

Florida Quality Council Qlarant Data Presentation

February 27, 2025

Presentation Outline

Person Centered Reviews (PCRs)

- My Life Interview (MLI) Outcomes and Supports by FY and Life Area
- Service Stability
- Significant Health Events
- Record Reviews

Provider Discovery Reviews (PDRs)

- PDR Scores by Region
- Administrative Review Trends
- Service Specific Record Review Trends
- Observations
- Alerts

*FY 2025 Q1-Q2 includes reviews completed and approved between July 1, 2024 and Dec 31, 2024.

*FY 2024 includes reviews completed and approved between July 1, 2023 and June 30, 2024.

*FY 2023 includes reviews completed and approved between July 1, 2022 and June 30, 2023.

Person Centered Reviews



FY25 Snapshot

July 2024 - December 2024

Region	Waiver Participants	CDC+ Participants
Northwest	31	3
Northeast	67	16
Central	119	12
Suncoast	134	20
Southeast	160	7
Southern	103	5
Total	614	63

My Life Interview (MLI) Outcomes

Waiver: 84.6%

CDC+: 89.9%

MLI Supports

Waiver: 98.8%

CDC+: 99.4%

Record Reviews

Waiver Support Coordinator (WSC): 91.6%

CDC+ Consultant: 94.2%

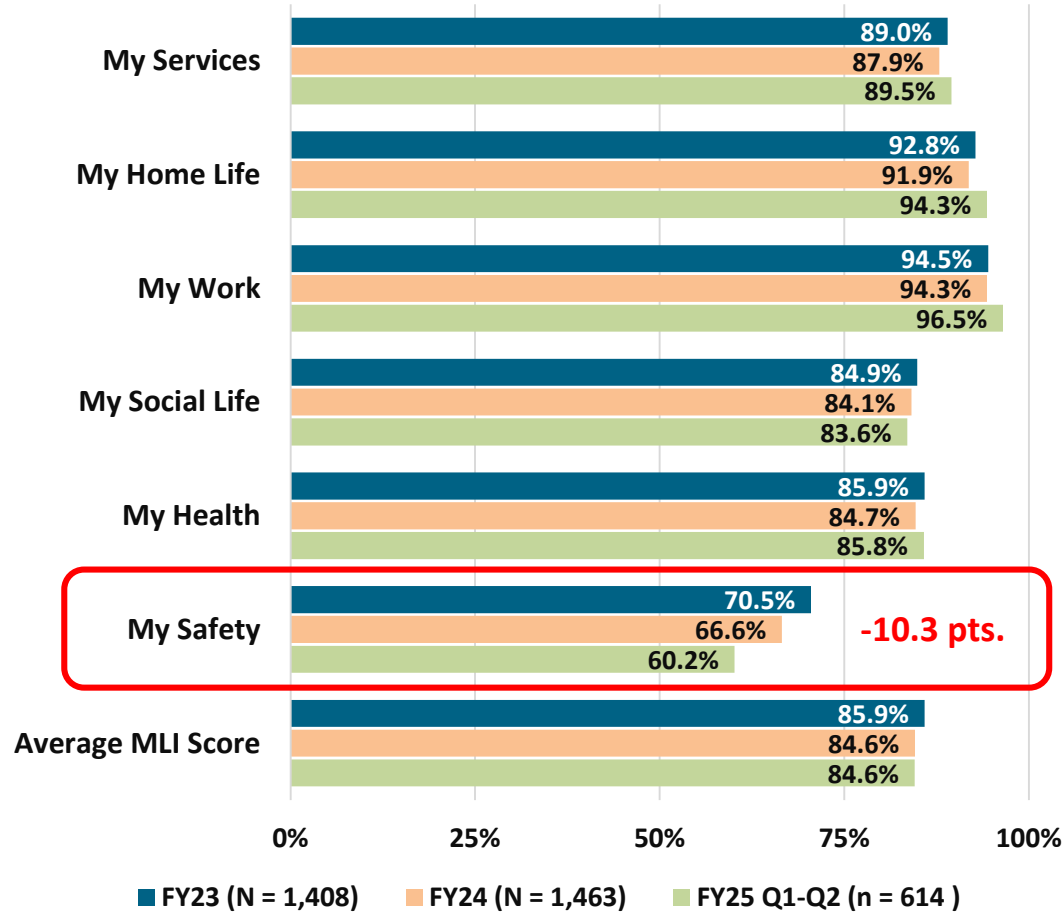
My Life Interview (MLI): Outcomes over Time



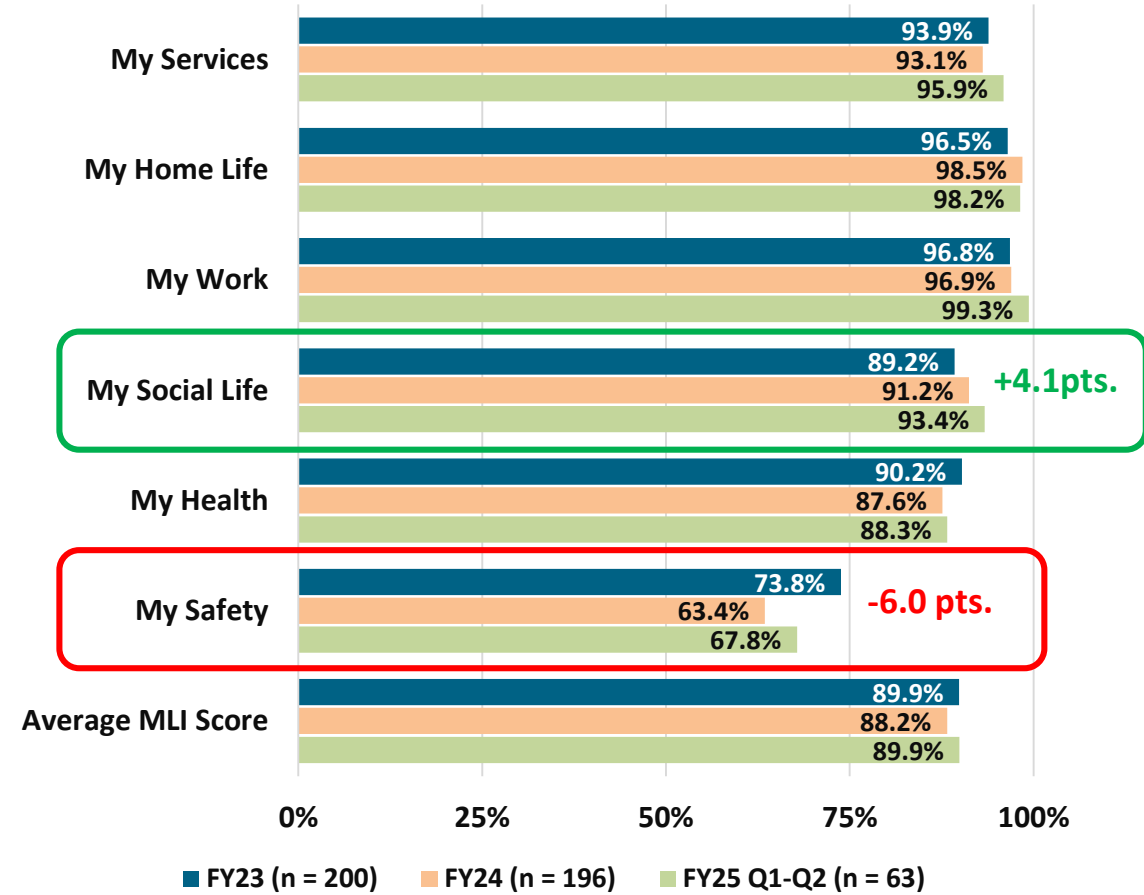
MLI Outcomes by Life Area: FY23 – FY25 Q1-Q2

