standards Scored	% Met
Northwest	11	65	100%
Northeast	29	169	99.4%
Central	37	234	98.3%
Suncoast	38	247	96.0%
Southeast	57	346	97.7%
Southern	35	202	96.0%
<b>State</b>	<b>207</b>	<b>1,263</b>	<b>97.5%</b>

<sup>15</sup> All review tools are posted on the FSQAP website <https://florida.qlarant.com/Public2/resourceCenter/providers/discoveryReviewTools/index.html>

<sup>16</sup> QO PDRs did not begin until October 2021.

Insurance and Table of Organization. Nine QOs missed these two standards. The most common not met reasons for each standard is as follows:

- Business Liability Insurance
  - Six out of nine (66.6%) QOs did had proof of business liability insurance, but APD was not listed as the certificate holder.
- Table of Organization
  - Eight out of nine (88.9%) QOs had a table of organization, but it did not list the point of contact for the Region under review.

Table 17. General Administrative Review by Standard: QOs FY22 (N = 207)			
Standard	# Met	Total Scored	% Met
The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	205	207	99.0%
The provider addresses all incident reports.	129	133	97.0%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	32	32	100%
All instances of abuse, neglect, and exploitation are reported.	30	30	100%
The provider maintains Business Liability Insurance.	197	206	95.6%
The provider maintains a Table of Organization.	196	205	95.6%
The provider follows their approved Mentor Mentee program.	6	6	100%
The Mentor has the appropriate qualifications.	151	155	97.4%
The Mentee completed all mentoring program requirements.	61	62	98.4%
The Mentee completed all mentoring program requirements for the CDC+ program.	22	22	100%
The provider employs at least four Support Coordinators.	203	205	99.0%
<b>State Average</b>	<b>1,232</b>	<b>1,263</b>	<b>97.5%</b>

### Staff Qualifications and Training



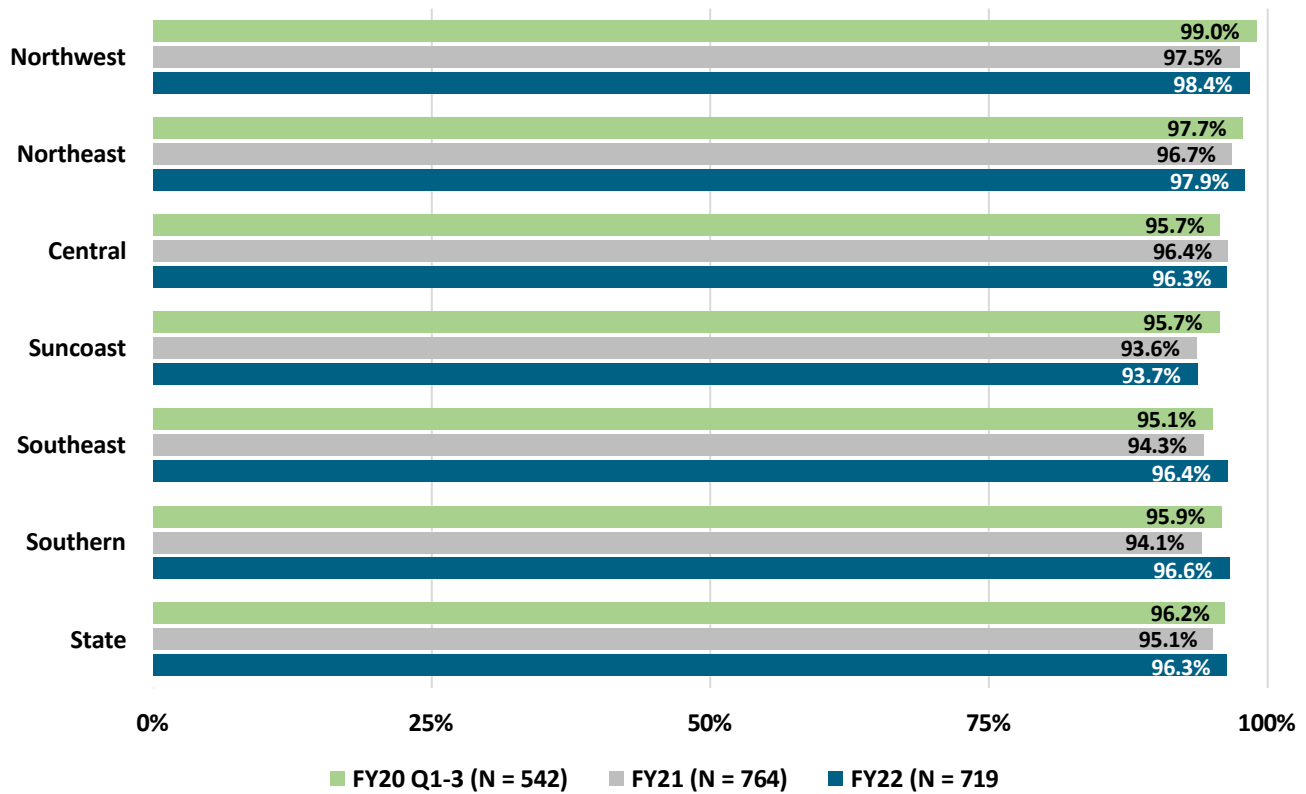
All WSCs and CDC+ Consultants are required to have certain training and education completed in order to render services. For each QO, Qlarant reviews up to four WSC/CDC+ Consultant records.

In FY22 (July 2021 – June 2022), Qlarant reviewed 719 records to assess compliance with all qualification and training requirements, one record per WSC randomly selected for review. Table 18

shows the distribution of reviews by region and Figure 18 shows the percent of standards met across all records reviewed in FY20 Q1-3, FY21 and FY22. On average, QOs met 96.3 percent of standards scored in FY22 – about the same as previous years. Similarly, by region, Q&T scores have either remained the same or improved slightly over time.<sup>17</sup>

Table 18. QO Qualifications and Training Reviews by Region: FY22		
Region	Qualified Organizations	
	# QOs	#WSCs
Northwest	11	40
Northeast	29	99
Central	37	126
Suncoast	38	134
Southeast	57	203
Southern	35	117
<b>State</b>	<b>207</b>	<b>719</b>

Figure 18. WSC/CDC+ Consultant Q&T Scores by Region and FY



### Q&T Results by Standard

A description of each standard within the Q&T component of the QO PDR is shown in Table 19. This table shows the number of WSC/CDC+ C records reviewed, the percent of WSCs/CDC+ C in compliance, as well as the number of QOs reviewed, and percent of QOs in compliance with

<sup>17</sup> The Q&T tool for QOs was revised in FY22; therefore, comparisons by year should be made with caution.

each standard. For a QO to be in compliance, all WSC/CDC+ C records reviewed must be 100 percent met. In other words, if one record is out of compliance for the standard, the QO does not comply with the standard.

Only one of 16 standards showed a compliance rate below 85 percent. This standard is highlighted in Table 19 and summarized as follows: Just over 22 percent of QOs did not meet compliance requirements for ensuring all WSCS had completed/maintained training in HIV/AIDS/Infection Control.

Table 19. Qualifications and Training Scores by Standard: Qualified Organizations FY22 (N = 207 QOs; 719 Employees)				
Standard	# Records Reviewed	% Records Met	# QOs Reviewed	% QOs in Compliance
For WSC hired 6/30/2021 or prior: The Support Coordinator successfully completed required pre-service level 1 assessment.	590	98.5%	194	96.4%
For WSC hired 7/1/2021 or after: The Support Coordinator successfully completed required pre-service level 1 assessment.	150	96.7%	79	94.9%
Support Coordinator enrolled 7/1/2021 and after successfully completed required In-Person Level 2 assessment.	44	95.5%	33	93.9%
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.	718	99.2%	207	99.0%
The provider has completed all aspects of required Level II Background Screening.	719	96.7%	207	91.3%
The provider maintains current CPR certification.	717	95.8%	207	88.9%
The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	242	100%	127	100%
The provider received training in Direct Care Core Competencies.	516	98.3%	194	95.4%
The provider received training in Direct Care Core Competency. (Old)	206	99.5%	117	99.1%
The provider received training in First Aid.	717	94.6%	207	86.5%
The provider received training in HIPAA.	718	93.7%	207	85.5%
The provider received training in HIV/AIDS/Infection Control.	717	90.1%	207	77.8%

Standard	# Records Reviewed	% Records Met	# QOs Reviewed	% QOs in Compliance
The provider received training in Requirements for all Waiver Providers.	716	98.0%	206	95.1%
The provider received training in Zero Tolerance.	719	96.1%	207	89.9%
The Support Coordinator completes 18 hours of job related annual in-service training.	496	96.4%	160	94.4%
The Support Coordinator successfully completed Introduction to Social Security Work Incentives.	678	96.8%	206	91.7%
<b>State Averages</b>	<b>8,663</b>	<b>96.3%</b>	<b>2,765</b>	<b>91.8%</b>

### Background Screening



When examining background-screening results, a varying number of WSC/CDC+

C records are reviewed to determine compliance with all components of the requirement. For Background Screening, if any one record indicates a lack of required documentation, the QO is reported as having the standard Not Met.

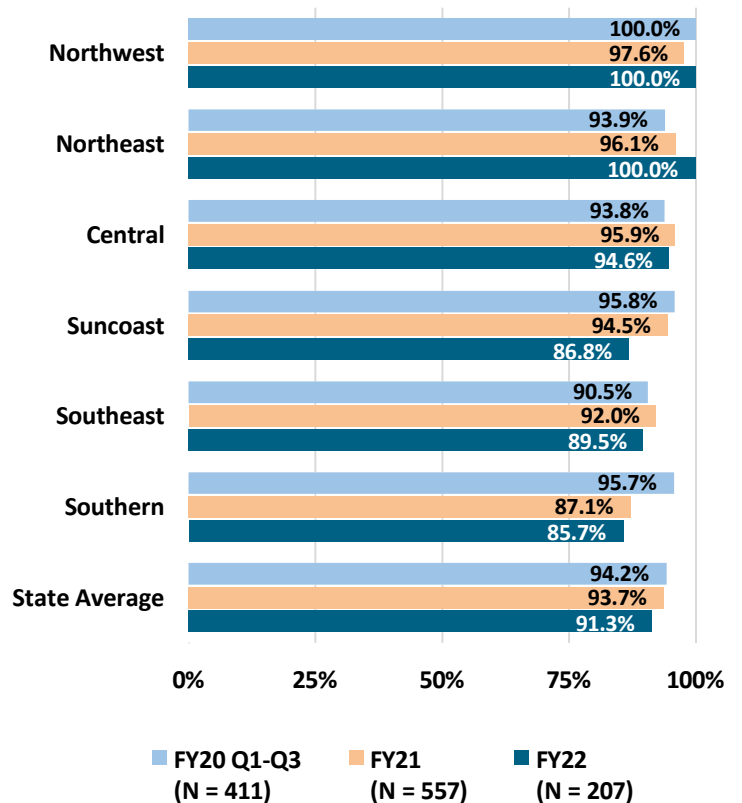
Figure 19 shows the percent of QOs (WSCs prior to FY22) in compliance with all background screening requirements, by region, by FY. Background-screening compliance has been above 85 percent for all regions since FY20 Q1-3.

Among the 719 records reviewed in FY22, 24

did not meet background-screening requirements. The most common reasons for not meeting background-screening requirements were as follow:

- The provider did not present a current Local Law/Criminal Records – **Alert** (4.8%; selected **Qlarant**)

**Figure 19. Percent of QOs with All Background Standards Met by Region and FY**





11 times).

- The affiant's initials were not next to one or more acknowledgement statements on the current APD Attestation of Good Moral Character presented. - (33.3%; selected 8 times).
- Provider did not present a current, complete, signed and dated APD Attestation of Good Moral Character. – (33.3%; selected 8 times).



