Quality Council Meeting

October 29, 2026

Qlarant

Best People. Best Solutions. Best Results.®

Presentation Outline

Person Centered Reviews (PCRs)

- My Life Interview (MLI) Outcomes and Supports by FY and Life Area
- WSC/CDC+ Record Reviews

Provider Discovery Reviews (PDRs)

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

*FY 2026 includes reviews completed and approved between July 1, 2025 and June 30, 2026.
*FY 2025 includes reviews completed and approved between July 1, 2024 and June 30, 2025.
*FY 2024 includes reviews completed and approved between July 1, 2023 and June 30, 2024.

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Person Centered Interviews



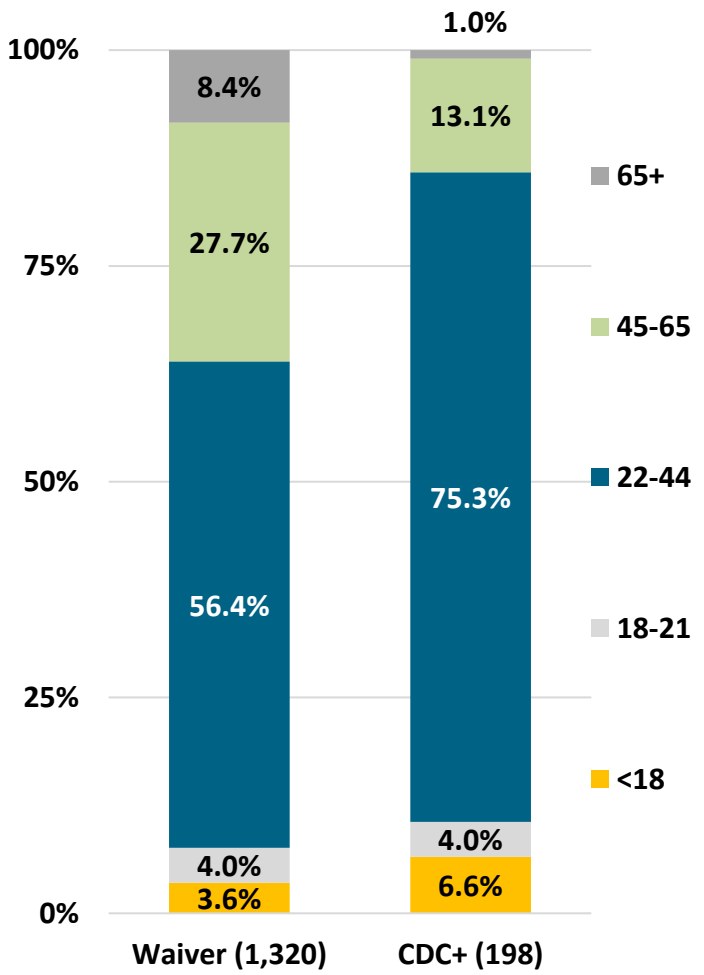




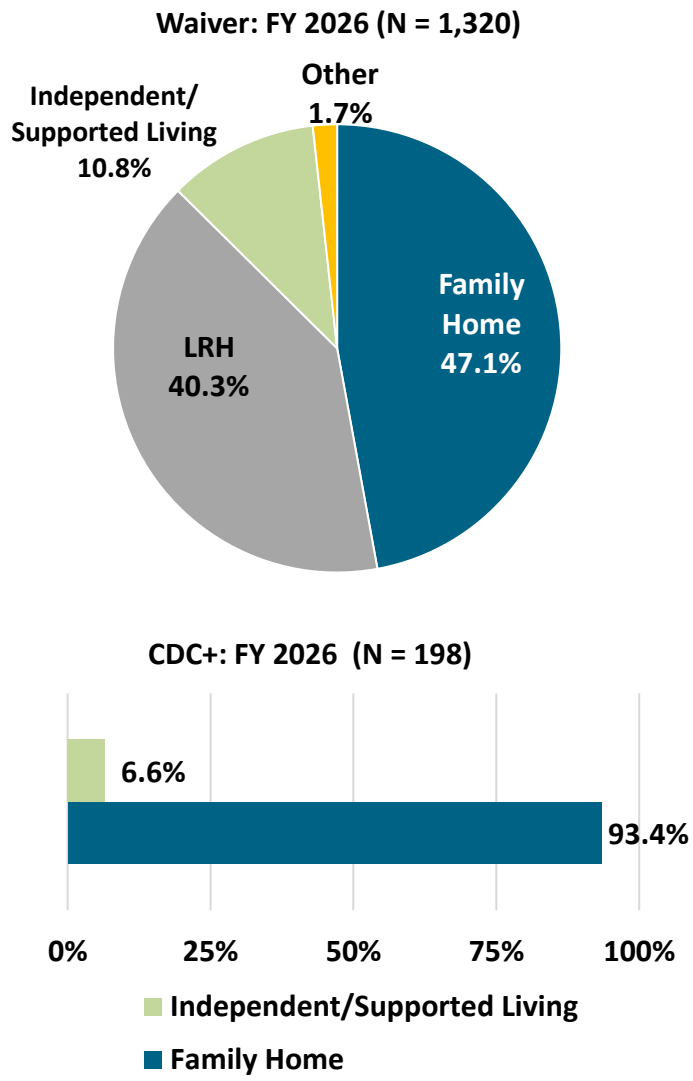
FY26 PCR Sample: July 2025 - June 2026

Region	Waiver Participants	CDC+ Participants
Northwest	81	13
Northeast	209	45
Central	236	34
Suncoast	310	33
Southeast	298	40
Southern	186	33
Total	**1,320**	**198**

Age Distribution



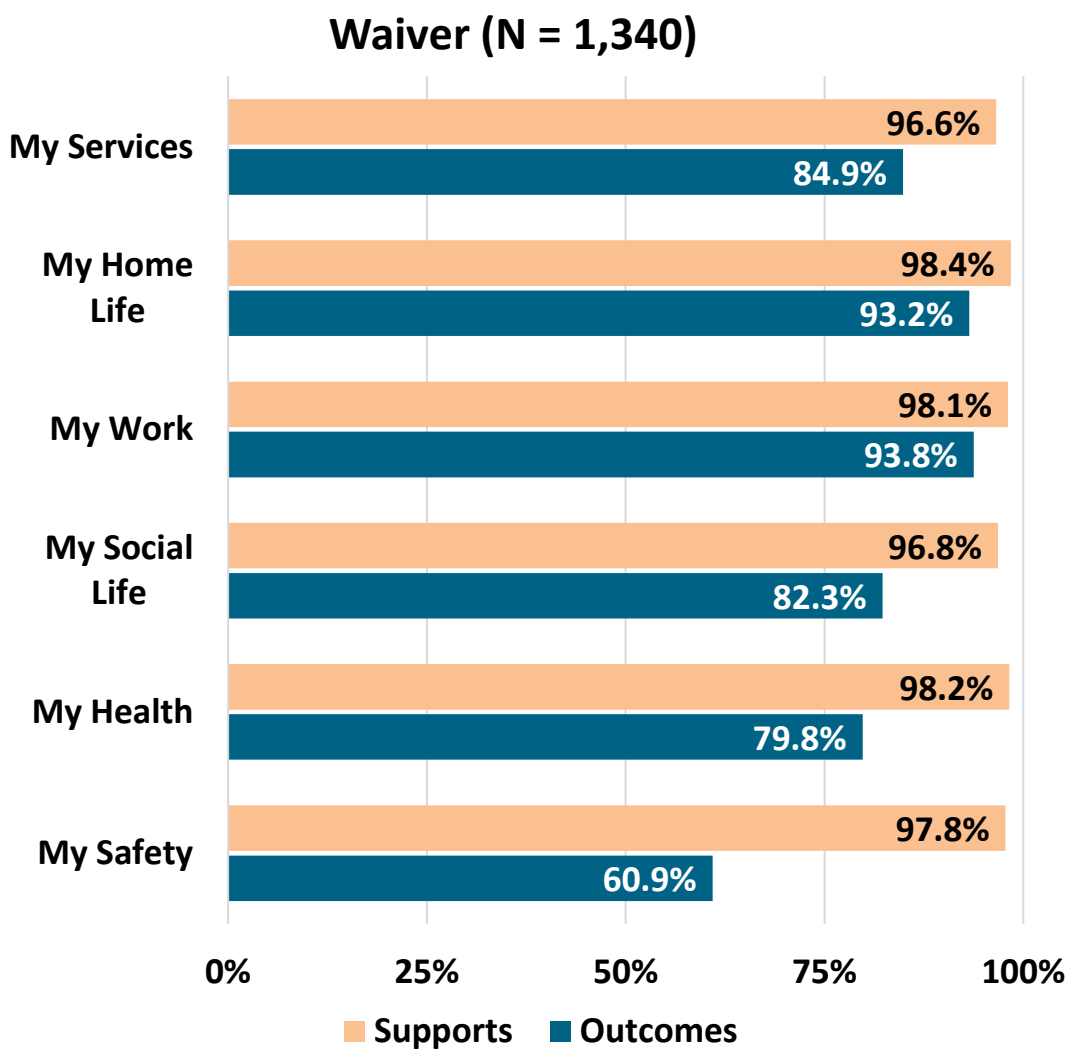
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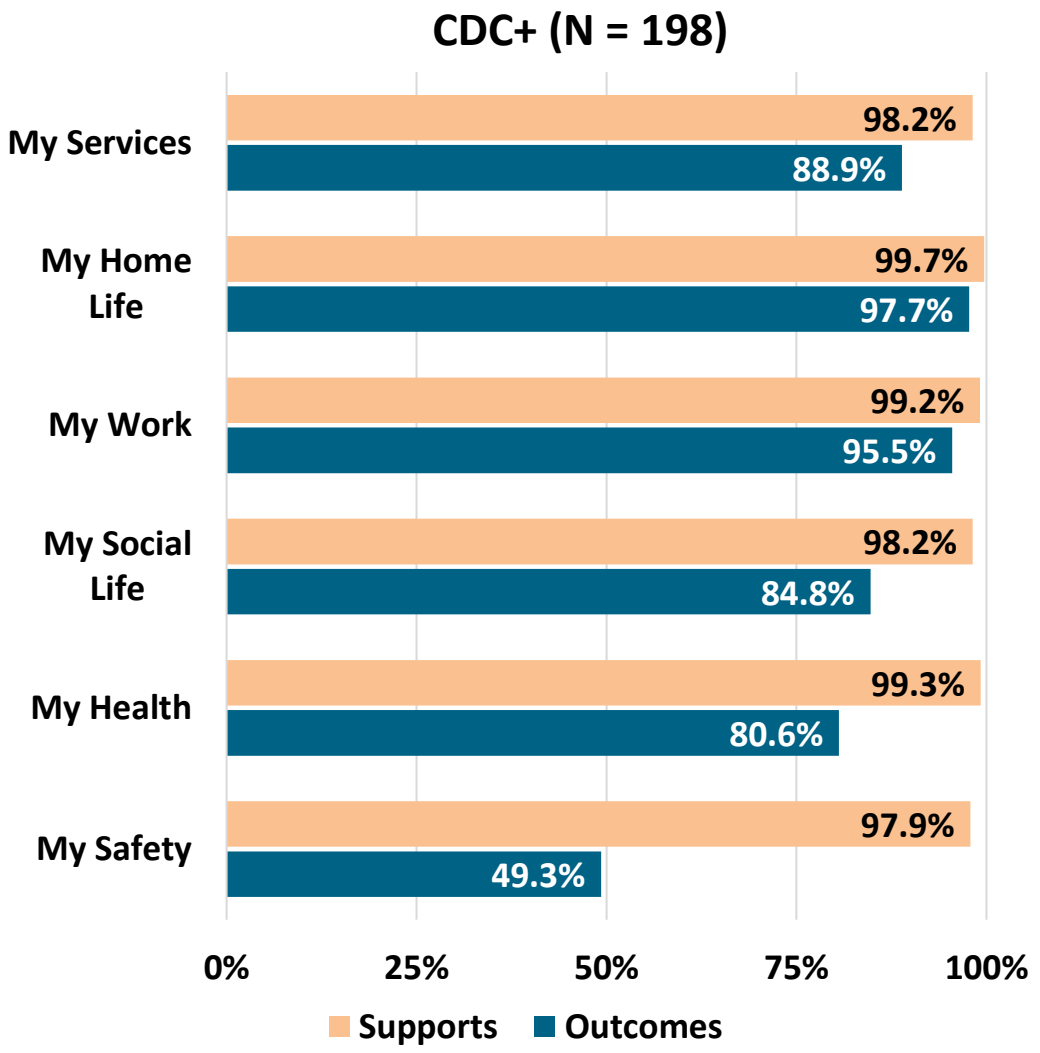


