

Florida Statewide Quality Assurance Program

FY 2022: Quarter 1 Report

July 2021 – September 2021

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



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Prepared by



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List of Acronyms

ABC – Allocation, Budget, and Contract Control System
AHCA – Agency for Health Care Administration
ANE – Abuse, Neglect and Exploitation
APD – Agency for Persons with Disabilities
CDC+ - Consumer Directed Care Plus
CDC+ C – CDC+ Consultant
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
NCI – National Core Indicators
OBS – Observations
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
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.¹ 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 as venues to review data, explore trends, and discuss other relevant regional issues and best practices. Qlarant facilitates three Quality Council meetings annually, which have been conducted via Webinar since March 2020. One meeting was held during the first quarter of FY22 on July 22, 2021. Given the Webinar format, as opposed to in-person meetings in Tallahassee or Orlando, there were over 100 attendees from across the state.

Due to the COVID-19 virus pandemic, on March 16, 2020 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 during FY21 and the current contract year (FY22). Because these processes are very different, comparisons to data collected through pre-pandemic onsite processes should be made with caution and to help determine differences that may have occurred due to the pandemic and revised processes.

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 to 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

¹ Also referred to as regions in the report.

apply to QOs. These tools became effective October 1, 2021 – delaying all review activity for WSCs, CDC+ Consultants, and CDC+ Representatives (PCR My Life Interview, WSC Record Review, WSC Administrative Review) until the second quarter of FY22.

Findings presented in this report are based on 623 Service Provider PDRs conducted and approved during the first quarter of FY22. These data are preliminary and should be interpreted with caution. Findings include the following:

- Average scores on all review components (interview, administrative reviews, and record reviews) were approximately 90 percent or higher.
- On average, Supports for individuals interviewed during the PDR were more likely to be met than Outcomes.
- The Life Area, My Safety, has shown the lowest Outcomes over the past three years.
- The Life Area, My Social Life, decreased by nearly four points between the pre- and mid-pandemic periods; however, as of FY22 Q1, these scores appear to be increasing.
- Compared with Agencies, solo providers were less likely to meet standards relating to the maintaining an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.

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

Introduction

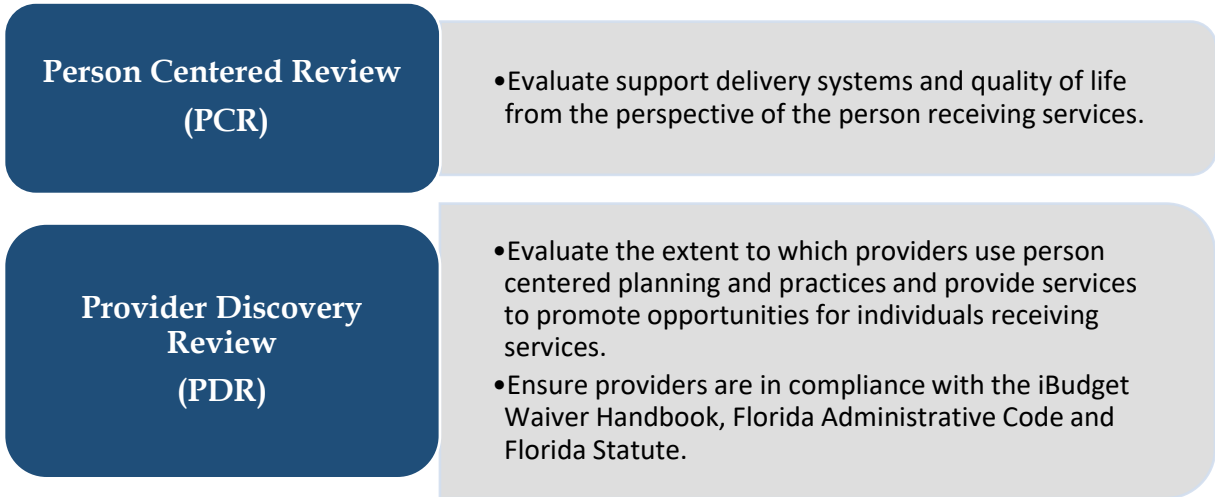
In July 2021, the Agency for Health Care Administration (AHCA) entered into the fifth year of the current contract with Qlarant to provide quality assurance discovery activities for the Developmental Disabilities Individualized Budgeting Services (iBudget) Waiver and the Consumer Directed Care Plus (CDC+) 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.



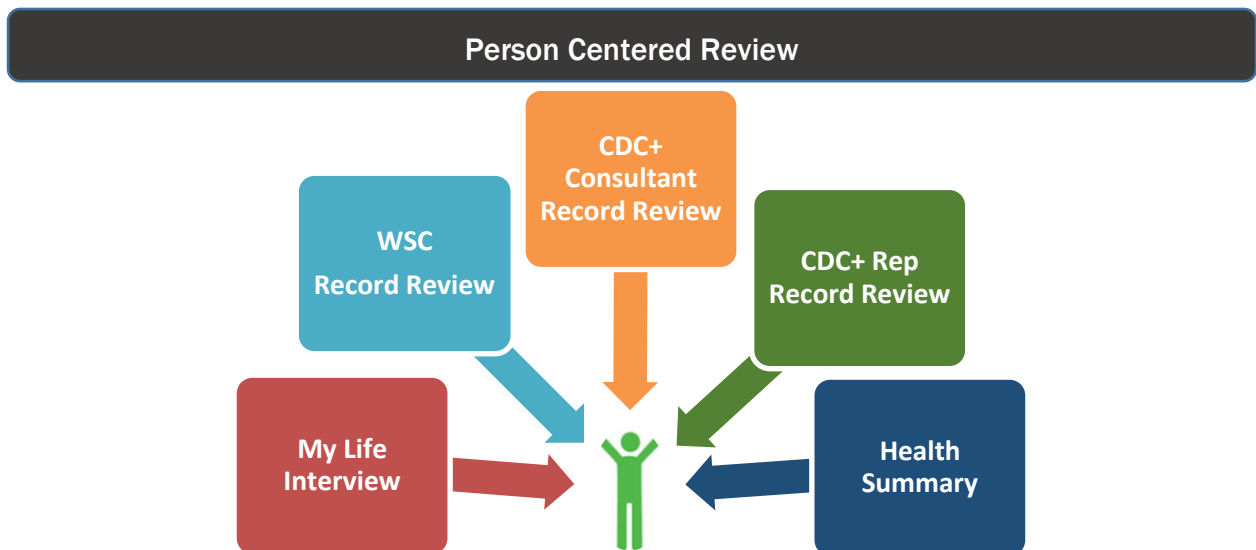
Qlarant's discovery process comprises two major components: Person Centered Reviews (PCR)² and Provider Discovery Reviews (PDR) - both ensure the person receiving services has a voice in evaluating performance and outcomes and both utilize comprehensive methods to evaluate the quality of the services received. The primary purpose of the PCR is to determine the quality of the person's life, and the quality of the person's service delivery system from the perspective of the person receiving services. The focus of the PDR is to review provider compliance with requirements and standards specified in the Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook (iBudget Handbook), and to determine how well services are supporting individuals served.

² In response to Chapter 2020-71, PCRs have been delayed until October 1, 2021.