When a WSC 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). In FY22, 13 alerts were reported for QOs. Alerts are listed by type and region in Table 20. The Suncoast region saw the greatest proportion of background screening and Clearinghouse Roster alerts.

Region	# of QOs	Background Screening Alerts		Clearing House Roster Alerts		Total Alerts	
		N	%	N	%	N	%
Northwest	11	0	0.0%	0	0.0%	0	0.0%
Northeast	29	0	0.0%	1	3.4%	1	3.4%
Central	37	0	0.0%	0	0.0%	0	0.0%
Suncoast	38	4	10.5%	2	5.3%	6	15.8%
Southeast	57	4	7.0%	0	0.0%	4	7.0%
Southern	35	2	5.7%	0	0.0%	2	5.7%
<b>Total</b>	<b>207</b>	<b>10</b>	<b>4.8%</b>	<b>3</b>	<b>1.4%</b>	<b>13</b>	<b>6.3%</b>

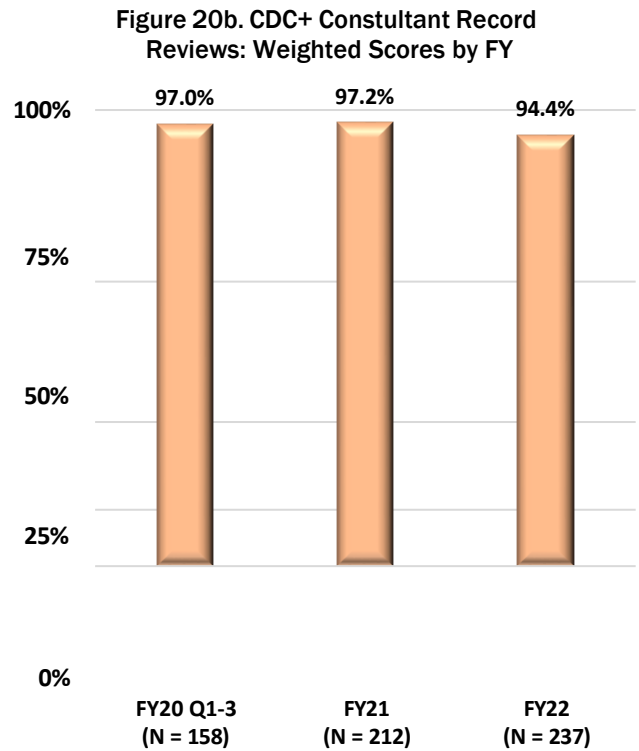
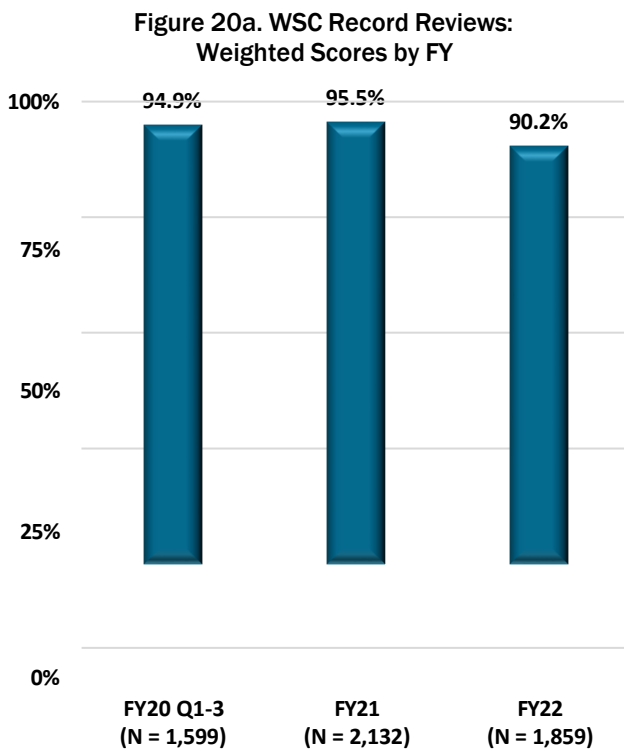
### QO Record Reviews

In FY22, 2,096 records were reviewed for individuals receiving services from WSCs/CDC+ Consultants working for the QOs.<sup>18</sup> Standards scored within the SSRR are weighted, meaning some standards contribute more than one point to the overall PDR score; therefore, the weighted scores are presented in this section. On average, the weighted score for QOs was 90.8 percent met on all records reviewed. By region, average weighted scores ranged from 84.9 percent met in the Suncoast region to 95.4 percent met in the Northeast region. Average weighted scores by service show CDC+ Consultants scored higher, on average, than WSCs (94.4% versus 90.2%).

<sup>18</sup> 1,593 records were part of a PCR.

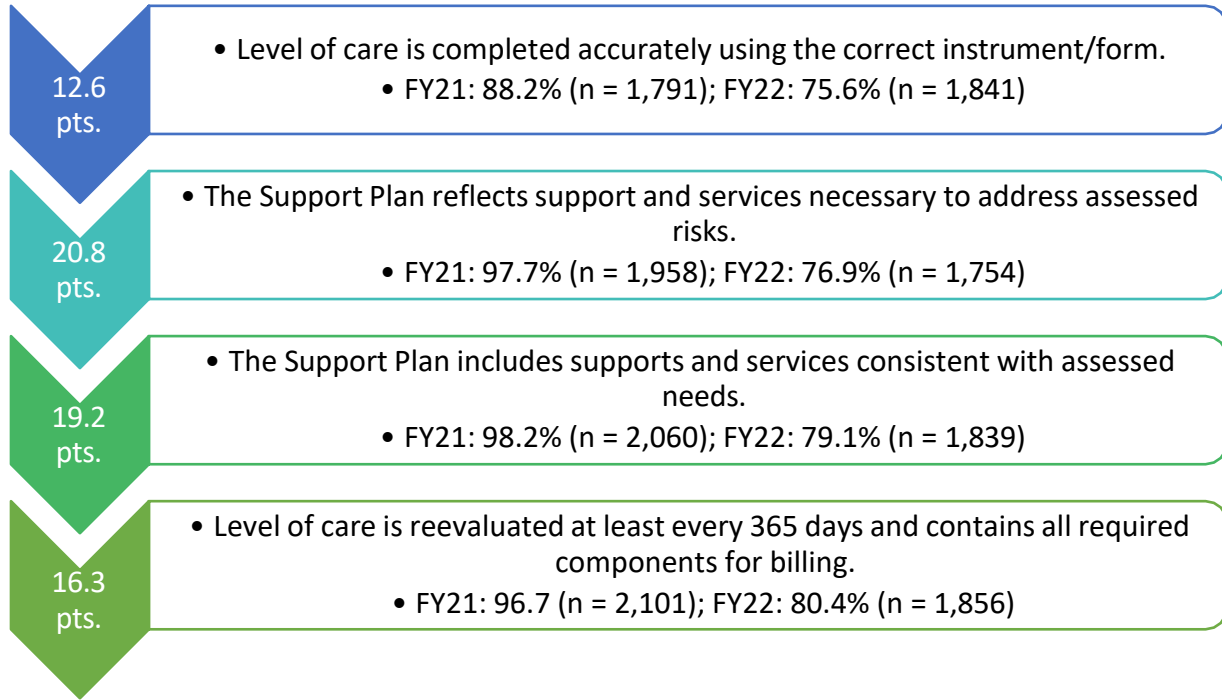
Table 21. QO Record Reviews: Weighted Scores by Service and Region: FY22						
Region	WSCs		CDC+ Consultants		Total	
	# Records	Weighted % Met	# Records	Weighted % Met	# Records	Weighted % Met
Northwest	124	95.2%	15	91.8%	139	94.8%
Northeast	297	95.0%	50	97.7%	347	95.4%
Central	334	87.1%	62	94.8%	396	88.4%
Suncoast	436	84.1%	42	91.9%	478	84.9%
Southeast	418	92.3%	44	93.0%	462	92.4%
Southern	250	93.5%	24	95.6%	274	93.7%
<b>QO Average</b>	<b>1,859</b>	<b>90.2%</b>	<b>237</b>	<b>94.4%</b>	<b>2,096</b>	<b>90.8%</b>

Figures 20a and 20b show record review scores by FY for WSCs and CDC+ Consultants. Since FY21, record review scores have declined for both service types – down 6.1 and 3.2 percentage points, respectively.



Since transitioning to QOs, the average WSC record review score declined 5.2 points and multiple standards have declined by more than 10 points, on average. Figure 21 shows the lowest scoring standards for WSCs reviewed in FY22, as well as the number of percentage points the standard has declined since FY21.

**Figure 21. FY22 Lowest Scoring WSC Standards and Change since FY21**



### Qualified Organization PDR Summary Results

#### **PDR Scores by Region and Review Tool**

QO PDR Scores are determined by dividing the total number of indicators Met across all components of the PDR by the total number of indicators scored. Five points are deducted for each alert - with a maximum deduction of 15 points.

A summary of PDR scores by region is presented for QOs in Table 22. In addition to the average PDR score, the table shows scores for the GAR, Q&T, and Record Review by region. Average scores for QOs were 90 percent or greater on all PDR review components; however, results indicate QOs performed better on the Administrative components (GAR and Q&T) of the PDR than the Record Reviews.

Region	# of PDRs	PDR Score <sup>19</sup>	GAR (207)	Q&T (719)	SSRR (2,096)
Northwest	11	95.1%	100%	98.4%	94.8%
Northeast	29	95.8%	99.4%	97.9%	95.4%
Central	37	89.9%	98.3%	96.3%	88.4%
Suncoast	38	85.4%	96.0%	93.7%	84.9%
Southeast	57	93.1%	97.7%	96.4%	92.4%
Southern	35	94.0%	96.0%	96.6%	93.7%
<b>State</b>	<b>207</b>	<b>91.5%</b>	<b>97.5%</b>	<b>96.3%</b>	<b>90.8%</b>

### PDR Scores by QO Size

Information in Table 23 shows PDR scores by QO size. The number of people served, as follows, determines the QO's size:

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

The table presents the average overall PDR scores, as well as the scores for the Administrative and SSRR components of the Overall Score. The table also show the number of alerts; number of billing standards scored Not Met, and their respective rates for every 10 reviews.

Results indicate medium sized QOs scored lower, on average, than small or large QOs on the SSRR component of the PDR, and that large QOs were most likely to miss standards related to billing.

Size	PDR Scores			Alerts		Billing Discrepancy Standards Missed	
	Overall Score	Administrative Review	SSRR	#	Rate per 10 Reviews	#	Rate per 10 Reviews
Small (n = 26)	91.9%	95.7%	91.0%	1	0.38	26	10.0
Medium (n = 50)	86.1%	94.0%	84.7%	4	0.80	107	21.4
Large (n = 131)	92.3%	97.3%	91.9%	8	0.61	546	41.7
<b>State (n = 207)</b>	<b>91.5%</b>	<b>96.5%</b>	<b>91.0%</b>	<b>13</b>	<b>0.63</b>	<b>679</b>	<b>32.80</b>

<sup>19</sup> Does not include alerts.

## Provider Discovery Reviews: Service Providers<sup>20</sup>

During the course of the contract year, a PDR is completed for most providers who rendered at least one of the following services through the iBudget Waiver, for six months or more:<sup>21 22</sup>

- Behavior Analysis
- Behavior Assistant
- Life Skills Development 1 (Companion)
- Life Skills Development 2 (SEC)
- Life Skills Development 3 (ADT)
- Personal Supports
- Residential Habilitation Behavior Focus
- Residential Habilitation Intensive Behavioral
- Residential Habilitation Standard
- Residential Habilitation Enhanced Intensive Behavior
- Respite
- Special Medical Home Care
- Supported Living Coaching



The Service Provider PDR consists of up to five review components: My Life Interview (MLI), General Administrative Review, Qualifications and Training (Q&T), and Service Specific Record Review (SSRR), and Observations (OBS) at waiver funded licensed residential homes (LRH) and day program facilities.<sup>23 24</sup>

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<sup>20</sup> All review tools are posted on the FSQAP website

<https://florida.qlarant.com/Public2/resourceCenter/providers/discoveryReviewTools/index.html>

<sup>21</sup> Deemed providers are permitted to skip one year for the PDR. Deemed is currently defined as an Overall PDR Score of 95% or higher for Service Providers, with no alerts and no potential billing discrepancies for which the total reimbursement amount is five percent or greater. There is no deemed status for Qualified Organizations/Support Coordinators.

