Florida Statewide Quality Assurance Program

FY 2022: Quarter 3 Report

July 2021 – March 2022

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

May 16, 2022

Prepared by

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List of Acronyms

ABC – Allocation, Budget, and Contract Control System

ADT – Adult Day Training

AHCA – Agency for Health Care Administration

ANE – Abuse, Neglect and Exploitation

APD – Agency for Persons with Disabilities

CDC+ – Consumer Directed Care Plus

CDC+ C – CDC+ Consultant

CDC+ R – CDC+ Representative

DD – Developmental Disability

FSQAP – Florida Statewide Quality Assurance Program

FY – Fiscal Year (July – June)

GAR – General Administrative Review

HCBS – Home and Community-Based Services

HSRI – Human Services Research Institute

iBudget Handbook – Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook

iBudget Waiver – Individual Budgeting Waiver

IPS – In Person Survey (NCI)

IDD – Intellectual and Developmental Disability

IRR – Inter-rater Reliability

IT – Information Technology

LRH – Licensed Residential Home

NCI – National Core Indicators

OBS – Observations

PBD – Potential Billing Discrepancy

PCR – Person Centered Review

PCR MLI – Person Centered Review My Life Interview

PDR – Provider Discovery Review

PDR MLI – Provider Discovery Review My Life Interview

Q&T – Qualifications and Training

QA – Quality Assurance

QAR – Quality Assurance Reviewer

QC – Quality Council

QI – Quality Improvement

QO – Qualified Organization

RM – Regional Manager

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

Executive Summary

In July 2021, the Agency for Health Care Administration entered into the fifth year of the current contract with Qlarant, the Florida Statewide Quality Assurance Program (FSQAP). Qlarant provides oversight processes of provider systems and Person Centered Review activities for individuals receiving services through the Developmental Disabilities Individual Budgeting (iBudget) Services waiver, including the Consumer Directed Care Plus (CDC+) program. Qlarant conducts Provider Discovery Reviews (PDR) and Person Centered Reviews (PCR) to provide information about providers, individuals receiving services, and the quality of service delivery systems.

Quarterly meetings were conducted with each APD region.[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. All three meetings held in FY22 were conducted virtually on July 22, 2021, October 21, 2021, and March 17, 2022. Given the Webinar format, as opposed to in-person meetings in Tallahassee or Orlando, each meeting had over 100 attendees from across the state.

Due to the COVID-19 virus pandemic, on March 16, 2020, AHCA suspended all onsite review activity. During the remainder of March, with direction from AHCA and APD, Qlarant developed modified procedures to address each component of both PDRs and PCRs including how records would be reviewed (desk reviews) and phone interview techniques (remote interviews via phone or video). These new processes, using the same tools, were implemented April 1, 2020, and used for all review activity during FY21 and for records reviews in the current contract year (FY22). However, as of October 1, 2021, APD 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.

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[1] Also referred to as regions in the report.

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

Findings presented in this report are based on 1,024 Person Centered Reviews (PCRs), 1,238 Service Provider PDRs (PDR), 128 Waiver Support Coordinator PDRs (PDR SC), and 167 CDC+ Representative reviews conducted and approved through the third quarter of FY22 (July 2021 – March 2022). 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 through either the Waiver or CDC+ were least likely to have Safety Life Area outcomes Met. Supports for Safety were more 23 points higher than outcomes for the Waiver and 28 points higher for CDC+.
- More than 35-40 percent of individuals interviewed to date did not meet the outcome related to understanding their medications.
- PCR record review score for WSCs and CDC+ Cs have declined since FY 21 from an average of 95 and 98 percent, respectively, to 90 and 95 percent, respectively.
- Average scores on all PDR review components (observations, administrative reviews, and record reviews) were approximately 90 percent or higher.
- Solo Service Providers were less likely than Agency Service Providers to meet standards related to maintaining an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.
- Agency Service Providers were less likely than Solo Service Providers to meet standards related to identifying and addressing concerns about abuse, neglect, and exploitation (ANE) and less likely to report 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.
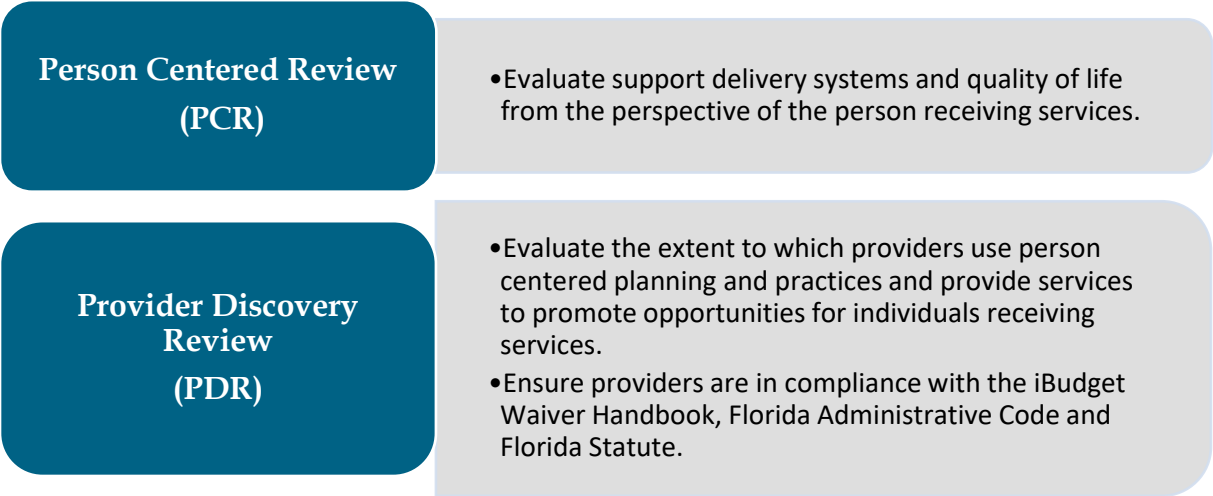
Introduction

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.

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[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.

Person Centered Review

CDC+ Consultant Record Review — WSC Record Review — CDC+ Rep Record Review — PCR My Life Interview — Health Summary
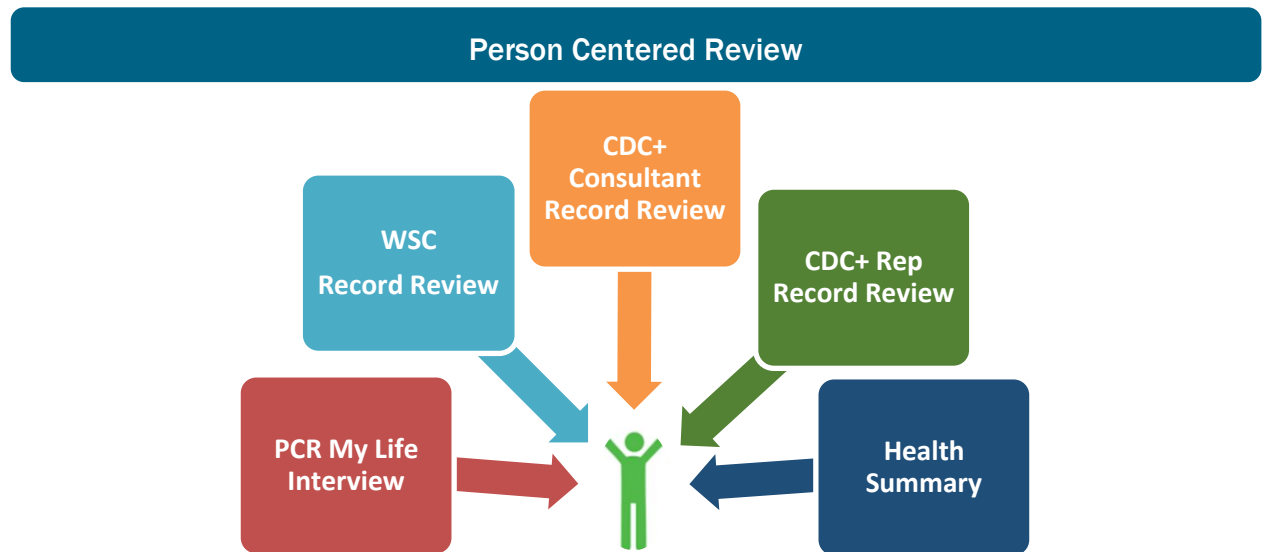
The PDR is comprised of the General Administrative Review, Staff Qualifications and Training, Service Specific Record Reviews, and interviews with individuals receiving services. Individuals

interviewed with the PDR My Life Interview tool are only asked questions that 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 suspended due to the COVID-19 pandemic; however, they resumed as of January 2022.

Provider Discovery Review

Observations (resumed January 2022)

Service Specific Record Review

General Administrative Review

PDR My Life Interview

Qualifications & Training
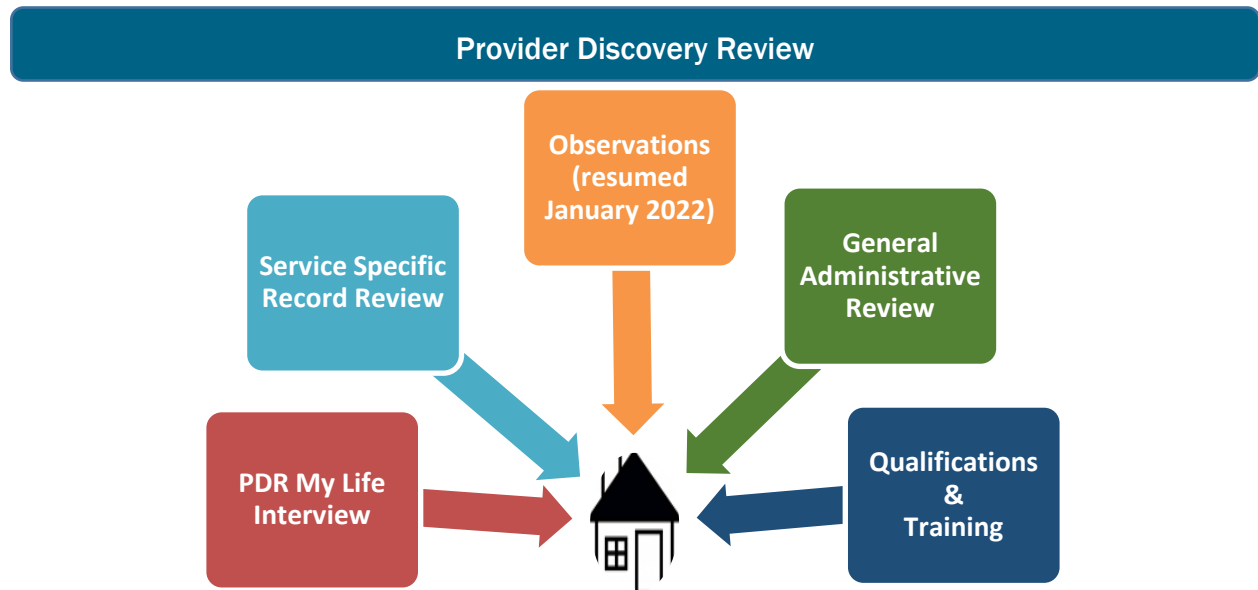
This is the third quarterly report of the FY22 contract year. The report is divided into three sections.

- Section I: Significant Contract Activity during the third quarter (January - March 2022)
- Section II: Data from Review Activities throughout the first three quarters, 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 (January 2022 - March 2022)

Status Meetings

Status meetings are held to provide an opportunity for Qlarant, AHCA, and APD representatives to discuss contract activities and other relevant issues as necessary. Revisions to processes and tools may be discussed as well as policy updates from AHCA or APD that may affect the FSQAP. In the third quarter of FY22, a status meeting was held via Zoom on January 20th.

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 Q3 on the topics of the updated Qlarant Operations Manual and September 2021 iBudget Handbook. 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 nine 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, Qlarant will be conducting an annual conference in 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, which was developed for Waiver Support Coordination Qualified Organizations, became effective 10/01/21.

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

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

Regional Quarterly Meetings

The Qlarant Regional Manager facilitates meetings in each APD Region with available Qlarant QARs in the region, and other APD Regional personnel, including the Regional Operations Manager (ROM) as possible. The purpose of the meetings is to discuss and interpret data from the Qlarant reviews to help guide APD toward appropriate remediation activities, and to update all entities on current activities in the region. Representatives from AHCA and APD State offices may attend the meetings via phone in each region. Remote meetings were held in all the regions during the third quarter of FY22, using a webinar format.[3]

Quality Council (QC)

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

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

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[3] Minutes for each meeting are on the FSQAP Portal Client Site and available to AHCA and APD (https://sp.qlarant.com/Contracts/DD/FSQAP/client/APDDelmarva%20Quarterly%20AgendasDataMinutes/Forms/AllItems.aspx).

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 2021 and March 2022 are presented in Table 1. In total, 114 providers completed the survey. On average, 96.5 percent of responses were positive (1,436/1,488). Surveys that included a request for a manager's call back were also recorded in the Customer Service Log.

Table 1. Results from Provider Feedback Surveys Surveys Received Between July 2021 – March 2022 (n = 114)			
Question	# Yes	# No	NA/ Blank
Did the Quality Assurance Reviewer explain the review process?	111	2	1
Did the Quality Assurance Reviewer share with you the names of the potential people chosen to participate in the review?	107	1	6
Did the Quality Assurance Reviewer explain the person's participation in the interview is voluntary?	100	5	9
Did the Quality Assurance Reviewer refer you to the Qlarant website that includes the tools and procedures?	106	2	6
Were the tools accessible on the Qlarant website?	101	0	13
Did you find the tools helpful when preparing for the review?	99	4	11
Did the Quality Assurance Reviewer answer your questions in preparation for the review?	107	4	3
Did the Quality Assurance Reviewer arrive on time?	55	3	56
If not, were you notified the Quality Assurance Reviewer would be late?	10	1	103
Did the Quality Assurance Reviewer give you enough time to find the information requested?	110	2	2
Do you feel the Quality Assurance Reviewer was prepared for the review?	105	5	4
Did the review process go as explained by the Quality Assurance Reviewer?	106	6	2
Did the Quality Assurance Reviewer answer the questions you had during the review?	107	4	3
If applicable, did the Quality Assurance Reviewer explain why a standard was Not Met?	86	3	25
If an alert was identified, did the Quality Assurance Reviewer inform you of the follow up process?	33	5	76
Did the Quality Assurance Reviewer provide you with the preliminary findings of your review before leaving?	93	5	16
Total Responses	**1,436**	**52**	**336**

Summary of Customer Service Calls

During the third quarter of FY22, 210 calls were recorded in the Customer Service Log, with an average response time of one day for each call.[4]

Staff Updates

In FY22 Q3, the following staff changes occurred:

- Two QARs, Linda Travis and Samantha Gwaltney, began working in the Central and Suncoast regions, respectively.
- Two QARs, Hugh Tarpley and Kristie Daniel, retired from the Southeast and Northeast region, respectively.
- QAR Aimee Trott resigned from the Suncoast region.
- QAR Kathleen Boyer began working as Qlarant's Customer Service Rep.
- Katie Clark began working as Qlarant's Project Support in Tallahassee.

Data Availability

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

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

Section II: Data from Review Activities[5]

### 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 2021 and March 2022, 1,024 PCRs were completed and approved – 897 for individuals on the iBudget Waiver and 127 for individuals using CDC+.

