

**2016 Quality Council Meeting Minutes  
Holiday Inn Hotel and Suites  
2725 Graves Rd. Tallahassee, Florida**

**March 10th, 2016**

**9:00 a.m. – 4:00 p.m.**

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**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

Jill MacAlister, CDC Consultant

Kathy Clinton, Small Agency Provider

Holly Hohmeister, FDDC

Linda Mabile, Florida ARF

Patty Houghland, Disability Rights Florida

Shelby Nurse, Self-Advocate (Via Skype for morning session only)

Veronica Gomez, Agency WSC

**APD Attendees:**

Edwin DeBardeleben

Beth Mann Pace

Pamela London

**AHCA Attendees:**

Tammy Brannon

Marlon Storey

**Delmarva Foundation Attendees:**

Bob Foley

Sue Kelly

Katherine Glasgow

Kristin Allen

Theresa Skidmore

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Robyn Tourlakis  
Shawntavia Fletcher

**Other Attendees:**

Elizabeth Pell, HSRI  
Susan Prater DeBeaugrine

**Absent QC Members:**

Pauline Lipps, Family Care Council Florida

**Scribes:**

Robyn Tourlakis, Delmarva Foundation  
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  
FDDC- Florida Development Disabilities Council  
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

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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**

Tammy Brannon, Contract Manager-AHCA

Beginning at approximately 9:00 a.m., Tammy Brannon opened the meeting. Attendees introduced themselves. Tammy welcomed members and guests. The Council welcomed two new members, Kathy Clinton and Holly Hohmeister.

### **2. Refresher from October 2015 Meeting**

Robyn Turlakis, Regional Manager- Delmarva Foundation

Robyn Turlakis, DF, provided a refresher from the October 2015 meeting held in Tallahassee, Florida, including the following:

- Marlon Storey, Agency for Healthcare Administration (AHCA), updated the membership on the approval of the iBudget Handbook, and discussed the upcoming edits to the iBudget rate table. Marlon discussed the Centers for Medicare and Medicaid Services (CMS) transition plan for

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Florida and described how AHCA and APD are working toward meeting all deadlines.

- Ed DeBardeleben, Agency for Persons with Disabilities (APD), provided APD updates on the status of the client database management system (Harmony), the iBudget Handbook 'question and answer' board being developed which will be available on the APD website. He also discussed the workgroup revisions to the Support Coordinator pre-service training in TRAIN (Training Finder Real-time Affiliate Integrated Network) facilitated by Pamela London, APD.
- Katherine Glasgow, DF, provided data to the membership regarding background screening compliance, review activity volumes, PDR and PCR individual and staff interview scores, and PDR and Service Specific Record Review (SSRR) scores.
- Karen Campbell, Office of Public Guardian Inc, and Melinda Coulter, Family Guardian, provided a presentation on the Restoration of Capacity 3 Year Project and on Lighting the Way to Guardianship and Other Decision Making Options.
- Elizabeth Pell, Human Services Research Institute (HSRI), presented National Core Indicator (NCI) data regarding rights and supported decision-making.
- Meghan Murray, APD, provided data on employment initiatives, including the EEP, Employment Enhancement Project. This is for people on the wait list. Members held a discussion about Vocational Rehabilitation (VR) concerns and the barriers in the VR process.
- The Quality Improvement workgroups met and discussed the next steps in their action plans for employment and self-advocacy/community connections.

The meeting adjourned at 4:00pm. For details, please see the full meeting minutes for October 2015.

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**3. Review and Approval of October 2015 Minutes**

Robyn Turlakis, Regional Manager- Delmarva Foundation

Robyn Turlakis presented the October 2015 minutes for approval. A motion to approve the minutes was made by Patty Houghland and seconded by Linda Mabile. The October 2015 QC minutes were approved unanimously.

**4. AHCA Update**

Tammy Brannon, Contract Manager-AHCA  
Marlon Storey, Medicaid Policy Analyst-AHCA

Marlon Storey presented AHCA updates for the new rate table. There is a new rate table effective 4/1/2016 and there will again be new rates in effect for 7/1/2016. Linda Mabile asked for the rate table to be published as well. Marlon indicated services including Residential Habilitation, Respite, Personal Supports, Life Skills Development 1, and Life Skills Development 2 had 3% rate increases approved for 7/1/2016. John Collins indicated it is still not a lot of money for the providers.

