Qlarant Training for Qualified Organizations

May and June 2023

Qlarant

Best People. Best Solutions. Best Results.®

Housekeeping

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

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
  - Shubhangi Vasudeo
- Nurse Reviewer
  - Nancy Jordan
- Customer Service
  - Kathleen Boyer
- Administrative Support
  - Katie Clark – Tallahassee
  - Jaida Anderson - Tampa

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

Session Purpose

- Overview of Qlarant Tools and Discovery Review process
- Review the Administrative Tool used in the Provider Discovery Review PDR Support Coordinator (SC) process
- Review required APD training and how best to ensure you take the correct training and have the correct documentation available for review
- Discuss lower scoring standards and provide tips and suggestions on how to avoid common mistakes
- Highlight role and importance of documentation

PDR SC Process Overview

Tips for a Positive Qlarant Review

- ✓ Prepare all year long not just when you get your letter/email/phone call to schedule
  - ✓ Respond to QAR email and calls promptly
  - ✓ Ensure email, address, and phone numbers are current with AHCA, APD and in iConnect
- ✓ Study the Handbook and read requirements for services you provide
- ✓ Most current Handbook: **May 2023** – Find it here:

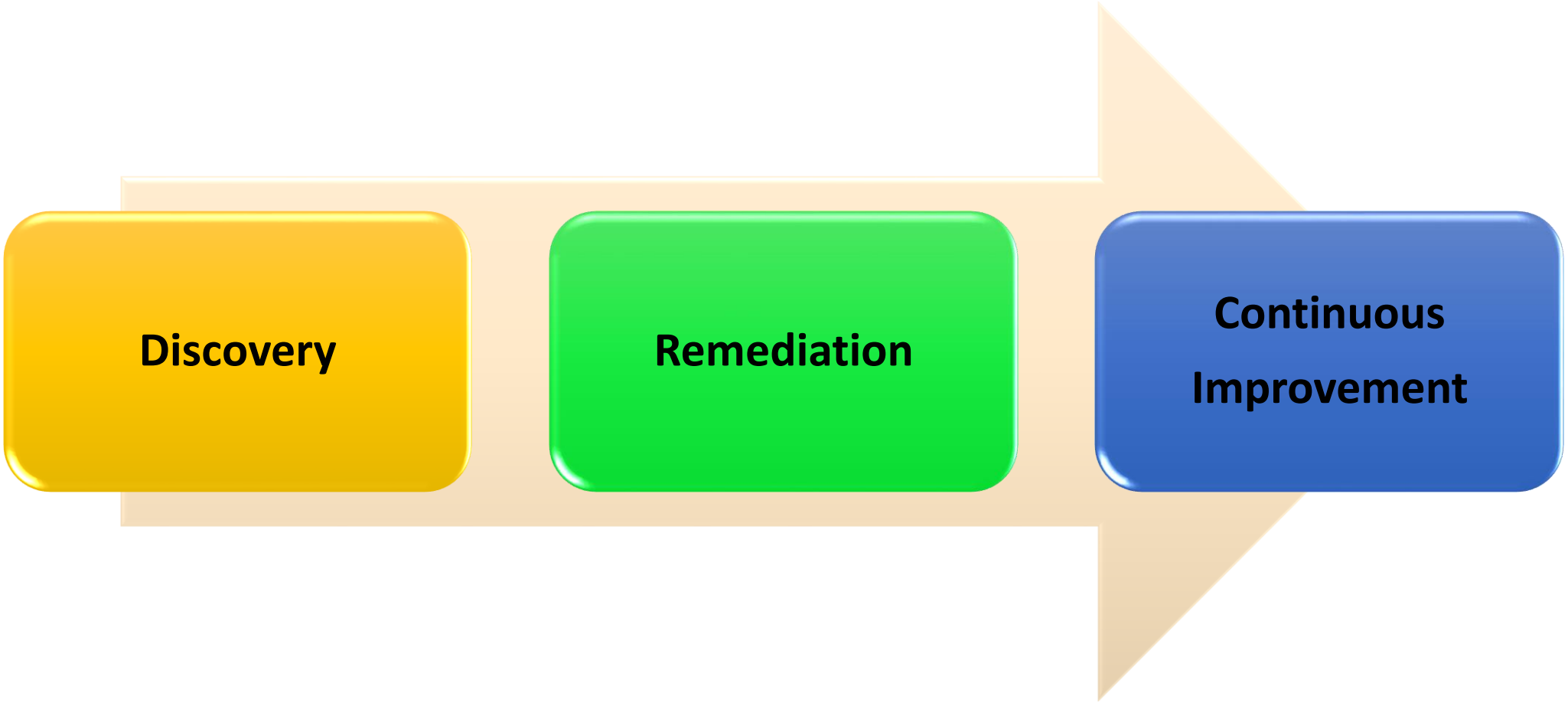
https://ahca.myflorida.com/content/download/5933/file/59G-13.070_DD_iBudget_Waiver_Services_2023.pdf

Review Qlarant tools found at https://florida.qlarant.com/

Tips for a Positive Qlarant Review

- ✓ Make sure you are using iConnect correctly
  - ✓ https://apd.myflorida.com/waiver/iconnect/wsc.htm
- ✓ 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/

Florida's Continuous Quality Improvement Cycle



The Discovery Role: “Qlarant Discovers”

- Qlarant interviews DD Waiver and CDC + participants and representatives about their satisfaction with waiver services and reports to AHCA and APD
- Qlarant reviews the DD Waiver and CDC+ Medicaid providers for accountability and compliance of service delivery against the Medicaid Waiver Handbook, Florida statute and laws and any APD policy directives. All discoveries including potential billing discrepancies are reported to AHCA, APD and providers.

Roles of AHCA and APD

AHCA

- Manages the contract with Qlarant
- Oversight and approval of Qlarant Tools and processes
- Monitors Qlarant for Quality Assurance Waiver compliance, and monitors the waiver system in compliance with federal and state regulations
- Reports to the federal government on CMS Performance Measures (Evidentiary Reports)
- Agency responsible for Billing Discrepancy Remediation

APD

- Oversight and approval of Qlarant Tools and processes
- Responsible for Remediation of providers (correct issues identified by Qlarant)
- Enables reporting of Quality Assurance improvement to Federal government

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

Changes Coming July 1, 2023

- PCR Sample will be pulled quarterly instead of annually
  - QOs will be broken out into a Quarterly schedule. The sample for QOs in a Quarter will be pulled and submitted to AHCA and APD 30 days prior to start of the Quarter.
  - **Please Note: QOs will only be reviewed once per year per Region. This change only relates to Qlarant's sampling process.**
- New WSC's will eligible for review 6 months from completion of Level 2 Training. We had been sampling based on 1 year from signed Medwaiver Services Agreement
- CDC+ Representative Review Sample
  - Currently a CDC+ Rep is pulled into a review when a participant they serve is sampled for a PCR
  - Beginning in July CDC+ Rep Sampling will no longer be tied to PCRs
  - Instead a random sample of Reps will be pulled as part of a PDR schedule at the start of each Contract year

PDR SC Process

Pre-Review

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

Review Components

- PCRs
- General Admin
- Qualifications & Training
- Service Specific Record Reviews (SSRR)

Post Review

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

Provider Discovery Review Support Coordinator Tools

- Administrative
  - General Administrative
  - Qualifications & Training
- Service Specific Tools
  - Standard
  - Protocol
  - 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

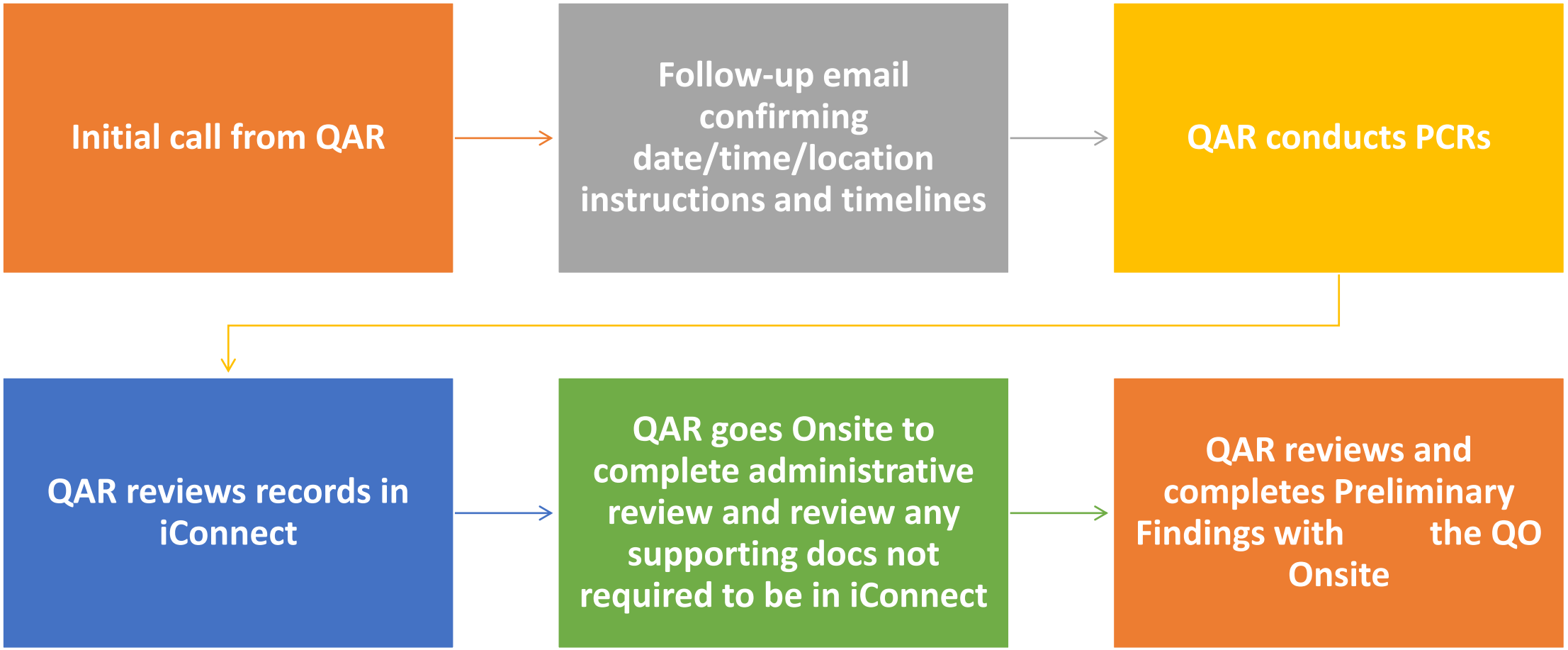
iConnect and the PDR SC Process

- 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
- Provide copies of tickets to the QAR and keep paper documentation until access is restored in iConnect

