Florida Statewide Quality Assurance Program

Regional Qualified Organization Training

May - June 2022

Best People. Best Solutions. Best Results.®

Introducing the Qlarant Team

- SR. Vice President - State Contracts

  Bob Foley

- Program Director

  Theresa Skidmore

- Regional Managers

  Kristin Allen – Suncoast Region

  Christie Gentry – Central Region

  Robyn Tourlakis – Southeast and Southern Region

    - Janet Tynes – Team Lead

  Charlene Henry – Northeast and Northwest Regions

Introducing the Qlarant Team

- Analytic Team

  Katherine Glasgow

- Registered Nurse Reviewer

  Elizabeth Cooper

- Customer Service

  Kathleen Boyer

- Administrative Support

  Pat Metcev - Tampa

  Katie Clark - Tallahassee

Introducing the Team – Our Partners

- Agency for Health Care Administration (AHCA)

  Suzi Kemp – Contract Manager

- Agency for Persons with Disabilities (APD)

  Kimberly Quinn - Chief, Quality Management

- Human Services Research Institute (HSRI)

  Stephanie Giordano - NCI Co-Director

Housekeeping

- Registration
  - Certificates – MUST BE REGISTERED
- Restrooms
- Stretch
- Cell Phones
- Evaluations
- Questions
- Ground Rules

Session Purpose

- Highlight updates to review tools, and Provider Discovery Review Support Coordinator (PDR SC) processes going into effect July 1st 2022
- Review key components of a Person-Centered Review (PCR)
- Review key components of a PDR SC
- Discuss lower scoring standards trends, provide tips and suggestions on how to avoid common mistakes
- Preview potential changes coming next year 2023-2024

Qlarant Process

- Standards & Requirements are taken directly from Medicaid Waiver Coverage and Limitations Handbook and Florida Statutes
- Transparency – All Tools, Policies, and Procedures posted to our website
- Review processes include feedback from persons receiving services, documentation, provider input, & observation

Provider Discovery Review Support Coordinator Tools

- Administrative
  - General Administrative
  - Qualifications & Training
- Service Specific Tools
  - Standard
  - Protocol – Changes coming 7/1/2022; i.e. HB dates and page references coming out
  - Not Met (NM) Reasons
- (B) after a NM Reason means its a Potential Billing Discrepancy if scored out
- (A) after a NM Reason means its an Alert if scored out

Tips for a Positive Qlarant Review

- ✓ Prepare all year long not just when you get your letter or a phone call to schedule
- ✓ Study the Handbook and read requirements for services you provide
- ✓ Most current Handbook: **September 2021** – Find it here:

https://apd.myflorida.com/ibudget/docs/September%202021%2059G-13.070_DD_iBudget_Waiver_Services.pdf

- ✓ Review Qlarant tools found at https://florida.qlarant.com/
  - Resource Center > Provider Resources > FSQAP Discovery Review Tools

Tips for a Positive Qlarant Review

- ✓ Make sure you are using iConnect
- ✓ Conduct your own self-assessment using Qlarant tools
- ✓ Have systems to organize your documentation including
  - ✓ Administrative, Employee and Individual Service Records
- ✓ Read the APD WSC and QO Advisories –
- ➢ https://apd.myflorida.com/waiver/support-coordination/
- ➢ https://apd.myflorida.com/waiver/support-coordination/qo/
- ✓ Answer the phone when we call and respond to email when we email☺

Discovery Process

Person Centered Review (PCR)

- Person Centered Reviews assess outcomes and support delivery systems from the perspective of persons receiving services

Provider Discovery Review Support Coordinator (PDR SC)

- Provider Discovery Reviews evaluate person's satisfaction and provider performance, based on service delivery measures and program standards

Person Centered Review (PCR)

Changes Implemented this past year

- Waiver Support Coordinator (WSC) rendering in multiple Regions will be sampled for 1 PCR for each Region in which they render services
- WSC in a Qualified Organization (QO) will not be pulled into Qlarant PCRs until they have worked a year as a WSC, per date on Medicaid Waiver Services Agreement (MWSA)
  - However, a new WSC's employee file can be sampled as part of the Administrative Review in a PDR SC

Changes Implemented this past year

- 4 employee files will be sampled as part of the Administrative Review in a PDR SC
- There are no longer additional third record reviews per WSC
  - Only records sampled are those for PCRs
  - Exceptions to this can occur if WSC has small caseload in a Region and everyone declines the PCR
- National Core Indicator (NCI) survey is done with a separate person (1 per all WSC) and is done virtually over Zoom for Government

National Core Indicators (NCI)

A process being used by most states to gather information about the lives of people with intellectual/developmental disabilities

- Enables states to compare data – oranges to oranges
- Data from NCI are confidential and are only used at Regional or Statewide level
- Not used in decision-making regarding a provider's performance
- For more information go to:

https://www.nationalcoreindicators.org/

PCR Sampling

- PCR sample pulled annually using caseload information from APD
  - Pulled by WSC name
  - It is only as accurate as the data entered in the system
- A person may decline to participate in a PCR; another name will be randomly selected through an oversample process
- If a Consumer Directed Care+ (CDC+) PCR is declined, the CDC+ Representative PDR is still conducted

PCR Procedures & Pre-Review Activities

In initial contact, Reviewer will:

- Let QO know if review is Desk or Onsite
- Confirm names of all WSC in the QO including
  - Hire dates, MWSA dates
  - Gather caseload information for any WSC not originally sampled
- Confirm number of people you render services to
  - Check if you render CDC+ in addition to waiver services
- Share name of persons sampled for PCR (may be done at initial or subsequent contact- this starts the clock)
- Share name of person sampled for NCI Adult Survey
- Request WSC contact and schedule PCRs and NCI

PCR Procedures & Pre-Review Activities

In subsequent calls, Reviewer will:

- Finalize and confirm PCR dates, times, and locations
- Finalize date/time for NCI
- Gather background information for NCI
- Schedule PDR SC review to include Administrative and Service Specific Record Review (SSRR)

Person Centered Review (PCR) Includes:

- MY Life Individual Interview
- Health Summary
- WSC/CDC+ Service Specific Record Review
- Medical Peer Review
- CDC+ Representative Provider Discovery Review (if applicable)

