

Florida Quality Council Qlarant Data Presentation

July 10, 2025

Presentation Outline

Person Centered Reviews (PCRs)

- PCRs since FY 2020
- Demographic Trends over Past 3 Years
- 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-Q3 includes reviews completed and approved between July 1, 2024 and March 30, 2025.

*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.

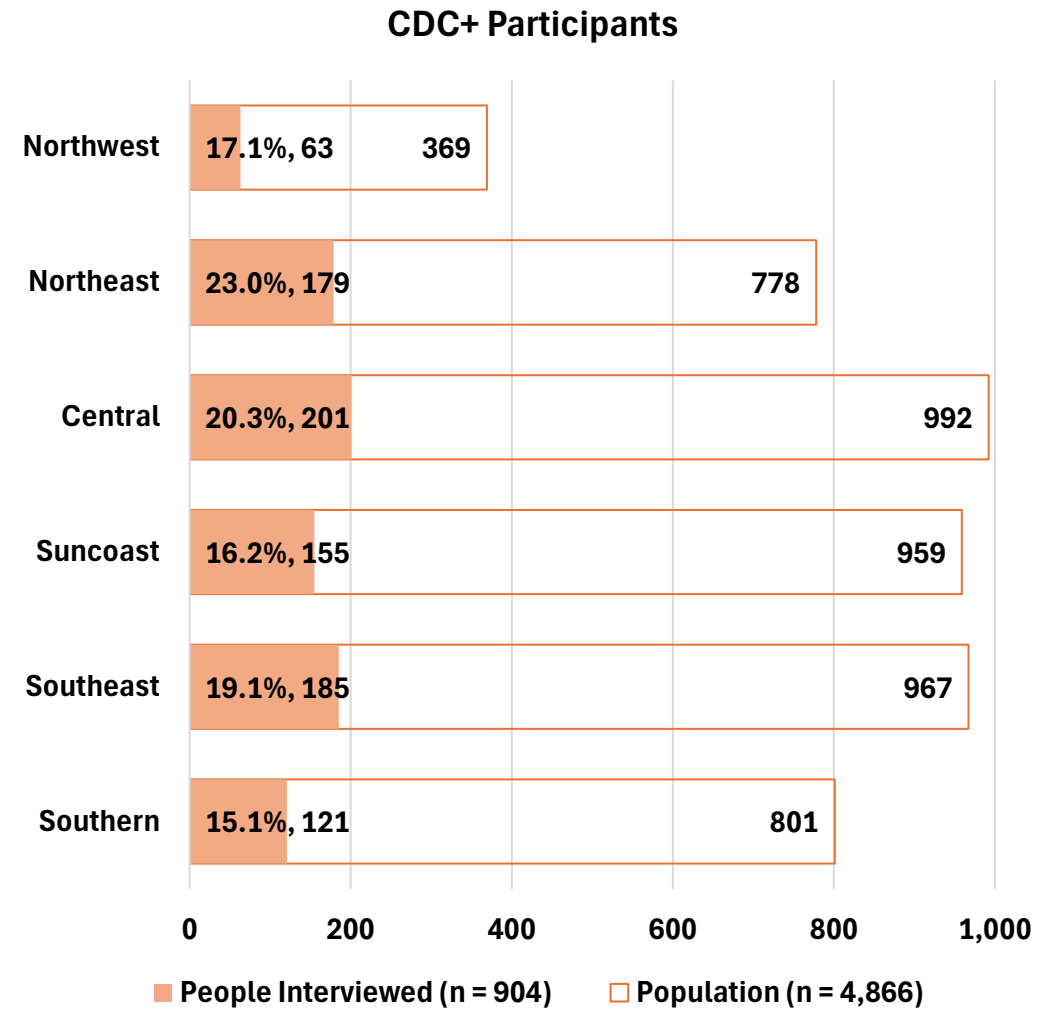
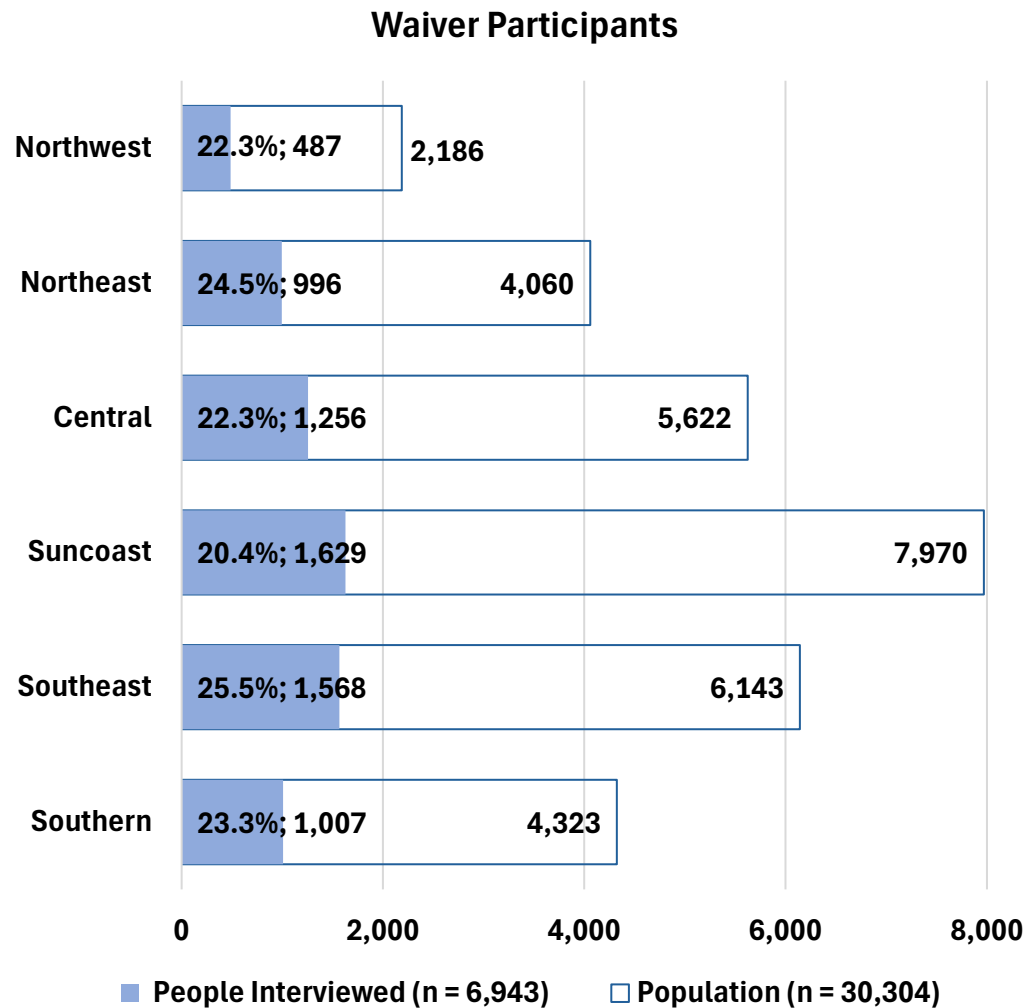
Person Centered Interviews

Completed Since FY 2020

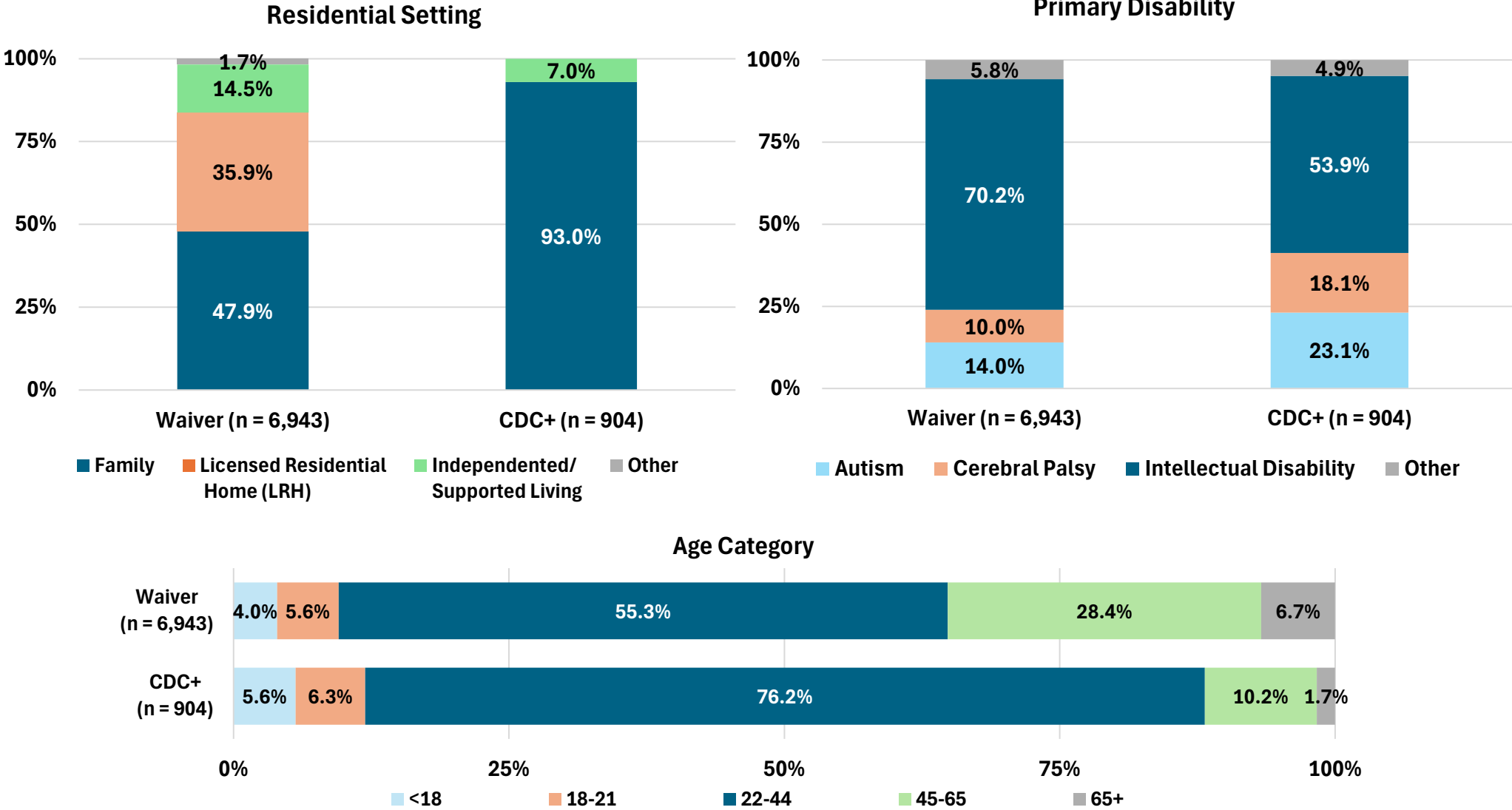
Qlarant



Since FY 2020, about 23% of Waiver and nearly 20% of CDC+ Participants have been interviewed through a PCR



PCR Participant Demographics: FY 2020 – FY 2025 Q1-Q3



“Other” Waiver Primary Disabilities: Down syndrome=263; Epilepsy =3; Spina Bifida=97; Prader Willi Syndrome=36; Phelan-McDermid Syndrome=7;
“Other” CDC+ Primary Disabilities: Down syndrome=30; Spina Bifida=11; Prader Willi Syndrome=2; Phelan-McDermid Syndrome=1;
“Other” Waiver Residential Settings: APD Foster Home (1-3)=28; AHCA Assisted Living Facility=7; Assisted Living Facility=77; Foster Home=3; Other=5.

FY25 PCR Snapshot

July 2024 - March 2025

Region	Waiver Participants	CDC+ Participants
Northwest	68	9
Northeast	147	41
Central	219	27
Suncoast	253	28
Southeast	300	26
Southern	163	24
Total	1,150	155

My Life Interview (MLI) Outcomes

Waiver: 83.7%

CDC+: 86.8%

MLI Supports

Waiver: 98.1%

CDC+: 98.9%

Record Reviews

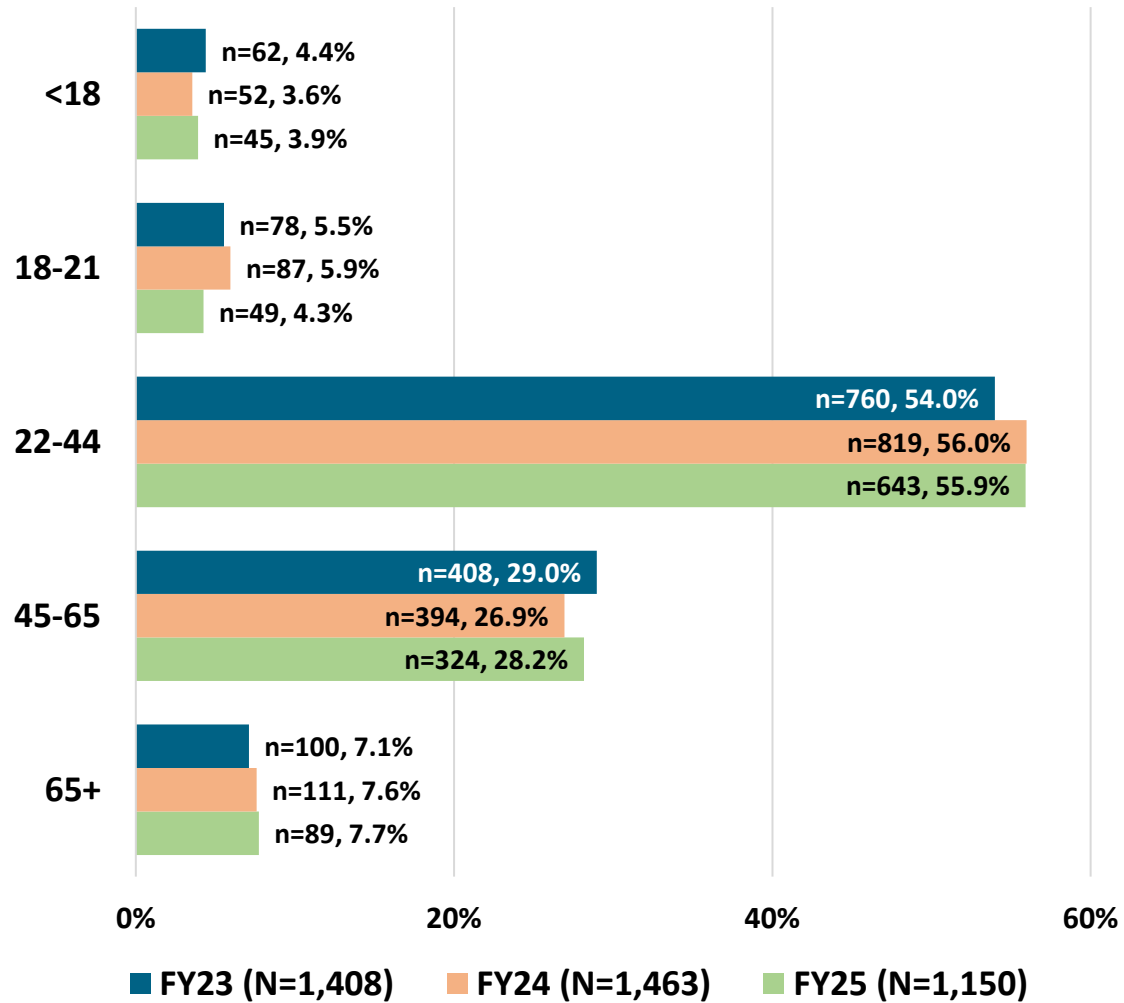
Waiver Support Coordinator (WSC): 94.4%

CDC+ Consultant: 96.1%

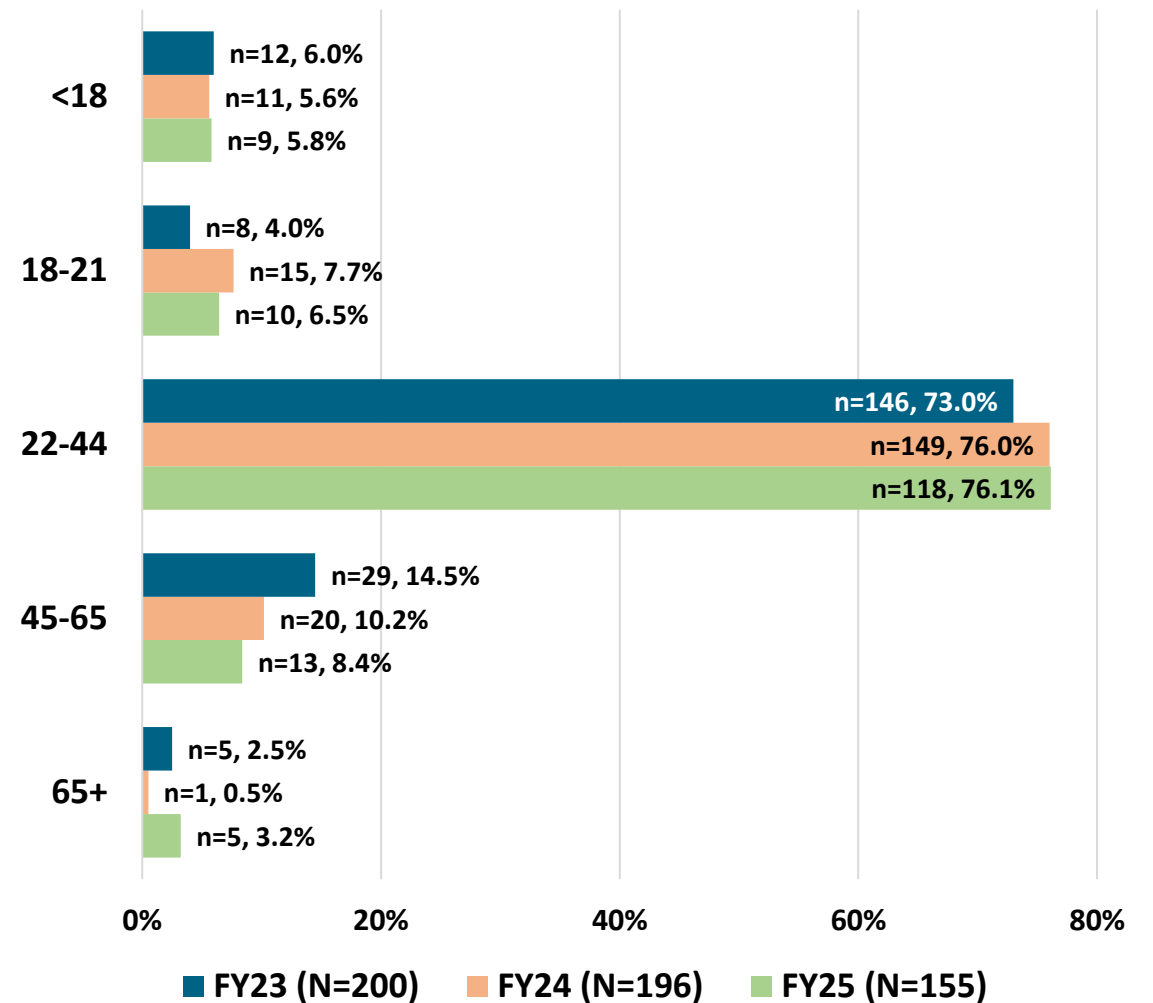
PCR Demographic Trends: FY 2023 - FY 2025 Q1-Q3

