

Florida Statewide Quality Assurance Program

FY 2022: Quarter 2 Report

July 2021 – December 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. Two meetings have been held so far in FY22, one on July 22, 2021 and one on October 21, 2021. 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 has 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.

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

¹ Also referred to as regions in the report.

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 – delaying all review activity for WSCs, CDC+ Consultants (CDC+ C), and CDC+ Representatives (CDC+ R). Therefore, results for the PCR My Life Interview, WSC/CDC+ C/CDC+ R Record Reviews, and WSC/CDC+ C Administrative Reviews were collected after October 1, 2021.

Findings presented in this report are based on 455 Person Centered Reviews (PCRs), 1,032 Service Provider PDRs (PDR), 46 Waiver Support Coordinator PDRs (PDR SC), and 58 CDC+ Representative reviews conducted and approved during the second quarter of FY22. These data are preliminary and only include a portion of our annual sample and should therefore be interpreted with some caution. Findings to date include the following:

- On average, Supports for individuals interviewed during the PDR were more likely to be met than Outcomes.
- People receiving services either through the Waiver or CDC+ were least likely to have Safety Life Area outcomes Met. Supports for Safety were close to 22 points higher than outcomes for the Waiver and 33 points higher for CDC+.
- More than 40 percent of individuals interviewed in FY22 Q2 did not meet the outcome related to understanding their medications.
- PCR record review score for WSCs, CDC+ Cs, and CDC+ Rs were relatively high with average scores over 95 percent.
- Average scores on all PDR review components (interview, administrative reviews, and record reviews) were approximately 90 percent or higher.
- Solo Service 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.
- Agency Service Providers were less likely to meet standards relating to identifying and addressing concerns related to abuse, neglect, and exploitation (ANE) and reporting all instances of ANE.
- Records reviewed for Life Skills Development 1 (Companion), 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.

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 were delayed until October 1, 2021.

**Person Centered Review
(PCR)**

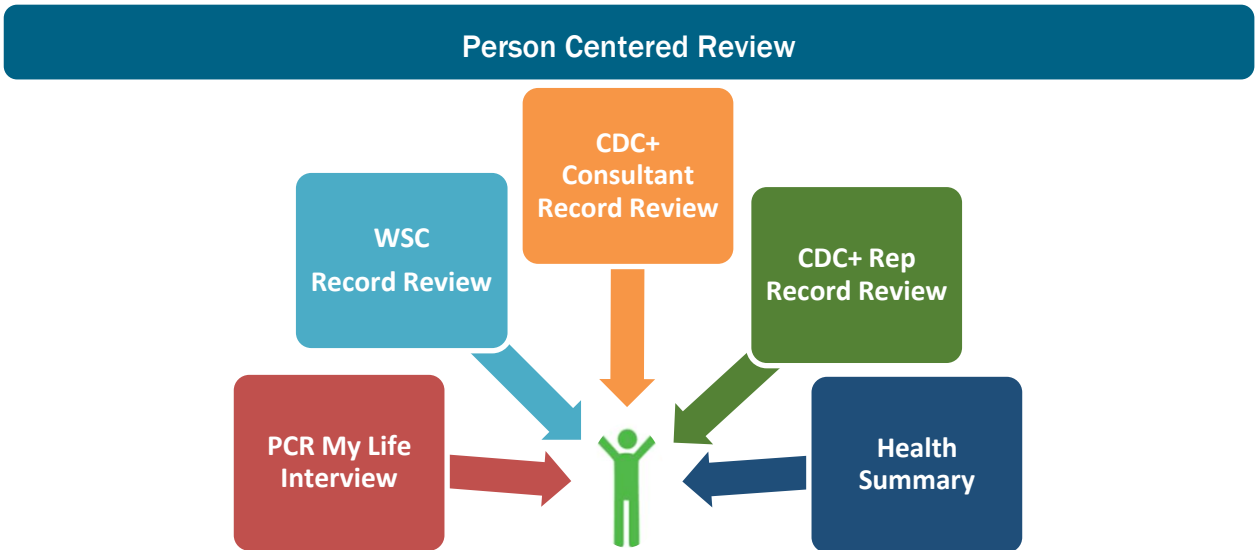
- Evaluate support delivery systems and quality of life from the perspective of the person receiving services.

**Provider Discovery Review
(PDR)**

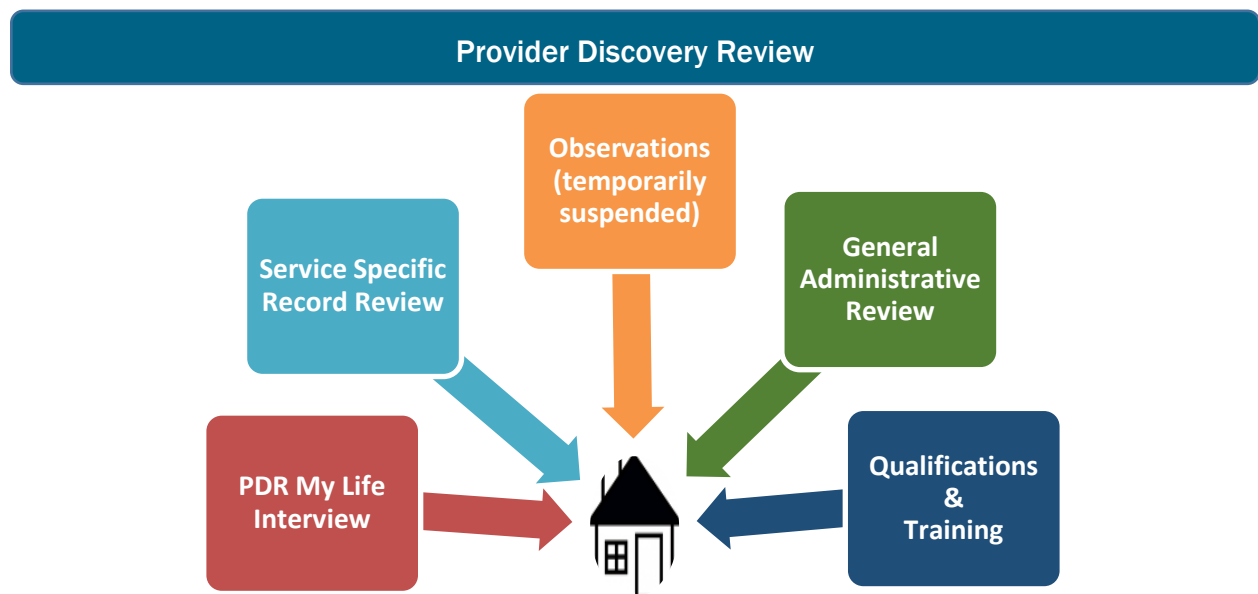
- Evaluate the extent to which providers use person centered planning and practices and provide services to promote opportunities for individuals receiving services.
- Ensure providers are in compliance with the iBudget Waiver Handbook, Florida Administrative Code and Florida Statute.

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, 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. Individuals interviewed with the PDR My Life Interview tool are only asked questions which apply to services they are receiving from the provider being reviewed and are asked to answer according to their experiences with the provider being reviewed. Observations, completed for licensed residential homes (LRH) and day program facilities, were temporarily suspended due to the COVID-19 pandemic; however, they resumed as of January 2022. Results for Observations will be reported in the 3rd quarterly report.



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

- Section I: Significant Contract Activity during the second quarter (October 2021 - December 2021)
- Section II: Data from Review Activities throughout the second 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. 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 (October 2021 - December 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 second quarter of FY22, status meetings were held via Zoom on November 18th and December 16th. The October status meeting was replaced with a Quality Council Meeting which was also held via Zoom on October 21st.

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 in FY22 Q2 on the topics of National Core Indicators and Medication Validation. 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 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 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. Since FY20, virtual trainings have been conducted with QARs as needed; however, there is hope of conducting an annual conference in July or August 2022.

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.qclarant.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 second quarter of FY22, using a webinar format.³

Quality Council (QC)

The second of three Quality Council (QC) meetings was held in the second quarter of FY22 via webinar on October 21, 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 – Select findings from Florida participation in the National Core Indicators-IDD Adult Family Survey and Updates on Workforce - 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.qclarant.com/Public2/qualityCouncil/archive.html>).

- Critical Incident Reporting and Management - Meghan Torres, Program Administrator for Quality Improvement, APD
- APD Updates – Ed DeBardeleben, Chief, Program Development, Compliance & Policy
- Qlarant Data Presentation – Katy Glasgow PhD, 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 December 2021 are presented in Table 1. In total, 89 providers completed the survey. On average, 98.2 percent of responses were positive (1,132/1,153). 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 – December 2021 (n = 89) | | | |
|--|-------|------|--------------|
| Question | # Yes | # No | NA/ Blank |
| Did the Quality Assurance Reviewer explain the review process? | 87 | 0 | 2 |
| Did the Quality Assurance Reviewer share with you the names of the potential people chosen to participate in the review? | 84 | 0 | 5 |
| Did the Quality Assurance Reviewer explain the person's participation in the interview is voluntary? | 82 | 2 | 5 |
| Did the Quality Assurance Reviewer refer you to the Qlarant website that includes the tools and procedures? | 83 | 2 | 4 |
| Were the tools accessible on the Qlarant website? | 80 | 0 | 9 |
| Did you find the tools helpful when preparing for the review? | 81 | 2 | 6 |
| Did the Quality Assurance Reviewer answer your questions in preparation for the review? | 84 | 2 | 3 |
| Did the Quality Assurance Reviewer arrive on time? | 37 | 0 | 52 |
| If not, were you notified the Quality Assurance Reviewer would be late? | 7 | 0 | 82 |
| Did the Quality Assurance Reviewer give you enough time to find the information requested? | 86 | 1 | 2 |
| Do you feel the Quality Assurance Reviewer was prepared for the review? | 83 | 3 | 3 |
| Did the review process go as explained by the Quality Assurance Reviewer? | 85 | 2 | 2 |
| Did the Quality Assurance Reviewer answer the questions you had during the review? | 86 | 1 | 2 |

**Table 1. Results from Provider Feedback Surveys
 Surveys Received Between July 2021 – December 2021 (n = 89)**

| Question | # Yes | # No | NA/ Blank |
|---|--------------|-----------|--------------|
| If applicable, did the Quality Assurance Reviewer explain why a standard was Not Met? | 68 | 1 | 20 |
| If an alert was identified, did the Quality Assurance Reviewer inform you of the follow up process? | 26 | 2 | 61 |
| Did the Quality Assurance Reviewer provide you with the preliminary findings of your review before leaving? | 73 | 3 | 13 |
| Total Responses | 1,132 | 21 | 271 |

Summary of Customer Service Calls

During the second quarter of FY22, 170 calls were recorded in the Customer Service Log, with an average response time of one day for each call.⁴

Staff Updates

In FY22 Q2, two of Qlarant’s QARs from the Northeast region retired after 11 years of working as a QAR. Qlarant also hired a new QAR who will be working in the Central 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.

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

Section II: Data from Review Activities⁵

Person Centered Reviews (PCR)⁶



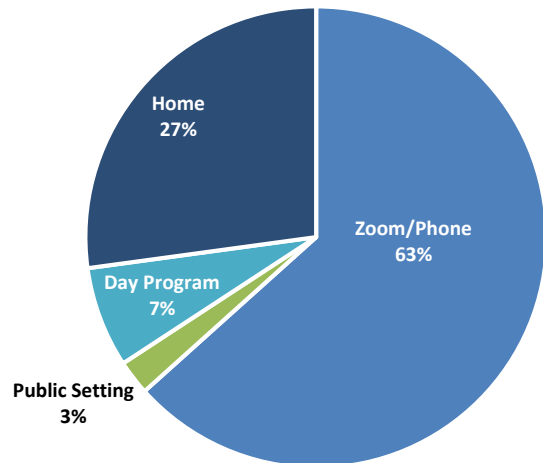
The PCR includes an interview with the person and a review of the person’s record maintained by the Waiver Support Coordinator (WSC) or CDC+ Consultant (CDC+ C). If the person receives services through CDC+, a record review is also completed for the CDC+ R. Between October and December 2021, 455 PR were completed and approved – 410 for individuals on the iBudget Waiver and 45 for individuals using CDC+.

| Region | Waiver | | CDC+ | |
|--------------|------------|-------------|-----------|-------------|
| | n | % | n | % |
| Northwest | 29 | 7% | 1 | 2% |
| Northeast | 84 | 20% | 10 | 22% |
| Central | 84 | 20% | 16 | 36% |
| Suncoast | 102 | 25% | 9 | 20% |
| Southeast | 65 | 16% | 4 | 9% |
| Southern | 46 | 11% | 5 | 11% |
| Total | 410 | 100% | 45 | 100% |

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.

As of October 1, 2021, Qlarant began transitioning back to in-person interviews after over a year of conducting interviews via Zoom or on the telephone. Between October and December 2021, 63 percent (n = 287) of 455 PCR interviews were conducted via Zoom or on the telephone; however, the remaining interviews were conducted either in a public place, at the individual’s day program, or in their home. With nearly 40 percent of interviews having been conducted in-person, comparisons between interview data collected in FY21 (when all interviews were conducted virtually) and FY22 should be made with caution.

Figure 1. PCR Interview Location October 2021 - December 2021 (N = 455)



⁵ In response to Chapter 2020-71, formerly referred to as Senate Bill 82, PCRs were suspended until October 2021; therefore, PCR results in this report are for reviews conducted after October 1, 2021.

⁶ 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 December 2021, 24 individuals originally samples 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 change their minds about participating. Most of the declines, 18 of 24 (75%), were people who declined to participate.

| Decline Reason | Waiver | CDC+ | Total |
|---------------------------|-----------|----------|-----------|
| Added in error | 3 | 0 | 3 |
| Person Declined Interview | 17 | 1 | 18 |
| Moved Out of State | 1 | 0 | 1 |
| Review Next Year | 2 | 0 | 2 |
| Total | 23 | 1 | 24 |

Individual Demographics

The following series of figures show the distribution of the PCR sample across Residential Settings, Age Groups, and Primary Disability.⁷ 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 nearly 85 percent of participants being below the age of 44 – and include a higher proportion of individuals with a diagnosis of Autism.

