

# Florida Statewide Quality Assurance Program

FY 2023 Quarter 2

July 2022 – December 2022

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



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Prepared by



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## List of Acronyms

ABC – Allocation, Budget, and Contract Control System  
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  
LSD 1 - Life Skills Development 1 (Companion)  
LSD 2 - Life Skills Development 2 (Supported Employment)  
LSD 3 - Life Skills Development 3 (Adult Day Training)  
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. Two meetings have been held so far this FY – one in Tampa on July 21, 2022 and one in Tallahassee on October 20, 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 reviews conducted and approved as of FY23 Q2.<sup>1</sup> This includes 663 Person Centered Reviews (PCRs), 88 CDC+ Representative (CDC+ R) reviews,

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<sup>1</sup> All findings referred to as FY23 Q2 included reviews completed and approved in the first two quarters of this FY (July 2022 – December 2022)

81 Qualified Organization PDRs (QO PDR), and 904 Service Provider PDRs. A summary of findings are provided below.

## Summary of Findings

### **Person Centered Reviews (PCRs)**

- On average, Supports for individuals interviewed during the PCR were more likely to be Met than Outcomes.
- People receiving services through the Waiver and CDC+ were least likely to meet Outcomes within the ‘My Safety’ Life Area. On average, Supports for ‘My Safety’ were 27 points higher than Outcomes for Waiver participants and 20 points higher for those on CDC+.
- The lowest scoring Outcome within the MLI (My Life Interview) was related to understanding their medications. Nearly 80 percent of people who did not meet this standard reported not knowing their medications potential side effects and over 75 percent reported not knowing which medications they take.
- In general, both Waiver participants and people on CDC+ reported high levels of satisfaction with their services, providers, living situations, and overall health (all over 95%). People were relatively less satisfied with their level of community involvement, however (Waiver: 93.7%; CDC+ 91.0%). Further, Outcomes related to community involvement were relatively low for both groups with 83 percent of people on CDC+ meeting the Outcome related to participating in their communities and 77 percent of wavier participants meeting the Outcome related to being active and contributing members of their communities.
- Since FY22, the proportion of people reporting a change in their WSC agency declined by 16 percentage points for Waiver participants (26.5% vs. 10.3%) and by eight percentage points for people on CDC+ (17.3% vs. 9.3%). These declines may indicate most people have successfully transitioned into their new Qualified Organizations (QOs) causing them to experience fewer changes in this area.
- As of FY23 Q2, 11 standards from the WSC Record Review were less than 85 percent Met and several of these low scoring standards have declined by more than five percentage points since FY22. Standards showing decreases of five or more points since FY22 were related to pre-support planning activities, including supports and services consistent with assessed needs and risks in the Support plan, and reevaluating the Level of Care at least every 365 days for all required components of billing and compliance.
- Data collected through the Health Summary as of FY23 Q2 suggest nearly all Waiver participants (98%) and over 92 percent of CDC+ participants reported having had a physical exam within the past year; however, only fewer than 75 percent of individuals reported having had a dental exam during the same period.

## Provider Discover Reviews (PDRs)

### Qualified Organizations (QOs)

- Average QO scores for the administrative components of the PDR were approximately 95 percent Met or higher while the average record review score was approximately 88 percent.
- As of FY23 Q2, all but three standards captured in the General Administrative Review (GAR) tool were 100 percent Met. The lowest scoring standard had to do with maintaining a Table of Organization (92.6%).
- As of FY23 Q2, all standards captured in the Staff Qualifications and Training (Q&T) tool showed a compliance rate above 85 percent. The lowest scoring standards were WSCs not receiving training in HIPAA or HIV/Aids/Infection Control (85.2%).
- Less than four percent (n = 3) of QOs reviewed in the first half of FY23 had a background screening alert.

### Service Providers

- Average scores for Service Provider PDRs were relatively high with scores ranging from a high of 99.4 percent for Observations at Day Programs to a low of 89.1 percent for solo providers' GARs.
- Observation scores were above 98 percent Met for Licensed Residential Homes (LRHs) and Day Programs. The lowest scoring Observation standard as of FY23 Q2 had to do with individuals living in LRHs not having keys to their bedroom doors (89.6% Met; n = 623).
- Solo providers were less likely than agency providers to meet the GAR standard related to maintaining an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse (88.0% vs. 98.2%).
- Among Service Providers reviewed in the first half of FY23, 11 of 52 standards reviewed in the Staff Q&T showed compliance rates of less than 85 percent. These standards included providers not meeting annual in-service training requirements, requirements for maintaining current Basic Medication Administration Validation, having training in an approved curriculum for behavioral emergency procedures consistent with the requirements of the Reactive Strategies rule, and meeting requirements for training in HIV/AIDS/Infection Control, HIPAA, and First Aid.
- On average, records reviewed as of FY23 Q2 for Personal Supports, Respite, and Supported Living Coaching services were less than 90 percent Met. These services were also more likely to have Potential Billing Discrepancies (PBDs) identified than other services. Increases in PBDs are likely related to providers of these services transitioning to the new iConnect system.



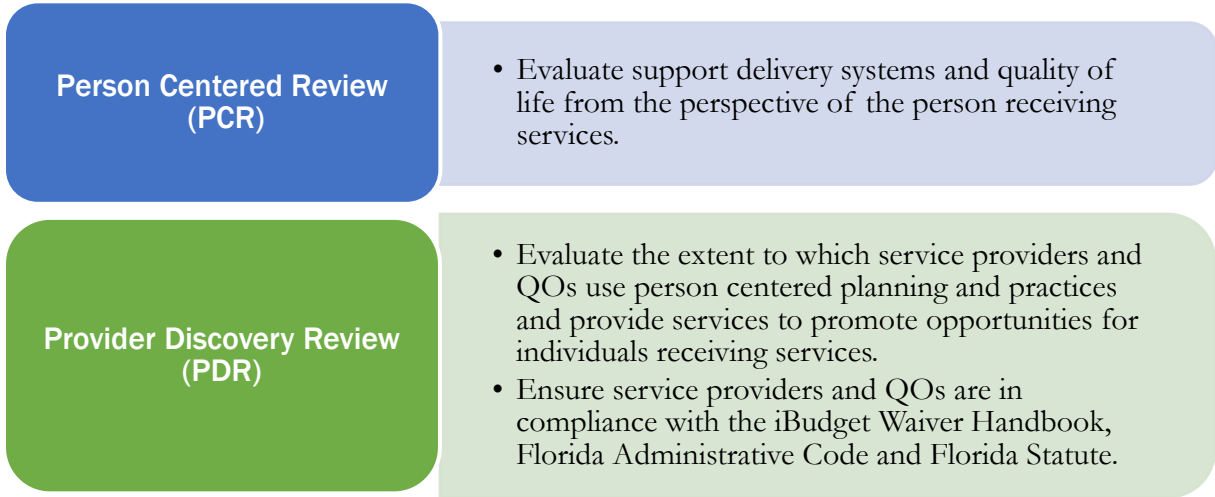
## Introduction

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.

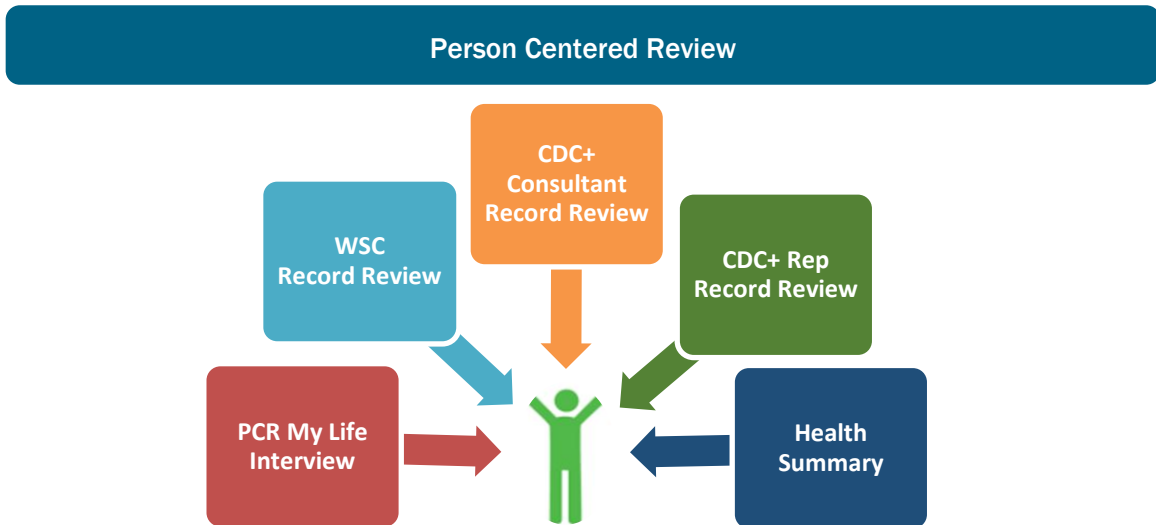


Qlarant's discovery process comprises two major components: Person Centered Reviews (PCR) and Provider Discovery Reviews (PDR) - both ensure the person receiving services has a voice in evaluating performance and outcomes and both utilize comprehensive methods to evaluate the quality of the services 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.



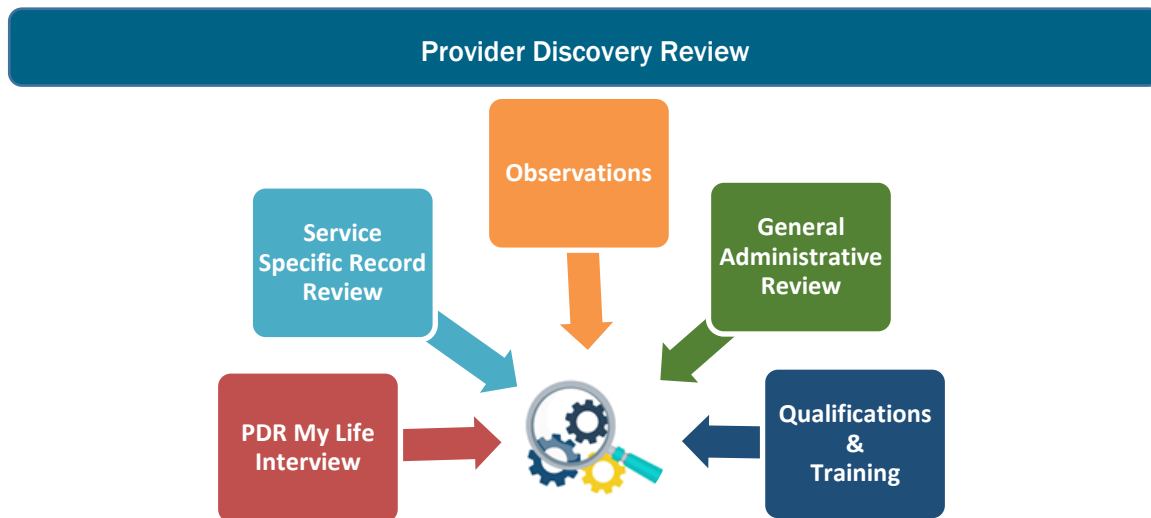
The PCR includes an interview with the person, including people receiving services through the Consumer Directed Care Plus (CDC+) program, review of the Support Coordinator’s record for the person, as well as record reviews completed for the CDC+ Consultant and Representative.

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).<sup>2</sup> Service Providers may also receive Observations and interviews with individuals receiving services.<sup>3</sup> Individuals interviewed with the PDR My Life Interview (MLI) tool are only asked questions that apply to services they are receiving from the service provider being reviewed and are asked to answer according to their experiences with the provider being reviewed.



## 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>

## 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.

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<sup>2</sup> While WSC and CDC+ record reviews are included in QOs’ overall scores, their scores are discussed in the PCR section.

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

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

- Section I: Significant Contract Activity within FY23 Q2 (October 2022 - December 2022)
- Section II: Data from Review Activities completed during the first two quarters of FY23 (July 2022 – December 2022), 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 2 (October 2022 - December 2022)

### Quality Assurance Activities

#### 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 second quarter of FY23, a status meeting was held on December 8<sup>th</sup>.

#### Reliability

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

**File reliability** sessions are administered every other month. These include standards reviewed from Service Specific Record Reviews as well as related questions from the iBudget Handbook and the FSQAP Operational Policies and Procedure Manual. After the QA Manager obtains actual file documents from a provider, the management team identifies the standards to be tested and creates the scoring key. The test is completed by each QAR in Qlarant's online learning management system and scored automatically. One file reliability session was completed in Quarter 2 (Q2) on the topics of LSD1, Personal Supports, and Respite Service Logs and Soft Standards. 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 Q2, field reliability was completed with one QAR who 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.

#### **Regional Quarterly Meetings**

The Qlarant Regional Managers facilitate 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. Meetings were held in all the regions during the second quarter of FY23 either face-face or remotely using a webinar format.

### Quality Council (QC) Meeting<sup>4</sup>

The second QC meeting for FY23 was held in Tallahassee on October 20, 2022. Agenda items included the following:

- APD Updates – Kimberly Quinn
- Individual Comprehensive Assessment and The Support Plan – Lorena Fulcher, APD
- Adult Day Training Service Changes – Liesl Ramos and Kent Carroll, APD
- Qlarant Updates Theresa Skidmore, Florida Director – Qlarant
- Support Coordination/CDC+ Workgroup – Adrienne Dissis, Jill MacAlister, Michelle Tolini & Veronica Gomez, QC Members
- Human Services Research Institute Presentation – Valerie Bradley, President Emerita, HSRI
- Critical Incident Reporting and Management – Lukas Tubek, APD
- Qlarant Data Presentation – Dr. Katy Glasgow, Scientist, Qlarant

### Provider Feedback Surveys

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 October and December 2022. A total of 33 providers completed the survey. On average, 97.8 percent of responses were positive (438/448). Surveys that included a request for a manager’s call back were also recorded in the Customer Service Call Log.



Table 1. Results from Provider Feedback Surveys Surveys Received Between October - December 2022 (n = 33)			
Question	# Yes	# No	NA/ Blank
Did the Quality Assurance Reviewer explain the review process?	32	0	1
Did the Quality Assurance Reviewer share with you the names of the potential people chosen to participate in the review?	33	0	0

<sup>4</sup> See the Qlarant website for complete QC details, minutes, and agendas (<https://florida.qlarant.com/Public2/qualityCouncil/index.html>).

Table 1. Results from Provider Feedback Surveys Surveys Received Between October - December 2022 (n = 33)			
Question	# Yes	# No	NA/ Blank
Did the Quality Assurance Reviewer explain the person's participation in the interview is voluntary?	31	2	0
Did the Quality Assurance Reviewer refer you to the Qlarant website that includes the tools and procedures?	33	0	0
Were the tools accessible on the Qlarant website?	32	1	0
Did you find the tools helpful when preparing for the review?	31	1	1
Did the Quality Assurance Reviewer answer your questions in preparation for the review?	31	1	1
Did the Quality Assurance Reviewer arrive on time?	26	0	7
If not, were you notified the Quality Assurance Reviewer would be late?	3	0	30
Did the Quality Assurance Reviewer give you enough time to find the information requested?	33	0	0
Do you feel the Quality Assurance Reviewer was prepared for the review?	33	0	0
Did the review process go as explained by the Quality Assurance Reviewer?	32	1	0
Did the Quality Assurance Reviewer answer the questions you had during the review?	31	1	1
If applicable, did the Quality Assurance Reviewer explain why a standard was Not Met?	21	1	11
If an alert was identified, did the Quality Assurance Reviewer inform you of the follow up process?	6	1	26
Did the Quality Assurance Reviewer provide you with the preliminary findings of your review before leaving?	30	1	2
<b>Total Responses</b>	<b>438</b>	<b>10</b>	<b>80</b>

## Summary of Customer Service Calls

During the second quarter of FY23, 191 calls were recorded in the Customer Service Log, with an average response time of one day for each call.<sup>5</sup>

## Staff Updates

In October 2022, a new Quality Assurance Reviewer (QAR), Paul Durand, began working in the Southern region.

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

## Section II: Data from Review Activities: FY 2023 Q2 (July 2022 – December 2022)

### Person Centered Reviews (PCR)<sup>6</sup>



The PCR includes an interview with the person and a review of the person’s record maintained by the Waiver Support Coordinator (WSC) or CDC+ Consultant (CDC+ C). If the person receives services through CDC+, a record review is also completed for the CDC+ R. In FY23 Q2, 663 PCRs were completed and approved – 585 for individuals on the iBudget Waiver and 78 for individuals using CDC+. Analyses are limited for CDC+ due to the low number of CDC+ PCRs completed within each region so far in FY23.