PCRs by Age Category: FY2023 – FY2025 Q1-Q3

Waiver

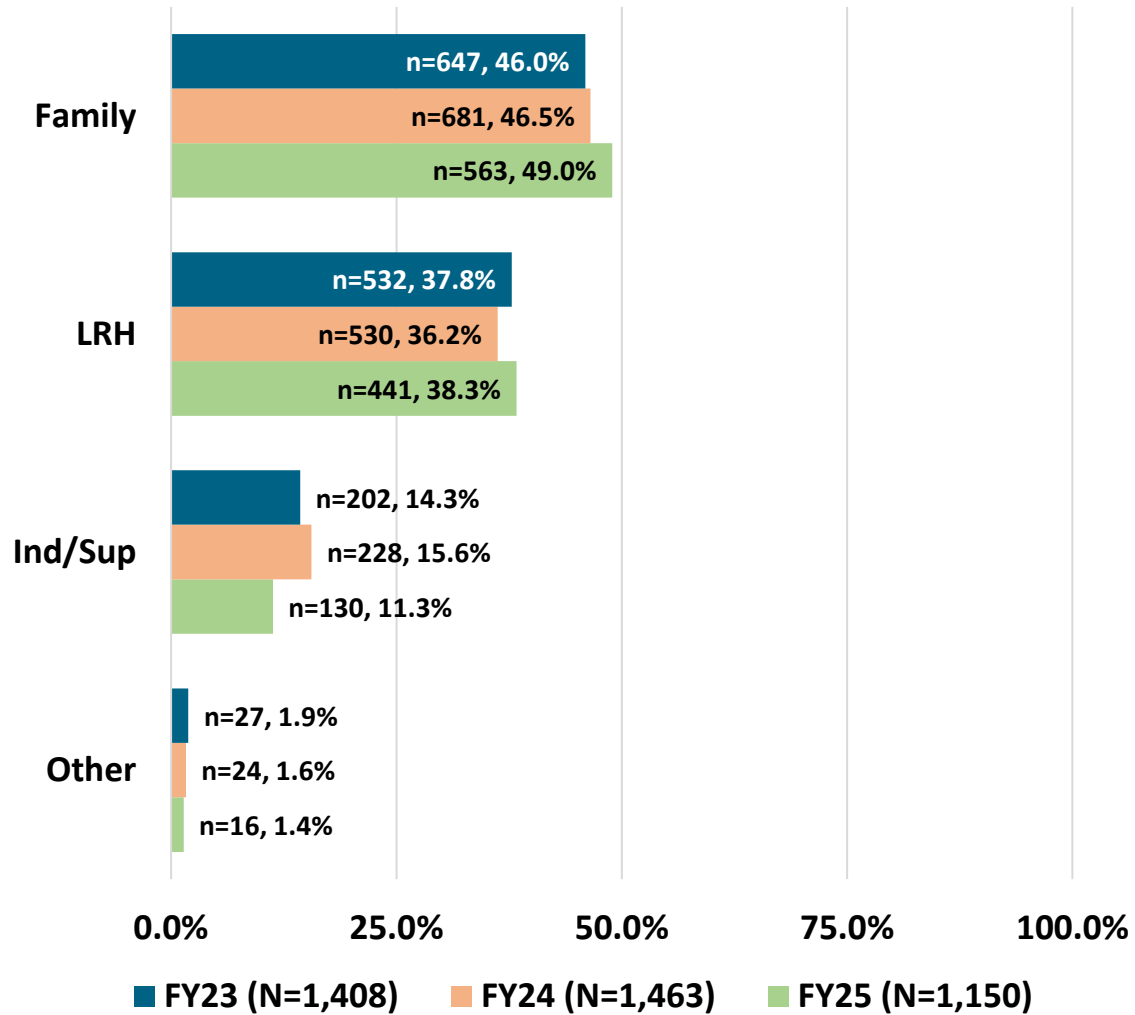


CDC+

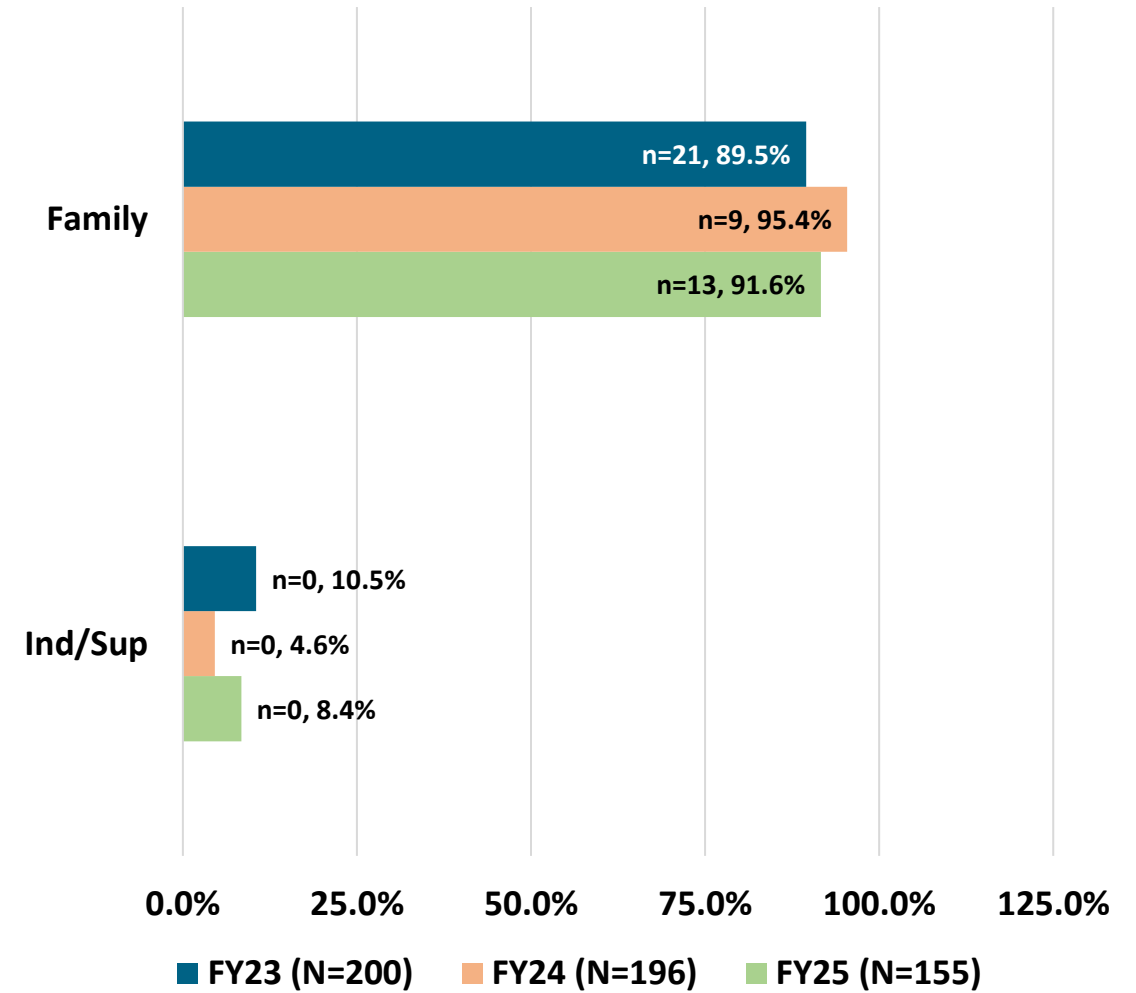


PCRs by Residential Setting: FY2023 – FY 2025 Q1-Q3

Waiver

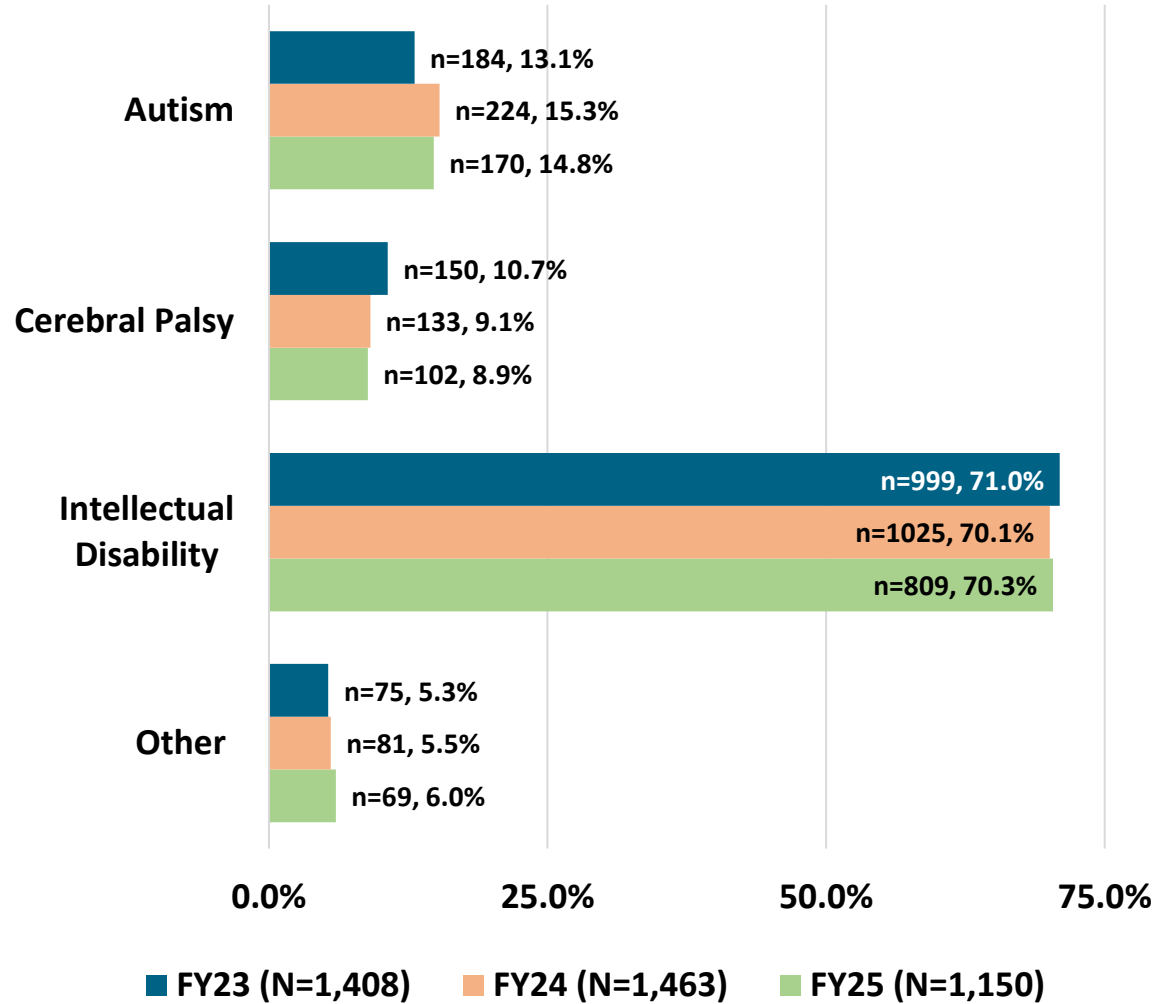


CDC+

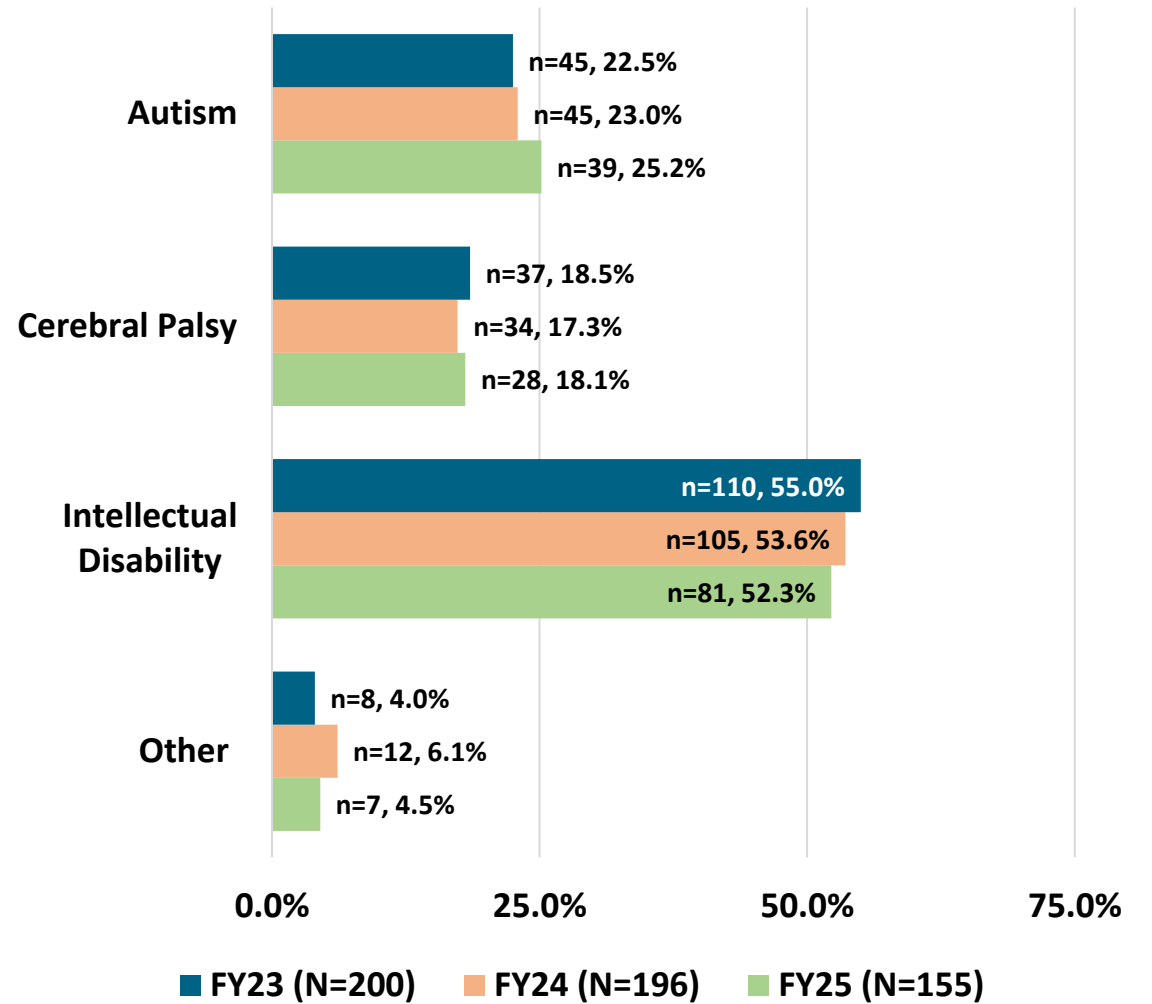


PCR Primary Disabilities: FY 2023 – FY 2025 Q1-Q3

Waiver



CDC+



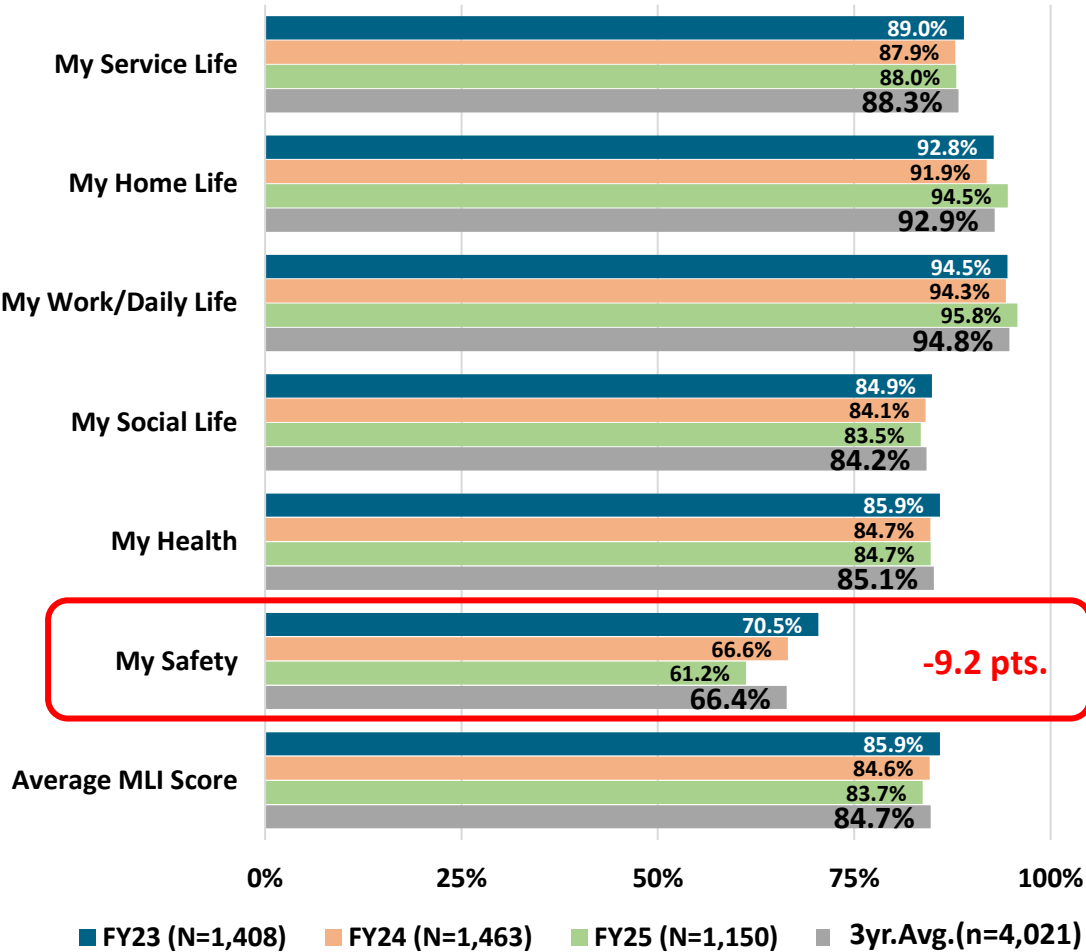
My Life Interview (MLI): Outcomes over Time



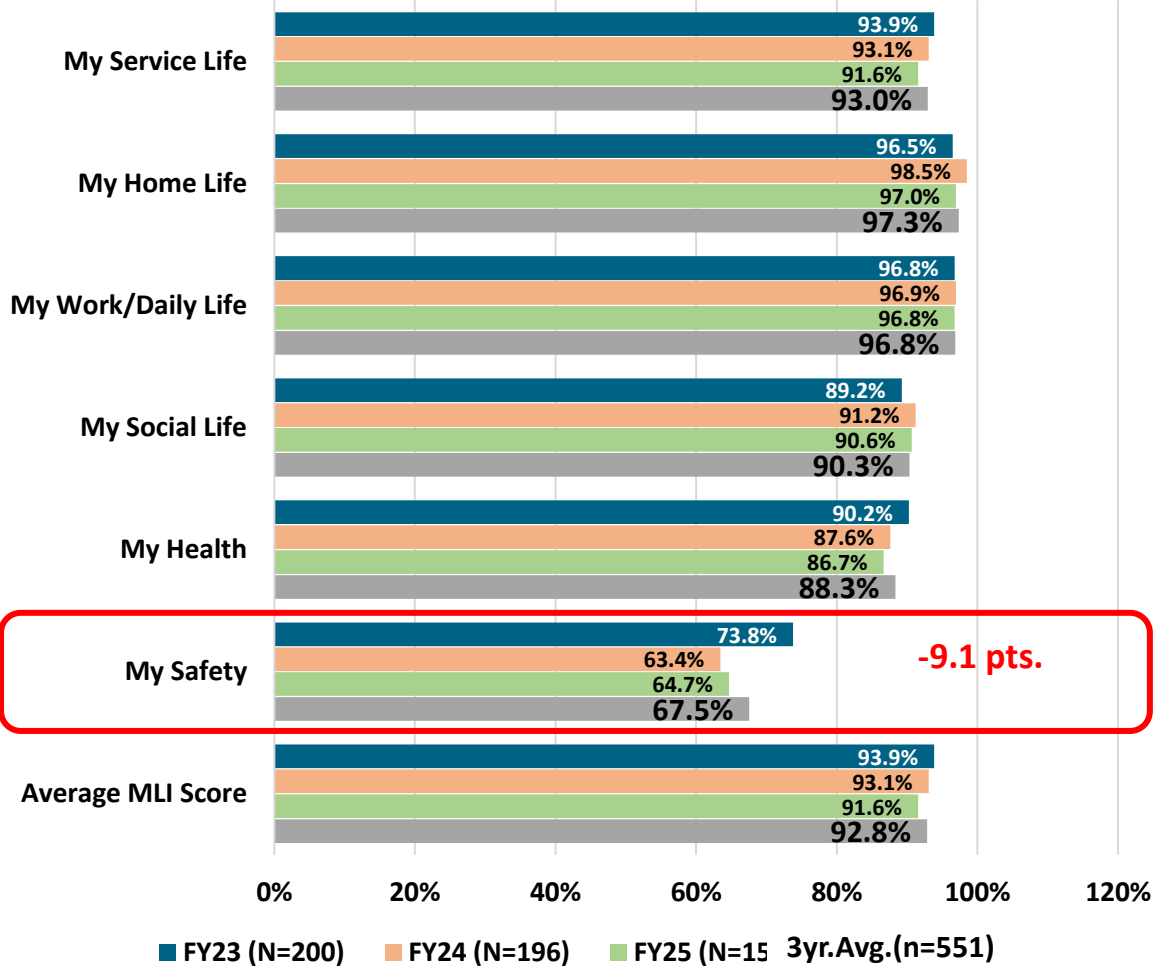
MLI Outcomes by Life Area: FY23 – FY25 Q1-Q3

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

Waiver Participants



CDC+ Participants



Top 3 Not Met Reasons for Lowest Scoring MLI Outcomes: FY23-FY25 Q1-Q3

I understand my medications: Waiver: 1,870 Not Mets; CDC+: 174 Not Mets

- **Most Common Not Met Reasons:**

- **I am not aware of the medications I take: 74.7%** (1,526/2,044 Not Mets)
- **I am not aware of potential side effects of my medications: 80.7%** (1,650/2,044 Not Mets)
