Florida Statewide Quality Assurance Program

FY 2025

July 2024 – June 2025

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

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Prepared by

Qlarant

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List of Acronyms

ABC – Allocation, Budget, and Contract Control System
ADT – Adult Day Training
AHCA – Agency for Health Care Administration
ANE – Abuse, Neglect and Exploitation
APD – Agency for Persons with Disabilities
BGS – Background Screenings
CDC+ – Consumer Directed Care Plus
CDC+ C – CDC+ Consultant
CDC+ R – CDC+ Representative
DD – Developmental Disability
FSQAP – Florida Statewide Quality Assurance Program
FY – Fiscal Year (July – June)

GAR – General Administrative Review
HCBS – Home and Community-Based Services
HSRI – Human Services Research Institute
iBudget Handbook – Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook
iBudget Waiver – Individual Budgeting Waiver
IPS – In Person Survey (NCI)
IDD – Intellectual and Developmental Disability
IRR – Inter-rater Reliability
IT – Information Technology
LRH – Licensed Residential Home
LSD 1 - Life Skills Development 1 (Companion)
LSD 2 - Life Skills Development 2 (Supported Employment)
LSD 3 - Life Skills Development 3 (Adult Day Training)
LSD 4 – Life Skills Development 4 (Prevocational)
MWEW – Medicaid Waiver Eligibility Worksheet
MPR – Medical Peer Review
NCI – National Core Indicators
OBS – Observations
OTC – Over the counter
PBD – Potential Billing Discrepancy
PCR – Person Centered Review
PCR MLI – Person Centered Review My Life Interview
PDR – Provider Discovery Review
PDR MLI – Provider Discovery Review My Life Interview
Q&T – Qualifications and Training
QA – Quality Assurance
QAR – Quality Assurance Reviewer
QC – Quality Council
QI – Quality Improvement
QO – Qualified Organization
RM – Regional Manager
RTDR – Real Time Data Report
SEC – Supported Employment Coaching
SPDR – Service Provider Discover Review
SSRR – Service Specific Record Review
WSC – Waiver Support Coordinator

Executive Summary

In July 2023, the Agency for Health Care Administration (AHCA) entered the first year of the current contract with Qlarant, the Florida Statewide Quality Assurance Program (FSQAP) and Quality Improvement Organization (QIO). Qlarant provides oversight processes of provider systems and Person Centered Review (PCR) activities for individuals receiving services through the Developmental Disabilities Individual Budgeting (iBudget) Services waiver, including the Consumer Directed Care Plus (CDC+) program. Qlarant conducts Provider Discovery Reviews (PDR) and Person Centered Reviews (PCR) to provide information about providers, individuals receiving services, and the quality of service delivery systems. Information gathered through the PCR and PDR processes are utilized in a multitude of ways - some of which include, identifying areas where service providers or Qualified Organizations (QOs) may require additional training, guiding Quality Council initiatives, calculating and reporting Quality Performance Measures to the Center for Medicaid and Medicare Services (CMS), assisting AHCA and the Agency for Persons with Disabilities (APD) in developing Plans of Remediation (POR), and alerting APD regions when individuals receiving services may be at risk.

In addition to conducting PCRs and PDRs, Qlarant Regional Managers conduct quarterly meetings with each APD region to review data, explore trends, and discuss other relevant regional issues and best practices. Qlarant also facilitates three Quality Council meetings each Fiscal Year (FY). All three meetings have been held this FY – one on July 25, 2024 in Tampa, one on November 7, 2024 in Orlando, and one on February 27, 2025 in Tallahassee.

Introduction

In July 2023, the Agency for Health Care Administration (AHCA) entered the first year of the current contract with Qlarant to provide quality assurance discovery activities for the Developmental Disabilities Individualized Budgeting (iBudget) Waiver and the Consumer Directed Care Plus (CDC+) program. Through this Florida Statewide Quality Assurance Program (FSQAP), Qlarant, AHCA, and APD have designed a Quality Management Strategy based on the Home and Community Based Services (HCBS) Quality Framework Model developed by the Centers for Medicare and Medicaid Services (CMS). Three quality management functions are identified by CMS: discovery, remediation, and improvement.

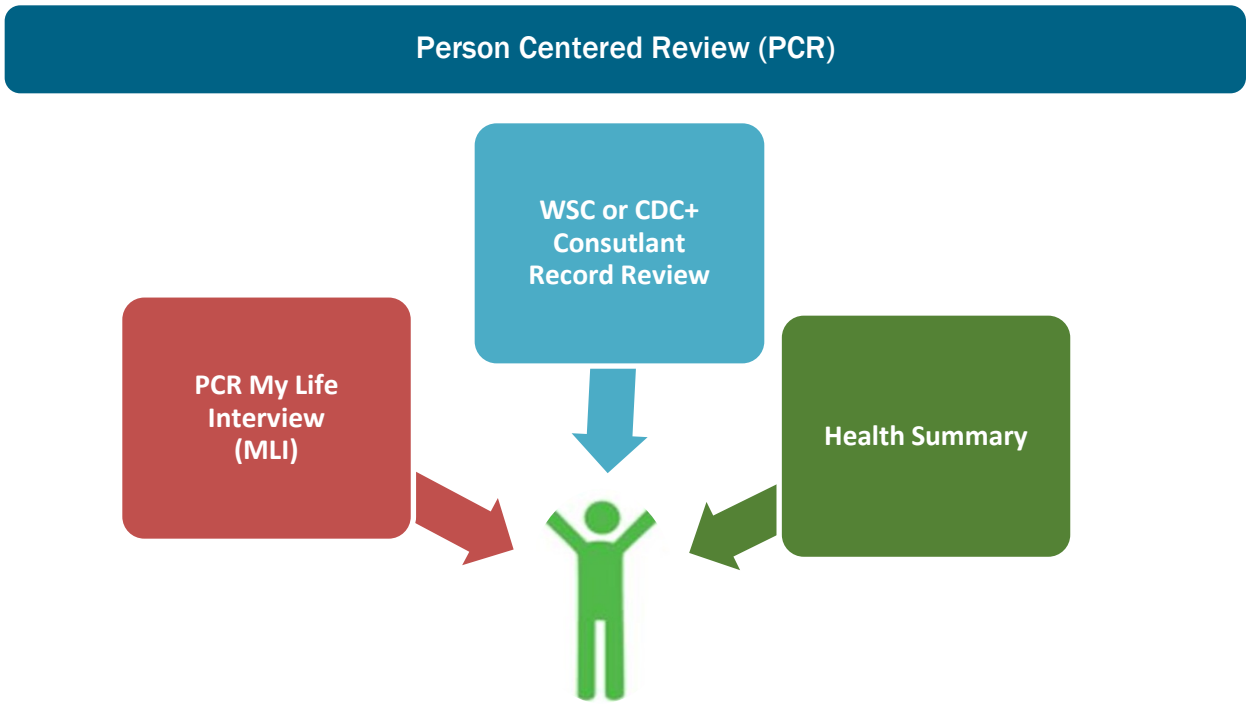
Qlarant's role is to conduct the discovery portion of the quality management strategy. AHCA and APD utilize the resulting reports to help guide policy and programmatic changes, or other necessary actions to effectively remediate deficiencies uncovered through the discovery process. Data collected for each region through the PDR, including average scores for each of the administrative tools (General Administrative Review and Staff Qualifications and Training), as well as record review scores by service are examined during the Regional Quarterly Meetings to help target local remediation activity. Further, state and regional-level results from the PCR and PDR processes are presented to the Quality Council three times per year to help guide discussion and develop workgroup initiatives to improve the service delivery system and quality of life for people receiving waiver services in the state.

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

Person Centered Review (PCR)	• Evaluate support delivery systems and quality of life from the perspective of the person receiving services.
Provider Discovery Review (PDR)	• Ensure service providers and QOs are in compliance with the iBudget Waiver Handbook, Florida Administrative Code and Florida Statute. • Evaluate the extent to which service providers and QOs use person centered planning and practices and provide services to promote opportunities for individuals receiving services.

The PCR includes an interview with the person, including people receiving services through the Consumer Directed Care Plus (CDC+) program and a review of the Support Coordinator's or CDC+ Consultant record for the person.

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



PDRs are completed for service providers, QOs, and CDC+ Representatives. The Service Provider and QO PDRs are comprised of an Administrative Review – including the General Administrative Review (GAR) and Staff Qualifications and Training (Q&T) – and Service Specific Record Reviews (SSRRs).[1] Service Providers may also receive Observations and interviews with individuals receiving services.[2] Individuals interviewed with the PDR My Life Interview (MLI) tool are only asked questions that apply to services they are receiving from the service provider being reviewed and are

[1] While records reviews are included in QO's PDR scores, the WSC and CDC+ Consultant record reviews are discussed in the PCR section since they are also part of the PCR process.
[2] Observations are only conducted at Licensed Residential Homes (LRH) and Adult Day Training Programs.

asked to answer according to their experiences with the provider being reviewed. PDRs completed for CDC+ Representatives only include the SSRR.

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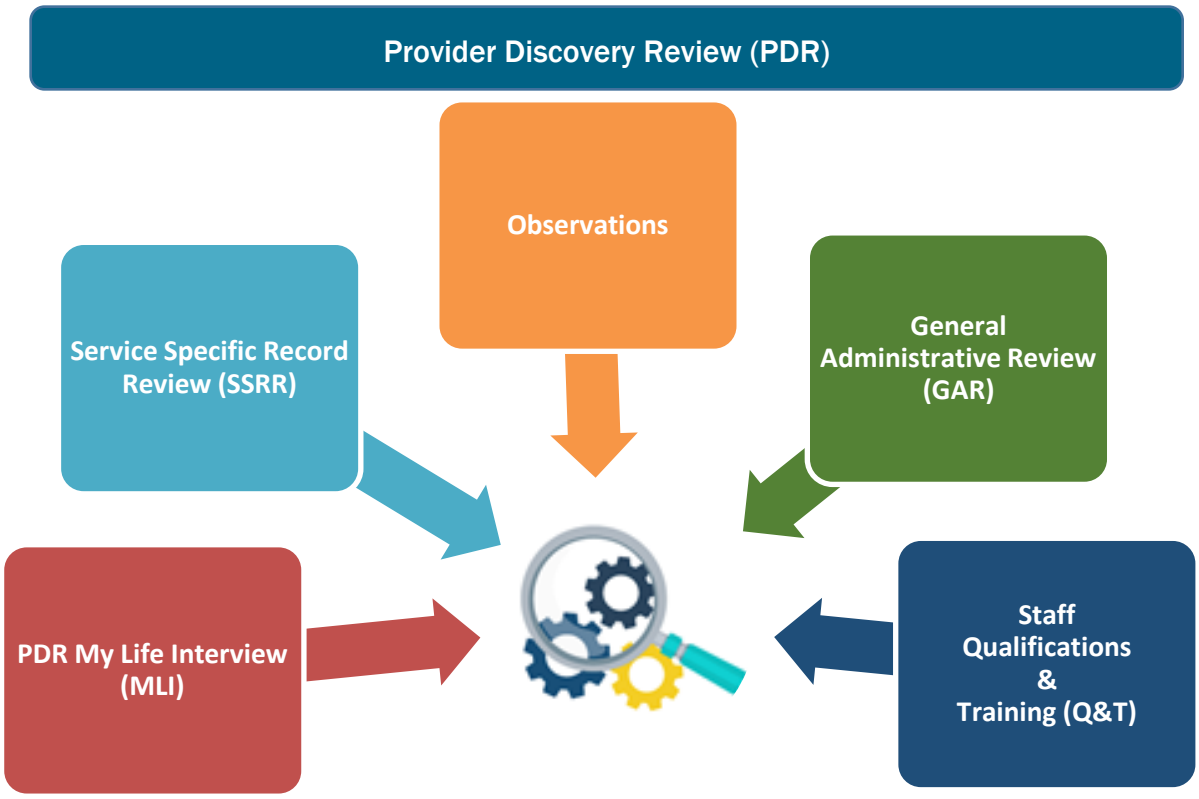

Tool and Process Revisions

Updates were made to the Provider Discovery Review Administrative, Qualified Organization (QO) Administrative & CDC Representative tool in June 2025. Changes were also made to the Individual Interview tool in February 2025. Additional details regarding these changes can be found on Qlarant's FSQAP website: Qlarant Provider Review Tools

Data Availability

- Several reports are available at any time for approved APD and AHCA staff to view: Current Schedule Report, Results by Service and Standard, and Review Activity Report. These are accessed through the private section (required member login) of the FSQAP website.
- Beginning in July 2023, Qlarant submits a monthly report to AHCA which includes the following:
    - Number of completed PCRs and PDRs, by APD region
    - Summary of the operability of our web-based resource and reporting center including, web traffic numbers, changes or updates to the web content, system availability and number of users, including their agency affiliation approved for use of the reporting center
    - System downtime report
    - Summary of Quality Council coordination activities
    - Summary of provider training and education activities
    - Customer service call data
    - Cycle-time report showing completion dates and notification dates for PCRs and PDRs
    - Number of alerts by APD region, PDR types, and by alert type
    - Billing discrepancy report(s) listing all providers with identified potential billing discrepancies, and service specific billing discrepancy reports as requested by the Agency
    - Summary of technical problems requiring Agency assistance and how they were resolved

Internal Annual Training/Conference

Every year, the Florida team comes together for extensive training and brainstorming activities. In July 2024, Qlarant held a conference to prepare for the upcoming FY. Staff from AHCA and APD attended in person or virtually throughout the week. A review of various processes and ongoing training were conducted.

Report Sections

This report is divided into three sections:

- Section I: Significant contract activity during FY25.

- Section II: Data from review activities completed in FY25, including comparative analysis as possible.[3]
- Section III: Discussion and recommendations.

Section I: Significant Contract Activity in FY 2025

Quality Assurance Activities

Status Meetings

Status meetings are held to provide an opportunity for Qlarant, AHCA, and APD representatives to discuss contract activities and other relevant issues as necessary. Revisions to processes and tools may be discussed as well as policy updates from AHCA or APD that may affect the FSQAP. In FY25, status meetings were held on August 15th, September 19th, October 17th, December 5th, January 16th, February 20th, March 20th, April 17th, May 15th, and June 26th.

Reliability

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

File Reliability sessions are administered quarterly. These include standards reviewed from Service Specific Record Reviews as well as related questions from the iBudget Handbook and the FSQAP Operational Policies and Procedure Manual. The QA Manager utilizes file documents submitted as part of a desk review or from iConnect, to identify standards to be tested and a corresponding scoring key. The test is completed by each QAR in Qlarant's online learning management system and scored automatically. In FY25, one PDR Administrative Reliability and four file reliability sessions were completed with 22 QARs on the topics of Support Plan goals, CDC+ Person-Centered Approach, Abuse, Neglect and Exploitation, and Behavioral Local Review Committee requirements. All QARs passed the reliability sessions. All reliability results are reported to AHCA after the fourth quarter is complete.

Field Reliability has always been conducted onsite with QARs and used to determine if protocols and procedures are followed correctly, prior to and during the review, and if responses on the review processes match responses of the manager conducting the field reliability. The manager silently

[3] Comparisons to WSC and CDC+ record reviews prior to FY22 should be made with caution due to changes in tools, as well as the statewide transition to QOs.

observes while the QAR conducts the review and compares answers on all standards at the conclusion of the review. In FY25, field reliability was completed with 14 QARs, who all passed.

Regional Quarterly Meetings

The Qlarant Regional Managers facilitate meetings in each APD Region with available Qlarant QARs in the region, and APD Regional personnel, including the Regional Operations Manager (ROM), if possible. The purpose of these meetings is to discuss and interpret data from the Qlarant reviews to help guide APD toward appropriate remediation activities and to update all entities on current activities in the region. Representatives from AHCA and APD State offices may attend the meetings virtually in each region. Quarterly meetings were held in all the regions during FY25 either face-face or remotely using a webinar format.

Quality Council (QC) Meetings [4]

In FY25, three QC meetings were held on the following dates:

- July 25, 2024 in Tampa
- November 7, 2024 in Orlando
- February 27, 2025 in Tallahassee

Agenda items for each meeting typically include updates from APD and AHCA, a data presentation and update from Qlarant, as well as special topics relevant at the time of the meeting.

Provider Feedback Surveys

After each PDR, providers are offered an opportunity to provide feedback on the review process and professionalism of the QARs. Surveys are completed online on the FSQAP website or downloaded and mailed or faxed to the Qlarant office. Table 1 presents feedback findings for surveys submitted between July 2024 and June 2025. A total of 801 providers completed the survey. On average 97.3 percent of responses were positive (10,669/10,969). Surveys that included a request for a manager's call back were also recorded in the Customer Service Call Log.

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[4] See the Qlarant website for complete QC details, minutes, and agendas: Qlarant Quality Council Meeting Materials

Table 1. Results from Provider Feedback Surveys Surveys Received Between July 2024 - June 2025 (N = 801)				
Question	**# Yes**	**# No**	**NA/ Blank**	**% Yes**
Did the Quality Assurance Reviewer explain the review process?	760	4	37	99.5%
Did the Quality Assurance Reviewer explain how to use Secure Share (encrypted email)?	734	19	48	97.5%
Did you receive an email confirming information discussed for the review?	751	10	40	98.7%
Did the Quality Assurance Reviewer refer you to the tools and procedures on Qlarant's website?	718	30	53	96.0%
Did the Quality Assurance Reviewer answer your questions in preparation for the review?	749	10	42	98.7%
Did you receive a checklist(s) indicating the documents required for submission?	743	8	50	98.9%
Did you have a clear understanding of what documents to send?	719	21	61	97.2%
Were you able to send documents through secured email?	690	19	92	97.3%
After review of initial submission, were you offered 5 hours to submit additional documents?	568	34	199	94.4%
Did the Quality Assurance Reviewer arrive on time?	601	21	179	96.6%
If not, were you notified the Quality Assurance Reviewer would be late? (Select N/A if the reviewer arrived on time)	63	6	732	91.3%
Did the Quality Assurance Reviewer give you enough time to find the information requested?	692	13	96	98.2%
Did the Quality Assurance Reviewer answer the question(s) you had during the review?	714	8	79	98.9%
Did the Quality Assurance Reviewer explain why a standard(s) was Not Met? (Select N/A if no standards were scored Not Met)	471	12	318	97.5%
If an Alert was identified, did the Quality Assurance Reviewer inform you of the follow-up process? (Select N/A if no alerts were identified)	180	20	601	90.0%
Did the Quality Assurance Reviewer provide you with the Preliminary Findings of your review?	686	10	105	98.6%
Did the Quality Assurance Reviewer explain the Preliminary Findings of your review?	672	15	114	97.8%
Would you like a Qlarant manager to contact you?	158	40	603	79.8%
Total Responses	**10,669**	**300**	**3,449**	**97.3%**

Summary of Customer Service Calls

During FY25, 556 calls were recorded in the Customer Service Log, with an average response time of one business day for each call.[5]

Staff Updates

In FY25, the following changes were made to Qlarant's staff:

- Meybol Ramirez was hired in the Southern region in December 2024.
- Geordee Lopez was hired in the Southern region in January 2025.
- Robert Mounts from the Northeast region retired in March 2025.
- Josh Peters was hired in the Northeast region in March 2025.
- Mario Arreaga from the Southern region resigned in June 2025.

Section II: Data from Discovery Review Activities: FY 2025 (July 2024 – June 2025)

Findings presented in this report are based on reviews conducted and approved in FY25 including 1,658 Person Centered Reviews (PCRs), 1,368 Service Provider PDRs (SPDR), 177 Qualified Organization PDRs (QO PDR), and 228 CDC+ Representative (CDC+ R) reviews.

Person Centered Reviews

The PCR includes an interview with the person and a review of the person's record maintained by the Waiver Support Coordinator (WSC) or CDC+ Consultant (CDC+ C). In FY25, 1,658 PCRs were completed and approved – 1,462 for individuals on the iBudget Waiver and 196 for individuals using CDC+. Analyses may be limited for CDC+ due to the low number of CDC+ PCRs completed by various subgroups (e.g., region, age, etc.).

Table 2. Person Centered Review Activity FY 2025

Region	Waiver		CDC+	
	n	%	n	%
Northwest	87	6%	11	6%
Northeast	229	16%	44	22%
Central	262	18%	35	18%
Suncoast	324	22%	33	17%
Southeast	368	25%	43	22%
Southern	192	13%	30	15%
Total	**1,462**	**100%**	**196**	**100%**

The CDC+ program provides additional flexibility and opportunities not offered to people on the iBudget Waiver, such as the ability to directly hire and fire providers, use of non-waiver providers who are often family members, and the ability to negotiate provider rates. A non-paid representative

[5] The list of topics and number of calls per topic are presented in Attachment 1.

helps with the financial and business aspects of the program and a CDC+ Consultant acts as a service coordinator. CDC+ Consultants must also be certified as a WSC. Due to these differences, results for CDC+ are analyzed separately.

Individuals are not required to participate in the PCR interview and are able to leave the process at any time. A person who chooses not to participate, or may be otherwise unable to participate, is replaced by another person from the oversample to ensure an adequate and representative sample is used for analysis. In FY25, 65 people originally sampled for a PCR did not participate. Non-participation reasons are shown in Table 3. When an individual is unable to participate, the QAR may call the person from the sample to verify their decision. This affords the person an opportunity to ask questions or seek clarification about the PCR process and the person's potential role in it. This also gives individuals an opportunity to learn more about the process and potentially change their minds about participating.

Table 3. Person Centered Review: FY 2025 Non-Participation Reasons

Decline Reason	Waiver	CDC+	Total
Deceased	0	0	0
Person Declined	55	7	62
Moved Out of State	0	0	0
No Longer Receiving Services	3	0	3
Total	**58**	**7**	**65**

Individual Demographics

The following series of figures show the distribution of the PCR sample across residential settings, age group, and primary disability.[6] People receiving services through CDC+ are not permitted to live in a licensed residential home (LRH); therefore, most (91%) of people interviewed lived in a family home compared to 49 percent of people using the Waiver. People on CDC+ also tend to be younger with nearly 89 percent of participants being 44 years of age or younger.

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[6] The Other category for Residential Settings for the Waiver included 9 people living in Assisted Living Facilities, 11 people APD Foster Home (1-3) and 2 people in an AHCA Assisted Living Facility. The Other category for Primary Disability included people with Down syndrome (55), Spina Bifida (26), Prader Willi syndrome (8) and Phelan-McDermid Syndrome (5).

