

# **Florida Quality Council Qlarant Data Presentation**

March 26, 2026

# Presentation Outline

## Person Centered Reviews (PCRs)

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

## Provider Discovery Reviews (PDRs)

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

\*FY 2026 Q1-Q2 includes reviews completed and approved between July 1, 2025 and December 31, 2025.

\*FY 2025 includes reviews completed and approved between July 1, 2024 and June 30, 2025.

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

# Person Centered Interviews



# FY26 PCR Snapshot: July 2025 - December 2025

Region	Waiver Participants	CDC+ Participants
Northwest	49	5
Northeast	74	16
Central	101	14
Suncoast	132	12
Southeast	108	13
Southern	98	13
<b>Total</b>	<b>562</b>	<b>73</b>

## My Life Interview (MLI) Outcomes

Waiver: 80.8%

CDC+: 79.9%

## MLI Supports

Waiver: 97.9%

CDC+: 98.1%

## Record Reviews

Waiver Support Coordinator (WSC): 93.8%

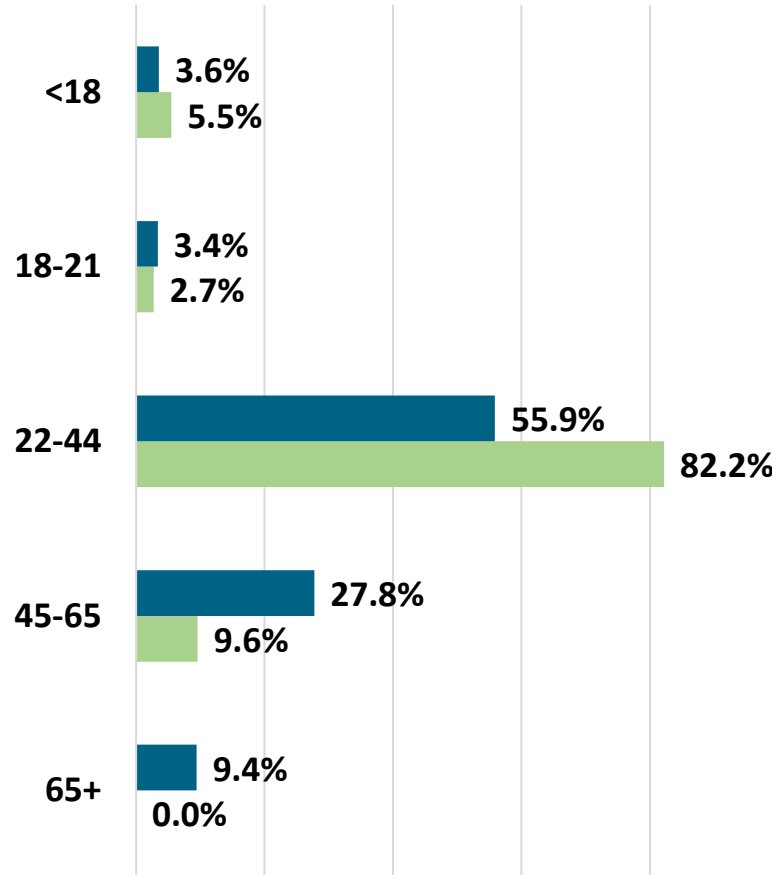
CDC+ Consultant: 95.9%



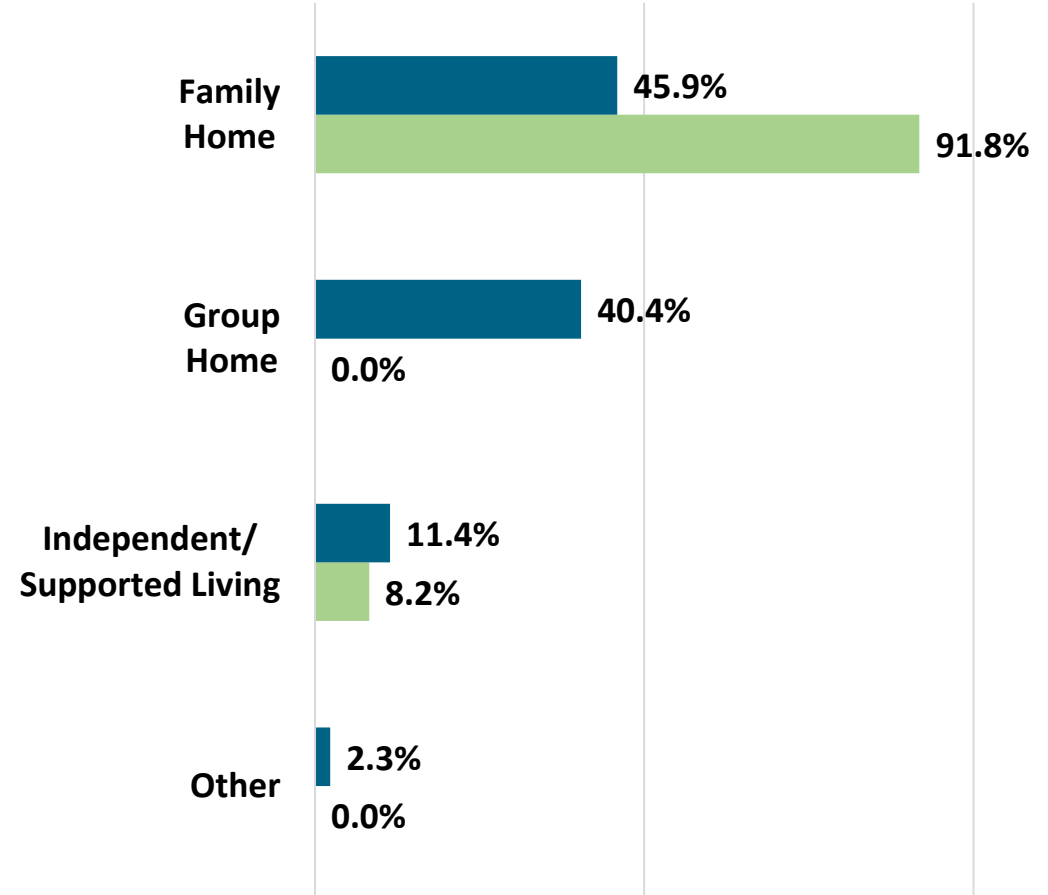
# FY 2026 Q1-Q2 PCR Demographics

■ Waiver (N=562) ■ CDC+ (N=73)