- **I am not aware of why my medications are prescribed: 63.6%** (1,300/2,044 Not Mets)

My safety needs are addressed: Waiver: 1,354 Not Mets; CDC+: 182 Not Mets

- **Most Common Not Met Reasons:**

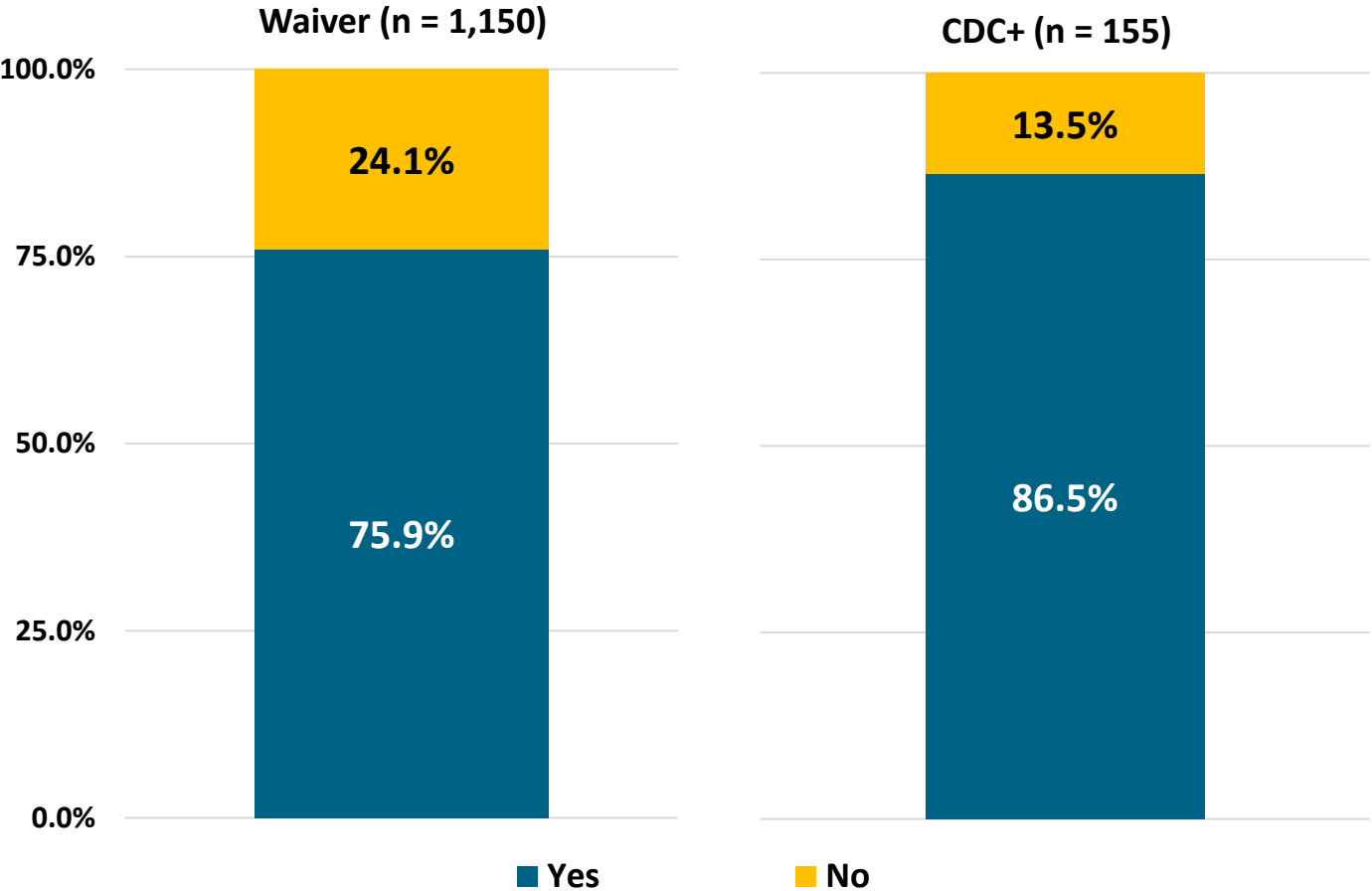
- **I do not know how or when to call 911: 74.0%** (1,136/1,536 Not Mets)
- **I do not know how to keep myself safe when out in my community: 51.7%** (794/1536 Not Mets)
- **I do not know what to do in the event of a fire: 45.1%** (693/1536 Not Mets)

I am an active and contributing member of my community: Waiver: 941 Not Mets; CDC+: 78 Not Mets

- **Most Common Not Met Reasons:**

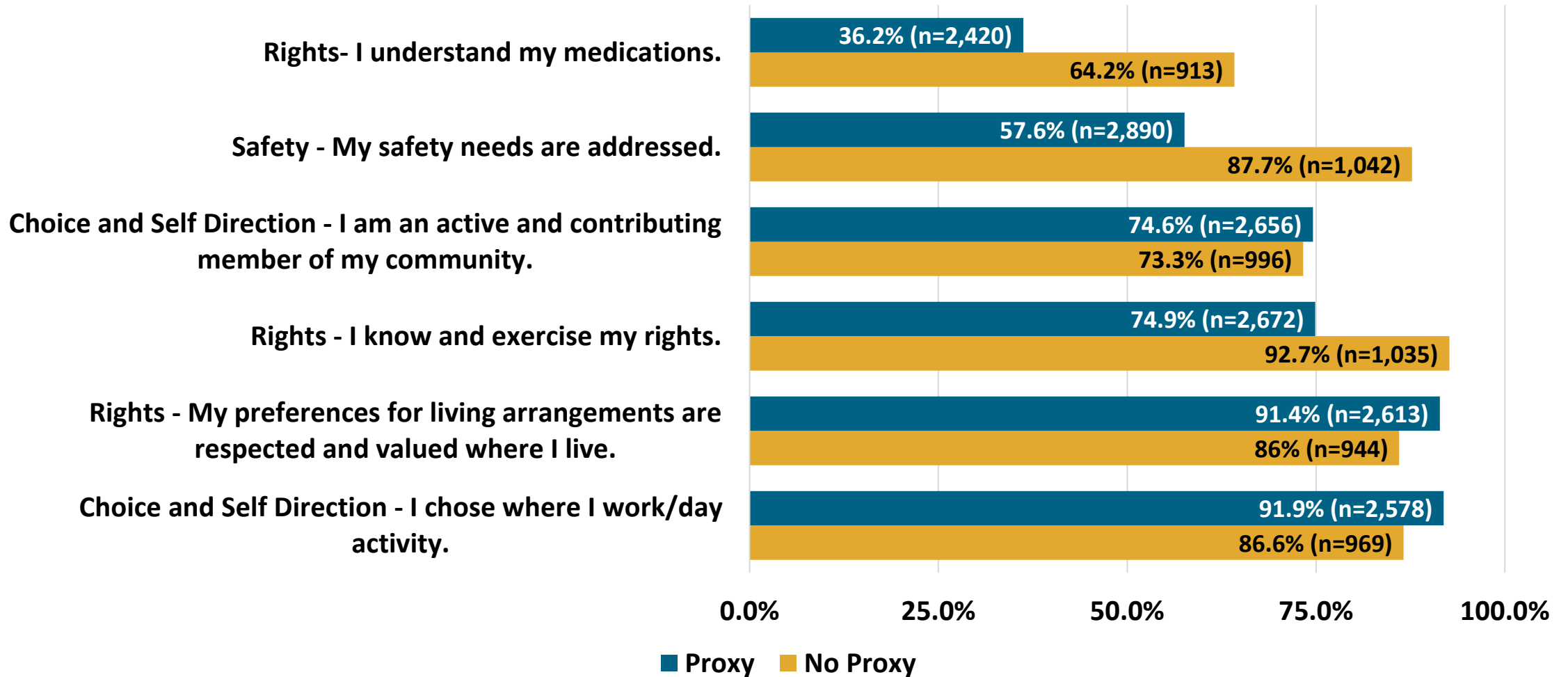
- **I do not understand what social roles are: 40.9%** (417/1019 Not Mets)
- **I do not understand how to develop and maintain social roles: 34.3%** (350/1019 Not Mets)
- **I participate in community activities but I would like to develop more meaningful connections: 24.7%** (252/1019 Not Mets)