Marlon stated updates are coming for the AIDS waiver since now many insurance companies will cover treatments. The Traumatic Brain Injury waiver will be coming back under AHCA's umbrella, moving from the Department of Health next year. The State is working to combine some of the smaller waivers into one waiver. For some this would expand service options.

AHCA continues to work and meet with APD to discuss updates to the next iteration of the iBudget Handbook. Kathy Clinton asked if there had been a push to cover Personal Supports for individuals under age 21. Marlon has not heard of it, but will gather information for her. Theresa Skidmore asked that if a change is needed in the Handbook will it be completed through amendments or a new Handbook. One example was the high school diploma. For example, if the staff cannot locate the high school diploma, but the staff has proof of a Bachelor's degree, is this acceptable since the Handbook does not indicate high school diploma or higher in the language. Marlon will look into this item. For items where there is a discrepancy in the Handbook, providers would need to file a variance process with AHCA to be granted an exception. Patty Houghland asked AHCA to please use a track changes method when making updates and edits so readers know what changes have been made in order to compare handbooks.

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Don Welde asked Marlon if the CDC+ Handbook is being revised to coordinate with the iBudget Handbook and to be consistent between the two. Marlon indicated he believes this will occur.

Tammy Brannon stated the Department of Financial Services has been auditing Florida contracts and the Delmarva Foundation contract was audited for October 2015. She thanked Delmarva staff for the promptness and organization; and for responding quickly and thoroughly to the 146 items about which DFS asked. Tammy thanked Delmarva for all their work in completing the 2016 Discovery Tool revisions.

**5. APD Update**

Edwin DeBardeleben, Chief of Quality Assurance and Clinical Supports

Ed shared news from the legislative session for Florida and indicated the goals to promote opportunities and rights for individuals with intellectual and developmental disabilities were successful. The budget will address the wait list, provider rates, and individual employment. Chapter 393 underwent a re-write and was unanimously approved on 3/8/2016. The rewrite still references tiers which no longer exist for the State.

APD will complete Pre Admission Screening Reviews (PSAR) for people who are in Level 2 nursing homes and ICF/DD facilities. APD received appropriations to contract out this program and a Request for Proposal (RFP) will be forthcoming. AHCA and APD are working to develop a clear delineation of roles.

APD is gathering feedback from stakeholders to complete revisions to the QSI (Questionnaire for Situational Information) tool. APD has automated the tools being utilized to capture the data for the Residential and Non-Residential surveys for the CMS transition plan. APD is addressing concerns about planned communities. There are four known planned communities in the State. Ed will be visiting each location to administer the survey and will then submit the information to CMS after the public comment period. Elizabeth Pell, HSRI, shared information including that every state is required to have a public comment period for each setting. A planned community will not be allowed to render Residential Habilitation or Life Skills Development 3 on site. Veronica Gomez asked what measures are being taken to ensure planned communities will work toward integration. Ed indicated from his knowledge, the communities will be addressing this and he feels they will all pass as acceptable settings for Florida

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since most are promoting transportation and integration. Ed indicated planned communities should not be rendering services. Don Welde asked whether people will receive services if they reside in a planned community since he supports 2 individuals planning to make this move. Patty Houghland asked if people can appeal APD's decision about a planned community being in compliance with the setting requirements from CMS. Due to limited time for the session, Ed indicated a future speaker, Kaleema Muhammad, who is over the CMS settings process would be invited to a future meeting to discuss the specifics of this topic. Kristin Allen asked about situations where a group home and an Adult Day Training are on the same property. Ed indicated it is too early to know the outcome of these types of settings.

Ed discussed how APD is working with Mediware to complete the Client Database Management System (CDMS). He thinks provider billing through the Mediware system may soon be a reality. Delmarva staff will have access to Mediware. The timeline is about 18 months until implementation. Veronica Gomez asked if the system will replace the central record. Ed indicated it would eventually, once all the historical information can be scanned and added to the system.