My Life Interview (MLI) Outcomes



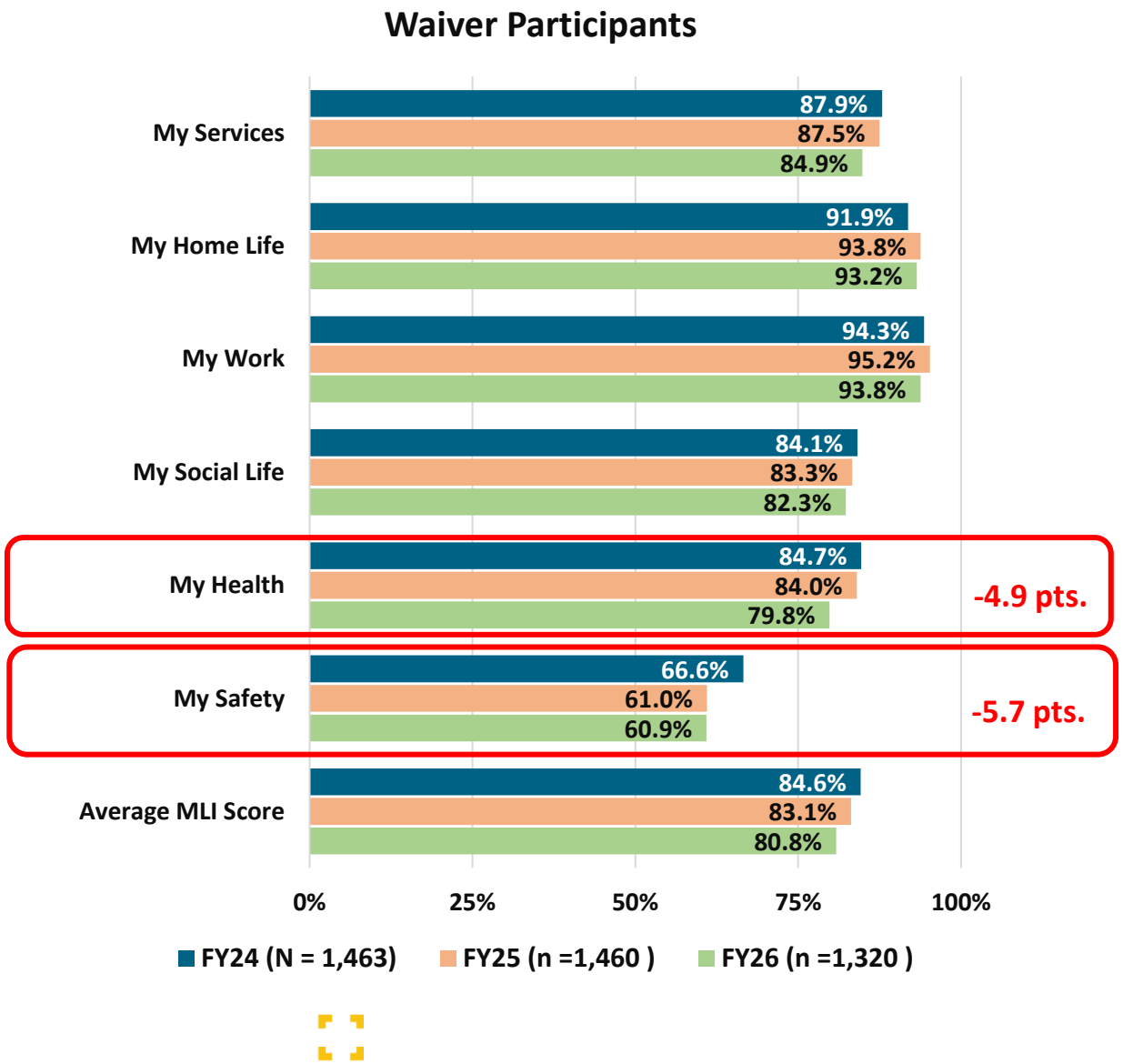
FY 2026 MLI Outcomes and Supports by Life Area

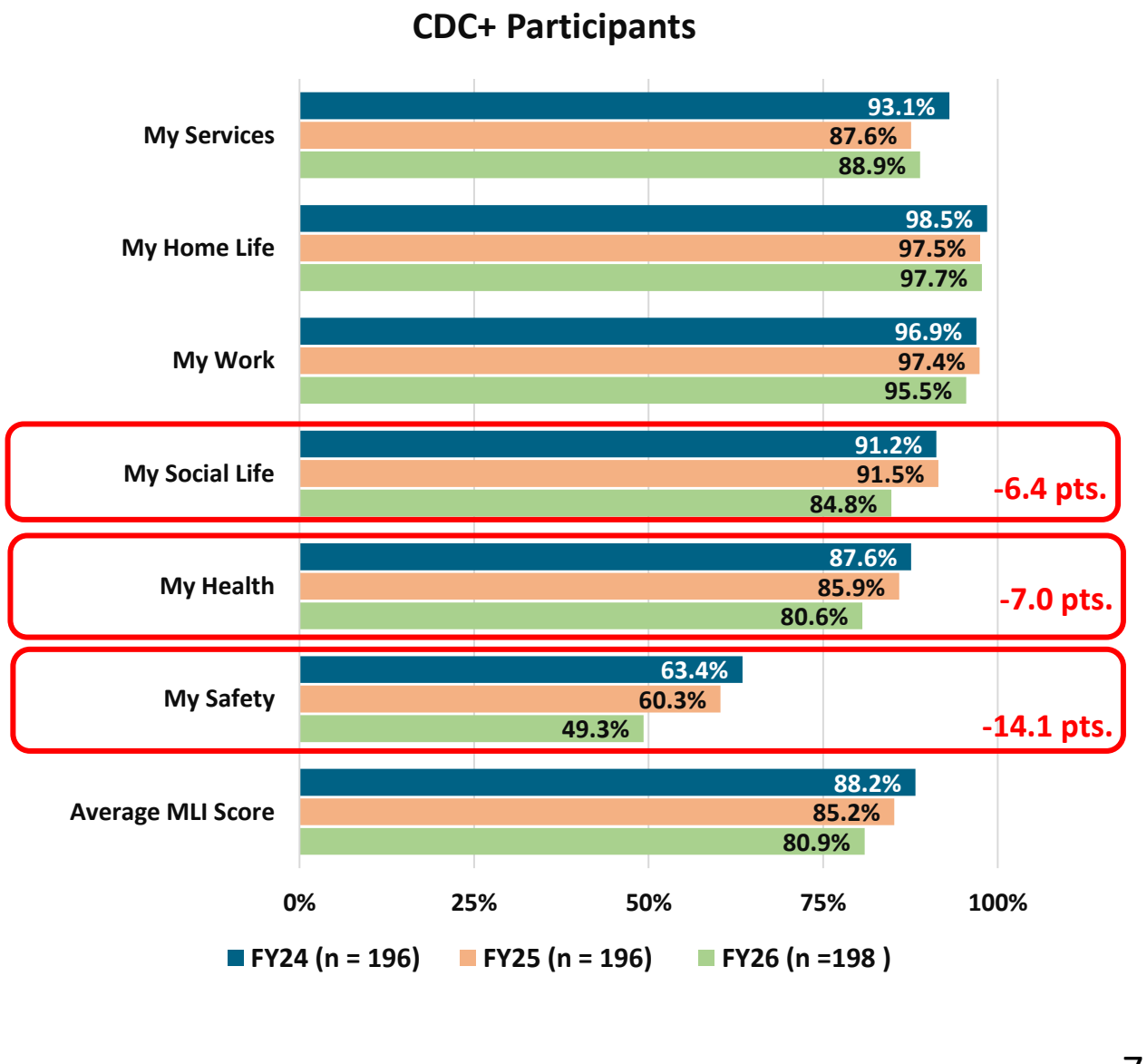




MLI Outcomes by Life Area: FY24 – FY26

(Boxes signify 5+ point difference between FY24 and FY26)





Lowest Scoring My Life Indicators

My Service Life: I choose and manage my service providers.