Table 2. Person Centered Review Activity October 2021 - March 2022				
Region	**Waiver**		**CDC+**	
	n	**%**	**n**	**%**
Northwest	67	7%	5	4%
Northeast	153	17%	22	17%
Central	164	18%	45	35%
Suncoast	211	24%	19	15%
Southeast	193	22%	17	13%
Southern	109	12%	19	15%
Total	**897**	**100%**	**127**	**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.

Beginning October 1, 2021, Qlarant began transitioning back to in-person interviews, after more than a year of conducting interviews virtually (via Zoom or over the telephone). Between October 2021 and March 2022, 57.2 percent (n = 586) of 1,024 PCR interviews were conducted via Zoom or over the telephone; however, the remaining interviews (438 or 42.8%)were conducted in-person, either in a public place, at the individual's day program, or in the home. With over 42 percent of interviews conducted in-person, comparisons between interview data collected in FY21 (when all interviews were conducted virtually) and FY22 should be made with caution.

Figure 1. PCR Interview Location October 2021 - March 2022 (n = 1,024)

Home, 32.2%

Zoom/Phone, 57.2%

Day Program, 7.2%

Public Setting, 2.1%

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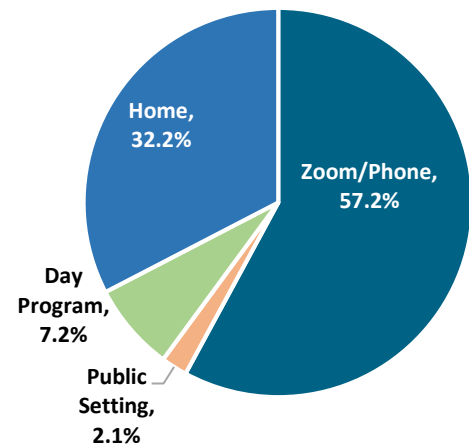
[5] In response to Chapter 2020-71, formerly referred to as Senate Bill 82, PCRs were suspended during the first quarter of FY22 (July – September 2021); therefore, PCR results in this report are for reviews conducted after October 1, 2021.
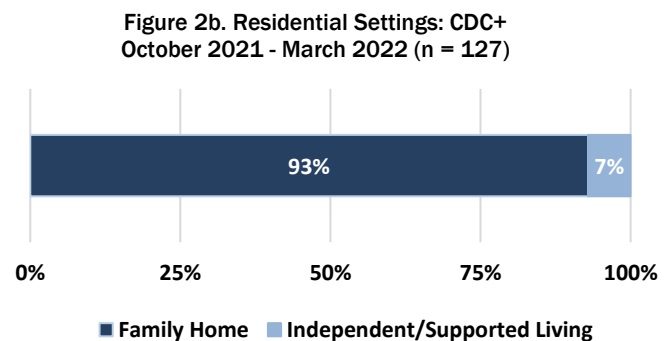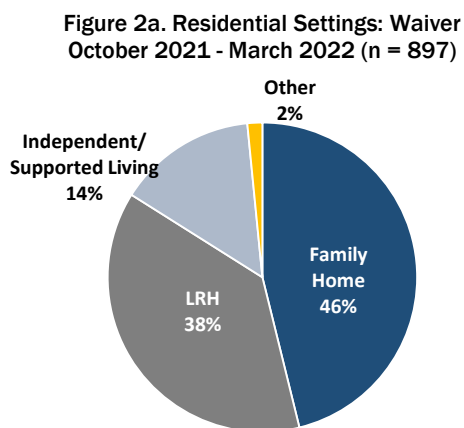[6] All review tools are posted on the FSQAP website (https://florida.qlarant.com/).

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 March 2022, 52 individuals originally sampled for the PCR did not participate. Non-participation reasons are shown in Table 3. When an individual is unable to participate, the QAR calls the person from the sample to verify the decision. This affords the person an opportunity to ask questions or seek clarification about the PCR

Table 3: Person Centered Review: Non-Participation Reasons October 2021 – March 2022			
Decline Reason	Waiver	CDC+	Total
Deceased	1	2	3
Person Declined Interview	24	6	30
Moved Out of State	2	0	2
Person is no Longer Receiving Services	1	0	1
Review Next Year	4	0	4
Other	10	2	12
Total	**42**	**10**	**52**

process and the person's potential role in it. This also gives individuals an opportunity to change their minds about participating. Most of the time, people declined to participate in the interview (n = 30; 58%).

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 over 85 percent of participants age 44 or younger – and include a higher proportion of individuals with a diagnosis of Autism.

Figure 2a. Residential Settings: Waiver
October 2021 - March 2022 (n = 897)

Other 2%
Independent/ Supported Living 14%
Family Home 46%
LRH 38%

Figure 2b. Residential Settings: CDC+
October 2021 - March 2022 (n = 127)

93%   7%

0%   25%   50%   75%   100%

■ Family Home   ■ Independent/Supported Living

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[7] The Other category for Residential Setting for the Waiver included a total of 14 in an Assisted Living Facility. The Other category for Primary Disability for the Waiver included Down syndrome (44) and Spina Bifida (9), Prader Willi (5), Phelan-McDermid Syndrome (2). For CDC+ "Other" included Down syndrome (8).

Figure 3. Age Distribution: Wavier and CDC+ October 2021 - March 2022

Figure 4. Primary Disability: Waiver and CDC+ October 2021 - March 2022
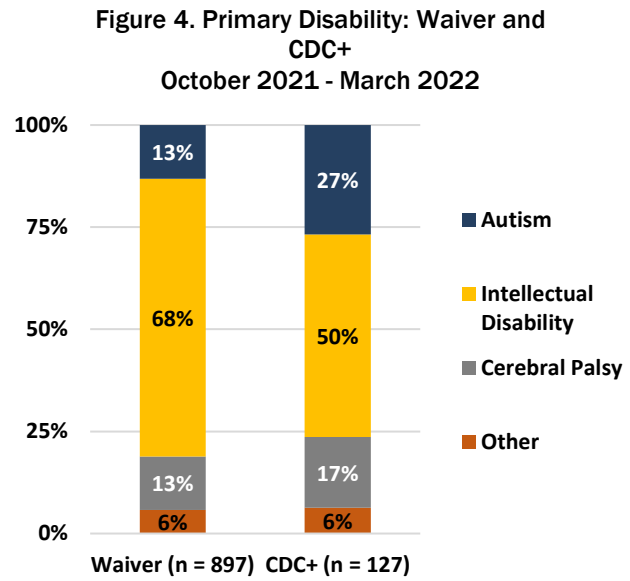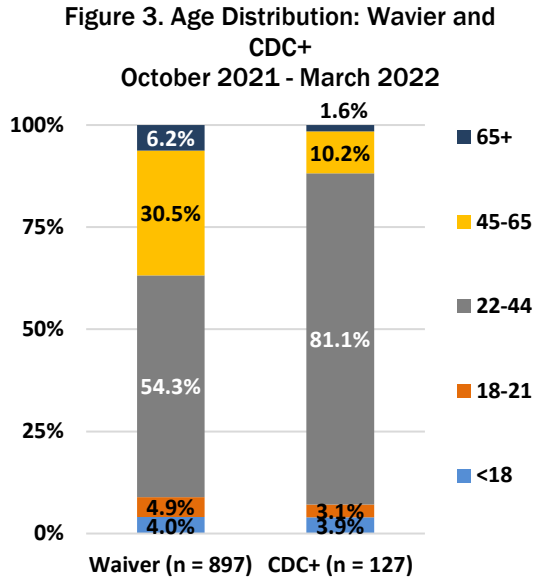
PCR My Life Interview (MLI)
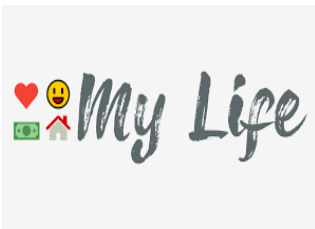
Individuals' participating in a PCR are interviewed using the PCR My Life Interview tool. The PCR MLI is organized around six Life Areas important to a person, and each incorporates measures of choice, respect, rights, and community integration:

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), for which individuals, when responding to questions, are asked to refer only to their experiences with the provider being reviewed.

Data Limitations

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

PCR MLI Average Scores

The highest, lowest, and average MLI scores are presented in Figure 5 for data collected between October 2021 and March 2022, 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 Q1-3 indicate the lowest scores were for Outcomes and while average rates were relatively high, Outcomes and Supports for some individuals were quite low. CDC+ supports were relatively high across all 127 PCRs.

Figure 5. MLI Outcomes vs Supports Score Ranges
October 2021 - March 2022

Chart data:

Waiver (n = 897)
- Outcome: Highest Score 100.0%, Average 89.1%, Lowest Score 6.3%
- Support: Highest Score 100.0%, Average 98.1%, Lowest Score 20.0%

CDC+ (n = 127)
- Outcome: Highest Score 100.0%, Average 90.2%, Lowest Score 39.1%
- Support: Highest Score 100.0%, Average 99.6%, Lowest Score 87.0%

Legend: ● Lowest Score ▲ Average ▬ Highest Score

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 small and comparisons across regions should be made with caution. On average, Outcomes were nine or more points lower than Supports in each region, with the exception of the northern part of the state where the disparity was only between two and six points. The Northeast region saw the lowest disparity between Outcomes and Supports. For CDC+ participants, the two areas scored nearly the same, on average, and for those on the waiver the scores were both above 97 percent met, on average.

Table 4: PCR Individual Interview Results by Region October 2021 – March 2022						
Region	**Waiver**			**CDC+**		
	# of PCRs	**Outcomes**	**Supports**	**# of PCRs**	**Outcomes**	**Supports**
Northwest	67	89.8%	95.4%	5	98.0%	100.0%
Northeast	153	97.0%	99.0%	22	98.7%	99.8%
Central	164	83.3%	95.0%	45	87.6%	99.3%
Suncoast	211	88.4%	98.8%	19	85.5%	99.8%
Southeast	193	89.7%	99.2%	17	89.3%	100.0%
Southern	109	86.1%	99.5%	19	90.0%	99.8%
State	**897**	**89.1%**	**98.1%**	**127**	**90.2%**	**99.6%**

PCR My Life Interview by Residential Setting

The average MLI score for each residential setting is presented in Figure 6a for the Waiver and Figure 6b for CDC+, by Outcomes and Supports. Findings to date indicate individuals receiving services were well supported across all residential settings (each above 97%). Among individual receiving services through the iBudget Waiver, Outcomes were least likely to be present for people living in either a LRH (87.1%) or their family home (89.2%) at the time of the interview. Among those using CDC+, little variation in Outcomes was seen between residential settings.

Figure 6a. My Life Interview by Residential Setting Waiver: October 2021 - March 2022

Figure 6b. My Life Interview by Residential Setting CDC+: October 2021 - March 2022
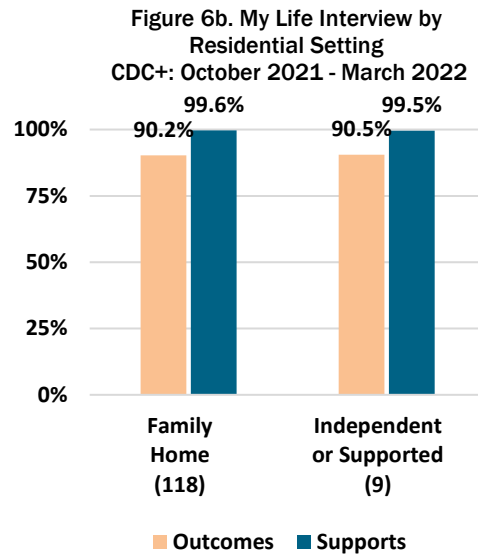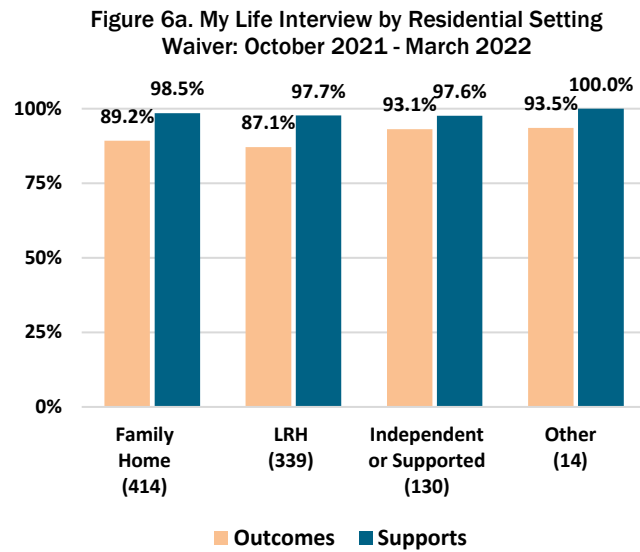
PCR My Life Interview by Life Area

The average MLI score for each Life Area is presented in Figure 7a for the Waiver and Figure 7b for CDC+, by Outcomes and Supports. Findings to date indicate individuals receiving services were mostly 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+, 75.0 and 71.2 percent present, respectively. Outcomes related to 'My Social Life' and 'My Health' were relatively low for both the Waiver and CDC+.

