Operational Policies and Procedures Manual

Florida Statewide Quality Assurance Program

Mission: *To deliver quality, clarity, and opportunity.*

Vision: *To deliver the most innovative solutions and unrivaled results with an agile, expert workforce and trusted strategic relationships.*

This manual describes the policies and procedures used to implement the Florida Statewide Quality Assurance Program. AHCA maintains review/revision oversight of this document. This document is considered current until otherwise notified by the Contractor.

Note: **This is a controlled document. Master document is the on-line version.** It supersedes all previous updates. Users shall not make unauthorized alterations. Users must determine the current version and completeness prior to use. The user must discard obsolete documents.

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Contents

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List of Acronyms and Terms

Agency for Health Care Administration (AHCA) - The single state agency responsible for administering the Medicaid program in Florida and administers the Developmental Disabilities Individual Budgeting (iBudget) Waiver.

Agency – A business or organization enrolled to provide waiver services that has two or more employees to carry out the enrolled service(s), including the agency owner.

Alert – A notification to the two state agencies regarding a finding during a person centered review or provider discovery review that needs immediate corrective action.

Agency for Persons with Disabilities (APD) - the state agency designated as the operating agency for the Developmental Disabilities Individual Budgeting (iBudget) Waiver.

APD iConnect (iConnect) – The electronic record system for all APD enrollees.

Regional Office – One of six offices within the Agency for Persons with Disabilities responsible for managing the day-to-day operations of the iBudget Waiver.

Consumer Directed Care Plus Program (CDC+) – A program that operates under the authority of section 1915(j) Medicaid State Plan Amendment of the Social Security Act. This program permits individuals to self-direct their own personal assistance services, hire, and pay legally liable relatives directly for personal assistance services identified in the service plan and budget through a monthly budget the individual manages. For the purpose of this program, individuals must be enrolled in the 1915(c) iBudget Waiver.

CDC+ Consultant – A Waiver Support Coordinator specifically trained to assist Consumer Directed Care Plus (CDC+) Participants with program administration and care management. A CDC+ Consultant is required to meet all requirements of a Waiver Support Coordinator, therefore only the term Waiver Support Coordinator is utilized unless specific to CDC+ Program.

CDC+ Representative – An individual selected by the CDC+ participant to assist in managing the budget allowance and services. Representatives advocate for and act on behalf of the program participant in all CDC+ matters. The CDC+ Representative is considered a provider under the FSQAP.

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Customer Service Representative (CSR) – Qlarant staff that serves as a liaison between Qlarant, iBudget Waiver service providers and recipients, the APD Regions, and the business community.

Discovery Process – Process of collecting data and direct participant experiences in order to assess the ongoing implementation of the service delivery program.

Discovery Review Tools – Instruments used to capture information gleaned from specific review processes.

Florida Statewide Quality Assurance Program (FSQAP) The program designated within the iBudget Waiver under which providers rendering services are reviewed for quality assurance purposes.

Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook (iBudget) - The purpose of the Handbook is to educate the iBudget Waiver provider about policies and procedures needed to receive reimbursement for covered services provided to eligible waiver recipients. The Handbook provides descriptions and instructions on how and when to complete required documentation and contains minimum education/experience requirements for each service.

Developmental Disabilities Individual Budgeting Home and Community-Based Services Waiver (iBudget Waiver) - authorized under section 1915(c) of the Social Security Act and governed by Title 42, Code of Federal Regulations (CFR), Parts 440 and 441. Section 409.906, Florida Statutes (F.S.), and Rule 59G-13.070, Florida Administrative Code (F.A.C.). The iBudget Waiver is referenced in Chapter 393, F.S., and the Agency for Person's with Disabilities' Rule 65G- 4.0210, F.A.C. The iBudget Waiver provides home and community-based supports and services to eligible persons with developmental disabilities living at home or in a home-like setting.

Medical Peer Review (MPR) - The process designed to identify the physical, functional, and behavioral health care status, and needs of individuals currently receiving services on the iBudget Waiver or CDC+ Program.

Observation Review Checklist (ORC) - A standardized form used to gather information about specific waiver service locations (licensed residential homes and day training facilities).

Person Centered Review (PCR) - The process of discovery beginning with the person served, and reviewing the services, outcomes, and supports provided to them.

Provider Discovery Review (PDR) - The process of discovery focusing on provider compliance and accountability in delivering appropriate supports and services to persons served and meeting their needs.

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Provider Discovery Review Qualified Organization (PDR QO) - The process of discovery focusing on Qualified Organization compliance and accountability in delivering appropriate supports and services to persons served and meeting their needs.

Provider – A provider is any entity, facility, solo person, agency, or group who is enrolled as a provider in the iBudget Waiver rendering services to iBudget Waiver enrollees and billing Medicaid Waiver fee-for-service.

Quality Assurance Reviewer (QAR) - An employee of Qlarant who is trained to conduct all components of the Discovery Reviews.

Quality Council (QC) - A council of self-advocates, families, Agency for Health Care Administration, Agency for Persons with Disabilities, and service providers who provide direction for the Florida Statewide Quality Assurance Program.

Qualified Organization (QO) – A group of four or more Waiver Support Coordinators rendering Support Coordination and CDC+ Consultant (if applicable) services. A QO must have a minimum of four Waiver Support Coordinator employees.

Reconsideration Review Request – The process the provider utilizes to request a second look at a review of a PDR or PDR QO by a Qlarant Manager. The request is only applicable to standards of performance related to identified potential billing discrepancies.

Service Specific Record Review (SSRR) - A review of the person's service record maintained by the provider. It is used to evaluate the extent to which providers incorporate a person centered approach in their service delivery systems, and maintain compliance and accountability to applicable laws, rules, statutes, and APD standards and expectations.

Waiver Support Coordinator (WSC) - The provider who acts as the case manager for people receiving services through the iBudget Waiver.

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Confidentiality

All medical data and individual specific information are confidential and are only shared by Qlarant with agencies that have legal authority to receive such information. Qlarant complies with all federal and state laws governing confidentiality, including electronic treatment of records, facsimile mail, and electronic mail, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Discovery Process inputs are gathered via a customized, secure web-based application consisting of various modules. This application is continuously available to our Quality Assurance Review (QAR) staff (except for pre-determined and approved maintenance windows) via the Internet, protected by Extended Validation SSL (EVSSL) encryption. All modules are accessible from a single point of entry. Access to the modules will be role-based and limited to only those people who require access.

All Qlarant staff are required to take a Security Awareness training session annually.

Customer Service

A dedicated Customer Service Representative (CSR) serves as a liaison between Qlarant, iBudget Waiver service providers and recipients, the APD Regions, and the business community. The person in this position is trained in all review processes in order to better communicate with all stakeholders. If unable to answer an inquiry or respond to a grievance, the CSR forwards the call to the person best able to address the issue. When the need for interpreter services for a Quality Assurance Review (QAR) arises, the CSR arranges for such services. Qlarant does not allow communication to be a barrier to providing excellence in services, including Customer Service. The CSR may be reached by the toll-free number (866-254-2075), by fax at (888-877-5526) or by email at FSQAPcustomerservice@qlarant.com .

