

Florida Statewide Quality Assurance Program

FY 2023 Quarter 1

July 2022 – September 2022

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



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Prepared by



Table of Contents

List of Acronyms	4
Executive Summary	5
Introduction.....	6
Section I: Significant Contract Activity in Quarter 1.....	10
Quality Assurance Activities (July - September 2022).....	10
Status Meetings	10
Reliability.....	10
Internal Annual Training/Conference	10
Tool and Process Revisions	11
Regional Quarterly Meetings.....	11
Quality Council (QC)	11
Provider Feedback Survey.....	12
Summary of Customer Service Calls.....	13
Staff Updates	13
Data Availability.....	13
Section II: Data from Review Activities.....	14
Person Centered Reviews (PCR).....	14
Individual Demographics	15
PCR My Life Interview (MLI)	16
PCR Waiver Support Coordinator and CDC+ Consultant Record Reviews	23
CDC+ Representative.....	30
Health Summary	32
Significant Health Events.....	32
Provider Discovery Reviews: Qualified Organizations(QOs)	33
General Administrative Review.....	33
Staff Qualifications and Training	34
Qualified Organization PDR Summary Results.....	38

Provider Discovery Reviews: Service Providers	39
PDR My Life Interview (MLI)	40
Observations	43
General Administrative Review	44
Staff Qualifications and Training	47
Service Specific Record Review Results (SSRR)	53
Alerts	57
Service Provider PDR Summary Results	58
Section III: Discussion and Recommendations	60
Recommendations	61
Targeted Outreach.....	61
Safety	61
Stability.....	62
Level of Care Assessment	62
CDC+ Representatives.....	63
Infectious Disease Training	63
Potential Billing Discrepancies	64
Summary	64
Attachment 1: Customer Service Activity: July – September 2022	65

List of Acronyms

ABC – Allocation, Budget, and Contract Control System
ADT – Adult Day Training
AHCA – Agency for Health Care Administration
ANE – Abuse, Neglect and Exploitation
APD – Agency for Persons with Disabilities
CDC+ – Consumer Directed Care Plus
CDC+ C – CDC+ Consultant
CDC+ R – CDC+ Representative
DD – Developmental Disability
FSQAP – Florida Statewide Quality Assurance Program
FY – Fiscal Year (July – June)
GAR – General Administrative Review
HCBS – Home and Community-Based Services
HSRI – Human Services Research Institute
iBudget Handbook – Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook
iBudget Waiver – Individual Budgeting Waiver
IPS – In Person Survey (NCI)
IDD – Intellectual and Developmental Disability
IRR – Inter-rater Reliability
IT – Information Technology
LRH – Licensed Residential Home
NCI – National Core Indicators
OBS – Observations
OTC – Over-the-counter
PBD – Potential Billing Discrepancy
PCR – Person Centered Review
PCR MLI – Person Centered Review My Life Interview
PDR – Provider Discovery Review
PDR MLI – Provider Discovery Review My Life Interview
Q – Quarter
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 2022, the Agency for Health Care Administration entered into the sixth 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.

Each Fiscal Year (FY), Qlarant Regional Managers conduct quarterly meetings with each APD region to review data, explore trends, and discuss other relevant regional issues and best practices. Qlarant also facilitates three Quality Council meetings. One meeting was held in Tampa during the first quarter of FY23 on July 21, 2022.

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.

Findings presented in this report are based on 141 Person Centered Reviews (PCRs), 30 CDC+ Representative (CDC+ R) reviews, 17 Qualified Organization PDRs (QO PDR), and 479 Service Provider PDRs conducted and approved in FY23 Q1 (July - September 2022). Findings include the following:

- **PCR**
 - On average, Supports for individuals interviewed during the PCR were more likely to be met than Outcomes.
 - People receiving services through the Waiver were least likely to have the Safety Life Area outcomes Met. Supports for Safety were 22.4 points higher than outcomes for the Waiver.
 - The proportion of individuals on the Waiver who indicated they were satisfied with the amount of community involvement they have had over the past 12 months has increased by more than seven percentage points since FY21 from 85 to 92.5 percent.
 - The proportion of individuals on the Waiver reporting a change in the WSC has increased from 12.7 in FY22 to 18.1 percent in FY23 Q1.
 - PCR record review scores for WSCs have declined since FY21 from an average of 95 percent to approximately 89 percent. The lowest scoring standards within the WSC record review had to do with maintaining an accurate a level of care form for the entire review period.
- **PDR**
 - Average scores for the QO PDR Administrative review components (GAR and Q&T) were approximately 95 percent met or higher while the average score for the Record Review component was approximately 90 percent.
 - Average scores for Service Provider PDRs were approximately 90 percent or higher with scores ranging from a high of 99 percent for Observations at ADT facilities to a low of 91 percent for record reviews.
 - Solo Service Providers were less likely than Agency Service Providers to meet standards within the GAR related to maintaining an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.
 - Records reviewed for Life Skills Development (LSD) 2 (SEC), Personal Supports, Respite, and Supported Living Coaching scored lower, on average, than other services reviewed and were the most likely to have a Potential Billing Discrepancy (PBD) identified.

Introduction

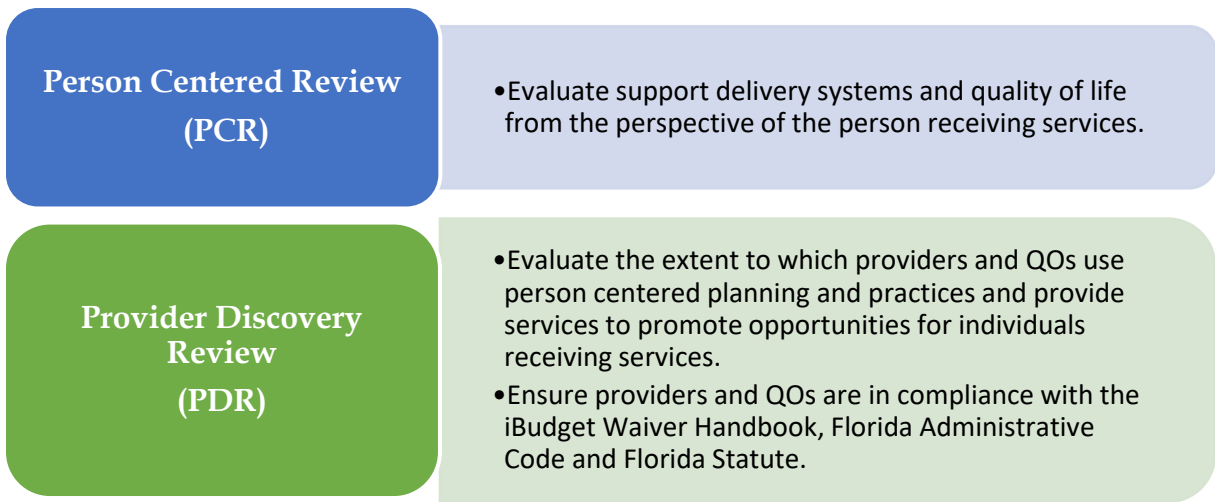
In July 2022, the Agency for Health Care Administration (AHCA) entered into the sixth year of the current contract with Qlarant to provide quality assurance discovery activities for the Developmental Disabilities Individualized Budgeting Services (iBudget) Waiver and the Consumer Directed Care Plus (CDC+) program. Through this Florida Statewide Quality Assurance Program (FSQAP), administered by the Agency for Persons with Disabilities (APD), Qlarant, AHCA and APD have designed a Quality Management Strategy based on the Home and Community Based Services (HCBS) Quality Framework Model developed by the Centers for Medicare and Medicaid Services

(CMS). Three quality management functions are identified by CMS: discovery, remediation, and improvement.

Qlarant’s purpose is within the discovery framework. The information from the review processes is used by AHCA and APD to help guide policies, programs, or other necessary actions to effectively remediate issues or problems uncovered through the discovery process. Data from the quarterly and annual reports are examined during the Regional Quarterly Meetings and Quality Council meetings to help target local and statewide remediation activity.

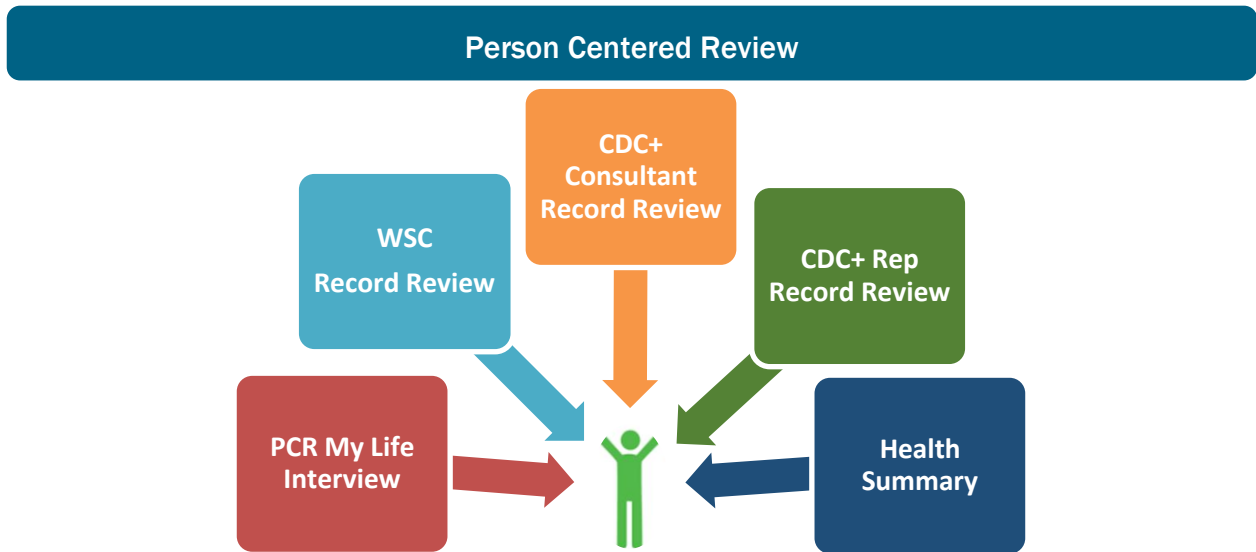


Qlarant’s discovery process comprises two major components: Person Centered Reviews (PCR) and Provider Discovery Reviews (PDR) - both ensure the person receiving services has a voice in evaluating performance and outcomes and both utilize comprehensive methods to evaluate the quality of the services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



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

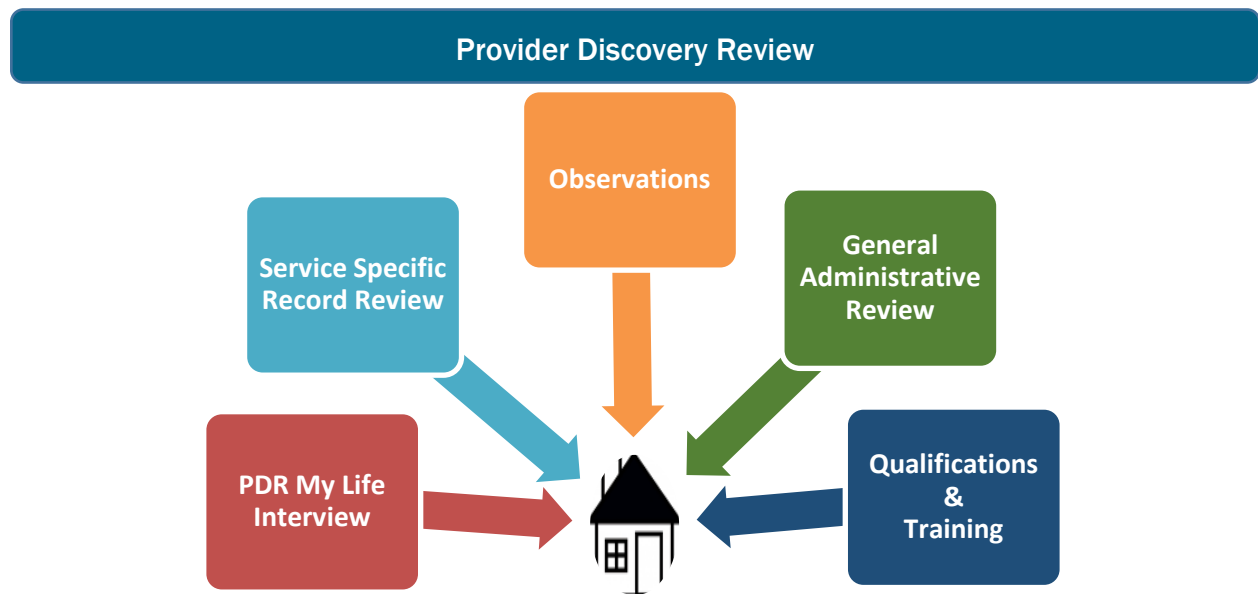
For the CDC+ program, consultants and representatives are reviewed on the standards set forth by APD and AHCA. Although CDC+ is funded through the iBudget Waiver, the programs are fundamentally different in several aspects and therefore results are analyzed separately. When data for these two groups are presented in the report, references are made to Waiver and CDC+ to make the distinction between the two groups.



The PDR is comprised of an Administrative Review – including the General Administrative Review (GAR) and Staff Qualifications and Training (Q&T) – and Service Specific Record Reviews (SSRRs).¹ Service Providers may also receive Observations and interviews with individuals receiving services.² Individuals interviewed with the PDR My Life Interview (MLI) tool are only asked questions that apply to services they are receiving from the service provider being reviewed and are asked to answer according to their experiences with the provider being reviewed.

¹ While WSC and CD+C record reviews are included in QOs' overall scores, their scores are discussed in the PCR section.

² Observations are only conducted at Licensed Residential Homes (LRH) and Day Services Programs.



This is the first quarterly report for FY23. The report is divided into three sections:

- Section I: Significant Contract Activity during the first quarter (July - September 2022)
- Section II: Data from Review Activities from the first quarter of FY23, including comparative analysis as possible
- Section III: Discussion and Recommendations

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 should be made with caution due to changes in the tools, as well as the statewide transition to QOs. Discussion of results and evidence-based recommendations are offered.

Section I: Significant Contract Activity in Quarter 1

Quality Assurance Activities (July - September 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 first quarter of FY23, status meetings were held on August 18th and September 15th.

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 Quarter 1 (Q1) on the topics of Medicaid Waiver Eligibility Worksheets and Support Plans. File reliability results are reported to AHCA in the second and fourth quarters.

Field reliability has always been conducted onsite with QARs and used to determine if protocols and procedures are followed correctly, prior to and during the review, and if responses on the review processes match responses of the manager conducting the Field Reliability. The manager silently observes while the QAR conducts the review and compares answers on all standards at the conclusion of the review. In Q1, PDR Desk Review Reliability was completed with 2 QARs and PCR reliability was completed with 2 QARs - all QARs passed.

Internal Annual Training/Conference

Every year, the Florida team comes together for extensive training and brainstorming activities. In August 2022, Qlarant held a conference for the first time since 2019 due to COVID-19. Staff from AHCA and APD joined throughout the week. Review of various processes and ongoing trainings were conducted.

Tool and Process Revisions

In July 2022, a number of protocol changes were made some of the standards within the Waiver Support Coordinator (WSC) and Consumer Directed Care Plus (CDC+) Service Specific Record Review Tool. 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 first quarter of FY23, using a webinar format.

Quality Council (QC)³

The first Quality Council (QC) meeting for FY23 was held in Tampa on July 21, 2022. Agenda items included the following:

- AHCA Updates – Suzi Kemp, Contract Manager, AHCA
- APD iConnect Updates – Caroline Shorter, iConnect Training Manager, APD
- HSRI Data Presentation – Stefanie Giordano, NCI Co-Director
- Qlarant Updates – Theresa Skidmore, Program Director
- APD Updates – Tom Rice, Deputy Directory of Programs, APD
- Council Discussion Items (WSC Concerns, Staff Shortages, Day Service changes) – Theresa Skidmore, Program Director, Qlarant
- Qlarant Data Presentation – Katherine Glasgow PhD, Scientist, Qlarant

³ See the Qlarant website for complete QC details, minutes, and agendas (<https://florida.qlarant.com/Public2/qualityCouncil/index.html>).