(Boxes signify 4+ point difference between FY23 and FY25)

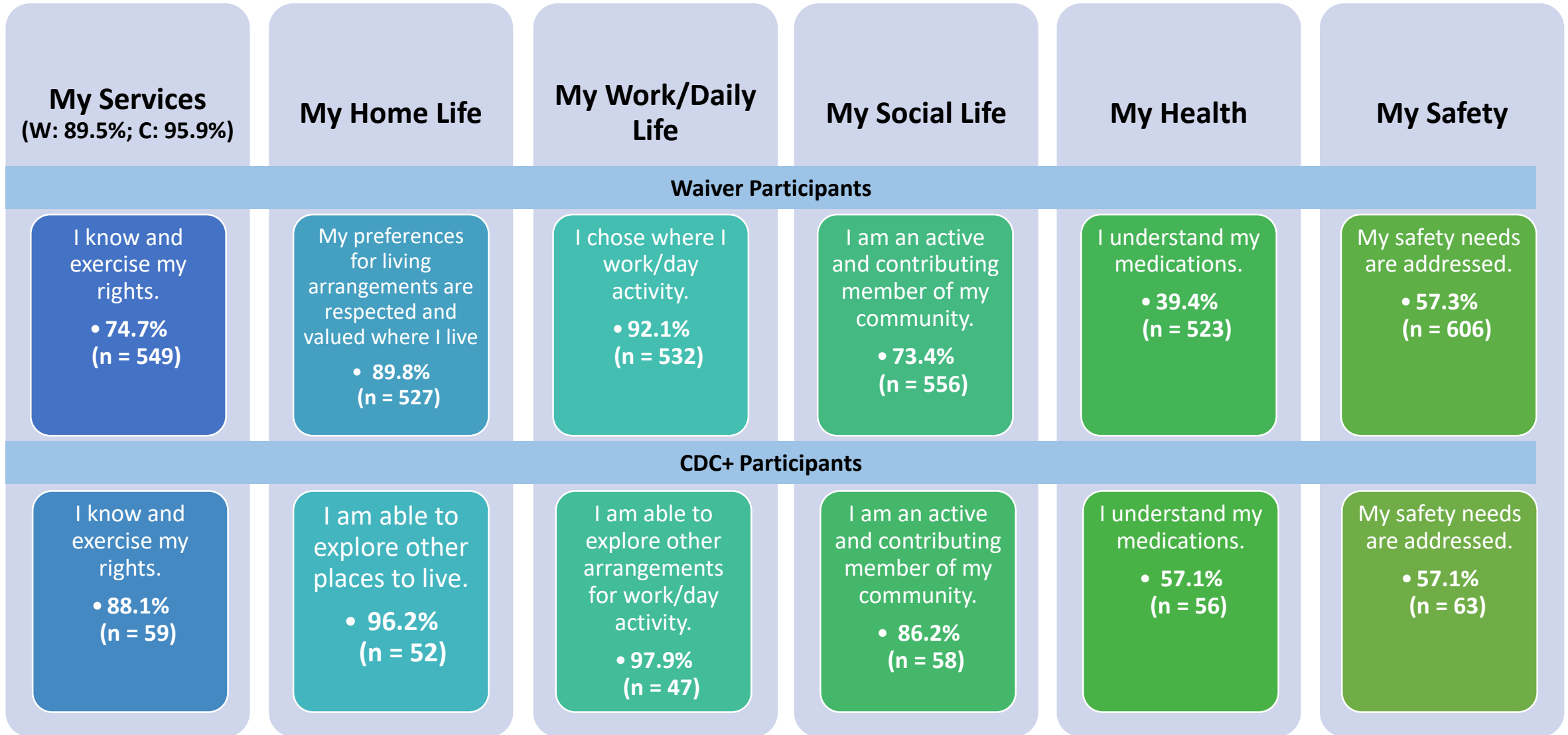
Waiver Participants



CDC+ Participants



Lowest MLI Outcomes by Life Area: FY25 Q1-Q2



Top 3 Not Met Reasons for Lowest Scoring MLI Outcomes: FY25 Q1-Q2

I understand my medications: Waiver: 317 Not Mets; CDC+: 24 Not Mets

• Most Common Not Met Reasons:

- I am not aware of the medications I take: **80.4%** (274/341 Not Mets)
- I am not aware of potential side effects of my medications: **76.5%** (261/341 Not Mets)
- I am not aware of why my medications are prescribed: **63.3%** (216/341 Not Mets)

My safety needs are addressed: Waiver: 259 Not Mets; CDC+: 27 Not Mets

• Most Common Not Met Reasons:

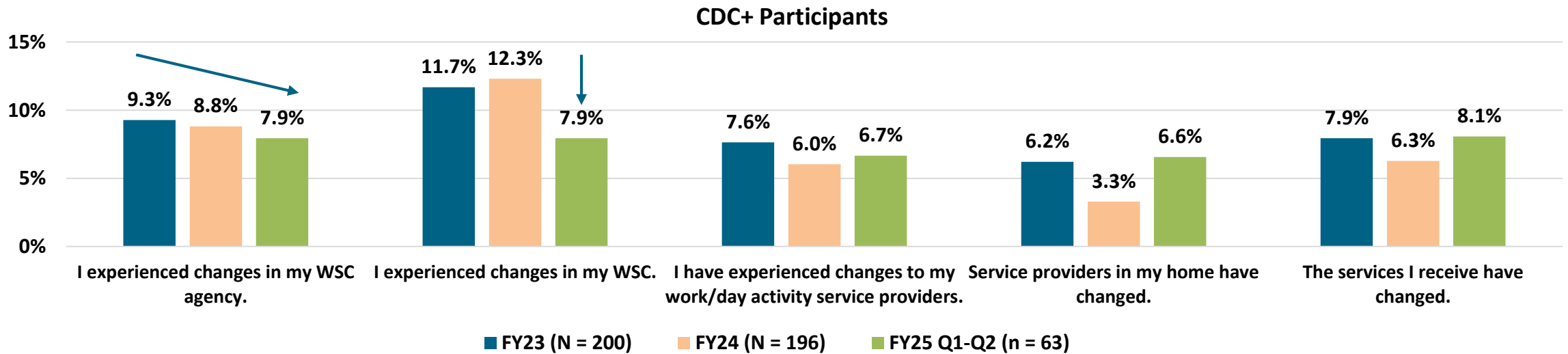
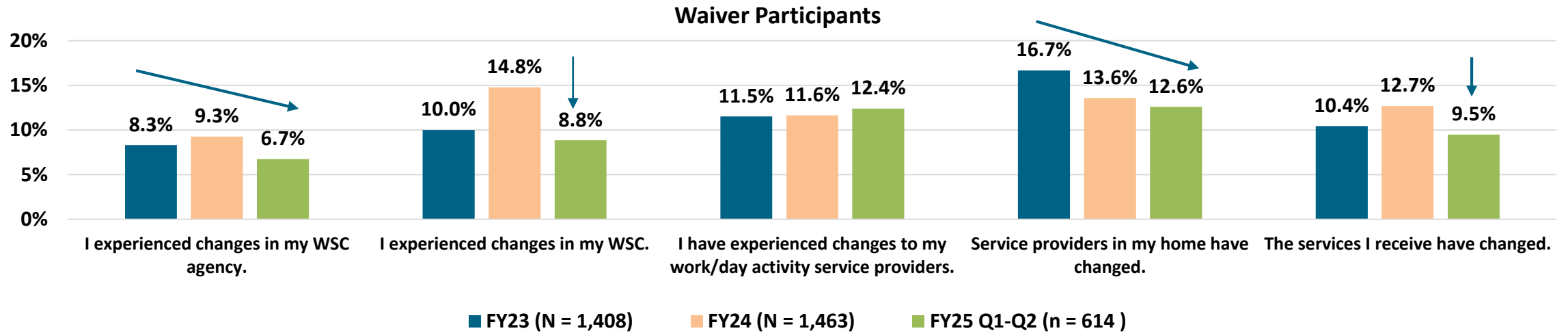
- I do not know how or when to call 911: **79%** (226/286 Not Mets)
- I do not know how to keep myself safe when out in my community: **69.6%** (199/286 Not Mets)
- I do not know what to do in the event of a fire: **56.6%** (162/286 Not Mets)