Interviews

- Capture information from the perspective of the person receiving services
- Gather information specific to the person's desired goals, outcomes, and satisfaction with services
- Determine whether services are effectively implemented in accordance with the persons unique needs, expressed preferences, and decisions concerning his/her life
- Interviews with the person **do not** factor into a QO PDR SC score

Interviews

- **PCR My Life** - Questions asked and life areas reviewed are driven by all services person is receiving and in context of how WSC is supporting person
- **PDR My Life** - Questions asked and life areas reviewed are driven by specific service(s) person is receiving from provider

PCR My Life Tool

Focused Outcome areas

- ✓ Choice and self-direction
- ✓ Rights
- ✓ Satisfaction
- ✓ Safety
- ✓ Future
- ✓ Stability

PCR My Life Tool

Expectations

- Yes
- No
  - Not present reasons for Outcome
  - Not present reasons for Support
- Unable to determine
- Not Applicable
- Likert – Strongly Disagree/Disagree/Agree/Strongly Agree

PCR My Life Tool

Evaluate **Outcomes** and **Supports** for the following life areas

- My Service Life
- My Home Life
- My Work/Daily Life
- My Social Life
- My Health
- My Safety

PCR – My Life Tool
Expectations - My Service Life

- I am an active participant in Support Planning
- I am an active participant in development of service documentation
- I am working toward goals/outcomes important me
- I choose and manage my services
- I choose and manage my service providers
- I know and exercise my rights

PCR – My Life Tool
Expectations - My Service Life (cont.)

- I am satisfied with approved services
- I am satisfied with my service providers
- I am satisfied with Waiver Support Coordinator (WSC)
- Within the past 12 months, I experienced changes in my WSC
- Within the past 12 months, I experienced changes in my WSC agency
- Within the past 12 months, the services I receive have changed

PCR – My Life Tool
Expectations - My Home Life

- I am satisfied with services received in my home
- I am happy with where I live
- I chose where I live
- My preferences for living arrangements are respected and valued where I live
- I am able to explore other places to live
- Within the past 12 months, I have moved
- Within the past 12 months, service providers in my home have changed

PCR – My Life Tool
Expectations - My Work/Daily Life

- I am satisfied with service providers who support me in my desired day activity
- My day activity is meaningful to me
- I chose where I work/day activity
- My preferences are respected and valued at my work/day activity
- I am able to explore other arrangements for work/day activity
- Within the past 12 months, I have changed employment
- Within the past 12 months, I have experienced changes to my work/day activity service providers

PCR – My Life Tool
Expectations - My Social Life

- I am happy with how much involvement I have in my community
- I am part of and participate in my community
- I am an active and contributing member of my community
- I have meaningful friendships and relationships
- My preferred communication method/styles are known and respected

PCR – My Life Tool
Expectations - My Health

- I am in good health
- I am satisfied with physician/dentist
- I am satisfied with other health care providers/specialists
- My health needs are being addressed
- I am an active participant in all aspects of healthcare choices
- I understand what medications I take and why the medications are prescribed
- I am able to make changes to my health

PCR – My Life Tool
Expectations - My Safety

- My safety needs are being addressed
- I know what to do if there is an emergency
- I have the adaptive equipment I need
- I understand what abuse, neglect and exploitation (ANE) mean
- I know what to do if abuse, neglect, or exploitation (ANE) occurs

PCR - Health Summary

- Series of questions related to:
  - Preventative health
  - Medications taken
  - Medical personnel involved in providing care
  - Urgent Care visits, Emergency Room visits, Hospitalizations
  - Adaptive equipment
  - Environmental conditions
  - Behavioral needs
  - Safety
- The Summary is used to assist in identifying any health and behavioral issues/concerns.

PCR - Medical Peer Review

Registered Nurse (RN) reviews to determine if:

- The person is receiving appropriate physical, dental, behavioral health care
- Services meet professionally recognized standards of healthcare
- Additional follow-up, focused review, referrals to Regional Medical Case Manager, Regional Behavior Analyst, Medical Director review, or Expert Specialist review is needed

CDC+ Representative Provider Discovery Review (PDR CDC)

- No anticipated changes to the CDC+ Representative Tool for 7/1/2022
- Tips for CDC+ Consultants to support Representatives:
  - Share the CDC+ Representative checklist from Qlarant website
  - Confirm the Representative has copies of all documents a WSC is supposed to share (i.e., Support Plan, Cost Plan, etc.)
  - Lowest Scoring Standard Trends:
    - Background Screening
    - Roster
    - Monthly reconciliation
    - Timesheets
      - Must be complete
      - Still require physical signature. Electronic signatures are not acceptable.

Provider Discovery Review - Support Coordinator (PDR SC)

PDR SC

- Centers around the service delivery system of the QO
- Evaluates performance in delivering appropriate services and supports to assist the person in achieving personal goals/outcomes and meeting identified needs
- Assesses quality, billing and compliance with the Developmental Disabilities Individual Budgeting Waiver Services Coverage And Limitations Handbook (iBudget Handbook), Florida Administrative Code, and other state requirements, rules, and policy

Provider Discovery Review Formats

- **Desk Review** – Discovery review in which the provider submits all documents (not in iConnect) to the Quality Assurance Reviewer (QAR) via secure email or fax. The QAR and provider will review missing documents and Preliminary Findings by phone or zoom. The QAR and provider do not physically meet in-person for this review format.

- **Onsite Review (Change)** – Discovery review in which the QAR goes Onsite to the provider's location where records are kept. The entire review is conducted in-person, including review of Administrative and Service records and signing of Preliminary Findings. Documentation required to be in iConnect will be reviewed prior to QAR going onsite.

Criteria for Desk Review or Onsite Review

- Desk Review if:
  - Scored 85% or higher on previous Qlarant review
- Onsite Review if:
  - New Qualified Organization – never been reviewed before
  - Scored less than 85% on previous Qlarant review
  - APD or AHCA Request

Review Checklists

Checklists have been created to assist providers with gathering and organizing documents for the Administrative and SSRR parts of the review process.