Criteria for Desk Review or Onsite Review

- Desk Review if:
  - Scored 85% or higher on previous Qlarant review
- Onsite Review if:
  - New QO Provider – never been reviewed before
  - Scored less than 85% on previous Qlarant review

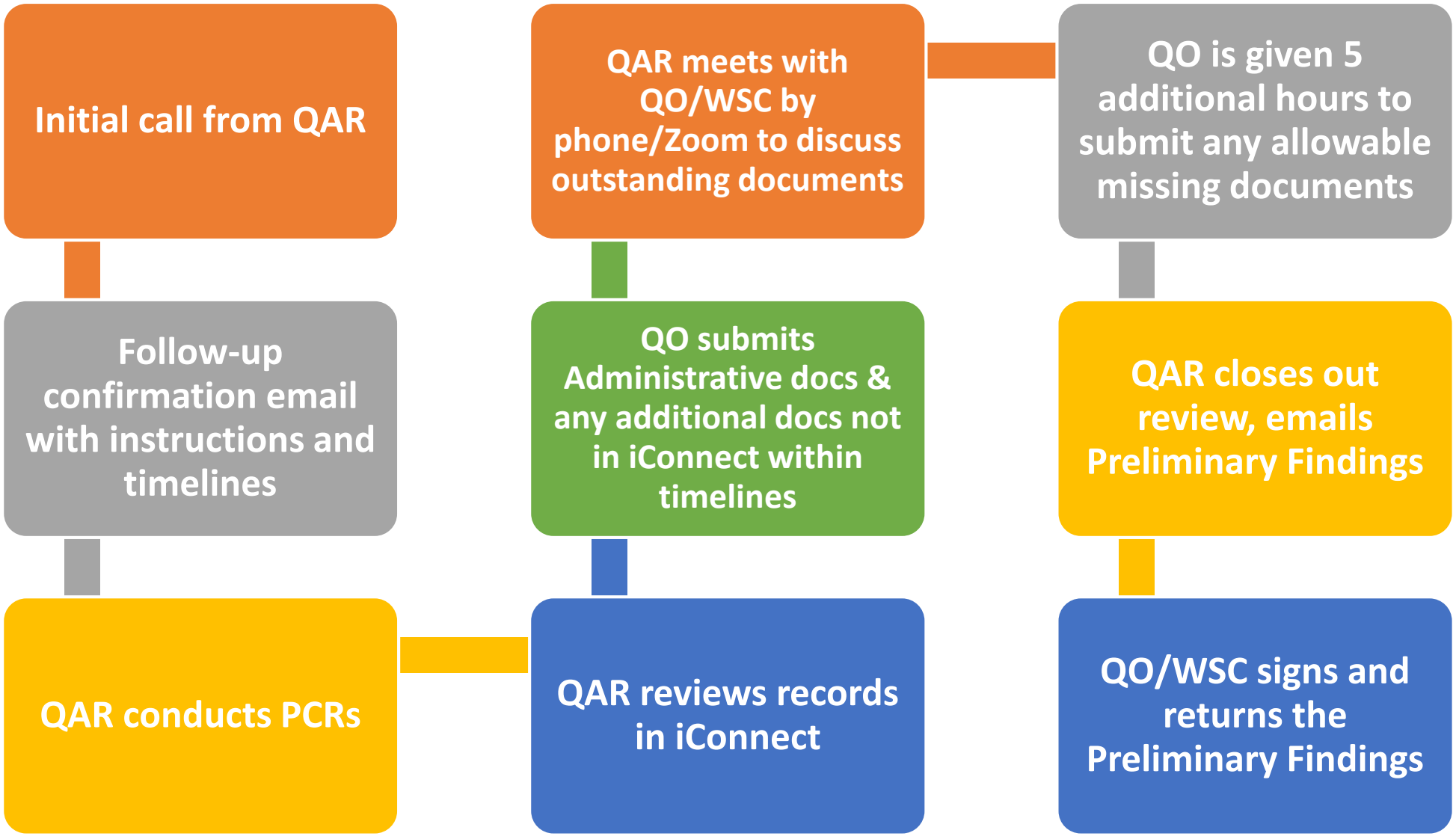
Overall Flow of the Onsite Review Process



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, QO/WSC must make available to the QAR
  - Organized
    - Employee files
    - Service Records for each person sampled within iConnect

Overall Flow of the Desk Review Process



PDR SC – Desk Review

- 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

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

General Administrative Review

Qlarant Review Tools

- Tools are posted on the Qlarant public website: https://florida.qlarant.com/
  - Provider Review Tools
    - FSQAP Discovery Review Tools
      - Qlarant FL IDD QO Administrative (Qualified Organizations)
    - Service Specific Record Review Checklists
    - Operations Manual
    - Updates and Notices
    - Provider Feedback Survey
    - Request for Reconsideration

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

Qlarant_FL_IDD_QO Administrative Checklist_2021_1001

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

General Administrative Standards (Qualified Organizations)

- 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 (no 1099)

General Administrative (Qualified Organizations)

- **Mentor qualifications**:
  - A minimum of two (2) years experience working as a WSC immediately prior to being hired
  - Maintain an active caseload
  - No ethical violations in the past three (3) years
  - No unresolved Quality Improvement Organization (“QIO”) background screening alerts for the past three (3) years

General Administrative (Qualified Organizations)

- **Mentor qualifications**:
  - Compliant with all required training set forth in the iBudget Handbook and Chapter 65G-10,F.A.C.
  - Pass the Level 1 competency-based assessment with a score of 90% or higher
  - No delinquent Corrective Action Plan (“CAP”) per QIO review or Agency audit
  - Have no more than 3 mentees assigned at any given time

Mentoring program requirements

All mentees must:

- Participate in a minimum of five (5) support plan meetings.
- Participate in a minimum of nine (9) face-to-face visits in a variety of settings, including meetings with clients in the family home, a supported living home, and licensed facilities
- At least six (6) of these visits must detail the coordination of consumer supports and services
- Participate in a minimum of one (1) Supported Living Quarterly Meeting
- Participate in all Regional Office and State Office meetings that occur while they are actively completing their Mentoring Program

Mentoring program requirements

All mentees must:

- Participate in discussions with clients and families giving instruction on mandatory reporting requirements for abuse, neglect, and exploitation.
- Participate in discussions with clients and families educating them on identifying and preventing abuse, neglect, and exploitation.

IMPORTANT NOTE: Make sure Progress Notes have details regarding activities that match the required Mentoring Form. Mentor and Mentee have to be listed as participants.

Mentoring program requirements

All mentees must:

- Complete or observe the mentor complete a variety of case management activities within the iConnect system this can include but is not limited to:
  - ✓ the tickler system
  - ✓ uploading documents
  - ✓ reading unread Notes
  - ✓ checking and completing outstanding tasks
  - ✓ completing a Support Plan
  - ✓ completing a Medicaid Waiver Eligibility Worksheet
  - ✓ Updating of a minimum of 5 client cost plans
  - ✓ creating a minimum of 5 service authorizations and providing copies to providers.

Mentoring program requirements

If any of the following activities occur while the mentee is participating in the Mentoring Program, mentees must also observe their mentor or, if applicable, another Support Coordinator employed by the QO complete the following:

1. Submission of a Significant Additional Needs (SAN) request
2. Medicaid eligibility redetermination process
3. Discussion with the assessor regarding completion of the comprehensive needs assessment

Mentoring program requirements

If Mentee will be a CDC+ Consultant, the mentee must:

- Shadow or observe the mentor review a draft, denied, or updated purchasing plan, if applicable, or review the current purchasing plan
- Shadow or observe the mentor submit a SAN request, if applicable, or review the most recent SAN request that was submitted

- APD CERTIFICATION OF MENTORING PROGRAM COMPLETION FORM

Mentoring Certification

CERTIFICATION OF MENTORING PROGRAM COMPLETION FORM

FOR NEW SUPPORT COORDINATORS

This form must be completed by the Qualified Organization's mentor to document a mentee's completion of all required activities in an approved mentoring program. Once completed, this form must be sent to the mentee and the Agency's Regional Office.