I am an active and contributing member of my community: Waiver: 148 Not Mets; CDC+: 8 Not Mets

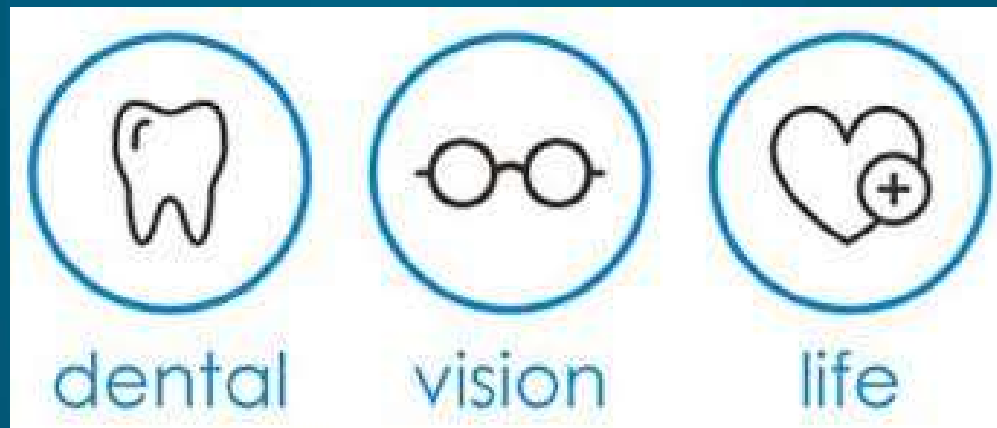
• Most Common Not Met Reasons:

- I do not understand what social roles are: **48.1%** (75/156 Not Mets)
- I do not understand how to develop and maintain social roles: **33.3%** (52/156 Not Mets)
- I participate in community activities but I would like to develop more meaningful connections: **19.9%** (31/156 Not Mets)

Service Stability: Person experienced 1 or more changes in previous 12 months



Health Summary



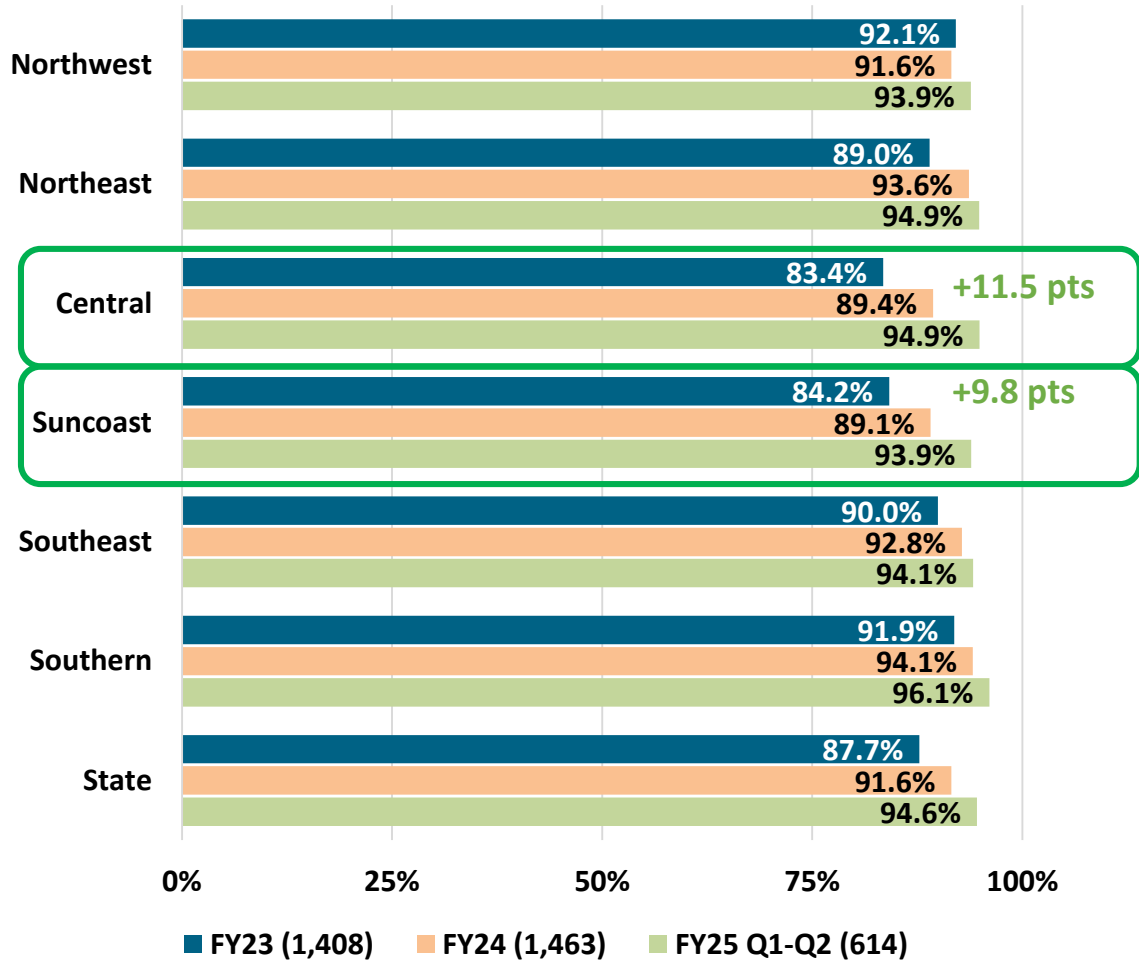
Percent of Individuals with a Significant Health Event by Waiver Type (% Yes)