Concerns

Qlarant strives to provide the best service possible in all aspects of business. We take every step possible to ensure expectations are met and exceeded when possible. Through our rigorous training and staffing processes, we make certain QARs understand what is expected of them when interacting with individuals receiving services, family members, providers, state of Florida personnel, and other community members. We set high standards for our employees, and we expect them to maintain ethical business practices, i.e. honesty, integrity, respect, trust, responsibility and to be helpful and courteous to our stakeholders at all times.
Qlarant consistently strives to exhibit the following key customer service qualities:

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- Timeliness of response
- Accuracy of information
- Thoroughness of approach
- Respectful interactions

If Qlarant falls short of meeting these requirements and a concern is raised, we make every effort to resolve the concern quickly. The following steps can be followed to lodge a concern:

- Contact our Customer Service Representative at our toll-free number 866-254-2075 and explain your concern.
- If you are not satisfied with the explanation or resolution, ask to speak with a Regional Manager.
- If you are still not satisfied with the resolution, please ask to speak with the Program Director.
- Voicemail calls are returned by close of business the next business day.
- All calls and written inquiries are resolved within five (5) business days.

Non-Compliance with the Discovery Review Process

According to 2021 Florida Statutes (409.907 and 409.913) and 1915j, the provider[1] is required to participate in quality improvement activities conducted by the state of Florida. This includes the release of Medicaid enrollee information when requested. According to 1915j, "The State assures that there are necessary safeguards in place to protect the health and welfare of individuals provided services under this State Plan Option, and to assure financial accountability for funds expended for self-directed personal assistance services".

Non-Compliant providers are those who:

- Do not respond to at least two attempts to schedule a review.
- Do not make individual records available for review purposes.
- Are a “no-show” after a review has been scheduled with them.

Procedure for Providers who do not respond to scheduling efforts:

Immediately after the second failed attempt to schedule an annual PDR, PDR CDC Representative, or PDRQO, the Qlarant QAR notifies APD Regional APD staff of the difficulty scheduling the review with the provider. The provider is given three business days to respond to

[1] The term provider includes all Qualified Organizations, all solo or agency waiver providers, and all CDC+ Representatives.

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APD Regional staff. If Regional staff succeeds in getting the provider/ to comply, the review is scheduled and conducted accordingly. If there continues to be non-compliance from the provider despite efforts from APD staff, the provider is scored "Not Met" in all areas of the discovery tool.

Procedure for Providers who do not make individual records available for the review process:

During the scheduling phase of the Discovery Review Process providers/ are made aware of time frames for making records available. The QAR informs each provider involved in the Person Centered Review (PCR) and Provider Discovery Review (PDR) which records need to be available and when. If the provider does not make all records available for review within the designated time frame, the provider is scored "Not Met" for all standards pertaining to the record review and the APD Region is notified.

Procedure for providers who are a "no-show" after a review has been scheduled:

Should a provider fail to appear at the scheduled time and location for a PDR the QAR will wait thirty minutes while continuing to try to reach the provider. If the provider does not respond, the provider is scored "Not Met" for all standards and the APD Region is notified.

Discovery Review Procedures

Quality Measures

The Quality Assurance System developed by Qlarant, in collaboration with the Agency for Health Care Administration (AHCA) and APD, is used to determine whether current systems to support individuals are efficient, effective, and rendered to their satisfaction. The Quality Assurance System Discovery Process has the goal of discovery. The two key processes are the PCR and PDR/PDR QO. All tools and checklists used as part of the PCR, PDR QO, PDR, and PDR CDC Discovery Process can be found at the Florida Statewide Quality Assurance Program website, which can be found here: https://florida.qlarant.com/

Person Centered Reviews (PCR)

The Person Centered Review process embodies the philosophy commonly characterized by many self-advocates of "Nothing About Me, Without Me". Question areas can include, but are not limited to: Is there a consistent person centered approach used that allows individuals to direct their own lives; choose their own services and providers; participate in the development of their support plans; and determine their goals and objectives? Is the support plan deployed appropriately? The PCR sample is designed to allow results to be generalized to each APD Region and to the state system as a whole.

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The Discovery Process begins with PCRs to assess the efficiency and quality of supports, services, planning, and delivery from the person's perspective resulting in outcomes and supports present for the person. PCRs begin with face-to-face interviews with persons receiving services and include a review of the outcomes, supports and services specific to that person, including a review of the Support Plan. Virtual interviews may be conducted only with prior approval by AHCA, and must be conducted via a secure video enabled platform.

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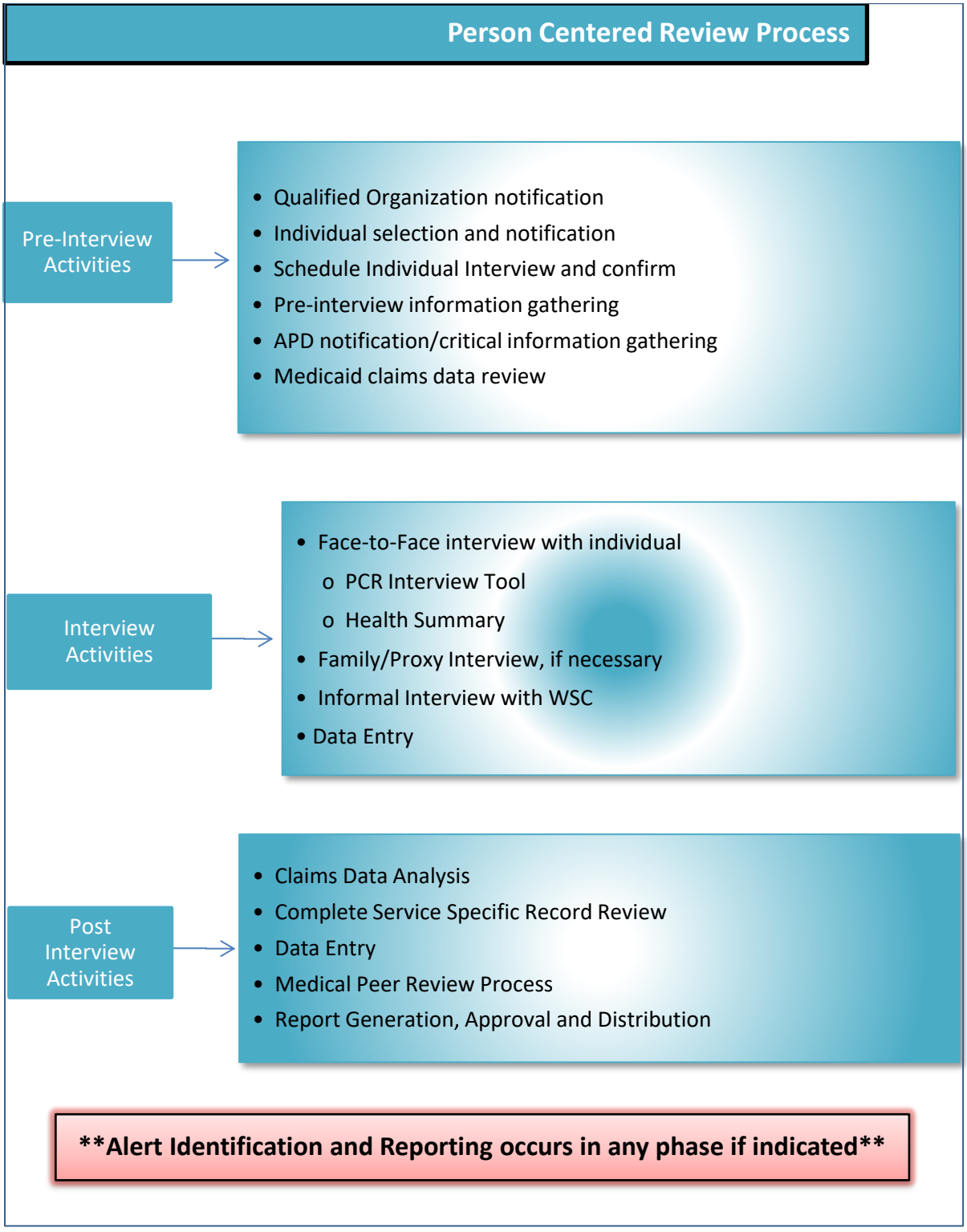
The following flow chart describes the PCR process.