<sup>22</sup> Due to the transition to QOs, QO PDRs did not begin until October 2021.

<sup>23</sup> MLI Scores are not included in the PDR score.

<sup>24</sup> Observations were suspended in April 2020 due to the COVID-19 pandemic and resumed in January 2022.

Between July 2021 and June 2022, 1,578 Service Provider PDRs were completed and approved by Qlarant Regional Managers. Table 24 shows the number completed per region. All PDRs were conducted virtually via Desk Review and interviews with individuals were completed either in- person, via Zoom.gov, or over the phone.

Region	N	%
Northwest	107	6.8%
Northeast	248	15.7%
Central	284	18.0%
Suncoast	407	25.8%
Southeast	305	19.3%
Southern	227	14.4%
<b>State</b>	<b>1,578</b>	<b>100%</b>

### PDR My Life Interview (MLI)<sup>25</sup>



The Service Provider PDR includes an interview with individuals receiving services to determine how well services are provided and if Outcomes and Supports are present. The PDR MLI is conducted using the same tool as the PCR MLI; however, QARs are instructed to ask questions relevant to the service(s) the individual is receiving from the provider participating in the PDR, and individuals receiving services are asked to focus their responses to experiences with that particular provider. Further, unlike the PCR MLI, the sample for the PDR MLI is not a representative sample of individuals receiving services across the state. Each interview is part of a sample that is only representative of individuals receiving services from the provider participating in the PDR. If no one receiving services from the provider is willing to participate, or there are no individuals available, the PDR will not include this component of the review process.

Findings from the PDR MLI are presented by Outcomes and Supports, and in some cases, by provider size. For this report, Service Providers have been categorized by size, based on the number of people served, as follows:

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

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<sup>25</sup> Service Providers only.

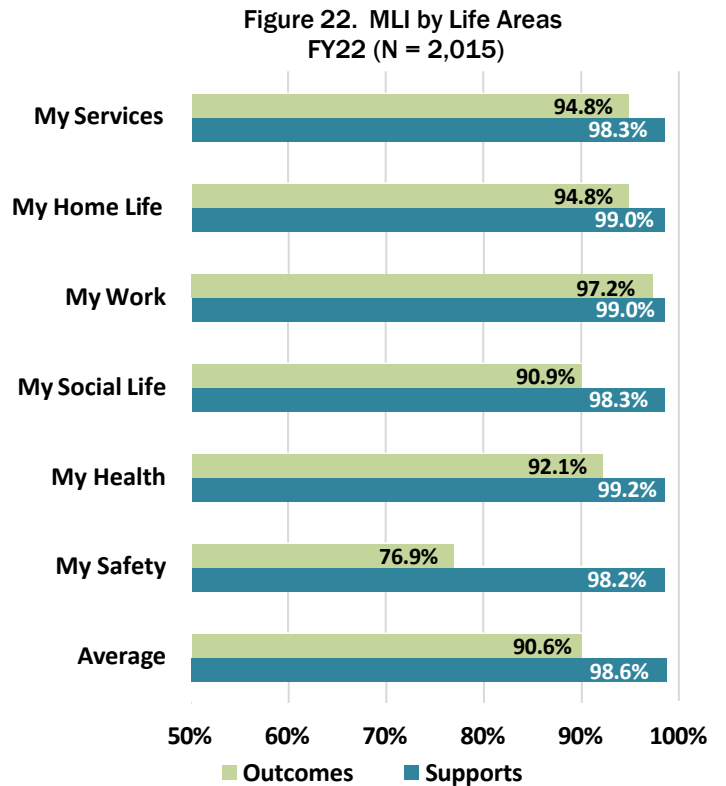
In FY22, 2,015 people participated in the PDR MLI. The distribution of interviews by region, as well as scores for Outcomes and Supports are presented in Table 25. On average, over 98 percent of Supports were met for individuals receiving services from the service provider reviewed. Outcomes were less likely to be met (90.6%) and scores by region varied – ranging from a low score of 87.9 in the Central region to a high score of 96.4 percent in the Northeast region.

Region	N	Outcomes	Supports
Northwest	128	94.5%	97.2%
Northeast	249	96.4%	99.0%
Central	374	87.9%	97.6%
Suncoast	542	89.8%	98.5%
Southeast	420	89.4%	99.4%
Southern	302	90.2%	99.4%
<b>State</b>	<b>2,015</b>	<b>90.6%</b>	<b>98.6%</b>

### PDR My Life Interview by Life Area

The average PDR MLI score for each Life Area is presented in Figure 22, by Outcomes and Supports. Findings from FY22 indicate individuals receiving services were supported across all Life Areas (each above 98%) and, similar to the PCR MLI, Outcomes related to ‘My Safety’ (76.9%) were least likely to be met. Outcomes related to ‘My Social Life’ and ‘My Health’ were also relatively low, 90.9 and 92.1 percent met, respectively.

The following two figures show how PDR MLI scores vary by Life Area and provider size. Figure 23a shows scores for Outcomes and Figure 23b shows scores for Supports.



Findings from FY22 suggest the following:

- Individuals receiving services from large providers,
  - Scored relatively low on Outcomes related to the Life Area ‘My Safety’ (74.3% met), compared to other providers.
  - Scored higher than small and medium providers on Outcomes related to the Life Area ‘My Health’ (95.5%)



Figure 23a. PDR MLI Outcomes by Life Area and Provider Size: FY22

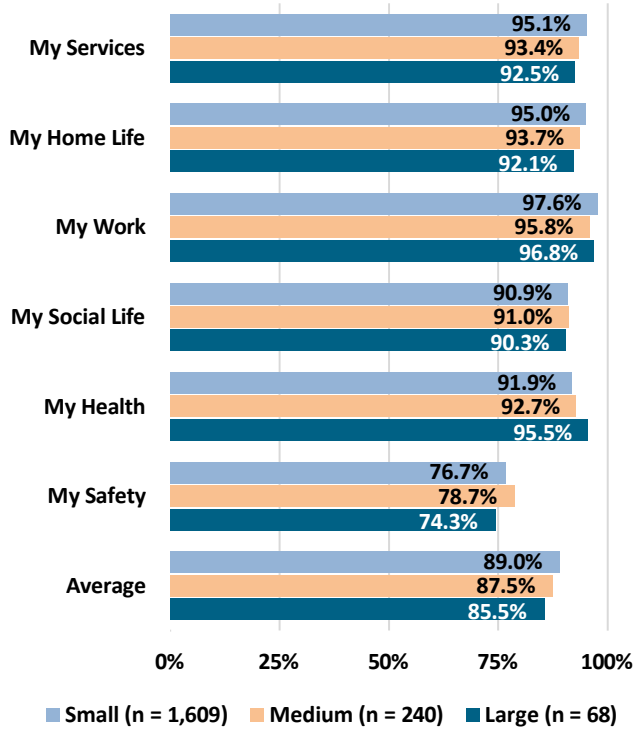
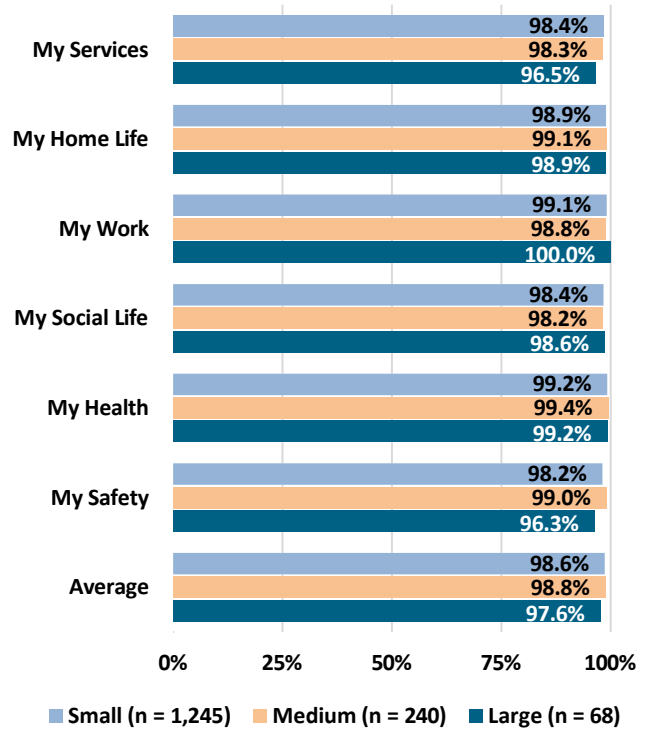


Figure 23b. PDR MLI Supports by Life Area and Provider Size: FY22



### Observations

Observations were suspended due to the COVID-19 pandemic resumed in January 2022. Results in this report reflect observations completed and approved between January and June 2022.

#### Observations by Location: Licensed Residential Homes and Day Programs

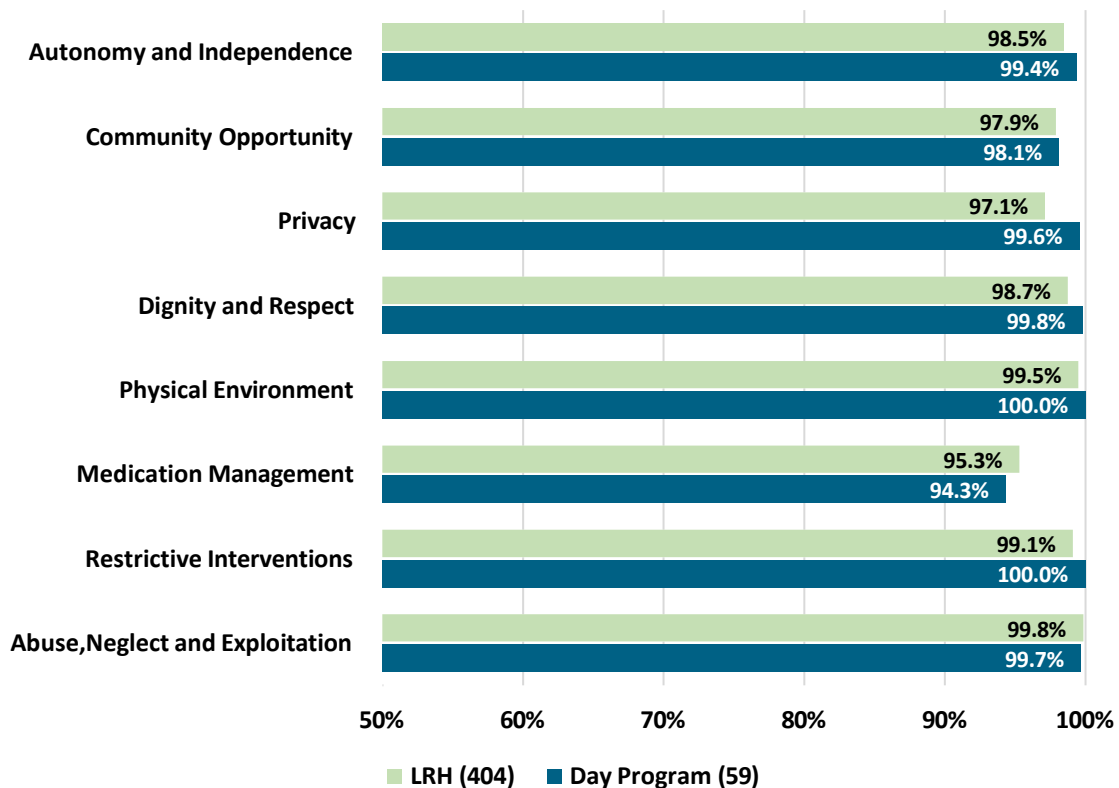
When reviewing providers of Residential Habilitation, Qlarant QARs conduct onsite observations of up to 10 LRHs. For Life Skills Development 3 (LSD 3) facilities (Day Programs), all locations operated by the providers receive an onsite observation. During this portion of the PDR, QARs observe the physical facility, interactions among staff and individuals, and informally interview staff, residents, and day program participants as needed and as possible.