Figure 2a. Residential Settings: Waiver October 2021 - December 2021 (n = 410)

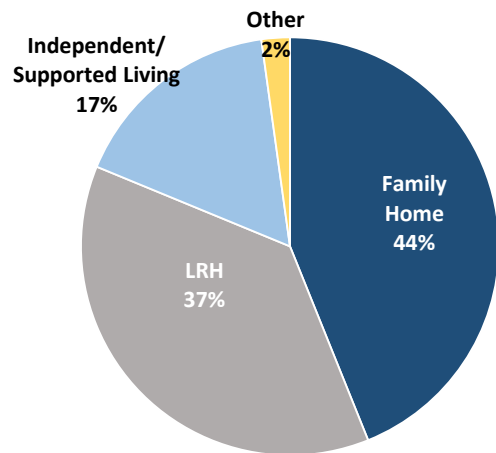
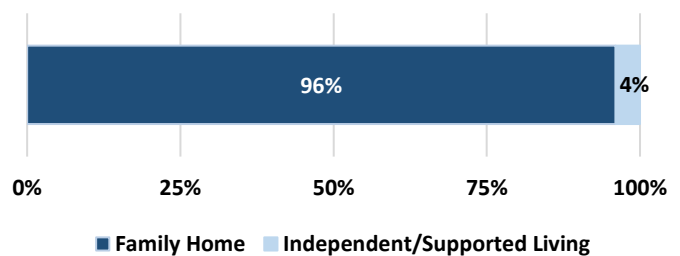
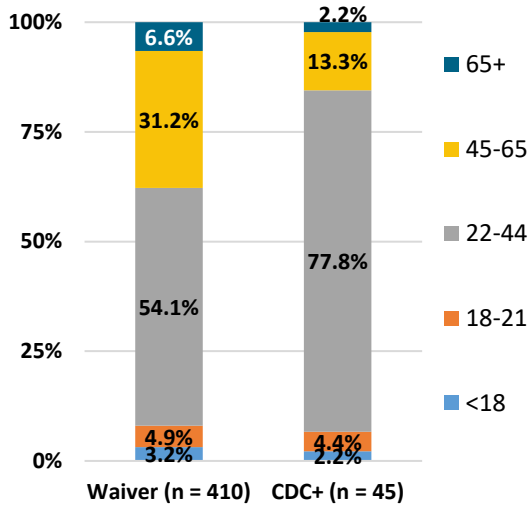


Figure 2b. Residential Settings: CDC+ October 2021 - December 2021 (n = 45)

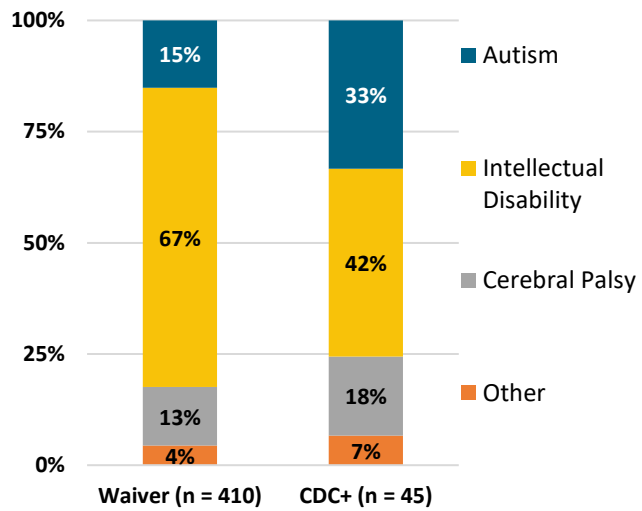


⁷ The Other category for Residential Setting for the Waiver included a total of nine in an Assisted Living Facility. The Other category for Primary Disability for the Waiver included Down syndrome (12) and Spina Bifida (4), Prader Willi (2). For CDC+ “Other” included Down syndrome (3).

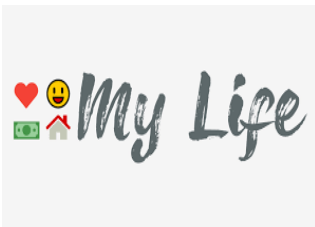
**Figure 3. Age Groups
 October 2021 - December 2021**



**Figure 4. Primary Disability
 October 2021 - December 2021**



PCR My Life Interview (MLI)



Individuals’ participating in a PCR are interviewed using the PCR My Life Interview tool. 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 scored twice: once to indicate if the outcome is present in the person’s life and once if the person is supported to meet the outcome. When a question is marked ‘Not Present’ as either an outcome or a support, one or more reasons are selected to explain why. The MLI also includes a series of questions regarding the level of satisfaction people have with various aspects of

their lives including services, day activities, residence, health, and involvement in the community. Finally, the MLI is used to assess stability; i.e., how many times over the previous 12 months had the person experienced a change in services, service providers, Support Coordinators, jobs, or place of residence.

When responding to questions in the PCR MLI, individuals 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), which asks individuals to refer only of their experiences with the provider being reviewed when responding to questions.

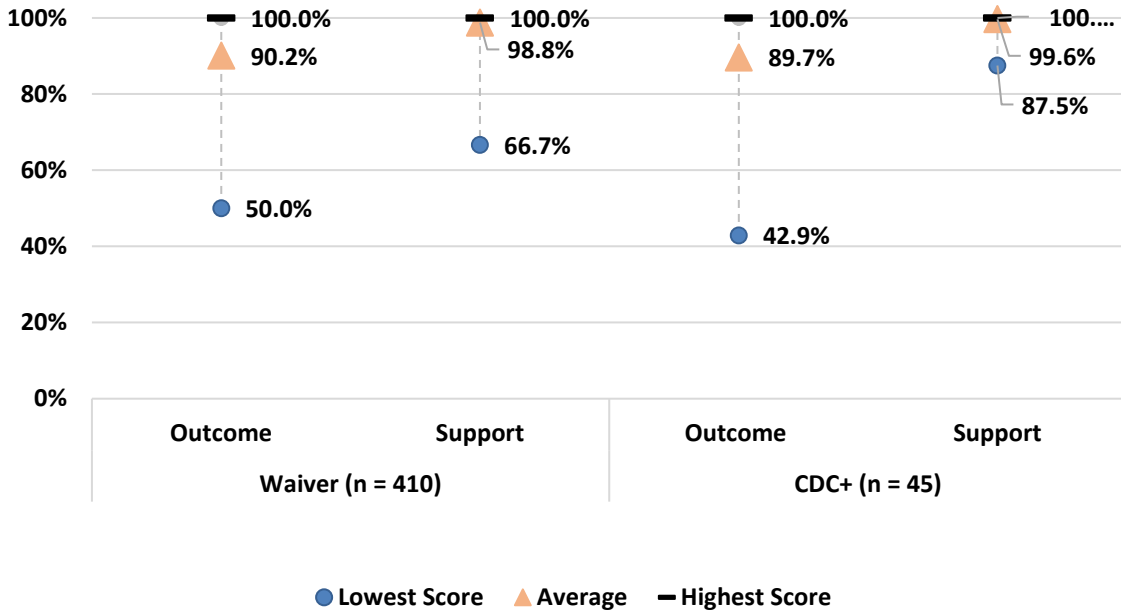
Data Limitations

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 also 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 between October and December 2021, for Outcomes and Supports. The first two lines from the left represent scores for the Waiver and the two lines on the right represent scores for CDC+. Results for FY22 Q2 indicate the lowest scores were for Outcomes and that while average rates were relatively high, Outcomes and Supports for some individuals were quite low. CDC+ supports were relatively high across all 45 PCRs completed.

**Figure 5. MLI Outcomes vs Supports Score Ranges
 October 2021 - December 2021**



PCR My Life Interview Scores by Region

Average scores for Outcomes and Supports are presented by region in Table 4. The number of reviews completed in each region for CDC+ are relatively small⁸ and comparisons across regions should be made with caution. On average, Outcomes were eight or more points lower than Supports by region, with the exception of the northern part of the state. In the Northeast and Northwest regions, Outcomes were only two and five points lower than Supports, on average.

| Region | Waiver | | | CDC+ | | |
|-----------|-----------|----------|----------|-----------|----------|----------|
| | # of PCRs | Outcomes | Supports | # of PCRs | Outcomes | Supports |
| Northwest | 29 | 92.3% | 97.6% | 1 | - | - |
| Northeast | 84 | 97.1% | 99.0% | 10 | 99.2% | 100.0% |
| Central | 84 | 86.1% | 97.2% | 16 | 79.7% | 99.0% |
| Suncoast | 102 | 90.7% | 99.1% | 9 | 91.1% | 100.0% |
| Southeast | 65 | 88.9% | 99.9% | 4 | - | - |
| Southern | 46 | 83.9% | 99.5% | 5 | 95.0% | 100.0% |

⁸ Scores are not presented for regions with fewer than five reviews.

| Table 4: PCR Individual Interview Results by Region October 2021 – December 2021 | | | | | | |
|---|-----------|----------|----------|-----------|----------|----------|
| Region | Waiver | | | CDC+ | | |
| | # of PCRs | Outcomes | Supports | # of PCRs | Outcomes | Supports |
| State | 410 | 90.2% | 98.8% | 45 | 89.7% | 99.6% |

PCR My Life Interview by Life Area

The average MLI score for each Life Area is presented in Figure 5a for the Waiver and Figure 5b for CDC+, by Outcomes and Supports. Findings to date indicate individuals receiving services were supported across all Life Areas (each above 97%) and were least likely to meet Outcomes related to ‘My Safety’ for both the Waiver and CDC+, 77 and 67 percent met, respectively. Outcomes related to ‘My Social Life’ and ‘My Health’ were also relatively low for both the Waiver and CDC+.

Figure 5a. My Life Interview by Life Areas
 Waiver: October 2021 - December 2021
 (n = 410)

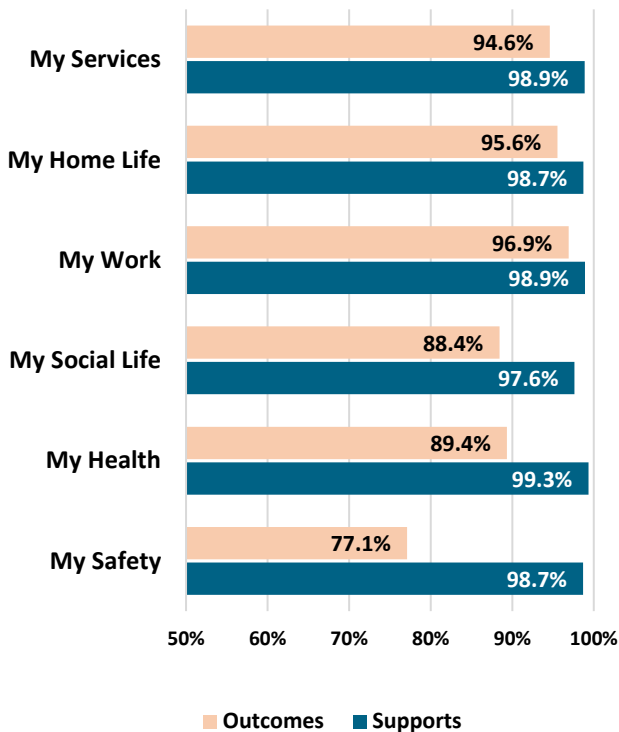
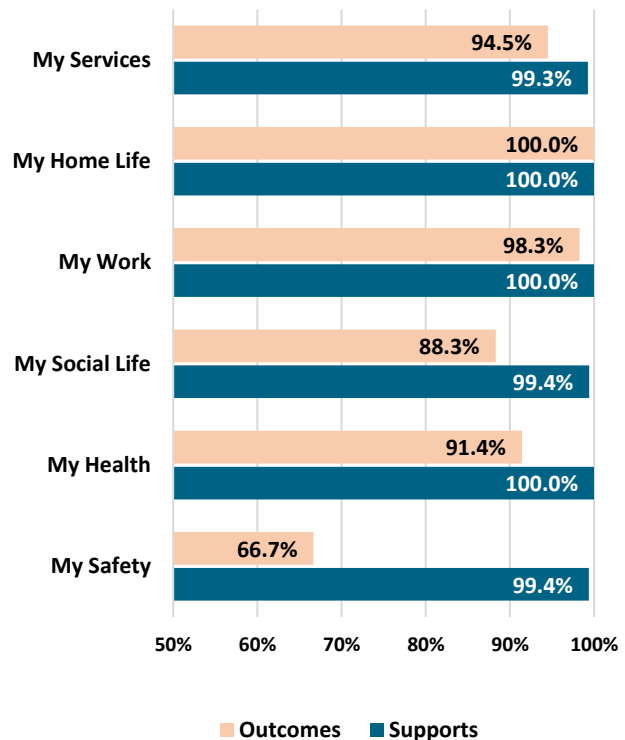


Figure 5b. My Life Interview by Life Areas
 CDC+: October 2021 - December 2021
 (n = 45)