Region	Waiver		CDC+	
	n	%	n	%
Northwest	36	6.2%	5	6.4%
Northeast	92	15.7%	27	34.6%
Central	103	17.6%	21	26.9%
Suncoast	134	22.9%	20	25.6%
Southeast	135	23.1%	1	1.3%
Southern	85	14.5%	4	5.1%
<b>Total</b>	<b>585</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>

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 December 2022, 24 individuals originally sampled for the PCR did not participate. Non-participation reasons are shown in Table 3. When an individual is unable to participate, the QAR calls the person from the sample to verify the decision. This affords the person an opportunity to ask questions or seek clarification about the PCR process and the person’s potential role in it. This also gives individuals an opportunity to learn more

Decline Reason	Waiver	CDC+	Total
Deceased	0	0	0
Person Declined Interview	9	2	11
Moved Out of State	0	0	0
No Longer Receiving Services	0	0	0
Review Next Year	3	0	3
Other	8	2	10
<b>Total</b>	<b>20</b>	<b>4</b>	<b>24</b>

<sup>6</sup> All review tools are posted on the FSQAP website (<https://florida.qlarant.com/>).



about the process and potentially change their minds about participating. Most often the reason was people declined to participate in the interview (n = 11; 45.8%).

### Individual Demographics

The following series of figures show the distribution of the PCR sample across Residential Setting, Age Group, and Primary Disability.<sup>7</sup> People receiving services through CDC+ are not permitted to live in a licensed residential home (LRH); therefore, most (85%) of people interviewed lived in a family home compared to 45 percent of people using the Waiver. People on CDC+ tend to be younger - with over 85 percent of participants being 44 years of age or younger.

Figure 1a. Residential Settings: Waiver  
 FY 2023 Q2 (n = 585)

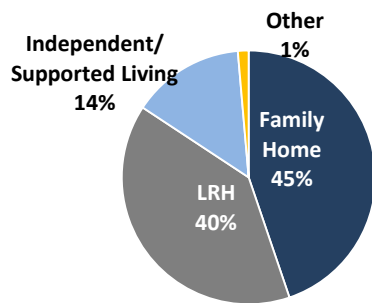


Figure 1b. Residential Settings: CDC+  
 FY 2023 Q2 (n = 78)

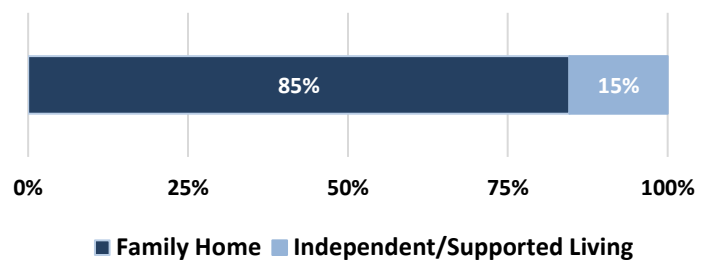


Figure 2. Age Distribution: Waiver and CDC+  
 FY 2023 Q2

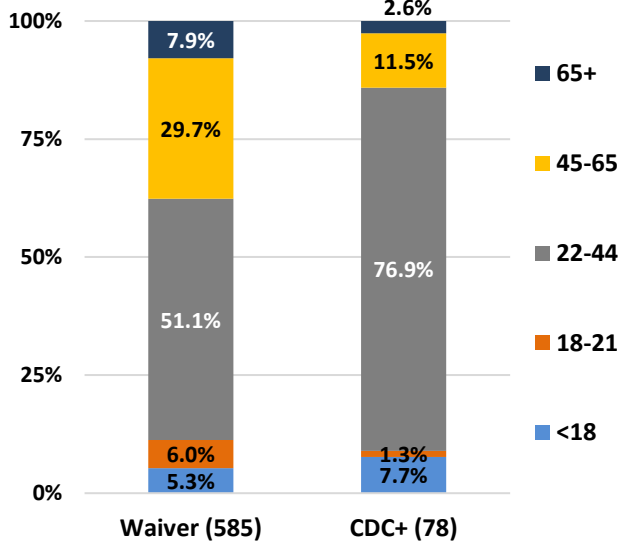
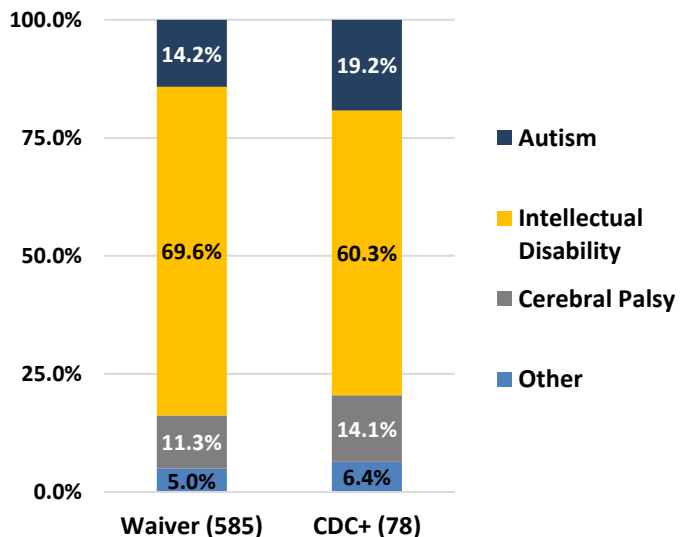
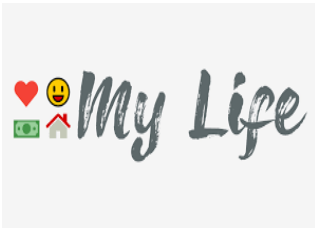


Figure 3. Primary Disability: Waiver and CDC+  
 FY 2023 Q2



<sup>7</sup> The Other category for Residential Settings for the Waiver included 7 people living in Assisted Living Facilities and 1 person in a Foster Home. The Other category for Primary Disability included people with Down syndrome (26), Spina Bifida (7) and Prader Willi (1).

## 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.

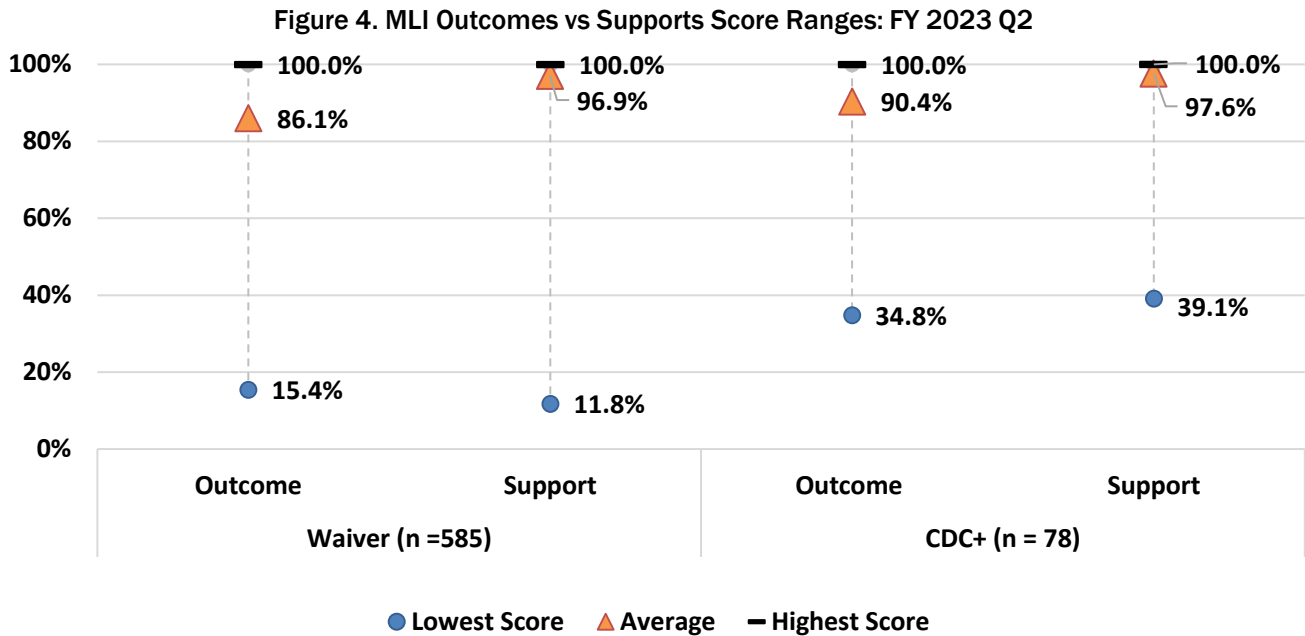
When responding to questions in the PCR MLI, interviewees are asked to think about their lives as a whole and the role their WSC or CDC+ C plays in coordinating their entire service delivery system. This differs from the PDR MLI (discussed below), for which individuals, when responding to questions,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

### **Data Limitations**

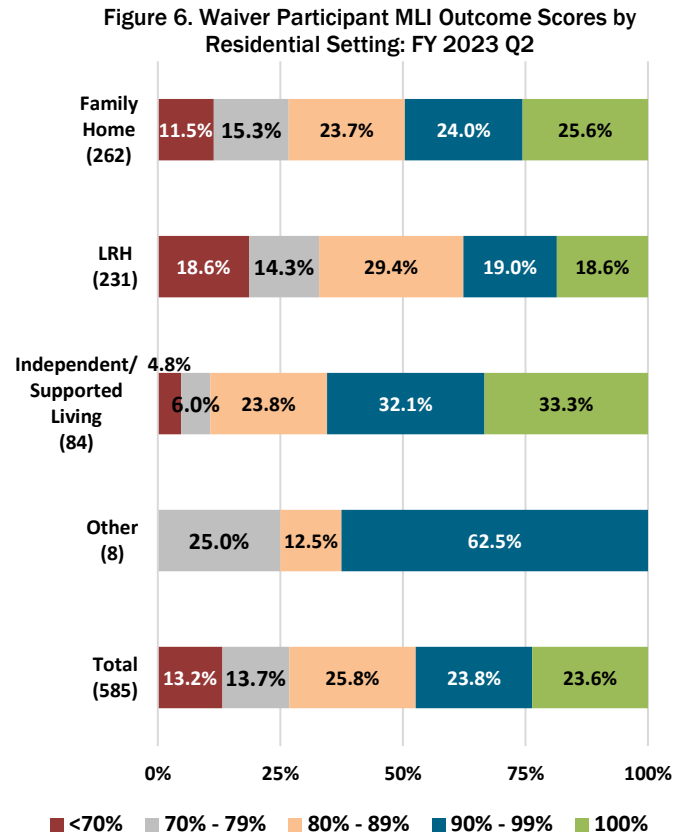
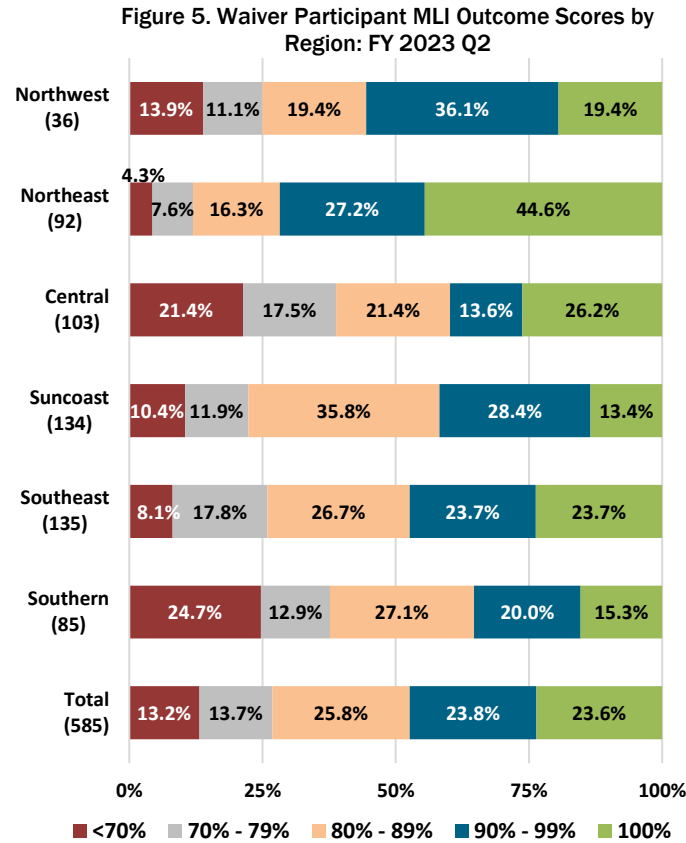
Results in some categories, particularly for CDC+, are based on relatively small numbers. When n-sizes are small, comparisons across categories or between Waiver and CDC+ should be made with caution. Further, comparisons made between interview results from FYs should be made with caution as all interviews conducted in FY21 were conducted remotely, while interviews in FY22 and FY23 Q2 include a combination of remote and in-person interviews.

### PCR My Life Interview: Individual Score Distributions

The highest, lowest, and average MLI scores are presented in Figure 4 for data collected during the first two quarters 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 Q2 indicate Outcomes were lower than Supports, on average. While average rates were relatively high overall, Outcomes and Supports were quite low for some individuals – especially among those on the Waiver.



Figures 5 and 6 show the proportion of Waiver Participants by region and residential setting, respectively, whose Outcome scores fell below 70 percent, between 70 and 79 percent, between 80 and 89 percent, between 90 and 99 percent, and at 100 percent Met. As of FY23 Q2, the Northeast region had the highest proportion of individuals with Outcomes scoring at or above 90 percent Met (71.7%) - with 44.6 percent meeting 100 percent of Outcomes. The Central and Southern regions had the greatest proportion of individuals scoring below 70 percent – 21.4 and 24.7 percent, respectively. Scores by residential setting show people living independently or in supported living were most likely to score at or above 90 percent on Outcomes (65.5%) while people living in a Licensed Residential Homes (LRHs) were most likely to score below 70 percent on Outcomes (18.6%).



**PCR My Life Interview: Scores by Region**

Average scores for Outcomes and Supports as of FY23 Q2 are presented by region in Table 4. As of December 2022, 78 CDC+ interviews were completed and approved; however, three regions had completed less than 10 interviews. Results for these regions should be interpreted with caution.

For Waiver participants, Outcomes were more than 10 percentage points lower than Supports, on average, across all regions except the Northwest and Northeast. The Northeast region was the only region with scores greater than 90 percent, on average, for Outcomes. Conversely, Outcomes were lowest in the Southern (82.0%) region, and the disparity between Outcomes and Supports was more pronounced than other regions with Outcomes scoring 16 percentage points lower than Supports, on average.

For CDC+ participants, Outcomes were about seven percentage points lower than Supports, on average. The Northwest and Northeast regions were the only regions to show Outcome scores above 90 percent, on average.

Table 4. PCR Individual Interview Results by Region FY 2023 Q1						
Region	Waiver			CDC+		
	# of PCRs	Outcomes	Supports	# of PCRs	Outcomes	Supports
Northwest	36	85.9%	91.6%	5	97.7%	100.0%
Northeast	92	91.8%	95.1%	27	95.0%	97.3%
Central	103	83.2%	95.0%	21	89.3%	98.1%
Suncoast	134	85.9%	98.0%	20	85.1%	96.4%
Southeast	135	86.8%	99.2%	1	87.5%	100.0%
Southern	85	82.0%	98.0%	4	82.5%	100.0%
<b>State</b>	<b>585</b>	<b>86.1%</b>	<b>96.9%</b>	<b>78</b>	<b>90.4%</b>	<b>97.6%</b>

### PCR My Life Interview: Scores by Life Area

The average MLI score for each Life Area is presented in Figure 7a for the Waiver and Figure 7b for CDC+, by Outcomes and Supports. Findings from FY23 Q2 indicate individuals receiving services were supported across all Life Areas (each above 96%). Outcomes were least likely to be Met in Life Areas related to ‘My Safety’ for both the Waiver and CDC+, 70.8 and 77.9 percent present, respectively. Outcomes related to ‘My Social Life’ and ‘My Health’ were also relatively low for both the Waiver and CDC+.

