

**2016 Quality Council Meeting Minutes
Holiday Inn**

2725 Graves Rd. Tallahassee Florida

November 3rd, 2016

9:00 a.m. – 4:00 p.m.

Type of meeting:

Quality Council Meeting

Facilitator(s):

Tammy Brannon, Contract Manager-AHCA

Attendees:

David Roosa, Family Member

Don Welde, Solo WSC

John Collins, Self-Advocate

Jose Hernandez, FDDC

Jill MacAlister, CDC Consultant

Holly Hohmeister, FDDC

Pauline Lipps, Family Care Council Florida

Patty Houghland, Disability Rights Florida

Vicki McCrary, FARF

Kathy Clinton, Family Member

APD Attendees:

Edwin DeBardeleben

Beth Mann Pace

Rhonda Sloan

Steve Coleman

Pamela London

AHCA Attendees:

Tammy Brannon

Kaleema Muhammed

Andralica McCorvey

Marlin Stoney

Delmarva Foundation Attendees:

Bob Foley

Charmaine Pillay

Katherine Glasgow

Theresa Skidmore

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Kristin Allen
Christie Gentry
Susan Kelly
Shawntavia Fletcher

Other Attendees:

Kristie Daniel, Provider
Adrienne Dissis, Waiver Support Coordinator
Diane Ciccarella, Waiver Support Coordinator
Marisel Pintado, Waiver Support Coordinator
Susan Debeaugaine, Provider
Tyree Tuner, Provider

Absent QC Members: Veronica Gomez, Agency WSC
Shelby Nurse, Self-Advocate
Tricia Riccardi, Self Advocate

Scribes:

Shawntavia Fletcher, Delmarva Foundation

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
DF- Delmarva Foundation
FARF- Florida Association of Rehabilitation Facilities
FBI-Federal Bureau of Investigations
FCCF- Family Care Council Florida
FDCC- Florida Development Disabilities Council

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FDLE- Florida Department of Law Enforcement
FSQAP - Florida Statewide Quality Assurance Program
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
NCI- National Core Indicators
PCR - Person Centered Review
PDR - Provider Discovery Review
QA-Quality Assurance
QAR-Quality Assurance Reviewer
QC-Quality Council
QI-Quality Improvement
SSRR -Service Specific Record Reviews
TRAIN-Training Finder Real-time Affiliate Integrated Network
WSC- Waiver Support Coordinator

Agenda Notes

1. Welcome & Introductions

Charmaine Pillay, DF, Florida Developmental Disability Director

Beginning at approximately 9:00 a.m., Charmaine Pillay opened the meeting. Attendees introduced themselves. Charmaine welcomed members and guests. Tammy, Contract Manager, AHCA, introduced AndraLica McCorvey who will be taking over as the Delmarva contract manager.

2. Refresher from July 2016 Meeting

Charmaine Pillay, DF, provided a refresher from the July 2016 meeting held in Orlando, Florida, including the following:

- Tammy Brannon, Contact Manager, AHCA, indicated the Delmarva contract will have a new contract manager and she will be working with the new contract manager for a smooth transition. Tammy received calls

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from providers who have indicated satisfaction with the current Discovery process. Providers mentioned to her they like the review process and the feedback gained from the individual interviews.

- Ed DeBardeleben, Agency for Persons with Disabilities (APD), provided APD updates regarding upcoming revisions to the Questionnaire for Situational Information tool, the status of the client database management system, and updates on TRAIN (Training Finder Real-time Affiliate Integrated Network) system.
- Katherine Glasgow, Delmarva Foundation (DF), provided an overview of the review data to the membership including background screening compliance, review activity volumes, PDR and PCR individual and staff interview scores, and PDR and Service Specific Record Review (SSRR) scores.
- Elizabeth Pell, Human Services Research Institute (HSRI), presented National Core Indicators Data on the subject of abuse, neglect, and exploitation.
- Kaleema Muhammad, Senior Management Analyst II (AHCA), Ed introduced Kaleema who presented about the CMS transition plan and Florida's plan for compliance. She explained it has been a learning process for AHCA, APD, and providers.