Waiver: 81.7% (n = 1,264); CDC+: 90.8% (n = 196)

My Service Life: I know and exercise my rights.

Waiver: 72.9% (n = 1,217); CDC+: 67.2% (n = 183)

My Social Life: I am part of and participate in my community.

Waiver: 78.2% (n = 1,254); CDC+: 84.1% (n = 189)

My Social Life: I am an active and contributing member of my community.

Waiver: 72.7% (n = 1,211); CDC+: 77.0% (n = 178)

My Social Life: I have meaningful friendships and relationships.

Waiver: 80.5% (n = 1,252); CDC+: 79.7% (n = 187)

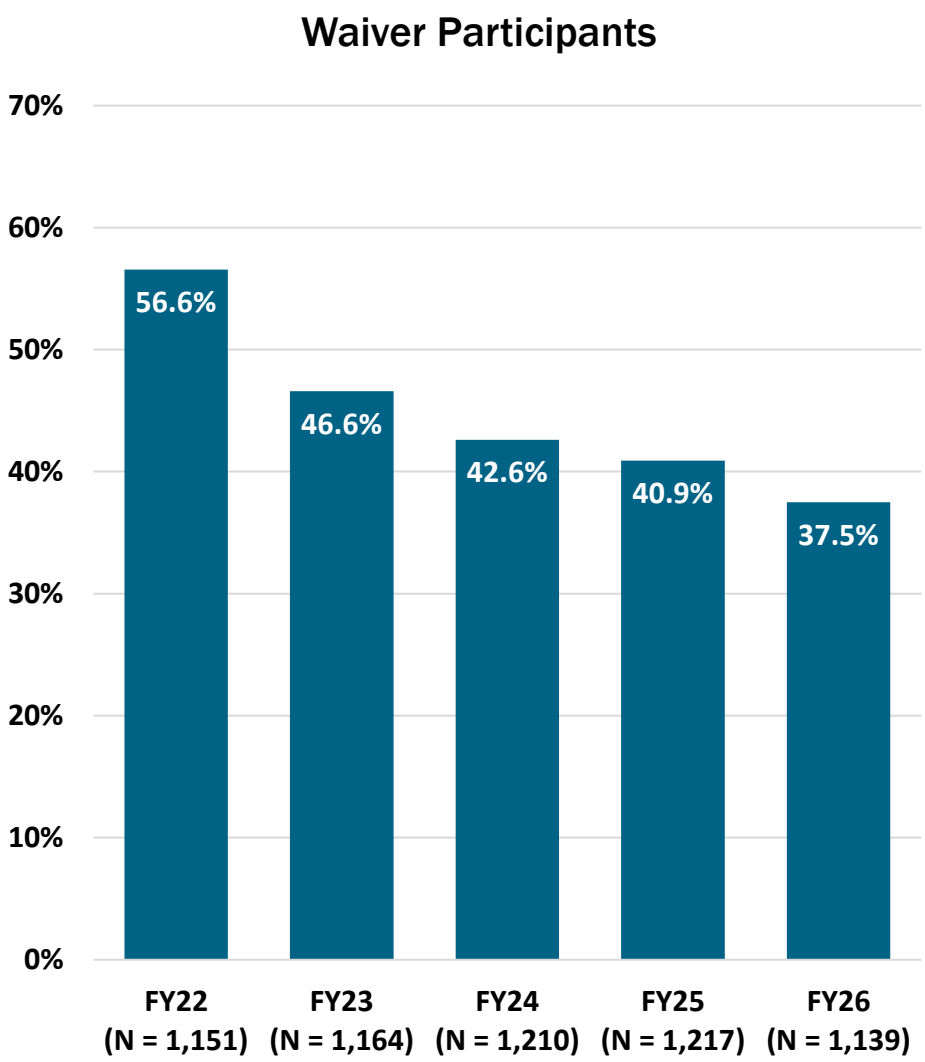
Safety: My safety needs are addressed

Waiver: 57.0% (n = 1,292); CDC+: 44.7% (n = 197)

Health: I understand my medications.

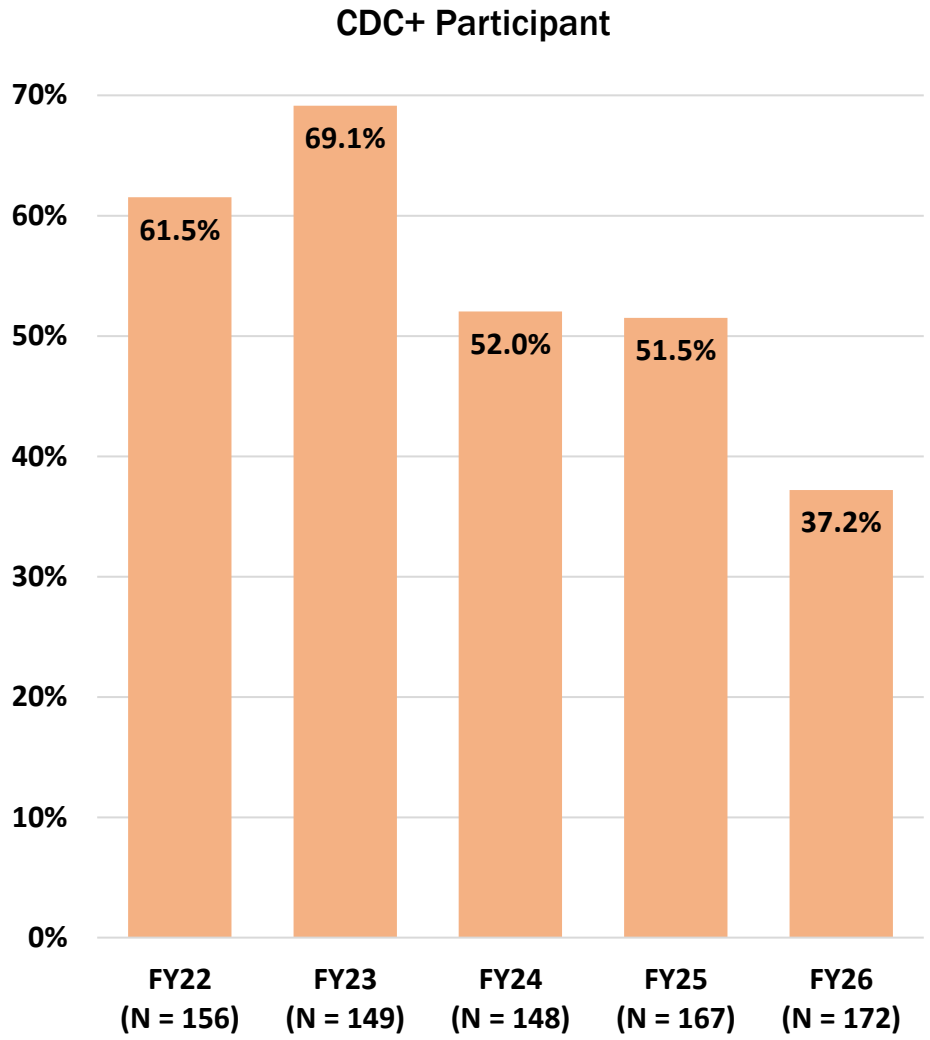
Waiver: 37.5% (n = 1,139); CDC+: 37.2% (n = 172)

“I understand my Medications” by FY



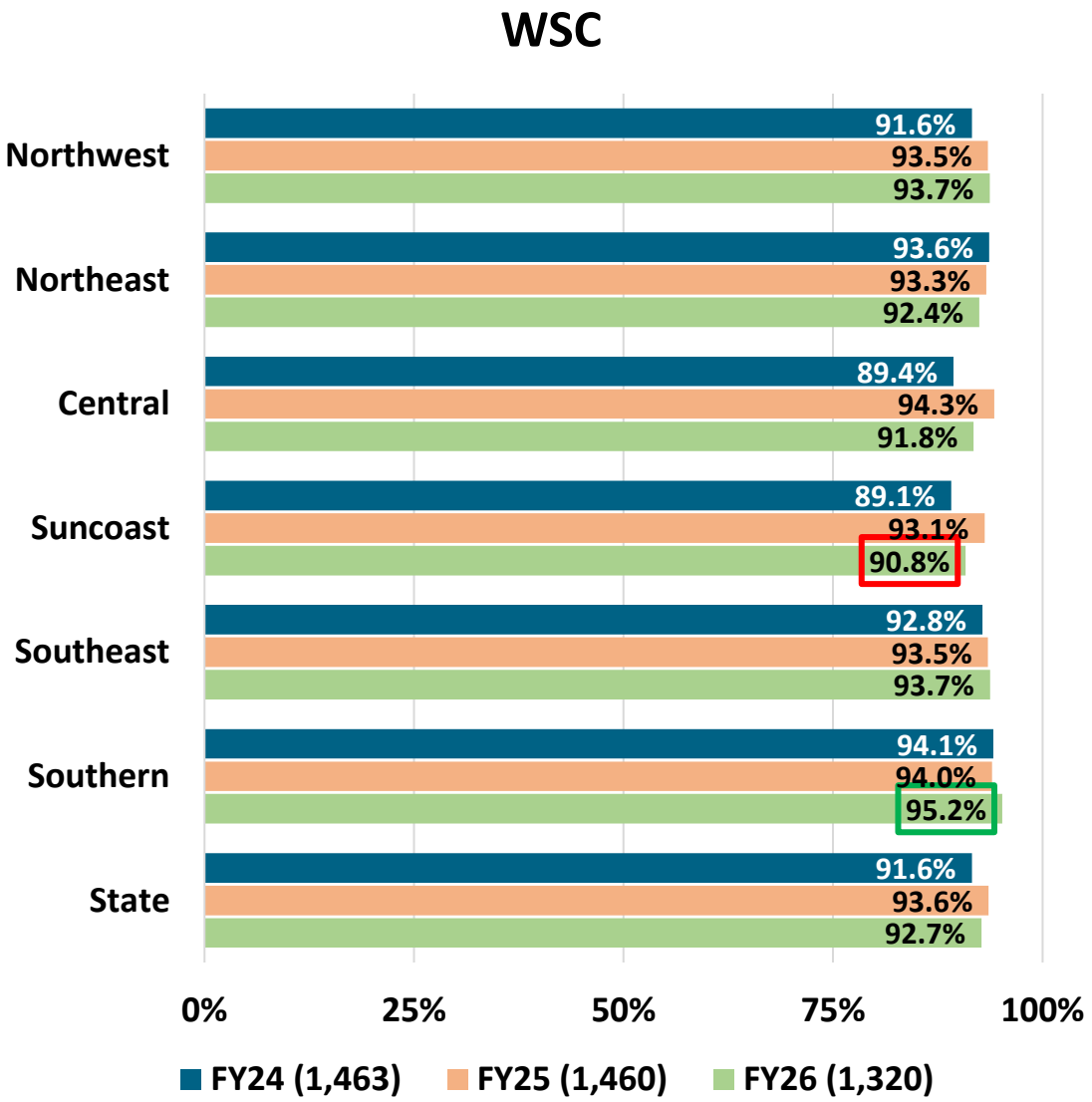
“I am not aware of potential side effects of my medications.”