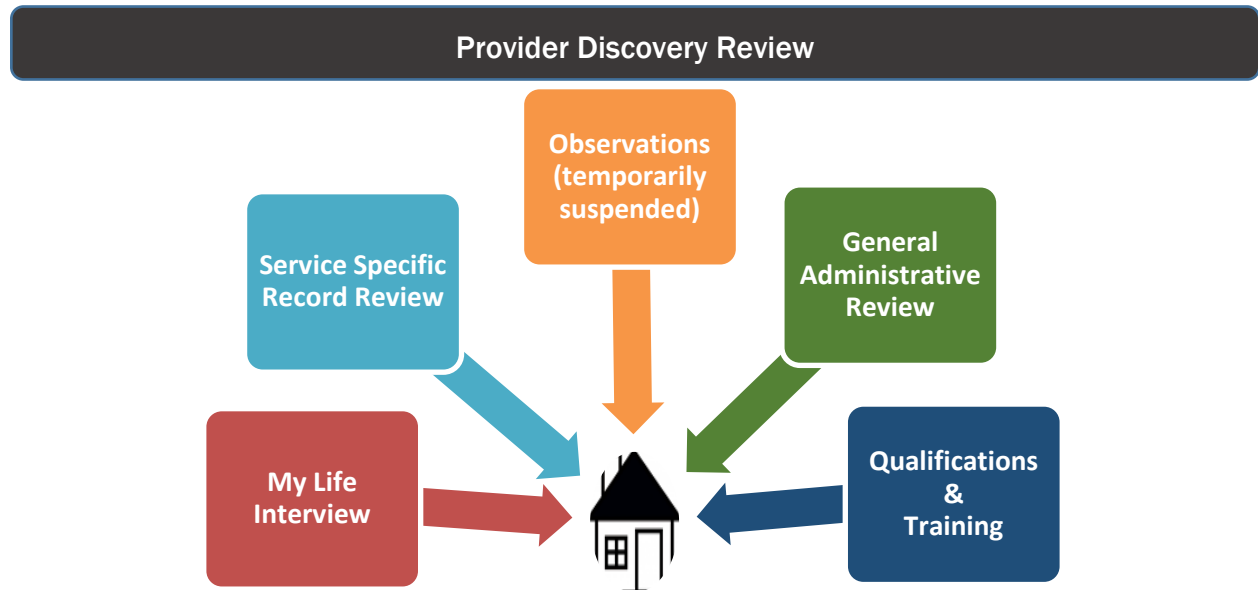


The PCR includes an interview with the person, including people receiving services through the Consumer Directed Care Plus (CDC+) program, review of the Support Coordinator’s record for the person, and record reviews completed for the CDC+ Consultant and Representative.

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.



The PDR is comprised of the General Administrative Review, Staff Qualifications and Training, Service Specific Record Reviews, and interviews with individuals receiving services. Observations, completed for licensed residential homes (LRH) and day program facilities, have been temporarily suspended due to the COVID-19 pandemic.



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

This is the first quarterly report of the FY22 contract year. The report is divided into three sections.

- Section I: Significant Contract Activity during the first quarter (July 2021 - September 2021)
- Section II: Data from Review Activities throughout the first quarter, 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. Discussion of results and evidence-based recommendations are offered.

Section I: Significant Contract Activity

Quality Assurance Activities (July 2021 - September 2021)

Status Meetings

Status meetings are held to provide an opportunity for Qlarant, AHCA, and APD representatives to discuss contract activities and other relevant issues as necessary. Revisions to processes and tools may be discussed as well as policy updates from AHCA or APD that may impact the FSQAP. In the first quarter of FY22, status meetings were held via Zoom on July 15, August 19, and September 22, 2021.

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. Two file reliability sessions were completed this quarter on the topics of General Administrative Standards and Medication Validations. Results from these sessions 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 COVID-19 and the transition from in-person to remote reviews, Qlarant developed a desk review process so managers could participate in the phone or video process and complete reliability testing. PDR Desk Review Reliability was completed with four reviewers and all passed.

Internal Annual Training/Conference

Every year, the Florida team comes together for extensive training and brainstorming activities; however, due to COVID-19, these conferences have not been possible since FY19. Discussion is underway to determine if a conference is possible during FY22.

Tool and Process Revisions

As of July 1 2021, the PDR Administrative Tool has been 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 has been developed for Waiver Support Coordination Qualified Organizations and became effective 10/01/21.

Additionally, an existing Abuse, Neglect, and Exploitation (ANE) standard from the PDR Service Specific Record Review (SSRR) has been broken out into two separate standards for Supported Living Coaching and Residential Habilitation (Standard, Behavior Focus, Intensive Behavior and Enhanced Intensive Behavior).

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 office may attend the meetings via phone in each Region. Remote meetings were held in all the regions during the first quarter of FY22, using a webinar format.³

Quality Council (QC)

One of three Quality Council (QC) meetings was held in the first quarter of FY22 via webinar on July 22, 2021. Using the webinar format has made the meeting accessible to many more stakeholders. There was an average of approximately 100 participants for each session. Agenda items included the following:

- Qlarant Updates – Theresa Skidmore
- HSRI Data Presentation “What Did We Know About the Workforce Before the Pandemic?” -- Valerie J. Bradley, President Emerita - HSRI

³ Minutes for each meeting are on the FSQAP Portal Client Site and available to AHCA and APD (<https://florida.qlarant.com/Public2/qualityCouncil/archive.html>).

- APD Updates – Ed Debardeleben, Chief, Program Development, Compliance & Policy
- Critical Incident Reporting and Management - Meghan Torres, Program Administrator for Quality Improvement, APD
- Qlarant Data Presentation – Sue Kelly PhD, Senior Scientist

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. Feedback findings for surveys entered into the database between July and September 2021 are presented in Table 1. In total, 47 providers completed the survey. On average, 96.7 percent of responses were positive (579/599). Surveys, which included a request for a manager’s call back, were also recorded in the Customer Service Call Log.



Table 1. Results from Provider Feedback Surveys			
Surveys Received Between July 2021 – September 2021 (N = 47)			
Question	# Yes	# No	NA/ Blank
Did the Quality Assurance Reviewer explain the review process?	45	1	1
Did the Quality Assurance Reviewer share with you the names of the potential people chosen to participate in the review?	44	0	3
Did the Quality Assurance Reviewer explain the person's participation in the interview is voluntary?	41	1	5
Did the Quality Assurance Reviewer refer you to the Qlarant website that includes the tools and procedures?	43	2	2
Were the tools accessible on the Qlarant website?	42	0	5
Did you find the tools helpful when preparing for the review?	41	2	4
Did the Quality Assurance Reviewer answer your questions in preparation for the review?	43	2	2
Did the Quality Assurance Reviewer arrive on time?	19	0	28
If not, were you notified the Quality Assurance Reviewer would be late?	2	0	45
Did the Quality Assurance Reviewer give you enough time to find the information requested?	45	1	1
Do you feel the Quality Assurance Reviewer was prepared for the review?	41	3	3
Did the review process go as explained by the Quality Assurance Reviewer?	43	2	2

Table 1. Results from Provider Feedback Surveys			
Surveys Received Between July 2021 – September 2021 (N = 47)			
Question	# Yes	# No	NA/ Blank
Did the Quality Assurance Reviewer answer the questions you had during the review?	45	1	1
If applicable, did the Quality Assurance Reviewer explain why a standard was Not Met?	34	1	12
If an alert was identified, did the Quality Assurance Reviewer inform you of the follow up process?	13	2	32
Did the Quality Assurance Reviewer provide you with the preliminary findings of your review before leaving?	38	2	7
Total Responses	579	20	153

Summary of Customer Service Calls

During the first quarter of FY22, 147 calls were recorded in the Customer Service Log, with an average response time of one day for each call.⁴

Data Availability

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

Staff Updates

No changes this quarter.

⁴ The list of topics and number of calls per topic are presented in Attachment 1.