### Age Category



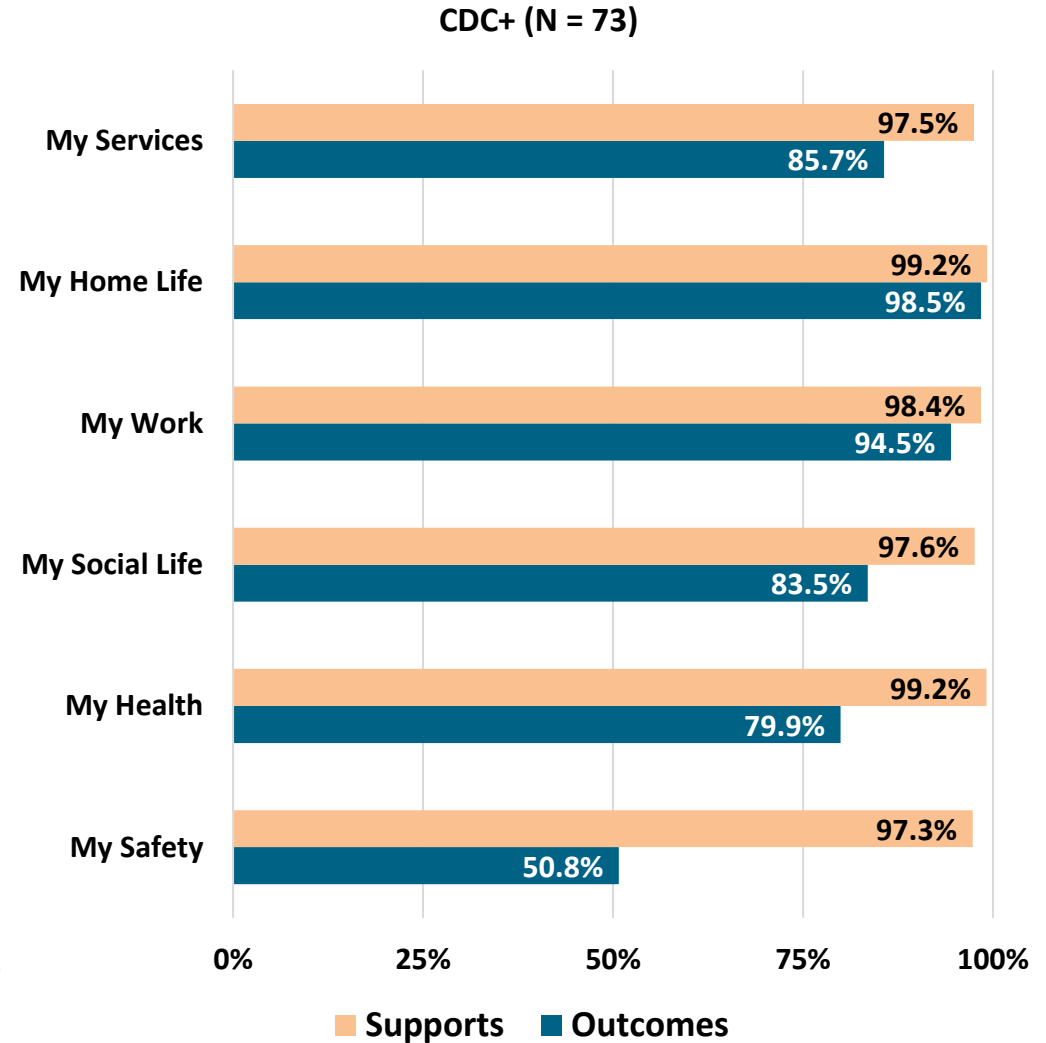
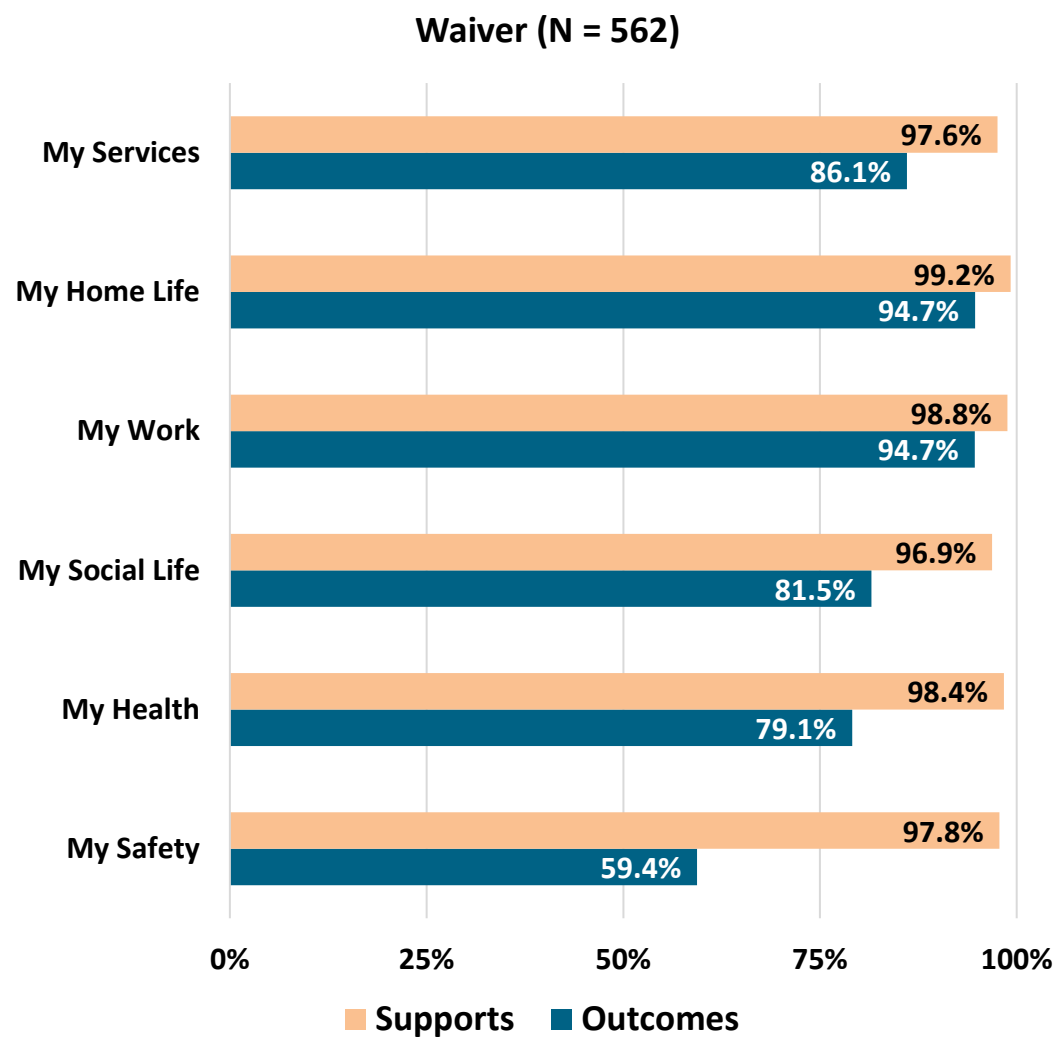
### Residential Setting



# My Life Interview (MLI) Outcomes



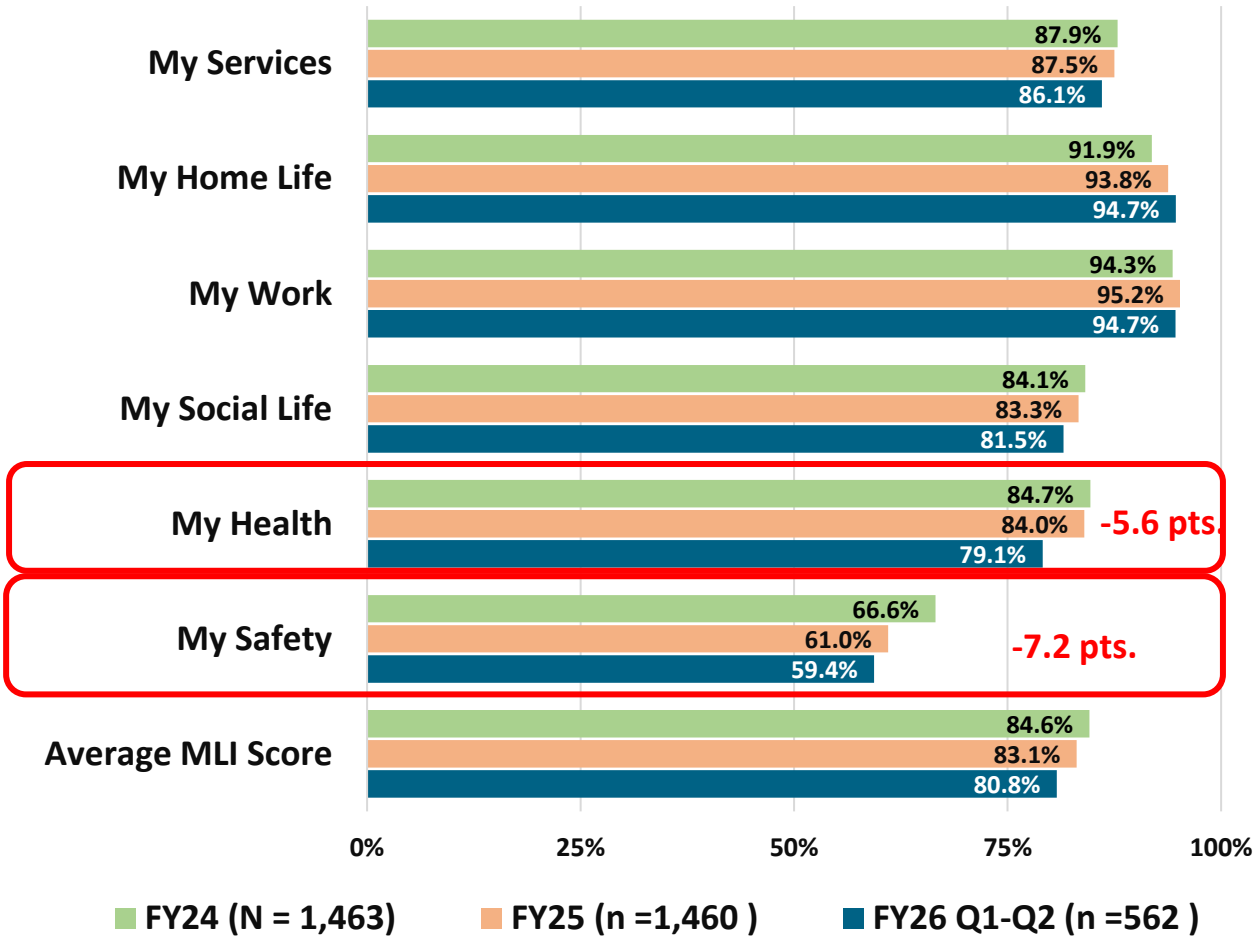
# FY 2026 Q1-Q2 MLI Outcomes and Supports by Life Area



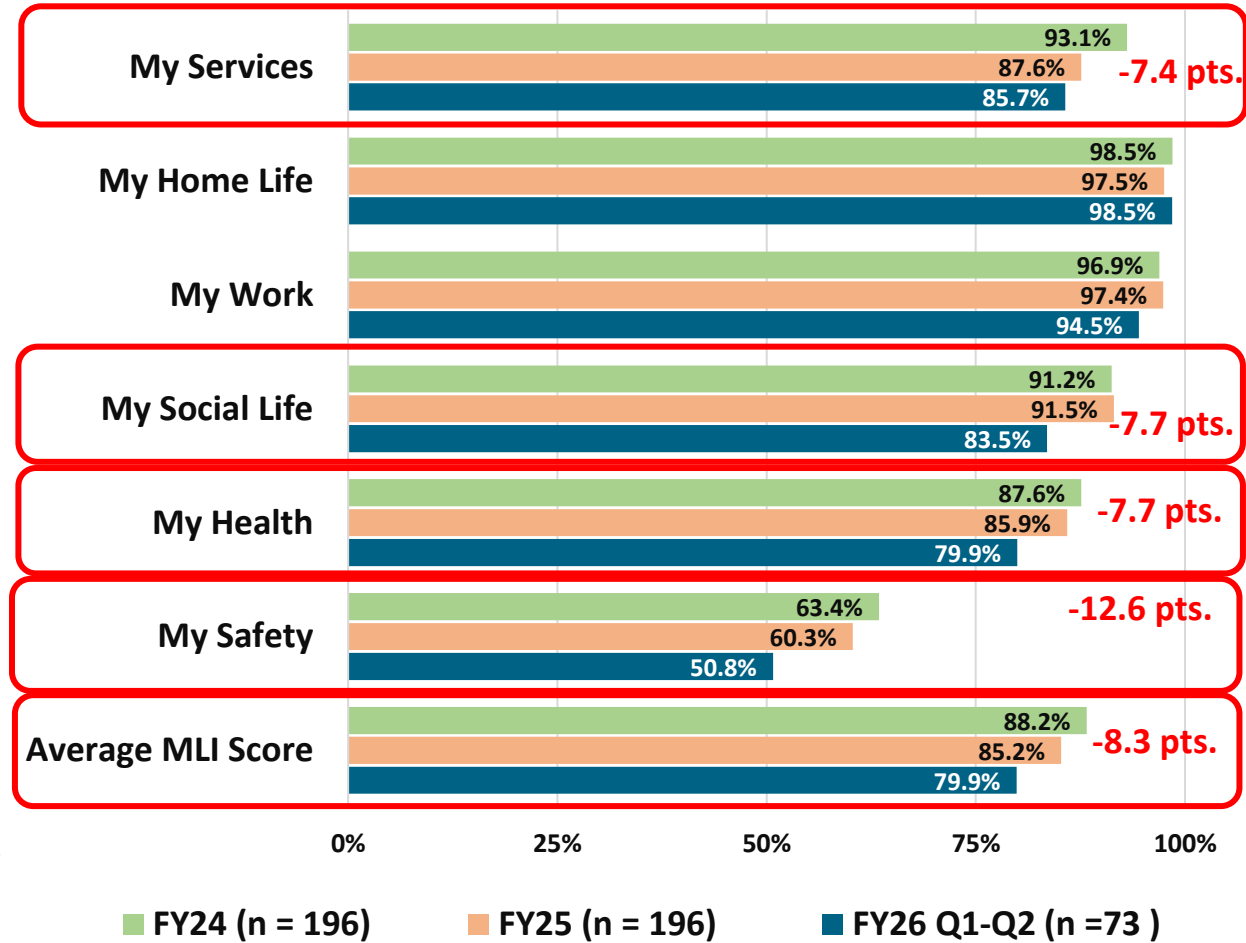
# MLI Outcomes by Life Area: FY24 – FY26 Q1-Q2