Figure 7a. My Life Interview by Life Areas  
 Waiver: FY 2023 Q2 (n = 585)

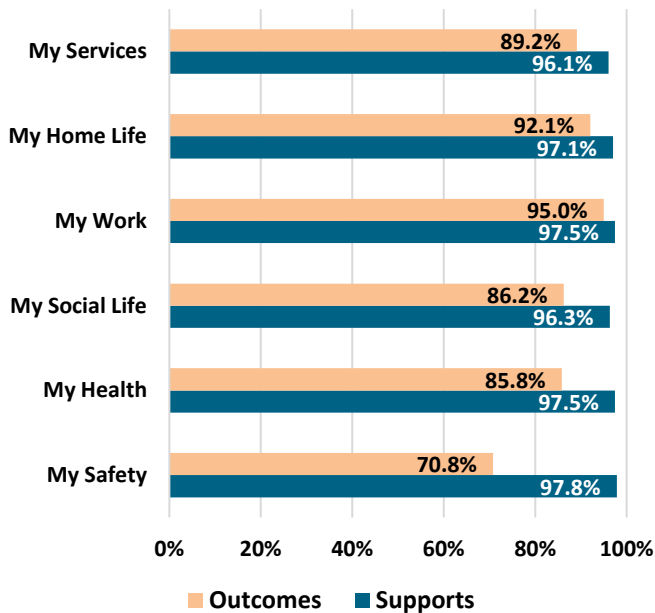
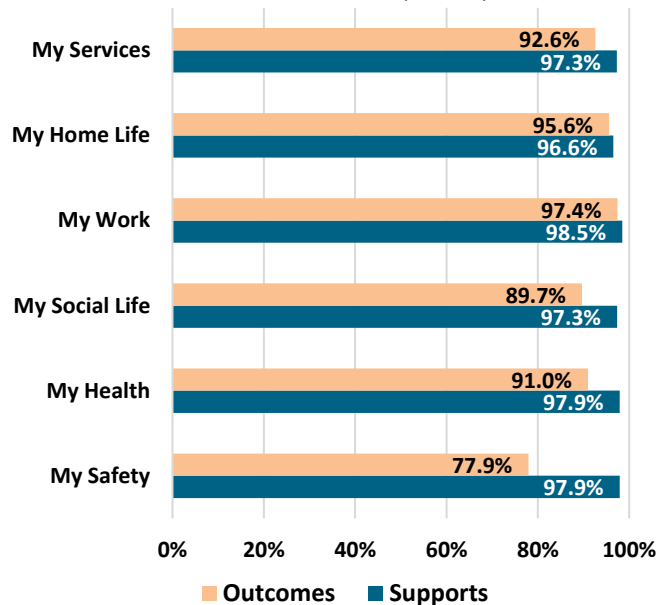


Figure 7b. My Life Interview by Life Areas  
 CDC+: FY 2023 Q1 (n = 78)

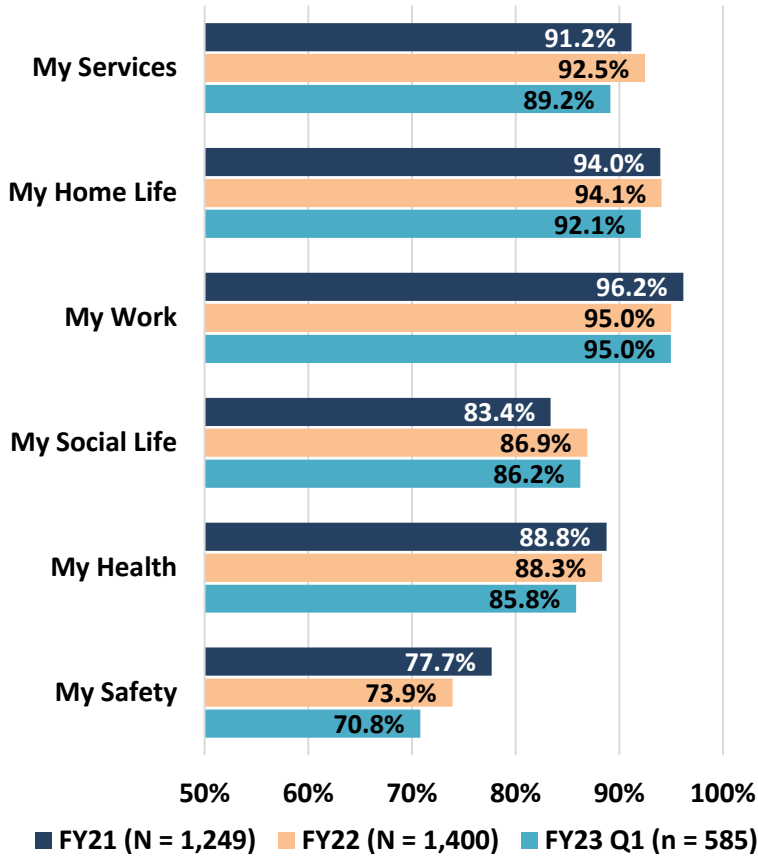


### PCR My Life Interview: Outcomes by Life Area and FY

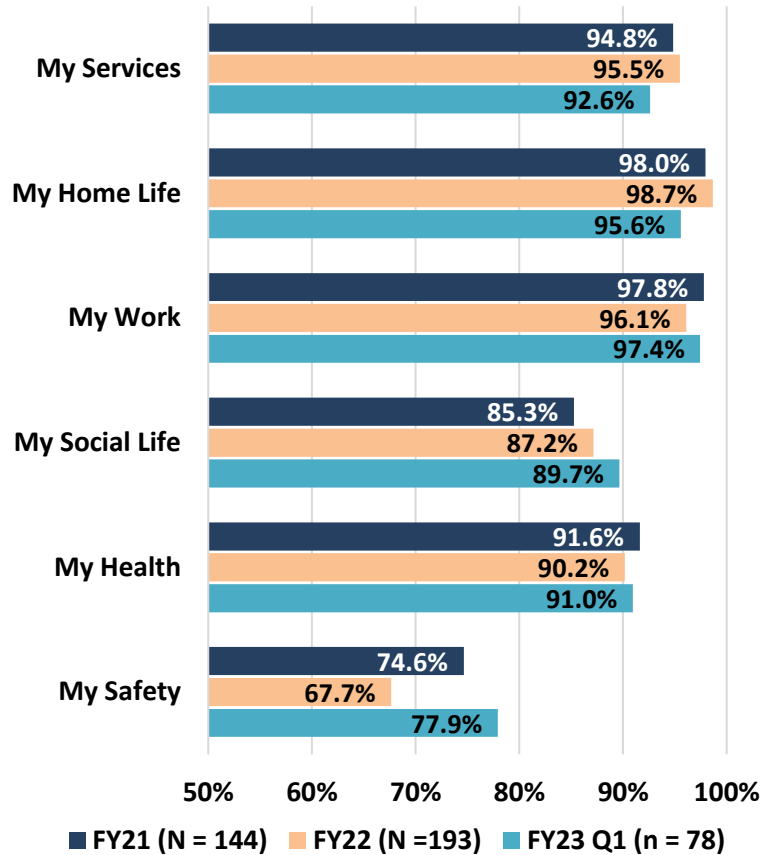
Figures 8a and 8b show Outcome scores by Life Area and FY for Waiver and CDC+ participants, respectively. On average, Outcomes have not changed substantially over the past three FYs for any

Life Area other than ‘My Safety’. Between FY21 and FY22, Outcomes for ‘My Safety’ (the lowest scoring area across all three FYs) declined by 7 percentage points from 74.6 to 67.7 percent; however, as of FY23 Q2 ‘My Safety’ Outcomes have rebounded to 77.9 percent - ten percentage points higher than they were in FY22. Among Waiver participants, however, ‘My Safety’ Outcomes have continued to decline from 77.7 percent in FY21 to 70.8 percent as of FY23 Q2.

**Figure 8a. Outcomes by Life Area and FY: Waiver**



**Figure 8b. Outcomes by Life Area and FY: CDC+**



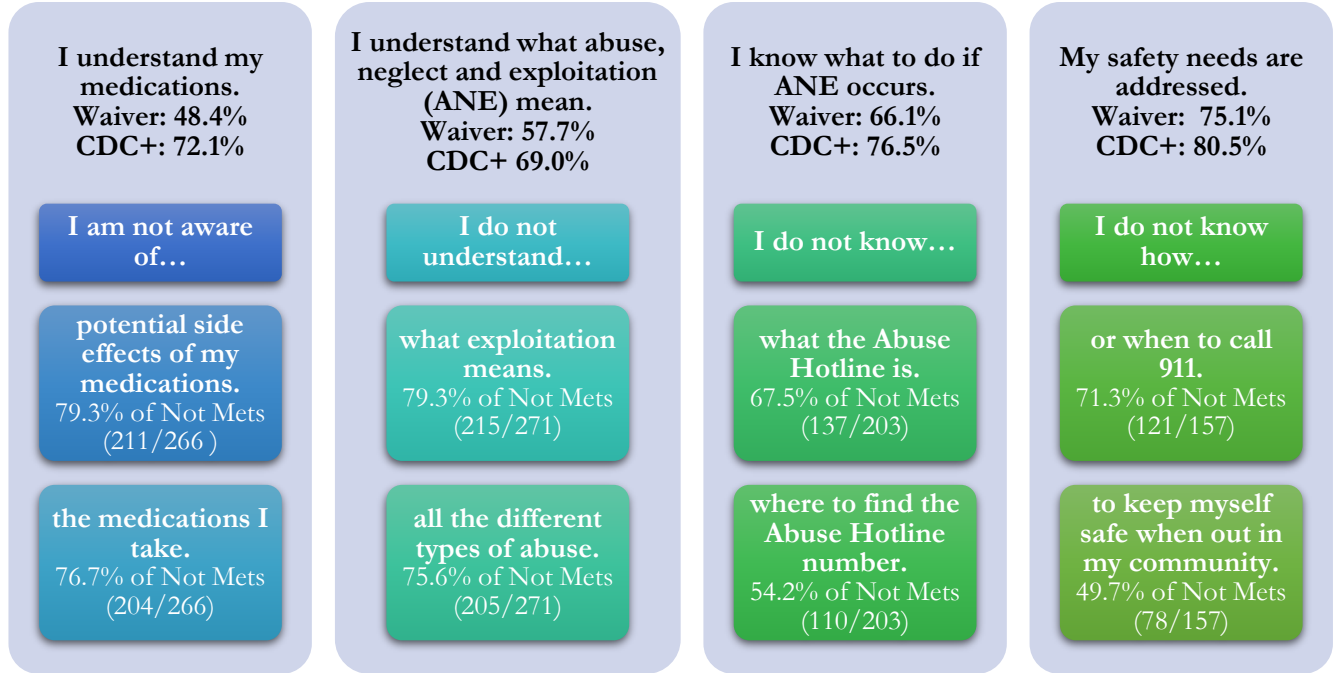
**PCR My Life Interview: Scores by Standard**

Scores for each of the 26 standards measured in the MLI are presented in Table 5. Scores are shown for Outcomes and Supports, separately for people on the Waiver and CDC+.

When looking at Supports, all indicators were over 90 percent Met for Waiver participants and people on CDC. The lowest scoring Support standard was for 92.7 percent Met for individuals on the Waiver and had to do with people receiving the supports needed to be active and contributing members of their communities. While a number of Outcome related standards scored above percent 90 Met as well, several standards were less than 85 percent Met (highlighted in Table 5) for

Waiver participants or people on CDC+. The lowest scoring standards and most commonly cited Not Met reason(s) for both Waiver and CDC+ are outlined in Figure 9.

**Figure 9. Lowest Scoring MLI Outcomes and Most Common Not Met Reasons: FY 2023 Q2**



**Table 5. PCR My Life Interview Scores by Standard and Waiver: FY 2023 Q2**

Question	Waiver (n = 585)				CDC+ (n = 78)			
	Outcome		Supports		Outcome		Supports	
	Total Score	% Met	Total Score	% Met	Total Score	% Met	Total Score	% Met
<b>My Service Life</b>								
I am an active participant in Support Planning.	543	94.1%	581	95.4%	77	96.1%	78	97.4%
I am an active participant in development of service documentation.	485	89.9%	521	94.1%	55	92.7%	56	94.6%
I am working toward goals/outcomes important me.	562	91.5%	584	97.3%	78	93.6%	78	98.7%
I choose and manage my services.	539	92.2%	571	96.5%	77	94.8%	78	97.4%
I choose and manage my service providers.	545	86.1%	571	95.6%	78	92.3%	78	96.2%
I know and exercise my rights.	552	81.3%	583	97.4%	69	85.5%	78	98.7%
<b>My Home Life</b>								
I chose where I live.	531	92.1%	546	96.5%	71	93.0%	70	94.3%

**Table 5. PCR My Life Interview Scores by Standard and Waiver: FY 2023 Q2**

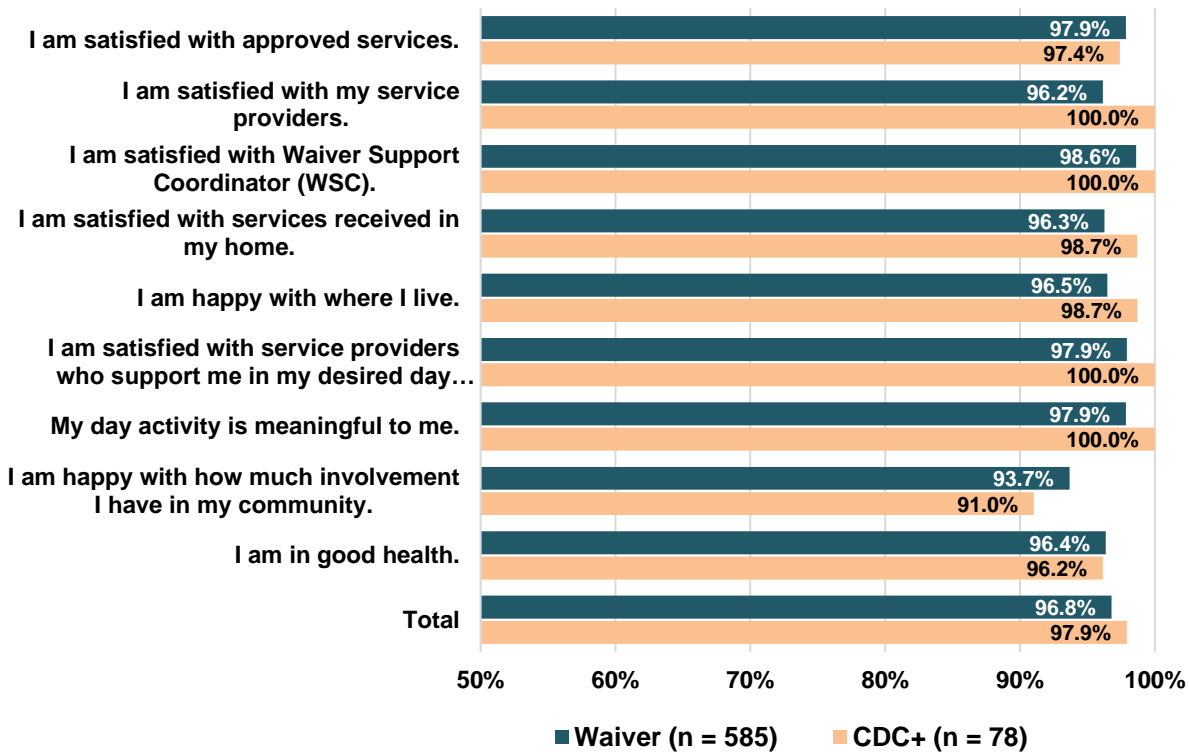
Question	Waiver (n = 585)				CDC+ (n = 78)			
	Outcome		Supports		Outcome		Supports	
	Total Scored	% Met	Total Scored	% Met	Total Scored	% Met	Total Scored	% Met
My preferences for living arrangements are respected and valued where I live.	539	89.4%	545	97.6%	69	98.6%	69	98.6%
I am able to explore other places to live.	383	95.8%	409	97.1%	64	95.3%	64	96.9%
<b>My Work/Day Life</b>								
I chose where I work/day activity.	502	90.2%	510	96.5%	68	97.1%	68	100.0%
My preferences are respected and valued at my work/day activity.	487	99.0%	503	99.6%	67	97.0%	67	97.0%
I am able to explore other arrangements for work/day activity.	424	96.0%	448	96.2%	60	98.3%	60	98.3%
<b>My Social Life</b>								
I am part of and participate in my community.	564	81.6%	571	97.4%	77	83.1%	76	93.4%
I am an active and contributing member of my community.	522	76.8%	546	92.7%	73	84.9%	74	97.3%
I have meaningful friendships and relationships.	551	87.8%	572	96.2%	74	93.2%	75	98.7%
My preferred communication method/styles are known and respected.	552	98.4%	555	98.9%	76	97.4%	76	100.0%
<b>My Health</b>								
I am satisfied with physician/dentist.	578	88.8%	577	96.2%	77	90.9%	75	96.0%
I am satisfied with other health care providers/specialists.	531	99.1%	528	99.2%	70	100.0%	69	100.0%
My health needs are being addressed.	580	88.3%	582	96.4%	78	84.6%	76	94.7%
I am an active participant in all aspects of healthcare choices.	566	89.0%	573	98.8%	75	96.0%	75	98.7%
I understand my medications.	483	48.4%	504	95.6%	61	72.1%	64	98.4%
I am able to make changes to my healthcare.	480	98.5%	492	98.6%	70	100.0%	70	100.0%
<b>My Safety</b>								
My safety needs are addressed.	570	75.1%	584	98.1%	77	80.5%	78	96.2%
I have the adaptive equipment I need.	340	92.6%	341	97.4%	56	87.5%	55	100.0%
I understand what abuse, neglect and exploitation (ANE) mean.	553	57.7%	584	97.6%	71	69.0%	77	97.4%
I know what to do if abuse, neglect, or exploitation (ANE) occurs.	552	66.1%	583	98.1%	68	76.5%	78	98.7%



### 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 10 shows results for interviews completed through FY23 Q2. Findings indicate the majority of individuals receiving services reported agreement (strongly agree or agree) in each area. The lowest scoring area for Waiver and CDC+ participants was satisfaction with their level of involvement in the community.

