

2016 Quality Council Meeting Minutes
Caribe Royale
8101 World Center Drive Orlando, Florida
July 13th, 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
Jill MacAlister, CDC Consultant
Kathy Clinton, Family Member
Holly Hohmeister, FDDC
Jose Hernandez, Small Agency Provider
Courtney Swilley, Florida ARF
Pauline Lipps, Family Care Council Florida
Veronica Gomez, Agency WSC

APD Attendees:

Edwin DeBardeleben
Beth Mann Pace

AHCA Attendees:

Tammy Brannon
Kaleema Muhammed

Delmarva Foundation Attendees:

Bob Foley
Charmaine Pillay
Katherine Glasgow
Theresa Skidmore
Robyn Turlakis

Other Attendees:

Elizabeth Pell, HSRI

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Kristie Daniel, Provider
Mary Smith, FCCF
Denise Miller, Provider
Shirley Smith, Provider
Susan Prater DeBeaugrine, Provider
Christine Hogan, Provider
Debbie Santasania, Provider
Barron Player, Provider
Adrienne Dissis, Waiver Support Coordinator
Diane Ciccarelli, Waiver Support Coordinator
Marisel Pintado, Waiver Support Coordinator

Absent QC Members:

Patty Houghland, Disability Rights Florida
Shelby Nurse, Self-Advocate

Scribes:

Robyn Turlakis, 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
FDLE- Florida Department of Law Enforcement
FSQAP - Florida Statewide Quality Assurance Program

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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

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.

2. Refresher from March 2016 Meeting

Robyn Turlakis, Regional Manager- Delmarva Foundation

Robyn Turlakis, DF, provided a refresher from the March 2016 meeting held in Tallahassee, Florida, including the following:

- Marlon Storey, Agency for Healthcare Administration (AHCA), updated the membership on the iBudget rate table. Marlon discussed updates to a new iteration of the iBudget Handbook and the process for a variance. Tammy Brannon, AHCA, thanked Delmarva for promptness and organization in responding to an audit request.

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- Ed DeBardeleben, Agency for Persons with Disabilities (APD), provided APD updates from the legislative session, 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 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.
- Kristin Allen and Theresa Skidmore, DF, provided updates to the 2016 Delmarva Discovery Tools and shared information about the verified Abuse, Neglect, and Exploitation (ANE) reporting.
- Elizabeth Pell, Human Services Research Institute (HSRI), presented National Core Indicators Data on the subject of abuse, neglect, and exploitation.
- Ed DeBardeleben, Agency for Persons with Disabilities (APD), provided an overview of the APD incident reporting system. This system will eventually be included in the client management database.

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

3. Review and Approval of March 2016 Minutes

Robyn Turlakis, Regional Manager- Delmarva Foundation

Robyn Turlakis presented the March 2016 minutes for approval. A motion to approve the minutes was made by Veronica Gomez and seconded by John Collins. The March 2016 QC minutes were approved unanimously.

4. AHCA Update

Tammy Brannon, Contract Manager-AHCA

Tammy Brannon presented AHCA updates. She indicated the Delmarva contract will soon have a new contract manager and she will be working with the contract manager for a smooth transition. Tammy has had calls from providers who have

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

Jill MacAlister asked if there was any truth to the waiver going into managed care platforms. Kaleema Muhammed, AHCA, indicated these are rumors only.

5. APD Update

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

Edwin DeBardeleben presented APD updates. Ed discussed how APD is working with Medware to complete the Client Database Management System (CDMS). They are in the stages of process mapping and progressing through the steps. The system will assist with support planning, case management, financials, and incident reporting. The Support Plan template is being revised and will be tied into the CDMS. It will be more person centered. Holly Hohmeister asked if there would be a public comment period and Ed indicated yes. Training on use of the CDMS will be completed and will include security awareness and HIPAA training for users. John Collins asked if text messages between a provider and individual receiving services are billable. Ed believes so as long as they are documented, but will check and inform at the next meeting.