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’,

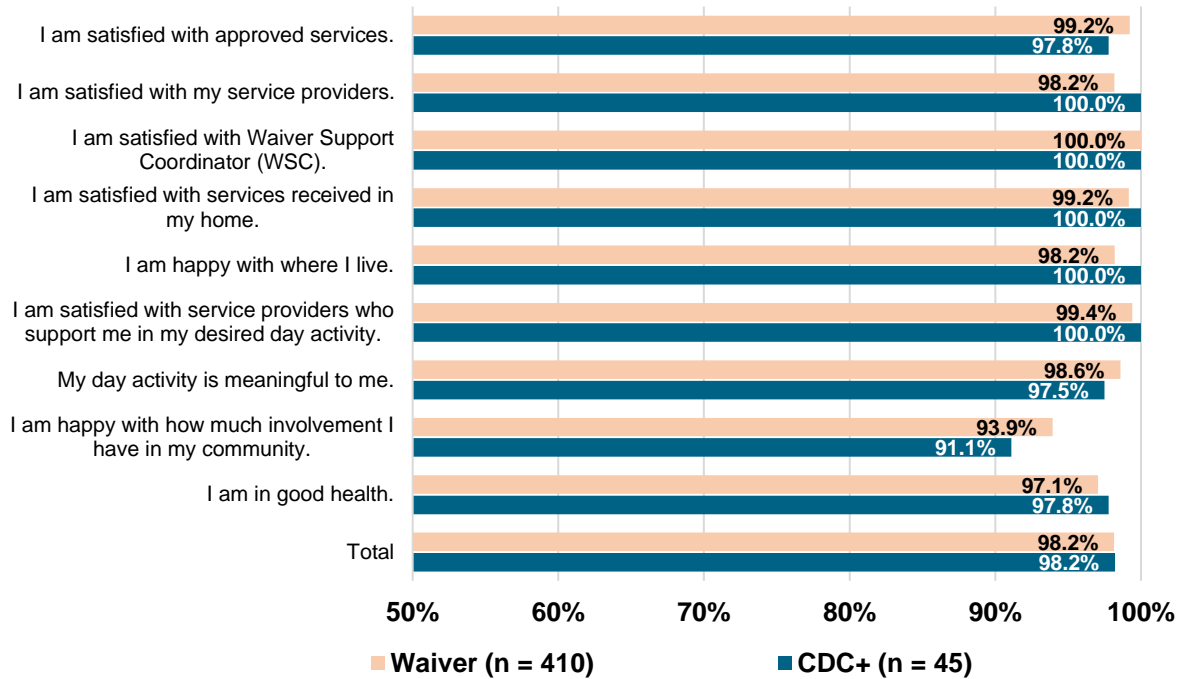
‘My Safety’, and ‘My Social Life’ reflected scores of less than 90 percent for individuals receiving services through the Waiver and CDC+ (see Table 5). To date, more than 40 percent of individuals interviewed did not understand their medications, about 30 percent did not understand what Abuse, Neglect and Exploitation (ANE) means, and over 25 percent of people did not know what to do if ANE were to occur. As more data become available, Qlarant will conduct a more detailed analysis of these lower scoring standards to determine the most common reasons why these outcomes are not met and if certain groups are more at risk than others.

| Table 5. Lowest Scoring Outcomes for Waiver and CDC+ (October 2021 – December 2021) | | | | |
|---|------------------|-------|---------------|-------|
| Outcomes | Waiver (n = 410) | | CDC+ (n = 45) | |
| | # Reviewed | % Met | # Reviewed | % Met |
| My Health and Safety | | | | |
| I understand my medications. | 333 | 58.0% | 34 | 58.8% |
| I understand what abuse, neglect, and exploitation (ANE) means. | 367 | 61.0% | 40 | 57.5% |
| I know what to do if abuse, neglect, or exploitation (ANE) occurs. | 372 | 75.3% | 41 | 63.4% |
| My safety needs are addressed. | 396 | 82.3% | 45 | 64.4% |
| My health needs are being addressed. | 409 | 89.5% | 45 | 91.1% |
| My Social Life | | | | |
| I am part of and participate in my community. | 380 | 81.8% | 44 | 84.1% |
| I am an active and contributing member of my community. | 339 | 75.6% | 41 | 75.6% |

PCR My Life Interview: Satisfaction

During the PCR, individuals are asked if they strongly agree, agree, disagree, or strongly disagree with a series of statements expressing satisfaction with various aspects of their lives, including services, service providers, Support Coordinators, residence, and involvement in the community. Figure 6 shows results for interviews completed between October and December 2021. Findings indicate the majority of individuals receiving services reported agreement (strongly agree or agree) in each area. The lowest scoring area was satisfaction with how much involvement there is in the community.

**Figure 6. Satisfaction: Percent Agree or Strongly Agree
 October 2021 - December 2021**



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 6 shows the percent of individuals who experienced one or more of these changes during FY21 (July 2020 – June 2021) and FY22 Q2.

In FY22 Q2, nearly 25 percent of waiver participants and 14 percent of those on CDC+ experienced a change in the WSC agency – representing the most common source of change for both populations. Since FY21, the percent of individuals experiencing a change in their WSC agency increased substantially for both populations for both Waiver participants (up 22 points) and those on CDC+ (up 10 points). These increases are likely the results of WSCs transitioning into qualified organizations (QOs) and are likely to remain high for this FY. Qlarant will continue to monitor these rates over time and should expect them to come back down to rates closer to those in FY21.

Other common sources of change in FY22 Q2 for Waiver participants and those on CDC+ was in service provider(s) within their home (W: 21.9%; C: 11.6%), as well as their work/day program(s) (W: 20.2%; C: 15.2%). 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. As more data becomes available, Qlarant will conduct a more detailed analysis of these standards and their corresponding reasons for each group.

Table 6. PCR My Life Interview: Stability (Percent with 1 or more changes)

| Within the past 12 months, | Waiver | | | | CDC+ | | | |
|---|----------------------|----------------|----------------------|----------------|----------------------|----------------|----------------------|----------------|
| | FY21 (1,249) | | FY22 Q2 (410) | | FY21 (1,249) | | FY22 Q2 (45) | |
| | 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% | 386 | 24.9% | 120 | 3.3% | 44 | 13.6% |
| I experienced changes in my WSC. | 1,233 | 10.9% | 391 | 16.1% | 143 | 9.8% | 44 | 6.8% |
| I have changed employment. | 517 | 9.1% | 152 | 7.2% | 50 | 2.0% | 14 | 0% |
| I have experienced changes to my work/day activity service providers. | 1,025 | 16.9% | 312 | 20.2% | 106 | 5.7% | 33 | 15.2% |
| I have moved. | 1,191 | 9.7% | 375 | 12.3% | 135 | 7.4% | 40 | 10.0% |
| Service providers in my home have changed. | 1,106 | 15.3% | 361 | 21.9% | 139 | 2.2% | 43 | 11.6% |
| The services I receive have changed. | 1,205 | 11.1% | 384 | 16.9% | 142 | 4.2% | 44 | 11.4% |

PCR Waiver Support Coordinator and CDC+ Consultant Record Reviews⁹

Records maintained by the WSC and CDC+ C are reviewed specific to the person who was interviewed during the PCR. Results for FY22 Q2 are presented by region in Figure 7¹⁰, as well as by standard for WSCs in Table 8 and for CDC+ Cs in Table 9.



Findings to date indicate the following:

- Both WSCs and Consultants scored relatively high on the record reviews, with little variation across regions.
- On average, CDC+ Cs scored slightly higher than WSCs, 98 versus 96 percent, respectively.

⁹ 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.

¹⁰ Scores are not shown for regions with fewer than 5 record reviews.

- WSCs scored approximately 90 percent or higher on all but the following two standards (highlighted in Table 8):¹¹
 - Support Coordinator Progress Notes demonstrate pre-Support Plan planning activities were conducted. (89.7%; n = 360)
 - The Support Plan reflects support and services necessary to address assessed risks. (89.3%; n = 392)
- On average, CDC+ Consultants scored relatively high (all standards above 90%). The lowest scoring standard indicates Progress Notes do not always demonstrate if Pre-Support Plan planning activities occurred (90.7%; n = 43).

As more data become available, Qlarant will conduct a more detailed analysis of the lower scoring record review standards by examining the reasons for which these standards were marked not met.

Figure 7. WSC and CDC+ C Record Review Results by Region
 October 2021 - December 2021

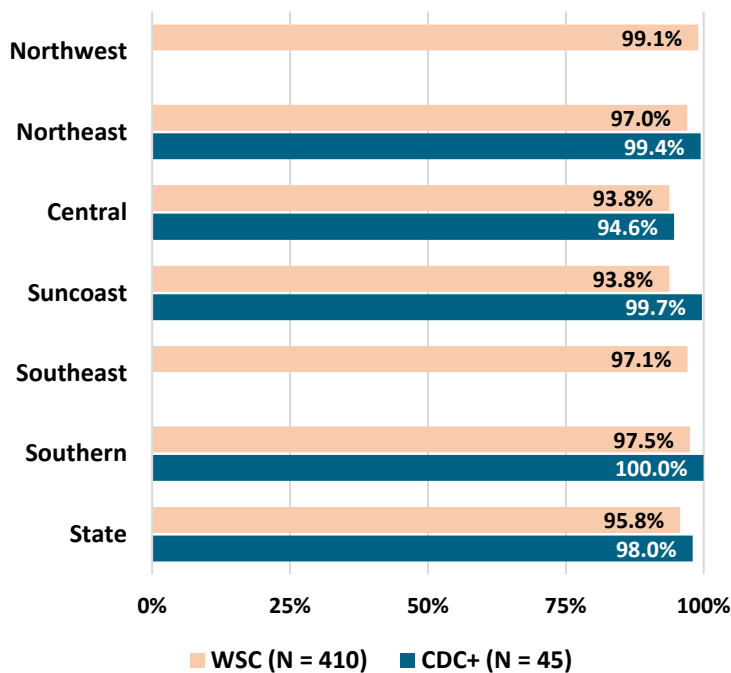


Table 7. Number of Records and Standards Reviewed by Region
 October 2021 - December 2021

| Region | WSC (n = 410) | | CDC+ (n = 45) | |
|--------------|---------------|-----------------|---------------|-----------------|
| | # of Records | # of Indicators | # of Records | # of Indicators |
| Northwest | 29 | 842 | 1 | 38 |
| Northeast | 84 | 2,379 | 10 | 363 |
| Central | 84 | 2,366 | 16 | 519 |
| Suncoast | 102 | 2,871 | 9 | 321 |
| Southeast | 65 | 1,822 | 4 | 134 |
| Southern | 46 | 1,255 | 5 | 168 |
| State | 410 | 11,535 | 45 | 1,543 |

¹¹ Results are only discussed for indicators with 25 or more applicable responses.

**Table 8. WSC Record Review Results by Standard
October 2021 - December 2021**

| Standard | # Met | Total Scored | % Met |
|--|-------|--------------|--------|
| Level of care is reevaluated at least every 365 days and contains all required components for billing. | 397 | 409 | 97.1% |
| Level of care is reevaluated at least every 365 days and contains all required components for compliance. | 397 | 408 | 97.3% |
| Level of care is completed accurately using the correct instrument/form. | 377 | 407 | 92.6% |
| Person receiving services is given a choice of waiver services or institutional care at least annually. | 395 | 407 | 97.1% |
| The Support Plan is developed, updated, and completed with signatures timely. | 386 | 404 | 95.5% |
| Support Coordinator completed accurate Significant Additional Need (SAN) requests. | 67 | 67 | 100.0% |
| Support Coordinator solicits and addresses the person's preferences with regard to employment. | 370 | 375 | 98.7% |
| The current Annual Report is in the record. | 355 | 393 | 90.3% |
| The Support Plan is updated when warranted by changes in the needs of the person. | 162 | 169 | 95.9% |
| 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. | 398 | 405 | 98.3% |
| 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. | 363 | 374 | 97.1% |
| The Support Plan includes supports and services consistent with assessed needs. | 369 | 407 | 90.7% |
| The Support Plan reflects support and services necessary to address assessed risks. | 350 | 392 | 89.3% |
| The record includes a current complete Safety Plan when warranted. | 6 | 9 | 66.7% |
| The Safety Plan was distributed and reviewed with pertinent providers. | 6 | 9 | 66.7% |
| Support Coordinator documentation demonstrates use of a person centered approach to define the personal goals/outcomes important to the person. | 378 | 403 | 93.8% |
| Support Coordinator documentation demonstrates efforts to solicit natural, community supports for the person prior to waiver service requests. | 388 | 407 | 95.3% |
| Support Coordinator documentation demonstrates Service Authorizations are issued to service provider(s). | 384 | 386 | 99.5% |
| Support Coordinator monitors service delivery to ensure services are delivered in accordance with the Support Plan and Cost Plan. | 351 | 383 | 91.6% |
| Support Coordinator bills for services after required contacts are rendered. | 391 | 401 | 97.5% |
| Support Coordinator Progress Notes demonstrate pre-Support Plan planning activities were conducted. | 323 | 360 | 89.7% |
| Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing in a facility. | 168 | 176 | 95.5% |
| Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing in supported living situation or independent living. | 69 | 73 | 94.5% |

**Table 8. WSC Record Review Results by Standard
October 2021 - December 2021**

| Standard | # Met | Total Scored | % Met |
|---|---------------|---------------|--------------|
| Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing family home. | 174 | 178 | 97.8% |
| Support Coordinator Progress Notes include meaningful information to effectively assist the person in achieving goals/outcomes. | 385 | 402 | 95.8% |
| For persons in Supported Living Arrangements/Situation, Progress Notes demonstrate required activities are covered during each quarterly home visit. | 63 | 65 | 96.9% |
| For persons living in Supported Living Arrangements/Situations, the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider. | 59 | 62 | 95.2% |
| Support Coordinator documentation demonstrates efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis. | 396 | 404 | 98.0% |
| Support Coordinator documentation demonstrates efforts to support the person to make informed decisions when choosing among waiver service providers on an ongoing basis. | 391 | 401 | 97.5% |
| Support Coordinator documents ongoing efforts to assist the person/legal representative to know about rights. | 400 | 408 | 98.0% |
| Support Coordinator documents ongoing efforts to ensure all of the person's health care needs are addressed. | 405 | 408 | 99.3% |
| Support Coordinator documents ongoing efforts to assess and address the person's safety needs. | 405 | 408 | 99.3% |
| Support Coordinator documents person's history regarding abuse, neglect and/or exploitation. | 311 | 315 | 98.7% |
| Support Coordinator documents efforts to assist the person to define abuse, neglect, and exploitation. | 389 | 407 | 95.6% |
| Support Coordinator documents efforts to assist person with knowing when and how to report any incidents of Abuse, Neglect and/or Exploitation. | 389 | 407 | 95.6% |
| Support Coordinator documents the invitation to take the satisfaction survey to the person receiving services. | 162 | 179 | 90.5% |
| Support Coordinator documents the review of the QO's disciplinary process to the person receiving services. | 132 | 132 | 100.0% |
| Support Coordinator documents the review of the QO's code of ethics to the person receiving services. | 128 | 128 | 100.0% |
| Average WSC Score | 11,046 | 11,535 | 95.8% |