**Figure 10. Satisfaction: Percent Agree or Strongly Agree  
 FY 2023 Q2**



### PCR My Life Interview: Stability

During the PCR, MLI questions are used to measure stability in the person’s life. Individuals are asked how often, over the course of a year, they experienced changes in their WSC or WSC agency, place of employment, work/day activity, residence, services, or service providers in their home. Table 6 shows the percent of individuals who experienced one or more of these changes during FY22 (July 2021 – June 2022) and FY23 Q2 (July – December 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 a result of WSCs transitioning into qualified organizations (QOs). As of FY23 Q2, the proportion of individuals reporting a change in their WSC agency declined by about 16 percentage points for waiver participants and eight percentage points for CDC+ participants to 10.3 and 9.3 percent, respectively. The proportion of individuals reporting a change in their treating WSC has not declined as substantially since FY22. As of December 2022, 13.2 percent of Waiver participants and 10.4 percent of people on CDC+ reported a change in the past 12 months indicating a slight increase among those on the waiver and a slight decline for people on CDC+.

Data from the first two quarters of FY23 show Waiver participants were most likely to experience changes in the service provider(s) in their home and least likely to experience a change in their employment. CDC+ participants, however, were most likely to experience a change in their services and least likely to move. Compared to FY22, a relatively large proportion of CDC+ participants reported a change in employment – 8.3 versus 1.3 percent; however, this measure was only scored for 23 people – two of which reported a change in employment. Qlarant will continue to monitor this and other stability measures as we collect more data.

Table 6. PCR My Life Interview: Stability (Percent with 1 or more changes)								
Within the past 12 months,	Waiver				CDC+			
	FY22 (1,400)		FY23 Q2 (585)		FY22 (193)		FY23 Q2 (78)	
	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%	561	10.3%	191	17.3%	75	9.3%
I experienced changes in my WSC.	1,362	12.7%	575	13.2%	191	13.6%	77	10.4%
I have changed employment.	521	5.2%	227	5.3%	76	1.3%	23	8.7%
I have experienced changes to my work/day activity service providers.	1,068	15.6%	468	11.1%	140	9.3%	60	8.3%
I have moved.	1,336	10.2%	564	9.8%	182	6.0%	76	2.6%
Service providers in my home have changed.	1,198	17.3%	507	18.5%	186	7.5%	75	9.3%
The services I receive have changed.	1,329	13.9%	568	10.9%	189	7.4%	72	12.5%

## PCR 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

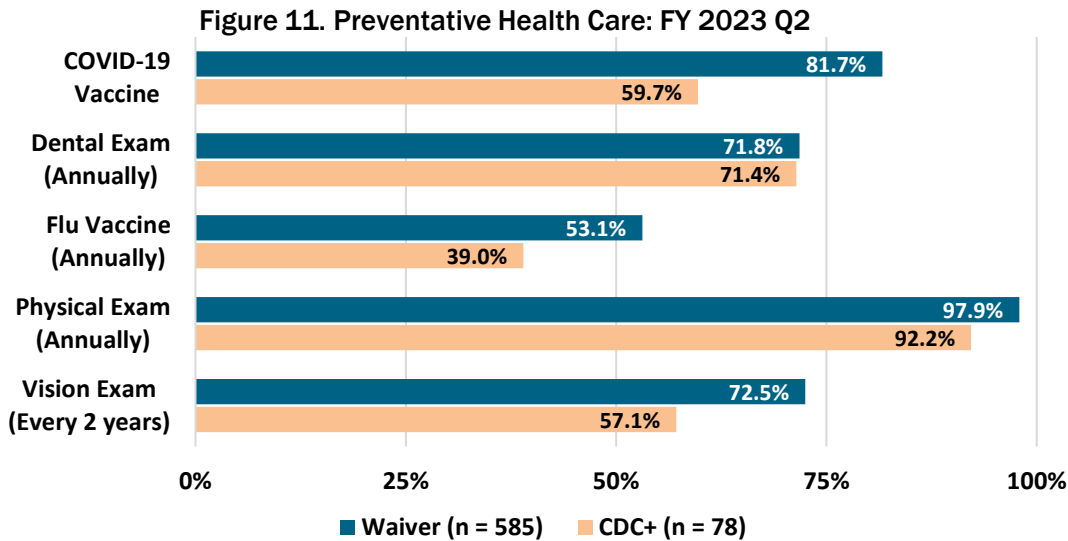
Table 7 displays the percent of individuals who, within the 12 months prior to the review, had experienced a significant health event. As of FY23 Q2, the most common health event for people receiving services through the Waiver and CDC+ involved being admitted to the hospital and visiting the emergency room (ER) or urgent care center. No one on CDC+ reported contacting the Abuse Hotline to report abuse, neglect, or exploitation (ANE) or reported being Baker Acted.

In the previous 12 months:	Waiver			CDC+		
	FY21 (N = 1,294)	FY22 (N = 1,400)	FY23 Q2 (n = 585)	FY21 (N = 110)	FY22 (N = 144)	FY223 Q2 (n = 78)
Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation?	1.6%	1.5%	1.0%	0.0%	0.0%	0.0%
Have Reactive Strategies under 65G-8 been used due to behavioral concerns?	3.3%	3.4%	3.4%	0.7%	1.0%	3.8%
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%	10.6%	9.7%	9.3%	12.8%
Have you been to an Emergency Room?	14.5%	17.1%	15.6%	9.0%	13.5%	12.8%
Have you been to an Urgent Care Center?	4.5%	5.1%	5.3%	1.4%	7.3%	12.8%

### Preventative Health Care

Figure 11 shows the proportion of individuals who reported receiving a number of preventative health care measures including a COVID-19 or Flu vaccine, and a Dental, Physical or Eye exam. Data from the first half of FY23 show Waiver participants were more likely, on average, to engage in preventative health care measures than those on CDC+. This was particularly true when it came to vaccines where approximately 22 percent fewer people on CDC+ reported receiving a COVID-19 vaccine and 14 percent fewer reported receiving a Flu vaccine.

Nearly all Waiver participants (98%) and over 92 percent of CDC+ participants reported having had a physical exam within the past year; however, only 71-72 percent of individuals surveyed reported having a dental exam. Biannual vision exams were reported for approximately 72 percent of Waiver participants and 57 percent of people on CDC+.



**PCR Record Reviews**

**Waiver Support Coordinators and CDC+ Consultants<sup>8</sup>**

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 in the PCR section.



The number of reviews and indicators scored, as well as the percent of indicators Met through FY23 Q2, are presented by region in Table 8. On average, WSCs Met 88 percent of indicators scored. Scores by region ranged from a high of 91.8 percent in the Southeast region to a low of 84.6 percent in the Suncoast region. CDC+ Consultants scored higher, on average, than WSCs with 92.7 percent of standards being Met. Scores ranged from a low of 57.4 percent in the Southeast region (only one record was scored) to a high of 96.4 percent in the Southern region.

<sup>8</sup> Some standards are weighted for calculating the overall provider’s score. For example, standards measuring health and safety items are generally more important and therefore weigh heavier when calculating the provider’s score. In this report, unless otherwise noted, unweighted results are shown (Percent Met). This provides an accurate reflection of the number and percent of providers who have the standards scored as present.

Table 8. Number of Records and Applicable Standards by Region: FY 2023 Q2						
Region	WSC			CDC+ C		
	# of Records	# of Indicators Scored	Percent Met	# of Records	# of Indicators Scored	Percent Met
Northwest	36	1,142	90.7%	5	178	81.3%
Northeast	92	2,816	85.2%	27	985	96.4%
Central	103	3,210	86.6%	21	757	92.4%
Suncoast	134	4,247	84.6%	20	746	93.4%
Southeast	135	4,164	91.8%	1	34	57.4%
Southern	85	2,593	91.2%	4	142	96.4%
<b>State</b>	<b>585</b>	<b>18,172</b>	<b>88.0%</b>	<b>78</b>	<b>2,842</b>	<b>92.7%</b>

Scores by standard are shown for FY22 and FY23 Q2 for WSCs in Table 9 and CDC+ Consultants in Table 10. As of FY23 Q2, 12 standards scored below 85 percent and six of those have declined by more than five percentage points since FY22. Figure 12 lists these standards, their scores for FY22 versus FY23 Q2, and their most common Not Met reason.

**Figure 12. Low Scoring WSC Record Review Standards and #1 Not Met Reason**

**Support Coordinator Progress Notes demonstrate pre-Support Plan planning activities were conducted (81.3% vs. 69.2%)**

- WSC documentation demonstrated pre-support plan activities took place but did not document review of status of current goals/outcomes and discussions of potential changes/updates to goals/outcomes for the next year.
- 46% of Not Mets (81/177)

**The Support Plan includes supports and services consistent with assessed needs (80.3% vs. 70.1%)**

- Current Support Plan did not include strategies for assessed needs.
- 59% of Not Mets (103/175)

**The Support Plan reflects support and services necessary to address assessed risks (78.2% vs. 69.2%)**

- Current Support Plan did not include strategies for assessed risks.
- 57% of Not Mets (99/175)

**Level of care is reevaluated at least every 365 days and contains all required components for billing (79.8% vs. 73.7%)**

- Complete Medicaid Waiver Eligibility Worksheet was in the record for some but not all of the period of review. (PBD)
- 51% of Not Mets (78/154)

**Person receiving services is given a choice of waiver services or institutional care at least annually (80.6% vs. 74.7%)**

- Complete Medicaid Waiver Eligibility Worksheet was in the record for some but not all of the period of review.
- 53% of Not Mets (79/148)

**Level of care is reevaluated at least every 365 days and contains all required components for compliance. (80.6% vs. 75.5%)**

- Complete Medicaid Waiver Eligibility Worksheet was in the record for some but not all of the period of review.
- 57% of Not Mets (82/143)

Four WSC standards have increased by more than five percentage points since FY22:

- The record includes a current complete Safety Plan when warranted (69.2% vs. 83.3%)
- The Support Plan is developed with signatures timely (85.6% vs. 94.9%)<sup>9</sup>
- Support Coordinator documents the invitation to take the satisfaction survey to the person receiving services (80.8% vs. 88.4%)
- The Safety Plan was distributed and reviewed with pertinent providers (68.2% vs. 75.0%)

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<sup>9</sup> This increase is likely due to the removal of the following Not Met reason: “The Support Plan has all required components complete.”

**Table 9. WSC Scores by Standards: FY 2022 vs FY 2023 Q2**

Standard	FY 2022 (N = 1,400)		FY 2023 Q2 (n = 585)	
	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%	76	84.2%
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%	66	98.5%
Level of care is completed accurately using the correct instrument/form.	1,388	75.6%	582	72.0%
Level of care is reevaluated at least every 365 days and contains all required components for billing.	1,399	79.8%	585	73.7%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	1,395	80.6%	583	75.5%
Person receiving services is given a choice of waiver services or institutional care at least annually.	1,396	80.6%	585	74.7%
Support Coordinator bills for services after required contacts are rendered.	1,370	97.2%	581	95.5%
Support Coordinator completed accurate Significant Additional Need (SAN) requests.	229	96.9%	117	96.6%
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%	542	93.7%
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%	580	96.0%
Support Coordinator documentation demonstrates efforts to solicit natural, community supports for the person prior to waiver service requests.	1,390	95.3%	582	95.2%
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%	580	98.6%
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%	579	98.6%
Support Coordinator documentation demonstrates Service Authorizations are issued to service provider(s).	1,298	96.2%	550	95.8%
Support Coordinator documentation demonstrates use of a person centered approach to define the personal goals/outcomes important to the person.	1,384	89.1%	584	89.9%
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%	583	96.7%

**Table 9. WSC Scores by Standards: FY 2022 vs FY 2023 Q2**

Standard	FY 2022 (N = 1,400)		FY 2023 Q2 (n = 585)	
	Total Scored	% Met	Total Scored	% Met
Support Coordinator documents efforts to assist the person to define abuse, neglect, and exploitation.	1,393	91.7%	584	96.2%
Support Coordinator documents ongoing efforts to assess and address the person's safety needs.	1,394	95.2%	583	97.3%
Support Coordinator documents ongoing efforts to assist the person/legal representative to know about rights.	1,394	94.9%	584	96.9%
Support Coordinator documents ongoing efforts to ensure all of the person's health care needs are addressed.	1,395	98.1%	584	97.1%
Support Coordinator documents person's history regarding abuse, neglect and/or exploitation.	1,012	96.1%	394	97.2%
Support Coordinator documents the invitation to take the satisfaction survey to the person receiving services.	851	80.8%	567	88.4%
Support Coordinator documents the review of the QO's code of ethics to the person receiving services.	595	90.4%	575	88.0%
Support Coordinator documents the review of the QO's disciplinary process to the person receiving services.	593	90.1%	573	87.3%
Support Coordinator monitors service delivery to ensure services are delivered in accordance with the Support Plan and Cost Plan.	1,303	86.6%	555	87.2%
Support Coordinator Progress Notes demonstrate pre-Support Plan planning activities were conducted.	1,277	81.3%	575	69.2%
Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing in a facility.	533	92.7%	242	91.7%
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%	82	85.4%
Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing in the family home.	688	91.3%	266	91.4%
Support Coordinator Progress Notes include meaningful information to effectively assist the person in achieving goals/outcomes.	1,377	89.5%	580	90.0%
Support Coordinator solicits and addresses the person's preferences with regard to employment.	1,246	97.4%	509	94.9%
The current Annual Report is in the record.	1,352	84.9%	574	80.8%
The record includes a current complete Safety Plan when warranted.	26	69.2%	12	83.3%
The Safety Plan was distributed and reviewed with pertinent providers.	22	68.2%	12	75.0%
The Support Plan has all required components complete.	NA	NA	584	77.2%
The Support Plan includes supports and services consistent with assessed needs.	1,388	80.3%	585	70.1%



**Table 9. WSC Scores by Standards: FY 2022 vs FY 2023 Q2**

Standard	FY 2022 (N = 1,400)		FY 2023 Q2 (n = 585)	
	Total Scored	% Met	Total Scored	% Met
The Support Plan is developed with signatures timely.	1,386	85.6%	584	94.9%
The Support Plan is updated when warranted by changes in the needs of the person.	538	93.5%	245	92.7%
The Support Plan reflects support and services necessary to address assessed risks.	1,323	78.2%	568	69.2%
<b>Average WSC Score</b>	<b>39,738</b>	<b>89.6%</b>	<b>18,172</b>	<b>88.0%</b>

As of FY23 Q2, nine CDC+ record review standards scored below 85 percent and four of those declined by more than five percentage points since FY22 (see Table 10).<sup>10</sup> Figure 13 lists these standards, their scores for FY22 versus FY23 Q2, and their most common Not Met reason.

**Figure 13. Low Scoring CDC+ Consultant Record Review Standards and #1 Not Met**

**The Support Plan reflects support and services necessary to address assessed risks (86.2% vs. 72.7%)**

- Current Support Plan did not include strategies for assessed risks.
- 62% of Not Mets (13/21)

**The current Annual Report is in the record (92.2% vs. 84.4%)**

- The Annual Report did not include a description of progress toward meeting one or more individually determined goals.
- 58% of Not Mets (7/12)

**The Support Plan includes supports and services consistent with assessed needs (87.8% vs. 80.5%)**

- Current Support Plan did not include strategies for assessed needs.
- 73% of Not Mets (11/15)

**Level of care is completed accurately using the correct instrument/form (83.5% vs. 78.2%)**

- Complete Medicaid Waiver Eligibility Worksheet was in the record for some but not all of the period of review.
- 35% of Not Mets (6/27)

Two standards have increased by more than five percentage points since FY22:

- CDC+ Consultant has taken action to correct any overspending by the Participant (92.3% vs. 100%)
- The CDC+ Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted (84.1% vs. 90.7%)

<sup>10</sup> Standards scored on fewer than 10 records are not included in the discussion.