Provider Feedback Survey

After each PDR, providers are offered an opportunity to provide feedback on the review process and professionalism of QARs. Surveys are completed online on the FSQAP website or downloaded and mailed or faxed to the Qlarant office. Table 1 presents feedback findings for surveys submitted between July and September 2022. In total, 45 providers completed the survey. On average, 96.3 percent of responses were positive (597/620). 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 - September 2022 (n = 45)			
Question	# Yes	# No	NA/ Blank
Did the Quality Assurance Reviewer explain the review process?	43	1	1
Did the Quality Assurance Reviewer share with you the names of the potential people chosen to participate in the review?	44	1	0
Did the Quality Assurance Reviewer explain the person's participation in the interview is voluntary?	42	1	2
Did the Quality Assurance Reviewer refer you to the Qlarant website that includes the tools and procedures?	44	1	0
Were the tools accessible on the Qlarant website?	40	3	2
Did you find the tools helpful when preparing for the review?	42	3	0
Did the Quality Assurance Reviewer answer your questions in preparation for the review?	43	1	1
Did the Quality Assurance Reviewer arrive on time?	30	2	13
If not, were you notified the Quality Assurance Reviewer would be late?	8	1	6
Did the Quality Assurance Reviewer give you enough time to find the information requested?	43	0	2
Do you feel the Quality Assurance Reviewer was prepared for the review?	43	0	2
Did the review process go as explained by the Quality Assurance Reviewer?	44	0	1
Did the Quality Assurance Reviewer answer the questions you had during the review?	43	0	2
If applicable, did the Quality Assurance Reviewer explain why a standard was Not Met?	31	3	11
If an alert was identified, did the Quality Assurance Reviewer inform you of the follow up process?	18	3	24
Did the Quality Assurance Reviewer provide you with the preliminary findings of your review before leaving?	39	3	3
Total Responses	597	23	100

Summary of Customer Service Calls

During the first quarter of FY23, 180 calls were recorded in the Customer Service Log, with an average response time of one day for each call.⁴

Staff Updates

In August 2022, a new Quality Assessment Reviewer (QAR), Rhonda Wynds, began working in the Southeast region.

Data Availability

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

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

Section II: Data from Review Activities

Person Centered Reviews (PCR)⁵



The PCR includes an interview with the person and a review of the person’s record maintained by the Waiver Support Coordinator (WSC) or CDC+ Consultant (CDC+ C). If the person receives services through CDC+, a record review is also completed for the CDC+ R. In FY23 Q1, 141 PCRs were completed and approved – 127 for individuals on the iBudget Waiver and 14 for individuals using CDC+. Analyses are limited for CDC+ due to the low number of CDC+ PCRs completed in the first quarter of FY23.

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.

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 September 2022, 7 individuals originally sampled for the PCR did not participate. Non-participation reasons are shown in Table 3. When an individual is

Region	Waiver		CDC+	
	n	%	n	%
Northwest	16	12.6%	3	21.4%
Northeast	40	31.5%	6	42.9%
Central	10	7.9%	3	21.4%
Suncoast	24	18.9%	2	14.3%
Southeast	30	23.6%	0	0.0%
Southern	7	5.5%	0	0.0%
Total	127	100%	14	100%

Decline Reason	Waiver	CDC+	Total
Deceased	0	0	0
Person Declined Interview	3	0	3
Moved Out of State	0	0	0
No Longer Receiving Services	0	0	0
Review Next Year	3	0	3
Other	1	0	1
Total	7	0	7

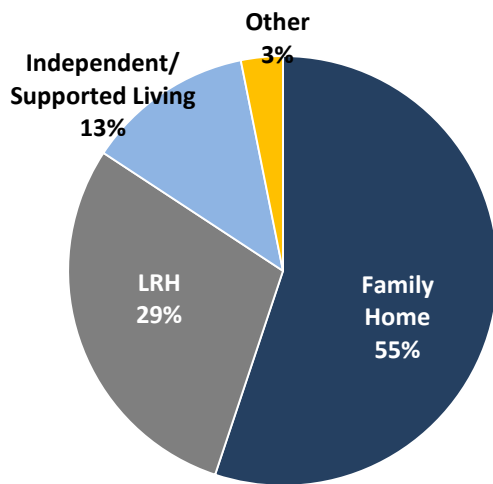
⁵ All review tools are posted on the FSQAP website (<https://florida.qlarant.com/>).

unable to participate, the QAR calls the person from the sample to verify the decision. This affords the person an opportunity to ask questions or seek clarification about the PCR process and the person’s potential role in it. This also gives individuals an opportunity to learn more about the process and potentially change their minds about participating. Most often the reason was people declined to participate in the interview (n = 3; 42.9%).

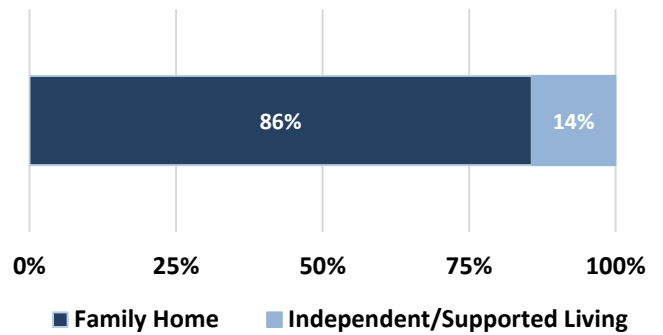
Individual Demographics

The following series of figures show the distribution of the PCR sample across Residential Setting, Age Group, and Primary Disability.⁶ 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 only 55 percent 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 1a. Residential Settings: Waiver Participants
FY 2023 Q1 (n = 127)**



**Figure 1b. Residential Settings: CDC+
FY 2023 Q1 (n = 14)**



⁶ The Other category for Residential Setting for the Waiver included 14 people living in an Assisted Living Facility. The Other category for Primary Disability for the Waiver included people with Down syndrome (2), Spina Bifida (2), Prader Willi (1).

Figure 2. Age Distribution: Waiver and CDC+ FY 2023 Q1 (n = 127)

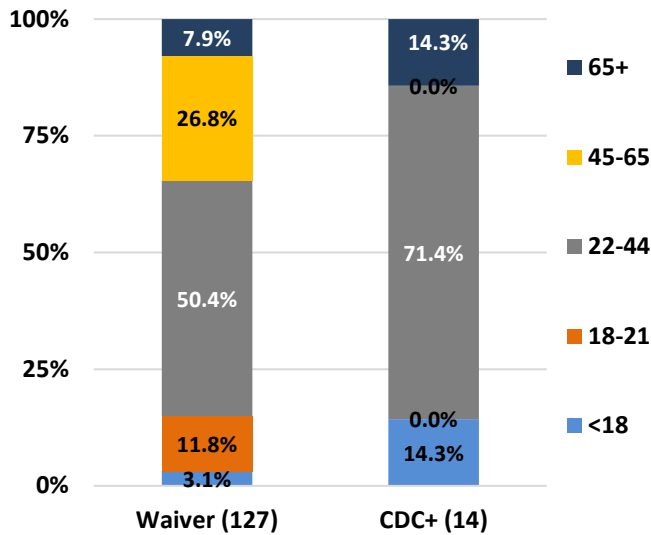
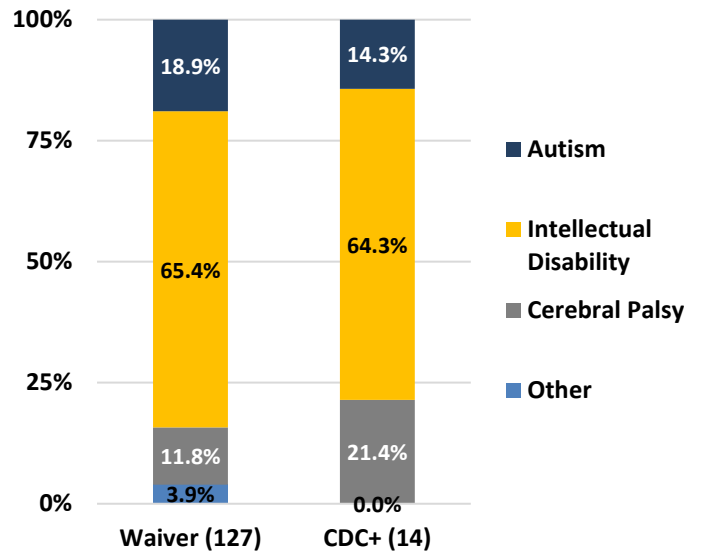
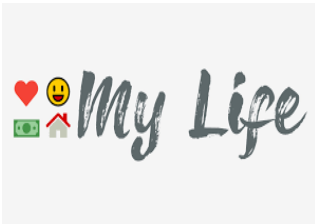


Figure 3. Primary Disability: Waiver and CDC+ FY 2023 Q1 (n = 14)



PCR My Life Interview (MLI)



The PCR My Life Interview tool is used to interview people participating in a PCR. The PCR MLI is organized around six Life Areas important to a person, and each incorporates measures of choice, respect, rights, and community integration:

1. My Service Life – expectations for all of the services a person is receiving from providers and the involvement of the person in development and design of the service delivery system.
2. My Home Life – expectations for services a person is receiving in the home.
3. My Work and Daily Life – expectations for the person pertaining to work and day activities.
4. My Social Life – expectations for the person regarding interaction with and integration in the community.
5. My Health – includes measures of supports related to health access, satisfaction, and education.
6. My Safety – includes measures of safety in various settings, including education and knowledge about abuse, neglect, and exploitation.

Each MLI question is assessed twice: once to indicate if the outcome is present in the person’s life and once if the person is supported to meet the outcome. When a question is marked ‘Not Present’

as either an outcome or a support, one or more reasons are selected to explain why. The MLI also includes a series of questions regarding the level of satisfaction people have with various aspects of their lives including services, day activities, residence, health, and involvement in the community. Finally, the MLI is used to assess stability; i.e., how many times over the previous 12 months had the person experienced a change in services, service providers, Support Coordinators, jobs, or place of residence.

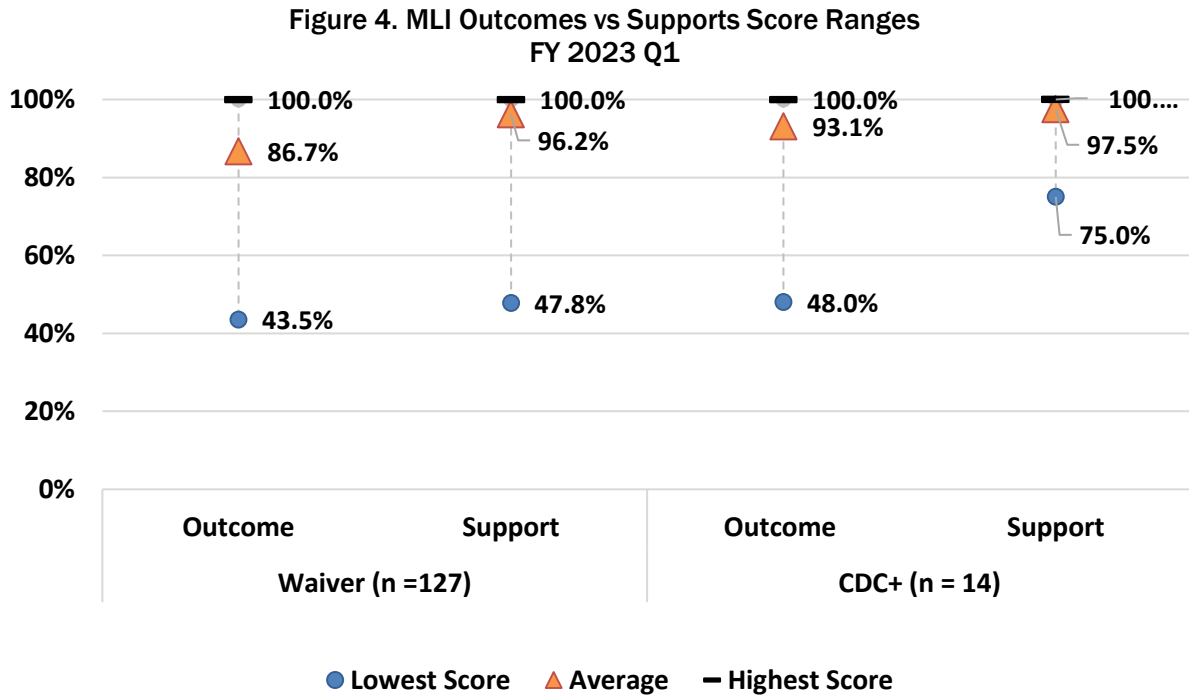
When responding to questions in the PCR MLI, interviewees are asked to think about their lives as a whole and the role their WSC or CDC+ C plays in coordinating their entire service delivery system. This differs from the PDR MLI (discussed below), for which individuals, when responding to questions,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

Data Limitations

Results in some categories, particularly for CDC+, are based on relatively small numbers. When n sizes are small, comparisons across categories or between Waiver and CDC+ should be made with caution. Further, comparisons made between interview results from FY21, FY22 and FY23 should be made with caution as all interviews conducted in FY21 were conducted remotely, while interviews in FY22 and FY23 Q1 include a combination of remote and in-person interviews.

PCR MLI Average Scores

The highest, lowest, and average MLI scores are presented in Figure 4 for data collected during the first quarter of FY23, 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 from FY23 Q1 indicate the lowest scores were for Outcomes and while average rates were relatively high, Outcomes and Supports for some individuals were quite low.



PCR My Life Interview Scores by Region

Average scores for Outcomes and Supports in FY23 Q1 are presented by region in Table 4. As of FY23 Q1, only 14 CDC+ interviews were completed and approved and only one region had more than five interviews completed.

For Waiver participants, Outcomes were more than nine points lower than Supports, on average, with the exception of the northern part of the state where the disparity was lower. Relative to other regions, the Northeast region saw the highest scores, on average, for Outcomes – 95.3 percent for people on the Waiver and 96.7 percent for those using CDC+. For people on the Waiver, Outcomes were lowest in the Northwest (77.4 %) region.

Region	Waiver			CDC+		
	# of PCRs	Outcomes	Supports	# of PCRs	Outcomes	Supports
Northwest	16	77.4%	82.8%	3	98.1%	100.0%
Northeast	40	95.3%	97.4%	6	96.7%	99.3%
Central	10	88.9%	99.6%	3	78.6%	89.9%
Suncoast	24	82.2%	96.6%	2	97.7%	100%

Table 4. PCR Individual Interview Results by Region FY 2023 Q1						
Region	Waiver			CDC+		
	# of PCRs	Outcomes	Supports	# of PCRs	Outcomes	Supports
Southeast	30	84.4%	98.6%	0	NA	NA
Southern	7	76.7%	100.0%	0	NA	NA
State	127	86.7%	96.2%	14	93.1%	97.5%

PCR My Life Interview by Life Area

The average MLI score for each Life Area is presented in Figure 5a for the Waiver and Figure 5b for CDC+, by Outcomes and Supports. Findings from FY23 Q1 indicate individuals receiving services were supported across all Life Areas (each above 97%). Outcomes were least likely to be met in Life Areas related to ‘My Safety’ for both the Waiver and CDC+, 73.9 and 67.7 percent present, respectively. Outcomes related to ‘My Social Life’ and ‘My Health’ were relatively low for both the Waiver and CDC+.