**Table 9. CDC+ Consultant Record Review Results by Standard
October 2021 - December 2021**

| Standard | # Met | Total Scored | % Met |
|---|-------|--------------|--------|
| Level of care is reevaluated at least every 365 days and contains all required components for billing. | 44 | 45 | 97.8% |
| Level of care is reevaluated at least every 365 days and contains all required components for compliance. | 45 | 45 | 100.0% |
| Level of care is completed accurately using the correct instrument/form. | 41 | 43 | 95.3% |
| Person receiving services is given a choice of waiver services or institutional care at least annually. | 45 | 45 | 100.0% |
| The Support Plan is developed, updated, and completed with signatures timely. | 44 | 45 | 97.8% |
| CDC+ Consultant completed accurate Significant Additional Need (SAN) requests. | 7 | 7 | 100.0% |
| CDC+ Consultant solicits and addresses the person's preferences with regard to employment. | 41 | 41 | 100.0% |
| The current Annual Report is in the record. | 44 | 45 | 97.8% |
| The Support Plan is updated when warranted by changes in the needs of the person. | 24 | 24 | 100.0% |
| 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. | 44 | 44 | 100.0% |
| 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. | 44 | 44 | 100.0% |
| The Support Plan includes supports and services consistent with assessed needs. | 42 | 44 | 95.5% |
| The Support Plan reflects support and services necessary to address assessed risks. | 42 | 43 | 97.7% |
| The record includes a current complete Safety Plan when warranted. | 1 | 1 | 100.0% |
| The Safety Plan was distributed and reviewed with pertinent providers. | 0 | 0 | . |
| CDC+ Consultant documentation demonstrates use of a person centered approach to define the personal goals/outcomes important to the person. | 41 | 44 | 93.2% |
| CDC+ Consultant documentation demonstrates efforts to solicit natural, community supports for the person prior to waiver service requests. | 41 | 44 | 93.2% |
| CDC+ Consultant monitors service delivery to ensure services are delivered in accordance with the Support Plan and Cost Plan. | 45 | 45 | 100.0% |
| CDC+ Consultant bills for services after required contacts are rendered. | 44 | 45 | 97.8% |
| The CDC+ Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted. | 39 | 43 | 90.7% |
| Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month. | 44 | 45 | 97.8% |
| CDC+ Consultant Progress Notes include meaningful information to effectively assist the person in achieving goals/outcomes. | 41 | 45 | 91.1% |
| CDC+ Consultant documents ongoing efforts to assist the person/legal representative to know about rights. | 44 | 45 | 97.8% |
| CDC+ Consultant documents ongoing efforts to ensure all of the person's health care needs are addressed. | 45 | 45 | 100.0% |

**Table 9. CDC+ Consultant Record Review Results by Standard
October 2021 - December 2021**

| Standard | # Met | Total Scored | % Met |
|---|--------------|--------------|--------------|
| CDC+ Consultant documents ongoing efforts to assess and address the person's safety needs. | 44 | 45 | 97.8% |
| CDC+ Consultant documents person's history regarding abuse, neglect and/or exploitation. | 36 | 36 | 100.0% |
| CDC+ Consultant documents efforts to assist the person to define abuse, neglect, and exploitation. | 44 | 45 | 97.8% |
| CDC+ Consultant documents efforts to assist person with knowing when and how to report any incidents of Abuse, Neglect and/or Exploitation. | 44 | 45 | 97.8% |
| CDC+ Consultant documents the invitation to take the satisfaction survey to the person receiving services. | 26 | 27 | 96.3% |
| CDC+ Consultant documents the review of the QO's disciplinary process to the person receiving services. | 17 | 17 | 100.0% |
| CDC+ Consultant documents the review of the QO's code of ethics to the person receiving services. | 16 | 16 | 100.0% |
| Completed/signed Participant-Consultant Agreement is in the record. | 45 | 45 | 100.0% |
| Completed/signed CDC+ Consent Form is in the record. | 45 | 45 | 100.0% |
| Completed/signed Participant-Representative Agreement is in the record. | 45 | 45 | 100.0% |
| All applicable completed/signed Purchasing Plans are in the record. | 45 | 45 | 100.0% |
| The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan. | 45 | 45 | 100.0% |
| All applicable completed/signed Quick Updates are in the Record. | 17 | 17 | 100.0% |
| Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed. | 17 | 17 | 100.0% |
| When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month. | 38 | 39 | 97.4% |
| CDC+ Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs. | 40 | 40 | 100.0% |
| CDC+ Consultant has taken action to correct any overspending by the Participant. | 6 | 6 | 100.0% |
| If applicable, CDC+ Consultant initiates Corrective Action. | 2 | 2 | 100.0% |
| Completed/signed Corrective Action Plan is in the record. | 2 | 2 | 100.0% |
| If applicable, an approved Corrective Action Plan is being followed. | 2 | 2 | 100.0% |
| The Emergency Backup Plan is in the record and reviewed annually. | 44 | 45 | 97.8% |
| Average CDC+ C Score | 1,512 | 1,543 | 98.0% |

CDC+ Representative (Representative)



People who elect to receive services through CDC+ have a Representative who helps with the “business” aspect of the program, such as hiring providers, completing and submitting timesheets, and paying providers. This is a non-paid position and is most often filled by a family member; however, the participant is sometimes also the Representative. Qlarant QARs review records to help determine if the Representative is complying with CDC+ standards and other requirements. The person receiving services through CDC+ may decline to participate in the CDC+ PCR; however, the Representative for the person still receives a review.

| Region | # of Reviews | # of Standards Scored | % Met |
|--------------|--------------|-----------------------|--------------|
| Northwest | 2 | 27 | - |
| Northeast | 13 | 191 | 97.9% |
| Central | 17 | 254 | 96.1% |
| Suncoast | 14 | 216 | 97.7% |
| Southeast | 5 | 79 | 93.7% |
| Southern | 7 | 106 | 97.2% |
| State | 58 | 873 | 96.8% |

Between October and December 2021, 58 Representatives were reviewed. Results are displayed by region in Table 10¹² and by standard in Table 11. On average, CDC+ Rs scored relatively high on record reviews – 96.8% met – and there was little variation by region. At the standard level, all but two standards scored above 95 percent. The two lowest scoring standards (highlighted in Table 11) had to do with not always having background screening results for Directly Hired Employees (DHE’s) who render direct care available for review (83.0%; n = 47) and not always maintaining an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse (78.2%; n = 55).

| Standard | # Met | Total Scored | % Met |
|--|-------|--------------|--------|
| Complete and signed Participant/ Representative Agreement is available for review. | 58 | 58 | 100.0% |
| Accurate signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review. | 47 | 48 | 97.9% |
| Signed and approved Invoices for Vendor Payments are available for review. | 28 | 28 | 100.0% |
| Signed and approved receipts/statement of “Goods and Services” for reimbursement items are available for review. | 9 | 9 | 100.0% |
| Complete Employee Packets for all Directly Hired Employees are available for review. | 47 | 47 | 100.0% |
| Complete Vendor Packets for all vendors and independent contractors are available for review. | 35 | 35 | 100.0% |

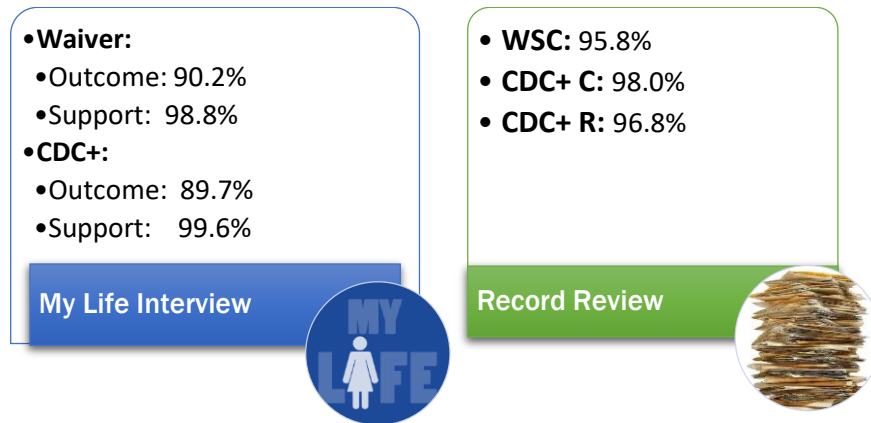
¹² Scores are not shown for regions with fewer than 5 reviews.

| Table 11. CDC+ Representative Record Review Results by Standard October 2021 - December 2021 | | | |
|---|------------|--------------|--------------|
| Standard | # Met | Total Scored | % Met |
| The CDC+ Representative maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse. | 43 | 55 | 78.2% |
| Completed and signed Job Descriptions for each Directly Hired Employee are available for review. | 48 | 48 | 100.0% |
| All applicable signed and approved Purchasing Plans are available for review. | 57 | 58 | 98.3% |
| All applicable signed and approved Quick Updates are available for review. | 18 | 18 | 100.0% |
| Copies of Support Plan(s) are available for entire period of review. | 58 | 58 | 100.0% |
| Copies of approved Cost Plan(s) are available for entire period of review. | 58 | 58 | 100.0% |
| Emergency Backup Plan is complete and available for review. | 55 | 58 | 94.8% |
| Corrective Action Plan (if applicable) is available for review. | 1 | 1 | 100.0% |
| Monthly Statements are available for review. | 55 | 55 | 100.0% |
| Documentation is available to support the reconciliation of Monthly Statements. | 55 | 57 | 96.5% |
| The Participant obtains services consistent with stated/documented needs and goals. | 57 | 57 | 100.0% |
| The Participant makes purchases consistent with the Purchasing Plan. | 58 | 58 | 100.0% |
| Background screening results for all Directly Hired Employees (DHE's) who render direct care are available for review. | 39 | 47 | 83.0% |
| Background screening results for all Independent Contractors who render direct care are available for review. | 19 | 20 | 95.0% |
| Average CDC+ R Score | 845 | 873 | 96.8% |

PCR Summary Results

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

Figure 8. PCR Summary



Health Summary

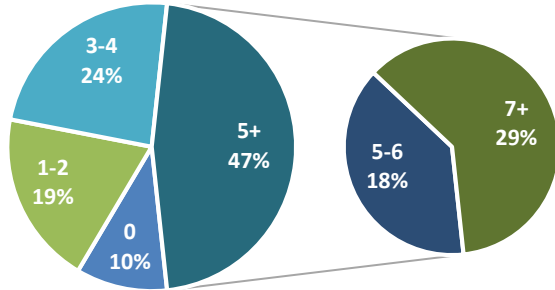


During the PCR, Qlarant QARs utilize an extensive Health Summary tool to help capture facets of the person’s health status, such as a need for adaptive equipment; if visits have been made to the doctor or dentist; if the person has been hospitalized or been to the emergency room; and type and number of medications the person is taking.

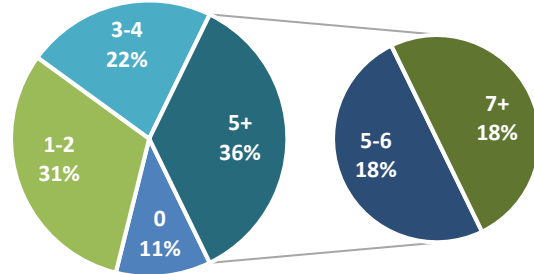
Over one-hundred medications are captured in the Health Summary and include a combination of controlled, prescription, and over-the-counter (OTC) medications.¹³ Figures 9 and 10 show the proportion of people who reported taking 0, 1-2, 3-4, or 5+ medications in FY22 Q2. The ‘5+’ category is further broken out to show the proportion of individuals within this category who reported taking five or six medication versus 7 or more. For Waiver participants, the proportion of people taking five or more medications is 11 points higher than those using CDC+ (47% versus 36%). When looking at the proportion of people taking five or six versus seven plus medications, it is evident that this difference can be explained by the higher proportion of Waiver participants taking seven or more medications (29% versus 18%).

¹³ 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.

**Figure 9. # of Medications:
Waiver Participants (n = 410)
October 2021 - December 2021**



**Figure 10. # of Medications:
CDC+ (n = 45)
October 2021 - December 2021**



As displayed in Figures 11 and 12, the percent of individuals taking five or more medications has increased consistently over the past three years for both populations. Since FY20 Q3 (July 2019 – March 2020), the proportion of individuals taking five or more medications has increased by 6 points for Waiver participants and by 8 points for those using CDC+. Past analyses have provided some insight into these increases for Waiver participants. For instance, data from FY21 indicated about 60 percent of individuals living in a LRH were taking five or more compared to less than 30 percent of individuals living in the family home and roughly 45 percent of individuals living independently.

It is not yet clear why individuals living in a LRH have higher rates of medication use. It could be individuals in these settings have a greater need for certain types of medications, or, perhaps, the higher rate is due to medication administration policies requiring all medications (including OTC) to be prescribed to individuals in LRHs. As Qlarant collects more data, we can further investigate medication use by also determining which types of medications are most commonly used (e.g., controlled, prescription, or OTC) and how these types of medications are being used by individuals within different residential settings, age groups, and primary disability types.

