

## QUALITY COUNCIL MEETING MINUTES

*9:00 a.m. – 4:00 p.m.*

*Thursday July 22, 2021*

### **Type of meeting:**

Quality Council Meeting

### **Facilitator(s):**

Theresa Skidmore

### **Members:**

Courtney Swilley, FARF

Theresa Wyres, Small Agency Provider

Patty Houghland, Disability Rights Florida

Dina Justice, Family Care Council Florida

Jill MacAlister, CDC Consultant

John Collins, Self-Advocate

Linda Travis, Solo WSC

Sandy Dayton, Agency Provider

### **Absent Members:**

Mary Jo Pirone, Self-Advocate

Veronica Gomez, Agency WSC

Latosha Obry, Self-Advocate

### **APD Attendees:**

Edwin DeBardeleben

Meghan Torres

David Dobbs

Tom Rice

Kaleema Muhammad

Hillary Jackson

Penny Bos

Mindy Whitehead

Melanie Ethers

Kiersten Lee

Rita Castor

Opal Ringo  
Gina Herron

**AHCA Attendees:**

Cathy Cross

**Qlarant Attendees:**

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

**Other Attendees:**

Valerie Bradley, 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  
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  
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  
QO- Qualified Organization  
SAN – Significant Additional Needs  
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. Theresa noted Holly Hohmeister (FDDC Representative) and David Roosa (Family Member Representative) stepped

down from council membership. Anyone interested in the family representative role with the council should contact Qlarant.

### **March 2021 Refresher with Approval of Minutes**

Theresa Skidmore, Florida Director – Qlarant

Theresa Skidmore provided a refresher from the March 2021 meeting held via Zoom. Please see the March minutes for details. A motion to approve the minutes was made by Patty Houghland and seconded by Theresa Wyres.

### **Qlarant Updates**

Theresa Skidmore, Florida Director – Qlarant

Theresa provided an update regarding tools and activities Qlarant is working on. Theresa talked about the Support Coordination Tool revisions coming about with the implementation of Senate Bill 82, other service tool revisions, a future Exceed Tool related to Support Coordinators, and Onsite/Desk Review activities. July 1<sup>st</sup> Qlarant implemented updates to the Administrative Tool, Residential Habilitation Tools and Supported Living Tool. All references to Support Coordination from the Administrative Tool were removed as Support Coordinators are getting an Administrative Tool specifically for Qualified Organizations. There are seven new standards under General Administrative and three new standards under Qualifications & Training (Q & T). Support Coordination/CDC Consultant and QO Administrative Tools are in draft for approval with APD and AHCA. Once approved they will be posted to the Qlarant website. Theresa previewed the tool for those in attendance.

Under General Administrative, there will be new standards related to liability insurance, table of organization, mentoring, and minimum number of employees. Under Q & T there will be new standards regarding training. John asked about SC shadowing and whether or not SCs are being taught to be compassionate in addition to being able to do paperwork. Theresa said yes the intent is not just about paperwork but also about teaching people how to provide person centered services. For service records there will be new standards related to SAN requests, preferences about employment, Safety Plan distribution, progress notes having meaningful information about people and achieving goals and outcomes, satisfaction surveys, review of the QO's disciplinary processes, and code of ethics. Qlarant has paused review of QOs at this time. PCR sample will be submitted to AHCA and APD September 1<sup>st</sup>; SC reviews resume October 1<sup>st</sup>, other providers are being pulled forward so Qlarant has a full schedule July – September 2021. SC Tools will likely be posted mid/late August. Theresa reminded members about past discussions related to getting at SCs who are doing a better job than those who are just meeting the minimum. She reviewed current scoring and methodology. She then talked about the data and what story it is telling. After many discussions with QC membership and

APD, Qlarant is proposing a tool called an Exceeds Tool to capture standards where there were opportunities for SCs to go beyond the basic requirements. Theresa proposed scoring and methodology. A SC who just did the minimum but all standards were marked Met, would score 85%. Theresa gave a few scoring examples comparing current scoring with proposed scoring methodology. Qlarant will be conducting a pilot and then hopes to provide WSCs training possibly, Spring 2022. Once approved by APD and AHCA, we are looking at a July 2022 start for the Exceeds standards. Jill noted she thinks it is an excellent idea but noted there has been immense upheaval in the last year or so for coordinators. She is concerned foundations have shifted from quality interactions with people to computer work. Linda agreed it is a good idea as well. John commented the more a person needs help the more it is important that coordinators be detailed in documentation. Patty likes the idea but thinks the timeline may have to be extended; she noted some of the excellent coordinators are thinking of getting out of the business due to all the new requirements and demands. Theresa noted there would be more discussions as we move along. Theresa spoke about post Covid-19 and beginning to look at reviews in the future. We are considering keeping Desk Reviews and resuming Onsite Reviews. We do plan to utilize iConnect but it does not itself constitute a Desk Review. She discussed possible criteria for determining which providers get Onsite vs Desk Reviews. We are also looking at revising Desk Review procedures. Theresa said Qlarant would want to consider a rotation so a provider who scores well would have an onsite review at some point. Theresa rounded out her presentation with a brief discussion about interviews. She highlighted Qlarant is considering a more targeted PDR individual interview rather than the full spectrum interview we are currently doing. We would do PCR interviews again but want to also offer zoom or phone interviews in addition to the standard in-person interview. We are now in the workgroup phase to develop processes, procedures for these proposed changes.