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Qualified Organization (QO) Person Centered Review (PCR) Notification and Scheduling

Qlarant Regional Managers are required to develop and submit to AHCA and APD a quarterly PCR schedule 30 days prior to the start of each quarter. The schedule identifies the APD Region, treating WSC names, and the QO entity. The schedule is developed based on data submitted from APD.

Qlarant sends each QO a notification letter informing the QO of an upcoming Provider Discovery Review Qualified Organization (PDR QO) within the next 90 days. The PDR QO includes PCRs. This letter further informs the QO that a QAR will contact the QO up to 30 days prior to the date of the review.

Selecting the Sample for Person Centered Reviews

A list of individuals actively receiving services through the iBudget waiver is acquired from APD monthly. From this list, a comprehensive list of WSCs is created and reviewed by Qlarant's Regional Managers. Once the list of WSCs is finalized, two individuals are randomly selected from each WSC caseload within each APD region they serve. If a WSC provides services in two or more APD regions, one individual is randomly selected for each region. All remaining individuals are randomly sorted by WSC name and APD region to create an oversample.

In order to keep distribution of PCRs among WSCs equitable, the QAR will work with the QO to ensure eligible WSCs in the QO have only two PCRs. Between the time the sample is pulled, and a QAR reaches out to a QO to schedule, WSC caseloads can change for a variety of reasons such as persons changing Waiver Support Coordinators or Qualified Organizations. If needed, the QAR will request current caseloads, utilize the current APD list, and randomly sample using random.org to bring each eligible WSC in the QO to the appropriate number of PCRs sampled.

If the only people receiving services in a 2nd region for a WSC decline the PCR, a PCR will be added from the other region to give the WSC the minimum of 2 PCRs overall. If a WSC serves only a few people in a region, the number of PCRs and Records sampled, due to declines and other circumstances, could be less than procedures call for. The QAR will add a detailed discovery with the reason.

Scheduling the Face-to-Face Individual Interview

The WSC or applicable staff from the QO is tasked with contacting the person selected for a PCR. If the person chooses not to participate, the QAR will follow up with the person to determine if there were any questions about the process. For those persons who decline, the reason for declining is captured in the web-based application in preselected drop-down selections.

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In the event of a decline, the WSC is given the next name from the oversample and asked to contact the person. This process continues until the required number of interviews are scheduled. If the person chooses to participate, the WSC schedules the date, time and location for the interview based on the person's preferences. QARs maintain contact with WSCs to gather information on interview locations, dates, and times. Once the interview has been confirmed, the QAR enters the information into the scheduling component of the web-based application.

Information covered by the QAR during the initial phone call with the QO will include, at a minimum the following:

- Sharing the names of persons sampled for PCRs
- Role of WSC to assist with contacting and scheduling PCRs
- Confirmation with the Qualified Organization the employed WSC names, their hire and waiver enrollment dates, and their Level 2 training completion date.
- Confirmation of email, phone, physical and mailing address
- Requesting caseload information to complete sampling PCRs for any eligible WSCs not in original sample

Pre-Interview Information Gathering for the Individual Interview

It is important for the QAR to collect information from the WSC to help ensure a successful interview. Information provided prior to the interview could include but not be limited to the person's communication style; adaptive equipment needs; and the person's primary language. If requested, Qlarant can obtain an interpreter to assist during the interview, e.g. sign language, Spanish, or Creole.

Review of information from the Agency for Persons with Disabilities

Qlarant notifies APD of the upcoming PCRs, including the name of the QAR, weekly. A request is made for information pertaining to incidents, concerns, complaints, or grievances associated with the QO. Information gathered from APD is discussed with the QO during the PDR QO, if applicable.

Confirmation with Waiver Support Coordinator

Once the QAR and QO/WSC have determined the actual dates of the review, this information is entered into Qlarant's web-based application. Contact is made to the WSC to confirm date, location, and time of review, and includes a checklist of documents required to be in APD iConnect (iConnect) for review. This checklist is also on the Qlarant website. Subsequent calls to the WSC will be initiated by the QAR to:

- Finalize and confirm PCR dates, times, and locations.

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- Schedule time with the WSC for follow up discussion.
- Schedule the Qualified Organization PDR to include deadlines for submission of Administrative/Personnel record and Service Specific Record Review (SSRR) documentation allowed outside of iConnect.

Face-to-Face Interviews (PCR Interview Tool, Health Summary)

The interview with the person takes place at a date, time and location of the person's choosing. At the start of the interview with the person, the QAR confirms the person's willingness to participate in the interview and confirms the person has approved attendance of any other people. Ideally, interviews are conducted with as few people present as possible to ensure the voice of the person is the focus of the interview. The QAR may gather additional information related to service delivery and satisfaction from natural supports, legal representative(s), and support personnel as warranted. These interviews may be needed to corroborate information or if there are significant gaps in information provided by the person. If the person no longer chooses to participate in the process, the PCR concludes. For those who choose to participate, the PCR consists of the Individual Interview and Health Summary.

PCR Interview Tool - Data specific to a person's desired goals, outcomes and supports, are collected through the PCR Interview Tool. The Interview Tool covers six key tenets: choice and self-direction, rights, satisfaction, stability, future, and safety. The domains include My Service Life, My Home Life, My Work/Day Activity Life, My Social Life, My Health, and My Safety.
The interview consists of open-ended questions including but not limited to:

- What services and supports are you receiving?
- How did you have input into deciding which services you receive?
- How are you offered options of services and supports?
- Who is providing your supports and services?
- How did you have input into choosing who provides your services?
- How were your service providers selected?
- What do you know about your rights as a citizen?
- How does your WSC provide you with information about your rights?
- What rights are most important to you?

The QAR ultimately determines within each domain if certain expectations/findings need to be reported as applicable for each person interviewed. The actual questions asked may vary from interview to interview depending on the needs of the person being interviewed and the person's communication style.

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Health Summary - Data specific to the person's health and safety in all settings are collected using the Health Summary tool. The Health Summary is incorporated into the Interview Tool and consists of a series of questions related to medications taken, medical personnel involved in providing care, hospitalizations, adaptive equipment, environmental conditions, behavioral needs, and safety. The Health Summary is used to identify any health and behavioral issues or concerns. Discoveries are generated when applicable, and these are shared with the QO, AHCA, and APD via the PCR Report.