Figure 11. Percent Taking 5+ Medications by Year: Waiver

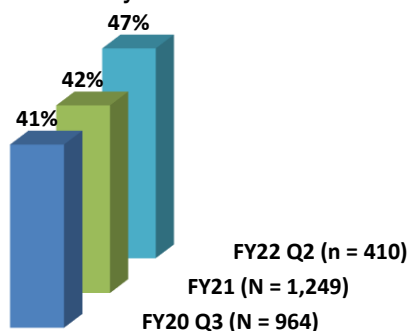


Figure 12. Percent Taking 5+ Medications by Year: CDC+

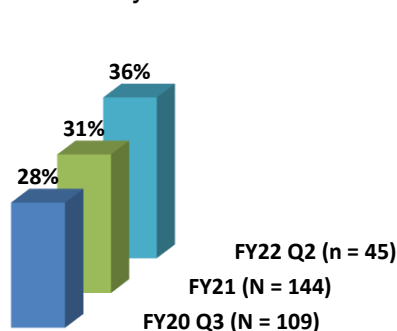


Table 12 displays the percentage of individuals who, within the past 12 months, had experienced a significant health event.¹⁴ The greatest proportion of events for people receiving services through the Waiver or CDC+ involved visits to the emergency room (ER) or the hospital. The proportion of people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

Table 12. Percent of Individuals with a Significant Health Event by Waiver Type (% Yes)

| In the previous 12 months: | Waiver | | CDC+ | |
|--|---------------------|----------------------|-------------------|---------------------|
| | FY21 (N = 1,294) | FY22 Q2 (n = 410) | FY21 (N = 144) | FY22 Q2 (n = 45) |
| Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation? | 1.6% | 1.5% | 0.0% | 0.0% |
| Have Reactive Strategies under 65G-8 been used due to behavioral concerns? | 3.3% | 2.7% | 0.7% | 0.0% |
| Have you been Baker Acted? | 2.6% | 2.4% | 0.0% | 0.0% |
| Have you been admitted to the hospital? | 11.0% | 12.2% | 9.7% | 6.7% |
| Have you been to an Emergency Room? | 14.5% | 18.1% | 9.0% | 13.3% |
| Have you been to an Urgent Care Center? | 4.5% | 3.9% | 1.4% | 4.4% |

¹⁴ Significant health events captured through the Health Summary tool are self-reported.

Provider Discovery Reviews (PDR)¹⁵

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:¹⁶¹⁷

- 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 (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 Qualified Organizations (QOs) were delayed until October 2021.

¹⁵ All review tools are posted on the FSQAP website

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

¹⁶ 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.

¹⁷ Due to the transition to QO's, QO PDRs did not begin until October 2021.

Between July and December 2021, 1,032 Service Provider PDRs and 46 QO PDRs¹⁸ were completed and approved by Qlarant Regional Managers. Table 13 shows the number completed per region for FY22 Q2. 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 | Service Providers | | QOs | |
|--------------|-------------------|-------------|-----------|-------------|
| | N | % | N | % |
| Northwest | 80 | 7.8% | 3 | 6.5% |
| Northeast | 168 | 16.3% | 6 | 13.0% |
| Central | 179 | 17.3% | 6 | 13.0% |
| Suncoast | 234 | 22.7% | 12 | 26.1% |
| Southeast | 212 | 20.5% | 11 | 23.9% |
| Southern | 159 | 15.4% | 8 | 17.4% |
| State | 1,032 | 100% | 46 | 100% |

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 present¹⁹. The PDR MLI is conducted using the same tool as the PCR MLI; however, QARs are instructed within the tool to only ask questions relevant to the service(s) the individual is receiving from the PDR provider and individuals are asked to relate their responses to their experiences with the PDR provider.²⁰ 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 individuals receiving services from 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.

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, with the number of people served, as follows:

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

As of FY22 Q2, 1,285 people participated in the PDR MLI. The distribution of interviews by region, as well as scores for Outcomes and Supports are presented in Table 14. On average, nearly 99

| Region | N | Outcomes | Supports |
|--------------|--------------|--------------|--------------|
| Northwest | 98 | 93.9% | 96.7% |
| Northeast | 155 | 97.4% | 99.3% |
| Central | 235 | 89.1% | 98.4% |
| Suncoast | 308 | 91.1% | 98.9% |
| Southeast | 282 | 89.9% | 99.6% |
| Southern | 207 | 89.6% | 99.5% |
| State | 1,285 | 91.2% | 98.9% |

¹⁸ QO PDRs did not begin until October 2021.

¹⁹ Results from the MLI are not factored into the provider’s PDR score.

²⁰ For details regarding which questions apply to which services, you can review the PDR MLI tool on the Qlarant website: <https://florida.qlarant.com/Public2/resourceCenter/providers/discoveryReviewTools/index.html>

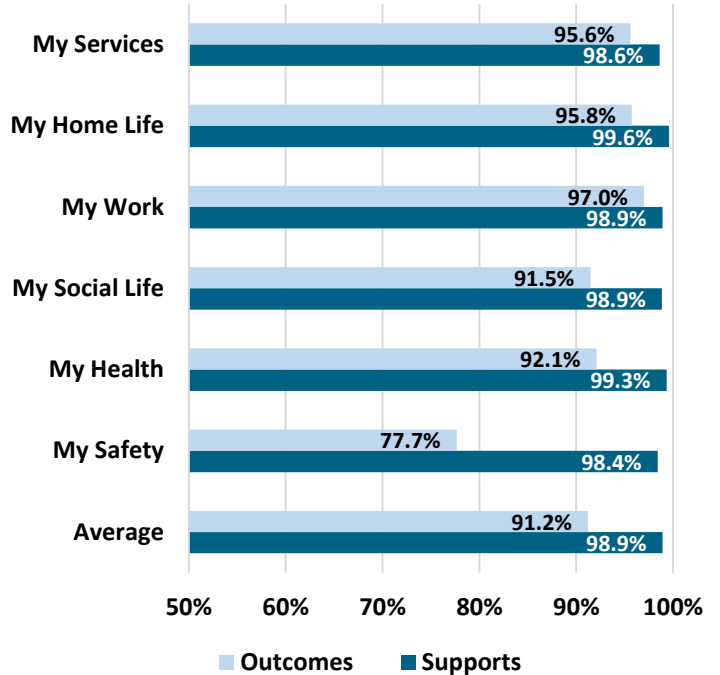
percent of Supports were met for individuals across the state with little variation by region. Outcomes were less likely to be met (91.2%) and scores by region were more varied – ranging from a low score of 89.1 percent in the Central region to a high of 97.4 percent in the Northeast region.

PDR My Life Interview by Life Area

The average PDR MLI score for each Life Area is presented in Figure 13, by Outcomes and Supports. Findings to date indicate individuals receiving services were supported across all Life Areas (each above 98%) and were least likely to meet Outcomes related to ‘My Safety’, 77.7 percent Met. Outcomes related to ‘My Social Life’ and ‘My Health’ were also relatively low, 91.5 and 92.1 percent Met, respectively.

The following two figures show how the PDR MLI scores vary by Life Area and provider size. Figure 14 shows scores for Outcomes and Figure 15 shows scores for Supports. Findings to date suggest the following:

**Figure 13. PDR My Life Interview by Life Areas
 July 2021 - December 2021 (N = 1,285)**



- Individuals receiving services from large providers,
 - scored lower than small and medium providers on Outcomes in every Life Area except for ‘My Health’
 - scored especially low on Outcomes related to the Life Areas ‘My Safety’ and ‘My Social Life’ - 74.8 and 87.5 percent, respectively
 - scored three to four points higher than small and medium providers on Outcomes related to the Life Area ‘My Health’
 - scored about three points lower than small and medium providers on Supports related to the Life Area ‘My Services’
- Individuals receiving services from medium providers scored relatively high on Outcomes related to ‘My Safety’ – about five points higher than small providers and seven points higher than large providers.
- Individuals receiving services from small providers scored relatively high on Outcomes in every Life Area except My Safety (76.9%)

Figure 14. PDR My Life Interview Outcomes by Life Area and Provider Size July 2021 - December 2021

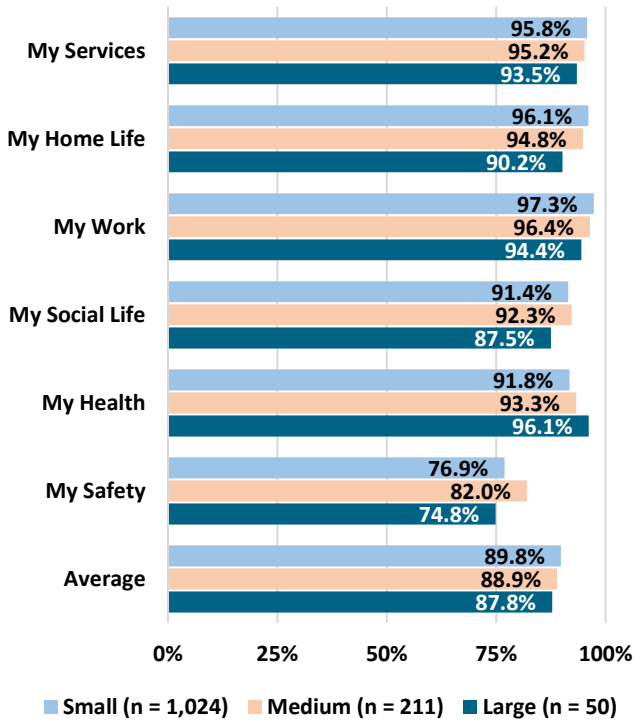
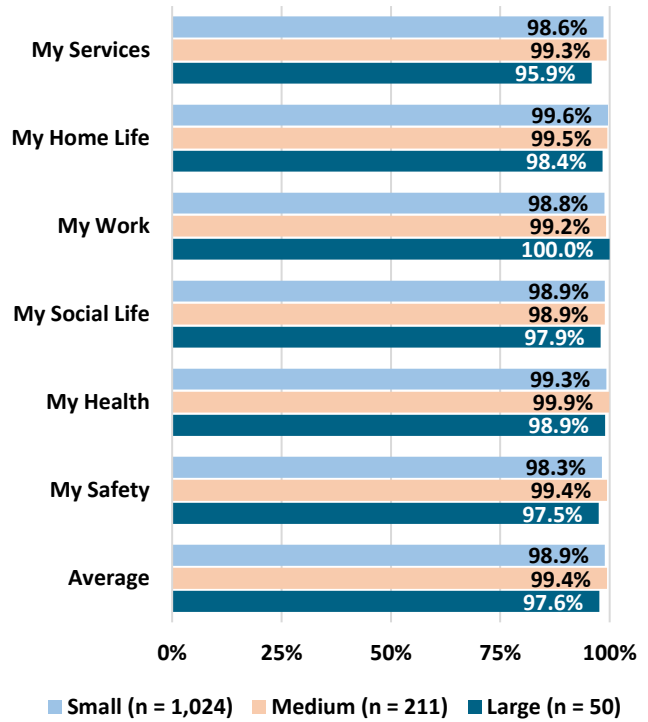


Figure 15. PDR My Life Interview Supports by Life Area and Provider Size July 2021 - December 2021



Observations

Observations were suspended due to the COVID-19 pandemic in April 2020. They are expected to resume in January 2022. Results will be reflected in the third quarterly report.

General Administrative Review



Each service provider or QO is reviewed on up to nine standards for Service Providers and 11 standards for QOs from the General Administrative Review (GAR). 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 for agencies and solo Service Providers in Table 15 and for QOs in Table 16. The number of QOs reviewed by region is fairly small and therefore, results by region

should be interpreted with caution. On average, agencies scored higher than solo providers (96.2% versus 90.7%) and QOs scored higher than Service Providers (98.3%). There was not a lot of variation in scores by region for service provider agencies or QOs; however among solo Service Providers, the Northwest and Southeast regions had 100 percent compliance while all other regions scored between 85 and 88 percent.

| Table 15. General Administrative Results by Region Agency v. Solo Service Providers July 2021 – December 2021 | | | | | | |
|---|------------------|------------------|--------------|----------------|------------------|--------------|
| Region | Agency Providers | | | Solo Providers | | |
| | N | Standards Scored | % Met | N | Standards Scored | % Met |
| Northwest | 54 | 119 | 96.6% | 26 | 31 | 100.0% |
| Northeast | 127 | 272 | 95.6% | 40 | 53 | 86.8% |
| Central | 158 | 360 | 96.9% | 21 | 21 | 85.7% |
| Suncoast | 211 | 513 | 95.3% | 24 | 25 | 88.0% |
| Southeast | 194 | 406 | 98.3% | 18 | 18 | 100.0% |
| Southern | 146 | 270 | 94.4% | 13 | 13 | 84.6% |
| State | 890 | 1,940 | 96.2% | 142 | 161 | 90.7% |

| Table 16. General Administrative Results by Region Qualified Organizations October 2021 - December 2021 | | | |
|---|-----------|------------------|--------------|
| Region | N | Standards Scored | % Met |
| Northwest | 3 | 18 | 100.0% |
| Northeast | 6 | 34 | 100.0% |
| Central | 6 | 35 | 100.0% |
| Suncoast | 12 | 80 | 98.8% |
| Southeast | 11 | 73 | 97.3% |
| Southern | 8 | 50 | 96.0% |
| State | 46 | 290 | 98.3% |

Table 17 shows GAR results by standard for agency and solo Service Providers and Table 18 shows GAR results by standard for QOs. Most of the standards scored for solo providers had very 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.

- Two standards scored below 90 percent. These standards had to do with the provider identifying and addressing concerns related to ANE (85.7%; n = 28) and reporting all instances of ANE (89.3%; n = 28).
- 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 (89.4%; n = 141).
- For QOs, seven of the 11 standards showed compliance rates of 100 percent and the remaining standards scored above 95 percent.