### **HSRI Presentation – What did we know about the workforce before the pandemic?**

Valerie Bradley, President Emerita

Valerie discussed the Staff Stability Survey 2019, done before the pandemic; a survey done by University of Minnesota, during the pandemic and then an international survey HSRI participated in. The Staff Stability survey captured data from 26 states and the District of Columbia. They ended up with 3500+ provider responses. She went through types of services provided, turnover and vacancy rates, length of tenure, wage and benefits. Valerie then went through the highlights of the 2<sup>nd</sup> wave of the survey by the Institute for Community Integration, University of Minnesota; there are three waves to the survey. In this survey, they looked at wages, scheduling and staffing percentages, safety

measures including equipment, reasons Direct Support Professionals (DSP) left their jobs, social distancing and the impact on the people they were supporting. Valerie then talked about the International Survey of Paid Caregivers. For this survey, she discussed survey background information, number of employees within the organizations who responded to the survey, and she talked about the different respondents, noting there were management level and unit level respondents. Valerie discussed satisfaction among staff in the organizations, Covid-19 experiences among the unit level staff, staff depression, anxiety and stress. She also talked about the gap between the types of responses coming from management vs unit level staff. Valerie rounded out her presentation with a brief discussion about the NCI Covid-19 supplement noting they wanted to get perspectives of individuals, family and providers. She noted the DSP crisis has only gotten more acute, and it is threatening the health and safety of participants and the stability of the provider community. Legislatures need to be made aware of this issue so that plans ensure adequate funding for this workforce. The service system that emerges after the pandemic will be very different and there needs to be recognition that DSPs are essential to the health and welfare of those receiving services.

Please see presentation slides for more details.

### **APD Update / Critical Incident Reporting and Management**

Greeting and Staff Introductions – Ed DeBardeleben, Chief, Program Development, Compliance & Policy

Meghan Torres, Program Administrator for Quality Improvement

Meghan Torres gave an update on Critical Incident Reporting and Management. APD reports on the Fiscal Year, July 1 – June 30. Last quarter there was a significant increase in many categories, especially in the life-threatening injury/illness category; it has consistently been a part of FY20-21 incidents. Top three critical categories life-threatening injury/illness 637 reported, 352 unexpected death reports, 158 verified findings of ANE. There was a significant increase in overall reports; 1672 critical incidents reported this fiscal year, it's a 155% increase from the previous year. In the latter half of FY 19-20 the state shutdown for the Covid-19 pandemic, so numbers were lower. In comparing FY20-21 to FY18-19, there was a 45% increase in critical incident reporting. Regarding reportable incidents there has been an increase this fiscal year with 12,814 reportable incidents; FY19-20 there were 11,472. Top category here was ER visits. Last meeting ER data comparisons were discussed. There was a range of reasons for these visits. All Covid-19 positive tests were being reported as critical (life threatening) but it was later decided that if the person was not admitted to the hospital then it is now not a critical incident. Regarding higher frequency watch, licensed homes have a higher frequency of incidents since

they are required to report; family home has been second in reporting frequency. Weekly, APD staff pulls data to see who is experiencing a high frequency of incidents. The regions are following up with the SCs and providers to see what is going on to make sure people are getting adequate supports. They are also looking at providers who are reporting at a higher rate too. They are seeing some unreported ER visits from providers as they are researching the ER data. Theresa said we are still thinking of how Qlarant can use the incident reporting data to make it useful in the review process. Theresa asked if APD is seeing any uptick in cases again. Meghan said there is no specific data unless they went to the ER and/or were admitted to the hospital but anecdotally she can say yes she is starting to see a trend upward as she talks with the regions; she speculates it may be due to the Delta variant. Linda Travis, member said she is noticing a rise in cases again.

Jill asked have there been more incidents due to fewer staff. Meghan said they have not actually looked as it relates to staffing shortages and they do not really have a good way to capture that in the current incident management system. She has heard from providers that it is increasingly difficult to find and retain staff. Her hypothesis is, it may be strongly related. Patty said prior to the pandemic Disability Rights Florida was doing work to find out the issues for providers and it was staffing. We must remember with staff pulling extra shifts, they get tired and things happen; it is going to get to a point where you need to look at it and figure out something. Meghan said APD is very concerned with this issue as well. Linda noted that there is a provider drought and it is difficult to find qualified staff. Patty said the staffing issue is not just group homes, it is also in family homes which forces them to have to look at institutional settings and we must figure out what we are going to do about this issue.