In FY22, observations were completed at 59 Day Program locations and 404 LRHs. Observation scores are shown by region and location in Table 26. In some cases, the number of observations in each region is small so caution should be used when making comparisons across. Findings from FY22 indicate compliance for both location types is high, with little variation across regions.

Table 26. PDR Observation Scores by Region and Location January 2022 – June 2022				
Region	LRH		Day Programs	
	# OBS	% Met	# OBS	% Met
Northwest	4	99.5%	3	99.3%
Northeast	60	99.0%	9	99.7%
Central	106	97.8%	9	98.6%
Suncoast	117	97.6%	26	99.5%
Southeast	69	99.6%	8	99.5%
Southern	48	99.2%	4	99.4%
<b>State</b>	<b>404</b>	<b>98.4%</b>	<b>59</b>	<b>99.4%</b>

Observation results are shown by standard and location in Figure 24. Scores are generally high across the standards with all but one standard showing scores over 97 percent met. The lowest scoring standard, Medication Management was between 94 and 95 percent met for ADTs and LRHs, respectively.

Figure 24. Observations by Standard and Location  
January - June 2022



The lowest scoring indicators for LRHs are within the areas of Privacy and Medication Management:

- **LRH:**
  - Privacy:
    - Individuals do not always have a key to their bedroom doors (86.9%; n = 366).
  - Medication Management:
    - Non-controlled medications are not centrally stored in a locked container in a secured enclosure (93.1%; n = 389).
    - Controlled medications are not stored separately from other prescription and over-the-counter medications, in a locked container within a locked enclosure (94.9%; n = 336).

### General Administrative Review



Using the General Administrative Review (GAR) tool, each service provider is reviewed on up to nine standards. These standards address compliance dictated in the iBudget Handbook, Florida Administrative Code and Florida Statute regarding incident reporting, ANE reporting, insuring/registering agency vehicles, and Clearinghouse Roster maintenance. Not all standards scored within the GAR apply to solo providers; therefore, results are reported separately for agency and solo Service Providers.

Findings by region are presented in Table 27. On average, agencies scored higher than did solo providers (96.5% versus 90.7%). Variation by region for agencies was minimal; however, among solo providers, scores ranged from a low of 83.3 percent in the Southern region to a high of 100 percent in the Southeast region.

Region	Agency Providers			Solo Providers		
	# of PDRs	Standards Scored	% Met	# of PDRs	Standards Scored	% Met
Northwest	69	151	97.4%	38	43	97.7%
Northeast	191	436	94.5%	57	72	84.7%
Central	249	644	97.1%	35	40	90.0%
Suncoast	362	956	95.7%	45	49	91.8%
Southeast	282	605	99.0%	23	26	100%
Southern	209	407	95.8%	18	18	83.3%
<b>State</b>	<b>1,362</b>	<b>3,199</b>	<b>96.5%</b>	<b>216</b>	<b>248</b>	<b>90.7%</b>

Table 28 shows GAR results by standard for agency and solo providers. Most of the standards scored for solo providers had only a few responses and should be interpreted with caution. Findings are summarized as follows:

- For agencies,
  - All but two of the nine standards showed compliance rates of approximately 95 percent or higher.
  - The two lowest scoring standards measure if providers identify/address concerns related to abuse, neglect, and exploitation (ANE) and report all instances of ANE.
- For solo providers, the lowest scoring standard was in reference to maintaining an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse (89.8%; n = 215).

Standard	Agencies (N = 1,362)			Solos (N = 216)		
	# Met	Total Scored	% Met	# Met	Total Scored	% Met
If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	35	35	100%	NA	NA	NA
If provider operates Enhanced Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	3	3	100%	NA	NA	NA
Agency vehicles used for transportation are properly insured.	523	540	96.9%	NA	NA	NA
Agency vehicles used for transportation are properly registered.	513	539	95.2%	NA	NA	NA

Standard	Agencies (N = 1,362)			Solos (N = 216)		
	# Met	Total Scored	% Met	# Met	Total Scored	% Met
The provider identifies addresses and reports all medication errors.	70	73	95.9%	2	2	100%
The provider addresses all incident reports.	495	515	96.1%	23	24	96%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	63	68	92.6%	4	4	100%
All instances of abuse, neglect, and exploitation are reported.	64	68	94.1%	3	3	100%
The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	1,322	1,358	97.3%	193	215	89.8%
<b>State Average</b>	<b>3,088</b>	<b>3,199</b>	<b>96.5%</b>	<b>225</b>	<b>248</b>	<b>90.7%</b>

### Staff Qualifications and Training

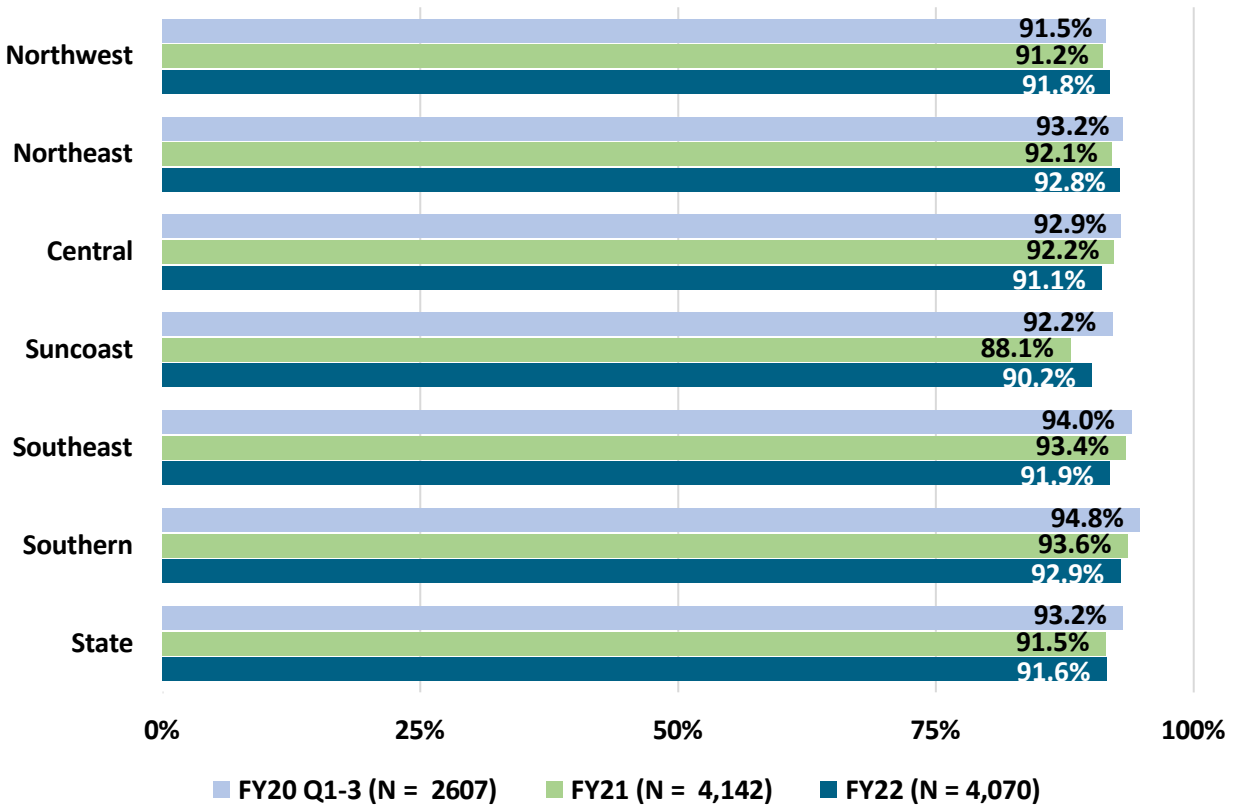


All direct Service Providers are required to have certain training and education completed in order to render specific services. For each service provider, at least three employee records (at least one per eligible service) are reviewed.

As of FY22, Qlarant reviewed 4,070 Service Provider employee records. Table 29 shows the distribution of reviews by region and Figure 25 shows the percent of standards met across all service provider employees by FY. On average, Q&T scores by region have been fairly consistent over the past three FYs. In FY22, average scores by region were all over 90 percent met (Figure 25).

Region	# Providers	# Employees
Northwest	107	236
Northeast	247	607
Central	282	740
Suncoast	407	1,074
Southeast	305	820
Southern	227	593
<b>State</b>	<b>1,575</b>	<b>4,070</b>

**Figure 25. Service Provider Q&T Scores by Region and FY**



**Q&T Results by Standard**

A description of each standard within the Service Provider’s Q&T is shown in Table 30. For each standard, the table shows the number of employee records reviewed, the percent of employees in compliance, the number of providers reviewed, and the percent of providers in compliance. For a provider to be in compliance with the standard, all employee records reviewed must be 100 percent met. In other words, if one record is out of compliance for the standard, the provider does not comply with that standard.

For Service Providers reviewed in FY22, 12 of 52 standards (scored for at least 30 providers) showed compliance rates of less than 85 percent for the provider. These standards are highlighted in Table 30 and summarized as follows:

- Just under 40 percent of providers did not meet compliance requirements for maintaining current Basic Medication Administration Validation.

- Many providers of LSD1 (Companion), LSD 2 (SEC), LSD 3 (ADT), Personal Supports, Supported Living Coaching, and Residential Habilitation (standard) did not meet compliance requirements for completing eight or four hours of annual in-service training.
- One quarter of providers did not meet compliance requirements for maintaining current Prescribed Enteral Formula Administration Validation.
- Approximately 15 to 20 percent of providers did not meet compliance requirements for completing/maintaining training in First Aid, HIV/AIDS/Infection Control, and HIPAA.
- More than 15 percent of providers did not comply with all aspects of required Level II Background Screening.

The lowest scoring standard captured in the Q&T was in regards to providers maintaining current Basic Medication Administration Validation for all employees. In FY22, 791 providers (1,658 employees) were reviewed on this standard and just 62 percent were in compliance. When a standard is scored Not Met, one or more “Not Met Reasons” are selected. The Basic Medication Administration Validation standard can be scored Not Met for up to 28 different reasons. Of the 513 Basic Medication Administration Validation Certificates deemed out of compliance:

- Just over 50 percent did not have the Established Primary Route circled (selected 265 times),
- Over 37 percent were either missing or had an incorrect Validation Effective Date – **Alert** (selected 194 times),
- Close to 34 percent were either missing or had an incorrect Validation Expiration Date – **Alert** (selected 173 times).