Section II: Data from Review Activities⁵

Provider Discovery Reviews (PDR)⁶

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:⁷⁸

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



The PDR consists of up to five different review components: My Life Interview with individuals receiving services (MLI), the General Administrative Review Tool (includes the Qualifications and Training tool (Q&T)), and the Service Specific Record Review (SSRR). Observations (OBS) at waiver funded licensed residential homes (LRH) and day program facilities are suspended as of March 2020 due to the COVID-19 pandemic. Interviews with individuals receiving services are not included in the overall scores calculated for the PDR. Further, in response to Chapter 2020-71 (previously known as Senate Bill 82), PDRs for WSCs and CDC+ consultants have been delayed until October 2021; therefore, this report only presents results for providers of other services.

⁵ In response to Chapter 2020-71, formerly referred to as Senate Bill 82, PCR's were suspended until October 2021; therefore, no PCR results will be reported in this report.

⁶ All review tools are posted on the FSQAP website

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

⁷ Deemed providers are permitted to skip one year for the PDR. Deemed is currently defined as an Overall PDR Score of 95% or higher for Service Providers and 99% or higher for WSCs, with no alerts and no potential billing discrepancies for which the total reimbursement amount is five percent or greater qualifies.

⁸ Due to the transition to QO's, WSCs are not eligible for deemed status in FY22.

Between July and September 2021, 623 Service Provider PDRs were completed and approved by Qlarant Regional Managers. Table 2 shows the number completed per region for the first quarter of FY22. All PDRs were conducted virtually via Desk Review and interviews with individuals were completed via Zoom.gov.

Table 2. PDRs by APD Region				
Service Providers (N = 623)			WSCs (N = 0)	
Region	N	%	N	%
Northwest	49	7.9%	0	N/A
Northeast	102	16.4%	0	N/A
Central	135	21.7%	0	N/A
Suncoast	141	22.6%	0	N/A
Southeast	115	18.5%	0	N/A
Southern	81	13.0%	0	N/A

PDR My Life Interview (MLI)



The PDR for service providers uses an interview with individuals receiving services from the provider to determine, from the person’s perspective, how well services are provided and if outcomes are present⁹. The PDR MLI is conducted using the same tool as the PCR MLI; however, QARs are instructed within the tool to only include questions that are relevant to the service(s) the individual is receiving and individuals are asked to relate their responses to their experiences with the PDR provider. Further, unlike the PCR MLI, the sample for the PDR MLI is not a representative sample of individuals receiving services across the state. It is only representative of providers receiving a PDR and because people are free to decline, if no one receiving services from the provider is willing to participate, the PDR will not include this component of the review process.¹⁰

Findings from the PDR MLI are presented by Outcomes and Supports for the following three time-periods:

- FY20 Q1-3: July 2019 – March 2020 (pre-pandemic period)
- FY21: July 2020 – June 2021 (mid-pandemic period)

⁹ Results from the MLI are not factored into the provider’s PDR score.

¹⁰ All PCR and PDR tools can be viewed on the Qlarant website:

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

- FY22 Q1: July 2021– September 2021 (post-vaccine period)

Results from the MLI are trended across these three time-periods to assess how outcomes and supports may have changed over the course of the pandemic. Results from FY20 Q1-3 represent the pre-pandemic period, while results from FY21 represent the mid-pandemic period, and this past quarter represents the post-vaccine period.

Figures 1a and 1b provide results by My Life area for Outcomes and Supports, respectively, and Figures 2a and 2b provide results by region. Findings indicate:

- Outcomes for My Safety show the lowest scores across all three periods. In previous years, the lowest scoring standards within My Safety were related to understanding ANE and knowing what to do when it occurs. As additional data become available in FY22, we will be able to see if scores for these standards are improving or not.
- Outcomes for My Social Life decreased by almost 4 points between the pre- and mid-pandemic period; however, data from the first quarter of FY22 show an increase perhaps suggesting Outcomes in this area may be improving since the vaccine has become more widely available.
- Outcomes for My Service Life have risen consistently, up 3.7 points since the pre-pandemic period (FY20 Q1-3).
On average, Outcomes have trended upward in the Northeast, Suncoast, and Southeast regions.
- Since the pre-pandemic period (FY20 Q1-3), Outcomes, on average, have declined in the Central (down 4.8 points) and Southern (down 3.6 points) regions.
- Supports are high and have remained consistent across all Life areas and Regions throughout all three time-periods.

Further analysis on these and other trends will be provided as more data become available further into FY22.

