

## QUALITY COUNCIL MEETING MINUTES

*9:00 a.m. – 4:00 p.m.*

*Thursday March 26, 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

Sandy Dayton, Small Agency Provider

### **APD Attendees:**

Tom Rice

Edwin DeBardeleben

Beth Mann Pace

Meghan Torres

Karan Hagan

Patricia Morse

### **AHCA Attendees:**

AndraLica McCorvey-Reddick

Cathy Cross

Holly Booker  
Jennifer Courtney  
Lisa Gill  
Aaron Messer  
Tysha Washington

**Qlarant Attendees:**

Bob Foley  
Theresa Skidmore  
Sue Kelly  
Charlene Henry  
Katy Glasgow  
Sri Palamoor  
Robyn Turlakis  
Kristin Allen  
Ivonne Gonzalez  
Jose Navarro  
Janet Tynes

**Other Attendees:**

Dorothy Hiersteiner, HSRI  
Mary Lou Bourne, NASDDS

**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 9:30 a.m., Theresa Skidmore opened the meeting. Theresa welcomed all members and guests.

## **October 2019 Refresher with Approval of Minutes**

Theresa Skidmore, Florida Director – Qlarant

Theresa Skidmore provided a refresher from the October 2019 meeting held in Tallahassee, Florida. Please see the October minutes for details. A motion to approve the minutes was made by Jill MacAlister and seconded by Kathy Clinton and Theresa Wyres.

### **APD Update**

Edwin DeBardleben, Chief, Program Development, Compliance & Policy

Meghan Torres, Program Administrator for Quality Improvement

Karen Hagan, Emergency Coordination Officer

Ed DeBardleben, Meghan Torres and Karen Hagan gave updates. Legislature approved SB 82, which will alter the service of Support Coordination. APD is awaiting the Governor's sign off. The budget was approved and it included funding for the deficit. There has been some reorganization within APD; Kaleema Muhammad was promoted to Program Administrator. This role includes compliance, quality assurance and collaboration with AHCA and Qlarant. Training unit changes – Pam London has moved to another department; there is an opening for the program administrator role. Direct Care Core Competencies, Zero Tolerance and HIPAA courses are in TRAIN FL. Additional training modules to come. Lorena Fulcher and her team are working on training modules for Support Coordinators and these will go into TRAIN FL. Expectation is the SC curriculum will come out in July; this is tied to SB 82. APD will require all coordinators to complete this training. This will count toward continuing education/in-service hours. Support Coordination Agencies will not have their own curriculum anymore. They'll have to go thru the state training; there will be a combination of online, face-to-face training and a competency exam. There are 12 training modules. Region Specific training will be in person, by each region. More to come this summer on the training. One of the performance measures APD is responsible for reporting on is Critical Incidents. Providers are required to report these incidents to APD for follow up, as needed. Meghan Torres is responsible for overseeing this effort. Mrs. Torres is one of the program administrators (operations unit, provider supports) at APD. Meghan talked about critical incidents and management. Incidents are unexpected events that could potentially have negative impact on a person's health and safety. There are critical and reportable incidents. Reportable are less severe (ER visit, baker act). She is focusing on critical and these mean State Office has to be involved –