In the previous 12 months:	Waiver			CDC+		
	FY23 (N = 1,408)	FY24 (N = 1,463)	FY25 Q1-Q2 (n = 614)	FY23 (N = 200)	FY24 (N = 196)	FY25 Q1-Q2 (n = 63)
Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation?	1.2%	2.2%	1.3%	0.0%	0.5%	0.0%
Have Reactive Strategies under 65G-8 been used due to behavioral concerns?	3.6%	4.5%	3.7%	3.0%	1.0%	0.0%
Have you been Baker Acted?	2.8%	2.8%	2.1%	1.0%	0.0%	0.0%
Have you been admitted to the hospital?	10.7%	11.0%	9.4%	12.5%	10.7%	12.7%
Have you been to an Emergency Room?	17.1%	19.5%	17.6%	17.5%	18.4%	25.4%
Have you been to an Urgent Care Center?	7.1%	5.9%	6.4%	6.5%	6.5%	7.9%

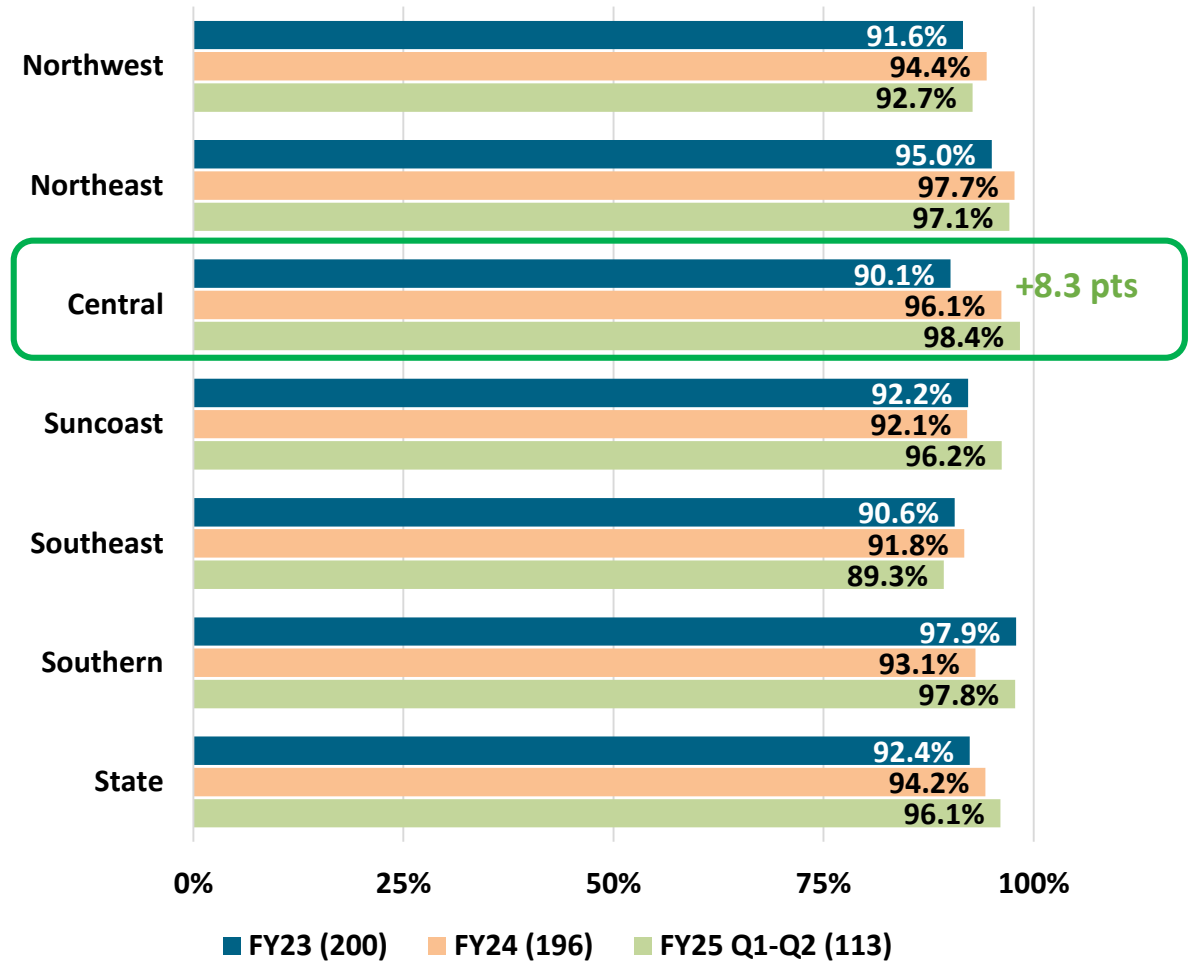
WSC/CDC+ Consultant Record Reviews

WSC/CDC+ Consultant Record Review Scores by Region and FY

WSC



CDC+ C



Historically Lower Scoring Record Review Indicators: WSCs FY22 → FY23 → FY24 → FY25 Q1-Q2

The Support Plan reflects support and services necessary to **address assessed risks**.

• 78.2% (1,323) → 68.4% (1,375) → 76.1% (1,453) → 85.6% (613)

The Support Plan includes supports and services consistent with **assessed needs**.

• 68.4% (1,375) → 68.2% (1,397) → 77.9% (1,454) → 85.7% (614)

Level of care is completed accurately using **the correct instrument/form**.

• 75.6% (1,388) → 73.7% (1,402) → 82.3% (1,456) → 88.6% (613)

Support Coordinator Progress Notes demonstrate pre-Support Plan planning activities were conducted.

• 87.0% (1,332) → 67.7% (1,389) → 82.0% (1,412) → 87.6% (603)

Lowest Scoring WSC and CDC+ Consultants Standard: FY25 Q1-Q2

The Support Plan has all required components complete.