Figure 1a. PDR MLI Outcomes by Life Area and FY

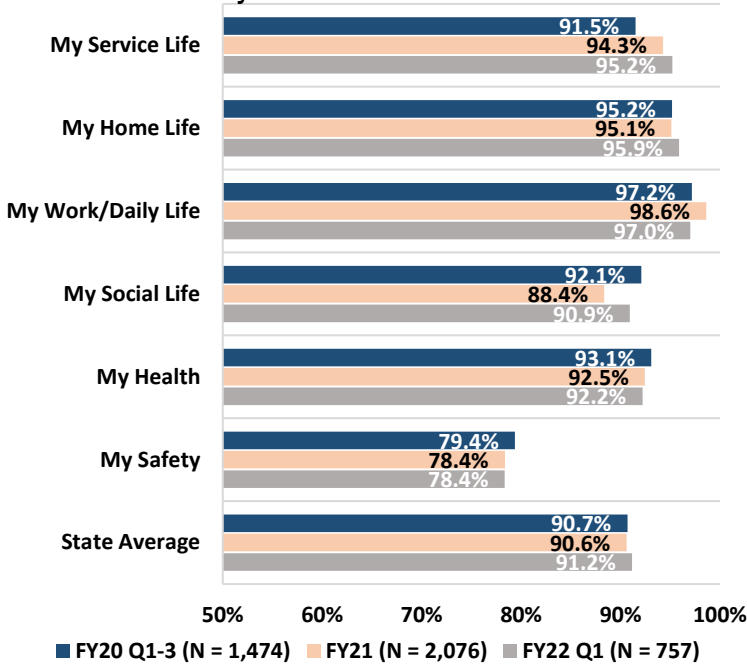


Figure 1b. PDR MLI Supports by Life Area and FY

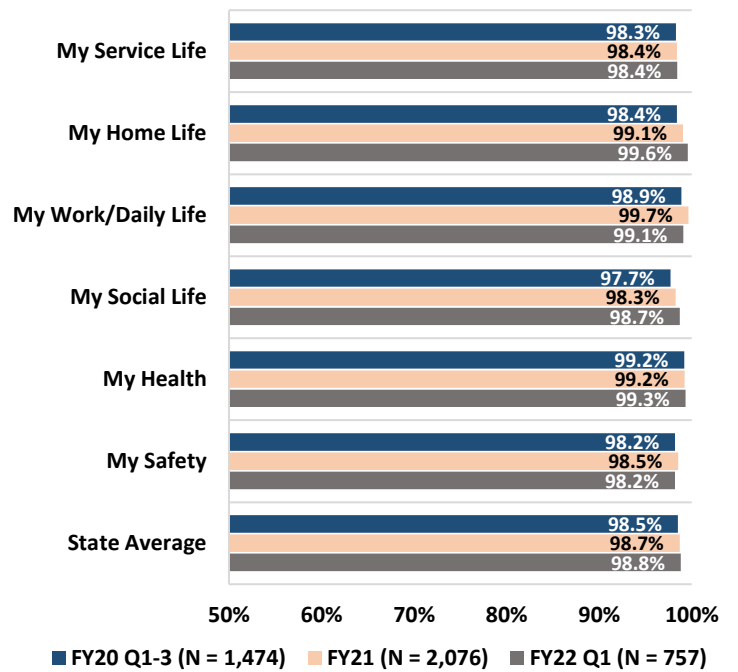


Figure 2a. PDR MLI Outcomes by Region and FY

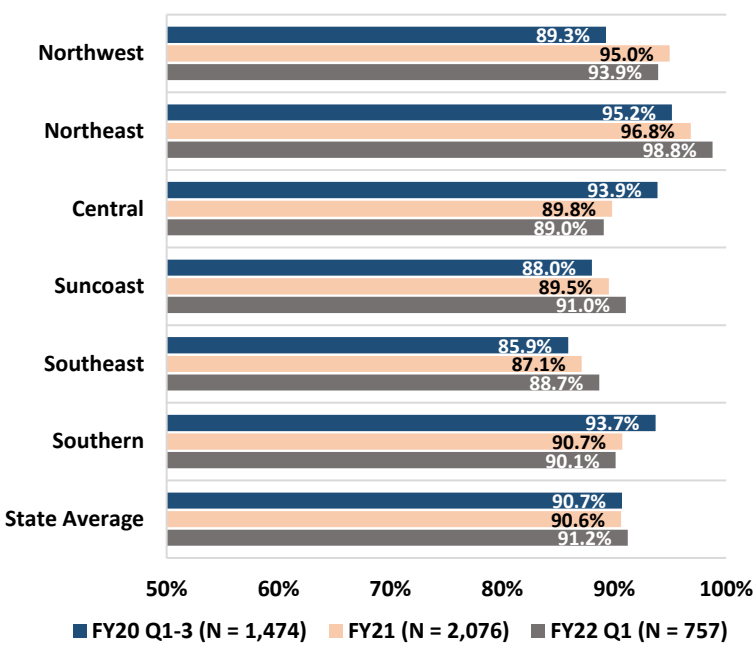
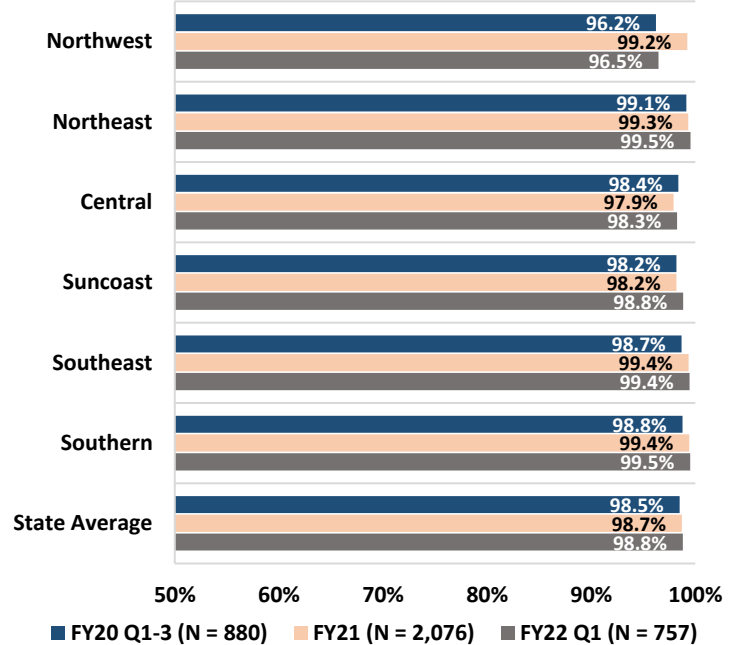


Figure 2b. PDR MLI Supports by Region and FY



Observations

Temporarily suspended due to the COVID-19 pandemic.

General Administrative Review



Each provider is reviewed on up to nine standards from the General Administrative Review (GAR). These standards address compliance dictated in the Florida Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook regarding incident reporting, ANE reporting, insuring/registering agency vehicles, and Clearinghouse Roster maintenance. Not all indicators scored within the GAR apply to solo providers; therefore, results are reported separately for agency and solo providers. In some cases, very few solo agencies were reviewed; therefore, scores with a low number of standards reviewed should be interpreted with caution.

Findings by region are presented for agencies and solo service providers in Table 3. On average, agencies scored higher than solo providers.

Table 3. General Administrative Results by Region Agency v. Solo						
July 2021 - September 2021						
	Agency Providers			Solo Providers		
Region	N	Standards Scored	% Met	N	Standards Scored	% Met
Northwest	29	58	98.3%	20	24	100.0%
Northeast	77	158	97.5%	25	33	81.8%
Central	122	263	98.1%	13	12	83.3%
Suncoast	124	302	94.7%	17	18	88.9%
Southeast	106	200	100.0%	9	9	100.0%
Southern	75	129	96.1%	6	6	100.0%
State	533	1,110	97.2%	90	102	90.2%

Information in Table 4 show GAR results by standard for agency and solo providers. Most of the indicators scored for solo providers had very few responses and should be interpreted with caution. Findings are summarized as follows:

- For agencies,
 - All nine standards showed compliance rates of 90 percent or higher.
 - The lowest scoring standard for agency providers was in reference to identifying and addressing concerns related to abuse, neglect, and exploitation (90.5% Met).

- All of the agencies reviewed in the first quarter of FY22 had identified, addressed, and reported all medication errors.
- For solo providers, the only standard scoring below 100% compliance was in reference to maintaining an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse (88.8% Met).

Table 4. General Administrative Review Results by Standard: Agencies vs Solos July 2021 - September 2021						
Standard	Agencies (N = 533)			Solos (N = 90)		
	# 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.	12	12	100.0%	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.	1	1	100.0%	NA	NA	NA
Agency vehicles used for transportation are properly insured.	165	171	96.5%	NA	NA	NA
Agency vehicles used for transportation are properly registered.	164	171	95.9%	NA	NA	NA
The provider addresses all incident reports.	158	167	94.6%	9	9	100.0%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	19	21	90.5%	2	2	100.0%
All instances of abuse, neglect, and exploitation are reported.	19	20	95.0%	1	1	100.0%
The provider identifies addresses and reports all medication errors.	18	18	100.0%	1	1	100.0%
The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	523	529	98.9%	79	89	88.8%
State Average	1,079	1110	97.2%	92	102	90.2%

Qualifications and Training Requirements



All Direct Service Providers are required to have certain training and education completed in order to render specific services. For each service provider, several employee records are reviewed. Qlarant reviews at least three employees per provider (or all employees if there are fewer than 3) and at least one per eligible service. The total number of employee records sampled varies, depending on the number of people receiving services. Of the 623 service providers who participated in a PDR between July and September 2021, 620 had employees at the time of the review.¹¹ Overall, Qlarant reviewed 1,612 employee records.

A description of each standard scored within the Administrative Qualifications and Training component of the PDR is shown in Table 4. The table shows the number of employee records reviewed, the number of providers reviewed (for which the standard was applicable) and the percent of providers (not employees) in compliance with the standard. All employee records reviewed must meet the requirements for the provider to be in compliance with the standard. In other words, if one record is out of compliance for the standard, the provider is not in compliance with that standard.

Qualification and Training scores to date are relatively high and similar to previous years. For Service Providers, six of 51 indicators (scored for at least 10 providers) showed compliance of less than 80 percent Met. These indicators are highlighted in Table 4 and are summarized as follows for service providers reviewed in the first quarter of FY22:

- About 78 percent of providers offering Residential Habilitation- Standard and 71 percent of providers offering Like Skills Development 3 (ADT) met compliance for completing eight hours of annual in-service training related to the implementation of individually tailored services.
- Just under 78 percent of providers offering Supported Living Coaching were in compliance with completing eight hours of annual in-service training.
- Just over a three-quarters of Personal Supports providers (77.4%) were in compliance with completing four hours of annual in-service training related to the specific needs of at least one person currently served.
- Less than three-quarters of providers (71.1%) had trained all reviewed employees on HIV/AIDS/Infection Control.