The meeting adjourned at 4:00pm. For details, please see the full meeting minutes for July 2016.

3. Review and Approval of July 2016 Minutes

Charmaine Pillay presented the July 2016 minutes for approval. A motion to approve the minutes was made by David Roosa and seconded by Jose Hernandez. The July 2016 QC minutes were approved unanimously.

4. AHCA Update

Tammy Brannon, Contract Manager-AHCA

Tammy announced Delmarva's contract renewal has been executed.

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Statewide transition plan-validation review and how Florida was doing as far as the federal Rule. 61 settings were determined to be presumptively institutional. CMS wants to know APD is able to show that individuals are doing well and able to show what they are doing.

Jill-Parents are concerned with this transition plan, a fear that providers are going to be shut down.

Going door to door and getting the information helps out with ensuring individuals that we are here to help the providers improve with information.

Jan 15 is the deadline for information to be submitted and if the feds agree then they all submit to CMS.

John- How many of the family members who are actually involved with individuals are sending a letter saying everything is great? That is the way we want to steer the message, to know why it's great. Give us what is really going on. My family would tell everybody "John is doing great" so they do not have to deal with it.

Charmaine said Delmarva is in the trenches with the providers so we can help ensure that good providers can continue to provide services.

Jill - Providers are coming in compliance with CMS rules.

We are actually doing the calls and trying to help make it right and they are doing right. We have to be involved to ensure that because a person lives in a group home does mean that they have access to the community.

Don-are you seeing less applications for group homes?

Ed-confirmed there is a shortage of group homes, but not a shortage of people applying for group home licenses. Part of the application process is what are the characteristics and what is expected from the provider to open a new group home. APD will not allow any new homes that meet the criteria of presumptive institution.

Don-The Arc Village in Jacksonville in 6 months will have 100 individuals in a community setting. At the end of the year, it will make sense to do the survey to see what works.

Charmaine- There are no reshab services at the ARC. Income is a huge factor.

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Patty- You can't have behaviors at the ARC.

Jose-We serve a very difficult intensive behavior population. They cannot serve individuals with a behavior problem that cannot be introduced to the population, such as an individual with intensive behaviors.

Charmaine-We have to make sure we are meeting the challenges for this group.

Ed- keep in mind person centeredness. We cannot impose on their rights. CMS is not saying that we cannot have these settings, but we have to ensure they receive person centered services and their rights are protected.

Patty- If a person feels that certain Group Homes need to be added to the list of the 61 settings that have been determined to be presumptively institutional, could they?

Ed- after the statewide transition plan was presented to CMS, we created a new one. We have to look at amending the setting

Charmaine-No individuals have their own company contracted to have individuals with a disability.

APD goes out and visits people who are on the wavier.

5. APD Update

Edwin DeBardeleben, Chief of Quality Assurance and Clinical Supports-APD

Ed DeBardeleben provided the APD Update.

CMS Surveys – APD has not surveyed every setting yet, have about 1300 more. Legislature has approved money to hire Other Personnel Services (OPS) staff as CMS Compliance Specialists to help. Staff has been hired in all APD Regions with exception of the Southern Region, number hired per Region varies. APD is conducting training with Compliance Specialists; emphasis is on the importance of the Person Centered Planning (PCP) process. Goal is to have all settings surveyed by December 2018. APD initiates a Plan of Remediation (POR) for any deficiencies found during a survey. Ed acknowledged that unlike Residential settings APD does not get out to Adult Day Training (ADT) centers enough. To address APD has implemented a policy where Regional staff will go out to ADT's at least once a year – 6 months after a ADT Provider's Delmarva Review.

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Annual Support Coordinator Meeting – Annual Support Coordinator Meeting was held in Orlando back in September 2016. Three hundred attended. Feedback on meeting was positive; Support Coordinators in Attendance were able to receive in-service training credits. Meeting provided a forum for APD and Support Coordinators to work together on common interests. Expectation is to have these meeting on an annual basis.

- Jill – Meeting was an outstanding opportunity for Support Coordinators and APD to come together, and she appreciated the positive recognition APD gave to the hard work Support Coordinators do.