Ed described a component of the system which will be an Electronic Visit System (EVS). This will be a system to record and validate services being rendered at the approved location and at the approved ratios. This system will not replace the requirement for service logs or daily progress notes. Kathy Clinton asked if stakeholders will be able to offer feedback on this system and Ed indicated this would be possible later in the process. There will be an application for providers to sign in, where they will provide their provider number and a pin number. The system will track time in and out. Theresa Skidmore indicated she has seen these types of systems in use for home health providers and Marisol Pintado indicated the Medicaid State Plan has been using a similar platform of Personal Care Assistance under the age of 21. Kathy Clinton indicated this process can be labor intensive to manage. Ed indicated the logistics are being worked on for the process since ratios for service delivery can change through the scope of service delivery in a given day. At the next meeting, Ed will have a list of services for which this would apply.

Ed reported the TRAIN system is live and has been effective since 5/18/2016 and APD is working through some glitches. The Zero Tolerance and Direct Care Core Competencies are officially rolled out. The next to roll out will be the Person Centered Planning curriculum. APD is also working on updates to the waiver

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support coordinator training which includes looking how to include an apprenticeship/mentoring piece. He indicated the training advisory committee would be meeting again soon. Charmaine asked if there would be any incentives for people to be mentors and APD is discussing those possibilities. David Roosa indicated people are receiving TRAIN notifications at old email addresses. Ed suggested contacting the TRAIN help desk. Ed indicated people are creating their own accounts instead of using the accounts provided by APD and this has created user issues in the system. To date, 13,000 people are signed up for TRAIN. Ed will ask Pam London, APD, to attend the October meeting and present about TRAIN.

APD will complete Pre Admission Screening Reviews (PSAR) for people residing in Level 2 Skill Nursing Facilities with a diagnosis of developmental disability. APD received appropriations to outsource this program and a Request for Proposal (RFP) will be forthcoming. A Request for Information (RFI) will be coming out for the utilization review component for those who are in ICF/DD facilities. Medical Case Management has been conducting these, but it has been a workload issue and APD is looking to outsource the process.

A settlement agreement has been reached with Carlton Palms and people will be transitioning out of the residences by March 2019. APD hopes for residents to be able to move closer to their hometowns. An actuary has been hired to assist with rate setting. Ed indicated homes with 6 beds or less or supported living options are being discussed as potential residence options for individuals moving out of Carlton Palms. There are approximately 200 individuals affected by the agreement and approximately 50 are from out of state. Holly Hohmeister feels a setting smaller than 6 beds should be considered for individuals with this level of need. Kathy Clinton asked to assure people are given choices and are aware choices exist. John Collins asked what will happen if the staff from here opens up smaller group homes with the same problems. Ed indicated training would be provided in these instances.

David Roosa asked about the procedure for Department of Children and Families (DCF) to notify APD about ANE findings. David is concerned all verified incidents are not being relayed to APD. Ed indicated APD is to be notified when DCF opens an investigation, but he knows there is an issue with timely contact. APD and DCF have been meeting to improve communication. The CDMS will assist to better track incident reports when the system is completed.

6. CMS Transition and Compliance

Kaleema Muhammad, Senior Management Analyst II – AHCA
Edwin DeBardeleben, Chief of Quality Assurance and Clinical Supports-APD

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Ed DeBardeleben introduced Kaleema Muhammad, AHCA. Kaleema presented about the CMS (Centers for Medicare and Medicaid Services) transition plan and Florida's plan for compliance. She explained it has been a learning process for AHCA, APD, and providers. She said everyone has worked well together and worked hard to make it a success.

CMS provided the rule, but it is up to each State to determine how to implement and work through the challenges. The transition plan is due to CMS by 9/31/2016 and will be sent out prior for public input and a public comment period.

The intent of the CMS rules is to ensure the following: people who receive services are in the driver's seat; people are integrated in the community; and choice is paramount to the process. Kaleema shared her own past experiences as a new employee in the DD system and how time tells you that you are not always as smart as you think you are. She had written a plan for an individual who actually wanted something completely different. It illustrated to her that employees do not know best what the person wants and she would need to dig deeper and ask more to gather the information. Fast forward to today and the system is still trying to find ways to better foster individualism, inclusion, choice, and satisfaction. Kaleema said based on the self-assessments providers completed, AHCA and APD thought Florida was going to fly through the validation process. This is not what was found to be true when they began their assessments.

The group discussed planned communities and campus like settings and the limits to community experience and exposure in these settings. For these types of settings, Regional APD has completed the first round of site visits for validation. Almost 70 of the locations are presumed institutional like settings. Many providers asked for an exemption if they were a presumed institutional like setting. CMS has indicated there will be no exemptions. Florida will present the entire picture in the plan to allow CMS to make the final determinations.