sexual misconduct, an arrest, unexpected death, violent crime and verified abuse reports from DCF. APD is looking at procedures and rules around incident management, and will review them at QC. Analysis to date: FY 17-18 1006 incidents, FY 18-19 1153 incidents (this is a 14% increase from previous year); no further digging has occurred to see why the increase. Meghan noticed there were quite a few additional arrests in the data. Currently APD is on par with FY 18-19 incidents. Top three incidents, were verified abuse, unexpected death and provider arrests. By setting, licensed homes are the top location and then other places such as hospitals or in the community. Then which part of the state was reporting more – Suncoast is the highest reporting about 24% of critical incidents, with Central reporting 20% of all reported. Meghan asked about data points the members would like to hear and some potential solutions they could give to help the agency. Jill MacAlister asked about Suncoast reporting, is it because the region is better at reporting or because there are more incidents occurring. Meghan said she didn't know the answer but it's likely as APD looks into this the answer may become clearer. Ed noted there are more providers there and that may have a bearing on this as well. Kathy said members could send questions to Charlene and Theresa for forwarding to Meghan. Jill also asked about what happens once they have the data; will they work with the region offices on this issue or will it stay at the state office level. Meghan said they are expanding on ways to use this data and gave an example about choking as a reason for many unexpected deaths in the past and how the Agency addressed with training and other things. If a region issue they will address there but if a statewide issue they'll address across the state. Theresa commented about adjustments to be made to Qlarant's Health Summary, in relation to the issue of choking. John Collins, Self-Advocate asked does the data include death of people served because of suicide. Meghan said, yes it does. Ed said he wants this to be a standing agenda item, as members are important to analyzing and discussing the data.

Ed said APD is working to communicate through its website to give people the information they need regarding the COVID-19 crisis. He highlighted the various links such as FAQs and other guidance documents for individuals served, families, providers and WSCs. He also asked people to send questions they feel should be listed and are not there. Ed then introduced Karen Hagan to talk about the Agency's response to the COVID-19 crisis. Karen remarked about the things APD is doing right now; they are working with all the HHS agencies for consistency with messaging and action. State Emergency Operations Center is at a level 1, which is the highest level that means complete activation. There are

about three APD staff there now. This is important because as they hear of issues that can't be handled by local agencies/entities they are there to put forward those issues. They have implemented telework for employees. The three state run centers and licensed homes have begun restricting visitations. The global issue of lack of Personal Protective Equipment (PPE) affects them as well. They are working with applicable entities to get equipment to those who need it. They also have done a curfew letter for providers to carry with them for those counties where a curfew is imposed; they've instituted payment flexibility and renewal deadlines have been extended. APD is trying to make sure the most pertinent information is in the hands of those who need it most. The most important thing is to protect persons served and look out for providers. APD is also paying attention to other states and their best practices. Theresa encouraged guests to type questions in the chat box and members to comment. Ed said they've been working with AHCA on approval for flexibility of some requirements that are normally in place. John Collins asked have there been an uptick in clinical calls and how is APD handling those with unique needs. Karen said statewide, the regions are in constant communication with the providers. She is aware of an uptick in the need for PPE. Specific clinical questions would be addressed to Lori Gephardt. David Roosa, member asked if Karen has saw that a second ALF in Broward County now has individuals affected. Karen said no she hadn't seen this yet but isn't surprised, as this is the first place where community spread was noticed. Theresa asked if APD has a plan to track those receiving services who test positive. Karen said yes. John clarified his previous question, has there been an uptick in persons receiving services calling with questions. Karen said she did not know but would be able to ask Natalie Jean (Ombudsman) and she might know. Karen said the providers and coordinators have been given all this information, so they can provide information in the field. APD probably isn't getting as many questions because WSCs and providers are sharing this information very well. Jill said the biggest concern from families has been about providers coming into the home; people are requesting providers bring a change of clothes and/or not wear shoes in the home. Karen said the questions need to be asked of and by individuals, families and providers. Jill commented finances are a challenge for individuals and providers too. Veronica said those living in group homes have been presented with a challenge too; parents are concerned and wanting to take people home and keep them there as well as people not being able to visit those in the group home because of immune compromised people living in the home.

## **Qlarant Data Presentation**

Katy Glasgow, Senior Analyst – Qlarant

Katy Glasgow 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 – December 2019. Katy reviewed PDR scores by provider size, and region. She also reviewed WSC scores by region and standard. She touched upon common billing discrepancy standards for reviews. Katy reviewed the number and types of alerts reported. Katy discussed demographics, interview scores related to outcomes, supports, and key health questions for PCRs.

Please see presentation slides for more details.