**Table 30. FY22 Qualifications and Training Scores by Standard: Service Providers  
(N = 1,575 Providers; 4,070 Employees)**

Standard	# Employees Reviewed	% Employees in Compliance	# Providers Reviewed	% Providers in Compliance
Drivers of transportation vehicles are licensed to drive vehicles used.	2,881	99.2%	1,360	98.9%
Personal vehicles used for transportation are properly insured.	1,900	92.8%	992	89.6%
Personal vehicles used for transportation are properly registered.	1,901	92.0%	994	88.3%
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.	29	100%	25	100%
The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Department of Children and	4,064	97.1%	1,574	95.7%

**Table 30. FY22 Qualifications and Training Scores by Standard: Service Providers  
(N = 1,575 Providers; 4,070 Employees)**

Standard	# Employees Reviewed	% Employees in Compliance	# Providers Reviewed	% Providers in Compliance
Families/Agency for Persons with Disabilities Background Screening Clearinghouse.				
The Life Skills Development 1 provider completes 4 hours of annual in-service training related to the specific needs of at least one person currently receiving services.	1,138	82.7%	714	79.8%
The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment.	131	84.0%	107	82.2%
The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services.	200	71.5%	124	71.0%
The Personal Supports provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	1,595	78.5%	901	74.5%
The provider completed Annual Update Training in Basic Medication Administration prior to expiration of current validation.	1,318	91.3%	688	87.9%
The provider completed required Supported Living Pre-Service training.	393	96.2%	320	95.6%
The provider completed the Prescribed Enteral Formula Administration Annual Update training prior to the expiration of their current validation.	27	92.6%	16	93.8%
The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.	25	96.0%	23	95.7%
The provider has completed all aspects of required Level II Background Screening.	4,068	90.6%	1,574	83.5%
The provider has completed standardized, pre-service training for Life Skills Development 2.	134	99.3%	110	99.1%
The provider has completed the Prescribed Enteral Formula Administration training.	89	89.9%	54	87.0%
The provider maintains current Basic Medication Administration Validation.	1,658	69.1%	791	62.3%
The provider maintains current CPR certification.	3,911	93.5%	1,533	88.8%
The provider maintains current Prescribed Enteral Formula Administration Validation.	80	78.8%	49	75.5%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	127	100%	81	100%



**Table 30. FY22 Qualifications and Training Scores by Standard: Service Providers  
(N = 1,575 Providers; 4,070 Employees)**

Standard	# Employees Reviewed	% Employees in Compliance	# Providers Reviewed	% Providers in Compliance
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	30	100%	26	100%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	1,258	99.2%	756	99.2%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	135	100%	110	100%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	237	99.2%	131	98.5%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	1,792	98.7%	931	98.1%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation- Enhanced Intensive Behavior.	5	100%	5	100%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	368	99.5%	149	98.7%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	63	96.8%	35	94.3%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	1,470	99.2%	585	98.5%
The provider meets all minimum educational requirements and levels of experience for Respite.	260	99.6%	199	99.5%
The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care.	1	100%	1	100%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	395	99.2%	320	99.1%
The provider obtains Temporary Validation when indicated.	10	40.0%	8	50.0%
The provider received Basic Medication Administration Training prior to administering or supervising the self-administration of medication.	1,671	93.8%	795	90.9%
The provider received training in an Agency approved curriculum for behavioral emergency	536	93.5%	215	91.2%

Table 30. FY22 Qualifications and Training Scores by Standard: Service Providers (N = 1,575 Providers; 4,070 Employees)				
Standard	# Employees Reviewed	% Employees in Compliance	# Providers Reviewed	% Providers in Compliance
procedures consistent with the requirements of the Reactive Strategies rule (65G-8, FAC).				
The provider received training in Basic Person Centered Planning.	528	92.8%	365	91.2%
The provider received training in Direct Care Core Competencies.	3,532	96.0%	1,470	92.8%
The provider received training in Direct Care Core Competency. (Old)	529	97.9%	364	97.3%
The provider received training in First Aid.	3,903	90.1%	1,534	82.7%
The provider received training in HIPAA.	4,066	87.9%	1,574	80.2%
The provider received training in HIV/AIDS/Infection Control.	3,932	83.2%	1,542	74.3%
The provider received training in Requirements for all Waiver Providers	4,055	94.5%	1,572	91.2%
The provider received training in Zero Tolerance.	4,066	93.1%	1,574	87.5%
The provider received training on Individual Choices, Rights and Responsibilities	532	93.6%	369	91.9%
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.	5	100%	5	100%
The Residential Habilitation – Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics.	55	87.3%	33	87.9%
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.	62	90.3%	35	85.7%
The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	1,295	82.1%	566	77.7%
The Residential Habilitation-Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.	323	91.0%	147	89.1%
The Residential Habilitation-Behavior Focus provider has completed at least 20 contact hours of instruction in a curriculum meeting the	365	95.6%	147	92.5%

Standard	# Employees Reviewed	% Employees in Compliance	# Providers Reviewed	% Providers in Compliance
requirements specified by the APD state office and approved by the APD designated behavior analyst.				
The Supported Living Coach completed Introduction to Social Security Work Incentives.	383	92.4%	314	91.4%
The Supported Living Coaching provider completes eight hours of annual in-service training.	373	80.7%	307	79.5%
<b>State Averages</b>	<b>4,070</b>	<b>91.6%</b>	<b>1,575</b>	<b>87.9%</b>

### Background Screening

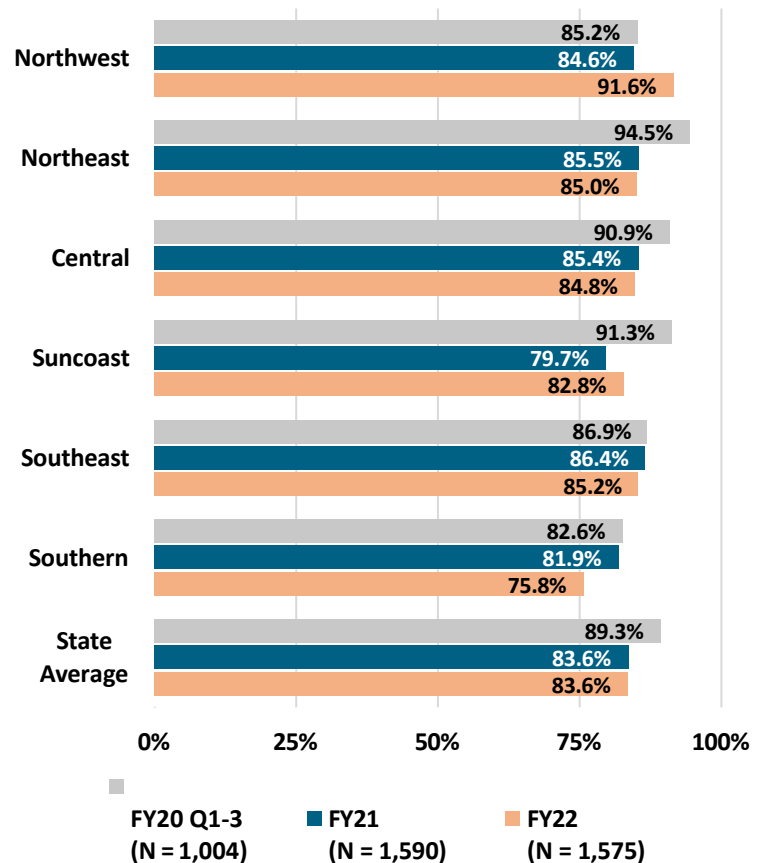


When examining background-screening results, a varying number of employee records are reviewed to determine compliance with all components of the requirement. For Background Screenings, if any one-employee record indicates a lack of required documentation, the provider is reported as having the standard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

Figure 26 shows the percent of service providers in compliance with all background-screening requirements, by region and FY. In FY22, 83.6 percent of service providers complied with background screening requirements – the same proportion as FY21. Regional results indicate the following:

- Background-screening compliance improved among service providers in the Northwest region where nearly 92 percent of providers were in compliance – a seven-point increase since FY21.
- Background-screening compliance declined among service providers in the Southern region where just over 75 percent of providers were in compliance – a six-point decrease since FY21.

**Figure 26. Percent of Service Providers with All Background Standards Met by Region and FY**



Among the 384 employees who did not meet background-screening requirements in FY22, the most common reasons were as follows:

- The provider did not present a current Local Law/Criminal Records – **Alert** (46.9%; n = 180).
- The provider did not present a current, complete, signed and dated APD Attestation of Good Moral Character (45.3%; n = 174).
- The provider did not present evidence of current APD General FDLE/FBI clearance from the Clearinghouse – **Alert** (37.5%; n = 144).
- The affiant’s initials were not next to one or more acknowledgement statements on the current APD Attestation of Good Moral Character presented (36.2%; n = 139)

### Service Specific Record Review Results (SSRR)



During the PDR, a sample of individuals is used to conduct 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.

### **SSRR by Region**

SSRR results for FY22 are presented by region for service providers in Table 31. Standards scored within the SSRR are weighted, meaning some standards contribute more than one point to the overall PDR score; therefore, the weighted score and the percent of standards scored met (percent met) are presented. On average, service provider scores for FY22 are consistent across regions with average weighted scores ranging from 90.3 percent in the Suncoast region to 94.4 percent in the Southern region.

<b>Region</b>	<b># Records Reviewed</b>	<b># Standards Scored</b>	<b>Weighted Score</b>	<b>Percent Met</b>
Northwest	322	5,649	93.5%	92.8%
Northeast	787	13,386	92.7%	92.4%
Central	992	17,004	92.4%	91.8%
Suncoast	1479	25,848	90.3%	89.6%
Southeast	959	15,711	93.4%	93.1%
Southern	723	11,627	94.4%	93.7%
<b>Service Provider Average</b>	<b>5,262</b>	<b>89,225</b>	<b>92.3%</b>	<b>91.8%</b>

**SSRR by Service**

Average weighted scores FY21 and FY22 are presented by service in Figure 27. The average weighted score for SSRRs was the same in FY22 as it was in FY21 (92.3%) and scores by service did not change much either. The lowest scoring services in FY21 and FY22 include LSD 2 (SEC), Personal Supports, Respite, and Supported Living Coaching.