PCR Interviews Completed with Use of a Proxy FY 2025 Q1-Q3

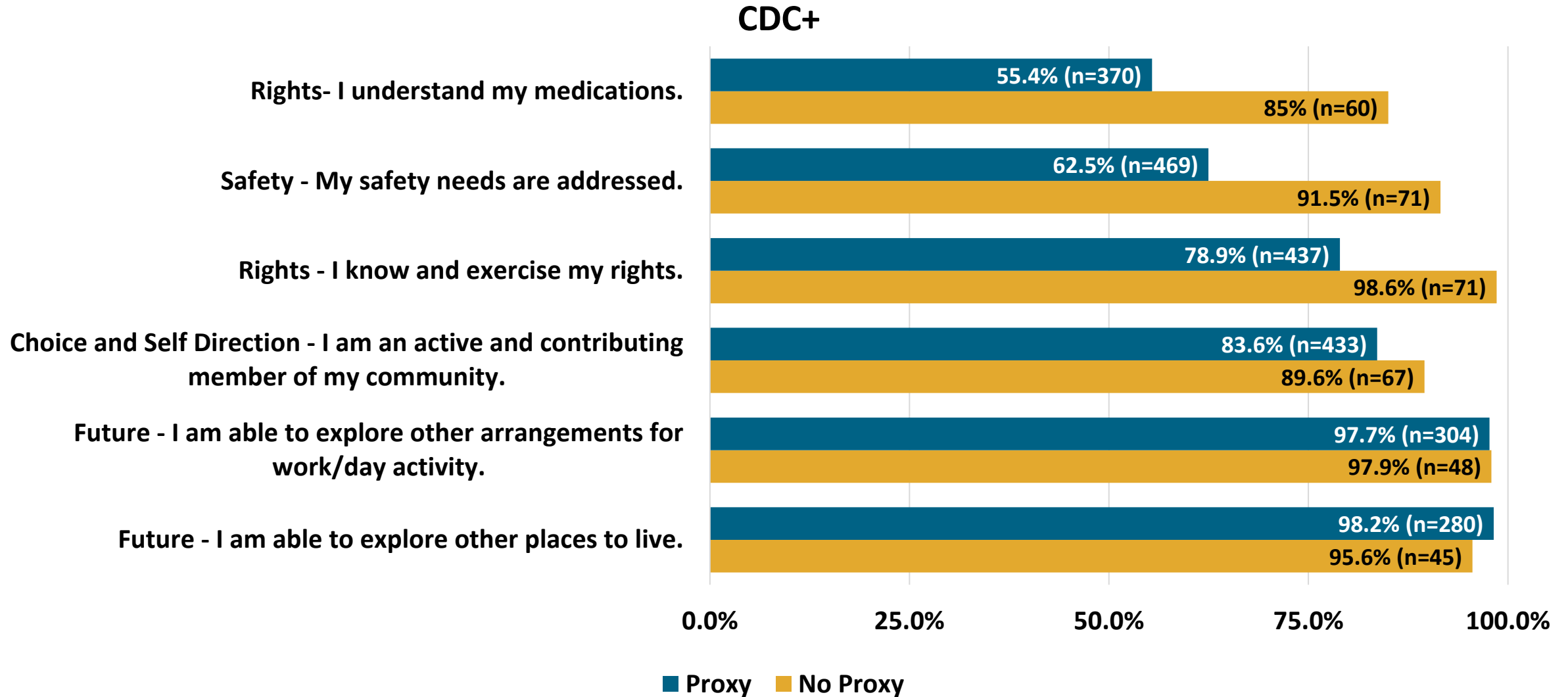


Lowest MLI Outcomes by Life Area and Proxy: FY23-FY25 Q1-Q3

Waiver

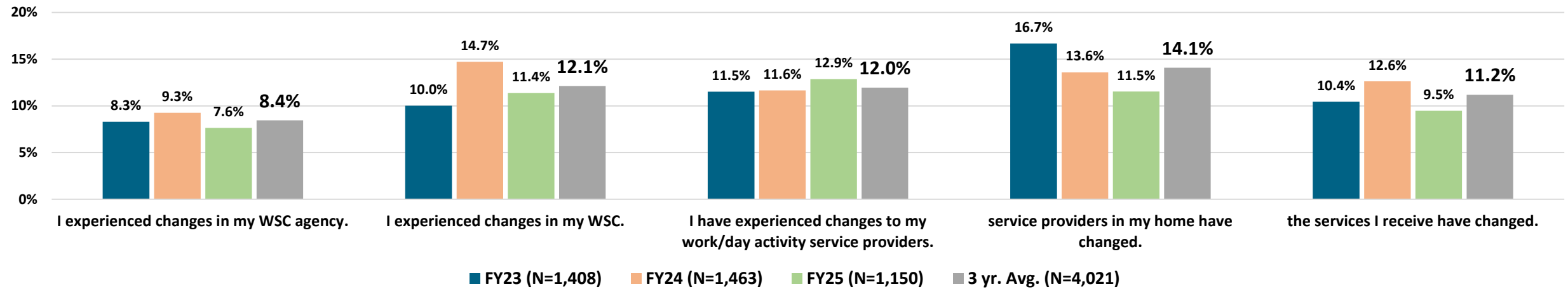


Lowest MLI Outcomes by Life Area and Proxy : FY23-FY25 Q1-Q3

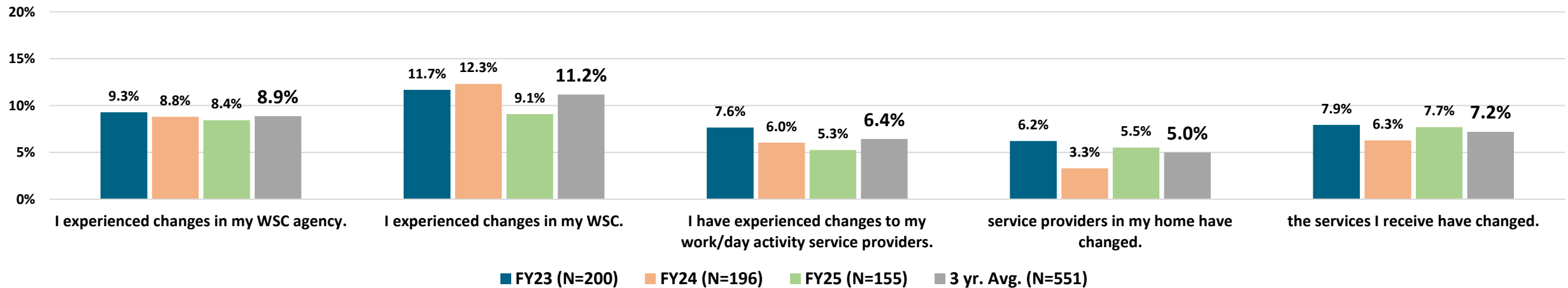


Person experienced 1 or more changes in previous 12 months: FY23 - FY25 Q1-Q3

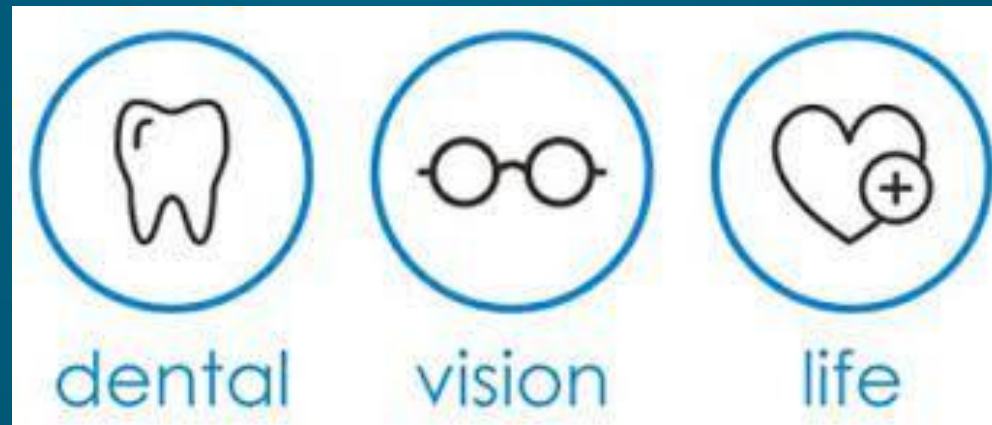
Waiver Participants



CDC+ Participants



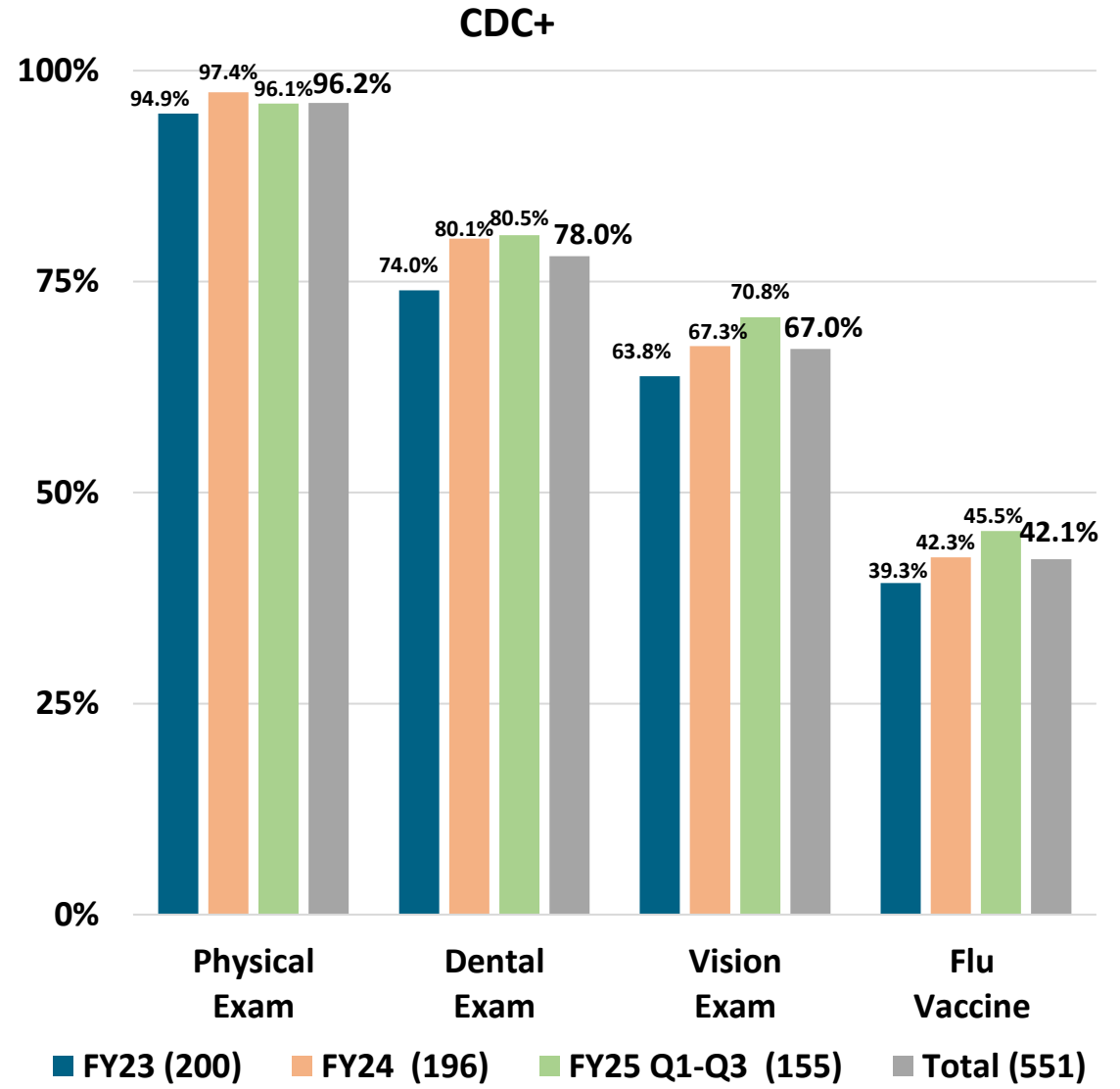
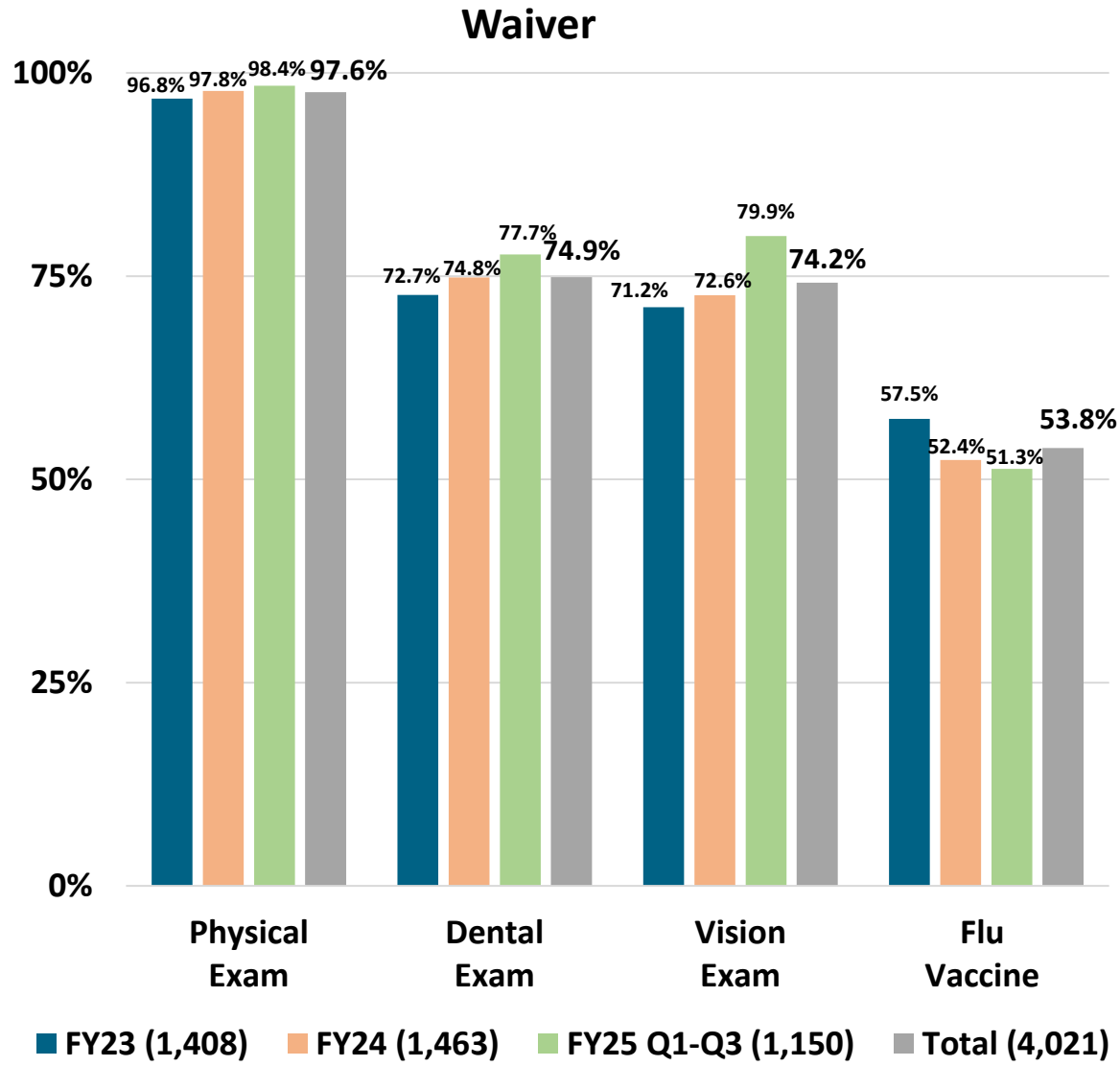
Health Summary