## **AHCA Update & Dental Plan Discussion**

AndraLica McCorvey, Contract Manager – AHCA

AndraLica reminded everyone about the Dental Plan discussions members have been engaged in since July 2019. She stated she has the answers to questions submitted back in October. AndraLica reviewed each of the questions and allowed for additional feedback during the discussion. Kathy asked have plans been successful with enrolling providers who do provide sedation? Can those enrolled dentists identify that they provide sedation on their website or in written communication they provide to members? Theresa asked is there a search feature to enter this request. Kathy said, typically you have to go into each plan website to search for sedation providers in each region. Jill said her experience is that people are giving up and not even trying to go through the plan providers for services. John Collins commented having to go to the Health Department for dental care where physical space is limited, you have to come back several times for treatment and these are spread apart, so it's not feasible. Kathy noted question three references sedation in office – region 1 has no sedation; region 6 has two dental providers who'll provide sedation. Is it acceptable to AHCA that some Regions have one or two sedation providers while other Regions have no one? Online comments were people are getting denial letters from approved dentists and then some are having success when calling the customer line. Kathy asked what other adaptive options (assistive technology) are available to aid communication for those who are hearing or language impaired? Kathy gave an overview of the Dental Program through ARC. The funds come from a legislative appropriation of \$3 million for dental services through the ARC network; they also cover transportation. Their fiscal year runs July 1- June 30. They often run out of funds and have to stop taking applications. Right now, people are seen per the crisis and even though we are in the COVID-19 pandemic and dentist offices are closed, people can still apply. Kathy said

they are currently in year 2. John asked would there be opportunities for other entities to do as the ARC has done in the future. There was no answer to this question. ARC developed their program because there was a need, as they do fill a gap. John asked is the ARC model something that can be duplicated. Kathy said people could still use their iBudget funds for dental services, if saved in their Cost Plan; it is not as easy as it used to be but it is still allowed. An online comment was it is a last resort to use iBudget funds now for dental care. Theresa encouraged members to review questions and submit additional questions. The hope is plan management members would still be able to come to a future council meeting and discuss this important topic.

### **FL Staff Stability Survey 2018 Results**

Dorothy Hiersteiner, Research Associate – HSRI

Mary Lou Bourne, Chief Quality and Innovation Officer – NASDDS

Dorothy and Mary Lou presented information related to Florida's Staff Stability Survey Results. They first started out by explaining that NCI's goal is to measure public systems for persons with Intellectual and Developmental Disabilities. Most of the way HSRI collects their data is on a large, systems scale. The Staff Stability Survey helps states look at the scope of the Direct Service Provider (DSP) impact on the system. There is a DSP crisis right now and there is a need to study this for better understanding in order to address the problem. With regard to the data, Dorothy noted they provide averages and medians; however, it is important for states to look at variation when thinking about improvements. In general, the survey is voluntary and those who participate may not answer all the questions. Data for NCI average is weighted by margin of error. So the higher the margin of error, has less impact on NCI Average. Weighting does not effect a state's specific results. Data collected in 2019 but was seeking information from the 2018 year. Overall, there are 26+ states participating in the survey, with 4400 providers giving information, which represents 200,000+ DSPs nationwide. Dorothy then explained Florida's participation specifically. She discussed the provider agency landscape, noting that Florida leans toward smaller agency sizing. She discussed service types for the purpose of the survey (residential, non-residential, and in-home) and numbers of people served. Florida providers tend to lean toward providing one service type and serving 1-10 people, which is the smallest setting identified in the survey. Next Mary Lou discussed survey impact. She talked about Florida's turnover, tenure, separation and vacancy rates. Mary Lou talked about how it appears Florida providers tend toward 1099 (sub- contractor) workers. Theresa asked did the survey questions include contracted staff. Mary Lou stated the survey questions are talking about direct employees. Dorothy stated the instructions indicated only employees should be counted in the survey. Ed commented in his follow-up with providers, they said they went with 1099



workers because they could pay them at a higher rate since they do not have to supply certain benefits. In regards to turnover, Mary Lou noted the council could think about what accounts for the variation. For those on low end of the turnover spread what are they doing differently and for those on the high end of the curve is there something to understand that is contributing to this. John asked how providers keep staff from leaving for lucrative opportunities. He also said consistency is very important for persons receiving services. Dorothy said she is not sure how the 1099 worker plays into the vacancy rate. Someone asked about reasons for termination as a question on the survey. They answered no. Mary Lou said the reasons are something that can be looked into further, as there are categories of termination that can be explored. She then talked about contributing factors, touching on wages (based on cost of living), paid time off, and rounded out the presentation with how states are using the data and how Florida might look at the data. Theresa asked could the council members see the raw data. Dorothy said yes with APD's approval.