If the face-to-face PCR interview occurs at a location where the person receives Residential Habilitation or Life Skills Development 3 or 4 (Adult Day Training or Pre-Vocational services), the QAR has the option to conduct an observation of that environment if the provider is projected to have a PDR between then and the end of the contract year. The observation may be announced or unannounced. If it is announced, it is scheduled by the QAR with the provider with the intent that the information gathered during the observation is included in the provider's PDR results. Although observations may be conducted following the PCR interview with the person, the information becomes a part of the provider's PDR report.

Informal Waiver Support Coordinator Interview

While there is no formal interview process with the WSC the QAR will talk with the WSC to obtain clarifying information related to the PCR Interview. This is completed after the face-to-face interview with the individual. This is the opportunity for the QAR to learn about person centered planning processes used by the WSC and their QO.

Waiver Support Coordinator/CDC+ Consultant Central Record Review

The final component of the PCR is a review of the person's record maintained by the QO using the WSC or CDC+ Consultant service specific record review tool (SSRR). Results from SSRRs are included in both the PCR Report and the PDR QO Report.

Review of records covers the prior 12-month period preceding the PDR QO and determines whether:

- Support Plans are based on identified needs and preferences of the person;
- The person's preferences are taken into consideration;
- The person is supported to choose services;
- The person is supported to choose service providers;
- The person is supported to drive service delivery including when and where services are rendered;
- The person's satisfaction with supports and services is addressed;
- The person's health and safety needs are addressed; and

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- There is collaboration between service provider(s) and the WSC.

The record review ensures the WSC is meeting the minimum standards including but not limited to:

- Documentation verifying service delivery;
- Support Plan is in the central record (iConnect) and is current;
- Services are delivered in accordance with the person's Cost Plan;
- Billing requirements are met;
- Incident report requirements are met; and
- Provider documentation is in the central record (iConnect).

Medicaid Claims Data Analysis

Documentation in the person's central record is compared with Medicaid claims data. The QAR determines if billing requirements and documentation specifications were met as identified in the iBudget Handbook. If documentation is determined to be Not Met, applicable claims are included in the PDR QO report and identified as a potential billing discrepancy.

Data entry into the web-based application

QARs ensure data collected from the QO, record reviews and interviews with persons are entered into the web-based application following completion of the PCR process.

The Medical Peer Review Process

The Medical Peer Review (MPR) process is designed to identify the physical, dental, and behavioral health care status and needs of people currently receiving services on the iBudget Waiver and CDC+ Program. The focus of the MPR process is to evaluate the adequacy and appropriateness of treatment and services. It captures health risk and safety concerns and will identify interventions designed to promote the health and safety of the person. The process allows for the identification and reporting of critical incidents and potentially life-threatening situations. It identifies environmental risks and recommendations, as needed, for modifications that promote safety and independence.

The MPR process begins at the time of the PCR interview conducted by the QAR. The Nurse Reviewer is available for real time consultation with the QARs, people interviewed, families, and providers as health and safety questions or concerns arise. Subsequent to the PCR interview activity, the following activities occur as part of the MPR process, for each person interviewed:

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a. A review of Medicaid (FMMIS)[2] Claims Data review of Institutional, Medical, and Pharmacy claims for the 12-month period prior to the review;

b. A review of the comprehensive Health Summary;

c. A review of the observational data collected through the PCR;

d. A review of information collected from the person's Central Record in APD iConnect; and

e. A review of incident report data as applicable.

All PCRs begin the MPR process as a Level One. Following review of available information, the MPR process is completed as a Level One or Level Two as follows:

a. Level One

i. Components of a Level One Review include, at a minimum, review of the PCR report, Health Summary, available incident reports, and Medicaid claims data. The MPR Nurse may access APD iConnect to obtain additional information or documentation.

ii. The MPR Nurse may contact others for additional information or clarification, as needed. This could include calls to any of the following; the person, family/caregiver, QAR, Qlarant Medical Director, WSC, providers, APD Medical Case Manager and APD Senior Behavior Analyst. Every attempt will be made to obtain additional information necessary for clarification.

iii. If the review of available information and additional inquiries satisfy concerns, health related discoveries are noted in the PCR and the MPR is concluded and closed as a Level One.

b. Level Two

I. If the MPR Nurse inquiries do not produce a satisfactory result and concerns persist the PCR is elevated to a Level Two. A Level two review is triggered when circumstances dictate formal communication with the APD Region, State office, and AHCA.

II. If significant concerns persist and/or the level of complexity of the concern warrants further follow-up, the MPR Nurse will document the concerns that elevated the PCR to a Level Two.

[2] If the APD enrollee has primary insurance other than Medicaid the Nurse Reviewer will not have access to the data. Medicare and TPI carriers do not show up in the FMMIS data.

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III. A Level Two Review Report including a summary of activities and findings are generated and posted to the Qlarant portal/secure website. APD Regional Clinical Work Stream Lead, APD State office, and AHCA are notified that a Level Two Review report is posted for review and a copy is shared with the QO/WSC via Secure Share. The MPR is concluded and closed at Level Two.

Report Approval and Distribution

Qlarant Regional Managers approve 100% of reports prior to dissemination.

Reports are mailed to the QO, distributed to people participating in the PCR process upon request and made available electronically to authorized AHCA and APD users through the FSQAP Reporting System within 45 days of completion of the review. Reports include specific information from the interview and record review for each person sampled as part of the PCR process.

Provider Discovery Reviews (PDR)

The Provider Discovery Review (PDR) is an integral component of the discovery process, used to evaluate the extent to which providers incorporate a person centered approach into their service delivery systems. The PDR monitors their compliance and accountability to applicable laws, rules, statutes, and APD standards and expectations. The PDR process uses a well-rounded approach where information is gathered from interviews with persons receiving services, informal interviews with providers, a review of required qualifications and training for services provided, a review of general provider practices, a review of person's service records and observations of Licensed Residential and Day Training Facilities.

The PDR process

- ✓ Centers around the provider's service delivery system.
- ✓ Evaluates performance in delivering appropriate services and supports to assist the person in achieving personally identified goals/outcomes and meeting identified needs.
- ✓ Assesses quality, billing, and compliance with the iBudget Handbook, Florida Statute, Florida Administrative Code, Title 42 of the Code of Federal Regulations, and other state/federal requirements, rules, and policy.

This holistic approach ensures information is gathered directly from people receiving services while allowing providers the opportunity to demonstrate their adherence to person-centered

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planning and compliance with standards as set forth by Centers for Medicare and Medicaid Services (CMS) and the iBudget Handbook.

For Onsite PDRs, the PDR takes place where the records are maintained. This could be an office, group home, or the provider's home office. Any deviation from the provider's record location must be approved by AHCA.

Eligibility Criteria

All providers identified as meeting eligibility criteria are required to participate in a PDR once per contract year in each APD region in which services are rendered. The contract year is defined as the period from July to June. An exception to this is when the provider's overall PDR score in the previous contract year meets "deemed status" criteria. Criteria are determined on an annual basis by AHCA and APD and can be revoked statewide or for a given provider at the discretion of either entity.

Deemed status is defined differently for a Qualified Organization (QO) than for providers of other services. A provider that meets deemed status criteria may skip a year of review. A QO that meets deemed status criteria will still have a PDRQO but may be sampled for one PCR per WSC per APD region. This modified form of Deem status for QO's is implemented at the direction of AHCA and APD and only when the contract necessitates a reduction in PCRs.