**Table 10. CDC+ Consultant Scores by Standard: FY 2022 vs FY 2023 Q2**

Standard	FY 2022		FY 2023 Q2	
	Total Scored	% Met	Total Scored	% Met
All applicable completed/signed Purchasing Plans are in the record.	192	98.4%	78	98.7%
All applicable completed/signed Quick Updates are in the Record.	57	98.2%	34	94.1%
CDC+ Consultant bills for services after required contacts are rendered.	192	96.9%	77	98.7%
CDC+ Consultant completed accurate Significant Additional Need (SAN) requests.	35	100.0%	9	100.0%
CDC+ Consultant documentation demonstrates efforts to solicit natural, community supports for the person prior to waiver service requests.	191	96.9%	78	97.4%
CDC+ Consultant documentation demonstrates use of a person centered approach to define the personal goals/outcomes important to the person.	191	94.2%	77	92.2%
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%	78	93.6%
CDC+ Consultant documents efforts to assist the person to define abuse, neglect, and exploitation.	192	96.4%	78	92.3%
CDC+ Consultant documents ongoing efforts to assess and address the person's safety needs.	192	95.3%	78	97.4%
CDC+ Consultant documents ongoing efforts to assist the person/legal representative to know about rights.	192	96.4%	78	96.2%
CDC+ Consultant documents ongoing efforts to ensure all of the person's health care needs are addressed.	192	99.0%	78	97.4%
CDC+ Consultant documents person's history regarding abuse, neglect and/or exploitation.	138	99.3%	57	93.0%
CDC+ Consultant documents the invitation to take the satisfaction survey to the person receiving services.	136	90.4%	76	93.4%
CDC+ Consultant documents the review of the QO's code of ethics to the person receiving services.	95	94.7%	73	95.9%
CDC+ Consultant documents the review of the QO's disciplinary process to the person receiving services.	95	94.7%	73	93.2%
CDC+ Consultant has taken action to correct any overspending by the Participant.	13	92.3%	14	100.0%
CDC+ Consultant monitors service delivery to ensure services are delivered in accordance with the Support Plan and Cost Plan.	192	99.5%	78	100.0%
CDC+ Consultant Progress Notes include meaningful information to effectively assist the person in achieving goals/outcomes.	192	91.1%	78	94.9%
CDC+ Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	173	98.8%	70	98.6%

**Table 10. CDC+ Consultant Scores by Standard: FY 2022 vs FY 2023 Q2**

Standard	FY 2022		FY 2023 Q2	
	Total Scored	% Met	Total Scored	% Met
CDC+ Consultant solicits and addresses the person's preferences with regard to employment.	167	98.8%	60	93.3%
Completed/signed CDC+ Consent Form is in the record.	192	96.9%	78	98.7%
Completed/signed Corrective Action Plan is in the record.	6	100.0%	3	100.0%
Completed/signed Participant-Consultant Agreement is in the record.	190	97.9%	78	98.7%
Completed/signed Participant-Representative Agreement is in the record.	192	98.4%	78	98.7%
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%	77	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%	77	98.7%
If applicable, an approved Corrective Action Plan is being followed.	6	100.0%	3	66.7%
If applicable, CDC+ Consultant initiates Corrective Action.	6	100.0%	3	100.0%
Level of care is completed accurately using the correct instrument/form.	188	83.5%	78	78.2%
Level of care is reevaluated at least every 365 days and contains all required components for billing.	193	85.0%	78	82.1%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	193	87.0%	78	84.6%
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	74	97.3%	26	96.2%
Person receiving services is given a choice of waiver services or institutional care at least annually.	193	87.0%	78	82.1%
Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	192	92.2%	78	94.9%
The CDC+ Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted.	182	84.1%	75	90.7%
The current Annual Report is in the record.	193	92.2%	77	84.4%
The Emergency Backup Plan is in the record and reviewed annually.	190	94.7%	78	93.6%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	192	98.4%	78	97.4%
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	77	80.5%
The Support Plan includes supports and services consistent with assessed needs.	189	87.8%	77	80.5%

Table 10. CDC+ Consultant Scores by Standard: FY 2022 vs FY 2023 Q2				
Standard	FY 2022		FY 2023 Q2	
	Total Scored	% Met	Total Scored	% Met
The Support Plan is developed, updated, and completed with signatures timely.	193	88.6%	77	90.9%
The Support Plan is updated when warranted by changes in the needs of the person.	86	98.8%	21	95.2%
The Support Plan reflects support and services necessary to address assessed risks.	181	86.2%	77	72.7%
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	176	98.3%	70	100.0%
<b>Average CDC+ C Score</b>	<b>6,609</b>	<b>94.1%</b>	<b>2,634</b>	<b>92.7%</b>

## CDC+ Representatives



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

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

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

Region	# of Reviews	# of Standards Scored	% Met
Northwest	5	61	96.7%
Northeast	29	462	97.6%
Central	24	380	93.9%
Suncoast	21	331	97.3%
Southeast	3	44	97.7%
Southern	6	91	94.5%
<b>State</b>	<b>88</b>	<b>1,369</b>	<b>96.3%</b>

As of FY23 Q2, 88 Representatives were reviewed. Results are displayed by region in Table 11 and by standard for FY22 and FY23 Q2 in Table 12. On average, CDC+ Rs scored relatively high on record reviews in FY22 and FY23 Q2 – 93.0 and 96.3 percent Met, respectively. At the standard level, seven of 20 standards were 100 percent Met and only one standard scored below 90 percent. The lowest scoring standard (highlighted in Table 12) 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 (82.4%). Also of note, the standard “Documentation is available to support the reconciliation of Monthly Statements” has increased by more than 10 percentage points (88% vs. 98.9%) since FY22.

Standard	FY 2022		FY 2023 Q2	
	Total Scored	% Met	Total Scored	% Met
Complete and signed Participant/ Representative Agreement is available for review.	246	98.0%	88	95.5%
Accurate signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	227	92.1%	79	93.7%
Signed and approved Invoices for Vendor Payments are available for review.	105	93.3%	48	100.0%
Signed and approved receipts/statement of “Goods and Services” for reimbursement items are available for review.	33	97.0%	12	100.0%
Complete Employee Packets for all Directly Hired Employees are available for review.	228	95.2%	79	94.9%

Table 12. CDC+ Representative Scores by Standard: FY 2022 vs FY 2023 Q2				
Standard	FY 2022		FY 2023 Q2	
	Total Scored	% Met	Total Scored	% Met
Complete Vendor Packets for all vendors and independent contractors are available for review.	129	93.8%	51	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%	85	82.4%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	230	94.8%	80	95.0%
All applicable signed and approved Purchasing Plans are available for review.	243	95.1%	85	100.0%
All applicable signed and approved Quick Updates are available for review.	74	98.6%	34	97.1%
Copies of Support Plan(s) are available for entire period of review.	245	96.7%	88	98.9%
Copies of approved Cost Plan(s) are available for entire period of review.	246	95.5%	88	97.7%
Emergency Backup Plan is complete and available for review.	246	93.9%	88	95.5%
Corrective Action Plan (if applicable) is available for review.	10	90.0%	3	100.0%
Monthly Statements are available for review.	238	96.6%	88	100.0%
Documentation is available to support the reconciliation of Monthly Statements.	241	88.0%	88	98.9%
The Participant obtains services consistent with stated/documented needs and goals.	244	97.1%	87	98.9%
The Participant makes purchases consistent with the Purchasing Plan.	244	96.7%	86	98.8%
Background screening results for all Directly Hired Employees (DHE's) who render direct care are available for review.	229	83.0%	79	89.9%
Background screening results for all Independent Contractors who render direct care are available for review.	79	91.1%	33	100.0%
<b>Average CDC+ R Score</b>	<b>3,777</b>	<b>93.0%</b>	<b>1,369</b>	<b>96.3%</b>

### Provider Discovery Reviews: Qualified Organizations(QOs)<sup>11</sup>

During the course of the contract year, a PDR is completed for each Qualified Organization. The QO PDR consists of an Administrative Review – including the General Administrative Review and Staff Qualifications and Training – as well as Service Specific Record Reviews for individuals selected for a PCR.<sup>12</sup>

Between July and December 2022, 81 QO PDRs were completed and approved by Qlarant Regional Managers. Table 13 shows the number of QO PDRs completed per region during this time. With the low number of QO PDRs completed in some regions, results presented in this section are somewhat limited and should be interpreted with caution.

**Table 13. PDR QOs by Region: FY 2023 Q2**

Region	N	%
Northwest	5	6.2%
Northeast	8	9.9%
Central	14	17.3%
Suncoast	16	19.8%
Southeast	22	27.2%
Southern	16	19.8%
<b>State</b>	<b>81</b>	<b>100.0%</b>

### General Administrative Review



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

Table 14 shows indicator level results for QOs for FY22 and FY23 Q2. As of FY23 Q2, all but three standards were 100 percent Met. The lowest scoring standard for QOs review in the half of FY23 had to do with maintaining a Table of Organization (92.6%). This was also one of the lowest scoring standards in FY22.

<sup>11</sup> All review tools are posted on the FSQAP website <https://florida.qlarant.com/Public2/resourceCenter/providers/discoveryReviewTools/index.html>

<sup>12</sup> SSRR results for QOs are discussed in the PCR section.

Standard	FY 2022 (N = 207)		FY 2023 Q2 (n = 81)	
	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%	81	100%
The provider addresses all incident reports.	133	97.0%	47	100%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	32	100%	10	100%
All instances of abuse, neglect, and exploitation are reported.	30	100%	9	100%
The provider maintains Business Liability Insurance.	206	95.6%	80	100%
The provider maintains a Table of Organization.	205	95.6%	81	92.6%
The provider follows their approved Mentor Mentee program. (No longer reviewed by Qlarant after 12/31/2021)	6	100%	NA	NA
The Mentor has the appropriate qualifications.	155	97.4%	69	97.1%
The Mentee completed all mentoring program requirements.	62	98.4%	36	97.2%
The Mentee completed all mentoring program requirements for the CDC+ program.	22	100%	13	100%
The provider employs at least four Support Coordinators.	205	99.0%	79	100%
<b>State Average</b>	<b>1,263</b>	<b>97.5%</b>	<b>505</b>	<b>98.2%</b>

### Staff Qualifications and Training



All WSCs and CDC+ Consultants are required to have certain training and education completed in order to render services. For each QO, Qlarant uses the Staff Q&T tool to review up to four WSC/CDC+

Consultant records to assess compliance with qualification and training requirements.

Region	# QOs	#WSCs	% Met
Northwest	5	17	91.9%
Northeast	8	28	93.0%
Central	14	51	96.2%
Suncoast	16	60	97.1%
Southeast	22	79	98.9%
Southern	16	55	97.3%
<b>State</b>	<b>81</b>	<b>290</b>	<b>96.7%</b>

As of FY23 Q2, Qlarant reviewed 290 WSC/CDC+ C records across 81 QOs. Table 15 shows the distribution of these reviews by region and the average percent Met. Overall, 96.7 percent of standards were met for the 290 WSCs/CDC+ Cs reviewed. By region, average scores ranged from a 91.9 percent in the Northwest region to 98.9 percent in the Southeast region.



### Staff Q&T Results by Standard

A description of each standard captured within the Staff Q&T component of the QO PDR is shown in Table 16. This table shows the number of WSC/CDC+ C staff 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 Q2, all 15 standards showed a compliance rate above 85 percent. The lowest scoring standards are highlighted in Table 16 and summarized as follows:

- 12 of 81 QOs (85.2%) reviewed had one or more WSC who had not received training in HIPAA or HIV/AIDS/Infection Control.
- 11 of 81 QOs (86.4%) reviewed had one or more WSCs who had not completed 18 hours of job related annual in-service training.
- 9 of 81 QOs (88.9%) reviewed had one or more WSC who had not received training First Aid.

Standard	# Staff Reviewed	% Staff Met	# QOs Reviewed	% QOs in Compliance
Support Coordinator successfully completed required In-Person Level 2 assessment.	49	98.0%	30	96.7%
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.	290	99.7%	81	98.8%
The provider has completed all aspects of required Level II Background Screening.	290	97.6%	81	93.8%
The provider maintains current CPR certification.	289	95.8%	81	90.1%
The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	92	100.0%	53	100.0%
The provider received training in Direct Care Core Competencies.	191	97.9%	71	94.4%
The provider received training in Direct Care Core Competency. (Old)	99	100.0%	49	100.0%
The provider received training in First Aid.	289	95.2%	81	88.9%
The provider received training in HIPAA.	290	94.8%	81	85.2%

Table 16. Staff Qualifications and Training Scores by Standard: Qualified Organizations FY 2023 Q2 (81 QOs; 290 WSCs/CDC+ Cs)				
Standard	# Staff Reviewed	% Staff Met	# QOs Reviewed	% QOs in Compliance
The provider received training in HIV/AIDS/Infection Control.	289	94.5%	81	85.2%
The provider received training in Requirements for all Waiver Providers.	289	98.6%	81	95.1%
The provider received training in Zero Tolerance.	290	97.6%	81	91.4%
The Support Coordinator completes 18 hours of job related annual in-service training.	268	91.0%	81	86.4%
The Support Coordinator successfully completed Introduction to Social Security Work Incentives.	278	97.1%	81	91.4%
The Support Coordinator successfully completed required pre-service level 1 assessment.	171	100.0%	58	100.0%
<b>State Averages</b>	<b>3,464</b>	<b>96.7%</b>	<b>1,071</b>	<b>92.4%</b>

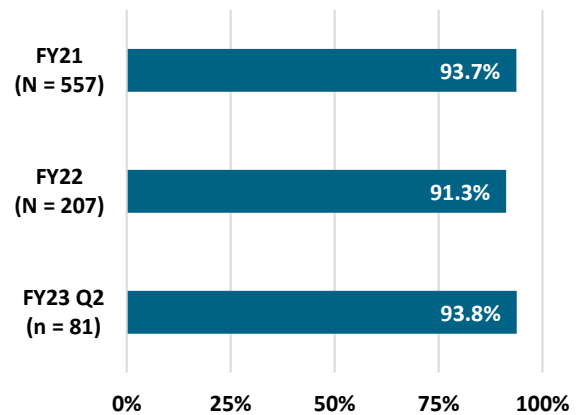
### Background Screenings

During the PDR, a sample of WSC/CDC+ C records are reviewed to determine compliance with all components of background screening requirements.

If a single staff record indicates a lack of required documentation, the QO is reported as being out of compliance.

Figure 14 shows the percent of QOs (WSCs prior to FY22) in compliance with all background screening requirements by FY. Since, FY21, over 90 percent of WSCs have been in compliance. As of FY23 Q2, a total of five QOs (7 WSCs/CDC+Cs) did not meet all background screening requirements.

Figure 14. Percent of QOs/WSCs without a Billing Discrepancy by FY



When a WSC does not have all the appropriate background screening documentation on file, an Alert is recorded (unless the only reason cited is noncompliance with the Affidavit of Good Moral Character/Attestation of Good Moral Character). Three background screening alerts were reported in the first half of FY23. Alerts by region will be presented in future reports as more QOs are reviewed.

### QO PDR Summary Results

Information in Table 17 shows PDR scores for QOs in FY22 and the first half of FY23. The table presents the average overall PDR scores, as well as scores for the Administrative and SSRR

components of the Overall Score. The table also shows the number of alerts, the number of billing standards scored Not Met, and their respective rates for every 10 reviews.

Results for QOs scored as of FY23 Q2 are similar, on average, to those reviewed in FY22. As in FY22, QOS reviewed as of FY23 Q2 performed better on the administrative (GAR and Staff Q&T) component of the PDR than the record review component. The rate of alerts and average number of PBD standards missed has declined slightly for QOs since FY22.

Size	PDR Scores			Alerts		Billing Discrepancy Standards Missed	
	Overall Score	Administrative Review	SSRR <sup>13</sup>	#	Rate per 100 QOs	#	Average per Review
FY22 (N = 207)	91.5%	96.5%	91.0%	13	6.30	679	3.28
FY23 Q2 (n = 81)	90.6%	96.9%	89.9%	4	4.90	201	2.48

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<sup>13</sup> SSRR scores for QOs are discussed in the PCR section.

## Provider Discovery Reviews: Service Providers<sup>14</sup>

During the course of the contract year, a PDR is completed for most providers who rendered at least one of the following services through the iBudget Waiver, for six months or more:<sup>15</sup>

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



The Service Provider PDR consists of up to five review components: My Life Interview (MLI), General Administrative Review, Qualifications and Training (Q&T), and Service Specific Record Review (SSRR), and Observations (OBS) at waiver funded licensed residential homes (LRH) and day program facilities.<sup>16</sup>

Between July and December 2022, 904 Service Provider PDRs were completed and approved by Qlarant Regional Managers. Table 18 shows the number completed per region.

Region	N	%
Northwest	65	7.2%
Northeast	120	13.3%
Central	170	18.8%
Suncoast	235	26.0%
Southeast	181	20.0%
Southern	133	14.7%
<b>State</b>	<b>904</b>	<b>100%</b>

<sup>14</sup> All review tools are posted on the FSQAP website

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

<sup>15</sup> Deemed providers are permitted to skip one year for the PDR. Deemed is currently defined as an Overall PDR Score of 95% or higher for Service Providers, with no alerts and no potential billing discrepancies for which the total reimbursement amount is five percent or greater. There is no deemed status for Qualified Organizations/Support Coordinators.

<sup>16</sup> MLI Scores are not included in the PDR score.