(Boxes signify 5+ point difference between FY24 and FY26Q1-Q2)

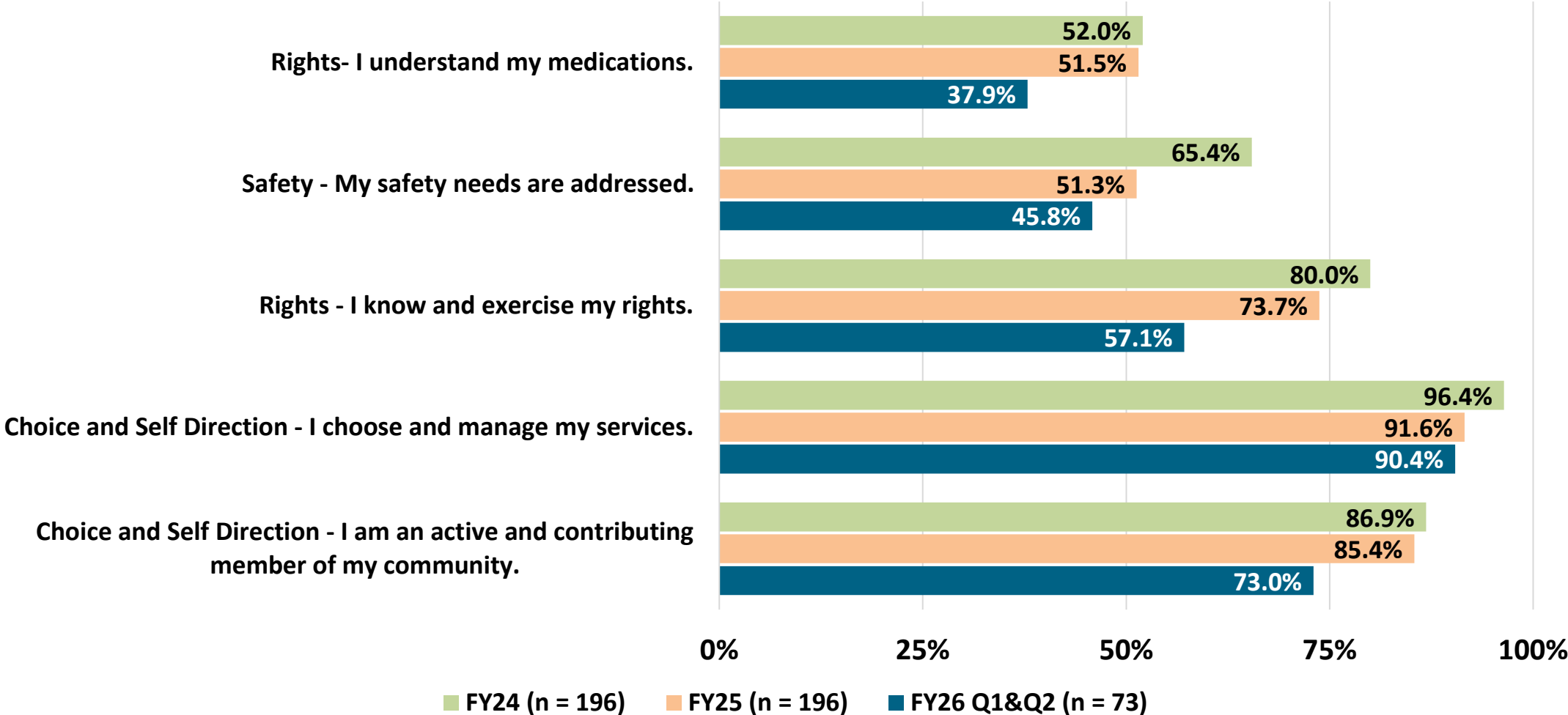
## Waiver Participants



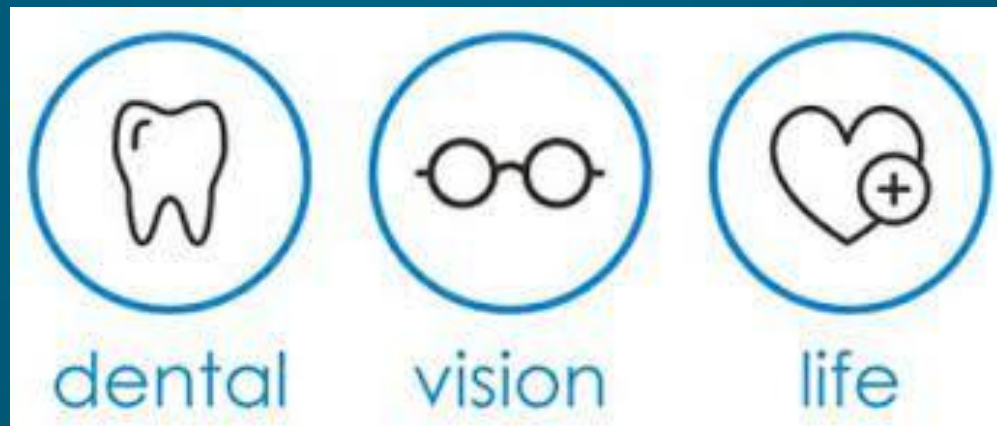
## CDC+ Participants



# Indicator Level Declines since FY24: CDC+ Outcomes



# Health Summary

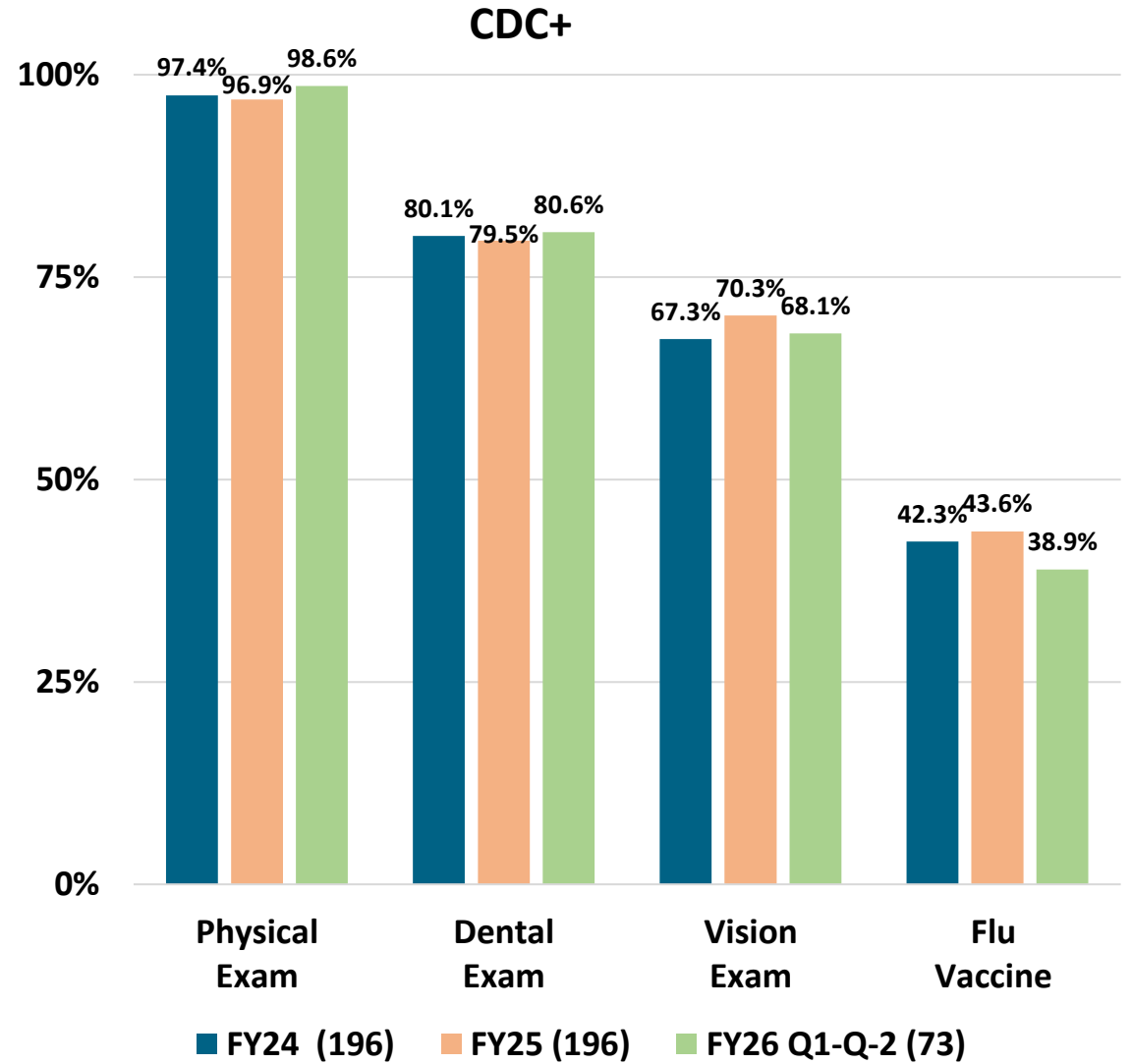
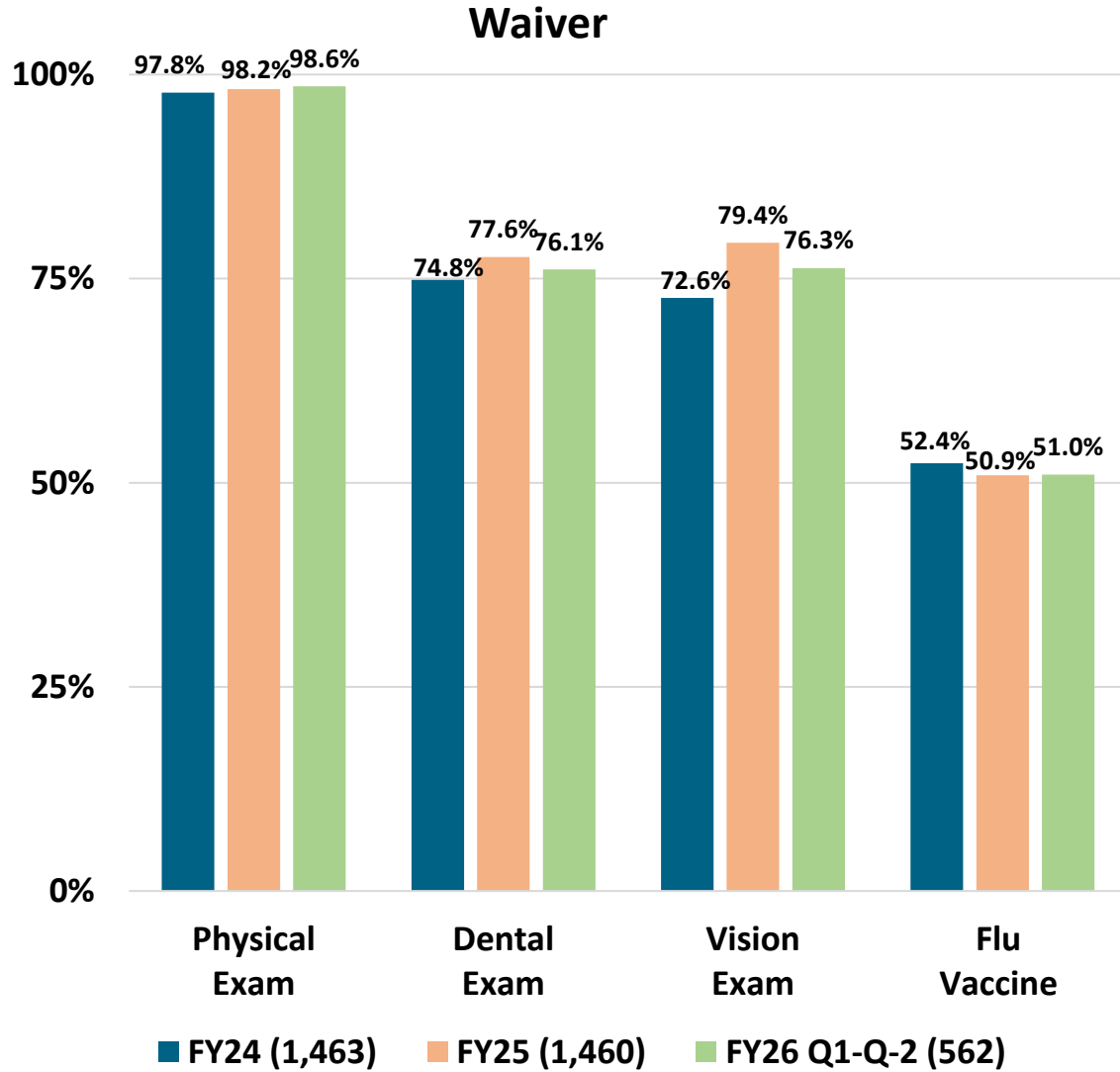


# Percent of Individuals with a Significant Health Event by Waiver Type (% Yes)

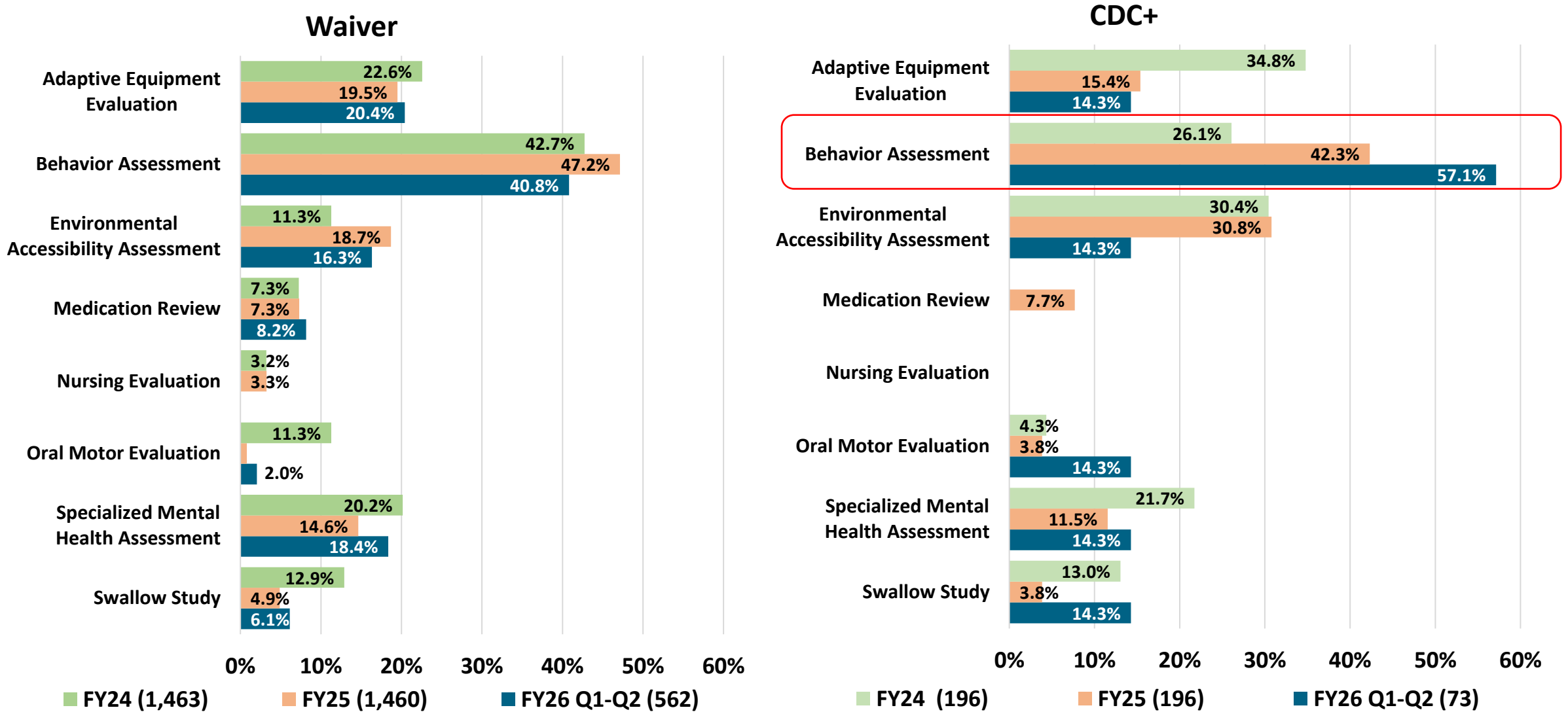
In the previous 12 months:	Waiver			CDC+		
	FY24 (N = 1,463)	FY25 (N = 1,460)	FY26 Q1-Q2 (n = 562)	FY24 (N = 196)	FY25 (N = 196)	FY26 Q1-Q2 (n = 73)
Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation?	2.2%	2.0%	1.6%	0.5%	0.0%	0.0%
Have Reactive Strategies under 65G-8 been used due to behavioral concerns?	4.5%	4.3%	5.9%	1.0%	0.0%	1.4%
Have you been Baker Acted?	2.8%	2.7%	1.4%	0.0%	1.0%	1.4%
Have you been admitted to the hospital?	11.0%	10.6%	13.0%	10.7%	13.8%	5.5%
Have you been to an Emergency Room?	19.5%	17.9%	20.1%	18.4%	23.0%	15.1%
Have you been to an Urgent Care Center?	5.9%	6.6%	5.7%	6.5%	5.6%	9.6%



