

# Florida Statewide Quality Assurance Program

FY 2023

July 2022 – June 2023

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



*Better Health Care  
for All Floridians*

August 31, 2023

Prepared by



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## **List of Acronyms**

ABC – Allocation, Budget, and Contract Control System  
ADT – Adult Day Training  
AHCA – Agency for Health Care Administration  
ANE – Abuse, Neglect and Exploitation  
APD – Agency for Persons with Disabilities  
BGS – Background Screenings  
CDC+ – Consumer Directed Care Plus  
CDC+ C – CDC+ Consultant

CDC+ R – CDC+ Representative  
DD – Developmental Disability  
FSQAP – Florida Statewide Quality Assurance Program  
FY – Fiscal Year (July – June)  
GAR – General Administrative Review  
HCBS – Home and Community-Based Services  
HSRI – Human Services Research Institute  
iBudget Handbook – Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook  
iBudget Waiver – Individual Budgeting Waiver  
IPS – In Person Survey (NCI)  
IDD – Intellectual and Developmental Disability  
IRR – Inter-rater Reliability  
IT – Information Technology  
LRH – Licensed Residential Home  
LSD 1 - Life Skills Development 1 (Companion)  
LSD 2 - Life Skills Development 2 (Supported Employment)  
LSD 3 - Life Skills Development 3 (Adult Day Training)  
LSD 4 – Life Skills Development 4 (Prevocational)  
MWEW – Medicaid Waiver Eligibility Worksheet  
MPR – Medical Peer Review  
NCI – National Core Indicators  
OBS – Observations  
OTC – Over-the-counter  
PBD – Potential Billing Discrepancy  
PCR – Person Centered Review  
PCR MLI – Person Centered Review My Life Interview  
PDR – Provider Discovery Review  
PDR MLI – Provider Discovery Review My Life Interview  
Q – Quarter  
Q&T – Qualifications and Training  
QA – Quality Assurance  
QAR – Quality Assurance Reviewer  
QC – Quality Council  
QI – Quality Improvement  
QO – Qualified Organization  
RM – Regional Manager

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

## Executive Summary



In July 2022, the Agency for Health Care Administration (AHCA) entered into the sixth year of the current contract with Qlarant, the Florida Statewide Quality Assurance Program (FSQAP). Qlarant provides oversight processes of provider systems and Person Centered Review (PCR) activities for individuals receiving services through the Developmental Disabilities Individual Budgeting (iBudget) Services waiver, including the Consumer Directed Care Plus (CDC+) program. Qlarant conducts Provider Discovery Reviews (PDR) and Person Centered Reviews (PCR) to provide information about providers, individuals receiving services, and the quality of service delivery systems. Information gathered through the PCR and PDR processes are utilized in a multitude of ways - some of which include, identifying areas where service providers or Qualified Organizations (QOs) may require additional training, guiding Quality Council initiatives, calculating and reporting Quality Performance Measures to the Center for Medicaid and Medicare Services (CMS), assisting AHCA and the Agency for Peoples with Disabilities (APD) in developing Plans of Remediation (POR), and alerting APD regions when individuals receiving services may be at risk.

In addition to conducting PCRs and PDRs, Qlarant Regional Managers conduct quarterly meetings with each APD region to review data, explore trends, and discuss other relevant regional issues and best practices. Qlarant also facilitates three Quality Council meetings each Fiscal Year (FY). All three meetings have been held this FY – one in Tampa on July 21, 2022, one in Tallahassee on October 20, 2022, and another in Tallahassee on March 17, 2023.

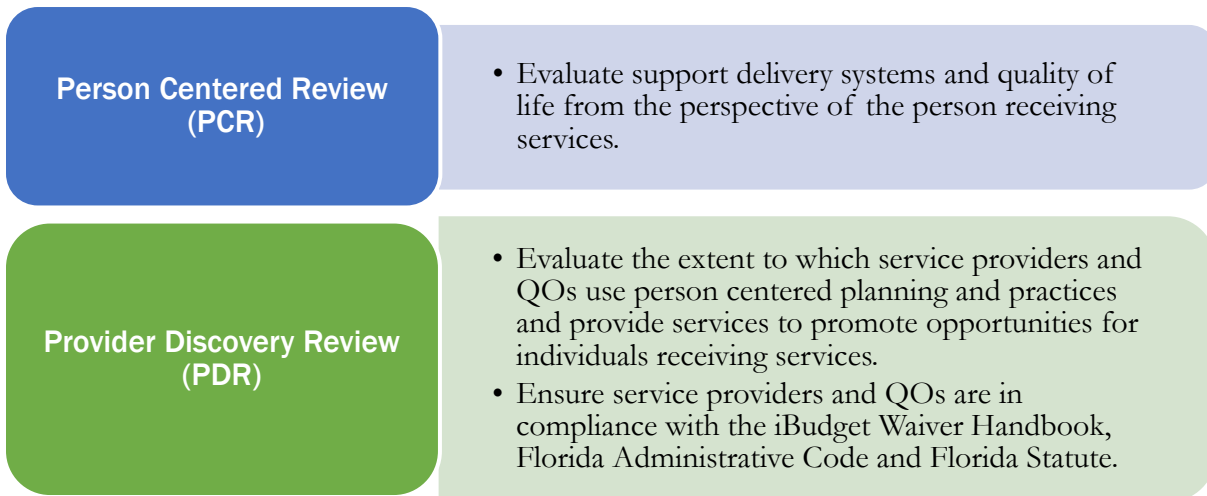
## Introduction

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

Qlarant’s purpose is within the discovery framework. The information from the review processes is used by AHCA and APD to help guide policies, programs, or other necessary actions to effectively remediate issues or problems uncovered through the discovery process. Data collected for each region through the PDR, including average scores for each of the administrative tools (General Administrative Review and Staff Qualifications and Training), as well as record review scores by service are examined during the Regional Quarterly Meetings to help target local remediation activity. Further, state and regional-level results from the PCR and PDR processes are presented to the Quality Council three times per year to help guide discussion and develop workgroup initiatives to improve the service delivery system and quality of life for people receiving waiver services in the state.

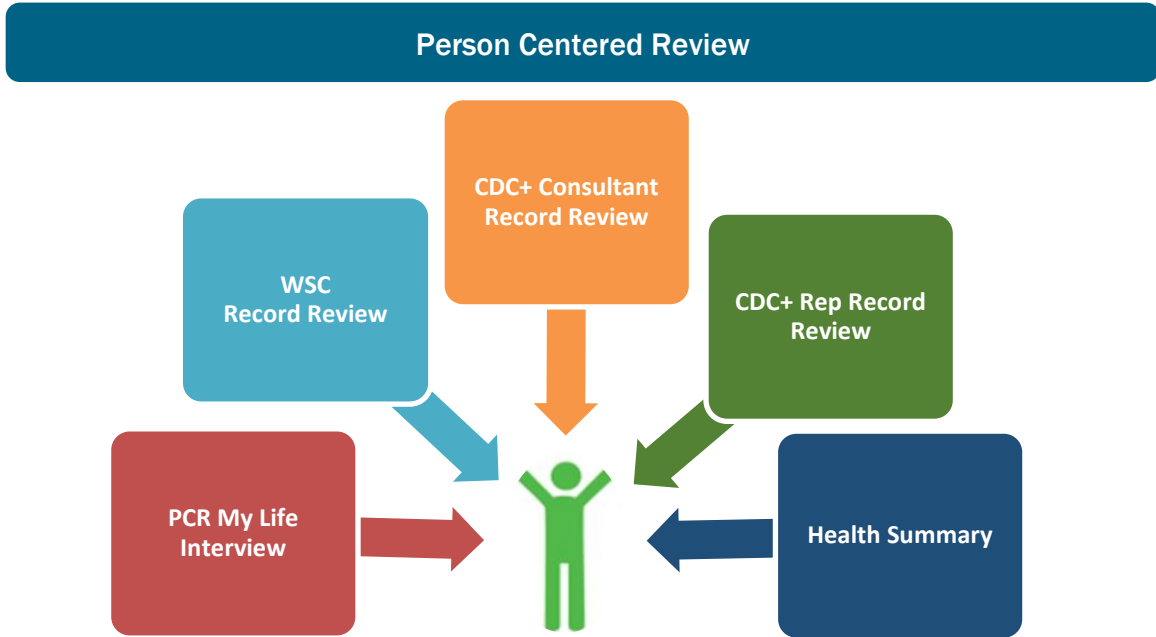


Qlarant’s discovery process comprises two major components: Person Centered Reviews (PCR) and Provider Discovery Reviews (PDR) - both ensure the person receiving services has a voice in evaluating performance and outcomes and both utilize comprehensive methods to evaluate the quality of the services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



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

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



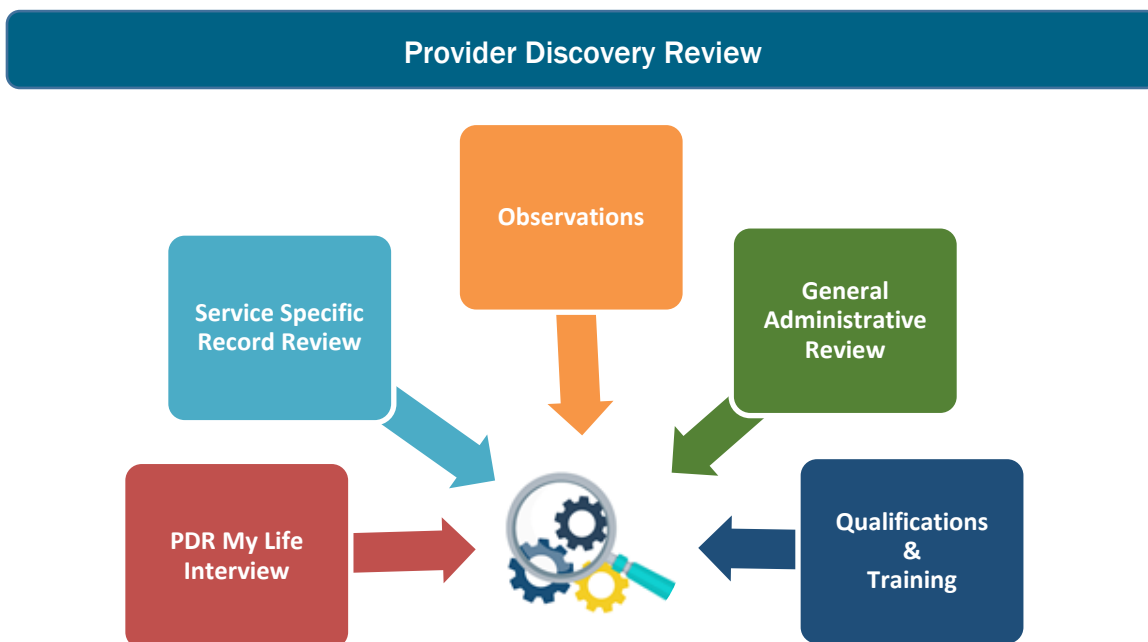
The PDR is comprised of an Administrative Review – including the General Administrative Review (GAR) and Staff Qualifications and Training (Q&T) – and Service Specific Record Reviews (SSRRs).<sup>1</sup> Service Providers may also receive Observations and interviews with individuals receiving services.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

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<sup>1</sup> While WSC and CDC+ record reviews are included in QOs' overall scores, their scores are discussed in the PCR section.

<sup>2</sup> Observations are only conducted at Licensed Residential Homes (LRH) and Adult Day Training Programs.





### Tool and Process Revisions

In July 2022, a number of protocol changes were made to some of the standards within the Waiver Support Coordinator (WSC) and Consumer Directed Care Plus (CDC+) Service Specific Record Review Tool. Details regarding these updates, as well as the tools themselves, can be found on Qlarant’s FSQAP website: [Qlarant Provider Review Tools](#)

### Data Availability

- Several reports are available at any time: Current Schedule Report, Results by Service and Standard, and Review Activity Report. These are accessed through the private section (required member login) of the FSQAP website, for APD and AHCA staff approved to view them.
- A report listing all providers cited for one or more potential billing discrepancies (PBD), as well as the amount of their total potential discrepancy, is provided to APD and AHCA on a monthly basis.

### Internal Annual Training/Conference

Every year, the Florida team comes together for extensive training and brainstorming activities. In August 2022, Qlarant held a conference to prepare for the upcoming FY. Staff from AHCA and APD attended throughout the week. A review of various processes and ongoing training were conducted.

## Report Sections

This report is divided into three sections:

- Section I: Significant contract activity during the fourth quarter of FY23 (April 2023 - June 2023).
- Section II: Data from review activities completed in FY23 (July 2022 – June 2023), including comparative analysis as possible.<sup>3</sup>
- Section III: Discussion and recommendations.

### Section I: Significant Contract Activity in Quarter 4 (April 2023 - June 2023)

#### Quality Assurance Activities

##### Status Meetings

Status meetings are held to provide an opportunity for Qlarant, AHCA, and APD representatives to discuss contract activities and other relevant issues as necessary. Revisions to processes and tools may be discussed as well as policy updates from AHCA or APD that may affect the FSQAP. In the fourth quarter of FY23, status meetings were held on April 20<sup>th</sup>, May 18<sup>th</sup>, and June 15<sup>th</sup>.

##### Reliability

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

**File Reliability** sessions are administered every other month. These include standards reviewed from Service Specific Record Reviews as well as related questions from the iBudget Handbook and the FSQAP Operational Policies and Procedure Manual. After the QA Manager obtains actual file documents from a provider, the management team identifies the standards to be tested and creates the scoring key. The test is completed by each QAR in Qlarant's online learning management system and scored automatically. One file reliability session was completed in Quarter 4 (Q4) on the topic of Rounding and Billing Discrepancies with 25 QARs, who all passed. File reliability results are reported to AHCA in the second and fourth quarters.

**Field Reliability** has always been conducted onsite with QARs and used to determine if protocols and procedures are followed correctly, prior to and during the review, and if responses on the review

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<sup>3</sup> Comparisons to data prior to FY19 are not possible or appropriate due to changes in tools and indicators/standards. Similarly, comparisons to WSC and CDC+ record reviews prior to FY22 should be made with caution due to changes in the tools, as well as the statewide transition to QOs.

processes match responses of the manager conducting the field reliability. The manager silently observes while the QAR conducts the review and compares answers on all standards at the conclusion of the review. In Q4, field reliability was completed with four QAR's who all passed.

### **Regional Quarterly Meetings**

The Qlarant Regional Managers facilitate meetings in each APD Region with available Qlarant QARs in the region, and APD Regional personnel, including the Regional Operations Manager (ROM), if possible. The purpose of these meetings is to discuss and interpret data from the Qlarant reviews to help guide APD toward appropriate remediation activities and to update all entities on current activities in the region. Representatives from AHCA and APD State offices may attend the meetings via phone in each region. Meetings were held in all the regions during the fourth quarter of FY23 either face-face or remotely using a webinar format.

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

The third QC meeting for FY23 was held in Tallahassee on March 17, 2023. Agenda items included the following:

- APD Updates – Kimberly Quinn, Chief, Program Development, Compliance & Policy – APD
- WSC Scorecard – Kimberly Quinn, Chief, Program Development, Compliance & Policy – APD
- Critical Incident Reporting and Management – Meghan Torres, Program Administrator for Quality Improvement – APD
- Human Services Research Institute Presentation – Stephanie Giordano, Co-Director - HSRI
- ADT Changes (LSD 3 and new LSD 4) – Liesl Ramos, Program Administrator & Kent Carroll Senior Management Analyst II - APD
- Qlarant Data Presentation – Shubhangi Vasudeo, DrPH, Data Analyst – Qlarant
- Qlarant Updates – Theresa Skidmore, Florida Director - Qlarant

### **Provider Feedback Surveys**

After each PDR providers are offered an opportunity to provide feedback on the review process and professionalism of the QARs. Surveys are completed online on the FSQAP website or downloaded and mailed or faxed to the Qlarant office. Table 1 presents feedback findings for surveys submitted between April and June 2023. A total of 30 providers completed the



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<sup>4</sup> See the Qlarant website for complete QC details, minutes, and agendas: [Qlarant Quality Council Meeting Materials](#)

survey. On average 96.1 percent of responses were positive (391/407). Surveys that included a request for a manager’s call back were also recorded in the Customer Service Call Log.

Table 1. Results from Provider Feedback Surveys Surveys Received Between April - June 2023 (n = 30)			
Question	# Yes	# No	NA/ Blank
Did the Quality Assurance Reviewer explain the review process?	30	0	0
Did the Quality Assurance Reviewer share with you the names of the potential people chosen to participate in the review?	30	0	0
Did the Quality Assurance Reviewer explain the person's participation in the interview is voluntary?	28	2	0
Did the Quality Assurance Reviewer refer you to the Qlarant website that includes the tools and procedures?	29	1	0
Were the tools accessible on the Qlarant website?	27	2	1
Did you find the tools helpful when preparing for the review?	25	3	2
Did the Quality Assurance Reviewer answer your questions in preparation for the review?	29	0	1
Did the Quality Assurance Reviewer arrive on time?	25	1	4
If not, were you notified the Quality Assurance Reviewer would be late?	4	1	25
Did the Quality Assurance Reviewer give you enough time to find the information requested?	29	1	0
Do you feel the Quality Assurance Reviewer was prepared for the review?	29	1	0
Did the review process go as explained by the Quality Assurance Reviewer?	29	1	0
Did the Quality Assurance Reviewer answer the questions you had during the review?	29	0	1
If applicable, did the Quality Assurance Reviewer explain why a standard was Not Met?	20	1	9
If an alert was identified, did the Quality Assurance Reviewer inform you of the follow up process?	3	0	27
Did the Quality Assurance Reviewer provide you with the preliminary findings of your review before leaving?	25	2	3
<b>Total Responses</b>	<b>391</b>	<b>16</b>	<b>73</b>

### Summary of Customer Service Calls

During the fourth quarter of FY23, 142 calls were recorded in the Customer Service Log, with an average response time of one business day for each call.<sup>5</sup>

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

## Staff Updates

In June of 2023, three QARs retired: Mario Arreaga in the Southern Region, Janice Newman in the Northeast Region, and Jan Valle in the Suncoast Region.

## Section II: Data from Discovery Review Activities: FY 2023 (July 2022 – June 2023)

Findings presented in this report are based on reviews conducted and approved in FY23 including 1,608 Person Centered Reviews (PCRs), 250 CDC+ Representative (CDC+ R) reviews, 203 Qualified Organization PDRs (QO PDR), and 1,564 Service Provider PDRs. Notable findings are outlined below for Person Centered and Provider Discovery Reviews.

## Summary of Discovery Review Findings

### Person Centered Reviews

#### Health and Safety

- People receiving services through the Waiver and CDC+ were least likely to meet Outcomes within the ‘My Safety’ Life Area. On average, Supports for ‘My Safety’ were 27 points higher than Outcomes for Waiver participants and about 24 points higher for those on CDC+.
- The lowest scoring Outcome for Waiver participants was related to understanding medications (47.4% met). Over 80 percent of people who did not meet this standard did not know the potential side effects of their medications and nearly 75 percent did not know which medications they take.
- Data collected through the Health Summary suggests nearly all Waiver (97%) and CDC+ (95%) participants had a physical exam within the past year; however, fewer than 75 percent reported having had a dental exam during the same period.
- The proportion of people on CDC+ who had their annual Flu vaccine has declined by over eight percentage points since FY20 from 47.7 to 39.3 percent.

#### Community Life

- MLI Outcomes related to community involvement were relatively low with no more than 90 percent of people meeting Outcomes related to participating in their communities, being active and contributing members of their communities and having meaningful friendships and relationships.
- Further, levels of satisfaction with the level of community involvement people had over the past year was somewhat lower (Waiver: 94.3%; CDC+ 94.4%) than their level of satisfaction with services, providers, living situations, and overall health (all over 96%).

#### Support Coordination

- Since FY22, the proportion of people reporting a change in their WSC agency declined by 18 percentage points for Waiver participants (26.5% vs. 8.3%) and eight percentage points for

people on CDC+ (17.3% vs. 9.3%). These declines may indicate most people have successfully transitioned into their new Qualified Organizations (QOs) causing them to experience fewer changes in this area.

- In FY23, 12 standards from the WSC Record Review were less than 85 percent met and several of those lower scoring standards have declined by more than five percentage points since FY22. Standards showing decreases of five or more points since FY22 were related to pre-support planning activities, including supports and services consistent with assessed needs and risks in the Support plan, and reevaluating the Level of Care at least every 365 days for all required components of billing and compliance.

### Qualified Organization Discovery Reviews

- On average, QOs reviewed in FY23 met over 95 percent of standards scored within the administrative components of the review, but less than 90 percent of standards scored within the record review component.
- All standards scored on the General Administrative Review (GAR) tool were over 95 percent met. The lowest scoring standards had to do with WSCs maintaining a Table of Organization (95.6%) and mentees completing all mentoring program requirements (95.7%).
- All but three standards captured in the Staff Qualifications and Training (Q&T) tool in FY23 showed a compliance rate above 85 percent. These standards had to do with QOs meeting training requirements for HIPAA, Infection Control and First Aid.
- A total of 17 alerts were cited for QOs reviewed in FY23 – 14 Background Screening alerts, two Clearinghouse Roster alerts, and one Rights alert.

### Service Provider Discovery Reviews

- Average scores for Service Providers were relatively high with scores ranging from a high of 99.4 percent for Observations at Day Programs to a low of 87.9 percent for solo providers' GARs.
- Solo providers were less likely than agency providers to meet the GAR standard related to maintaining an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse (86.4% vs. 97.7%).
- Among Service Providers reviewed in FY23, 10 of 42 standards (scored for 30 or more providers) showed compliance rates of less than 85 percent.
  - Between 17 and 26 percent of LSD 1 (Companion), LSD 2 (SEC), LSD 3 (ADT), Personal Supports, Supported Living Coaching, and Residential Habilitation (Standard) providers did not meet compliance requirements for completing required hours of annual in-service training.