Prospective Support Coordinator Name (Mentee):

Mentor's Name:

Mentor's Provider ID:

Required Mentoring Activity	Mentor's Initials Indicating Completion
1. The mentee shadowed or observed work of the mentor for at least 90 days. Date mentoring started: Date mentoring ended:	
2. The mentee shadowed or observed support plan meetings involving the mentor or mentee's clients. *List a minimum of five (5) support plan meetings in which the mentee participated during the mentoring period.*	

Client iConnect ID	Date of Support Plan Meeting

Certification of Mentoring Program Completion
APD Form 65G-14.0043 A
Effective 7.1.2021

General Administrative Standards (Qualified Organizations)

- 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

Employee Contractor Roster

- DCF/APD Background Screening Clearinghouse
- All providers are required to create and maintain an Employee/Contractor Roster
- Refer to APD Provider Advisory #2022-003 Background Screening Roster Requirements

  Link to APD Advisories:

  https://apd.myflorida.com/providers/advisories.htm

Qualifications and Training

Background Screening

Required Training

Background Screening

A Level II screening consists of:

- Local Criminal Records Check
- FBI/FDLE Clearance
- APD Attestation of Good Moral Character

Note: Rescreening is required every 5 yrs.

Background Screening

Local Criminal Records Check:

- Conduct in county of residence
- Must be completed through the local law enforcement agency
- Potential disqualifying offenses need a disposition

FBI/FDLE:

- DCF/APD Background Screening Clearinghouse
- Must show as APD Eligible

Background Screening

APD Attestation of Good Moral Character:

- APD Provider Advisory #2019-001 Effective Date: January 15, 2019
- Attestations from AHCA, DCF, CDC+ or other entities cannot be accepted

Link to APD Attestation of Good Moral Character:

https://apd.myflorida.com/background-screening/requirements.htm

Where do I find training?

For information about specific course titles, timeframes, training frequency, etc. from acceptable sources see the Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook, Appendix B – Table 1.

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

Can also go to APD Training portal for information:

https://apd.myflorida.com/providers/training/

Training **ALL** Providers need to take

- Zero Tolerance (every 3 years)
- Direct Care Core Competency/Competencies (once)
- Requirements for All Waiver Providers (once)
- HIPAA (Annually)

Note: All of the above are available in TRAIN Florida

Requirements For All Waiver Providers

- Required for ALL staff
- Only available on TRAIN Florida as of 7/1/22
- Qlarant will continue to accept training completed using the APD PowerPoint through 9/30/22
- Effective 10/1/22 the only acceptable way to complete this training is through TRAIN Florida

HIPAA

- As of 8/1/2022 the only acceptable course is the one on TRAIN Florida
  - Course title is “APD - Health Insurance Portability and Accountability Act (HIPAA) Basics”
- Training completed through Attain prior to 8/1/22 is acceptable

Required Training

- HIV/AIDS/Infection Control
- CPR
- First Aid

Where do I find training?

- **HIV/AIDS/Infection Control**
  - Go to American Health & Safety Institute, American Red Cross, EMS Safety Services Inc., Emergency Care and Safety Institute, Florida Department of Health, National Safety Council, or Tallahassee Community College
    - TRAIN Florida – FDOH HIV/AIDS 101 In The News
- **First Aid & CPR**
  - Go to American Health & Safety Institute, American Heart Association, American Red Cross, EMS Safety Services Inc., Emergency Care & Safety Institute or National Safety Council

Service Specific Training

- Introduction to Social Security Work Incentives training
- Certificate of Consultant Training, if applicable

Service Specific Training

Refer to 65G-10.004

- For WSCs enrolled 7/1/2021 or after: The Support Coordinator successfully completed required Preservice Level 1 Assessment TRAIN Florida website
- For WSCs enrolled 7/1/2021 and after: The Support Coordinator successfully completed required Preservice Level 1 Assessment and In-Person Level 2 Assessment
    - APD Regional Office (does not have to be your Region)

Timeframes:

- Level 1 assessment must be completed within 30 days of completing the modules
- Level 2 must be successfully completed and passed within 120 days of passing the Level 1 assessment

Annual In-Service Training

- 18 hours
- 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
  - Support Coordinators - In-Service Verification Form has to be completed - http://www.flrules.org/Gateway/reference.asp?No=Ref-12745
    - *This form is required to get credit for any in-service training from non APD sources*
  - Attending an APD meeting does not mean entire meeting is in-service hours
  - List of allowable topics referenced in Handbook
  - Refer to 65G-10.005
- Re-taking basic APD training courses will not be counted toward this requirement unless identified as a need in the APD Plan of Remediation

In-Service Verification Form

Support Coordinator In-Service Training Verification

Instructions: This form must be completed by the Waiver Support Coordinator/Consultant and maintained in his or her file for in-service credit pursuant to chapter 65G-10, F.A.C. Complete the information below and attach all relevant information. The Agency for Persons with Disabilities reserves the right to approve or reject whether and how many in-service training credits will be authorized based only on the information included with this form and supporting documentation. Only one training can be submitted per form.

1.	Title of the course	Click or tap here to enter text.
2.	Name, credentials, and affiliation of the person(s) providing the training.	Click or tap here to enter text.
3.	Include telephone number, email address, and/or mailing address of the person or organization presenting the training.	Click or tap here to enter text.
4.	Synopsis describing the subject matter of the training.	Synopsis attached: Yes☐ No☐
5.	The relation the training has with duties of a Waiver Support Coordinator or CDC+ Consultant.	Click or tap here to enter text.
6.	The date and times of the course, not including breaks (e.g., 12/11/2020, 9:00 to 12:00).	Click or tap here to enter text.
7.	Number of Hours spent in the training.	Click or tap here to enter text.
8.	Attach a copy of the syllabus and agenda, if available, and all other training material provided during the course.	Syllabus, agenda, or other material attached. Yes☐ No☐
9.	Method of presentation. Check all that apply.	Remote ___ In-Person ___ Pre-Recorded ___ Online ___
10.	Proof of Completion of the training, (e.g., Certificate showing course completed).	Proof of Completion attached: Yes☐ No☐

By signing this Support Coordinator In-Service Training Verification form, I am attesting that this form and any attachments hereto, is accurate, and that I am aware that any deliberate misrepresentation or false statement made in the completion of this form may result in denial of any in-service credit.

Signature of Support Coordinator/Consultant: _____

Date: Click or tap here to enter text.

FOR QUALIFIED ORGANIZATION ADMINISTRATION USE ONLY:

Name of Qualified Organization: Click or tap here to enter text.

Reviewed by Qualified Organization: Yes☐ No☐

Name of Supervisor of Trainee Who Reviewed Form: _____

Review of select Qualified Organization (QO) SSRR Standards

Lower Scoring SSRR Standards

- The Support Plan includes supports and services consistent with assessed needs - 65.1%
- The Support Plan reflects support and services necessary to address assessed risks - 66.8%
- Support Coordinator Progress Notes demonstrate pre-Support Plan planning activities were conducted - 68.1%
- The Support Plan has all required components complete - 72.4%
- Level of care is completed accurately using the correct instrument/form - 76.3%

Support Plan

- When you receive a “new” file…
  - When does the SP and Eligibility Worksheet need to be done?
    - Internal File Transfers: Same QO - if not present/correct would be not met
    - External File Transfers: Different QO - if not present/correct, there is a 30 day grace period using the date APD notified QO/WSC in iConnect of file transfer in the provider selection or notes tab
- New person to Waiver: Complete within 45 days of WSC selection
- New due to crisis enrollment: Complete within 30 days of WSC selection

Support Plan

- Support Plan must be completed in iConnect
  - Current: Person Centered Plan version 11/2021
  - Reference: Person Centered Plan Manual 11/2021

Support Plan

- Support Plan Effective Dates
  - Need documented APD approval for a SP Extension, an extension does not change the effective date
  - Support Plan effective dates are set by APD and can only be changed by APD
  - When changing SP effective dates with APD approval, remember there cannot be a gap. So if one is May 2022 and the effective date is changed to September, then there will need to be a May 2023 and then one for September 2023.

Support Plan

- Signature page must be completed and uploaded into iConnect
- Who must sign (*see page 54 of the Person Centered Plan Manual*)
  - Person
  - Legal Representative if applicable
  - Witness if needed
  - Others invited
  - WSC

❖ *Importance of Documentation when making case for an exception*

Standard 5a- The Support Plan has all required components complete

- Reference: Person Centered Plan version 11/2021
  - If old version (8/2019) is used- all required components are not present since they were not there
  - WSC ADVISORY #2021-040
- Complete, individualized and updated annually
    1) Identifying information and demographics
    2) Person-Centered Information
    3) Significant Needs and Risks
    4) Past Accomplishments and Future Goals
    5) Health

Most Common Not Met reasons for Standard 5a

- Support Plan section:
  - Identifying information and demographics had components not present on the Plan
  - Health had components not present on the Plan
  - Person-Centered Information did not change from one Support Plan to the next
  - Future Goals did not change from one Support Plan to the next.
  - Health did not change from one Support Plan to the next

Standard 5a- The Support Plan has all required components complete

- Identifying information and demographics
  - Accurate Legal Status
    - Legal representative paperwork on file
  - Up to date address and contact information for person and supports
  - Other Funding Sources for Support
  - Up to date living setting
- Health
  - If gaps in information, have conversations and meeting to get an accurate picture of health and update.
  - Should correlate to items reported in needs and risks
  - Includes significant events, diagnoses, medications
- Person Centered Information and Future Goals
  - Cut and paste in these sections allows for errors, as well as being generic vs. individualized
  - Information is from perspective of person and what is important to and for them

Most Common Not Met Reasons: The Support Plan includes supports & services consistent with assessed needs and address assessed risks.

