

QUALITY COUNCIL MEETING MINUTES

*9:00 a.m. – 4:00 p.m.
Thursday July 23, 2020*

Type of meeting:

Quality Council Meeting

Facilitator(s):

AndraLica McCorvey
Theresa Skidmore

Attendees:

John Collins, Self-Advocate
Kathy Clinton, Family Member
Courtney Swilley, FARF
Mary Jo Pirone, Self-Advocate
Theresa Wyres, Small Agency Provider
Patty Houghland, Disability Rights Florida
Dina Justice, Family Care Council Florida
Holly Hohmeister, FDDC
David Roosa, Family Member
Jill MacAlister, CDC Consultant
Veronica Gomez, Agency WSC
Latosha Obry, Self-Advocate
Linda Travis, Solo WSC

APD Attendees:

Barbara Palmer
Tom Rice
Edwin DeBardeleben
Beth Mann Pace
Meghan Torres
Karan Hagan
Kaleema Muhammad
Dr. Kristin Korinko
Dr. Martha Mason
Lorena Fulcher

Sheila Mott

AHCA Attendees:

AndraLica McCorvey-Reddick
Melissa Verguson

Qlarant Attendees:

Bob Foley
Theresa Skidmore
Sue Kelly
Charlene Henry
Katy Glasgow
Sri Palamoor
Robyn Turlakis
Kristin Allen
Christie Gentry
Janet Tynes

Other Attendees:

Valerie Bradley, HSRI
Stephanie Giordano, HSRI

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
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
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
II- Individual Interview
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
SSRR -Service Specific Record Reviews
SC – Support Coordination
TRAIN-Training Finder Real-time Affiliate Integrated Network
WSC- Waiver Support Coordinator

Welcome & Introductions

Theresa Skidmore, Florida Director – Qlarant

Beginning at approximately 9:00 a.m., Theresa Skidmore opened the meeting. Theresa welcomed all members, guests; also provided introductions and housekeeping comments.

March 2020 Refresher with Approval of Minutes

Theresa Skidmore, Florida Director – Qlarant

Theresa Skidmore provided a refresher from the March 2020 meeting held via GoToMeeting. Please see the March minutes for details. A motion to approve the minutes was made by Kathy Clinton and seconded by David Roosa.

AHCA Update

AndraLica McCorvey, Contract Manager – AHCA

AndraLica said AHCA is working with Florida Department of Health and other stakeholders on COVID-19 prevention to ensure the health and safety of everyone. AHCA is in constant communication with healthcare providers providing guidance. The governor has designated COVID-19 only isolation centers to assist with long-term care needs of Floridians during the pandemic. These centers take patients regardless of insurance. She shared questions with answers provided by AHCA. She emphasized that questions and answers are related to this audience, as they address the services under iBudget waiver. All services right now are telemedicine except those that are critical like helping someone at home with bathing and dressing. There is a full list of questions/answers on the AHCA website. You can also visit the AHCA website to ask questions and review other COVID -19 related information. AndraLica introduced AHCA's new Bureau Chief, Melissa Verguson. Ms. Verguson gave remarks and noted she has 24 years of service with the State of Florida. Her background has been in Medicaid, Managed Care and Public Health.

Please see presentation slides for AHCA update on COVID-19 FAQs.

APD Update

Barbara Palmer, Director

Meghan Torres, Program Administrator for Quality Improvement

Karen Hagan, Emergency Coordination Officer

Lorena Fulcher, Bureau Chief of Consumer Supports

Sheila Mott, Organizational Change Management and Training Manager

Dr. Kristin Korinko, Agency Senior Behavior Analyst

Dr. Martha Mason, State Office Director of DDC Clinical Services

Director Palmer opened the session with greetings and introductions of APD staff. She shared that APD's budget was funded for this year. There's a lot going on as it relates to direct services right now.

Karen Hagan spoke about COVID-19 updates. Governor Desantis has issued emergency orders to provide guidance and keep all safe. It's important that all the state agencies continue to work together and APD still has a presence in the Emergency Operations Center. 30-40% of people with the virus don't have symptoms but are still contagious. The numbers of positive cases have been climbing across the state. APD has moved to virtual provider services, where they could. There is a robust COVID-19 page on the APD website to keep people informed. APD is planning to do more testing in group homes. We must keep in mind all the special precautions of COVID-19 especially during Hurricane Season. Please plan ahead to keep those we serve and yourselves safe. Dr. Palmer encouraged everyone to ask questions and gave her thanks for the work the providers do.