Figure 1a. Residential Settings: Waiver
FY 2025 (N = 1,462)

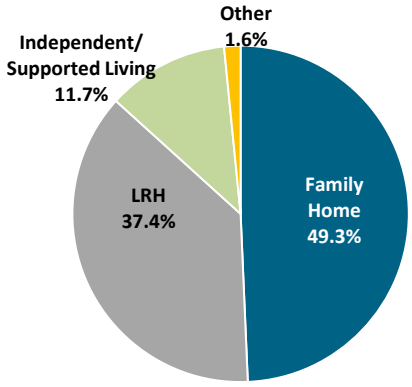


Figure 1b. Residential Settings: CDC+
FY 2025 (N = 196)

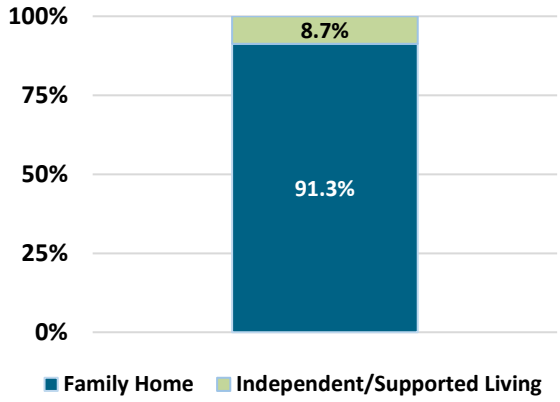


Figure 2. Age Distribution: Wavier and CDC+
FY 2025

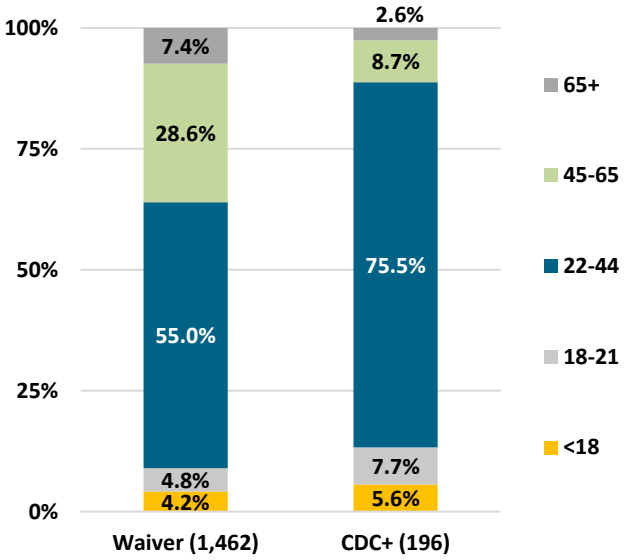
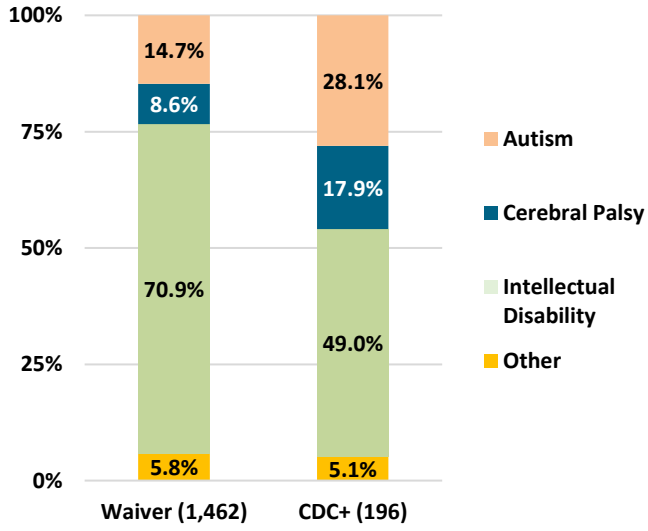


Figure 3. Primary Disability: Wavier and CDC+
FY 2025



PCR My Life Interview (MLI)

PCR MLI: Outcomes and Supports

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

1. My Service Life – expectations for all services a person is receiving from providers and the involvement of the person in development and design of the service delivery system.
2. My Home Life – expectations for services a person is receiving in the home.
3. My Work and Daily Life – expectations for the person pertaining to work and day activities.

4. My Social Life – expectations for the person regarding interaction with and integration in the community.
5. My Health – includes measures of supports related to health access, satisfaction, and education.
6. My Safety – includes measures of safety in various settings, including education and knowledge about abuse, neglect, and exploitation.

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

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

Data Limitations

Results in some categories, particularly for CDC+, are based on relatively small numbers. When n-sizes are small, comparisons across categories or between Waiver and CDC+ should be made with caution. Further, comparisons made between interview results from FYs should be made with caution as all interviews conducted in FY25 and FY24 were conducted in-person, while interviews in FY23 include a combination of remote and in-person interviews.

Outcomes and Supports by Region

Average scores for Outcomes and Supports in FY25 are presented by region in Table 4. On average, Waiver participants met about 83 percent of Outcomes and 98 percent of Supports while CDC+ participants met 85 percent of Outcomes and 99 percent of Supports. On average, Outcomes were lowest in the Southern region for Waiver participants (77.3%) and in the Southeast region for CDC+ participants (76.8%). Outcomes were highest in the Northeast region for both Waiver and CDC+ participants (Waiver: 90.7%; CDC: 95.1%).

Outcomes were lower than Supports across all regions for Waiver and CDC+ participants. Among Waiver participants, Outcomes were between 5.6 and 20.1 points lower than Supports by region with the greatest disparities being in the Southern and Southeast region. Among CDC+ participants,

Outcomes were between 3.9 and 22.6 points lower than Supports by region with the greatest disparities also being in the Central and Southeast region.

Table 4. PCR Individual Interview Results by Region: FY 2025						
Region	Waiver			CDC+		
	# of PCRs	Outcomes	Supports	# of PCRs	Outcomes	Supports
Northwest	87	87.6%	94.8%	11	94.7%	100.0%
Northeast	229	90.7%	96.2%	44	95.1%	99.0%
Central	262	82.2%	97.0%	35	78.4%	98.1%
Suncoast	324	83.1%	98.5%	33	89.4%	99.4%
Southeast	368	81.1%	99.4%	43	76.8%	99.4%
Southern	192	77.3%	97.4%	30	81.8%	99.7%
State	**1,462**	**83.1%**	**97.8%**	**196**	**85.2%**	**99.1%**

Outcomes and Supports by Life Area

The average MLI score for each Life Area is presented in Figure 4a for the Waiver participants and Figure 4b for CDC+ participants, by Outcomes and Supports. Findings from FY25 indicate individuals receiving services were supported across all Life Areas (each above 96%). Outcomes were least likely to be met within 'My Safety' for both the Waiver and CDC+, 61.0 and 60.3 percent present, respectively. Outcomes were highest within the "My Work Life" area for Waiver participants (95.2%) and "My Home Life" for CDC+ participants (97.5%).

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Figure 4a. My Life Interview by Life Areas
Waiver: FY 2025 (N = 1,462)

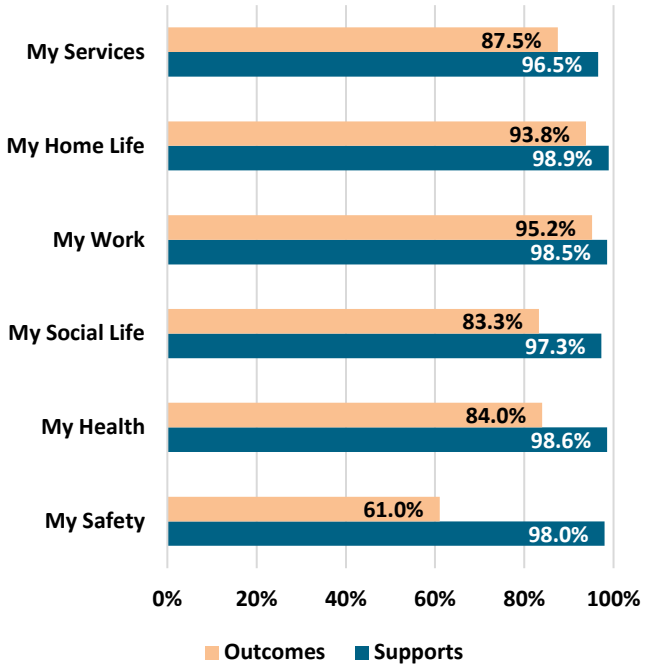
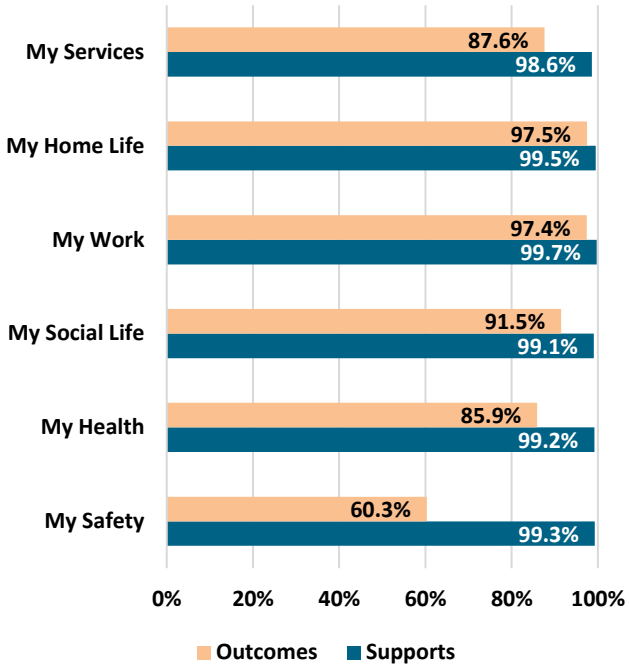


Figure 4b. My Life Interview by Life Areas
CDC+: FY 2025 (N = 196)

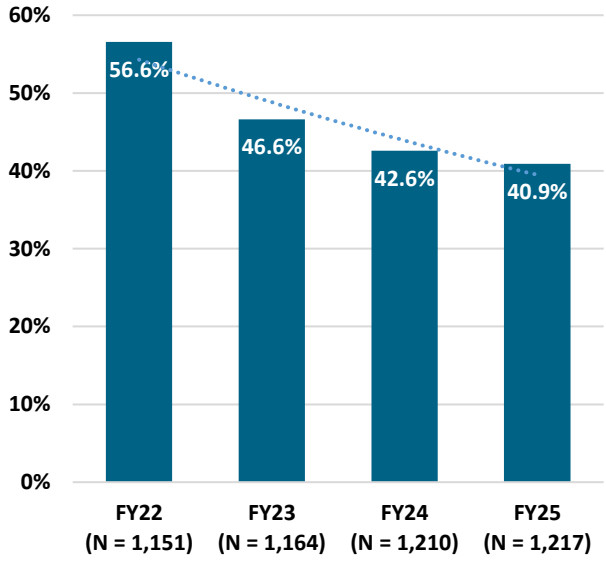


Outcomes and Support Scores by Standard

Scores for each of the 26 standards measured in the MLI are presented in Table 5. Scores are shown for Outcomes and Supports, separately for Waiver and CDC+ participants. When looking at Supports, all indicators were over 90 percent met for Waiver and CDC+ participants. The lowest scoring Supports standard was 94 percent met for individuals on the Waiver and had to do with people receiving the support needed to be active and contributing members of their communities.

In FY25, 50 (n = 13) and 65 (n = 17) percent of the 26 Outcome standards were 90 percent met or higher, for Waiver and CDC+ participants, respectively. The lowest scoring Outcome for Waiver participants had to do with people understanding their medications (40.9%; n = 1,217). As shown in Figure 5, this Outcome has declined for Waiver participants by nearly 16 percentage points since FY22. The lowest scoring Outcome for people on CDC+ had to do with understanding what abuse, neglect, and exploitation (ANE) means (54.1%; n = 185).

Figure 5. Waiver Participant Outcome by FY: "I understand my Medications"



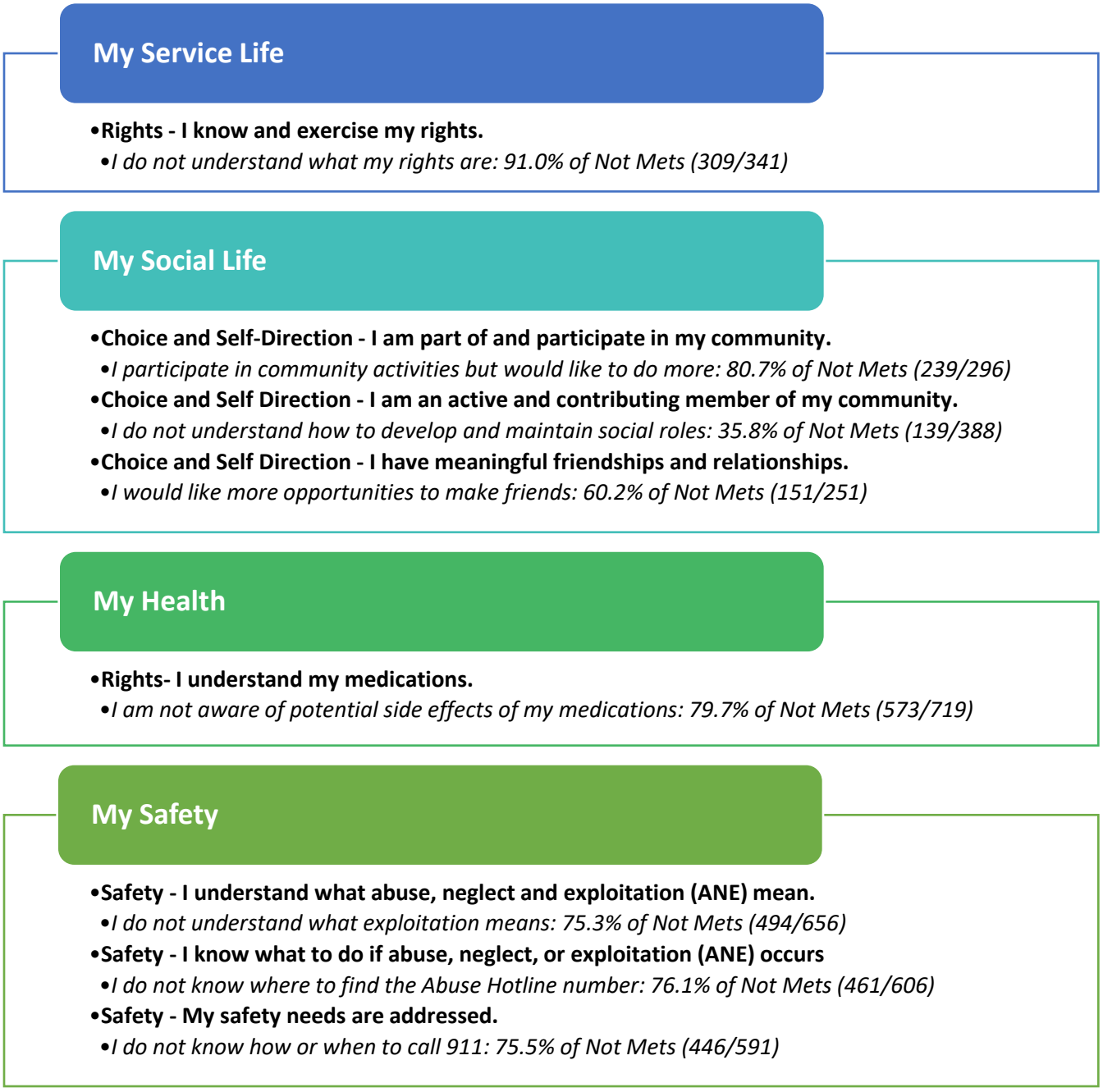
In FY25, eight Outcome standards were below 85 percent met, on average, for Waiver participants and five Outcomes standards were below 85 percent met, on average, for CDC+ participants. These standards are highlighted in Table 5, and their most common Not Met Reason(s) are listed in Figure 6. Among Waiver participants, three out of four Outcomes related to 'My Social Life' were below 85 percent met, on average. Similarly, for Waiver and CDC+ participants, three out of four Outcomes related to 'My Safety' were below 85 percent met.

Table 5. PCR My Life Interview Scores by Standard and Waiver: FY 2025

Question	Waiver (N = 1,46)				CDC+ (N = 196)			
	Outcome		Supports		Outcome		Supports	
	Total Scored	% Met	Total Scored	% Met	Total Scored	% Met	Total Scored	% Met
My Service Life								
Choice and Self Direction - I am an active participant in Support Planning.	1,385	92.4%	1,444	95.6%	182	87.9%	195	99.0%
Choice and Self Direction - I am an active participant in development of service documentation.	1,166	91.9%	1,140	94.0%	105	97.1%	110	99.1%
Choice and Self Direction - I am working toward goals/outcomes important me.	1,403	89.8%	1,447	96.7%	193	88.6%	196	99.0%
Choice and Self Direction - I choose and manage my services.	1,376	91.0%	1,410	97.0%	193	91.6%	190	99.5%
Choice and Self Direction - I choose and manage my service providers.	1,400	85.4%	1,430	97.4%	192	90.1%	192	98.4%
Rights - I know and exercise my rights.	1,345	74.6%	1,443	98.2%	179	73.7%	194	96.9%
My Home Life								
Choice and Self Determination - I chose where I live.	1,314	93.6%	1,343	98.6%	180	97.2%	180	98.9%
Rights - My preferences for living arrangements are respected and valued where I live.	1,265	92.4%	1,275	99.1%	161	98.1%	161	100.0%
Future - I am able to explore other places to live.	413	98.8%	445	99.6%	56	96.4%	58	100.0%
My Work/Daily Life								
Choice and Self Direction - I chose where I work/day activity.	1,278	90.8%	1,292	97.8%	172	95.9%	171	99.4%
Rights - My preferences are respected and valued at my work/day activity.	1,266	98.3%	1,269	99.1%	163	98.8%	165	100.0%

Table 5. PCR My Life Interview Scores by Standard and Waiver: FY 2025									
Question	Waiver (N = 1,46)					CDC+ (N = 196)			
	Outcome		Supports			Outcome		Supports	
	Total Scored	% Met	Total Scored	% Met		Total Scored	% Met	Total Scored	% Met
Future - I am able to explore other arrangements for work/day activity.	456	98.9%	485	99.0%		49	98.0%	52	100.0%
My Social Life									
Choice and Self-Direction - I am part of and participate in my community.	1,336	74.7%	1,402	94.8%		178	85.4%	186	98.4%
Choice and Self Direction - I am an active and contributing member of my community.	1,395	82.0%	1,436	98.5%		184	90.8%	191	99.0%
Choice and Self Direction - I have meaningful friendships and relationships.	1,409	79.0%	1,437	97.2%		188	90.3%	193	98.9%
Rights - My preferred communication method/styles are known and respected.	1,354	97.5%	1,362	98.7%		192	99.0%	194	100.0%
My Health									
Satisfaction - I am satisfied with physician/dentist.	1,438	89.2%	1,426	98.5%		195	90.3%	192	99.5%
Satisfaction - I am satisfied with other health care providers/specialists.	1,323	99.3%	1,315	99.9%		184	99.5%	182	99.5%
Rights - My health needs are being addressed.	1,449	87.9%	1,453	98.1%		194	85.1%	195	98.5%
Choice and Self Direction - I am an active participant in all aspects of healthcare choices.	1,379	92.7%	1,398	99.3%		189	95.2%	192	100.0%
Rights- I understand my medications.	1,217	40.9%	1,249	96.6%		167	51.5%	171	98.2%
Future - I am able to make changes to my healthcare.	475	99.4%	492	99.8%		60	100.0%	59	100.0%
My Safety									
Safety - My safety needs are addressed.	1,442	59.0%	1,455	99.1%		195	51.3%	196	100.0%
Safety - I have the adaptive equipment I need.	866	88.3%	864	97.9%		133	91.7%	132	100.0%
Safety - I understand what abuse, neglect and exploitation (ANE) mean.	1,359	51.7%	1,438	96.8%		185	54.1%	194	99.0%
Safety - I know what to do if abuse, neglect, or exploitation (ANE) occurs.	1,349	55.1%	1,425	98.2%		185	53.5%	195	98.5%

Figure 6. Most Common Not Met Reason for Outcomes below 85% Met: Waiver Participants



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MLI Outcomes by Life Area and FY

Figures 7 and 8 show Outcomes by Life Area and FY for Waiver and CDC+ participants, respectively. Since FY23, Outcomes for Waiver participants have declined by more than seven percentage points for 'My Safety' and nearly five points for 'My Services'. Outcomes for CDC+ participants have declined by about four percentage points within the 'My Safety' area and increased by four percentage points within the 'My Social Life' area.