- Current Support Plan did not include:
  - strategies for assessed needs and assessed risks
  - supports/services identified for assessed needs and assessed risks
  - back up plan for assessed needs and assessed risks
  - documentation related to the assessed needs and assessed risks
  - applicable strategies identified for other needs and other risks related to me
  - documentation related to some, but not all assessed needs and assessed risks

Documenting Assessed Needs and Assessed Risks

- In the Sections, provide a specific description of the supports and services for the assessed need and how assessed risk will be addressed
  - Be specific and describe what is going on for that person that results in the need or risk
    - Specific concern/need/risk, strategies in place to address, who responsible, source of funding
  - One word answers, vague descriptions or restatement of the QSI result is not sufficient.
    - When filling in this section, always ask: Is this information clear?
    - Does it provide a good understanding of actual needs and potential risks?

Documenting Assessed Needs and Assessed Risks

- Data reported to Centers for Medicare and Medicaid Services to keep HCBS iBudget Waiver in Florida
- Section focuses on supports and services important FOR the person and Addressing of the Assessed Risks
- Applicable Source Documents
  - QSI
    - Copied-Shared Response feature should be used to load QSI scores into SP
  - Incident Reports (past 12 months)
  - Medical Documentation (past 12 months)
  - Other Records (past 12 months)
- Discuss the Other Risks/Needs Related to Me and Needs/Risks Related to My Caregiver
  - If using old SP version this is not available. Be sure to switch to 11/2021 version
  - Note section for caregiver only needs to be completed for those in Family Home

TIP! For directions on how to use the copy-shared response feature in APD iConnect, please visit the WSC iConnect Library online at www.apd.myflorida.com/waiver/iconnect/wsc.htm

Documenting Assessed Needs and Assessed Risks

- Procedures/Strategies
  - Should list the document name so it is clear where others can find the specific steps/strategies staff should follow and the document should be in a note in the iConnect Notes tab
  - If supports vary per setting, this should be clearly stated for each setting and described in the back up plan
- Service/Support/Source of Support
  - If QSI is 1+ - then a detailed response is required - never n/a
  - If the score is 0 but assistance is required still may need to add specific details
  - Back Up Plan
  - Required for all
  - Include specific strategies not generic or vague
  - Comprehensive including back up plan for natural, paid, community, assistive technology, environmental modifications, education
  - Back Up Plans and Personal Disaster Plans should be dated and uploaded to a note in iConnect Notes tab, so they are available at any time

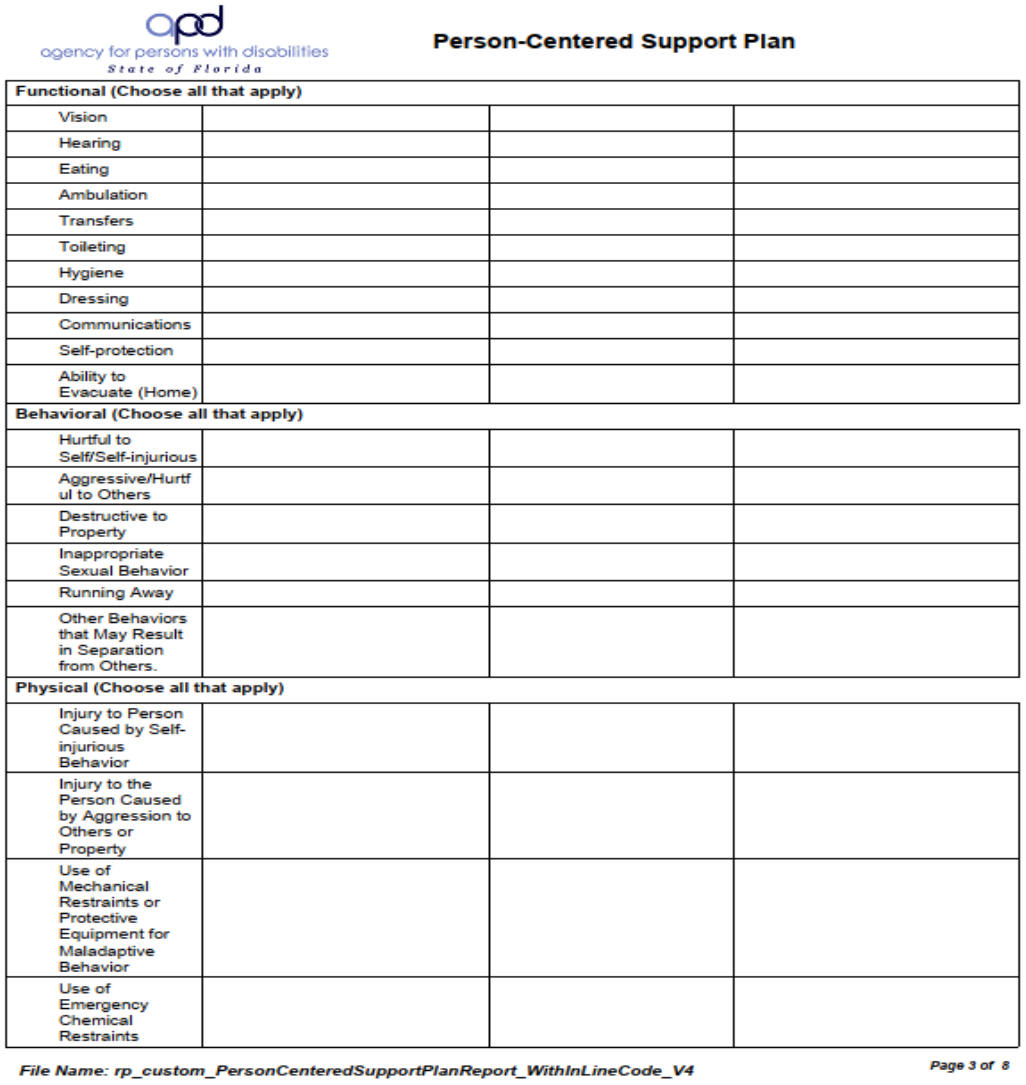
Assessed Needs/Risks Example - Sections left blank

Other Services Needed for Health and Safety

This Information is captured in the QSI. Identify: **A)** Areas of critical needs/potential risk to the health/safety of myself or others **B)** The specific issue, how it is addressed or where to find this information **C)** The service/support to address need **D)** The source of funding.

Identified Need/Risk Area	Specific issue and measures in place to address/minimize risk	Service/Support	Source of Support
Functional (Choose all that apply).			
☒ Vision	Prescribed glasses 7/10/2016 but lost them after a week.		Choose an item.
☐ Hearing			Choose an item.
☐ Eating			Choose an item.
☒ Ambulation	walks with a slow and unsteady gait due to the accident in 3/2009.		Choose an item.
☐ Transfers			iBudget Waiver

Assessed Needs/Risks Example – Other Services Needed for Health & Safety Sections left blank



agency for persons with disabilities
State of Florida

Person-Centered Support Plan

Functional (Choose all that apply)			
Vision			
Hearing			
Eating			
Ambulation			
Transfers			
Toileting			
Hygiene			
Dressing			
Communications			
Self-protection			
Ability to Evacuate (Home)			
Behavioral (Choose all that apply)			
Hurtful to Self/Self-injurious			
Aggressive/Hurtful to Others			
Destructive to Property			
Inappropriate Sexual Behavior			
Running Away			
Other Behaviors that May Result in Separation from Others.			
Physical (Choose all that apply)			
Injury to Person Caused by Self-injurious Behavior			
Injury to the Person Caused by Aggression to Others or Property			
Use of Mechanical Restraints or Protective Equipment for Maladaptive Behavior			
Use of Emergency Chemical Restraints			