Ed presented a handout with trends for each Region. The next stage of the process will include State APD review of the locations. Over six months, 136 surveys were conducted for ADTs and 356 for residential homes. 20 ADTs and 47 residential homes were listed as presumed institutional like setting. Trends in the validation visits were lack of leases and self-advocate indication there are no choices presented.

All of the providers of planned communities have been invited to AHCA. They will be discussing the challenges related to safe housing and what a person has to sign over to live there, i.e. guardianship requirements. A planned community is

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not able to be reimbursed by Medicaid for services such as Residential Habilitation within the planned community. An agency provider who has a planned community and also has group homes elsewhere would continue to receive Medicaid for the group homes. APD will be going into planned communities monthly to review. John Collins asked if this was an opportunity to enhance the money available for Supported Living and Ed indicated possibly. Mary Smith asked about CDC+ monies being used to pay for services at the planned community. Ed indicated this should not be occurring. He will look into this and ask Rhonda Sloan to report on this at the October meeting since it should not be occurring. Elizabeth Pell indicated this should be provided at the public comment period as well.

John Collins asked how to change the community mindset about people with disabilities living next to them in the community. He does not feel APD should be surprised by the results of their assessments. Kaleema indicated they were surprised by the results of the assessments, but recognizes getting from point A to point B takes time. Kaleema met with Deborah Linton, ARC, and Deborah indicated across the board choice is not happening. John indicated people need to be assisted through education and supports to be a part of the community, not just in the community. Jill MacAlister stated more training and mentoring is needed to make community integration and informed choice a success, especially at the direct care staff levels. Pauline Lipps indicated there are additional barriers in the communities including transportation and medical access. These are known barriers, but hard to maneuver. Kaleema indicated she is aware choices can be limited due to environmental factors.

David Roosa asked about support plan meetings and how Implementation Plans are being developed before the Support Plan meeting is held. Charmaine Pillay explained providers and WSCs cannot run with only one source of information and that is why the information gathering for a support plan is crucial. Veronica Gomez indicated people need to feel empowered to state what they want for their meeting and empowered to speak up when it is not happening. Mary Smith indicated individuals need to document their ongoing discussions and life experiences to give their story a loud voice.

Ed will continue to provide updates on the CMS transition plan for Florida at future meetings.

7. HSRI NCI Family and Guardian Survey Data Presentation

Elizabeth Pell, Policy Associate- HSRI

Elizabeth Pell, HSRI, presented the National Core Indicators (NCI) Adult Family (AFS) and Family Guardian Survey (FGS) results from 2014-2015. This is an

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anonymous survey mailed out by Delmarva Foundation for HSRI. The AFS is sent to family members who live with an adult receiving service in their home and is also referred to as “in home”. The FGS is sent to family members/guardians who do not live with the adult receiving services and is also referred to as “out of home”. The surveys include a variety of questions about the service delivery system. HSRI analyzes the data for all states participating in the NCI Mail-out surveys. This creates a State average and a NCI average.

In relation to service planning and exercising choice, Florida was above the NCI average for the following:

- person receiving service was involved in developing service plan;
- individual has control or input over hiring and management of support workers;
- individual chose Support Coordinator;
- in home families chose person’s Support Coordinator; and
- individual has a say in how I/DD money is spent on their behalf.

Florida was below the NCI average on indicators the family/guardian was involved in developing the service plan, and if the service plan had all services and supports the person receiving services wants and needs. For individuals choosing their agency service providers and direct support workers, Veronica Gomez mentioned individuals and families often select an agency, but may then have limited choice in which staff renders the services. Pauline Lipps mentioned in some areas there are limited providers available so choice is impacted. Diane Ciccarelli suggested creation of a module in APD’s TRAIN system to educate individuals and families on choice when services begin. Mary Smith indicated Family Care Council Florida is working to develop a welcome and navigation packet to assist in parent training.

The next section is related to work and community life. Florida was below the NCI average for unpaid and paid community employment. David Roosa indicated Vocational Rehabilitation should undergo updates in order for outcomes to be generated in this area. Jill MacAlister asked which State was doing well in this area and Elizabeth indicated Washington State. She will pull some information about their programs to show why they have had success. For community life, 90% of respondents reported participation in community activities but did indicate a barrier of transportation. This was similar to the barriers in the NCI averages as well.