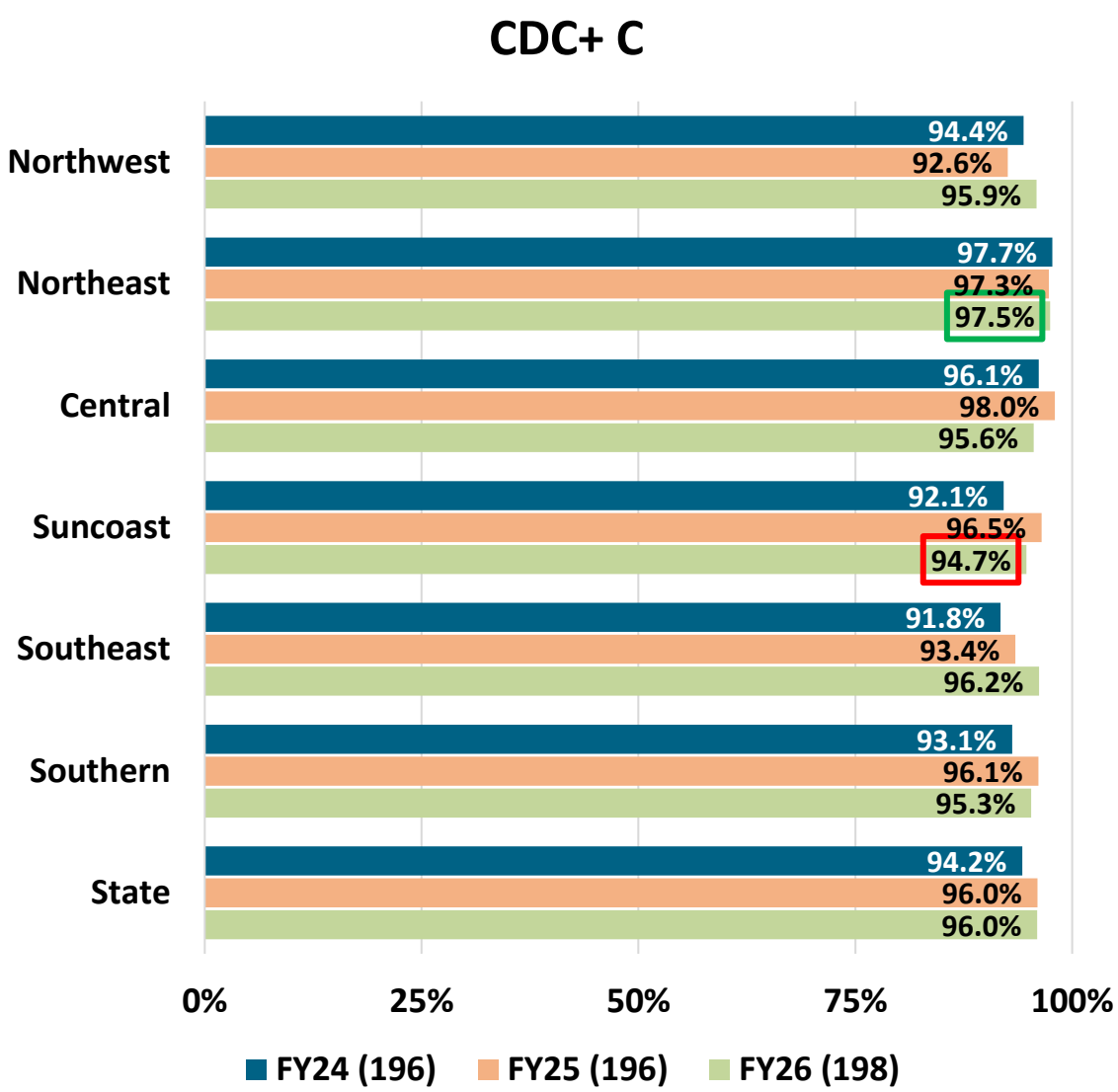
Waiver: 80.2%
CDC+: 80.6%



WSC/CDC+ Consultant Record Reviews

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





Lowest Scoring WSC Record Review Standards and Most Common Not Met Reason in FY26

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

FY25: 84.0% (n = 1,427) → FY26: 81.2% (n = 1,296)

WSC documentation demonstrated pre-support plan activities took place but did not document discussions of potential dates, times, and locations for the meeting: 52.9% of Not Mets (129/244)

For persons in Supported Living Arrangements/Situation, Progress Notes demonstrate required activities are covered during each quarterly home visit.

FY25: 85.2% (n = 162) → FY26: 77.3% (n = 141)

Documentation for the quarterly meetings was not in the record: 40.6% of Not Mets (13/ 32)

The Support Plan has all required components complete.

FY25: 77.4% (n = 1,458) → FY26: 72.8% (n = 1,314)

Support Plan section Health had components not present on the Plan: 30.4% of Not Mets (109/358)

Lowest Scoring CDC+ Consultant Record Review Standards and Most Common Not Met Reason in FY26

The CDC+ Consultant Progress Notes demonstrate pre-Support Plan planning activities were conducted.

FY25: 89.6% (n = 193) → FY26: 84.8% (n = 197)

CDC+ Consultant documentation demonstrated pre-support plan activities took place but did not document discussions of potential dates, times, and locations for the meeting: 70.0% of Not Mets (21/30)

The Support Plan has all required components complete.

FY25: 83.2% (n = 196) → FY26: 82.8% (n = 198)

Support Plan section including Future Goals did not change from one Support Plan to the next:26.5% of Not Mets (9/34)

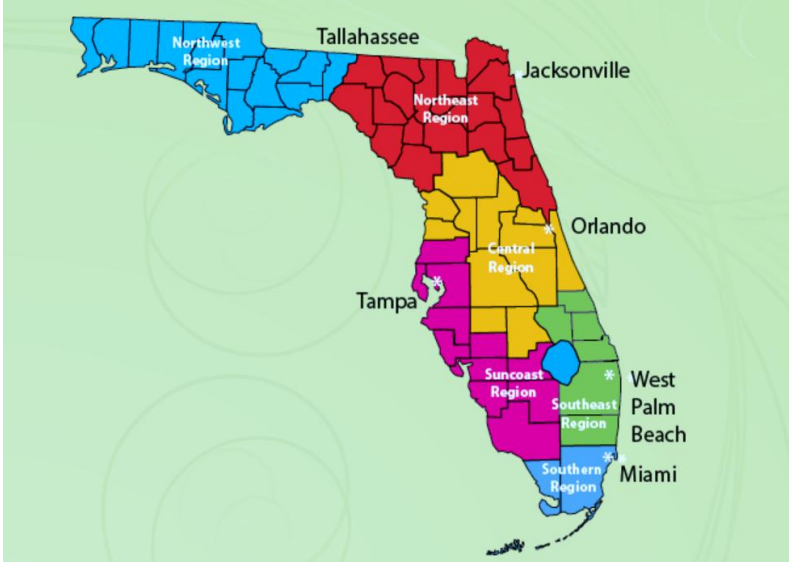
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Provider Discovery Reviews



FY26 (July 2025 – June 2026)

Region	# of PDRs		
	Service Providers (SPs)	Qualified Organizations (QOs)	CDC+ Representatives (Reps)
Northwest	86	13	19
Northeast	222	24	42
Central	267	34	59
Suncoast	376	32	61
Southeast	272	51	43
Southern	185	35	35
State	**1,408**	**189**	**259**