File Name: rp_custom_PersonCenteredSupportPlanReport_WithInLineCode_V4

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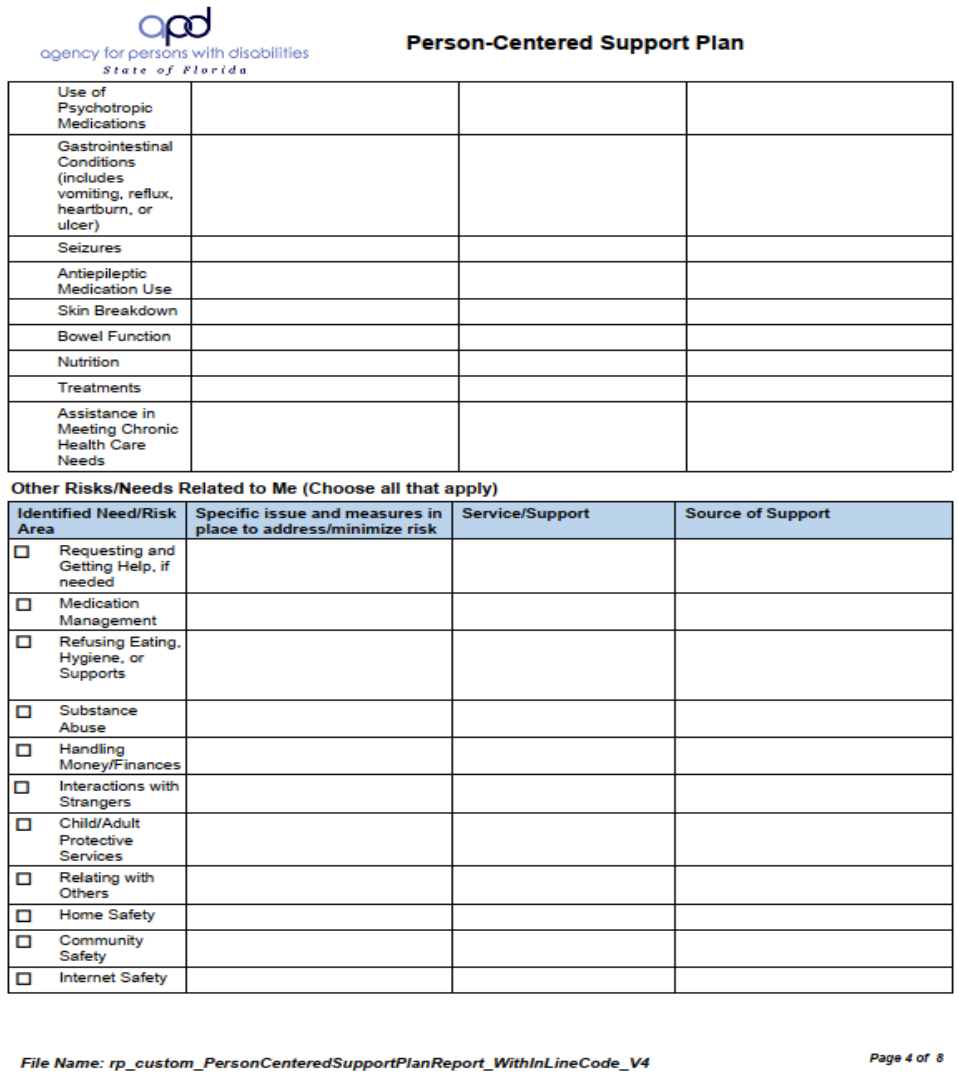
Assessed Needs/Risks Example – Other Services Needed for Health & Safety Sections left blank



agency for persons with disabilities
State of Florida

Person-Centered Support Plan

Use of Psychotropic Medications			
Gastrointestinal Conditions (includes vomiting, reflux, heartburn, or ulcer)			
Seizures			
Antiepileptic Medication Use			
Skin Breakdown			
Bowel Function			
Nutrition			
Treatments			
Assistance in Meeting Chronic Health Care Needs			

Other Risks/Needs Related to Me (Choose all that apply)

Identified Need/Risk Area	Specific issue and measures in place to address/minimize risk	Service/Support	Source of Support
☐ Requesting and Getting Help, if needed			
☐ Medication Management			
☐ Refusing Eating, Hygiene, or Supports			
☐ Substance Abuse			
☐ Handling Money/Finances			
☐ Interactions with Strangers			
☐ Child/Adult Protective Services			
☐ Relating with Others			
☐ Home Safety			
☐ Community Safety			
☐ Internet Safety			

File Name: rp_custom_PersonCenteredSupportPlanReport_WithInLineCode_V4

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Assessed Need/Risk Example – Cut & Paste from QSI

agency for persons with disabilities
State of Florida

Person-Centered Support Plan

☐	Hygiene	3=Requires SUBSTANTIAL prompting and physical assistance to meet personal hygiene needs. An individual with this rating generally is not able to recognize or remember when personal hygiene activities are to be performed or is physically unable to manage hygiene needs. May require scheduled hygiene activities or substantial physical assistance. Generally cooperative when assisted.	Residential Habilitation and Companion Services	iBudget Waiver
☐	Dressing	3=Requires SUBSTANTIAL prompting and physical assistance to dress. An individual with this rating generally is not able to recognize or remember when clothing selection and dressing activities are to be performed or is physically unable to manage dressing tasks. May require scheduled dressing activities or substantial physical assistance. Generally cooperative when assisted.	Residential Habilitation and Companion Services	
☐	Communications	2=The person has LIMITED COMMUNICATION ABILITIES and does not have sufficient vocabulary or efficiency to communicate needs, decisions, and choices in a timely manner. Greater time is required of familiar persons to gain an understanding of his/her needs, decisions, and choices.	Residential Habilitation and Companion Services	iBudget Waiver
☐	Self-protection	3=The person's movement beyond the boundaries of his home, school, or work site requires supervision or accompaniment of a competent adult no matter where the person goes.	Residential Habilitation and Companion Services	
☐	Ability to Evacuate (Home)	3=Requires personal direction and/or substantial physical assistance to evacuate. An individual with this rating generally is not able to recognize or respond to an alarm in a safe and timely manner. He/she requires continuous direction or substantial physical assistance. Generally cooperative when assisted.	Residential Habilitation and Companion Services	iBudget Waiver
Behavioral (Choose all that apply)				
☐	Hurtful to Self/Self-injurious	0=None required. No behavior of concern in this area.	N/A	

File Name: rp_custom_PersonCenteredSupportPlanReport_WithInLineCode_V4

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From PCP Manual - Needs/Risks Related to My Caregiver (Family Home)

☑ Caregiver Health Needs	Father has had two knee replacements surgeries in the past 5 years. Steven requires physical assistance and supervision while using the kitchen.	Personal Supports for Steven training and assistance with household chores	iBudget Waiver
☐ Limited Relief for Caregiver			
☑ Caregiver Needing Additional Assistance	Steve's father will need to provide additional help to his mother.	Personal Supports is currently helping when parents are unavailable.	iBudget Waiver
☑ Aging Caregiver	Mother has dementia. She also uses a walker for long distances and bathroom is ADA accessible. Steven does not grocery shop or manage finances independently. Steven's parents are unable to provide physical assistance throughout his day, but they can offer words of encouragement and prompts to keep him on track with chores.	Extended family assists with grocery shopping and light housework	Natural Supports

From PCP Manual - Other Risks/Needs Related to Me (Choose all that apply)

Other Risks/Needs Related to Me (Choose all that apply)

Identified Need/Risk Area	Specific issue and measures in place to address/minimize risk	Service/Support	Source of Support
☑ Requesting and Getting Help, if needed	Steven needs help with multistep tasks, such as putting groceries away or doing laundry. He needs verbal prompts to finish tasks. Sometimes he uses a timer to keep focused because he will stop in the middle of chores to start watching TV.	Personal Supports to give verbal prompts and some guidance to complete tasks throughout the day	iBudget Waiver
☑ Medication Management	Steven remembers to take his medication if it is organized in his weekly pill box. If this is not done, he will not take his medication. Father will sit with Steven and help him review and organize his medication on Sunday nights.	Natural Supports	Natural Supports

Assessed Need/Risk Example - Detailed

Other Services Needed for Health and Safety

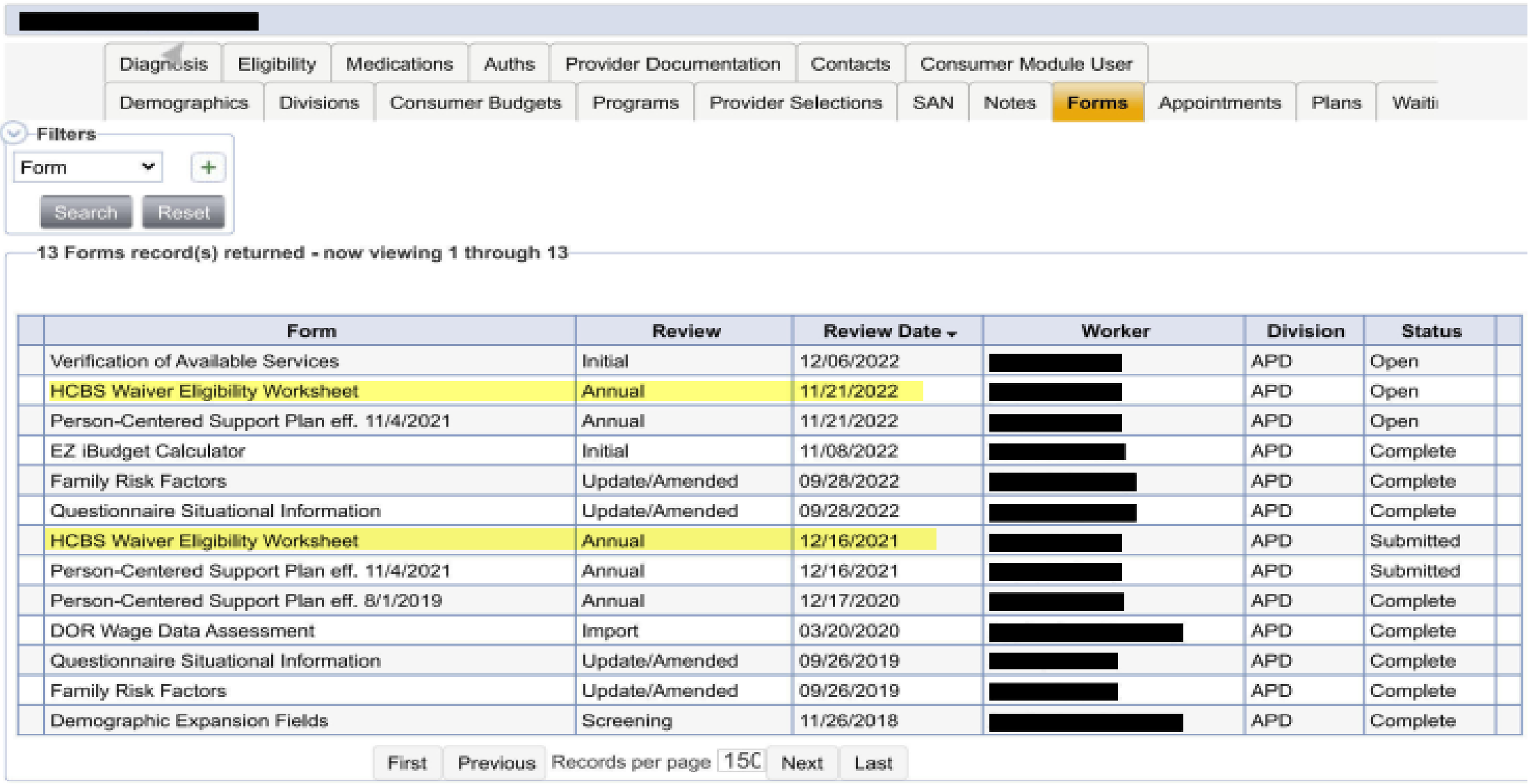
This Information is captured in the QSI. Identify: **A)** Areas of critical needs/potential risk to the health/safety of myself or others **B)** The specific issue, how it is addressed or where to find this information **C)** The service/support to address need **D)** The source of funding