- **WSC: 81.6% (613)**
 - 113 Not Mets
- **CDC+ C: 82.5% (63)**
 - 11 Not Mets

Health section had components not present on the Plan: 37.9%
47/124 Not Mets

Section identifying information and demographics had components not present on the Plan: 22.5%
28/124 Not Mets

Section identifying information and demographics had components not updated/corrected on the Plan: 15.3%
19/124 Not Mets

Provider Discovery Reviews



FY25 Q1-Q2 (July – December 2024)

Region	# of PDRs		
	Service Providers (SPs)	Qualified Organizations (QOs)	CDC+ Representatives (Reps)
Northwest	63	5	11
Northeast	113	9	22
Central	164	15	20
Suncoast	143	10	24
Southeast	146	21	17
Southern	87	16	10
State	716	76	104



Average PDR Score by Region: FY25 Q1-Q2

Calculating PDR Scores

1. Administrative Review

- Applies to SPs and QOs
 - General Administrative Review (GAR)
 - Staff Qualifications and Training (Q&T)

2. Service Record Reviews (SSRR)

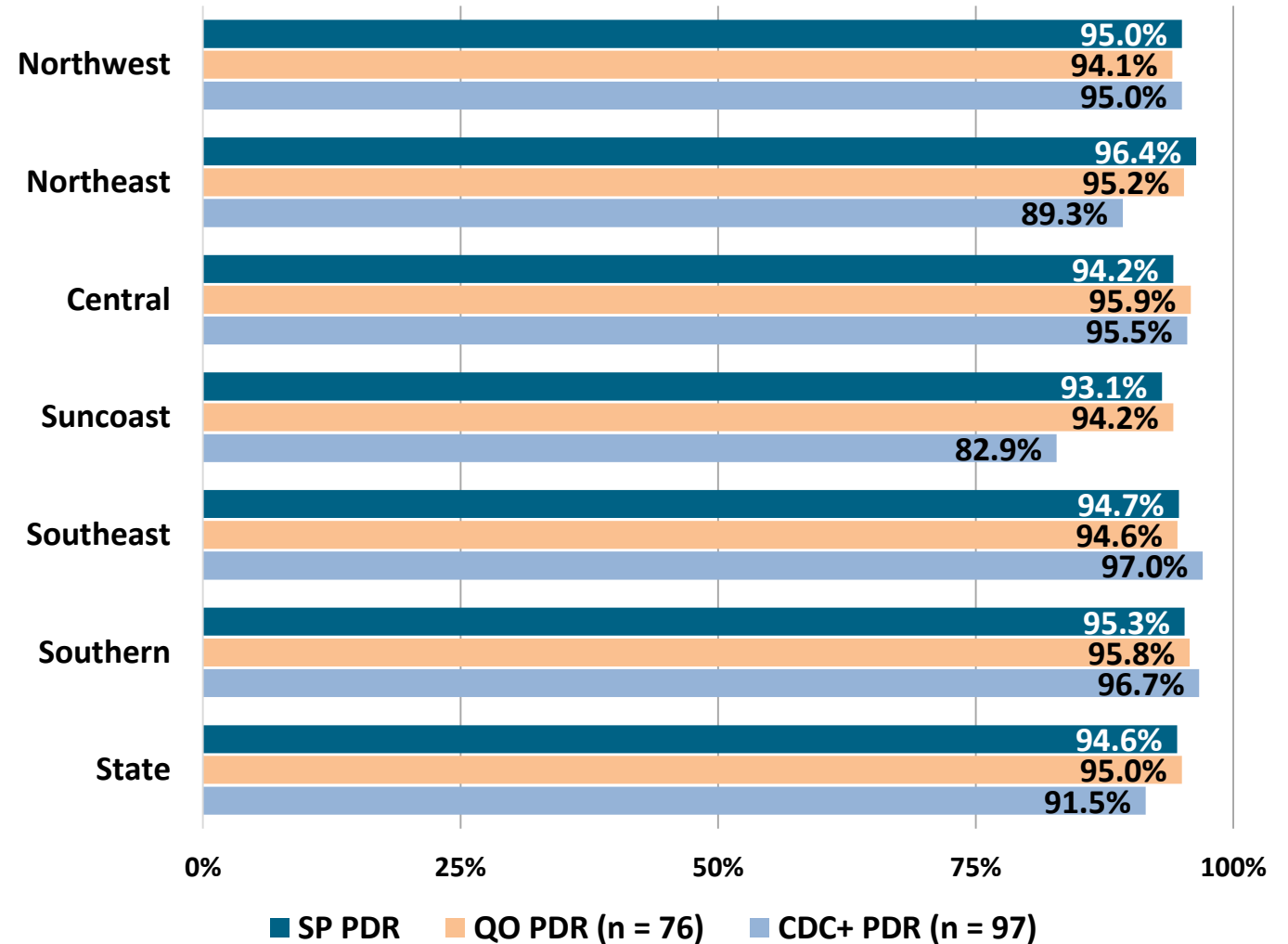
- Applies to SPs, QOs, and CDC+ Reps

3. Observations (OBS)

- Applies to SPs with Adult Day Training (ADT) facilities or Licensed Residential Homes (LRH)

Notes:

1. Individual Interviews are also conducted during the SP PDR; however, they are not included in the provider's score.
2. Scores do not factor in Alerts which deduct 5 points for every Alert Type with a maximum of 15 pts. total.