Figure 7a. My Life Interview by Life Areas
Waiver: October 2021 - March 2022 (n = 897)

Life Area	Outcomes	Supports
My Services	93.0%	97.7%
My Home Life	94.4%	98.1%
My Work	95.9%	98.1%
My Social Life	87.7%	97.5%
My Health	89.1%	98.7%
My Safety	75.0%	98.3%
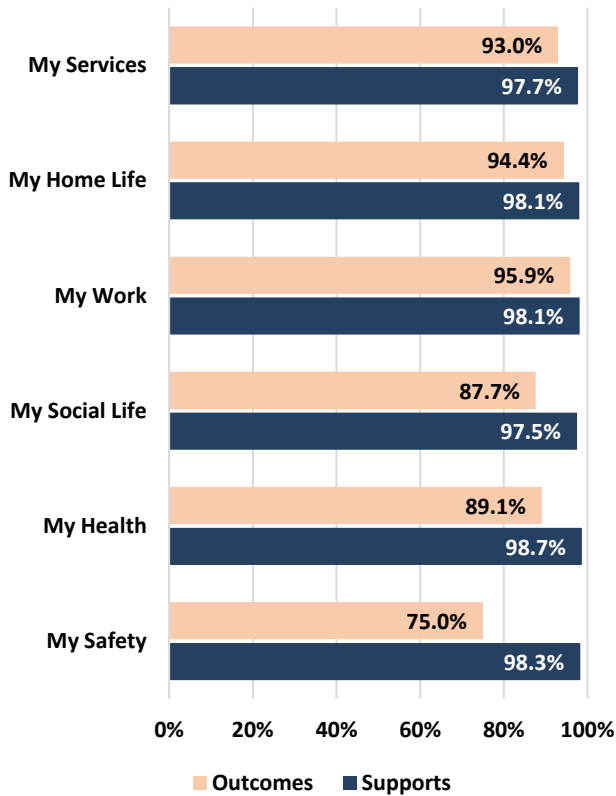
Figure 7b. My Life Interview by Life Areas
CDC+: October 2021 - May 2022 (N = 127)

Life Area	Outcomes	Supports
My Services	95.4%	99.7%
My Home Life	99.0%	100.0%
My Work	97.4%	99.7%
My Social Life	88.9%	99.2%
My Health	91.1%	99.9%
My Safety	71.2%	99.4%
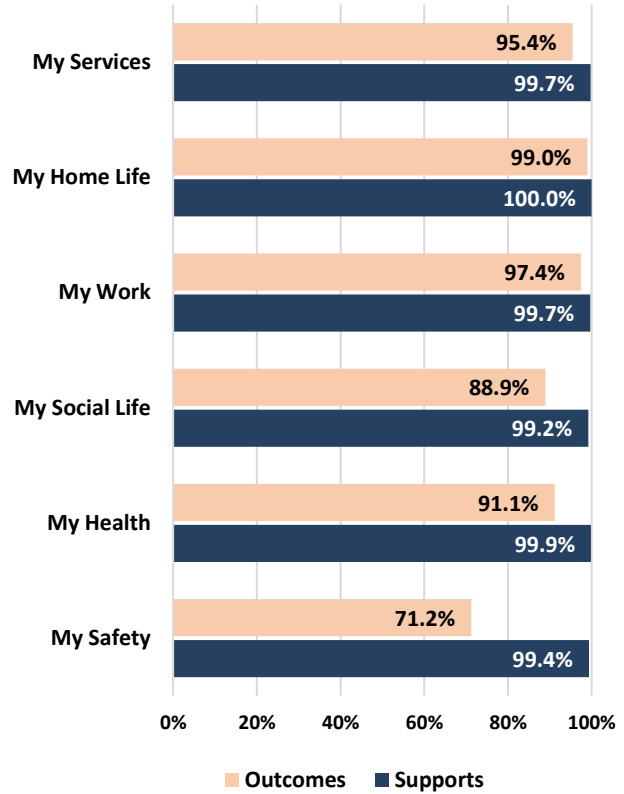
Analysis of the 26 MLI indicators provides some insight into more specific data and reasons for My Life Area results. For each waiver type, all 26 standards measuring Supports showed a score of approximately 94 percent or higher. However, a number of outcomes in the areas of 'My Health', 'My Safety', and 'My Social Life' reflected scores of less than 90 percent for individuals receiving services through the Waiver or CDC+ (see Table 5). To date, more than 40 percent of individuals interviewed did not understand their medications, about 40 percent did not understand what Abuse, Neglect and Exploitation (ANE) mean, and close to 30 percent of people did not know what to do if ANE were to occur.

Table 5. Lowest Scoring Outcomes for Waiver and CDC+ (October 2021 – March 2022)				
	Waiver (n = 897)		CDC+ (n = 127)	
Outcomes	# Reviewed	% Present	# Reviewed	% Present
My Health and Safety				
I understand my medications.	742	58.4%	105	65.7%

Table 5. Lowest Scoring Outcomes for Waiver and CDC+ (October 2021 – March 2022)				
	Waiver (n = 897)		CDC+ (n = 127)	
Outcomes	# Reviewed	% Present	# Reviewed	% Present
I understand what abuse, neglect, and exploitation (ANE) means.	813	60.5%	117	62.4%
I know what to do if abuse, neglect, or exploitation (ANE) occurs.	819	72.3%	117	65.0%
My safety needs are addressed.	872	80.5%	126	73.0%
My health needs are being addressed.	890	89.7%	127	91.3%
My Social Life				
I am part of and participate in my community.	849	81.6%	123	82.9%
I am an active and contributing member of my community.	772	81.3%	115	83.5%

Overall, 59 percent (n = 345) of individuals interviewed met the Outcome indicating individuals understand their medications – representing the lowest scoring outcome in the MLI. When a standard is marked not met for an individual, one or more reasons can be selected to explain why. Over three quarters (77.1%) of the individuals who did not meet this standard indicated they were not aware of the potential side effects of the mediation. Further, 71.9 percent indicated they were not aware of which medication they were taking and 60.0 percent were not aware of why their medications were prescribed.

Figure 8. Not Met Reasons for Lowest Scoring MLI Outcome

I understand my medications: 345 Not Met

- 77.1% were not aware of potential side effects.
- 71.9% were not aware of which medications they take.
- 60.0% were not aware of why their medications are prescribed.
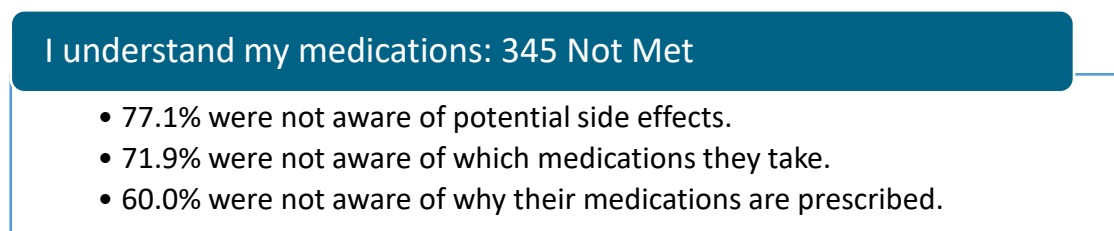
PCR My Life Interview: Satisfaction

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 9 shows results for interviews completed between October 2021 and March 2022. Findings indicate the majority of individuals receiving services reported agreement (strongly agree or agree) in each area. The lowest scoring area was satisfaction with their level of involvement in the community.

Figure 9. Satisfaction: Percent Agree or Strongly Angree

Statement	Waiver (n = 897)	CDC+ (n = 127)
I am satisfied with approved services.	98.9%	97.6%
I am satisfied with my service providers.	98.4%	99.2%
I am satisfied with Waiver Support Coordinator (WSC).	99.7%	98.4%
I am satisfied with services received in my home.	98.2%	99.2%
I am happy with where I live.	97.5%	99.2%
I am satisfied with service providers who support me in my desired day activity.	99.1%	99.1%
My day activity is meaningful to me.	98.1%	98.3%
I am happy with how much involvement I have in my community.	93.7%	92.0%
I am in good health.	98.0%	98.4%
Total	97.9%	97.9%

Waiver (n = 897) **CDC+ (n = 127)**

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 <u>one or more</u> of these changes during FY21 (July 2020 – June 2021) and FY22 Q1-3.

For interviews conducted between October 2021 and March 2022, about 25 percent of waiver participants and nearly 17 percent of people using 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 Waiver participants (up 22 points) and people using CDC+ (up 13.5 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 this far in FY22 for Waiver or CDC+ participants was in service provider(s) within their home (W: 19.3%; C: 7.4%), as well as their work/day program(s) (W: 17.7%;

CDC+: 8.4%). 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 become 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)								
	Waiver				CDC+			
	FY21 (1,249)		FY22 Q3 (897)		FY21 (1,249)		FY22 Q3 (127)	
Within the past 12 months,	Applicable Responses	% w/ 1+ change	Applicable Responses	% w/ 1+ change	Applicable Responses	% w/ 1+ change	Applicable Responses	% w/ 1+ change
I experienced changes in my WSC agency.	933	3.0%	851	25.3%	120	3.3%	125	16.8%
I experienced changes in my WSC.	1,233	10.9%	863	13.6%	143	9.8%	125	8.8%
I have changed employment.	517	9.1%	329	5.2%	50	2.0%	52	1.9%
I have experienced changes to my work/day activity service providers.	1,025	16.9%	689	17.7%	106	5.7%	95	8.4%
I have moved.	1,191	9.7%	838	10.3%	135	7.4%	118	6.8%
Service providers in my home have changed.	1,106	15.3%	762	19.3%	139	2.2%	122	7.4%
The services I receive have changed.	1,205	11.1%	844	14.6%	142	4.2%	123	8.1%

PCR Waiver Support Coordinator and CDC+ Consultant Record Reviews[8]

Records maintained by the WSC and CDC+ C are reviewed specific to the person who was interviewed during the PCR. Results collected between the months of October 2021 – March 2022 (FY22 Q3) are presented by region in Figure 10 as well as by standard for WSCs in Table 8 and for CDC+ Cs in Table 9.[9]

Findings to date indicate the following:[10]

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[8] 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.

[9] Scores are not shown for regions with fewer than 5 record reviews.

[10] Scores are not discussed for indicators with fewer than 25 applicable responses.

- CDC+ Consultants scored relatively high on the record reviews (95.2%), with scores ranging from a low of 90.3 percent in the Southeast region to a high of 98.2 percent in the Northeast region.
- On average, WSCs scored lower than CDC+ Consultants with an average score of 90.6 percent.
- WSC record review scores varied by region - with a low score of 84.3 percent in the Suncoast region to a high of 95.3 percent in the Northeast and Northwest regions.
- WSCs scored below 85 percent, on average, on the following standards (highlighted in Table 8):
  - The Support Plan reflects support and services necessary to address assessed risks (n = 844; 78.7%).
  - Level of care is completed accurately using the correct instrument/form (n =889; 80.4%).
  - The Support Plan includes supports and services consistent with assessed needs (n = 889; 81.2%).
  - Support Coordinator Progress Notes demonstrate pre-Support Plan planning activities were conducted (n = 805; 82.6%).
  - The current Annual Report is in the record (n = 863; 84.1%).
- On average, CDC+ Consultants scored relatively high (all standards above 85%). The lowest scoring standard indicates the current Annual Report is not always in the record (n = 127; 89.8%) and that progress notes do not always demonstrate if Pre-Support Plan planning activities occurred (n = 117; 86.3%).

As all the data are available for the Annual Report, 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 10. WSC and CDC+ C Record Review Results by Region October 2021 - March 2022
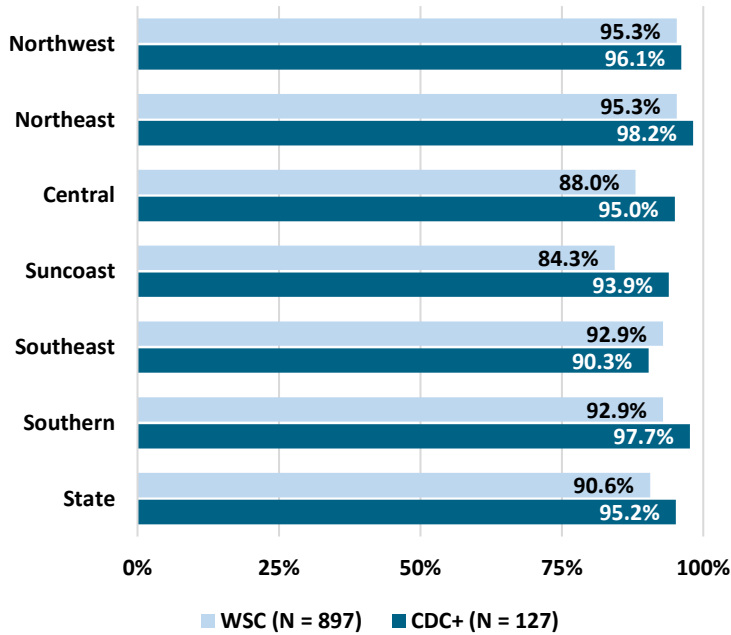

Region	WSC N=897	CDC+ N=127
Northwest	95.3%	96.1%
Northeast	95.3%	98.2%
Central	88.0%	95.0%
Suncoast	84.3%	93.9%
Southeast	92.9%	90.3%
Southern	92.9%	97.7%
State	90.6%	95.2%

Table 7. Number of Records and Applicable Standards by Region October 2021 – March 2022				
	WSC		CDC+	
Region	# of Records	# of Standards	# of Records	# of Standards
Northwest	67	1,961	5	179
Northeast	153	4,296	22	728
Central	164	4,633	45	1532
Suncoast	211	5,937	19	659
Southeast	193	5,554	17	589
Southern	109	2,998	19	640
State	**897**	**25,379**	**127**	**4,327**

Table 8. WSC Record Review Results by Standard October 2021 - March 2022			
Standard	# Met	Total Scored	% Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	762	896	85.0%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	764	892	85.7%
Level of care is completed accurately using the correct instrument/form.	715	889	80.4%
Person receiving services is given a choice of waiver services or institutional care at least annually.	763	893	85.4%
The Support Plan is developed, updated, and completed with signatures timely.	760	887	85.7%
Support Coordinator completed accurate Significant Additional Need (SAN) requests.	147	150	98.0%
Support Coordinator solicits and addresses the person's preferences with regard to employment.	786	806	97.5%
The current Annual Report is in the record.	726	863	84.1%
The Support Plan is updated when warranted by changes in the needs of the person.	320	346	92.5%
Support Coordinator documentation demonstrates a copy of the Support Plan is provided to the person or legal representative within 10 days of the Support Plan effective date.	857	886	96.7%

Table 8. WSC Record Review Results by Standard October 2021 - March 2022			
Standard	**# Met**	**Total Scored**	**% Met**
Support Coordinator documentation demonstrates a copy of the Support Plan is provided to all service providers within 30 calendar days of the Support Plan effective date.	762	814	93.6%
The Support Plan includes supports and services consistent with assessed needs.	722	889	81.2%
The Support Plan reflects support and services necessary to address assessed risks.	664	844	78.7%
The record includes a current complete Safety Plan when warranted.	13	18	72.2%
The Safety Plan was distributed and reviewed with pertinent providers.	15	19	78.9%
Support Coordinator documentation demonstrates use of a person centered approach to define the personal goals/outcomes important to the person.	775	885	87.6%
Support Coordinator documentation demonstrates efforts to solicit natural, community supports for the person prior to waiver service requests.	847	892	95.0%
Support Coordinator documentation demonstrates Service Authorizations are issued to service provider(s).	804	833	96.5%
Support Coordinator monitors service delivery to ensure services are delivered in accordance with the Support Plan and Cost Plan.	722	835	86.5%
Support Coordinator bills for services after required contacts are rendered.	859	882	97.4%
Support Coordinator Progress Notes demonstrate pre-Support Plan planning activities were conducted.	665	805	82.6%
Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing in a facility.	346	372	93.0%
Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing in supported living situation or independent living.	126	139	90.6%
Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing family home.	378	412	91.7%
Support Coordinator Progress Notes include meaningful information to effectively assist the person in achieving goals/outcomes.	784	879	89.2%
For persons in Supported Living Arrangements/Situation, Progress Notes demonstrate required activities are covered during each quarterly home visit.	114	127	89.8%
For persons living in Supported Living Arrangements/Situations, the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider.	113	116	97.4%
Support Coordinator documentation demonstrates efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis.	866	885	97.9%
Support Coordinator documentation demonstrates efforts to support the person to make informed decisions when choosing among waiver service providers on an ongoing basis.	855	882	96.9%
Support Coordinator documents ongoing efforts to assist the person/legal representative to know about rights.	852	893	95.4%
Support Coordinator documents ongoing efforts to ensure all of the person's health care needs are addressed.	876	894	98.0%

Table 8. WSC Record Review Results by Standard October 2021 - March 2022			
Standard	# Met	Total Scored	% Met
Support Coordinator documents ongoing efforts to assess and address the person's safety needs.	868	894	97.1%
Support Coordinator documents person's history regarding abuse, neglect and/or exploitation.	661	689	95.9%
Support Coordinator documents efforts to assist the person to define abuse, neglect, and exploitation.	819	893	91.7%
Support Coordinator documents efforts to assist person with knowing when and how to report any incidents of Abuse, Neglect and/or Exploitation.	821	894	91.8%
Support Coordinator documents the invitation to take the satisfaction survey to the person receiving services.	406	471	86.2%
Support Coordinator documents the review of the QO's disciplinary process to the person receiving services.	331	359	92.2%
Support Coordinator documents the review of the QO's code of ethics to the person receiving services.	330	356	92.7%
Average WSC Score	**22,994**	**25,379**	**90.6%**