- Nearly 25 percent of providers did not meet compliance requirements for completing/maintaining training in Infection Control and more than 20 percent did not meet compliance requirements for training in HIPAA.
- About 19 percent of providers did not meet compliance requirements for maintaining Basic Medication Administration Validation.
- 18 percent of providers did not comply with all aspects of required Level II Background Screening.
- On average, records reviewed in FY23 for Personal Supports, Respite and Supported Living Coaching services were less than 90 percent met. Relative to other services, these services were more likely to have Potential Billing Discrepancies (PBDs) which may be related to providers of these services transitioning to documenting services in APD iConnect.
- Background Screening alerts were cited for 11 percent (172/1,564) of Service Providers reviewed in FY23. Another 9.5 percent of providers had alerts related to medication administration/training and storage.

## Person Centered Reviews



The PCR includes an interview with the person and a review of the person’s record maintained by the Waiver Support Coordinator (WSC) or CDC+ Consultant (CDC+ C). If the person receives services through CDC+ a record review is also completed for the CDC+ R. In FY23, 1,608 PCRs were completed and approved – 1,408 for individuals on the iBudget Waiver and 200 for individuals using CDC+. Analyses may be limited for CDC+ due to the low number of CDC+ PCRs completed by various subgroups (e.g., region, age, etc.).

The CDC+ program provides additional flexibility and opportunities not offered to other people on the iBudget Waiver, such as the ability to directly hire and fire providers, use of non-waiver providers who are often family members, and the ability to negotiate provider rates. A non-paid representative helps with the financial and business aspects of the program and a CDC+ C acts as a service coordinator. CDC+ Cs must also be certified as a WSC. Due to these differences, results for CDC+ are analyzed separately.

Individuals are not required to participate in the PCR interview and are able to leave the process at any time. A person who chooses not to participate, or may be otherwise unable to participate, is replaced by another person from the oversample to ensure an adequate and representative sample is used for analysis. In FY23, 40 people originally sampled for a PCR did not participate. Non-participation reasons are shown in Table 3. When an individual is unable to participate, the QAR calls the person from the sample to verify their decision. This affords the person an opportunity to ask questions or seek clarification about the PCR process and the person’s potential role in it. This also gives individuals an opportunity to learn more about the process and potentially change their minds about participating.

**Table 2. Person Centered Review Activity FY 2023**

Region	Waiver		CDC+	
	n	%	n	%
Northwest	94	7%	14	7%
Northeast	233	17%	37	19%
Central	249	18%	53	27%
Suncoast	315	22%	34	17%
Southeast	321	23%	39	20%
Southern	196	14%	23	12%
<b>Total</b>	<b>1,408</b>	<b>100%</b>	<b>200</b>	<b>100%</b>

**Table 3. Person Centered Review: FY 2023 Non-Participation Reasons**

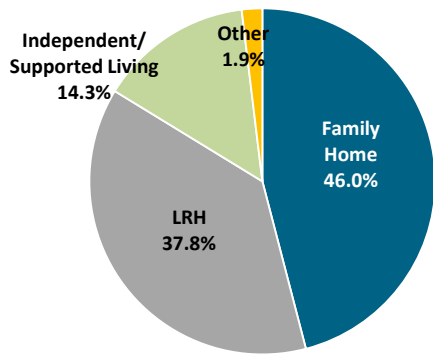
Decline Reason	Waiver	CDC+	Total
Deceased	2	1	3
Person Declined	33	4	37
Moved Out of State	0	0	0
No Longer Receiving Services	0	0	0
<b>Total</b>	<b>35</b>	<b>5</b>	<b>40</b>



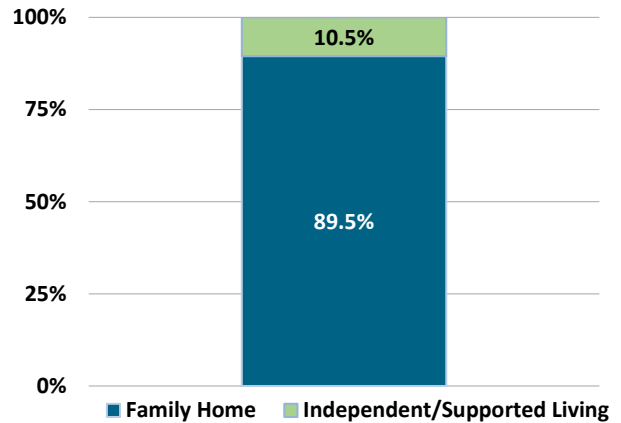
## Individual Demographics

The following series of figures show the distribution of the PCR sample across residential setting, age-group, and primary disability.<sup>6</sup> People receiving services through CDC+ are not permitted to live in a licensed residential home (LRH); therefore, most (89%) of people interviewed lived in a family home compared to 46 percent of people using the Waiver. People on CDC+ tend to be younger - with over 85 percent of participants being 44 years of age or younger.

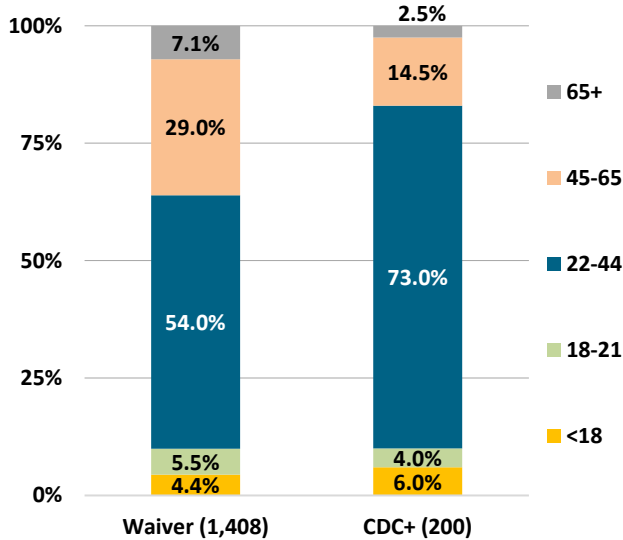
**Figure 1a. Residential Settings: Waiver  
 FY 2023 (N = 1,408)**



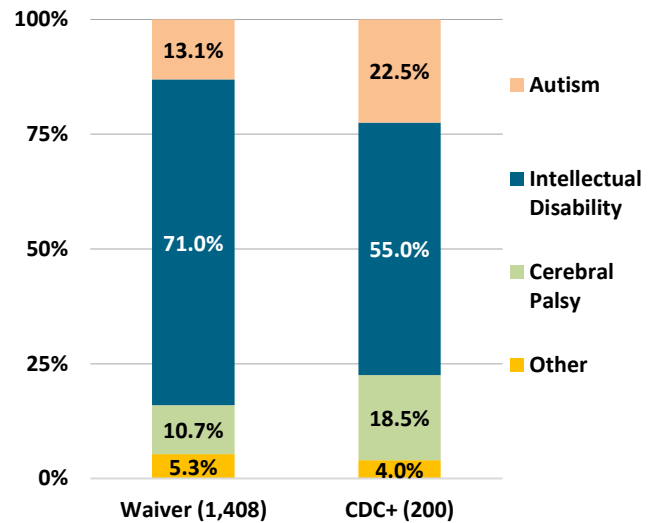
**Figure 1b. Residential Settings: CDC+  
 FY 2023 (N = 200)**



**Figure 2. Age Distribution: Wavier and CDC+  
 FY 2023**



**Figure 3. Primary Disability: Wavier and CDC+  
 FY 2023**



<sup>6</sup> The Other category for Residential Settings for the Waiver included 14 people living in Assisted Living Facilities and 4 persons in a Foster Home. The Other category for Primary Disability included people with Down syndrome (57), Spina Bifida (20) and Prader Willi syndrome (6).

## PCR My Life Interview (MLI)

### PCR MLI: Outcomes and Supports

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



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

Each MLI question is assessed twice: once to indicate if the outcome is present in the person’s life and once if the person is supported to meet the outcome. When a question is marked ‘Not Present’ as either an outcome or a support, one or more reasons are selected to explain why. The MLI also includes a series of questions regarding the level of satisfaction people have with various aspects of their lives including services, day activities, residence, health, and involvement in the community. Finally, the MLI is used to assess stability; i.e., how many times over the previous 12 months the person experienced a change in services, service providers, Support Coordinators, jobs, or place of residence.

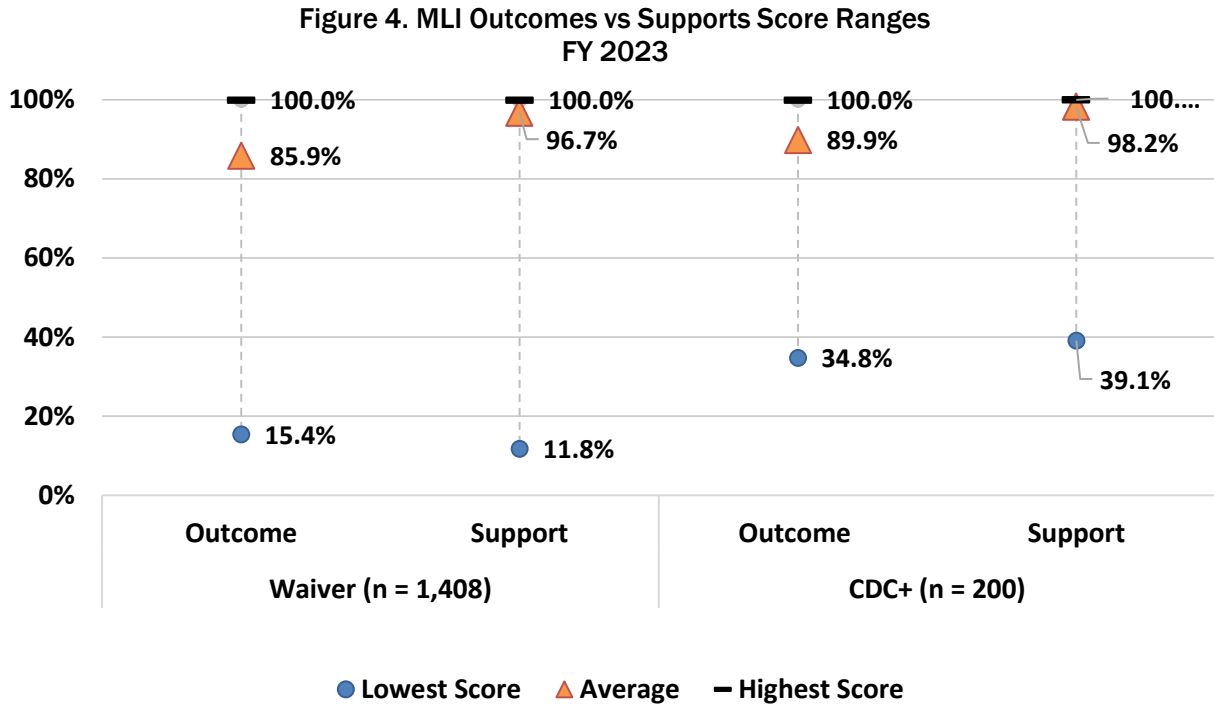
When responding to questions in the PCR MLI, interviewees are asked to think about their lives as a whole and the role their WSC or CDC+ C plays in coordinating their entire service delivery system. This differs from the PDR MLI (discussed below), for which individuals, when responding to questions,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

### Data Limitations

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

### Distribution of Scores

The highest, lowest, and average MLI scores are presented in Figure 4 for data collected throughout FY23, for Outcomes and Supports. The first two lines from the left represent scores for the Waiver and the two lines on the right represent scores for CDC+. Results from FY23 indicate Outcomes were lower than Supports, on average. While average rates were relatively high overall, Outcomes and Supports were quite low for some individuals – especially among those on the Waiver.



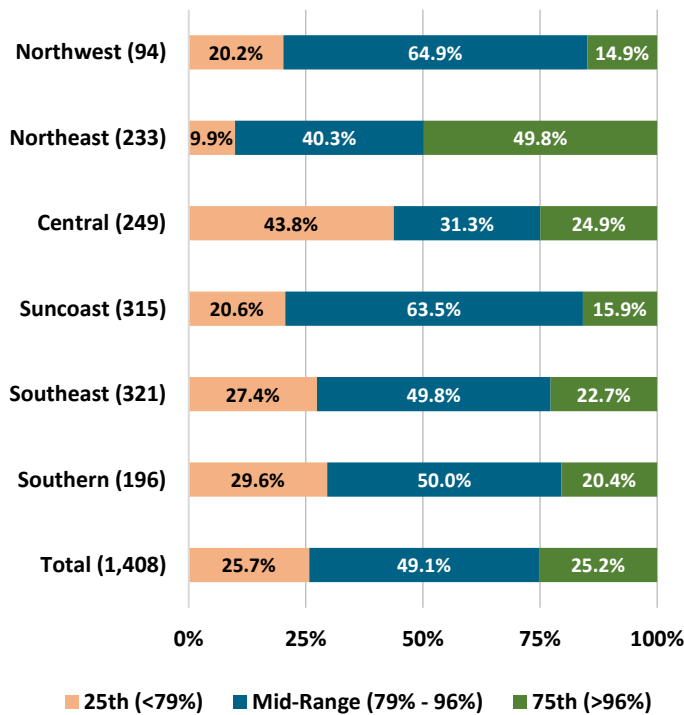
Percentiles allow us to determine how individual Outcome scores rank relative to the rest of the population. The 25<sup>th</sup>, 50<sup>th</sup> (aka Median), and 75<sup>th</sup> percentiles were determined for Waiver and CDC+ participant Outcomes scores. The average Outcome scores associated with each of the percentiles are summarized in Table 4. For example, for Waiver participants, an average Outcome score below 79 percent places them in the bottom 25<sup>th</sup> percentile of the sample while those with average Outcome score above 96 percent are in the top 75<sup>th</sup> percentile. Individuals with scores in between the 25<sup>th</sup> and 75<sup>th</sup> percentile are in the Mid-Range and considered to be “normal” relative to other people in the sample. Since Outcomes are higher, on average, for people on CDC+, their percentiles are not the same as those on the

Table 4. FY23 Outcome Percentiles: Waiver and CDC+		
Percentile	Waiver	CDC+
25 <sup>th</sup>	79% Met	84% Met
50 <sup>th</sup>	88% Met	94% Met
75 <sup>th</sup>	96% Met	100% Met

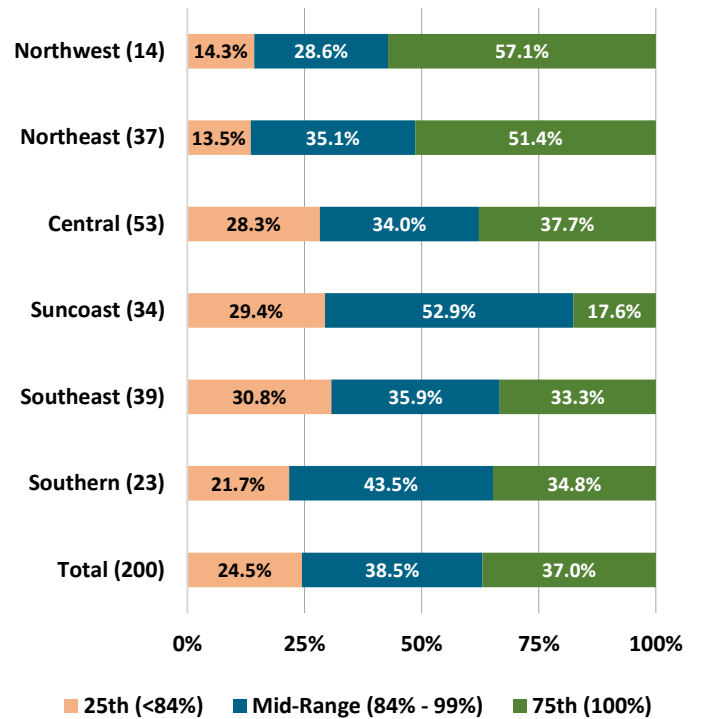
Waiver. Among those on CDC+, an average Outcome score below 84 percent places them in the bottom 25<sup>th</sup> percentile while those with 100 percent of Outcomes present were in the top 75<sup>th</sup> percentile. Individuals with average Outcome scores between 84 and 99 percent are considered “normal” relative to other CDC+ participants.

Figures 5a and 5b show the proportion of Waiver and CDC+ participants, respectively, whose average Outcome scores fell within the 25<sup>th</sup> and 75<sup>th</sup> percentiles, as well as those whose scores were within the ‘mid-range’, by region. Among Waiver participants, nearly 50 percent of people in Northeast region had Outcomes scores within the top 75<sup>th</sup> percentile while almost 44 percent of people in the Central region had Outcome scores in the bottom 25<sup>th</sup> percentile. Among CDC+ participants, 57 percent of people in Northwest region and over 51 percent of people in the Northeast region had Outcome scores in the top 75<sup>th</sup> percentile while 30 to 31 percent of people in the Suncoast and Southeast regions had Outcomes in the bottom 25<sup>th</sup> percentile

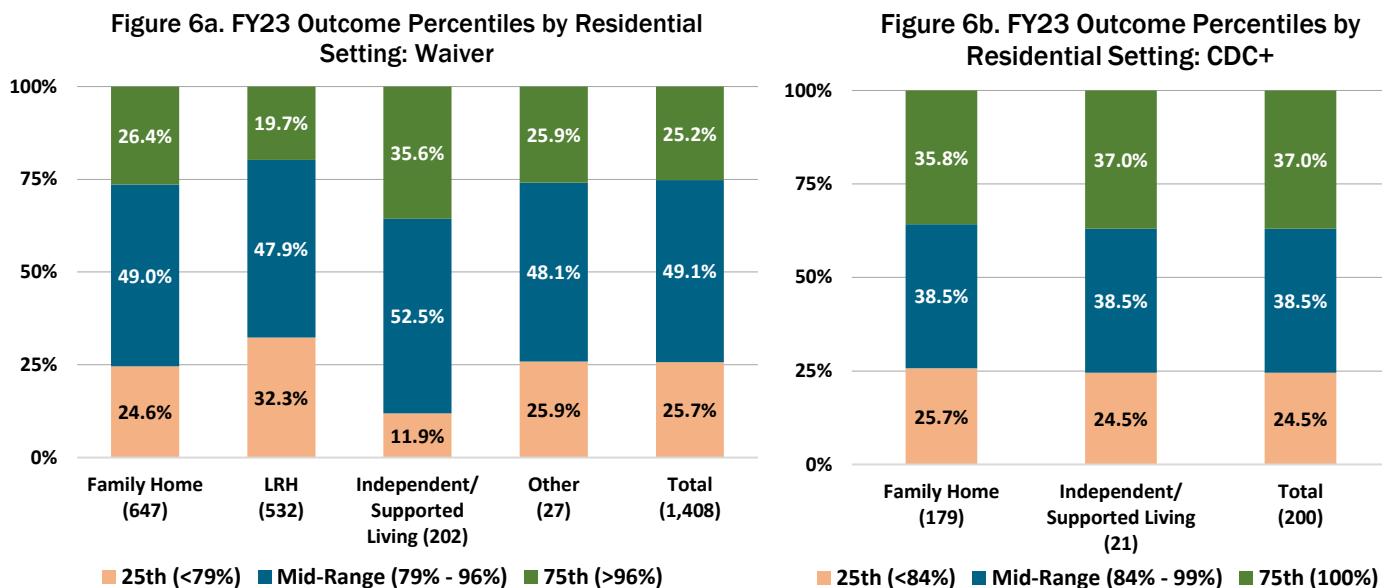
**Figure 5a. FY23 Outcome Percentiles by Region: Waiver**



**Figure 5b. FY23 Outcome Percentiles by Region: CDC+**



Figures 6a and 6b show Outcome percentiles by residential setting for Waiver and CDC+ participants, respectively. Among Waiver participants, nearly 36 percent of people in living in independent or supported living situations had Outcomes scores in the top 75<sup>th</sup> percentile while about 32 percent of people living in licensed residential homes (LRH) had Outcome scores in the bottom 25<sup>th</sup> percentile. Among CDC+ participants, residential setting does not appear to be related to individuals’ Outcomes.



### Outcomes and Supports by Region

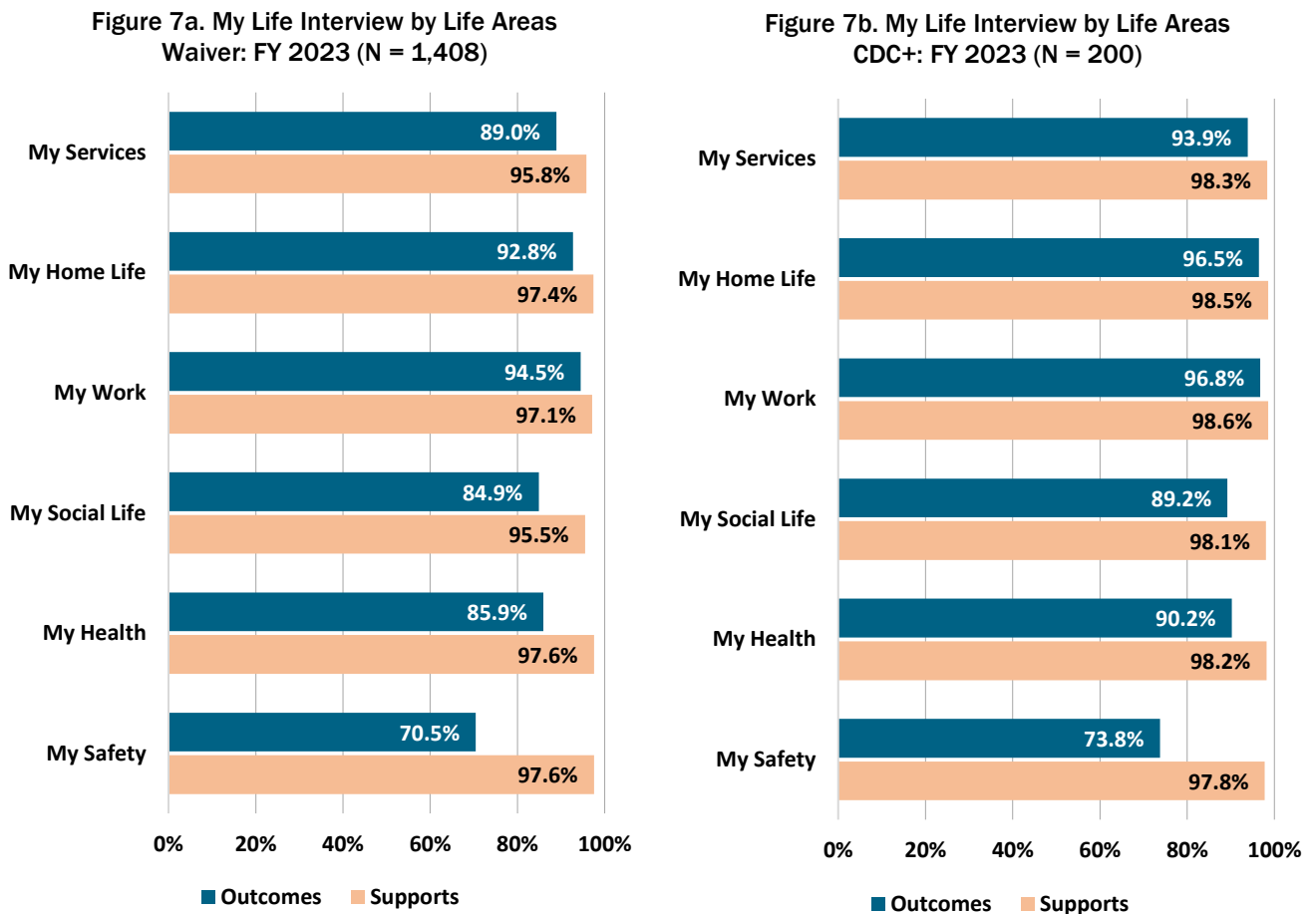
Average scores for Outcomes and Supports in FY23 are presented by region in Table 5. For Waiver participants, Outcomes were 11 or more points lower than Supports, on average, across all regions except the Northwest and Northeast. The Northeast region was the only region with an average score greater than 90 percent for Outcomes. Outcomes were lowest in the Central region (80.1%) and the disparity between Outcomes and Supports was most pronounced in the Southern region where there was a 14.5 point difference.