Lorena Fulcher spoke about SB 82. She noted it goes into effect July 2021 and there are five categories to discuss- WSC changes, SAN process iConnect, ICFs and other language brought from other statutes. The main part is about WSCs – the bill will require WSCs to work for a qualified organization. The bill explains the definition of a qualified organization and requires it to be at least four coordinators. There will be planning and transition time for WSCs and individuals. There will be educational requirements and ethical requirements for coordinators. There is a public workshop to develop rule requirements for qualified organizations, July 30th, 1:30-3p. The SAN definition was broadened; criteria will also be updated. These requests have to be processed in the State Office to ensure medical necessity is being followed. The aim is greater consistency. There are more requirements for WSC documentation submission for these requests. ICFs -AHCA can license facilities that need to provide medical and behavioral services; these would open more options for people. There have also been service limitation and reporting requirements language cleanup in the bill. There will be more opportunities to give feedback. APD plans to also provide printed documents to explain the bill.

Questions:

Does the bill limit the number of ICF/DDs that can be created? Lorena said there are quite a few requirements that have to be met, such as a certain number of beds.

Does a public notice have to go out when a provider wants to open an ICF? Lorena said to refer to AHCA.

Will there be a limit on how many WSC organizations can be opened? Lorena said there would be no limit. Information will be provided to WSCs and consumers.

Is there a limit to the size an organization can be? Lorena said, no maximum just a minimum.

Is there a caseload limit for WSCs? Lorena said there is a max but not a minimum; the max is 43.

Do WSCs have to be full-time with the qualified organizations? Lorena did not provide an answer.

Can you clarify if Personal Supports was affected in SB 82? Lorena said Personal Supports was not mentioned.

David Roosa, member asked, what steps are being developed so that family members can see their loved ones in the group homes? Lorena said the visitation restrictions are still in place so unfortunately, they have to continue to watch the cases and right now, they are going up. As soon as it is safe to do so, the state will lift the restrictions. David commented that he is aware of different states using some innovations to afford people a level of contact in the group homes. David to share the specifics with Lorena via email.

Have the testing standards for WSCs been developed yet? Lorena said they are working on these specifics.

Is there a summary of SB 82 posted anywhere? Lorena said APD would provide some information in the future.

How are WSCs being held accountable? Lorena said the bill requires APD to develop a process for moratoriums and other disciplinary actions.

Sheila Mott spoke about APD iConnect. There are new system functionalities – Person Centered Support Plan now has a tie-in to the QSI if completed in the system, the AIM worksheet can be generated from the Cost Plan, generation of authorizations for services, SAN requests, WSC Progress Notes. She noted these functionalities are being used. Sheila spoke about APDs response to feedback, issues, and preparation for the next rollout. She wrapped up her presentation with a discussion about Electronic Visit Verification and what it means for those receiving services.

Questions:

Are you aware of glitches in the system where it kicks users out? Sheila said they are aware of the glitches.

Due to COVID19, there may be delays with QSI so does the Person Centered Support Plan still work in iConnect? Sheila said the plan is still functional in APD iConnect.

Dr. Korinko and Dr. Mason spoke about mental health issues.

They gave an overview of Florida's behavioral health system, mental health and substance use services and supports. They talked through signs/symptoms of stress, and how to cope. Dr. Mason walked participants through a breathing exercise. They rounded out the presentation by giving resource information. John Collins, member commented about the use of apps, instead of overwhelming yourself with social media.

Megan Torres spoke about trends related to critical incidents/incident management. Overall, the incident trends stayed somewhat consistent; however, life-threatening injury has jumped. Previously the top ones reported were verified abuse report, unexpected death and provider arrest. Now it is unexpected death, life threatening injury and verified abuse report. She suspects this change occurred due to COVID-19. She discussed incident locations with top location continuing to be licensed homes; incidents in the family home have gone. Megan talked about the type of incidents by fiscal year – there has been a steady increase of incidents reported over the last 3 years. Relating to reportable incidents there have been minimal changes. The top three reportable incidents are ER visits, client injuries and Baker Acts.

Questions:

If there was multiple reporting for an incident such as a COVID-19 report in the group home, is it counted once or more? Megan said, it is counted once.

Please see presentation slides for more details

Qlarant Data Presentation

Sue Kelly, Senior Analyst – Qlarant

Sue Kelly presented an overview of data from Provider Discovery Reviews (PDR), Waiver Support Coordination/Consumer Directed Care (WSC/CDC+) Record Reviews and Person Centered Reviews (PCR) for July 2019 – March 2020. Sue reviewed PDR scores by provider size, and region. She also reviewed WSC scores by region and standard; she noted possibly doing comparisons in the future to see if data changes for Unannounced vs Announced records. She touched upon service records, billing discrepancies, year 2 and year 3 comparisons as well as the number and types of alerts reported. For PCRs, Sue discussed demographics, interview scores related to outcomes, supports, and key health summary questions.

