

QUALITY COUNCIL MEETING MINUTES

9:00 a.m. – 4:00 p.m.

Thursday October 20, 2022

Type of meeting:

Quality Council Meeting

Facilitator(s):

Theresa Skidmore

Members:

Jill MacAlister, CDC+ Consultant

John Collins, Self-Advocate

Sandy Dayton, Agency Provider

Adrienne Dissis, Family Member

Matthew Dyal, Self-Advocate

Michelle Tolini, Agency Representative

Dina Justice, Family Care Council Florida

Patty Houghland, Disability Rights Florida

Courtney Swilley, FARF

Lisa Garbers, Agency Representative

Mary Jo Pirone, Self-Advocate

Theresa Wyres, Small Agency Provider

Absent Members:

Veronica Gomez, Agency WSC

Latosha Obry, Self-Advocate

APD Attendees:

Tom Rice

Kimberly Quinn

Lukas Tubeck

Liesl Ramos

Kent Carroll

Mindy Whitehead

Susie Sirts

Amanda Soule

AHCA Attendees:

Suzi Kemp

Qlarant Attendees:

Bob Foley
Theresa Skidmore
Charlene Henry
Katy Glasgow
Robyn Turlakis
Kristin Allen
Shubhangi Vasudeo

Other Attendees:

Valerie Bradley, HSRI
Darla Wilson, Moving Mountains
Kelly Burris, Disability Rights Florida
Teresa Knepper

Scribes:

Charlene Henry, Qlarant

Acronyms:

ABC- Allocation, Budget and Control System
ADT- Adult Day Training
AHCA- Agency for Health Care Administration
ANE- Abuse, Neglect, and Exploitation
APD- Agency for Persons with Disabilities
CDC+-Consumer Directed Care
CMS- Centers for Medicare and Medicaid Services
CMS- Consumable Medical Supplies
DD- Developmental Disability
EVV-Electronic Visit Verification
FARF- Florida Association of Rehabilitation Facilities
FBI-Federal Bureau of Investigations
FCCF- Family Care Council Florida
FDDC- Florida Development Disabilities Council

FDLE- Florida Department of Law Enforcement
FMAP – Federal Medical Assistance Program
FSQAP - Florida Statewide Quality Assurance Program
HHS – Health and Human Services
HCBS-Home and Community Based Services
HSRI- Human Services Research Institute
iBudget- Individual Budget
I/DD- Intellectual and Developmental Disabilities
ICA – Individual Comprehensive Assessment
II- Individual Interview
LSD- Life Skills Development
LOC- Level of Care
MWEW – Medicaid Waiver Eligibility Worksheet
NASDDS - National Association of State Directors of Developmental Disabilities Services
NCI- National Core Indicators
NGQSI – Next Generation Questionnaire for Situational Information
PCR - Person Centered Review
PDR - Provider Discovery Review
QQS - Qlarant Quality Solutions
QA-Quality Assurance
QAR-Quality Assurance Reviewer
QC-Quality Council
QI-Quality Improvement
QO- Qualified Organization
QSI- Questionnaire for Situational Assessment
SAN – Significant Additional Needs
SLC- Supported Living Coaching
SSRR -Service Specific Record Reviews
SC – Support Coordination
TRAIN FL-Training Finder Real-time Affiliate Integrated Network Florida
WSC- Waiver Support Coordinator

Welcome & Introductions

Theresa Skidmore, Florida Director – Qlarant

Beginning at approximately 9:00 a.m., Theresa Skidmore opened the meeting and welcomed all members and guests.

July 2022 Refresher with Approval of Minutes

Theresa Skidmore, Florida Director – Qlarant

Theresa Skidmore provided a refresher from the July 2022 meeting held in Tampa. A motion to approve the minutes was made by John Collins and a second given by Mary Jo Pirone. Please see the July minutes for details.