Compared to the NCI average, Florida respondents indicated higher success in obtaining needed equipment and accommodations. The survey indicated families and guardians often do not report harm to the appropriate agencies. Kathy Clinton asked if the survey could include a follow up question asking if the

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family/guardian did not report it, did someone else report it. Elizabeth will look at the addition of the follow up question.

67% of in home respondents were satisfied with the transition to adult services compared to a 76% NCI average. When certain services were provided, there was an increase in satisfaction. These included health services, medication, mental health, dental, and respite. For Florida respondents, the average was at or below the NCI average. Health services access was discussed and members indicated many physicians are leaving Medicaid and managed care, limiting where services can be obtained. Families indicated when services end or are interrupted; families and guardians in Florida report a higher negative impact when compared to the NCI average.

Elizabeth shared a family support initiative from Supporting Families of individuals with intellectual and developmental disabilities. This resource can be found at <http://supportstofamilies.org/cop-project-leadership-update/>.

In conclusion, Elizabeth shared federal policies and recent court orders continue to shape the service landscape. These policies and court decisions appear to be in favor toward inclusive alternatives. She shared that options for self-direction of services and person-centered approaches are receiving more attention and a shift from sheltered workshops to individualized and integrated services will be a continued issue to address.

8. Delmarva Data

Katherine Glasgow, Analyst II, Delmarva Foundation

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

For January-May 2016, 706 PCRs were completed. In looking at the data, Katherine reminded people only half of the sample has been completed to date. The majority of interviews for January-May 2016 occurred with individuals with a primary disability of I/DD residing in family homes or group homes in the 22-44 age range.

The PCR individual interview results were shown by Region. All Regions were from 92.5% to 99% with the Statewide average of 95.1% for waiver interviews and 97.6% for CDC+ interviews. Results from year to date 2016 are comparable to 2015 showing people reporting positive outcomes. PCR individual interview results did not have significant deviation when compared by primary disability

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type, but there was a variation for those individual interviews by residential setting and age. For residential setting, independent/supported living had an average of 96.1%, family homes 95.9%, and 93.4% for group homes. The under 18 and 18-21 age range had slightly lower interview results than their counterparts at age 22-44 and 45-64.

The PCR individual interview has 184 questions in 7 focus outcome areas. These include Person Centered Supports, Community (Residence, Work/Day Activity, Participation, Relationships), Safety, and Health. The lower scoring focus outcome areas were work/day activity and participation in the community focus outcome areas. The lowest scoring indicators for waiver participants in the interview were: person is provided education/information about social roles in the community; person has opportunities to develop new friendships/relationships; person's preferences concerning social roles in the community are addressed. For CDC+ participants, the lowest scoring indicators were person has opportunities to develop new friendships/relationships and person indicates adaptive equipment is in good working condition.

Group homes scored the lowest in the residential settings and independent/supported living scored the highest. Diane Ciccarelli asked if this chart could be shown by Region. Jose Hernandez asked if the group homes could be shown by designation, such as standard, behavior focus, or intensive behavior. Katherine will look at these breakdowns for the October meeting.

For the Waiver Support Coordinator (WSC) and CDC+ Consultants record reviews, the Statewide average was 94.4% and 97.5% respectively. All Regions were above 90% for the record reviews and interviews.

The first 3 lowest scoring standards were: The progress notes demonstrate pre-Support Plan planning activities were conducted (84.5%); the current annual report is in the record (86.3%); and WSC documentation demonstrates a copy of the Support Plan is provided to all service providers within 30 calendar days of the Support Plan effective date (89.2%). Adrienne Dissis asked if a family member can elect for the Support Plan to not be sent to certain services. Charmaine Pillay answered yes, but it should be documented in the progress notes. Diane Ciccarelli indicated the CDC+ Consultant tool indicates this standard, but a Consultant only needs to send to the participant and the representative. Theresa Skidmore will review this component to see if an edit to the tool is warranted. For the WSC tool, Delmarva has shared the concerns with APD and AHCA and awaiting resolution.