Theresa commented regarding PCP scores – July 1, 2019 Qlarant did away with formal WSC and staff interviews, as it was time being taken from WSCs and staff. We also found that staff and WSCs could tell us information but it was more difficult to validate the information given. Now it means the only standards going into PCP are standards within the record review tool.

Regarding billing requirements, Theresa commented that some of the requirements seem to be easier to comply with than others. For Supported Living, the Progress Note standard seems to be a challenge, Service Logs for Personal Support and Respite providers; Employment Stability Plans for LSD 2 (SEC) seems to cause providers to fall into a billing discrepancy. We are looking at ways to provide additional support through training in some of these areas.

Regarding billing discrepancies, Theresa said Qlarant is reviewing for whether providers are billing the correct rate based upon the Handbook's definition of agency for rate purposes. It's not enough that you are an agency but we are looking to see the provider has true employees, not 1099 subcontracted staff.

Regarding, interview Outcomes, Theresa commented that we made a conscious decision to score Safety questions related to ANE as they are, not as we think it should be because someone can't tell us. If the Outcome and Support are not present, then these folks are at a higher risk.

Questions:

Do ADTs need a special billing code for telemedicine? Kristin said she was not sure there is a special billing code. Theresa suggested going back to the AHCA website. Kristin said based on AndraLica's presentation the waiver services that could bill were the therapy services.

Was it that 71% of providers reviewed had billing discrepancies? Katy said no, it is that 71% scored met and about 30% had billing discrepancies.

How many employees does a provider need to bill the agency rate? Kristin said provider needs 2 or more qualified employees rendering the service.

Is there an agency and solo rate for WSCs? Theresa said there isn't a different rate for WSCs. Kristin added that Residential Habilitation does not either.

Do the alerts include CDC+? Katy said this includes all providers and WSCs not CDC+. Theresa noted most Rights alerts in the Southern Region are due to

cameras in the group homes without proper documentation in place. Robyn confirmed this.

For the ANE Safety Outcome and Support being Not Present, where were those people on the waiver living? Were they in group home or family home? Katy said approximately 53% family home, 32% group home, 12% independent living.

Please see presentation slides for more details.

HSRI Presentation

Stephanie Giordano, Policy Analyst

Valerie Bradley, President Emerita

Valerie discussed lessons from Covid-19. She talked about the people she interviewed and gave details regarding the categories of feedback. She wrapped up the discussion by noting that we must listen to the people with IDD and their families, to plan for the future. Theresa commented that this presentation is about what could possibly happen not what is happening; even in the midst of what is going on that is negative, we have to look at opportunities too.

Valerie gave a brief overview of the NCI Survey and Updates. Stephanie discussed Comparisons, Preliminary IPS Outcomes. Stephanie also discussed Routine Healthcare Screenings, Relationships and Communication, Employment, Service Planning and areas that need more attention.

Theresa commented that there is some overlap between Qlarant and HSRI information, even though there are two different sources reporting on the data.

There was further discussion about Areas Needing More Attention. Mary Jo commented that there is a program where people can get a free cell phone.

Theresa Wyres, member commented the program is called Safe Link; it would be good to find a solution for instances where there is more than one person living in the home. Patty Houghland, member commented, that some group homes are not allowing residence to own cell phones; then if you get a phone, you have to have money to pay for it monthly. She also said that since we look to be doing this a long time, it would be good for providers to invest in the technology; a statewide approach would be best for group home providers to get a good deal. Jill commented that it would be great if there were a phone available for group home residents to use. AndraLica commented that conversations need to happen with APD and AHCA about what can be done in this area. Maybe we can assist providers to get landline phone, cells phones, tablets and/or computers. Veronica Gomez, member commented about access to technology and the group homes. She said there should really be video chat too, via computer, tablet, etc. so WSCs can see people and the home environment, especially with the coronavirus and not being able to see people

for a long time. We also need to consider that families have not seen their loved ones in the group homes, so this type technology would be valuable.

Questions:

What were the sources of communication, for those who reporting having other ways to do so? Stephanie said they were not prescriptive with what the sources were.

Please see presentation slides for more details.

Quality Council Follow-Up & Next Steps

Theresa Skidmore, Florida Director – Qlarant

Mary Jo commented that Stand Up for Independence just got non-profit status.

Theresa and Charlene to review information from this meeting and make note of any follow-up needed. Next meeting is October.

Attachments:

March 2020 Minutes

Qlarant Data Presentation

HSRI Data Presentation

HSRI Lessons from COVID-19 Presentation

AHCA COVID-19 Medicaid FAQs Update

APD Mental Health Presentation

APD iConnect Presentation