APD Updates

Kimberly Quinn – Agency for Persons with Disabilities (APD)

Hurricane Ian – A lot of the state was impacted by the storm; APD has been holding weekly meetings with various stakeholders to share resources, and hear concerns. The staff have been present at local disaster recovery centers, they want to know of people who are not getting services; please make sure the regional office knows about this. Ft. Myers office is open, Daytona Office still closed. Karen Hagan has been sending out communication.

Individual Comprehensive Assessment (ICA) – 1500 participants (1200 getting one assessment, 150 getting inter-rater reliability, 150 doing test retest 30 days apart) are in the sample and moving along. 987 of the 1500 assessments completed. Plan to be done by end of the year. APD has replacement names for those originally selected that cannot take part. The end goal is to get the best information on each person. No projected rollout date for the official tool.

Training – A few advisories have gone out about Training Finder Real-time Affiliate Integrated Network (TRAIN) FL, so providers know the processes. 4 advisories have been generated and 2 more coming soon. If a provider is having issues with accessing TRAIN FL, they should reach out to the helpdesk. A new feature will be tied to a provider needing to log in every 90 days or it will lock them out and they will have to call for a password reset.

Requirements for All Waiver Providers training is now available in TRAIN FL. Everyone will be required to use the TRAIN FL site as of Nov 1st for this training and the training has been removed from the APD website. Kristin talked about Customer Service calls Qlarant received about the training being on TRAIN FL, Kristin indicated it is a positive change as providers cannot jump to the

certificate completion without taking the course. Kimberly said they have cleaned up the language indicating who is required to take the training. Jill asked for consideration of the Waiver Support Coordinators (WSCs) taking the Level 4 Adult Day Training Webinar to count toward annual in-service and allow them to get a certificate. Kimberly will look into.

APD iConnect – 12,000 users, over 1 million Electronic Visit Verification (EVV) activities in the system. Providers are doing better with entering data; 63% of entries into EVV have been accurate. The month before it was about 58%, so trending improvements. Current users are WSCs, Respite, Personal Supports, and Supported Living Coaching (SLC). Skilled Nursing services went live September 2022. WSCs are to ensure all providers have provider selection records. Claims will remain external to iConnect moving forward and APD is working on a revised project schedule for future modifications and updates.

A guest asked about the SLC forms in the iConnect system and whether or not there will be adjustments in the iConnect system in-line with the Supported Living section of the Handbook. Sandy said there has been confusion about Supported Living Quarterlies being in the system and by when; Kristin noted there was an advisory about the form requirements. Theresa asked has there been any feedback regarding how EVV since the hurricane hit, and internet access may not be available.

Patty voiced concern about a nursing provider in her area terminating services due to APD's EVV system. Are there any APD Nursing services in Florida? Jill said yes. Patty said the only provider in her area stopped services due to APD mandating EVV use and the rate. Mindy said participants on Consumer Directed Care + (CDC+) can use the EVV system the agency already uses, it does not have to be in iConnect. . CDC+ uses Mains'l for EVV.

Individual Comprehensive Assessment (ICA) and the Support Plan

Lorena Fulcher - APD

Dental services (see handout – Process Flow). Dentists have to provide a treatment plan and depending on the procedure, can be covered. Crowns and Root Canals are not covered by the managed care dental plan through Agency for Healthcare Administration (AHCA); the waiver can cover these treatments. Complaints should go through AHCA. Waiver does not cover cosmetic treatments. If the person has a Medicare dental plan, the process flow chart would be different. Jill asked the process flow be shared with WSCs and other APD Region liaisons again. Suzi said the online complaint process is a more thorough way to file the complaint and it will help with the paper trail. AHCA is currently looking at the complaints filed. Jill currently has an issue for a person who needs sedation since there are only 2-3 statewide providers; Suzi said