Identified Need/Risk Area	Specific issue and measures in place to address/minimize risk	Service/Support	Source of Support
Functional (Choose all that apply)			
☑ Vision	[redacted] is legally blind and requires assistance with getting around and due to his visual impairment requires maximum help with all his daily living activities like eating, dressing, hygiene, and getting around.	Residential Habilitation and Life Skills 3 continue to provide [redacted] with the needed help with completing all his daily living activities like eating, dressing, and getting around as his visual impairment limits him from getting around independently.	iBudget Waiver
☐ Hearing	N/A PER QSI	Res. Hab to assist as needed	iBudget Waiver

Medicaid Waiver Eligibility Worksheet

- Must be created in Forms in iConnect, word merged, printed, signed, and uploaded to Notes
  - APD Advisories 2019-20 and 2019-23
- Once uploaded it is best to change to “Complete” status and create new one when needed
- If you do not mark complete, each time a new MWEW is needed, go to the last form and under file "duplicate form" and update dates/info. Be careful not to create a new one on top of old.
- **There must be a form in the Forms tab for each uploaded document in the Notes tab.**
- Supporting documentation can be uploaded to Notes tab or sent via secure methods to QAR for review
  - Best Practice: Upload to iConnect

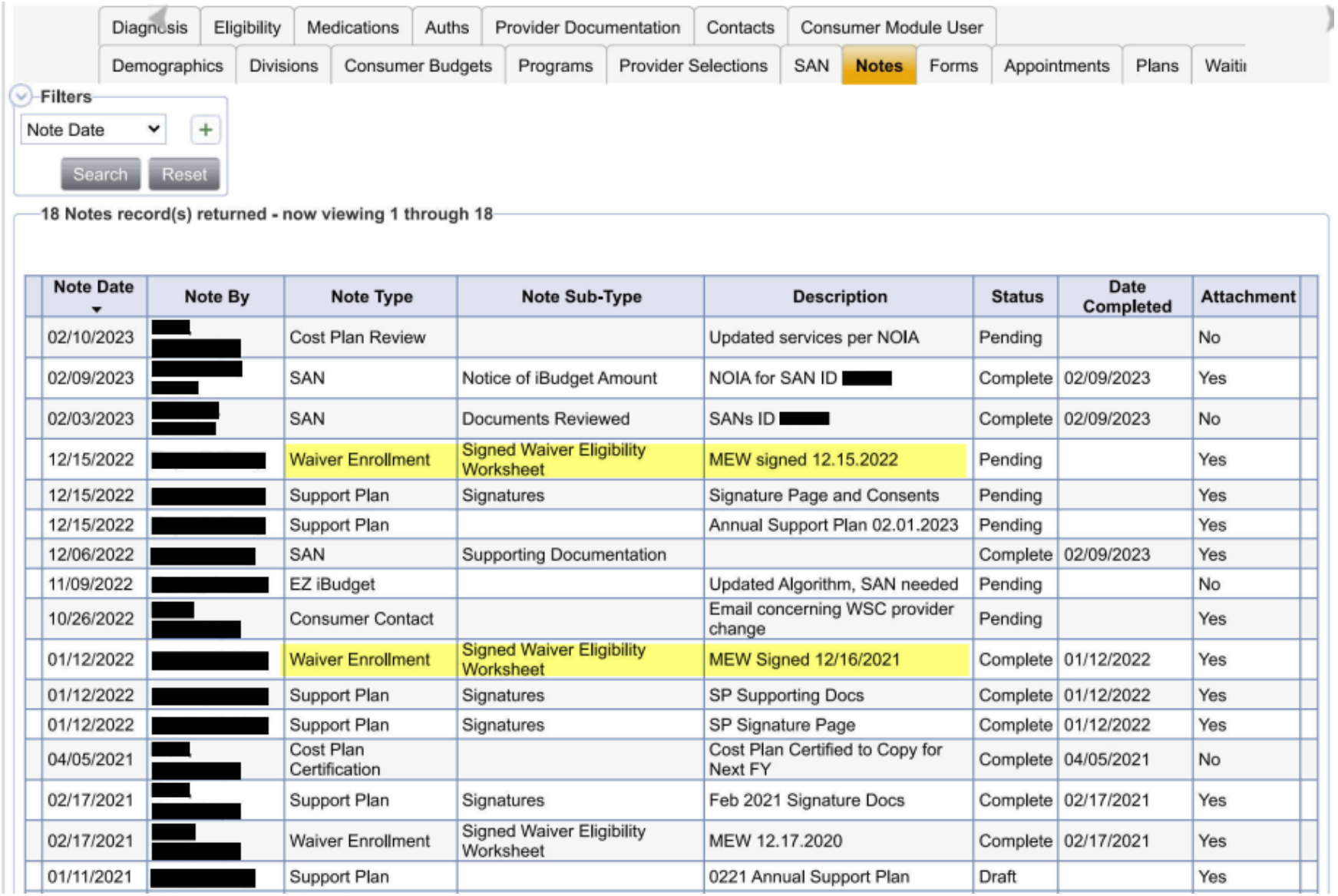
Medicaid Waiver Eligibility Worksheet



Form	Review	Review Date	Worker	Division	Status
Verification of Available Services	Initial	12/06/2022	[redacted]	APD	Open
HCBS Waiver Eligibility Worksheet	Annual	11/21/2022	[redacted]	APD	Open
Person-Centered Support Plan eff. 11/4/2021	Annual	11/21/2022	[redacted]	APD	Open
EZ iBudget Calculator	Initial	11/08/2022	[redacted]	APD	Complete
Family Risk Factors	Update/Amended	09/28/2022	[redacted]	APD	Complete
Questionnaire Situational Information	Update/Amended	09/28/2022	[redacted]	APD	Complete
HCBS Waiver Eligibility Worksheet	Annual	12/16/2021	[redacted]	APD	Submitted
Person-Centered Support Plan eff. 11/4/2021	Annual	12/16/2021	[redacted]	APD	Submitted
Person-Centered Support Plan eff. 8/1/2019	Annual	12/17/2020	[redacted]	APD	Complete
DOR Wage Data Assessment	Import	03/20/2020	[redacted]	APD	Complete
Questionnaire Situational Information	Update/Amended	09/26/2019	[redacted]	APD	Complete
Family Risk Factors	Update/Amended	09/26/2019	[redacted]	APD	Complete
Demographic Expansion Fields	Screening	11/26/2018	[redacted]	APD	Complete

First Previous Records per page 150 Next Last

Medicaid Waiver Eligibility Worksheet



Diagnosis | Eligibility | Medications | Auths | Provider Documentation | Contacts | Consumer Module User

Demographics | Divisions | Consumer Budgets | Programs | Provider Selections | SAN | Notes | Forms | Appointments | Plans | Waiti

Filters

Note Date +

Search Reset

18 Notes record(s) returned - now viewing 1 through 18

Note Date	Note By	Note Type	Note Sub-Type	Description	Status	Date Completed	Attachment
02/10/2023	[redacted]	Cost Plan Review		Updated services per NOIA	Pending		No
02/09/2023	[redacted]	SAN	Notice of iBudget Amount	NOIA for SAN ID [redacted]	Complete	02/09/2023	Yes
02/03/2023	[redacted]	SAN	Documents Reviewed	SANs ID [redacted]	Complete	02/09/2023	No
12/15/2022	[redacted]	Waiver Enrollment	Signed Waiver Eligibility Worksheet	MEW signed 12.15.2022	Pending		Yes
12/15/2022	[redacted]	Support Plan	Signatures	Signature Page and Consents	Pending		Yes
12/15/2022	[redacted]	Support Plan		Annual Support Plan 02.01.2023	Pending		Yes
12/06/2022	[redacted]	SAN	Supporting Documentation		Complete	02/09/2023	Yes
11/09/2022	[redacted]	EZ iBudget		Updated Algorithm, SAN needed	Pending		No
10/26/2022	[redacted]	Consumer Contact		Email concerning WSC provider change	Pending		Yes
01/12/2022	[redacted]	Waiver Enrollment	Signed Waiver Eligibility Worksheet	MEW Signed 12/16/2021	Complete	01/12/2022	Yes
01/12/2022	[redacted]	Support Plan	Signatures	SP Supporting Docs	Complete	01/12/2022	Yes
01/12/2022	[redacted]	Support Plan	Signatures	SP Signature Page	Complete	01/12/2022	Yes
04/05/2021	[redacted]	Cost Plan Certification		Cost Plan Certified to Copy for Next FY	Complete	04/05/2021	No
02/17/2021	[redacted]	Support Plan	Signatures	Feb 2021 Signature Docs	Complete	02/17/2021	Yes
02/17/2021	[redacted]	Waiver Enrollment	Signed Waiver Eligibility Worksheet	MEW 12.17.2020	Complete	02/17/2021	Yes
01/11/2021	[redacted]	Support Plan		0221 Annual Support Plan	Draft		Yes