Table 9. CDC+ Consultant Record Review Results by Standard October 2021 – March 2022			
Standard	# Met	Total Scored	% Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	117	127	92.1%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	119	127	93.7%
Level of care is completed accurately using the correct instrument/form.	110	122	90.2%
Person receiving services is given a choice of waiver services or institutional care at least annually.	119	127	93.7%
The Support Plan is developed, updated, and completed with signatures timely.	118	127	92.9%
CDC+ Consultant completed accurate Significant Additional Need (SAN) requests.	26	26	100.0%
CDC+ Consultant solicits and addresses the person's preferences with regard to employment.	111	113	98.2%
The current Annual Report is in the record.	114	127	89.8%
The Support Plan is updated when warranted by changes in the needs of the person.	58	59	98.3%
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.	124	125	99.2%
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.	121	124	97.6%
The Support Plan includes supports and services consistent with assessed needs.	113	123	91.9%

Table 9. CDC+ Consultant Record Review Results by Standard October 2021 – March 2022			
Standard	**# Met**	**Total Scored**	**% Met**
The Support Plan reflects support and services necessary to address assessed risks.	109	120	90.8%
The record includes a current complete Safety Plan when warranted.	1	1	100.0%
The Safety Plan was distributed and reviewed with pertinent providers.	1	1	100.0%
CDC+ Consultant documentation demonstrates use of a person centered approach to define the personal goals/outcomes important to the person.	117	125	93.6%
CDC+ Consultant documentation demonstrates efforts to solicit natural, community supports for the person prior to waiver service requests.	120	125	96.0%
CDC+ Consultant monitors service delivery to ensure services are delivered in accordance with the Support Plan and Cost Plan.	125	126	99.2%
CDC+ Consultant bills for services after required contacts are rendered.	121	126	96.0%
The CDC+ Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted.	101	117	86.3%
Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	118	126	93.7%
CDC+ Consultant Progress Notes include meaningful information to effectively assist the person in achieving goals/outcomes.	111	126	88.1%
CDC+ Consultant documents ongoing efforts to assist the person/legal representative to know about rights.	121	126	96.0%
CDC+ Consultant documents ongoing efforts to ensure all of the person's health care needs are addressed.	124	126	98.4%
CDC+ Consultant documents ongoing efforts to assess and address the person's safety needs.	123	126	97.6%
CDC+ Consultant documents person's history regarding abuse, neglect and/or exploitation.	96	96	100.0%
CDC+ Consultant documents efforts to assist the person to define abuse, neglect, and exploitation.	120	126	95.2%
CDC+ Consultant documents efforts to assist person with knowing when and how to report any incidents of Abuse, Neglect and/or Exploitation.	119	126	94.4%
CDC+ Consultant documents the invitation to take the satisfaction survey to the person receiving services.	78	83	94.0%
CDC+ Consultant documents the review of the QO's disciplinary process to the person receiving services.	53	58	91.4%
CDC+ Consultant documents the review of the QO's code of ethics to the person receiving services.	52	57	91.2%
Completed/signed Participant-Consultant Agreement is in the record.	120	124	96.8%
Completed/signed CDC+ Consent Form is in the record.	121	126	96.0%
Completed/signed Participant-Representative Agreement is in the record.	125	126	99.2%
All applicable completed/signed Purchasing Plans are in the record.	125	126	99.2%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	124	126	98.4%
All applicable completed/signed Quick Updates are in the Record.	41	42	97.6%
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	45	46	97.8%
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	112	114	98.2%

Table 9. CDC+ Consultant Record Review Results by Standard October 2021 – March 2022			
Standard	# Met	Total Scored	% Met
CDC+ Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	108	110	98.2%
CDC+ Consultant has taken action to correct any overspending by the Participant.	7	8	87.5%
If applicable, CDC+ Consultant initiates Corrective Action.	4	4	100.0%
Completed/signed Corrective Action Plan is in the record.	4	4	100.0%
If applicable, an approved Corrective Action Plan is being followed.	3	3	100.0%
The Emergency Backup Plan is in the record and reviewed annually.	119	124	96.0%
Average CDC+ C Score	**4,118**	**4,327**	**95.2%**

CDC+ Representative

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

Table 10. CDC+ Representative Scores by Region October 2021 – March 2022			
Region	# of Reviews	# of Standards Scored	% Met
Northwest	8	114	89.5%
Northeast	28	434	92.2%
Central	46	700	95.1%
Suncoast	35	539	94.2%
Southeast	26	409	89.2%
Southern	24	369	98.1%
State	**167**	**2,565**	**93.7%**

Between October 2021 and March 2022, 167 Representatives were reviewed. Results are displayed by region in Table 10 and by standard in Table 11.[11] On average, CDC+ Rs scored relatively high on record reviews – 93.7% met. At the standard level, all but two standards scored above 90 percent. The two lowest scoring standards (highlighted in Table 11) indicated Representatives did not always have background screening results for Directly Hired Employees (DHE's) who render direct care available for review (n = 154; 82.5%) and did not always maintain an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse (n = 163; 77.9%).

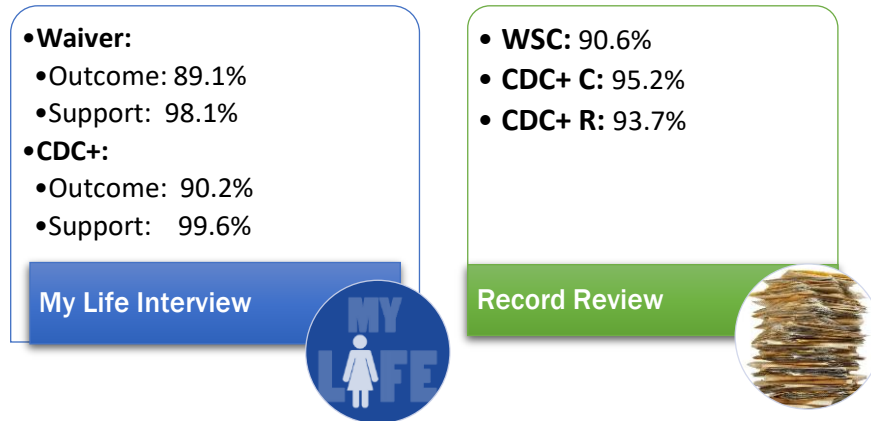[11] Scores are not shown for regions with fewer than 5 reviews.

Table 11. CDC+ Representative Record Review Results by Standard October 2021 – March 2022			
Standard	**# Met**	**Total Scored**	**% Met**
Complete and signed Participant/ Representative Agreement is available for review.	163	167	97.6%
Accurate signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	144	154	93.5%
Signed and approved Invoices for Vendor Payments are available for review.	66	70	94.3%
Signed and approved receipts/statement of "Goods and Services" for reimbursement items are available for review.	24	25	96.0%
Complete Employee Packets for all Directly Hired Employees are available for review.	145	154	94.2%
Complete Vendor Packets for all vendors and independent contractors are available for review.	83	88	94.3%
The CDC+ Representative maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	127	163	77.9%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	148	156	94.9%
All applicable signed and approved Purchasing Plans are available for review.	159	166	95.8%
All applicable signed and approved Quick Updates are available for review.	52	53	98.1%
Copies of Support Plan(s) are available for entire period of review.	163	167	97.6%
Copies of approved Cost Plan(s) are available for entire period of review.	163	167	97.6%
Emergency Backup Plan is complete and available for review.	157	167	94.0%
Corrective Action Plan (if applicable) is available for review.	7	8	87.5%
Monthly Statements are available for review.	155	159	97.5%
Documentation is available to support the reconciliation of Monthly Statements.	147	162	90.7%
The Participant obtains services consistent with stated/documented needs and goals.	161	165	97.6%
The Participant makes purchases consistent with the Purchasing Plan.	160	165	97.0%
Background screening results for all Directly Hired Employees (DHE's) who render direct care are available for review.	127	154	82.5%
Background screening results for all Independent Contractors who render direct care are available for review.	52	55	94.5%
Average CDC+ R Score	**2,043**	**2,565**	**93.7%**

PCR Summary Results

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

Figure 11. PCR Summary

- **Waiver:**
  - Outcome: 89.1%
  - Support: 98.1%
- **CDC+:**
  - Outcome: 90.2%
  - Support: 99.6%

My Life Interview

- **WSC:** 90.6%
- **CDC+ C:** 95.2%
- **CDC+ R:** 93.7%

**Record Review**

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.[12] Figures 12 and 13 show the proportion of people who reported taking 0, 1-2, 3-4, or 5+ medications in FY22 (October 2021 – March 2022). The '5+' category is further broken out to show the proportion of individuals within this category who reported taking five or six medications versus seven or more. For Waiver participants, the proportion of people taking five or more medications is seven points higher than people using CDC+ (45% versus 38%). The smaller pie charts break out the '5+'category to show the proportion of people taking five or six medications versus seven or more medications. These results indicate a higher proportion of Waiver participants are taking seven or more medications (27% versus 16%).

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[12] 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 12. # of Medications:
Waiver (n = 897)
October 2021 - March 2022**
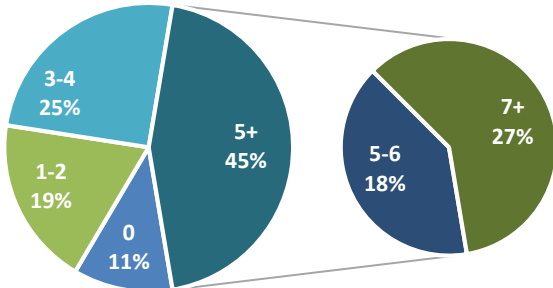
**Figure 13. # of Medications:
CDC+ (n = 127)
October 2021 - March 2022**
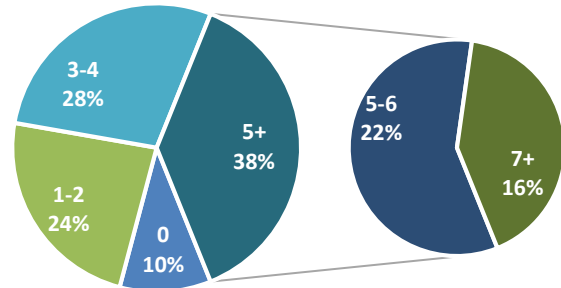
As displayed in Figures 14a and 14b, the percent of individuals taking five or more medications has increased consistently over the past three years for both populations. Since FY20 Q3 (July 2019 – March 2020), the proportion of individuals taking five or more medications has increased by five points for Waiver participants and by 10 points for people using CDC+.

**Figure 14a. Percent of People Taking 5+
Medications by Year: Waiver**

FY22 Q3 (n = 897)
FY21 (N = 1,249)
FY20 Q3 (N = 964)
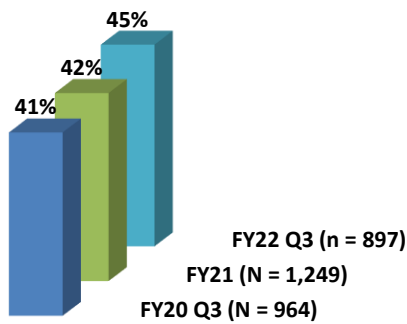
**Figure 14b. Percent of People Taking 5+
Medications by Year: CDC+**

FY22 Q3 (n = 127)
FY21 (N = 144)
FY20 Q3 (N = 109)
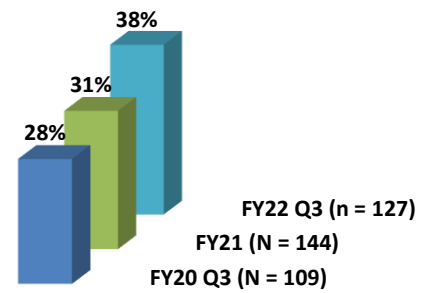
Analysis by residential setting provides some insight into higher rates of medication use among Waiver participants. Figure 15a shows the proportion of people taking five or six medications by residential setting for Waiver Participants and people using CDC+ and Figure 15b shows the proportion taking seven or more. Data collected thus far in FY22 show Waiver Participants living in a LRH were more likely to be taking seven or more medications than people in other living situations. 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 Over the Counter (OTC) medications) 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. These analyses will be conducted for the Annual Report when all data are available.

Figure 15a. Percent taking 5-6 medication by Residential Setting and Waiver
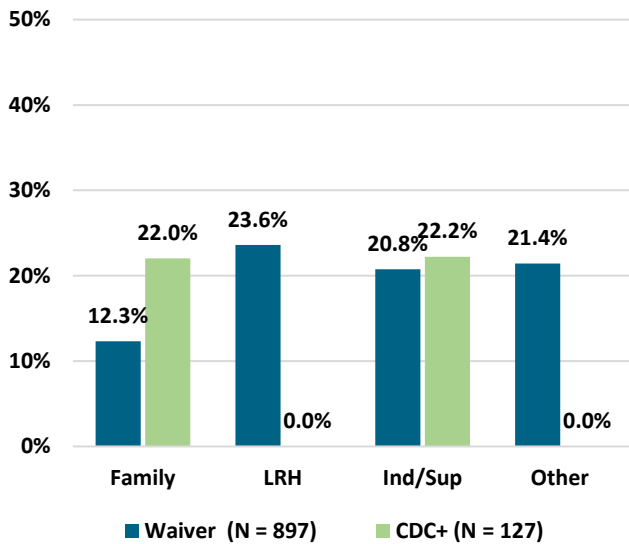
Figure 15b. Percent taking 7+ medication by Residential Setting and Waiver
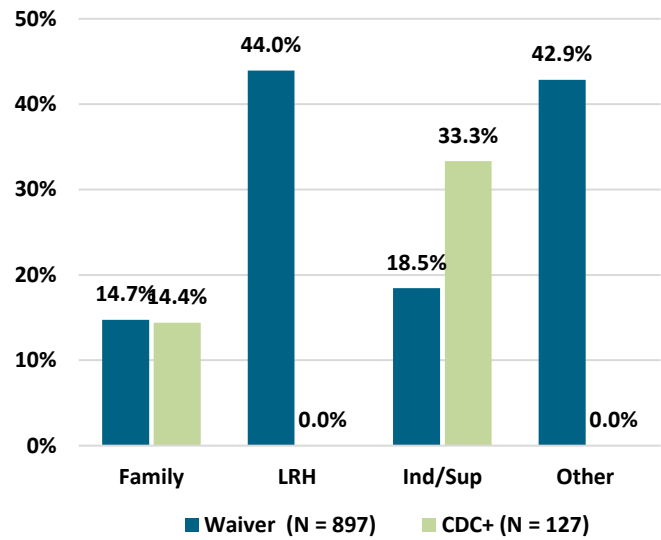
Table 12 displays the percentage of individuals who, within the past 12 months, had experienced a significant health event.[13] The greatest proportion of events for people receiving services through the Waiver or CDC+ involved visits to the emergency room (ER) or the hospital. The proportion of people who have visited the ER or an urgent care center has increased since the last FY, while the proportion admitted to the hospital has declined.