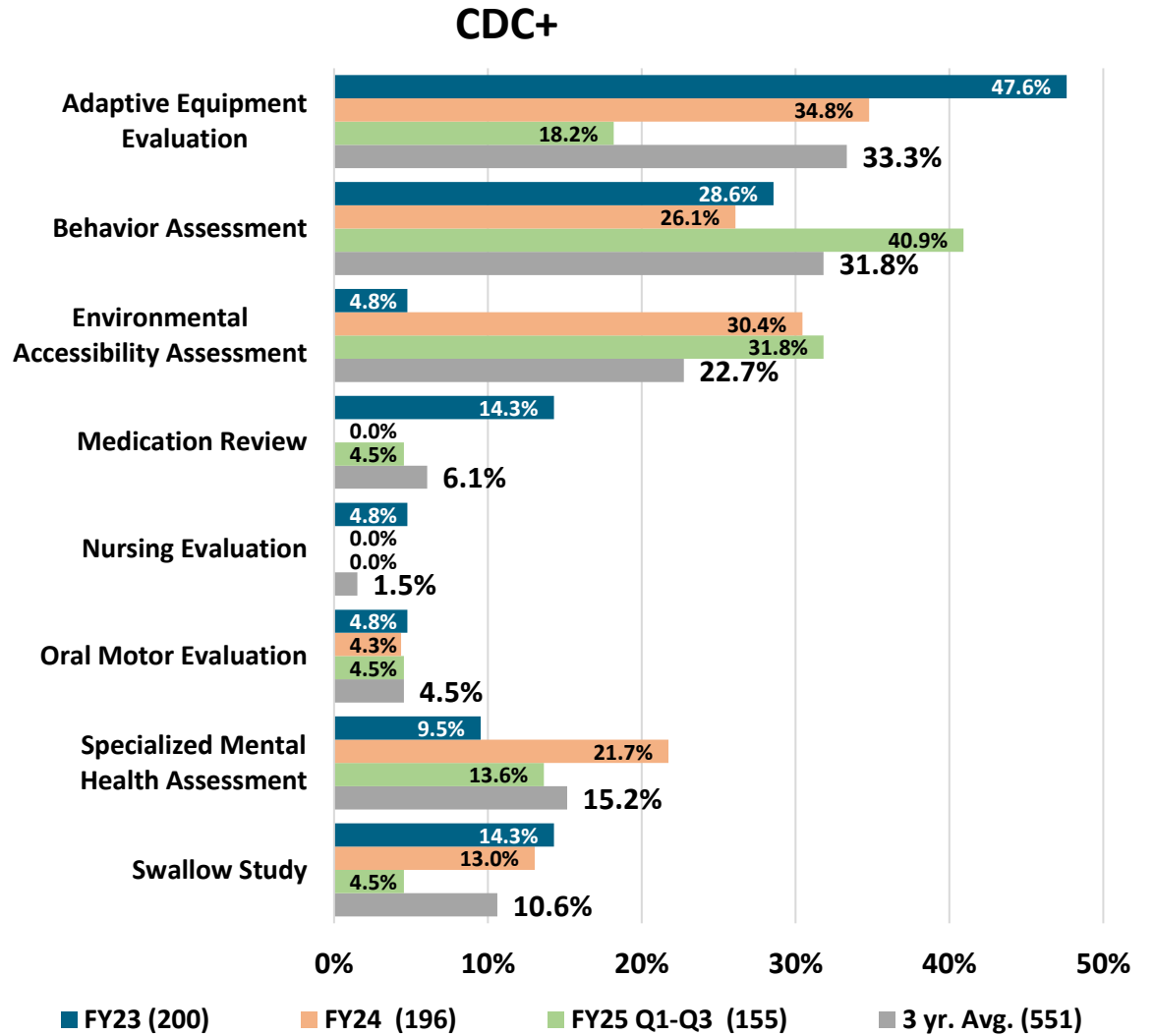
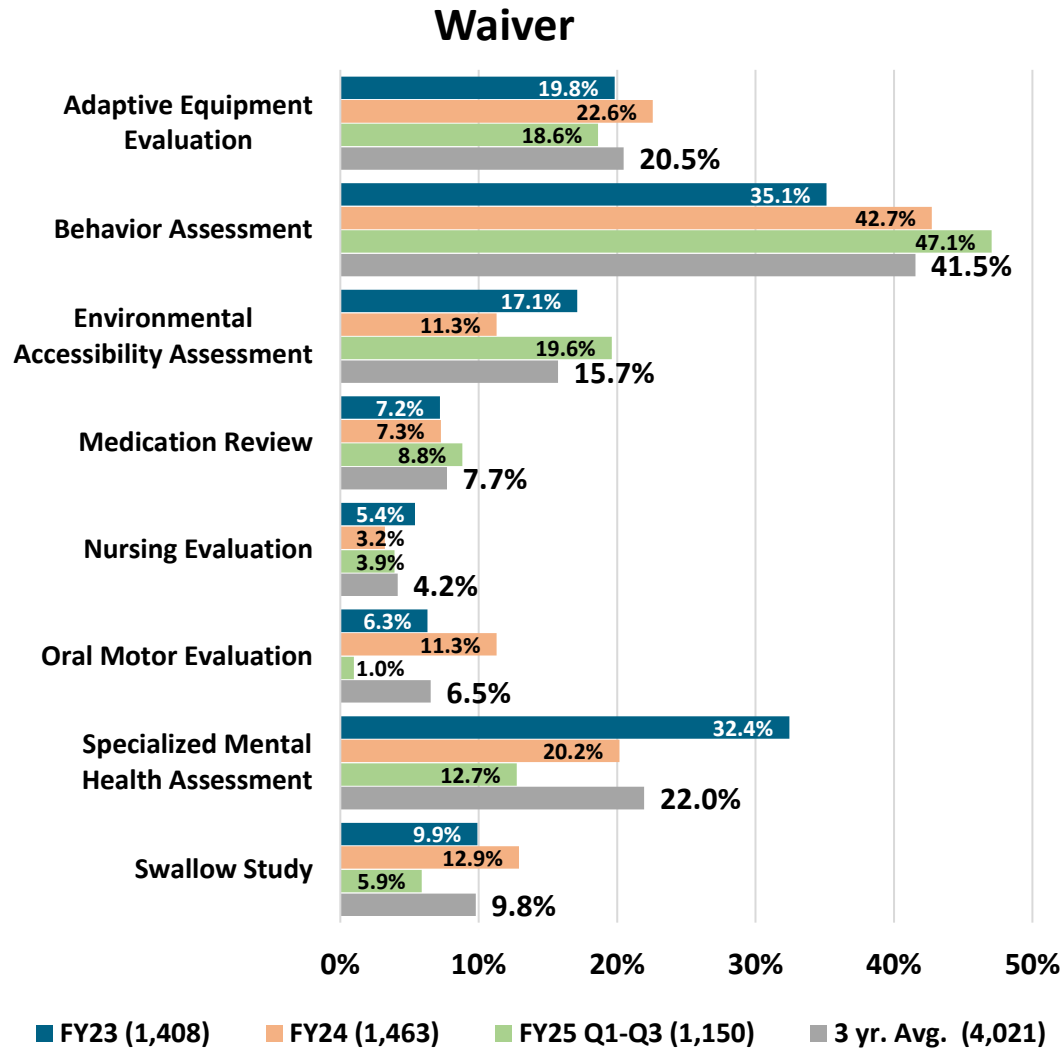
Percent of Individuals with a Significant Health Event by Waiver Type (% Yes)

In the previous 12 months:	Waiver				CDC+			
	FY23 (N = 1,408)	FY24 (N = 1,463)	FY25 Q1- Q3 (n = 1,150)	3 yr. Avg. (n = 4,021)	FY23 (N = 200)	FY24 (N = 196)	FY25 Q1- Q3 (n = 155)	3 yr. Avg. (n = 551)
Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation?	1.2%	2.2%	1.9%	1.8%	0.0%	0.5%	0.0%	0.2%
Have Reactive Strategies under 65G-8 been used due to behavioral concerns?	3.6%	4.5%	3.9%	4.0%	3.0%	1.0%	0.0%	1.5%
Have you been Baker Acted?	2.8%	2.8%	2.2%	2.6%	1.0%	0.0%	1.3%	0.7%
Have you been admitted to the hospital?	10.7%	11.0%	10.4%	10.7%	12.5%	10.7%	14.8%	12.5%
Have you been to an Emergency Room?	17.1%	19.5%	17.1%	18.0%	17.5%	18.4%	25.2%	20.0%
Have you been to an Urgent Care Center?	7.1%	5.9%	6.6%	6.5%	6.5%	6.5%	4.5%	6.5%

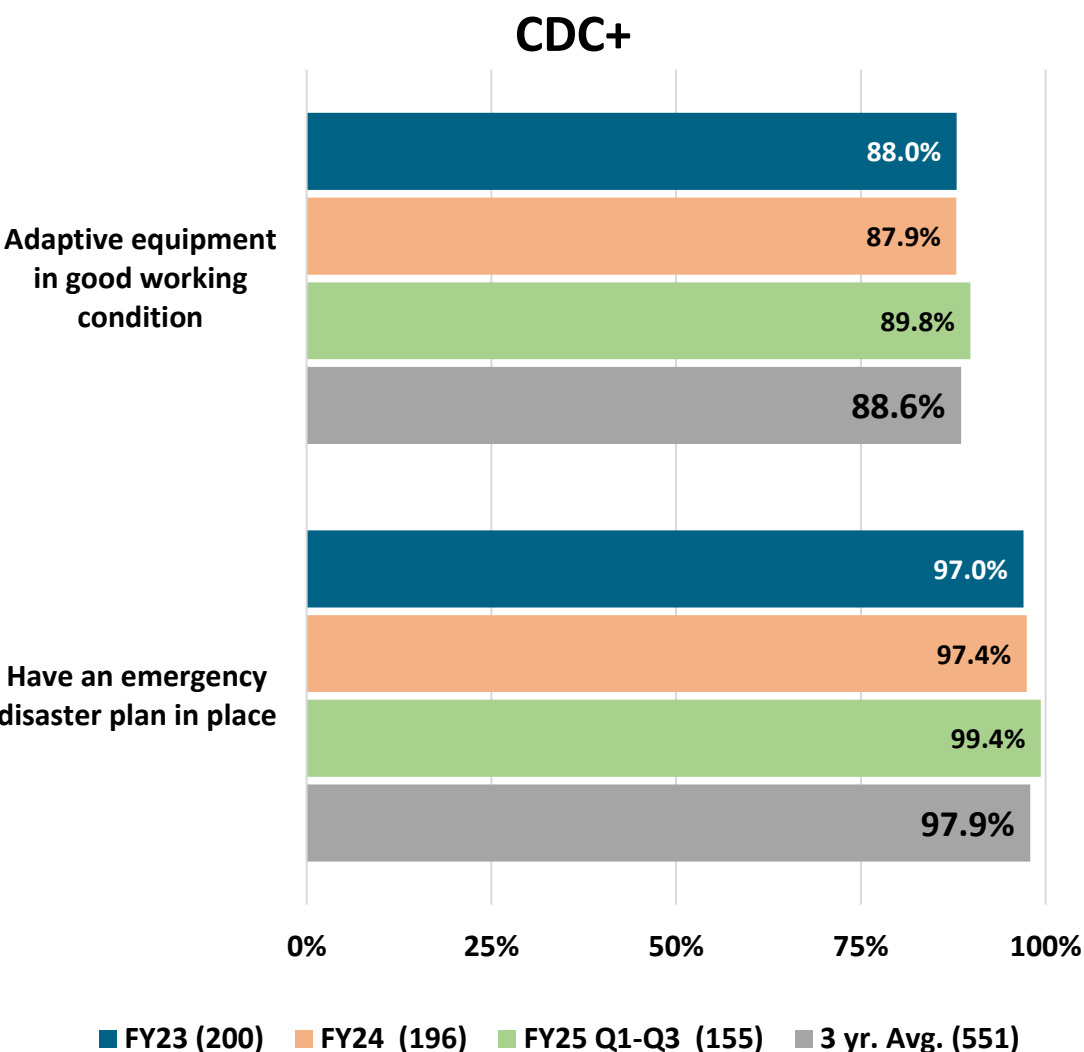
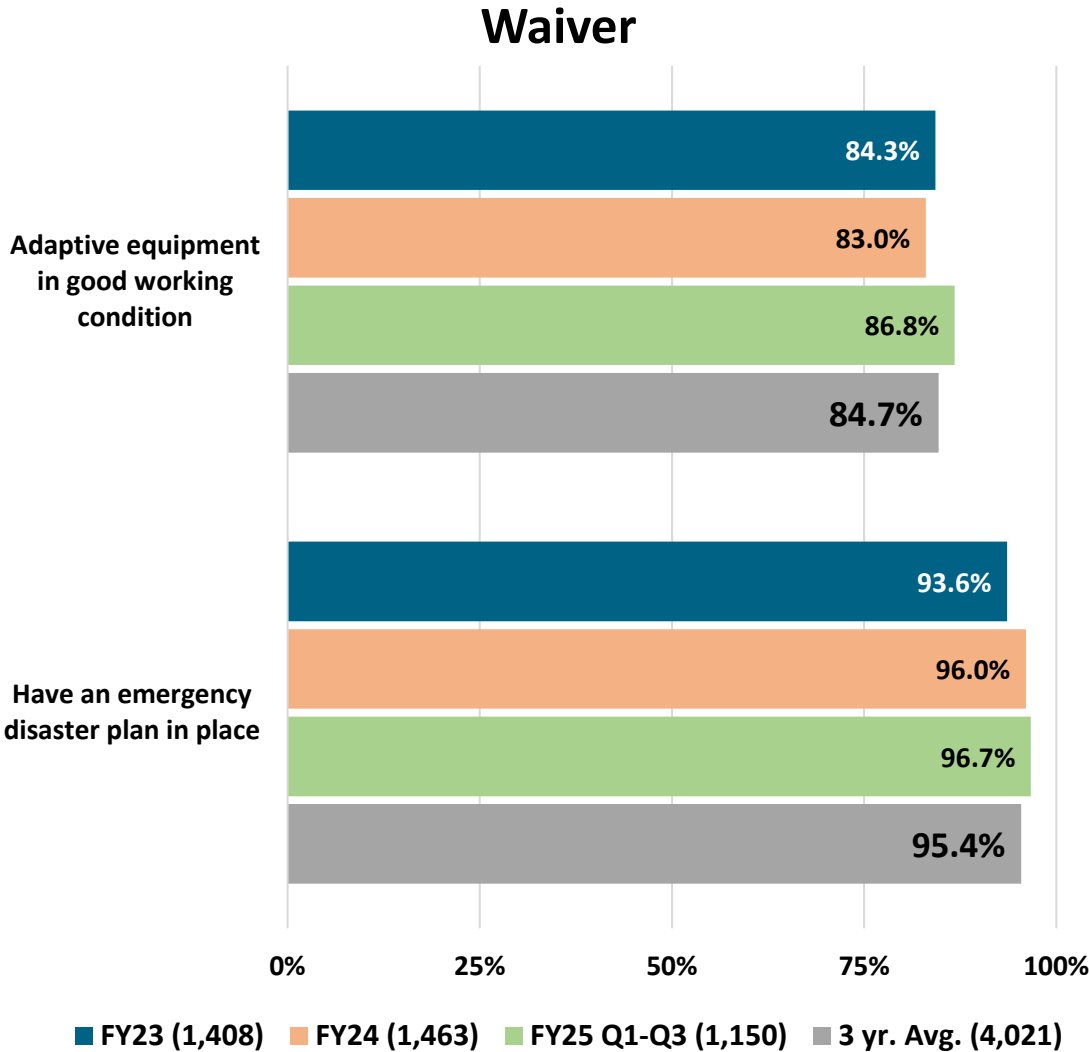
Preventative Care



Do you need any additional therapies or assessments?

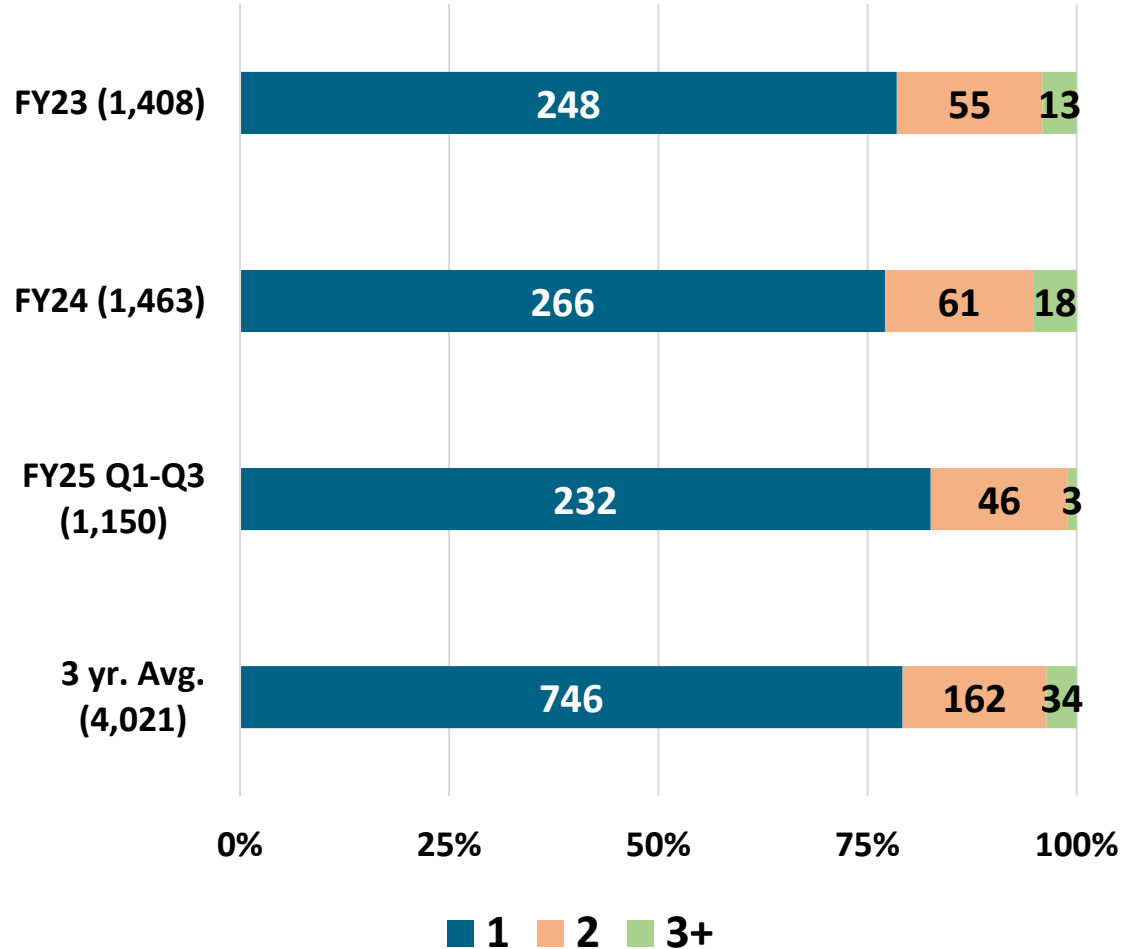


Adaptive Equipment in good working condition? Do you have a Disaster Plan?