Figure 5a. My Life Interview by Life Areas
 Waiver: FY 2023 Q1 (n = 127)

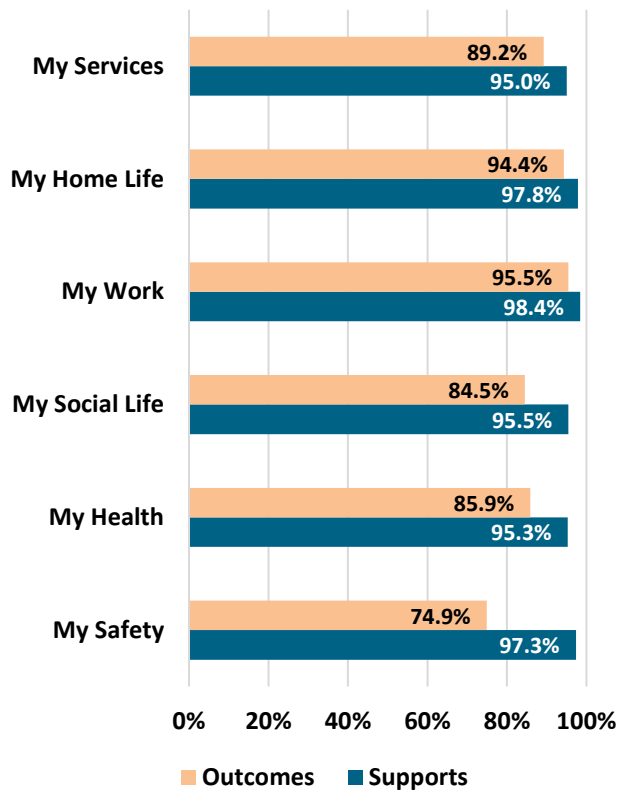
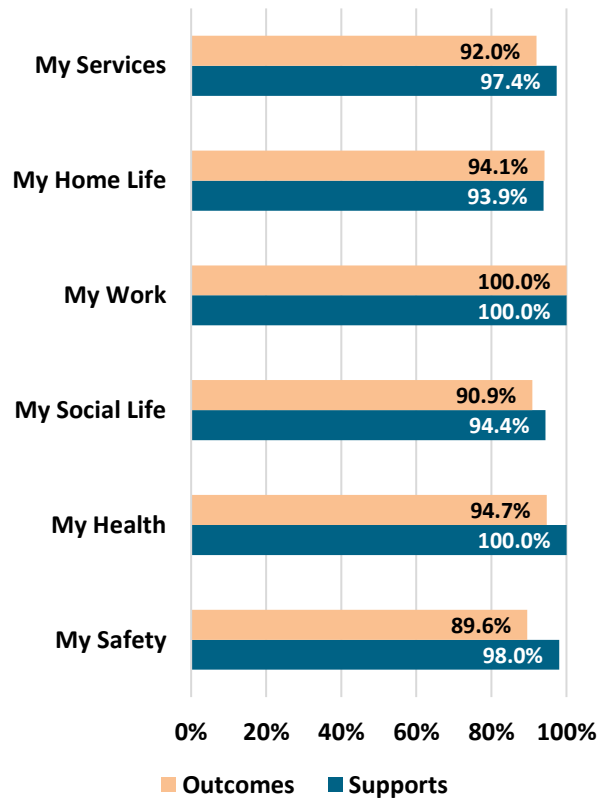


Figure 5b. My Life Interview by Life Areas
 CDC+: FY 2023 Q1 (n = 14)



PCR My Life Interview Outcomes by Life Area and Year

Figures 6a and 6b show Outcome scores by FY for Waiver and CDC+ participants, respectively. On average, Outcomes for those on the Waiver have not changed substantially over the past three FYs. Outcomes for ‘My Safety’ - the lowest scoring area across all three FYs – declined by more than ten points for CDC+ participants between FY21 and FY22. FY23 Q1 shows signs of improvement; however, given the low number of CDC+ interviews conducted thus far in FY23, increases and declines in average scores by Life Area should be interpreted with caution.

Figure 6a. Outcomes by Life Area and FY: Waiver

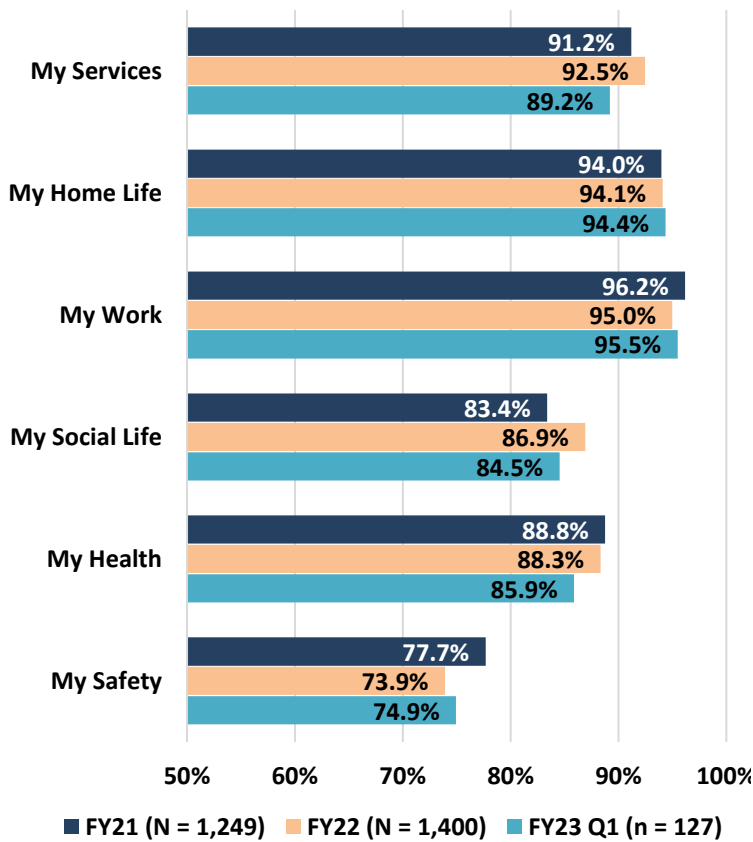
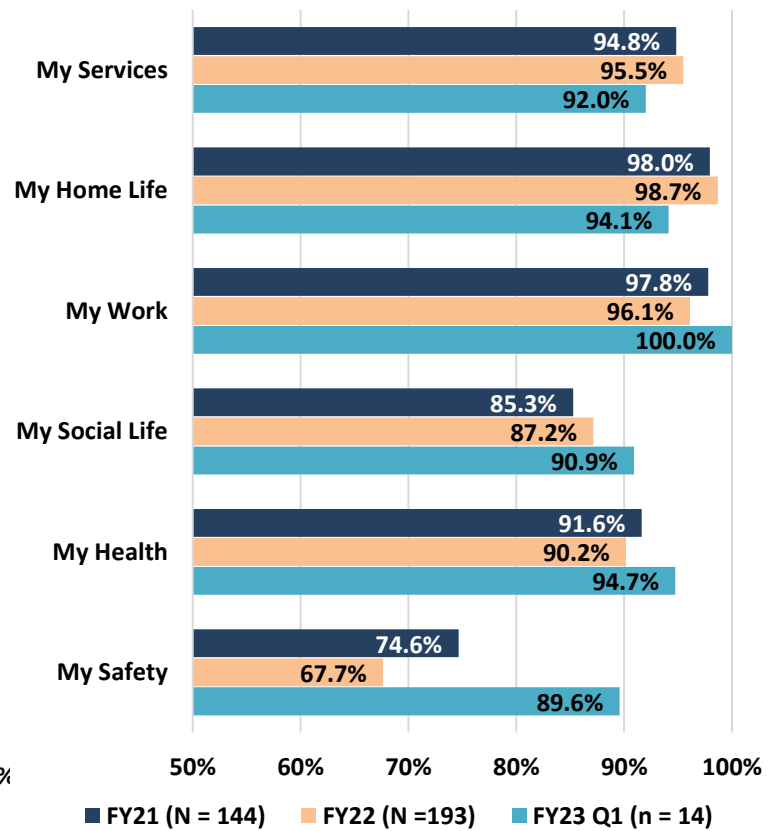


Figure 6b. Outcomes by Life Area and FY: CDC+

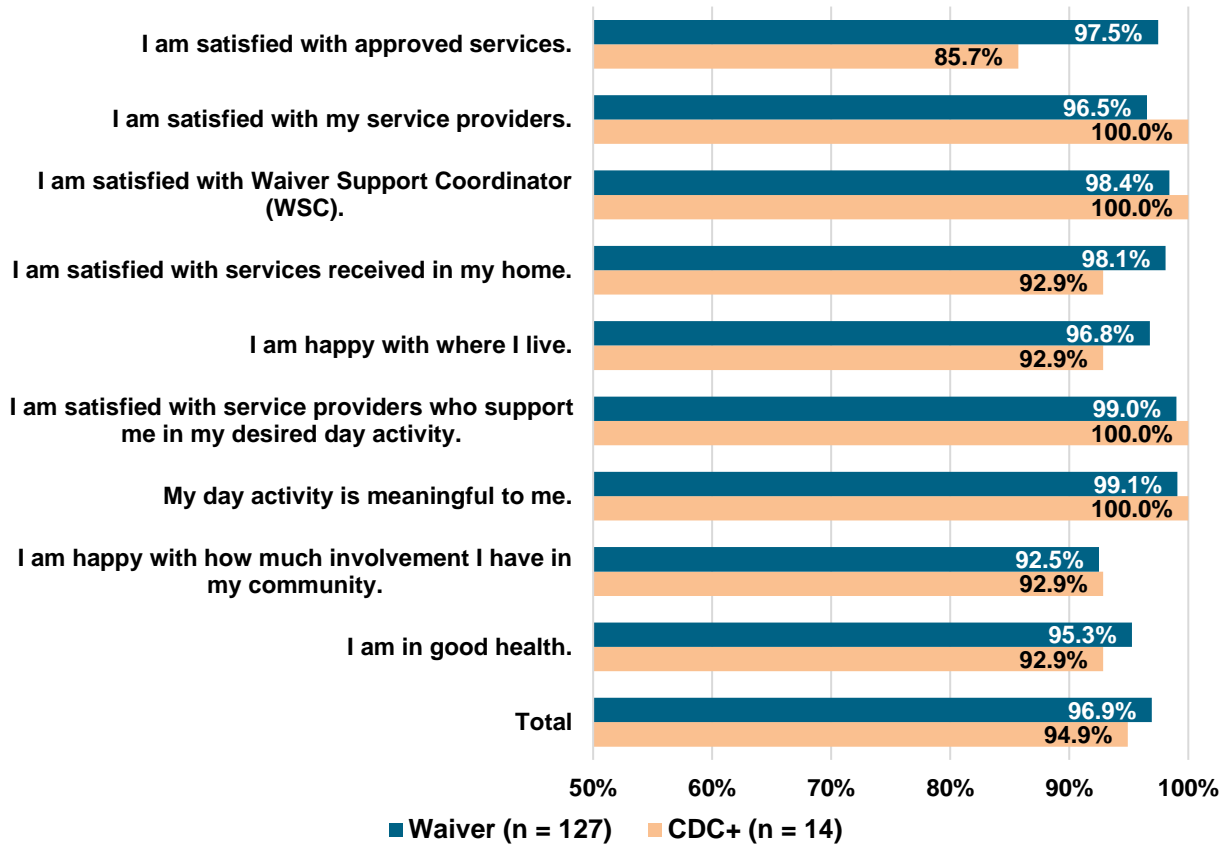


PCR My Life Interview: Satisfaction

During the PCR, individuals are asked if they strongly agree, agree, disagree, or strongly disagree with a series of statements expressing satisfaction with various aspects of their lives, including services, service providers, Support Coordinators/CDC+ Consultants, residence, and involvement in the community. Figure 7 shows results for interviews completed in FY23 Q1. Findings indicate the majority of individuals receiving services reported agreement (strongly agree or agree) in each

area. The lowest scoring area for Waiver participants was satisfaction with their level of involvement in the community and the lowest scoring area for those on CDC+ was with their approved services.

**Figure 7. Individual Satisfaction: Percent Agree or Strongly Agree
 FY 2023 Q1**



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 5 shows the percent of individuals who experienced one or more of these changes during FY22 (July 2021 – June 2022) and FY23 Q1 (July – September 2022).

For interviews conducted in FY22, nearly 27 percent of waiver participants and 17 percent of people using CDC+ experienced a change in the WSC agency – representing the most common source of change for both populations. These increases were likely the result of WSCs transitioning into

qualified organizations (QOs). As of FY23 Q1, the proportion of individuals reporting a change in their WSC agency declined by about 4 percentage points for waiver participants; however, the proportion reporting a change in their WSC increased by nearly 6 points. Qlarant will continue to monitor these rates as the year progresses.

Other areas where Waiver participants interviewed in FY23 Q1 were likely to experience changes were in the services they received (17.2%) and the service provider(s) within their home (25.2%).

Within the past 12 months,	Waiver				CDC+			
	FY22 (1,400)		FY23 Q1 (127)		FY22 (193)		FY23 Q1 (14)	
	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.	1,339	26.5%	126	21.4%	191	17.3%	14	28.6%
I experienced changes in my WSC.	1,362	12.7%	127	18.1%	191	13.6%	14	21.4%
I have changed employment.	521	5.2%	51	7.8%	76	1.3%	0	.
I have experienced changes to my work/day activity service providers.	1,068	15.6%	104	9.6%	140	9.3%	7	14.3%
I have moved.	1,336	10.2%	126	8.7%	182	6.0%	14	14.3%
Service providers in my home have changed.	1,198	17.3%	111	25.2%	186	7.5%	13	7.7%
The services I receive have changed.	1,329	13.9%	122	17.2%	189	7.4%	12	8.3%

PCR Waiver Support Coordinator and CDC+ Consultant Record Reviews⁷

Records maintained by the WSC and CDC+ C are reviewed specific to the person who was interviewed during the PCR; therefore, while record reviews are included in the QO’s PDR score, results are discussed within the PCR section.



The number of reviews and indicators scored, as well as the percent of indicators met in FY23 Q1 are presented by region in Table 6. On average, WSCs met 89.2 percent of indicators scored. Scores by region ranged from a high of 95.1 percent met in the Central region to a low of 86.2 percent met in the Suncoast region.

Table 6. Number of Records and Applicable Standards by Region: FY 2023 Q1						
Region	WSC (n = 127)			CDC+ C (n = 14)		
	# of Records	# of Indicators Scored	Percent Met	# of Records	# of Indicators Scored	Percent Met
Northwest	16	502	83.9%	3	107	71.8%
Northeast	40	1,231	87.3%	6	224	93.1%
Central	10	304	95.1%	3	102	68.9%
Suncoast	24	740	86.2%	2	74	96.6%
Southeast	30	914	94.5%	0	0	NA
Southern	7	205	92.7%	0	0	NA
State	127	3,896	89.2%	14	507	84.4%

Scores by standard are shown for FY22 and FY23 Q1 in the tables below. Findings indicate the following:⁸

⁷ Some standards are weighted for calculating the overall provider’s score. For example, standards measuring health and safety items are generally more important and therefore weigh heavier when calculating the provider’s score. In this report, unless otherwise noted, unweighted results are shown (Percent Met). This provides an accurate reflection of the number and percent of providers who have the standards scored as present.

⁸ Scores are not discussed for indicators with fewer than 30 applicable responses.