Checklists can be found on the Qlarant Florida website:

https://florida.qlarant.com/

Resource Center > Provider Resources > FSQAP Discovery Review Tools

Review Checklist Tips

Pay attention to the terms and other notes highlighted in **red** throughout the Administrative and SSRR Checklists:

- Review Period
- 6-month claims period
- Current and Previous
- (A) = Alert

Checklist – Qualified Organization Administrative

Your Qlarant reviewer will contact you about the specific employee files that you need to send.

Please include the employee's date of hire and the in-service period for each employee. Identify your agency's system for tracking annual in-service training hours for employees. This needs to be the same system used each year as identified in the iBudget Waiver Services Coverage and Limitations Handbook.

Items marked with an (A) are Alert items and if not provided will be identified at the close of the review.

Please see the entire Administrative Tool for more details at: https://florida.qlarant.com/

General Administrative

- ☐ Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse (A) - *"print all" version with the letter "z" following the OCA number*
- ☐ Incident reports (including followup) – *Please submit all Incident Reports and follow-up documentation for individuals selected for review*
- ☐ Evidence that concerns related to abuse, neglect, and exploitation have been identified and addressed
- ☐ Evidence that all instances of abuse, neglect, and exploitation are reported
- ☐ Evidence of Business Liability Insurance – *Please submit proof covering the review period*
- ☐ Table of Organization
- ☐ Evidence of an approved Mentor Mentee program
- ☐ Evidence of appropriate qualifications for the Mentor
- ☐ Evidence Mentee(s) completed all mentoring requirements
- ☐ Evidence Mentee(s) completed all mentoring requirements for the CDC+ program, if applicable
- ☐ Evidence there are at least four Support Coordinators employed with the organization

Checklist – Support Coordination

Please see entire Discovery Review Tool at https://florida.qlarant.com/

Reviewer will look for documents listed below that are required to be in APD iConnect, as applicable.

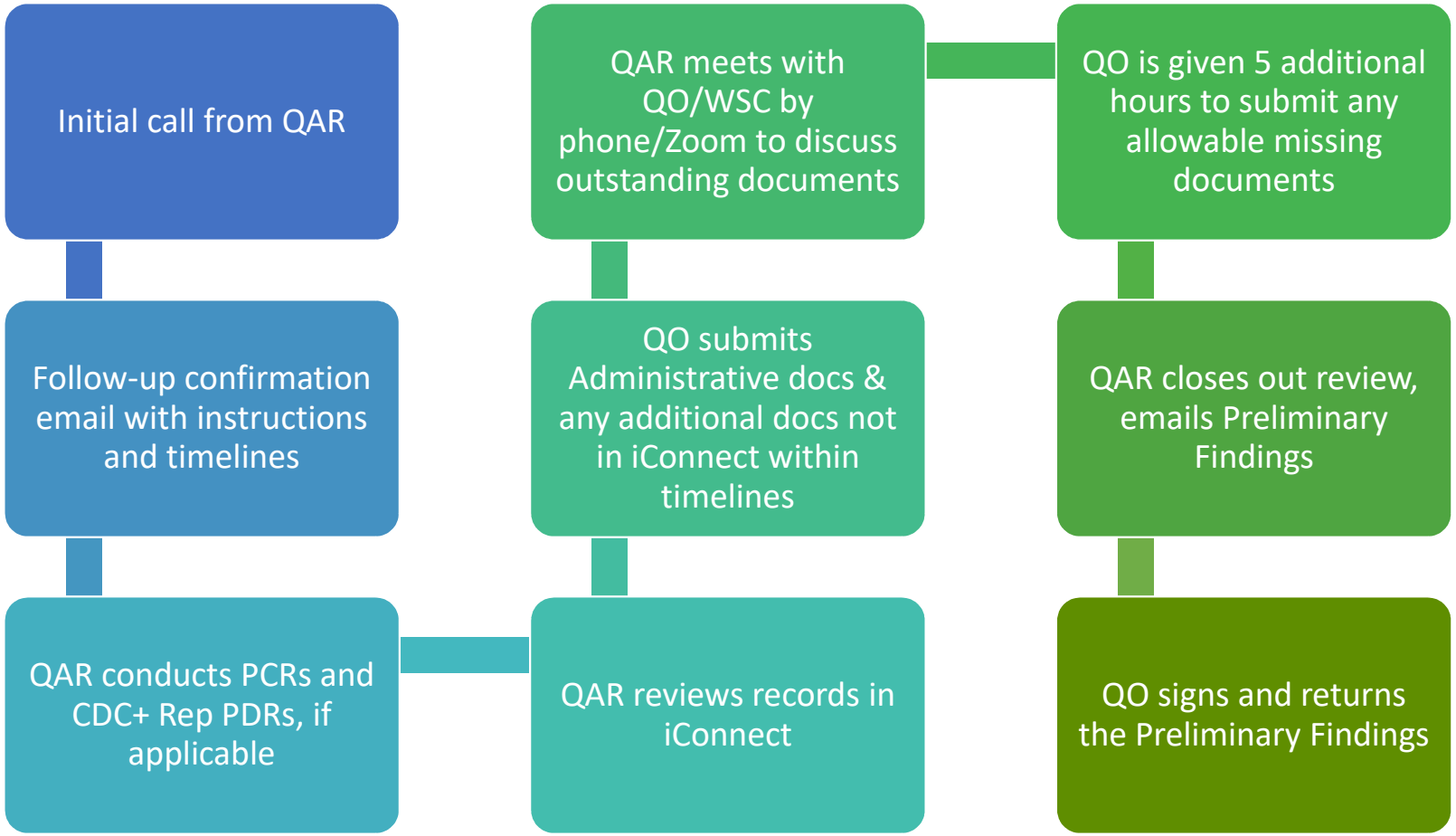
- ☐ Medicaid Waiver Eligibility Worksheets with signature pages
- ☐ Documentation to establish program eligibility
- ☐ Support Plans with signature pages
- ☐ Annual Report
- ☐ Cost Plan
- ☐ Documentation of applicable legal representation e.g. Power of Attorney, Guardianship
- ☐ Documentation current Support Plan was provided to person / legal representative
- ☐ Documentation current Support Plan was provided to all service providers
- ☐ Safety Plan (if applicable)
- ☐ Documentation Service Authorizations are issued to service providers (covering the review period)
- ☐ Documentation to ensure services are delivered in accordance with the service plan, including type, scope, amount, duration, and frequency specified in the Cost Plan
- ☐ Pre Support Plan Meeting Planning (may not be within the months of progress note review)
- ☐ Progress Notes

For all other documentation related to the individual and services provided, please submit the following (for the review period).