Figure 7. Outcomes by Life Area and FY: Waiver

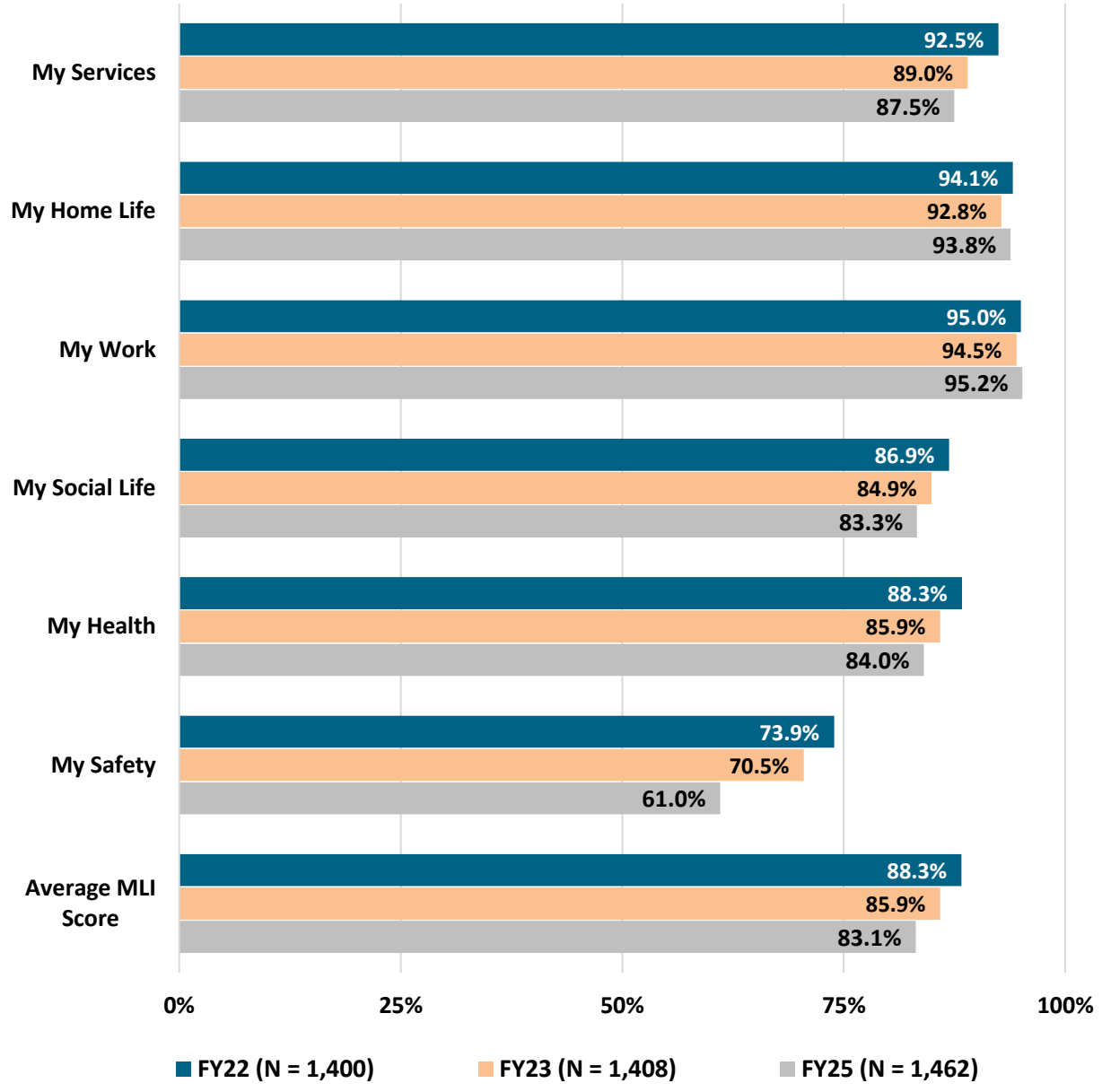
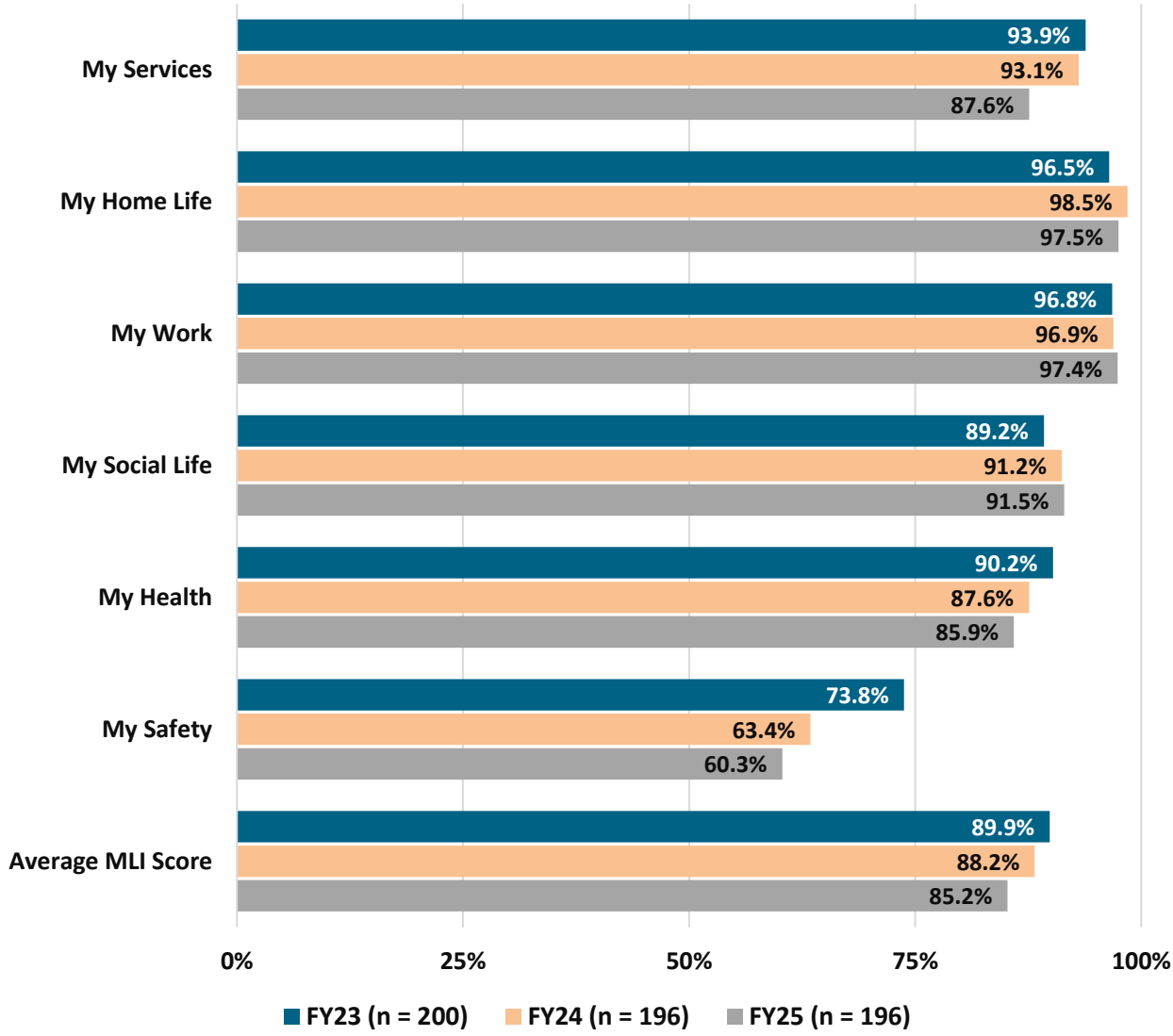


Figure 8. Outcomes by Life Area and FY: CDC+

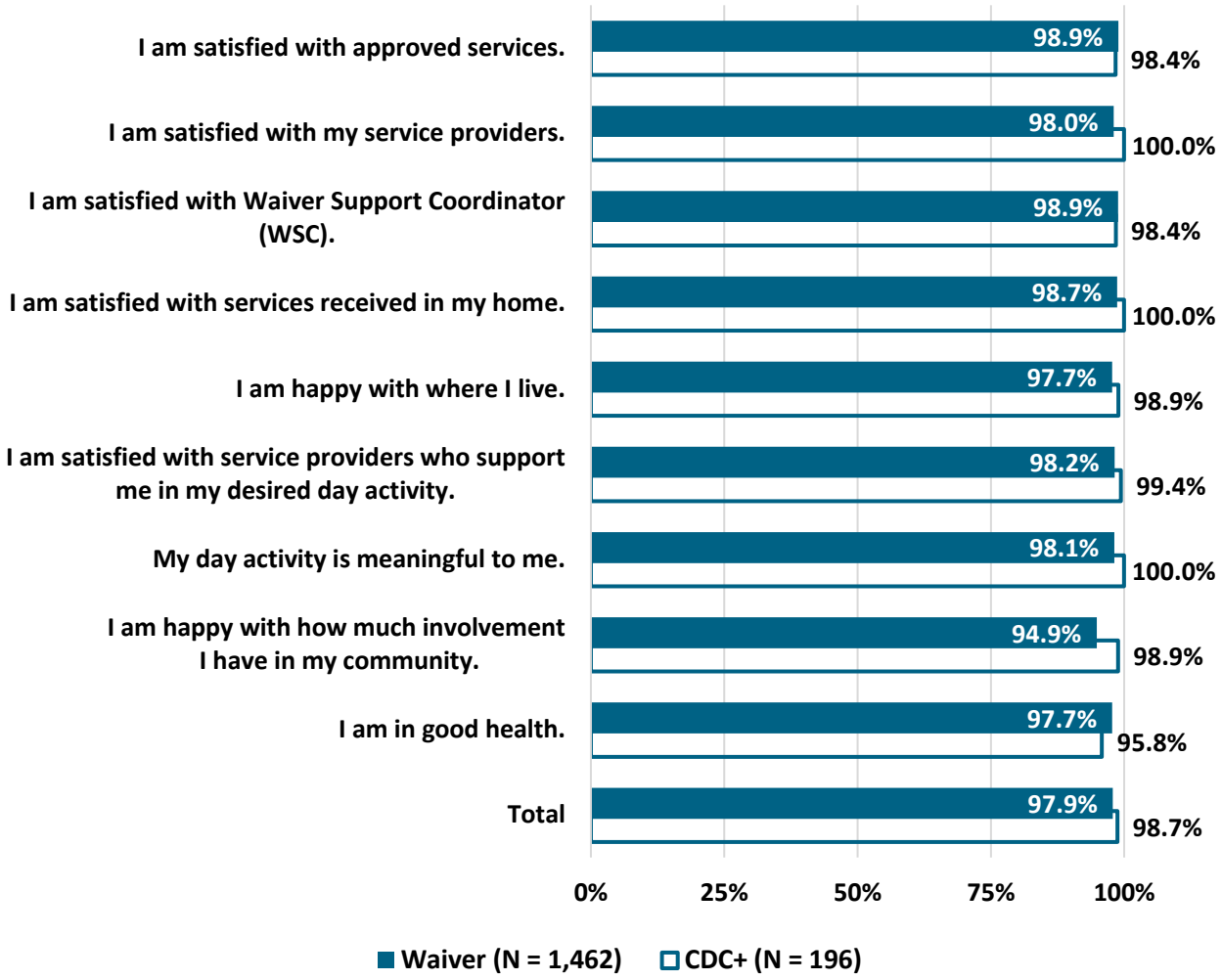


PCR MLI: Satisfaction

During the PCR, individuals are asked if they strongly agree, agree, disagree, or strongly disagree with a series of statements expressing satisfaction with various aspects of their lives, including services, service providers, Support Coordinators/CDC+ Consultants, their residence, and involvement in the community. Figure 9 shows the percentage of individuals interviewed in FY25 who indicated that they either agreed or strongly agreed with the statements listed. Findings show

high levels of agreement in each area. The lowest scoring area of agreement for Waiver participants had to do with their level of involvement in the community – 94.9 percent.

Figure 9. FY25 Individual Satisfaction: Percent Agree or Strongly Agree



PCR MLI: Stability

The PCR MLI includes several questions which measure stability in a person's life. Individuals participating in the PCR are asked how often, over the course of a year, they experienced changes in their WSC or WSC agency, place of employment, work/day activity, residence, services, or service providers in their home. Table 6 shows the percent of individuals who experienced one or more of change in the 12 months prior to their interview. Results are shown for PCRs conducted in FY24 (July 2023 – June 2024) and FY25 (July 2024 – June 2025).

For interviews conducted in FY25, about 11 or 12 percent of waiver participants experienced changes to their work/day activity service providers, in-home service providers, of treating WSC.

Nearly eight percent of CDC+ participants reported changes in their WSC or the services they received. Since FY24, the proportion of individuals reporting a change in their treating WSC, decreased for Waiver and CDC+ participants by three and 4.5 points, respectively.

Table 6. PCR My Life Interview: Stability (Percent with 1 or more changes)								
Within the past 12 months,	Waiver				CDC+			
	FY24 (N = 1,463)		FY25 (N = 1,462)		FY24 (N = 196)		FY25 (N = 196)	
	Total Scored	% w/ 1+ change	Total Scored	% w/ 1+ change	Total Scored	% w/ 1+ change	Total Scored	% w/ 1+ change
I experienced changes in my WSC agency.	1,394	9.3%	1,446	7.5%	193	8.8%	195	6.7%
I experienced changes in my WSC.	1,428	14.8%	1,449	11.8%	195	12.3%	194	7.7%
I have changed employment.	589	5.3%	445	6.7%	63	1.6%	54	3.7%
I have experienced changes to my work/day activity service providers.	1,177	11.6%	1,189	12.1%	149	6.0%	147	6.8%
I have moved.	1,389	11.0%	1,412	10.7%	187	2.7%	178	5.6%
Service providers in my home have changed.	1,259	13.6%	1,233	11.4%	182	3.3%	183	4.9%
The services I receive have changed.	1,388	12.7%	591	9.5%	191	6.3%	65	7.7%

PCR Health Summary

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

Significant Health Events

Table 7 displays the percentage of individuals who, within the 12 months prior to the review, experienced a significant health event. Among those interviewed in FY25, the most common health event for Waiver and CDC+ participants involved visiting the emergency room (ER). In FY25, 17.9 and 23 percent of Waiver and CDC+ participants, respectively, reported visiting the ER at least once in the previous 12 months – a five-point increase compared with FY23 for CDC+ participants.

Table 7. Percent of Individuals with a Significant Health Event by Waiver Type and FY (% Yes)						
In the previous 12 months:	Waiver			CDC+		
	FY23 (N = 1,408)	FY24 (N = 1,463)	FY25 (N = 1,462)	FY23 (N = 200)	FY24 (N = 196)	FY25 (N = 196)
Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation?	1.2%	2.2%	2.0%	0.0%	0.5%	0.0%
Have Reactive Strategies under 65G-8 been used due to behavioral concerns?	3.6%	4.5%	4.3%	3.0%	1.0%	0.0%
Have you been Baker Acted?	2.8%	2.8%	2.7%	1.0%	0.0%	1.0%
Have you been admitted to the hospital?	10.7%	11.0%	10.6%	12.5%	10.7%	13.8%
Have you been to an Emergency Room?	17.1%	19.5%	17.9%	17.5%	18.4%	23.0%
Have you been to an Urgent Care Center?	7.1%	5.9%	6.6%	6.5%	8.2%	5.6%

Preventive Health Care

Figures 10a and 10b show the proportion of Waiver and CDC+ participants who reported receiving a selection of preventive[7] exams and vaccines. Since FY23, the proportion of people who reported receiving a preventive physical, dental or vision exam has increased for Waiver participants by between 1.4 and eight points. Similarly, the proportion of CDC+ participants who reported receiving preventative dental or vision exam has increased by 5.5 and 6.5 points since FY23, respectively.

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[7] Preventive physical and dental exams are expected to occur on an annual basis, while preventive vision exams are expected to occur every two years.

Figure 10a. Preventative Health Care by FY: Waiver

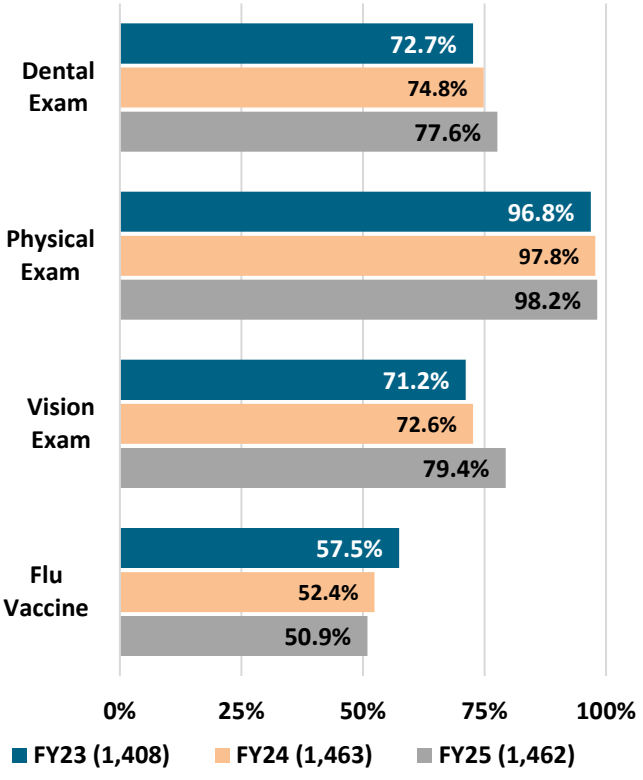
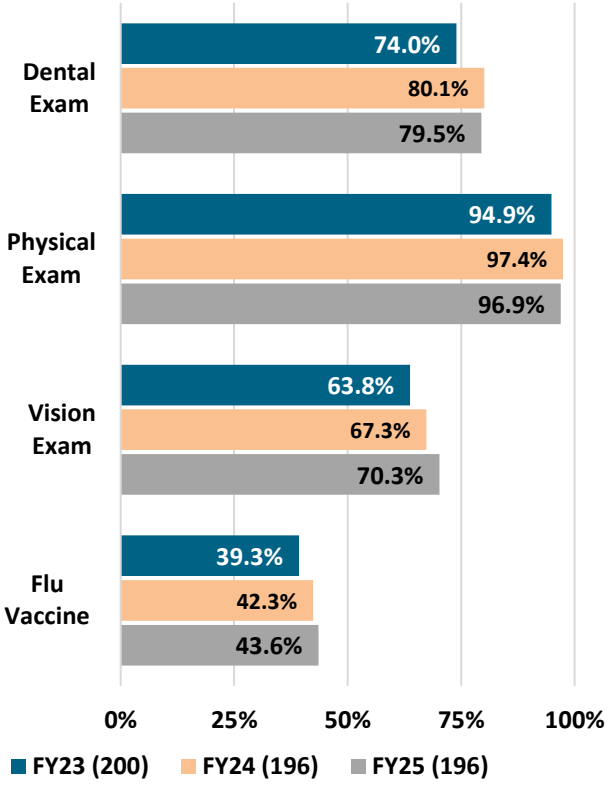


Figure 10b. Preventative Health Care by FY: CDC+



PCR Record Reviews[8]

Waiver Support Coordinator and CDC+ Consultants

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

The number of reviews and indicators scored, as well as the percentage of indicators met in FY25 are presented by region in Table 8. On average, WSCs met 93.6 percent of indicators scored. Scores

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

by region ranged from a low of 93.1 percent in the Suncoast region to a high of 94.3 percent in the Central region. CDC+ Consultants scored higher, on average, than WSCs with 96.0 percent of standards being met. Scores by region for CDC+ Consultants ranged from a low of 92.6 percent in the Northwest region to a high of 98.0 percent in the Central region.

Table 8. Number of Records and Applicable Standards by Region: FY 2025						
Region	WSC			CDC+ C		
	# of Records	# of Indictors Scored	Percent Met	# of Records	# of Indictors Scored	Percent Met
Northwest	87	2,642	93.5%	11	390	92.6%
Northeast	229	7,054	93.3%	44	1,596	97.3%
Central	262	8,003	94.3%	35	1,244	98.0%
Suncoast	324	10,149	93.1%	33	1,223	96.5%
Southeast	368	11,406	93.5%	43	1,553	93.4%
Southern	192	5,747	94.0%	30	1,055	96.1%
State	**1,462**	**45,001**	**93.6%**	**196**	**7,061**	**96.0%**

Figures 11a and 11b show average record review scores by region for FY23, FY24, and FY25 for WSCs and CDC+ Consultants, respectively. Notable findings are as follows:

- Since FY23, average scores within the Suncoast and Central regions have increased by more than nine points for WSCs.
- Since FY23, average scores within the Central region have increased by nearly eight points for CDC+ Consultants.
- Since FY23, average scores for WSCs and CDC+ Consultants increased by 5.8 and 3.6 points, respectively.
- Since FY24, the greatest increase in scores for WSCs were within the Central region where the average score increased by five points for WSCs.
- Since FY24, the greatest increase in scores for CDC+ Consultants were within the Suncoast region where the average score increased by four points.

- Since FY24, the average score for CDC+ Consultants within the Northwest region decreased by almost 2 points.