- In FY22, eleven of 38 WSC Record Review standards scored below 85 percent, on average (highlighted in Table 7). As of FY23 Q1, only five standards scored below 85 percent; however, four of five standards have declined by more than 15 points since FY22.
 - Level of care is completed accurately using the correct instrument/form (75.6% vs 59.5%)
 - Level of care is reevaluated at least every 365 days and contains all required components for billing (79.8% vs 59.1%)
 - Level of care is reevaluated at least every 365 days and contains all required components for compliance (80.6% vs 60.8%)
 - Person receiving services is given a choice of waiver services or institutional care at least annually (80.6% vs. 61.4%)
- Three standards have increased by more than 10 points since FY22:
 - The Safety Plan was distributed and reviewed with pertinent providers (68.2% vs 80.0%).
 - The Support Plan includes supports and services consistent with assessed needs (80.3% vs 91.3%)
 - The Support Plan is developed with signatures timely (85.6% vs 96.1%)

Table 7. WSC Scores by Standards: FY 2022 vs FY 2023 Q1				
Standard	FY 2022 (N = 1,400)		FY 2023 Q1 (n = 127)	
	Total Scored	% Met	Total Scored	% Met
For persons in Supported Living Arrangements/Situation, Progress Notes demonstrate required activities are covered during each quarterly home visit.	195	89.2%	16	81.3%
For persons living in Supported Living Arrangements/Situations, the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider.	176	98.3%	13	100.0%
Level of care is completed accurately using the correct instrument/form.	1,388	75.60%	126	59.5%
Level of care is reevaluated at least every 365 days and contains all required components for billing.	1,399	79.8%	127	59.1%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	1,395	80.6%	125	60.8%
Person receiving services is given a choice of waiver services or institutional care at least annually.	1,396	80.6%	127	61.4%
Support Coordinator bills for services after required contacts are rendered.	1,370	97.2%	126	94.4%

Table 7. WSC Scores by Standards: FY 2022 vs FY 2023 Q1

Standard	FY 2022 (N = 1,400)		FY 2023 Q1 (n = 127)	
	Total Scored	% Met	Total Scored	% Met
Support Coordinator completed accurate Significant Additional Need (SAN) requests.	229	96.9%	21	100.0%
Support Coordinator documentation demonstrates a copy of the Support Plan is provided to all service providers within 30 calendar days of the Support Plan effective date.	1,281	93.8%	107	89.7%
Support Coordinator documentation demonstrates a copy of the Support Plan is provided to the person or legal representative within 10 days of the Support Plan effective date.	1,384	96.0%	124	91.1%
Support Coordinator documentation demonstrates efforts to solicit natural, community supports for the person prior to waiver service requests.	1,390	95.3%	126	93.7%
Support Coordinator documentation demonstrates efforts to support the person to make informed decisions when choosing among waiver service providers on an ongoing basis.	1,378	97.5%	125	100.0%
Support Coordinator documentation demonstrates efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis.	1,378	98.1%	126	100.0%
Support Coordinator documentation demonstrates Service Authorizations are issued to service provider(s).	1,298	96.2%	113	94.7%
Support Coordinator documentation demonstrates use of a person centered approach to define the personal goals/outcomes important to the person.	1,384	89.1%	127	96.9%
Support Coordinator documents efforts to assist person with knowing when and how to report any incidents of Abuse, Neglect and/or Exploitation.	1,393	92.5%	127	98.4%
Support Coordinator documents efforts to assist the person to define abuse, neglect, and exploitation.	1,393	91.7%	127	100.0%
Support Coordinator documents ongoing efforts to assess and address the person's safety needs.	1,394	95.2%	127	98.4%
Support Coordinator documents ongoing efforts to assist the person/legal representative to know about rights.	1,394	94.9%	127	99.2%
Support Coordinator documents ongoing efforts to ensure all of the person's health care needs are addressed.	1,395	98.1%	127	96.9%
Support Coordinator documents person's history regarding abuse, neglect and/or exploitation.	1,012	96.1%	86	95.3%
Support Coordinator documents the invitation to take the satisfaction survey to the person receiving services.	851	80.8%	122	86.9%

Table 7. WSC Scores by Standards: FY 2022 vs FY 2023 Q1

Standard	FY 2022 (N = 1,400)		FY 2023 Q1 (n = 127)	
	Total Scored	% Met	Total Scored	% Met
Support Coordinator documents the review of the QO's code of ethics to the person receiving services.	595	90.4%	124	91.9%
Support Coordinator documents the review of the QO's disciplinary process to the person receiving services.	593	90.1%	124	91.1%
Support Coordinator monitors service delivery to ensure services are delivered in accordance with the Support Plan and Cost Plan.	1,303	86.6%	115	90.4%
Support Coordinator Progress Notes demonstrate pre-Support Plan planning activities were conducted.	1,277	81.3%	123	87.8%
Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing in the family home.	688	91.3%	72	87.5%
Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing in a facility.	533	92.7%	39	97.4%
Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing in supported living situation or independent living.	210	90.5%	16	81.3%
Support Coordinator Progress Notes include meaningful information to effectively assist the person in achieving goals/outcomes.	1,377	89.5%	126	96.8%
Support Coordinator solicits and addresses the person's preferences with regard to employment.	1,246	97.4%	112	94.6%
The current Annual Report is in the record.	1,352	84.9%	122	92.6%
The record includes a current complete Safety Plan when warranted.	26	69.2%	6	83.3%
The Support Plan has all required components complete.	NA	NA	126	78.6%
The Safety Plan was distributed and reviewed with pertinent providers.	22	68.2%	5	80.0%
The Support Plan includes supports and services consistent with assessed needs.	1,388	80.3%	127	91.3%
The Support Plan is developed with signatures timely.	1,386	85.6%	127	96.1%
The Support Plan is updated when warranted by changes in the needs of the person.	538	93.5%	41	90.2%
The Support Plan reflects support and services necessary to address assessed risks.	1,323	78.2%	119	90.8%
Average WSC Score	39,738	89.6%	3896	89.2%

Table 8. CDC+ Consultant Scores by Standard: FY 2022 vs FY 2023 Q1

Standard	FY 2022		FY 2023 Q1	
	Total Scored	% Met	Total Scored	% Met
All applicable completed/signed Purchasing Plans are in the record.	192	98.4%	14	100.0%
All applicable completed/signed Quick Updates are in the Record.	57	98.2%	7	85.7%
CDC+ Consultant bills for services after required contacts are rendered.	192	96.9%	13	92.3%
CDC+ Consultant completed accurate Significant Additional Need (SAN) requests.	35	100.0%	0	.
CDC+ Consultant documentation demonstrates efforts to solicit natural, community supports for the person prior to waiver service requests.	191	96.9%	14	92.9%
CDC+ Consultant documentation demonstrates use of a person centered approach to define the personal goals/outcomes important to the person.	191	94.2%	14	100.0%
CDC+ Consultant documents efforts to assist person with knowing when and how to report any incidents of Abuse, Neglect and/or Exploitation.	192	95.8%	14	71.4%
CDC+ Consultant documents efforts to assist the person to define abuse, neglect, and exploitation.	192	96.4%	14	71.4%
CDC+ Consultant documents ongoing efforts to assess and address the person's safety needs.	192	95.3%	14	85.7%
CDC+ Consultant documents ongoing efforts to assist the person/legal representative to know about rights.	192	96.4%	14	78.6%
CDC+ Consultant documents ongoing efforts to ensure all of the person's health care needs are addressed.	192	99.0%	14	92.9%
CDC+ Consultant documents person's history regarding abuse, neglect and/or exploitation.	138	99.3%	12	66.7%
CDC+ Consultant documents the invitation to take the satisfaction survey to the person receiving services.	136	90.4%	13	76.9%
CDC+ Consultant documents the review of the QO's code of ethics to the person receiving services.	95	94.7%	13	76.9%
CDC+ Consultant documents the review of the QO's disciplinary process to the person receiving services.	95	94.7%	13	76.9%
CDC+ Consultant has taken action to correct any overspending by the Participant.	13	92.3%	0	.
CDC+ Consultant monitors service delivery to ensure services are delivered in accordance with the Support Plan and Cost Plan.	192	99.5%	14	100.0%
CDC+ Consultant Progress Notes include meaningful information to effectively assist the person in achieving goals/outcomes.	192	91.1%	14	85.7%

Table 8. CDC+ Consultant Scores by Standard: FY 2022 vs FY 2023 Q1

Standard	FY 2022		FY 2023 Q1	
	Total Scored	% Met	Total Scored	% Met
CDC+ Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	173	98.8%	13	92.3%
CDC+ Consultant solicits and addresses the person's preferences with regard to employment.	167	98.8%	11	100.0%
Completed/signed CDC+ Consent Form is in the record.	192	96.9%	14	92.9%
Completed/signed Corrective Action Plan is in the record.	6	100.0%	1	100.0%
Completed/signed Participant-Consultant Agreement is in the record.	190	97.9%	14	92.9%
Completed/signed Participant-Representative Agreement is in the record.	192	98.4%	14	92.9%
Consultant documentation demonstrates a copy of the Support Plan is provided to the CDC+ Representative within 30 calendar days of the Support Plan effective date.	188	95.7%	14	100.0%
Consultant documents a copy of the Support Plan is provided to the person or the legal representative, within 10 days of the Support Plan effective date.	191	97.9%	14	100.0%
If applicable, an approved Corrective Action Plan is being followed.	6	100.0%	1	0.0%
If applicable, CDC+ Consultant initiates Corrective Action.	6	100.0%	1	100.0%
Level of care is completed accurately using the correct instrument/form.	188	83.5%	14	57.1%
Level of care is reevaluated at least every 365 days and contains all required components for billing.	193	85.0%	14	57.1%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	193	87.0%	14	57.1%
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	74	97.3%	4	100.0%
Person receiving services is given a choice of waiver services or institutional care at least annually.	193	87.0%	14	57.1%
Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	192	92.2%	14	85.7%
The CDC+ Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted.	182	84.1%	11	63.6%
The current Annual Report is in the record.	193	92.2%	14	85.7%
The Emergency Backup Plan is in the record and reviewed annually.	190	94.7%	14	71.4%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	192	98.4%	14	100.0%

Table 8. CDC+ Consultant Scores by Standard: FY 2022 vs FY 2023 Q1

Standard	FY 2022		FY 2023 Q1	
	Total Scored	% Met	Total Scored	% Met
The record includes a current complete Safety Plan when warranted.	2	100.0%	0	.
The Safety Plan was distributed and reviewed with pertinent providers.	2	50.0%	0	.
The Support Plan has all required components complete.	NA	NA	14	85.7%
The Support Plan includes supports and services consistent with assessed needs.	189	87.8%	14	100.0%
The Support Plan is developed, updated, and completed with signatures timely.	193	88.6%	14	100.0%
The Support Plan is updated when warranted by changes in the needs of the person.	86	98.8%	6	100.0%
The Support Plan reflects support and services necessary to address assessed risks.	181	86.2%	14	71.4%
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	176	98.3%	10	100.0%
Average CDC+ C Score	6,609	94.1%	507	84.4%

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 9. CDC+ Representative Scores by Region: FY 2023 Q1

Region	# of Reviews	# of Standards Scored	% Met
Northwest	3	43	95.3%
Northeast	8	123	96.7%
Central	5	74	91.9%
Suncoast	11	172	97.7%
Southeast	1	16	100%
Southern	2	33	100%
State	30	461	96.5%

In the first quarter of FY23, 30 Representatives were reviewed. Results are displayed by region in Table 9 and by standard in Table 10. On average, CDC+ Rs scored relatively high on record reviews – 96.5 percent met. At the standard level, 13 of 20 standards were 100 percent met and only one standard scored below 90 percent. The lowest scoring standard (highlighted in Table 10) in FY23 Q1 indicates Representatives did not always maintain an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse (83.3%).

Table 10. CDC+ Representative Scores by Standard: FY 2022 vs FY 2023 Q1

Standard	FY 2022		FY 2023 Q1	
	Total Scored	% Met	Total Scored	% Met
Complete and signed Participant/ Representative Agreement is available for review.	246	98.0%	30	93.3%
Accurate signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	227	92.1%	26	92.3%
Signed and approved Invoices for Vendor Payments are available for review.	105	93.3%	15	100.0%
Signed and approved receipts/statement of “Goods and Services” for reimbursement items are available for review.	33	97.0%	3	100.0%
Complete Employee Packets for all Directly Hired Employees are available for review.	228	95.2%	26	96.2%

Table 10. CDC+ Representative Scores by Standard: FY 2022 vs FY 2023 Q1

Standard	FY 2022		FY 2023 Q1	
	Total Scored	% Met	Total Scored	% Met
Complete Vendor Packets for all vendors and independent contractors are available for review.	129	93.8%	16	100.0%
The CDC+ Representative maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	240	76.7%	30	83.3%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	230	94.8%	27	92.6%
All applicable signed and approved Purchasing Plans are available for review.	243	95.1%	29	100.0%
All applicable signed and approved Quick Updates are available for review.	74	98.6%	11	100.0%
Copies of Support Plan(s) are available for entire period of review.	245	96.7%	30	100.0%
Copies of approved Cost Plan(s) are available for entire period of review.	246	95.5%	30	100.0%
Emergency Backup Plan is complete and available for review.	246	93.9%	30	93.3%
Corrective Action Plan (if applicable) is available for review.	10	90.0%	1	100.0%
Monthly Statements are available for review.	238	96.6%	30	100.0%
Documentation is available to support the reconciliation of Monthly Statements.	241	88.0%	30	100.0%
The Participant obtains services consistent with stated/documented needs and goals.	244	97.1%	30	100.0%
The Participant makes purchases consistent with the Purchasing Plan.	244	96.7%	30	100.0%
Background screening results for all Directly Hired Employees (DHE's) who render direct care are available for review.	229	83.0%	26	92.3%
Background screening results for all Independent Contractors who render direct care are available for review.	79	91.1%	11	100.0%
Average CDC+ R Score	3,777	93.0%	461	96.5%

Health Summary



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

Significant Health Events

Table 11 displays the percent of individuals who, within the 12 months prior to the review, had experienced a significant health event.⁹ In FY23 Q1, the most common health event for people receiving services through the Waiver or CDC+ involved visiting the emergency room (ER). Since FY21 (July 2020 – June 2021), the proportion of individuals reporting a visit to the ER has increased by about five percentage points.

In the previous 12 months:	Waiver			CDC+		
	FY21 (1,294)	FY22 (1,400)	FY23 Q1 (127)	FY21 (110)	FY22 (144)	FY223 Q1 (14)
Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation?	1.6%	1.5%	0.8%	0.0%	0.0%	0.0%
Have Reactive Strategies under 65G-8 been used due to behavioral concerns?	3.3%	3.4%	2.4%	0.7%	1.0%	7.1%
Have you been Baker Acted?	2.6%	2.6%	2.4%	0.0%	1.0%	0.0%
Have you been admitted to the hospital?	11.0%	10.3%	7.1%	9.7%	9.3%	21.4%
Have you been to an Emergency Room?	14.5%	17.1%	19.7%	9.0%	13.5%	14.3%
Have you been to an Urgent Care Center?	4.5%	5.1%	3.9%	1.4%	7.3%	7.1%

⁹ Significant health events captured through the Health Summary tool are self-reported.

Provider Discovery Reviews: Qualified Organizations(QOs)¹⁰

During the course of the contract year, a PDR is completed for all Qualified Organizations. The QO PDR consists of an Administrative Review – including the General Administrative Review and Staff Qualifications and Training - and a Service Specific Record Review (SSRR).

Between July and September 2022, 17 QO PDRs were completed and approved by Qlarant Regional Managers. Table 12 shows the number of QO PDRs completed per region during this time. With so few QOs completed in the first quarter of FY23, results presented in this section are limited and should be interpreted with caution. Qlarant will provide a more in depth analysis of the QO PDR as more reviews are completed throughout the FY.

Table 12. PDR QOs by Region: FY 2023 Q1

Region	QOs	
	N	%
Northwest	2	11.8%
Northeast	2	11.8%
Central	2	11.8%
Suncoast	4	23.5%
Southeast	4	23.5%
Southern	3	17.6%
State	17	100%

General Administrative Review



Using the General Administrative Review (GAR) tool, each QO is reviewed on 11 standards. These standards address compliance dictated in the iBudget Handbook, Florida Administrative Code and Florida Statute regarding incident reporting, ANE reporting, insuring/registering agency vehicles, and Clearinghouse Roster maintenance.

Table 13 shows indicator level results for QOs for FY22 and FY23 Q1. As of FY23 Q1, all but one standard scored were 100 percent met. The only standard marked out for QOs in the first quarter of FY23 had to do with maintaining a Table of Organization (94.1%). This was also one of the lowest scoring standards in FY22.