- ☐ Documentation to support informed decisions when choosing waiver services & supports on an ongoing basis
- ☐ Documentation to support informed decisions when choosing among waiver service providers on an ongoing basis
- ☐ Documentation to support ongoing rights education
- ☐ Documentation to support ongoing efforts to address person's safety needs
- ☐ Documentation to support ongoing efforts to ensure all of the person's health needs are addressed

Qlarant_FL_IDD_SupportCoordination_Checklist_2022_0101

Overall Flow of the Desk Review Process



PDR SC – Desk Review Tips

- Organize and submit documents for each employee related to qualifications and training needed for the review
- Keep the documents you sent to the reviewer separate and in order until your review is completed
- Do not send documents you have already entered into iConnect
- Do not send documentation that is required to be in iConnect
- If faxing documents via Right Fax, use a cover sheet with your provider name, reviewer name and number of pages; if sending more than 75 pages consider breaking up the fax and sending in batches
- If sending electronically via Secure Share, do not include PHI/PII in the file name or narrative section and don't forget to upload and hit Submit to send documents

For Desk Review - What cannot be accepted with the final submission?

Documents submitted in the first 14 days cannot be corrected and then resubmitted. The following are examples of documents that cannot be edited and resubmitted or can not be submitted after the initial submission.

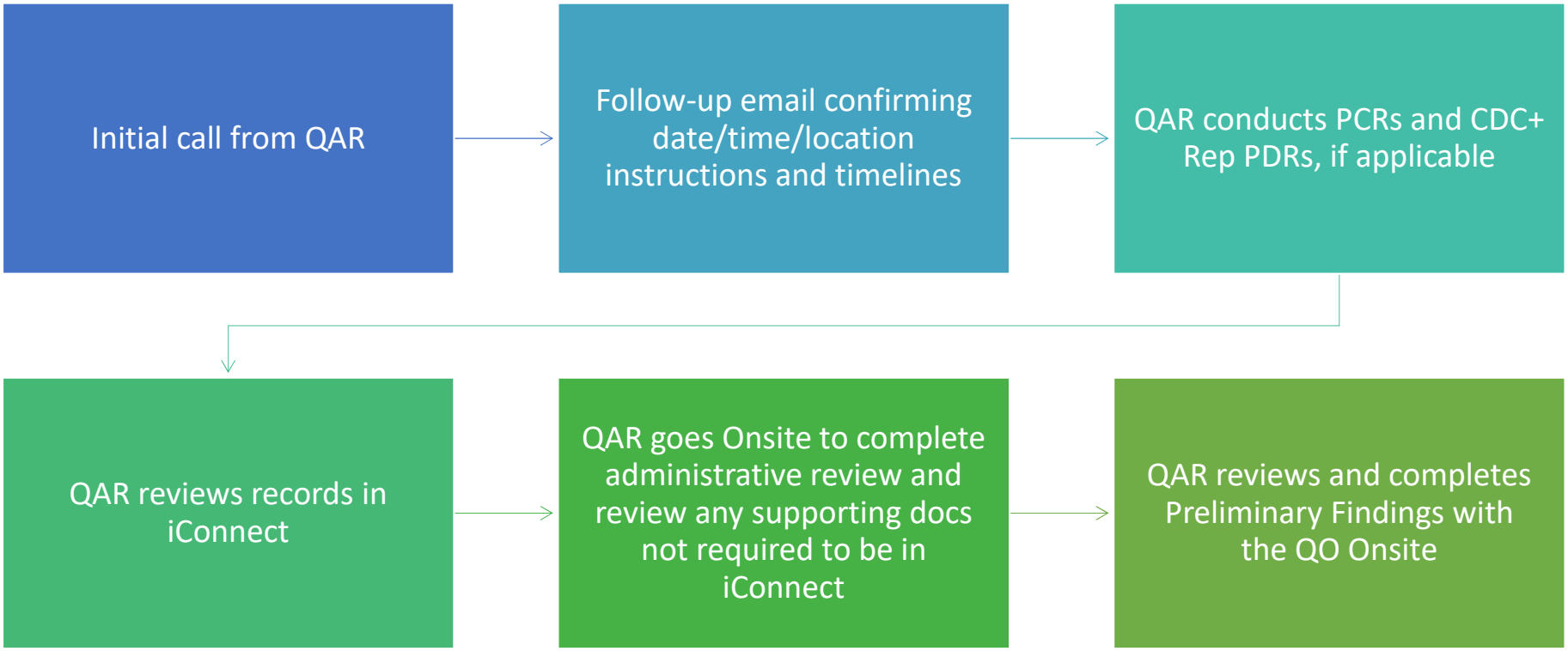
These include, but are not limited to:

- Training taken after the initial contact
- Background screening items dated after the initial contact
- Documentation that should have been in iConnect
- Training certificate that was missing the trainer's signature
- Documentation requiring signatures

iConnect and the PDR SC Process

- QAR has direct access to iConnect and can begin review once interview names have been provided
- Once a QAR initiates a record review in iConnect, anything added/changed after the date of the record review will not be accepted
- QAR cannot accept paper documentation required to be in iConnect
- iConnect procedures, such as word merge must be followed correctly and documents must be in correct location in iConnect to be accepted
- If you have technical issues with iConnect contact is required with the APD Help Desk. Keep evidence of tickets to show ongoing efforts to resolve, show to the QAR and keep paper documentation until access is restored in iConnect

Overall Flow of the Onsite Review Process



PDR SC Onsite

- PDR SC takes place where the records are maintained
- All Records must be:
  - Available and Accessible at the location and time of Onsite
    - If documents allowed outside of iConnect are stored electronically, providers must make available to the QAR
  - Organized
    - Employee files
    - Service Records for each person sampled within iConnect

PDR SC Process for both Desk and Onsite

Pre-Review

- Qualified Organization Eligibility
- Notification & Scheduling
- Sampling Interviews & Records

Review Components

- PCRs
- CDC+ Rep PDRs (if applicable)
- General Admin
- Qualifications & Training
- Service Specific Record Reviews

Post Review

- Preliminary Findings
- Report Generation & Distribution
- Reconsiderations
- Corrections
- Data Analysis

A Qualified Organization is eligible for a PDR SC Review in each Region in which they render Support Coordination and/or CDC+ Consultant services.