The lowest scoring standard captured in the Q&T was in regard to providers maintaining current Basic Medication Administration Validation for all employees. In FY22 Q1, 300 providers (620

¹¹ Three service providers did not have staff employed at the time of their PDR.

employees) were reviewed on this standard and just over half of providers (58%) were in compliance. When a standard is scored Not Met, one or more “Not Met Reasons” are selected. The Medication Administration Validation standard can be scored Not Met for up to 28 different reasons. Among the 220 employees who did not meet this standard, the following reasons were the most commonly selected:

- Established Primary Route was not circled on the Basic Medication Administration Validation Certificate presented (selected 105 times)
- The Validation Effective Date was incorrect or not on the Basic Medication Administration Validation Certificate presented (selected 101 times)
- The Validation Expiration Date was incorrect or not on the Basic Medication Administration Validation Certificate presented (selected 93 times)

Table 4. PDR Qualifications and Training Service Provider Results by Standard			
July 2021 - September 2021			
Standard	# Staff Records Reviewed	# Providers Reviewed	% Providers in Compliance
The provider has completed all aspects of required Level II Background Screening.	1,611	619	85.9%
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.	1,611	619	96.6%
The provider received training in Direct Care Core Competency. (Old)	253	156	96.8%
The provider received training in Basic Person Centered Planning.	251	155	91.0%
The provider received training on Individual Choices, Rights and Responsibilities.	252	156	93.6%
The provider received training in Requirements for all Waiver Providers.	1,609	619	92.2%
The provider received training in HIPAA.	1,610	619	80.0%
The provider received training in HIV/AIDS/Infection Control.	1,559	609	74.1%

Table 4. PDR Qualifications and Training Service Provider Results by Standard			
July 2021 - September 2021			
Standard	# Staff Records Reviewed	# Providers Reviewed	% Providers in Compliance
The provider maintains current CPR certification.	1,537	600	89.3%
The provider received training in an Agency approved curriculum for behavioral emergency procedures consistent with the requirements of the Reactive Strategies rule (65G-8, FAC).	185	76	94.7%
Drivers of transportation vehicles are licensed to drive vehicles used.	1145	541	98.9%
Personal vehicles used for transportation are properly insured.	824	426	89.0%
Personal vehicles used for transportation are properly registered.	822	426	87.8%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	48	29	100.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	9	8	100.0%
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.	8	7	100.0%
The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.	8	7	100.0%
The provider received Basic Medication Administration Training prior to administering or supervising the self-administration of medication.	627	302	89.7%

Table 4. PDR Qualifications and Training Service Provider Results by Standard			
July 2021 - September 2021			
Standard	# Staff Records Reviewed	# Providers Reviewed	% Providers in Compliance
The provider completed the Prescribed Enteral Formula Administration Annual Update training prior to the expiration of their current validation.	10	6	100.0%
The provider obtains Temporary Validation when indicated.	8	6	50.0%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	537	327	99.7%
The Life Skills Development 1 provider completes 4 hours of annual in-service training related to the specific needs of at least one person currently receiving services.	491	309	80.6%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	52	41	100.0%
The provider has completed standardized, pre-service training for Life Skills Development 2.	51	41	100.0%
The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment.	50	40	82.5%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	76	40	100.0%
The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services.	63	38	71.1%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	776	407	99.0%

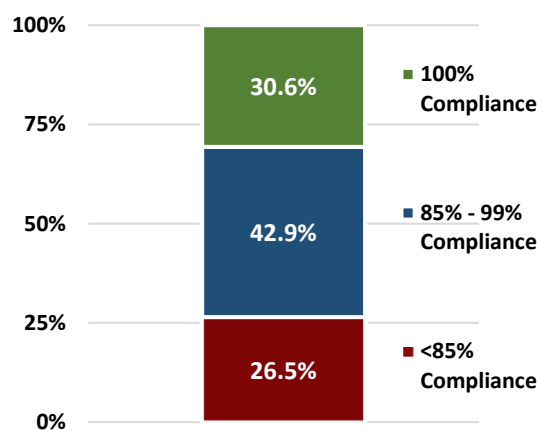
Table 4. PDR Qualifications and Training Service Provider Results by Standard			
July 2021 - September 2021			
Standard	# Staff Records Reviewed	# Providers Reviewed	% Providers in Compliance
The Personal Supports provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	697	390	77.4%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	525	206	99.5%
The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	481	203	77.8%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	108	45	97.8%
The Residential Habilitation-Behavior Focus provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	108	45	88.9%
The Residential Habilitation-Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.	100	45	88.9%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	22	12	100.0%
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.	22	12	91.7%

Table 4. PDR Qualifications and Training Service Provider Results by Standard			
July 2021 - September 2021			
Standard	# Staff Records Reviewed	# Providers Reviewed	% Providers in Compliance
The Residential Habilitation – Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics.	21	12	83.3%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation- Enhanced Intensive Behavior.	2	2	100.0%
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.	2	2	100.0%
The provider meets all minimum educational requirements and levels of experience for Respite.	121	91	98.9%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	171	139	100.0%
The provider completed required Supported Living Pre-Service training.	171	139	94.2%
The Supported Living Coach completed Introduction to Social Security Work Incentives.	167	136	94.9%
The Supported Living Coaching provider completes eight hours of annual in-service training.	161	132	78.0%
The provider maintains current Basic Medication Administration Validation.	620	300	58.0%

Table 4. PDR Qualifications and Training Service Provider Results by Standard			
July 2021 - September 2021			
Standard	# Staff Records Reviewed	# Providers Reviewed	% Providers in Compliance
The provider completed Annual Update Training in Basic Medication Administration prior to expiration of current validation.	514	266	86.8%
The provider has completed the Prescribed Enteral Formula Administration training.	36	21	95.2%
The provider maintains current Prescribed Enteral Formula Administration Validation.	30	17	82.4%
The provider received training in Zero Tolerance.	1,611	619	86.9%
The provider received training in Direct Care Core Competencies.	1,358	565	93.1%
The provider received training in First Aid.	1,532	601	83.7%

Figure 3 shows the percent of providers in compliance with all standards scored within the Qualifications and Training tool, grouped by the percent Met: 0 to 85 percent, 86 to 99 percent, or 100 percent. Among Service Providers reviewed in FY22 Q1, 30.6 percent were 100 percent in compliance and another 42.9 percent had at least 85 percent compliance. The remaining providers (26.5%) were less than 85 percent compliant with standards scored in the Q&T.

Figure 3. Percent of Providers with <85%, 85-99% and 100% Compliance July 2021 - September 2021