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[13] Significant health events captured through the Health Summary tool are self-reported.

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 Q3 (n = 897)**	**FY21 (N = 144)**	**FY22 Q3 (n = 127)**
Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation?	1.6%	1.8%	0.0%	0.0%
Have Reactive Strategies under 65G-8 been used due to behavioral concerns?	3.3%	3.9%	0.7%	0.0%
Have you been Baker Acted?	2.6%	2.6%	0.0%	0.8%
Have you been admitted to the hospital?	11.0%	10.3%	9.7%	7.1%
Have you been to an Emergency Room?	14.5%	16.7%	9.0%	11.8%
Have you been to an Urgent Care Center?	4.5%	5.5%	1.4%	6.3%

Provider Discovery Reviews (PDR)[14]

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:[15] [16]

- 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 were suspended due to the COVID-19 pandemic, but resumed in January 2022. 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.

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[14] All review tools are posted on the FSQAP website
https://florida.qlarant.com/Public2/resourceCenter/providers/discoveryReviewTools/index.html
[15] Deemed providers are permitted to skip one year for the PDR. Deemed is currently defined as an Overall PDR Score of 95% or higher for Service Providers, with no alerts and no potential billing discrepancies for which the total reimbursement amount is five percent or greater. There is no deemed status for Qualified Organizations/Support Coordinators.
[16] Due to the transition to QOs, QO PDRs did not begin until October 2021.

Between July 2021 and March 2022, 1,240 Service Provider PDRs and 128 QO PDRs were completed and approved by Qlarant Regional Managers. Table 13 shows the number completed per region for between July 2021 and March 2022.[17] All PDRs were conducted virtually via Desk Review and interviews with individuals were completed either in- person, via Zoom.gov, or over the phone.

Table 13. PDRs by APD Region				
Region	Service Providers		QOs	
	N	%	N	%
Northwest	96	7.7%	7	5.5%
Northeast	193	15.6%	15	11.7%
Central	222	17.9%	24	18.8%
Suncoast	317	25.6%	22	17.2%
Southeast	233	18.8%	38	29.7%
Southern	179	14.4%	22	17.2%
State	1,240	100%	128	100%

PDR My Life Interview (MLI)[18]

The Service Provider PDR includes an interview with individuals receiving services, from the person's perspective, how well services are provided and if Outcomes and Supports are present.[19] The PDR MLI is conducted using the same tool as the PCR MLI; however, QARs are instructed within the tool to ask questions relevant to the service(s) the individual is receiving from the PDR provider and individuals are asked to focus their responses to their experiences with that particular 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. Each interview is part of a sample that is only representative of individuals receiving services from the provider participating in the PDR. If no one receiving services from the provider is willing to participate, or there are no individuals available, the PDR will not include this component of the review process.

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

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

As of FY22 Q3 (July 2021 – March 2022), 1,553 people participated in the PDR MLI. The distribution of

Table 14. PDR Interview Results by Region July 2021 – March 2022			
Region	N	Outcomes	Supports
Northwest	115	94.2%	96.9%
Northeast	191	97.2%	98.9%
Central	294	88.7%	98.0%
Suncoast	408	90.9%	98.6%
Southeast	310	89.9%	99.6%
Southern	235	90.0%	99.6%
State	**1,553**	**91.2%**	**98.8%**

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[17] QO PDRs did not begin until October 2021.
[18] Service Providers only.
[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

interviews by region, as well as scores for Outcomes and Supports are presented in Table 14. On average, nearly 99 percent of Supports were met for individuals receiving services from the 1,240 service providers reviewed, with little variation by region. Outcomes were less likely to be met (91.2%) and scores by region varied – ranging from a low score of 88.7 percent in the Central region to a high of 97.2 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 similar to the PCR MLI scores, were least likely to meet Outcomes related to 'My Safety', 77.8 percent met. Outcomes related to 'My Social Life' and 'My Health' were also relatively low, 91.4 and 92.3 percent met, respectively.

Figure 13. PDR MLI by Life Area
July 2021 - March 2022 (N = 1,553)

Life Area	Outcomes	Supports
My Services	95.5%	98.4%
My Home Life	95.4%	99.1%
My Work	97.3%	99.1%
My Social Life	91.4%	98.7%
My Health	92.3%	99.3%
My Safety	77.8%	98.3%
Average	91.2%	98.8%
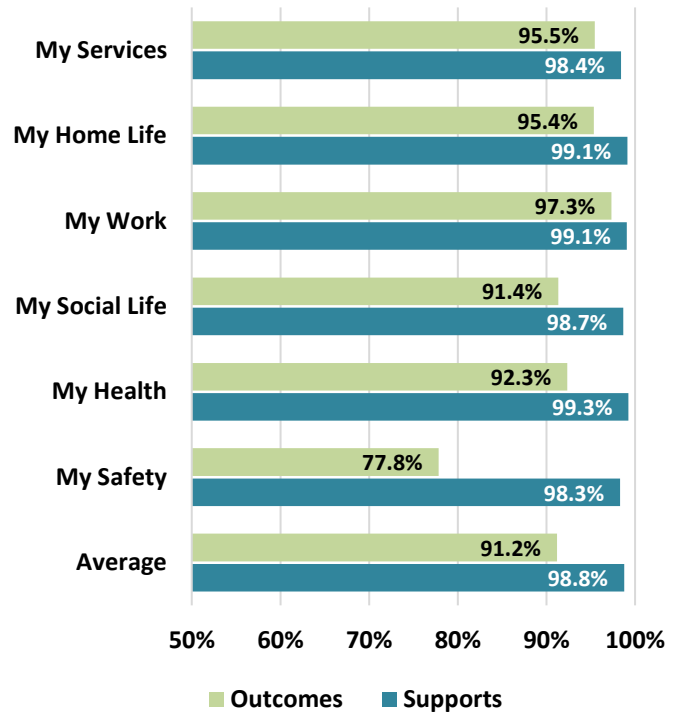
The following two figures show how PDR MLI scores vary by Life Area and provider size. Figure 14 shows scores for Outcomes and Figure 15 shows scores for Supports.

Figure 14. PDR MLI Outcomes by Life Area and Provider Size July 2021 - March 2022

Life Area	Small (n = 1,245)	Medium (n = 240)	Large (n = 68)
My Services	95.6%	95.1%	94.9%
My Home Life	95.6%	94.4%	92.8%
My Work	97.6%	96.8%	95.5%
My Social Life	91.3%	92.1%	90.1%
My Health	92.1%	93.2%	95.9%
My Safety	77.3%	81.5%	76.0%
Average	89.6%	88.8%	86.5%
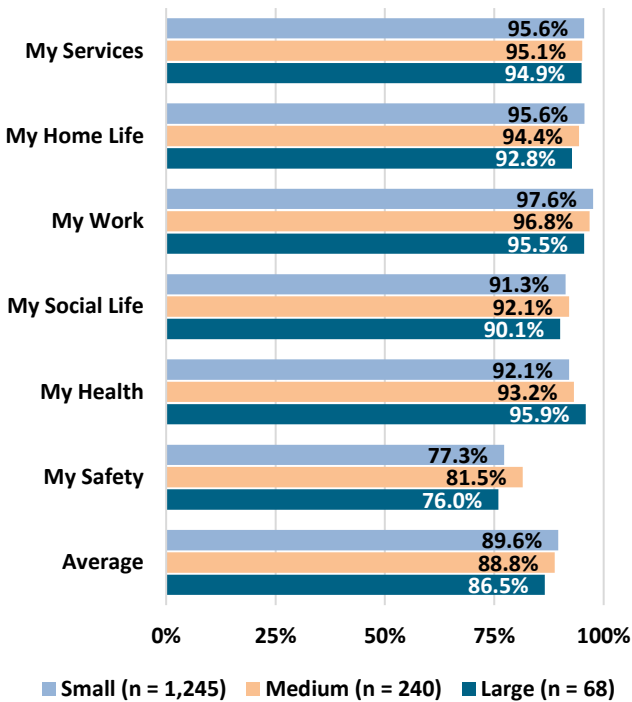
Figure 15. PDR MLI Supports by Life Area and Provider Size July 2021 - March 2022

Life Area	Small (n = 1,245)	Medium (n = 240)	Large (n = 68)
My Services	98.4%	98.9%	97.0%
My Home Life	99.1%	99.3%	98.8%
My Work	99.0%	99.3%	100.0%
My Social Life	98.7%	98.7%	98.5%
My Health	99.2%	99.9%	99.1%
My Safety	98.2%	99.1%	97.7%
Average	98.7%	99.2%	98.1%
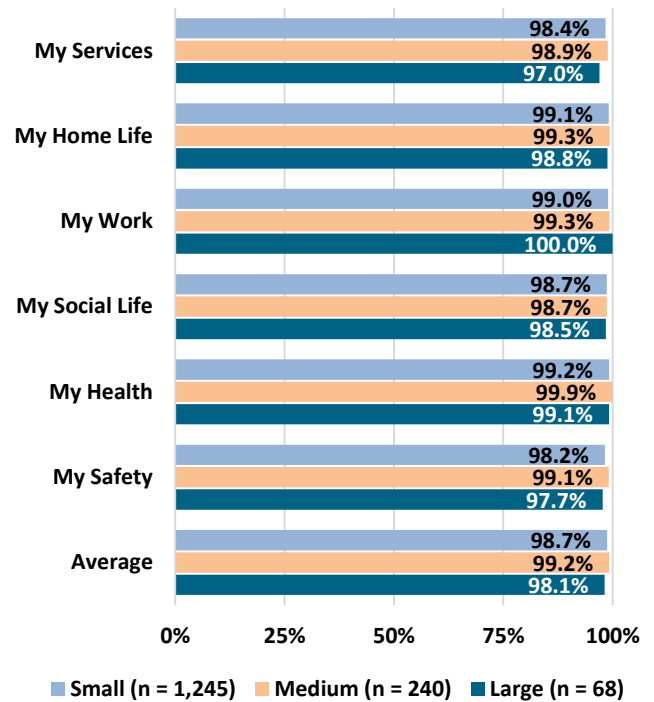
Findings to date suggest the following:

- Individuals receiving services from large providers,
    - scored especially low on Outcomes related to the Life Area 'My Safety' (76.0% met)
    - scored higher than small and medium providers on Outcomes related to the Life Area 'My Health'
- Individuals receiving services from medium providers had better Outcomes related to 'My Safety' than those receiving services from small or large providers.

Observations

Observations were suspended due to the COVID-19 pandemic in April 2020 and only resumed in January 2022. Results in this report reflect observations completed and approved between January and March 2022.

Observations by Location: Licensed Residential Homes and Day Programs

When reviewing providers of Residential Habilitation, Qlarant QARs conduct onsite observations of up to 10 LRHs. For Life Skills Development 3 (LSD 3) facilities (Day Programs), all locations operated by the providers receive an onsite observation. During this portion of the PDR, QARs

observe the physical facility, interactions among staff and individuals, and informally interview staff, residents, and day program participants as needed and as possible.

Observations were completed at 20 Day Program locations and 143 LRHs. PDR Observation scores are shown by region and type of location in Table 15. The number of observations in each region is small so comparisons across regions or standards should be made with caution. Findings to date indicate compliance for both location types is high with little variation across regions.

Table 15. PDR Observation Scores by Region and Location January 2022 – March 2022				
	LRH		Day Programs	
Region	# OBS	% Met	# OBS	% Met
Northwest	4	99.5%	1	98.7%
Northeast	23	99.5%	5	100%
Central	44	96.7%	5	100%
Suncoast	46	98.0%	7	100%
Southeast	12	99.7%	2	99.4%
Southern	14	98.7%	0	-
State	143	98.0%	20	99.6%

Observation results are shown by standard and location in Figure 16. Scores are generally high across the standards with all but Medication Management showing scores over 97 percent met. The lowest scoring area, Medication Management, is least likely to be met in LRHs (93.8%).

Figure 16. Observations by Standard and Location
January 2022 - March 2022

Standard	LRH (143)	Day Program (20)
Autonomy and Independence	97.9%	99.4%
Community Opportunity	97.7%	100.0%
Privacy	97.1%	99.2%
Dignity and Respect	98.1%	99.4%
Physical Environment	99.4%	100.0%
Medication Management	93.8%	100.0%
Restrictive Interventions	100.0%	100.0%
Abuse,Neglect and Exploitation	99.8%	99.5%
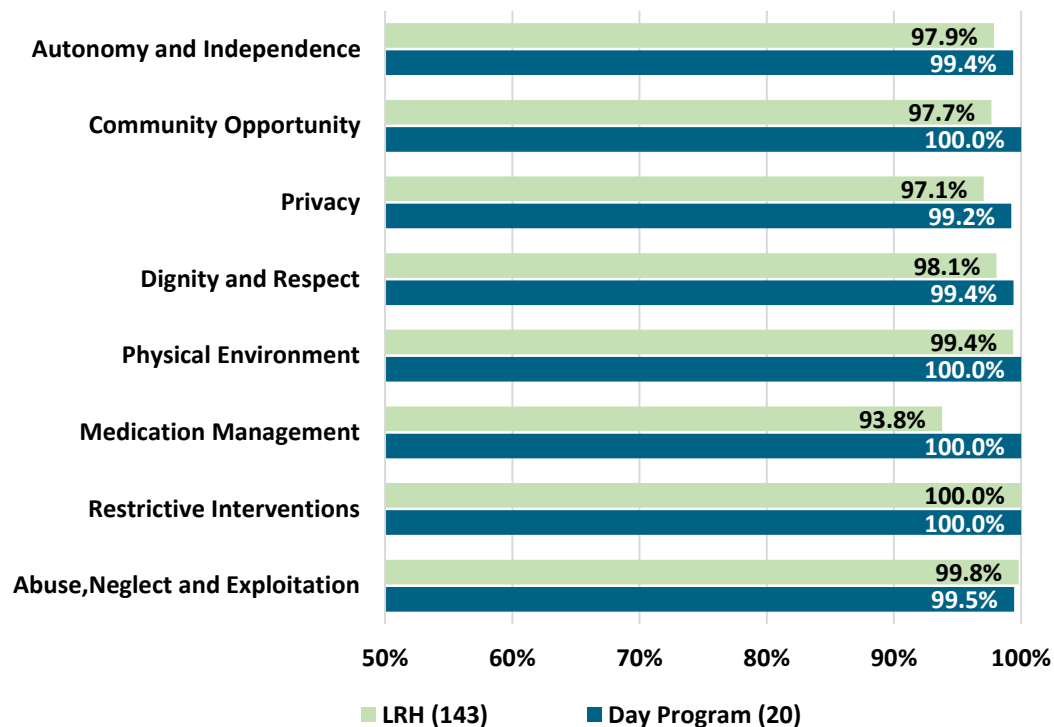
The lowest scoring indicators for LRHs are within the areas of Privacy and Medication Management:

- **LRH:**
  - Privacy:
    - Individuals do not always have a key to their bedroom doors (89.3%; n = 132).
  - Medication Management:
    - Controlled medications are not stored separately from other prescription and OTC medications, in a locked container within a locked enclosure (91.2%; n = 120).
    - Non-controlled medications are not centrally stored in a locked container in a secured enclosure (92.5%; n = 133).