Notification and Scheduling

- Annual PDR SC schedules and PCR sample is submitted to APD and AHCA prior to start of a new contract year
- Schedule broken into Quarters – no guarantee of a QO being reviewed in same quarter/month as year prior, especially this year
- Notify letter
  - Indicates QO is scheduled to participate in a PDR SC within the next 90 days
  - A Qlarant QAR will contact the phone number listed on the notify letter up to 30 days prior to the date of the review
  - If your contact phone number listed on the notify letter is not correct, please contact customer service toll free at 1-866-254-2075.
    - Changing with APD does not update Qlarant system

Qlarant is calling…

QAR will ask the QO to send a list of ALL WSC's and CDC+ Consultants in the QO within 7 calendar days.

This list should include the following information:

- Hire date
- Medicaid Waiver Service Agreement signature date
- QO annual in-service training period for each WSC/CDC+ Consultant
- All Regions the WSC is rendering in
- If rendering WSC and/or CDC+

Note: Sending your Roster as your list of employees is not acceptable for this component of the process.

Qlarant is calling…

During subsequent contacts the QAR will:

- Provide names of persons sampled for interviews and record reviews
  - 2 PCR for each WSC
- Request QO schedule interviews and send the interview schedule and contact information within 7 calendar days to the QAR via secure methods
  - Should a person decline, QO should notify the QAR as soon as possible so another name can be randomly sampled

Administrative Review

QO Administrative Tool – General Standards

- The QO maintains the employment status of all employees on the Employee/Contractor Roster within the Clearinghouse
- The QO addresses all incident reports
- The QO identifies and addresses concerns related to abuse, neglect, and exploitation
- All instances of abuse, neglect, and exploitation are reported

QO Administrative Tool – General Standards and Trends

Standards added July 1, 2021

- The Provider maintains Business Liability Insurance*
- The Provider maintains a Table of Organization
- The Mentor has the appropriate qualifications
- The Mentee completed all mentoring program requirements*
- The Mentee completed all mentoring program requirements for the CDC+ program
- The provider employs at least four Support Coordinators

* Updates to these standards coming July 1, 2022

Qualifications and Training

New Standards added July 1, 2021

- For WSCs hired prior to 7/1/2021: The Support Coordinator successfully completed required preservice level 1 assessment – Removing Standard 7/1/2022 but still required to maintain proof.
- For WSCs hired 7/1/2021 or after: The Support Coordinator successfully completed required preservice level 1 assessment*
- The Support Coordinator enrolled 7/1/2021 and after successfully completed required In-Person Level 2 assessment*
- The Support Coordinator completes 18 hours of job related annual in-service training

* Updates coming to these standards July 1, 2022

Annual In-Service Training

- Establish and document a date for how you track your 12-month training period and stick to it
- The 12-month period **cannot** be based on the annual Provider Discovery Review date each year
- In-Service Training should be specific to the service based on what is in the Handbook
  - Requires the Support Coordinator In-Service Verification Form to be completed - http://www.flrules.org/Gateway/reference.asp?No=Ref-12745
  - Attending an APD meeting does not mean entire meeting is in-service hours
  - List of allowable topics referenced in Handbook
- Re-taking basic APD training courses will not be counted toward this requirement unless identified as a need in the APD Plan of Remediation

Tips for Other Required Trainings

- HIPAA (annual) – APD HIPAA Basics – Course ID # 1099145
- Direct Care Core Competency/Competencies (once)
- HIV/AIDS/Infection Control (varies) – TRAIN – FDOH HIV/AIDS 101 In The News
- CPR (see card)
- First Aid (see card)
- Zero Tolerance (every 3 years)
- Requirements for all waiver providers (once)
- Social Security Work Incentives (once unless more to pass)
- Level 1 (once unless more to pass) - only have three attempts
- Level 2 (once unless more to pass)

Tips for Other Required Trainings

Important things to remember…

- Sometimes more than one training will be needed to show it was in place for entire period of review
- Required time frames to complete initial training
- Get a valid, complete training certificate from the trainer
- Obtain training from an approved source (refer to Handbook Appendix B)
- Have a system to track trainings that expire and/or must be retaken periodically
- Refer to 65G-10 – https://www.flrules.org/gateway/readFile.asp?sid=0&tid=0&cno=65G-10&caid=1417866&type=4&file=65G-10.doc

Service Specific Record Reviews (SSRR)

Service Specific Record Review (SSRR)

QAR reviews central record to determine if:

- Service meets needs/desired outcomes of person receiving services
- Service matches description of the service requirements in the Handbook
- Service stays within limitations of the Handbook
- Record matches goals/outcomes in Support Plan of the person receiving services

SSRR

Billing Standards:

- Required Documentation for billing – QAR will compare billing documentation to **all** claims for the period of review, to ensure billing matches documented units and dates
- Not Met Reasons resulting in a potential billing discrepancy are marked with a (B) in the Qlarant tools
- Documentation required for billing varies by service level (limited, full, enhanced) for WSC, review Handbook for specific documentation needed

SSRR

Billing Standards:

- Documents required for billing for a Support Coordinator
  - Medicaid Waiver Eligibility Worksheet
  - Support Plan
  - Progress Notes
    - Contact/Activity requirements vary by living arrangement

SSRR– Medicaid Waiver Eligibility Worksheet

APD and AHCA report on this for Level of Care (LOC) to Centers for Medicare and Medicaid Services (CMS)

- You must follow the Process outlined in APD Advisories. (2019-020 and 2019-023)
  - ✓ Start each MWEW in Forms tab
  - ✓ Fill it out. Make sure you have supporting eligibility documentation to support the selections you make on the form. (i.e., Psychological for IQ, Medical report for diagnosis)
  - ✓ Word Merge
  - ✓ Print
  - ✓ Dated Signatures
  - ✓ Upload to a Note
  - ✓ Mark the new MWEW in Forms as Complete