**Table 17. General Administrative Review Results by Standard: Agencies vs Solos
July 2021 – December 2021**

| Standard | Agencies (N = 890) | | | Solos (N = 142) | | |
|--|--------------------|--------------|--------------|-----------------|--------------|--------------|
| | # 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. | 24 | 24 | 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. | 1 | 1 | 100% | NA | NA | NA |
| Agency vehicles used for transportation are properly insured. | 308 | 319 | 96.6% | NA | NA | NA |
| Agency vehicles used for transportation are properly registered. | 305 | 318 | 95.9% | NA | NA | NA |
| The provider identifies addresses and reports all medication errors. | 28 | 29 | 96.6% | 1 | 1 | 100% |
| The provider addresses all incident reports. | 291 | 307 | 94.8% | 16 | 16 | 100% |
| The provider identifies and addresses concerns related to abuse, neglect, and exploitation. | 24 | 28 | 85.7% | 2 | 2 | 100% |
| All instances of abuse, neglect, and exploitation are reported. | 25 | 28 | 89.3% | 1 | 1 | 100% |
| The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse. | 861 | 886 | 97.2% | 126 | 141 | 89.4% |
| State Average | 1,867 | 1,940 | 96.2% | 146 | 161 | 90.7% |

**Table 18. General Administrative Review by Standard: QOs
October 2021 - December 2021**

| 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. | 46 | 46 | 100% |
| The provider addresses all incident reports. | 31 | 32 | 96.9% |
| The provider identifies and addresses concerns related to abuse, neglect, and exploitation. | 9 | 9 | 100% |
| All instances of abuse, neglect, and exploitation are reported. | 8 | 8 | 100% |
| The provider maintains Business Liability Insurance. | 45 | 46 | 97.8% |
| The provider maintains a Table of Organization. | 44 | 46 | 95.7% |
| The provider follows their approved Mentor Mentee program. | 5 | 5 | 100% |
| The Mentor has the appropriate qualifications. | 31 | 31 | 100% |
| The Mentee completed all mentoring program requirements. | 15 | 15 | 100% |
| The Mentee completed all mentoring program requirements for the CDC+ program. | 7 | 7 | 100% |
| The provider employs at least four Support Coordinators. | 44 | 45 | 97.8% |
| State Average | 285 | 290 | 98.3% |

Qualifications and Training Requirements



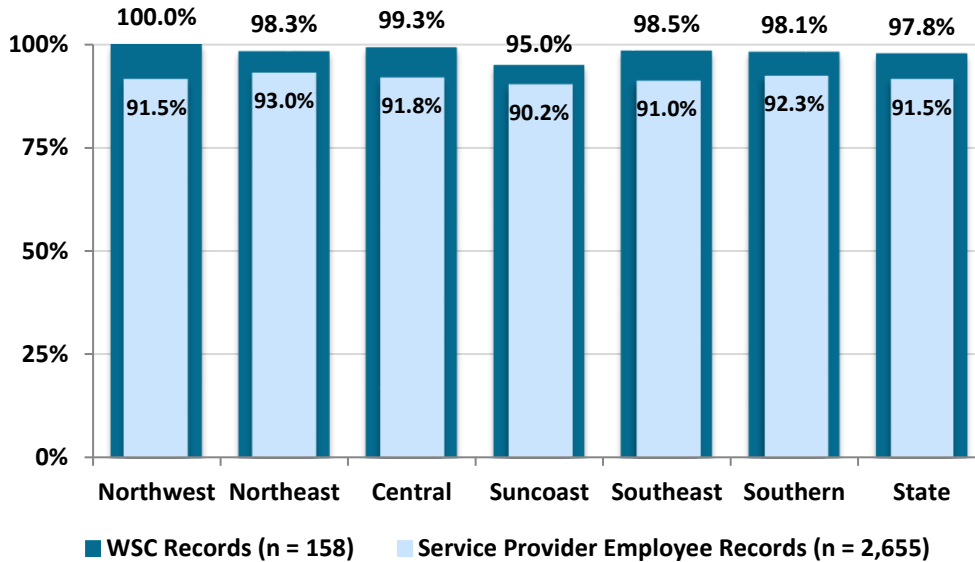
All Direct Service Providers are required to have certain training and education completed in order to render specific services. For each service provider, several employee records are reviewed. Qlarant reviews at least three employees per Service Provider (at least one per eligible service) and four WSCs per QO.

As of FY22 Q2, Qlarant reviewed 2,655 Service Provider employee records and 158 WSC records. Table 19 shows the distribution of reviews by provider type and region. Figure 16 shows the percent of standards met across all service provider employees and WSC records reviewed. On average, WSC records were more likely to be in compliance than service provider records (91.5% versus 97.8%); however both Service Providers and WSCs scored relatively well on the Q&T standards with scores in all regions being above 90 percent

| Region | Service Providers | | Qualified Organizations | |
|--------------|---------------------------|--------------|-------------------------|------------|
| | # Providers | # Employees | # QOs | #WSCs |
| Northwest | 80 | 181 | 3 | 12 |
| Northeast | 166 | 410 | 6 | 19 |
| Central | 177 | 468 | 6 | 22 |
| Suncoast | 235 | 617 | 12 | 41 |
| Southeast | 212 | 561 | 11 | 38 |
| Southern | 159 | 418 | 8 | 26 |
| State | 1,029²¹ | 2,655 | 46 | 158 |

²¹ Three service providers did not have staff employed at the time of their PDR.

**Figure 16. Qualifications and Training Scores by Region:
 Provider Employee and WSC Records
 July 2021 - December 2021**



A description of each standard within the Q&T component of the PDR is shown in Table 20 for Service Providers and Table 21 for QOs. These tables show the number of employee/WSC records reviewed, the percent of employees/WSCs in compliance, the number of providers/QOs reviewed, and the percent of providers/QOs in compliance with each standard. For the provider/QO to be in compliance with the standard all employee/WSC records reviewed must be Met. In other words, if one record is out of compliance for the standard, the provider is not in compliance with that standard.

Q&T Results by Standard

Service Providers

For Service Providers, six of 51 standards (scored for at least 25 providers) showed compliance of less than 80 percent for the provider. These standards are highlighted in Table 20 and summarized as follows:

- Nearly 45 percent of providers did not meet compliance requirements for maintaining current Basic Medication Administration Validation.
- Thirty percent of providers did not meet compliance requirements for maintaining current Prescribed Enteral Formula Administration Validation.
- About 24 percent of providers offering Residential Habilitation - Standard and 27 percent of providers offering Like Skills Development 3 (ADT) did not meet compliance requirements for completing eight hours of annual in-service training related to the implementation of individually tailored services.

- Just over 20 percent of Personal Supports providers did not meet compliance requirements for completing four hours of annual in-service training related to the specific needs of at least one person currently served.
- More than 25 percent of providers did not meet compliance requirements for completing/maintaining training in 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 Q2, 517 providers (1,067 employees) were reviewed on this standard and just over half of providers (55.5%) 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 403 Basic Medication Administration Validation Certificates deemed out of compliance:

- 60 percent did not have the Established Primary Route circled (n = 241);
- 56 percent were either missing or had an incorrect Validation Effective Date (selected 226 times);
- And, 54 percent were either missing or had an incorrect Validation Expiration Date (selected 216 times).

| Table 20. Qualifications and Training Scores by Standard: Service Providers July 2021 - December 2021 (2,655 Employees; 1,029 Providers) | | | | |
|--|----------------------------|---------------------------------|----------------------------|---------------------------------|
| Standard | # Employees Reviewed | % Employees in Compliance | # Providers Reviewed | % Providers in Compliance |
| Drivers of transportation vehicles are licensed to drive vehicles used. | 1,872 | 99.3% | 887 | 99.0% |
| Personal vehicles used for transportation are properly insured. | 1,288 | 92.6% | 670 | 89.6% |
| Personal vehicles used for transportation are properly registered. | 1,287 | 91.8% | 671 | 88.2% |
| 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. | 2,652 | 97.1% | 1,028 | 95.5% |
| The provider completed Annual Update Training in Basic Medication Administration prior to expiration of current validation. | 874 | 89.7% | 457 | 86.2% |
| The provider completed the Prescribed Enteral Formula Administration Annual Update training prior to the expiration of their current validation. | 15 | 86.7% | 9 | 88.9% |
| The provider has completed all aspects of required Level II Background Screening. | 2,654 | 91.6% | 1,028 | 84.9% |
| The provider has completed the Prescribed Enteral Formula Administration training. | 54 | 88.9% | 33 | 84.8% |

| Table 20. Qualifications and Training Scores by Standard: Service Providers July 2021 - December 2021 (2,655 Employees; 1,029 Providers) | | | | |
|--|----------------------|---------------------------|----------------------|---------------------------|
| Standard | # Employees Reviewed | % Employees in Compliance | # Providers Reviewed | % Providers in Compliance |
| The provider maintains current Basic Medication Administration Validation. | 1,067 | 62.2% | 517 | 55.5% |
| The provider maintains current Prescribed Enteral Formula Administration Validation. | 49 | 73.5% | 30 | 70.0% |
| The provider obtains Temporary Validation when indicated. | 8 | 37.5% | 6 | 50.0% |
| The provider received Basic Medication Administration Training prior to administering or supervising the self-administration of medication. | 1,079 | 93.0% | 521 | 90.4% |
| 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). | 306 | 95.8% | 128 | 94.5% |
| The provider received training in Basic Person Centered Planning. | 366 | 92.6% | 240 | 90.8% |
| The provider received training in Direct Care Core Competencies. | 2,279 | 96.1% | 954 | 92.7% |
| The provider received training in Direct Care Core Competency. (Old) | 368 | 97.3% | 241 | 96.3% |
| The provider received training in HIPAA. | 2,653 | 87.8% | 1,028 | 80.0% |
| The provider received training in Requirements for all Waiver Providers | 2,646 | 94.2% | 1,026 | 91.2% |
| The provider received training in Zero Tolerance. | 2,652 | 92.7% | 1,028 | 87.2% |
| The provider received training on Individual Choices, Rights and Responsibilities | 368 | 94.3% | 242 | 92.6% |
| The provider maintains current CPR certification. | 2,541 | 94.0% | 1,000 | 89.2% |
| The provider received training in First Aid. | 2,535 | 90.2% | 1,001 | 82.8% |
| The provider received training in HIV/AIDS/Infection Control. | 2,564 | 83.0% | 1,009 | 73.7% |
| The Personal Supports provider completes four hours of annual in-service training related to the specific needs of at least one person currently served. | 1,079 | 81.6% | 610 | 77.5% |
| The provider meets all minimum educational requirements and levels of experience for Personal Supports. | 1,220 | 98.9% | 633 | 98.3% |
| 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. | 752 | 84.2% | 475 | 81.7% |
| The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1. | 836 | 99.4% | 505 | 99.4% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard. | 953 | 99.0% | 383 | 98.2% |
| The Residential Habilitation - Standard provider completes eight hours of annual in-service training | 850 | 80.8% | 371 | 76.3% |

| Table 20. Qualifications and Training Scores by Standard: Service Providers July 2021 - December 2021 (2,655 Employees; 1,029 Providers) | | | | |
|---|----------------------|---------------------------|----------------------|---------------------------|
| Standard | # Employees Reviewed | % Employees in Compliance | # Providers Reviewed | % Providers in Compliance |
| related to the implementation of individually tailored services. | | | | |
| The provider completed required Supported Living Pre-Service training. | 266 | 96.6% | 217 | 95.9% |
| The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching. | 268 | 100.0% | 217 | 100.0% |
| The Supported Living Coach completed Introduction to Social Security Work Incentives. | 258 | 94.6% | 211 | 93.8% |
| The Supported Living Coaching provider completes eight hours of annual in-service training. | 249 | 80.3% | 205 | 79.5% |
| The provider meets all minimum educational requirements and levels of experience for Respite. | 182 | 99.5% | 141 | 99.3% |
| The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services. | 119 | 72.3% | 78 | 73.1% |
| The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3. | 141 | 99.3% | 83 | 98.8% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus. | 194 | 99.5% | 84 | 98.8% |
| The Residential Habilitation-Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics. | 177 | 92.1% | 83 | 90.4% |
| 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. | 193 | 95.3% | 83 | 91.6% |
| The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment. | 87 | 85.1% | 70 | 82.9% |
| The provider has completed standardized, pre-service training for Life Skills Development 2. | 88 | 100.0% | 71 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2. | 89 | 100.0% | 71 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Behavior Analysis. | 85 | 100.0% | 53 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior. | 41 | 95.1% | 24 | 91.7% |
| The Residential Habilitation – Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics. | 38 | 84.2% | 23 | 82.6% |

| Table 20. Qualifications and Training Scores by Standard: Service Providers July 2021 - December 2021 (2,655 Employees; 1,029 Providers) | | | | |
|---|-------------------------------------|--|-------------------------------------|--|
| Standard | # Employees Reviewed | % Employees in Compliance | # Providers Reviewed | % Providers in Compliance |
| 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. | 40 | 92.5% | 24 | 87.5% |
| 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. | 22 | 100.0% | 18 | 100.0% |
| The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant. | 18 | 100.0% | 16 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Behavior Assistant. | 23 | 100.0% | 19 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Residential Habilitation- Enhanced Intensive Behavior. | 3 | 100.0% | 3 | 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. | 3 | 100.0% | 3 | 100.0% |
| The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care. | 1 | 100.0% | 1 | 100.0% |
| State Averages | 2,655 | 91.5% | 1,029 | 87.7% |

Qualified Organizations

QO scores were high across all of the Q&T standards with seven of the 15 standards scoring 100% compliance. Only two standards showed compliance of less than 90 percent. These standards are highlighted in Table 21 and summarized as follows:

- Approximately 20 percent of QOs did not meet compliance requirements for ensuring all WSCS had completed/maintained training in HIV/AIDS/Infection Control.
- Just over 10 percent of QOs had not successfully completed Introduction to Social Security Work Incentives for all WSCs.

**Table 21. Qualifications and Training Scores by Standard: Qualified Organizations
July 2021 - December 2021 (n = 46 QOs; 158 Employees)**

| Standard | # WSCs Reviewed | % WSCs in Compliance | # QOs Reviewed | % QOs in Compliance |
|--|-----------------|----------------------|----------------|---------------------|
| The provider has completed all aspects of required Level II Background Screening. | 158 | 99.4% | 46 | 97.8% |
| The provider maintains current CPR certification. | 158 | 96.2% | 46 | 91.3% |
| The provider received training in Direct Care Core Competencies. | 158 | 99.0% | 42 | 97.6% |
| The provider received training in Direct Care Core Competency. (Old) | 158 | 98.2% | 32 | 96.9% |
| The provider received training in First Aid. | 158 | 96.2% | 46 | 91.3% |
| The provider received training in HIPAA. | 158 | 97.5% | 46 | 93.5% |
| The provider received training in HIV/AIDS/Infection Control. | 158 | 91.7% | 46 | 80.4% |
| The provider received training in Requirements for all Waiver Providers. | 158 | 100.0% | 46 | 100.0% |
| The provider received training in Zero Tolerance. | 158 | 96.8% | 46 | 95.7% |
| The Support Coordinator completes 18 hours of job related annual in-service training. | 158 | 100.0% | 42 | 100.0% |
| The Support Coordinator successfully completed Introduction to Social Security Work Incentives. | 158 | 96.1% | 46 | 89.1% |
| The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+). | 63 | 100.0% | 35 | 100.0% |
| For WSC hired 6/30/2021 or prior: The Support Coordinator successfully completed required pre-service level 1 assessment. | 158 | 100.0% | 42 | 100.0% |
| For WSC hired 7/1/2021 or after: The Support Coordinator successfully completed required pre-service level 1 assessment. | 158 | 100.0% | 13 | 100.0% |
| Support Coordinator enrolled 7/1/2021 and after successfully completed required In-Person Level 2 assessment. | 158 | 100.0% | 3 | 100.0% |
| The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse. | 158 | 100.0% | 46 | 100.0% |
| State Averages | 158 | 97.8% | 46 | 95.2% |

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 Screening, if any one employee record indicates a lack of required documentation, the provider is reported as having the standard Not Met.