Figure 11a. WSC Record Review Scores by Region and FY

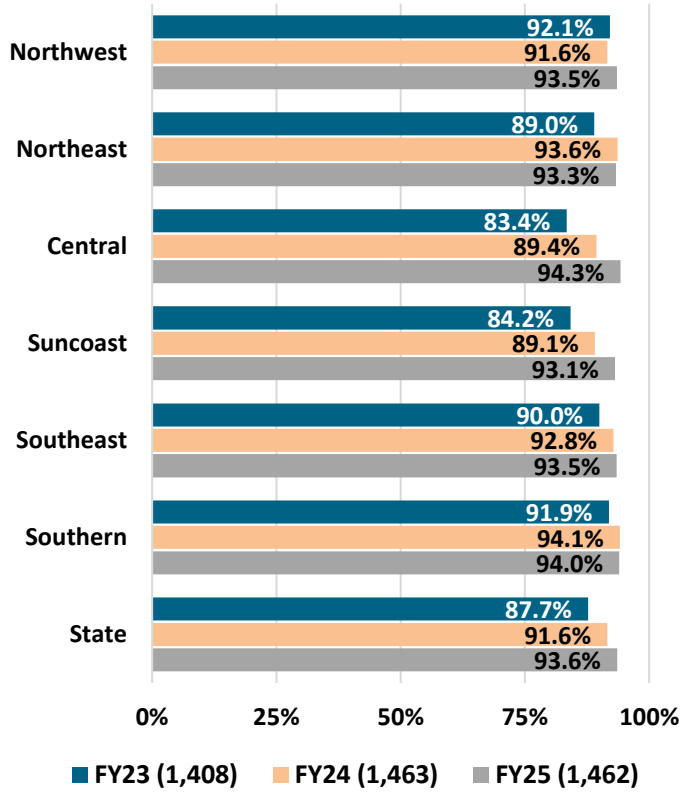
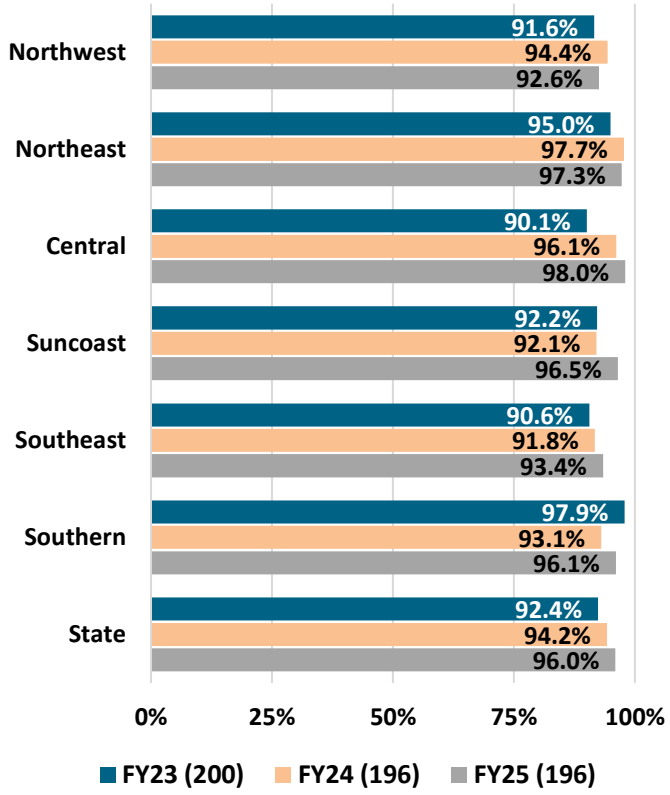


Figure 11b. CDC+ Consultant Record Review Scores by Region and FY



Scores by standard are shown for FY24 and FY25 for WSCs in Table 9 and CDC+ Consultants in Table 10. Since FY24, average record review scores for WSCs have increased by two percentage points and just one standard's score was below 85 percent met, on average (highlighted in Table 10). The following standards have increased by five or more points since FY24:

- Level of care is reevaluated at least every 365 days and contains all required components for billing.
  - FY24: 89.1% → FY25: 96.2% - up 7.1 points
- The Support Plan reflects support and services necessary to address assessed risks.
  - FY24: 76.1% → FY25: 82.5% - up 6.4 points
- Person receiving services is given a choice of waiver services or institutional care at least annually.
  - FY24: 89.3% → FY25: 95.6% - up 6.3 points

- Level of care is reevaluated at least every 365 days and contains all required components for compliance.
    - FY24: 90.5% → FY25: 96.5% - up 6.0 points

Table 9. WSC Scores by Standards: FY 2024 vs FY 2025				
Standard	FY 2024 (N = 1,463)		FY 2025 (N = 1,462)	
	Total Scored	% Met	Total Scored	% Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	1,461	89.1%	1,459	96.2%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	1,458	90.5%	1,459	96.5%
Level of care is completed accurately using the correct instrument/form.	1,456	82.3%	1,449	86.7%
Person receiving services is given a choice of waiver services or institutional care at least annually.	1,461	89.3%	1,462	95.6%
The Support Plan is developed with signatures timely.	1,445	93.1%	1,459	97.7%
The Support Plan has all required components complete.	1,452	81.0%	1,458	77.4%
Support Coordinator completed accurate Significant Additional Need (SAN) requests.	312	98.7%	219	95.9%
Support Coordinator solicits and addresses the person's preferences with regard to employment.	1,188	95.4%	1,220	97.0%
The current Annual Report is in the record.	1,417	85.3%	1,415	86.4%
The Support Plan is updated when warranted by changes in the needs of the person.	639	89.2%	524	91.2%
Support Coordinator documentation demonstrates a copy of the Support Plan is provided to the person or legal representative within 10 days of the Support Plan effective date.	1,437	96.2%	1,448	96.5%
Support Coordinator documentation demonstrates a copy of the Support Plan is provided to all service providers within 30 calendar days of the Support Plan effective date.	1,337	93.9%	1,341	95.3%
The Support Plan includes supports and services consistent with assessed needs.	1,454	77.9%	1,462	82.1%
The Support Plan reflects support and services necessary to address assessed risks.	1,453	76.1%	1,458	82.5%
The record includes a current complete Safety Plan when warranted.	47	87.2%	28	92.9%
The Safety Plan was distributed and reviewed with pertinent providers.	44	65.9%	34	85.3%

Table 9. WSC Scores by Standards: FY 2024 vs FY 2025				
Standard	FY 2024 (N = 1,463)		FY 2025 (N = 1,462)	
	Total Scored	% Met	Total Scored	% Met
Support Coordinator documentation demonstrates use of a person centered approach to define the personal goals/outcomes important to the person.	1,453	93.1%	1,458	94.9%
Support Coordinator documentation demonstrates efforts to solicit natural, community supports for the person prior to waiver service requests.	1,457	98.6%	1,462	97.8%
Support Coordinator documentation demonstrates Service Authorizations are issued to service provider(s).	1,339	97.2%	1,345	98.5%
Support Coordinator monitors service delivery to ensure services are delivered in accordance with the Support Plan and Cost Plan.	1,380	87.7%	1,383	89.2%
Support Coordinator bills for services after required contacts are rendered.	1,449	97.9%	1,444	96.7%
Support Coordinator Progress Notes demonstrate pre-Support Plan planning activities were conducted.	1,412	82.0%	1,427	84.0%
Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing in a facility.	560	93.4%	574	97.0%
Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing in supported living situation or independent living.	230	89.1%	168	96.4%
Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing in the family home.	696	92.7%	729	95.2%
Support Coordinator Progress Notes include meaningful information to effectively assist the person in achieving goals/outcomes.	1,449	91.3%	1,446	92.3%
For persons in Supported Living Arrangements/Situation, Progress Notes demonstrate required activities are covered during each quarterly home visit.	219	76.7%	162	85.2%
For persons living in Supported Living Arrangements/Situations, the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider.	193	97.4%	149	94.6%
Support Coordinator documentation demonstrates efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis.	1,460	99.2%	1,453	99.1%

Table 9. WSC Scores by Standards: FY 2024 vs FY 2025				
Standard	FY 2024 (N = 1,463)		FY 2025 (N = 1,462)	
	Total Scored	% Met	Total Scored	% Met
Support Coordinator documentation demonstrates efforts to support the person to make informed decisions when choosing among waiver service providers on an ongoing basis.	1,457	99.0%	1,452	99.2%
Support Coordinator documents ongoing efforts to assist the person/legal representative to know about rights.	1,460	96.8%	1,455	96.4%
Support Coordinator documents ongoing efforts to ensure all of the person's health care needs are addressed.	1,461	98.6%	1,459	98.5%
Support Coordinator documents ongoing efforts to assess and address the person's safety needs.	1,461	95.1%	1,458	97.5%
Support Coordinator documents person's history regarding abuse, neglect and/or exploitation.	1,006	96.0%	907	94.3%
Support Coordinator documents efforts to assist the person to define abuse, neglect, and exploitation.	1,461	96.2%	1,456	95.1%
Support Coordinator documents efforts to assist person with knowing when and how to report any incidents of Abuse, Neglect and/or Exploitation.	1,461	96.5%	1,456	95.3%
Support Coordinator documents the invitation to take the satisfaction survey to the person receiving services.	1,385	91.6%	1,402	95.0%
Support Coordinator documents the review of the QO's disciplinary process to the person receiving services.	1,437	91.0%	1,433	96.5%
Support Coordinator documents the review of the QO's code of ethics to the person receiving services.	1,437	92.1%	1,434	96.8%
Average WSC Score	**45,384**	**91.6%**	**45,001**	**93.6%**

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The figure below lists the three lowest scoring WSC record review standards as well as their most cited Not Met Reason.

Figure 12. Low Scoring WSC Record Review Standards and Most Common Not Met Reason: FY25

The Support Plan has all required components complete. (77.4%; n = 1,458)

- Support Plan section Health had components not present on the Plan.: 32.5% of Not Mets (107/329)

The Support Plan includes supports and services consistent with assessed needs. (82.1%; n = 1,462)

- Current Support Plan included documentation related to some, but not all assessed needs.: 32.8% of Not Mets (86/262)

The Support Plan reflects support and services necessary to address assessed risks (82.5%; n = 1,458)

- Current Support Plan did not include supports/services identified for assessed risks.: 32.2% of Not Mets (82/255)

Since FY24, average record review scores for CDC+ Consultants have increased by two points and only one standard's score was below 85 percent met (highlighted in Table 10). The following four standards have increased by seven or more points since FY24:

- The Support Plan includes supports and services consistent with assessed needs.
  - FY24: 79.5% → FY25: 90.3% - up 10.8 points
- The Support Plan reflects support and services necessary to address assessed risks.
  - FY24: 79.9% → FY25: 89.5% - up 9.9 points
- Level of care is completed accurately using the correct instrument/form.
  - FY24: 87.2% → FY25: 94.9% - up 7.7 points
- The CDC+ Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted.
  - FY24: 82.1% → FY25: 89.6% - up 7.5 points

Table 10. CDC+ Consultant Scores by Standard: FY 2024 vs FY 2025

Standard	FY 2024 (N = 196)		FY 2025 (N = 196)	
	Total Scored	% Met	Total Scored	% Met
Level of care is reevaluated at least every 365 days and contains all required components for billing.	196	95.4%	196	97.4%
Level of care is reevaluated at least every 365 days and contains all required components for compliance.	196	95.4%	196	98.0%

Table 10. CDC+ Consultant Scores by Standard: FY 2024 vs FY 2025				
Standard	FY 2024 (N = 196)		FY 2025 (N = 196)	
	Total Scored	% Met	Total Scored	% Met
Level of care is completed accurately using the correct instrument/form.	196	87.2%	196	94.9%
Person receiving services is given a choice of waiver services or institutional care at least annually.	196	95.4%	196	98.0%
The Support Plan is developed with signatures timely.	196	94.9%	195	96.9%
The Support Plan has all required components complete.	195	87.7%	196	83.2%
CDC+ Consultant completed accurate Significant Additional Need (SAN) requests.	35	100.0%	16	100.0%
CDC+ Consultant solicits and addresses the person's preferences with regard to employment.	152	96.7%	154	97.4%
The current Annual Report is in the record.	192	90.6%	196	92.9%
The Support Plan is updated when warranted by changes in the needs of the person.	52	94.2%	54	94.4%
Consultant documents a copy of the Support Plan is provided to the person or the legal representative, within 10 days of the Support Plan effective date.	191	95.8%	196	98.0%
Consultant documentation demonstrates a copy of the Support Plan is provided to the CDC+ Representative within 30 calendar days of the Support Plan effective date.	190	94.7%	194	97.4%
The Support Plan includes supports and services consistent with assessed needs.	195	79.5%	196	90.3%
The Support Plan reflects support and services necessary to address assessed risks.	194	79.9%	196	89.8%
The record includes a current complete Safety Plan when warranted.	0	.	0	0.0%
The Safety Plan was distributed and reviewed with pertinent providers.	0	.	0	0.0%
CDC+ Consultant documentation demonstrates use of a person centered approach to define the personal goals/outcomes important to the person.	195	95.9%	196	93.4%
CDC+ Consultant documentation demonstrates efforts to solicit natural, community supports for the person prior to waiver service requests.	196	99.5%	196	99.5%
CDC+ Consultant monitors service delivery to ensure services are delivered in accordance with the Support Plan and Cost Plan.	195	98.5%	196	98.5%
CDC+ Consultant bills for services after required contacts are rendered.	194	99.5%	195	99.0%
The CDC+ Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted.	190	82.1%	193	89.6%

Table 10. CDC+ Consultant Scores by Standard: FY 2024 vs FY 2025				
Standard	FY 2024 (N = 196)		FY 2025 (N = 196)	
	Total Scored	% Met	Total Scored	% Met
Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	196	95.4%	196	94.9%
CDC+ Consultant Progress Notes include meaningful information to effectively assist the person in achieving goals/outcomes.	195	94.9%	196	93.4%
CDC+ Consultant documents ongoing efforts to assist the person/legal representative to know about rights.	196	96.9%	196	96.4%
CDC+ Consultant documents ongoing efforts to ensure all of the person's health care needs are addressed.	196	99.0%	196	98.0%
CDC+ Consultant documents ongoing efforts to assess and address the person's safety needs.	196	96.9%	196	98.0%
CDC+ Consultant documents person's history regarding abuse, neglect and/or exploitation.	137	95.6%	136	94.1%
CDC+ Consultant documents efforts to assist the person to define abuse, neglect, and exploitation.	195	94.4%	196	97.4%
CDC+ Consultant documents efforts to assist person with knowing when and how to report any incidents of Abuse, Neglect and/or Exploitation.	195	94.9%	195	97.4%
CDC+ Consultant documents the invitation to take the satisfaction survey to the person receiving services.	191	95.3%	193	95.9%
CDC+ Consultant documents the review of the QO's disciplinary process to the person receiving services.	194	94.3%	196	98.0%
CDC+ Consultant documents the review of the QO's code of ethics to the person receiving services.	194	94.8%	196	98.5%
Completed/signed Participant-Consultant Agreement is in the record.	196	96.4%	195	98.5%
Completed/signed CDC+ Consent Form is in the record.	196	95.9%	195	97.4%
Completed/signed Participant-Representative Agreement is in the record.	195	95.9%	195	97.9%
All applicable completed/signed Purchasing Plans are in the record.	196	96.9%	195	96.9%
The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	196	95.9%	195	98.5%
All applicable completed/signed Quick Updates are in the Record.	54	98.1%	46	100.0%
Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	73	94.5%	52	100.0%
When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	175	97.7%	166	97.6%

Table 10. CDC+ Consultant Scores by Standard: FY 2024 vs FY 2025				
Standard	FY 2024 (N = 196)		FY 2025 (N = 196)	
	Total Scored	% Met	Total Scored	% Met
CDC+ Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	183	98.9%	171	100.0%
CDC+ Consultant has taken action to correct any overspending by the Participant.	9	88.9%	7	100.0%
If applicable, CDC+ Consultant initiates Corrective Action.	3	100.0%	1	100.0%
Completed/signed Corrective Action Plan is in the record.	3	100.0%	3	100.0%
If applicable, an approved Corrective Action Plan is being followed.	3	100.0%	1	100.0%
The Emergency Backup Plan is in the record and reviewed annually.	196	92.9%	194	91.2%
Average CDC+ C Score	**7,109**	**94.2%**	**7,061**	**96.0%**

The figure below lists the three lowest scoring CDC+ Consultant record review standards as well as their most cited Not Met Reason.

Figure 13. Low Scoring CDC+ Consultant Record Review Standards and Most Common Not Met Reason

The Support Plan has all required components complete. (83.2%; n = 196)

- Support Plan section Health had components not present on the Plan: 30.3% of Not Mets (10/33)

The CDC+ Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted. (89.6%; n = 193)

- CDC+ Consultant documentation demonstrated pre-support plan activities took place but did not document discussions of potential dates, times, and locations for the meeting: 50.0% of Not Mets (10/20)

The Support Plan reflects support and services necessary to address assessed risks. (89.8%; n = 196)

- Current Support Plan did not include strategies for assessed risks: 50.0% of Not Mets (10/20)

PCR Summary of Findings

Individual Outcomes

- "My Safety" was the lowest scoring outcome for both Waiver (61.0%) and CDC+ (60.3%) participants.
- Waiver: My Work Life was the highest scoring outcome for Waiver participants (95.2%) and My Home Life was the highest scoring outcome for CDC+ participants (97.5%)
- MLI Trends and Changes:
  - Waiver Participants:
    - Understanding Medications dropped significantly from 56.6% in FY22 to 40.9% in FY 25 (down 15.7 points).
    - Since FY23, Safety Outcomes have declined by more than seven points.
  - CDC+ Participants:
    - Since FY23, Safety Outcomes declined by about 4 points.
    - Since FY23, Social Life Outcomes improved by about 4 points.
  - Since FY23, fewer Waiver and CDC+ participants reported changes in their treating WSCs/CDC+ Consultants.

WSC/CDC+ C Record Review Trends

- WSC Record Review Improvements (Since FY24):
  - Since FY23, average record review scores for WSCs increased by 5.8 points.
  - Scores increased by five or more points on standards related to:
    - Annual reevaluation of level of care with all required billing and compliance components
    - Support Plans addressing assessed risks
    - Annual offering of choice between waiver services and institutional care
- CDC+ Record Review Improvements (Since FY24):
  - Since FY23, average record review scores for CDC+ Consultants increased by 3.6 points.
  - Scores increased by seven or more points on standards related to:
    - Support Plans aligned with assessed needs and risks
    - Accurate completion of level of care using the correct instrument/form
    - Progress Notes documenting pre-Support Plan planning activities

Provider Discovery Reviews

Service Provider Discovery Review Scores (SPDR)

Over the course of a contract year, a review is completed for most providers who rendered at least one of the following services through the iBudget Waiver, for six months or more:[9]

- Behavior Analysis
- Behavior Assistant
- Life Skills Development 1 (Companion)
- Life Skills Development 2 (SEC)
- Life Skills Development 3 (ADT)
- Life Skills Development 4 (Prevocational)
- Personal Supports
- Residential Habilitation Behavior Focus
- Residential Habilitation Intensive Behavioral
- Residential Habilitation Standard
- Residential Habilitation Enhanced Intensive Behavior (EIB)
- Respite
- Special Medical Home Care
- Supported Living Coaching

The SPDR consists of up to five review components:

General Administrative Review (GAR)

One review per provider.

Staff Qualifications and Training (Q&T)

Reviewed across sample of staff records.

Service Specific Record Reviews (SSRR)

Reviewed across a sample of individual service records.

Observations

Conducted for providers rendering Residential and Adult Day Training (ADT) services.

My Life Interview (MLI)

Conducted with a sample of individuals currently receiving services from the provider.

- *Note: Individuals selected for an interview are not required to participate; Interviews with individuals are not included in the provider's PDR score.*

[9] Deemed providers are permitted to skip one year for the PDR. In FY25, deemed status was defined as an Overall PDR Score of 85% or higher for Service Providers, with no alerts. There was no deemed status for Qualified Organizations/Waiver Support Coordinators in FY25.

Between July 2024 and June 2025, 1,368 SPDRs were completed and approved across the State of Florida. The distribution of SPDRs by region can be seen in Figure 14.

Figure 14. Service Provider Discovery Reviews by Region: FY 2025 (N = 1,368)

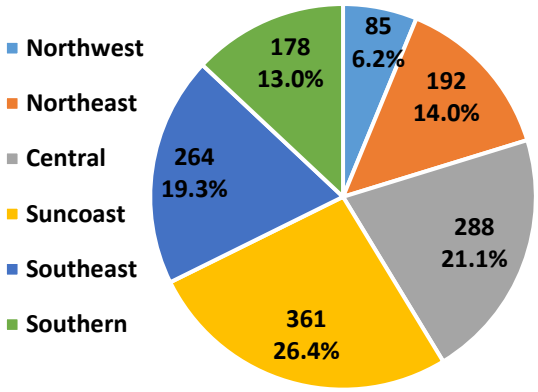
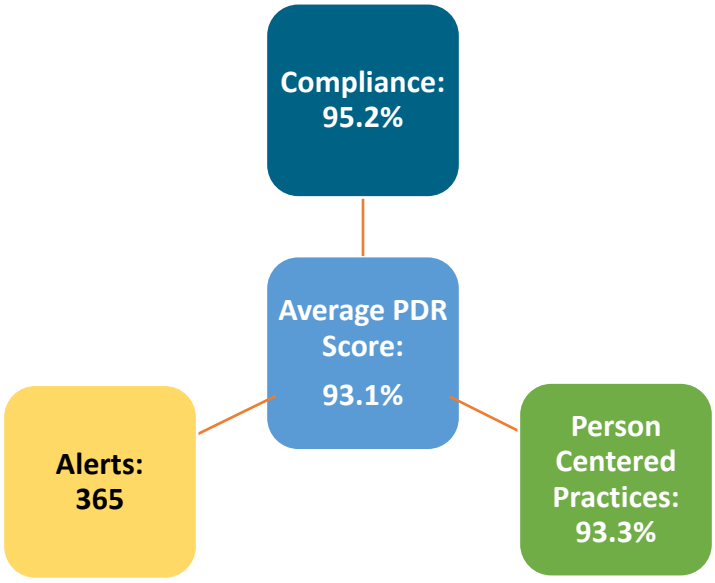


Figure 15 presents the average SPDR score for FY25, as well as the average Compliance score, Person-Centered Practices (PCP) score, and number of alerts cited in FY25. The Compliance score is derived from standards across the SPDR tools which measure basic compliance requirements per the iBudget Waiver Handbook. The PCP score is derived from standards across the SPDR tools which measure the quality of provider services. The overall SPDR score is determined by summing the total number of standards scored 'Met' across all standards (Compliance and PCP) by the total number of standards scored. This value is then reduced by five points for each type of alert cited during the SPDR - with a maximum reduction of 15 points. In FY25, the average overall SPDR score was 93.1 percent.[10] On average, providers scored two-points higher on Compliance than PCP standards (95.2% vs. 93.3%), and a total of 365 alerts were cited.

Figure 15. Average Service Provider Discovery Review Scores: FY 2025 (N = 1,368)



[10] The average score presented in this figure includes reductions from alerts.

Tables 12 and 13 provide SPDR scores by APD region and provider review status (new vs. existing providers). Each table presents average overall SPDR scores, as well as the average Compliance and PCP scores. The number of alerts cited, and the rate of alerts cited for every 10 SPDRs are also provided.

SPDR Scores by Region

As displayed in Table 11, overall SPDR scores varied from a low of 91.7 percent in the Central region (highlighted in orange) to a high of 95.3 percent in the Northeast Region (highlighted in green). Compliance scores varied from a low of 93.7 percent in the Suncoast region to a high of 96.5% in the Southeast region. Average PCP scores ranged from a low of 90.7 percent in the Central region to a high of 96.5 percent in the Northeast region. Average PCP scores were lower than Compliance scores across all regions except the Northwest region. The largest discrepancies between Compliance and PCP scores were within the Central and Southeast regions where scores for PCP standards were about four points lower, on average, than scores for Compliance standards. Alerts were highest in the Suncoast region where 170 (46.6%) of the 365 alerts were cited – about 4.7 alerts for every 10 SPDRs.