Pamela London indicated the Florida Train system is approximately 30 days from going live. Approximately 75% of the users have been uploaded. Direct Care Core Competencies and Zero Tolerance are in the final stages of development, which she called the term "Captive". All users will be required to complete a short orientation on how to use TRAIN. APD will create user accounts for Delmarva staff. The WSC pre-service training will be completed in the next phase of TRAIN. Veronica asked if train the trainers will be allowed. Pamela indicated people who desire to be trainers will need to follow the requirements in Appendix J of the iBudget Handbook. APD is still looking at options for a mixture of computer based and face-to-face test options.

Veronica asked if APD could have a type of provider alert system to track when policy or form changes are made. She has trouble locating current documents on the website or knowing which document is the most current.

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**6. Delmarva Data**

Katherine Glasgow, Analyst II, Delmarva Foundation  
Sue Kelly, Senior Scientist, Delmarva Foundation

Katherine presented Delmarva data for reviews completed between January and December 2015. Katherine reviewed the volume of activity for PCR and PDR components. There have been 1738 individual interviews as part of the PCR process and 2180 individual interviews as part of the PDR process. The PCR uses a representative sample to allowing analysis of trends in the data. Results were shared by Region and residential setting. Residential settings had lower percentages reported for indicators in the PCR individual interview. This was not surprising to the membership since community settings are naturally more inclusive. Theresa indicated the update from 10/2015 allowed for reviewers to use an option of unable to determine if the individual or a proxy could not provide the information to make a determination.

The PCR data were analyzed by age and Veronica indicated historically the age groups 18-21 and 22-44 had seen lower percentages, but since WSCs have been able to get services in place and schools assisting with transition planning, she is glad to see these rising.

PCR results were analyzed by primary disability. It was noted the primary disability used is often what first qualified the individual for waiver services. This is collected from the WSC and CDC+ consultant and the Support Plans by the reviewers. Overall there were minimal variations in the scores across disability types. Veronica indicated people with the iBudget are able to flex their budgets and for this reason they are more satisfied because they can meet their needs and feel they are in control. As of 10/1/2015, the PCR individual interview scores no longer factors into the PDR score.

The WSC record review and Consultant record review were 96.1% and 97.7% statewide. Record reviews for the Regions were all over 95%. Ed felt APD remediation efforts could also be a catalyst in these scores increasing.

A bar graph showed the WSC interview results by Region for 2015. Statewide (N=1,355), average interview results were 97.4%, ranging from 95.7% in the Northwest to 98.5% in the Southeast.



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WSC interview results were 97.4% for the State. Ed asked about potentially changing the weighting of the interview findings. Sue indicated this could be discussed for future revisions. Theresa indicated Delmarva tries not to continually update the tools since it can create difficulties in comparing the data to show true trends.

Katherine provided the lowest scoring PCR indicators. Members asked for a drill down of WSC record review standard related to the level of care form to show the exact 'Not Met' reasons it remains low. The lowest scoring indicators were similar to prior trends. Theresa indicated APD Regional Staff has access to the data and can drill down into this and share at WSC and provider meetings.

Katherine shared the data on the key health questions. These included calls to the abuse hotline, hospitalizations (including baker acts), use of reactive strategies, and trips to an urgent care. John Collins indicated people do not call the abuse hotline as often as they should because people are scared to call the hotline. Theresa indicated this is one of the reasons Delmarva staff ask this question during the interviews to give people a way to share this information. Delmarva reviewers are mandated reporters of abuse, neglect, and exploitation.

The Statewide average for individuals taking four or more medications was 39.3% with the highest in the Southern Region at 45.3% and the lowest in the Southeast at 36.8%. Statewide 2.6% of waiver and 1.3% of CDC interviewees reporting they have a health concern and their needs for the health concern are not met.

Katherine reviewed the Provider Discovery Review data next for January-December 2015. This includes service components of policies and procedures, qualifications and training, service specific record reviews, staff interviews, and individual interviews. Statewide the service specific record reviews indicated a score of 90.7%.

Observations can be conducted as announced or unannounced. Members asked if the ADT and RH data could be separated out at the next meeting. Unannounced scores ranged from the low of 90.5% in the Northwest to the high of 97.7% in the Suncoast with a State average of 94.9%. The announced

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observation ranged from a low in the Central Region of 92.7% to a high of 96.7% in the Southeast Region with a State average of 95.7%.