# Preventative Care



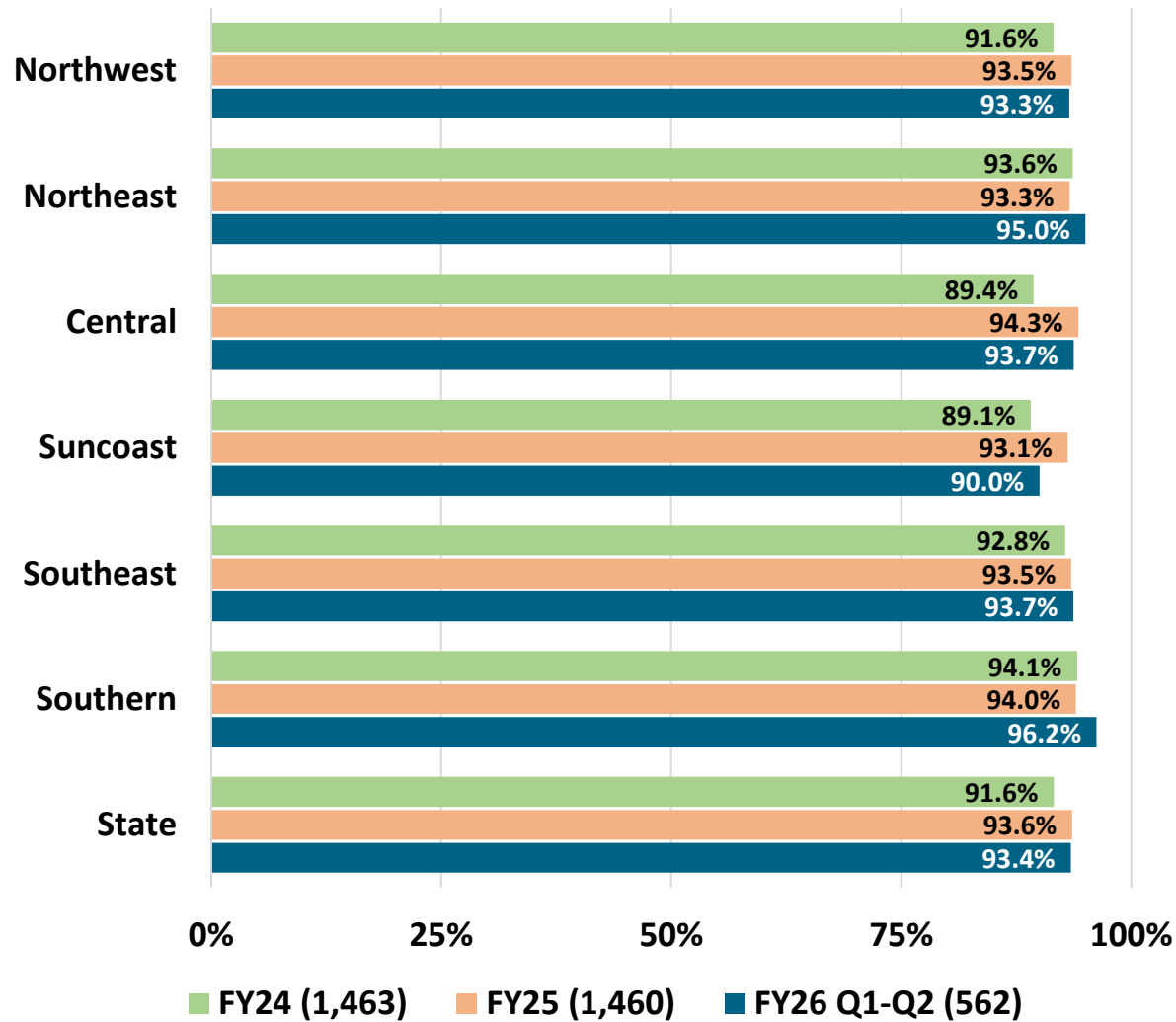
# Do you need any additional therapies or assessments?



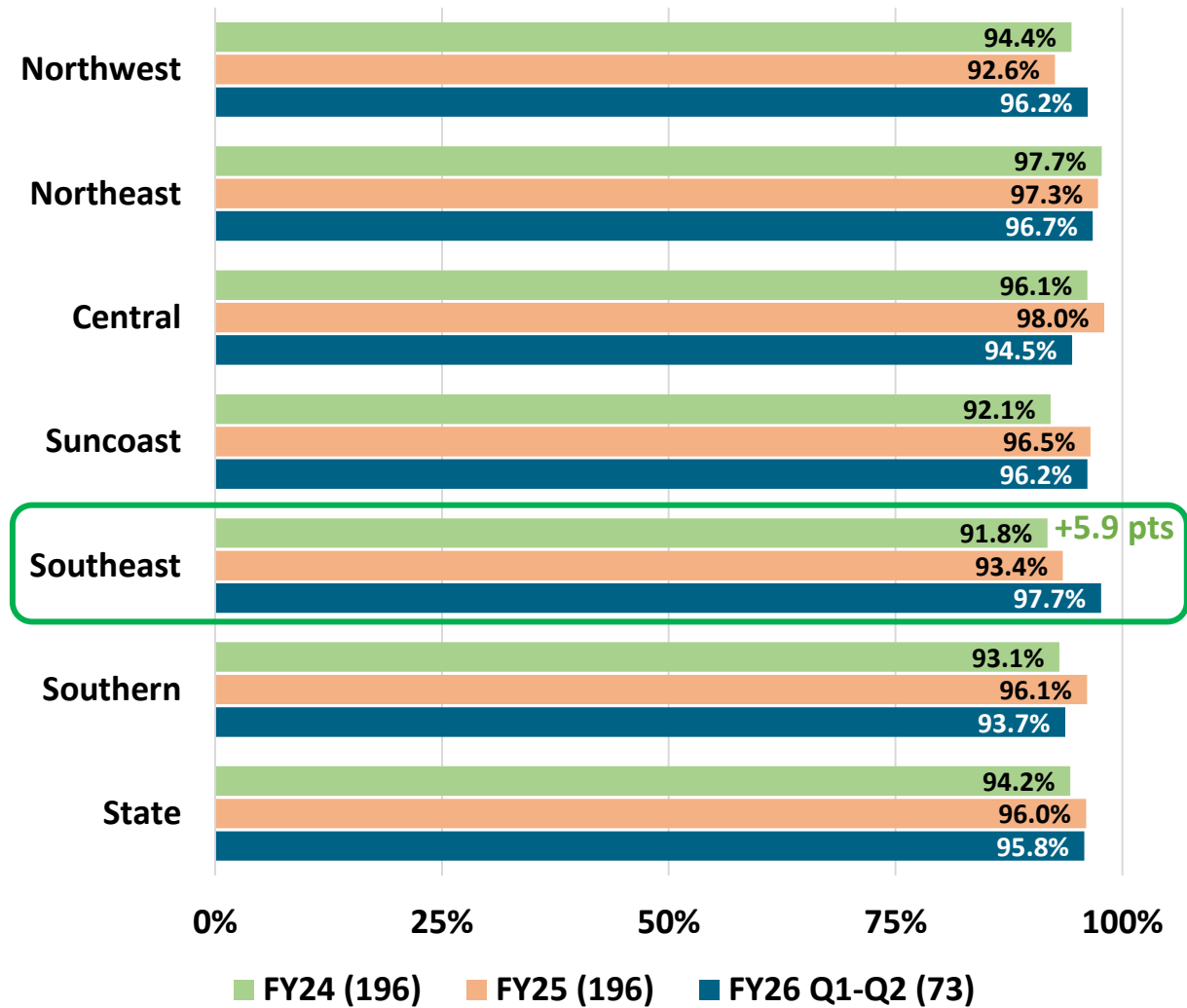
# WSC/CDC+ Consultant Record Reviews

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

## WSC



## CDC+ C



# Historically Lower Scoring Record Review Indicators: WSCs FY24 → FY25 → FY26 Q1&Q2

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

• 76.1% (1,453) → 82.5% (1,458) → 84.0% (561)

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

• 77.9% (1,454) → 82.1% (1,460) → 85.6% (562)

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

• 82.3% (1,456) → 86.7% (1,449) → 88.4% (559)

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

• 82.0% (1,412) → 84.0% (1,427) → 85.1% (556)



# Lowest Scoring WSC and CDC+ Consultants Standard: FY26 Q1-Q2

The Support Plan has all required components complete.

- **WSC: 73.3% (558)**
  - 149 Not Mets
- **CDC+ C: 79.5% (73)**
  - 15 Not Mets

Health section had components not present on the Plan: 25.6%  
42/164 Not Mets

Section including Future Goals did not change from one Support Plan to the next.: 19.5%  
32/164 Not Mets

Section identifying information and demographics had components not present on the Plan: 15.2%  
25/164 Not Mets

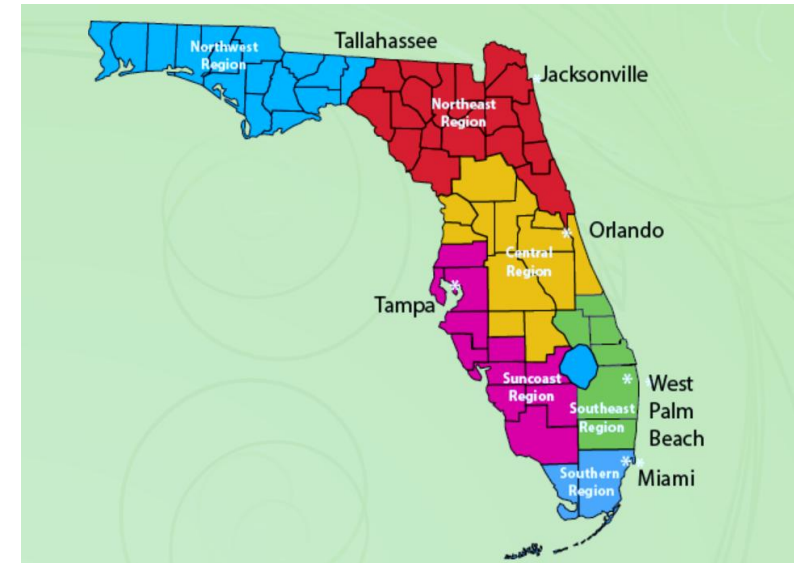


# Provider Discovery Reviews



# FY26 Q1-Q2 (July 2025 – December 2025)

Region	# of PDRs		
	Service Providers (SPs)	Qualified Organizations (QOs)	CDC+ Representatives (Reps)
Northwest	50	7	15
Northeast	104	11	22
Central	173	15	22
Suncoast	154	14	30
Southeast	145	22	17
Southern	83	19	14
<b>State</b>	<b>709</b>	<b>88</b>	<b>120</b>