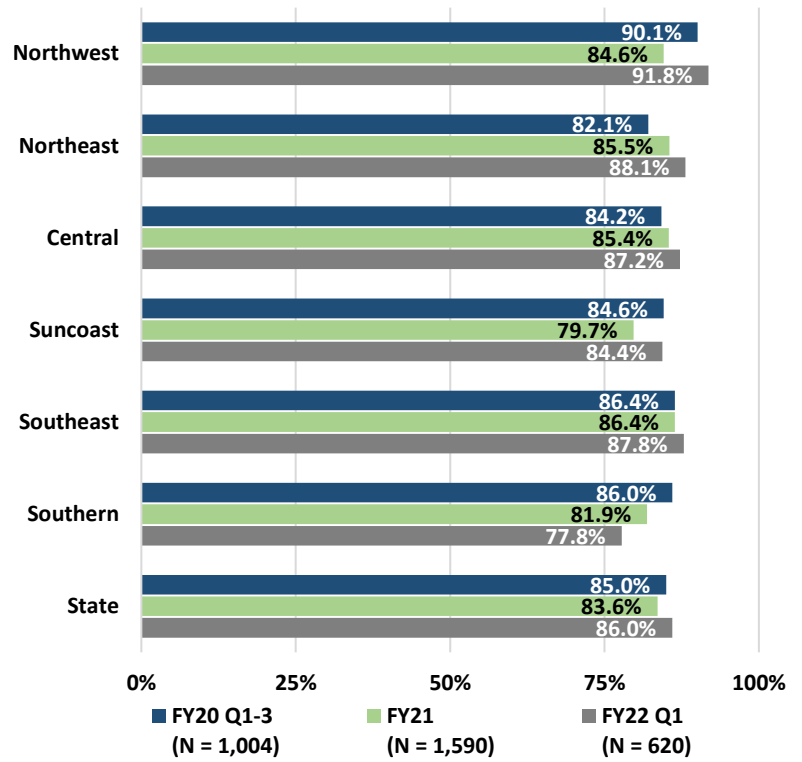
Background Screening



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

Figure 4 shows the percent of service providers compliant with all background screening documentation requirements, by region, for the pre-pandemic period (FY20 Q1-3), mid-pandemic period (FY21), current contract year (FY22 Q1). With the exception of the Southern region, compliance with background screenings have either stayed about the same or improved since the pre-pandemic period across all regions. The percent of providers with all background screenings met in the Southern region declined by eight points between the pre-pandemic period (FY20 Q1-3) and the first quarter of FY22. Qlarant will continue to monitor this trend as more providers are reviewed throughout FY22.

Figure 4. Percent of Providers with All Background Standards Met by Region and FY



Service Specific Record Review Results (SSRR)



During the PDR, a sample of individuals is used to review records for each service offered by the provider. The number of records reviewed depends upon the size of the organization and the number of services provided, with at least one record per service included. The SSRR tool includes a review of standards specific to each service.

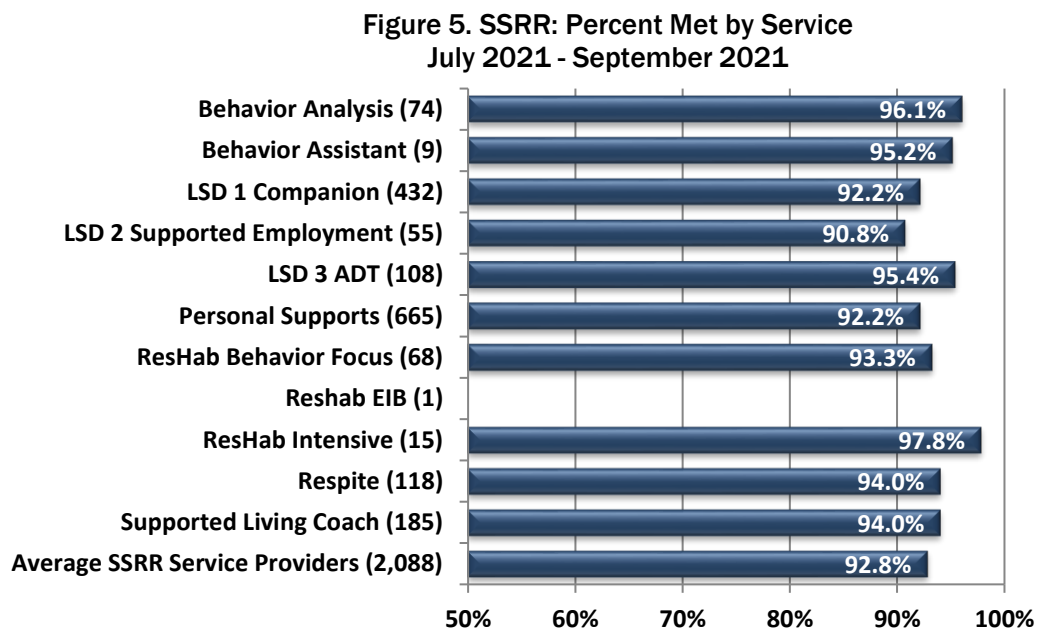
SSRR by Region

SSRR results for FY22 Q1 are presented by region in Table 5. 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. Overall, scores for this current contract year are fairly consistent across regions with average overall scores ranging from 91.2 percent in the Suncoast region to 94.8 percent in the Southern region.

Table 5. PDR Service Specific Record Review Results by APD Region				
July 2021 – September 2021				
Region	# Records Reviewed	# Standards Scored	Weighted Score	Percent Met
Northwest	147	2,517	94.3%	93.8%
Northeast	336	5,633	92.9%	92.6%
Central	485	8,278	93.7%	93.4%
Suncoast	514	8,846	91.7%	91.2%
Southeast	331	5,446	93.2%	92.9%
Southern	275	4,291	95.4%	94.8%
State	2,088	35,011	93.2%	92.8%

SSRR by Service

Average SSRR scores by service are presented in Figure 5. The Figure presents the Percent Met with the number of reviews completed in parentheses. The statewide average as of FY22 Q1 for Service Providers was fairly high and similar to previous years (92.8%); however, there was some variation by service. Providers of LSD2 (Supported Employment Coaching), LSD1 (Companion), and Personal Supports were least likely to have the standards Met.



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

- Employment Stability Plan (LSD2: 53.7%)
- Annual Report (ResHab Behavior Focus: 73.8%)
- Quarterly Summary (SLC: 76.5%)
- Implementation Plan (SLC: 76.6%)

Potential Billing Discrepancy



For each service, several applicable standards related to billing requirements are scored by QARs. If any of the standards are scored

Not Met, it is noted on the PDR Report as a potential billing discrepancy (PBD). The percentage of providers with one or more PBDs is presented by region and FY in Figure 6.¹² Since FY20 (Q1-3), the percent of service providers with all billing discrepancies scored Met has increased from 55.9 percent to 65.7 percent – nearly 10 points. Compared to pre-pandemic data, the following regions saw an increase of more than 10 points:

- Suncoast (up 16.3 points)
- Northwest (up 11.9 points)
- Northwest (up 10.1 points)

Figure 6. Percent of Providers with All Billing Discrepancy Standards Met by Region and FY

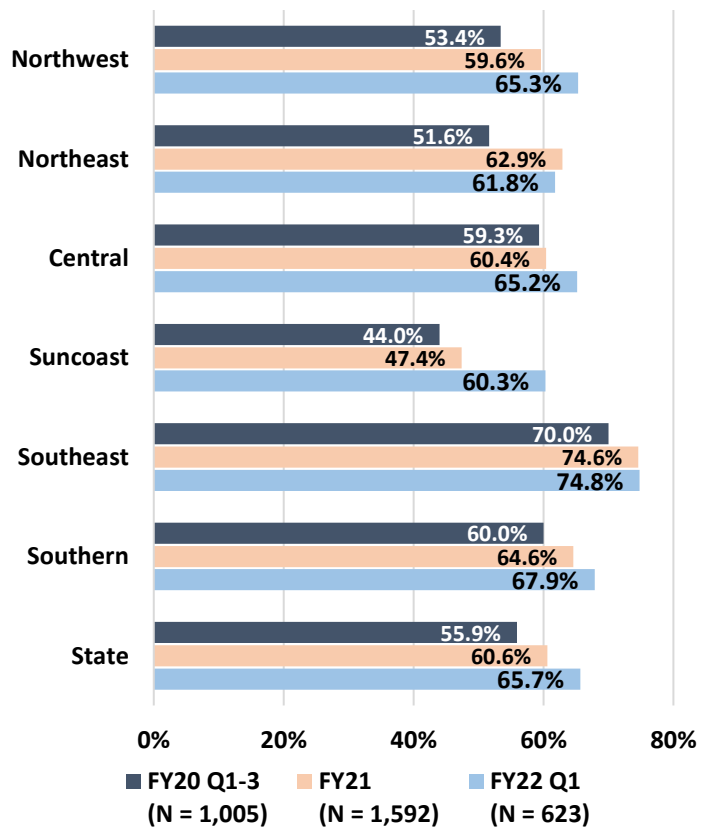


Table 7 shows the number of records reviewed, by service, including the percent with billing discrepancies scored Met, showing data for the pre-, mid-, and post-vaccine pandemic periods. Results for FY22 Q1 indicate 80.1 percent of billing standards were scored Met, on average, among service providers- an eight-point increase since the pre-pandemic period. Compared to pre-pandemic data, the following services saw an increase of more than 10 points:

¹² Beginning April 2020, six months of claims are reviewed for billing discrepancies versus 12 months.