Provider Discovery Review Trends by Review Component

FY23: July 2022 – June 2023

FY24: July 2023 – June 2024

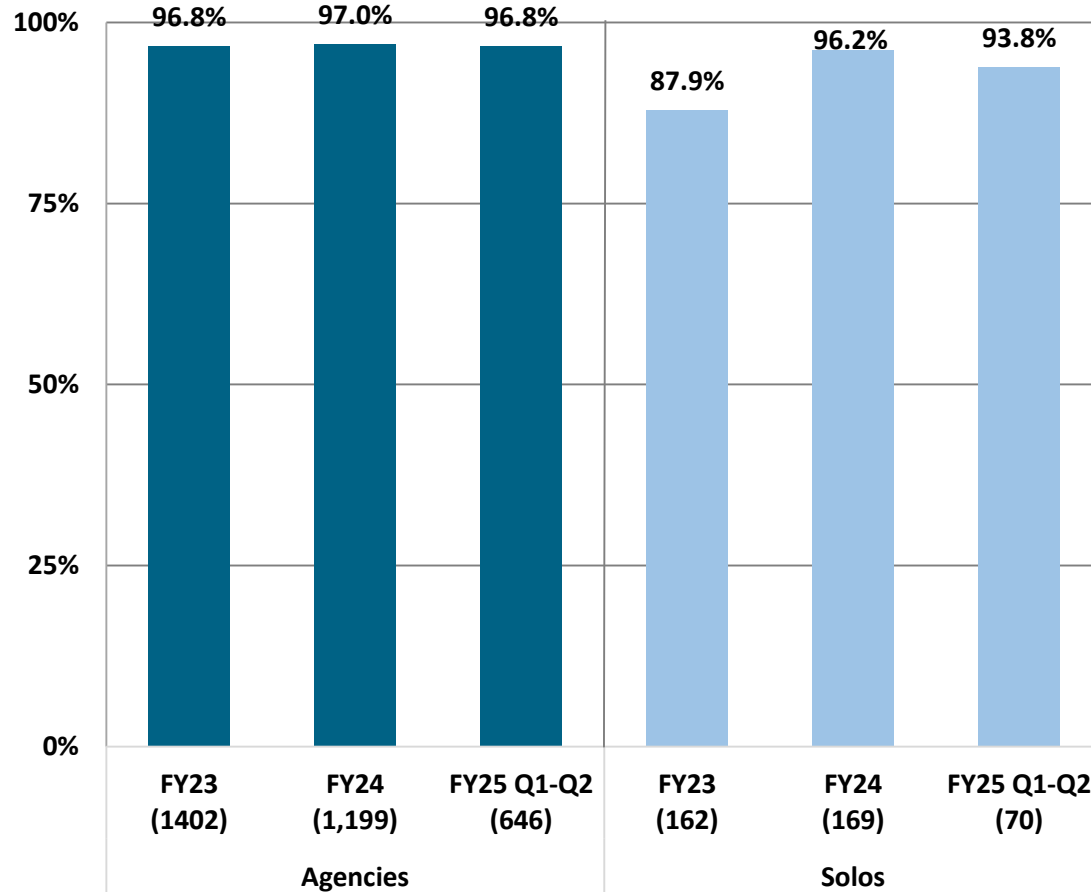
FY25 Q1-Q2: July 2024 – December 2024

Administrative Review

GAR/Staff Q&T

Service Provider General Administrative Reviews by FY

Agencies vs. Solos

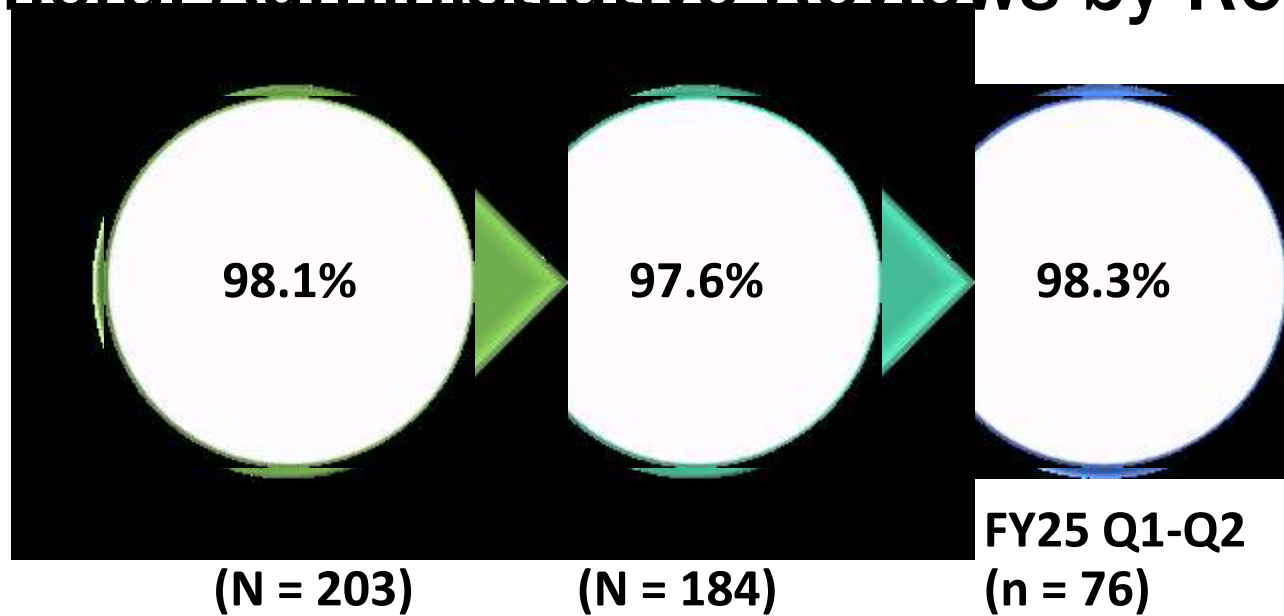


Lowest Scoring Indicator: FY23 → FY24 → FY25 Q1-Q2

- Agencies:** If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.
92.5% (40) → 100% (34) → 100% (15)
- Solos:** The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.
86.4% (162) → 95.9% (169) → 92.9% (70)

in parenthesis represents the # of SPs reviewed.

QO General Administrative Reviews by Region and FY



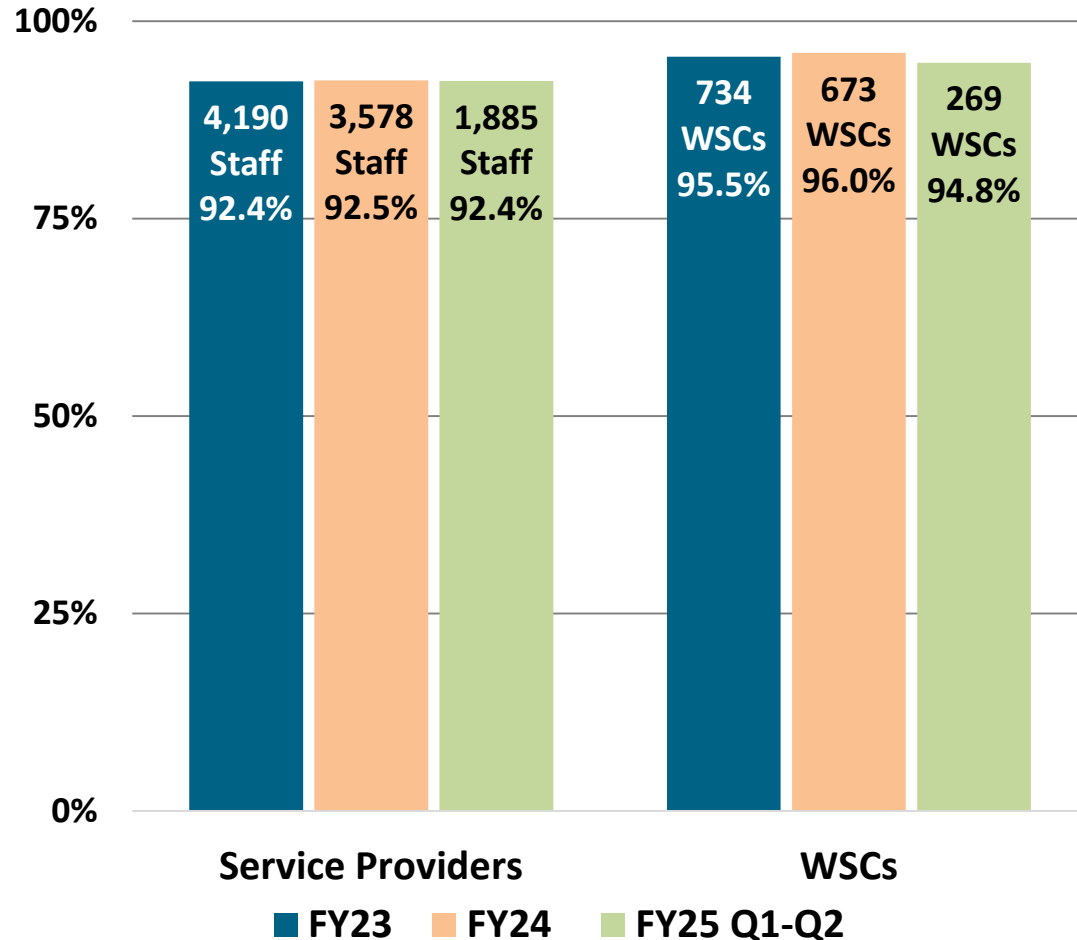
Lowest Scoring Indicator: FY23 → FY24 → FY25 Q1-Q2

- The provider maintains a Table of Organization.
95.6% (203) → 96.7% (184) → 94.7% (76)
- The Mentee completed all mentoring program requirements.
95.7% (92) → 95.4% (119) → 100% (23)

in parenthesis represents the # of QOs reviewed.