# Average PDR Score by Region: FY26 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)

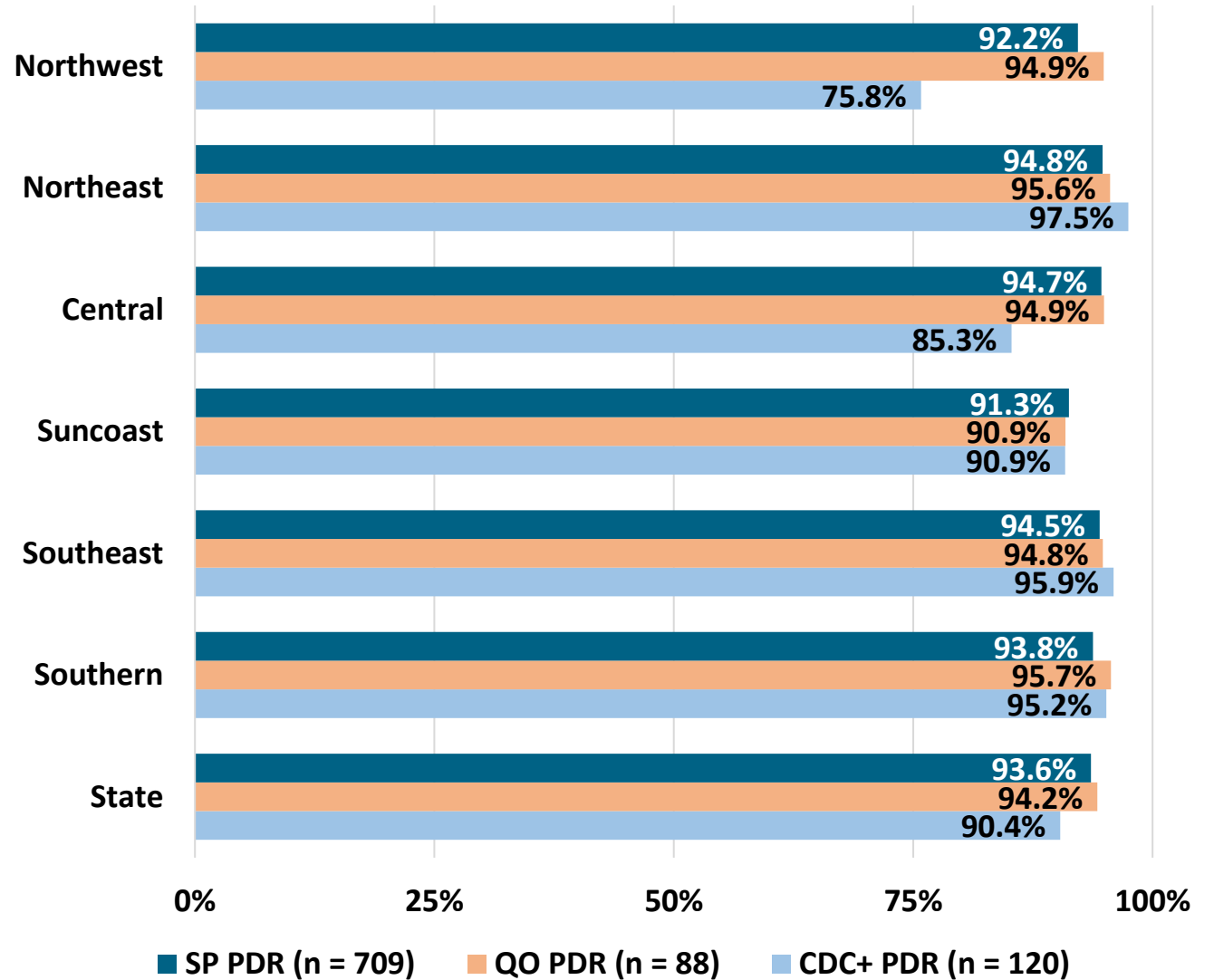
- Applies to SPs, QOs, and CDC+ Reps

### 3. Observations (OBS)

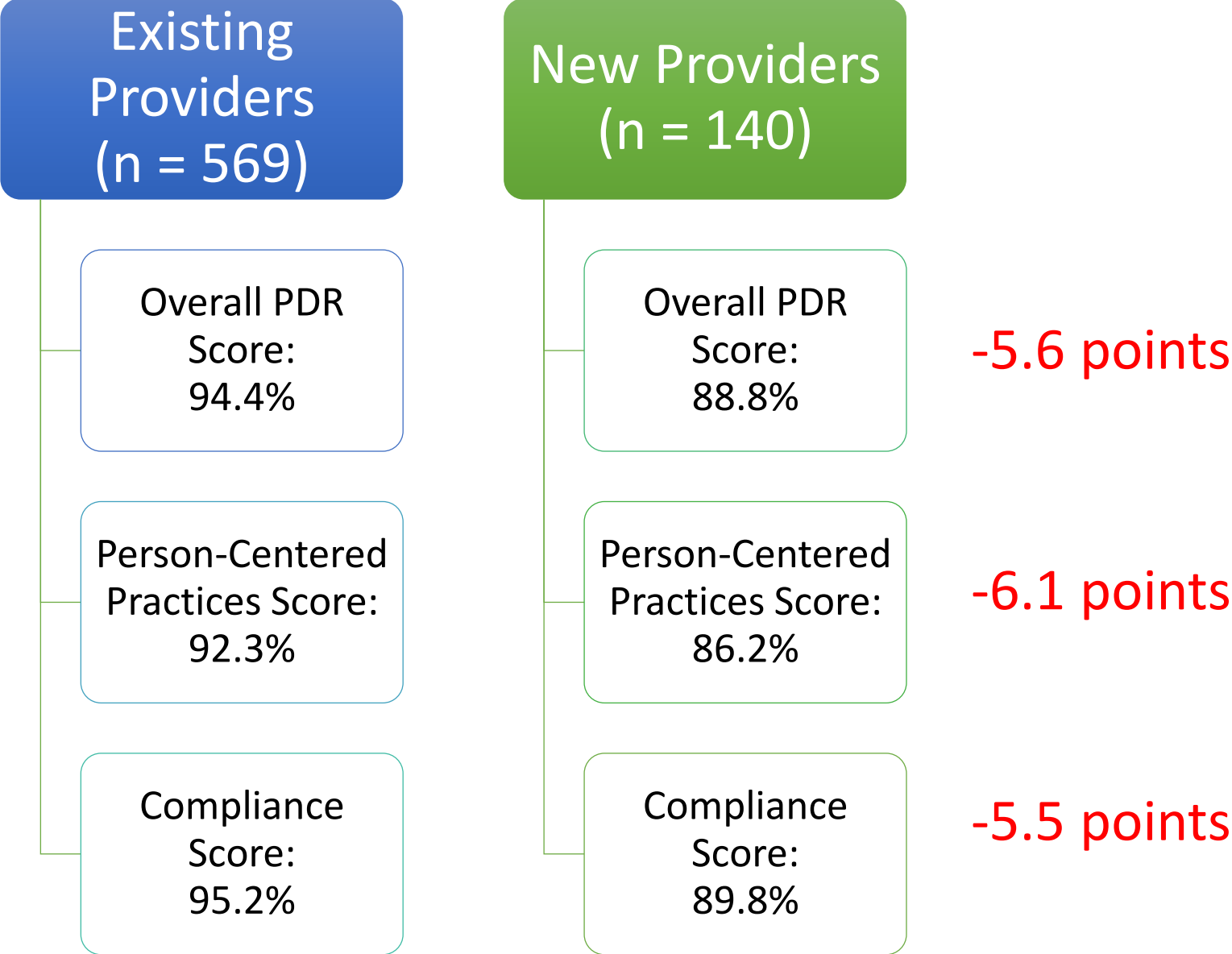
- Applies to SPs with Adult Day Training (ADT) facilities or Licensed Residential Homes (LRH)