Client Data Management System (CDMS) – Anticipate roll out of the new CDMS system will begin in the fall of 2017.

- Don – Suggested rolling out in segments due to potential glitches.
- Ed – System will be phased in over time, Case Management will be the first component. There will be training for users prior to roll out. Providers will be able to see only their records. System will have an interface with Delmarva and Delmarva reviewers will be trained as well.
- Diane – Will the system interface with iBudget?
- Ed – I believe so, work should be simpler but as it evolves everything is subject to change.

Billing Discrepancies – Reporting of Billing Discrepancies continues. APD does not have the statutory authority to recoup money. APD is working with AHCA on developing a process for paying back dollars.

TRAIN FL – Pam London shared there are currently 27,000 individuals enrolled in TRAIN Florida and by Christmas will have 30,000 individuals enrolled. APD does not have enough staff available and are hiring to assist with the back log. Due to back log and issues getting users enrolled, APD worked with Delmarva to get an extension for providers on some of the required courses until 12/31/16. There is also a new initiative underway to develop Master Trainers and for the state to be able to provide classroom training in conjunction with web based training.

- Jill – What is the status of Support Coordinator Pre-service Training Modules?

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- Ed – We are working on it, there are competing priorities. Support Coordinator training is complex and includes pre-service plus Region specific component.
- Jill - Acknowledged even if not perfect will be so much better than what we currently have
- David - Is APD going to try to continue the face to face trainings? The Southeast region does not currently offer face to face trainings. Some providers are getting worried because some individuals (providers) do not do well on the web.
- Pam - The problems is that once Train started trainers stop posting their information. Suggested David contact her if assistance is needed locating a face to face trainer. Pam will be working on updating the trainer list as trainers are approved.

6. Delmarva Data

Katherine Glasgow, Analyst II, Delmarva Foundation

Katy Glasgow, DF, presented an overview of data from the Person Centered Reviews (PCR), Health Summary, Provider Discovery Reviews (PDR), and alerts for January-August 2016.

The PCR individual interview results were presented by region and by waiver type. The average individual interview score for the state was 95.4% for waiver participants and 97.8% met for CDC+ participants. Results did not vary greatly by region. The lowest scoring standards were related to community participation and integration. The three lowest scoring indicators included: 1) “Person has had opportunities to develop new friendships /relationships.” 2) “Person's preferences concerning social roles in the community are addressed.” and 3) “Person is provided education/information about social roles in the community.” Individuals living in a group home setting received lower scores on these indicators than those living in the family home or independently. Results for group homes were further broken down by region. The Southern and Central regions scored below 70% on one or more of these indicators.

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The PCR also includes an interview with the individual's Waiver Support Coordinator (WSC) or CDC+ Consultant, as well as a review of their records. Statewide, the average record review score was 94.4% for WSCs and 97% for the CDC+ Consultants. Scores varied from 91.9% to 99.1% across the regions. The average interview score was 97.8% for WSCs and 99.1% for CDC+ Consultants. Across the regions, scores ranged from a low of 97.2% to 99.4%.

In the review of the Health Summary, Katy shared data on health related events that occurred within the 12 months prior to the date of the interview. These included contacting the abuse hotline, using Reactive Strategies for behavioral concerns, being admitted to the hospital (including baker acts), going to the emergency room, or going to urgent care. There was a notable increase in the rate of CDC+ participants who had been to the hospital and/or the emergency room. Rates of medication use were reported for individuals using 4 or more prescription medications. Overall, 29.3% of waiver participants and 21.8% of CDC+ participants reported taking 4-6 medications and 8.2% of waiver participants and 3.9% of CDC+ participants reported taking 7 or more medications. The top five types of medications used were presented for both waiver and CDC+ participants. Discussion took place regarding the higher rates of use for anticonvulsants, sedatives, and anti-tremor medications within group homes. Someone mentioned that some of these drugs are used to treat the side effects of others.