Figures 17 and 18 show the percent of Service Providers and QOs in compliance with all background screening requirements, by region for the previous three FYs: FY20 Q1-3 (July 2019 – March 2020), FY21 (July 2020 – June 2021), and FY22 Q2 (July 2021 – December 2021). To date, background screening compliance is 90 percent or higher for Service Providers in all regions except the Southern region (88.7%) and 100 percent compliance for all QOs. Qlarant will continue to monitor this trend as FY22 progresses.

Figure 17. Percent of Providers with All Background Standards Met by Region and FY

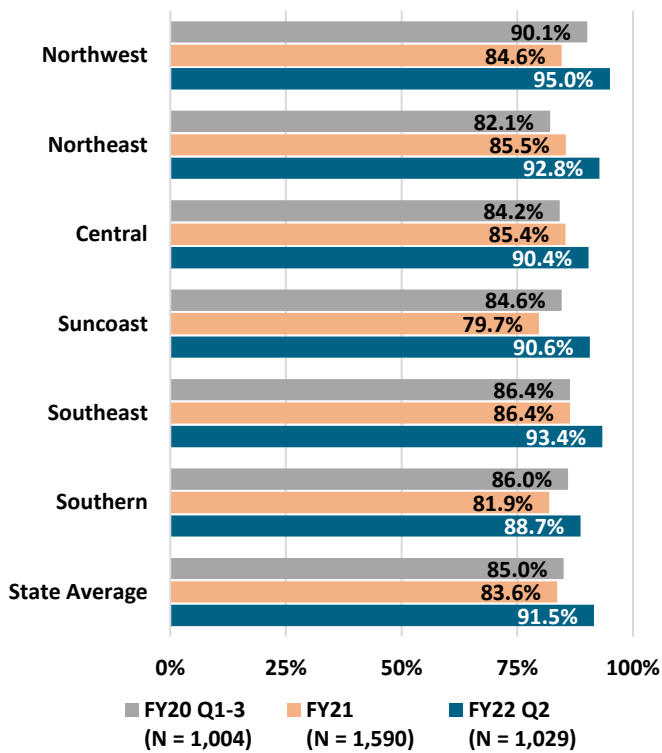
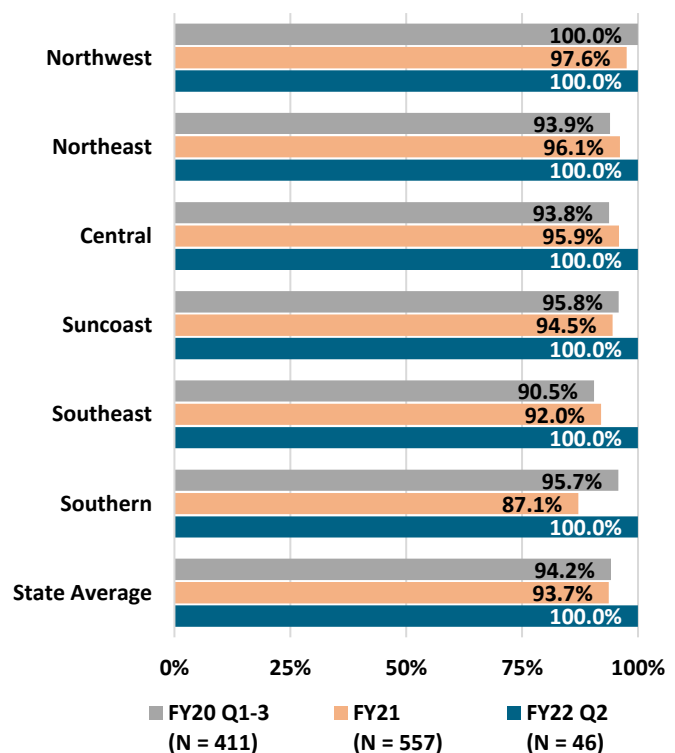


Figure 18. Percent of QOs with All Background Standards Met by Region and FY



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

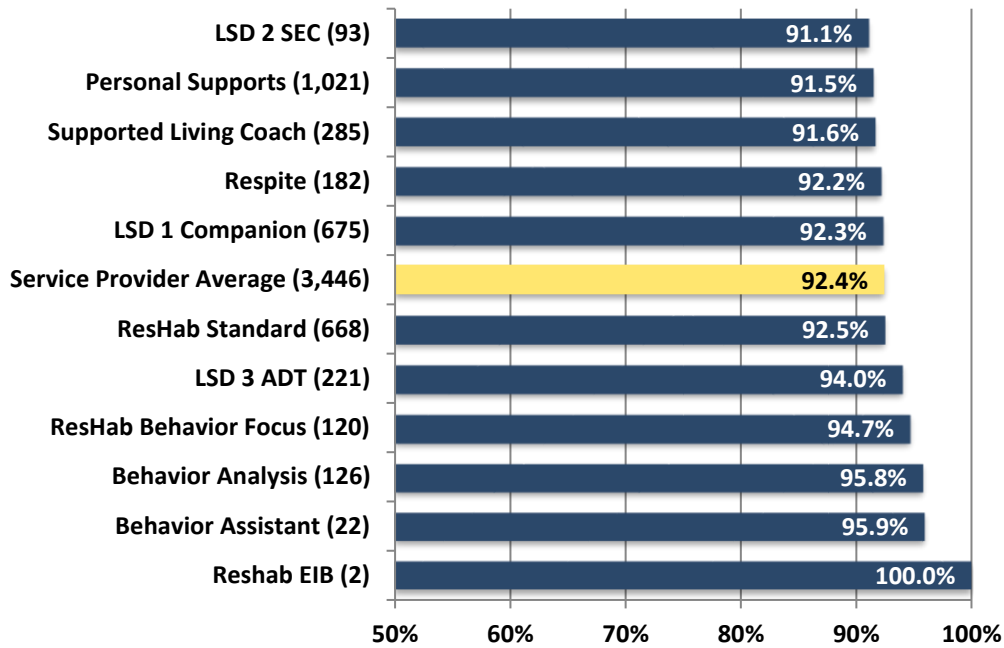
SSRR results for FY22 Q2 are presented by region for Service Providers and QOs in Table 22. Standards scored within the SSRR are weighted, meaning some standards contribute more than one point to the overall PDR score; therefore, the weighted score and the percent of standards scored Met (% Met) are presented. On average, Service Provider scores for FY22 Q2 are fairly consistent across regions with average overall scores ranging from about 91 percent in the Suncoast region to 94 percent in the Southern region. QOs scored higher than Service Providers overall (96.2% versus 92.4%), as well as within each region.

| Table 22. Service Specific Record Review Results by Region July 2021 - December 2021 | | | | |
|---|--------------------|--------------------|----------------|--------------|
| Region | # Records Reviewed | # Standards Scored | Weighted Score | Percent Met |
| Service Providers | | | | |
| Northwest | 249 | 4,361 | 93.5% | 92.7% |
| Northeast | 536 | 9,026 | 92.5% | 92.3% |
| Central | 647 | 11,099 | 93.4% | 92.8% |
| Suncoast | 856 | 14,795 | 91.5% | 90.9% |
| Southeast | 648 | 10,728 | 93.1% | 92.9% |
| Southern | 510 | 8,153 | 94.7% | 94.1% |
| Service Provider Average | 3,446 | 58,162 | 92.9% | 92.4% |
| Qualified Organizations | | | | |
| Northwest | 45 | 1,293 | 98.4% | 98.4% |
| Northeast | 97 | 2,779 | 97.7% | 97.9% |
| Central | 89 | 2,514 | 96.9% | 96.7% |
| Suncoast | 154 | 4,314 | 93.5% | 92.7% |
| Southeast | 99 | 2,771 | 97.1% | 96.8% |
| Southern | 71 | 1,934 | 98.3% | 98.3% |
| QO Average | 555 | 15,605 | 96.4% | 96.2% |

SSRR by Service

Average SSRR scores by service are presented in Figure 19 from low to high. Scores range from 91 percent to 100 percent with an average of 92.4 percent. To date, five services showed scores below the state average: LSD 2 (SEC), Personal Supports, Supported Living Coaching, Respite, and LSD 1 (Companion).

**Figure 19. Service Specific Record Reviews by Service
 July 2021 - December 2021**



The lowest scoring indicator for each of the five lowest scoring services are related to billing and include:

- LSD 2 (SEC):
 - The current Employment Stability Plan covering services provided and billed during the period under review contains all required components (57.6%; n = 92);
- Personal Supports:
 - The provider has complete Service Logs covering services provided and billed during the period under review (74.1%; n = 1,019)
- Supported Living Coaching:
 - A Quarterly Summary covering services provided and billed during the period under review is in the record (74.6%; n = 283).
 - The current Implementation Plan covering services provided and billed during the period under review contains all required components (74.6; n = 284)

- Respite:
 - The provider has complete Service Logs covering services provided and billed during the period under review (75.3%; n = 182)
- LSD 1 Companion:
 - The provider submits documents to the Waiver Support Coordinator as required (82.5%; n = 670)

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 Service Providers with one or more PBDs is presented by region and FY in Figure 20.²² Since FY20 Q1-3 (July 2019 – March 2020), the percent of Service Providers with one or more billing discrepancies scored Not Met has decreased from 44.1 percent to 36.5 percent – over seven points. Compared to FY20 Q1-3, the following regions saw a decline of more than 9 points:

- Northeast (down 11.8 points)
- Suncoast (down 9.6 points)
- Northwest (down 9.1 points)

Figure 20. Percent of Service Providers with 1+ PBD by Region and FY

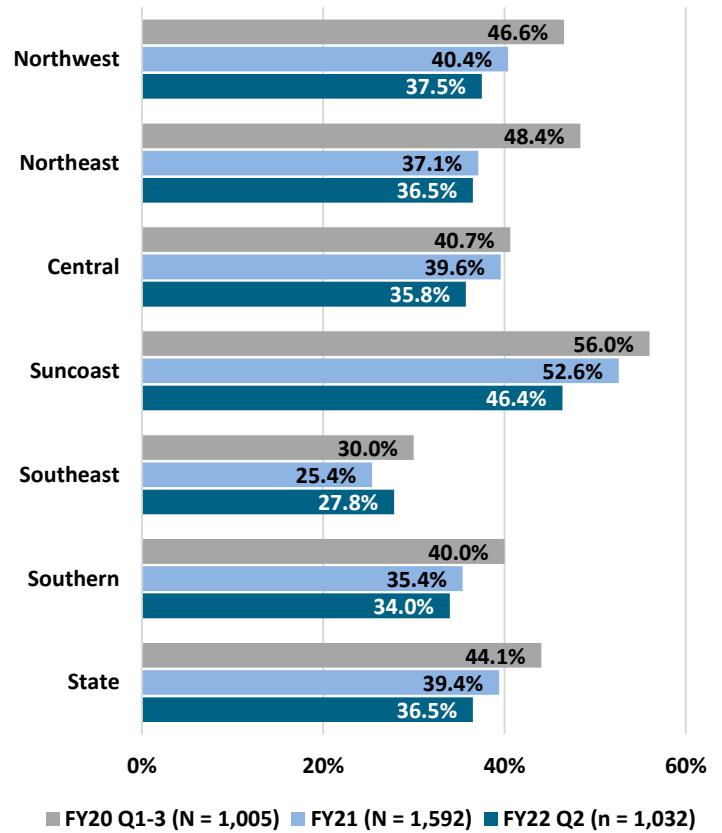


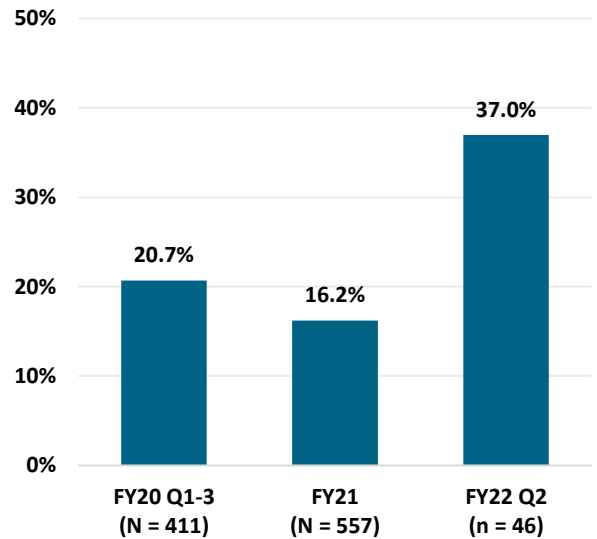
Table 23 shows the number of records reviewed, by service, and the percent with one or more PBDs in FY22 Q2. Results indicate about 21 percent of records reviewed had at least one billing standard were scored Not Met, on average. Records reviewed for Life Skills Development 1 (Companion), Personal Supports, Respite, and Supported Living Coaching were most likely to have a PBD identified. For each of these services, the lowest scoring billing standard was related to having incomplete Service Logs or Daily Progress notes covering services provided and billed during the period under review.