#### 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.



# FY26: Existing versus New Service Provider PDR Scores



# **Provider Discovery Review Trends by Review Component**

**FY24: July 2023 – June 2024**

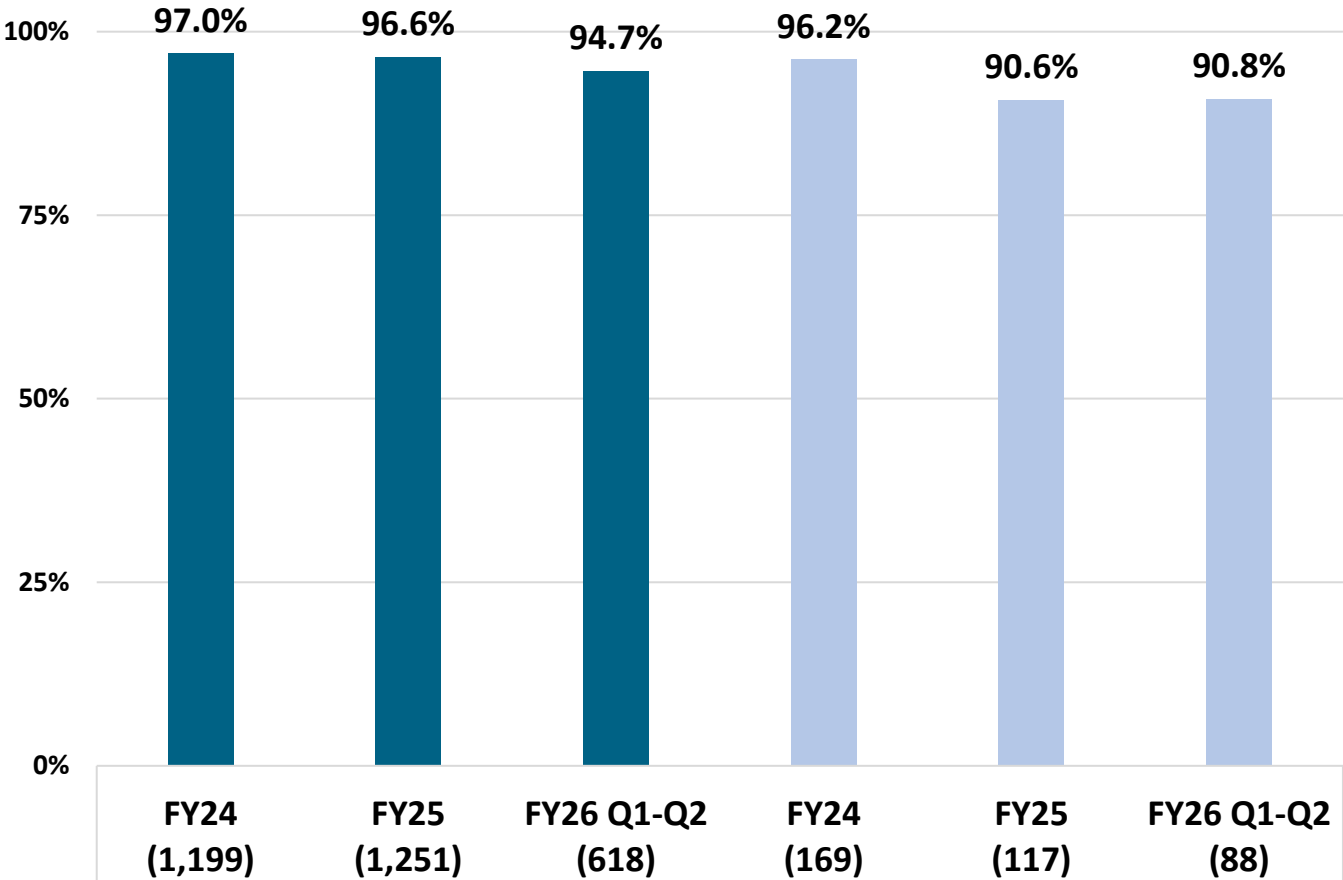
**FY25: July 2024 – June 2025**

**FY26 Q1-Q2: July 2025 – December 2025**

# **Administrative Review**

## **GAR/Staff Q&T**

# General Administrative Reviews by FY: Agency and Solo Service Providers



**Lowest Scoring Indicator:**  
**FY24 → FY25 → FY26 Q2**

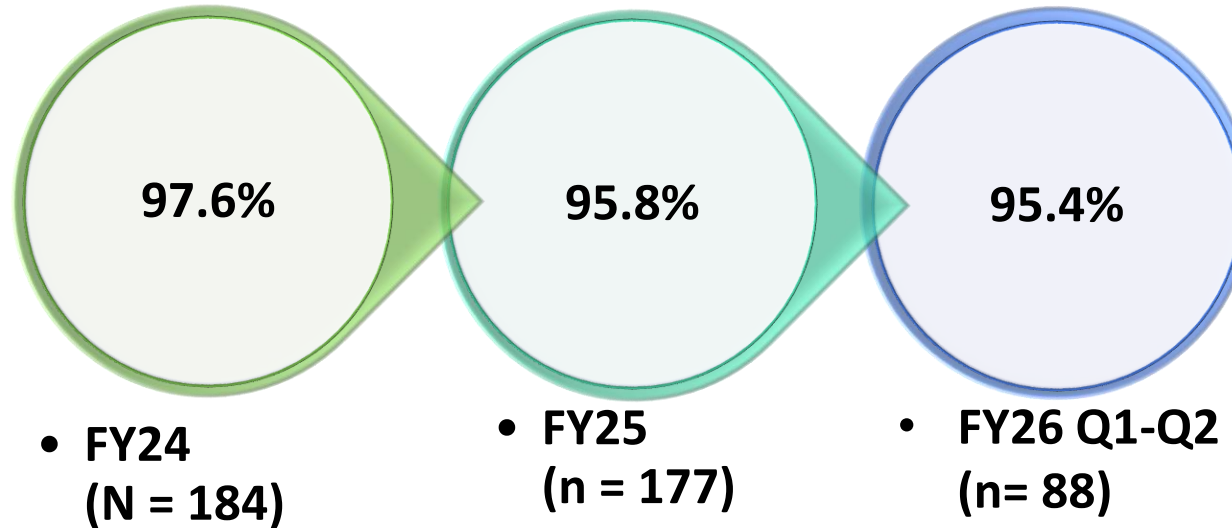
**Solos:** The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.

**95.9% (169) → 93.2% (117) → 93.2% (88)**

# in parenthesis represents the # of SPs reviewed.



# General Administrative Reviews by Region and FY: QOs



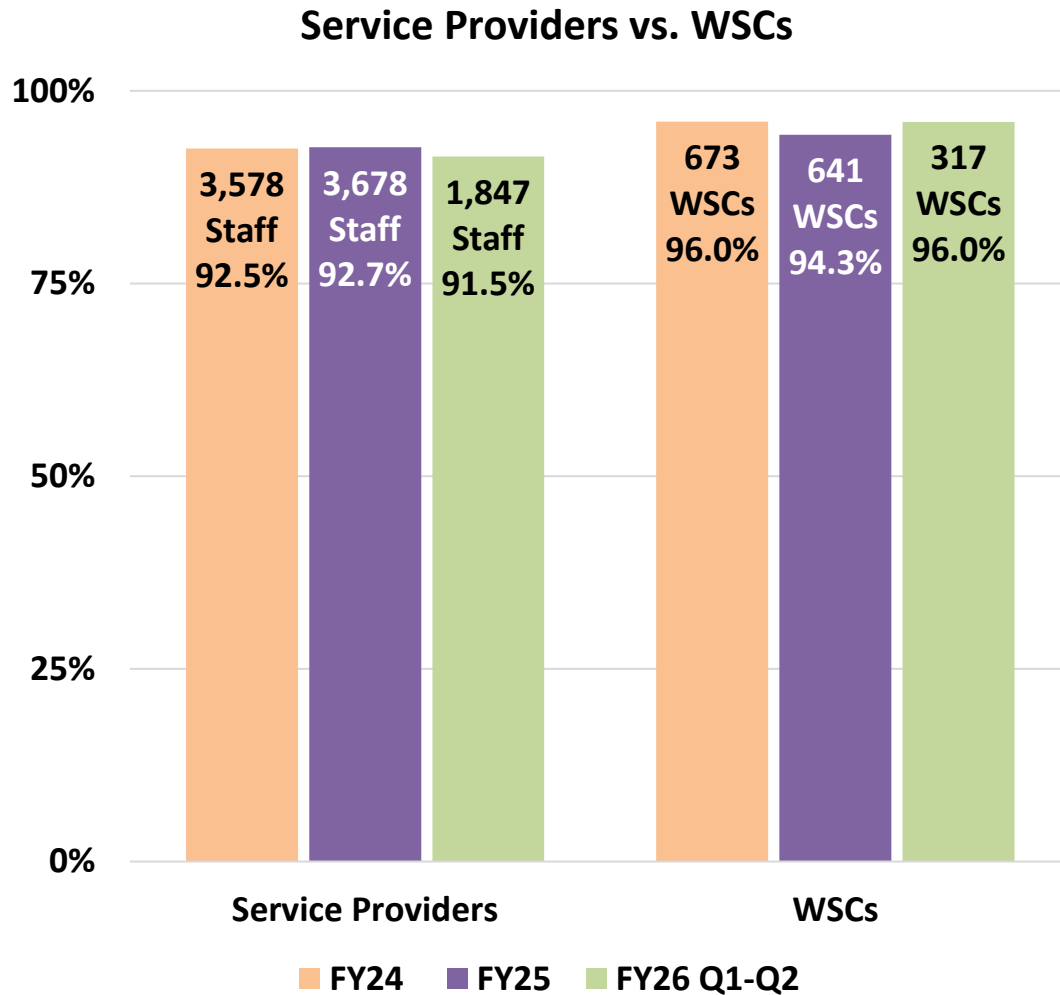
## Lowest Scoring Indicators: FY24 → FY25 → FY26Q1-Q2

- The provider maintains a Table of Organization.  
96.7% (184) → 93.2% (177) → 96.6% (88)
- The Mentee completed all mentoring program requirements.  
95.4% (119) → 100% (61) → 96.4% (28)

# in parenthesis represents the # of QOs reviewed.



# Staff Qualifications and Training Scores by FY



## Lowest Scoring Indicator: FY24 → FY25 → FY26 Q1-Q2

- **Service Providers: The service provider completes eight hours of annual in-service training**
  - Supported Employment Coaching (LSD 2)  
83.7% (178) → 83.9% (180) → 86.8% (76)
  - Supported Living Coaching (SLC)  
79.0% (276) → 77.6% (254) → 74.6% (126)
  - Personal Supports (4 Hours)  
77.1% (1,304) → 79.8% (1,299) → 73.8% (733)
- **WSCs: The provider received training in HIV/AIDS/Infection Control.**  
92.4% (671) → 92.0% (640) → 96.2% (317)

# in parenthesis represents the # staff/WSCs reviewed.



# Existing versus New Service Provider Staff Q&T Scores: FY 2026

## Existing Providers

- 4 standards scored below 85%:
  - **In-Service Training for Supported Living Coaching (79.2%), Personal Supports (78.3%), and LSD 1 (81.1%)**
  - **Prescribed Enteral Formula Administration Annual Update (77.3%)**