It should be noted the annual PDR schedule is driven by the volume of providers eligible for review per contract year. Annual PDRs may not be exactly 12 months apart.

A provider becomes eligible for a PDR when services have been rendered and billed for at least 6 months for one or more of the following services:

- Behavior Analysis Services
- Behavior Assistant Services
- Residential Habilitation Standard
- Residential Habilitation Behavior Focus
- Residential Habilitation Intensive Behavior
- Residential Habilitation Enhanced Intensive Behavior
- Life Skills Development 1 (Companion)
- Life Skills Development 2 (Supported Employment)
- Life Skills Development 3 (Adult Day Training)
- Life Skills Development 4 (Prevocational Services)
- Personal Supports
- Respite Care (under 21)

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- Supported Living Coaching Services
- Specialized Medical Home Care
- Waiver Support Coordination/CDC+ Consultant

At the time of the PDR, **all** eligible services provided within the previous 12-month review period will be included in the review even if not currently being rendered.

The table below outlines each review type, key components, and related activities.

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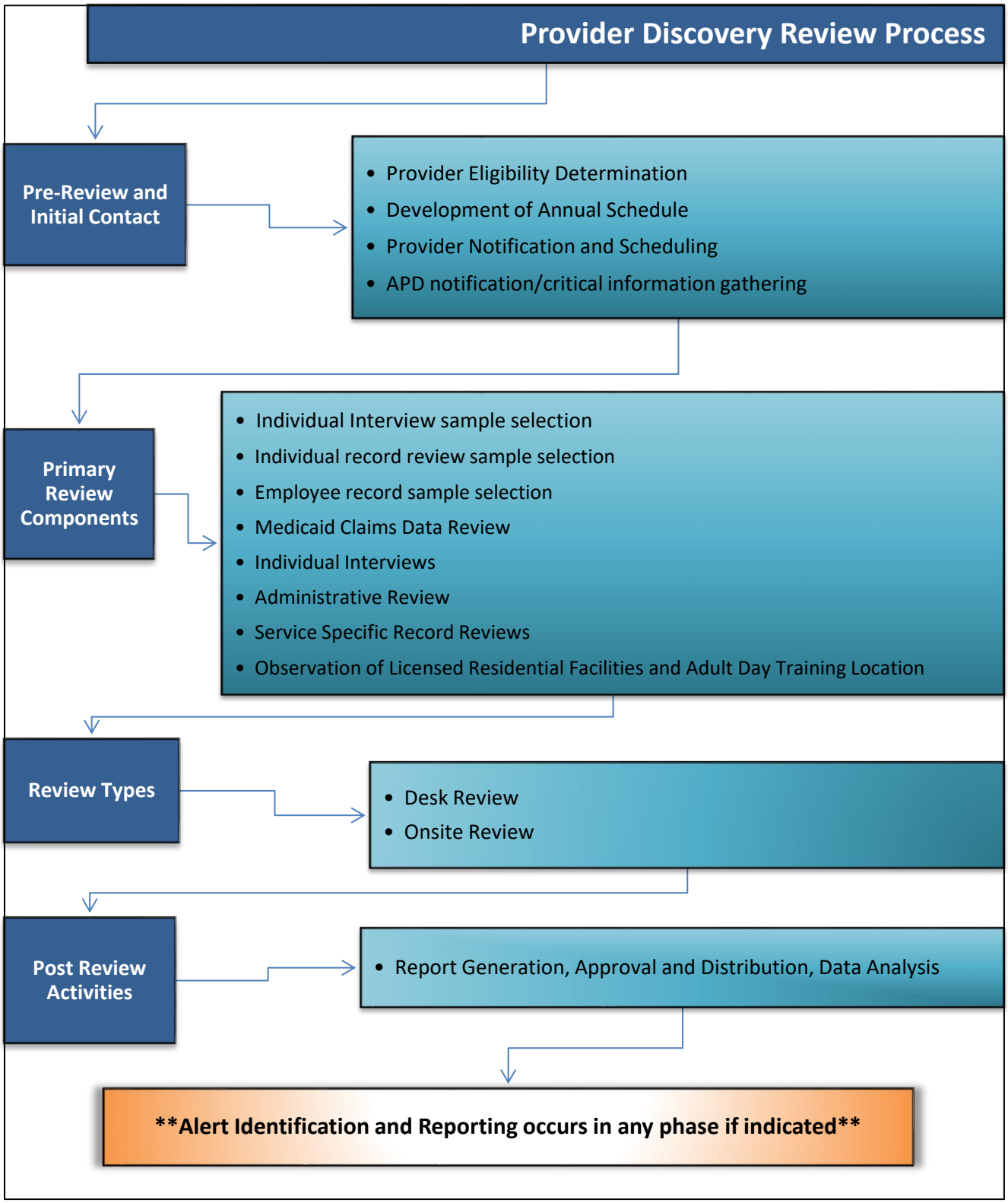

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Pre-Review and Initial Contact Activities

Provider Notification and Scheduling

Prior to May 15th of each year Qlarant Regional Managers are required to develop and submit to AHCA and APD the annual PDR schedule for the following contract year. The schedule is broken out by APD Region and identifies the quarter a provider is projected to be reviewed.

Providers scheduled for a PDR receive a notification letter from Qlarant informing them they are scheduled to participate in a PDR within the next 90 days. This letter further informs the provider that a QAR will contact the provider up to 30 days prior to the date of the review.

Initial Phone Call/Contact

QARs will initiate a phone call with the provider to schedule the review. The QAR will email if they are unable to reach the provider directly by phone. Providers who are non-responsive during the attempts to contact and schedule can be found Non-compliant, see procedures above.

The QAR documents all calls/contact efforts to the provider in a contact log.

During this initial phone call, the QAR introduces themselves and explains the purpose of the call. The QAR describes the process to the provider, including the provider's role in scheduling interviews with persons served, and takes the opportunity to answer any questions the provider may have.

QAR will direct the provider to the FSQAP website at https://florida.qlarant.com and refer the provider to this Operational Policies and Procedure Manual, the Discovery Review Tools, the Service Specific Checklists, and the available training on the website.

The QAR will confirm primary provider contact information, address, phone, and email and ensure the provider has QAR contact information.

Information requested and discussed will vary between QOs and providers of other services and may include, but not be limited to, the following:

- Does the provider operate in other APD regions(s)?
- What services are provided?
- Is the provider an agency or solo provider for rate purposes?
- Request a list of persons currently served by each service rendered. Current caseloads may be requested for WSCs within QOs.

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At time of the initial contact, the QAR will ask the provider to send a list of ALL employees for the region being reviewed within seven calendar days. A copy of the Clearinghouse roster is not acceptable for this component.

This list should include the following information:

- A list of services the employee provides;
- Whether the employee renders services to someone with a behavior plan that includes reactive strategies;
- Whether or not the employee administers or supervises the self-administration of medications and/or prescribed enteral formula;
- Whether or not the employee transports anyone using their own vehicle or a company vehicle;
- Whether the staff is an employee or sub-contractor; and
- Staff hire date and annual in-service training period.