²² Beginning April 2020, six months of claims are reviewed for billing discrepancies versus 12 months.

| Table 23. Percent of Providers with 1+ PBD by Service July 2021 - December 2021 | | |
|--|--------------------|---------------|
| Service | # Records Reviewed | % with 1+ PBD |
| Behavior Analysis | 126 | 12.7% |
| Behavior Assistant | 22 | 13.6% |
| Life Skills Development 1 (Companion) | 675 | 24.0% |
| Life Skills Development 2 (SEC) | 93 | 22.6% |
| Life Skills Development 3 (ADT) | 221 | 12.2% |
| Personal Supports | 1,021 | 29.6% |
| Residential Habilitation Behavior Focus | 120 | 5.0% |
| Residential Habilitation EIB | 2 | 0.0% |
| Residential Habilitation Intensive Behavioral | 31 | 12.9% |
| Residential Habilitation Standard | 668 | 8.5% |
| Respite | 182 | 31.3% |
| Supported Living Coaching | 285 | 24.6% |
| Total | 3,446 | 20.7% |

Figure 21 shows the percent of WSCs/QOs with one or more PBDs identified by FY. Results are not presented by region because most regions had fewer than ten QO PDRs completed and approved in FY22 Q2. Results to date indicate that QOs reviewed in FY22 Q2 were more likely to have a PBD identified than solo or WSC agencies reviewed in FY20 Q1-3 or FY21. The most common standards marked Not Met for QOs reviewed in FY22 Q2 were in regards to having the Support plan developed, updated, and completed with signatures (93%; n = 186 records) and having Progress Notes that demonstrated required monthly contacts for people residing in the family home (93.6%; n = 93 records). With only 46 QOs reviewed, results from FY22 Q2 are considered preliminary and should be interpreted with caution.

Figure 21. Percent of WSCs/QO with 1+ PBD by FY



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 December 2021, 332 alerts were reported across the state for Service Providers (no alerts have been reported for QOs). Alerts are listed by type in Table 24. To date, the majority of alerts (95.2%) 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, observations have been suspended since April 2020. This suspension likely reduced the total number of alerts, particularly for rights, health and safety, and medication storage.

**Table 24: Alerts by Type: Service Providers
 July 2021 - December 2021**

| Alert Type | Number | Percent |
|----------------------------|------------|-------------|
| ANE | 0 | 0.0% |
| Background Screening | 98 | 29.5% |
| Clearing House Roster | 41 | 12.3% |
| Driver’s License/Insurance | 15 | 4.5% |
| Health & Safety | 1 | 0.3% |
| Medication Admin/Training | 177 | 53.3% |
| Medication Storage | 0 | 0.0% |
| Rights | 0 | 0.0% |
| Vehicle Insurance | 0 | 0.0% |
| Total Alerts | 332 | 100% |

PDR Summary Results

PDR Scores by Review Component

A summary of PDR results by region is presented for Service Providers in Table 25 and QOs in Table 26. Average statewide scores for Service Providers were 90 percent or greater and 95 percent or greater for QOs on all PDR review components. The only scores to fall below 90 percent, on average, by region were for MLI outcomes in the Central (89.1%) region.

| Region | # of PDRs | GAR (1,023) | Q&T (2,655) | SSRR (3,449) | MLI (1,285) | | OBS |
|------------------|--------------|----------------|----------------|-----------------|----------------|--------------|-----------|
| | | | | | Outcomes | Supports | |
| Northwest | 80 | 97.3% | 91.5% | 92.7% | 93.9% | 96.7% | NA |
| Northeast | 168 | 94.2% | 93.0% | 92.3% | 97.4% | 99.3% | NA |
| Central | 179 | 96.3% | 91.8% | 92.8% | 89.1% | 98.4% | NA |
| Suncoast | 234 | 95.0% | 90.2% | 90.9% | 91.1% | 98.9% | NA |
| Southeast | 212 | 98.3% | 91.0% | 92.9% | 89.9% | 99.6% | NA |
| Southern | 159 | 94.0% | 92.3% | 94.1% | 89.6% | 99.5% | NA |
| State | 1,032 | 95.8% | 91.5% | 92.4% | 91.2% | 98.9% | NA |

| Region | # of PDRs | GAR (46) | Q&T (158) | SSRR (610) |
|------------------|-----------|--------------|--------------|---------------|
| Northwest | 3 | 100.0% | 100.0% | 98.4% |
| Northeast | 6 | 100.0% | 98.3% | 97.9% |
| Central | 6 | 100.0% | 99.3% | 96.7% |
| Suncoast | 12 | 98.8% | 95.0% | 92.7% |
| Southeast | 11 | 97.3% | 98.5% | 96.8% |
| Southern | 8 | 96.0% | 98.1% | 98.3% |
| State | 46 | 98.3% | 97.8% | 96.2% |

PDR Scores

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.

Information in Table 27 provides a summary of PDR scores by provider size for Service Providers and QOs. The table presents the average PDR score, as well as the number alerts, number of billing standards scored Not Met, and the rate of alerts and billing discrepancy standards scored Not Met per 10 reviews. On average, small providers scored somewhat lower than medium and large providers; however, small providers were less likely than large providers to have alerts. The average PDR score for QOs was higher, on average, than the Service Provider PDR score (95.7% versus 90.4%); however, QOs had a higher rate of billing discrepancy standards scored Not Met.

| Table 27. PDR Scores: Service Providers and QOs July 2021 – December 2021 | | | | | | |
|--|--------------|--------------|------------|------------|---------------------|-------------------------------|
| Size | # Reviews | PDR Score | # Alerts | # BDs | Rate per 10 Reviews | |
| | | | | | Alerts | Billing Discrepancy Standards |
| Service Providers | | | | | | |
| Small | 938 | 89.7% | 297 | 733 | 3.17 | 7.81 |
| Medium | 84 | 93.8% | 27 | 74 | 3.21 | 8.81 |
| Large | 10 | 93.1% | 6 | 8 | 6.00 | 8.00 |
| Total | 1,023 | 90.4% | 330 | 815 | 3.20 | 7.90 |
| Qualified Organizations | | | | | | |
| All QOs | 46 | 95.7% | 0 | 46 | 0 | 10 |

While scores as of FY22 Q2 are relatively high for Service Providers and QOs (all nearly 90% or higher, on average), the range of scores within each group is fairly wide – especially for small providers. Figure 22 shows the lowest PDR score for Service Providers by size and for QOs. The lowest PDR score to date was for a small provider - 1.8 percent. The lowest score for medium and large providers was 66.3 and 81.1 percent, respectively. Among QOs, the lowest score to date was 58.8% - nearly 40 points below than the state average. The highest score for each group presented in Figure 22 was 100 percent.

Section III: Discussion and Recommendations



Findings in this report reflect data from PCRs and PDRs completed and approved between July and December 2021, with some comparisons to data collected in FY20 Q1-3 and FY21. As of December 2021, 455 PCRs, 1,023 Service Provider PDRs and 46 QO PDRs were completed, approved and available for analysis.

Provider feedback remains positive with an average score on the feedback survey of 98.2 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.

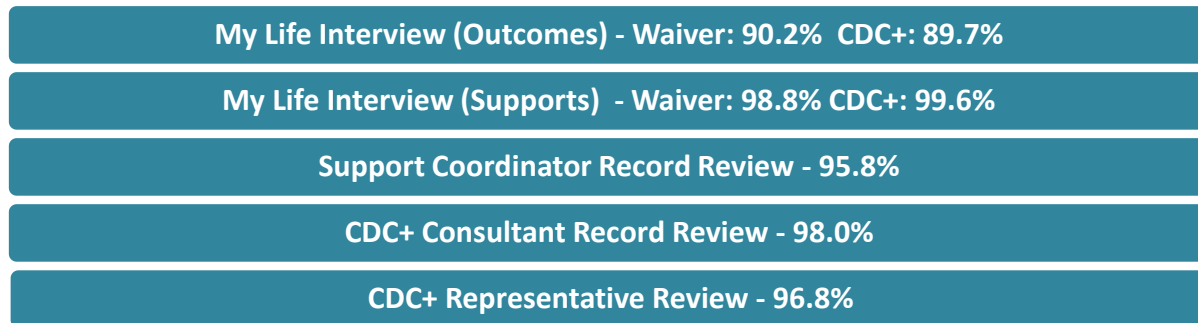
The director and managers meet twice a month via conference call. Regional Managers and QARs continue to participate in rigorous field and file review reliability testing and use bi-weekly conference calls to enhance training and reliability efforts through discussion of real situations and review questions.

Overall Review Findings

Results from reviews completed to date 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. Interview scores for people receiving services through CDC+ were higher than for people receiving services through the Waiver and WSCs scored higher on all components of the PDR than service providers.

The PCR consists of an interview with the person, an informal discussion with the person's Support Coordinator, and a review of the record maintained by the Support Coordinator/CDC+ Consultant for that person. Results for the PCR components were similar to previous years and relatively high, most over 90 percent. Outcome scores for people receiving services through the Waiver were lowest, approximately 88 percent present for the year.



Results from the PDR 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 92 percent or higher. There were no Observation scores.



Recommendations

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), 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. Further, while numbers for FY22 are still preliminary, the lowest scoring indicators in the GAR are in relation to service providers addressing concerns related to ANE and reporting all instances of ANE. 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. 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: Findings from the FY21 annual report indicated a small percentage 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.

Recommendation 5: Qlarant could develop a training for Service Providers which provides them with information on how to properly address concerns about ANE with the individuals they serve. These trainings could use information gathered by the Quality Council on best practices for ensuring these concerns are addressed in a manner the person understands; i.e., proper communication and individualized methods are used for the educational session.

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 among those

who participated in a PCR. Findings from FY22 Q2 show improvement in this area, however, these data are preliminary and 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 6: The Quality Council could develop work groups within their regions to ensure individuals who have not received the COVID-19 vaccine or their booster 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 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 47 percent in FY22 Q2.²³ Analysis shown show that people living in licensed residential homes (LRH) were much more likely to take multiple medications than people living with the family or independently. Among individuals receiving waiver services, findings from the FY21 annual report showed 63.3 percent of individuals living in a LRH reported taking five or more medications which is more than double that for residents of a family home (27.3%) and about 20 points higher than for people living independently (43.4%).

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

In addition, results have also consistently indicated many people receiving services do not understand their medications and findings from the FY21 annual report show that most people who did not meet this critical standard were not aware of what they took, why, or what the potential side

²³ The list of medications includes vitamins and over the counter medications that may have been prescribed to the person.

effects are of the medications they take. It is essential for individuals receiving services to understand their medications in order to more effectively control their own health care.

Recommendation 8: The ability to understand complex medications and diagnoses is difficult for many people, with or without a disability; however, in FY21 more than half of individuals living in a LRH reported not understanding their medications compared with 32 percent in other residential settings. The Quality Council might consider brainstorming ways to provide education on medications and determine ways to help disseminate this information to LRH providers and residents in their regions.

CDC+ Representatives

CDC+ Representatives are required to maintain certain documentation about the providers they hire and receipts for money they spend on behalf of the person receiving services through the CDC+ program. Since Qlarant started reviewing this documentation in 2010, results have improved significantly. For example, scores for background screening have increased from approximately 36 percent to the current rate of 83 percent. However, 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 9: Qlarant could help identify participants for and facilitate a workgroup or focus group, via a zoom webinar, to review training provided for CDC+ Representatives and determine if additional or updated education is warranted, particularly specific documentation about background screening requirements and how to reconcile monthly statements. Perhaps this training could include some examples from Representatives who have good systems in place to achieve either of these requirements.

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 41.8% in FY22 Q2) for several years.

Recommendation 10: 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.

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.

Recommendation 11: Qlarant could work with APD and AHCA to organize a web-based focus group discussion with providers who offer these services (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. Subsequent to this meeting, a training focusing on documentation could be developed that targets specific issues for providers of these three services.

Summary

Findings from reviews completed during the second quarter of 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. Scores for WSC and CDC+ Record reviews continue to be high with very few standards scoring below 90 percent. The lowest scoring standards for WSCs was in relation to Progress Notes demonstrating pre-Support Plan planning activities and the Support Plan reflecting support and services necessary to address assessed risks.

Despite barriers created by the pandemic, compliance rates for Service Providers and QOs who participated in a PDR remain high, on average. 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 a potential billing discrepancies identified which is likely causing their record review scores to be lower, on average, than other services. Further, while overall scores for WSCs continue to be relatively high, findings to date suggest an increase in the number of PBDs identified for

WSCs since transitioning to QOs. Qlarant will continue to monitor this trend and other standards as we continue to review QOs.

Attachment 1: Customer Service Activity

| Customer Service Topic | # | Description | Outcome | Avg. Time |
|----------------------------------|----|--|--|-----------|
| Contact QAR | 3 | 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 | 11 | Family, stakeholders, APD and providers called with requests unrelated to Qlarant’s Desk Review process, questions about where to send their Plan of Remediation, how to become a provider or to speak directly 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 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 | 37 | 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. Providers also called when the review notification letter was received earlier than expected. | 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 when scheduling or the provider is removed from the schedule following confirmation of termination from the Region. | 1 day |
| Provider Feedback Survey | 4 | Providers have the option to request a call from a manager when submitting a Provider Feedback Survey after their review. | The managers assigned to the Region associated with the call back requests were notified. Contact was either made or attempted with not success. | 1 Day |
| Potential Billing Discrepancy | 2 | Providers called with questions about how to repay money identified as a potential billing discrepancy on their PDR. | Providers were given the AHCA email address for potential billing discrepancy. APDProviderBilling@ahca.myflorida.com | 1 day |
| Question | 17 | Providers called with questions regarding documentation requirements, qualification and training requirements, and service | Questions were answered by CSR or Regional Managers. Callers were referred to the iBudget Handbook, local APD Regional Office, relevant websites and | 1 day |

| Customer Service Topic | # | Description | Outcome | Avg. Time |
|------------------------------|------------|---|---|-----------|
| | | limitations; for explanations of the review processes and clarification on various other topics. Providers also called with questions related to the Desk Review process. | the Qlarant tools posted on the FSQAP website. | |
| Reconsideration | 54 | 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 | 3 | 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 | 24 | 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 | 170 | Note: 2 calls were conducted in Spanish. | | |