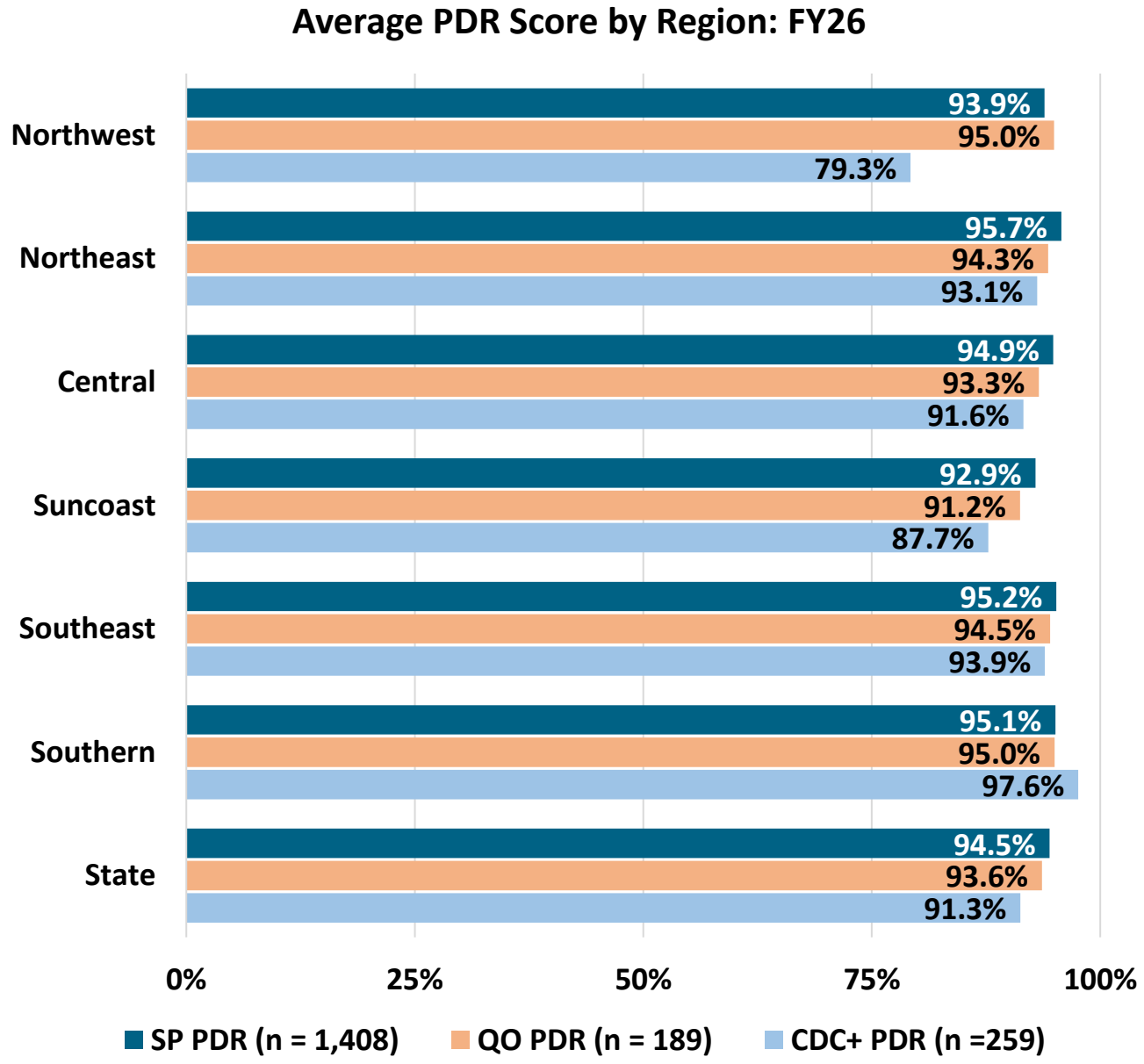
Average PDR Score by Region: FY26

Calculating PDR Scores

1. **Administrative Review**
   - Applies to SPs and QOs
     - General Administrative Review (GAR)
     - Staff Qualifications and Training (Q&T)
2. **Service Record Reviews (SSRR)**
   - Applies to SPs, QOs, and CDC+ Reps
3. **Observations (OBS)**
   - Applies to SPs with Adult Day Training (ADT) facilities or Licensed Residential Homes (LRH)

Notes:

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



Existing versus New Service Provider PDR Scores

Existing Providers (n = 1,250)	New Providers (n = 158)	
Overall PDR Score: 95.0%	Overall PDR Score: 88.6%	-6.4 points
Person-Centered Practices Score: 93.4%	Person-Centered Practices Score: 85.7%	-7.7 points
Compliance Score: 95.5%	Compliance Score: 89.8%	-5.7 points

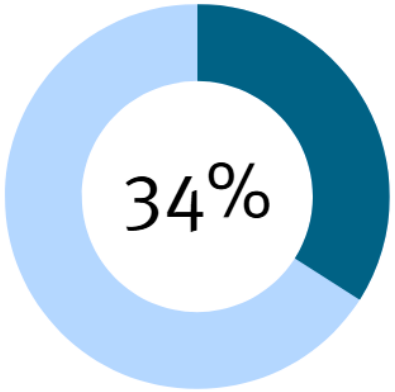
Existing Provider PDR Score Improvements

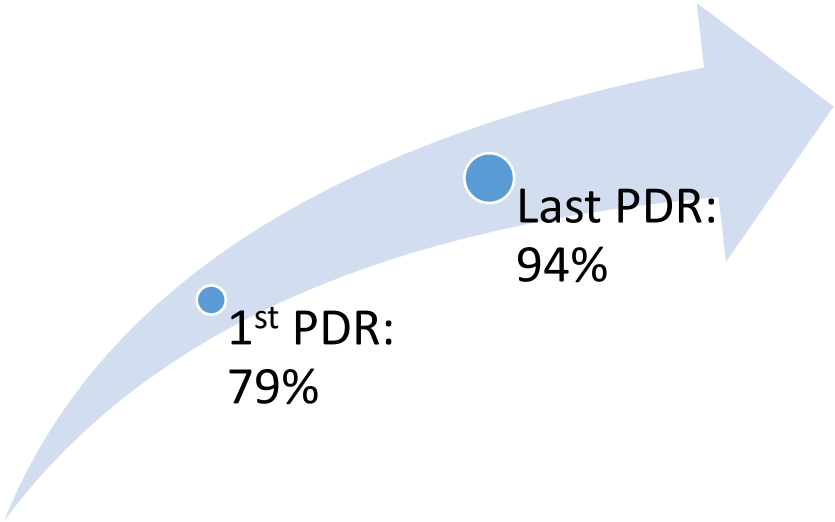
- Since FY21, Qlarant completed **8,869** PDRs across **3,293** providers.
- **2,644** of these providers received more than one PDR.

1 in 3 providers' scores increased by 5+ points between their first and last PDRs

→

Among these providers, PDR scores increased by about 15 points, on average.

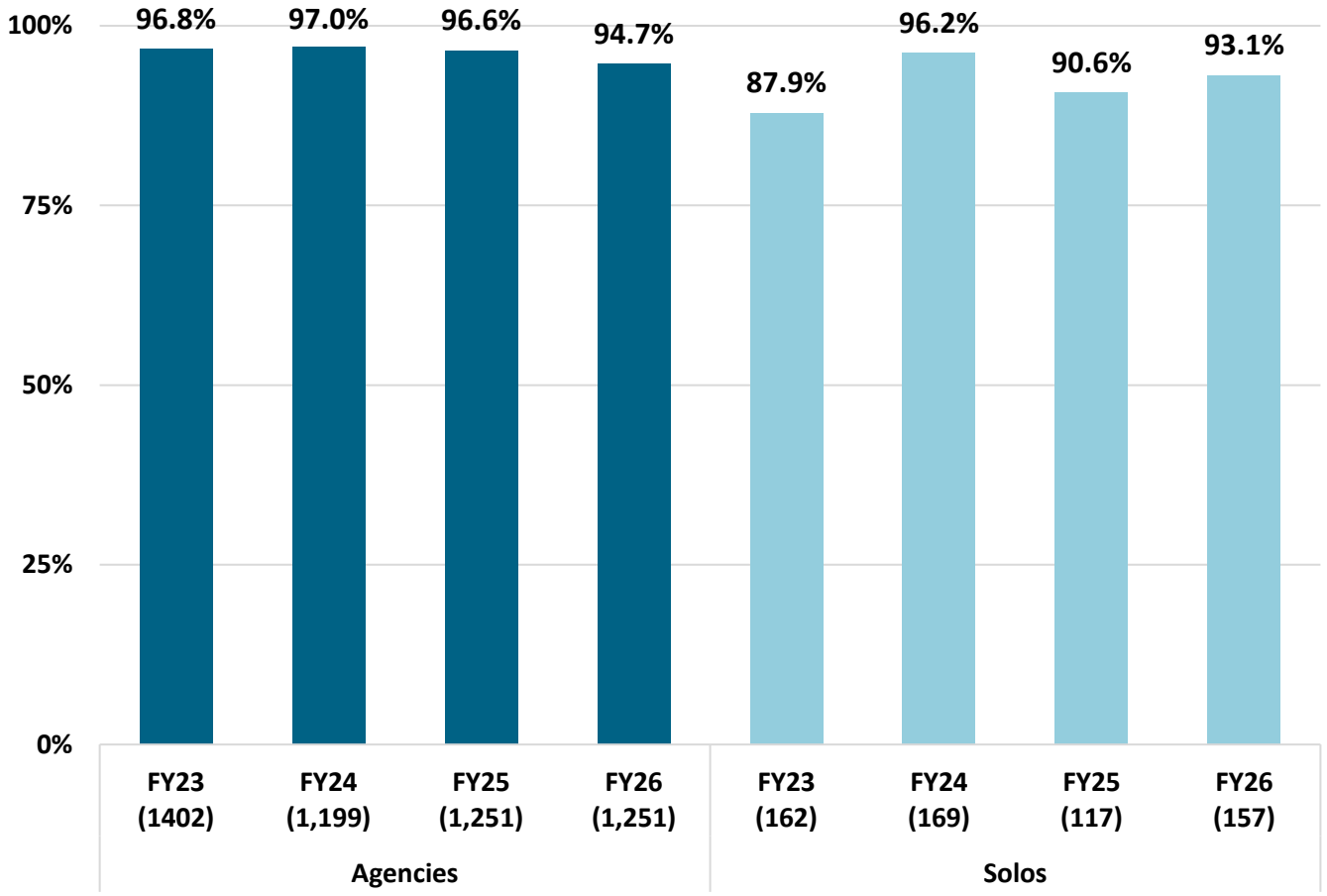




Provider Discovery Review Trends by Review Component

FY24: July 2023 – June 2024
FY25: July 2024 – June 2025
FY26: July 2025 – June 2026