In addition, the QAR will ask if the provider operates Licensed Residential Facilities and/or Day Program locations. If so, a list of names, addresses and phone numbers will be requested to be provided within 7 calendar days of the initial call.

During the initial or subsequent calls, the QAR will inform the provider of the names of individuals sampled for Individual Interviews (PCRs for QOs) and SSRR. The QAR will ask the provider to schedule interviews and send the interview and contact information within seven calendar days to the QAR via secure methods. QAR will explain a person may decline to participate in a PDR Individual Interview. The provider should notify the QAR as soon as possible so another name can be randomly sampled.

The QAR will inform the provider how their review will be conducted; Onsite Review or Desk Review.

PDR Review Types – Desk and Onsite

A PDR for a provider can be conducted as either a Desk Review or Onsite.

- Desk Review
    - Providers scoring 85% or higher in the previous contract year and do not meet deemed status criteria for current year
    - Providers that were deemed the previous contract year
- Onsite Review
    - New providers that have never been reviewed

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- Providers who scored less than 85% the previous contract year

AHCA and APD can request any review to be completed as Onsite at their discretion. Providers scheduled for a Desk, can request to change to Onsite. Request to change must be made prior to start of Review. QAR will notify AHCA and APD of Providers who change from Desk to Onsite.

Providers scheduled for an Onsite cannot typically switch to a Desk. In unusual circumstances there could be exceptions made but QAR will need AHCA's permission.

Sampling criteria for Individual Interviews and SSRR is the same for both a Desk Review and Onsite and described below.

A Desk Review and an Onsite both include the same review components:

- Individual Interviews (PCRS for QOs)
- Administrative Review
  - General Administrative
  - Qualifications and Training
- Service Specific Record Reviews
- Observations when applicable

Desk Review

A Desk Review is primarily conducted virtually with all documentation reviewed in APD iConnect (as applicable) or submitted electronically via secure electronic methods and meetings with the provider conducted virtually using Zoom for Government. The QAR will explain during the initial phone call that the provider has 14 calendar days to securely submit documentation through RightFax, SecureShare, or another secure method of the provider's choice. Documentation will only be accepted electronically. Mail, FedEx, or physical submission of paper will NOT be accepted. The QAR will ask the provider to send all documents in a one-time submission in order to keep this process organized and streamlined and to ensure file tracking. Larger files should be split into smaller sections to ensure successful transmission but should occur on the same date.

The QAR will accept all information sent in the designated 14-day window with the exception of documents required to be housed within iConnect. The QAR will schedule a date and time for a phone review with the provider to occur after the 14th day.

Some interviews, as outlined in the Individual Interview section below, will be done in person and observations, if applicable, will be done in person. The review process begins when the QAR makes the initial phone call/contact with the provider as outlined above.

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The QAR will review all required documentation made available for review during the initial 14-day submission window. Following this review the QAR will contact the provider and schedule a date and time to meet virtually with the provider to go over any documentation not initially submitted.

At the beginning of the scheduled call, the QAR will send an email via Secure Share to the provider detailing any remaining documents needed to complete the review and the provider will be given 5 hours to submit the additional documents via a secure method. The provider will not be given any additional time past the 5 hours, so providers are strongly encouraged to comply with the initial 14-day window and submit all documentation during that time. Upon receipt of the additional documents, the QAR will review submission, complete, and securely email the Preliminary Findings to the provider for review. In this email, the provider will be asked to contact the QAR to arrange a time to review the Preliminary Findings. The provider will then electronically sign the Preliminary Findings and submit them back to the QAR within 24 hours of the call. Signing of the Preliminary Findings is a confirmation that the findings were explained to the provider and not that the provider agrees with the findings.

Onsite Review

The Onsite Review of documentation is conducted completely onsite with the exception of documentation that is in iConnect. The QAR will explain during the initial call/contact that the provider will be reviewed onsite and an agreed upon date will be scheduled. The QAR then contacts the provider 14 days prior to the scheduled onsite visit and informs the provider of the individual and employee names that have been chosen for review. The QAR will ask the provider to schedule Individual Interviews and send the interview and contact information within seven calendar days to the QAR via secure methods. QAR will explain a person may decline to participate in a PDR Individual Interview. The provider should notify the QAR as soon as possible so another name can be randomly sampled.

Some interviews as outlined in the Individual Interview section below will be done in person and observations if applicable will be done in person. The review process begins when the QAR makes the initial phone call/contact with the provider as outlined above.

The QAR will review all required documentation made available onsite. Following review of documentation, the QAR will give the provider a list detailing any remaining documents needed to complete the review and/or will work with provider on locating the documentation in iConnect. Once review of all available documentation is complete the QAR will complete and review Preliminary Findings with the provider in person and obtain signature on Preliminary Findings. This will conclude the Onsite PDR.

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Individual Interview sample selection

This section pertains to Individual Interview sampling for service providers. Qualified Organizations are sampled for PCRs as outlined in the PCR section.

The PDR for service providers includes interviews with people receiving services to capture the person's perspective regarding the effectiveness of supports and services in meeting stated goals and needs. In keeping with the expectations of CMS, interviews with individuals are designed to assess the efficiency and quality of supports, services, planning and delivery—the support delivery system—from the person's perspective.

Face to Face interviews will be conducted with people receiving Residential Habilitation (Standard, Live-in, Behavior Focus, Intensive Behavior, Enhanced Intensive Behavior), Supported Living Coaching and Life Skills Development 3 (ADT) services. People receiving services other than Residential Habilitation, Supported Living Coaching and Life Skills Development 3 (ADT) will be interviewed via phone or Zoom for Government according to their preference. The one exception would be for a person considered to be in a Supported Living situation who receives Personal Supports but not Supported Living Coaching. This interview will be face to face.

Individual Interviews can be completed during the course of Licensed Residential Facility or Adult Day Training observations and may be used to meet the required number of interviews needed according to the Sample Matrix below. Interviews completed during observations are not required to be scheduled in advance.

The number of people sampled to interview per provider is based on the number of people served by the provider and the services the provider renders. Using a combination of information submitted by the provider including names of people served, services received, and claims data, the QAR will randomly select the names of people to interview. See "PDR Individual Interview Sample Matrix" below. In instances where a person's communication style limits the ability to collect information and with the person's permission, proxies may be used to gather necessary information. If proxies are used, the use of a proxy will be captured in the web-based application for purposes of data analysis.

PDR Individual Interview Sample Matrix	
Individuals Served Per Provider	Number of Individuals Sampled
1 - 29	At least 1 per eligible service, minimum of 1 per provider

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30 - 59	At least 1 per eligible service, minimum of 2 per provider
60 - 99	At least 1 per eligible service, minimum of 3 per provider
100 +	At least 1 per eligible service, minimum of 5 per provider

Individual record review sample selection

A minimum number of individual records are selected to ensure all eligible services rendered by the provider in the previous 12 months are represented in the sample. The sample size is based on the total number of people receiving at least one eligible service from the provider at the time of the review. The record of a person interviewed may be, but is not required to be, included in this sample. A full record review is a review of all eligible services the person currently receives or has received in the previous twelve months from the provider. A single service record review is a review of only one eligible service received by a person in the previous twelve months from the provider even if the service has ended. If the person only receives one service from the provider the record review can count as either a full record or a single service record. Additional records will be reviewed as needed to cover all services and meet the single service record requirement based on services provided.