Please see presentation slides for more details.

### **Qlarant Revised Review Process & Support Coordination Tool Discussion**

Theresa Skidmore, Florida Director – Qlarant

Theresa discussed review process changes due to COVID-19. She talked about reviews being stopped 03/13/20 based on the directive from AHCA. Qlarant is switching to a Desk Review Model in order to have quality assurance activities continue in Florida. As of this meeting, reviewers have been trained but we are waiting for approval of procedures from APD and AHCA. Qlarant has created procedures with structure and timelines, in order to establish a set of explanations for providers. However, Qlarant will be sensitive to issues providers may be dealing with in relation to COVID-19. Checklists have been created as well as helpful tips to assist providers with organizing documents for the Desk Review. The Procedures and Checklists will be posted to the Qlarant Florida website, once approved. Someone asked will providers who haven't been reviewed in 2 years, get the 6-month claim period. Theresa said yes, they'd be included in the 6-month claim period if on the schedule for April - June. We will also do COVID-19 related alerts for APD, so they are aware of any situation the State may need to act. These alerts won't be attached to a report, taking points off a PDR score. AndraLica asked providers please work with Qlarant as much as possible to make sure the review goes as smooth as possible. Jill noted appreciation for Qlarant's efforts to keep people safe by going to a desk model. Veronica asked how long Qlarant would do the desk review process. Theresa said she is not sure how long this will go on. David commented about the Centers for Disease Control looking at seasonal rotation of the virus and Qlarant possibly having to go back and forth between onsite and desk reviews. David said reviewers were asking about guardians and annual

reporting for identifying lapses in guardianship. David said right now getting annual reports through the courts isn't happening. John asked does APD have a plan if they notice a drop in the number of in-home providers. Theresa Wyres, members said they are working hard on creative methods for interacting and helping people practice social distancing and hand washing. She is open to any ideas others may have. Veronica noted mental health is also very important in the midst of all of this; she noted there has been an increase in the number of calls to the suicide hotline out of Jacksonville. Someone asked, is anyone tracking those who are most at risk and should the agency consider extra guidelines for this group of people. Ed commented this was a good question and he would find out. Jill asked about AHCA or APD clarifying the date on MWEW, can it be the date of the SP or date of the actual in-person visit, when the coordinator is able to see them. She asked could the clarification be sent out to coordinators. Ed said he'd confirm it's the date of the phone conversation. Someone asked about how to help individuals understand the risks of catching the virus and still connect to their loved one. Theresa referenced the information on the APD website from Vermont that may help in the situation.

Theresa discussed edits coming for the Support Coordination tool. Theresa discussed areas related to the emergency may be added to the Support Coordination tool. She also talked about possible areas where the tool may measure additional quality measures in excess of the compliance measures for coordinators and looked at possible scoring scenarios. Theresa noted Qlarant will be starting with evaluating the quality standards for Support Coordination and then looking at moving this into other services. Theresa noted Qlarant is working with Lorena Fulcher at APD on these updates. John commented some coordinators may be burned out, or haven't gotten a raise. He doesn't think the issues he noted above should be brought into the quality piece of their work.

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

Theresa Skidmore, Florida Director – Qlarant

Theresa and Charlene to review information from this meeting and make note of any follow-up needed. Next meeting is July. No location set yet.

### **Attachments:**

October 2019 Minutes -PDF

Qlarant Data Presentation – PDF

HSRI Data Presentation – PDF