continue to complain. Lorena said let the APD Regional office know as well so they can help. Lorena said the process flow was created 2019. Patty gave an example of someone who has been in pain since July 2022; she said they tried ARC Dental Funding but the ARC states they are still awaiting money from the State. She wants to know when the money will be available. Lorena said they are working with Medicaid to route the money but they are trying to work the process of funneling the dollars to the appropriate entities. Suzi said she knows one dentist who is enrolled in all the AHCA plans. She asked if other WSCs know of or have they spoken to other dentists to get them to enroll for the waiver or managed care. Tom Rice said the \$8.5 million in recurring funds have not been sent out because the Intent to Negotiate (ITN) process is currently open. Dina asked about the \$3.5 million ARC was to get July 1. Adrienne asked for clarity on the different options because people should not be going to the ARC for money if it is something covered by their dental plan. Tom said AHCA is paying the three big dental plans to provide the services whether people use them or not. CDC+ participants can get the dollars included on their purchase plan to pay for services. Theresa asked if AHCA had success with surveying people to get feedback more timely instead of waiting for complaints. Suzi said she raised the point with AHCA leadership that the Intellectual/Developmental Disability (I/DD) population is not being adequately served. Adrienne suggested a page on APD website dedicated to dental services to answer questions and walk people through the process.

Support Plan - Lorena started with why developing a Support Plan is important. She went over the main sections of the plan and talked about four proposed changes in the areas of: 1) understood language, 2) My WSC/Qualified Organization (QO) Name, 3) Other Services Needed for Health/Safety & 4) My Health – medication. #3 would be significantly shorter than in the current Support Plan. Lorena talked through an example handout. Adrienne asked would these sections prepopulate. Lorena said yes they'd prepopulate based on the ICA; the needs and strategies will need to be entered by the WSC. Suzi said on request would be the narrative boxes show up even if empty in case needed in the future. The view of the federal government is the needs assessment informs the plan so the WSC can fill in the rest with person-centered information. Jill said the proposed example is an improvement but wondered if WSC could cease using the revised format that requires reentry of data until this is released? Michelle asked would people getting services have to wait until everyone gets an ICA to transition to a new Support Plan. Lorena said she does not think so. Valerie asked about including a prompt in the Support Plan whether the person wants to explore working. Dina offered a suggestion to have prompts to remind the WSC to talk about, mark things and move on. Adrienne asked to have the Back-Up plan tied to the risk and not a waiver service. Michelle asked to add contact information for the healthcare provider. Adrienne asked to have expandable fields; current Support Plan only has three slots.

Adult Day Training Service Changes

Liesl Ramos and Kent Carroll - APD

ADT Redesign. APD has to be compliant with the Home and Community Based Services (HCBS) Settings Rule by March 17, 2023. Changes are intended to bring more opportunities for people to gain competitive employment. Centers for Medicare and Medicaid Services (CMS) approved the waiver amendment Oct 1st. Adult Day Training will be a habilitation service (no job exploration) and the new service is Life Skills Development 4 Prevocational Service (LSD 4). This service will teach people non-job task specific skills and provide training in areas such as communication and job conduct; service will be limited to 36 months, and will serve as a transition service between day programs and Support Employment. People can be paid subminimum wage or move into competitive employment. One can start and then restart but cannot exceed 36 months total. John asked would this new service change the kind of person who can attend the program.

Kent said people could no longer be in a paid role and attend day programs. Liesl said service would be based on the needs listed in the Support Plan and is not intended to replace anything Vocational Rehabilitation (VR) does; if someone is already working, they may need the training and support to get gain additional skills. Jill asked about people getting subminimum wage who will not be able to go into competitive employment. Lorena said they can continue with this setting but the service will not be able to be in the traditional ADT program. Kristin asked about people who are making minimum wage through the traditional day program and do they have to be in separate locations. Liesl said they can be in the same building but the provider cannot bill for traditional day program services for them. Jill asked is VR aware of this change; Kent said yes. APD has been sharing with VR about mutually served persons, so they can better track and assist with the transition. Jill said there may be a shortage of staff ready to provide this coaching service when its time. Liesl said this change is happening all over the country. Dina asked about compliance. Liesl said there would be state monitors who will check for compliance in these programs. These programs will not be licensed. Adrienne asked about volunteering and what happens with those coming from the school system. Liesl said it'll depend on the person's needs when they come out of school and whether or not they got all they needed when they went through VR (if they went through VR). Kent and Liesl said this would be driven by what is in the person's Support Plan related to employment. Liesl said the intent is not to stop people from working who are already working; this is intended to get people out of the holding pattern within their sheltered workshop who want to work but aren't getting the opportunity due to support needed. Patty asked about those who do not want to work but