In the review of the PDR, Katy presented results for service providers and WSCs separately for each component of the PDR. These components included the Staff Interview (SI), Provider Individual Interview (PII), Policy and Procedures (P&P), Qualifications and Training (Q&T) and Service Specific Record Reviews (SSRR). Scores for each of these components were presented for each region. Further, results for observations were presented by region separately for Adult Day Training (ADT) programs and Licensed Residential Facilities (LRF). Overall, LRFs scored 96.4% and ADTs scored slightly higher, at 98.6%. The average SSRR score was 92.6%. Scores ranged from a low of 89.5% for Life Skills Development 2 to 97.1% for Behavior Analysis. Finally, the average CDC+ Representative record review score was 93.5% ranging from a low of 91.6% in the Northwest region to a high of 96.5% in the Southern region.

Billing Discrepancies were added to the Provider Discovery Review reports by Delmarva in February of 2016. The number and percent of service providers to receive 1 or more discrepancies was presented. Since February, 12.7% of service

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providers received 1 or more billing discrepancies. Residential Habilitation (standard) received the least amount of discrepancies (4.2%) while Behavior Assistant provider received the most (23.5%).

The number of alerts from January – August was reported. There were 9 rights related alerts, 32 health and safety alerts, 1 abuse/neglect/exploitation (ANE) alert, 88 background check alerts, 38 medication administrative alerts and 8 alerts related to drivers licensing and insurance. Alerts were further broken down by region. There were no notable differences by region to report.

7. **HSRI NCI Family and Guardian Survey Data Presentation**

Stephanie Giordano, Policy Associate- HSRI

Please see slides for more detail.

Stephanie Giordano presented data from the National Core Indicators (NCI) Family and Guardian Survey. NCI shows different outcomes and experience between adults without guardianship and those with limited and full guardianship. The data shows that there is a difference.

Stephanie discussed access to voting requirements and a new initiative Florida has to assist people with disabilities to vote. Most people receiving services, even when under guardianship, can vote. John Collins said many do not want individuals to be persuaded to vote. It is a knowledge base and voting should be based on knowledge. Valerie Bradley, HSRI, agrees no one should be influenced and we have to be careful people are not exploited to vote a certain way. Bob Foley, DF, share it is about informed choice.

Diane Ciccarelli asked if there could be a grant on this initiative from the Florida Developmental Disabilities Council (FDDC). Holly Hohmeister indicated they cannot, but there are non-profit organizations that can go out to conduct education, as well as invite the candidate to come set a group and talk. The American Bar Association in 2016 published practical tools that focuses on the following topics: presume, reason, ask, community, team, identify, challenges, appoint, and limit.

Supported decision making (SDM) Alternative to Guardianship. SDM is when a person with a disability selects representatives to assist with decision-making, usually financial or health care, social life. We finished evaluation of 10 individuals where guardianship was removed.

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John Collins said you may not want your staff to know how you feel about them or that there may be fears of what the next staff would be like and if they could be worse. David Roosa indicated one problem is staff are not paid living wages. Pauline said some companies are paying \$13.00 per hour, but do not have other benefits such as workman's compensation.

Stephanie asked what Quality Improvement idea can come from the data.

- Help people with I/DD have more relationship with community members. -

Create more self-advocacy.

-Ensure adults receiving services are periodically offered choices where to live and staff providing services.

Families and guardians are not reporting abuse, neglect and exploitation.

8. APD Behavioral Data Presentation

Dr. Steve Coleman, Senior Behavior Analyst-APD

Please see slides for more detail.

Dr. Steve Coleman presented information related to the current status and future plans of Behavioral Services. Dr. Coleman stated, "We are making behavioral services great again!" The behavioral services policy, which guides all the functions of the ABA, is under review. The plan is for Statute 393 and rules 65G-4, 65G-8 and 59G-4 to be in one document. One main goal is to promote standardization of a consistent and systematic approach for working with providers and those using the services.

Additional training for Direct Service Providers will be offered. APD has partnered with FL ARC to offer RBT certification Relias for free to 195 direct care and BASs, 48 graduated, so far. This curriculum is far more robust than the current Behavior Assistant curriculum.