Table 11. Service Provider Discovery Review Scores by Region: FY 2025

APD Region	SPDR Score			Alerts	
	Overall Score	Compliance	Person Centered Practices	#	Rate per 10 SPDRs
Northwest (n = 85)	93.5%	95.3%	94.5%	16	1.9
Northeast (n = 192)	95.3%	96.1%	96.5%	39	2.0
Central (n = 288)	91.7%	95.1%	90.7%	63	2.2
Suncoast (n = 361)	92.2%	93.7%	94.0%	170	4.7
Southeast (n = 264)	93.7%	96.5%	92.3%	49	1.9
Southern (n = 178)	94.2%	96.3%	94.0%	28	1.6
Average (N = 1,368)	**93.1%**	**95.2%**	**93.3%**	**365**	**2.7**

SPDR Scores by Provider Review Status

In FY25, 214 (15.6%) of service providers received their first PDR. On average, new provider PDR scores were lower than existing provider scores by over seven points (86.9% vs. 94.3%). New providers scored 5.1 points lower on Compliance standards and 7.7 points lower on PCP standards. They also had a higher alert rate than existing providers – four alerts for every 10 PDRs versus 2.4.

Table 12. Service Provider Discovery Review Scores by Provider Review Status: FY 2025					
Provider Status	PDR Score			Alerts	
	Overall Score	Compliance	Person Centered Practices	#	Rate per 10 Reviews
Existing Provider (n = 1,154)	94.3%	95.8%	94.4%	279	2.4
New Provider (n = 214)	86.9%	90.8%	86.7%	86	4.0
State (N = 1,368)	**93.1%**	**95.2%**	**93.3%**	**365**	**2.7**

General Administrative Review

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

GAR Scores by Region

General Administrative Review scores by region are presented in Table 13. On average, agencies scored higher than solo providers by six points (96.6% versus 90.6%). Among agency providers, scores by region ranged from a low score of 94.1 percent in the Suncoast region and a high score of 99.0 percent in the Southeast region. Scores by region were more varied for solo providers ranging from 95.2 percent in the Northwest region to 85.2 percent in the Central region.

Table 13. General Administrative Results by Region Agency v. Solo Service Providers: FY 2025						
Region	Agency Providers			Solo Providers		
	# of PDRs	Standards Scored	% Met	# of PDRs	Standards Scored	% Met
Northwest	67	180	98.9%	18	21	95.2%
Northeast	166	400	97.3%	26	29	93.1%
Central	266	665	97.3%	22	27	85.2%
Suncoast	337	886	94.1%	24	32	90.6%
Southeast	247	506	99.0%	17	18	88.9%
Southern	168	322	95.7%	10	12	91.7%
State Average	**1,251**	**2,959**	**96.6%**	**117**	**139**	**90.6%**

GAR Scores by Provider Review Status

General Administrative Review scores by provider review status (new vs. existing) are presented in the table below. On average, new and existing agency providers, as well as existing solo providers, scored above 95 percent on the GAR. New solo providers scored lowest on the GAR at 63.6 percent (n = 18).

Table 14. General Administrative Results by Provider Review Status Agency v. Solo Service Providers: FY 2025

Region	Agency Providers			Solo Providers		
	# of PDRs	Standards Scored	% Met	# of PDRs	Standards Scored	% Met
Existing Provider	1,055	2,587	96.7%	99	117	95.7%
New Provider	196	372	95.4%	18	22	63.6%
State Average	**1,251**	**2,959**	**96.6%**	**117**	**139**	**90.6%**

GAR Scores by Standard

Table 15 shows GAR results by standard for agency and solo providers. Many standards scored for solo providers had minimal applicable responses and should be interpreted with caution. Findings are summarized as follows:

- Among agency providers,
  - All standards were over 90 percent met, on average.
  - The lowest scoring indicator for agency providers had to do with agency vehicles being properly registered. (92.4%; n = 516).
- Among solo providers,
  - Only two of five standards were scored for more than 6 providers.
  - The lowest scoring standard (scored for more than 10 providers) had to do with providers addressing all incident reports (83.3%; n = 18).

Table 15. General Administrative Review Results by Standard: Agencies vs Solos: FY 2025

Standard	Agencies (n = 1,251)			Solos (n = 117)		
	# Met	Total Scored	% Met	# Met	Total Scored	% Met
If provider operates Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	29	29	100%	NA	NA	NA

Table 15. General Administrative Review Results by Standard: Agencies vs Solos: FY 2025						
Standard	Agencies (n = 1,251)			Solos (n = 117)		
	# Met	Total Scored	% Met	# Met	Total Scored	% Met
If provider operates Enhanced Intensive Behavior group homes the Program or Clinical Services Director meets the qualifications of a Level 1 Behavior Analyst.	2	2	100%	NA	NA	NA
Agency vehicles used for transportation are properly insured.	489	516	94.8%	NA	NA	NA
Agency vehicles used for transportation are properly registered.	477	516	92.4%	NA	NA	NA
The provider identifies addresses and reports all medication errors.	79	82	96.3%	0	0	.
The provider addresses all incident reports.	432	449	96.2%	15	18	83.3%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	58	58	100%	1	2	50.0%
All instances of abuse, neglect, and exploitation are reported.	54	56	96.4%	1	2	50.0%
The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	1,237	1,251	98.9%	109	117	93.2%
State Average	**2,857**	**2,959**	**96.6%**	**126**	**139**	**90.6%**

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Staff Qualifications and Training

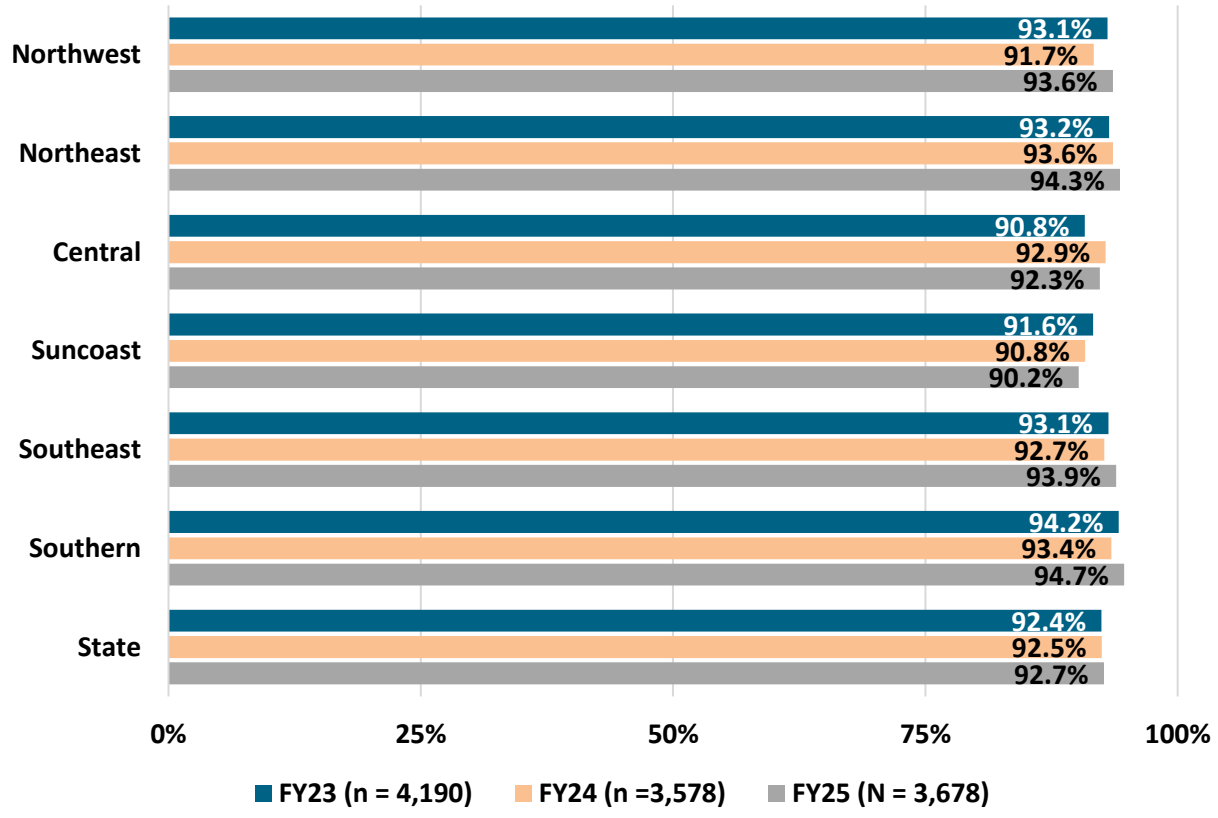
All direct service providers are required to have staff training and education completed to render specific services. For each service provider, at least three staff records are reviewed to cover every eligible service the provider currently renders.

Table 16. Staff Qualifications and Training Reviews by Region: FY 2025		
Region	**# Providers**	**# Staff**
Northwest	85	213
Northeast	192	498
Central	288	775
Suncoast	361	1,000
Southeast	263	699
Southern	178	493
State	**1,367**	**3,678**

Staff Q&T Scores by Region

Qlarant reviewed 3,678 staff records across 1,365 providers in FY25.[11] Table 16 shows the distribution of reviews by region and Figure 16 shows the percentage of standards met by region and FY. On average, Staff Q&T scores have remained consistent since FY23 with an average score

Figure 16. Service Provider Q&T Scores by Region and FY



[11] Three providers reviewed in FY25 did not have staff available for review at the time of their PDR.

of 92 percent for the state. By region, scores have remained consistent with all regions scoring over 90 percent since FY23.

Staff Q&T Scores by Provider Review Status

Table 17 presents Staff Q&T scores for new and existing providers in FY25. A total of 554 staff records were reviewed across the 214 new providers reviewed in FY25. On average, new providers scored about seven points lower than existing providers – 86.6 percent versus 93.7 percent.

Table 17. Staff Q&T Scores by Provider Review Status: FY 2025

Region	# of Staff	# Standards Scored	% Met
Existing Provider	3,124	46,874	93.7%
New Provider	554	7,973	86.6%
State Average	**3,678**	**54,847**	**92.7%**

Staff Q&T Scores by Standard

Average scores for standards scored within the Service Provider's Staff Q&T are shown in Table 18 for existing and new providers, as well as the combined score for the state. For each standard, the table shows the number of staff records reviewed and percent of staff who met the standard. Results are summarized below for standards scored on more than 10 staff records:

- **Minimum Education Requirements**
  - All staff providing the following services met 100% of the minimum education requirements:
    - Behavioral Analysis
    - Life Skills Development (LSD) 2
    - Life Skills Development (LSD) 3
    - Residential Habilitation (ResHab) Intensive
- **In-Service Training Compliance (All Providers)**
  - The following services scored **below 85%** on standards related to required annual in-service training:
    - Supported Living Coaching: 77.6% (n = 274)
    - Personal Supports: 79.8% (n = 1,299)
    - LSD 1: 82.8% (n = 1,252)
    - LSD 2: 82.1% (n = 84)
    - LSD 3: 83.9% (n = 180)
    - ResHab Standard: 84.7% (n = 1,170)

- **Existing Providers**
  - Four standards scored below 85%:
    - In-Service Training for Supported Living Coaching, Personal Supports, and LSD 2
    - Prescribed Enteral Formula Administration Annual Update (83.3%)
- **New Providers**
  - A total of 11 standards scored below 85%, including:
    - **In-Service Training requirements for:**
      - Personal Supports – 57.4%
      - Supported Living Coaching – 59.3%
      - LSD 1 – 67.6%
      - ResHab Standard – 79.7%
      - LSD 2 (Pre-Service Training) – 54.7%
    - Introduction to Social Security Work Incentives – 82.8%
    - Waiver Provider Requirements – 71.7%
    - First Aid – 77.5%
    - HIV/AIDS/Infection Control – 77.9%
    - HIPAA – 83.0%
    - Level II Background Screening – 80.9%
  - Staff working for new providers scored more than 10 points lower than those working with existing providers on 8 of the 11 standards listed above. These standards are highlighted in Table 18.

Table 18. Staff Qualifications and Training Scores by Standard for Existing and New Service Providers: FY 2025

Standard	Existing Provider Staff (n = 3,154)		New Provider Staff (n = 554)		All Staff (N = 3,678)	
	# Reviewed	% Met	# Reviewed	% Met	# Reviewed	% Met
Drivers of transportation vehicles are licensed to drive vehicles used.	2,167	99.4%	390	100%	2,557	99.5%
Personal vehicles used for transportation are properly insured.	1,355	93.4%	293	91.5%	1,648	93.1%
Personal vehicles used for transportation are properly registered.	1,352	91.8%	293	89.1%	1,645	91.3%
The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	3,123	98.9%	554	94.6%	3,677	98.3%

Table 18. Staff Qualifications and Training Scores by Standard for Existing and New Service Providers: FY 2025						
Standard	Existing Provider Staff (n = 3,154)		New Provider Staff (n = 554)		All Staff (N = 3,678)	
	# Reviewed	% Met	# Reviewed	% Met	# Reviewed	% Met
The provider completed Annual Update Training in Basic Medication Administration prior to expiration of current validation.	951	96.3%	117	95.7%	1,068	96.3%
The provider completed the Prescribed Enteral Formula Administration Annual Update training prior to the expiration of their current validation.	30	83.3%	6	100%	36	86.1%
The provider has completed all aspects of required Level II Background Screening.	3,124	91.1%	554	80.9%	3,678	89.6%
The provider has completed the Prescribed Enteral Formula Administration training.	76	93.4%	16	93.8%	92	93.5%
The provider maintains current Basic Medication Administration Validation.	1,230	92.2%	174	90.2%	1,404	92.0%
The provider maintains current CPR certification.	3,021	94.8%	530	86.4%	3,551	93.6%
The provider maintains current Prescribed Enteral Formula Administration Validation.	73	91.8%	16	87.5%	89	91.0%
The provider obtains Temporary Validation when indicated.	2	100%	1	100%	3	100%
The provider received Basic Medication Administration Training prior to administering or supervising the self-administration of medication.	1,235	97.3%	177	95.5%	1,412	97.1%
The provider received training in an Agency approved curriculum for behavioral emergency procedures consistent with the requirements of the Reactive Strategies rule (65G-8, FAC).	443	91.4%	41	97.6%	484	91.9%
The provider received training in Basic Person Centered Planning.	258	95.3%	8	87.5%	266	95.1%
The provider received training in Direct Care Core Competencies.	2,853	97.0%	537	95.9%	3,390	96.8%
The provider received training in Direct Care Core Competency. (Old)	267	99.3%	10	100%	277	99.3%
The provider received training in First Aid.	3,017	92.4%	528	77.5%	3,545	90.2%
The provider received training in HIPAA.	3,123	90.4%	548	83.0%	3,671	89.3%
The provider received training in HIV/AIDS/Infection Control.	3,028	90.0%	529	77.9%	3,557	88.2%
The provider received training in Requirements for all Waiver Providers	3,112	91.1%	540	71.7%	3,652	88.2%
The provider received training in Zero Tolerance.	3,122	94.9%	554	90.6%	3,676	94.3%

Table 18. Staff Qualifications and Training Scores by Standard for Existing and New Service Providers: FY 2025						
Standard	Existing Provider Staff (n = 3,154)		New Provider Staff (n = 554)		All Staff (N = 3,678)	
	# Reviewed	% Met	# Reviewed	% Met	# Reviewed	% Met
The provider received training on Individual Choices, Rights and Responsibilities	261	95.8%	7	71.4%	268	95.1%
The provider has completed standardized, pre-service training for Life Skills Development 2.	77	92.2%	11	54.5%	88	87.5%
The provider completed required Supported Living Pre-Service training.	241	92.5%	30	86.7%	271	91.9%
The Supported Living Coach completed Introduction to Social Security Work Incentives.	233	88.4%	29	82.8%	262	87.8%
The provider completes eight hours of annual in-service training on instruction in applied behavior analysis and related topics for Behavior Assistant.	3	1	2	50.0%	5	0.8
The Behavior Assistant provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	3	100%	2	100%	5	100%
The Residential Habilitation – Intensive Behavior provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	49	100%	8	100%	57	100%
The Residential Habilitation-Behavior Focus provider has completed at least 20 contact hours of instruction in a curriculum meeting the requirements specified by the APD state office and approved by the APD designated behavior analyst.	308	97.7%	20	100%	328	97.9%
The Supported Living Coaching provider completes eight hours of annual in-service training.	227	79.7%	27	59.3%	254	77.6%
The Life Skills Development 1 provider completes 4 hours of annual in-service training related to the specific needs of at least one person currently receiving services.	1,045	85.8%	207	67.6%	1,252	82.8%

Table 18. Staff Qualifications and Training Scores by Standard for Existing and New Service Providers: FY 2025						
Standard	Existing Provider Staff (n = 3,154)		New Provider Staff (n = 554)		All Staff (N = 3,678)	
	# Reviewed	% Met	# Reviewed	% Met	# Reviewed	% Met
The Life Skills Development 2 provider completes eight hours of annual in-service training related to employment.	74	83.8%	10	70.0%	84	82.1%
The Life Skills Development 3 provider completes eight hours of annual in-service training related to the individually tailored services.	173	85.5%	7	42.9%	180	83.9%
The Life Skills Development 4 provider completes eight hours of annual in-service training related to the individually tailored services.	6	100%	0	NA	6	100%
The Personal Supports provider completes four hours of annual in-service training related to the specific needs of at least one person currently served.	1,116	83.4%	183	57.4%	1,299	79.8%
The Residential Habilitation – Enhanced Intensive Behavior provider completes eight hours of annual in-service training through participation in recipient case-review or in combination with training related to behavior analysis.	4	100%	0	NA	4	100%
The Residential Habilitation – Intensive Behavior provider completes eight hours of annual in-service training related to behavior analysis and related topics.	35	97.1%	5	100%	40	97.5%
The Residential Habilitation - Standard provider completes eight hours of annual in-service training related to the implementation of individually tailored services.	1,042	85.3%	128	79.7%	1,170	84.7%
The Residential Habilitation-Behavior Focus provider completes eight hours of annual in-service training related to behavior analysis and related topics.	264	95.1%	16	100%	280	95.4%
The provider meets all minimum educational requirements and levels of experience for Behavior Analysis.	94	100%	13	100%	107	100%
The provider meets all minimum educational requirements and levels of experience for Behavior Assistant.	4	100%	2	100%	6	100%

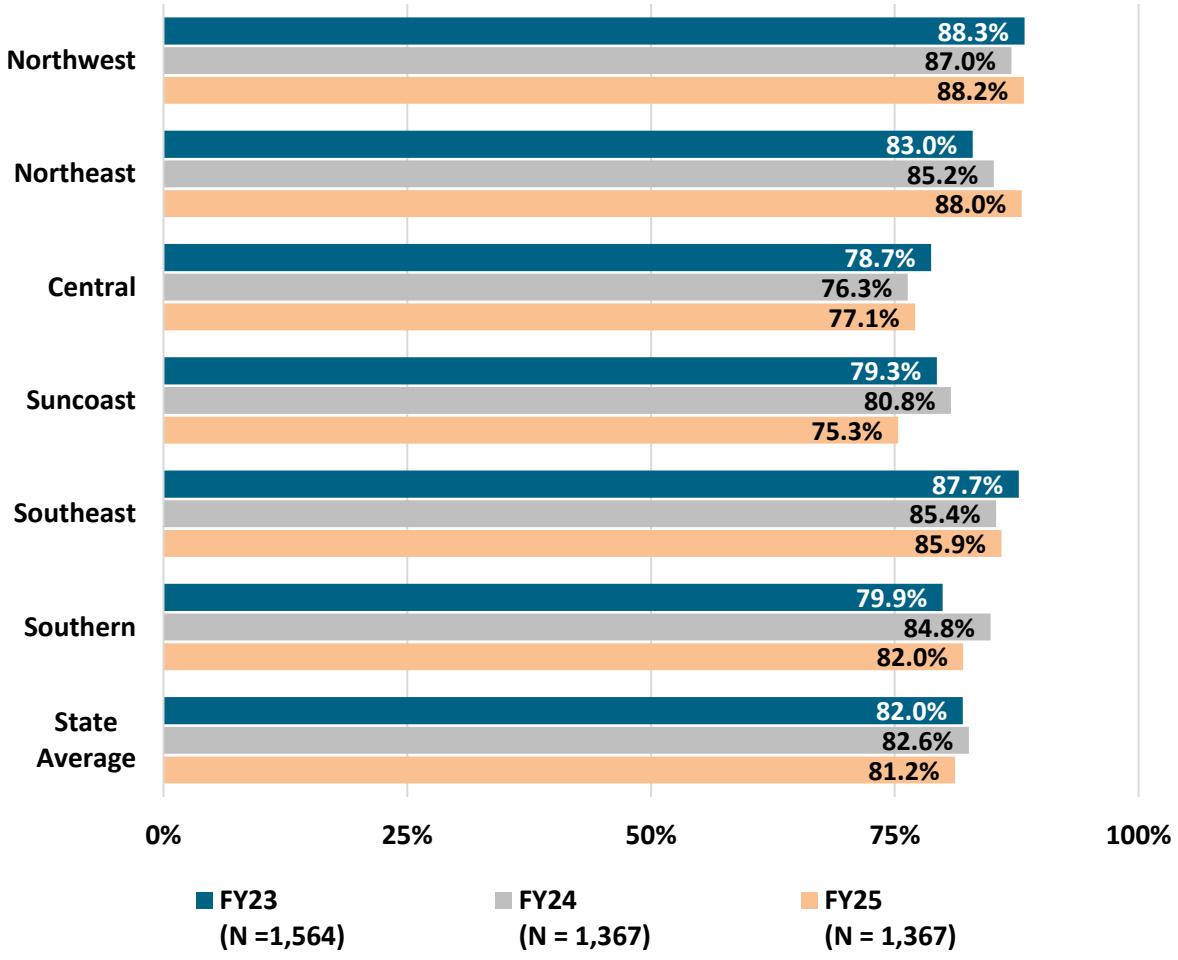
Table 18. Staff Qualifications and Training Scores by Standard for Existing and New Service Providers: FY 2025						
Standard	Existing Provider Staff (n = 3,154)		New Provider Staff (n = 554)		All Staff (N = 3,678)	
	# Reviewed	% Met	# Reviewed	% Met	# Reviewed	% Met
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 1.	1,156	99.7%	277	98.6%	1,433	99.4%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 2.	78	100%	11	100%	89	100%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 3.	205	100%	10	100%	215	100%
The provider meets all minimum educational requirements and levels of experience for Life Skills Development 4.	10	100%	0	NA	10	100%
The provider meets all minimum educational requirements and levels of experience for Personal Supports.	1,263	99.4%	280	98.9%	1,543	99.3%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Enhanced Intensive Behavior.	4	100%	0	NA	4	100%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Behavior Focus.	309	99.7%	20	100%	329	99.7%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Intensive Behavior.	53	100%	8	100%	61	100%
The provider meets all minimum educational requirements and levels of experience for Residential Habilitation-Standard.	1,180	99.5%	160	99.4%	1,340	99.5%
The provider meets all minimum educational requirements and levels of experience for Respite.	150	98.0%	54	100%	204	98.5%
The provider meets all minimum educational requirements and levels of experience for Special Medical Home Care.	4	75.0%	0	NA	4	75.0%
The provider meets all minimum educational requirements and levels of experience for Supported Living Coaching.	241	97.9%	30	100%	271	98.2%
State Averages	46,874	93.7%	7,973	86.6%	54,847	92.7%

Background Screening Compliance

When examining background screenings (BGS), a varying number of staff records are reviewed to determine compliance with all components of the requirement. For BGS, if any one staff record indicates a lack of required documentation, the provider is reported as being out of compliance.