Members discussed the higher scores on Provider Discovery Reviews since the tool is public and providers teach to the test. A guest, Winona, asked about completing observations with a WSC present. Theresa answered there is some informal observation if the WSC attends the PCR interviews, but the formal observation is for licensed settings or ADT settings right now.

The lowest scoring services in the PDR for 2015 are Life Skills Development 1, Life Skills Development 2, Personal Supports, Respite, and Supported Living Coaching. This is not a new trend. In-service training continues to be one of the lowest scoring PDR standards. Linda Mabile asked if people are aware of trainings for in-service training to please share. Pamela London mentioned once TRAIN is in place this should be easier for providers. In the PDR, standards in the interview related to social roles continue to be the lower scoring areas.

The data for observations indicated the lowest scoring standards were individuals having a key to their home, the ability to lock their bedroom and bathroom doors, training on community transportation, development of the house rules, and making meaningful connections in the community. The CDC+ Representative results were 93.3% Statewide. Pamela London mentioned the CDC+ Representative training will also be available on the TRAIN system.

Katherine reviewed the alerts. These include health and safety, rights, background screening, driver's license and vehicle insurance, and abuse, neglect, and exploitation (ANE) categories. For the State, the percentage of PDRs with an alert was 17.9% with the highest category being background screening. Katherine had pulled some of the rights and ANE descriptions to illustrate some of the alerts discovered in 2015.

**7. Delmarva Updates**

Kristin Allen and Theresa Skidmore, Regional Manager-Delmarva Foundation

Kristin and Theresa provided a presentation highlighting the key updates to the Delmarva Discovery tools for 2016. The presentation was a modified version of the presentation used with providers around the state in February and March

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2016. Kristin indicated Delmarva has made the timeframes clear on items we will be looking at starting 1/1/2016, and those that would be required for the entire period of review. Some edits are related to iBudget, while others are related to updates needed for quality assurance. Theresa stressed to members the importance of reading the Handbook for all the services specific to them and then reviewing the tools for the services specific to them. Around the state when conducting the training, many providers indicated they had not read the iBudget Handbook.

Kristin reviewed key updates to the administrative tool. Veronica Gomez asked if HIV/AIDs training would be in the APD TRAIN system. Pam London indicated it would likely be there in the future. Kristin stressed the importance of a documented date of hire since a date of hire prior to 9/3/2015 has different dates to come into iBudget compliance with certain trainings. Kristin reviewed the updates to the background screening and the policies and procedures sections. Veronica Gomez indicated many WSCs feel it is unfair that Behavior Analysts do not have to complete CPR and First Aid since they are more likely to need those in practice than a WSC would.

Kristin presented information about the importance of the high school diploma. It is required for all services with the exception of Life Skills Development 3 entry level positions. David Roosa and Linda Mabile indicated concerns over this. For someone entering the field, this is where they would go to gain their experience. Kristin clarified for Life Skills Development 2; the Changing Face of Benefits training does not meet the requirement for the Introduction to Social Security Work Incentives training.

David Roosa asked about the standard related to Support Plan distribution. He indicated families may hold information from the WSC so it is not shared with providers of transportation or CMS. He does not feel all services require a copy of the full Support Plan. He has shared this concern with APD and AHCA. Ed indicated eventually the Support Plan will be available in the Medware system. Kristin suggested a WSC could redact the items a family or individual receiving services does not want shared. Patty Houghland indicated the WSCs need to educate families about this since they are not likely aware they can have portions redacted or state portions are not to be shared. For the review of provider documentation, Veronica indicated it is unrealistic for WSCs to read all of the provider documentation submitted to them. Kristin understood, but indicated this has always been a requirement of WSCs even though it is being reviewed for 1/1/2016 forward.

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For the Behavior service documentation, Linda Mabile stated her opinion is the daily progress note is not required since it is stated differently in 2 places of the Handbook. Kristin indicated this is in discussion with APD and AHCA.