General Administrative Review

Using the General Administrative Review (GAR) tool, each service provider is reviewed on up to nine standards and each QO is reviewed on 11standards. 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 17 and for QOs in Table 18. On average, agencies scored higher than did solo providers (96.7% versus 91.5%) and QOs scored higher than Service Providers (97.1%). Variation by region for service provider agencies and QOs was minimal; however, among solo Service Providers, scores ranged from a high of 100 percent in the Southeast region to a low of 85.7 percent in the Southern region: however, the number of standards scored in each region for solo providers was relatively small.

Table 17. General Administrative Results by Region Agency v. Solo Service Providers July 2021 – March 2022						
Region	Agency Providers			Solo Providers		
	N	Standards Scored	% Met	N	Standards Scored	% Met
Northwest	63	138	97.1%	33	38	97.4%
Northeast	145	324	96.0%	50	63	87.3%
Central	194	484	97.3%	28	29	89.7%
Suncoast	279	704	95.9%	34	36	91.7%
Southeast	214	445	99.3%	19	19	100.0%
Southern	165	304	94.7%	14	14	85.7%
State	**1,060**	**2,399**	**96.7%**	**178**	**199**	**91.5%**

Table 18. General Administrative Results by Region Qualified Organizations October 2021 – March 2022			
Region	N	Standards Scored	% Met
Northwest	7	41	100.0%
Northeast	15	91	100.0%
Central	23	144	97.2%
Suncoast	22	140	96.4%
Southeast	38	234	96.6%
Southern	23	131	95.4%
State	**128**	**781**	**97.1%**

Table 19 shows GAR results by standard for agency and solo Service Providers and Table 20 shows GAR results by standard for QOs. Most of the standards scored for solo providers had only a few responses and should be interpreted with caution. Findings are summarized as follows:

- For agencies,
  - All but two of the nine standards showed compliance rates of approximately 95 percent or higher.
  - One standard sored below 90 percent, indicating approximately 10 percent of providers reviewed did not identify and address concerns related to ANE (89.7%; n = 39).
- For solo providers, the only standard scoring below 100 percent 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 (90.4%; n = 177).

Table 19. General Administrative Review Results by Standard: Agencies vs Solos July 2021 – March 2022						
Standard	Agencies (N = 1,060)			Solos (N = 178)		
	# 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.	27	27	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.	2	2	100%	NA	NA	NA
Agency vehicles used for transportation are properly insured.	389	401	97.0%	NA	NA	NA
Agency vehicles used for transportation are properly registered.	383	400	95.8%	NA	NA	NA

Table 19. General Administrative Review Results by Standard: Agencies vs Solos July 2021 – March 2022						
Standard	Agencies (N = 1,060)			Solos (N = 178)		
	# Met	Total Scored	% Met	# Met	Total Scored	% Met
The provider identifies, addresses and reports all medication errors.	45	47	95.7%	1	1	100%
The provider addresses all incident reports.	372	388	95.9%	18	18	100%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	35	39	89.7%	2	2	100%
All instances of abuse, neglect, and exploitation are reported.	36	39	92.3%	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.	1,032	1,056	97.7%	160	177	90.4%
State Average	2,321	2,399	96.7%	182	199	91.5%

For QOs,

- Three of the 11 standards showed compliance rates of 100 percent and the remaining standards scored above 94 percent.
- The lowest scoring standard (with more than 25 responses), was in reference to the provider maintaining a Table of Organization (94.4%; n = 126). Seven QOs missed this standard and in each case, the QO had a Table of Organization, but was missing one of the following elements:
  - Medicaid provider numbers for each WSC (n = 6).
  - Contact email and phone for each WSC (n = 4).
  - Designation of mentor(s) (n = 5).
  - The region(s) the WSC was rendering in (n = 5).
  - Point of contact for the region under review (n = 6).

Table 20. General Administrative Review by Standard: QOs October 2021 - March 2022			
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.	127	128	99.2%
The provider addresses all incident reports.	79	82	96.3%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	22	22	100.0%
All instances of abuse, neglect, and exploitation are reported.	21	21	100.0%
The provider maintains Business Liability Insurance.	122	127	96.1%
The provider maintains a Table of Organization.	119	126	94.4%
The provider follows their approved Mentor Mentee program.	6	6	100.0%
The Mentor has the appropriate qualifications.	88	91	96.7%
The Mentee completed all mentoring program requirements.	35	36	97.2%
The Mentee completed all mentoring program requirements for the CDC+ program.	15	16	93.8%
The provider employs at least four Support Coordinators.	124	126	98.4%
State Average	**758**	**781**	**97.1%**

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 Q3 (July 2021 – March 2022), Qlarant reviewed 3,178 Service Provider employee records and 437 WSC records. Table 21 shows the distribution of reviews by provider type and region. Figure 18 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 (96.5% versus 91.6%); however both Service Providers

Table 21. Qualifications and Training Reviews by Region July 2021 - March 2022				
	Service Providers		Qualified Organizations	
Region	# Providers	# Employees	# QOs	#WSCs
Northwest	96	215	7	27
Northeast	194	473	15	50
Central	220	577	23	76
Suncoast	313	820	22	80
Southeast	233	621	38	131
Southern	179	472	23	73
State	**1,235**	**3,178**	**128**	**437**

and WSCs scored relatively well on the Q&T standards with average scores in all regions above 90 percent.

Figure 18. Qualifications and Training Scores by Region: Provider Employee and WSC Records
July 2021 - March 2022
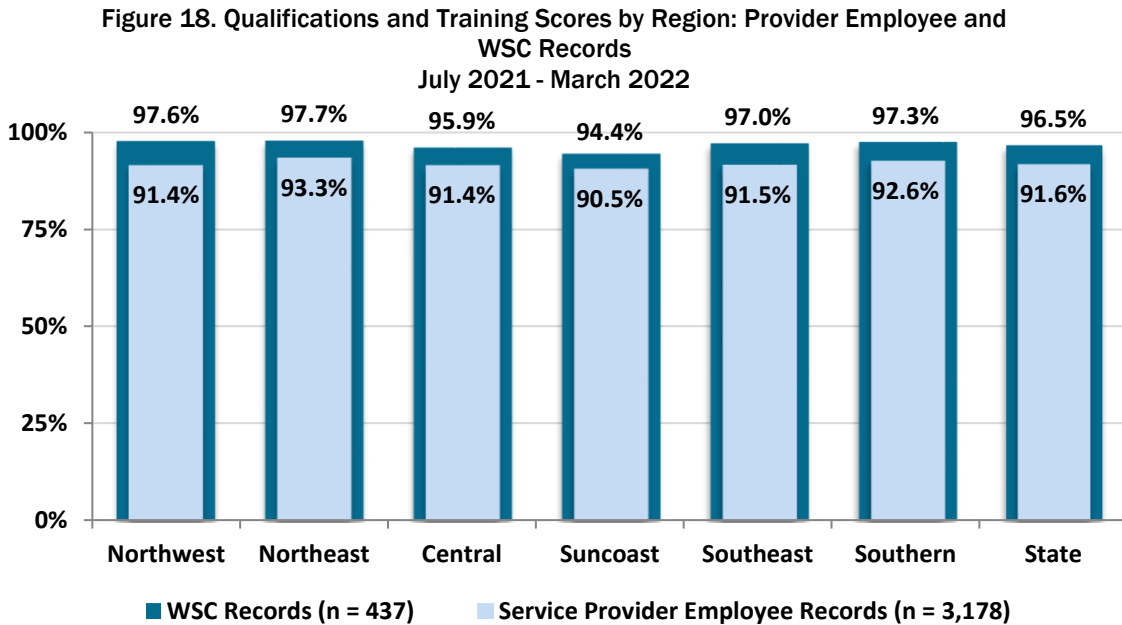
A description of each standard within the Q&T component of the PDR is shown in Table 22 for Service Providers and Table 23 for QOs. These tables show the number of employee/WSC records reviewed, the percent of employees/WSCs in compliance, the number of providers/QOs reviewed, and the percent of providers/QOs in compliance with each standard. For the provider/QO to be in compliance with the standard, all employee/WSC records reviewed must be 100 percent 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, 10 of 52 standards (scored for at least 25 providers) showed compliance rates of less than 85 percent for the provider. These standards are highlighted in Table 22 and summarized as follows:

- Approximately 40 percent of providers did not meet compliance requirements for maintaining current Basic Medication Administration Validation.
- Providers of LSD1 (Companion), LSD 2 (SEC), LSD 3 (ADT), Personal Supports, and Residential Habilitation – Standard did not meet compliance requirements for completing eight or four hours of annual in-service training.
- One quarter of providers did not meet compliance requirements for maintaining current Prescribed Enteral Formula Administration Validation.

- Approximately 20 percent of providers did not meet compliance requirements for completing/maintaining training in HIV/AIDS/Infection Control or HIPAA.

The lowest scoring standard captured in the Q&T was in regards to providers maintaining current Basic Medication Administration Validation for all employees. As of FY22 Q3, 624 providers (1,296 employees) were reviewed on this standard and just over half (59.8%) 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 438 Basic Medication Administration Validation Certificates deemed out of compliance:

- Just over 50 percent did not have the Established Primary Route circled,
- Nearly 40 percent were either missing or had an incorrect Validation Effective Date,
- And 35 percent were either missing or had an incorrect Validation Expiration Date.

Table 22. Qualifications and Training Scores by Standard: Service Providers July 2021 - March 2022 (1,235 Providers ; 3,178 Employees)				
Standard	# Employees Reviewed	% Employees in Compliance	# Providers Reviewed	% Providers in Compliance
Drivers of transportation vehicles are licensed to drive vehicles used.	2,234	99.4%	1,060	99.1%
Personal vehicles used for transportation are properly insured.	1,507	92.9%	789	89.9%
Personal vehicles used for transportation are properly registered.	1,506	91.7%	790	88.0%
The Behavior Assistant provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	26	100.0%	22	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.	3,174	97.5%	1,234	96.1%
The Life Skills Development 1 provider completes four hours of annual in-service training related to the specific needs of at least one person currently receiving services.	905	83.9%	572	80.8%
The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment.	110	84.5%	90	83.3%
The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services.	140	72.9%	91	72.5%
The Personal Supports provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	1,270	79.6%	726	75.5%

Table 22. Qualifications and Training Scores by Standard: Service Providers July 2021 - March 2022 (1,235 Providers ; 3,178 Employees)				
Standard	# Employees Reviewed	% Employees in Compliance	# Providers Reviewed	% Providers in Compliance
The provider completed Annual Update Training in Basic Medication Administration prior to expiration of current validation.	1,047	90.8%	545	87.7%
The provider completed required Supported Living Pre-Service training.	312	96.5%	254	96.1%
The provider completed the Prescribed Enteral Formula Administration Annual Update training prior to the expiration of their current validation.	20	90.0%	12	91.7%
The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.	22	100.0%	20	100.0%
The provider has completed all aspects of required Level II Background Screening.	3,176	91.4%	1,234	84.7%
The provider has completed standardized, pre-service training for Life Skills Development 2.	112	99.1%	92	98.9%
The provider has completed the Prescribed Enteral Formula Administration training.	73	90.4%	44	86.4%
The provider maintains current Basic Medication Administration Validation.	1,296	66.2%	624	59.8%
The provider maintains current CPR certification.	3,044	93.8%	1,199	89.1%
The provider maintains current Prescribed Enteral Formula Administration Validation.	66	78.8%	40	75.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	104	100.0%	66	100.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	27	100.0%	23	100.0%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	1,002	99.4%	607	99.3%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	113	100.0%	92	100.0%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	169	99.4%	97	99.0%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	1,435	99.0%	753	98.4%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation- Enhanced Intensive Behavior.	4	100.0%	4	100.0%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	268	99.6%	111	99.1%

Table 22. Qualifications and Training Scores by Standard: Service Providers July 2021 - March 2022 (1,235 Providers ; 3,178 Employees)				
Standard	# Employees Reviewed	% Employees in Compliance	# Providers Reviewed	% Providers in Compliance
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	48	95.8%	27	92.6%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	1,144	99.1%	460	98.5%
The provider meets all minimum educational requirements and levels of experience for Respite.	210	99.5%	165	99.4%
The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care.	1	100.0%	1	100.0%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	314	99.7%	254	99.6%
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.	1,309	93.4%	628	90.9%
The provider received training in an Agency approved curriculum for behavioral emergency procedures consistent with the requirements of the Reactive Strategies rule (65G-8, FAC).	404	94.6%	164	92.1%
The provider received training in Basic Person Centered Planning.	434	92.6%	291	91.1%
The provider received training in Direct Care Core Competencies.	2,734	96.1%	1,143	92.7%
The provider received training in Direct Care Core Competency. (Old)	435	97.5%	290	96.6%
The provider received training in First Aid.	3,037	90.1%	1,200	82.8%
The provider received training in HIPAA.	3,175	87.4%	1,234	79.3%
The provider received training in HIV/AIDS/Infection Control.	3,066	83.8%	1,208	75.3%
The provider received training in Requirements for all Waiver Providers	3,166	94.4%	1,232	91.2%
The provider received training in Zero Tolerance.	3,174	92.9%	1,234	87.4%
The provider received training on Individual Choices, Rights and Responsibilities	436	93.6%	293	91.8%
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.	4	100.0%	4	100.0%
The Residential Habilitation – Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics.	45	84.4%	26	84.6%

Table 22. Qualifications and Training Scores by Standard: Service Providers July 2021 - March 2022 (1,235 Providers ; 3,178 Employees)				
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.	47	91.5%	27	85.2%
The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	1,009	80.8%	443	76.1%
The Residential Habilitation-Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.	240	91.7%	110	89.1%
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.	267	94.8%	110	90.9%
The Supported Living Coach completed Introduction to Social Security Work Incentives.	303	94.4%	248	93.5%
The Supported Living Coaching provider completes eight hours of annual in-service training.	294	79.9%	242	79.3%
State Averages	**3,178**	**91.6%**	**1,235**	**87.9%**

Qualified Organizations

On average, QOs were more likely to be in compliance than Service Providers with only one out of 16 standards showing a compliance rate below 85 percent. This standard is highlighted in Table 23 and summarized as follows:

- Over 20 percent of QOs did not meet compliance requirements for ensuring all WSCS had completed/maintained training in HIV/AIDS/Infection Control.