Among CDC+ participants, Outcomes were about eight points lower than Supports, on average. Outcome scores were below 90 percent, on average, in the Central, Suncoast and Southeast regions.

Region	Waiver			CDC+		
	# of PCRs	Outcomes	Supports	# of PCRs	Outcomes	Supports
Northwest	94	86.6%	93.0%	14	93.1%	96.5%
Northeast	233	92.4%	96.2%	37	94.5%	96.5%
Central	249	80.1%	93.6%	53	87.9%	98.2%
Suncoast	315	86.7%	97.7%	34	87.8%	97.8%
Southeast	321	85.4%	98.4%	39	88.4%	99.9%
Southern	196	84.3%	98.8%	23	90.9%	100.0%
<b>State</b>	<b>1,408</b>	<b>85.9%</b>	<b>96.7%</b>	<b>200</b>	<b>89.9%</b>	<b>98.2%</b>

### Outcomes and Supports by Life Area

The average MLI score for each Life Area is presented in Figure 7a for the Waiver and Figure 7b for CDC+, by Outcomes and Supports. Findings from FY23 indicate individuals receiving services were supported across all Life Areas (each above 96%). Outcomes were least likely to be met within ‘My Safety’ for both the Waiver and CDC+, 70.5 and 73.8 percent present, respectively. Outcomes were highest within the “My Health” area for Waiver participants (97.6%) and “My Work” for CDC+ participants (98.6%).



### MLI Outcomes by Life Area and FY

Figures 8a and 8b show Outcomes by Life Area and FY for Waiver and CDC+ participants, respectively. Since FY21, Outcomes for Waiver participants have declined by more than seven percentage points for ‘My Safety’ and almost three percentage points for ‘My Health’. Outcomes for CDC+ participants have not shown much change since FY21, except within the ‘My Social Life’ area where Outcomes have increased by four percentage points, on average.

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

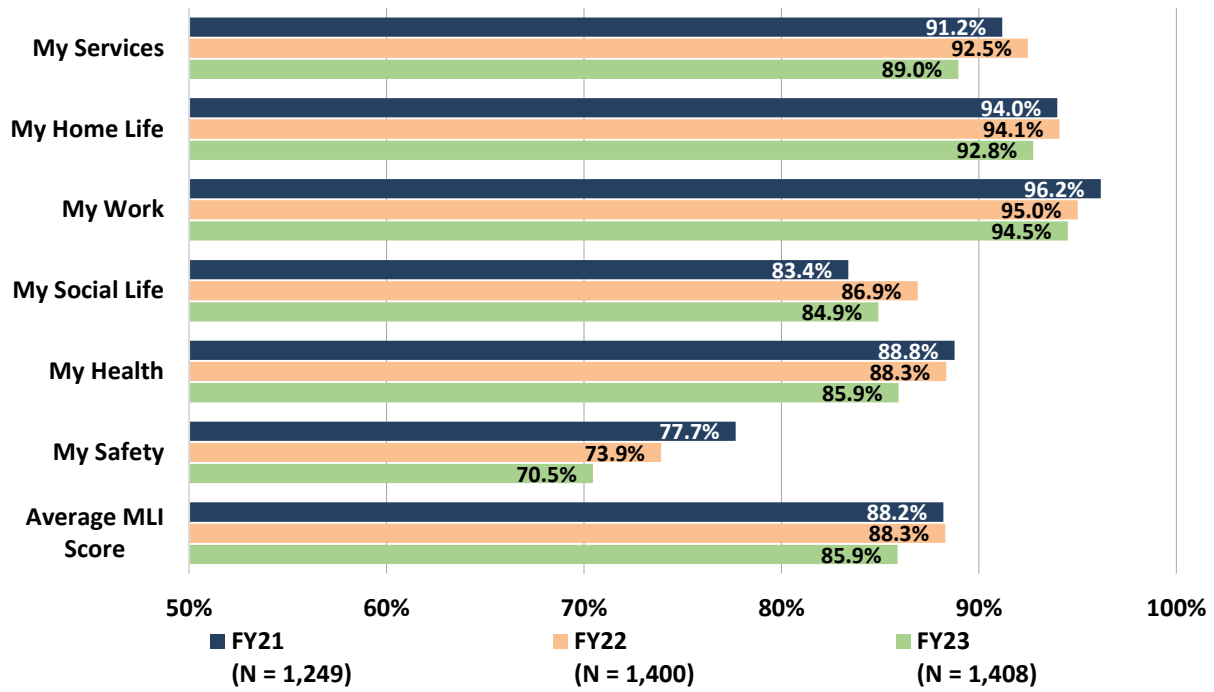
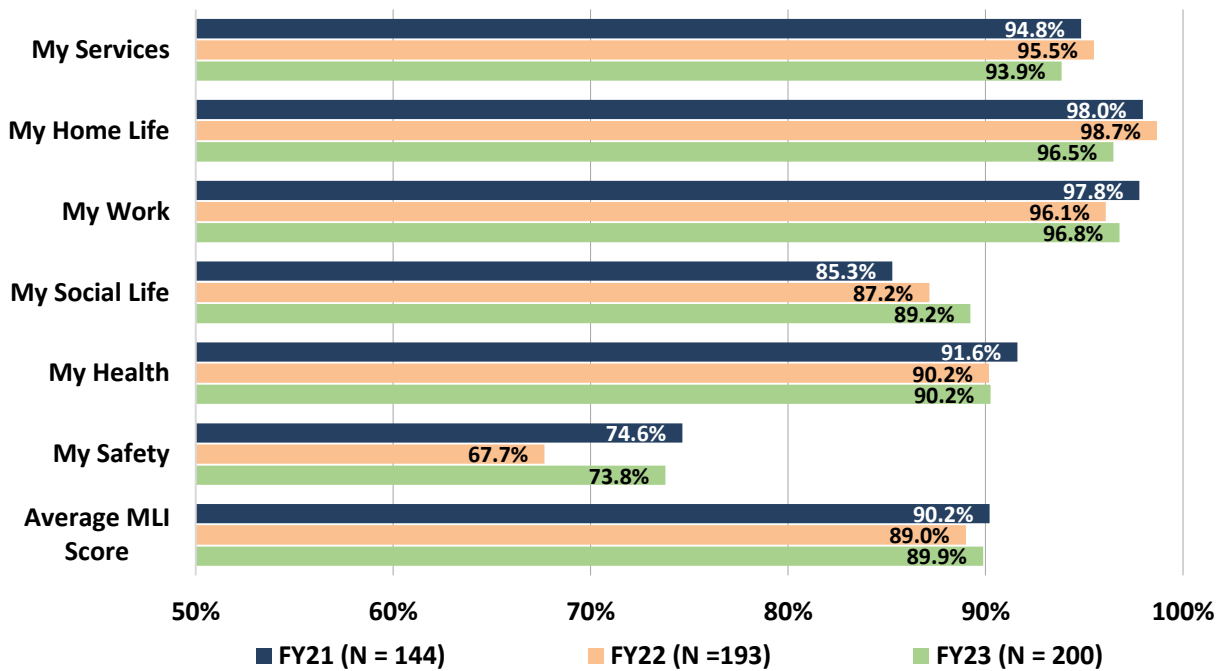


Figure 8b. Outcomes by Life Area and FY: CDC+



### Outcomes and Support Scores by Standard

Scores for each of the 26 standards measured in the MLI are presented in Table 6. Scores are shown for Outcomes and Supports, separately Waiver and CDC+ participants. When looking at Supports, all indicators were over 90 percent met for Waiver participants and people on CDC. The lowest scoring Supports standard was 91.4 percent met for individuals on the Waiver and had to do with people receiving the Supports needed to be active and contributing members of their communities.

In FY23, 15 (58%) and 17 (65%) of the 26 Outcomes were 90 percent met or higher, on average, for Waiver and CDC+ participants, respectively. Outcomes scoring below 90 percent met, on average, are highlighted in Table 6. The lowest scoring Outcome for Waiver participants had to do with people understanding their medications (47.4%; n = 1,164). As shown in Figure 9, this Outcome has declined for Waiver participants by nearly 12 percentage points since FY21. The lowest scoring Outcome for people on CDC+ had to do with understanding what abuse, neglect, and exploitation (ANE) mean (62.7%; n = 111). The four lowest scoring Outcomes in FY23 and their most common Not Met Reason(s) are outlined in Figure 10 for Waiver and CDC+ participants.

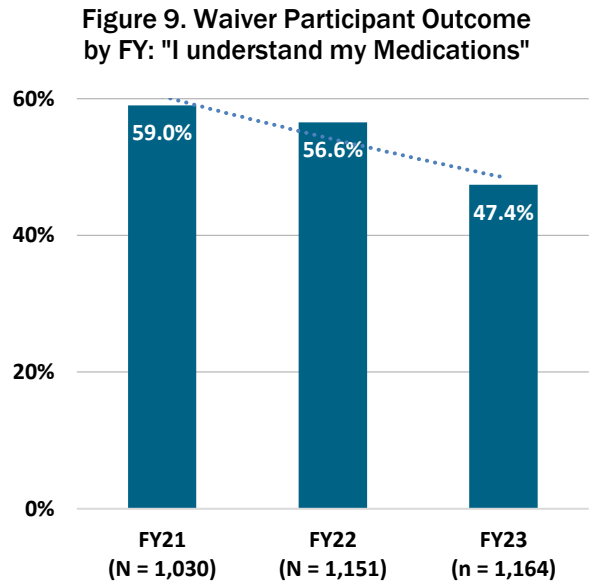


Table 6. PCR My Life Interview Scores by Standard and Waiver: FY 2023									
Question	Waiver (N = 1,408)				CDC+ (N = 200)				
	Outcome		Supports		Outcome		Supports		
	Total Score	% Met	Total Score	% Met	Total Score	% Met	Total Score	% Met	% Met
<b>My Service Life</b>									
I am an active participant in Support Planning.	1,242	93.0%	1,330	95.1%	188	95.9%	197	98.5%	
I am an active participant in development of service documentation.	1,064	89.9%	1,175	94.4%	131	95.6%	137	97.2%	
I am working toward goals/outcomes important me.	1,228	90.2%	1,353	96.4%	186	94.4%	196	98.0%	
I choose and manage my services.	1,211	91.0%	1,322	95.9%	190	96.0%	197	98.5%	
I choose and manage my service providers.	1,170	87.5%	1,321	95.9%	191	96.0%	196	98.0%	
I know and exercise my rights.	1,088	82.2%	1,356	97.1%	153	85.0%	199	99.5%	
<b>My Home Life</b>									

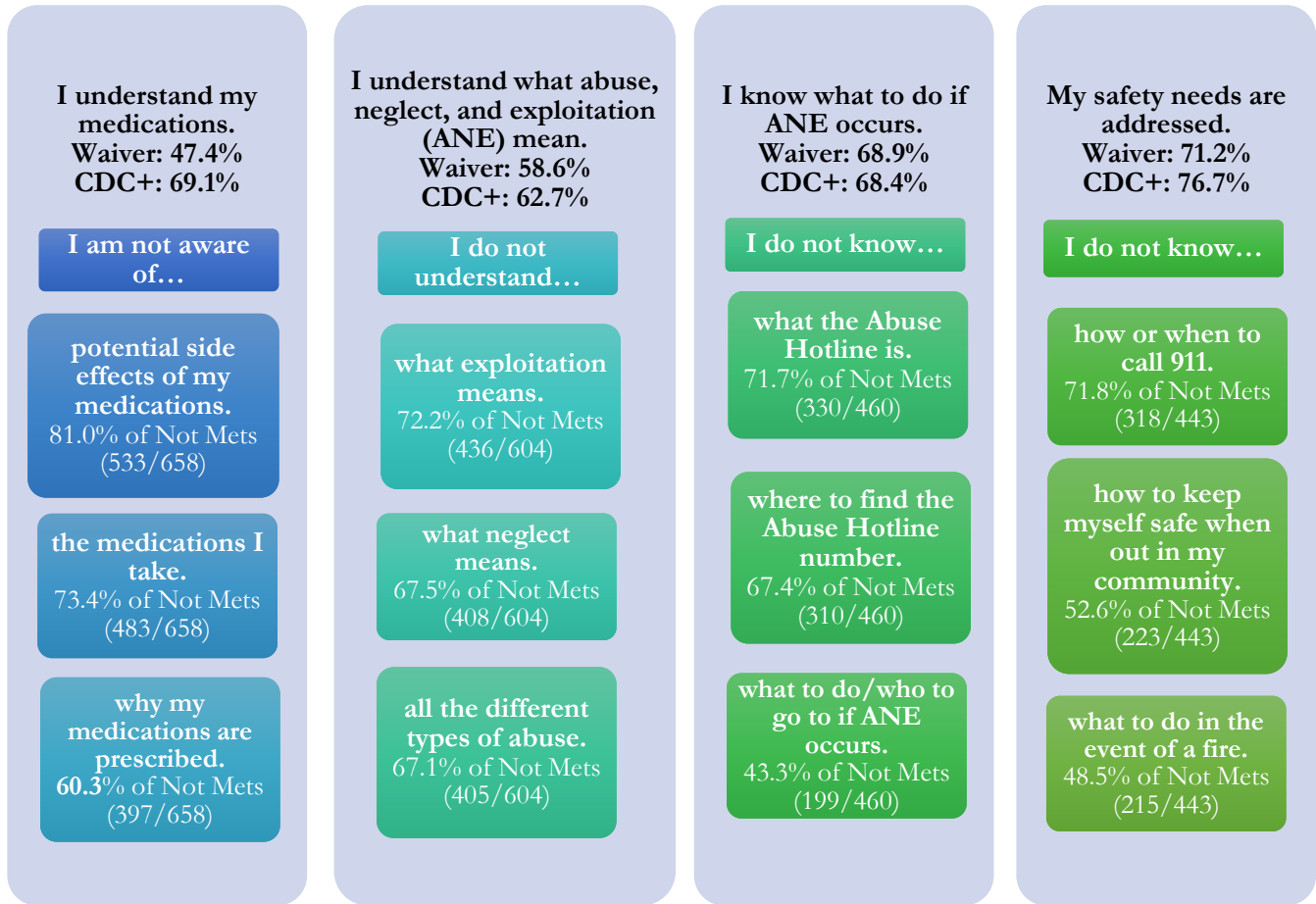


**Table 6. PCR My Life Interview Scores by Standard and Waiver: FY 2023**

Question	Waiver (N = 1,408)				CDC+ (N = 200)			
	Outcome		Supports		Outcome		Supports	
	Total Scored	% Met	Total Scored	% Met	Total Scored	% Met	Total Scored	% Met
I chose where I live.	1,215	93.6%	1,288	97.8%	175	94.6%	181	97.8%
My preferences for living arrangements are respected and valued where I live.	1,126	89.7%	1,242	97.4%	155	97.5%	158	99.4%
I am able to explore other places to live.	913	95.7%	961	97.0%	135	97.8%	136	98.6%
<b>My Work/Day Life</b>								
I chose where I work/day activity.	1,111	90.4%	1,207	96.5%	166	94.9%	173	98.9%
My preferences are respected and valued at my work/day activity.	1,180	98.2%	1,207	98.7%	167	98.8%	169	98.8%
I am able to explore other arrangements for work/day activity.	1,008	95.1%	1,054	96.1%	148	96.7%	152	98.1%
<b>My Social Life</b>								
I am part of and participate in my community.	1,102	80.4%	1,322	95.9%	165	85.5%	186	95.9%
I am an active and contributing member of my community.	953	75.0%	1,209	91.4%	151	82.1%	184	96.8%
I have meaningful friendships and relationships.	1,151	85.4%	1,323	95.8%	174	90.2%	196	99.5%
My preferred communication method/styles are known and respected.	1,300	98.6%	1,314	98.9%	190	99.0%	193	100.0%
<b>My Health</b>								
I am satisfied with physician/dentist.	1,235	89.2%	1,352	97.5%	178	89.4%	190	96.9%
I am satisfied with other health care providers/specialists.	1,248	99.0%	1,255	99.6%	182	99.5%	181	100.0%
My health needs are being addressed.	1,228	88.2%	1,354	96.7%	173	86.5%	189	96.4%
I am an active participant in all aspects of healthcare choices.	1,232	90.3%	1,354	98.2%	184	93.9%	192	98.5%
I understand my medications.	552	47.4%	1,157	94.4%	103	69.1%	162	97.6%
I am able to make changes to my healthcare.	1,157	98.5%	1,192	99.0%	170	100.0%	172	100.0%
<b>My Safety</b>								
My safety needs are addressed.	980	71.2%	1,374	98.0%	151	76.7%	194	97.5%
I have the adaptive equipment I need.	724	91.2%	775	97.5%	120	91.6%	131	100.0%
I understand what abuse, neglect and exploitation (ANE) mean.	760	58.6%	1,343	96.7%	111	62.7%	189	95.9%

Table 6. PCR My Life Interview Scores by Standard and Waiver: FY 2023									
Question	Waiver (N = 1,408)				CDC+ (N = 200)				
	Outcome		Supports		Outcome		Supports		
	Total Score	% Met	Total Score	% Met	Total Score	% Met	Total Score	% Met	% Met
I know what to do if abuse, neglect, or exploitation (ANE) occurs.	898	68.9%	1,367	98.0%	119	68.4%	195	98.5%	

Figure 10. Lowest Scoring MLI Outcomes and Most Common Not Met Reasons: FY 2023

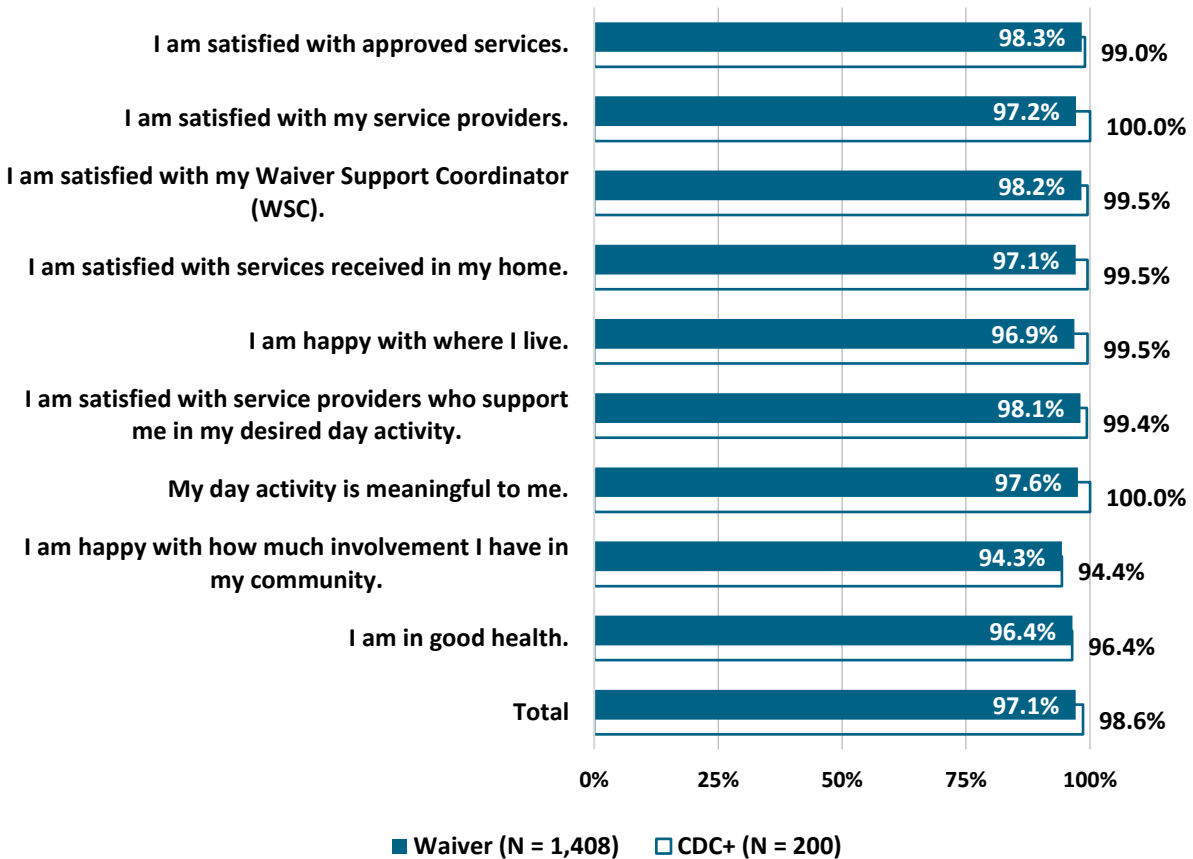


### PCR MLI: Satisfaction

During the PCR, individuals are asked if they strongly agree, agree, disagree, or strongly disagree with a series of statements expressing satisfaction with various aspects of their lives, including services, service providers, Support Coordinators/CDC+ Consultants, their residence, and involvement in the community. Figure 11 shows the percent of individuals interviewed in FY23 who indicated they either agreed or strongly agreed with the statements listed. Findings indicate the majority of individuals receiving services reported high levels of agreement in each area. The lowest

scoring area of agreement for Waiver and CDC+ participants had to do with their level of involvement in the community (94% agreement).