¹⁰ All review tools are posted on the FSQAP website
<https://florida.qlarant.com/Public2/resourceCenter/providers/discoveryReviewTools/index.html>

Table 13. General Administrative Review by Standard: QOs FY 2022 vs FY 2023 Q1				
Standard	FY 2022 (N = 207)		FY 2023 Q1 (n = 17)	
	Total Scored	% 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.	207	99.0%	17	100.0%
The provider addresses all incident reports.	133	97.0%	8	100.0%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	32	100%	1	100.0%
All instances of abuse, neglect, and exploitation are reported.	30	100%	1	100.0%
The provider maintains Business Liability Insurance.	206	95.6%	17	100.0%
The provider maintains a Table of Organization.	205	95.6%	17	94.1%
The provider follows their approved Mentor Mentee program. (expired 12/31/2021)	6	100%	NA	NA
The Mentor has the appropriate qualifications.	155	97.4%	15	100.0%
The Mentee completed all mentoring program requirements.	62	98.4%	10	100.0%
The Mentee completed all mentoring program requirements for the CDC+ program.	22	100%	6	100.0%
The provider employs at least four Support Coordinators.	205	99.0%	16	100.0%
State Average	1,263	97.5%	108	99.1%

Staff Qualifications and Training



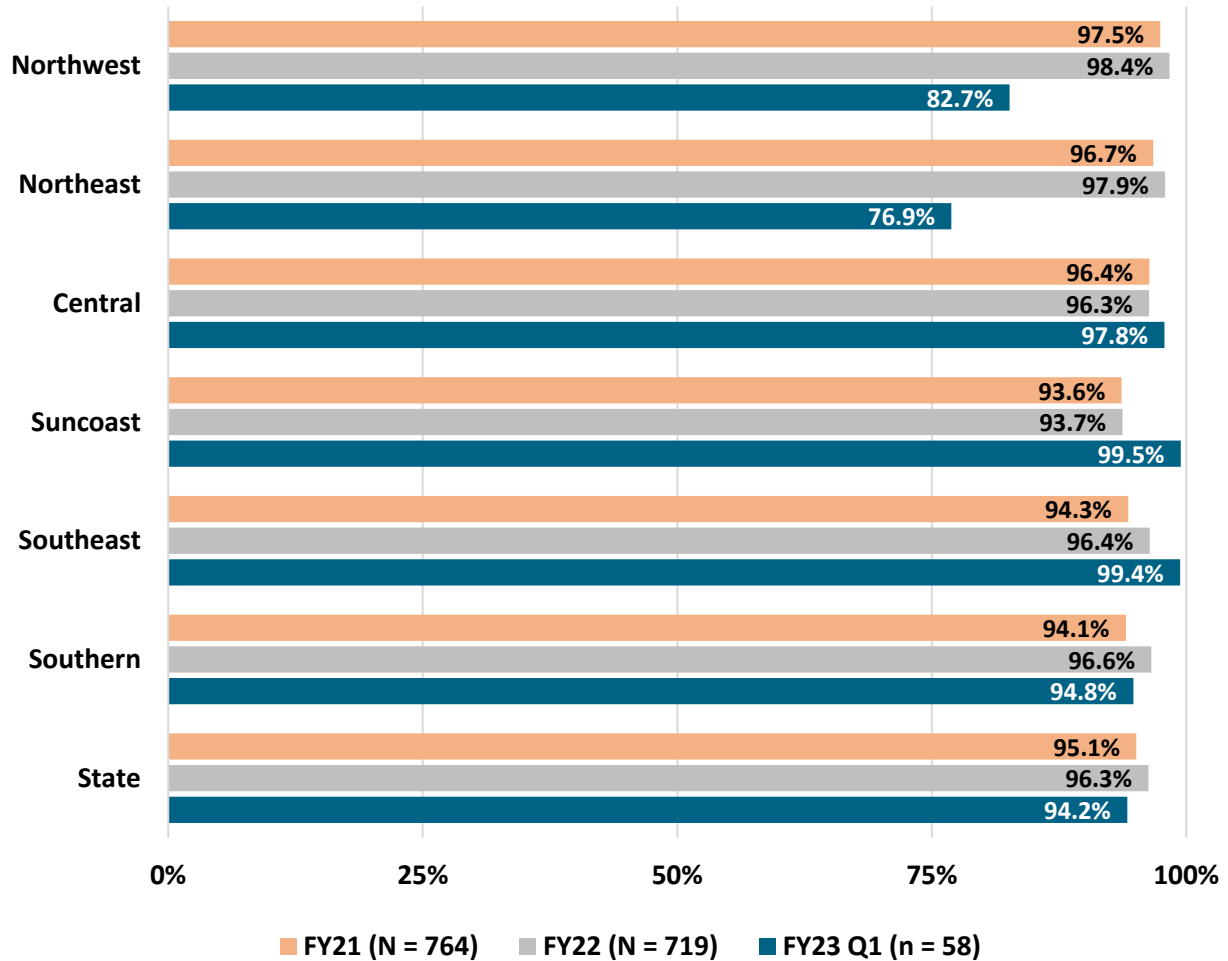
All WSCs and CDC+ Consultants are required to have certain training and education completed in order to render services. For each QO, Qlarant reviews up to four WSC/CDC+ Consultant records.

In FY23 Q1, Qlarant reviewed 58 records to assess compliance with qualification and training requirements. Table 14 shows the distribution of reviews by region and Figure 8 shows the percent of standards met across all records

Table 14. QO Qualifications and Training Reviews by Region: FY 2023 Q1		
Region	Qualified Organizations	
	# QOs	#WSCs
Northwest	2	8
Northeast	2	5
Central	2	8
Suncoast	4	15
Southeast	4	14
Southern	3	8
State	17	58

reviewed in FY21, FY22, and FY23 Q1.¹¹ On average, QOs reviewed in FY23 Q1 met 94.2 percent of standards scored – slightly lower than the percent met in previous years. By region, Q&T scores in the Northwest and Northeast regions declined since FY22 from around 98 percent to 82.7 and 76.9 percent, respectively. These scores are based on a small sample of records and therefore should be interpreted with caution. Qlarant will continue to monitor Staff Q&T scores as the year progresses.

Figure 8. WSC/CDC+ Consultant Q&T Scores by Region and FY



¹¹ The Q&T tool for QOs was revised in FY22; therefore, comparisons by year should be made with caution.
 Qlarant

Q&T Results by Standard

A description of each standard within the Q&T component of the QO PDR is shown in Table 15. This table shows the number of WSC/CDC+ C records reviewed, the percent of WSCs/CDC+ C in compliance, as well as the number of QOs reviewed, and percent of QOs in compliance with each standard. For a QO to be in compliance, all WSC/CDC+ C records reviewed must be 100 percent met. In other words, if one record is out of compliance for the standard, the QO does not comply with the standard.

As of FY23 Q1, five of 15 standards showed a compliance rate below 85 percent. These standards are highlighted in Table 15 and summarized as follows:

- 4 of 17 QOs (76.5%) reviewed had one or more WSC who had not completed 18 hours of job related annual in-service training.
- 3 of 17 QOs (82.4%) reviewed had one or more WSC who had not received training in CPR, First Aid, HIPPA, or HIV/Aids/Infection Control.

Table 15. Qualifications and Training Scores by Standard: Qualified Organizations FY 2023 Q1 (17 QOs; 58 Employees)				
Standard	# Records Reviewed	% Records Met	# QOs Reviewed	% QOs in Compliance
Support Coordinator completes 18 hours of job related annual in-service training.	55	81.8%	17	76.5%
Support Coordinator successfully completed Introduction to Social Security Work Incentives.	55	98.2%	17	94.1%
Support Coordinator successfully completed required In-Person Level 2 assessment.	15	93.3%	9	88.9%
Support Coordinator successfully completed required pre-service level 1 assessment.	46	100%	15	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.	58	100%	17	100.0%
The provider has completed all aspects of required Level II Background Screening.	58	96.6%	17	88.2%
The provider maintains current CPR certification.	57	89.5%	17	82.4%
The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	19	100%	11	100%

Table 15. Qualifications and Training Scores by Standard: Qualified Organizations FY 2023 Q1 (17 QOs; 58 Employees)				
Standard	# Records Reviewed	% Records Met	# QOs Reviewed	% QOs in Compliance
The provider received training in Direct Care Core Competencies.	36	97.2%	17	94.1%
The provider received training in Direct Care Core Competency. (Old)	21	100.0%	11	100.0%
The provider received training in First Aid.	57	89.5%	17	82.4%
The provider received training in HIPAA.	58	93.1%	17	82.4%
The provider received training in HIV/AIDS/Infection Control.	57	87.7%	17	82.4%
The provider received training in Requirements for all Waiver Providers.	57	96.5%	17	88.2%
The provider received training in Zero Tolerance.	58	98.3%	17	94.1%
State Averages	8,663	96.3%	462	98.1%

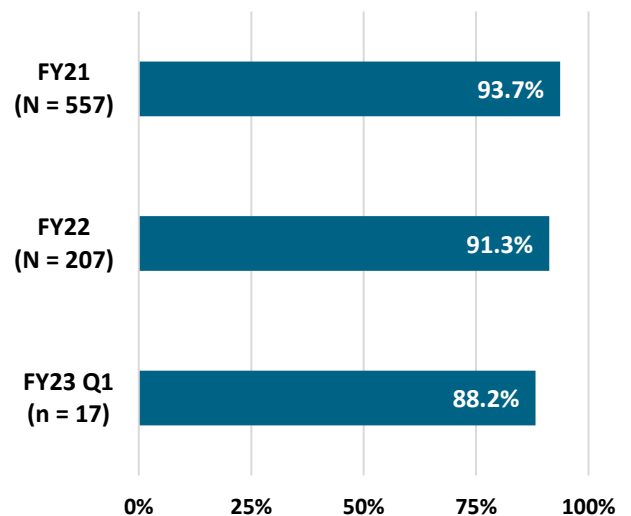
Background Screening

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

Figure 9 shows the percent of QOs (WSCs prior to FY22) in compliance with all background screening requirements by FY. Background-screening compliance has been above 85 percent since FY21; however, scores have declined from 93.7 percent in FY21 to 88.2 percent in FY23. Qlarant will continue to monitor background screenings for QOs as the year progresses.

When a WSC does not have all the appropriate background screening documentation on file, an alert is recorded (unless the only reason cited is

Figure 9. Percent of QOs/WSCs without a Billing Discrepancy by FY





noncompliance with the Affidavit of Good Moral Character/Attestation of Good Moral Character). Only one background screening alert was reported in the first quarter of FY23. Alerts by region will be presented in future reports as more QOs are reviewed.

Qualified Organization PDR Summary Results

QO PDR Scores

Information in Table 16 shows PDR scores for QOs in FY22 and the first quarter of FY23. The table presents the average overall PDR scores, as well as the scores for the Administrative and SSRR components of the Overall Score. The table also show the number of alerts; number of billing standards scored Not Met, and their respective rates for every 10 reviews.

Results for QOs scored in FY23 Q1 are similar, on average, to those reviewed in FY22. As in FY22, QOS reviewed in FY23 Q1 performed better on the administrative review (GAR and Staff Q&T) component of the PDR than the record review component.

Table 16. Summary of PDR Scores for Qualified Organizations: FY 2022 – FY 2023 Q1							
Size	PDR Scores			Alerts		Billing Discrepancy Standards Missed	
	Overall Score	Administrative Review	SSRR ¹²	#	Rate per 10 Reviews	#	Rate per 10 Reviews
FY22 (N = 207)	91.5%	96.5%	91.0%	13	0.63	679	32.80
FY23 Q1 (n = 17)	90.8%	94.8%	90.2%	1	0.59	49	28.82

¹² SSRR scores for QOs are discussed in the PCR section.

Provider Discovery Reviews: Service Providers¹³

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:¹⁴

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



The Service Provider PDR consists of up to five review components: My Life Interview (MLI), General Administrative Review, Qualifications and Training (Q&T), and Service Specific Record Review (SSRR), and Observations (OBS) at waiver funded licensed residential homes (LRH) and day program facilities.¹⁵

¹³ All review tools are posted on the FSQAP website

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

¹⁴ 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.

¹⁵ MLI Scores are not included in the PDR score.

Between July and September 2022, 479 Service Provider PDRs were completed and approved by Qlarant Regional Managers. Table 17 shows the number completed per region. All PDRs were conducted virtually via Desk Review and interviews with individuals were completed either in- person, via Zoom.gov, or over the phone.

Region	N	%
Northwest	37	7.7%
Northeast	59	12.3%
Central	95	19.8%
Suncoast	116	24.2%
Southeast	94	19.6%
Southern	78	16.3%
State	479	100%

PDR My Life Interview (MLI)¹⁶



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

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

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

¹⁶ Service Providers only.
Qlarant

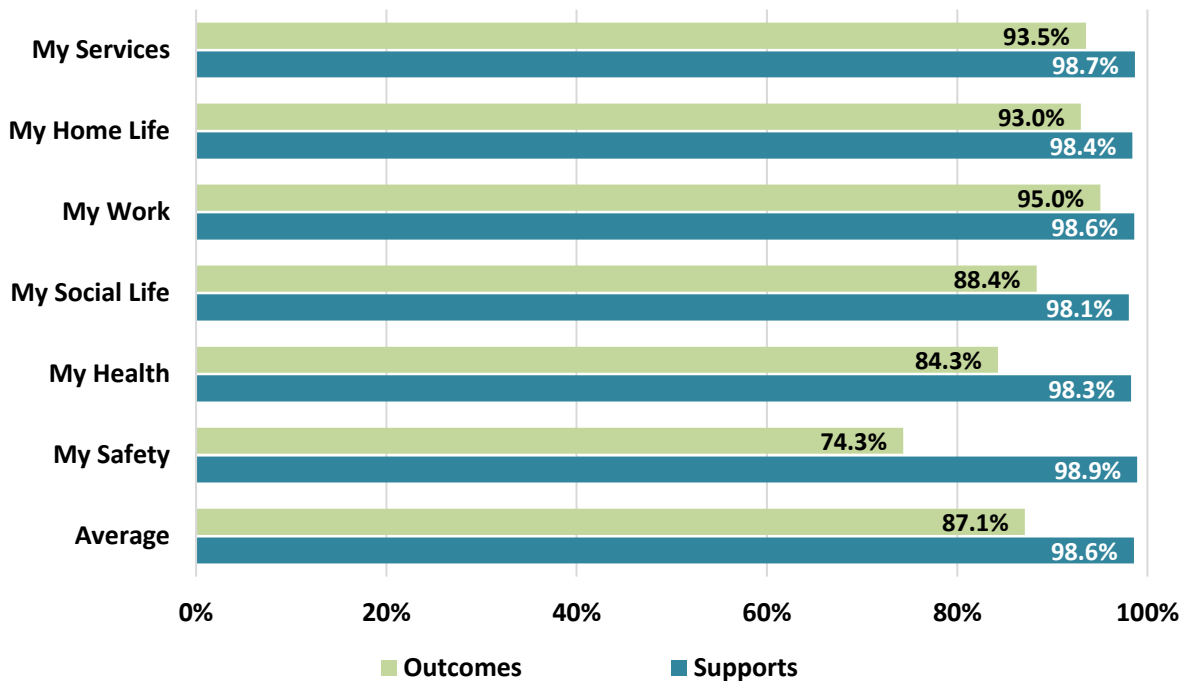
In FY23 Q1, 642 people participated in the PDR MLI. The distribution of interviews by region, as well as scores for Outcomes and Supports are presented in Table 18. On average, over 98.6 percent of Supports were met for individuals receiving services from the service provider reviewed. Outcomes were less likely to be met (87.1%) and scores by region varied – ranging from a low score of 85.3 percent in the Central region to a high score of 93.0 percent in the Northeast region.