## PDR My Life Interview (MLI)<sup>17</sup>



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

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

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

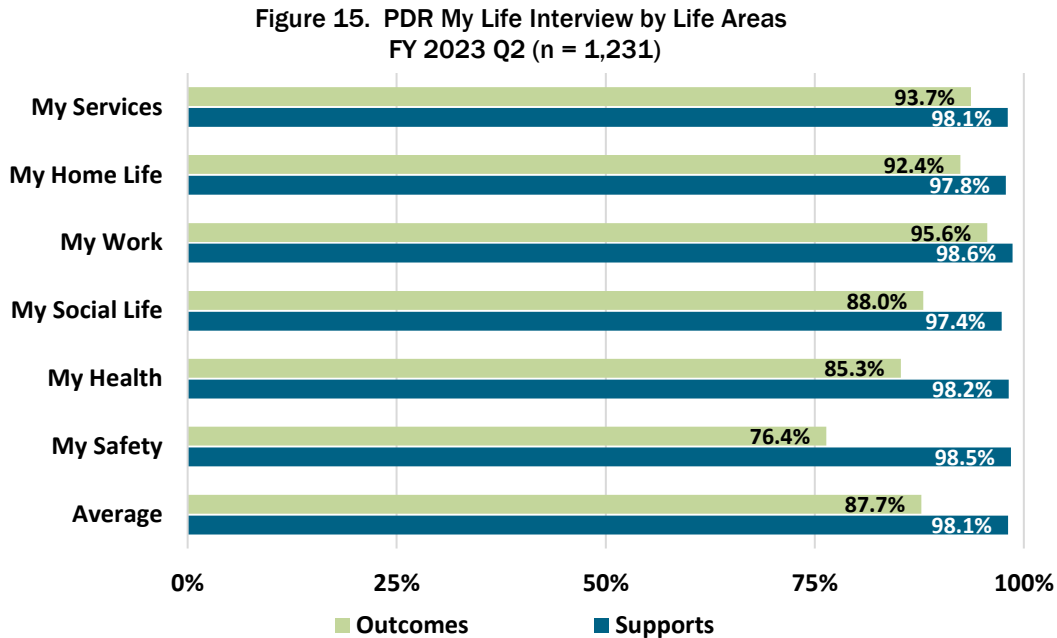
As of FY23 Q2, 1,231 people participated in the PDR MLI. The distribution of interviews by region, as well as scores for Outcomes and Supports are presented in Table 19. On average, about 98 percent of Supports were Met for individuals receiving services from the service provider reviewed. Outcomes were less likely to be Met (87.7%) and scores varied by region - ranging from a low score of 83.7 percent in the Central region to a high score of 95.0 percent in the Northeast region.

Region	N	Outcomes	Supports
Northwest	80	91.0%	97.4%
Northeast	124	95.0%	99.1%
Central	235	83.7%	95.8%
Suncoast	359	88.1%	97.8%
Southeast	243	87.0%	99.3%
Southern	190	86.9%	99.6%
<b>State</b>	<b>1,231</b>	<b>87.7%</b>	<b>98.1%</b>

<sup>17</sup> MLI results in this section are for Service Providers only.

### PDR My Life Interview: Average Scores by Life Area

The average PDR MLI score for each Life Area is presented in Figure 15, by Outcomes and Supports. Findings as of FY23 Q2 indicate individuals receiving services were supported across all Life Areas (each above 97%) and, similar to the PCR MLI, Outcomes related to ‘My Safety’ (76.4%), ‘My Health’ (85.3%) and ‘My Social Life’ (88.0%) and were least likely to be Met.



Figures 16a and 16b show PDR MLI scores by Life Area and provider size. Findings as of FY23 Q2 suggest the following:

- Relative to individuals receiving services from medium and large providers, individuals receiving services from small providers scored lower, on average, on Outcomes related to “My Safety” (75.8%), “My Health” (84.8%) and “My Work” (94.0%).
- 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.
- Individuals receiving services from medium sized providers scored especially well on Outcomes related to “My Work” (99.2%).

Figure 16a. PDR MLI Outcomes by Life Area and Provider Size: FY 2023 Q2

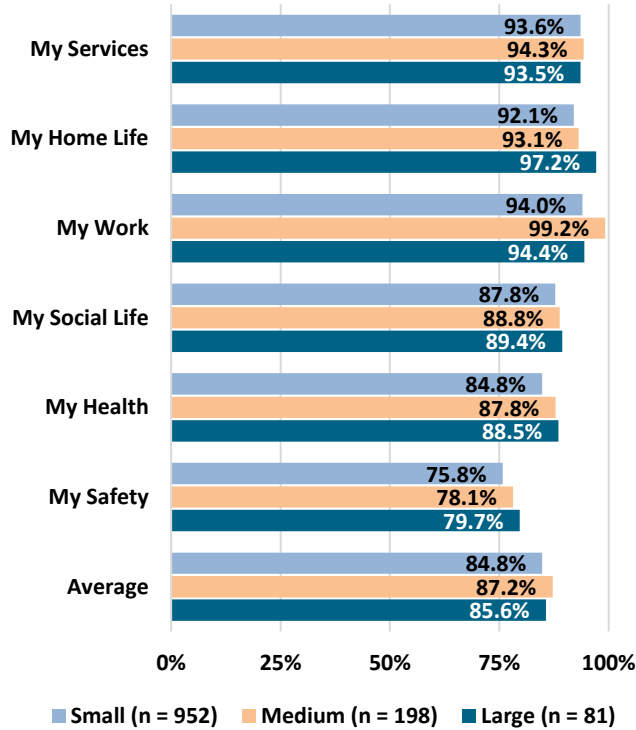
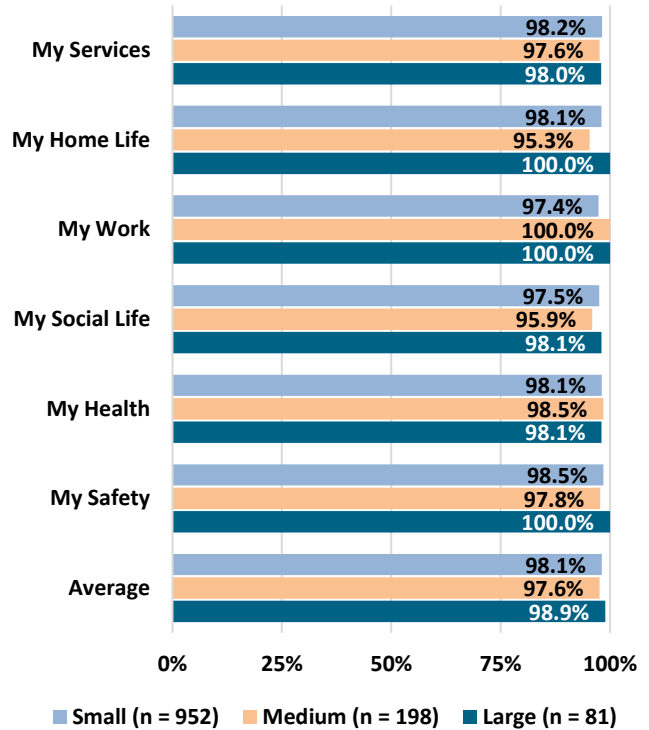


Figure 16b. PDR MLI Supports by Life Area and Provider Size: FY 2023 Q2



### Observations

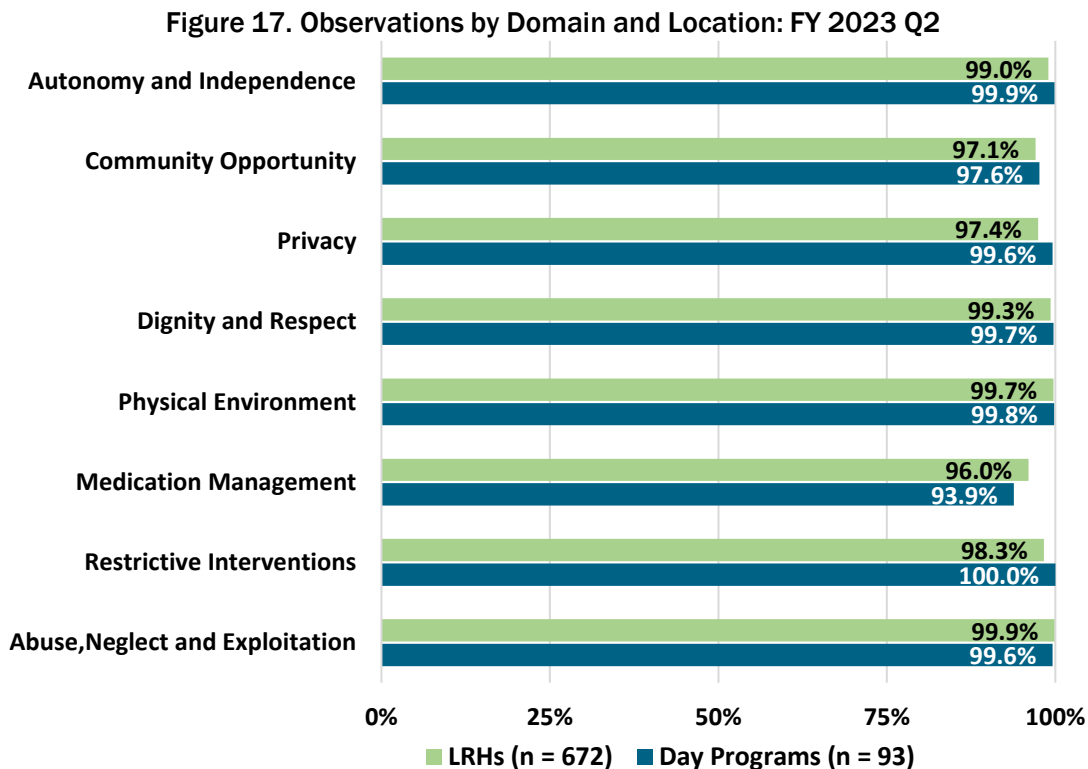
When reviewing providers of Residential Habilitation, Qlarant QARs conduct onsite observations of up to 10 LRHs. For Life Skills Development 3 (LSD 3) facilities (Day Programs), all locations operated by the providers receive an onsite observation. During this portion of the PDR, QARs observe the physical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

As of FY23 Q2, observations were completed at 672 LRHs and 93 Day Programs. Observation scores are shown by region and location in Table 20. Findings from the first half of FY23 indicate high rates of compliance for both location types, with little variation across regions.

Region	LRH		Day Programs	
	# OBS	% Met	# OBS	% Met
Northwest	54	99.0%	9	98.7%

Table 20. PDR Observation Scores by Region and Location FY 2023 Q2				
Region	LRH		Day Programs	
	# OBS	% Met	# OBS	% Met
Northeast	69	99.2%	13	99.8%
Central	121	97.5%	18	99.7%
Suncoast	200	98.1%	25	99.4%
Southeast	132	99.1%	12	99.0%
Southern	96	99.4%	16	99.1%
<b>State</b>	<b>672</b>	<b>98.6%</b>	<b>93</b>	<b>99.4%</b>

The observation tool is comprised of 71 standards measuring eight different domains. Figure 17 shows the average score for each of these domains by location. With the exception of Medication Management at Day Programs, scores as of FY23 Q2 were over 95 percent Met, on average, across all eight domains for LRHs and Day Programs.



The lowest scoring standard for LRHs was in the Privacy domain and had to do with individuals not having keys to their bedroom doors (89.6% Met; n = 623). The lowest scoring standards for Day Programs were in the Community Opportunity and Medication Management domains. These standards and their scores are listed below:



- **Community Opportunity:** Training in the use of public transportation is not available and/or facilitated (90.3%; n = 62)
- **Medication Management:** Non-controlled medications are not centrally stored in a locked container in a secured enclosure (90.6%; n = 32).

### General Administrative Review



Each service provider is reviewed on up to nine standards through the General Administrative Review (GAR) tool. 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 21. On average, agencies scored higher than solo providers (97.2% versus 89.1%). Among agency providers, scores by region were fairly consistent with a low score of 96.6 percent in the Central region and a high score of 99.2 percent in the Northwest region. Scores by region were more varied for solo providers ranging from 100 percent in the Southern and Southeast regions to 77.8 percent in the Central region.

Region	Agency Providers			Solo Providers		
	# of PDRs	Standards Scored	% Met	# of PDRs	Standards Scored	% Met
Northwest	49	129	99.2%	16	17	94.1%
Northeast	101	263	97.3%	19	25	92.0%
Central	150	409	96.6%	20	27	77.8%
Suncoast	218	601	97.5%	17	21	85.7%
Southeast	163	359	96.7%	18	18	100.0%
Southern	131	267	97.0%	2	2	100.0%
<b>State</b>	<b>812</b>	<b>2,028</b>	<b>97.2%</b>	<b>92</b>	<b>110</b>	<b>89.1%</b>

Table 22 shows GAR results by standard for agency and solo providers. The majority of standards scored for solo providers had very few responses and should be interpreted with caution. Findings are summarized as follows:

- Among agency providers,
  - All but one of the nine standards were approximately 95 percent Met or higher, on average.

- The lowest scoring indicator for agency providers had to do with the Program or Clinical Services Director of Intensive Behavior group homes meeting the qualifications of a Level 1 Behavior Analyst. (88.9%; n = 18).
- Among solo providers,
  - Only two of five standards were scored for more than 5 providers.
  - The lowest scoring standard had to do with providers maintaining an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse (88.0%; n = 92).

**Table 22. General Administrative Review Results by Standard: Agencies vs Solos  
FY 2023 Q2**

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.	16	18	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.	2	2	100%	NA	NA	NA
Agency vehicles used for transportation are properly insured.	324	332	97.6%	NA	NA	NA
Agency vehicles used for transportation are properly registered.	313	331	94.6%	NA	NA	NA
The provider identifies addresses and reports all medication errors.	64	66	97.0%	0	0	.
The provider addresses all incident reports.	325	335	97.0%	11	12	91.7%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	65	67	97.0%	3	3	100%
All instances of abuse, neglect, and exploitation are reported.	65	65	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.	797	812	98.2%	81	92	88.0%
<b>State Average</b>	<b>1,971</b>	<b>2,028</b>	<b>97.2%</b>	<b>98</b>	<b>110</b>	<b>89.1%</b>

### Staff Qualifications and Training

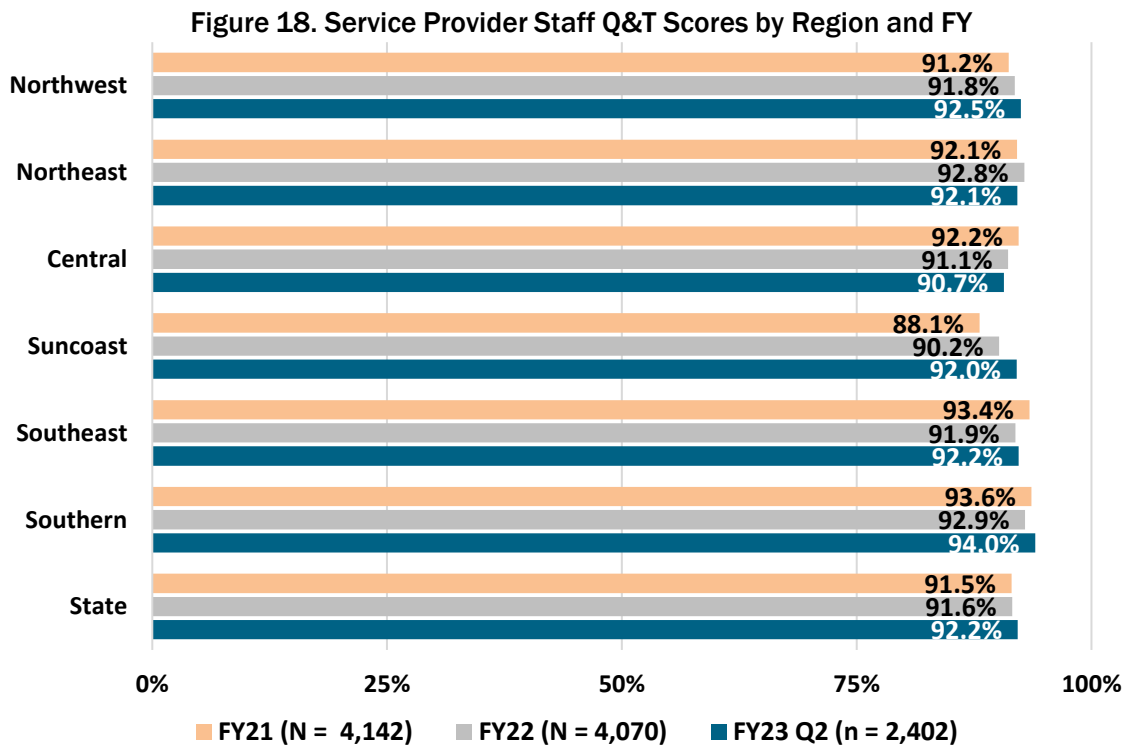


All direct Service Providers are required to have certain training and education completed in order to render specific services. For each service provider, at least three staff records (at least one per eligible service) are reviewed.

As of FY23 Q2, Qlarant reviewed 2,402 Service Provider staff records. Table 23 shows the distribution of reviews by region and Figure 18 shows the percent of standards Met across all service provider employees by FY.