**Figure 11. Individual Satisfaction: Percent Agree or Strongly Agree FY 2023**



**PCR MLI: Stability**

The PCR MLI includes a number of questions which measure stability in the person’s life.

Individuals participating in a PCR are asked how often, over the course of a year, they experienced changes in their WSC or WSC agency, place of employment, work/day activity, residence, services, or service providers in their home. Table 7 shows the percent of individuals who experienced one or more of these changes in the 12 months prior to their interview in FY22 (July 2021 – June 2022) and FY23 (July 2022 – June 2023).

For interviews conducted in FY22, nearly 27 percent of Waiver participants and 17 percent of people using CDC+ experienced a change in the WSC agency – representing the most common source of change for both populations. These increases were likely a result of WSCs transitioning into Qualified Organizations (QOs). In FY23, the proportion of individuals reporting a change in their WSC agency declined by about 18 percentage points for Waiver participants and eight points

for CDC+ participants. The proportion of individuals reporting a change in their treating WSC, however, has not declined as substantially since FY22. In FY23, 10 percent of Waiver participants and nearly 12 percent of people on CDC+ had changed their treating WSC within the previous 12 months.

Data from FY23 show the most common source of change for Waiver participants had to do with service provider(s) in their home (16.7%; n = 1,212) and the least common source of change was in their employment (5.2%; n = 521). A change in Consultants was the most common source of change for CDC+ participants interviewed in FY23 (11.7%; n = 197) and moving was the least likely source of (3.2%; n = 190).

**Table 7. PCR My Life Interview: Stability (Percent with 1 or more changes)**

Within the past 12 months,	Waiver				CDC+			
	FY22 (1,400)		FY23 (1,408)		FY22 (193)		FY23 (200)	
	Total # Responses	% w/ 1+ change	Total # Responses	% w/ 1+ change	Total # Responses	% w/ 1+ change	Total # Responses	% w/ 1+ change
I experienced changes in my WSC agency.	1,339	26.5%	1,350	8.3%	191	17.3%	194	9.3%
I experienced changes in my WSC.	1,362	12.7%	1,389	10.0%	191	13.6%	197	11.7%
I have changed employment.	521	5.2%	529	5.7%	76	1.3%	64	6.3%
I have experienced changes to my work/day activity service providers.	1,068	15.6%	1,111	11.5%	140	9.3%	157	7.6%
I have moved.	1,336	10.2%	1,336	10.6%	182	6.0%	190	3.2%
Service providers in my home have changed.	1,198	17.3%	1,212	16.7%	186	7.5%	193	6.2%
The services I receive have changed.	1,329	13.9%	1,360	10.4%	189	7.4%	189	7.9%

## PCR Health Summary



During the PCR, Qlarant QARs utilize a Health Summary tool to capture facets of the person’s health status and occurrence of health-related events such as visits to the doctor or dentist, hospitalizations or emergency room visits, and the type and number of medications the person is taking. Health Summary data is collected through self-reporting from the person receiving services and their supports, as well as their record and QAR observations.

## Significant Health Events

Table 8 displays the percent of individuals who, within the 12 months prior to the review, had experienced a significant health event. Among those interviewed in FY23, the most common health

events for people receiving services through the Waiver and CDC+ involved being admitted to the hospital and visiting the emergency room (ER). Aside from a small increase (2.6 points) in the proportion of Waiver participants who visited the ER or Urgent Care Center, the proportion of Waiver participants who experienced a significant health event has remained fairly stable over the past three years. Among CDC+ participants, however, the number of people who had Reactive Strategies used has increased from one person in FY21 (0.7%) to 6 people in FY23 (3.0%) and the proportion of people who visited the ER or Urgent Care Center increased by 8.5 and 5.1 points, respectively, since FY21.

**Table 8. Percent of Individuals with a Significant Health Event by Waiver Type (% Yes)**

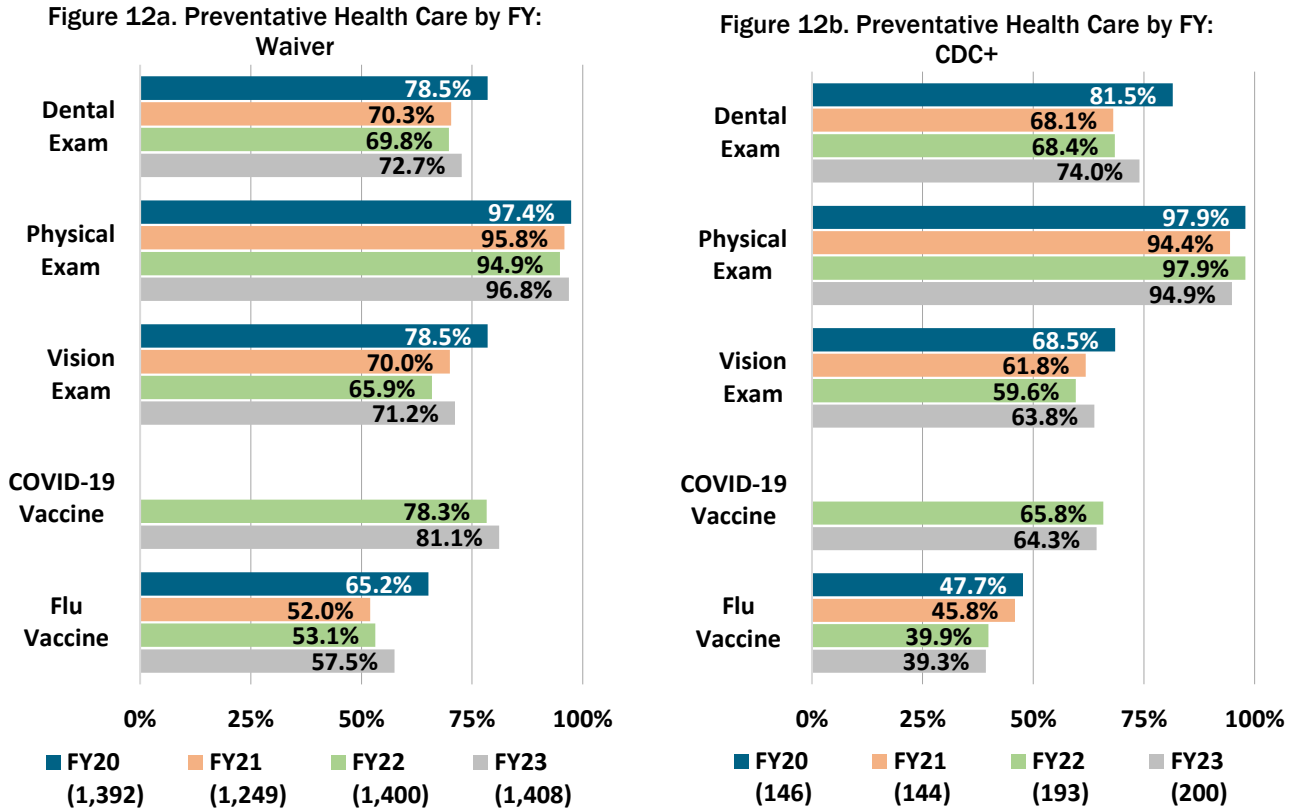
In the previous 12 months:	Waiver			CDC+		
	FY21 (1,294)	FY22 (1,400)	FY23 (1,408)	FY21 (144)	FY22 (193)	FY23 (200)
Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation?	1.6%	1.5%	1.2%	0.0%	0.0%	0.0%
Have Reactive Strategies under 65G-8 been used due to behavioral concerns?	3.3%	3.4%	3.6%	0.7%	1.0%	3.0%
Have you been Baker Acted?	2.6%	2.6%	2.8%	0.0%	1.0%	1.0%
Have you been admitted to the hospital?	11.0%	10.3%	10.7%	9.7%	9.3%	12.5%
Have you been to an Emergency Room?	14.5%	17.1%	17.1%	9.0%	13.5%	17.5%
Have you been to an Urgent Care Center?	4.5%	5.1%	7.1%	1.4%	7.3%	6.5%

### Preventive Health Care

Figures 12a and 12b show the proportion of Waiver and CDC+ participants who reported receiving a number of preventive<sup>7</sup> exams and vaccines. Since FY20 (pre-COVID19), the proportion of people who reported receiving a preventive physical, dental or vision exam declined for Waiver and CDC+ participants. Among Waiver participants interviewed in FY23, the proportion of people who had a preventive dental or vision exam declined by 7.4 and 5.9 percentage points, respectively, since FY20.

<sup>7</sup> Preventive physical and dental exams are expected to occur on an annual basis, while preventive vision exams are expected to occur every two years.

A similar trend can be seen among people on CDC+ for preventive dental or vision exams where the proportion of people who had one declined by 4.7 and 7.5 points, respectively, since FY20. The proportion of people who reported having had the flu vaccine in FY23 also declined since FY20 by about eight percentage points for Waiver and CDC+ participants.



### Medical Peer Review (MPR)

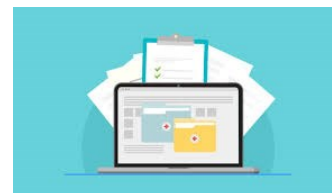
A Medical Peer Review (MPR) is conducted by Qlarant’s nurse for every Health Summary. If Qlarant’s nurse identifies health related events, episodes, or other health-related concerns requiring additional attention, a “Level 2” MPR is conducted. Of the 1,608 Health Summaries reviewed in FY23, 281 (17.5%) warranted a Level 2 MPR. Triggers, or causes, for Level 2 MPRs in FY23 are listed in Table 9. The most common triggers included individuals having had two or more falls in the last 12 months (24.9%), having experienced a choking episode (23.5%), or having had a non-psych physician prescribe them a psychotropic medication (16.0%). All 281 Level 2 MPRs were resolved after APD provided sufficient clarification ensuring the issue(s) identified had been or were in the process of being addressed.

Table 9. FY23 PCRs Resulting in a Level 2 MPR (N = 281)		
Level 2 Review Triggers	N	%
2 or more Baker Acts in last 12 months	8	2.8%
2 or more falls in the last 12 months	70	24.9%
2 or more hospitalizations in last 12 months	25	8.9%
3 or more Emergency Room visits in last 12 months	11	3.9%
4 or more medications for chronic conditions	30	10.7%
Choking Episodes	66	23.5%
Concurrent use of Anti-Epileptic/psycho therapeutic medications	12	4.3%
No medical care/preventative treatment in last 12 months	8	2.8%
Non-psych physician prescribing psychotropic medication	45	16.0%
Skin breakdown	37	13.2%
Unplanned weight gain of 10 or more lbs.	32	11.4%
Unplanned weight loss of 10 or more lbs.	29	10.3%
Other	4	1.4%

## PCR Record Reviews<sup>8</sup>

### Waiver Support Coordinator and CDC+ Consultants

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



The number of reviews and indicators scored, as well as the percent of indicators met, in FY23 are presented by region in Table 10. On average, WSCs met 87.8 percent of indicators scored. Scores by region ranged from a high of 92.1 percent in the Northwest region to a low of 83.4 percent in the Central region. CDC+ Consultants scored higher, on average, than WSCs with 92.4 percent of standards being met. Scores by region ranged from a low of 90.9 percent in the Central and Southeast regions to a high of 98.4 percent in the Southern region.

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

Table 10. Number of Records and Applicable Standards by Region: FY 2023						
Region	WSC			CDC+ C		
	# of Records	# of Indicators Scored	Percent Met	# of Records	# of Indicators Scored	Percent Met
Northwest	94	2,961	92.1%	14	509	91.3%
Northeast	233	7,150	89.0%	37	1347	95.5%
Central	249	7,704	83.4%	53	1922	90.9%
Suncoast	315	9,926	84.2%	34	1256	92.8%
Southeast	321	9,925	90.0%	39	1409	90.9%
Southern	196	5,972	91.9%	23	807	98.4%
<b>State</b>	<b>1,408</b>	<b>43,638</b>	<b>87.7%</b>	<b>200</b>	<b>7,250</b>	<b>92.4%</b>

Figures 13a and 13b show the average record review scores by region for FY21, FY22, and FY23 for WSCs and CDC+ Consultants, respectively. Since FY21, average record review scores for WSCs and CDC+ Consultants have declined by 7.1 and 5.7 points, respectively. By region, the greatest declines have occurred in the Central region for WSCs (down 10.1 points) and CDC+ Consultants (down 8.0 points).

Figure 13a. WSC Record Review Scores by Region and FY

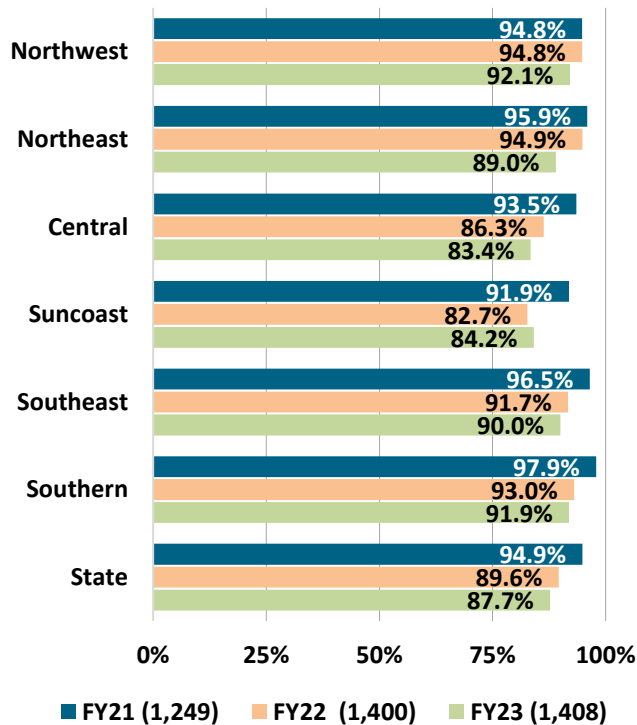
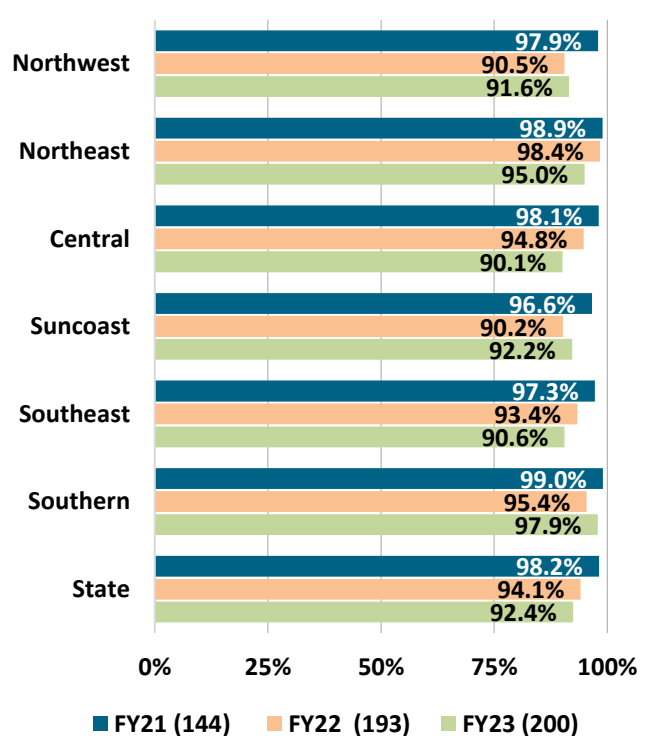


Figure 13b. CDC+ Consultant Record Review Scores by Region and FY





Scores by standard are shown for FY22 and FY23 for WSC in Table 11 and CDC+ Consultants in Table 12. Since FY22, the average record review score for WSCs has declined by about 1.5 percentage points. However, by standard, scores have declined by as much as 13.5 points while others have increased by as much as 13.4 points. In FY23, 12 of the 39 WSC record review standards were below 85 percent met (highlighted in Table 11) – four of which have declined by ten or more points since FY22. Figure 14 lists these standards, their scores for FY22 and FY23, along with their most common Not Met reason in FY23.

**Table 11. WSC Scores by Standards: FY 2022 vs FY 2023**

Standard	FY 2022 (N = 1,400)		FY 2023 (N = 1,408)	
	Total Scored	% Met	Total Scored	% Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	1,399	79.8%	1,406	77.2%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	1,395	80.6%	1,402	78.2%
Level of care is completed accurately using the correct instrument/form.	1,388	75.6%	1,402	73.7%
Person receiving services is given a choice of waiver services or institutional care at least annually.	1,396	80.6%	1,406	78.0%
The Support Plan is developed with signatures timely.	1,386	85.6%	1,397	92.3%
The Support Plan has all required components complete.	NA	NA	1,396	77.7%
Support Coordinator completed accurate Significant Additional Need (SAN) requests.	229	96.9%	273	97.4%
Support Coordinator solicits and addresses the person's preferences with regard to employment.	1,246	97.4%	1,193	95.0%
The current Annual Report is in the record.	1,352	84.9%	1,374	78.3%
The Support Plan is updated when warranted by changes in the needs of the person.	538	93.5%	538	90.7%
Support Coordinator documentation demonstrates a copy of the Support Plan is provided to the person or legal representative within 10 days of the Support Plan effective date.	1,384	96.0%	1,394	94.5%
Support Coordinator documentation demonstrates a copy of the Support Plan is provided to all service providers within 30 calendar days of the Support Plan effective date.	1,281	93.8%	1,293	92.8%
The Support Plan includes supports and services consistent with assessed needs.	1,388	80.3%	1,397	68.2%
The Support Plan reflects support and services necessary to address assessed risks.	1,323	78.2%	1,375	68.4%
The record includes a current complete Safety Plan when warranted.	26	0.692	23	82.6%

**Table 11. WSC Scores by Standards: FY 2022 vs FY 2023**

Standard	FY 2022 (N = 1,400)		FY 2023 (N = 1,408)	
	Total Scored	% Met	Total Scored	% Met
The Safety Plan was distributed and reviewed with pertinent providers.	22	68.2%	22	68.2%
Support Coordinator documentation demonstrates use of a person centered approach to define the personal goals/outcomes important to the person.	1,384	89.1%	1,397	89.7%
Support Coordinator documentation demonstrates efforts to solicit natural, community supports for the person prior to waiver service requests.	1,390	95.3%	1,401	95.1%
Support Coordinator documentation demonstrates Service Authorizations are issued to service provider(s).	1,298	96.2%	1,323	96.4%
Support Coordinator monitors service delivery to ensure services are delivered in accordance with the Support Plan and Cost Plan.	1,303	86.6%	1,332	87.0%
Support Coordinator bills for services after required contacts are rendered.	1,370	97.2%	1,401	95.8%
Support Coordinator Progress Notes demonstrate pre-Support Plan planning activities were conducted.	1,277	81.3%	1,389	67.7%
Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing in a facility.	533	92.7%	568	92.1%
Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing in supported living situation or independent living.	210	90.5%	203	84.7%
Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing in the family home.	688	91.3%	658	91.3%
Support Coordinator Progress Notes include meaningful information to effectively assist the person in achieving goals/outcomes.	1,377	89.5%	1,401	86.1%
For persons in Supported Living Arrangements/Situation, Progress Notes demonstrate required activities are covered during each quarterly home visit.	195	89.2%	189	78.3%
For persons living in Supported Living Arrangements/Situations, the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider.	176	98.3%	170	97.1%
Support Coordinator documentation demonstrates efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis.	1,378	98.1%	1,395	98.1%
Support Coordinator documentation demonstrates efforts to support the person to make informed decisions when	1,378	97.5%	1,395	98.2%

**Table 11. WSC Scores by Standards: FY 2022 vs FY 2023**

Standard	FY 2022 (N = 1,400)		FY 2023 (N = 1,408)	
	Total Scored	% Met	Total Scored	% Met
choosing among waiver service providers on an ongoing basis.				
Support Coordinator documents ongoing efforts to assist the person/legal representative to know about rights.	1,394	94.90%	1,407	95.7%
Support Coordinator documents ongoing efforts to ensure all of the person’s health care needs are addressed.	1,395	98.1%	1,407	96.2%
Support Coordinator documents ongoing efforts to assess and address the person’s safety needs.	1,394	95.2%	1,406	96.2%
Support Coordinator documents person’s history regarding abuse, neglect and/or exploitation.	1,012	96.1%	1,016	96.3%
Support Coordinator documents efforts to assist the person to define abuse, neglect, and exploitation.	1,393	91.7%	1,407	95.3%
Support Coordinator documents efforts to assist person with knowing when and how to report any incidents of Abuse, Neglect and/or Exploitation.	1,393	92.5%	1,406	96.5%
Support Coordinator documents the invitation to take the satisfaction survey to the person receiving services.	851	80.8%	1,350	89.6%
Support Coordinator documents the review of the QO’s disciplinary process to the person receiving services.	593	90.1%	1,361	87.7%
Support Coordinator documents the review of the QO’s code of ethics to the person receiving services.	595	90.4%	1,363	88.2%
<b>Average WSC Score</b>	<b>39,738</b>	<b>89.6%</b>	<b>43,636</b>	<b>87.7%</b>

**Figure 14. WSC Record Review Standards with Greatest Decline and #1 Not Met Reason**

**Support Coordinator Progress Notes demonstrate pre-Support Plan planning activities were conducted. (81.3% vs. 67.7%)**

- WSC documentation demonstrated pre-support plan activities took place but did not document review of status of current goals/outcomes and discussions of potential changes/updates to goals/outcomes for the next year.
- 42.6% of Not Mets (191/448)

**The Support Plan includes supports and services consistent with assessed needs (80.3% vs. 68.2%)**

- Current Support Plan did not include strategies for assessed needs.
- 53.2% of Not Mets (174/444)

**For persons in Supported Living Arrangements/Situation, Progress Notes demonstrate required activities are covered during each quarterly home visit (89.2% vs 78.3%)**

- Quarterly meeting documentation did not demonstrate review of the APD Health and Safety checklist.
- 39.0% of Not Mets (16/41)

**The Support Plan reflects support and services necessary to address assessed risks (78.2% vs. 68.4%)**

- Current Support Plan did not include strategies for assessed risks.
- 52.6% of Not Mets (236/435)

The average record review score for CDC+ Consultants has declined slightly since FY22 (94.1% vs. 92.5%); however, at the standard level, scores have declined by as much as 9.6 points while others have increased by nearly 8 points.<sup>9</sup> In FY23, eight CDC+ record review standards were less than 85 percent met, on average - three of which declined by more than five points since FY22 (see Table 12). Figure 15 lists these three standards, their scores for FY22 versus FY23, and their most common Not Met reason for FY23.