Ed DeBardleben gave the APD Update. Theresa asked is APD having discussions with AHCA about staffing issues, as well as group home and day program closures. Ed responded they are hearing about these closures but he does not have the data on it. He said they are looking at this in cooperation with AHCA. General Appropriations Act has a provision where they have to report to the Governor's Office, House and Senate on service worker wages by 12/9. They have been working on things related to Senate Bill 82. As of today, there are 167 QOs in the state: 29 Central, 24 Northeast, 10 Northwest, 40 Southeast, 39 Southern and 31 in Suncoast. Ed shared his screen and began talking about the list of QOs who meet the requirements and whether or not they serve CDC+ and intent to serve other regions. He discussed the training requirements based upon FAC 65G-10; on the training portal, you can find information about training requirements. He pointed out the form for QOs to complete for SC mentoring. Level 1 training is in TRAIN FL; Level 2 training is in person at each regional office. New WSCs must successfully complete Level 1 before they can attend Level 2. Existing SCs must complete Level 1 training by 10/29. Theresa

asked was anyone hearing anything about backlogs or delays in getting QOs enrolled; Jill said the QO enrollment process in Suncoast has gone smoothly but hiring an SC takes months; it took her 6 months to get a new coordinator through the process. She said the APD and Medicaid applications are lengthy. Meghan asked Jill is it the applications or the SARF process. Jill said all of the steps make it take a long time. She noted a coordinator can start working but from process start to getting the treating provider number took her 6 months. QOs must notify APD of their new hire in order for APD to create the TRAIN FL account for the coordinator to get in to take Level 1 training. 1172 learner accounts and 1092 Support Coordinators to take the training, only 114 have completed the Level 1 training. Existing SCs do not have to do Level 2 training. 58 newly hired coordinators to take Level 1 with 25 in progress, 33 have not started. Ed said mentorship could start from a coordinator's first day. Jill commented she thinks one of the reasons for existing SCs not doing the Level 1 training yet is the tremendous amount of change in the last 6 months; coordinators are really trying to get their feet under them right now. Ed acknowledges some people get test anxiety but it is an open book test and coordinators get three chances to take it and pass. An attendee mentioned there seems to be an issue with getting the APD letter to submit to AHCA. Linda commented the training is good but it is time consuming. Ed shared the WSC Scorecard with everyone and explained its components. He highlighted the Satisfaction Survey that each person will receive. 181 surveys done so far. The SC will issue the individual a special code to complete the survey around the time of the person's Support Plan renewal. Right now, the survey is not available via paper; in the future, the hope is to make the survey in Spanish and Creole. There will be future scorecard enhancements. Qlarant review scores will be added; the ethical and professional violations sections will also be changed to provide more clarity. APD is looking to expand scorecards to licensed facilities and other providers in the future. Kaleema mentioned because of the pandemic, other resources have become available so there is a program now to help those with Medicaid and food stamps be able to access a computer and/or internet. Question – if a new SC has a TRAIN account but cannot access the Level 1 training what do they do? It was suggested that the person reach out to someone in the region or notify Ed. APD received budget appropriation of \$95 million to move approximately 1900 people off the waitlist and onto the waiver; also got appropriation to continue the Individual Comprehensive Assessment work; this was held up due to the Covid19 pandemic. Regarding EVV, Ed will email a response to Theresa from Sheila Mott to be shared with the members.

### **Qlarant Data Presentation**

Sue Kelly, Senior Scientist



Sue presented an overview of data from Provider Discovery Reviews (PDR), Waiver Support Coordination/Consumer Directed Care (WSC/CDC+) Service Specific Record Reviews (SSRR) and Person Centered Reviews (PCR) for July 2020 – March 2021. Sue reviewed PDR scores by provider size and region. She also reviewed WSC scores by region, as well as the number and types of alerts. She touched upon service records, billing discrepancies, and comparisons between quarters 1-3 of the current and previous year. Sue discussed recommendations to address billing discrepancies for Personal Supports, Supported Employment and Supported Living; she also addressed recommendations related to Background Screening. For PCRs, Sue discussed demographics, interview scores related to outcomes, supports, recommendations related to Safety outcomes, Medication Use and finished the presentation with a brief discussion on the Stability questions and Health Summary.

Please see presentation slides for more details.

### **Quality Council Follow-Up & Next Steps**

Theresa Skidmore, Florida Director – Qlarant

Theresa said discussions will continue with members regarding new SC Tools, process/procedures regarding future Desk Reviews & Onsite Reviews, as needed. Qlarant to follow up with those QOs interested in piloting the Exceed Tool and those interested in the Family Member Representative role on the Quality Council. Qlarant will inform APD and AHCA of any remaining questions or concerns.

### **Attachments:**

March 2021 Minutes

Qlarant Data Presentation

HSRI Presentation