- Supported Living Coaching – up 14.7 points
- Behavior Assistant – up 12.9 points
- Life Skills Development 1 (Companion) - up 11.4 points

The lowest compliance rates as of FY22 Q1 were for Life Skills Development 2 – SEC (70.9%), Supported Living Coaching (73.0%), and Respite (74.6%). Low scoring standards for these services had to do with having incomplete Service Logs/Daily Progress reports covering services provided and billed during the period under review.

Table 7. Billing Discrepancy” Percent of Standards Scored Met by Service						
Service	FY20 Q1-3		FY21		FY22 Q1	
	Records Reviewed	% Met	Records Reviewed	% Met	Records Reviewed	% Met
Behavior Analysis	119	90.8%	181	88.4%	74	89.2%
Behavior Assistant	25	76.0%	34	82.4%	9	88.9%
Life Skills Development 1 (Companion)	647	64.3%	1,024	71.2%	432	75.7%
Life Skills Development 2 (SEC)	141	62.4%	186	74.2%	55	70.9%
Life Skills Development 3 (ADT)	292	80.5%	369	82.1%	108	90.7%
Personal Supports	1,103	65.1%	1,645	68.9%	665	75.0%
Residential Habilitation Behavior Focus	135	88.9%	196	91.3%	68	95.6%
Residential Habilitation EIB	1	-	2	-	1	-
Residential Habilitation Intensive Behavioral	29	89.7%	38	94.7%	15	100.0%
Residential Habilitation Standard	629	91.7%	961	91.5%	358	92.7%
Respite	269	63.9%	370	74.6%	118	74.6%
Special Medical Home Care	1	-	1	-	0	
Supported Living Coaching	309	58.3%	452	69.0%	185	73.0%
Total	3,700	71.9%	5,459	76.5%	2,088	80.1%

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.

Between July and September 2021, 191 alerts were reported across the state. Alerts are listed by type for each fiscal year since the pre-pandemic period (FY20 Q1-3) in Table 8. As of the first quarter of FY22, the majority of alerts (93.7%) were due to missing or insufficient background screening, maintaining the employee/contractor roster within the clearinghouse, and medication administration, training, or validation. Note that, in response to the pandemic, were suspended in April 2020. This suspension likely reduced the total number of alerts, particularly for rights, health and safety, and medication storage. There was also a hiatus on some background screening requirements between April and September 2020, due to the pandemic.

Table 8. Service Provider Alerts by Alert Type July 2021 – September 2021 (N = 623)		
Alert Type	N	%
ANE	0	0.0%
Background Screening	52	27.2%
Clearing House Roster	21	11.0%
Driver’s License/Insurance	11	5.8%
Health & Safety	1	0.5%
Medication Admin/Training	106	55.5%
Medication Storage	0	0.0%
Rights	0	0.0%
Vehicle Insurance	0	0.0%
Total	191	100.0%

PDR Summary Results

PDR Scores by Review Component

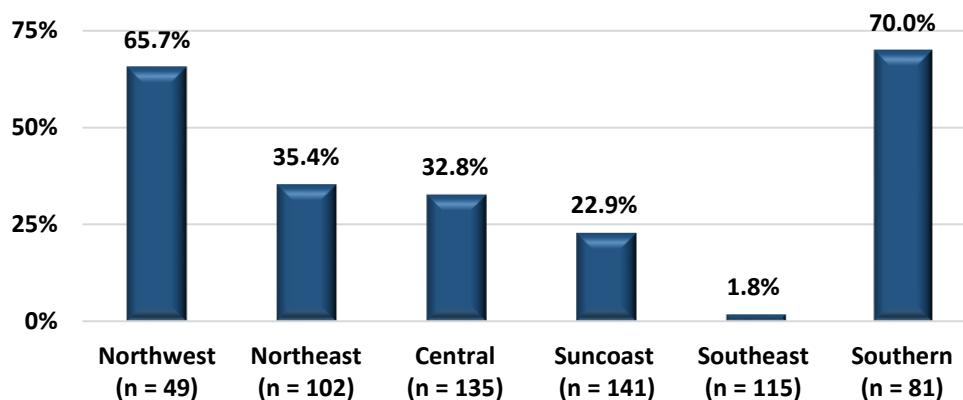
A summary of PDR results by region is presented for service providers in Table 9. Average statewide scores for service providers were 90 percent or greater on all PDR review components. The only scores to fall below 90 percent, on average, by region were for MLI outcomes in the Central (89.0% Met) and Southeast (88.7% Met) regions.

Region	Table 9. PDR Component Scores for Service Providers by APD Region July 2021 – September 2021						OBS
	# of PDRs	GAR (623)	Q&T (1,612)	SSRR (2,088)	MLI (757)		
					Outcomes	Supports	
Northwest	49	98.8%	91.9%	93.8%	93.9%	96.5%	NA
Northeast	102	94.8%	92.5%	92.6%	98.8%	99.5%	NA
Central	135	97.5%	92.5%	93.4%	89.0%	98.3%	NA
Suncoast	141	94.4%	90.6%	91.2%	91.0%	98.8%	NA
Southeast	115	100.0%	91.3%	92.9%	88.7%	99.4%	NA
Southern	81	96.3%	93.5%	94.8%	90.1%	99.5%	NA
State	623	96.6%	91.9%	92.8%	91.2%	98.8%	NA

PDR Score Range by Region

While the average scores across all the review components were relatively high, and the highest score in each region was 100 percent, the minimum PDR score in each region varied substantially, as shown in Figure 8. The lowest service provider score as of FY22 Q1 was 1.8 percent (Southeast).

**Figure 8. Minimum Service Provider PDR Score by Region
July 2021 - September 2021**



PDR by Provider Size

Florida’s providers of HCBS services, through the iBudget Waiver, vary greatly in the number of employees they have and the number of people served. As per APDs definition, service providers render services as a solo provider or as part of an agency. For this report, service providers have been categorized by size, with the number of people served, as follows:

- Small – 1 to 29

- Medium – 30 to 99
- Large – 100+

Information in Table 10 provides a summary of PDR results by provider size for service providers and by agency, including scores for Compliance and Person Centered Practices. Compliance standards address required documents – Are they complete? Do they have all the necessary components? Person Centered Practices standards address best practices and the extent to which individuals have key outcomes in their lives, such as informed choice, desired levels of community integration and person centered service delivery. Alerts and the number of billing standards scored Not Met are presented as a rate per 10 reviews for each size category.

On average, scores for small service providers were somewhat lower than for medium or large providers; however, small providers were also somewhat less likely to have potential billing discrepancies.

Service Providers	# Reviews	Overall	Compliance	Person Centered Practices	# Alerts	# BD	Rate per 10 Reviews	
							Alerts	Billing Discrepancy Standards
Small	569	92.5%	92.9%	92.3%	173	402	3.04	7.07
Medium	48	95.5%	95.8%	95.4%	14	39	2.92	8.13
Large	6	95.5%	94.2%	96.0%	4	7	6.67	11.67
Total	623	93.0%	93.3%	92.8%	191	448	3.07	7.19

Section III: Discussion and Recommendations



Findings in this report reflect data from service provider PDRs completed and approved between July and September 2021, with comparisons to data collected prior to the pandemic (July 2019 – March 2020) and throughout the pandemic (July 2020 – June 2021). As of September 2021, 623 PDRs were completed, approved and available for analysis.