The last 2 lowest scoring standards:

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- Documented efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents on an ongoing basis (89.4% waiver and 89.2% CDC+)
- Documented efforts to ensure services are delivered in accordance with the service plan, including type, scope, amount, duration, and frequency specified in the Cost Plan (89.7%).

Diane Ciccarelli indicated she asks parents to review the providers' documentation to make sure they are accurate and the service delivery occurred. Veronica Gomez and Jill MacAlister expressed concern over reading all of the provider documentation especially since the documentation often does not tell you anything relevant. Discussion was held on what could be done to make service logs a useful piece of documentation for WSCs when they are reviewing services. Mary Smith asked if the CDMS system could be useful and help the burden placed on WSCs with reviewing the documentation. Ed looks forward to standardizing the work and billing processes and asked for people to send him suggestions. David Roosa said the last thing he wants is for his son's WSC to be desk bound; he wants WSCs out visiting and observing.

Adrienne Dissis, CDC+ Consultant and family member, indicated outcomes are what the process should be about and all stakeholders "need to make sure we are looking at the focus of outcomes for our children on the waiver".

For the WSC interview, the lowest scoring indicators were related to social roles in the community. This has been a trend seen in prior data as well.

In reviewing the data from the Health Summary, Katherine shared data on health related events in the last 12 months (from the date of the interview). These included contact to the abuse hotline, use of reactive strategies, hospitalizations/baker acts, and emergency room visits. The CDC+ group had an increase to 25.9% for emergency room visits, but Katherine indicated this may even out as the interviews are completed for the entire sample for the 2016 year. The hospitalizations, including baker acts, were reported 68 times: 36 in the family home, 6 in independent/supported living, and 26 in group homes/other settings.

Utilization of 4 or more prescription medications was highest in the Southern and Central Regions for waiver participants and Southern and Northwest for CDC+ participants. Group homes were 2 times more likely to have individuals taking 4 or more medications than other residential settings. Pauline Lipps asked if the types of medications could be shown to see what is being treated. Katherine will look into this breakdown for the next meeting.

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Katherine shared Provider Discovery Review (PDR) data for service providers, WSCs, CDC+ Representatives, and the lowest scoring PDR standards. For January-May 2016, 508 PDRs with service providers had been conducted and a total of 371 observations. 259 of the observations were announced and 112 were unannounced. The Statewide PDR Component Scores were all over 90% with little variation across the Regions for service providers and WSCs. The lowest scoring standards for the PDR in the individual (82.5%) and the staff (82.6%) interviews related to providing information about social roles. This is consistent with the other interview types.

The CDC+ Representative results for January-May 2016 were 93.3% for the State. The Northwest Region had a 89.9% rate and the remainder of the Regions were over 90%. The lowest scoring standard for CDC+ Representatives is the standard for background screening.

Annual in-service hours continue to be a concern for providers in the qualifications and training component. Agency providers were most often missing the following required documentation:

- he method for management and accounting of any personal funds, of all individuals in the care of, or receiving service from, the provider
- Hours and days of operation and the notification process to be used if the provider is unable to provider services for a specific time and day scheduled
- How the provider will ensure compliance with background screening and five-year rescreening.

For observations, the lowest scoring PDR standards include: having keys to the home, being unable to lock the bedroom door, bedroom doors that do not lock, participation in the development of the house rules, and training in use of public transportation.

Katherine reviewed the reported alerts from January-May 2016. There were 5 related to rights, 16 for health and safety, 1 reported to the abuse hotline, 48 related to background screening, 23 related to medications, and 3 related to driving information. The percentage of PDRs with an alert was 7.6% based on a total of 1288 PDRs and 98 alerts.

9. Action Items/Adjourn

Robyn Turlakis, Regional Manager- Delmarva Foundation

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Members were asked to review samples of service logs to discuss what makes a good service log and what would make it a useful service log for service delivery.

The workgroups will schedule conference calls to move action plans along by the October 2016 meeting in Tallahassee, Florida.

Additional Information

2016 Meeting Date Selections:

Tallahassee 10/6

Meeting selections for the 2017 meetings will be made at the October 2016 meeting.

Attachments:

July 2016 Agenda- Word

March 2016 Minutes-Word

CMS Handout- PDF

HSRI NCI Data -PowerPoint

Delmarva Data Presentation- PowerPoint