Region	N	Outcomes	Supports
Northwest	42	91.7%	97.3%
Northeast	53	93.0%	99.3%
Central	121	85.3%	98.0%
Suncoast	189	87.2%	97.9%
Southeast	128	86.2%	99.5%
Southern	109	85.5%	99.7%
State	642	87.1%	98.6%

PDR My Life Interview by Life Area

The average PDR MLI score for each Life Area is presented in Figure 10, by Outcomes and Supports. Findings from FY23 Q1 indicate individuals receiving services were supported across all Life Areas (each above 98%) and, similar to the PCR MLI, Outcomes related to ‘My Safety’ (74.3%) were least likely to be met. Outcomes related to ‘My Social Life’ and ‘My Health’ were also relatively low, 88.4 and 84.3 percent met, respectively.

Figure 10. PDR My Life Interview by Life Areas
FY 2023 Q1 (n = 642)



The following two figures show how PDR MLI scores vary by Life Area and provider size. Figure 11a shows scores for Outcomes and Figure 11b shows scores for Supports.

Findings from FY23 Q1 suggest the following:

- On average, Outcomes were lower for individuals receiving services from large providers (79.7%).
- On average, individuals receiving services from large providers scored lower on Outcomes related to the Life Areas ‘My Services’ (89.2%) and ‘My Work’ (89.7%) than individuals receiving services from medium and small providers.
- Individuals receiving services from small providers scored relatively low on Outcomes related to the Life Area ‘My Safety’ (73.5% met), compared to other providers.

Figure 11a. PDR My Life Interview Outcomes by Life Area and Provider Size: FY 2023 Q1

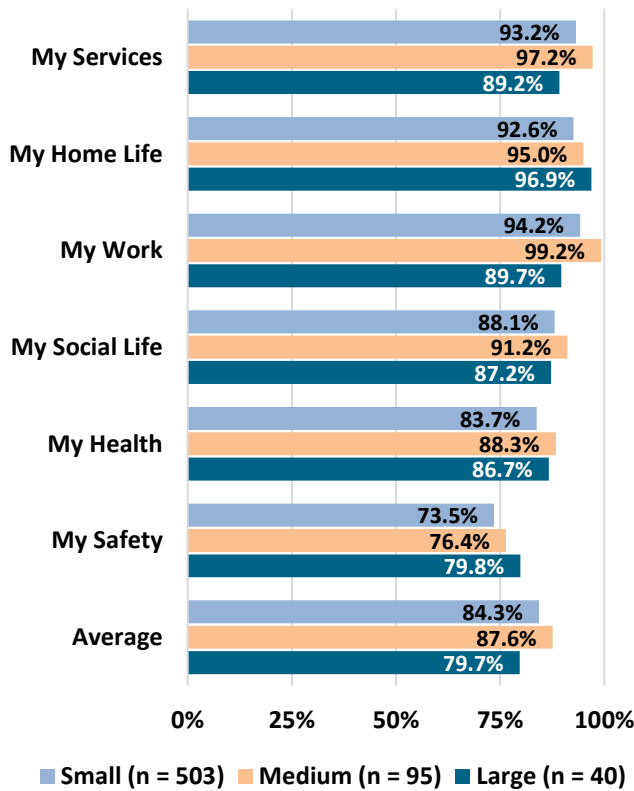
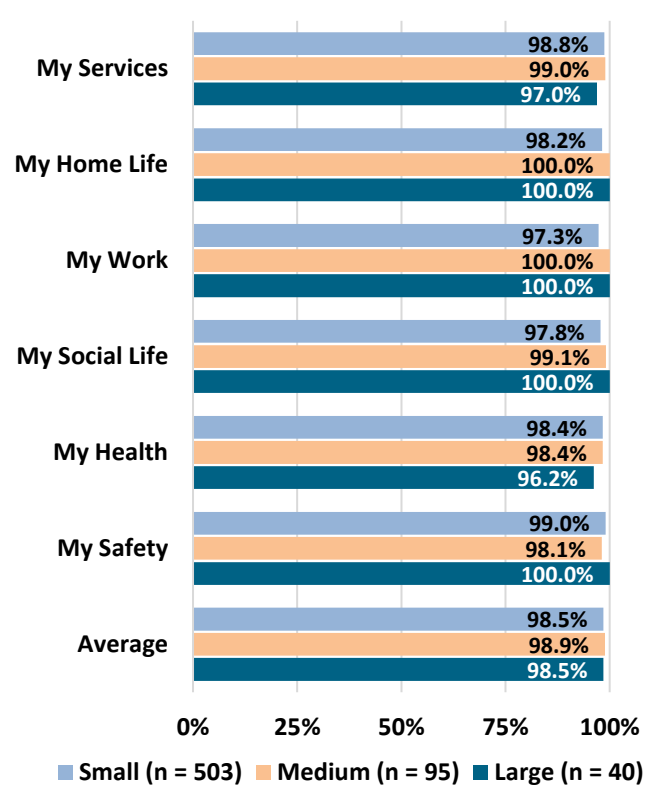


Figure 11b. PDR MLI Supports by Life Area and Provider Size: FY 2023 Q1



Observations

Observations by Location: Licensed Residential Homes and Day Programs

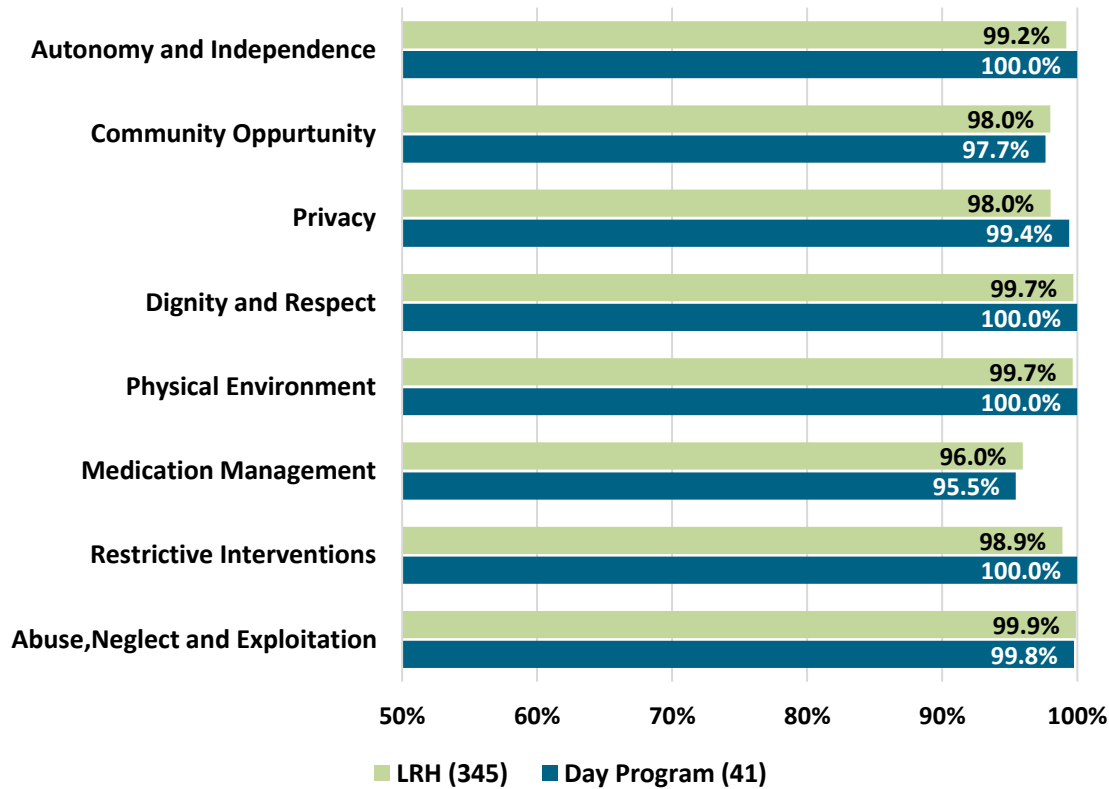
When reviewing providers of Residential Habilitation, Qlarant QARs conduct onsite observations of up to 10 LRHs. For Life Skills Development 3 (LSD 3) facilities (Day Programs), all locations operated by the providers receive an onsite observation. During this portion of the PDR, QARs observe the physical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

In FY23 Q1, observations were completed at 41 Day Program locations and 345 LRHs. Observation scores are shown by region and location in Table 19. In some cases, the number of observations in each region is small, so caution should be used when making comparisons. Findings from FY23 Q1 indicate high rates of compliance for both location types, with little variation across regions.

	LRH		Day Programs	
Region	# OBS	% Met	# OBS	% Met
Northwest	29	99.3%	3	99.2%
Northeast	33	98.9%	5	99.5%
Central	60	99.7%	7	100.0%
Suncoast	105	98.0%	12	99.5%
Southeast	69	99.3%	7	99.4%
Southern	49	99.2%	7	99.2%
State	345	98.9%	41	99.5%

Observation results are shown by standard and location in Figure 12. Scores are generally high across most standards with all but one showing scores over 97 percent met. The lowest scoring standard, Medication Management, was 95.5 and 96 percent met for Day Programs and LRHs, respectively.

Figure 12. Observations by Standard and Location: FY 2023 Q1



The lowest scoring standard for Day Programs was related to Community Opportunity and the lowest scoring indicator for LRHs was related to Privacy. These standards are listed below:

- **Day Programs:** Training in the use of public transportation is not available and/or facilitated (86.2%; n = 29)
- **LRH:** Individuals do not have a key to their bedroom doors (91.5%; n = 330).

General Administrative Review



Using the General Administrative Review (GAR) tool, each service provider is reviewed on up to nine standards. These standards address compliance dictated in the iBudget Handbook, Florida Administrative Code and Florida Statute regarding incident reporting, ANE reporting, insuring/registering agency vehicles, and Clearinghouse Roster maintenance. Not all standards scored within the GAR apply to solo providers; therefore, results are reported separately for agency and solo Service Providers. Findings by region are presented in Table 20. For solo providers, the number of reviews in each

region is small, so caution should be used when making comparisons. On average, agencies scored higher than solo providers (97.1% versus 94.0%); however, scores by region show solo providers scored 100 percent in all regions except the Central region where providers scored 82.4 percent, on average. Among agency providers, scores by region were fairly consistent with a low score of 96.6 percent in the Southern region and a high score of 98.8 percent in the Northwest region.

**Table 20. General Administrative Results by Region
Agency v. Solo Service Providers
FY 2023 Q1**

Region	Agency Providers			Solo Providers		
	# of PDRs	Standards Scored	% Met	# of PDRs	Standards Scored	% Met
Northwest	31	86	98.8%	6	6	100%
Northeast	50	119	98.3%	9	12	100%
Central	85	221	96.8%	10	17	82.4%
Suncoast	111	325	96.9%	5	5	100%
Southeast	86	187	96.8%	8	8	100%
Southern	76	146	96.6%	2	2	100%
State	439	1,084	97.1%	40	50	94.0%

Table 21 shows GAR results by standard for agency and solo providers. Most of the standards scored for solo providers had only a few responses and should be interpreted with caution. Findings are summarized as follows:

- For agencies,
 - All but two of the nine standards showed compliance rates of approximately 95 percent or higher – one of which was scored for only nine Intensive Behavior Group homes.
 - The lowest scoring indicator for agency providers (scored for more than 10 providers), had to do with properly registering agency vehicles used for transportation (94.5%; n = 181).
- For solo providers, the only standard to score below 100 percent met was in reference to maintaining an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse (92.5%; n = 40).

Table 21. General Administrative Review Results by Standard: Agencies vs Solos FY 2023 Q1						
Standard	Agencies (n = 439)			Solos (n = 40)		
	# 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.	8	9	88.9%	NA	NA	NA
If provider operates Enhanced Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	1	1	100%	NA	NA	NA
Agency vehicles used for transportation are properly insured.	178	182	97.8%	NA	NA	NA
Agency vehicles used for transportation are properly registered.	171	181	94.5%	NA	NA	NA
The provider identifies addresses and reports all medication errors.	33	34	97.1%	0	0	.
The provider addresses all incident reports.	168	174	96.6%	4	4	100%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	32	33	97.0%	3	3	100%
All instances of abuse, neglect, and exploitation are reported.	31	31	100%	3	3	100%
The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	431	439	98.2%	37	40	92.5%
State Average	1,053	1,084	97.1%	47	50	94.0%

Staff Qualifications and Training

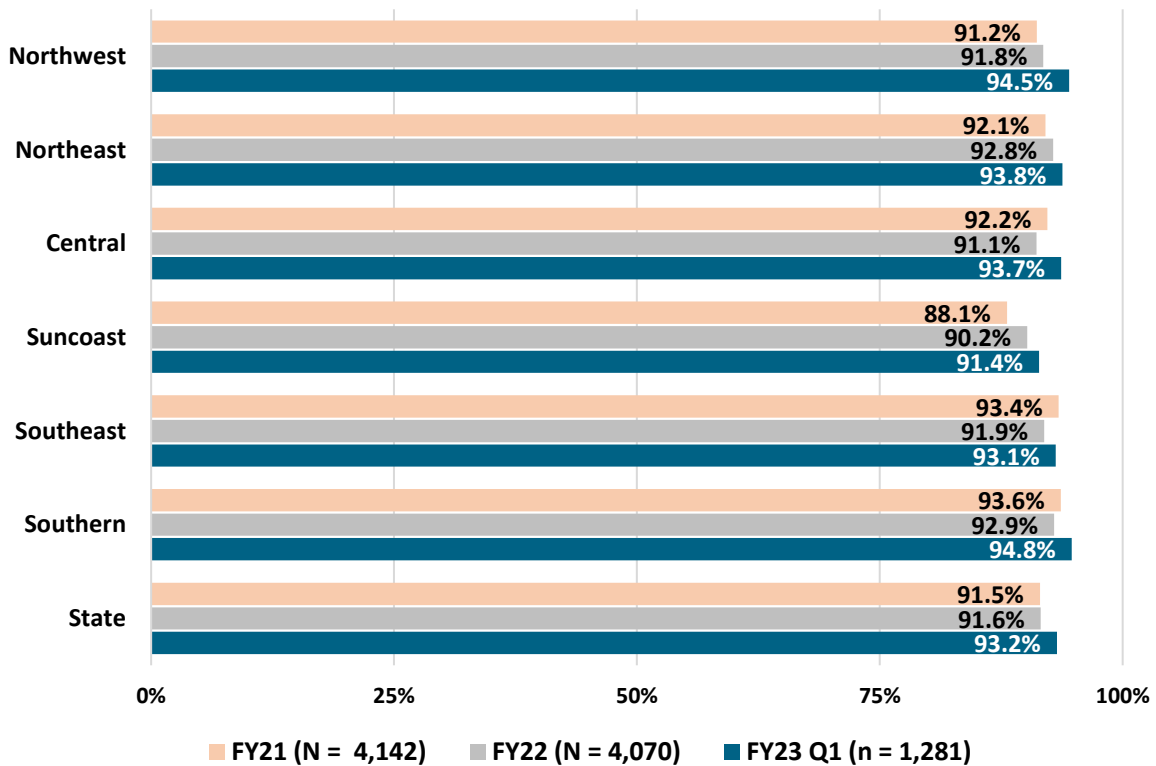


All direct Service Providers are required to have certain training and education completed in order to render specific services. For each service provider, at least three employee records (at least one per eligible service) are reviewed.

Region	# Providers	# Employees
Northwest	37	95
Northeast	59	145
Central	95	253
Suncoast	116	326
Southeast	94	247
Southern	78	215
State	479	1,281

As of FY23 Q1, Qlarant reviewed 1,281 Service Provider employee records. Table 22 shows the distribution of reviews by region and Figure 13 shows the percent of standards met across all service provider employees by FY. On average, Staff Q&T scores by region have been fairly consistent over the past three FYs. In FY23 Q1, average scores by region were all over 90 percent met (Figure 13).