Staff Qualifications and Training Scores by FY

Service Providers vs. WSCs

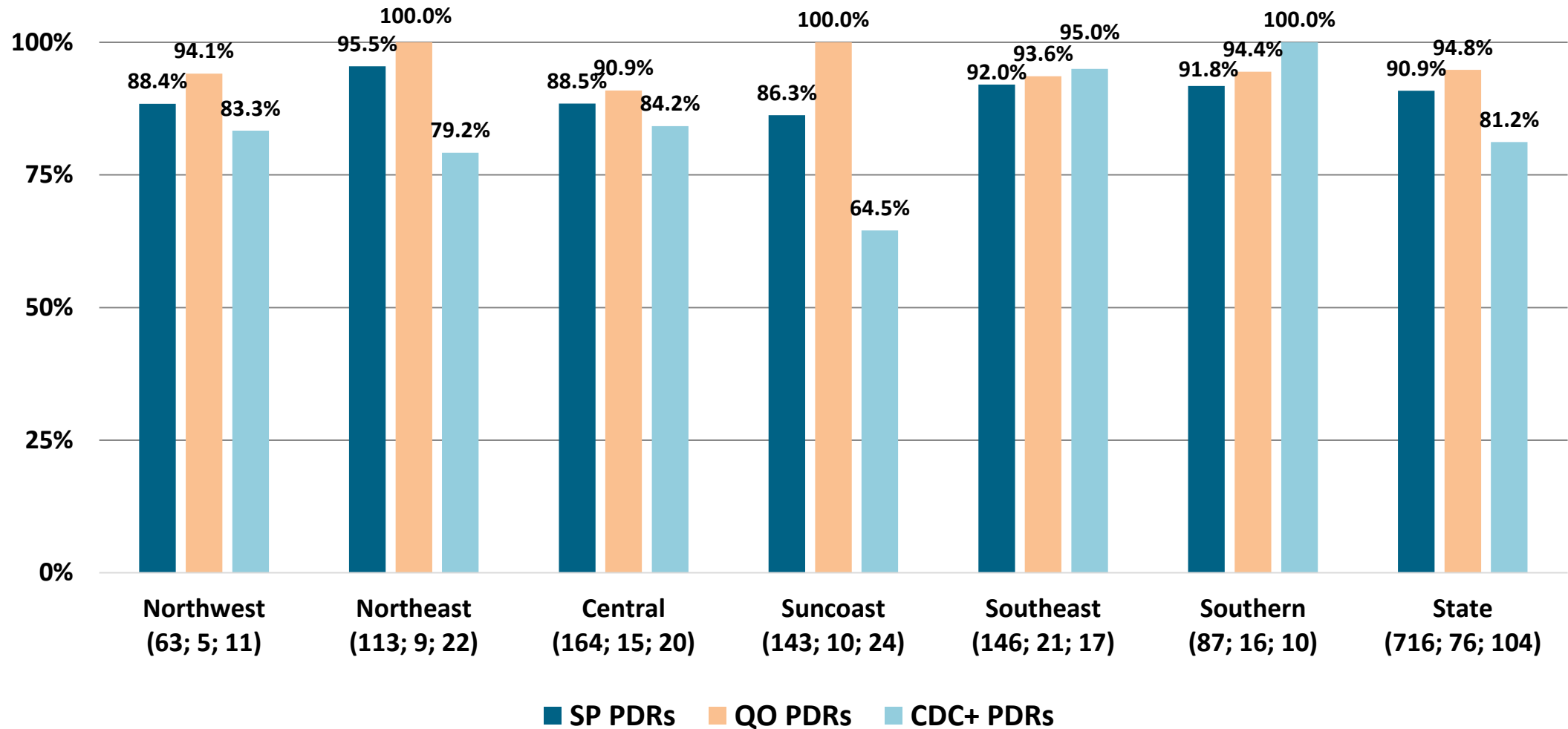


Lowest Scoring Indicator: FY23 → FY24 → FY25 Q1-Q2

- **Service Providers: The service provider completes eight hours of annual in-service training**
 - Supported Employment Coaching (LSD 3)
76.0% (225) → 83.7% (178) → 79.8% (84)
 - Supported Living Coaching (SLC)
76.4% (335) → 79.0% (276) → 78.0% (118)
 - Personal Supports
76.8% (1,540) → 77.1% (1,304) → 79.2% (718)
- **WSCs: The provider received training in HIV/AIDS/Infection Control.**
90.0% (732) → 92.4% (671) → 93.3% (268)

in parenthesis represents the # staff/WSCs reviewed.

Percent of Staff, WSCs, and DHEs/Contractors with all aspects of Background Screening by Region (# of record reviews) and PDR Type: FY25 Q1-2