Table 23. Qualifications and Training Scores by Standard: Qualified Organizations October 2021 – March 2022 (n = 128 QOs; 437 Employees)				
Standard	# WSCs Reviewed	% WSCs in Compliance	# QOs Reviewed	% QOs in Compliance
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.	437	99.3%	128	99.2%
The provider has completed all aspects of required Level II Background Screening.	437	97.5%	128	94.5%

Table 23. Qualifications and Training Scores by Standard: Qualified Organizations October 2021 – March 2022 (n = 128 QOs; 437 Employees)				
Standard	# WSCs Reviewed	% WSCs in Compliance	# QOs Reviewed	% QOs in Compliance
The provider maintains current CPR certification.	436	95.2%	128	88.3%
The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	151	100.0%	83	100.0%
The provider received training in Direct Care Core Competencies.	311	98.4%	118	95.8%
The provider received training in Direct Care Core Competency. (Old)	127	99.2%	72	98.6%
The provider received training in First Aid.	436	95.0%	128	88.3%
The provider received training in HIPAA.	437	94.3%	128	85.9%
The provider received training in HIV/AIDS/Infection Control.	435	90.3%	128	78.1%
The provider received training in Requirements for all Waiver Providers.	435	98.6%	127	97.6%
The provider received training in Zero Tolerance.	437	96.1%	128	90.6%
For WSC hired 6/30/2021 or prior: The Support Coordinator successfully completed required pre-service level 1 assessment.	353	99.2%	120	98.3%
For WSC hired 7/1/2021 or after: The Support Coordinator successfully completed required pre-service level 1 assessment.	97	97.9%	46	97.8%
The Support Coordinator completes 18 hours of job related annual in-service training.	306	97.1%	102	96.1%
Support Coordinator enrolled 7/1/2021 and after successfully completed required In-Person Level 2 assessment.	20	95.0%	13	92.3%
The Support Coordinator successfully completed Introduction to Social Security Work Incentives.	422	96.4%	128	91.4%
State Averages	**437**	**97.4%**	**128**	**92.7%**

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 19 and 20 show the percent of Service Providers and QOs (WSC prior to FY22) in compliance with all background screening requirements, by region, for the following three time periods: FY20 Q1-3 (July 2019 – March 2020), FY21 (July 2020 – June 2021), and FY22 Q1-3 (July 2021 – March 2022). To date, background screening compliance is above 85 percent for Service

Providers in all regions except Suncoast (83.4%) and Southern (76.0%). QOs had a higher rate of compliance across all regions, and 100 percent compliance in the Northwest and Northeast regions.

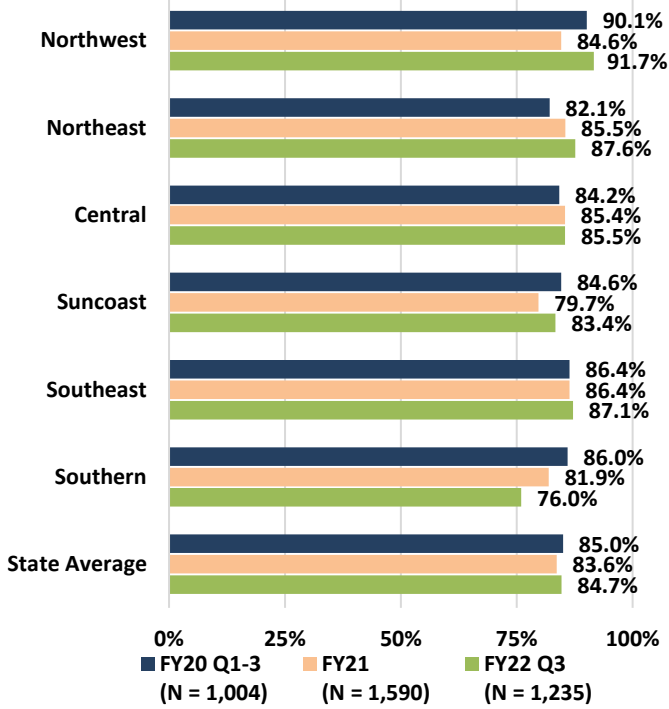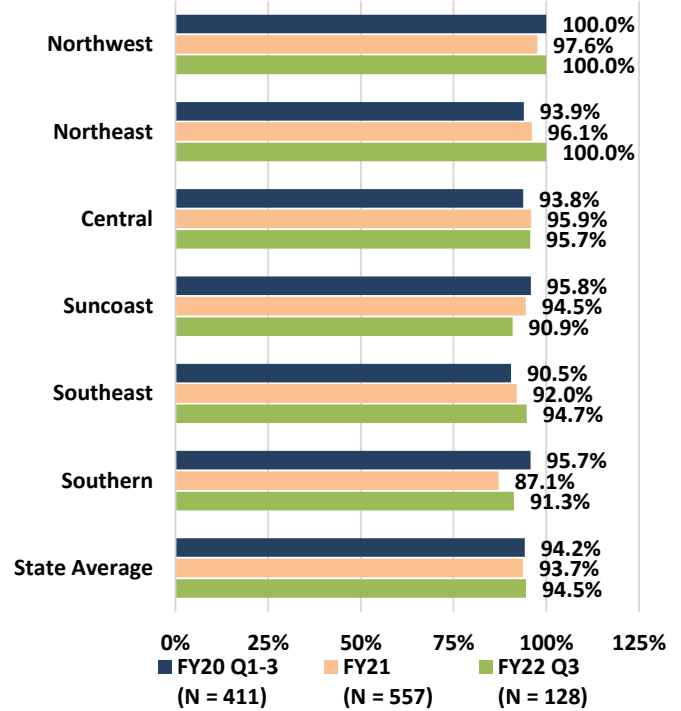**Figure 19. Percent of Providers with All Background Standards Met by Region and FY**

Region	FY20 Q1-3	FY21	FY22 Q3
Northwest	90.1%	84.6%	91.7%
Northeast	82.1%	85.5%	87.6%
Central	84.2%	85.4%	85.5%
Suncoast	84.6%	79.7%	83.4%
Southeast	86.4%	86.4%	87.1%
Southern	86.0%	81.9%	76.0%
State Average	85.0%	83.6%	84.7%

■ FY20 Q1-3 (N = 1,004) ■ FY21 (N = 1,590) ■ FY22 Q3 (N = 1,235)

Figure 20. Percent of QOs with All Background Standards Met by Region and FY

Region	FY20 Q1-3	FY21	FY22 Q3
Northwest	100.0%	97.6%	100.0%
Northeast	93.9%	96.1%	100.0%
Central	93.8%	95.9%	95.7%
Suncoast	95.8%	94.5%	90.9%
Southeast	90.5%	92.0%	94.7%
Southern	95.7%	87.1%	91.3%
State Average	94.2%	93.7%	94.5%

■ FY20 Q1-3 (N = 411) ■ FY21 (N = 557) ■ FY22 Q3 (N = 128)

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

- The provider did not present a current Local Law/Criminal Records – **Alert** (50%; n = 138).
- The provider did not present a current, complete, signed and dated APD Attestation of Good Moral Character (43.8%; n = 120).
- The provider did not present evidence of current APD General FDLE/FBI clearance from the Clearinghouse – **Alert** (39.1%; n = 107).

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.
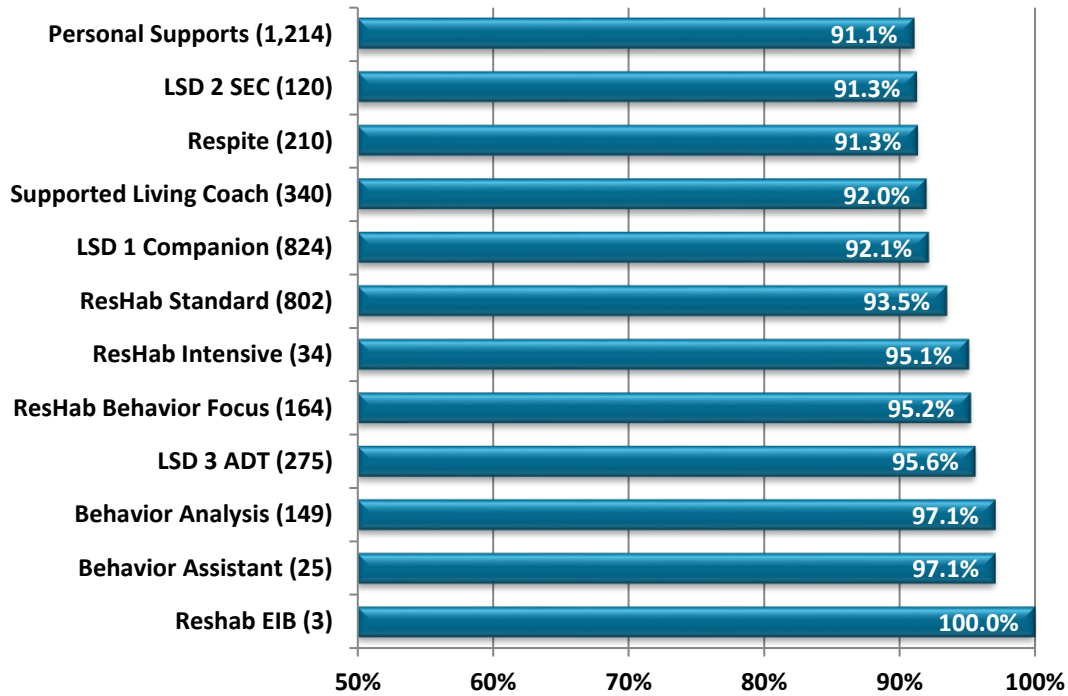
SSRR by Region

SSRR results for FY22 through Q3 are presented by region for Service Providers and QOs in Table 24. 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 through Q3 are fairly consistent across regions with average weighted scores ranging from 91.1 percent in the Suncoast region to 94.7 percent in the Southern region. On average, QOs scored similarly to Service Providers (92.2%); however, scores by region showed greater variation with average weighted scores ranging from a low of 87.6 percent in the Suncoast region to a high of 95.5 percent in the Northwest region.

Table 24. Service Specific Record Review Results by Region July 2021 – March 2022				
Region	# Records Reviewed	# Standards Scored	Weighted Score	Percent Met
Service Providers				
Northwest	289	5,034	93.4%	92.6%
Northeast	627	10,585	92.8%	92.5%
Central	790	13,542	92.6%	92.1%
Suncoast	1,159	20,127	91.1%	90.4%
Southeast	713	11,712	93.5%	93.2%
Southern	582	9,298	94.7%	93.9%
Service Provider Average	**4,160**	**70,298**	**92.7%**	**92.2%**
Qualified Organizations				
Northwest	102	2,974	95.5%	94.9%
Northeast	257	7,492	95.4%	95.4%
Central	269	7,909	90.7%	90.2%
Suncoast	289	8,282	87.6%	86.0%
Southeast	296	8,723	93.1%	92.8%
Southern	184	5,205	93.9%	93.8%
QO Average	**1,397**	**40,585**	**92.2%**	**91.7%**

SSRR by Service

Average SSRR scores by service are presented in Figure 19, from low to high. Average weighted scores range from 91.1 percent for Personal Supports to 100 percent for the three Reshab EIB providers reviewed. To date, the lowest scoring services include: Personal Supports, LSD 2 (SEC), Respite, Supported Living Coach, and LSD 1 (Companion).

**Figure 19. Service Specific Record Reviews
Weighted Percent Met by Service
July 2021 - March 2022**

Service	Weighted Percent Met
Personal Supports (1,214)	91.1%
LSD 2 SEC (120)	91.3%
Respite (210)	91.3%
Supported Living Coach (340)	92.0%
LSD 1 Companion (824)	92.1%
ResHab Standard (802)	93.5%
ResHab Intensive (34)	95.1%
ResHab Behavior Focus (164)	95.2%
LSD 3 ADT (275)	95.6%
Behavior Analysis (149)	97.1%
Behavior Assistant (25)	97.1%
Reshab EIB (3)	100.0%

The lowest scoring indicator for each of the low scoring services include:
- Personal Supports:
  - The provider has complete Service Logs covering services provided and billed during the period under review (69.4%; n = 1,212).
- LSD 2 (SEC):
  - The current Employment Stability Plan covering services provided and billed during the period under review contains all required components (56.3%; n = 119).
- Respite:
  - The provider has complete Service Logs covering services provided and billed during the period under review (71.0%; n = 210).
- Supported Living Coaching:
  - The current Implementation Plan covering services provided and billed during the period under review contains all required components (73.2%; n = 339).

- LSD 1 Companion:
  - The provider has complete Service Logs covering services provided and billed during the period under review (81.1%; n = 821)

It should be noted that for Personal Supports and Respite, low scores on the indicators above might be due, in part, to QARs reviewing documentation in iConnect; however, scores for these standards have been low in previous years as well.

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.[21] Since FY20 Q1-3 (July 2019 – March 2020), the percent of Service Providers with one or more PBDs has decreased from 44.1 percent to 38.5 percent. Compared to FY20 Q1-3, the following regions saw a decline of more than five points:

- Northeast (down 11.1 points)
- Northwest (down 8 points)
- Suncoast (down 7.8 points)

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

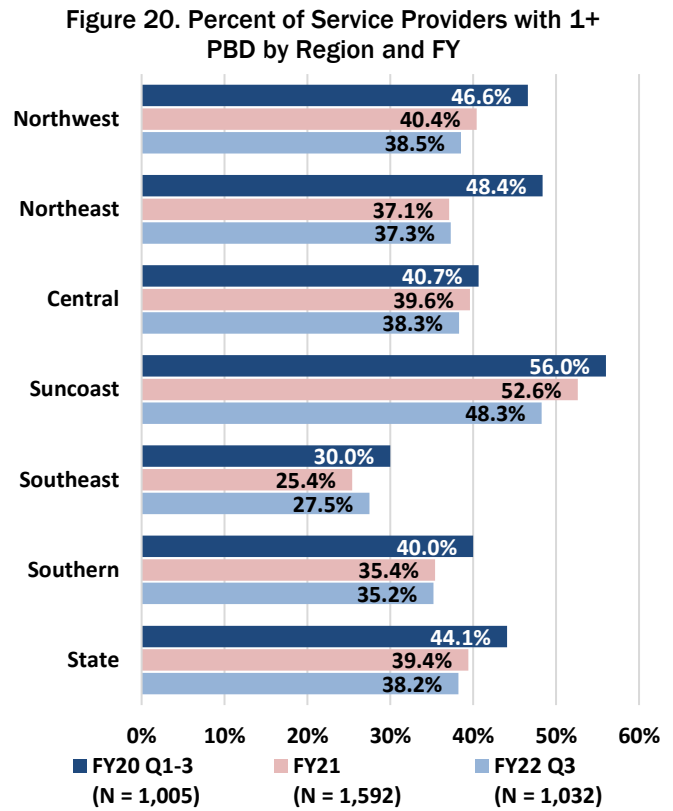| Region	FY20 Q1-3 (N = 1,005)	FY21 (N = 1,592)	FY22 Q3 (N = 1,032)
Northwest	46.6%	40.4%	38.5%
Northeast	48.4%	37.1%	37.3%
Central	40.7%	39.6%	38.3%
Suncoast	56.0%	52.6%	48.3%
Southeast	30.0%	25.4%	27.5%
Southern	40.0%	35.4%	35.2%
State	44.1%	39.4%	38.2%

Table 25 shows the number of records reviewed, by service, and the percent with one or more PBDs as of FY22 Q3. Results indicate about 29 percent of records reviewed had at least one billing standard scored Not Met. Records reviewed for Life Skills Development 1 (Companion), Personal Supports, Respite, and Supported Living Coaching were most likely to have a PBD identified. 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.

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

Table 25. Percent of Providers with 1+ PBD by Service July 2021 - March 2021		
Service	# Records Reviewed	% with 1+ PBD
Behavior Analysis	149	9.6%
Behavior Assistant	25	13.6%
Life Skills Development 1 (Companion)	824	36.7%
Life Skills Development 2 (SEC)	120	27.7%
Life Skills Development 3 (ADT)	275	12.7%
Personal Supports	1,214	51.0%
Residential Habilitation Behavior Focus	164	3.1%
Residential Habilitation EIB	3	0.0%
Residential Habilitation Intensive Behavioral	34	9.7%
Residential Habilitation Standard	802	8.4%
Respite	210	55.6%
Supported Living Coaching	340	36.0%
Total	4,160	29.2%

Figure 21 shows the percent of WSCs/QOs with one or more PBDs identified by FY. Results to date indicate QOs reviewed through FY22 Q3 were more likely to have a PBD identified than WSCs reviewed in the previous two FYs. The most common standards marked Not Met for QOs reviewed so far in FY22 were in regards to having the Support Plan developed, updated, and completed with signatures (85.7%; n = 1,220 records. The increase in PBDs identified for WSC's is likely due to QAR's reviewing documentation in iConnect.