General Administrative Reviews by FY: Agency and Solo Service Providers



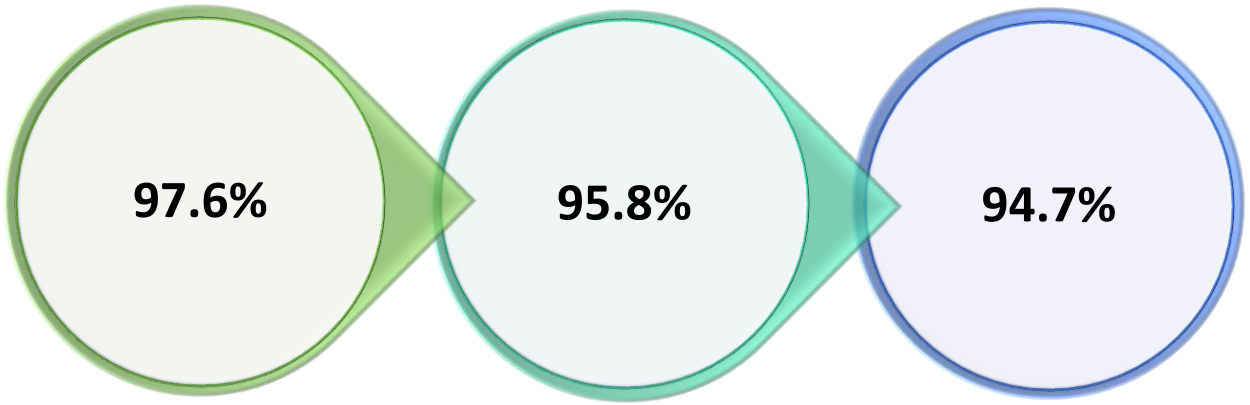
Lowest Scoring Indicator:
FY24 → FY25 → FY26

Agency: Agency vehicles used for transportation are properly registered.

94.9% (475)→92.4% (516) →90.2%(511)

in parenthesis represents the # of SPs reviewed.

General Administrative Reviews by Region and FY: QOs



- FY24 (N = 184)
- FY25 (n = 177)
- FY26 (n= 189)

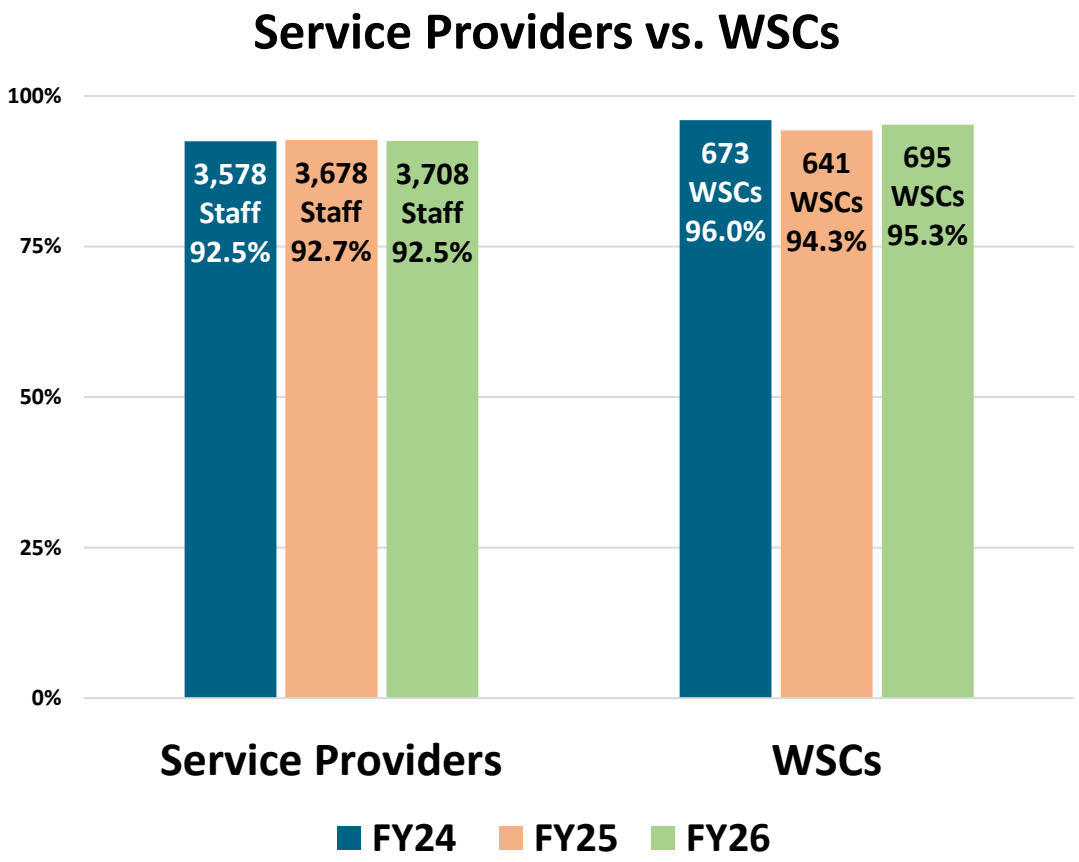
<u>Lowest Scoring Indicators: FY24 → FY25 → FY26</u>

- **The provider maintains a Table of Organization.**
  96.7% (184) → 93.2% (177) → 93.1% (189)

- **The Mentee completed all mentoring program requirements.**
  95.4% (119) →100% (61) → 96.7% (61)

in parenthesis represents the # of QOs reviewed.

Staff Qualifications and Training Scores by FY



Lowest Scoring Indicator: FY24 → FY25→ FY26

- **Service Providers: The service provider completes eight hours of annual in-service training**
  - **Supported Employment Coaching (LSD 3)**
    83.7% (178) → 83.9% (180) → 88.8% (187)
  - **Supported Living Coaching (SLC)**
    79.0% (276) → 77.6% (254)→ 76.5% (264)
  - **Personal Supports (4 Hours)**
    77.1% (1,304)→79.8% (1,299)→77.4% (1,391)
- **WSCs: The provider received training in HIV/AIDS/Infection Control.**
  92.4% (671) → 92.0% (640) → 95.7% (695)

in parenthesis represents the # staff/WSCs reviewed.

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

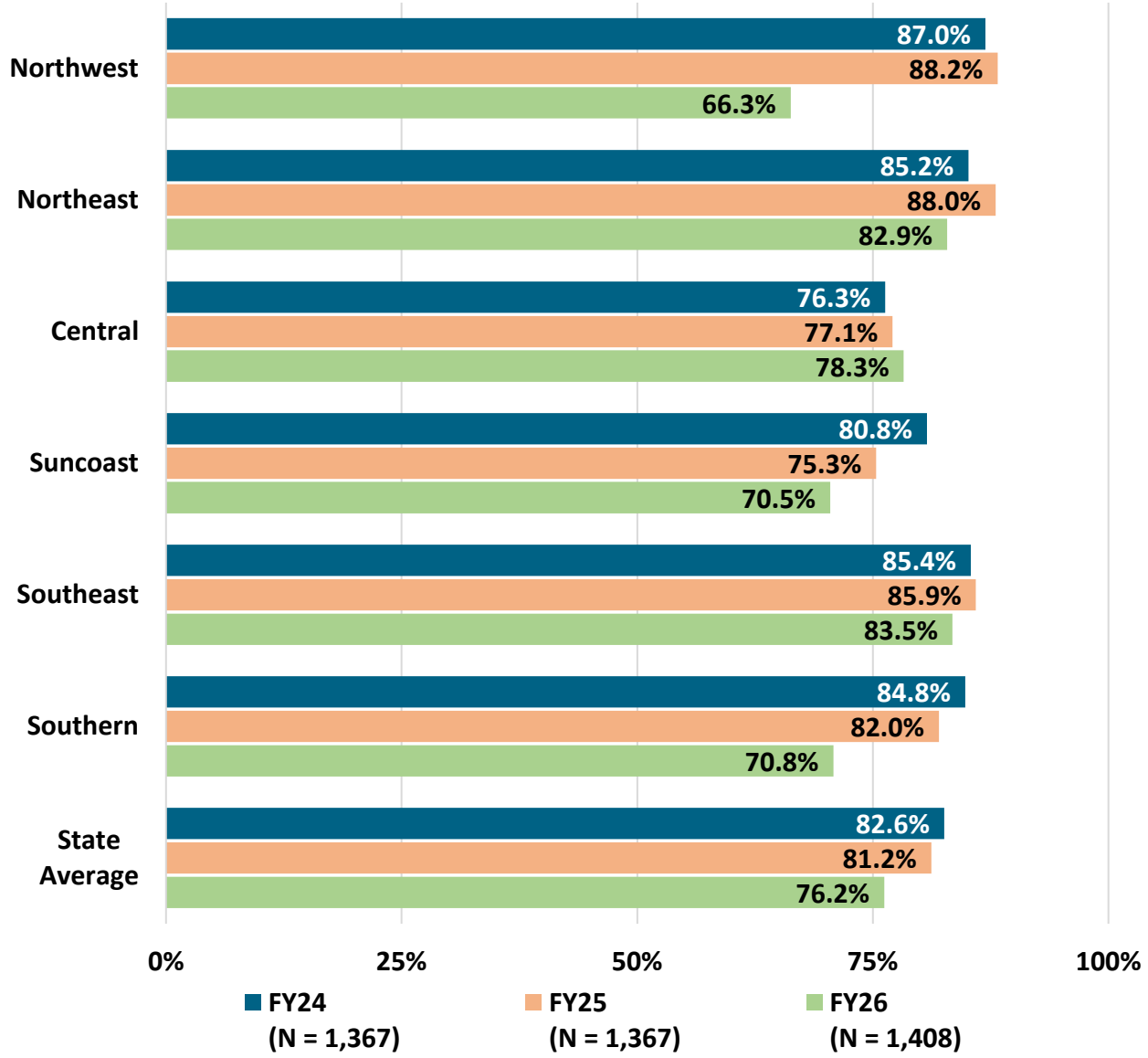
Existing Providers

- 5 standards scored below 85%, including:
  - **In-Service Training requirements for LSD 4 (77.8%), Supported Living Coaching (79.2%), Personal Supports (80.5%), LSD 2 (82.5%), and LSD 1 (82.8%)**