Region	# Providers	# Staff
Northwest	65	159
Northeast	120	297
Central	170	446
Suncoast	235	646
Southeast	181	481
Southern	133	373
<b>State</b>	<b>904</b>	<b>2,402</b>

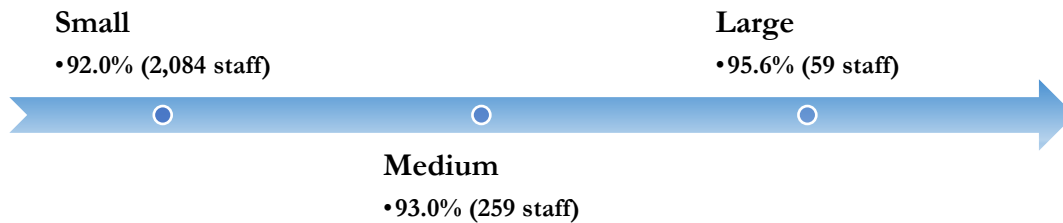
Figure 18 shows the percent of standards Met across all service provider employees by FY. On average, Staff Q&T scores by region have been fairly consistent over the past three FYs. As of FY23 Q2, average scores by region were all over 90 percent Met (Figure 18).



### Staff Q&T: Scores by Provider Size

Figure 19 shows the average Staff Q&T score by provider size. Data collected in the first half of FY23 show some variation in scores by provider size. On average, scores ranged from 92 percent for small providers, 93 percent for medium providers, and 95.6 percent for large providers.

Figure 19. Staff Q&T scores by Provider Size: FY 2023 Q2



### Staff Q&T: Scores by Standard

A description of each standard captured within the Service Provider's Staff Q&T is shown in Table 24. For each standard, the table shows the number of staff records reviewed, the percent of staff 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 staff reviewed must meet all requirements of the standard (i.e., 100% Met). In other words, if one record is out of compliance for the standard, the provider does not comply with that standard.

Among Service Providers reviewed in the first half of FY23, 11 of 52 standards (standards scored on fewer than 30 providers are not included) showed compliance rates of less than 85 percent. These standards are highlighted in Table 24 and summarized as follows:

- Between 20 and 27 percent of 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.
- Nearly 25 percent of providers did not meet compliance requirements for completing/maintaining training in HIV/AIDS/Infection Control.
- Just under 20 percent of providers did not meet compliance requirements for maintaining current Basic Medication Administration Validation or training in HIPAA.
- Approximately 18 percent of providers did not comply with all aspects of required Level II Background Screening.
- More than 15 percent of providers did not meet compliance requirements for completing/maintaining training in First Aid or in an Agency approved curriculum for behavioral emergency procedures consistent with the requirements of the Reactive Strategies rule (65G-8, FAC).

**Table 24. Staff Qualifications and Training Scores by Standard: Service Providers  
FY 2023 Q2 (904 Providers; 2,402 Employees)**

Standard	# Staff Reviewed	% Staff in Compliance	# Providers Reviewed	% Providers in Compliance
Drivers of transportation vehicles are licensed to drive vehicles used.	1,634	99.8%	786	99.5%
Personal vehicles used for transportation are properly insured.	1,063	92.9%	559	90.5%
Personal vehicles used for transportation are properly registered.	1,058	91.6%	555	87.4%
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.	9	66.7%	7	71.4%
The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	2,390	97.1%	903	94.9%
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.	674	75.4%	432	74.8%
The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment.	81	87.7%	70	87.1%
The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services.	135	75.6%	79	78.5%
The Personal Supports provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	873	76.3%	486	73.0%
The provider completed Annual Update Training in Basic Medication Administration prior to expiration of current validation.	695	94.8%	375	93.1%
The provider completed required Supported Living Pre-Service training.	207	97.6%	168	97.0%
The provider completed the Prescribed Enteral Formula Administration Annual Update training prior to the expiration of their current validation.	16	87.5%	11	81.8%
The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.	8	62.5%	7	57.1%
The provider has completed all aspects of required Level II Background Screening.	2,392	90.1%	904	81.7%
The provider has completed standardized, pre-service training for Life Skills Development 2.	87	95.4%	74	94.6%
The provider has completed the Prescribed Enteral Formula Administration training.	53	94.3%	32	93.8%
The provider maintains current Basic Medication Administration Validation.	970	87.0%	443	80.8%
The provider maintains current CPR certification.	2,304	93.7%	884	88.0%

**Table 24. Staff Qualifications and Training Scores by Standard: Service Providers  
FY 2023 Q2 (904 Providers; 2,402 Employees)**

Standard	# Staff Reviewed	% Staff in Compliance	# Providers Reviewed	% Providers in Compliance
The provider maintains current Prescribed Enteral Formula Administration Validation.	51	94.1%	30	90.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	81	98.8%	53	98.1%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	10	90.0%	8	87.5%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	757	99.1%	458	98.7%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	86	100.0%	73	100.0%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	164	98.8%	86	97.7%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	1,001	98.8%	508	98.0%
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.	208	98.6%	87	96.6%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	38	97.4%	19	94.7%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	914	99.1%	362	98.1%
The provider meets all minimum educational requirements and levels of experience for Respite.	143	97.2%	112	97.3%
The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care.	2	100.0%	1	100.0%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	209	99.5%	170	99.4%
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.	980	96.7%	447	94.6%
The provider received training in an Agency approved curriculum for behavioral emergency procedures	321	90.0%	129	84.5%

Table 24. Staff Qualifications and Training Scores by Standard: Service Providers FY 2023 Q2 (904 Providers; 2,402 Employees)				
Standard	# Staff Reviewed	% Staff in Compliance	# Providers Reviewed	% Providers in Compliance
consistent with the requirements of the Reactive Strategies rule (65G-8, FAC).				
The provider received training in Basic Person Centered Planning.	292	93.2%	201	91.5%
The provider received training in Direct Care Core Competencies.	2,091	96.0%	856	93.6%
The provider received training in Direct Care Core Competency. (Old)	294	98.6%	201	98.0%
The provider received training in First Aid.	2,297	90.9%	884	83.0%
The provider received training in HIPAA.	2,389	89.2%	904	80.8%
The provider received training in HIV/AIDS/Infection Control.	2,300	85.5%	884	75.7%
The provider received training in Requirements for all Waiver Providers	2,375	93.3%	903	89.5%
The provider received training in Zero Tolerance.	2,389	93.3%	903	87.5%
The provider received training on Individual Choices, Rights and Responsibilities	295	94.6%	204	93.1%
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.	30	80.0%	16	81.3%
The Residential Habilitation – Intensive Behavior provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	38	86.8%	19	84.2%
The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	811	81.4%	356	79.2%
The Residential Habilitation-Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.	173	86.1%	85	85.9%
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.	205	97.1%	87	95.4%
The Supported Living Coach completed Introduction to Social Security Work Incentives.	200	91.0%	166	90.4%
The Supported Living Coaching provider completes eight hours of annual in-service training.	187	81.8%	160	80.0%

Table 24. Staff Qualifications and Training Scores by Standard: Service Providers FY 2023 Q2 (904 Providers; 2,402 Employees)				
Standard	# Staff Reviewed	% Staff in Compliance	# Providers Reviewed	% Providers in Compliance
<b>State Averages</b>	<b>35,984</b>	<b>92.2%</b>	<b>16,149</b>	<b>88.2%</b>

### Background Screenings

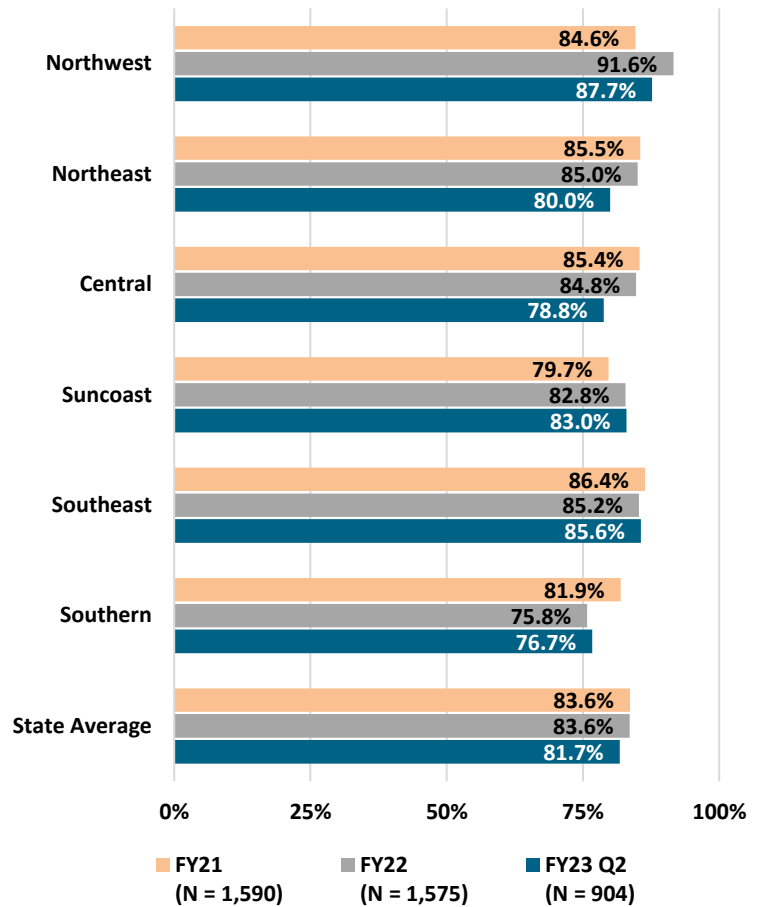


When examining background screening results, a varying number of staff

records are reviewed to determine compliance with all components of the requirement. For Background Screenings, if any of staff record indicates a lack of required documentation, the provider is reported as being out of compliance.

Figure 20 shows the percent of service providers in compliance with all background screening requirements, by region and FY. As of FY23 Q2, 81.7 percent of service providers were in compliance with background screening requirements slightly less than the proportion in FY22 and FY21. Scores by region show some variation this far in FY23 with compliance rates ranging from 76.7 percent in the Southern region to 87.7 percent in the Northwest region.

Figure 20. Percent of Providers 100% in Compliance with Background Screening Requirements by Region and FY



### Service Specific Record Review Results (SSRR)



During the Service Provider PDR, a sample of individuals is selected to conduct record reviews for each service offered by the provider. The number of individual records selected 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: Scores by Region

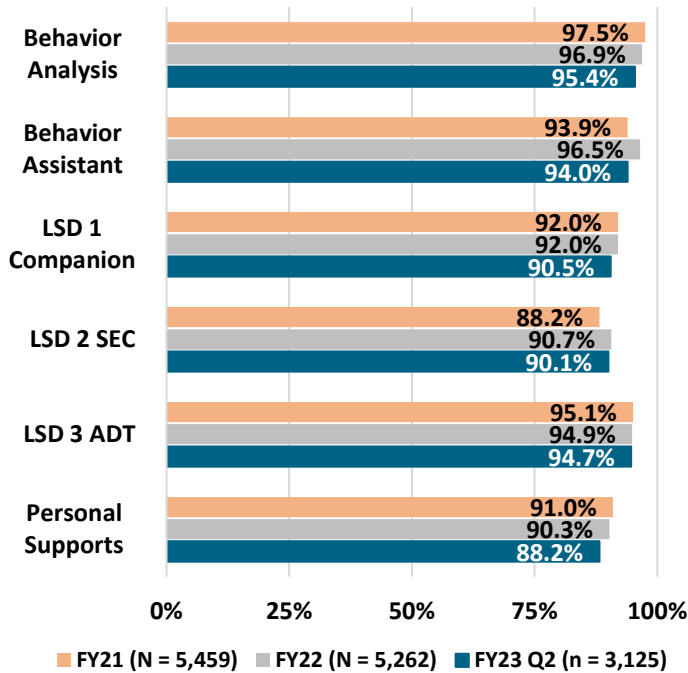
SSRR results as of FY23 Q2 are presented by region for all Service Providers in Table 25. Standards scored within the SSRR are weighted, meaning some standards contribute more than one point to the overall PDR score; therefore, the weighted score and the percent of standards scored Met (percent Met) are presented. On average, service provider scores as of FY23 Q2 are fairly consistent across regions with average weighted scores ranging from 89.2 percent in the Suncoast region to 94.5 percent in the Southern region.

Table 25. Service Specific Record Review Results by Region: FY 2023 Q2				
Region	# Records Reviewed	# Standards Scored	Weighted Score	Percent Met
Northwest	214	3,762	93.3%	92.3%
Northeast	396	6,361	90.1%	90.0%
Central	596	9,766	88.6%	87.6%
Suncoast	872	15,184	89.2%	88.0%
Southeast	598	9,484	91.6%	91.2%
Southern	449	7,167	94.5%	93.5%
<b>Service Provider Average</b>	<b>3,125</b>	<b>51,724</b>	<b>90.7%</b>	<b>89.8%</b>

### SSRR: Scores by Service

Average weighted scores for FY21, FY22 and FY23 Q2 are presented by service in Figures 21a and 21b.<sup>18</sup> Scores for records reviewed in the first half of FY23 were lowest for Supported Living Coaching (82.3%), Respite (86.5%) and Personal Supports (88.2%). Further, since FY22, scores for Supported Living Coaching, Respite and Personal Support services declined by 9.0, 3.6, and 2.0 percentage points, respectively.

**Figure 21a. Weighted SSRR scores by Service and FY**



**Figure 21b. Weighted SSRR scores by Service and FY**

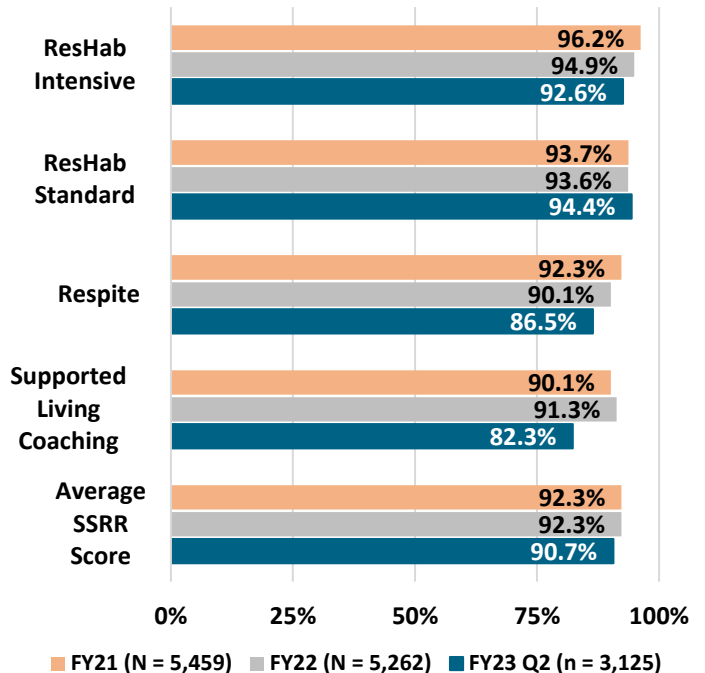


Table 26 compares the lowest scoring standard(s) for Personal Supports, Respite, and Supported Living Coach thus far in FY23 to its average score in FY22. Findings show scores for Personal Supports and Respite services have declined by about 10-15 points for the standard “The provider has complete Service Logs covering services provided and billed during the period under review.” For Supported Living Coaching, scores for standards regarding the Quarterly Summary and Annual Report covering services provided and billed during the period of review declined by over 30 percentage points.

Table 26. Lowest Scoring Standard for Lowest Scoring Services: FY 2022 vs FY 2023 Q2						
Service	Standard	FY 2022		FY 2023 Q2		Difference
		# Scored	% Met	# Scored	% Met	

<sup>18</sup> Scores are not shown for ResHab EIB (n = 1) or Special Medical Supplies (n = 1)

Personal Supports	The provider has complete Service Logs covering services provided and billed during the period under review.	1,510	65.0%	828	49.9%	-15.1 points
Respite		259	66.4%	139	56.8%	-9.6 points
Supported Living Coaching	A Quarterly Summary covering services provided and billed during the period under review is in the record.	420	71.7%	235	38.3%	-33.4 points
	The Annual Report covering services provided and billed during the period under review contains all required components.	393	76.3%	205	44.9%	-31.4 points

Personal Supports and Respite providers who did not meet the SSRR standard regarding service logs covering services billed during the period of review were marked Not Met because service logs were not always present for the date of service for which claims were billed. This reason accounted for 86 (354/415) and 90 percent (54/60) percent of Not Mets for Personal Support and Respite providers, respectively.