SSRR – Support Plan

The Support Plan is developed, updated, and completed with signatures timely

- Support Plan must be in iConnect
  - Current: Person Centered Plan version 11/2021
  - Reference: Person Centered Plan Manual 11/2021
- Signature page must be completed and uploaded into iConnect
- Qlarant plans to separate out the following not met reason to its own standard July 1, 2022:
  - "Support Plan contains all the required components"

SSRR – Support Plan

- Person Centered Support Plan Manual – Effective 11/04/2021
- Required as of 04/01/2022 – APD Advisory 2021-040
- Link to manual from APD website:

https://apd.myflorida.com/waiver/docs/Person-Centered%20Support%20Plan%20Manual%20Final%2011042021.pdf

SSRR– Identified Needs and Risks

- QSI (Questionnaire for Situational Assessment) copied shared response feature
- For all scored items (where the QSI score is 1 or above) or additional risks identified in the Other Risks/Needs Related to Me and Needs/Risks Related to My Caregiver, complete the table to describe:
  - The Support Plan reflects support and services necessary to address assessed risks
  - The Support Plan includes supports and services consistent with assessed needs
    - The specific concern or risk (specific not generic)
    - Strategies in place to address the need or risk (specific not generic)
    - Who is responsible to address the need or minimize the risk
    - Source of funding
    - Back Up Plan (specific to the person)

SSRR– Progress Notes

- Where should these be?
  - Under Provider Documentation Tab
- Many standards can be discussed in the Progress Notes. Documentation is required; make it meaningful
  - Demonstrate details regarding pre- Support planning activities
  - Include meaningful information in Support Coordinator Progress Notes to effectively assist the person in achieving goals/outcomes
  - Demonstrate use of a person-centered approach in Support Coordinator documentation to define the personal goals/outcomes important to the person

SSRR– Other Low Scoring Standards

- Safety plan completed and submitted to pertinent providers (if applicable)
- Annual Report is in the record and contains all required components
- Support Coordinator monitors service delivery to ensure services are delivered in accordance with the Support Plan(SP) and Cost Plan (CP).
  - Food for thought- If person gets Personal Supports, Respite, and Supported Living Coaching and there is no Service Logs/Progress Notes in iConnect, how is the WSC monitoring that service delivery in accordance with the SP and CP?
  - One note for a period of review does not show comprehensive and continuous monitoring of service delivery

Alerts

Alerts result in 5 percentage points off overall PDR score for each Alert (15 max)

- Background Screening including the Department of Children and Families DCF/APD Clearinghouse Roster
  - APD General
- Health and Safety
- Rights
- Abuse, Neglect, Exploitation (ANE)

Note: Not Met Reasons resulting in an Alert are marked with an (A) in the Qlarant tools (for Background Screening)

Reporting – PCR

- Findings from Individual Interview
- Service Specific Record Review details for WSC/CDC+ Consultant
- Service Specific Record Review details for CDC+ Representative, if applicable
- Alert details, if applicable
- Discoveries, if applicable
- Available on the FSQAP website for AHCA/APD
- Mailed to Support Coordinator
- Mailed to Individual and/or Legal Representative as requested

Reporting – PDR SC

- Administrative & Service Specific Record Review details for all service specific record reviews
- Potential Billing Discrepancy details, if applicable
- Alert details, if applicable
- Discoveries, if applicable
- Available on the FSQAP website for AHCA/APD
- Mailed to Qualified Organization

Reconsiderations

- Reconsideration Requests are only applicable to standards of performance related to noted billing discrepancies
- Only documentation made available at the time of the initial review will be accepted for a Reconsideration Review
- Must be made in writing and received within 30 days of the PDR report (based on Qlarant mail date)
- Conducted by a Regional Manager within 30 days of receipt of the request

Non-Compliance

- Throughout the review process any provider that:
  - Does not respond to two (2) attempts to schedule
  - Does not send in any documentation in initial submission for a Desk Review or sends documentation after 14-day timeframe has expired without communicating and approval
  - Is a “no show” for a scheduled Onsite
  - Does not make record(s) available

Is at risk for being non-compliant with documentation being scored “Not Met”

If a provider anticipates a problem with compliance for the review let the QAR know right away and they will seek approval if warranted

COMMUNICATION IS KEY!

Potential Future Change – Implementation of an Exceed Tool for WSC's & Consultants