Pre-Support Plan planning activities

- Occurs prior to Support Plan development
- Can occur as one contact or over several contacts
- Areas to discuss:
  - ✓ purpose of the planning process
  - ✓ status of current goals/outcomes, potential changes or updates to goals/outcomes for the next year
  - ✓ status of current services and providers and any needed changes to either
  - ✓ possible dates, times, and locations for the meeting based on the person's preferences as well as who the person would like to invite to the meeting including providers, family members and friends

Most Common Not Met Reasons: Pre-Support Plan planning activities

- did not document review of status of current goals/outcomes and discussions of potential changes/updates to goals/outcomes for the next year
  - *Just stating "reviewed goals and asked to think of new ones for next year" is not the intent of the requirement. Use details of the discussion*
- did not document discussions of potential dates, times, and locations for the meeting
- did not document review of current services and providers
  - *Be specific vs. "asked if current services and providers are ok"*
- did not document discussions of whom the person would like to invite to the meeting

Added Note About Examples Shared

- The notes shared on the following slides are examples taken directly from iConnect with PHI removed.
- Each example is marked as “Generic” or “Detailed”. Generic examples may not meet the standard and could result in a score of not met. Detailed examples show personalized details that better meet the standard.
- Please keep in mind these are just examples, intended to show common mistakes and highlight better practices.
- The expectation is notes should be specific to the person and reflective of their communication style. It is not the expectation that all notes are written one specific way or that certain words and phrases must be used.

Pre Support Planning Note Example - Generic

September 7, 2022

Pre-Support Planning

WSC conducted pre-support plan telephone conversation to assist the individual in identifying personal goals, needs and services prior to the development of the support plan. We will further discuss goals at meeting.

Pre Support Planning Note Example - Detailed

April 3, 2022

Pre-Support Planning

xxx said he likes to have his meetings at the day program as he goes five days a week. His mom works Monday through Thursday and would prefer a Friday meeting. WSC will discuss with day program provider. WSC asked xxx if he is happy with his day program provider and his companion who works with him Monday-Thursday? He said he is happy, especially now the companion is a male. WSC asked xxx if he wants his companion at the meeting and he said yes. WSC asked xxx if anyone else should come to the meeting. He said he would like his brother to come, mom reminded xxx that his brother lives in Pensacola now so may not make it. WSC asked xxx if he would like her to see if his brother can join by telephone. xxx said he would love that.

Pre Support Planning Note Example – Generic

9/xx/22

Pre-Support Planning

I placed a telephone call to xxx to plan for the upcoming support plan meeting. I assessed xxx's needs, preferences, and future goals. I asked person centered questions to identify personal goals. We discussed current needs. We discussed which services would be most beneficial & cost effective to meet his goals. I assisted xxx to make decisions and informed choices. I used obtained information to assist in the process of developing a draft support plan and cost plan. I assisted xxx to identify and access formal and informal support systems available. We discussed a time and place for the meeting. We discussed who should be present at the meeting.

Pre Support Planning Note Example – Detailed (goals, services and providers)

July 13, 2022

Pre-Support Planning

WSC called xxx at home. WSC talked about goals he has to exercise and help more at home. Xxx mentioned the Planet Fitness app on his phone. He said he likes going there each week with this companion and the people are nice to him. Xxx said he takes out the trash, keeps his room clean and washes dishes sometimes. WSC and xxx discussed Companion services and Res. Hab. services. Xxx said he likes xxx who takes him to the gym. He said his group home is nice, he likes his room, his posters on the wall and the staff talk to him the way he likes. He asked could he keep his services and staff because he did not want to change them. WSC said, yes. Xxx said his sister was there to see him and he had to go. WSC to continue with preplanning activities by following up with providers and having more discussions with xxx.

Pre Support Planning Note Example – Detailed (when, where, who)

January x, 2023

Pre-support plan meeting

WSC reached out to xxx and his parent via telephone contact to see if they have decided on when, where and who xxx would like to be in attendance for upcoming support plan meeting. WSC took some time to review all med waiver services with xxx, he expressed interest in an employment coach, xxx is happy with his current services and providers and does not want to change anything right now. WSC also asked xxx to consider and think about any goals he may want to add to his goals this year. xxx shared that he'd like to keep his current goals, and to remember to report any changes in medical care or medications. xxx shared that he would like to meet at his family home on Wednesday, January, 2023 in the evening. They shared due to personal concerns they are unable to meet before that date. WSC explained the importance of holding the meeting in a timely manner to remain in compliance. xxx and his parent continued to confirm the best date, time, and location convenient for them to meet would be Jan.18th due to a scheduling conflict. Support plan meeting is confirmed for 1/x/23. WSC will continue to monitor xxx's needs as he may have them.

Qlarant

Progress Notes

Progress Notes – Where should these be in iConnect?

- Under Provider Documentation Tab in iConnect
- Make reference in Provider Documentation Progress Note when you want to reference information uploaded to the Notes section
  - WSC Advisory #2022-017, WSC Progress Notes APD iConnect Improvements
  - WSC Advisory #2020-043, WSC Progress Notes

Progress Notes – Handbook Requirements

- Face to Face visits should relate to or accomplish at least one of these per visit:
  - ✓ Assist the person to reach individually determined goals
  - ✓ Monitor the health and well being of the person
  - ✓ Obtain, develop, and maintain resources
    - ✓ Does not mean one resource emailed to all on your caseload
  - ✓ Increase the person's involvement in the community
    - ✓ Waiver is the Payer of Last Resort
  - ✓ Promote advocacy or informed choice
  - ✓ Follow up on concerns and conflicts
    - ✓ Next steps and make sure future notes close the loop

Progress Notes – Handbook Requirements

- Describe efforts to:
  - ✓ Assist the person/legal representative to know about and exercise rights
    - ✓ More than just stating a right- what does it mean to the person and in their life situation
  - ✓ Choose waiver services & and what to do if not satisfied with a service or provider supports including interviewing providers
    - ✓ Including grievance procedures
  - ✓ Assist with empowering for own health care needs and risks
  - ✓ Assist with behavioral/emotional health needs and risks
  - ✓ Assist with safety needs and risks

Progress Notes - What can we write about?

- Standards 22 – 24 - Progress Notes – Demonstrate required monthly contacts based on living arrangement
  - Include who, why, what, where, when, and what next
- Standard 25 – Support Coordinator Progress Notes include meaningful information to effectively assist the person in achieving goals/outcomes
  - Rewriting the standard or not met reasons does not equate to an individualized Progress Note with meaningful information
  - Issues with cut and paste- errors in names, gender, living situation, services, other details, same note among all the files

Progress Notes - What can we write about?

- Standard 26 – For persons in Supported Living Arrangements/Situation, Progress Notes demonstrate required activities are covered during each quarterly home visit
- If person is in a Supported Living Situation and they do not have a SL Coach the WSC is responsible for doing the Quarterly Health and Safety Checklist and Housing Survey
- For persons receiving Supported Living Coaching services, it is the responsibility of the WSC to schedule and attend a quarterly meeting with the person in the person's home

Progress Notes - What can we write about?

- Documentation is required; make it meaningful
  - Creating a “form” does not make documentation individualized
- Many standards can be discussed in the Progress Notes
- Communication should be two ways
  - Sent a text, email or left a message-----Not billable until return communication

Progress Notes - What can we write about?

- Describe efforts to:
  - ✓ Gather information about abuse, neglect and/or exploitation knowledge and history
  - ✓ Demonstrate details regarding pre- Support planning activities
  - ✓ Include meaningful information to effectively assist the person in achieving goals/outcomes including review of provider documentation
  - ✓ Demonstrate use of a person-centered approach in Support Coordinator documentation to define the personal goals/outcomes important to the person

Progress Notes: CDC

- Same requirements as Waiver with specifics toward CDC+
  - Progress Note must contain:
    - Documented monthly contact with the CDC+ Representative
    - All contacts made
    - Information about monthly budget and spending
    - Account reconciliation, claims submissions
    - Purchases consistent with Purchasing Plan
    - Use of EBU, if consistent, resulted in update to Purchasing Plan/Workman's Comp if applicable
    - Savings being tracked and will be purchased in established timeframes
    - If applicable, APD contacted for adjustments, Consultant completed needed training needs for rep, or developed CAP
    - Can detail contact and then reference the CDC+ Participant Review Form if uploaded to Notes

Progress Note Example – Generic Email – With No Reply, Not Billable

Progress Notes

From: xxxxxxxxxxxxx@gmail.com

Tue, Nov 1, 10:09 AM (9 days ago)

To: xxxxxxxxxxxxxxxx@gmail.com

Good morning,

This is my monthly contact to follow up with you about services and support plan compliance for the above consumer. Are there any health or safety concerns? How are behaviors in the home and in the community? Are you aware of any community resources that will assist her with her goals? Do you have any documentation requests from me? Has any progress been made on her current goals? I look forward to hearing from you.