Dr. Coleman reviewed key responsibilities of the APD Regional Behavior Analysts. The SANs (Significant Additional Needs assessment) process was targeted as a point for discussion. Diane C. asked about "appropriate and timely assessment". Per Diane, she has at least one individual for whom services are desperately needed but continues to be denied for no apparent reason. Dr. Coleman acknowledged the system is far from perfect and discussed barriers to process region to region. He shared there are over 5000 people receiving Behavior services statewide. The workload for Regional Analysts is overwhelming. To that end approximately \$1.1 million has been allocated to support ABAs & better distribute workloads, hire four new OPS Senior Behavior Analysts, ten new OPS

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Clerk Specialists and provide funding for Psych testing & eligibility consultation. Attendee commented, this helps State APD but what about the rest of the state?

He shared with the group the state is working with Milliman to conduct an actuarial study to determine rates for specialty Res Hab services. APD is looking to develop Enhanced Intensive Behavior Res Hab homes for those dually diagnosed.

Discussion was held related to concerns with lack of qualified providers. Don asked about efforts to bring/recruit CBAs to the state. Funding continues to be a barrier.

Dr. Coleman reported Florida is one of the top three lowest paid states.

Don- Spend money on APD and everyone else but I have five that don't have a day program. This is a problem.

Holly- Behavior Analyst there are more programs to pay for Behavior Analysis

Dr. Coleman reported Medicaid is in the rule hearing process regarding the Applied Behavior Analysis Policy. Service requirements will be less than our program which will hopefully draw in new providers.

Patty- Medicaid will not pay for certain reactive strategies.

Dr. Coleman-It was stated at the ABA rule hearing that a provider cannot bill for the time in which someone is in restraints.

He closed by recommending concerns and issues be brought to the attention of the director at APD.

9. APD Update CDC+

Rhonda Sloan, CDC + Administrator-APD

CDC+ Program is growing as new participants join every month. Currently have approximately 2700 enrolled. There is no limit to the number of Participants allowed to join the program. There is however a shortage of CDC+ Consultants available to serve participants. CDC+ is working on streamlining the process for a WSC to enroll as a Consultant in an effort to bring in more Consultants.

CDC+ Program office is in process of making changes to Rule requiring CDC+ Representative be required to undergo a Level 2 Background screening check.

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- Don – Being a CDC+ Rep is a big responsibility and a lot of work, they should be paid for the service.
- Rhonda – It is expressly written in statute that Reps cannot be paid so this is not an option.
- John – expressed how there is great risk of fraud with CDC+ and screening Reps would help protect individuals.

Rhonda reviewed the detailed procedures in place to implement the Annual Reinvestment of CDC+ dollars that are not used. Since CDC+ program began over 9 million dollars has been reinvested. Last year, the amount reinvested was 3.5 million dollars.

10. Denise Arnold, APD algorithm QA

APD is rolling out a new algorithm which WSCs will be completing. Patty Houghland shared people are getting cut are in family living. Nothing can take into account unique situation as they are extremely difficult to predict. On average costs for people residing in group homes are predictable. The difficulty is people who live with their family.

Don Welde indicated APD will have a ton more SANs to complete and the system will get back-logged.

Denise- Volume is being spread out the best we can and we meet weekly with regional staff. Many things happen to reduce the budget.

11. Action Items/Adjourn

Christie Gentry, Regional Manager- Delmarva Foundation

Charmaine will send out the information by email so individual can make a decision on which committee they want to be on. David is taking lead on how to keep supported living a state affordable option. Jill will take lead on finding the best way to make sure providers implement ways to enhance socialization. Jose and Don will work together to collaborate with state how to recruit behavior analysts across the state.

The workgroups will schedule conference calls to move action plans along by the March 2017 meeting in Tallahassee, Florida.

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Additional Information

2017 Meeting Date Selections:

Tallahassee 3/22

Attachments:

November 2016 Agenda- Word

July 2016 Minutes-Word

HSRI NCI Data -PowerPoint

Delmarva Data Presentation- PowerPoint

Dr. Coleman Presentation-PowerPoint