New Providers

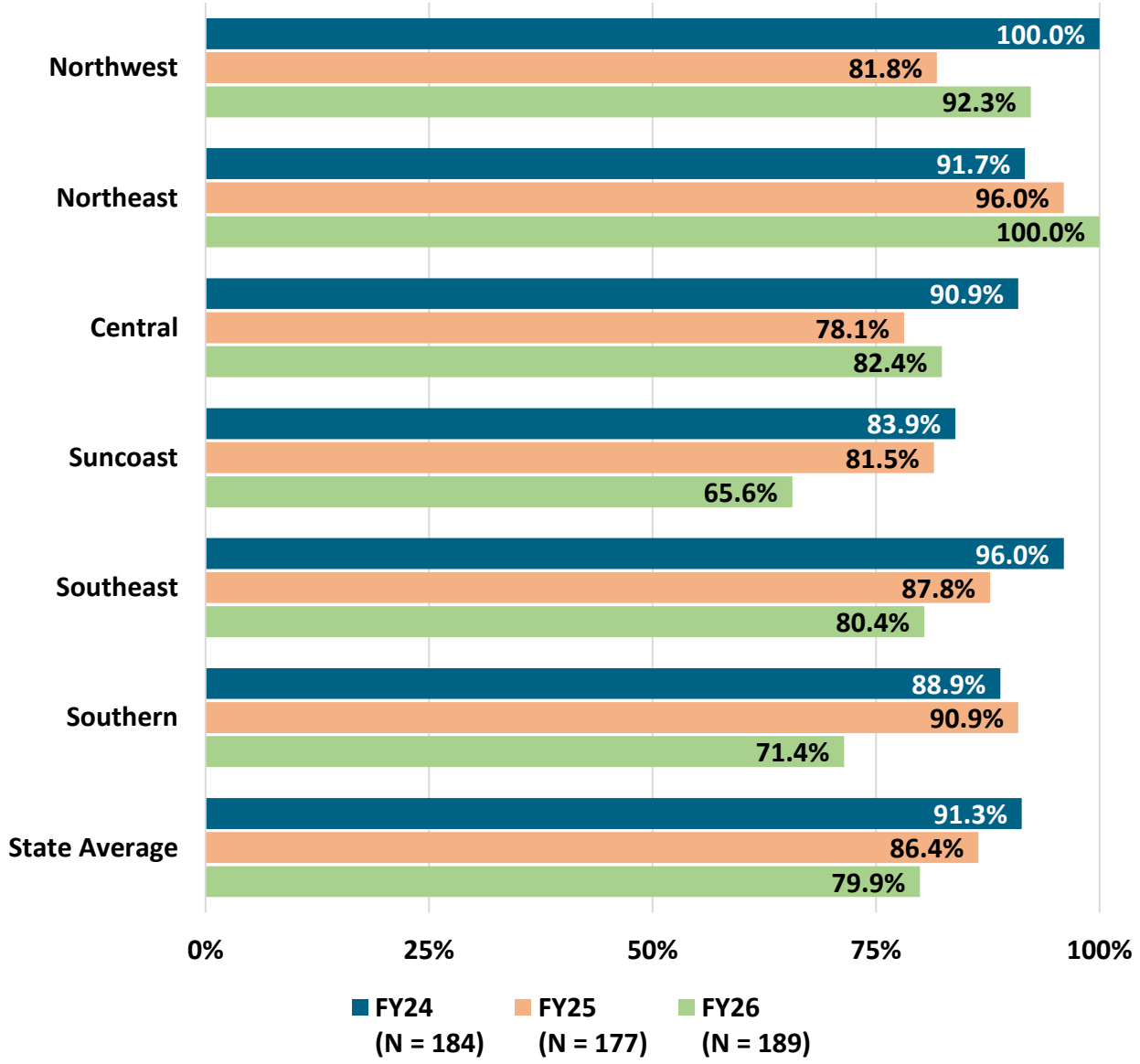
- 15 standards scored below 85%, including:
  - **In-Service Training requirements for:**
    - Personal Supports (51.1%), Supported Living Coaching (50.4%), LSD 1 (64.2%,) LSD 2 (33.3%), LSD 3 (72.7%), ResHab Standard (83.0%)
  - **Received Training in:**
    - Basic Person-Centered Planning – 50.0%
    - Individual Choices, Rights and Responsibilities – 50.0%
    - First Aid – 75.4%
  - **Social Security Work Incentive – 76.0%**
  - **HIV/AIDS/Infection Control – 79.8%**
  - **Waiver Provider Requirements – 80.2%**
  - **HIPAA – 80.7%**
  - **Curriculum for Reactive Strategies – 83.3%**
  - **Level II Background Screening – 82.2%**

Service Provider Background Screening Compliance
(100% of Staff in Compliance)



Most Common Reasons for BGS Non-Compliance FY26 (n = 335 Providers)		
Not Met Reasons	# of Providers	% of Providers
The affiant's initials were not next to one or more acknowledgement statements on the APD Attestation of Good Moral Character presented.	108	32.2%
Attestation of Good Moral Character presented by provider was not the correct APD Attestation of Good Moral Character.	92	27.5%
Alert: Provider did not present a current Local Law/Criminal Records Check.	69	20.6%
Provider did not present a complete, signed and dated APD Attestation of Good Moral Character.	64	19.1%
Alert: Provider did not present evidence of current APD General clearance from the Clearinghouse.	54	16.1%

QO Background Screening Compliance
(100% of Staff in Compliance)



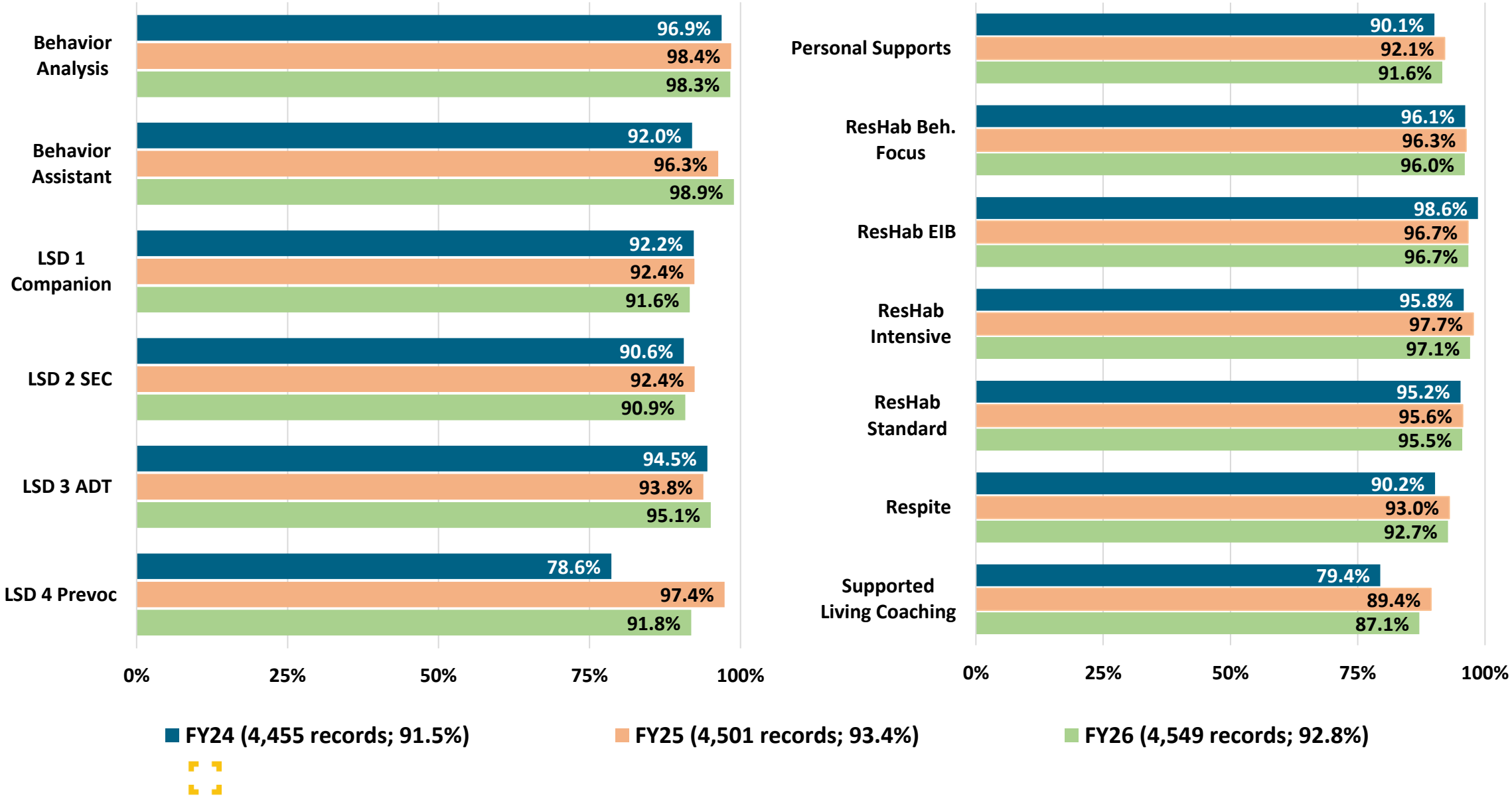
In FY26, 38 of 189 QOs (20.1 percent) were not in compliance with BGS.

- 23 of the 38 (60.5%) QOs did not have the affiant's initials next to one or more acknowledgement statements on the APD Attestation of Good Moral Character and did not result in an alert.
- 10 of the 38 (2.6%) QOs did not present a current Local Law/Criminal Records Check and therefore received an alert.