Figure 17 shows the percentage of service providers in compliance with BGS requirements for all staff, by region and FY. In FY25, 81.2 percent of service providers were in compliance, slightly less than the proportion in FY24 (82.6%). Scores by region in FY25 show some variation with FY25 compliance rates ranging from a low of 75.3 percent in the Suncoast region to a high of 88.2 percent in the Northwest region.

Figure 17. Percent of Providers with All Background Standards Met by Region and FY



Service Specific Record Review Results

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

SSRR Scores by Region

FY25 SSRR scores are presented by region for all Service Providers in Table 19. Standards scored within the SSRR are weighted, meaning some standards contribute more than one point to the overall PDR score; therefore, the table below presents weighted scores instead of the percentage of standards met (percent met). On average, service providers reviewed in FY25 had an average weighted score of 93.2 percent in FY25 with weighted scores ranging from a low of 91.7 percent in the Central and Suncoast regions to a high of 95.3 percent in the Northeast region.

Table 19. Service Specific Record Review Results by Region: FY 2025

Region	# Records Reviewed	# Standards Scored	Weighted Score
Northwest	284	4,848	93.4%
Northeast	606	9,404	95.3%
Central	966	14,956	91.7%
Suncoast	1,197	20,025	91.7%
Southeast	834	12,473	94.4%
Southern	614	8,871	94.9%
Average	**4,501**	**70,577**	**93.2%**

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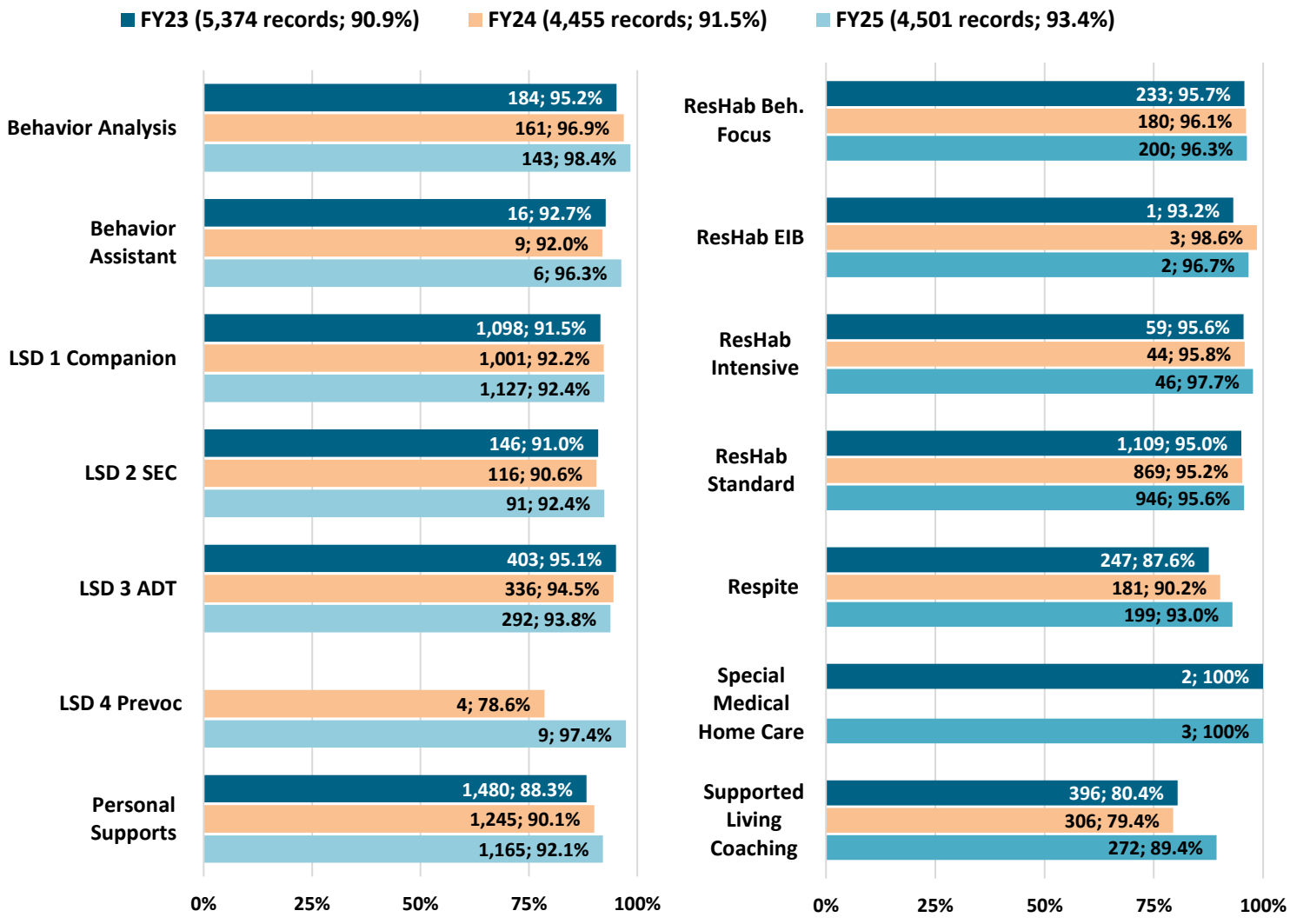
SSRR Scores by Service and FY

Figure 17 shows average weighted scores by service for FY23, FY24 and FY25. Since FY23, scores increased by nearly nine points for Supported Living Coaching (80.4% vs. 89.4%), four points for Personal Supports (88.3% vs. 92.1%) and by about three points for Behavior Analysis (95.2% vs. 98.4%).

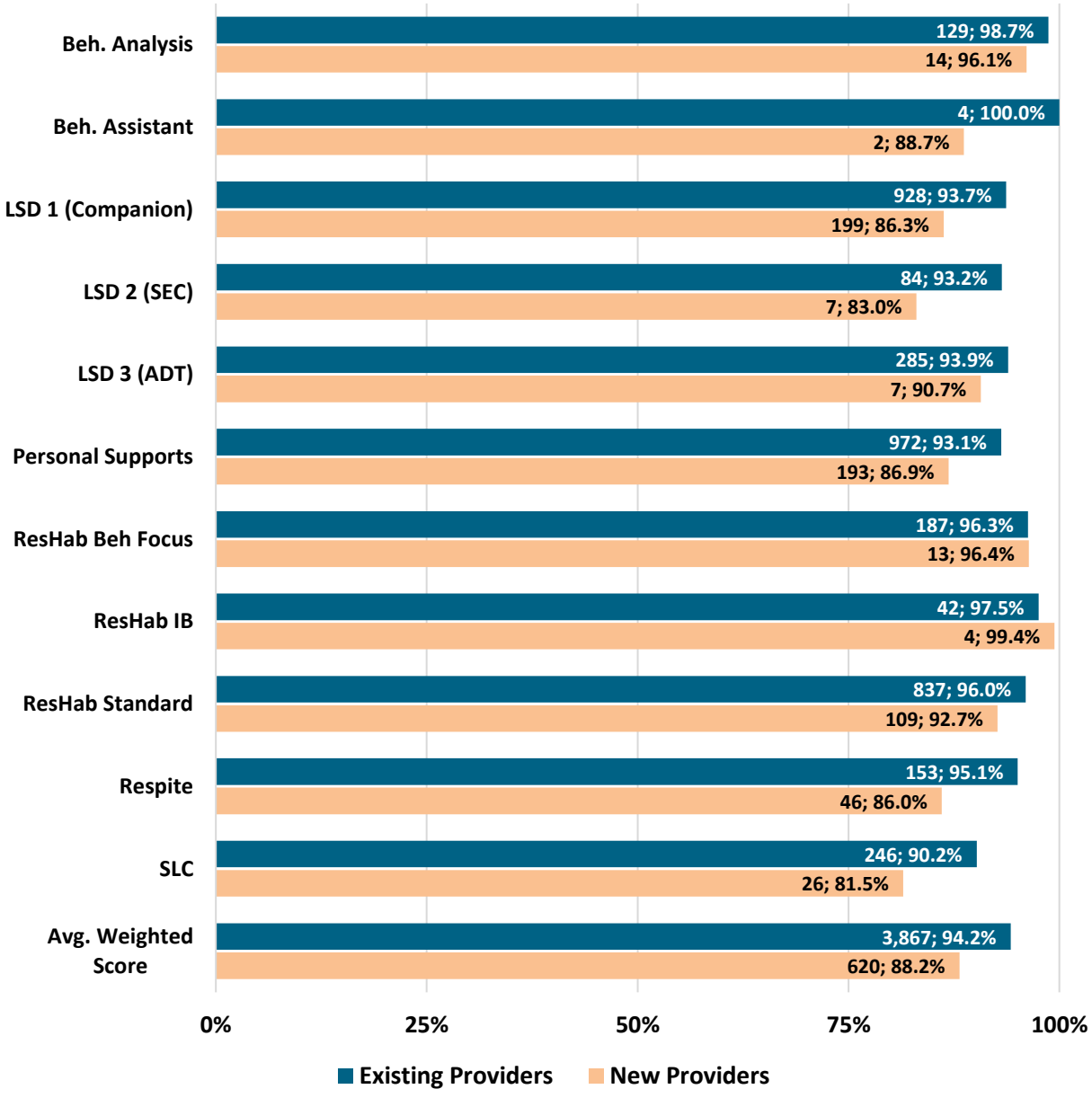
Figure 17. Weighted SSRR Scores by Service and FY



SSRR Scores by Service and Review Status

The figure below shows the weighted score and number of records reviewed by service for new and existing providers. On average, SSRR scores for new providers ranged from a low of 81.5 percent for Supported Living Coaching (n = 26) to a high of 99.4 percent for ResHab IB (n = 4) providers. SSRR scores for new providers offering Behavior Assistant, LSD 2, Respite, and Supported Living Coaching services were more than 8 points lower than SSRR scores for existing providers.

Figure 18. FY 2025 Weighted SSRR Scores: Existing versus New Providers



Potential Billing Discrepancies

For each service, several applicable standards related to billing requirements are scored by QARs. If any standard does not meet requirements, it is noted in the PDR Report as a potential billing discrepancy (PBD). Table 20 shows the number of records reviewed, by service, and percentage of records with one or more PBDs in FY23, FY24, and FY25. Results indicate about 21 percent services reviewed in FY25 had one or more billing standards scored Not Met – an eight-point decrease since FY23. Since FY23, the percentage of providers offering Personal Supports, Respite, and Supported Living Coaching with one more PBDs declined by more than 20 points (highlighted in green). The percentage of LSD 3 providers with one or more PBDs increased from 7.7 percent in FY23 to 20.9 percent in FY24 (highlighted in orange).

Table 20. Percent of Providers with 1+ PBD by Service and FY

Service	FY 2023		FY 2024		FY 2025	
	# Records Reviewed	% with 1+ PBD	# Records Reviewed	% with 1+ PBD	# Records Reviewed	% with 1+ PBD
Behavior Analysis	184	11.4%	161	9.3%	143	7.0%
Behavior Assistant	16	18.8%	9	33.3%	6	16.7%
Life Skills Development 1 (Companion)	1,098	26.8%	1,001	28.4%	1,127	26.9%
Life Skills Development 2 (SEC)	146	24.0%	116	21.6%	91	18.7%
Life Skills Development 3 (ADT)	403	7.7%	336	14.0%	292	20.9%
Life Skills Development 4 (Prevocational)	NA	NA	4	75.0%	9	0.0%
Personal Supports	1,480	50.8%	1,245	44.8%	1,165	30.6%
Residential Habilitation Behavior Focus	233	7.3%	180	4.4%	200	5.0%
Residential Habilitation EIB	0	.	3	0.0%	2	0.0%
Residential Habilitation Intensive Behavioral	59	8.5%	44	6.8%	46	4.3%
Residential Habilitation Standard	1,109	5.1%	869	6.2%	946	5.7%
Respite	247	44.1%	181	41.4%	199	23.1%
Special Medical Home Care	2	0.0%	0	NA	3	0.0%
Supported Living Coaching	396	66.7%	306	62.1%	272	32.7%
Total	**5,371**	**29.5%**	**4,455**	**28.4%**	**4,501**	**21.1%**

Observations

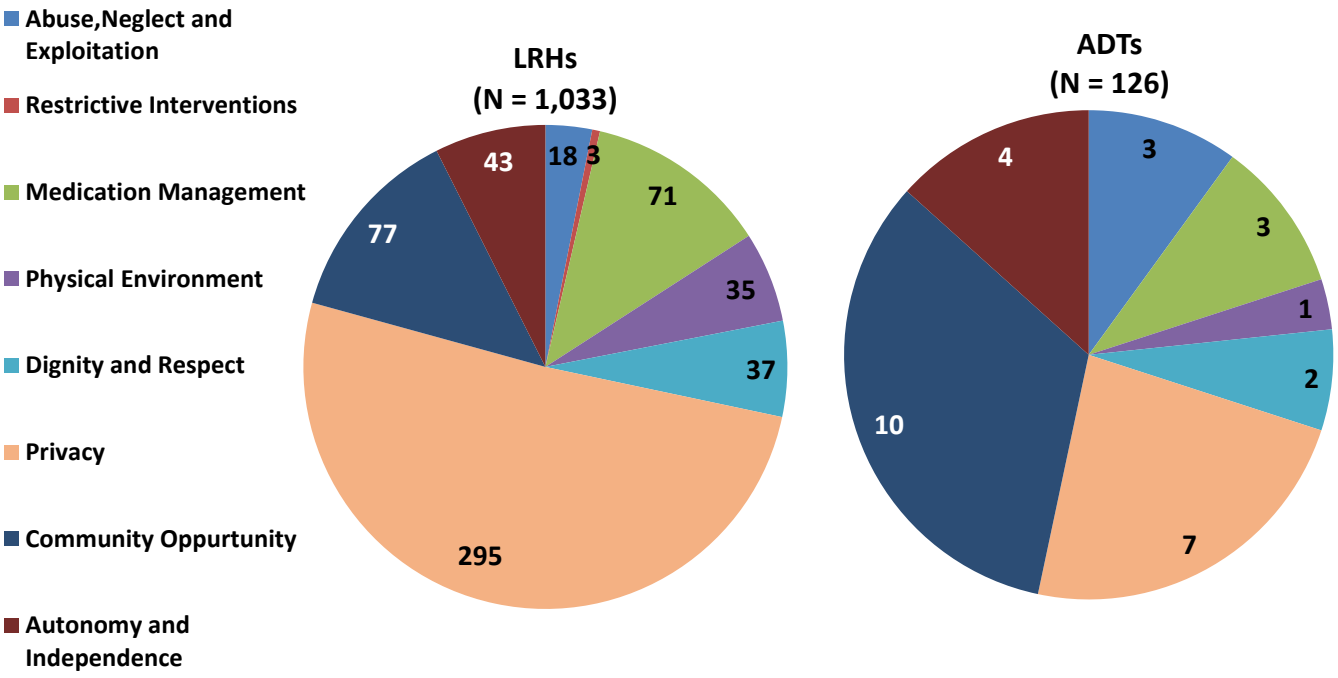
Observations are completed for Residential Habilitation (ResHab) and Adult Day Training (ADT) providers. When reviewing ResHab providers, Qlarant conducts onsite observations of up to 10 Licensed Residential Homes (LRH). For ADT providers, all locations operated by the providers receive an onsite observation. During this portion of the PDR, QARs observe the physical facility, interactions among staff and individuals, and informally interview staff, residents, and day program participants as needed and as possible.

Table 21. PDR Observations by Region and Location: FY 2025

Region	LRHs		ADTs	
	# OBS	# of Concerns	# OBS	# of Concerns
Northwest	68	22	10	10
Northeast	138	126	27	8
Central	234	151	26	0
Suncoast	313	197	39	10
Southeast	174	41	16	2
Southern	106	42	8	0
State	**1,033**	**579**	**126**	**30**

In FY25, observations were completed at 1,033 LRHs and 126 ADTs. The number of reviews by region, as well as the number of findings identified during the observations are shown in Table 21. A total of 579 concerns were identified at LRHs and 30 concerns were identified at ADTs. Figure 19 shows the number of concerns identified for LRHs and ADTs by the different Observation domains. Among LRHs, the majority of concerns were identified within the Privacy domain (n = 295). Among ADTs, the majority of concerns were identified within the Community Opportunity domain (n = 10).

Figure 19. Number of Concerns by Observation Domain



The most common concerns identified at LRH and ADTS are listed in the figure below:

LRHs	ADTs

• **Privacy**:
  • Individuals do not have a key to their bedroom doors (63 Conerns)
  • Bedroom doors do not lock (49 Concerns)
  • Bathroom doors do not lock (42 Concerns)
  • Individuals cannot lock the bedroom door (35 Concerns)
  • Individuals cannot lock the bathroom door (31 Concerns)
  • Personal information is posted in an area where others may view (22 Concerns)
• **Community Oppurtunity:**
  • Training in the use of public transportation is not available and/or facilitated (39 Concerns)
• Medication Management:
  • Non-controlled medications are not centrally stored in a locked container in a secured enclosure (36 Concerns)
  • Controlled medications are not stored separately from other prescription and OTC medications in a locked container within a locked enclosure (32 Concerns)
	• **Community Oppurtunity:**
	  • Training in the use of public transportation is not available and/or facilitated (3 Concerns)
	  • The facility does not regularly provide education and resources to individuals related to available and current community activities (2 Concerns)
	  • The facility does not provide opportunities for regular meaningful non-work activities in integrated community settings (2 Concerns
	• **Privacy:**
	  • Bathroom doors do not lock (3 Concerns)
	  • Individuals cannot lock the bathroom door (2 Concens)
	• **Medication Management**
	  • Non-controlled medications are not centrally stored in a locked container in a secured enclosure (2 Concerns)

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PDR My Life Interview (MLI)[12]

The Service Provider PDR includes an interview with individuals receiving services to determine how well services are provided and if Outcomes and Supports are present. The PDR MLI is conducted using the same tool as the PCR MLI; however, QARs are instructed to ask questions relevant to the service(s) the individual is receiving from the provider participating in the PDR, and individuals receiving services are asked to focus their responses to experiences with that particular provider. Further, unlike the PCR MLI, the sample for the PDR MLI is not a representative sample of individuals receiving services across the state. Each interview is part of a sample that is only representative of individuals receiving services from the provider participating in The PDR. If no one receiving services from the provider is willing to participate, or there are no individuals available, the PDR will not include this component of the review process. In FY25, 88 percent of providers had one or more people participate in an MLI.

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

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

In FY25, 1,841 people across 1,226 providers participated in the PDR MLI. The distribution of interviews by region, as well as scores for Outcomes and Supports are presented in Table 22. On average, nearly 99 percent of Supports were met for individuals receiving services from providers reviewed and scores were fairly consistent across regions. Outcomes were less likely to be met (83.9%), and scores varied by region - ranging from a low score of 72.4 percent in

Table 22. PDR MLI Results by Region: FY 2025

Region	# Providers	# People	Outcomes	Supports
Northwest	76	113	88.7%	96.4%
Northeast	160	230	92.3%	99.3%
Central	251	364	83.1%	98.1%
Suncoast	328	507	84.7%	98.7%
Southeast	250	370	84.0%	99.7%
Southern	161	257	72.4%	99.2%
State	**1,226**	**1,841**	**83.9 %**	**98.7%**

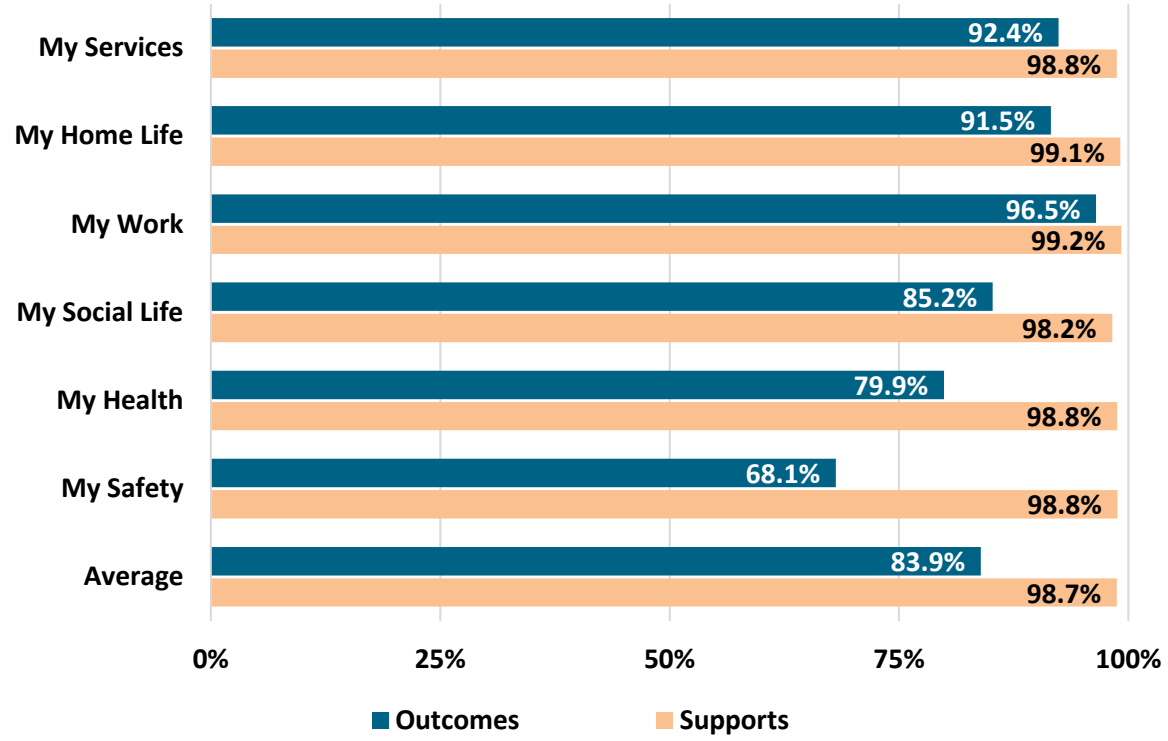
[12] MLI results in this section are for Service Providers only.

the Southern region to a high score of 92.3 percent in the Northeast region.