## New Providers

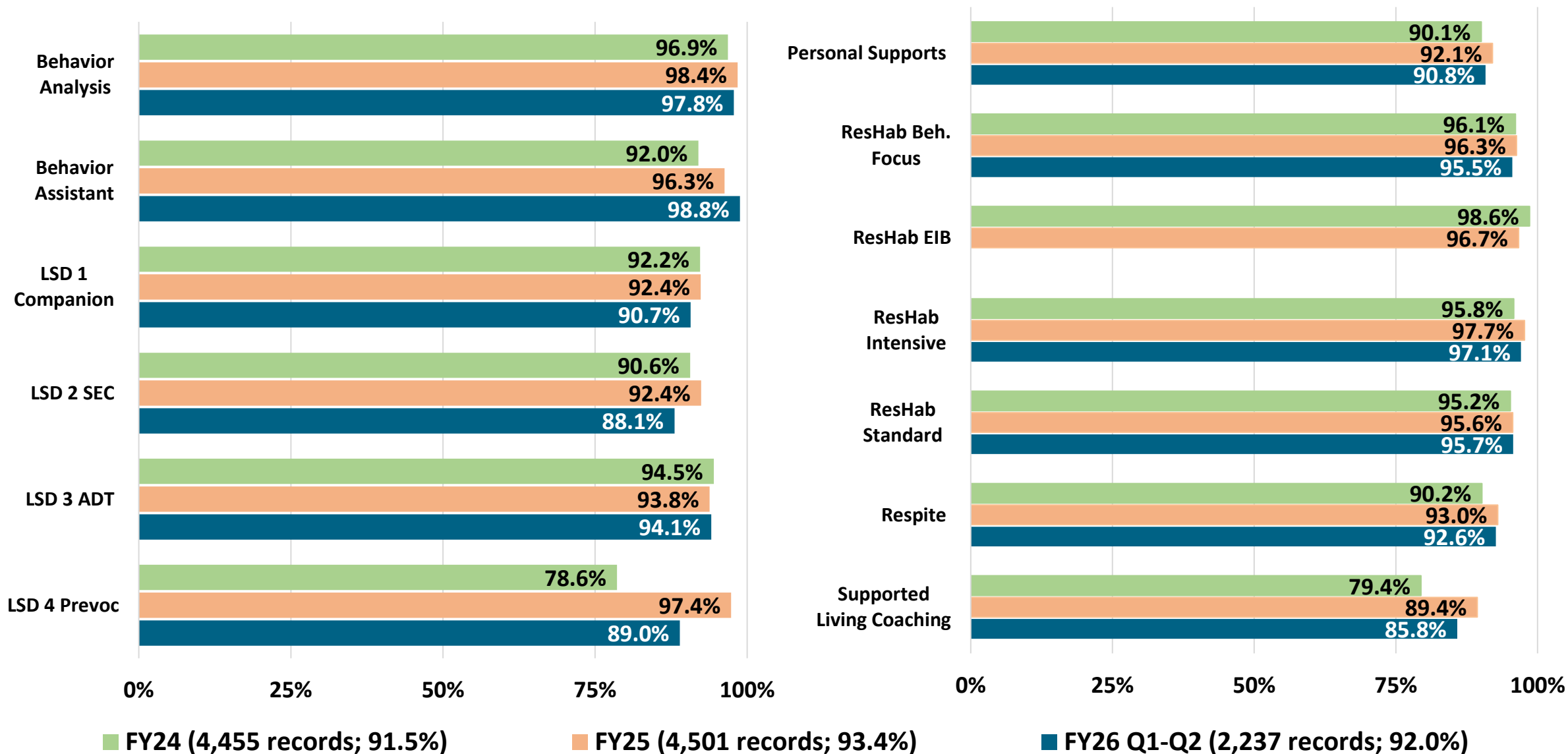
- 12 standards scored below 85%, including:
  - **In-Service Training requirements for:**
    - Personal Supports – 51.9%
    - Supported Living Coaching – 52.4%
    - LSD 1 – 65.6%
    - LSD 2 – 33.3%
    - ResHab Standard – 81.0%
  - **First Aid – 75.2%**
  - **Social Security Work Incentive – 77.3%**
  - **HIV/AIDS/Infection Control – 79.3%**
  - **Waiver Provider Requirements – 80.1%**
  - **HIPAA – 80.4%**
  - **Curriculum for Reactive Strategies – 81.6%**
  - **Level II Background Screening – 82.1%**



## 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

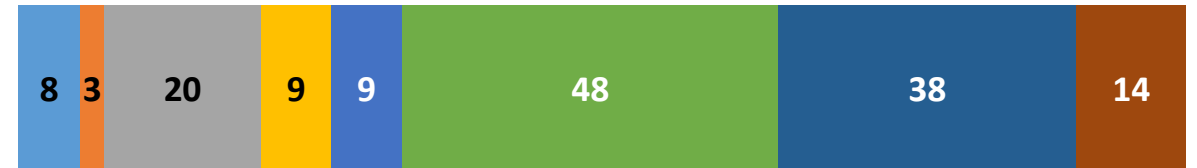
## FY26 Q1-Q2 (n = 461)

Region	LRH	ADT
Northwest	12	2
Northeast	52	5
Central	110	15
Suncoast	100	14
Southeast	79	8
Southern	53	11
<b>State</b>	<b>406</b>	<b>55</b>

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

### Concerns Identified during Observations

LRHs (n = 149)



ADT (n = 5)



# The most common concerns observed: LRHs

- **Privacy:**
  - Individuals do not have a key to their bedroom doors (12 Concerns)
  - Bedroom doors do not lock (6 Concerns)
  - Bathroom doors do not lock (11 Concerns)
  - Individuals cannot lock the bathroom door (7 Concerns)
- **Community Opportunity:**
  - Training in the use of public transportation is not available and/or facilitated (20 Concerns)
- **Medication Management:**
  - Non-controlled medications are not centrally stored in a locked container in a secured enclosure (12 Concerns)
  - Controlled medications are not stored separately from other prescription and OTC medications in a locked container within a locked enclosure (8 Concerns)



# Alerts

# FY 2026 Q1&Q2 Alerts (N = 217)

■ Background Screening

■ Clearing House Roster

■ Driver's License/Insurance

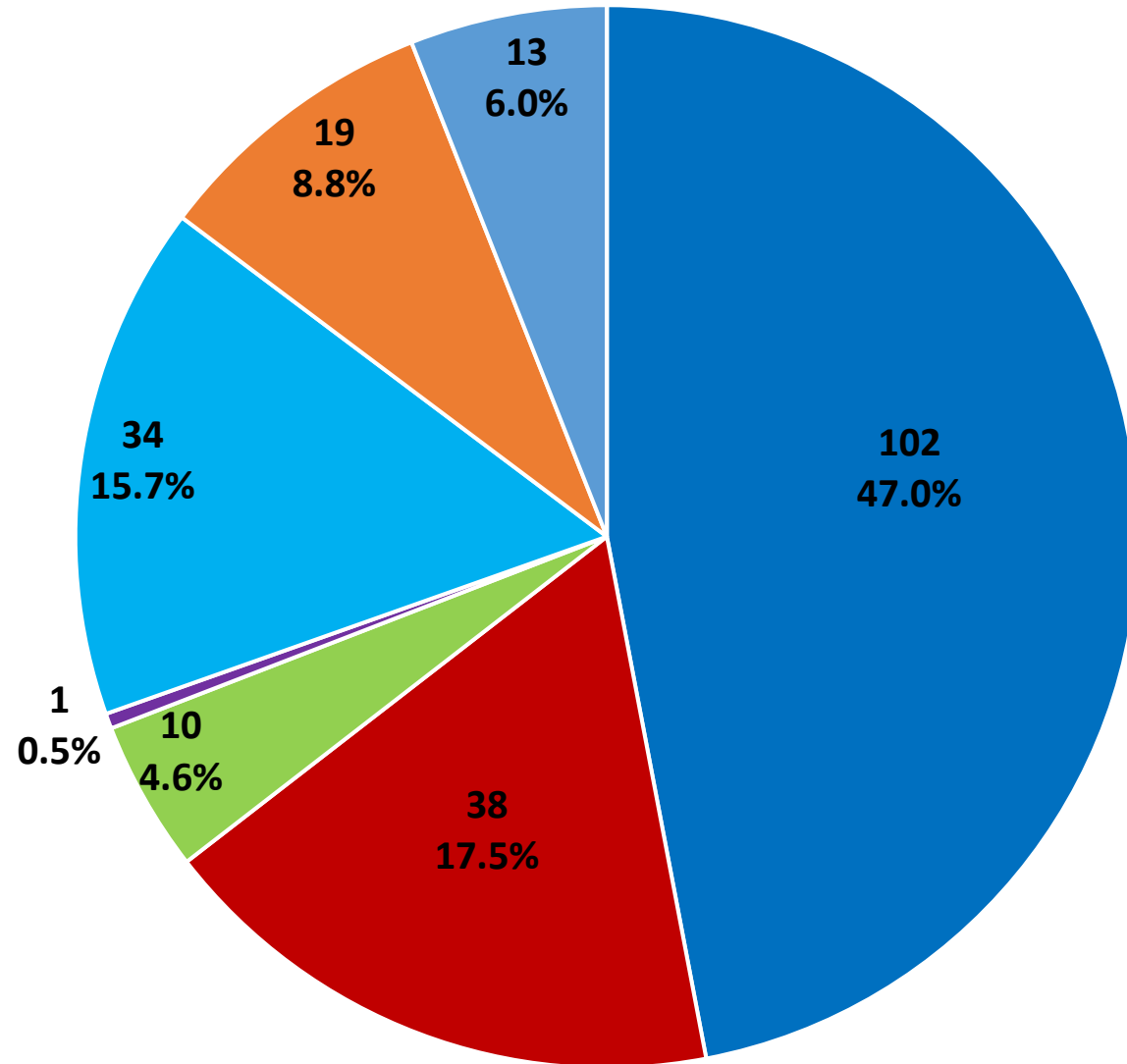
■ Health & Safety

■ Medication Admin/Training

■ Medication Storage

■ Rights

■ Vehicle Insurance



Thank you!  
Questions? Comments?

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