The matrix below describes sample selection for PDR individual record reviews.

PDR Individual Record Review Sample Matrix		
Individuals Served Per Provider	Individual Full Records	Single Service Records
1 - 29	At least 1 per eligible service, minimum of 2 per provider	1
30 - 99	At least 1 per eligible service, a minimum of 3 per provider	2
100 - 199	At least 1 per eligible service, a minimum of 5 per provider	3
200 +	At least 1 per eligible service, a minimum of 7 per provider	4

The matrices above do not apply to Qualified Organizations (QOs). For WSCs, as described earlier, two record reviews will be completed as part of the PCR process.

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Requesting information from the Agency for Persons with Disabilities

Current PDR and PCR schedules are provided electronically to each APD region on a weekly basis. Designated APD regional staff have access to current schedules via the FSQAP Reporting System as authorized users. This serves as formal notification and request for information pertaining to complaints or grievances against the provider, reportable incidents, or any other general concerns. This information will be discussed with the provider during the review to determine how the provider has addressed any complaints, grievances or follow-up related to reportable incidents.

Medicaid Claims Data Review

QARs access and review available Medicaid claims data prior to the review to confirm services rendered by the provider and to assist in selecting the sample for record reviews.

Individual Interviews (Provider Discovery Review)

A PDR Individual Interview Tool is used to gather information as part of interviews with people receiving services. The purpose of this interview is to gather information from the person specific to their identified goals, outcomes, and satisfaction with services rendered by the provider.

The interviews assist to determine whether services and supports rendered by the provider are consistent with the person's goals in the Support Plan and are effectively implemented in accordance with the person's unique needs, expressed preferences and decisions concerning their life.

In instances where a person's communication style limits the ability to collect information and with the person's permission, family members or other proxies may be used to gather additional information related to service delivery and satisfaction. This information may be needed to corroborate information if there are significant gaps in information provided by the person. If family or other supports are used, the use of a proxy will be captured in the web-based application for purposes of data analysis.

The PDR Individual Interview covers six key tenets: Choice and self-direction, rights, satisfaction, stability, future, and safety. The domains include: My Service Life, My Home Life, My Work/Day Activity Life, My Social Life, My Health, and My Safety. The specific service(s) the individual receives from the provider determines which domains are addressed and which questions are asked.

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Administrative Review

FSQAP Discovery Review Tools include an Administrative Review tool; one specific to Qualified Organizations, and one specific to all other provider types.

The Administrative Review assesses provider compliance with general administrative requirements and qualifications and training as dictated in the iBudget Handbook, Florida Statute and Florida Administrative Code.

The Administrative Review Tools have two sections, General Administrative (GA) and Qualifications and Training (Q&T).

General Administrative standards address provider compliance with regard to incident reporting, Abuse, Neglect and Exploitation reporting, insuring and registering agency vehicles, and Clearinghouse roster maintenance.

Qualifications and Training standards address provider compliance with background screening, training required for all provider types, and qualifications and training required by service.

A sample of employee records are selected based upon the services the provider renders. A minimum of three employee records are selected, where available, to ensure all eligible services rendered by the provider are represented in the sample.

For Qualified Organizations, a maximum of four employed WSC records are selected. At least one CDC+ Consultant employee record will be sampled when applicable.

PDR Employee Record Sample
Minimum of 3 per provider, at least 1 per eligible service
QO Employee Record Sample
Maximum of 4 per Qualified Organization

The provider has 7 calendar days from the date of the confirmation email to submit a list of current employees.
This list must include the following information for each employee:

- Service(s) they provide
- Date of hire
- Annual in-service training period

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- Whether or not they administer or supervise the self-administration of medications
- Whether or not they work with someone with a behavior plan that includes reactive strategies
- Whether or not they transport someone using their own vehicle or a company vehicle

Upon receipt of this information the QAR will select the employee names to be reviewed and contact the provider within 24 hours to inform them of the records needed. The date employee names are shared with the provider serves as the review date for employee records. Any required training and background screening completed on or after this date will be considered not present at the time of the review and scored accordingly. The provider has 14 calendar days from the date of the confirmation email to submit all required documents.

Service Specific Record Reviews

FSQAP Discovery Review Tools include a designated Service Specific Record Review (SSRR) Tool for each service that is eligible for review.

Data captured in a service record review provides a means to objectively measure the majority of the HCBS Quality Measures and compliance with relevant iBudget Handbook requirements, to include but not be limited to:

- Information to support choice of community based services and supports in communities;
- Person centered service planning and delivery and effective deployment of the Support Plan;
- Provider capacity and capabilities including provider training and qualifications;
- Participant safeguards to include health, safety and well-being, and freedom from abuse, neglect and exploitation;
- Education on rights and responsibilities, and opportunities for exercising rights;
- Satisfaction with services and achievement of outcomes;
- System support as evidenced by provider collaboration;
- Appropriate billing practices as evidenced by Medicaid claims; and
- Required documentation.

Documentation for services rendered by the provider is reviewed for the 12-month period prior to the review. Medicaid claims data for 6 months of billing within the 12-month review period are compared to the provider's documentation for evidence of appropriate billing, and for identification of potential billing discrepancies. At a minimum and where applicable documentation review includes a review of Person-Centered Support Plans, Implementation Plans, Behavior Plans, Service Authorizations, Agency Approved Assessment, Progress Notes, Service Logs, and other required documentation as specified per service. Documentation is used

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to determine the provider's compliance with requirements per the iBudget Handbook, State and Federal rules, and to make other determinations identified above.

The provider has 14 calendar days from the date of the confirmation email to submit all documentation requested by the QAR that is not required to be in iConnect.

APD iConnect

Whether keeping documentation on paper as a physical record or entering documentation into an electronic record in iConnect, providers should not bill until services are documented.

Documentation in iConnect is viewed and handled differently from "paper" documentation. While providers have up to 14 calendar days to gather and submit paper documentation for review, the QAR has direct access to iConnect and does not need to wait for submission. Review of iConnect records/documentation and the comparison to billing can occur as soon as the first day the QAR contacts the provider to initiate a review. There is no 14-day waiting period. The date individual names are shared with the provider serves as the review date for individual records. Any documentation completed on or after this date will be considered not present at the time of the review and scored accordingly. Any documentation added or edited to service dates in iConnect after a reviewer has made contact will not be accepted at the time of a review or for Reconsideration afterwards. Qlarant will follow APD guidance to determine what service types are required to use iConnect and from what dates billing documentation must be viewed in iConnect.

Observation of Licensed Residential Facilities and Day Training Service Locations

Observations are conducted by the QAR at Licensed Residential and Day Training service locations. The focus of these observations is used to make determinations in the following key areas:

- Autonomy and Independence
- Community Opportunity
- Privacy Dignity and Respect
- Physical Environment
- Medication Management
- Restrictive Interventions
- Abuse, Neglect and Exploitation

During the observation component of the PDR, people who agree to participate are informally engaged in conversation to determine how supports and services are being provided and to determine their level of satisfaction with where they live or where they spend their day and the

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service provider. An Individual Interview may also be conducted with a person during the observation. Staff on the premises are also included in conversations related to any of the key focus areas.