**Table 12. CDC+ Consultant Scores by Standard: FY 2022 vs FY 2023**

Standard	FY 2022 (N = 193)		FY 2023 (N = 200)	
	Total Scored	% Met	Total Scored	% Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	193	85.0%	200	84.5%

<sup>9</sup> Standards scored on fewer than 10 records are not included in the discussion.

**Table 12. CDC+ Consultant Scores by Standard: FY 2022 vs FY 2023**

Standard	FY 2022 (N = 193)		FY 2023 (N = 200)	
	Total Scored	% Met	Total Scored	% Met
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	193	87.0%	200	85.5%
Level of care is completed accurately using the correct instrument/form.	188	83.5%	199	81.4%
Person receiving services is given a choice of waiver services or institutional care at least annually.	193	87.0%	200	84.5%
The Support Plan is developed with signatures timely.	193	88.6%	198	92.9%
The Support Plan has all required components complete.	NA	NA	198	82.8%
CDC+ Consultant completed accurate Significant Additional Need (SAN) requests.	35	100.0%	23	100.0%
CDC+ Consultant solicits and addresses the person's preferences with regard to employment.	167	98.8%	152	97.4%
The current Annual Report is in the record.	193	92.2%	197	83.8%
The Support Plan is updated when warranted by changes in the needs of the person.	86	98.8%	45	93.3%
Consultant documents a copy of the Support Plan is provided to the person or the legal representative, within 10 days of the Support Plan effective date.	191	97.9%	199	97.0%
Consultant documentation demonstrates a copy of the Support Plan is provided to the CDC+ Representative within 30 calendar days of the Support Plan effective date.	188	95.7%	199	96.0%
The Support Plan includes supports and services consistent with assessed needs.	189	87.8%	198	79.3%
The Support Plan reflects support and services necessary to address assessed risks.	181	86.2%	195	75.4%
The record includes a current complete Safety Plan when warranted.	2	100.0%	0	.
The Safety Plan was distributed and reviewed with pertinent providers.	2	50.0%	0	.
CDC+ Consultant documentation demonstrates use of a person centered approach to define the personal goals/outcomes important to the person.	191	94.2%	199	94.0%
CDC+ Consultant documentation demonstrates efforts to solicit natural, community supports for the person prior to waiver service requests.	191	96.9%	200	94.5%
CDC+ Consultant monitors service delivery to ensure services are delivered in accordance with the Support Plan and Cost Plan.	192	99.5%	200	98.0%
CDC+ Consultant bills for services after required contacts are rendered.	192	96.9%	199	97.5%

**Table 12. CDC+ Consultant Scores by Standard: FY 2022 vs FY 2023**

Standard	FY 2022 (N = 193)		FY 2023 (N = 200)	
	Total Scored	% Met	Total Scored	% Met
The CDC+ Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted.	182	84.1%	196	80.6%
Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	192	92.2%	200	91.0%
CDC+ Consultant Progress Notes include meaningful information to effectively assist the person in achieving goals/outcomes.	192	91.1%	200	91.0%
CDC+ Consultant documents ongoing efforts to assist the person/legal representative to know about rights.	192	96.4%	200	95.0%
CDC+ Consultant documents ongoing efforts to ensure all of the person's health care needs are addressed.	192	99.0%	200	99.0%
CDC+ Consultant documents ongoing efforts to assess and address the person's safety needs.	192	95.3%	200	97.5%
CDC+ Consultant documents person's history regarding abuse, neglect and/or exploitation.	138	99.3%	148	95.9%
CDC+ Consultant documents efforts to assist the person to define abuse, neglect, and exploitation.	192	96.4%	200	93.0%
CDC+ Consultant documentation demonstrates use of a person centered approach to define the personal goals/outcomes important to the person.	192	95.8%	200	96.5%
CDC+ Consultant documents the invitation to take the satisfaction survey to the person receiving services.	136	90.4%	197	92.4%
CDC+ Consultant documents the review of the QO's disciplinary process to the person receiving services.	95	94.7%	190	90.5%
CDC+ Consultant documents the review of the QO's code of ethics to the person receiving services.	95	94.7%	190	91.6%
Completed/signed Participant-Consultant Agreement is in the record.	190	97.9%	200	99.0%
Completed/signed CDC+ Consent Form is in the record.	192	96.9%	200	98.0%
Completed/signed Participant-Representative Agreement is in the record.	192	98.4%	200	98.5%
All applicable completed/signed Purchasing Plans are in the record.	192	98.4%	200	99.5%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	192	98.4%	200	99.0%
All applicable completed/signed Quick Updates are in the Record.	57	98.2%	57	96.5%
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	74	97.3%	67	98.5%

Table 12. CDC+ Consultant Scores by Standard: FY 2022 vs FY 2023				
Standard	FY 2022 (N = 193)		FY 2023 (N = 200)	
	Total Scored	% Met	Total Scored	% Met
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	176	98.3%	187	99.5%
CDC+ Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	173	98.8%	189	98.4%
CDC+ Consultant has taken action to correct any overspending by the Participant.	13	92.3%	18	100.0%
If applicable, CDC+ Consultant initiates Corrective Action.	6	100.0%	4	100.0%
Completed/signed Corrective Action Plan is in the record.	6	100.0%	3	100.0%
If applicable, an approved Corrective Action Plan is being followed.	6	100.0%	3	66.7%
The Emergency Backup Plan is in the record and reviewed annually.	190	94.7%	200	94.0%
<b>Average CDC+ C Score</b>	<b>6,609</b>	<b>94.1%</b>	<b>7,250</b>	<b>92.4%</b>

Figure 15. CDC+ Consultant Record Review Standards with Greatest Decline and #1 Not Met Reason

**The Support Plan reflects support and services necessary to address assessed risks (86.2% vs. 75.4%)**

- Current Support Plan did not include strategies for assessed risks.
- 54.2% of Not Mets (26/48)

**The Support Plan includes supports and services consistent with assessed needs (87.8% vs. 79.3%)**

- Current Support Plan did not include strategies for assessed needs.
- 53.7% of Not Mets (22/41)

**The current Annual Report is in the record. (92.2% vs. 83.8%)**

- The Annual Report did not include a description of progress toward meeting one or more individually determined goals.
- 71.9% of Not Mets (23/32)

### CDC+ Representative Record Reviews



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

**Table 13. CDC+ Representative Scores by Region: FY 2023**

Region	# of Reviews	# of Standards Scored	% Met
Northwest	17	248	87.1%
Northeast	43	693	96.4%
Central	63	969	93.8%
Suncoast	42	659	91.5%
Southeast	53	833	92.0%
Southern	32	501	97.0%
<b>State</b>	<b>250</b>	<b>3,903</b>	<b>93.5%</b>

A total of 250 Representatives were reviewed in FY23. Results are displayed by region in Table 13 and by standard for FY22 and FY23 in Table 14. On average, CDC+ Rs scored relatively high on record reviews in FY22 and FY23 – 93.0 and 93.5 percent met, respectively. At the standard level, just two standards (scored for more than 10 records) were less than 90 percent met, on average. These lower scoring standards (highlighted in Table 14) indicate Representatives did not always maintain an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse (82.6%) or have background screening results for all Directly Hired Employees (DHE’s) (86.6%).

**Table 14. CDC+ Representative Scores by Standard: FY 2022 vs FY 2023**

Standard	FY 2022 (N = 161)		FY 2023 (N = 250)	
	Total Scored	% Met	Total Scored	% Met
Complete and signed Participant/ Representative Agreement is available for review.	246	98.0%	250	95.6%
Accurate signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	227	92.1%	229	92.1%
Signed and approved Invoices for Vendor Payments are available for review.	105	93.3%	130	93.8%
Signed and approved receipts/statement of “Goods and Services” for reimbursement items are available for review.	33	97.0%	52	92.3%



**Table 14. CDC+ Representative Scores by Standard: FY 2022 vs FY 2023**

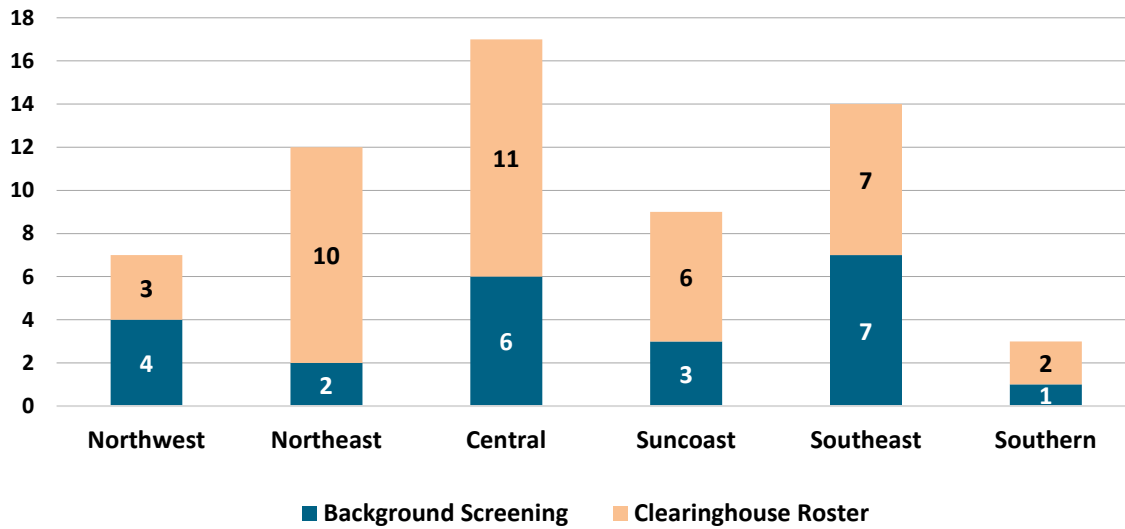
Standard	FY 2022 (N = 161)		FY 2023 (N = 250)	
	Total Scored	% Met	Total Scored	% Met
Complete Employee Packets for all Directly Hired Employees are available for review.	228	95.2%	231	95.2%
Complete Vendor Packets for all vendors and independent contractors are available for review.	129	93.8%	145	93.1%
The CDC+ Representative maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	240	76.7%	242	82.6%
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	230	94.8%	234	92.7%
All applicable signed and approved Purchasing Plans are available for review.	243	95.1%	242	97.5%
All applicable signed and approved Quick Updates are available for review.	74	98.6%	89	95.5%
Copies of Support Plan(s) are available for entire period of review.	245	96.7%	249	96.8%
Copies of approved Cost Plan(s) are available for entire period of review.	246	95.5%	250	95.2%
Emergency Backup Plan is complete and available for review.	246	93.9%	250	91.6%
Corrective Action Plan (if applicable) is available for review.	10	90.0%	8	62.5%
Monthly Statements are available for review.	238	96.6%	246	96.7%
Documentation is available to support the reconciliation of Monthly Statements.	241	88.0%	246	92.7%
The Participant obtains services consistent with stated/documented needs and goals.	244	97.1%	248	96.4%
The Participant makes purchases consistent with the Purchasing Plan.	244	96.7%	248	96.0%
Background screening results for all Directly Hired Employees (DHE's) who render direct care are available for review.	229	83.0%	232	86.6%
Background screening results for all Independent Contractors who render direct care are available for review.	79	91.1%	82	95.1%
<b>Average CDC+ R Score</b>	<b>3,777</b>	<b>93.0%</b>	<b>3,903</b>	<b>93.5%</b>

**CDC+ Representative Alerts**

When a CDC+ Rep does not have all the appropriate BGS or Clearinghouse roster documentation on file, an Alert may be recorded.<sup>10</sup> The number of alerts cited for CDC+ Reps are displayed in Figure 16 by region. A total of 62 alerts were cited in FY23 – 23 BGS alerts and 39 Clearinghouse roster alerts. One third of all alerts occurred in the Central region. The Central and Southeast regions accounted for 50 percent of CDC+ Rep alerts cited in FY23.



**Figure 16. Number of CDC+ Rep Alerts by Region: FY 2023**



<sup>10</sup> Background screenings alerts are not recorded when the only discrepancy is that the Affidavit of Good Moral Character is completed, signed or notarized.

## Qualified Organization (QO) Discovery Reviews<sup>11</sup>

Over the course of the contract year, a review is completed for each Qualified Organization. The QO Discovery Review consists of two components: an Administrative Review and a Record Review. The Administrative Review process includes a General Administrative Review (GAR) for each QO and Staff Qualification and Trainings (Q&T) for a sample of WSCs/CDC+ Consultants (up to four per QO). The Record Review component includes a service record review for each individual selected for a PCR.<sup>12</sup>

Region	QOs	Staff Q&Ts	Record Reviews
Northwest	12	42	108
Northeast	28	97	270
Central	36	134	302
Suncoast	37	134	349
Southeast	54	198	360
Southern	36	129	219
<b>State</b>	<b>203</b>	<b>734</b>	<b>1,608</b>

Between July 2022 and June 2023, 203 QO PDRs were completed and approved by Qlarant Regional Managers. Table 15 shows the number of QOs reviewed by region, as well as the number of staff and individual records sampled for review.

## General Administrative Review



The General Administrative Review (GAR) tool addresses compliance dictated in the iBudget Handbook, Florida Administrative Code, and Florida Statute regarding incident reporting, ANE reporting, and Clearinghouse Roster maintenance.

Table 16 shows indicator level results for QOs reviewed in FY22 and FY23. In FY23, the average GAR score was 98.1 percent. The lowest scoring standard for QOs reviewed in FY23 had to do with QOs maintaining a Table of Organization (95.6%). Nine out of 203 QOs reviewed on this standard were not in compliance. The most common not met reasons are as follows:

- Provider had a Table of Organization, but it did not:
  - include Medicaid provider numbers for each WSC (selected 6 times)
  - include contact email and phone for each WSC (selected 6 times)
  - include the Region(s) the WSC was rendering in (selected 2 times)
  - list the point of contact for the Region under review (selected 2 times)

<sup>11</sup> All review tools are posted on the FSQAP website: <https://florida.qlarant.com>

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

Table 16. General Administrative Review by Standard: QOs FY 2022 vs FY 2023				
Standard	FY 2022 (N = 207)		FY 2023 (n = 203)	
	Total Scored	% Met	Total Scored	% Met
The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	207	99.0%	203	99.5%
The provider addresses all incident reports.	133	97.0%	120	96.7%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	32	100%	29	100.0%
All instances of abuse, neglect, and exploitation are reported.	30	100%	25	100.0%
The provider maintains Business Liability Insurance.	206	95.6%	202	100.0%
The provider maintains a Table of Organization.	205	95.6%	203	95.6%
The Mentor has the appropriate qualifications.	155	97.4%	NA	NA
The Mentee completed all mentoring program requirements.	62	98.4%	167	97.0%
The Mentee completed all mentoring program requirements for the CDC+ program.	22	100%	92	95.7%
The provider employs at least four Support Coordinators.	205	99.0%	36	100.0%
<b>State Average</b>	<b>1,263</b>	<b>97.5%</b>	<b>1,276</b>	<b>98.1%</b>

## Staff Qualifications and Training



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

Qlarant reviewed 734 WSC/CDC+ C records across 203 QOs in FY23. Table 17 shows the distribution of these reviews by region and their average percent met. Overall, 95.5 percent of standards were met for the 734 WSCs/CDC+ Cs reviewed. By region, average scores ranged from a low of 93.2 percent in the Central region to a high score of 97.6 percent in the Southeast region.

Table 17. QO Staff Q&T Scores by Region FY 2023			
Region	# QOs	#WSCs	% Met
Northwest	12	42	95.5%
Northeast	28	97	94.3%
Central	36	134	93.2%
Suncoast	37	134	95.1%
Southeast	54	198	97.6%
Southern	36	129	96.2%
<b>State</b>	<b>203</b>	<b>734</b>	<b>95.5%</b>

### Staff Q&T Results by Standard

A description of each standard scored within the Staff Q&T component of the QO PDR is shown in Table 18. This table shows average scores by standard for all staff (WSCs/CDC+ Consultants) records reviewed, as well as the percent of QOs in compliance with each standard. For a QO to be in compliance, all staff records reviewed must be 100 percent met. In other words, if one WSC or CDC+ consultant is out of compliance, the QO does not meet compliance for the standard.

In FY23, three of the 15 standards scored for QOs had a compliance rate below 85 percent (highlighted in Table 18). These standards and their most frequently cited Not Met Reasons are outlined below:

- **73 staff across 47 (23.1%) QOs did not meet HIV/AIDS/Infection Control training requirements.**
  - #1 Not Met Reason: 50 staff members across 32 QOs had documented evidence of completing training in HIV/AIDS/Infection Control but not from an APD approved trainer/source.
- **58 staff across 38 (18.7%) QOs did not meet HIPAA training requirements for the following reasons:**
  - #1 Not Met Reason: Most recent documentation for 21 staff across 16 QOs was over a year old.
- **47 staff across 33 (16.2%) QOs did not meet First Aid training requirements for the following reasons:**
  - #1 Not Met Reason: 18 staff across 14 QOs did not present documented evidence of completion of training in First Aid.

Table 18. Staff Qualifications and Training Scores by Standard: Qualified Organizations FY 2023 (203 QOs; 734 Staff)				
Standard	# Staff Reviewed	% Staff Met	# QOs Reviewed	% QOs in Compliance
Support Coordinator successfully completed required In-Person Level 2 assessment.	142	97.9%	89	96.6%
The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	734	99.3%	203	99.0%
The provider has completed all aspects of required Level II Background Screening.	734	95.8%	203	91.1%

Table 18. Staff Qualifications and Training Scores by Standard: Qualified Organizations FY 2023 (203 QOs; 734 Staff)				
Standard	# Staff Reviewed	% Staff Met	# QOs Reviewed	% QOs in Compliance
The provider maintains current CPR certification.	732	94.5%	203	87.2%
The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	256	98.4%	125	97.6%
The provider received training in Direct Care Core Competencies.	547	97.6%	190	94.2%
The provider received training in Direct Care Core Competency. (Old)	188	99.5%	104	99.0%
The provider received training in First Aid.	733	93.6%	203	83.7%
The provider received training in HIPAA.	734	92.1%	203	81.3%
The provider received training in HIV/AIDS/Infection Control.	732	90.0%	203	76.8%
The provider received training in Requirements for all Waiver Providers.	728	97.1%	203	91.6%
The provider received training in Zero Tolerance.	734	97.7%	203	91.6%
The Support Coordinator completes 18 hours of job related annual in-service training.	670	91.6%	202	84.7%
The Support Coordinator successfully completed Introduction to Social Security Work Incentives.	690	96.4%	201	90.1%
The Support Coordinator successfully completed required pre-service level 1 assessment. <sup>13</sup>	436	99.8%	148	99.3%
<b>State Averages</b>	<b>8,790</b>	<b>95.5%</b>	<b>2,683</b>	<b>90.0%</b>

<sup>13</sup> In FY23, this standard only applies to WSCs hired after July 01, 2022; whereas, in FY22 the standard applied to all WSCs.

### Background Screenings

During the PDR, a sample of WSC/CDC+ C records are reviewed to determine compliance with all components of background screening (BGS) requirements. To be in compliance, all staff reviewed must meet all BGS requirements. If a single staff record indicates a lack of required documentation, the QO is reported as being out of compliance. Figure 17 shows the percent of QOs (Solo or Agency WSCs prior to FY22) in compliance with BGS requirements by FY. Since, FY21, over 90 percent of WSCs have been in compliance. Of the 203 QOs reviewed in FY23, 18 did not meet all background screening requirements for all staff.