may occasionally do piecework. Kimberly said programs could still do it but it not through a third party; it has to be directly from the program specifically. The waiver will offer recreational or habilitation services for day program services that do not involve employment. Katy asked could people do a hybrid approach. Kent said yes but they cannot go beyond 36 months. Kim explained that programs who pay their people subminimum wage have a 14C certificate through the federal government but this has nothing to do with APD. John asked is there a push to get agencies away from paying subminimum wage. Kent said that across the country this is happening with the increase of minimum wage. The federal government is trying to level the playing field for everyone, so everyone can have a chance to work in a competitive job. Mary Jo asked about transportation being available for this waiver service; Lorena said yes but if they were a part of the program not waiver funded then they would have to access other transportation funding. Handbook changes – adding LSD 4 services, changes to description of Life Skills Development 3 to remove information about a job and volunteering; provider requirements related to this service being added. Promulgation and approval of handbook changes will have an effective date of October 1, 2022.

Qlarant Updates

Theresa Skidmore, Florida Director - Qlarant

Theresa talked about the Disaster Map for Hurricane Ian. She discussed how Qlarant shifted reviews for Hurricane Michael. For Hurricane Ian, Qlarant will handle reviews on a case-by-case basis for this contract year. If people sustained damage, they need to report it to the local APD Region. Qlarant will work with providers and communicate with each region to move reviews if needed. Qlarant will be collecting information and reports will have to tell the full story about missing documents and any negative impacts sustained by the provider on their Qlarant report.

Support Coordination/CDC+ Workgroup – QC Members

Adrienne Dissis, Jill MacAlister, Michelle Tolini & Veronica Gomez

Michelle talked about how providers, WSCs, families, APD, Qlarant and AHCA are a circle of support. She said it is important that everyone work together and how having an excellent WSC is invaluable. Workgroup members discussed the proposed. Jill requested the QO be selected instead of individual WSC within a QC. Adrienne requested the Questionnaire for Situational Information (QSI) be moved to the end of the electronic Support Plan document in iConnect due to a screen jumping issue. Adrienne recommended expanding the case note box and minimizing another box. Suzi asked about the process when someone selects a

new staff within a particular provider. Guest, Darla said the WSC does have to attach the agency to the person in iConnect for them to be able to work with the person; the WSC has to select the specific coach for someone who picks a Supported Living provider. It is suggested there be more education to WSCs and Providers. Lorena said they are trying to get a Department of Children and Families (DCF) contact in each region. Lorena discussed the WSC selection form – choices are to select QO, specific WSC within QO or auto select. Lorena said she would share the current selection form for tweaks, if desired. Bob talked about WSC changes happening constantly but it seems like micro-management if the QO should be able to support people as a whole or not. Jill suggested a “fast track” Significant Additional Needs (SAN) request to move those small changes along quickly, such as transportation rate changes or solo to agency rate changes. Lorena said anything that would increase the is required by rule to have a SAN completed. Lorena asked about needs and risks being broken out. Robyn wants to make sure they do not get muddled since these are reported for CMS assurances in the CMS Evidentiary Reports. Lorena said she would look at informing people of how to sign up for advisories, as well. Adrienne addressed CDC+ Consultant and WSC roles and how the rates came to be. Jill said the health and safety piece for these roles is well understood. She noted if the caseload maximum is reduced and the rate increased health and safety component could be met in a greater way. Adrienne talked about the increase in outcomes met and flexibilities afforded for CDC+ participants versus the regular waiver. The goal for everyone should be to better support people but this is becoming tougher in the current situation. John pointed out the raise for CDC+ staff is good right now but does not address benefits such as time off or insurance costs. Jill mentioned addressing the rate increase without increasing the budget. Tom noted he appreciated this discussion and will take the items back to the APD Director, legal team and other applicable staff.