Figure 13. Service Provider Q&T Scores by Region and FY



Q&T Results by Standard

A description of each standard within the Service Provider’s Q&T is shown in Table 23. For each standard, the table shows the number of employee records reviewed, the percent of employees in compliance, the number of providers reviewed, and the percent of providers in compliance. For a provider to be in compliance with the standard, all employee records reviewed must be 100 percent met. In other words, if one record is out of compliance for the standard, the provider does not comply with that standard.

For Service Providers reviewed in FY23 Q1, 9 of 52 standards (scored for at least 30 providers) showed compliance rates of less than 85 percent for the provider. These standards are highlighted in Table 23 and summarized as follows:

- On average, providers of LSD1 (Companion), LSD 3 (ADT), Personal Supports, Supported Living Coaching, and Residential Habilitation (standard) did not meet compliance requirements for completing eight or four hours of annual in-service training.
- About 22 percent of providers did not meet compliance requirements for maintaining current Basic Medication Administration Validation.
- Approximately 20 percent of providers did not meet compliance requirements for completing/maintaining training in HIV/AIDS/Infection Control.
- About 15 percent of providers did not meet compliance requirements for completing/maintaining training in HIPAA.
- Just over 15 percent of providers did not comply with all aspects of required Level II Background Screening.

Standard	# Employees Reviewed	% Employees in Compliance	# Providers Reviewed	% Providers in Compliance
Drivers of transportation vehicles are licensed to drive vehicles used.	881	99.9%	417	99.8%
Personal vehicles used for transportation are properly insured.	555	95.1%	289	93.4%
Personal vehicles used for transportation are properly registered.	552	92.8%	286	88.8%
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.	4	75.0%	4	75.0%

Table 23. Qualifications and Training Scores by Standard: Service Providers FY 2023 Q1 (479 Providers; 1,281 Employees)				
Standard	# Employees Reviewed	% Employees in Compliance	# Providers Reviewed	% Providers 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.	1279	97.4%	478	95.8%
The Life Skills Development 1 provider completes 4 hours of annual in-service training related to the specific needs of at least one person currently receiving services.	349	75.9%	219	77.2%
The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment.	43	86.0%	36	86.1%
The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services.	66	71.2%	35	77.1%
The Personal Supports provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	446	76.9%	247	74.5%
The provider completed Annual Update Training in Basic Medication Administration prior to expiration of current validation.	417	95.2%	211	92.9%
The provider completed required Supported Living Pre-Service training.	108	100.0%	84	100.0%
The provider completed the Prescribed Enteral Formula Administration Annual Update training prior to the expiration of their current validation.	5	80.0%	4	75.0%
The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.	4	50.0%	4	50.0%
The provider has completed all aspects of required Level II Background Screening.	1281	91.1%	479	83.9%
The provider has completed standardized, pre-service training for Life Skills Development 2.	48	95.8%	39	94.9%
The provider has completed the Prescribed Enteral Formula Administration training.	28	100.0%	17	100.0%
The provider maintains current Basic Medication Administration Validation.	547	85.4%	237	78.1%
The provider maintains current CPR certification.	1246	94.6%	470	89.6%

Table 23. Qualifications and Training Scores by Standard: Service Providers FY 2023 Q1 (479 Providers; 1,281 Employees)				
Standard	# Employees Reviewed	% Employees in Compliance	# Providers Reviewed	% Providers in Compliance
The provider maintains current Prescribed Enteral Formula Administration Validation.	26	88.5%	15	80.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	31	96.8%	23	95.7%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	4	75.0%	4	75.0%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	388	99.7%	232	99.6%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	48	100.0%	39	100.0%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	83	100.0%	37	100.0%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	514	99.0%	260	98.5%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation- Enhanced Intensive Behavior.	2	100.0%	1	100.0%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	120	99.2%	51	98.0%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	17	100.0%	9	100.0%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	508	99.4%	198	98.5%
The provider meets all minimum educational requirements and levels of experience for Respite.	71	97.2%	56	96.4%
The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care.	2	100.0%	1	100.0%

Table 23. Qualifications and Training Scores by Standard: Service Providers FY 2023 Q1 (479 Providers; 1,281 Employees)				
Standard	# Employees Reviewed	% Employees in Compliance	# Providers Reviewed	% Providers in Compliance
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	109	100.0%	85	100.0%
The provider obtains Temporary Validation when indicated.	0	.	0	.
The provider received Basic Medication Administration Training prior to administering or supervising the self-administration of medication.	549	97.3%	239	95.0%
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).	164	90.9%	68	86.8%
The provider received training in Basic Person Centered Planning.	179	92.7%	119	93.3%
The provider received training in Direct Care Core Competencies.	1097	97.1%	450	95.6%
The provider received training in Direct Care Core Competency. (Old)	182	100.0%	120	100.0%
The provider received training in First Aid.	1243	92.4%	470	85.7%
The provider received training in HIPAA.	1279	91.2%	479	84.8%
The provider received training in HIV/AIDS/Infection Control.	1244	87.3%	470	79.4%
The provider received training in Requirements for all Waiver Providers	1274	95.0%	479	91.9%
The provider received training in Zero Tolerance.	1279	95.8%	478	92.1%
The provider received training on Individual Choices, Rights and Responsibilities	181	93.9%	121	94.2%
The Residential Habilitation – Enhanced Intensive Behavior provider completes eight hours of annual in-service training through participation in recipient case-review or in combination with training related to behavior analysis.	2	100.0%	1	100.0%
The Residential Habilitation – Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics.	16	81.3%	9	88.9%
The Residential Habilitation – Intensive Behavior provider has completed at least 20 contact hours of instruction in a curriculum meeting the	17	76.5%	9	77.8%

Table 23. Qualifications and Training Scores by Standard: Service Providers FY 2023 Q1 (479 Providers; 1,281 Employees)				
Standard	# Employees Reviewed	% Employees in Compliance	# Providers Reviewed	% Providers in Compliance
requirements specified by the APD state office and approved by the APD designated behavior analyst.				
The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	464	83.0%	195	81.0%
The Residential Habilitation-Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.	105	84.8%	50	86.0%
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.	118	95.8%	51	94.1%
The Supported Living Coach completed Introduction to Social Security Work Incentives.	105	93.3%	83	92.8%
The Supported Living Coaching provider completes eight hours of annual in-service training.	95	86.3%	78	83.3%
State Averages	19,375	93.2%	8,321	89.5%

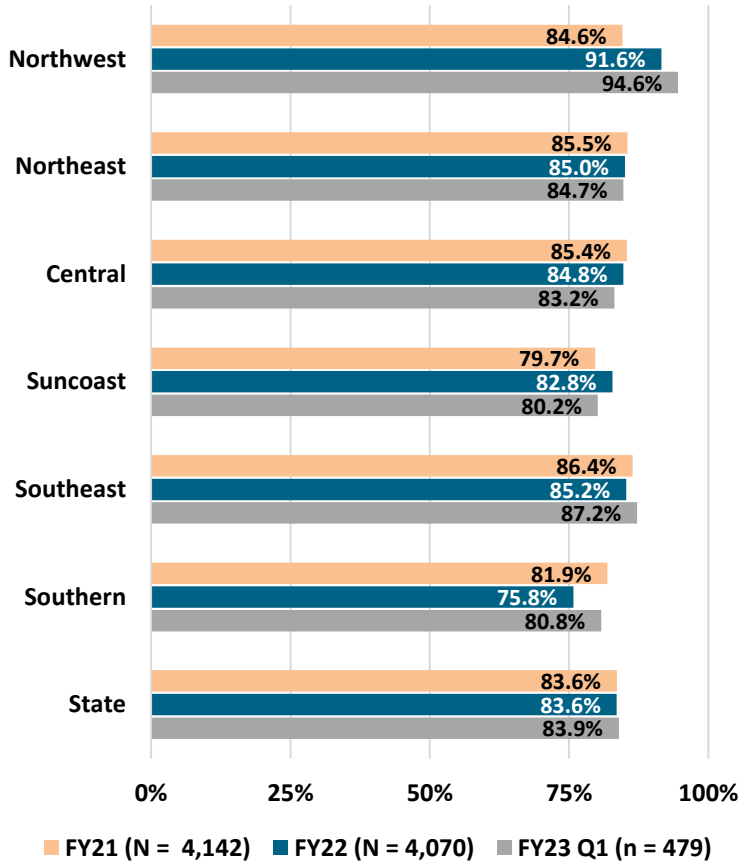
Background Screening



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

Figure 14 shows the percent of service providers in compliance with all background-screening requirements, by region and FY. In FY23 Q1, 83.9 percent of service providers complied with background screening requirements – about the same proportion as FY22 and FY21. Regional results suggest background-screening compliance has consistently improved among service providers in the Northwest region where nearly 95 percent of providers were in compliance – a 10-point increase since FY21.

Figure 14. Percent of Service Providers with All Background Standards Met by Region and FY



Service Specific Record Review Results (SSRR)



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

SSRR by Region

SSRR results for FY23 Q1 are presented by region for service providers 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

(percent met) are presented. On average, service provider scores for FY23 Q1 are fairly consistent across regions with average weighted scores ranging from 89.2 percent in the Suncoast region to 94.8 percent in the Southern region.

Table 24. Service Specific Record Review Results by Region: FY 2023 Q1				
Region	# Records Reviewed	# Standards Scored	Weighted Score	Percent Met
Northwest	121	2,144	94.4%	93.8%
Northeast	182	2,885	92.7%	92.3%
Central	306	5,032	91.6%	90.6%
Suncoast	437	7,677	89.2%	88.4%
Southeast	298	4,793	92.5%	92.2%
Southern	250	3,946	94.8%	94.0%
Service Provider Average	1,594	26,477	91.9%	91.2%

SSRR by Service

Average weighted scores for FY21, FY22 and FY23 Q1 are presented by service in Figure 15. The average weighted score for SSRRs was the same in FY22 as it was in FY21 (92.3%) and scores by service did not change much either. The lowest scoring services over all three FYs were LSD 2 (SEC), Personal Supports, Respite, and Supported Living Coaching.

Figure 15. Service Specific Record Reviews Weighted Scores by Service and FY

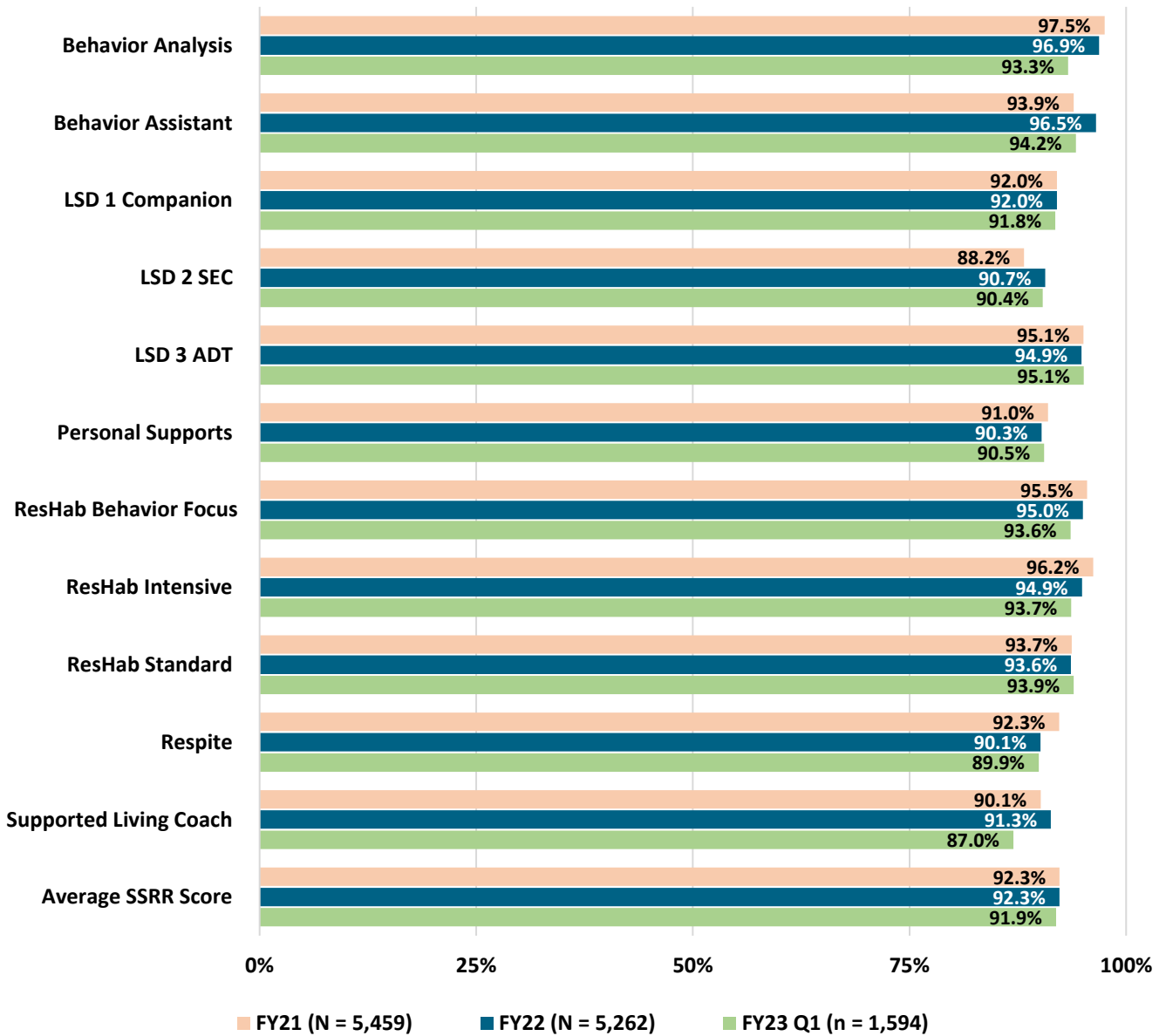


Table 25 shows the lowest scoring standard(s) for the lowest scoring services in FY22 and FY23 Q1. Findings indicate the lowest scoring standards have remained consistently low between FY22 and FY23 Q1; however, the lowest scoring standards for Personal Supports, Respite, and Supported Living Coaching have declined by more than nine points since FY22. Qlarant will continue to monitor these standards as more records are reviewed throughout the year.

Service	Lowest Scoring Standard(s) in FY22	FY 2022		FY 2023 Q1		Difference
		# Scored	% Met	# Scored	% Met	
LSD2 (SEC)	The current Employment Stability Plan covering services provided and billed during the period under review contains all required components.	141	55.3%	46	58.7%	3.4%
Personal Supports	The provider has complete Service Logs covering services provided and billed during the period under review.	1,510	65.0%	418	53.8%	-11.2%
Respite		259	66.4%	70	57.1%	-9.3%
Supported Living Coaching	The current Implementation Plan covering services provided and billed during the period under review contains all required components.	423	71.6%	116	44.0%	-27.6%



Potential Billing Discrepancies

For each service, several applicable standards related to billing requirements are scored by QARs. If any of the standards are scored Not Met, it is noted on the PDR Report as a potential billing discrepancy (PBD). Figure 16 displays the proportion of Service Providers with one or more PBD by region and FY. On average, the percent of service proportions with one or more PBDs has increased since FY21 from 39.4 to 43.6 percent. By region, the proportion of service providers with a PBD has increased across all regions other than the Suncoast. In the Suncoast region, the proportion of providers with one or more PBDs has declined from nearly 53 percent in FY21 to 43 percent in the first quarter of FY23.