Service Specific Review Reviews

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

Weighted SSRR Scores by Service and FY



FY26 Potential Billing Discrepancies (PBD) by Service

Service	# with a PBD	Total Reviewed	% with a PBD
Behavior Analysis	11	150	7%
Behavior Assistant	0	9	0%
LSD 1 (Companion)	334	1,211	28%
LSD 2 (SEC)	29	101	29%
LSD 3 (ADT)	30	324	9%
LSD 4 (Prevoc)	3	12	25%
Personal Supports	338	1,183	29%
ResHab - Behavior Focus	10	172	6%
ResHab - EIB	0	2	0%
ResHab - Intensive Behavioral	4	49	8%
ResHab - Standard	50	874	6%
Respite	37	170	22%
Supported Living Coaching	118	292	40%
Total	**964**	**4,549**	**18%**

Most Common PBDs:

- The provider has complete Service Logs covering services provided and billed during the period under review.
  - **Personal Supports: 74.7% (n = 1,174)**
  - **LSD 1: 78.3% (n = 1,199)**
  - **Respite: 80.0% (n = 170)**
- The provider has complete Daily Progress Notes for each date of service provided and billed during the period under review.
  - **Supported Living Coaching: 75.6% (n = 283)**
- The Employment Stability Plan covering services provided and billed during the period under review is in the record.
  - **LSD 2: 87.0% (n = 100)**

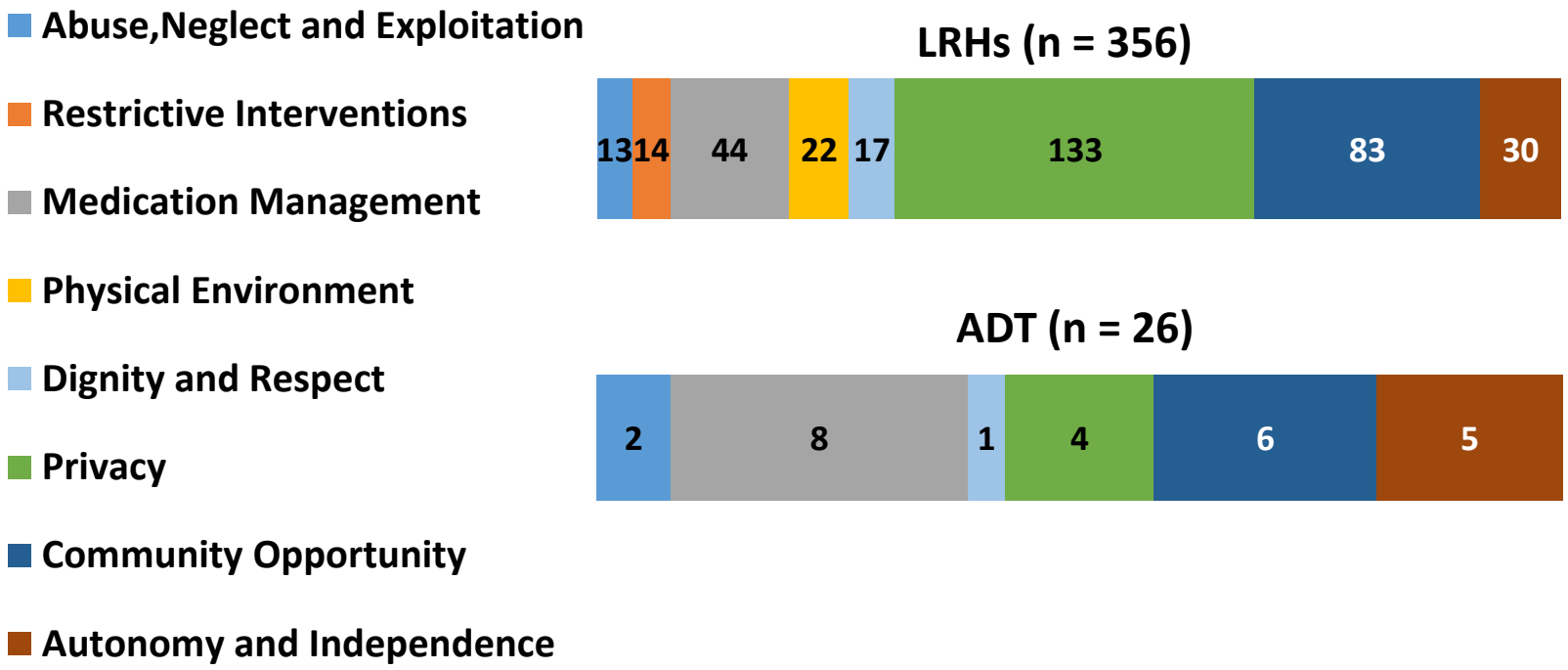
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Observations

Observations: LRH and ADTs
FY26 (n = 1,142)

Region	LRH	ADT
Northwest	26	13
Northeast	150	29
Central	212	22
Suncoast	281	55
Southeast	184	21
Southern	128	21
State	**981**	**161**

Concerns Identified during Observations



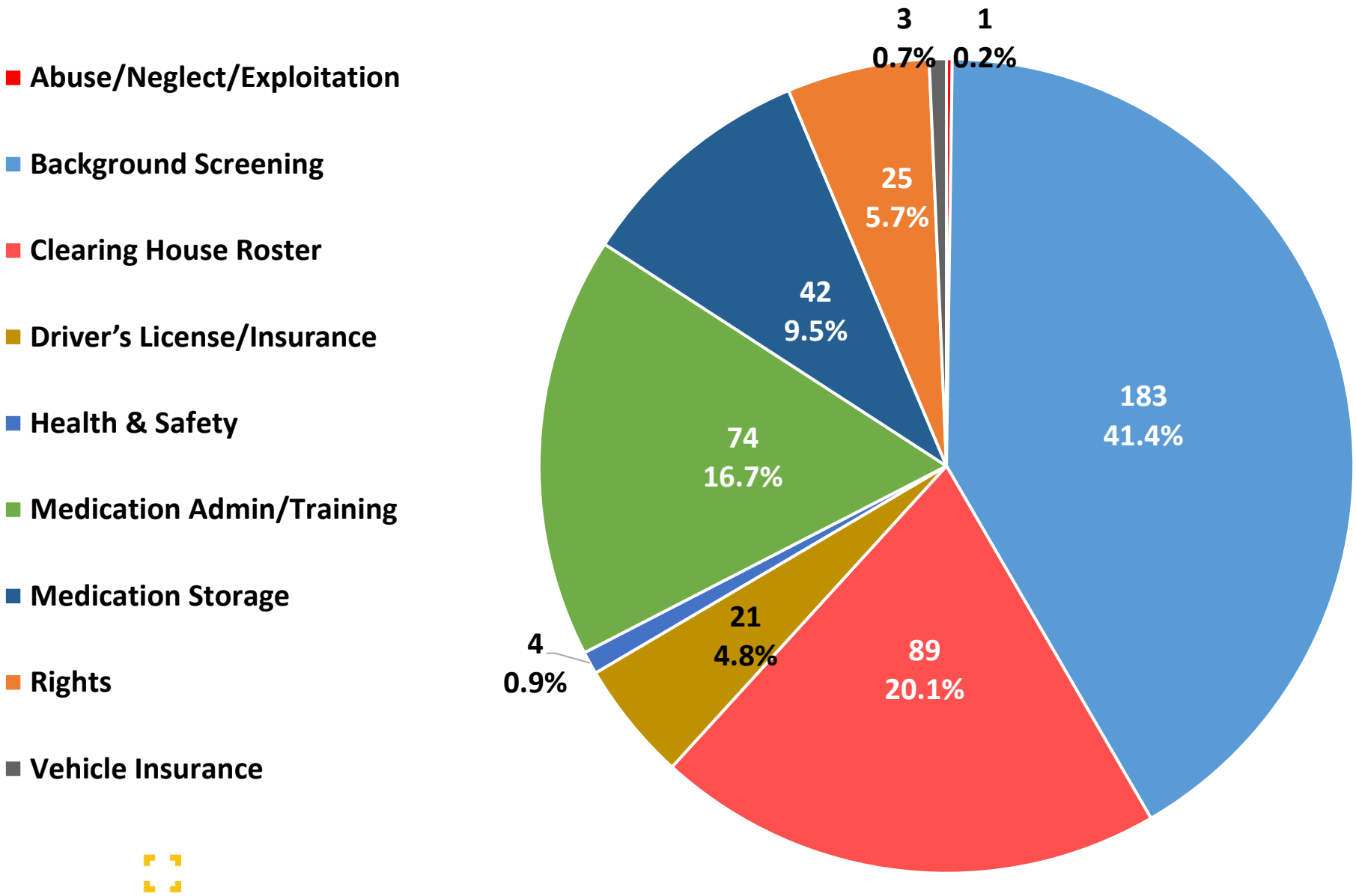
Most common concerns observed at LRHs

- **Privacy:**
  - Individuals do not have a key to their bedroom doors (37 Concerns)
  - Bedroom doors do not lock (15 Concerns)
  - Bathroom doors do not lock (21 Concerns)
  - Individuals cannot lock the bathroom door (16 Concerns)
- **Community Opportunity:**
  - Training in the use of public transportation is not available and/or facilitated (56 Concerns)
- **Medication Management:**
  - Non-controlled medications are not centrally stored in a locked container in a secured enclosure (24 Concerns)
  - Controlled medications are not stored separately from other prescription and OTC medications in a locked container within a locked enclosure (20 Concerns)

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Alerts

FY 2026 Alerts (n = 442)



FY 2026 Service Provider Alerts by Provider Review Status (Existing versus New)						
Alert Type	Existing Providers (n = 1,250)		New Providers (n = 158)		All PDRs (N = 1,408)	
	#	% of PDRs	#	% of PDRs	#	% of PDRs
ANE	1	0.1%	0	0.0%	1	0.1%
Background Screening (BGS)	114	9.1%	29	18.4%	143	10.2%
Clearinghouse Roster	46	3.7%	11	7.0%	57	4.0%
Driver's License/Insurance	22	1.8%	2	1.3%	24	1.7%
Health & Safety	3	0.2%	1	0.6%	4	0.3%
Medication Admin./Training	70	5.6%	4	2.5%	74	5.3%
Medication Storage	34	2.7%	8	5.1%	42	3.0%
Rights	22	1.8%	3	1.9%	25	1.8%
Totals	**312**	**25.0%**	**58**		**370**	

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Thank you!
Questions? Comments?

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