**Figure 17. Percent of QOs/WSCs in Compliance with Background Screening Requirements**

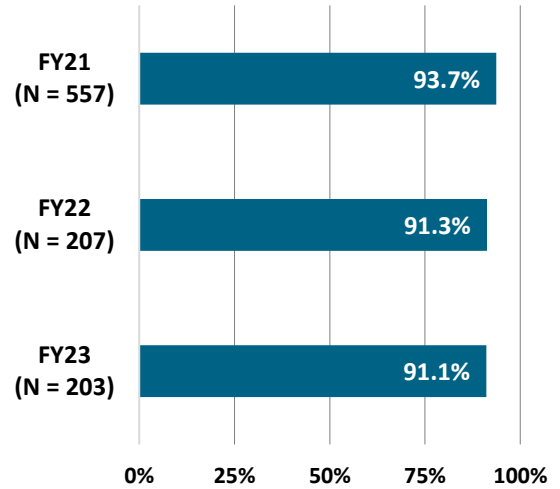
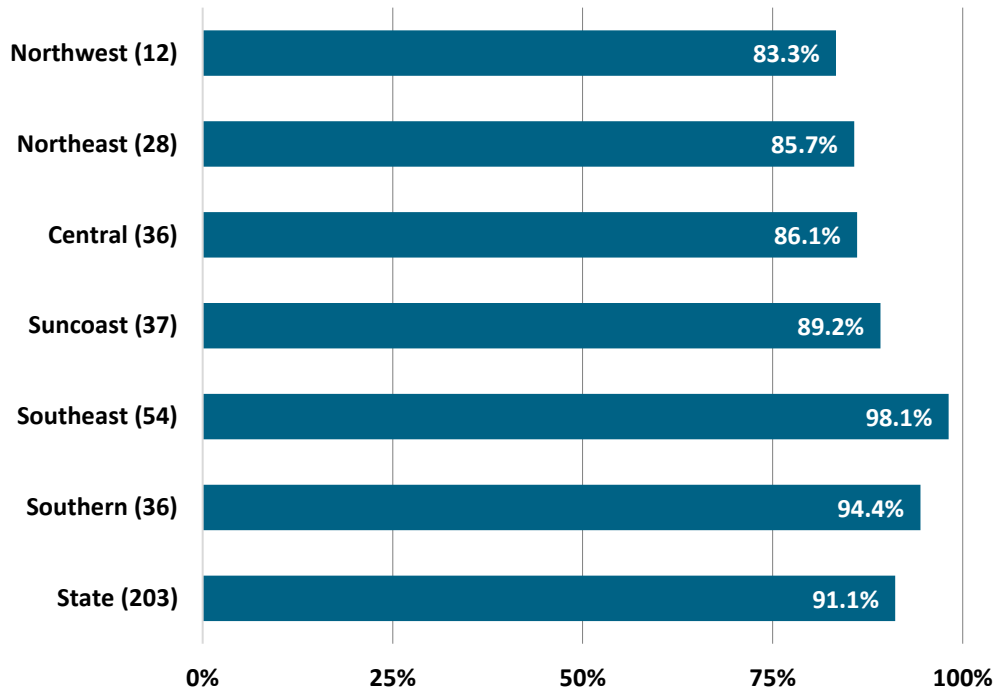


Figure 18 shows the percent of QOs in compliance with BGS requirements by region in FY23. BGS compliance by region ranged from a low of 83.3 percent in the Northwest region where 12 QOs were reviewed to a high of 98.1 percent in the Southeast region where a total of 54 QOs were reviewed.

**Figure 18. Percent of QOs in Compliance with Background Screening Requirements by Region: FY 2023**

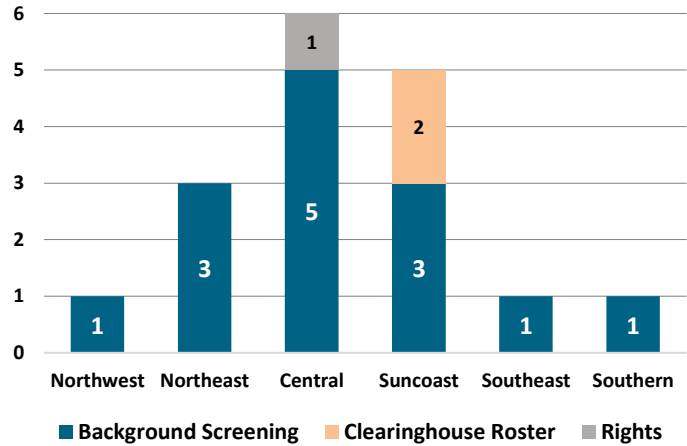


## QO Alerts



When a QO does not have all the appropriate BGS or Clearinghouse roster documentation on file, an Alert may be recorded. Additional alerts, such as Rights, are recorded when warranted as well. The number of alerts cited in each region are displayed in Figure 19. In FY23, a total of 17 alerts were cited for QOs – 14 BGS alerts, two Clearinghouse roster alerts, and one Rights related alert. Nearly 65 percent of all alerts cited for QOs in FY23 occurred in the Central and Suncoast regions.

Figure 19. Number of Alerts for QOs  
FY 2023



## QO Scores

Table 19 shows PDR scores for QOs in FY22 and FY23. The table includes the average overall QO PDR score, as well as average scores for the Administrative and Record Review components of the QO PDR. The table also shows the number of alerts, the number of billing standards scored Not Met, and their respective rates for every 10 reviews.

Results for QOs scored in FY23 are similar, on average, to those reviewed in FY22. As in FY22, QOs performed better on the Administrative (GAR and Staff Q&T) component of the PDR than the Record Review component. The rate of alerts per 100 QOs has increased by two since FY22, but the average number of PBD standards missed per review has declined by about one standard per QO since FY22.

Size	PDR Scores			Alerts		PBDs Not Met	
	Overall Score	Admin Review	Record Review <sup>14</sup>	#	Rate per 100 QOs	#	Average per Review
FY22 (N = 207)	91.5%	96.5%	91.0%	13	6.3	679	3.3
FY23 (N = 203)	90.2%	95.8%	88.4%	17	8.4	472	2.3

<sup>14</sup> Record Review scores for QOs are discussed in the PCR section.



## Service Provider Discovery Reviews

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

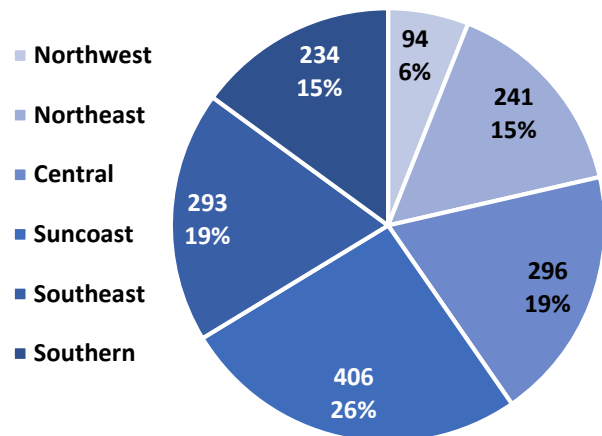
- Behavior Analysis
- Behavior Assistant
- Life Skills Development 1 (Companion)
- Life Skills Development 2 (SEC)
- Life Skills Development 3 (ADT)
- Personal Supports
- Residential Habilitation Behavior Focus
- Residential Habilitation Intensive Behavioral
- Residential Habilitation Standard
- Residential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



The Service Provider Discovery Review consists of up to five review components. Every service provider receives a General Administrative Review (GAR), one or more Staff Qualifications and Training (Q&T) reviews, and one or more Service Specific Record Reviews (SSRR). Providers may also have individual(s) participate in the My Life Interview (MLI) and, if the provider has a waiver funded licensed residential homes (LRH) or day program facilities, they will receive at least one Observations (OBS).

Between July 2022 and June 2023, 1,564 Service Provider PDRs were completed and approved by

Figure 20. Service Provider PDRs by Region: FY 2023



<sup>15</sup> Deemed providers are permitted to skip one year for the PDR. Deemed is currently defined as an Overall PDR Score of 90% or higher for Service Providers, with no alerts and no potential billing discrepancies for which the total reimbursement amount is five percent or greater. There is no deemed status for Qualified Organizations/Support Coordinators.

Qlarant Regional Managers. Figure 20 shows the number and percent of PDRs conducted in each region and Table 20 shows the number of reviews completed for each component of the PDR, by region.

Region	GARs	MLIs	Staff Q&Ts	Observations		SSRRs
				LRHs	ADTs	
Northwest	94	115	228	74	12	308
Northeast	241	246	597	151	24	755
Central	296	407	791	232	24	1017
Suncoast	406	593	1,113	341	54	1462
Southeast	293	416	797	225	19	976
Southern	234	373	664	180	27	856
<b>State</b>	<b>1,564</b>	<b>2,150</b>	<b>4,190</b>	<b>1,203</b>	<b>160</b>	<b>5,374</b>

## General Administrative Review



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

Findings by region are presented in Table 21. On average, agencies scored higher than solo providers (96.8% versus 87.9%). Among agency providers, scores by region were fairly consistent with low scores of 96.2 percent in the Northeast and Central regions and a high score of 99.5 percent in the Northwest region. Scores by region were more varied for solo providers ranging from 100 percent in the Southern region to 78.6 percent in the Central region.

Table 21. General Administrative Results by Region Agency v. Solo Service Providers: FY 2023						
Region	Agency Providers			Solo Providers		
	# of PDRs	Standards Scored	% Met	# of PDRs	Standards Scored	% Met
Northwest	70	188	99.5%	24	26	88.5%
Northeast	196	533	96.2%	45	63	90.5%
Central	262	729	96.2%	34	42	78.6%
Suncoast	374	1031	96.5%	32	40	87.5%
Southeast	269	594	97.8%	24	24	95.8%
Southern	231	450	96.7%	3	3	100.0%
<b>State</b>	<b>1,402</b>	<b>3,525</b>	<b>96.8%</b>	<b>162</b>	<b>198</b>	<b>87.9%</b>

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

- Among agency providers,
  - All standards were over 90 percent met, on average.
  - The lowest scoring indicator for agency providers had to do with the Program or Clinical Services Director of Intensive Behavior group homes meeting the qualifications of a Level 1 Behavior Analyst. (92.5%; n = 40).
- Among solo providers,
  - Only two of five standards were scored for more than 6 providers.
  - The lowest scoring standard had to do with providers maintaining an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse (86.4%; n = 162).

Table 22. General Administrative Review Results by Standard: Agencies vs Solos FY 2023						
Standard	Agencies (n = 1,402)			Solos (n = 162)		
	# Met	Total Scored	% Met	# Met	Total Scored	% Met
If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	37	40	92.5%	NA	NA	NA
If provider operates Enhanced Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	2	2	100%	NA	NA	NA

Table 22. General Administrative Review Results by Standard: Agencies vs Solos FY 2023						
Standard	Agencies (n = 1,402)			Solos (n = 162)		
	# Met	Total Scored	% Met	# Met	Total Scored	% Met
Agency vehicles used for transportation are properly insured.	566	582	97.3%	NA	NA	NA
Agency vehicles used for transportation are properly registered.	548	580	94.5%	NA	NA	NA
The provider identifies addresses and reports all medication errors.	114	118	96.6%	0	0	.
The provider addresses all incident reports.	554	575	96.3%	22	24	91.7%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	113	117	96.6%	6	6	100%
All instances of abuse, neglect, and exploitation are reported.	108	109	99.1%	6	6	100%
The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	1,370	1,402	97.7%	140	162	86.4%
<b>Service Provider Average</b>	<b>3,412</b>	<b>3,525</b>	<b>96.8%</b>	<b>174</b>	<b>198</b>	<b>87.9%</b>

## Staff Qualifications and Training (Q&T)



All direct service providers are required to have certain training and education completed in order to render specific services. For each service provider, at least three staff records (at least

one per eligible service) are reviewed.

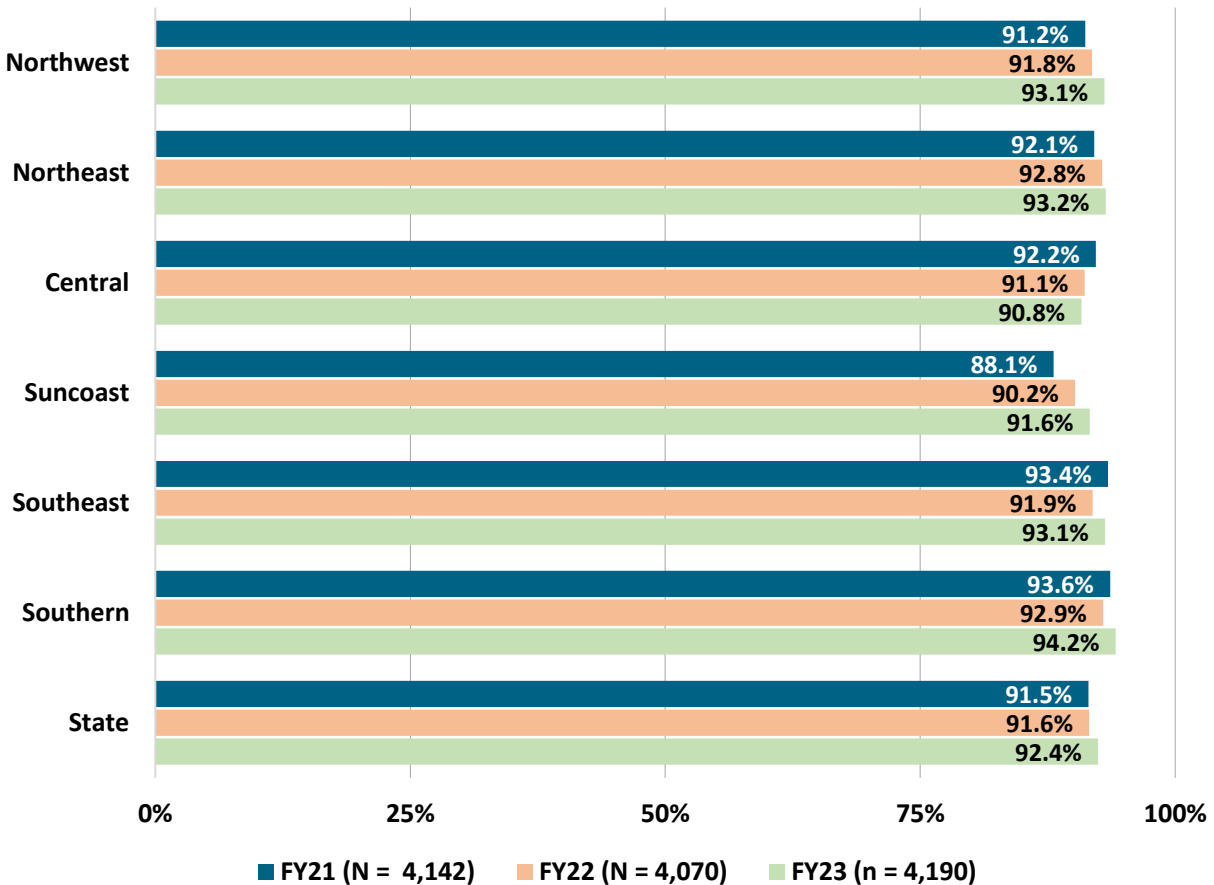
### Staff Q&T Scores by Region

Qlarant reviewed 34,190 staff records in FY23. Table 23 shows the distribution of reviews by region and Figure 21 shows the percent of standards met by FY. On average,

Staff Q&T scores by region have been fairly consistent over the past three FYs. With the exception of Suncoast in FY21, average scores by region have been over 90 percent since FY21.

Region	# Providers	# Staff
Northwest	94	228
Northeast	241	597
Central	296	791
Suncoast	406	1,113
Southeast	293	797
Southern	234	664
<b>State</b>	<b>1,564</b>	<b>4,190</b>

Figure 21. Service Provider Q&T Scores by Region and FY



### Staff Q&T Scores by Standard

A description of each standard scored within the Service Provider’s Staff Q&T is shown in Table 24. For each standard, the table shows the number of staff records reviewed, the percent of staff in compliance, the number of providers reviewed, and the percent of providers in compliance. For a provider to be in compliance with the standard, all staff reviewed must meet all requirements of the standard (i.e., 100% met). In other words, if one staff does not meet the standard’s requirements, the provider does not comply with that standard. The Staff Qualifications tool is comprised of 53 standards; however, a number of these standards only apply to a small number of providers. Only standards applying to 30 or more providers are discussed in this section.

Among Service Providers reviewed in FY23, 45 standards were scored for 30 or more providers - 35 of which were in compliance (85 percent or higher). The 10 standards that were not in compliance are highlighted in Table 24 and summarized below:

- Between 17 and 26 percent of providers of LSD 1 (Companion), LSD 2 (SEC), LSD 3 (ADT), Personal Supports, Supported Living Coaching, and Residential Habilitation (Standard) did not meet compliance requirements for completing required hours of annual in-service training.
- Nearly 25 percent of providers did not meet compliance requirements for completing/maintaining training in HIV/AIDS/Infection Control.
- More than 20 percent of providers did not meet compliance requirements for training in HIPAA.
- About 19 percent of providers did not meet compliance requirements for maintaining Basic Medication Administration Validation.
- 18 percent of providers did not comply with all aspects of the required Level II Background Screening.

Table 24. Staff Qualifications and Training Scores by Standard: Service Providers FY 2023 (1,564 Providers; 4,190 Staff)				
Standard	# Staff Reviewed	% Staff in Compliance	# Providers Reviewed	% Providers in Compliance
The provider received training in an Agency approved curriculum for behavioral emergency procedures consistent with the requirements of the Reactive Strategies rule (65G-8, FAC).	571	92.5%	232	88.4%
The Behavior Assistant provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	13	76.9%	11	81.8%

Table 24. Staff Qualifications and Training Scores by Standard: Service Providers FY 2023 (1,564 Providers; 4,190 Staff)				
Standard	# Staff Reviewed	% Staff in Compliance	# Providers Reviewed	% Providers in Compliance
The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.	11	72.7%	10	70.0%
The Life Skills Development 1 provider completes 4 hours of annual in-service training related to the specific needs of at least one person currently receiving services.	1,195	78.3%	775	77.3%
The provider has completed standardized, pre-service training for Life Skills Development 2.	149	96.0%	130	95.4%
The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment.	143	84.6%	126	83.3%
The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services.	225	76.0%	130	76.9%
The Personal Supports provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	1,540	76.8%	860	74.2%
The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	1,353	84.6%	597	82.4%
The Residential Habilitation-Behavior Focus provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	372	97.8%	163	96.3%
The Residential Habilitation-Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.	320	89.7%	159	88.7%
The Residential Habilitation – Intensive Behavior provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	73	91.8%	42	90.5%
The Residential Habilitation – Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics.	61	86.9%	38	86.8%

Table 24. Staff Qualifications and Training Scores by Standard: Service Providers FY 2023 (1,564 Providers; 4,190 Staff)				
Standard	# Staff Reviewed	% Staff in Compliance	# Providers Reviewed	% Providers in Compliance
The Residential Habilitation – Enhanced Intensive Behavior provider completes eight hours of annual in-service training through participation in recipient case-review or in combination with training related to behavior analysis.	2	100.0%	1	100.0%
The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care.	3	100.0%	2	100.0%
The provider completed required Supported Living Pre-Service training.	365	95.6%	302	95.0%
The Supported Living Coach completed Introduction to Social Security Work Incentives.	349	90.0%	292	89.4%
The Supported Living Coaching provider completes eight hours of annual in-service training.	335	76.4%	285	76.1%
The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	4,188	96.8%	1,563	94.7%
The provider received training in Requirements for all Waiver Providers	4,154	93.4%	1,562	88.9%
Drivers of transportation vehicles are licensed to drive vehicles used.	2,856	99.7%	1,349	99.3%
Personal vehicles used for transportation are properly insured.	1,874	93.9%	973	91.3%
Personal vehicles used for transportation are properly registered.	1,869	92.0%	970	87.6%
The provider received training in Direct Care Core Competencies.	3,703	96.2%	1,484	93.2%
The provider has completed all aspects of required Level II Background Screening.	4,190	90.1%	1,564	82.0%
The provider received training in Zero Tolerance.	4,187	94.0%	1,563	88.2%
The provider received training in Direct Care Core Competency. (Old)	468	98.5%	322	97.8%
The provider received training in Basic Person Centered Planning.	466	92.3%	322	90.4%
The provider received training on Individual Choices, Rights and Responsibilities	467	93.4%	323	91.6%
The provider received training in HIPAA.	4,184	87.8%	1,564	78.2%
The provider received training in HIV/AIDS/Infection Control.	4,042	84.9%	1,536	75.6%



Table 24. Staff Qualifications and Training Scores by Standard: Service Providers FY 2023 (1,564 Providers; 4,190 Staff)				
Standard	# Staff Reviewed	% Staff in Compliance	# Providers Reviewed	% Providers in Compliance
The provider maintains current CPR certification.	4,046	94.2%	1,536	89.0%
The provider received training in First Aid.	4,038	91.8%	1,536	84.6%
The provider received Basic Medication Administration Training prior to administering or supervising the self-administration of medication.	1,677	97.7%	768	96.0%
The provider maintains current Basic Medication Administration Validation.	1,661	88.3%	760	81.3%
The provider completed Annual Update Training in Basic Medication Administration prior to expiration of current validation.	1,172	95.5%	638	93.7%
The provider has completed the Prescribed Enteral Formula Administration training.	99	94.9%	59	93.2%
The provider maintains current Prescribed Enteral Formula Administration Validation.	94	89.4%	54	87.0%
The provider completed the Prescribed Enteral Formula Administration Annual Update training prior to the expiration of their current validation.	39	84.6%	24	75.0%
The provider obtains Temporary Validation when indicated.	4	100.0%	3	100.0%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	127	99.2%	84	98.8%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	17	94.1%	14	92.9%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	1,366	99.4%	835	99.2%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	148	100.0%	129	100.0%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	274	98.9%	144	97.9%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	1,801	99.1%	904	98.3%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	1,546	99.4%	616	98.5%

Table 24. Staff Qualifications and Training Scores by Standard: Service Providers FY 2023 (1,564 Providers; 4,190 Staff)				
Standard	# Staff Reviewed	% Staff in Compliance	# Providers Reviewed	% Providers in Compliance
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	377	98.9%	163	97.5%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	73	98.6%	41	97.6%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation- Enhanced Intensive Behavior.	2	100.0%	1	100.0%
The provider meets all minimum educational requirements and levels of experience for Respite.	250	98.4%	197	98.5%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	367	99.7%	304	99.7%
<b>State Averages</b>	<b>62,906</b>	<b>92.4%</b>	<b>30,743</b>	<b>88.6%</b>

## Background Screenings

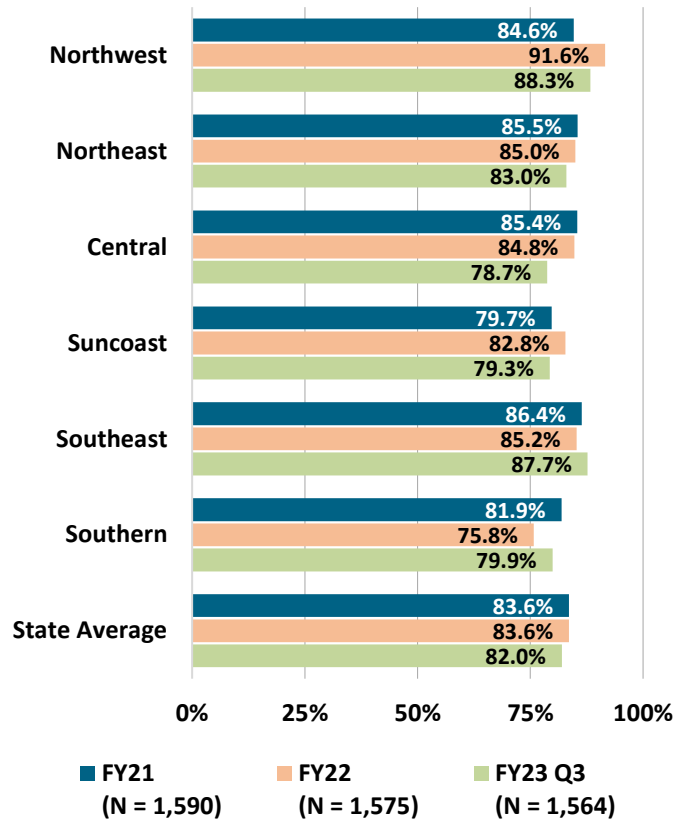


When examining background screenings (BGS), a varying number of staff records are

reviewed to determine compliance with all components of the requirement. For BGS, if staff records indicate a lack of required documentation, the provider is reported as being out of compliance.