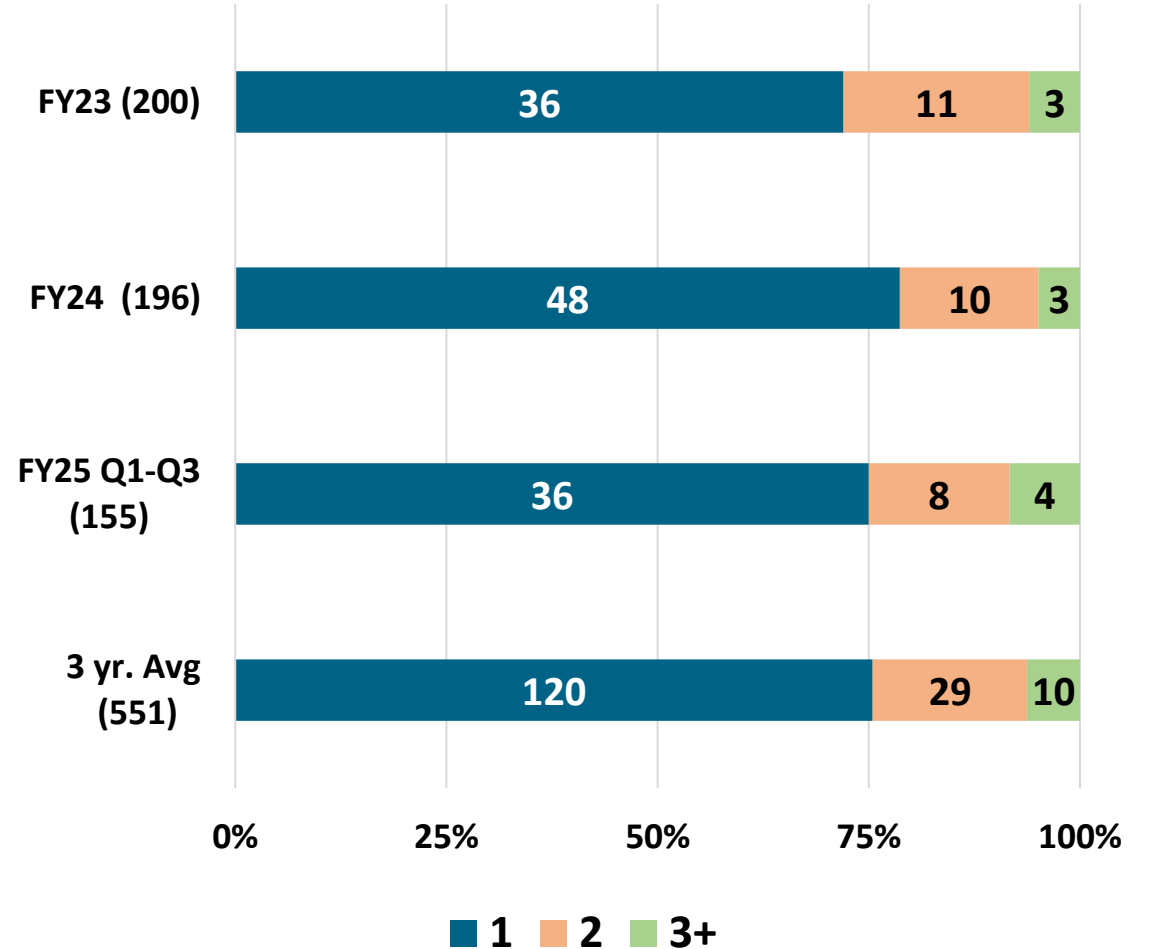


of People taking 1, 2, 3+ Controlled Medication*

Waiver



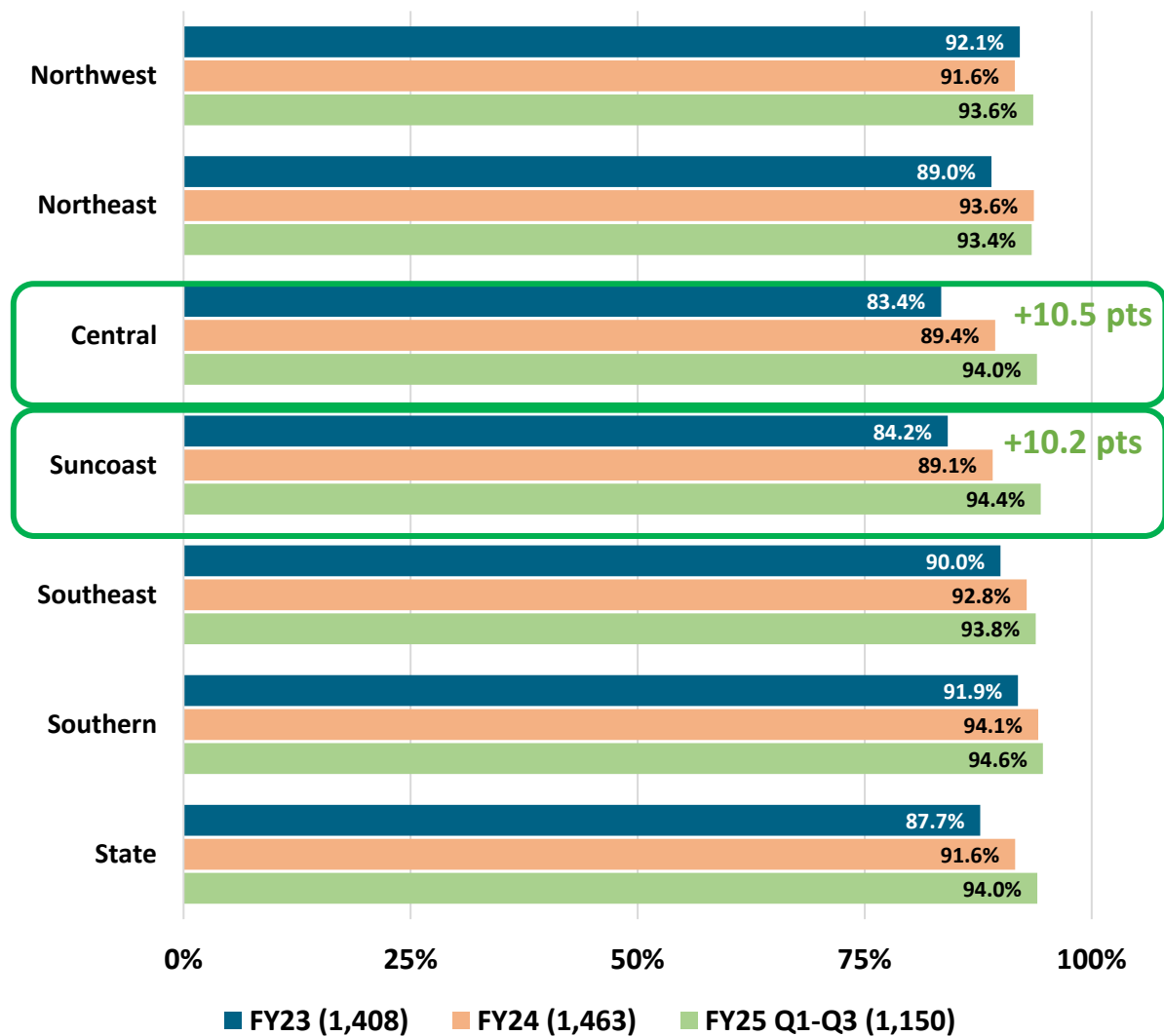
CDC+



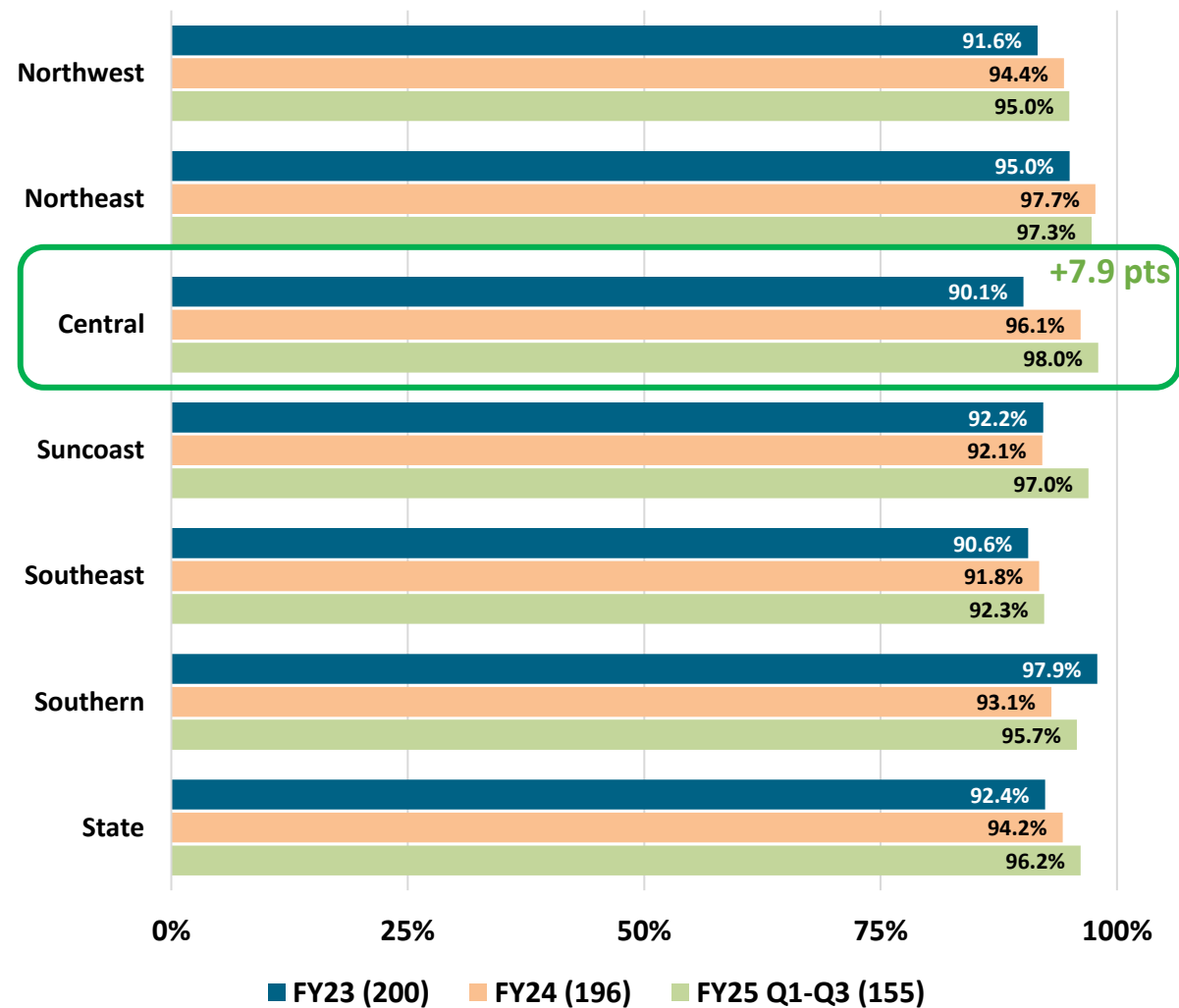
WSC/CDC+ Consultant Record Reviews

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-Q3

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

• 78.2% (1,323) → 68.4% (1,375) → 76.1% (1,453) → 84.6% (1,148)

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

• 68.4% (1,375) → 68.2% (1,397) → 77.9% (1,454) → 83.5% (1,150)

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

• 75.6% (1,388) → 73.7% (1,402) → 82.3% (1,456) → 87.4% (1,140)

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

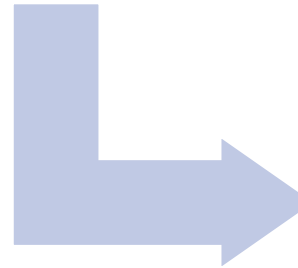
• 87.0% (1,332) → 67.7% (1,389) → 82.0% (1,412) → 83.8% (1,125)

Lowest Scoring WSC and CDC+ Consultants Standard: FY25 Q1-Q3

The Support Plan has all required components complete.

- **WSC: 77.5% (1,149)**
 - 258 Not Mets
- **CDC+ C: 84.5% (155)**
 - 24 Not Mets

Health section had components not present on the Plan: 32.6%
92/282 Not Mets



Section identifying information and demographics had components not present on the Plan: 23.4%
66/282 Not Mets



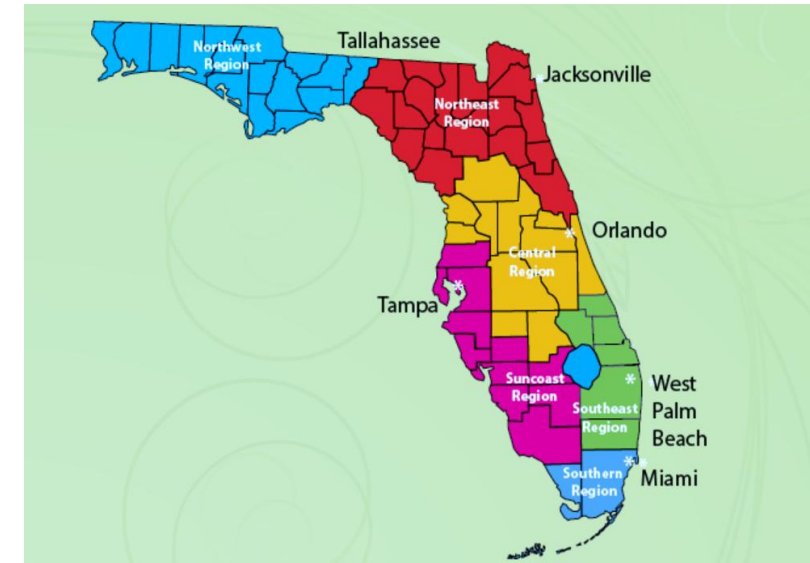
Section including Future Goals did not change from one Support Plan to the next.: 18.8%
53/282 Not Mets

Provider Discovery Reviews



FY25 Q1-Q3 (July 2024 – March 2025)

Region	# of PDRs		
	Service Providers (SPs)	Qualified Organizations (QOs)	CDC+ Representatives (Reps)
Northwest	75	9	17
Northeast	145	16	33
Central	219	25	37
Suncoast	221	20	37
Southeast	198	38	40
Southern	113	25	34
State	971	133	198



Average PDR Score by Region: FY25 Q1-Q3

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)