Theresa provided a review of the Verified ANE reporting which will begin 2/1/2016. Linda Mabile indicated FARF has serious concerns about the effect this will have on self-reporting. Linda indicated APD has not renewed Medicaid Waiver Service Agreements using the no fault reason which there is no way to battle legally. She thinks APD should have to give the reason. Theresa also reviewed the reconsideration process. Since billing discrepancies will be identified from 1/1/2016 forward, providers who disagree with a billing discrepancy finding can submit a reconsideration request. Theresa explained this is for documentation presented to the reviewer at the time of the review, not found or created after the review. These are completed by managers. Veronica asked about corrections. Theresa indicated corrections are completed at times when errors are found.

Theresa and Kristin provided an exercise for members to complete as homework regarding the terms independent living and supported living situation. The responses will be provided to APD and AHCA to assist in the application of the contact requirements for the supported living situation, as well as the requirement of a quarterly home visit and housing survey checklist.

**8. National Core Indicators Data on Abuse Neglect and Exploitation**

Elizabeth Pell, Policy Analyst-HSRI

Elizabeth Pell, HSRI, presented the risks and safeguards for people with disabilities and the evolution of rights. Elizabeth illustrated how thoughts about abuse have changed over time and how laws have been developed to safeguard people. John Collins indicated he sees a type of secret abuse going on since people with disabilities often only have paid supports in their life and they lack integration to learn life can be better and fairer. Elizabeth indicated it is true many individuals with disabilities have reported abuse, neglect, or exploitation in the past only to see nothing changed as a result of reporting so they become less likely to report in the future. 2012 survey findings indicated 87.2% of individuals with disabilities had been a victim of verbal-emotional abuse, 50.6% of physical

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abuse, 41.6% of sexual abuse, 37.3% of neglect, and 31.5% of financial abuse. Veronica shared it is difficult to report a guardian for financial abuse since abuse does not take the calls and the Social Security Administration does not follow up. David Roosa indicated an option in these instances may be to contact the clerk of courts since guardians are required to submit annual reports, including financials.

Elizabeth indicated data from the National Core Indicators show people are more vulnerable to abuse due to communication challenges, mobility, behavioral concerns, social isolation, and access to preventive care. Elizabeth shared in Georgia some of their quality improvement groups are creating training videos with actors with disabilities using their own words to describe abuse, neglect, and exploitation. At the end of the video, there is a pledge to take to report providers or family members who abuse.

Members talked about abuse, neglect and exploitation. Holly Hohmeister indicated FDDC has seen from their self-advocacy groups there is a wide range of what a self-advocate wants from a group. Some want advocacy efforts and others want socialization or community outreach. Veronica Gomez shared it is hard to locate resources for people. Patty Houghland indicated she comes across many resources, but does not have a way to share them. She will send these to Veronica. She suggested the materials could be shared at monthly WSC or provider meetings.

**9. APD Incident Reporting System**

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

Ed provided a brief overview of the Operating Procedure for incident reporting. Providers should report arrests, unexplained deaths, baker acts, and situations involving abuse, neglect, and exploitation to their Regional APD office. Medication errors should be sent to the state APD nurse for review. Each Region has set up specific email addresses to receive this information from providers. This system will eventually be included in the Medware client management database system. Ed will ask Tom Rice to provide a more detailed description at a future meeting.

Don Welde asked about individuals who are charged with criminal offenses and placed in jail. He has had instances where the courts and jails are not friendly to

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the families and supports trying to give explanations about the person. He would like APD to provide training on the role of a WSC in these instances since he has had families expect him to bail the individual out of jail.

**10. Action Items/Adjourn**

Tammy Brannon, Contact Manager-AHCA

The workgroups will schedule conference calls to move action plans along by the July 2016 meeting in Orlando, Florida. The Employment Workgroup Update was provided in the member binders. Members will submit their summary of the living situations they feel are independent living versus supported living situation by 4/1/2016.

## **Additional Information**

**2016 Meeting Date Selections:**

**Orlando 7/14; Tallahassee 10/6**

**Attachments:**

March 2016 Agenda- Word

October 2015 Minutes-Word

Delmarva Data Presentation- PowerPoint

Delmarva Updates Presentation-PowerPoint

HSRI NCI Data on ANE-PowerPoint

QC Initiative-Employment-Word