Human Services Research Institute (HSRI) Presentation

Valerie Bradley, President Emerita - HSRI

Valerie gave a National Core Indicators (NCI) overview. Staff Stability Survey is now called State of the Workforce. Florida conducted the Staff Stability Survey this data cycle but data is not available from it yet. Florida will be doing the Child Survey for the first time this coming year for 2023. Valerie reviewed Florida’s preliminary data from the 2021-22 data cycle; there were 453 participants this time. Robyn said we contacted 700+ to get to the 453. Valerie touched on data related to dental, unexpected hospital visit reasons, employment, service planning, staff turnover effects, and being in the community and participation in community groups. John commented it takes courage to speak up and say you are not doing what you like, with whom and how you spend your time.

Please see presentation slides for more details.

Critical Incident Reporting and Management

Lukas Tubeck - APD

Lukas reviewed the critical incident reporting since the last meeting. Lukas attributed the spike in January 2021 and 2022 to Covid19. He discussed reportable incidents. Suncoast has largest number served with 8K and highest number of reportable events. Central usually runs 2nd but Northeast experienced an increased number of reportable events. Critical incidents by type and year were reviewed and Lukas noted Covid19 plays a part since hospitalization could be due to Covid19 as well. Family home and Supported Living settings are not always reported. APD has been working on educating to ensure incidents are reported. Unexpected death is critical but someone being ill and then dying is reportable. Lukas said his team have developed tools to analyze incidents better. Bob asked about provider arrests and what it pertains to; Lukas said it would be any staff arrest. The Background Screening Clearinghouse has helped inform providers of staff arrests. Theresa said Florida has one of the best background screening processes based on information from other States.

Qlarant Data Presentation

Dr. Katy Glasgow, Scientist

Katy reviewed Person Centered Review (PCR) and Provider Discovery Review (PDR) data. Data covered Fiscal Years (FY) 20-22. Katy discussed a snapshot and then trends for PCR and PDR data. PCR, My Life Interview tool - further discussed safety in terms of if both the outcome and support are not present. Stability – biggest one for FY22 was QO Agency for FY 22 and then the specific WSC; CDC+ had less in-home provider changes for this past year as opposed to 2020 & 2021. In Quarter 1 of FY 22-23, data points to a slight decline in the number of people changing QO and a slight increase in the number of people changing their WSC; for CDC+ both the QO and specific WSC is still trending up for people requesting changes. Preventative Healthcare – physical exams similar for all years, dental exams and vision exams completion has declined. Service Specific Record Reviews (SSRR) for WSCs – data indicates greatest declines are in Central, Southeast and Suncoast regions; Suncoast and Southeast for CDC+. Low scoring indicators were related to accuracies in the Medicaid Waiver Eligibility Worksheet and Support Plan processes. Suzi said the trend is related to these requirements not being done correctly in iConnect. PDR – QO average scores by region; trends – there was not large variation from region to region for Qualifications and Training (Q&T). Basic Medication Administration Validation;

Kristin said she and Lori Kohler have worked together and Lori has done a lot to educate the Nurse Case Managers in each region to improve the accuracy of these forms. Background Screening – QOs scoring lower are Suncoast, Southeast and Southern; Service Provider – low in Southern. Lowest scoring indicators for low scoring services likely related to iConnect compliance. Katy described the alert data for the state.

Please see presentation slides for more details.

Quality Council Follow-Up & Next Steps

Theresa Skidmore, Florida Director – Qlarant

For APD:

- Status of ARC Dental Funding
- Data request: How many waiver skilled nursing providers do we have for adults in the state (how many have an agreement vs how many are really providing services)?

For Lorena:

- Support Plan suggestions with additional discussion about needs and risks
- Future WSC proposal discussions

For Qlarant:

- Continue with interview data discussion
- Email members to set up 2023 schedule

Attachments:

July 2022 Minutes

Qlarant Data Presentation

HSRI Presentation

APD Presentation

APD ADT Redesign Handout

APD Dental Process Flow Handout