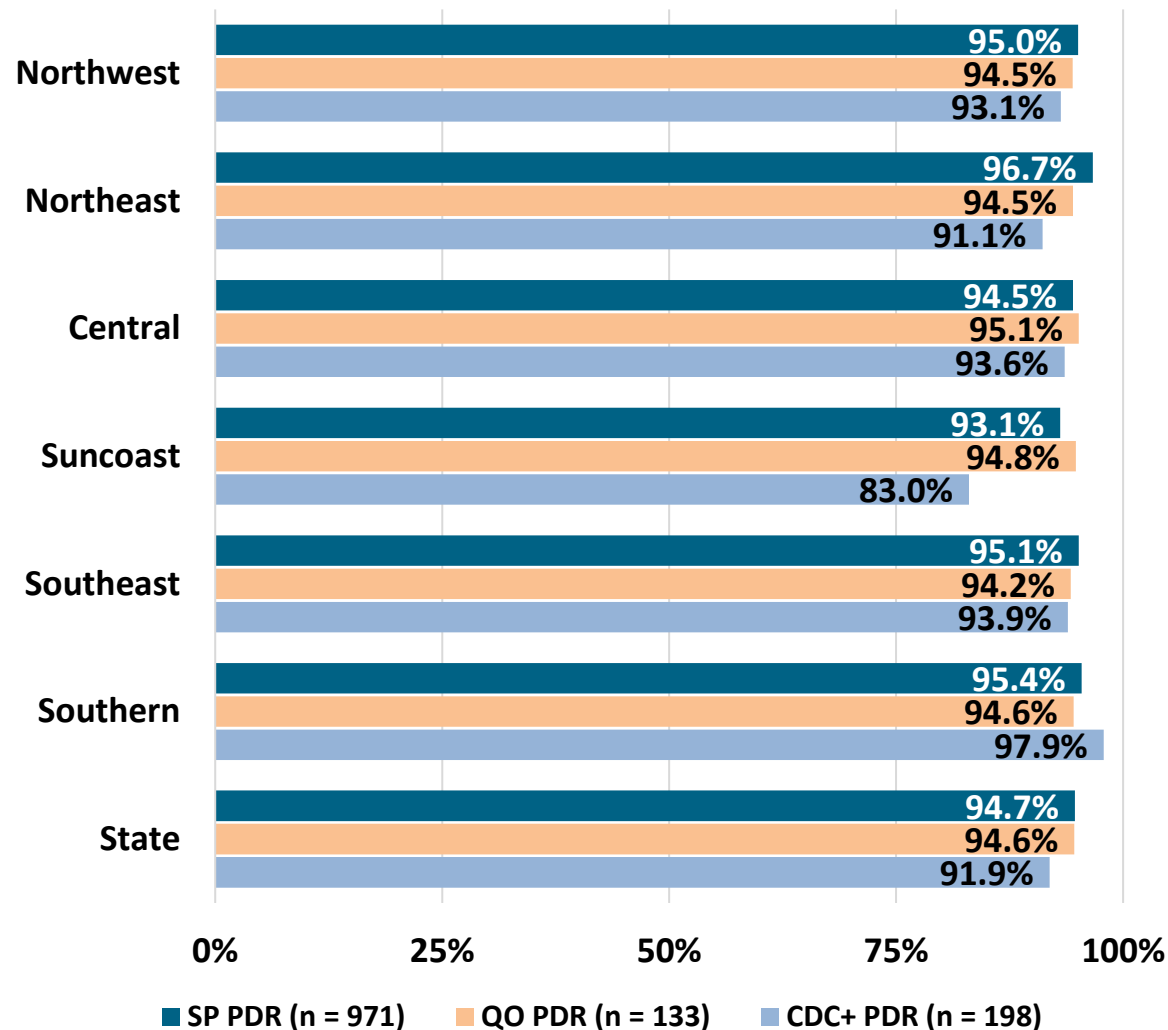
- Applies to SPs, QOs, and CDC+ Reps

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

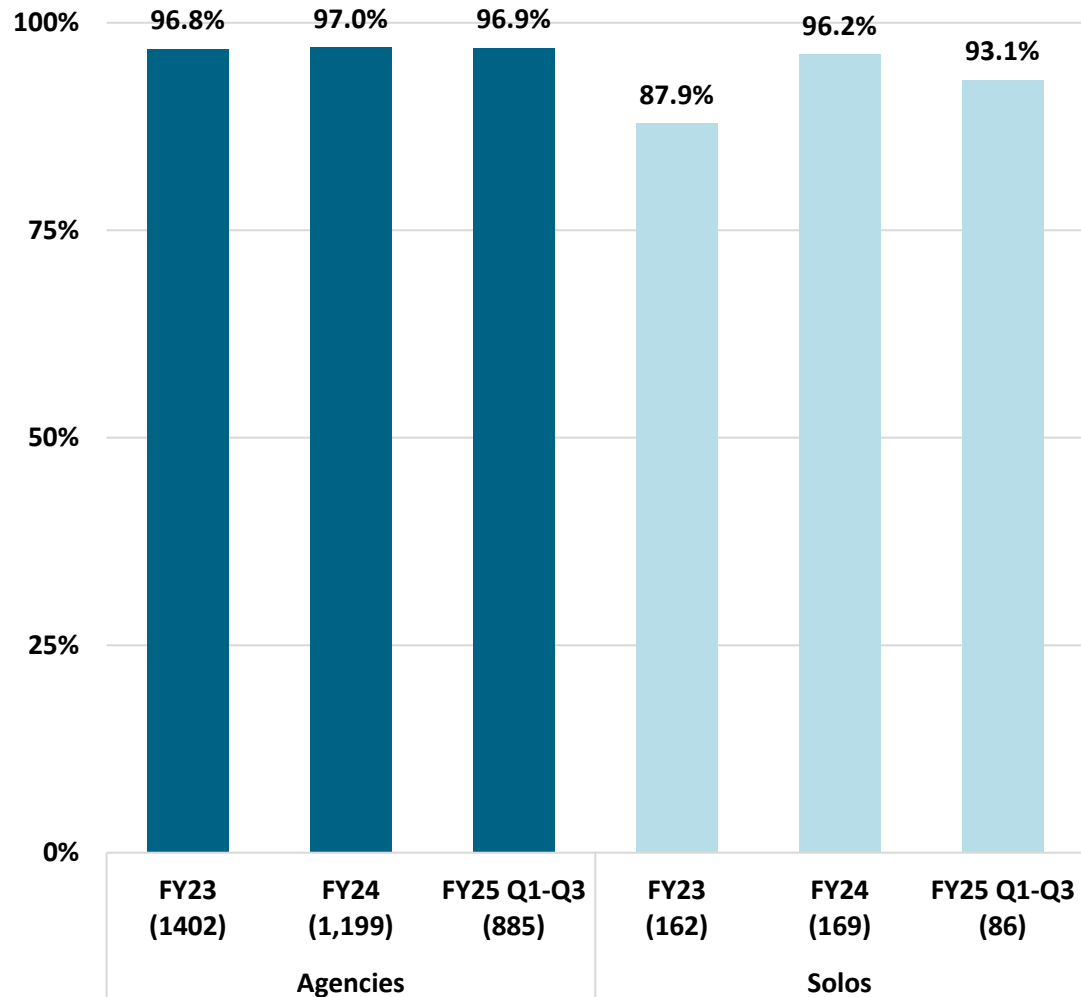
FY24: July 2023 – June 2024

FY25 Q1-Q3: July 2024 – March 2025

Administrative Review

GAR/Staff Q&T

Service Provider General Administrative Reviews by FY

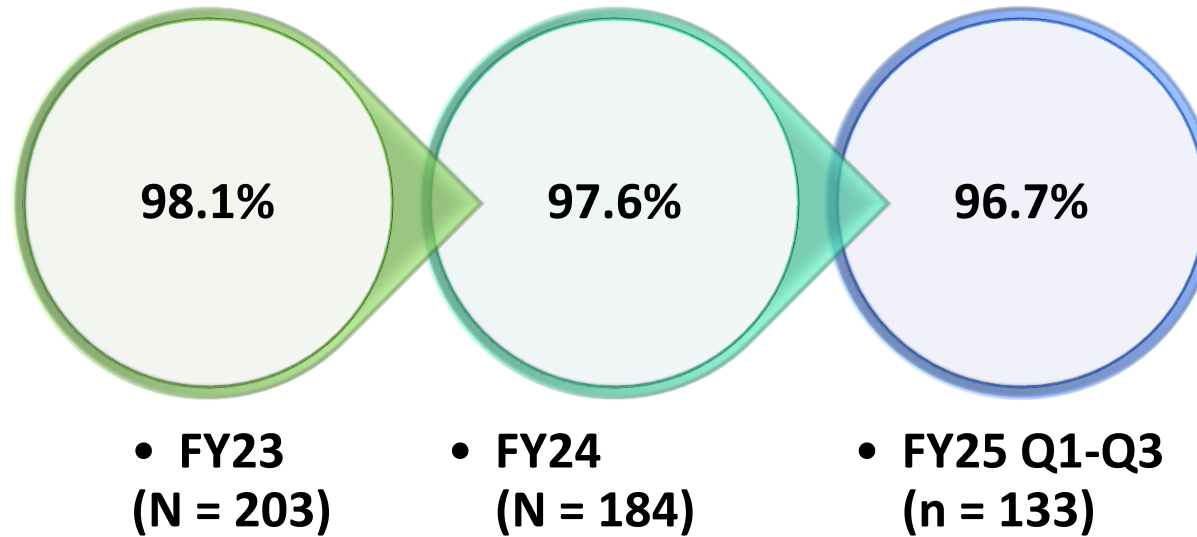


Lowest Scoring Indicator: FY23 → FY24 → FY25 Q1-Q3

- **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% (21)
- **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) → 93.0% (86)

in parenthesis represents the # of SPs reviewed.

QO General Administrative Reviews by Region and FY



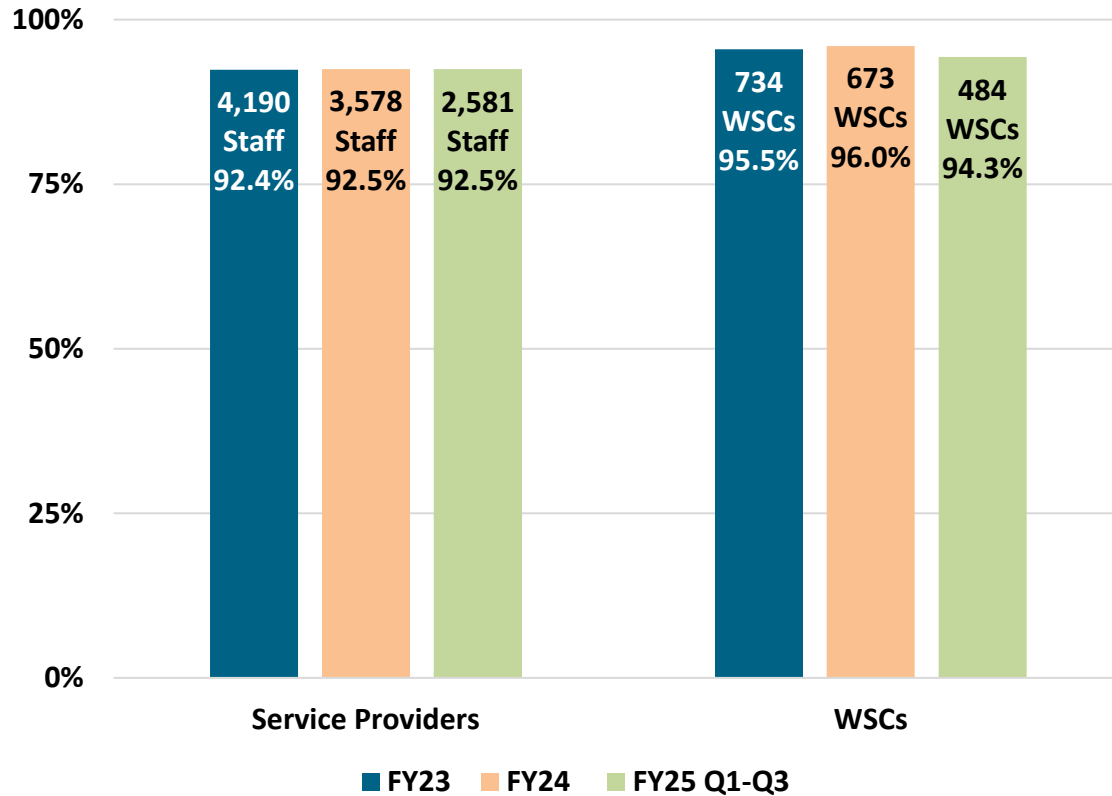
Lowest Scoring Indicator: FY23 → FY24 → FY25 Q1-Q3

- The provider maintains a Table of Organization.
95.6% (203) → 96.7% (184) → 93.2 (133)
- The Mentee completed all mentoring program requirements.
95.7% (92) → 95.4% (119) → 100% (44)

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-Q3

- **Service Providers: The service provider completes eight hours of annual in-service training**
 - Supported Employment Coaching (LSD 3)
76.0% (225) → 83.7% (178) → 82.7% (127)
 - Supported Living Coaching (SLC)
76.4% (335) → 79.0% (276) → 77.1% (179)
 - Personal Supports
76.8% (1,540) → 77.1% (1,304) → 80.0% (964)
- **WSCs: The provider received training in HIV/AIDS/Infection Control.**
90.0% (732) → 92.4% (671) → 91.9% (483)

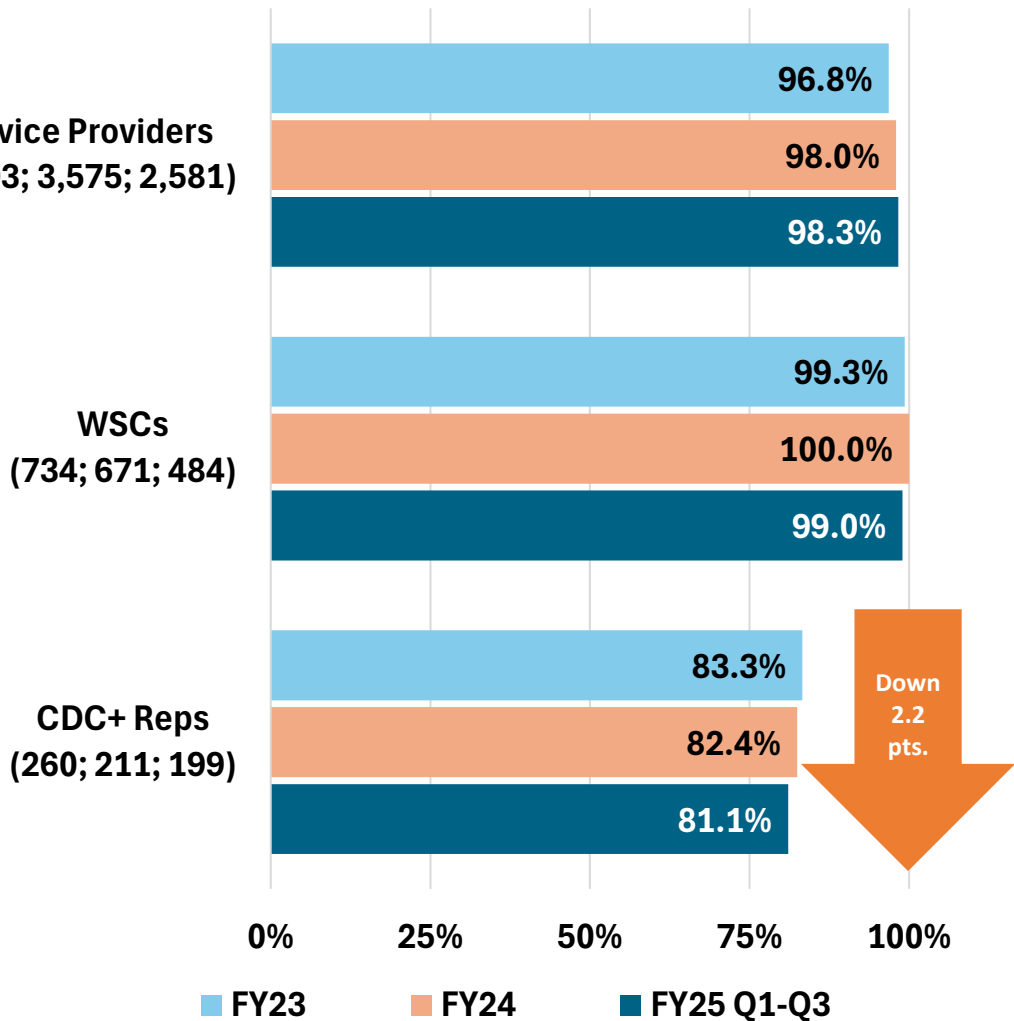
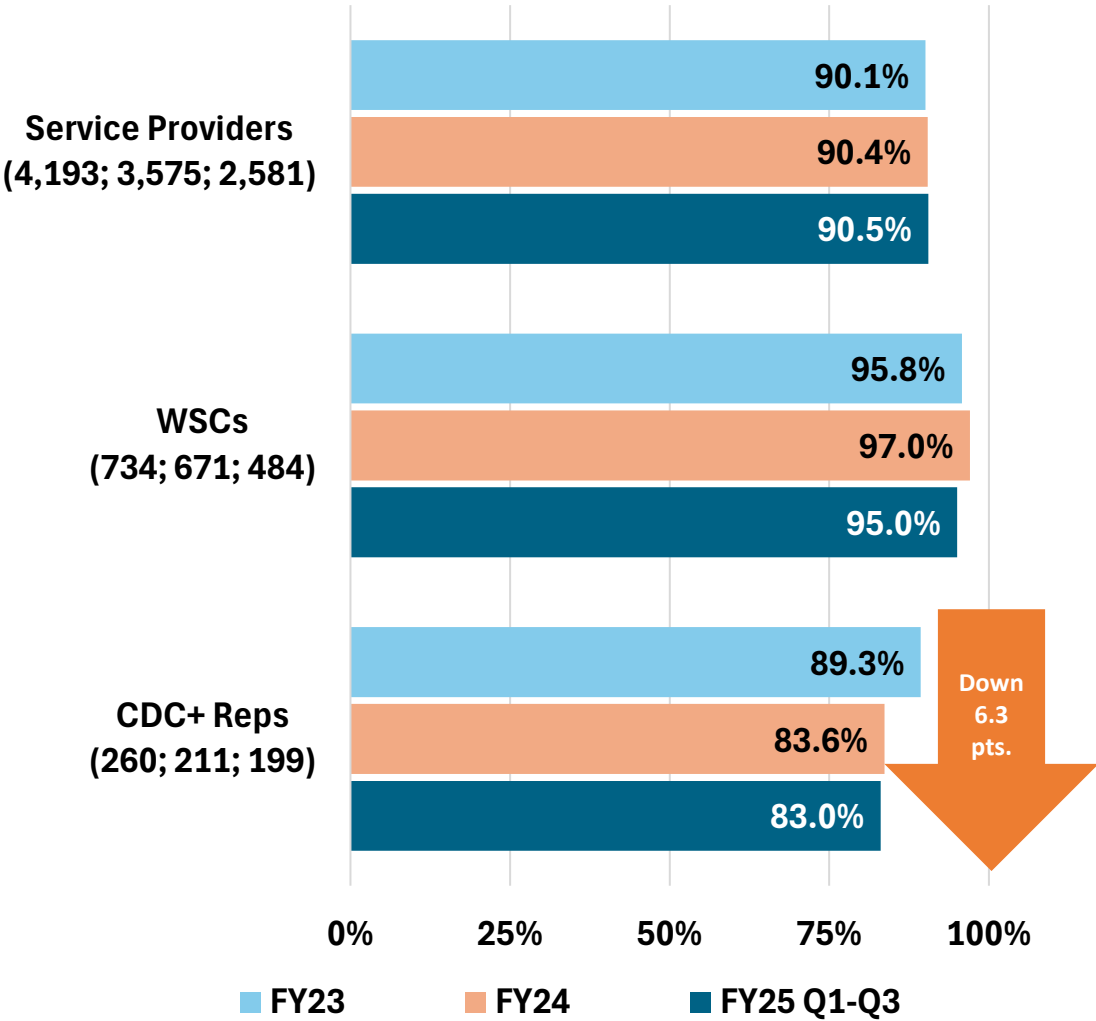
in parenthesis represents the # staff/WSCs reviewed.