Current Provider Discovery Review (PDR) Tool Design and Scoring

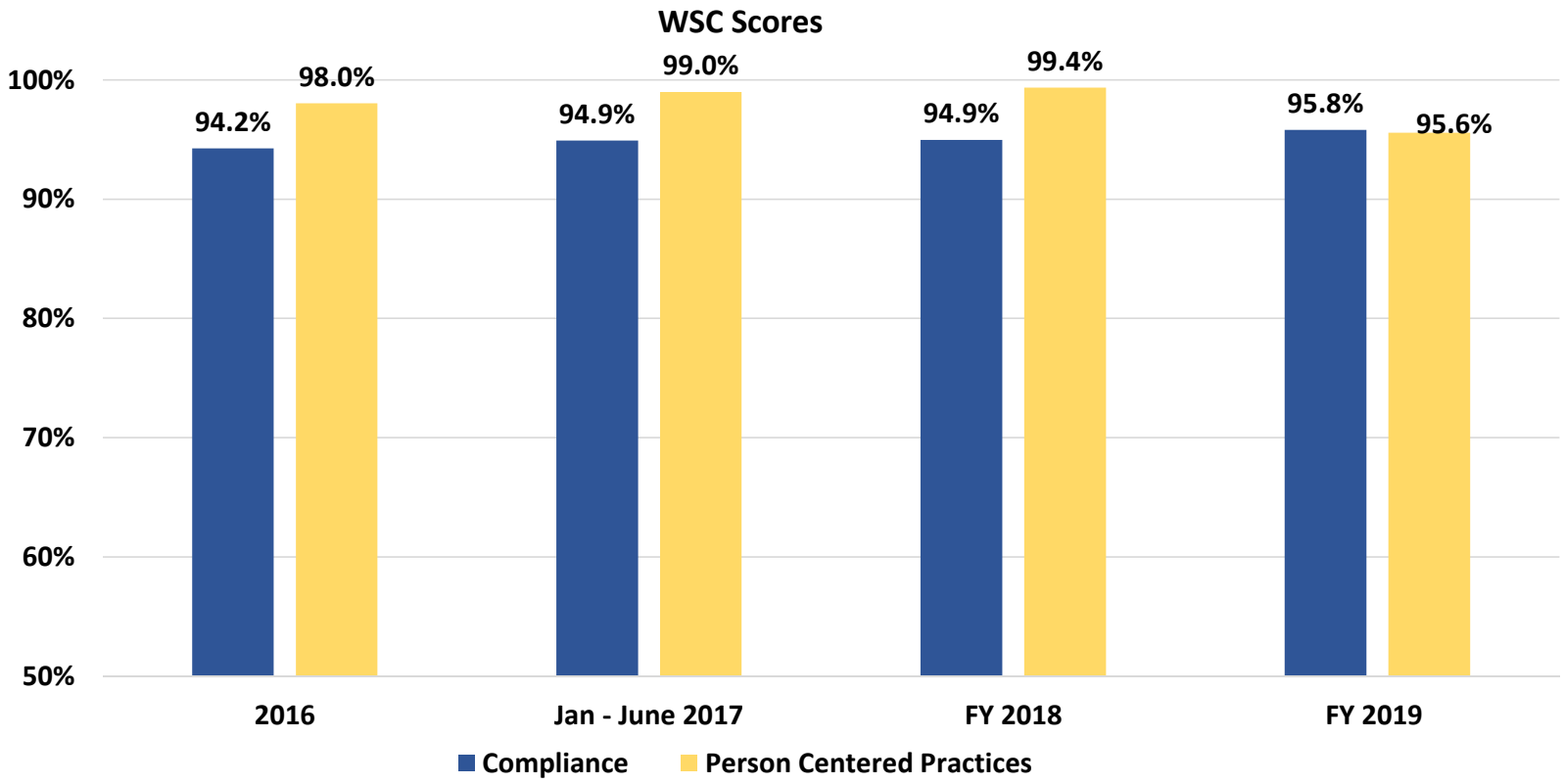
- Standards are scored either Met, Not Met or Not Applicable
- If Not Met is selected, Qlarant Reviewer selects the applicable Not Met reason(s)
- All Admin and Service Specific Record Review (SSRR) standards are assigned a weight:
  - Basic “just do it” standards are weighted 1
  - Standards related to potential billing discrepancies are weighted 2
  - Standards related to person centered approach are also weighted 2
  - Health and Safety standards are weighted 3
- Qlarant worked with APD and AHCA to determine weighting

PDR Tool Design and Scoring

- Standards and scoring were broken into two “buckets”:
  - Compliance
  - Person Centered Practices

- Scoring for Qualified Organizations is broken out by components
  - Administrative (General + Q & T)
  - Record Reviews
  - These roll up into an Overall PDR Score

Turning Point - What story are we telling with our data?



Why Change?

- Challenge with current scoring methodology of either Met or Not Met is there is no way to distinguish WSCs doing the bare minimum required from WSCs who are exceeding, going above and beyond the basic requirements
- Scores are high but we cannot differentiate WSCs who excel vs. WSCs who are just okay. If a WSC has just enough to meet the standard and another has excellent detailed systems and documentation reflecting a lot of effort, both get a Met

For example:

- *Support Plan reflects the personal goals/outcomes the person*

What we are proposing

- The SSRR standards feed into a single compliance bucket and continue to be scored using existing Met/Not Met Criteria
- Implement a companion tool with Exceed Standards to be used along with the Service Specific Record Review (SSRR) Tool
- Exceed standards demonstrate areas a WSC has gone above and beyond just meeting a basic requirement. A WSC's score improves with each Exceed Standard they earn

What is the Exceeds Tool?

- 11 standards from the WSC/CDC+ Consultant Record Review were selected to be scored on *Quality* using the Exceeds Tool.
- If a standard is in compliance, the reviewer uses a number of "Exceed Reasons" to assess the quality of the record.
- Current draft tool has 53 exceed reasons dispersed across the 11 standards (most standards have 5 reasons).
- The score is determined by summing the total # of exceed reasons earned by the total # possible.

Draft Exceeds Tool Standards (# of Exceed Reasons)

- # 8. The Current Annual Report is in the record. (5)
- #12. The Support Plan includes supports and services consistent with assessed needs. (5)
- #13. The Support Plan reflects support and services necessary to address assessed risks. (5)
- #16. Support Coordinator documentation demonstrates use of a person-centered approach to define the personal goals/outcomes important to the person. (3)
- #17. Support Coordinator documentation demonstrates efforts to solicit natural, community supports for the person prior to waiver service requests. (5)
- #19. Support Coordinator monitors service delivery to ensure services are delivered in accordance with the Support Plan and Cost Plan. (4)
- #25. Support Coordinator Progress Notes include meaningful information to effectively assist the person in achieving goals/outcomes. (5)
- #30. Support Coordinator documents ongoing efforts to assist the person/legal representative to know about rights. (5)
- #31. Support Coordinator documents ongoing efforts to ensure all of the person's health care needs are addressed. (5)
- #32. Support Coordinator documents ongoing efforts to assess and address the person's safety needs. (6)
- #34. Support Coordinator documents efforts to assist the person to define abuse, neglect, and exploitation. (5)

Exceed Reasons Example

- # 8. The Current Annual Report is in the record.
    1. Annual Report contains detailed, pertinent information from all sources including WSC, Service Providers, family
    2. Annual Report provides specific examples of how person worked toward/accomplished goals
    3. Person's voice/opinion is reflected in Annual Report
    4. Annual Report contains detailed description of significant events & impact on person/person's response
    5. Annual Report contains detailed description of any barriers and how they were addressed

Each Reason is worth 1 point.

Each Record is worth up to 53 points.