Figure 22 shows the percent of service providers in compliance with all BGS requirements, by region and FY. In FY23, 82 percent of service providers were in compliance with all BGS requirements, slightly less than the proportion in FY22 and FY21. Scores by region show some variation by region in FY23 with compliance rates ranging from a low of 78.7 percent in the Central region to a high of 88.3 percent in the Northwest region.

Figure 22. Percent of Providers with All Background Standards Met by Region and FY



## Observations

When reviewing providers of Residential Habilitation, Qlarant conducts onsite observations of up to 10 homes. For Day Programs, all locations operated by the providers receive an onsite observation. During this portion of the PDR, QARs observe the physical facility, interactions among staff and individuals, and informally interview staff, residents, and day program participants as needed and as possible.

In FY23, observations were completed at 1,203 LRHs and 160 Day Programs. Observation scores are shown by region and location in Table 25. Findings from FY23 indicate high rates of compliance for both location types, with little variation across regions.

Table 25. PDR Observation Scores by Region and Location FY 2023

Region	LRH		Day Programs	
	# OBS	% Met	# OBS	% Met
Northwest	74	99.0%	12	99.0%
Northeast	151	99.4%	24	99.8%
Central	232	98.1%	24	99.6%
Suncoast	341	98.4%	54	99.6%
Southeast	225	99.1%	19	98.7%
Southern	180	99.2%	27	99.0%
State	1,203	98.7%	160	99.4%

Figure 23 shows average scores for each Observation domain for LRHs and Day Programs separately. Just three out of 70 standards scored for ADTs and two out of 71 standards scored for LRHs were less than 95 percent met, on average. These standards and their scores are listed below:

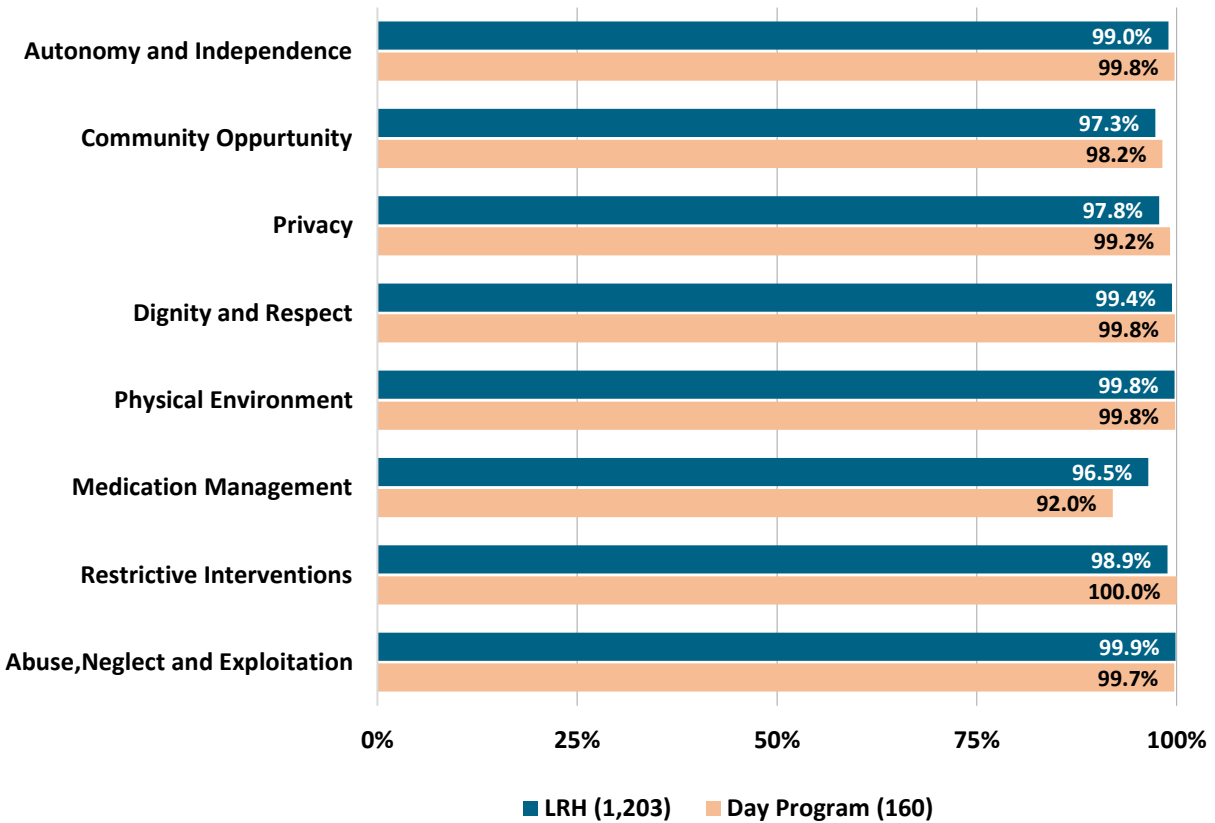
**LRHs:**

- Individuals do not have a key to their bedroom door. (89.7%; n = 1,114)
- Training in the use of public transportation is not available and/or facilitated. (80.7%; n = 762)

**ADTs:**

- Training in the use of public transportation is not available and/or facilitated. (90%; n = 100)
- Non-controlled medications are not centrally stored in a locked container in a secured enclosure. (90.2%; n = 51)
- Controlled medications are not stored separately from other prescription and OTC medications in a locked container within a locked enclosure. (91.7%; n = 36)

**Figure 23. Observations by Standard and Location: FY 2023**



## PDR My Life Interview (MLI)<sup>16</sup>



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

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

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

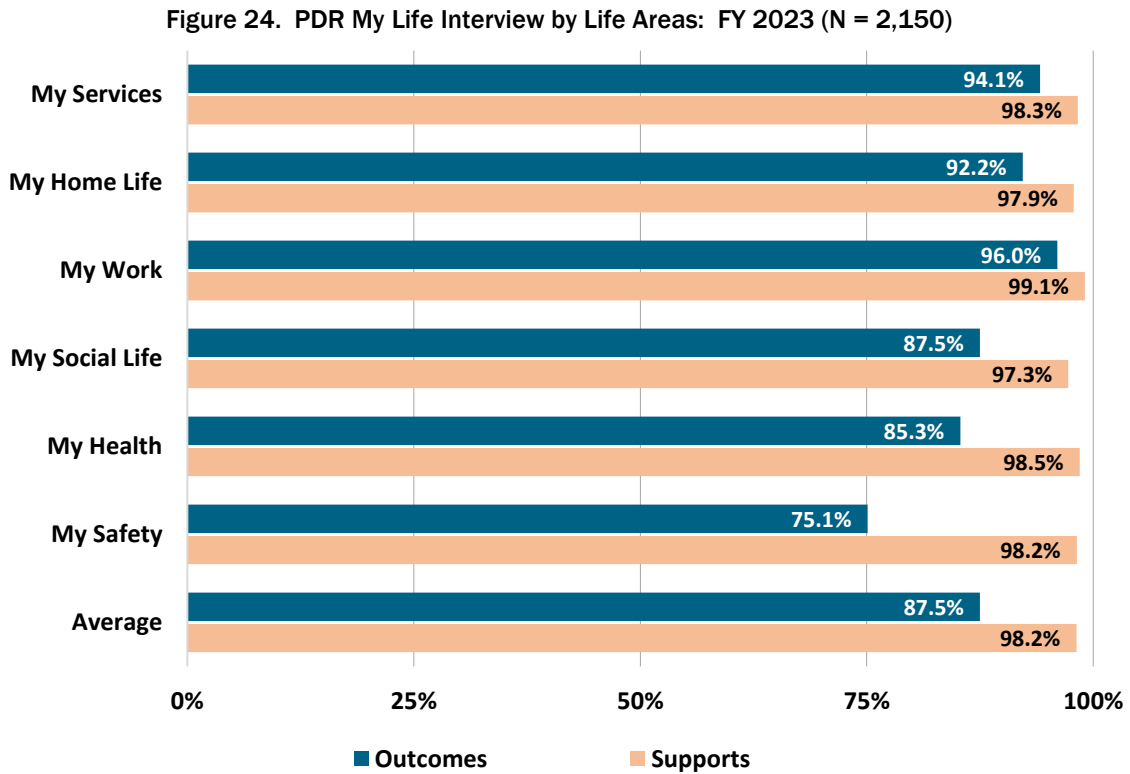
In FY23, 2,150 people across 1,377 providers participated in the PDR MLI. The distribution of interviews by region, as well as scores for Outcomes and Supports are presented in Table 26. On average, about 98 percent of Supports were met for individuals receiving services from the providers reviewed. Outcomes were less likely to be met (87.5%) and scores varied by region - ranging from a low score of 83.3 percent in the Central region to a high score of 94.1 percent in the Northeast region.

Region	# Providers	# People	Outcomes	Supports
Northwest	82	115	91.6%	97.6%
Northeast	167	246	94.1%	98.6%
Central	273	407	83.3%	96.2%
Suncoast	368	593	88.6%	98.0%
Southeast	267	416	86.4%	99.0%
Southern	<b>220</b>	<b>373</b>	85.8%	99.5%
<b>State</b>	<b>1,377</b>	<b>2,150</b>	<b>87.5%</b>	<b>98.2%</b>

<sup>16</sup> MLI results in this section are for Service Providers only.

### PDR MLI Scores by Life Area

The average PDR MLI score for each Life Area is presented in Figure 24, by Outcomes and Supports. FY23 findings indicate individuals receiving services were supported across all Life Areas (each above 97%) and, similar to the PCR MLI, Outcomes related to ‘My Safety’ (75.1%), ‘My Health’ (85.3%) and ‘My Social Life’ (87.5%) were least likely to be met.



### PDR MLI Scores by iBudget Service Group

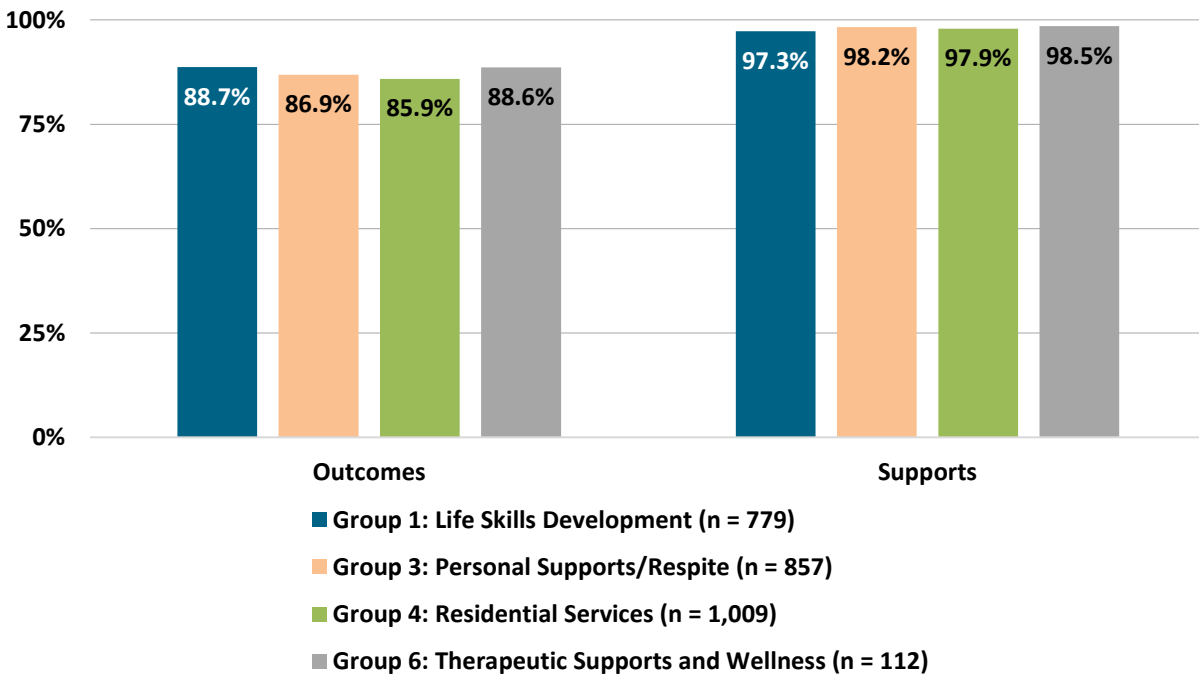
Many individuals interviewed through the PDR MLI receive more than one service – limiting Qlarant’s ability to compare Outcomes and Supports by service; however, referencing Florida’s iBudget service groups<sup>17</sup> we have sorted a subgroup of individuals into one of the four service groups Qlarant reviews (see Table 27). Individuals within each group only receive services listed within the group; therefore, questions asked, and answers provided during the PDR MLI interview only apply to these specific services.

<sup>17</sup> Florida’s iBudget service groups can be found on the APD website: <https://apd.myflorida.com/ibudget/docs/services.pdf>

Table 27. Florida iBudget Service Groups and Services Reviewed by Qlarant	
iBudget Service Group	Services
Group 1: Life Skills Development	Life Skills Development 1 (Companion), Life Skills Development 2 (SEC), Life Skills Development 3 (ADT)
Group 3: Personal Supports	Personal Supports & Respite
Group 4: Residential Services	Residential Habilitation Behavior Focus, Residential Habilitation EIB, Residential Habilitation Intensive Behavioral, Residential Habilitation Standard, Special Medical Home Care, Supported Living Coaching
Group 6: Therapeutic Supports and Wellness	Behavior Analysis & Behavior Assistant

Figure 25 shows average scores for Outcomes and Supports for the four iBudget service groups listed in Table 27. Results are limited to individuals who only receive services within each group. On average, Outcomes by service group ranged from a high of 88.7 percent among those in Group 6 (Behavior Analysis and Assistant) to a low of 85.9 percent among those in Group 4 (Residential Services). Support scores ranged from a high of 98.5 percent among those in Group 3 (Personal Supports) to a low of 97.3 percent among those in Group 1 (LSD).

Figure 25. MLI Outcomes and Supports by iBudget Service Groups: FY 2023



## Service Specific Record Review Results (SSRR)



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

### SSRR Scores by Region

FY23 SSRR scores are presented by region for all Service Providers in Table 28. Standards scored within the SSRR are weighted, meaning some standards contribute more than one point to the overall PDR score; therefore, the weighted score and the percent of standards scored met (percent met) are presented. Service provider scores from FY23 ranged from an average weighted score of 89.2 percent in the Central and Suncoast regions to a high of 94.7 percent in the Southern region.

Region	# Records Reviewed	# Standards Scored	Weighted Score	Percent Met
Northwest	308	5,399	93.5%	92.6%
Northeast	755	12,096	89.9%	89.6%
Central	1,017	16,746	89.2%	88.1%
Suncoast	1462	25,294	89.2%	87.8%
Southeast	976	15,553	92.3%	91.8%
Southern	856	13,601	94.7%	93.9%
<b>Service Provider Average</b>	<b>5,374</b>	<b>88,689</b>	<b>90.9%</b>	<b>90.1%</b>

### SSRR Scores by Service

The number of records and standards reviewed by service, as well as their average weighted percent met, are listed for FY23 in Table 29. Scores for records reviewed in FY23 were lowest for Supported Living Coaching (80.4%), Respite (87.6%), and Personal Supports (88.3%). All other services scored above 90 percent, on average, in FY23.

Service	# Records	# Standards Scored	Weighted % Met
Behavior Analysis	184	2,741	95.2%
Behavior Assistant	16	263	92.7%
Life Skills Development 1 (Companion)	1,098	14,894	91.5%
Life Skills Development 2 (SEC)	146	2,140	91.0%



Table 29. Number of Record Reviews by Service: FY 2023			
Service	# Records	# Standards Scored	Weighted % Met
Life Skills Development 3 (ADT)	403	7,185	95.1%
Personal Supports	1,480	20,194	88.3%
Residential Habilitation Behavior Focus	233	5,512	95.7%
Residential Habilitation EIB	1	24	93.2%
Residential Habilitation Intensive Behavioral	59	1,479	95.6%
Residential Habilitation Standard	1,109	21,824	95.0%
Respite	247	2,148	87.6%
Special Medical Home Care	2	23	100.0%
Supported Living Coaching	396	10,262	80.4%
<b>Total</b>	<b>5,374</b>	<b>88,689</b>	<b>90.9%</b>

Figure 26 shows average weighted scores by service for FY21, FY22 and FY23. Since FY21, scores for Supported Living Coaching and Respite services have declined by 9.7 and 4.7 percentage points, respectively.

Figure 26. Weighted SSRR scores by Service and FY

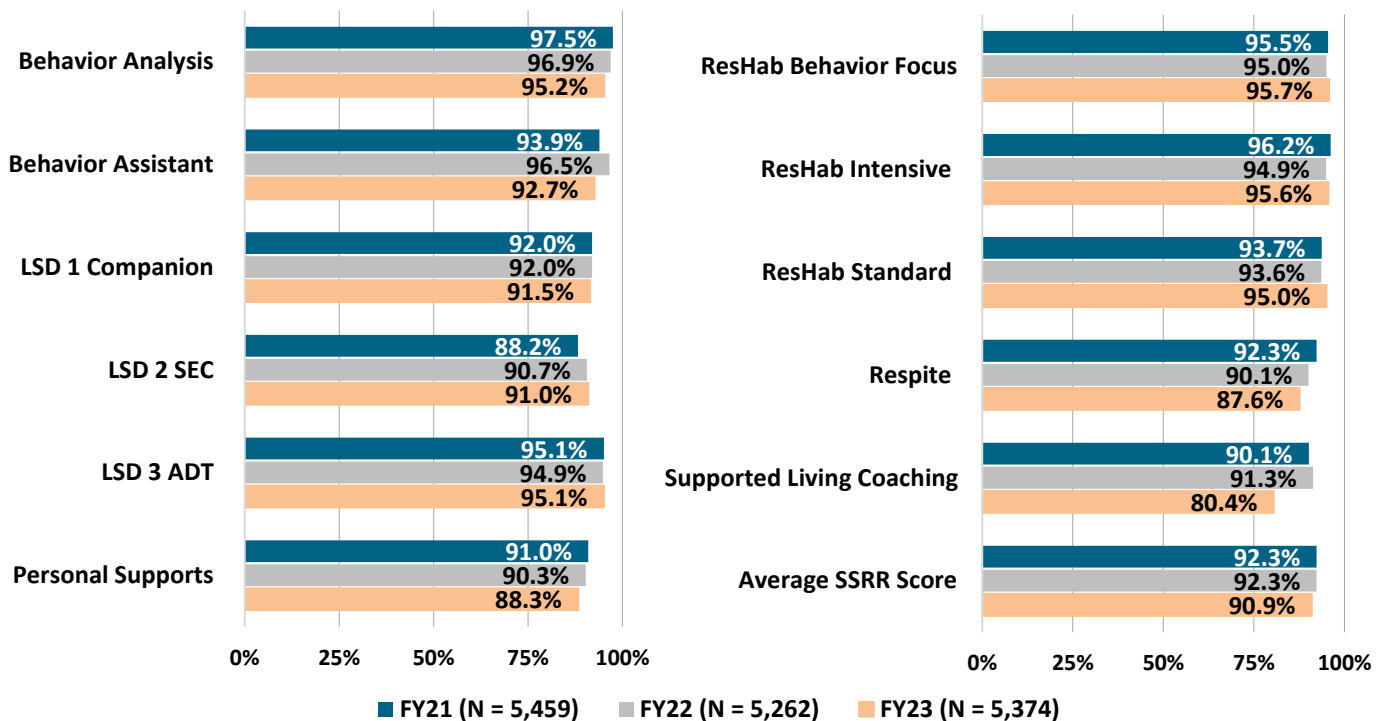


Table 30 lists standard(s) showing the greatest declines for Supported Living Coaching and Respite since FY21. Average scores for five separate billing-related standards have declined by over 30

percentage points for Supported Living Coaching providers. Among Respite providers, the billing standard related to Service Logs covering services provided and billed during the review periods also declined by nearly 30 points from 86 percent in FY21 to 57.7 percent in FY23. The second largest decline for Respite providers was related to providers documenting efforts to ensure the persons health needs are addressed (8.9 point decline).