Provider feedback remains positive with an average score on the feedback survey of 96.7 percent positive. Over the contract year, Qlarant Regional Managers reviewed all reports before final approval and facilitated quarterly meetings in each region to review data, explore trends, and discuss other relevant regional issues or best practices. Managers work with

APD and AHCA to continuously to revise and update processes to ensure the best quality assurance reviews possible.

The 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 this past quarter indicate the majority of providers reviewed were in compliance with most requirements and individuals interviewed as part of the PDR were generally satisfied with their services.

On average, scores from the MLI were higher for supports than for outcomes. Outcomes for My Safety have remained the low across all three time-periods presented in this report. While Outcomes for My Social Life declined between the pre- and mid-pandemic periods, they are beginning to improve as of the first quarter of FY22. We will be able to draw more conclusions regarding this area once we have collected more data, specifically through the PCR.

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



Recommendations

Safety

While we are only in the first quarter of the fiscal year, and we do not yet have PCR data to analyze, results from the PDR MLI continue to show Safety as the lowest scoring outcome area for people receiving services. While most service providers offered supports to address safety and had systems

in place to identify, address and report instances of abuse, neglect, and exploitation (ANE), individuals did not always understand what neglect or exploitation mean, what to do if experiencing ANE, or what the different types of abuse are, such as physical or sexual. Individuals continue to indicate they do not know about the Abuse Hotline or where to find the number. Several recommendations from previous reports are still relevant.

Recommendation 1: 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 2: A panel of people receiving services, and their families, could be invited to QC to discuss issues surrounding ANE. This may be more effective when the council is able to meet in-person again. Discussion should include how to enhance people's understanding of the different types of abuse (ANE) and what action to take when faced with any type of ANE, focusing on exploitation and neglect.

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

Recommendation 4: Findings from the FY21 annual report indicated about two percent of individuals receiving services on the waiver were missing both Outcomes and Supports associated with ANE. These individuals may be more at risk of being victims of ongoing or unreported abuse. Qlarant could work with APD and the Quality Council to identify these individuals and have regions reach out to ensure they and their close supports are offered effective and meaningful educational materials explaining ANE and how to use the Abuse Hotline.

Possible Impact from the Coronavirus Pandemic

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 among those who participated in a PCR. While findings from the first quarter of FY22 show some improvement in this area, these data are limited in that they only represent a portion of our sample and do not include results from the

PCR MLI. Therefore, while supports seem to be excellent, findings suggest, as with the general population, that people receiving services through the iBudget Waiver 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 could develop work groups within their regions to ensure individuals who have not received the COVID-19 vaccine have access to educational resources on the various types of vaccines and know where to receive them. They can also work with service providers and Support Coordinators to develop innovative and creative ways for individuals to continue to engage in socially distanced activities in either outdoor or virtual settings – both of which have become increasingly common over the course of the pandemic.

Qualifications and Training

APD utilizes over 30 standards captured in the Qualifications and Training tool to determine the number and percent of providers in compliance with the CMS Performance Measure requiring providers with service specific staff to meet all training requirements. As previously explained, to be in compliance, all of the provider's employees must meet requirements set out by all of the standards captured in the tool. While compliance for individual standards typically range between 70 and 90 percent, the rate of service providers meeting 100 percent compliance across all standards has been below 50 percent (33.8% in FY21 and 30.6% in FY22 Q1) for several years.

Recommendation 6: Qlarant should work with APD to organize a training for providers on the expectations set out by CMS regarding training requirements for themselves and their employees. This training could review standards that are most often scored Not Met as well as the most common reasons for which they are being missed. APD may also consider incentivizing providers to meet 100 percent compliance by recognizing their achievement publicly or providing some other sort of incentive.

Summary

Findings from reviews completed during the first quarter of FY22 were generally positive. Compliance rates for providers who participated in a PDR remained high, despite the pandemic continuing to create barriers. Qlarant, AHCA and APD continue to revise and update processes to help keep providers, individuals receiving services, and Qlarant's reviewers safe and healthy. Through these efforts, the state has been able to continue oversight of this important program and help providers continue to offer critical services to a vulnerable population. Data has suggested that for some documentation, desk review processes may be beneficial to providers and reviewers alike. As we begin to transition back to onsite reviews, Qlarant, AHCA and APD have discussed the

possibility of allowing high-performing providers the option of participating in a desk review versus an onsite review.

Attachment 1: Customer Service Activity

Customer Service Topic	#	Description	Outcome	Avg Time
Contact QAR	6	Providers called to contact the QAR assigned to do their review.	QARs were contacted by office staff and asked to contact the provider.	1 day
Miscellaneous/Other	6	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	13	Providers called to update their phone numbers/addresses/Names after receiving a notification letter or to ensure a letter is received in the future.	Phone numbers/addresses were updated in the Fenix application, and providers were also advised to update contact information with AHCA.	1 day
Next Review	31	Providers called asking when their next review will occur. Providers called following receipt of their PDR notification letter to advise of vacation, planned unavailability or resignation in order to avoid possible non-compliance if attempts to contact them while away are made. Providers also called with questions related to the Desk Review process.	The review process was explained to the providers, including all the factors that are involved in scheduling. If indicated the assigned reviewer is notified of issues to consider when scheduling or the provider is removed from the schedule.	1 day
Provider Feedback Survey	6	Providers have the option to request a call from a manager when submitting a Provider Feedback Survey after their review.	The managers assigned to the Region associated with the call back requests were notified. Contact was either made or attempted with not success.	1 Day
Provider Web Search	3	Providers called to inquire why they do not appear in the provider search website.	The provider was educated on how a provider gets added to the search. The search is driven entirely by AHCA claims. Once waiver claims are submitted and paid the provider will be added to the system.	1 day
Potential Billing Discrepancy	5	Providers called with questions about how to repay money identified as a potential billing discrepancy on their PDR.	Providers were given the AHCA email address for potential billing discrepancy. APDProviderBilling@ahca.myflorida.com	1 day
Question	16	Providers called with questions regarding documentation requirements, qualification and	Questions were answered by CSR or Regional Managers. Callers were referred to	1 day

Customer Service Topic	#	Description	Outcome	Avg Time
		training requirements, and service limitations; for assistance accessing resources on our website; for explanations of the review processes and clarification on various other topics.	the iBudget Handbook, local APD Regional Office, relevant websites and the Qlarant tools posted on the FSQAP website.	
Reconsideration	33	Providers called asking for clarification on the process to submit a request for reconsideration or inquiring as to the status of a request already submitted.	The reconsideration process was explained to the provider, including reference to Qlarant’s Operational Policies and Procedures. The providers were directed to the end of their PDR reports and the FSQAP website where they will find detailed instructions on how to submit a Request for Reconsideration. If a reconsideration request was in process the provider was given a status update.	1 day
Report Requested	6	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	20	Providers called asking for an explanation of their report.	Reports were reviewed and explained by the Customer Service Representative or Regional Manager; providers were referred to their local APD Regional office for technical assistance.	1 day
Review Tools	2	Providers called with questions regarding where to find the most current review tools, most specifically the Desk Review Checklists.	Providers were referred to the FSQAP website Provider Resources page and shown the current tools posted. Questions regarding the tools were answered, with references to the protocols and the Not Met reasons.	1 Day
Total Number of Calls	147	Note: 3 calls were conducted in Spanish.		