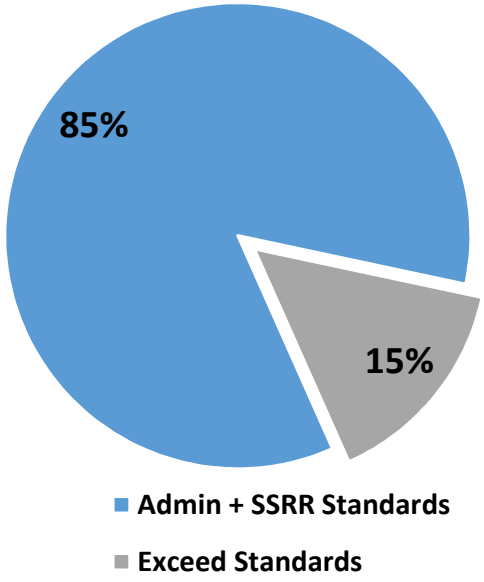
Proposed Methodology

$$Admin/SSRR = \frac{Number\ of\ Admin/SSRR\ Standards\ Met}{Total\ Number\ of\ Admin/SSRR\ Standards\ Scored} \times .85$$

$$Exceed\ Tool = \frac{Number\ of\ Exceed\ Standards\ Met}{Total\ Number\ of\ Exceed\ Standards\ Scored} \times .15$$

$$PDR\ Score = Admin + SSRR + Exceed\ - 5\ pts.per\ alert\ _{(up\ to\ 15\ pts)}$$

Note: We used 15% as the weight for Exceed standards in these examples, but it can be changed to 20% or 25%, or whatever is deemed more appropriate.



Pilot Study

- The Exceeds Tool was scored against **84** records for **11** QOs of varying sizes and levels of performance.
  - # Records ranged from 2 to 29
  - FY22 PDR scores ranged from a low of 34.6% to a high of 100%

Qualified Organization	FY22 PDR Score (*includes alert)	# of Records Reviewed
QO 1	96.2%	4
QO 2	93.5%	7
QO 3	73.0%	12
QO 4	48.8%	6
QO 5	34.6%*	2
QO 6	100.0%	8
QO 7	90.3%	3
QO 8	96.3%	3
QO 9	99.3%	4
QO 10	67.7%	6
QO 11	89.8%	29

Proposed PDR Scores (85/15)

Qualified Organization	FY22 PDR Score	Compliance Score (PDR Score *.85)	Exceeds Tool Score	Quality Score (Exceeds Tool *.15)	PDR Score: 85/15 (Compliance + Quality)	
QO 1	96.2%	**81.8%**	40.6%	**6.1%**	**87.9%**	-8.3%
QO 2	93.5%	**79.5%**	30.7%	**4.6%**	**84.1%**	-9.4%
QO 3	73.0%	**62.1%**	0.0%	**0.0%**	**62.1%**	-11.0%
QO 4	48.8%	**41.5%**	0.0%	**0.0%**	**41.5%**	-7.3%
QO 5	34.6%	**29.4%**	0.9%	**0.1%**	**29.6%**	-5.0%
QO 6	100.0%	**85.0%**	6.1%	**0.9%**	**85.9%**	-14.1%
QO 7	90.3%	**76.8%**	2.8%	**0.4%**	**77.2%**	-13.1%
QO 8	96.3%	**81.9%**	2.2%	**0.3%**	**82.2%**	-14.1%
QO 9	99.3%	**84.4%**	4.4%	**0.7%**	**85.1%**	-14.2%
QO 10	67.7%	**57.5%**	3.3%	**0.5%**	**58.0%**	-9.7%
QO 11	89.8%	**76.3%**	11.2%	**1.7%**	**78.0%**	-11.8%
Averages	**80.9%**	**68.7%**	**9.3%**	**1.4%**	**70.1%**	-10.7%

Proposed PDR Scores (90/10)

Qualified Organization	FY22 PDR Score	Compliance Score (PDR Score *.90)	Exceeds Tool Score	Quality Score (Exceeds Tool *.10)	PDR Score: 90/10 (Compliance + Quality)	
QO 1	96.2%	**86.6%**	40.6%	**4.1%**	**90.6%**	-5.6%
QO 2	93.5%	**84.2%**	30.7%	**3.1%**	**87.2%**	-6.3%
QO 3	73.0%	**65.7%**	0.0%	**0.0%**	**65.7%**	-7.3%
QO 4	48.8%	**43.9%**	0.0%	**0.0%**	**43.9%**	-4.9%
QO 5	34.6%	**31.1%**	0.9%	**0.1%**	**31.2%**	-3.4%
QO 6	100.0%	**90.0%**	6.1%	**0.6%**	**90.6%**	-9.4%
QO 7	90.3%	**81.3%**	2.8%	**0.3%**	**81.6%**	-8.7%
QO 8	96.3%	**86.7%**	2.2%	**0.2%**	**86.9%**	-9.4%
QO 9	99.3%	**89.4%**	4.4%	**0.4%**	**89.8%**	-9.5%
QO 10	67.7%	**60.9%**	3.3%	**0.3%**	**61.3%**	-6.4%
QO 11	89.8%	**80.8%**	11.2%	**1.1%**	**81.9%**	-7.9%
Averages	**80.9%**	**72.8%**	**9.3%**	**0.9%**	**73.7%**	-7.2%

PDR Score Summary

Qualified Organization	FY22 PDR Score	PDR Score: 85/15	PDR Score: 90/10
QO 1	**96.2%**	**87.9%**	**90.6%**
QO 2	**93.5%**	**84.1%**	**87.2%**
QO 3	**73.0%**	**62.1%**	**65.7%**
QO 4	**48.8%**	**41.5%**	**43.9%**
QO 5	**34.6%**	**29.6%**	**31.2%**
QO 6	**100.0%**	**85.9%**	**90.6%**
QO 7	**90.3%**	**77.2%**	**81.6%**
QO 8	**96.3%**	**82.2%**	**86.9%**
QO 9	**99.3%**	**85.1%**	**89.8%**
QO 10	**67.7%**	**58.0%**	**61.3%**
QO 11	**89.8%**	**78.0%**	**81.9%**
Averages	**80.9%**	**70.1%**	**73.7%**

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