Progress Note Example – bad cut/paste – written in 2023, references May 1st and the vaccine which is clearly from 2020

Progress Notes

March 16, 2023 TC

As a consultant, I returned a phone call and spoke with xxxx and his family at their home and spoke to his mother regarding his health and services. Mrs. xxxx tells me that all services and support are in place with the approved Purchasing plan. xxxx seems to be well groomed and well taken care of. xxxx's health is stable. **As a consultant, I reminded the consumer that they have the right to change Waiver Support Coordinator/Provider if they want to change whenever they feel the need to. I provided them with a list of names. The consumer and their guardian said that they are not ready to or even want to change from our services. I also told the consumer and their parents that by May 1st the vaccine is going to be available to the public and they will not have wait too much.** I will continue to monitor xxxxx's health for the month of April.

Progress Note Example - Detailed

Progress Notes

December 14, 2022 Telephone Conference

WSC received telephone call from xxx & xxx seeking to follow up with WSC about whether or not LSD-1 services were approved for xxx and if so, will xxx (PS staff) be able to provide the services for those hours as well. WSC informed xxx & xxx that WSC will have to confirm this with the director to be sure that the same staff person can provide both services. WSC took this time to review with xxx the importance of knowing the 1-800-Abuse number especially when interacting with new staff.
WSC then reached out to xxx's provider to confirm that the SA had been received for the LSD-1 services and if it would be ok for xxx to also provide the LSD-1 services. She shared that she would have to verify xxx's hours to assure that she wouldn't be working overtime. Provider will follow up with WSC to confirm staff availability and update family.
WSC will continue to monitor xxx's needs as he may have them.

Progress Note - Good Example – Abuse Discussion

1/7/2022

I met with xxx at her family home. Mom, xxx, and I sat at the table in the kitchen. I wanted to educate xxx on Abuse, Neglect, and Exploitation. I have a booklet with pictures that I use to go over each. I showed her illustrations of different types of Physical, Verbal, and Sexual Abuse. I showed her illustrations of different types Neglect. I showed her illustrations of different types of exploitation. I went over the abuse hotline number. Mom also legal guardian stated she would call the abuse hotline and me. I asked her if there was any history of abuse, neglect, and exploitation? Mom reports when xxx was young a teacher used to hit her and one of the other teachers reported it. Mom reports that she has no knowledge of any other incidents but says even though xxx does not communicate with words you know when she is unhappy.

Progress Note - Good Example – Rights Discussion

3/15/2022

Met with xxx at the ADT. She was sitting in her favorite chair rocking. I sat down with her and asked how she was she just smiled. I took out my tablet and she sat up straight and appeared excited. I explained to her that we were going to watch the “Bill of Rights” on You Tube. This video goes over her rights. She likes to watch videos so I use this to educate her. When the video was over, I used a picture board of rights and asked xxx to point to her favorite right. She pointed to the picture of I have the right to have friends.

Progress Note - Good Example – Rights Discussion

6/1/2022 Face-to-Face/Home Visit

Met With xxx at his family home. He seemed happy and all smiles. xxx just returned from a family vacation to Disney World. I asked him if he enjoyed his vacation and he was all smiles and said yes, yes, and yes!!!! xxx began talking about the upcoming election. I asked him if he was going to vote. He said he would like to but he cannot. I reviewed his “Right to Vote.” I educated xxx on how to register to vote; we went online and signed him up. He was so excited. We discussed that he could vote in person or by mail. He thanked me and his mom said she has not seen him this happy in a while.

Progress Note - Good Example – Safety Discussion

5/16/2022

Met with xxx today at the Group Home. xxx was working on his laundry goals with xxx. In between loads, we sat down to talk about stranger danger. Since he likes to take walks in the neighborhood. I went over several scenarios with xxx and asked what he would do. I asked him if a car pulls up and says hey I am going to McDonalds, you want to go and get some food, what would you do. He replied run. I asked him if he was in the driveway and a person pulled up and asked him to help find his dog what would he do. He replied I would go inside. Finally, I asked what if someone asked to pay you 10 dollars to go deliver a package. He replied oh 10 dollars, I would take the package and deliver it. I went over with xxx why this is dangerous. The group home staff and I agreed that we will continue to pose this question to him.

SP Meeting Note Example – Part 1 of 3 (very detailed, do not have to write like this but has good information)

January xx, 2023

ISP Meeting January 2023

WSC met with xxx and parents/primary caregivers, xxx & xxx at their home for xxx's annual support plan meeting at a time that was convenient for them. Before starting the support plan meeting WSC took time to go over all waiver funded services, and what can be expected from each role. WSC also took time to listen xxx and his family's questions, what xxx 's needs, abilities and inabilities are. xxx enjoys spending time with his family, watching sports on TV, attending sporting events, listening to music, watching movies and his newfound hobby of exploring his community with his companion.

Goals and Services: WSC, xxx and his family discussed wanting to add goals for xxx. xxx shared that he still wants to pursue moving into his own place and hopefully obtain gainful employment even if it's part time. xxx shared that he has not made much progress working with Vocational Rehabilitation and **would like to pursue other avenues of securing an employment coach to assist him in meeting his employment goal.**

Choice: WSC, xxx and his family discussed that goals, services, and providers including WSC can be update/changed at any time as HBCS Waiver is a choice-based program directed by the xxx. xxx and his family understand this and encourages xxx to make safe choices for himself. WSC, xxx and family also discussed xxx's living preference, xxx loves living with his family but eventually want to transition to a supported living environment.

SP Meeting Note Example – part 2 of 3

January xx 2023

ISP Meeting January 2023

Health/Safety: WSC discussed potential/current individualized safety concerns and needs for xxx. xxx reports no issues currently. WSC received information on xxx's current health information. Information has been implemented into xxx's support plan. xxx is currently up to date with all healthcare appointments. WSC followed up with him regarding adaptive equipment and environmental accessibility, xxx does require eyeglasses, which he recently got a new pair that he brags about all the time has improved his vision tremendously. xxx shared that his new glasses help him see things he used to miss before, like keeping him from bumping into walls, people, etc. WSC and xxx discussed how to respond in an emergency such as a fire. xxx does not require promptings to remove himself from the home, WSC and family will continue to educate xxx on fire safety. He is said to be quite astute and follows directions well and would not be in danger of getting out of the home during an evacuation with prompting. xxx and WSC discussed contact persons in case of an emergency or in the event of a hurricane or disaster. xxx is never left alone. WSC educated xxx on abuse, neglect, and exploitation. He is not being hurt or harmed in any way. All of his needs are met- no signs of neglect reported. He is not being taken advantage of by anyone for their own personal gain- no signs of exploitation reported. He receives assistance with managing finances to deter instances of exploitation. WSC reviewed the number to the abuse hotline to report any suspected abuse, neglect, or exploitation of any kind 1 800 96 ABUSE.

SP Meeting Note Example – part 3 of 3

January xx, 2023

ISP Meeting January 2023

Rights: WSC and xxx discussed the Bill of Rights for Individuals with Developmental Disabilities. xxx and his family agreed that all rights are important to him.

Community: WSC, xxx and his family reviewed community activities and resources. xxx has recently become more active in getting out in his community and exploring his likes. he enjoys libraries, museums, movies, sporting events and events geared towards persons with disabilities.

Documentation: WSC, xxx and his family signed all necessary documentation including individual support plan signature page, Release of Confidential Information, Responsibilities and Expectations, Florida Bill of Rights for People with Developmental Disabilities, Medicaid Waiver Support Coordinator Grievance Procedure, “Get a Plan!” and “Plan and Practice a Fire Drill” receipt. HIPPA acknowledgment receipt, DCF Financial Information Release, Health and Safety Form, and Annual Health Care Form. WSC has confirmed that there are no other issues or concerns that have not been addressed. WSC will continue to monitor xxx ’s health, safety, services, goals, and well-being.

Final Reminders

- Study the Handbook and read requirements for the services you provide
- Organize documentation by employee
- Make sure records are available and accessible
- Have systems to track trainings that expire and/or have to be retaken periodically
- Prepare all year long not just when you first get your letter, phone call, or email to schedule
- For documents with an expiration date, please include the previous (expired) document along with the current document
- Incident Reporting – initial and follow-up reports
- Meet required time frames to complete initial training
- Get a valid, complete training certificate from the approved trainer
- Obtain training from an approved source

Final Reminders

- iConnect is not optional
- Document for the person you are rendering to vs. generic Progress Notes/Support Plan
- Do the Work; Show your work
- You don’t have to write a novel- Notes with no specific details for that person do not meet the requirement, make what you write count
- Reciting Qlarant standards in the Progress Notes is not enough
  - Example of NOT meeting requirement:

    “Met with consumer and we discussed his health and talked about rights.”

Final Reminders

- Power Point will be posted to Qlarant Website once last training is done on June 14th
- If Interested please send your feedback/suggestions for Qlarant review process desk vs. onsite to FSQAPcustomerservice@qlarant.com
- Please complete our feedback survey. A Survey Monkey link to complete an electronic survey will be sent out via Corsizio (program used for training registration)

Florida Statewide Quality Assurance Program

Customer Service Representative:

Email: FSQAPcustomerservice@qlarant.com

Phone Number: 1 (866) 254-2075

Secure Fax Number: 1 (888) 877-5526

Where to find the tools:

https://florida.qlarant.com/

Sign up for e-notifications