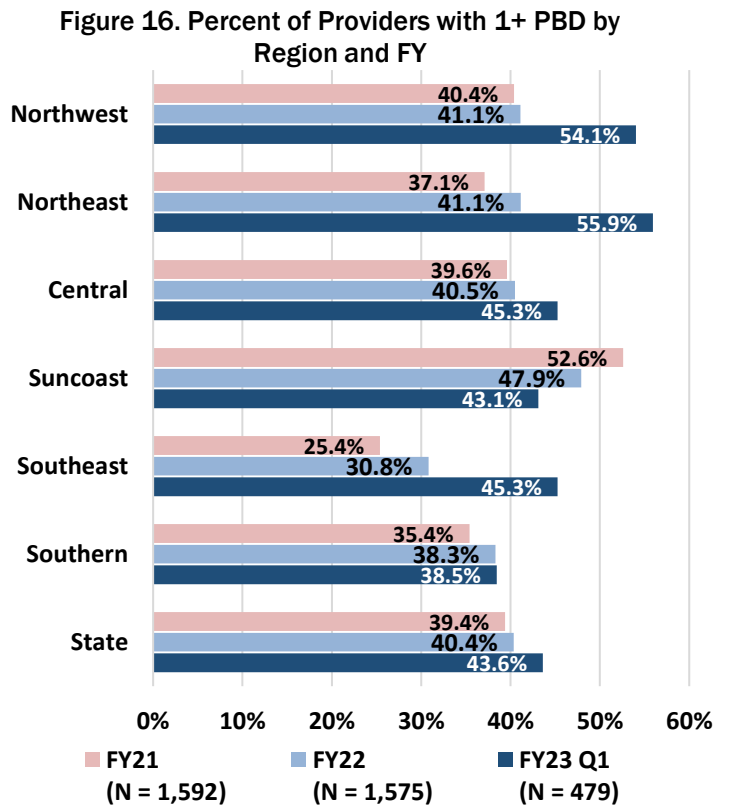


Table 26 shows the number of records reviewed, by service, and the percent with one or more PBDs in FY22 and FY23 Q1. Results indicate about 28

percent of records reviewed in FY23 Q1 had at least one billing standard scored Not Met. Records reviewed for Life Skills Development 2 (SEC), Personal Supports, Respite, and Supported Living Coaching were most likely to have a PBD identified.

Service	FY 2022		FY 2023 Q1	
	# Records Reviewed	% with 1+ PBD	# Records Reviewed	% with 1+ PBD
Behavior Analysis	182	13.2%	42	14.3%
Behavior Assistant	29	17.2%	5	20.0%
Life Skills Development 1 (Companion)	1,030	28.1%	325	29.2%
Life Skills Development 2 (SEC)	142	24.6%	46	30.4%
Life Skills Development 3 (ADT)	368	17.7%	121	3.3%
Personal Supports	1,512	38.6%	418	48.8%
Residential Habilitation Behavior Focus	221	2.7%	70	12.9%
Residential Habilitation EIB	4	0.0%	1	0.0%
Residential Habilitation Intensive Behavioral	45	6.7%	12	0.0%
Residential Habilitation Standard	1,046	7.8%	365	5.2%
Respite	259	39.0%	70	44.3%
Supported Living Coaching	424	32.1%	118	57.6%
Total	5,262	25.3%	1,594	28.3%

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 if appropriate, records an alert, 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

Alert Type	Number	Percent
ANE	1	0.7%
Background Screening	56	37.6%
Clearing House Roster	20	13.4%
Driver’s License/Insurance	5	3.4%
Health & Safety	2	1.3%
Medication Admin/Training	31	20.8%
Medication Storage	25	16.8%
Rights	9	6.0%
Total Alerts	149	100%

recorded, unless the only reason cited is noncompliance with the Affidavit of Good Moral Character/Attestation of Good Moral Character.

Between July and September 2022, 149 alerts were reported for Service Providers. Alerts are listed by type in Table 27. The majority of alerts were due to missing or insufficient background screening (37.6%), maintaining the employee/contractor roster within the clearinghouse (13.4%), or medication administration, training, or validation (20.8%).

Service Provider PDR Summary Results

PDR Scores by Region and Review Tool

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

A summary of Service Provider PDR results is presented by region in Table 28. Service Providers scored 90 percent or above, on average, across all components of the PDR. Observation and the GAR scores were higher, on average, than scores for the Q&T and SSRs.

Table 28. PDR Component Scores for Service Providers by APD Region: FY 2023 Q1								
Region	# of PDRs	PDR Score ¹⁷	Observations		GAR		Qualifications & Training (1,281)	Service Record Review (1,594)
			LRH (345)	ADT (41)	Agencies (439)	Solo (40)		
Northwest	37	95.6%	99.3%	99.2%	98.8%	100.0%	94.5%	94.4%
Northeast	59	94.3%	98.9%	99.5%	98.3%	100.0%	93.8%	92.7%
Central	95	94.0%	99.7%	100.0%	96.8%	82.4%	93.7%	91.6%
Suncoast	116	92.0%	98.0%	99.5%	96.9%	100.0%	91.4%	89.2%
Southeast	94	94.4%	99.3%	99.4%	96.8%	100.0%	93.1%	92.5%
Southern	78	95.8%	99.2%	NA	96.6%	100.0%	94.8%	94.8%

¹⁷ Does not include alerts.

Table 28. PDR Component Scores for Service Providers by APD Region: FY 2023 Q1

Region	# of PDRs	PDR Score ¹⁷	Observations		GAR		Qualifications & Training (1,281)	Service Record Review (1,594)
			LRH (345)	ADT (41)	Agencies (439)	Solo (40)		
State	479	93.9%	98.9%	99.5%	97.1%	94.0%	93.2%	91.9%

PDR Scores by Provider Size

Information in Table 29 provides a summary of Service Provider PDR scores by provider size. The table presents the average overall PDR scores, as well as scores for each component of the overall score. For Service Providers, these include Compliance and Person Centered Practices. The tables illustrate the number of alerts, number of billing standards scored Not Met, and their respective rates for every 10 reviews.

The average PDR score for Service Providers reviewed in FY23 Q1 was 93.9 percent with scores ranging from a low of 93.4 percent for small providers to a high of 96.2 percent for large providers. Large providers had the highest rate of PBD standards scored not met – 21.25 per every 10 reviews.

Table 29. Summary of PDR Scores for Service Provider: FY 2023 Q1

Size	PDR Score			Alerts		Billing Discrepancy Standards Missed	
	Overall Score	Compliance	Person Centered Practices	#	Rate per 10 Reviews	#	Rate per 10 Reviews
Small (n = 431)	93.4%	93.6%	92.9%	129	2.99	488	11.32
Medium (n = 40)	96.2%	96.2%	96.3%	11	2.75	29	7.25
Large (n = 8)	96.1%	96.1%	96.1%	3	3.75	17	21.25
State (n = 479)	93.9%	94.1%	93.5%	143	2.99	534	11.15

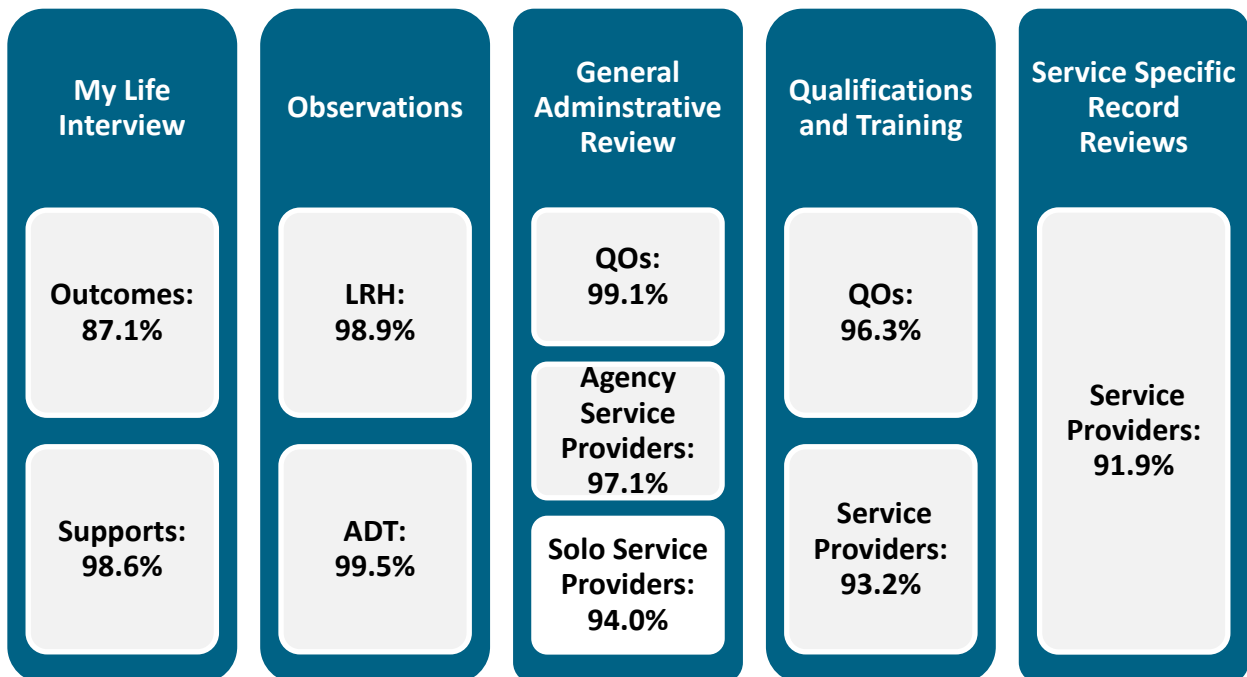
Section III: Discussion and Recommendations



Findings in this report reflect data from PCRs and PDRs completed and approved between July and September 2022 (FY23 Q1), with some comparisons to data collected in FY21 and FY22. In FY23 Q1, 141 PCRs, 17 QO PDRs, and 479 Service Provider PDRs were completed, approved and available for analysis.

Provider feedback remains positive with an average score on the feedback survey of 96.6 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.



Recommendations

Targeted Outreach

While average scores for Outcomes and Supports, for all people who were interviewed (PCR MLI), are relatively high, some individuals receiving services score extremely low. For example, as shown in Figure 4, in FY23 Q1, one person only met 43 percent of Outcomes and another met only 48 percent of Supports. Very low Outcome and Supports scores may be indicative of deeper issues requiring specialized attention and follow-up.

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

Safety

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

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

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

Recommendation 3: Ensure education about ANE, specifically for neglect and exploitation, is on the agenda for APD Regional provider meetings. Share best practices on how to ensure material is individualized so the person understands; i.e., proper communication and individualized methods are used for the educational session.

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

Stability

Since transitioning to QOs in July 2021, the number of individuals reporting a change in their WSC agency and treating WSC has increased substantially. These increases were expected in FY22 as people transitioned into QOs; however, data from the first quarter of FY23 continue to show relatively high rates of instability in this area. In FY23 Q1, 21 percent of individuals on the waiver had experienced a change in their WSC agency and 18 percent had experienced a change in their treating WSC. While data from FY23 are preliminary, findings from this quarter show an increase in the proportion of people experiencing a change in their WSC since FY22 which may be cause for concern given the role WSCs play in the service delivery system.

Recommendation 5: WSCs play a crucial role in the service delivery system and an individual’s health and safety, ability to develop and maintain goals, and find opportunities to access their communities. These outcomes are more likely to be met if a WSC has time to get to know the person, their needs, and personal desires or goals. As QOs continue to organize themselves, some turnover or changes in caseloads is to be expected; however, to minimize instability, Qlarant encourages APD to work with QOs to minimize the number of transitions individuals make between agencies and WSCs.

Level of Care Assessment

Historically, WSCs have maintained relatively high record review scores. For example, in FY21, the average record review score for PCRs was 94.9 percent; however, since transitioning to QOS, the average record review score has declined by about five percentage points. In FY22, the average record review scores was 89.6 percent, and as of FY23 Q1 it was 89.2 percent. In FY22 and FY23 Q1, standards related to individuals’ level of care forms being completed accurately and reevaluated as required has shown the greatest declines over this time period. These changes are outlined below:

- Level of care is completed accurately using the correct instrument/form
 - FY21: 86.7%; FY22: 75.6%; FY23 Q1: 59.5%
- Level of care is reevaluated at least every 365 days and contains all required components for billing
 - FY21: 96.1%; FY22: 79.8%; FY23 Q1: 59.1%

- Level of care is reevaluated at least every 365 days and contains all required components for compliance.
 - FY21: 96.5%; FY22: 80.6%; FY23: 60.8%

Recommendation 6: Findings from the FY22 report indicated the most common reason why standards related to the level of care assessment were missed by WSCs had to do with the Medicaid Waiver Eligibility Worksheet not being in the record for the entire period of review. It is likely that the transition to iConnect and QOs has played a role in these declines. Qlarant recommends working with APD and the Quality Council to brainstorm ways in which WSCs can successfully and consistently maintain the Medicaid Waiver Eligibility Worksheet within the iConnect system.

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.

Infectious Disease Training

Approximately 22 percent of QOs reviewed in FY22 and over 17 percent of QOs reviewed in FY23 Q1 did not comply with the standard having to do with ensuring all WSCS had completed/maintained training in HIV/AIDS/Infection Control. Maintaining basic HIV/AIDS/Infection control training is essential when caring for people in a vulnerable population.

Recommendation 8: Include this as an agenda item in all the regional quarterly meetings to ensure providers are taking the correct courses. Qlarant also recommends APD assist providers by

providing them with pamphlets or advisories detailing where and which trainings should be taken would help.

Potential Billing Discrepancies

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

Recommendation 9: Qlarant could work with APD and AHCA to organize a web-based focus group discussion with providers who offer LSD1 (Companion), Personal Supports, Respite and Supported Living Coaching to discuss the billing discrepancy indicators and identify barriers to meeting these standards, such as maintaining complete Service Logs/Daily Progress Notes. Subsequent to this meeting, a training focusing on documentation could be developed that targets specific issues for providers of these four services.

Summary

Findings from PCRs completed in FY23 Q1 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 remained consistent (approximately 89%) since FY22.

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 (Companion), 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 PBD identified which is likely causing their record review scores to be lower, on average, than other services. Further, while QOs scored fairly well on the Administrative Review of their PDRs, findings show a decline in Record Review scores and an increase in the number of PBDs.

Attachment 1: Customer Service Activity: July – September 2022

Customer Service Topic	#	Description	Outcome	Avg. Time
Contact QAR	3	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
Name/Address/Phone Update	32	Providers called to update their phone numbers/addresses/Names after receiving a notification letter or to ensure a letter or report is received in the future.	Phone numbers/addresses were updated in the Qlarant internal data management application. Providers were also advised to update contact information with AHCA.	1 day
Next Review	38	Providers called asking when their next review will occur. Providers called requesting to know the name of the QAR assigned to conduct their next review. Providers called following receipt of their PDR notification letter to advise of vacation, planned unavailability or resignation.	The review process was explained to the providers, including all factors involved in scheduling. There is no guarantee a provider will be reviewed at the same time every year. If indicated the assigned reviewer is notified of issues to consider when scheduling or the provider is removed from the schedule following confirmation of termination from the APD Region.	1 day
Provider Search Website	1	Providers called to inquire how to get added to Qlarant's provider search website.	The criteria to be listed on the provider search website was explained. The search is driven entirely by AHCA claims. Once waiver claims are submitted and paid the provider will be added to the website.	1 day
Potential Billing Discrepancy	4	Providers called with questions about potential billing discrepancy on their PDR and how to repay money identified for potential recoupment.	Providers were given the AHCA email address for potential billing discrepancy. APDProviderBilling@ahca.myflorida.com	1 day
Question	44	Providers called with questions regarding documentation requirements, qualification and training requirements, and service limitations; for explanations of the review	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
		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	22	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	1	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	18	Providers called asking for an explanation of report findings.	Reports were reviewed and explained by the Customer Service Representative or Regional Manager; providers were referred to their local APD Regional office for technical assistance.	1 day
Review Tools	5	Providers called with questions regarding where to find the most current review tools.	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
Miscellaneous/Other	12	Family, stakeholders, APD and providers called with requests unrelated to our Desk Review process, where to send their Plan of Remediation, how to report Abuse or to speak to a specific Regional Manager.	Questions within Qlarant’s scope of work were answered. Where appropriate, callers were referred to the Regional Manager, APD and AHCA.	1 day

Customer Service Topic	#	Description	Outcome	Avg. Time
Total Number of Calls	180	Note: 6 calls were conducted in Spanish		