PDR MLI Scores by Life Area

The average PDR MLI score for each Life Area is presented in Figure 20, by Outcomes and Supports. FY25 findings indicate individuals receiving services were supported across all Life Areas (each above 98%). Outcomes related to 'My Safety' (68.1%), My Health' (79.9%), and 'My Social Life' (85.2%) were least likely to be met.

Figure 20. PDR My Life Interview by Life Areas
July 2024 -June 2025 (N = 1,226)



Service Provider Alerts

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

screening documentation on file, an alert is recorded, unless the only reason cited is noncompliance with the Affidavit of Good Moral Character/Attestation of Good Moral Character.

Alerts by Region

Between July 2024 and June 2025, 365 alerts were reported across the 1,368 Service Providers. The number of alerts and percentage of PDRs with each type of alert are listed by type in Table 23 by FY. Between FY23 and FY24, the percentage of PDRs with a BGS alert increased by 2.7 points; however, as of FY25, the percentage of PDRs with a BGS declined by nearly 3 points to 10.9 percent. The percentage of PDRs with a Clearinghouse Roster alert declined by 2 points in FY25 from 4.9 to 2.9 percent.

Table 23. Service Providers Alerts by FY

Alert Type	FY 2023 (N = 1,564)		FY 2024 (N = 1,367)		FY 2025 (N = 1,368)	
	# of Alerts	% of PDRs	# of Alerts	% of PDRs	# of Alerts	% of PDRs
ANE	6	0.4%	1	0.1%	0	0.0%
Background Screening (BGS)	172	11.0%	187	13.7%	149	10.9%
Clearinghouse Roster	76	4.9%	67	4.9%	40	2.9%
Driver's License/Insurance	20	1.3%	13	1.0%	23	1.5%
Health & Safety	8	0.5%	9	0.7%	9	0.7%
Medication Admin/Training	80	5.1%	49	3.6%	74	5.4%
Medication Storage	69	4.4%	43	3.1%	46	3.4%
Rights	23	1.5%	13	1.0%	24	1.8%
Totals	**454**		**382**		**365**	

Alerts by Provider Review Status

Table 24 presents the number of alerts and percentage of PDRs with each type of alert for existing and new service providers. A total of 86 alerts were cited for the 214 new service providers reviewed in FY25 and 279 alerts were cited for the 1,154 providers who had been reviewed at least once before. New providers were more likely to be cited for BGS or Clearinghouse roster alerts than existing providers. While nine percent of existing providers received a BGS alert and 1.7 percent received a Clearinghouse roster alert, 21 percent of new providers had a BGS alert and 9.3 percent had a Clearinghouse roster alert.

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Table 24. FY 2025 Service Provider Alerts by Provider Review Status (Existing versus New)						
Alert Type	Existing Providers (n = 1,154)		New Providers (n = 214)		All PDRs (N = 1,368)	
	#	% of PDRs	#	% of PDRs	#	% of PDRs
ANE	0	0.0%	0	0.0%	0	0%
Background Screening (BGS)	104	9.0%	45	21.0%	149	10.9%
Clearinghouse Roster	20	1.7%	20	9.3%	40	2.9%
Driver's License/Insurance	22	1.9%	1	0.5%	23	1.5%
Health & Safety	7	0.6%	2	0.9%	9	0.7%
Medication Admin./Training	62	5.4%	12	5.6%	74	5.4%
Medication Storage	41	3.6%	5	2.3%	46	3.4%
Rights	23	2.0%	1	0.5%	24	1.8%
Totals	**279**		**86**		**365**	

SPDR Summary of Findings

Service Provider Discovery Review Scores

- The average overall SPDR score in FY25 was 93.1%.
- Providers scored two points higher on Compliance standards (95.2%) than on Person-Centered Practices standards (93.3%).
- 214 providers (15.6%) received their first Provider Discovery Review (PDR) in FY25.
  - New providers scored significantly lower than existing providers:
    - Overall PDR Score: 86.9 percent (vs. 94.3% for existing providers)
    - Compliance Standards: 5.1 points lower
    - PCP Standards: 7.7 points lower

Staff Q&T

- Staff Q&T scores have remained stable since FY23, with an average of 92.0 percent across the state.
- In FY25, 554 staff records were reviewed across 214 new providers.
- New providers scored 7.1 percentage points lower than existing providers (86.6% vs. 93.7%).

SSRR

- Since FY23, SSRR scores increased for the following services:
  - Supported Living Coaching: 80.4% to 89.4% (+9 points)
  - Personal Supports: 88.3% to 92.1% (+4 points)
  - Behavior Analysis: 95.2% to 98.4% (+3 points)

- In FY25, new providers offering Behavior Assistant, Life Skills Development (LSD) 2, Respite, Supported Living Coaching, scored more than eight points lower than existing providers offering the same services:
- In FY25, 21 percent of services reviewed had one or more billing standards scored Not Met, an eight-point decrease since FY23.

Observations

- In FY25 579 Concerns were identified at LRHs and 30 concerns were identified at ADTs
- Primary Domains of Concern:
  - LRHs: Most concerns were in the Privacy domain (295 concerns)
  - ADTs: Most concerns were in the Community Opportunity domain (10 concerns)

Alerts

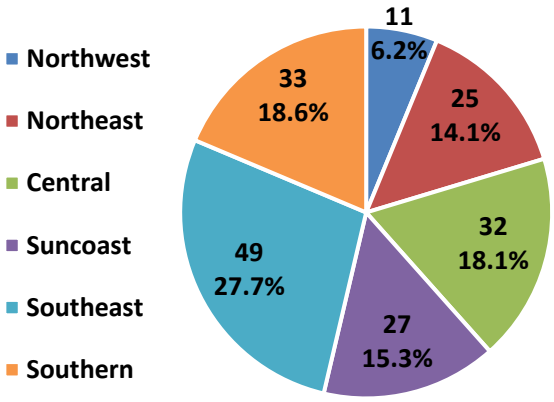
- 365 alerts were reported across 1,368 service providers between July 2024 and June 2025.
- New providers were more likely to be cited for alerts:
  - 21 percent had a BGS alert (vs. 9% of existing providers)
  - 9.3 percent had a Clearinghouse Roster alert (vs. 1.7% of existing providers)

Qualified Organization Provider Discover Review

Over the course of the contract year, a PDR is completed for each Qualified Organization (QO). The QO PDR consists of two components: an Administrative Review and a Record Review. The Administrative Review process includes a General Administrative Review (GAR) for each QO and a review of Staff Qualifications and Trainings (Q&T) for a sample of WSCs/CDC+ Consultants (CDC+ C). The Record Review component of the QO PDR includes a service record review for everyone sampled through the PCR. Record reviews were discussed in the PCR Record Review section.

Between July 2024 and June 2025, 177 QO PDRs were completed and approved by Qlarant Regional Managers. The number and percentage of QOs reviewed by region are presented in Figure 21.

Figure 21. QO PDRs by Region: FY 2025 (N = 177)



QO PDR Scores by FY

Table 25 shows QO PDR scores for QOs reviewed in FY23, FY24, and FY25. This table presents scores for the Administrative and Record Review components of the QO PDR, as well as the

number of alerts cited. The overall QO PDR score is determined by summing the total number of standards scored 'Met' across all standards (Administrative and Record Reviews) by the total number of standards scored. This value is then reduced by five points for each type of alert cited during the QO PDR - with a maximum reduction of 15 points.

The average Overall Score for QOs reviewed in FY25 was 93.0 percent - higher than the average QO PDR score in FY23 (89.9%) and about the same as the score in FY24 (92.9%). In FY25, QOs performed better on the record review component of the QO PDR than in past FYs; however, scores decreased slightly for the administrative component of the review.

Table 25. Summary of PDR Scores for Qualified Organizations: FY 2023 – FY 2025

Size	PDR Scores			# of Alerts
	Overall Score	Admin Review	Record Review[13]	
FY23 (N = 203)	89.9%	95.8%	88.4%	17
FY24 (N = 184)	92.9%	96.2%	92.8%	7
FY25 (N = 177)	93.0%	94.5%	93.6%	13

General Administrative Review

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

Table 27 shows indicator level results for QOs reviewed in FY24 and FY25. In FY25, the average GAR score was 95.8 percent, about 2 points lower than the average score of 97.6 percent in FY24. Since FY24, scores declined by more than three points for four standards scored within the GAR (highlighted in Table 27). The lowest scoring GAR standard for QOs reviewed in FY25 had to do with QOs addressing all incident reports (92.0%).

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[13] Record Review scores for QOs are also reported in the PCR section.

Table 26. General Administrative Review by Standard: QOs FY 2024 vs FY 2025				
Standard	FY 2024 (N = 184)		FY 2025 (N = 177)	
	Total Scored	% Met	Total Scored	% Met
The provider maintains an Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	184	100%	177	99.4%
The provider addresses all incident reports.	119	95.8%	113	92.0%
The provider identifies and addresses concerns related to abuse, neglect, and exploitation.	25	100%	24	95.8%
All instances of abuse, neglect, and exploitation are reported.	23	100%	22	95.5%
The provider maintains Business Liability Insurance.	184	97.8%	176	97.7%
The provider maintains a Table of Organization.	184	96.7%	177	93.2%
The Mentor has the appropriate qualifications.	167	95.8%	155	93.5%
The Mentee completed all mentoring program requirements.	65	95.4%	61	100.0%
The Mentee completed all mentoring program requirements for the CDC+ program.	25	100%	23	100.0%
The provider employs at least four Support Coordinators.	182	98.4%	177	95.5%
State Average	**1,158**	**97.6%**	**1,105**	**95.8%**

Staff Qualifications and Training

All WSCs and CDC+ Consultants employed by QOs are required to have certain training and education completed to render services. Qlarant uses the Staff Q&T tool to review up to four WSC/CDC+ C records for each QO to assess compliance with qualification and training requirements. In FY25, Qlarant reviewed 641 WSC/CDC+ C records across 177 QOs.

Staff Q&T Results by Region

Table 27 shows the number of Staff Q&T reviews completed by region for FY24 and FY25, as well as the region's average scores. In FY25, WSCs/CDC+ Consultants met 94.3 percent of standards scored within the Staff Q&T versus 96 percent of standards in FY24. By region, average scores in

FY25 ranged from a low of 89.9 percent in the Suncoast region to a high score of 97.7 percent in the Northwest region. Since FY24, Staff Q&T scores decreased by more than five points in the Suncoast region and more than two points in the Southeast region.

Table 27. QO Staff Q&T Scores by Region and FY						
Region	FY 2024			FY 2025		
	# QOs	#WSCs	% Met	# QOs	#WSCs	% Met
Northwest	10	38	99.1%	11	36	97.7%
Northeast	24	83	96.2%	25	84	95.2%
Central	33	118	96.4%	32	119	96.1%
Suncoast	31	112	95.2%	27	105	89.9%
Southeast	50	197	96.6%	49	184	94.1%
Southern	36	125	94.3%	33	113	95.1%
State	**184**	**673**	**96.0%**	**177**	**641**	**94.3%**

Staff Q&T Results by Standard

Average Staff Q&T scores by standard are shown in Table 28 for QOs reviewed in FY24 and FY25. This table shows average scores by standard for all staff (WSCs/CDC+ Consultants) records reviewed each FY. In FY25, two standards scored below 90 percent and have declined by more than three points since FY24. These standards are highlighted in the table and listed below, along with the most common reasons why they were scored Not Met in FY25.

- **66 out of 639 (10.3%) WSCs/CDC+ Consultants were not in compliance with having received training in HIPAA.**
    - Most Common Not Met Reasons:
        - 40 of the 66 WSC/CDC+ Consultants most recent HIPAA training was over a year old.
        - 14 of the 66 WSC/CDC+ Consultants did not present documented evidence of completion of HIPAA training.
- **78 out of 588 (13.3%) WSCs/CDC+ Consultants had not completed 18 hours of job related annual in-service training.**
    - Most Common Not Met Reasons:
        - 51 of the 78 WSC/CDC+ Consultants demonstrated completion of some but not all 18 hours of job related annual in-service training.
        - 26 of the 78 WSC/CDC+ Consultants did not demonstrate completion of an approved Support Coordinator In-Service Training Verification Form for some or all training completed outside of APD.

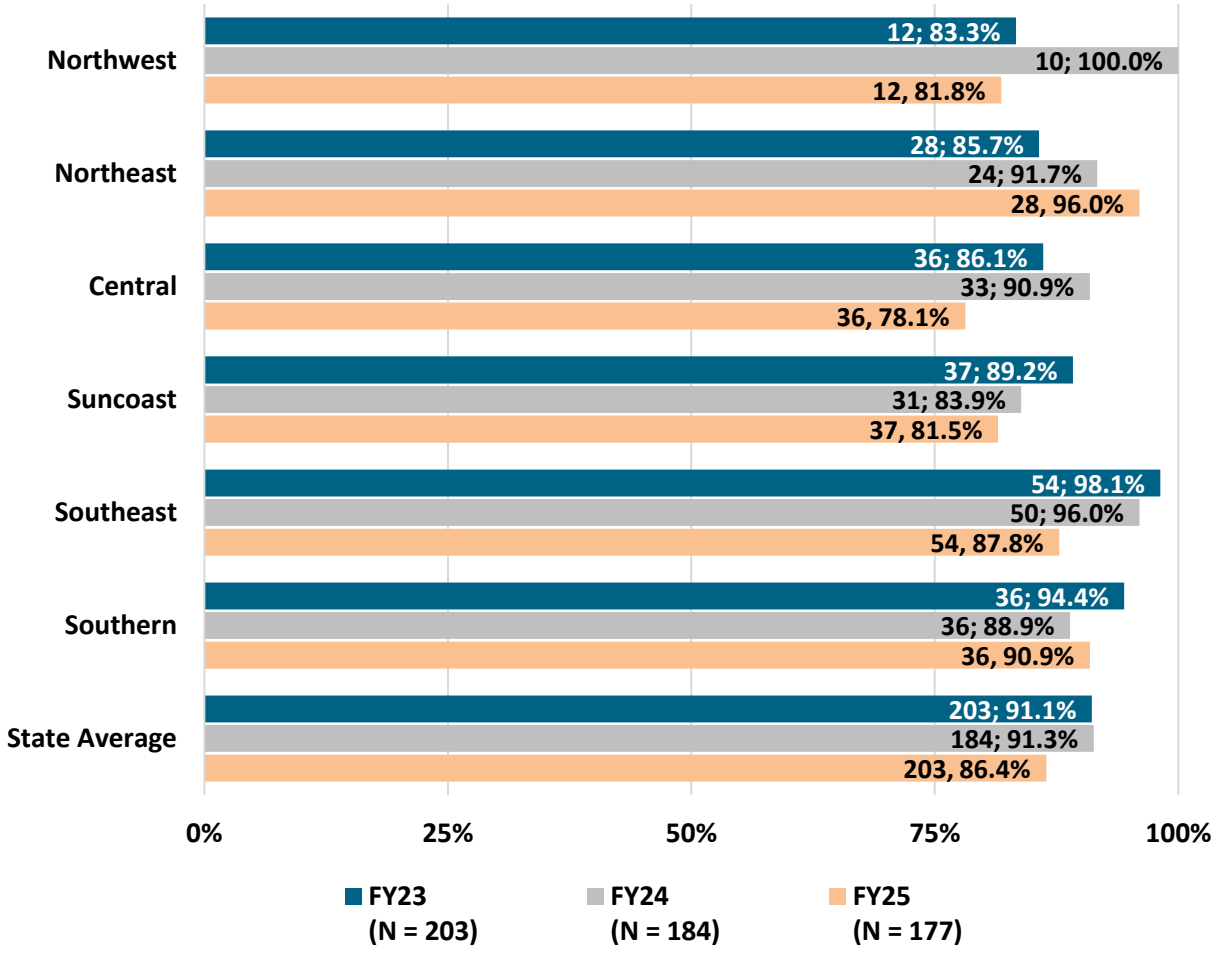
Table 28. Staff Qualifications and Training Scores by Standard: Qualified Organizations FY 2024 vs. FY 2025				
Standard	FY24 (N = 673)		FY25 (N = 641)	
	# Staff Reviewed	% Staff Met	# Staff Reviewed	% Staff Met
The employment status of the provider/employee is maintained on the Employee/Contractor Roster within the Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.	673	100%	641	99.2%
The provider received training in Zero Tolerance.	673	97.5%	641	94.4%
The provider received training in Direct Care Core Competencies.	527	98.7%	517	96.5%
The provider received training in Direct Care Core Competency. (Old)	142	100%	124	99.2%
The provider received training in Requirements for all Waiver Providers.	668	97.6%	638	96.7%
The provider received training in HIPAA.	672	92.7%	639	89.7%
The provider received training in HIV/AIDS/Infection Control.	671	92.4%	640	92.0%
The provider maintains current CPR certification.	669	95.8%	641	94.5%
The provider received training in First Aid.	669	93.7%	641	93.6%
The Support Coordinator successfully completed required pre-service level 1 assessment.	291	99.0%	248	98.0%
Support Coordinator successfully completed required In-Person Level 2 assessment.	158	98.1%	171	97.7%
The Support Coordinator completes 18 hours of job related annual in-service training.	604	91.1%	588	86.7%
The Support Coordinator successfully completed Introduction to Social Security Work Incentives.	637	95.4%	605	93.4%
The provider received a Certificate of Consultant Training from a designated APD trainer (CDC+).	238	100%	233	99.6%
The provider has completed all aspects of required Level II Background Screening.	673	97.3%	641	95.2%
State Average	**7,971**	**96.0%**	**7,608**	**94.3%**

Background Screening Compliance

During the review of staff qualifications and training, WSC/CDC+ C records are reviewed to determine compliance with Background Screening (BGS) requirements. For a QO to be considered "in compliance" with BGS requirements, all WSCs/CDC+ Consultants reviewed through the QO PDR must meet all BGS requirements. In other words, if a single WSC/CDC+ C record indicates a lack of required documentation, the QO is considered out of compliance.

Figure 22 shows the percentage of QOs in compliance with BGS requirements by region and FY. In FY25, 86.4 percent of QOs were in compliance or met all BGS requirements for all staff – a smaller proportion than in FY24 or FY23. Compared with FY23, BGS compliance declined across all regions except the Northeast region where compliance increased by 10 points from 85.7 percent to 96.0 percent.

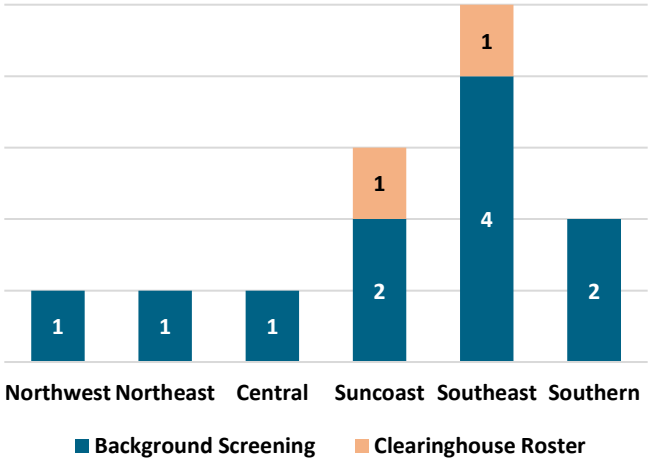
Figure 22. Percent of QOs with All Background Screening Standards Met by Region and FY



QO Alerts

When a QO does not have all the appropriate BGS or Clearinghouse roster documentation on file, an Alert is recorded.[14] Additional alerts, such as Rights, are recorded when warranted. In FY25, 13 alerts were cited for QO PDRs - 11 BGS alerts and two Clearinghouse Roster alerts. The distribution of alerts by region is displayed in Figure 23. Of the 13 alerts cited for QO PDRs, five (38.5%) were in the Southeast region – one Clearinghouse roster and four BGS alerts.

Figure 23. QO PDR Alerts by Region: FY 2025 (n = 13)



QO PDR Summary of Findings

Overall QO PDR Score

- The average Overall PDR score for QOs reviewed in FY25 was 93.0 percent.
- The average Overall QO PDR score has improved since FY23 (89.9%) and is consistent with FY24 (92.9%).

Staff Q&T:

- The average score in FY25 was 94.3 percent - down from 96.0 percent in FY24.
  - Scores declined by more than five points in the Suncoast region and more than 2 points in the Southeast region.
  - The lowest scoring Staff Q&T standards in FY25 were related to HIPAA Training (89.7%) and Annual In-Service Training (86.7%).

Background Screening (BGS) Compliance:

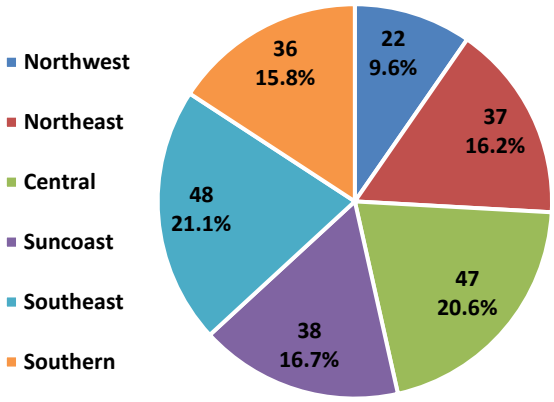
- In FY25, 86.4 percent of QOs met all BGS requirements – down almost five points since FY24.
- BGS compliance declined in all regions except Northeast, which improved from 85.7 percent to 96.0 percent.

[14] A BGS alert is not cited when a QO is only marked not met due to the APD Affidavit of Good Moral Character not being present or properly completed.