Level II Background Screenings and Clearinghouse: Percent Met by FY



Level II Background Screening

Maintains Roster in Clearinghouse



Level II Background Screenings in FY 25 Q1–Q3: Most Common Not Met Reasons

Among service providers, 245 staff were out of compliance across 171 providers

Provider did not present a current Local Law/Criminal Records Check. (A)

79 Staff

Provider did not present evidence of current APD General FDLE/FBI clearance from the Clearinghouse. (A)

60 Staff

Provider did not present a complete, signed and dated APD Attestation of Good Moral Character.

57 Staff

Among QOs, 24 WSCs were out of compliance across 17 QOs

The affiant's initials were not next to one or more acknowledgement statements on the APD Attestation of Good Moral Character presented.

12 WSCs

Provider did not present a current Local Law/Criminal Records Check. (A)

8 WSCs

Provider did not present evidence of current APD General FDLE/FBI clearance from the Clearinghouse. (A)

5 WSCs

39 CDC+ Reps were out of compliance

Current FDLE/FBI clearance was not present at the time of the review. (A)

24 CDC+ Reps

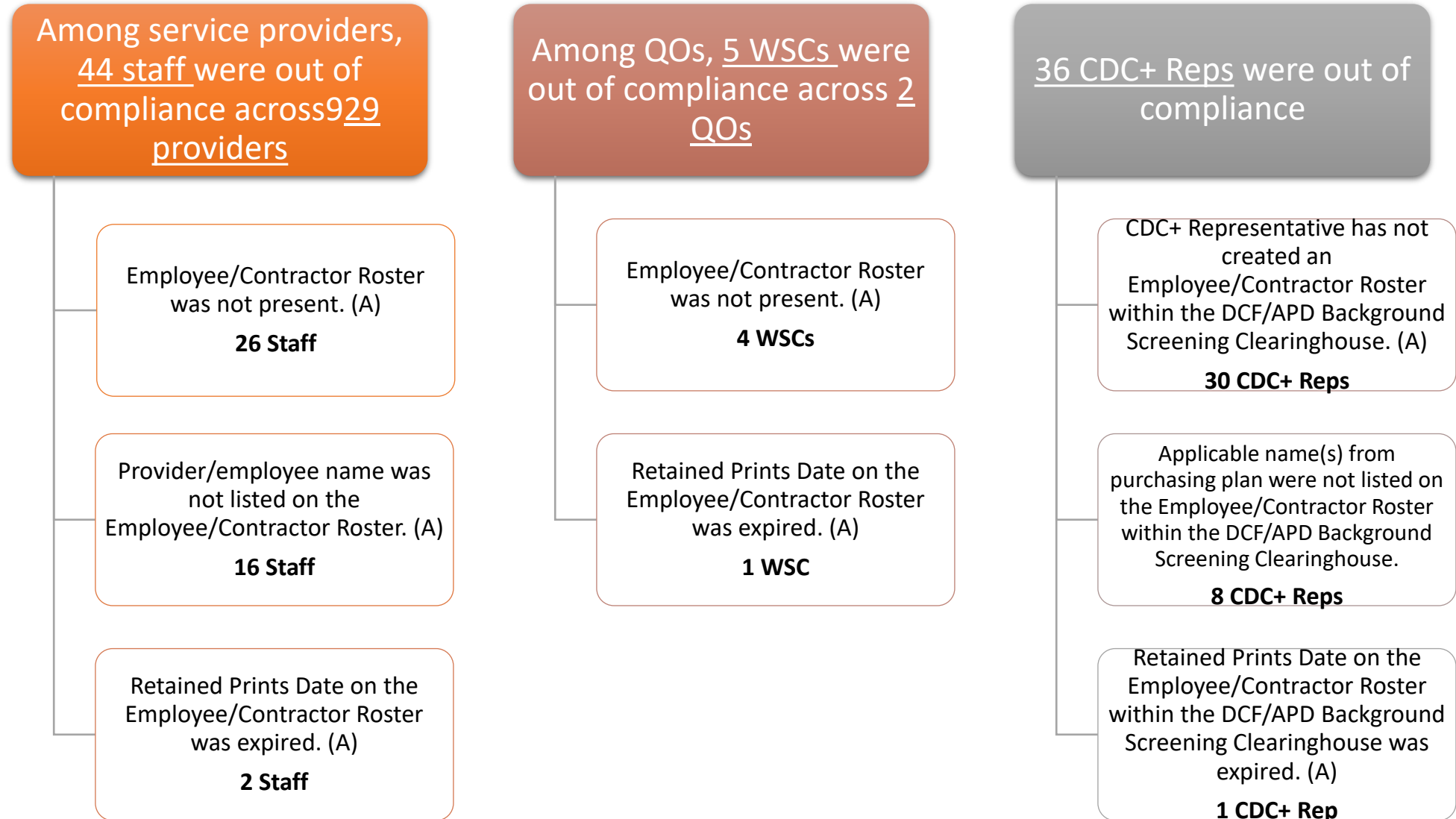
Affidavit/Certification of Good Moral Character was not available for review.

8 CDC+ Reps

Screening Results from the DCF/APD Background Screening Clearinghouse did not show status as APD CDC Eligible. (A)

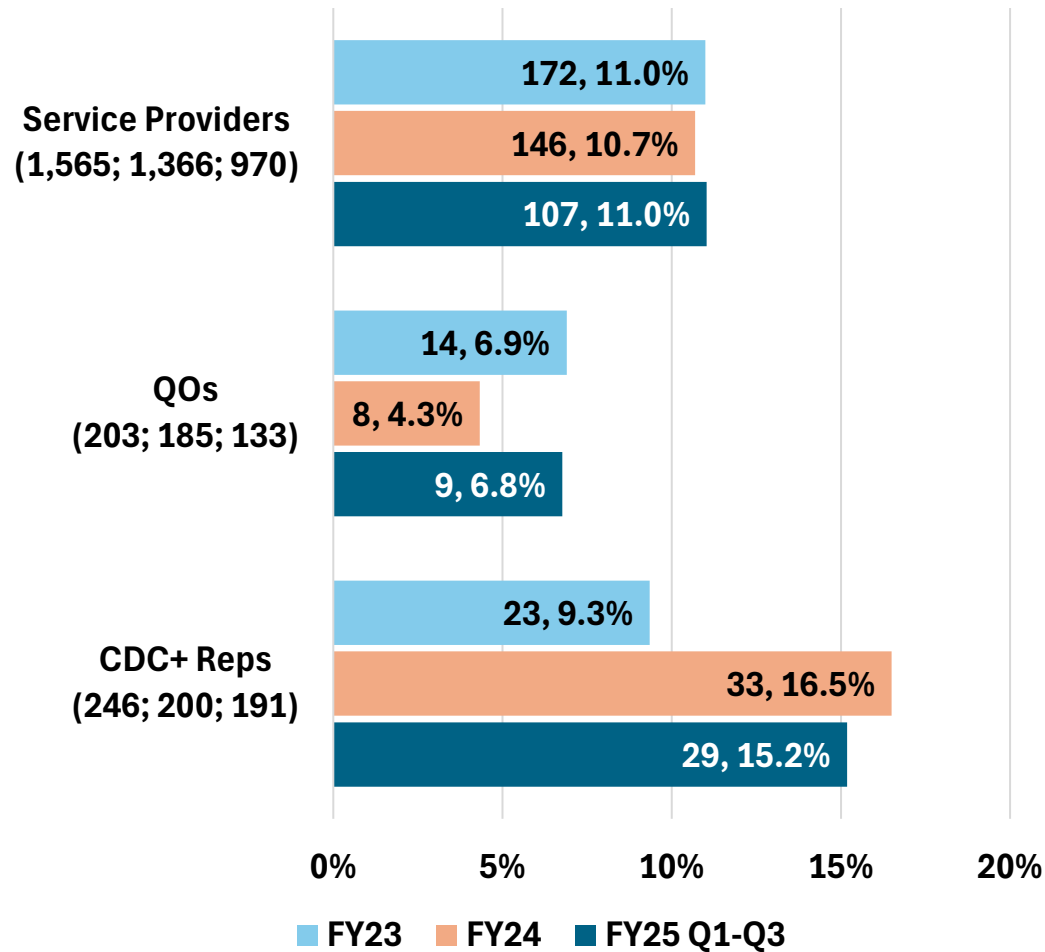
4 CDC+ Reps

Non-Compliant for maintaining an employee roster within DCF Background Screening Clearinghouse in FY 25 Q1–Q3: Most Common Not Met Reasons

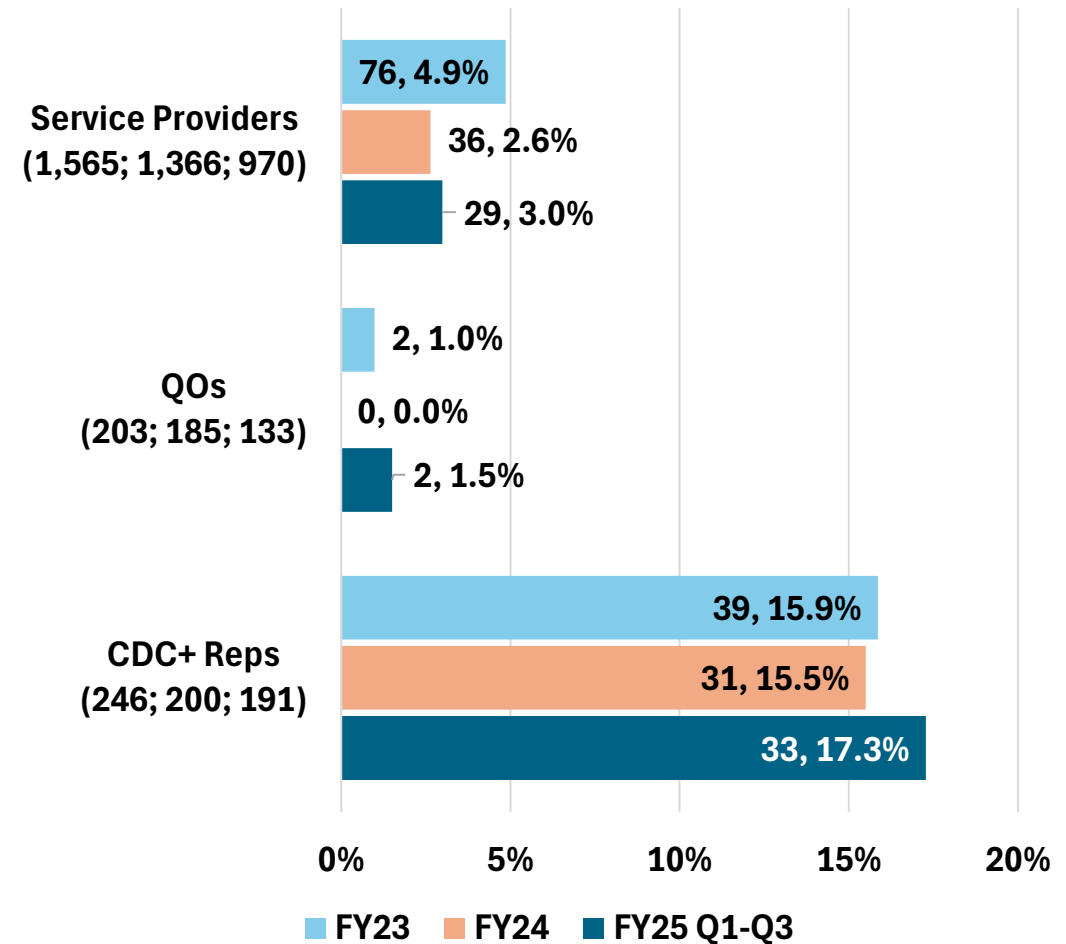


Number and Percent of PDRs with BGS or Clearinghouse Alerts by FY

Level II Background Screenings



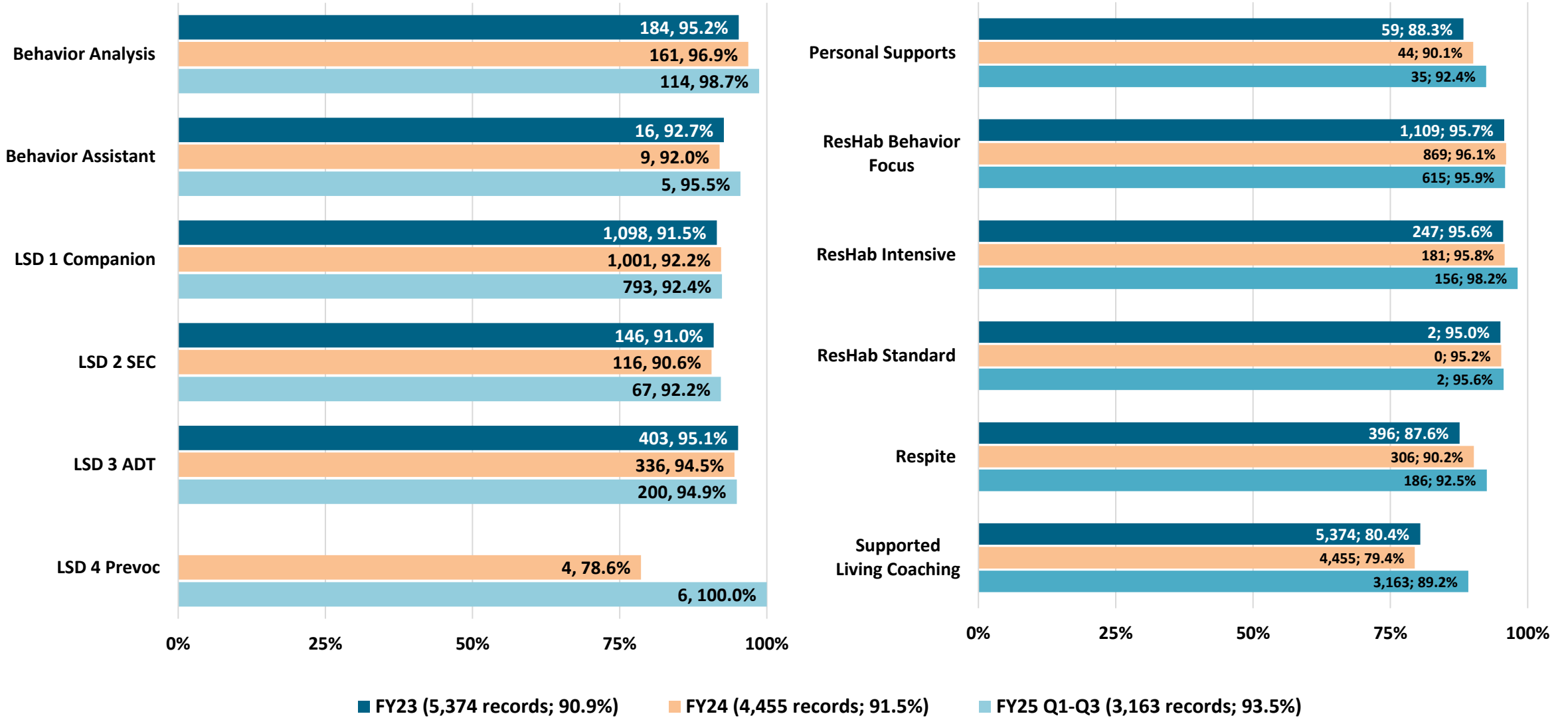
Maintains Roster in Clearinghouse



Service Specific Review Reviews

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

Weighted SSRR Scores by Service and FY



Observations

Observations: LRH and ADTs

FY25 Q1-Q3 (n = 744)

Region	LRH	ADT
Northwest	57	10
Northeast	97	22
Central	181	22
Suncoast	177	19
Southeast	100	14
Southern	41	4
State	653	91

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

Concerns Identified during Observations

LRHs (n = 359)









ADTs (n = 19)



Alerts

Alerts by FY

Alert Type	FY23 (533)	FY24 (382)	FY25 Q1-Q3 (310)
Abuse/Neglect/Exploitation	1.1%	0.3%	0.0% 
Background Screening	39.2%	49.0%	46.5% 
Clearinghouse Roster	22.0%	17.5%	20.3% 
Driver's License/Insurance	3.8%	3.1%	4.2%
Health & Safety	1.8%	2.4%	1.9%
Medication Admin/Training	15.0%	12.8%	13.9% 
Medication Storage	12.9%	11.3%	8.4% 
Rights	4.5%	3.4%	3.9%
Vehicle Insurance	0.0%	0.3%	1.0% 

Thank you!
Questions? Comments?

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