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

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

- FY20 Q1-3 (N = 411): 20.7%
- FY21 (N = 557): 16.2%
- FY22 Q3 (N = 128): 50.8%
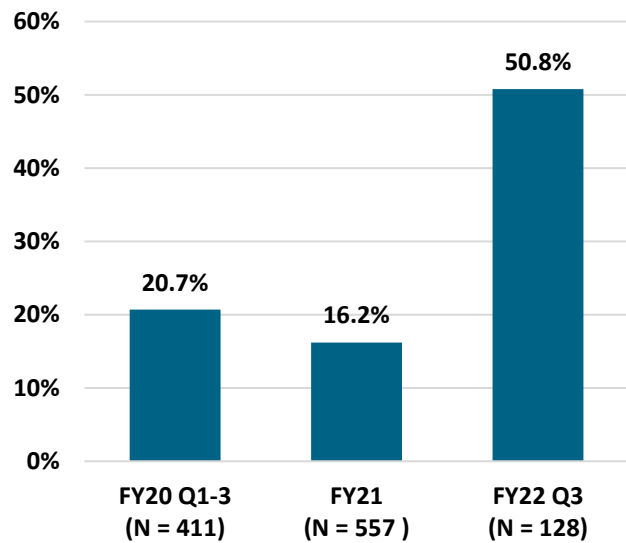
Alerts

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 2021 and March 2022, 404 alerts were reported for Service Providers and QOs.[22] Alerts are listed by type in Table 26. To date, the majority of alerts (89.8%) was due to missing or insufficient background screening, maintaining the employee/contractor roster within the clearinghouse, and almost half due to medication administration, training, or validation. Note that, in response to the pandemic, observations were suspended from April 2020 – December 2021. This suspension likely reduced the total number of alerts, particularly for rights, health and safety, and medication storage.

Table 26: Alerts by Type: Service Providers July 2021 – March 2022		
Alert Type	**Number**	**Percent**
ANE	0	0.0%
Background Screening	125	30.9%
Clearing House Roster	44	10.9%
Driver's License/Insurance	19	4.7%
Health & Safety	4	1.0%
Medication Admin/Training	194	48.0%
Medication Storage	15	3.7%
Rights	3	0.7%
Total Alerts	**404**	**100%**

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[22] Five alerts were reported for QOs: 1 Clearing House Roster alert and 4 Background Screening alerts.

PDR Summary Results

PDR Scores by Region and Review Tool

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

A summary of PDR results by region is presented for Service Providers in Table 27 and QOs in Table 28. Average statewide scores for Service Providers and QOs were 90 percent or greater on all PDR review components. Service Providers scored above 95 percent, on average, on Observations in LRHs and ADTs and the GAR (agencies only). Q&T and SSRR scores were relatively lower with average scores on 91.6 and 92.7 percent, respectively. Like Service Providers, QO's scored relatively high on the GAR (97.1%) and low on the SSRR (92.2%); however, QOs performed better on the Q&T tool than did Service Providers (96.5% versus 91.6%).

Table 27. PDR Component Scores for Service Providers by APD Region July 2021 - March 2022								
Region	# of PDRs	PDR Score[23]	Observations		GAR		Qualifications & Training (N = 3,186)	Service Record Review (N = 4,160)
			LRH (143)	ADT (20)	Agencies (1,060)	Solo (178)		
Northwest	96	93.1%	99.5%	100%	97.1%	97.4%	91.4%	93.4%
Northeast	195	93.3%	99.5%	100%	96.0%	87.3%	93.2%	92.8%
Central	222	92.7%	96.7%	100%	97.3%	89.7%	91.4%	92.6%
Suncoast	313	91.4%	98.0%	99.4%	95.9%	91.7%	90.4%	91.1%
Southeast	233	93.2%	99.7%	97.8%	99.3%	100.0%	91.5%	93.5%
Southern	179	94.3%	98.7%	NA	94.7%	85.7%	92.6%	94.7%
State	**1,238**	**92.8%**	**98.0%**	**99.6%**	**96.7%**	**91.5%**	**91.6%**	**92.7%**

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[23] Does not include alerts.

Table 28. PDR Component Scores for QOs by APD Region October 2021 – March 2022					
Region	# of PDRs	PDR Score[24]	GAR (128)	Q&T (437)	SSRR (1,357)
Northwest	7	95.6%	100.0%	97.6%	95.5%
Northeast	15	95.8%	100.0%	97.7%	95.4%
Central	23	91.5%	97.2%	95.9%	90.7%
Suncoast	22	87.2%	96.4%	94.4%	87.6%
Southeast	38	93.6%	96.6%	97.0%	93.1%
Southern	23	94.3%	95.4%	97.3%	93.9%
State	**128**	**92.5%**	**97.1%**	**96.5%**	**92.2%**

PDR Scores by Provider Size

Information in Tables 29 and 30 provides a summary of PDR scores by provider size for Service Providers and QOs. The tables present the average overall PDR scores, as well as the scores for each component of the overall score. These include Compliance and Person Centered Practices for Service Providers and the Administrative and Service Specific Record Review scores for QOs. The tables also show the number of alerts, number of billing standards scored Not Met, and their respective rates for every 10 reviews.

On average, small Service Providers scored somewhat lower than medium and large providers; however, small providers had lower alert and billing discrepancy rates. The average PDR score for QOs was comparable to that of Service Providers (92.5% versus 92.8%). Scores by each of the review components for QOs suggests that QOs are performing better on the Administrative review than the SSRR. They are also far less likely than Service Providers to be cited for an alert, but more likely to have a billing discrepancy.

Table 29. Summary of PDR Scores for Service Provider July 2021 - March 2022							
Size	PDR Score			Alerts		Billing Discrepancy Standards Missed	
	Overall Score	Compliance	Person Centered Practices	#	Rate per 10 Reviews	#	Rate per 10 Reviews
Small (1,130)	92.1%	91.9%	92.6%	362	3.20	959	8.49
Medium (95)	95.8%	95.5%	96.5%	31	3.26	84	8.84
Large (13)	97.0%	97.0%	96.9%	6	4.62	12	9.23
State (1,238)	**92.8%**	**92.6%**	**93.2%**	**399**	**3.22**	**1,055**	**8.52**

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[24] Does not include alerts.

Table 30. Summary of PDR Scores for Qualified Organizations October 2021 - March 2022							
Size	**PDR Score**			**Alerts**		**Billing Discrepancy Standards Missed**	
	Overall Score	Administrative Review	SSRR	#	Rate per 10 Reviews	#	Rate per 10 Reviews
Small (20)	93.0%	97.7%	92.0%	1	0.50	17	8.50
Medium (31)	85.5%	94.4%	84.0%	2	0.65	63	20.32
Large (77)	93.6%	97.2%	93.3%	2	0.26	266	34.55
State (128)	**92.5%**	**96.6%**	**92.1%**	**5**	**0.39**	**346**	**27.03**

Section III: Discussion and Recommendations

Findings in this report reflect data from PCRs and PDRs completed and approved between July 2021 and March 2022, with some comparisons to data collected in FY20 Q1-3 and FY21. As of March 2022, 1,024 PCRs, 1,238 Service Provider PDRs and 128 QO PDRs were completed, approved and available for analysis.

Provider feedback remains positive with an average score on the feedback survey of 96.5 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 revise and update processes to ensure the best quality assurance reviews possible.

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

Overall Review Findings

Results from reviews completed to date indicate the majority of providers reviewed were in compliance with most requirements and individuals interviewed as part of the PDR and PCR were generally satisfied with their services.

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

The PCR consists of an interview with the person, an informal discussion with the person's Support Coordinator, and a review of the record maintained by the Support Coordinator/CDC+ Consultant for that person. Results for the PCR components were relatively high; however, the average WSC record review score has declined to 90.6 percent from an average of 95 percent in FY21. Outcome scores for people receiving services through the Waiver were lowest, approximately 89 percent present for the year.

My Life Interview (Outcomes) - Waiver: 89.1% CDC+: 90.2%

My Life Interview (Supports) - Waiver: 98.1% CDC+: 99.6%

Support Coordinator Record Review - 90.6%

CDC+ Consultant Record Review - 95.2%

CDC+ Representative Review - 96.8%

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 91 percent or higher.

My Life Interview (Outcomes) - 91.2%

My Life Interview (Supports) - 98.8%

Observations - LRH: 98.0%; ADT: 99.6%

General Adminstrative Review -
Agency Service Providers: 96,7%; Solo Service Providers: 91.5%; QOs: 97.1%

Qualifications and Training - Service Providers: 91.6%; QOs: 96.5%

Service Specific Record Reviews - Service Providers: 92.7%; QOs: 92.2%

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 is 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.

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: 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 3: Qlarant could develop a training for Service Providers, which provide 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. Findings from FY22 Q1-3 show some 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 4: The Quality Council can work with service providers and Support Coordinators to develop innovative and creative ways for individuals to continue to engage in their communities in a safe manner perhaps through socially distanced activities in either outdoor or virtual settings – both of which have become increasingly common over the course of the pandemic.

Medication Use

The rate of individuals receiving services who take five or more medications has consistently increased, from 41 percent in FY19, to 42.2 in FY21, and now 45 percent through FY22 Q3.[25] Analysis to date indicated people living in LRHs were more likely to take multiple medications than people living in the family home or living independently were. Among Waiver Participants reviewed thus far in FY22, 44 percent of those living in a LRH reported taking seven or more medications compared to only 14.7 percent of Waiver Participants living in a family home, and 18.5 percent of Waiver Participants living independently.

Recommendation 5: The rate of multiple medication use for people receiving services through the iBudget waiver has increased every year for three years. Even though the medication list includes OTC medications provided as a prescription for the person, the increase is something APD should further explore. Certain combinations of medication, even OTC types, could put people at higher risk for health issues and should be identified. This information could be provided to the Quality Council to discuss initiatives that might help reduce the rate of multiple medication use.

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

Recommendation 6: The ability to understand complex medications and diagnoses is difficult for many people, with or without a disability; however, data to date show this to be the lowest scoring outcome for Waiver Participants and people using CDC+ making it an area of concern. Detailed analysis show that among those who did not understand their medications, 71.9% were not aware of which medications they take, 60.0% were not aware of why their medications are prescribed, and 77.1% were not aware of potential side effects. These three pieces of information are critical for individuals to make informed decisions regarding which medication(s) they should take together,

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

which medication(s) they should take with or without food, and how their medication(s) may make them feel.

The Quality Council might consider brainstorming ways to provide education on commonly used medications and determine ways to help disseminate this information to providers and 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 82.5 percent. However, background screening requirements and the requirement to maintain an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse, have been the lowest scoring areas for Representatives and have not shown much improvement for several years.

Recommendation 7: Qlarant could help identify participants for and facilitate a workgroup or focus group, via a zoom webinar, to review training provided for CDC+ Representatives and determine if additional or updated education is warranted, particularly specific documentation about background screening requirements and reconciling monthly statements. Perhaps this training could include some examples from Representatives who have good systems in place to achieve either of these requirements.

Potential Billing Discrepancies

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

Recommendation 8: 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 four services.

Observations

Qlarant has been unable to observe LRHs and Day Programs since the onset of COVID-19 in April 2020. Since resuming in January 2022, Qlarant has completed 171 observations, 143 of which were in LRHs. While overall Observation scores were relatively high and similar to previous years, the lowest scoring indicator to date suggests individuals' in LRHs are not always offered keys to their bedrooms. In addition to an individual's fundamental right to privacy, residential service providers are expected to provide social and adaptive skills to enable recipients to ultimately reside in the community successfully. Therefore, providers should teach residents the importance of privacy and encourage them to use keys.

Recommendation 9: Qlarant should consider developing a refresher training for providers of LRHs and include the expectation to teach residents the importance of privacy and how to use keys. This training could provide literature on the importance of maintaining and respecting individuals' privacy and explore ways in which providers can effectively teach their residents about their individual rights.

Summary

Findings from PCRs completed through the third 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. Average scores for WSC and CDC+ Record reviews have declined since FY21 as WSCs have transitioned into QOs. Medication use continues to increase - especially among Waiver Participants living in LRHs.

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

Attachment 1: Customer Service Activity: January 2022 – March 2022

Customer Service Topic	#	Description	Outcome	Avg. Time
Contact QAR	2	Providers called requesting to speak with the QAR they are currently working with or that already completed their review.	QARs were contacted by office staff and asked to contact the provider.	1 day
Miscellaneous/Other	5	Providers called regarding how to submit their POR. Family members called to inquire about services provided in Florida and service providers A self-advocate called to speak with someone about joining the Quality Council	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	38	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	44	Providers called asking when their next review will occur. Providers called requesting to know the name of the QAR assigned to conduct their next review. Providers called following receipt of their PDR notification letter to advise of vacation, planned unavailability or resignation.	The review process was explained to the providers, including all factors involved in scheduling. There is no guarantee a provider will be reviewed at the same time every year. If indicated the assigned reviewer is notified of issues to consider when scheduling or the provider is removed from the schedule following confirmation of termination from the APD Region.	1 day
Provider Search Website	4	Providers called to inquire how to get added to Qlarant's provider search website.	The criteria to be listed on the provider search website was explained. The search is driven entirely by AHCA claims. Once waiver claims are submitted and paid the provider will be added to the website.	1 day
Potential Billing Discrepancy	5	Providers called with questions about how to repay money identified as a potential billing discrepancy on their PDR.	Providers were given the AHCA email address for potential billing discrepancy. APDProviderBilling@ahca.myflorida.com	1 day
Question	35	Providers called with questions regarding documentation requirements, qualification and training requirements, and service limitations; for explanations of the	Questions were answered by the Qlarant customer service representative, other office personnel or Regional Managers. Callers were referred to the iBudget Handbook, local APD Regional Office,	1 day

Customer Service Topic	#	Description	Outcome	Avg. Time
		review processes and clarification on various other topics. Providers also called with questions related to the Desk Review process.	relevant websites and the Qlarant tools posted on the FSQAP website.	
Reconsideration	53	Providers called asking for clarification on the process to submit a request for reconsideration, where to locate the submission form on the Qlarant website or inquiring as to the status of a request already submitted.	The reconsideration process was explained to the provider, including reference to Qlarant's Operational Policies and Procedures. The providers were directed to the end of their PDR reports and the FSQAP website where they will find detailed instructions on how to submit a Request for Reconsideration. If a reconsideration request was in process the provider was given a status update.	1 day
Report Requested	4	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	19	Providers called asking for an explanation of report findings.	Reports were reviewed and explained by the Customer Service Representative or Regional Manager; providers were referred to their local APD Regional office for technical assistance.	1 day
Review Tools	2	Providers called with questions regarding where to find the most current review tools.	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	**210**	**Note: 1 call was conducted in Spanish.**		