CDC+ Representative (CDC+ R) Discovery Reviews

People who elect to receive services through CDC+ have a Representative who helps with the "business" aspect of the program, such as hiring providers, completing and submitting timesheets, and paying providers. This is a non-paid position and is often filled by a family member; however, the participant can also be their own Representative. Qlarant reviews CDC+ Representative records to determine if the Representative is complying with CDC+ standards and other requirements. In FY25, Qlarant reviewed 228 CDC+ Representatives through a PDR. The distribution of these reviews by region is presented in Figure 24. The CDC+ Representative PDR only includes service record review(s) which are discussed below.

Figure 24. CDC+ Rep PDRs by Region: FY 2025 (N = 228)



CDC+ Representative Record Reviews

Standards scored within the CDC+ Representative record reviews are weighted, meaning some standards contribute more than one point to the overall PDR score; therefore, record review results presented below include weighted scores instead of the percentage of standards met (percent met).

Record Review Scores by Region

Table 29 presents the number of CDC+ Representative records reviewed by region, as well as the total number of standards scored and the average weighted score in FY24 and FY25. In FY25, 240 records were reviewed across the 228 CDC+ Representatives. The average weighted score in FY25 was 91.7 percent – slightly lower than the FY24 score of 93.2 percent. By region, record review scores ranged from a low of 85.2 percent in the Suncoast region to a high of 96.7 percent in the Southern region. Since FY23, average CDC+ Representative record review scores have decreased in the Northeast and Suncoast regions by 3.5 and 6.5 points, respectively, and increased in the Northwest region by about 3.6 points.

Table 29. CDC+ Rep Record Review Scores by Region and FY						
Region	FY 2024			FY 2025		
	# of Records	# of Standards Scored	Weighted Score	# of Records	# of Standards Scored	Weighted Score
Northwest	24	344	87.8%	23	331	91.4%
Northeast	33	500	93.4%	39	571	89.9%
Central	52	768	95.4%	50	739	93.9%
Suncoast	33	503	91.5%	40	624	85.2%
Southeast	40	589	93.8%	49	739	92.3%
Southern	29	450	94.8%	39	592	96.7%
State	**211**	**3,154**	**93.2%**	**240**	**3,596**	**91.7%**

Record Review Results by Standard

Weighted scores for each standard reviewed through the CDC+ Representative record review are displayed in Table 30 for FY24 and FY25. In FY25, three standards (scored for more than 10 records) had an average weighted score below 85 percent (highlighted in Table 30). Since FY24, average weighted scores decreased by one or more points for 15 of the 21 standards scored.

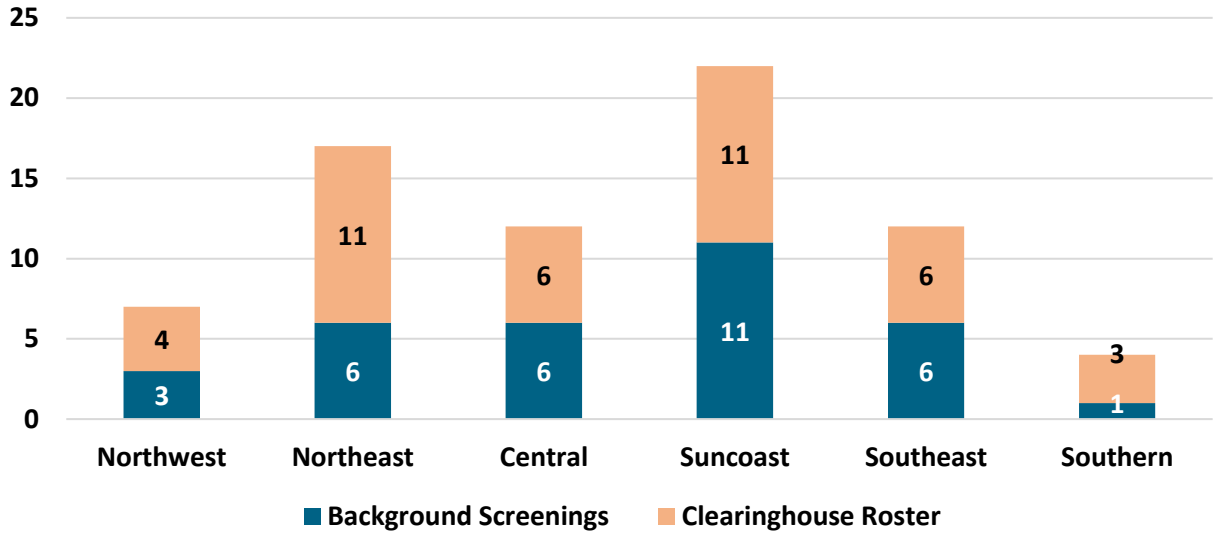
Table 30. CDC+ Representative Weighted Scores by Standard: FY 2024 vs FY 2025				
Standard	FY 2024 (N = 211)		FY 2025 (N = 240)	
	Total Scored	% Met	Total Scored	% Met
Complete and signed Participant/ Representative Agreement is available for review.	211	96.2%	240	93.8%
Accurate signed and approved Timesheets for all Directly Hired Employees (DHE) are available for review.	192	89.1%	216	90.7%
Signed and approved Invoices for Vendor Payments are available for review.	74	90.5%	102	89.2%
Signed and approved receipts/statement of "Goods and Services" for reimbursement items are available for review.	30	86.7%	26	84.6%
Complete Employee Packets for all Directly Hired Employees are available for review.	196	92.9%	216	93.1%
Complete Vendor Packets for all vendors and independent contractors are available for review.	90	93.3%	122	93.4%
The CDC+ Representative maintains an Employee/Contractor Roster within the	205	82.4%	224	79.9%

Table 30. CDC+ Representative Weighted Scores by Standard: FY 2024 vs FY 2025				
Standard	FY 2024 (N = 211)		FY 2025 (N = 240)	
	Total Scored	% Met	Total Scored	% Met
Department of Children and Families/Agency for Persons with Disabilities Background Screening Clearinghouse.				
Completed and signed Job Descriptions for each Directly Hired Employee are available for review.	199	91.5%	221	88.7%
All applicable signed and approved Purchasing Plans are available for review.	201	97.0%	223	95.5%
All applicable signed and approved Quick Updates are available for review.	57	100%	55	96.4%
Copies of Support Plan(s) are available for entire period of review.	211	99.1%	235	96.2%
Copies of approved Cost Plan(s) are available for entire period of review.	210	96.7%	240	94.6%
Emergency Backup Plan is complete and available for review.	210	92.4%	240	90.0%
Corrective Action Plan (if applicable) is available for review.	6	83.3%	10	80.0%
Monthly Statements are available for review.	210	94.3%	239	94.1%
Documentation is available to support the reconciliation of Monthly Statements.	207	88.4%	239	88.7%
The Participant obtains services consistent with stated/documented needs and goals.	210	97.1%	239	94.6%
The Participant makes purchases consistent with the Purchasing Plan.	209	96.2%	239	94.6%
Background screening results for all Directly Hired Employees (DHE's) who render direct care are available for review.	192	82.8%	217	82.9%
Background screening results for all Independent Contractors who render direct care are available for review.	34	88.2%	53	86.8%
Average CDC+ Representative Score	**3,154**	**93.2%**	**3,596**	**91.7%**

CDC+ Representative Alerts

When a CDC+ Representative does not have all the appropriate BGS or Clearinghouse Roster documentation on file for applicable staff, an Alert may be recorded.[15] The number of alerts cited for CDC+ Representatives are displayed in Figure 25 by region. A total of 74 alerts were cited in FY25 – 33 BGS alerts and 41 Clearinghouse Roster alerts.

Figure 25. CDC+ Rep Alerts by Region: FY 2025



Section III: Recommendations and Conclusion

Findings in this report reflect data from PCRs and PDRs completed and approved between July 2024 and June 2025 (FY25), with some comparisons to data collected in FY23 and FY24. Qlarant completed and approved 1,658 PCRs, as well as PDRs for 1,368 Service Providers, 177 QOs, and 228 CDC+ Representatives.

Provider feedback remains positive with an average score on the feedback survey of 97.3 percent positive. Over the contract year, Qlarant Regional Managers reviewed all reports before final approval and facilitated quarterly meetings in each region to review data, explore trends, and discuss

[15] Background screenings alerts are not recorded when the only discrepancy is that the Affidavit of Good Moral Character is completed, signed or notarized.

other relevant regional issues or best practices. Qlarant management works with APD and AHCA to revise and update processes to ensure the best quality assurance reviews possible.

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

Rights

Results from the MLI show that, on average, Outcomes related to knowing and exercising rights are below 75 percent met for both Waiver and CDC+ participants. Further analysis into the underlying causes revealed that 91% of individuals who did not meet these outcomes lacked an understanding of what rights are. These findings suggest a need for more accessible and consistent educational efforts to clarify the concept of "rights" and to ensure individuals are aware of their specific rights.

Recommendation 1: The Quality Council may want to develop a work group which includes self-advocates focusing on how Support Coordinators and family members can further support individuals to understand what their rights are and how they may go about ensuring their rights are being respected by those around them.

Safety

The MLI Life Area "My Safety" has consistently been the lowest-scoring outcome for individuals receiving services over multiple years. Although the majority of Service Providers and Waiver Support Coordinators (WSCs) implemented supports and systems to identify, address, and report instances of abuse, neglect, and exploitation (ANE), individuals often lacked a clear understanding of what ANE entails, how to respond if they experience it, or whether their safety needs were being adequately addressed.

In FY25, over 75 percent of individuals who were unfamiliar with the term ANE specifically did not understand what "exploitation" means. Among those who reported knowing what actions to take when experiencing ANE, 76 percent did not know what the Abuse Hotline was, and more than 60 percent did not know where to find the Abuse Hotline number. Additionally, among individuals who did not meet the outcome "My safety needs are addressed," 75% indicated they did not know how or when to call 911.

Recommendation 2: Qlarant encourages Quality Council members to explore strategies to ensure that information about the Abuse Hotline - including its purpose, usage, and how to access it - is effectively communicated to all individuals receiving services. These efforts should account for diverse learning styles and communication methods to ensure accessibility for all. Additionally,

Qlarant recommends the development and dissemination of targeted informational materials for families, particularly to support outreach to individuals residing in family homes.

Recommendation 3: Incorporate education on abuse, neglect, and exploitation (ANE) - with particular emphasis on more abstract concepts such as exploitation - into the agenda for APD Regional Provider Meetings. Additionally, share best practices for ensuring that educational materials are individualized to support comprehension. This includes the use of appropriate communication methods and personalized instructional approaches tailored to individuals' needs.

Recommendation 4: It is essential to ensure that individuals know how to seek help in emergency situations. The reason(s) why some individuals do not understand how or when to call 911 remains unclear. It may be beneficial to review the training provided to WSCs and CDC+ Consultants to ensure it includes effective strategies for teaching this critical, potentially life-saving skill.

Community Participation

Results from the My Life Interview (MLI) indicate that outcomes within the "My Social Life" domain remain consistently low for Waiver participants. In Fiscal Year 2025, the average score for this domain was 83.3%, reflecting a slight decline from 84.9% in FY23. At the standard level, three of the four measured outcomes fell below the 85% threshold. These include outcomes related to being active and contributing members of their communities (82.0%), being part of and participating in their communities (74.7%), and having meaningful friendships and relationships (79.0%). These findings suggest a continued need for focused efforts to enhance social inclusion and community engagement for individuals receiving Waiver services.

Recommendation 5: Low and declining community participation outcomes among Waiver participants is concerning and may be linked to financial barriers. Quality Council (QC) feedback suggests that inflation has made it more difficult for individuals - particularly those living outside the family home with limited spending allowances - to afford activities such as dining out, transportation, and recreation. To help mitigate this, QC may consider compiling and sharing regional lists of free or low-cost community events, such as public library programs or annual festivals, to promote accessible engagement opportunities.

Understanding Medications

For several years, findings from the PCR My Life Interview have consistently indicated that many individuals do not fully understand their own medications, and this trend remains concerning. Since FY22, the proportion of PCR participants who did not meet the outcome related to medication understanding has decreased from 56.6 percent to 40.9 percent. The primary reasons for not meeting this outcome include a lack of awareness regarding the names of medications, their intended purposes, and potential side effects. Although support for this standard remains consistently high -

exceeding 95% - ongoing efforts are necessary to support individuals with being informed about the medications they take, understand why they are prescribed, and are educated on possible side effects.

Recommendation 6: Understanding one's medications—including their purpose and potential side effects—is a fundamental right and essential to overall health and well-being. Training for WSCs, CDC+ Consultants, and service providers should be reviewed to ensure they include effective strategies for communicating this information to individuals with diverse learning and communication needs. Training should emphasize how to explain what medications a person is taking, why they are prescribed, and any side effects, using clear, accessible methods and providing written materials for future reference.

New Service Providers

Findings from FY25 indicate new service providers may benefit from targeted training and support to improve outcomes. Of the 214 providers receiving their first PDR, average Overall scores were over seven percentage points lower than those of existing providers (86.9% vs. 94.3%). Notably, new providers scored 5.1 points lower on Compliance standards and 7.7 points lower on Person-Centered Practices standards. New providers were also more frequently cited for Background Screening (BGS) and Clearinghouse roster alerts – 21 percent and 9.3 percent, respectively - compared to 9% and 1.7% among existing providers.

Recommendation 7: APD may consider collaborating with Qlarant to develop a PDR specifically for new providers and require new providers to participate in this review soon after they begin rendering services. This early review would help ensure that providers establish best practices from the outset, promoting quality service delivery and reducing the likelihood of ineffective or non-compliant practices becoming ingrained among staff.

Recommendation 8: APD may consider engaging Qlarant to provide additional Technical Assistance (TA) to new providers following their initial PDR, particularly to address any deficiencies identified during the review. Framing the initial PDR as a developmental tool rather than solely an evaluative measure may also support provider morale and foster a culture of continuous improvement. Tailoring subsequent TA to the findings of the initial PDR can help guide providers in strengthening their practices prior to their next review.

Annual In-Service Training

In FY25, 14 percent of WSCs and CDC+ Consultants, along with over 15 percent of providers in service categories such as Supported Living Coaching, Personal Supports, LSD 1 (Companion), LSD 2 (SEC), LSD 3 (ADT), and Residential Habilitation (Standard), did not meet the annual in-service training requirements. Staff employed by new service providers were even less likely to fulfill these

training obligations, indicating a need for strengthened oversight and support to ensure compliance with training standards across all provider types.

Recommendation 9: Providers and Waiver Support Coordinators (WSCs) are frequently completing some, but not all, of their required annual in-service trainings. Additionally, during Quality Council meetings, both groups have reported challenges in identifying trainings that meet the criteria for in-service requirements. To address this issue, the Quality Council may consider developing a comprehensive list of approved in-service training options tailored to various provider types across the state. This resource could be distributed to regional APD offices and made readily accessible to providers to support compliance and reduce confusion regarding training.

Conclusion

Findings from FY25 reflect continued progress in quality assurance efforts, as well as challenges that warrant additional attention. Throughout the year, Qlarant completed and approved a substantial number of reviews while maintaining strong provider satisfaction, conducting reliability testing, and collaborating with APD, AHCA, and the Quality Council to promote consistency and quality across Florida's service delivery system.

Findings from PCRs completed in FY25 highlight high levels of support for all individuals receiving services, as well as positive outcomes for measures related to individuals' home and work lives. Meeting outcomes related to rights awareness, personal safety, social inclusion, and medications continue to be a challenge for many. Despite support from WSCs and providers in these areas, many individuals continue to lack critical knowledge - such as understanding their rights, recognizing and responding to ANE, and knowing how or when to call 911. Additionally, low scores in community participation and medication comprehension point to a need for more accessible, individualized education and engagement strategies.

Findings from PDRs completed in FY25 suggest most service providers and QOs are meeting administrative requirements and have seen improvements in their record review scores. New service providers, however, face notable challenges. Lower scores, higher alert rates, and reduced compliance with training requirements suggest a need for early intervention and technical assistance. Additionally, gaps on several staff qualifications and training requirements highlight the importance of improved training oversight and clearer guidance on qualifying training options.

Overall, these findings reinforce the importance of sustained collaboration and continuous quality improvement to ensure individuals receiving services are informed, safe, engaged, and supported by well-trained providers.

Attachment 1: Customer Service Activity: FY 2025 (July 2024 – June 2025)

Customer Service Topic	#	Description	Outcome	Avg. Time
Background Screening	3	Calls requesting clarification on requirements related to background screening such as the Attestation/Affidavit of Good Moral Character, Local Law/Criminal Records Check, and Employee/Contractor Roster from the DCF/APD Background Screening Clearinghouse, required screening frequency, etc.	Questions within Qlarant's scope are answered by Qlarant customer service representative, other office personnel or Regional Managers. Providers are guided to the DCF Clearinghouse and APD for further assistance.	1 day
CDC+	4	Calls requesting information about the CDC+ program (Consumer Directed Care). Calls from a CDC+ Representative.	Direct Providers to their APD Region for specific information about the CDC+ Program. Questions within Qlarant's scope are answered by the Qlarant customer service representative, other office personnel or Regional Managers.	1 day
Provider Feedback Survey - Callback	33	Provider Feedback Survey is received, and Provider indicates they would like to receive a call from the Manager.	Receipt of the Provider Feedback Survey is entered into the call log. The survey was sent to the manager of the QAR that conducted the review for call back.	1 day
Provider Information	3	Calls received inquiring about specific Providers.	Calls are referred to the APD Region and to the Provider Search Website for further information regarding a Provider.	1 day
Public Records	1	Calls received inquiring about how to make a Public Records Request.	All calls are referred to the appropriate programmatic agency AHCA and/or APD or to the Qlarant Program Director to address the Public Records Request.	1 day

Customer Service Topic	#	Description	Outcome	Avg. Time
Rightfax Issue	4	Calls received informing Qlarant of their inability to successfully submit documents via Right Fax (transmission errors)	Inform Provider we will test our Right Fax line and get back to them with a status update on our Right Fax so they can submit their documentation. Document Provider's issue with the Right Fax submission in the Call Log, add an internal memo in Fenix, email QAR, and inform Customer Service Specialist. CSR will then run a test on the Right Fax and if further issues are noted will enter an IT Help Desk Ticket and notify Regional Managers Christie Gentry & Kristin Allen. Once the issue has been resolved, contact Provider to inform them of the resolution so they can resubmit.	1 day
Tools	11	Calls received with questions regarding where to find the most current review tools Calls requesting information about when an updated tool will be posted. Calls inquiring about changes made to tools	Providers are guided to our Florida.qlarant.com website, menu bar on the left of the page- hover over Provider Review Tools- there will be a drop-down menu where they can go to the Tools and Checklists. Calls are forwarded to the customer service specialists who assists Providers with further information.	1 day
Training	9	Calls inquiring about training opportunities provided by Qlarant. • What training is available on our website – how to access	• Guide Providers to our Florida.qlarant.com website, menu bar on the left of the	1 day

Customer Service Topic	#	Description	Outcome	Avg. Time
		• When web-based training is taking place – requests for information regarding training topics, dates, training platform, registration requirements, in-service credit hours offered • Post training questions – Participant certificate of completion questions. • Location of training materials on our website	page- hover over FSQAP Training Center • From our website- hover over FSQAP Training Center- Onsite Training Information • Forward to Customer Service Specialist or Regional Manager, Charlene Henry • From our website- hover over FSQAP Training Center- Presentation Materials	
Miscellaneous/ Other	30	Family, stakeholders, APD and providers called with requests unrelated to our Desk Review process, where to send their Plan of Remediation, how to report Abuse or to speak to a specific Regional Manager.	Questions within Qlarant's scope of work were answered. Where appropriate, callers were referred to the Regional Manager, APD and AHCA.	1 day
Name/Address/ Phone Update	117	Providers called to update their phone numbers/address/Names after receiving a notification letter or to ensure a letter or report is received in the future.	Phone numbers/addresses were updated in the Qlarant internal data management application. Providers were also advised to update contact information with AHCA.	1 day
Next Review	147	Providers called asking when their next review will occur. Providers called requesting to know the name of the QAR assigned	The review process was explained to the providers, including all factors involved in scheduling. There is no guarantee a provider will be reviewed at the same time	1 day

Customer Service Topic	#	Description	Outcome	Avg. Time
		to conduct their next review. Providers called following receipt of their PDR notification letter to advise of vacation, planned unavailability or resignation.	every year. If indicated the assigned reviewer is notified of issues to consider when scheduling or the provider is removed from the schedule following confirmation of termination from the APD Region.	
Provider Search Website	6	Providers called to inquire how to get added to Qlarant's provider search website.	The criteria to be listed on the provider search website was explained. The search is driven entirely by AHCA claims. Once waiver claims are submitted and paid the provider will be added to the website.	1 day
Potential Billing Discrepancy	27	Providers called with questions about potential billing discrepancy on their PDR and how to repay money identified for potential recoupment.	Providers were given the AHCA email address for potential billing discrepancy. APDProviderBilling@ahca.myflorida.com	1 day
Question	63	Providers called with questions regarding documentation requirements, qualification and training requirements, and service limitations, for explanations of the review processes and clarification on various other topics. Providers also called with questions related to the Desk Review process.	Questions were answered by the Qlarant customer service representative, other office personnel or Regional Managers. Callers were referred to the iBudget Handbook, local APD Regional Office, relevant websites and the Qlarant tools posted on the FSQAP website.	1 day
Reconsideration	42	Providers called asking for clarification on the process to submit a request for reconsideration, where to locate the submission form	The reconsideration process was explained to the provider, including reference to Qlarant's Operational Policies and Procedures. The providers were directed to the end	1 day

Customer Service Topic	#	Description	Outcome	Avg. Time
		on the Qlarant website or inquiring as to the status of a request already submitted.	of their PDR reports and the FSQAP website where they will find detailed instructions on how to submit a Request for Reconsideration. If a reconsideration request was in process the provider was given a status update.	
Report Requested	26	Providers called or emailed requesting a copy of their report be re-sent.	Mailing addresses were confirmed and reports were re-sent.	1 day
Review	30	Providers called asking for an explanation of report findings.	Reports were reviewed and explained by the Customer Service Representative or Regional Manager; providers were referred to their local APD Regional office for technical assistance.	1 day
Total Calls	556	Note: 6 calls were conducted in Spanish		