The most common reason Supported Living Coaching providers did not meet standards regarding having a Quarterly Summary or Annual Report covering services billed during the period under review was because the Quarterly Summaries (45.5%; 66/145) or Annual Report were not in the record (69.0%; 78/113). Additional reasons why these standards were marked Not Met include:

- **Quarterly Summaries were present/complete but:**
  - Not reflective of progress toward one or more Support Plan goals/outcomes – 8.3% of Not Mets (12/145)
  - Not aligned with the Support Plan effective date – 6.9% of Not Mets (10/145)
  - Did not include a description of activities that took place during each quarter/month – 2% of Not Mets (3/145)
- **Current Annual Report did not contain:**
  - A summary of the previous three quarters (or nine months) of the Support Plan year – 22.4% of Not Mets (26/113)
  - Any pertinent information about significant events that occurred in the person’s life during the previous year – 13.2% of Not Mets (15/113)
  - A summary of the person’s progress toward achieving one or more individually determined goals/outcomes – 9.7% of Not Mets (11/113)

### 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 22 displays the proportion of Service Providers with one or more PBD by region and FY. On average, the percent of service providers with one or more PBD has increased since FY21 from 39.4 to 48.5 percent. By region, the proportion of service providers with a PBD has increased since FY22 across all regions except the Southern region. In the Southern region, the proportion of providers with one or more PBDs has declined from nearly 38 percent in FY22 to about 34 percent in the first half of FY23.

Figure 22. Percent of Providers with 1+ PBD by Region and FY

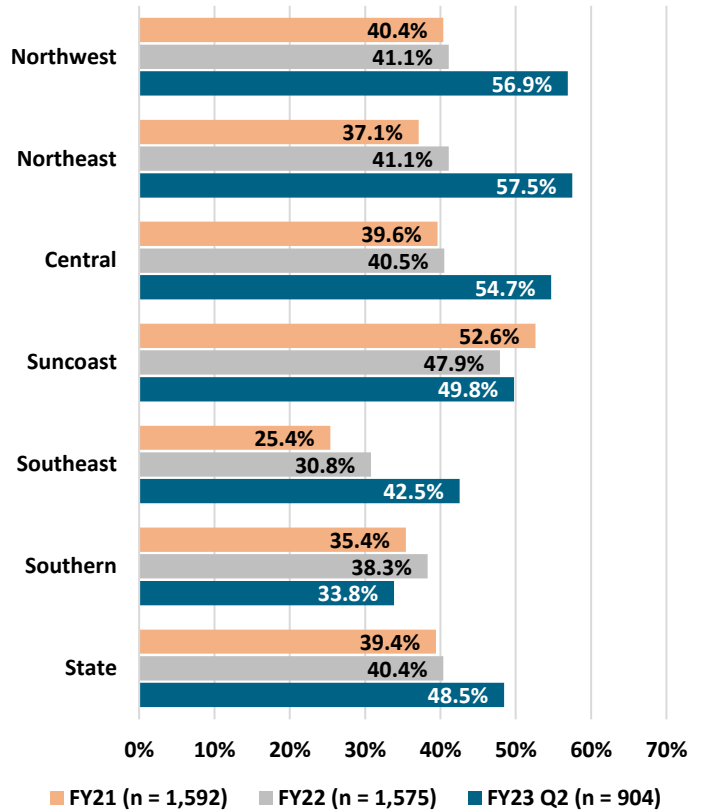


Table 27 shows the number of records reviewed, by service, and the percent with one or more PBDs in FY22 and FY23 Q2. Results indicate about 31 percent of records reviewed as of FY23 Q2 had one or more billing standard scored Not Met. Records reviewed for Life Skills Development 1(Companion), Life Skills Development 2 (SEC), Personal Supports, Respite, and Supported Living Coaching were most likely to have a PBD identified.

Table 27. Percent of Providers with 1+ PBD by Service FY 2022 vs FY 2023 Q1				
Service	FY 2022		FY 2023 Q2	
	# Records Reviewed	% with 1+ PBD	# Records Reviewed	% with 1+ PBD
Behavior Analysis	182	13.2%	121	9.9%
Behavior Assistant	29	17.2%	9	22.2%
Life Skills Development 1 (Companion)	1,030	28.1%	622	30.2%
Life Skills Development 2 (SEC)	142	24.6%	89	27.0%
Life Skills Development 3 (ADT)	368	17.7%	254	8.3%
Personal Supports	1,512	38.6%	831	52.3%
Residential Habilitation Behavior Focus	221	2.7%	127	10.2%
Residential Habilitation EIB	4	0.0%	1	0.0%
Residential Habilitation Intensive Behavioral	45	6.7%	29	6.9%
Residential Habilitation Standard	1,046	7.8%	662	5.0%
Respite	259	39.0%	140	45.7%
Special Medical Home Care	0	NA	1	0.0%
Supported Living Coaching	424	32.1%	239	66.5%
<b>Total</b>	<b>5,262</b>	<b>25.3%</b>	<b>3,125</b>	<b>30.8%</b>

### Service Provider Alerts



If a situation is noted that could cause harm to an individual receiving services during the PDR, 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 recorded, unless the only reason cited is noncompliance with the Affidavit of Good Moral Character/Attestation of Good Moral Character.

Table 28. Alerts by Type: Service Providers FY 2023 Q2		
Alert Type	Number	Percent
ANE	1	0.4%
Background Screening	109	38.4%
Clearinghouse Roster	39	13.7%
Driver’s License/Insurance	13	4.6%
Health & Safety	6	2.1%
Medication Admin/Training	57	20.1%
Medication Storage	44	15.5%
Rights	15	5.3%
<b>Total Alerts</b>	<b>284</b>	<b>100.0%</b>

Between July and December 2022, 284 alerts were reported for Service Providers. Alerts are listed by type in Table 28. The majority of alerts were due to missing or insufficient background screening

(38.4%), maintaining the employee/contractor roster within the clearinghouse (13.47%), or medication administration, training, or validation (20.1%).

### 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 29. On average, Service providers scored higher on observations than on the Staff Q&T and SSRs.

Table 29. PDR Component Scores for Service Providers by APD Region: FY 2023 Q2								
Region	# of PDRs	PDR Score <sup>19</sup>	Observations		GAR		Staff Q&T (2,402)	Service Record Review (3,125)
			LRH (672)	ADT (93)	Agencies (812)	Solo (92)		
Northwest	65	94.7%	99.0%	98.7%	99.2%	94.1%	92.5%	93.3%
Northeast	120	92.6%	99.2%	99.8%	97.3%	92.0%	92.1%	90.1%
Central	170	91.3%	97.5%	99.7%	96.6%	77.8%	90.7%	88.6%
Suncoast	235	92.1%	98.1%	99.4%	97.5%	85.7%	92.0%	89.2%
Southeast	181	93.6%	99.1%	99.0%	96.7%	100.0%	92.2%	91.6%
Southern	133	95.6%	99.4%	99.1%	97.0%	100.0%	94.0%	94.5%
<b>State</b>	<b>904</b>	<b>93.0%</b>	<b>98.6%</b>	<b>99.4%</b>	<b>97.2%</b>	<b>89.1%</b>	<b>92.2%</b>	<b>90.7%</b>

#### **PDR Scores by Provider Size**

Information in Table 30 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 also present, by provider size, the number of alerts, number of billing standards missed and the rate of alerts and billing discrepancy standards missed per 100 PDRs.

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

The average PDR score for Service Providers reviewed as of FY23 Q2 was 93.0 percent with scores ranging from a low of 92.4 percent for small providers to a high of 97.2 percent for large providers. Large providers had the highest alert rate – 47.1 alerts cited for every 100 reviews.

Table 30. Summary of PDR Scores for Service Provider: FY 2023 Q2							
Size	PDR Score			Alerts		Billing Discrepancy Standards Missed	
	Overall Score	Compliance	Person Centered Practices	#	Rate per 100 Reviews	#	Rate per 100 Reviews
Small (n = 803)	92.4%	92.8%	91.2%	243	30.3	1,027	128
Medium (n = 84)	94.4%	94.0%	95.7%	33	39.3	118	140
Large (n = 17)	97.2%	97.3%	96.5%	8	47.1	19	112
<b>State (n = 904)</b>	<b>93.0%</b>	<b>93.3%</b>	<b>92.0%</b>	<b>284</b>	<b>31.4</b>	<b>1,164</b>	<b>129</b>

### Section III: Discussion and Recommendations



Findings in this report reflect data from PCRs and PDRs completed and approved between July and December 2022 (FY23 Q2), with some comparisons to data collected in FY21 and FY22. As of December 2022, Qlarant had completed and approved 663 PCRs, 81 QO PDRs, and 904 Service Provider PDRs.

Provider feedback remains positive with an average score on the feedback survey of 97.8 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 are relatively high, some individuals receiving services scored extremely low. For example, as shown in Figure 4, as of FY23 Q2, one Waiver participant scored as low as 15 percent on Outcomes and another scored just 12 percent on

Supports. Very low Outcomes and Supports scores may be indicative of deeper issues requiring specialized attention and follow-up. Figures 5 and 6 provide some insight into how Outcome scores are distributed across regions and residential settings for Waiver participants. Findings from the first half of FY23 suggest people living in the Central and Southern regions or in LRHs are less likely than others to meet more than 50 percent of Outcomes.

**Recommendation 1:** Ensure systems are in place in each region to identify individuals with low Outcomes and have the WSC or CDC+ Consultant follow-up with the person to address issues identified during the PCR.

### 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 ANE means, what to do if experiencing ANE, or if their safety needs are being addressed. Nearly 80 percent of people who did not know what ANE means were unaware of what Exploitation means or what the various types of abuse were (i.e., physical, emotional, etc.). Among those who did know what to do when ANE occurs, 67 percent did not know what the Abuse Hotline was and over 50 percent did not know where to find the Abuse Hotline number. Lastly, among those whose safety needs were not being addressed, 71 percent indicated they did not know how or when to call 911 and nearly 50 percent did not know how to keep themselves safe when out in their communities.

**Recommendation 2:** Qlarant encourages Quality Council members to brainstorm ways to help ensure information about the abuse hotline, including how it is used and where it can be found, 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 more abstract concepts like 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 sessions.

**Recommendation 4:** It is critical to ensure people know how to get help when it is needed. It is not clear why people do not understand how or when 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 develop individualized education to assist in learning this critical need.

### Understanding Medications

Over the past several years, results from the PCR My Life Interview have suggested individuals often do not understand their own medications. Since FY20, the proportion of PCR participants who did not meet this Outcome has fluctuated between 40 and 49 percent. Reasons why this Outcome is not Met are primarily due to people not being aware of what medications they take, their medications' potential side effects, or why their medications were prescribed. While Supports for this standard are consistently above 95 percent, people have a right to know what medications they are taking, why they are taking them, and be educated on what the potential side effects are.

**Recommendation 5:** Understanding the medications you take and why you are taking them is a right all people should be afforded. Further, being aware of your medications' potential side effects is important to one's physical health and overall well-being. WSC and CDC+ Consultant training should be reviewed to ensure it includes various ways to help people learn about their medications. These trainings should include ways to convey information about the medications people are taking, why they are taking it, and any potential side effects that may impact the person's physical or mental health. This information should be communicated to the person in a way they can understand and perhaps written down for them to reference at a later date.

### 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, while the proportion of people indicating a change in their WSC agency has declines since FY22, data from the first half of FY23 continue to show relatively high rates of change in their treating WSC. As of FY23 Q2, 13 percent of individuals on the waiver and 10 percent of people on CDC+ had experienced a change in their treating WSC.

**Recommendation 6:** 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 their treating WSCs.

### Preventative Health Care

#### **Dental Exams**

While most people who participated in a PCR in the first half of FY23 reported having had a physical exam in the previous 12 months (Waiver: 97.9%; CDC+: 92.2%), considerably less people reported receiving a dental exam (Waiver 71.8%; CDC+: 71.8%) during the same period. These findings suggest barriers may exist when it comes to receiving preventative, and possibly more serious, dental care. Annual dental exams and regular teeth cleanings are an important component of preventative healthcare which may keep people from experiencing more serious dental complications in the future.

**Recommendation 7:** Preventative dental services are included in the Statewide Medicaid Managed Care Dental Health Program<sup>20</sup> providing up to two oral evaluations and cleanings per year for people 21 years of age or older. AHCA and APD should continue working with WSCs and CDC+ Consultants to ensure they are aware of these benefits and can assist individuals in accessing care within their regions.

### **Vaccines**

Findings this far in FY23 show people on CDC+ were relatively less likely to receive their flu (39.0% vs. 53.1%) or COVID-19 vaccine (59.7% vs. 81.7%) than Waiver participants. While these findings are preliminary, they suggest CDC+ participants may face additional challenges accessing annual vaccines than their Waiver participant counterparts. This may be due, in part, to the fact that people using CDC+ do not live in LRHs, therefore relying more on their family or other natural supports to get vaccinated.

**Recommendation 8:** As Qlarant collects more data, we can continue to monitor this disparity and conduct additional analyses to determine the reason or reasons for which people on CDC+ are less likely to be vaccinated. These findings could be utilized by the Quality Council to develop materials educating people on CDC+, and their families about vaccines. This resource could also include information specific to each region regarding where to go to access free vaccines.

### **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 Q2 it was 88 percent. Since FY21, scores for

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<sup>20</sup> [https://ahca.myflorida.com/Medicaid/statewide\\_mc/pdf/Contracts/2022-02-1\\_Dental/Dental\\_Attachment\\_I\\_Nov-2022.pdf](https://ahca.myflorida.com/Medicaid/statewide_mc/pdf/Contracts/2022-02-1_Dental/Dental_Attachment_I_Nov-2022.pdf)

standards related to individuals' level of care forms being completed accurately and reevaluated as required have declined. These changes are outlined below:

- **Level of care is completed accurately using the correct instrument/form.**
  - FY21: 86.7%; FY22: 75.6%; FY23 Q2: 72.0%
- **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: 73.7%
- **Level of care is reevaluated at least every 365 days and contains all required components for compliance.**
  - FY21: 96.5%; FY22: 80.6%; FY23: 75.5%

**Recommendation 9:** 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 transitions to iConnect and QOs have played a role in these declines. Qlarant recommends APD develop s refresher training that is required for WSCs who do not meet these or other billing related standards.

### 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 10:** 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 nearly 15 percent of QOs reviewed as of FY23 Q2 did not meet compliance requirements for completing/maintaining training in

HIV/AIDS/Infection Control. Maintaining basic HIV/AIDS/Infection control training is essential when caring for people in a vulnerable population.

**Recommendation 11:** 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.

### 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 LSD 1 (Companion), LSD 2 (SEC), 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. More recent declines in these scores are likely due to Qlarant reviewing documentation in iConnect for these service providers.

**Recommendation 12:** APD and AHCA should consider organizing a web-based focus group discussion with providers who use iConnect to discuss the barriers they face with billing requirements such as maintaining complete Service Logs/Daily Progress Notes. Subsequent to this meeting, a training focusing on documentation within iConnect could be developed that targets specific issues for providers of these services.

### Summary

Findings from PCRs completed in FY23 Q2 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 88%) since FY22.

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), Life Skills Development 2 (SEC), Personal Supports, Respite, and Supported Living Coaching score lower than other services on the record review component of the PDR. These services are also more likely to have a PBD identified. Further, while QOs scored fairly well on the Administrative Review components of their PDRs, findings show a decline in Record Review scores and an increase in the number of PBDs. Increases in PBDs for service provider and QOS are likely related to the transition from paper records to the iConnect system. As WSCs and providers become more familiar with the iConnect system, we expect PBD rates to decline.

## Attachment 1: Customer Service Activity: FY 2023 Q2 (July – December 2022)

Customer Service Topic	#	Description	Outcome	Avg. Time
Contact QAR	5	Providers called requesting to speak with the QAR they are currently working with or that already completed their review.	QARs were contacted by office staff and asked to contact the provider.	1 day
Miscellaneous/Other	9	Family, stakeholders, APD and providers called with requests unrelated to our Desk Review process, where to send their Plan of Remediation, how to report Abuse or to speak to a specific Regional Manager.	Questions within Qlarant's scope of work were answered. Where appropriate, callers were referred to the Regional Manager, APD and AHCA.	1 day
Name/Address/Phone Update	30	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	43	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	3	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	7	Providers called with questions about potential billing discrepancy on their PDR and how to repay money identified for potential recoupment.	Providers were given the AHCA email address for potential billing discrepancy. <a href="mailto:APDProviderBilling@ahca.myflorida.com">APDProviderBilling@ahca.myflorida.com</a>	1 day
Question	29	Providers called with questions regarding documentation requirements, qualification and	Questions were answered by the Qlarant customer service representative, other office personnel or Regional Managers.	1 day

Customer Service Topic	#	Description	Outcome	Avg. Time
		training requirements, and service limitations; for explanations of the review processes and clarification on various other topics. Providers also called with questions related to the Desk Review process.	Callers were referred to the iBudget Handbook, local APD Regional Office, relevant websites and the Qlarant tools posted on the FSQAP website.	
Reconsideration	32	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	2	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	28	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	3	Providers called with questions regarding where to find the most current review tools. Calls inquiring about changes made to the tools.	Providers were referred to the FSQAP website Provider Resources page and shown the current tools posted. Questions regarding the tools were answered, with references to the protocols and the Not Met reasons.	1 Day
<b>Total Number of Calls</b>	<b>191</b>	Note: 3 calls were conducted in Spanish		