**Figure 27. Service Specific Record Reviews  
 Weighted Percent Met by Service and FY**

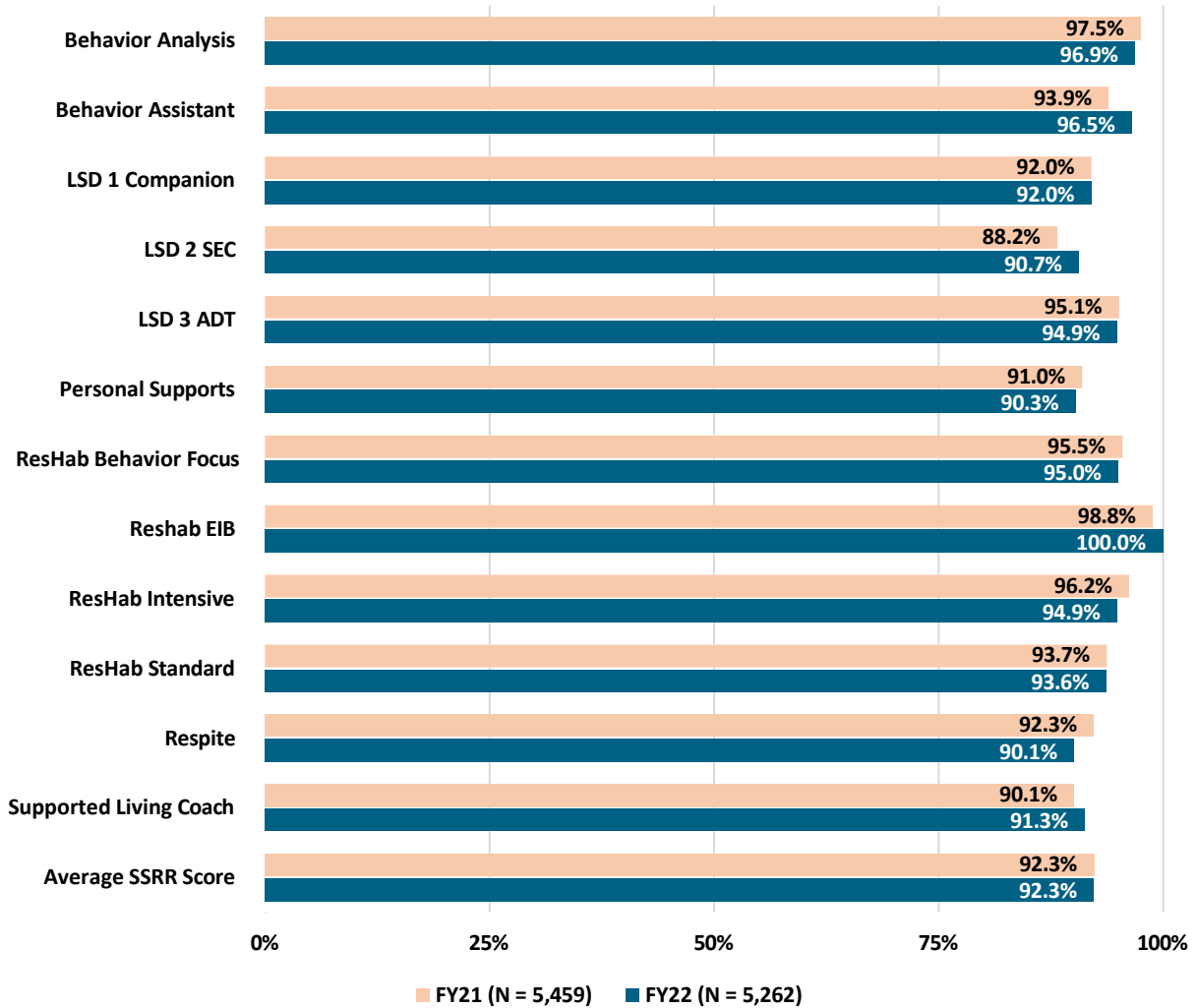


Table 32 shows the lowest scoring standard(s) for the lowest scoring services in FY22. Scores for these standards are compared to scores from FY21. Findings indicate the lowest scoring standards for LSD 2(SEC) and Supported Living Coaching have remained consistently low between FY21 and FY22; however, the lowest scoring standard for Personal Supports and Respite has declined since FY21 by approximately 13 and 20 points, respectively.

Table 32. Low Scoring Standard(s) for Lowest Scoring Services: FY21 vs FY22						
Service	Lowest Scoring Standard(s) in FY22	FY21		FY22		Difference
		# Scored	% Met	# Scored	% Met	
LSD2 (SEC)	The current Employment Stability Plan covering services provided and billed during the period under review contains all required components.	182	54.4%	141	55.3%	0.9%
Personal Supports	The provider has complete Service Logs covering services provided and billed during the period under review.	1,523	77.8%	1,510	65.0%	-12.8%
Respite		351	86.0%	259	66.4%	-19.6%
Supported Living Coaching	The current Implementation Plan covering services provided and billed during the period under review contains all required components.	431	70.8%	423	71.6%	0.9%
	A Quarterly Summary covering services provided and billed during the period under review is in the record.	425	69.6%	420	71.7%	2.0%

The most common not met reason for Personal Supports and Respite was that the Service Log was not present for the date of service for which the claim was submitted. This reason, a billing discrepancy, was selected 81 percent of the time for Personal Support providers and 90 percent of the time for Respite providers. Reduction in Service Log scores may be due, in part, to QARs reviewing these documents within the APD iConnect system.

### Potential Billing Discrepancies



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 (PBD).

Figure 28 displays the proportion of Service Providers with one or more PBD by region and FY. By region, the proportion of providers with one or more discrepancies declined between FY20 Q1-3 and FY21; however, in FY22 they increased again in the Southern, Southeast, and Northeast regions. Suncoast has consistently shown the highest proportion of providers with at least one PBD scored not met, for each FY, and Southeast the lowest proportion.

Figure 28. Percent of Providers with 1+ PBD by Region and FY

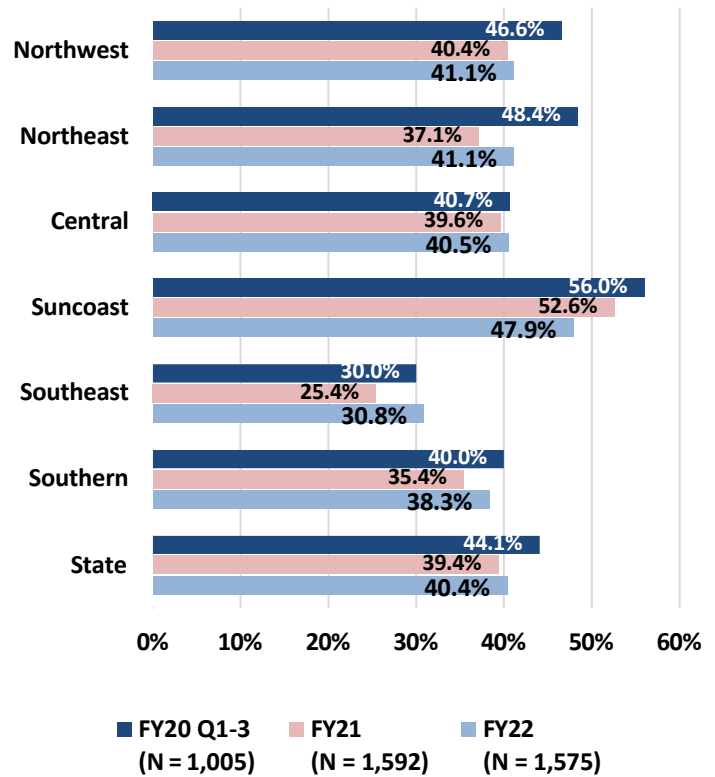


Table 33 shows the number of records reviewed, by service, and the percent with one or more PBDs in

FY22. Results indicate about 25 percent of records reviewed had at least one billing standard scored Not Met. Records reviewed for Life Skills Development 1 (Companion), Personal Supports, Respite, and Supported Living Coaching were most likely to have a PBD identified.

Table 33. Percent of Providers with 1+ PBD by Service: FY22

Service	# Records Reviewed	% with 1+ PBD
Behavior Analysis	182	13.2%
Behavior Assistant	29	17.2%
Life Skills Development 1 (Companion)	1,030	28.1%
Life Skills Development 2 (SEC)	142	24.6%
Life Skills Development 3 (ADT)	368	17.7%
Personal Supports	1,512	38.6%
Residential Habilitation Behavior Focus	221	2.7%
Residential Habilitation EIB	4	0.0%
Residential Habilitation Intensive Behavioral	45	6.7%
Residential Habilitation Standard	1,046	7.8%
Respite	259	39.0%
Supported Living Coaching	424	32.1%
<b>Total</b>	<b>5,262</b>	<b>25.3%</b>

**Alerts**



At any time during a review, if a situation is noted that could cause harm to an individual receiving services, the QAR immediately informs the local APD Regional office. The QAR calls the abuse hotline, records an alert if appropriate, and notifies the Regional Manager. The Regional Manager submits an Alert Reporting

form, which is emailed to the local APD Region, State offices, and AHCA. Alerts can be related to health, safety, abuse, neglect, exploitation, rights, medications (storage and administration training and validation), driver’s license and vehicle insurance. In addition, when a 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.

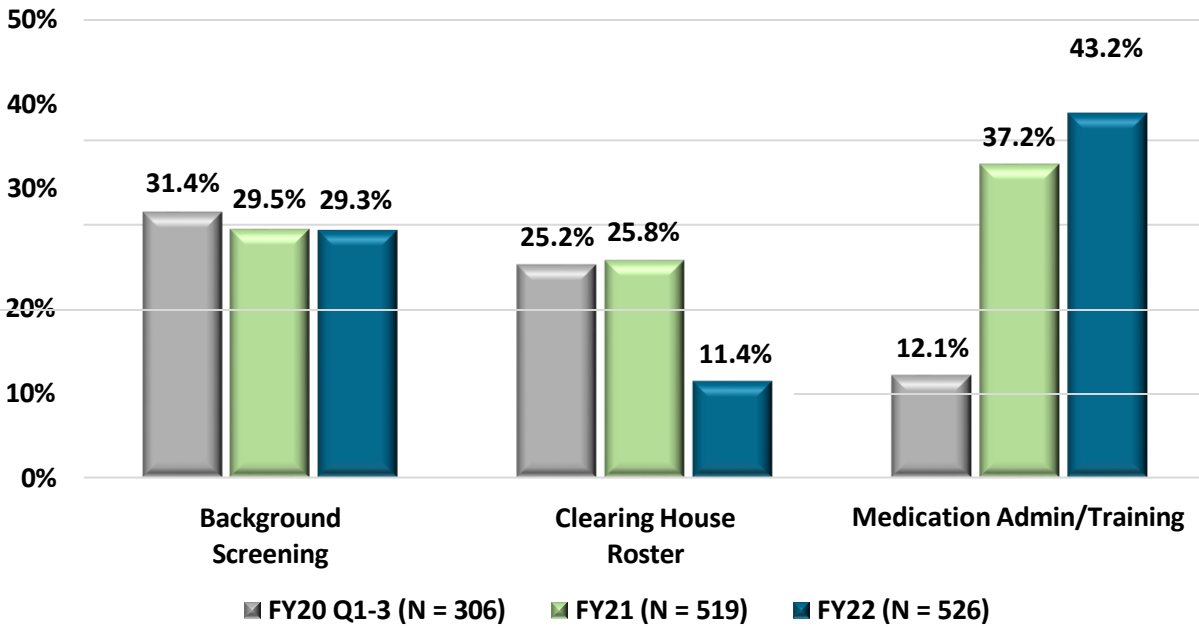
Alert Type	Number	Percent
ANE	0	0.0%
Background Screening	154	29.3%
Clearing House Roster	60	11.4%
Driver’s License/Insurance	28	5.3%
Health & Safety	7	1.3%
Medication Admin/Training	227	43.2%
Medication Storage	37	7.0%
Rights	13	2.5%
<b>Total Alerts</b>	<b>526</b>	<b>100%</b>

Between July 2021 and June 2022, 526 alerts were reported for Service Providers. Alerts are listed by type in Table 34. The majority of alerts was due to missing or insufficient background screening (29.3%), maintaining the employee/contractor roster within the clearinghouse (11.4%), or medication administration, training, or validation (43.2%).

Figure 29 shows the most frequently cited alerts for Service Provider by FY. Results indicate that since FY20 Q1-3, the proportion of alerts related to the Clearinghouse Roster has decline by more than half, while the proportion related to Medication Administration and Training has more than tripled.



**Figure 29. Most Frequently Cited Service Provider Alerts by FY**



**Service Provider PDR Summary Results**

**PDR Scores by Region and Review Tool**

PDR Scores are determined by dividing the total number of indicators Met across all components of the PDR (except the MLI) by the total number of indicators scored. Five points are deducted for each alert - with a maximum deduction of 15 points.

A summary of Service Provider PDR results is presented by region in Table 35. Service Providers scored above 90 percent, on average, across all components of the PDR. Observations and the GAR (agencies only) were higher than other components of the review and the Q&T and SSRR scores were relatively lower - with average scores on 91.6 and 92.3 percent, respectively.

**Table 35. PDR Component Scores for Service Providers by APD Region: FY22**

Region	# of PDRs	PDR Score <sup>26</sup>	Observations		GAR		Qualifications & Training (N = 4,070)	Service Record Review (N = 5,262)
			LRH (404)	ADT (59)	Agencies (1,362)	Solo (216)		
Northwest	107	93.3%	99.5%	99.3%	97.4%	97.7%	91.8%	93.5%
Northeast	248	93.3%	99.0%	99.7%	94.5%	84.7%	92.8%	92.7%
Central	284	92.9%	97.8%	98.6%	97.1%	90.0%	91.1%	92.4%
Suncoast	407	91.2%	97.6%	99.5%	95.7%	91.8%	90.2%	90.3%
Southeast	305	93.6%	99.6%	99.5%	99.0%	100.0%	91.9%	93.4%
Southern	227	94.5%	99.2%	NA	95.8%	83.3%	92.9%	94.4%
<b>State</b>	<b>1,578</b>	<b>92.8%</b>	<b>98.4%</b>	<b>99.4%</b>	<b>96.5%</b>	<b>90.7%</b>	<b>91.6%</b>	<b>92.3%</b>

### PDR Scores by Provider Size

Information in Table 36 provides a summary of Service Provider PDR scores by provider size. The tables present the average overall PDR scores, as well as the scores for each component of the overall score. For Service Providers, these include Compliance and Person Centered Practices. The tables illustrate the number of alerts, number of billing standards scored Not Met, and their respective rates for every 10 reviews.