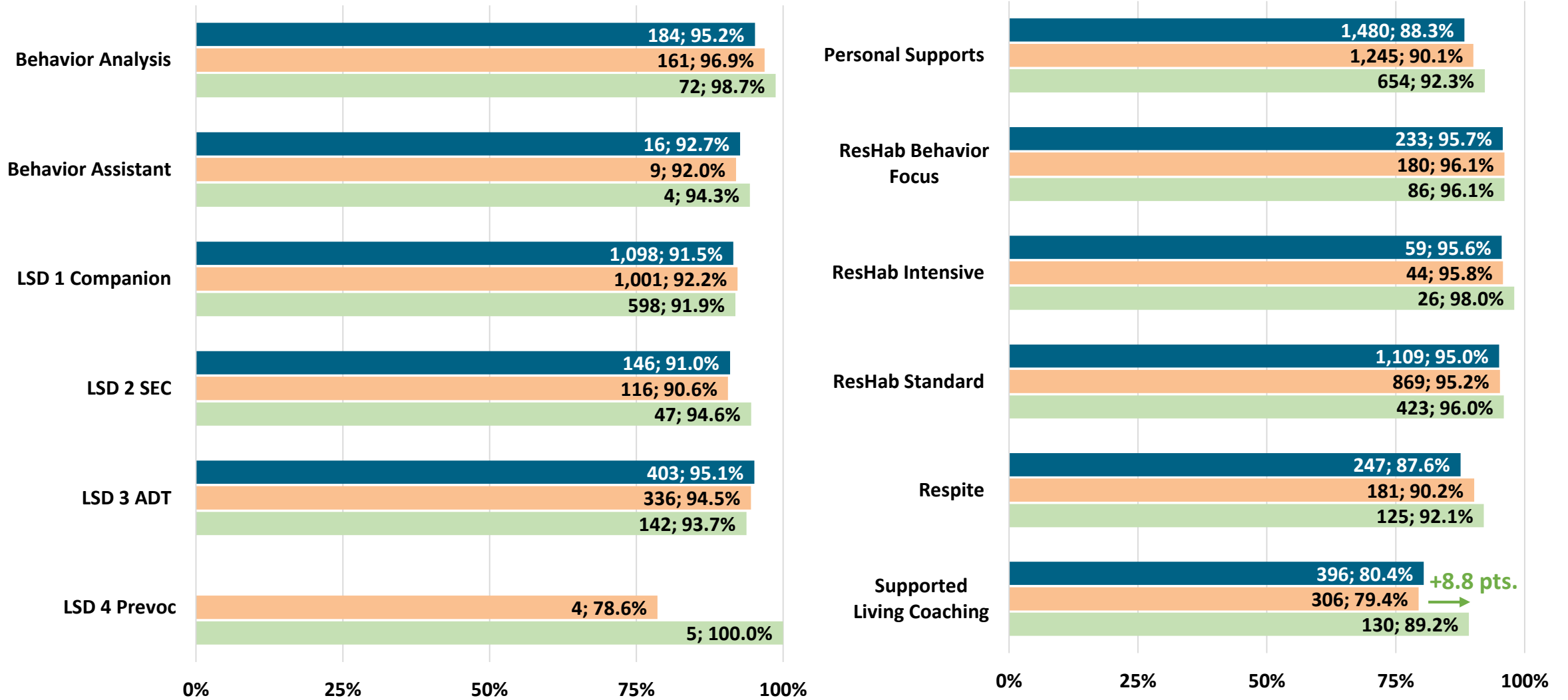


Service Specific Review Reviews

Note: QO Record Reviews are presented above in the PCR Section

Weighted SSRR Scores by Service and FY

■ FY23 (5,374 records; 90.9%) ■ FY24 (4,455 records; 91.5%) ■ FY25 Q1-Q2 (2,361 records; 93.3%)



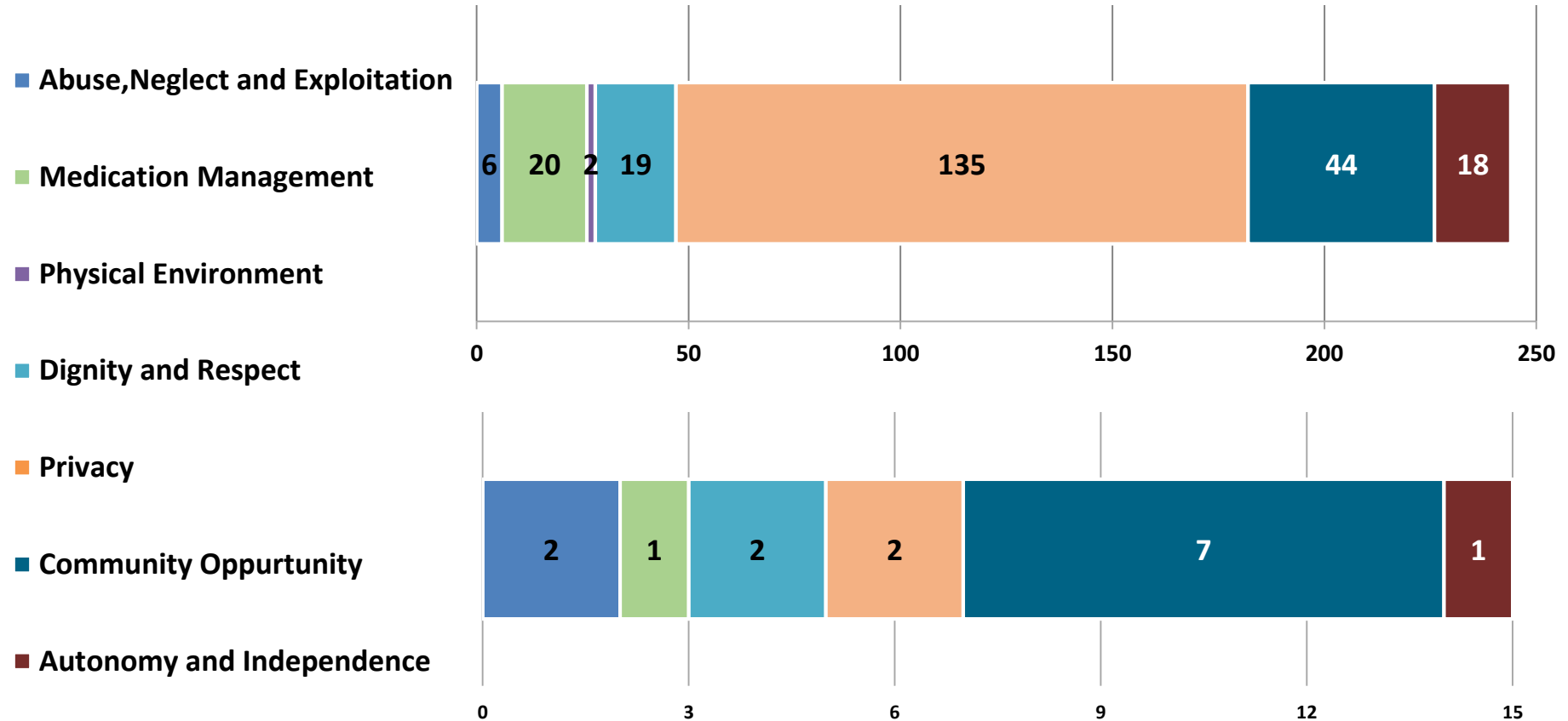
+8.8 pts. →

Observations

Observations: LRH and ADTs by Region

Region	LRH	ADT
Northwest	50	8
Northeast	65	13
Central	125	21
Suncoast	114	16
Southeast	70	7
Southern	27	1
State	451	66

of Concerns Identified in LRHs (n = 244) and ADTs (n = 15) by Observation Domain: FY25 Q1-Q2



Privacy Concerns Identified at LRHs: FY25 Q1-Q2

Individuals do not have a key to their bedroom doors

- Observed 31 times

Bedroom doors do not lock

- Observed 25 times

Bathroom doors do not lock

- Observed 20 times

Individuals cannot lock the bathroom door

- Observed 18 times

Individuals cannot lock the bedroom door

- Observed 17 times

Personal information is posted in an area where others may view.

- Observed 9 times

Video/audio monitoring equipment is present in the setting without consent of all individuals.

- Observed 5 times

ANE Concerns Identified at LRHs and ADTs: FY25 Q1-Q2

Staffing ratios did not appear to support the needs of the individuals present.

- Observed 3 times at LRH
- Observed 1 time at ADT

Individual appeared to be inadequately positioned.

- Observed 1 time at LRH

Abuse registry number is not posted and accessible.

- Observed 1 time at LRH

Staff did not respond to expressed needs of the person.







- Observed 1 time at LRH

Staff is not aware of potential health and safety considerations of individuals.

- Observed 1 time at ADT

Alerts

Alerts by FY

Alert Type	FY23 (533)	FY24 (382)	FY25 Q1-Q2 (201)
Abuse/Neglect/Exploitation	1.1%	0.3%	0.0%
Background Screening	39.2%	49.0%	46.8% 
Clearinghouse Roster	22.0%	17.5%	19.4% 
Driver's License/Insurance	3.8%	3.1%	3.0%
Health & Safety	1.8%	2.4%	3.0% 
Medication Admin/Training	15.0%	12.8%	12.9%
Medication Storage	12.9%	11.3%	9.5% 
Rights	4.5%	3.4%	4.5% 
Vehicle Insurance	0.0%	0.3%	1.0% 

Thank you!
Questions? Comments?

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