**Table 30. Greatest Declines by Standard Since FY21: Supported Living and Respite**

Standard	FY 2021		FY 2023		Difference
	# Scored	% Met	# Scored	% Met	
<b>Supported Living Coaching</b>					
Financial Profile(s) covering services provided and billed during the period under review is in the record.	431	94.9%	390	55.9%	-39.0%
Documentation of quarterly home visits covering services provided and billed during the period under review is in the record.	428	91.1%	389	56.0%	-35.1%
The provider has complete Daily Progress Notes for each date of service provided and billed during the period under review.	428	85.0%	392	52.0%	-33.0%
The Annual Report covering services provided and billed during the period under review is in the record.	391	86.2%	343	53.4%	-32.8%
A Quarterly Summary covering services provided and billed during the period under review is in the record.	425	69.6%	390	37.9%	-31.7%
<b>Respite</b>					
The provider has complete Service Logs covering services provided and billed during the period under review.	351	86.0%	246	57.7%	-28.3%
The provider documents ongoing efforts to ensure the person’s physical health needs are addressed.	348	89.1%	242	80.2%	-8.9%

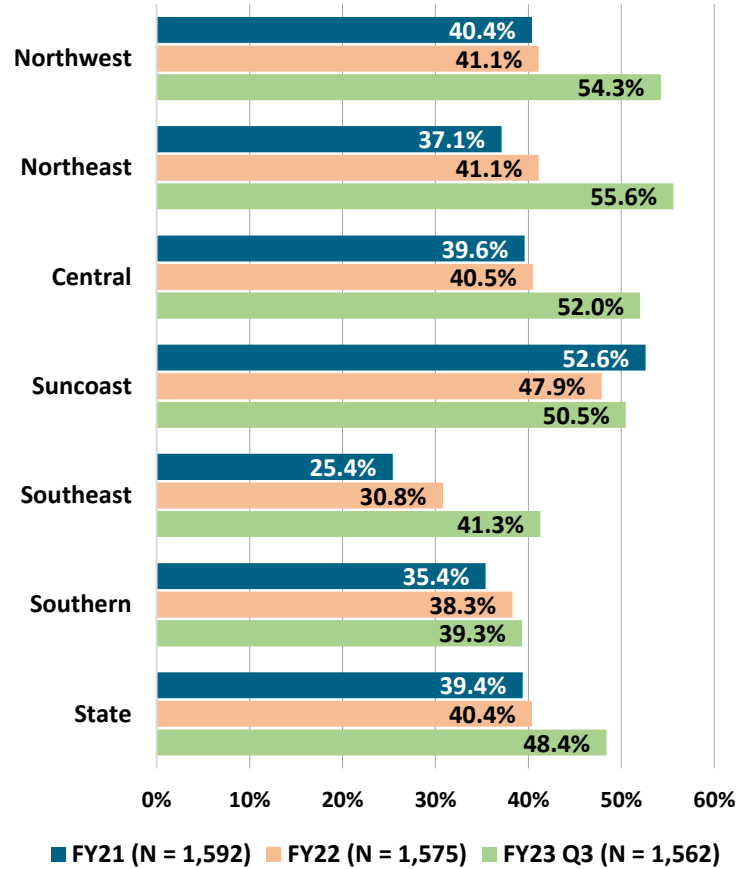
### Potential Billing Discrepancies



For each service, several applicable standards related to billing requirements are scored by QARs. If any standard does not meet requirements, it is noted in the PDR Report as a potential billing discrepancy (PBD). Figure 27 displays the percent of Service Providers with one or more PBDs by region and FY. On average, the percent of providers with one or more PBDs has increased by nine points since FY21 from 39.4 to 48.4 percent. The Northeast and Southeast regions have experienced the greatest increases since FY21 while the Suncoast region has seen a slight decline.

Table 31 shows the number of records reviewed, by service (excluding Residential Habilitation EIB and Special Medical Home), and the percent of records with one or more PBDs in FY22 and FY23. Results indicate about 30 percent of all records reviewed in FY23 had one or more billing standard scored Not Met. Over 50 percent of Personal Supports and 66 percent of Supported Living Coaching records had one or more PBDs identified – increasing by over 12 and 34 percentage points, respectively. With a 10-point decline, Life Skills Development 3 (ADT) has shown the greatest improvements when it came to billing discrepancies since FY22.

Figure 27. Percent of Providers with 1+ PBD by Region and FY



**Table 31. Percent of Providers with 1+ PBD by Service  
FY 2022 vs FY 2023**

Service	FY 2022		FY 2023	
	# Records Reviewed	% with 1+ PBD	# Records Reviewed	% with 1+ PBD
Behavior Analysis	182	13.2%	184	11.4%
Behavior Assistant	29	17.2%	16	18.8%
Life Skills Development 1 (Companion)	1,030	28.1%	1,098	26.8%
Life Skills Development 2 (SEC)	142	24.6%	146	24.0%
Life Skills Development 3 (ADT)	368	17.7%	403	7.7%
Personal Supports	1,512	38.6%	1,480	50.8%
Residential Habilitation Behavior Focus	221	2.7%	233	7.3%
Residential Habilitation Intensive Behavioral	45	6.7%	59	8.5%
Residential Habilitation Standard	1,046	7.8%	1,109	5.1%
Respite	259	39.0%	247	44.1%
Supported Living Coaching	424	32.1%	396	66.7%
<b>Total</b>	<b>5,262</b>	<b>25.3%</b>	<b>5,371</b>	<b>29.5%</b>

### Service Provider Alerts



If a situation is noted that could cause harm to an individual receiving services during the PDR, the QAR immediately informs the local APD Regional office. The QAR calls the abuse hotline if appropriate, records an alert, and notifies the Regional Manager. The Regional Manager submits an Alert Reporting form, which is emailed to the local APD Region, State offices, and AHCA. Alerts can be related to health, safety, abuse, neglect, exploitation, rights, medications (storage and administration training and validation), driver’s license and vehicle insurance. In addition, when a provider or employee who has direct contact with individuals does not have all the appropriate background screening documentation on file, an alert is recorded, unless the only reason cited is noncompliance with the Affidavit of Good Moral Character/Attestation of Good Moral Character.

**Table 32. Service Providers Alerts  
FY 2023 (N = 1,564)**

Alert Type	# of PDRs	% of PDRs
ANE	6	0.4%
Background Screening	172	11.0%
Clearing House Roster	76	4.9%
Driver’s License/Insurance	20	1.3%
Health & Safety	8	0.5%
Medication Admin/Training	80	5.1%
Medication Storage	69	4.4%
Rights	23	1.5%
<b>Totals</b>	<b>454</b>	

Between July 2022 and June 2023, 454 alerts were reported across the 1,564 Service Providers reviewed. Alerts are listed by type in Table 32. Background Screenings accounted for the largest number of alerts in FY23 (11%). A combined 9.5 percent of providers had alerts related to medication administration/training and storage.

## Service Provider Scores

### Scores by Region and Review Tool

PDR Scores are determined by dividing the total number of indicators scored ‘Met’ across all components of the PDR (except the MLI) by the total number of indicators scored. A summary of Service Provider PDR scores is presented by region in Table 33. On average, Service Providers scored highest on the observations and lowest on Record Reviews (with the exception of solo providers on the GAR).

Region	# of PDRs	PDR Score <sup>18</sup>	GAR		Staff Q&T (4,190)	Observations		Service Record Review (5,376)
			Agency (1,402)	Solos (162)		LRH (1,203)	Day Program (160)	
Northwest	94	94.8%	99.5%	88.5%	93.1%	99.0%	99.0%	93.5%
Northeast	241	92.9%	96.2%	90.5%	93.2%	99.4%	99.8%	89.9%
Central	296	91.9%	96.2%	78.6%	90.8%	98.1%	99.6%	89.2%
Suncoast	406	92.1%	96.5%	87.5%	91.6%	98.4%	99.6%	89.2%
Southeast	293	94.2%	97.8%	95.8%	93.1%	99.1%	98.7%	92.3%
Southern	234	95.8%	96.7%	100.0%	94.2%	99.2%	99.0%	94.7%
<b>State</b>	<b>1,564</b>	<b>93.3%</b>	<b>96.8%</b>	<b>87.9%</b>	<b>92.4%</b>	<b>98.7%</b>	<b>99.4%</b>	<b>90.9%</b>

### Scores by Provider Size

Information in Table 34 provides a summary of Service Provider PDR scores by provider size. The table presents the average overall PDR scores, as well as scores for each component of the overall score. For Service Providers, these include scores for Compliance and Person-Centered Practices. The table also presents, by provider size, the number of alerts cited, number of billing standards not met, and rates for alerts and billing discrepancies.

The average PDR score for Service Providers reviewed in FY23 was 93.3 percent with scores ranging from a low of 92.6 percent for small providers to a high of 96.9 percent for large providers. While large providers scored higher than small providers, on average, they had 2.6 more alerts cited for every 10 reviews, on average.

<sup>18</sup> Does not include point deductions from alerts.

**Table 34. Summary of PDR Scores for Service Provider: FY 2023**

Size	PDR Score			Alerts		Billing Discrepancy Standards Missed	
	Overall Score	Compliance	Person Centered Practices	#	Rate per 10 Reviews	#	Rate perReview
Small (n = 1,393)	92.6%	92.9%	91.6%	395	2.84	17,55	1.26
Medium (n = 140)	95.5%	95.3%	96.1%	42	3.00	159	1.14
Large (n = 31)	96.9%	97.1%	95.7%	17	5.48	30	0.97
<b>State (N = 1,564)</b>	<b>93.3%</b>	<b>93.6%</b>	<b>92.4%</b>	<b>454</b>	<b>2.90</b>	<b>1,944</b>	<b>1.24</b>

### Section III: Discussion and Recommendations



Findings in this report reflect data from PCRs and PDRs completed and approved between July 2022 and June 2023 (FY23), with some comparisons to data collected in FY21 and FY22. Qlarant completed and approved 1,608 PCRs – including 250 CDC+ Representative record reviews, as well as 203 QO PDRs and 1,564 Service Provider PDRs.

Provider feedback remains positive with an average score on the feedback survey of 96.1 percent positive. Over the contract year, Qlarant Regional Managers reviewed all reports before final approval and facilitated quarterly meetings in each region to review data, explore trends, and discuss other relevant regional issues or best practices. Managers work with APD and AHCA to revise and update processes to ensure the best quality assurance reviews possible.

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

## **Recommendations**

### **Targeted Outreach**

While average scores for Outcomes and Supports are relatively high, some individuals receiving services scored very low. For example, as shown in Figure 4, one Waiver participant met as few as 15 percent of Outcomes, and another met only 12 percent of Supports. Very low Outcomes and Supports scores may be indicative of deeper issues requiring specialized attention and follow-up. Figures 5a, 5b, 6a, and 6b provide some insight into how Outcome scores are distributed across regions and residential settings. Findings from FY23 suggest Waiver participants living in the Central

region or in LRHs were most likely to score within the bottom 25<sup>th</sup> percentile when it comes to meeting Outcomes measured in the MLI.

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

## Safety

Results from the MLI are similar to previous years, indicating the Life Area ‘My Safety’ is the lowest scoring Outcome for people receiving services. While most Service Providers and WSCs offered supports to address safety and had systems in place to identify, address and report instances of abuse, neglect, and exploitation (ANE), people did not always understand what ANE means, what to do if experiencing ANE, or if their safety needs were being addressed. Nearly 75 percent of people who did not know what ANE means were unaware of what Exploitation was. Among those who did know what to do when ANE occurs, 73 percent did not know what the Abuse Hotline was and over 60 percent did not know where to find the Abuse Hotline number. Lastly, among those whose safety needs were not being addressed, 72 percent indicated they did not know how or when to call 911 and nearly 55 percent did not know how to keep themselves safe when out in their communities.

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

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

**Recommendation 4:** It is critical to ensure people know how to get help when it is needed. It is not clear why people do not understand how or when to call 911. Perhaps WSC and CDC+ Consultant training should be reviewed and ensure it includes various ways to help people learn a vital action that could save their lives. WSCs and Consultants should also ensure other supports around the person are aware of the person’s inability to understand how to call 911 and develop individualized education to assist in learning this critical need.

## Understanding Medications

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

**Recommendation 5:** Understanding the medications you take and why you are taking them is a right all people should be afforded. Further, being aware of your medications' potential side effects is important to one's physical health and overall well-being. Trainings for WSCs/CDC+ Consultants and service providers responsible for supporting individuals in managing their medications (i.e., Supported Living Coaching, Personal Supports, and Residential Habilitation) should be reviewed to ensure they include effective ways of helping people with various learning and communication styles understand their medications. These trainings should include ways to convey information about the medication(s) people are taking, why they are taking it, and any potential side effects that may impact the person's physical or mental health. This information should be communicated to the person in a way they can understand and perhaps written down for them to reference at a later date.

## Stability

Since transitioning to QOs in July 2021, the number of individuals reporting a change in their WSC agency or treating WSC has increased substantially. These increases were expected in FY22 as people transitioned into QOs; however, while the proportion of people indicating a change in their WSC agency has declined since FY22, data from FY23 continue to show relatively high rates of change in individuals treating WSC. In FY23, ten percent of people on the waiver and nearly 12 percent of people on CDC+ reported on or more changes in their treating WSC.

**Recommendation 6:** WSCs play a crucial role in the service delivery system and an individual's health and safety, ability to develop and maintain goals, and find opportunities to access their communities. These outcomes are more likely to be 'Met' if a WSC has time to get to know the person, their needs, and personal desires or goals. As QOs continue to organize themselves, some turnover or changes in caseloads is to be expected; however, it is important to continue tracking the frequency of changes in individual treating WSC. If rates remain high, Qlarant, AHCA and APD can work together to conduct a root-cause analyses across regions and QO's.



## Preventive Health Care

### Dental Exams

While most people who participated in a PCR in FY23 reported having had a physical exam in the previous 12 months (Waiver: 96.8%; CDC+: 94.9%), fewer people reported having a dental exam (Waiver 72.7%; CDC+: 74.0%) during the same period. These findings suggest barriers may exist when it comes to receiving preventive, and likely more complicated, dental care. Annual dental exams and regular teeth cleanings may keep people from experiencing more serious dental complications in the future.

**Recommendation 7:** Preventative dental services are included in the Statewide Medicaid Managed Care Dental Health Program<sup>19</sup> providing up to two oral evaluations and cleanings per year for people 21 years of age or older. AHCA and APD should continue working with WSCs and CDC+ Consultants to ensure they are aware of these benefits and can assist individuals in accessing care within their regions.

### Vaccines

Findings from FY23 show people on CDC+ were relatively less likely to receive their flu (39.3% vs. 57.5%) or COVID-19 vaccine (64.3% vs. 81.1%) than Waiver participants. These findings suggest CDC+ participants may face additional challenges accessing vaccines than their Waiver participant counterparts. This may be due, in part, to the fact that people using CDC+ do not live in LRHs and therefore rely more on family or other natural supports to get vaccinated.

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

## Level of Care Assessment

Historically, WSCs have maintained relatively high record review scores. For example, in FY21, the average WSC record review score for PCRs was 94.9 percent; however, since transitioning to QOs, the average record review score has declined by over seven percentage points to 87.7 percent. Since FY21, scores for standards related to individuals' level of care forms have declined by up to 19 points. These changes are outlined below:

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<sup>19</sup> <https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-quality/clinical-quality-review-and-initiatives/local-navigation>

- **Level of care is completed accurately using the correct instrument/form.**
  - FY21: 86.7%; FY22: 75.6%; FY23: 73.7%
- **Level of care is reevaluated at least every 365 days and contains all required components for billing.**
  - FY21: 96.1%; FY22: 79.8%; FY23: 77.2%
- **Level of care is reevaluated at least every 365 days and contains all required components for compliance.**
  - FY21: 96.5%; FY22: 80.6%; FY23: 78.2%

**Recommendation 9:** Findings from the FY22 report indicated the most common reason why standards related to the level of care assessment were missed by WSCs had to do with the Medicaid Waiver Eligibility Worksheet (MWEW) not being in the record for the entire period of review. It is likely that transitions to iConnect and QOs have played a role in these declines. APD could develop a required refresher training for WSCs who do not meet these or other billing-related standards. This training could educate WSCs on the importance and purpose of the MWEW, including the federal requirement it be completed annually, how creating a new form in iConnect allows APD to see how many individuals have a MWEW in "complete" status, and clarification as to why the worksheet needs to capture individuals' choices and confirm they are eligible for both Medicaid and the iBudget waiver.

## CDC+ Representatives

CDC+ Representatives are required to maintain certain documentation about the providers they hire and receipts for money they spend on behalf of the person receiving services through the CDC+ program. Since Qlarant started reviewing this documentation in 2010, results have improved significantly. For example, scores for background screening have increased from approximately 63 percent to the current rate of 82.6 percent. However, background screening requirements and the requirement to maintain an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse, have been the lowest scoring areas for Representatives and have not shown much improvement for several years.

**Recommendation 10:** The Quality Council could help identify participants for, and facilitate a workgroup or focus group, via a Zoom webinar, to review training provided for CDC+ Representatives. The group would help determine if additional or updated education is warranted, particularly specific to documentation about background screening requirements and reconciling monthly statements. Perhaps this training could include some examples from Representatives who have good systems in place to achieve either of these requirements.

## Infectious Disease Training

Approximately 23 percent of QOs and over 24 percent of Service Providers reviewed in FY23 did not meet compliance requirements for completing/maintaining training in HIV/AIDS/Infection Control. Maintaining basic HIV/AIDS/Infection control training is essential when caring for people in a vulnerable population.

**Recommendation 11:** APD could include this as an agenda item in all the regional quarterly meetings to ensure providers are taking the correct courses. APD could also assist providers by providing them with pamphlets or advisories detailing where, which, and why trainings should be taken.

## Potential Billing Discrepancies

During the PDR, many standards are used to assess the accuracy of the provider's billing in the claims data. Service providers offering LSD 1 (Companion), LSD 2 (SEC), Personal Supports, Respite, and Supported Living Coaching are consistently more likely to have a PBD identified during their review. These providers are most often cited for not having complete Service Logs or Daily Progress Notes covering services provided and billed during the period under review. More recent declines in these scores are likely due to Qlarant reviewing documentation in iConnect for these service providers.

**Recommendation 12:** APD should consider organizing a web-based focus group to follow-up with providers who attended Town Hall meetings to identify ways in which the meeting helped alleviate challenges they were facing with billing requirements in iConnect and what additional information they would find helpful. Information gathered through these focus groups can be added to existing iConnect trainings.

## Conclusion

Findings from PCRs completed in FY23 were generally positive. Similar to previous years, Outcomes for individuals are lower than Supports, and Outcomes related to 'My Safety' and 'My Social Life' remain the lowest scoring areas for individuals who participated in a PCR. Average scores for WSC and CDC+ Record reviews have remained consistent (approximately 88%) since FY22.

Compliance rates for Service Providers and QOs who participated in a PDR remain positive as well; however, scores by service indicate providers offering Life Skills Development 1 (Companion), Life Skills Development 2 (SEC), Personal Supports, Respite, and Supported Living Coaching score lower than other services on the record review component of the PDR. These services were also more likely to have a PBD identified. Further, while QOs scored fairly well on the Administrative Review components of their PDRs, their Record Review scores have declined since FY21 and they

have had an increase in PBDs. Increases in PBDs for service provider and QOs alike are most often related to the transition from paper records to the iConnect system. As WSCs and service providers become more familiar with the iConnect system, we expect PBD rates to decline.

**Attachment 1: Customer Service Activity: FY 2023 Q4 (April - June 2023)**

Customer Service Topic	#	Description	Outcome	Avg. Time
Contact QAR	1	Providers called requesting to speak with the QAR they are currently working with or that already completed their review.	QARs were contacted by office staff and asked to contact the provider.	1 day
Miscellaneous/ Other	21	Family, stakeholders, APD and providers called with requests unrelated to our Desk Review process, where to send their Plan of Remediation, how to report Abuse or to speak to a specific Regional Manager.	Questions within Qlarant’s scope of work were answered. Where appropriate, callers were referred to the Regional Manager, APD and AHCA.	1 day
Name/Address/ Phone Update	18	Providers called to update their phone numbers/addresses/Names after receiving a notification letter or to ensure a letter or report is received in the future.	Phone numbers/addresses were updated in the Qlarant internal data management application. Providers were also advised to update contact information with AHCA.	1 day
Next Review	19	Providers called asking when their next review will occur. Providers called requesting to know the name of the QAR assigned to conduct their next review. Providers called following receipt of their PDR notification letter to advise of vacation, planned unavailability or resignation.	The review process was explained to the providers, including all factors involved in scheduling. There is no guarantee a provider will be reviewed at the same time every year. If indicated the assigned reviewer is notified of issues to consider when scheduling or the provider is removed from the schedule following confirmation of termination from the APD Region.	1 day
Provider Search Website	2	Providers called to inquire how to get added to Qlarant’s provider search website.	The criteria to be listed on the provider search website was explained. The search is driven entirely by AHCA claims. Once	1 day

Customer Service Topic	#	Description	Outcome	Avg. Time
			waiver claims are submitted and paid the provider will be added to the website.	
Potential Billing Discrepancy	7	Providers called with questions about potential billing discrepancy on their PDR and how to repay money identified for potential recoupment.	Providers were given the AHCA email address for potential billing discrepancy. APDProviderBilling@ahca.myflorida.com	1 day
Question	30	Providers called with questions regarding documentation requirements, qualification and training requirements, and service limitations; for explanations of the review processes and clarification on various other topics. Providers also called with questions related to the Desk Review process.	Questions were answered by the Qlarant customer service representative, other office personnel or Regional Managers. Callers were referred to the iBudget Handbook, local APD Regional Office, relevant websites and the Qlarant tools posted on the FSQAP website.	1 day
Reconsideration	22	Providers called asking for clarification on the process to submit a request for reconsideration, where to locate the submission form on the Qlarant website or inquiring as to the status of a request already submitted.	The reconsideration process was explained to the provider, including reference to Qlarant's Operational Policies and Procedures. The providers were directed to the end of their PDR reports and the FSQAP website where they will find detailed instructions on how to submit a Request for Reconsideration. If a reconsideration request was in process the provider was given a status update.	1 day
Report Requested	4	Providers called or emailed requesting a copy of their report be re-sent.	Mailing addresses were confirmed and reports were re-sent.	1 day

Customer Service Topic	#	Description	Outcome	Avg. Time
Review	18	Providers called asking for an explanation of report findings.	Reports were reviewed and explained by the Customer Service Representative or Regional Manager; providers were referred to their local APD Regional office for technical assistance.	1 day
Total Calls	142	Note: 2 calls were conducted in Spanish		