The average PDR score for Service Providers reviewed in FY22 was 92.8 percent with scores ranging from a low of 92.2 percent for small providers to a high of 96.1 percent for large providers. While Service Providers had a lower overall PDR score than medium and large providers, their billing discrepancy rate was lower than that of large providers.

<sup>26</sup> Does not include alerts.

**Table 36. Summary of PDR Scores for Service Provider: FY22**

Size	PDR Score			Alerts		Billing Discrepancy Standards Missed	
	Overall Score	Compliance	Person Centered Practices	#	Rate per 10 Reviews	#	Rate per 10 Reviews
Small (n = 1,439)	92.2%	92.1%	92.3%	479	3.33	1332	9.26
Medium (n = 121)	96.0%	95.7%	96.8%	41	3.39	127	10.50
Large (n = 18)	96.1%	96.0%	96.3%	6	3.33	39	21.67
<b>State (n = 1,578)</b>	<b>92.8%</b>	<b>92.8%</b>	<b>93.0%</b>	<b>526</b>	<b>3.33</b>	<b>1498</b>	<b>9.49</b>

### Section III: Discussion and Recommendations



Findings in this report reflect data from PCRs and PDRs completed and approved between July 2021 and June 2022, with some comparisons to data collected in FY20 Q1-3 and FY21. In FY22, 1,593 PCRs, 1,578 Service Provider PDRs and 207 QO PDRs were completed, approved and available for analysis.

Provider feedback remains positive with an average score on the feedback survey of 96.6percent positive. Over the contract year, Qlarant Regional Managers reviewed all reports before final approval and facilitated quarterly meetings in each region to review data, explore trends, and discuss other relevant regional issues or best practices. Managers work with APD and AHCA to revise and update processes to ensure the best quality assurance reviews possible.

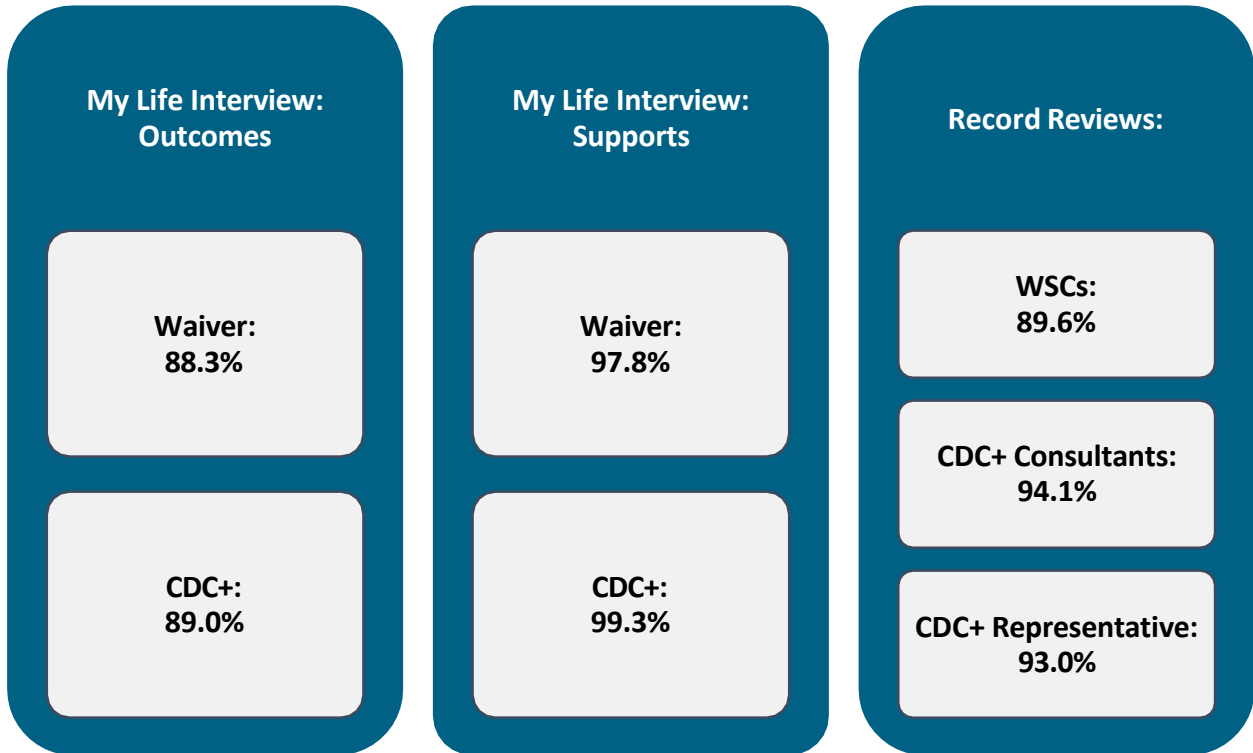
The Qlarant Director and managers meet twice a month via conference call. Regional Managers and QARs continue to participate in rigorous field and file review reliability testing and use bi-weekly conference calls to enhance training and reliability efforts through discussion of real situations and review questions.

#### Overall Review Findings

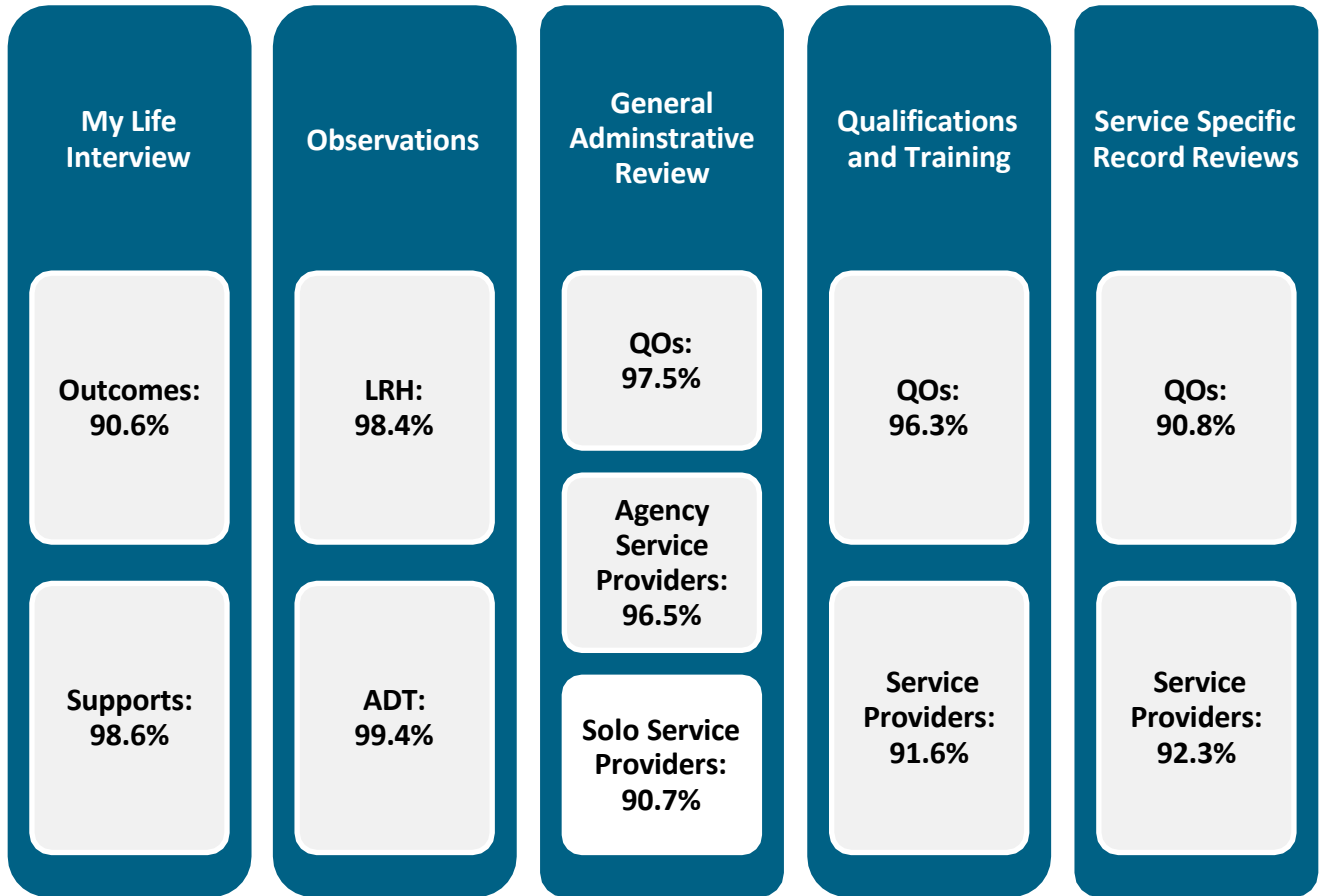
Results from reviews completed in FY22 indicate the majority of providers reviewed were in compliance with most requirements, and individuals interviewed through the PDR and PCR processes were generally satisfied with their services.

On average, scores from the MLI were higher for Supports than for Outcomes. Interview scores for people receiving services through CDC+ were higher, on average, than for people receiving services through the Waiver.

The PCR consists of an interview with the person, an informal discussion with the person’s Support Coordinator, and a review of the record maintained by the Support Coordinator/CDC+ Consultant for that person. Results for the PCR components were relatively high; however, the average WSC record review score has declined from 95 percent in FY21 to 89.6 percent in FY22. Outcome scores were lowest for people receiving services through the Waiver, approximately 88 percent present for the year.



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



## Recommendations

### Targeted Outreach

While average scores for Outcomes and Supports, for all people who were interviewed (PCR MLI), are relatively high, some individuals receiving services score extremely low. For example, as shown in Figure 5, In FY22, one person scored six percent on Outcomes and another person had a score of only 20 percent on Supports. Very low Outcome and Supports scores may be indicative of deeper issues requiring specialized attention and follow-up.

**Recommendation 1:** Ensure systems are in place in each region to identify these low scoring areas and address any issues identified during the PCR. Qlarant could track these low scoring cases and ensure each region has addressed identified issues. Perhaps a follow-up PCR should be completed during the next FY to determine if improvements have been made in the person's life.

### Safety

Results from the MLI are similar to previous years, indicating the Life Area 'My Safety' is the lowest scoring Outcome for people receiving services. While most Service Providers and WSCs offered supports to address safety and had systems in place to identify, address and report instances of abuse, neglect, and exploitation (ANE), people 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. Further, people participating in a PCR continue to indicate they do not know about the Abuse Hotline is or where to find the number.

Trend analyses show scores for ‘My Safety’ have declined by over 10 percentage points for people on CDC+ since FY20. The ‘My Safety’ indicator that measures if safety needs are being addressed showed the greatest decline during this period, from 89.7 percent to 68.8 percent. Reviewing the reasons this indicator was not met showed a relatively large increase in the proportion of people who do not know how to call 911 if needed. In FY22, 28 percent of people who participated in a PCR indicated that they did not know how or when to call 911 compared to 8.4 percent in FY20. Even if Supports are “present” for this, people should know what to do in case of an emergency – especially if they are alone.