An Observation Review Checklist is used as a guide and reporting mechanism for the QAR to document any findings. These occur at all day program facilities and up to a maximum of 10 licensed residential facilities per provider. All licensed residential facilities receiving funding for any level of Residential Habilitation and all onsite day training programs receiving funding for Life Skills Development 3 (ADT) and Life Skills Development 4 (Prevocational) are required to have onsite observations as part of the annual PDR. Observations can occur anytime during the year prior to the annual PDR as either announced or unannounced. Sometimes the observation may be done when a person chooses to be interviewed at their home. Any facility observation conducted prior to the annual PDR will count in that year and will not need to be done again during the formal scheduled PDR. However, if the provider has more than 10 licensed residential facilities, a maximum of 10 sites are observed per contract year (July – June). The homes not seen in one year are required to participate in an observation the next year until all facilities have been visited. Observations are conducted annually at all Day Training Program facilities

The numbers of Licensed Residential Facility locations are selected as follows:

Number of Licensed Residential Facilities	Number of Licensed Residential Facilities receiving an Observation
1 to 10	1 per home
11 or more	A maximum of 10 different homes

Provider Discovery Reviews for CDC+ Representatives

The CDC+ Representative PDR will be conducted for a sample of CDC+ Representatives. A checklist is shared with sampled CDC+ Representatives for documents to be submitted.

- A CDC+ Representative record review can include, but is not limited to a review of:
  - Directly Hired Employee background screenings and job descriptions
  - Timesheets
  - Purchasing Plans
  - Quick Updates
  - Monthly Reconciliations
  - Corrective actions if applicable

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CDC+ Representatives will receive a mailed notification letter regarding scheduling of a review to occur within the next 30 days.

The CDC+ Representative will be given the option of having their PDR conducted in person or having the review conducted as a desk review. However, once the selection has been made, the mode cannot be changed without manager approval.

For Onsite reviews, documentation will need to be made available for the QAR to conduct a review of the record. For any documentation not presented at that time, the CDC+ Representative will be provided a list of missing documentation and have 24 hours to submit the additional documents via a secure method. Upon receipt of the additional documents, the QAR will complete the review and will schedule time to review Preliminary Findings with the CDC+ Representative. Preliminary Findings will then be securely sent to the CDC+ Representative to review, sign and return to the QAR.

For a Desk Review, the CDC+ Representative will be given 14 days from the time of the initial phone call to submit required documentation. The QAR will review all required documentation made available for review during the initial 14-day submission period. Following review of documentation, the QAR will contact the CDC+ Representative to schedule a time to review items not presented for review. At the beginning of the scheduled call, the QAR will send an email via secure share to the CDC+ Representative detailing any remaining documents needed to complete the review. The CDC+ Representative will have 24 hours to submit the additional documents via a secure method. Upon receipt of the additional documents, the QAR will complete the review and schedule time to review Preliminary Findings with the CDC+ Representative. Preliminary Findings will then be securely sent to the CDC+ Representative to review, sign and return to the QAR.

Alert Reporting

If at any point during the Discovery Process the QAR uncovers any indication of abuse, neglect, exploitation or has any concerns related to medical, behavioral, rights, health, safety, and/or mistreatment, the appropriate entity is contacted – the abuse registry if needed – and the Regional APD office is notified by telephone or email immediately, as agreed by the APD Regional Liaison and the Qlarant Regional Manager. Every effort is made to safeguard the person should such a situation arise. The APD Region is notified within 24 hours of an incident. An Alert Notification showing the details of the alert is provided to AHCA, APD State Office and Regional APD within 7 calendar days of the notification to APD Regional Liaison. Qlarant Regional Managers take the lead on reporting alerts.

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Report Approval and Distribution

Qlarant Regional Managers approve 100% of reports prior to dissemination.

Reports are mailed to the provider and made available electronically to APD and AHCA for authorized users through the FSQAP Reporting System within 45 days of completion of the review.

The report presents findings of each component of the PDR, including the individual record review, individual interviews, observations where applicable, general administrative, and qualifications and training. PDR CDC+ Reports include record review results only.

Other Reporting Activities

Data are captured to facilitate reporting on information specifically identified by the state in order to aid in its efforts toward remediation and improvement. Data from the PDR are collected using the Met/Not Met/NA format based on the review procedures described above. Most standards result in a numeric point score, although some standards may be weighted due to their importance. All PDR reports include a "How my score is calculated" table at the end of the report to assist providers with understanding their score.

Qlarant Reconsideration Review Procedures

The Reconsideration Review is the process a provider utilizes to request a change in scoring on the Provider Discovery Review (PDR). An example of when a provider may request a Reconsideration Review is when the provider believes required documentation presented to the reviewer during the review met requirements, but the final report showed the standard identified as "Not Met".

Reconsideration Review Requests are only applicable to standards of performance related to noted potential billing discrepancies. These standards are identified on the Provider Discovery Review report under the heading **Potential Billing Discrepancies.** Additional clarification is under two other headings following results of each individual record review: **Detailed Issues from Record Reviews by Service and Individual** and **Billing Discrepancy Detail**.

* **Important Note:** Documentation not made available at the time of the initial review will not be accepted for a Reconsideration Review. <u>All documents pertinent to the reconsideration request must be sent at the same time.</u> Only one request for reconsideration per PDR will be processed.

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If you disagree with the findings related to noted potential billing discrepancies in your Provider Discovery Review (PDR) report, you may request a Reconsideration Review. The Reconsideration Review Request must be made in writing and received within 30 days of the annual PDR report mailing date. If the request is not submitted in the 30 days, it will not be accepted, and the request will be deemed ineligible. All requests for Reconsideration Review must be submitted via fax to the Tampa office Right Fax number located below. Upon receipt, your Reconsideration Review Request shall be entered into a tracking system to ensure Qlarant completes the Reconsideration Review Report within 30 days of receipt of your request.

To submit a Reconsideration Review Request, you must fill out the Reconsideration Review Request form located on our website at www.florida.qlarant.com under Provider Resources. Please carefully follow the procedures outlined below when requesting a Reconsideration Review. One form should be completed per region if submitting for multiple regions. All fields must be completed to be eligible for Reconsideration:

- Provider Name
- Provider Number
- PDR Review ID
- APD Region
- Provider Street Address/City/State/Zip
- Provider Location (if applicable)
- Provider Discovery Review date
- Qlarant Reviewer name
- Billing discrepancy Standards (list service and standard number- example: Respite # 5) for which Reconsideration is requested. List service and standard # on each page submitted.
- Documentation to support Reconsideration (each document submitted must state which service and standard it applies to).
- Name of Person to contact/Phone number

The completed Reconsideration Review Request form along with documentation to support the Reconsideration Request must be faxed to the Qlarant Tampa office Right Fax number: (813) 877-5993.

A review of the Reconsideration Request will be processed, and a report generated within 30 days. If you do not receive your Reconsideration Review Report shortly after the 30 days, please contact our Customer Service Representative on 1-866-254-2075.

Final Note: Reconsideration Review Request submissions should only include documentation related to the request. Please forward other documents related to APD remediation plans,

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corrective action plans, or corrected documentation to your Regional APD office if and when requested.

Revision History

Effective February 26, 2018, SharePoint maintains the version history.

SharePoint assigns a QMS_ID number, version number for subsequent edits, updates the modified date, and the name of the individual who makes the initial upload or change.

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