**Recommendation 2:** Qlarant encourages Quality Council members to brainstorm ways to help ensure information about the abuse hotline and how to use it is provided to all people receiving services in ways that will reach people regardless of learning style or means of communication. In addition, there may be some information that could be developed and disseminated to families to help reach people receiving services who live in a family home.

**Recommendation 3:** Ensure education about ANE, specifically for neglect and exploitation, is on the agenda for APD Regional provider meetings. Share best practices on how to ensure material is individualized so the person understands; i.e., proper communication and individualized methods are used for the educational session. A strong focus should be placed on explaining the terms exploitation and neglect because, according to data from FY21, among those who did not meet outcomes related to understanding ANE, 70 to 80 percent of people on the waiver did not know what exploitation or neglect meant.

**Recommendation 4:** It is critical to ensure people know how to get help when it is needed. It is not clear why more people now, compared to previous years, do not understand how to call 911. Perhaps WSC and CDC+ Consultant training should be reviewed and ensure it includes various ways to help people learn a vital action that could save their lives. WSCs and Consultants should also ensure other supports around the person are aware of the person’s inability to understand how to call 911 and work on this often.

### Community Life

As discussed in previous reports, Outcomes for ‘My Social Life’ were the second lowest scoring area in FY20, and the pandemic appeared to have created even more barriers to life in the community as outcomes in this area decreased from 87.8 percent in FY20 to 83.4 percent in FY21. Findings from FY22 show some improvement in this area, however, scores still fall below 90 percent. Outcomes for this Life Area remain one of the lowest for individuals on the Waiver and those on CDC+. Therefore, while supports seem to be excellent, findings suggest people receiving services are not accessing the community or participating in community events as desired. Another possibility is that community events individuals may have once participated in have been canceled due to the ongoing pandemic.

**Recommendation 5:** The Quality Council can work with service providers and Support Coordinators to develop innovative and creative ways for individuals to continue to engage in their communities in a safe manner perhaps through socially distanced activities in either outdoor or virtual settings – both of which have become increasingly common over the course of the pandemic.

### **Medication Use**

The rate of individuals receiving services who take five or more medications has consistently increased, from 41 percent in FY19, to 42.2 in FY21, and now 44 in FY22. Among Waiver Participant reviewed in FY22, 44.5 percent of those living in a LRH reported taking seven or more medications compared to only 13.4 percent of those in the family home and 17.3 percent living independently.

**Recommendation 6:** The rate of multiple medication use for people receiving services through the iBudget waiver has increased every year for three years. Even though the medication list includes OTC medications provided as a prescription for the person, the increase is something APD should further explore. Certain combinations of medication, even OTC types, could put people at higher risk for health issues and should be identified. This information could be provided to the Quality Council to discuss initiatives that might help reduce the rate of multiple medication use.

In addition, results have also consistently indicated many people receiving services do not understand their medications and findings suggest most people who did not meet this critical standard were not aware of what they took, why, or what the potential side effects are of the medications they take. It is essential for individuals receiving services to understand their medications in order to control their own health care, particularly when so many individuals are regularly taking five or more medications.

**Recommendation 7:** The ability to understand complex medications and diagnoses is difficult for many people, with or without a disability; however, data to date show this to be the lowest scoring outcome for Waiver Participants and people using CDC+ making it an area of concern. Detailed analysis show that among those who did not understand their medications, 71.9% were not aware of which medications they take, 60.0% were not aware of why their medications are prescribed, and 77.1% were not aware of potential side effects. These three pieces of information are critical for individuals to make informed decisions regarding which medication(s) they should take together, which medication(s) they should take with or without food, and how their medication(s) may make them feel.

The Quality Council might consider brainstorming ways to provide education on commonly used medications and determine ways to help disseminate this information to providers and people in their regions.

### CDC+ Representatives

CDC+ Representatives are required to maintain certain documentation about the providers they hire and receipts for money they spend on behalf of the person receiving services through the CDC+ program. Since Qlarant started reviewing this documentation in 2010, results have improved significantly. For example, scores for background screening have increased from approximately 36 percent to the current rate of 82.5 percent. However, background screening requirements and the requirement to maintain an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse, have been the lowest scoring areas for Representatives and have not shown much improvement for several years.

**Recommendation 8:** Qlarant could help identify participants for and facilitate a workgroup or focus group, via a zoom webinar, to review training provided for CDC+ Representatives and determine if additional or updated education is warranted, particularly specific documentation about background screening requirements and reconciling monthly statements. Perhaps this training could include some examples from Representatives who have good systems in place to achieve either of these requirements.

### CMS Remediation Indicators

Multiple indicators from the WSC Qualifications and Training tool show scores below 80 percent - the level required by CMS to avoid system-wide remediation – in FY22. These include standards related to Level of Care being completed accurately and reevaluated at least every 365 days, as well as standards related to Support Plans reflecting supports and services consistent with people needs and services and supports necessary to address risks. It is possible these have been impacted by issues surrounding access to iConnect, but Qlarant, APD, and AHCA should monitor these scores to see if they improve as QOs adjust to their new systems.

**Recommendation 9:** If documentation issues continue due to iConnect, APD, AHCA and Qlarant may want to brainstorm ways to improve compliance on these critical standards before the next evidentiary report needs to be completed.

### Infectious Disease Training

Approximately 22 percent of QOs reviewed in FY22 did not comply with the standard having to do with ensuring all WSCS had completed/maintained training in HIV/AIDS/Infection Control. Maintaining basic HIV/AIDS/Infection control training is essential when caring for people in a vulnerable population. It is not clear why acquiring this training is problematic.

**Recommendation 10:** Include this as an agenda item in all the regional quarterly meetings to help determine why so many providers do not get this training. Is this training not being offered enough?



Are there issues with accessing the training? Information gathered at these meeting could be used to help improve compliance in this area.

### **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 offering Life Skills Development 1 (Companion), Personal Supports, Respite, and Supported Living Coaching are consistently more likely to have a PBD identified during their review. These providers are most often cited for not having complete Service Logs or Daily Progress notes covering services provided and billed during the period under review. While low scores on these standards may be related to Qlarant reviewing documentation in iConnect for Personal Support, Respite, and Supported Living Coaching service providers, scores for these standards have been low in previous years as well.

**Recommendation 11:** Qlarant could work with APD and AHCA to organize a web-based focus group discussion with providers who offer LSD1 (Companion), Personal Supports, Respite and Support Living Coaching to discuss the billing discrepancy indicators and identify barriers to meeting these standards, such as maintaining complete Service Logs/Daily Progress Notes. Subsequent to this meeting, a training focusing on documentation could be developed that targets specific issues for providers of these four services.

### **Observations**

Qlarant has been unable to observe LRHs and Day Programs since the onset of COVID-19 in April 2020. Since resuming in January 2022, Qlarant has completed 404 observations in LRH and 59 in ADT facilities. While overall Observation scores were relatively high and similar to previous years, the lowest scoring indicator in FY22 suggests individuals' in LRHs are not always offered keys to their bedrooms. In addition to an individual's fundamental right to privacy, residential service providers are expected to provide social and adaptive skills to enable recipients to reside in the community successfully. Therefore, providers should teach residents the importance of privacy and encourage them to use keys.

**Recommendation 12:** Qlarant should consider developing a refresher training for providers of LRHs with the objective of teaching residents the importance of privacy and how to use keys. This training could provide literature on the importance of maintaining and respecting individuals' privacy and explore ways in which providers can effectively teach their residents about their individual rights.

## Summary

Findings from PCRs completed in FY22 were generally positive. Similar to previous years, Outcomes for individuals are lower than Supports, and Outcomes related to ‘My Safety’ and ‘My Social Life’ remain the lowest scoring areas for individuals who participated in a PCR. Average scores for WSC and CDC+ Record reviews have declined since FY21 as WSCs have transitioned into QOs. Medication use continues to increase - especially among Waiver Participants living in LRHs.

Despite barriers created by the pandemic, compliance rates for Service Providers and QOs who participated in a PDR remain positive as well, on average, however, scores by service show providers offering Life Skills Development 1, Personal Supports, Respite, and Supported Living Coaching consistently score lower than other services on the record review component of the PDR. These services are also more likely to have potential billing discrepancies identified which is likely causing their record review scores to be lower, on average, than other services. Further, while QOs scored fairly well on the Administrative Review of their PDRs, findings show a decline in Record Review scores and an increase in the number of PBDs.

## Attachment 1: Customer Service Activity: April 2022 – June 2022

Customer Service Topic	#	Description	Outcome	Avg. Time
Contact QAR	1	Providers called requesting to speak with the QAR they are currently working with or that already completed their review.	QARs were contacted by office staff and asked to contact the provider.	1 day
Miscellaneous/Other	9	Family, stakeholders, APD and providers called with requests unrelated to our Desk Review process, where to send their Plan of Remediation, how to report Abuse or to speak to a specific Regional Manager.	Questions within Qlarant’s scope of work were answered. Where appropriate, callers were referred to the Regional Manager, APD and AHCA.	1 day
Name/Address/Phone Update	42	Providers called to update their phone numbers/addresses/Names after receiving a notification letter or to ensure a letter or report is received in the future.	Phone numbers/addresses were updated in the Qlarant internal data management application. Providers were also advised to update contact information with AHCA.	1 day
Next Review	38	Providers called asking when their next review will occur. Providers called requesting to know the name of the QAR assigned to conduct their next review. Providers called following receipt of their PDR notification letter to advise of vacation, planned unavailability or resignation.	The review process was explained to the providers, including all factors involved in scheduling. There is no guarantee a provider will be reviewed at the same time every year. If indicated the assigned reviewer is notified of issues to consider	1 day

Customer Service Topic	#	Description	Outcome	Avg. Time
			when scheduling or the provider is removed from the schedule following confirmation of termination from the APD Region.	
Provider Search Website	1	Providers called to inquire how to get added to Qlarant's provider search website.	The criteria to be listed on the provider search website was explained. The search is driven entirely by AHCA claims. Once waiver claims are submitted and paid the provider will be added to the website.	1 day
Potential Billing Discrepancy	12	Providers called with questions about potential billing discrepancy on their PDR and how to repay money identified for potential recoupment.	Providers were given the AHCA email address for potential billing discrepancy. <a href="mailto:APDProviderBilling@ahca.myflorida.com">APDProviderBilling@ahca.myflorida.com</a>	1 day
Question	18	Providers called with questions regarding documentation requirements, qualification and training requirements, and service limitations; for explanations of the review processes and clarification on various other topics. Providers also called with questions related to the Desk Review process.	Questions were answered by the Qlarant customer service representative, other office personnel or Regional Managers. Callers were referred to the iBudget Handbook, local APD Regional Office, relevant websites and the Qlarant tools posted on the FSQAP website.	1 day
Reconsideration	30	Providers called asking for clarification on the process to submit a request for reconsideration, where to locate the submission form on the Qlarant website or inquiring as to the status of a request already submitted.	The reconsideration process was explained to the provider, including reference to Qlarant's Operational Policies and Procedures. The providers were directed to the end of their PDR reports and the FSQAP website where they will find detailed instructions on how to submit a Request for Reconsideration. If a reconsideration request was in process the provider was given a status update.	1 day
Report Requested	7	Providers called or emailed requesting a copy of their report be re-sent.	Mailing addresses were confirmed and reports were re-sent.	1 day
Review	22	Providers called asking for an explanation of report findings.	Reports were reviewed and explained by the Customer Service Representative or Regional Manager; providers were referred to their local APD Regional office for technical assistance.	1 day
Review Tools	5	Providers called with questions regarding where to find the most current review tools. Calls inquiring about changes made to the tools.	Providers were referred to the FSQAP website Provider Resources page and shown the current tools posted. Questions	1 Day

Customer Service Topic	#	Description	Outcome	Avg. Time
			regarding the tools were answered, with references to the protocols and the Not Met reasons.	
<b>Total Number of Calls</b>	<b>185</b>	<b>Note: 1 Call was conducted in Spanish</b>		