QUALITY COUNCIL MEETING MINUTES

Hilton Garden Inn Tallahassee Central 1330 Blairstone Road Tallahassee, FL 32301 9:00 a.m. – 4:00 p.m. Wednesday November 14, 2018

Type of meeting:

Quality Council Meeting

Facilitator(s):

AndraLica McCorvey Theresa Skidmore

Attendees:

Jill MacAlister, CDC Consultant
John Collins, Self-Advocate
Patty Houghland, Disability Rights Florida
Kathy Clinton, Family Member
Courtney Swilley, FARF
Holly Hohmeister, FDDC
Veronica Gomez, Agency WSC

APD Attendees:

Edwin DeBardeleben Kaleema Muhammad

AHCA Attendees:

AndraLica McCorvey Beth Henry Cathy Cross

Qlarant Attendees:

Theresa Skidmore

Kristin Allen

Charlene Henry

Robyn Tourlakis

Katy Glasgow

Sri Palamoor

Diane McComb

Other Attendees:

Stephanie Giordano, HSRI Paula James, Family Care Council Florida

Absent QC Members:

David Roosa, Family Member
Don Welde, Solo WSC
Jose Hernandez, Agency Provider
Pauline Lipps, Family Care Council Florida
Theresa Wyres, Small Agency Provider

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

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

QQS - Qlarant Quality Solutions

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

1. Welcome & Introductions

Theresa Skidmore, Florida Director – Qlarant

Beginning at approximately 9:00 a.m., Theresa Skidmore opened the meeting. Attendees introduced themselves. Theresa welcomed members and guests.

2. July 2018 Refresher with Approval of Minutes

Theresa Skidmore, Florida Director – Qlarant

Theresa Skidmore, Qlarant, provided a refresher from the July 2018 meeting held in Orlando, Florida. Please see the July minutes for details. A motion to approve the minutes was made by Jill MacAlister and seconded by Courtney Swilley.

3. AHCA Update

AndraLica McCorvey, Contract Manager – AHCA

AndraLica McCorvey, AHCA, gave an AHCA update. AndraLica stated there is still a moratorium in Miami for Behavior Service providers under Medicaid State Plan. People are getting services, but there was a lull in those services being approved. AndraLica also talked about the Statewide Medicaid Managed Care (SMMC) Plan Roll Out. Jill asked about dental providers under the plan, including waiver dentists. AndraLica said there should be at least two dentists per region in the plan. She said she was not sure about waiver dentists being invited to enroll in the plan as providers. Patty asked if sedation would be covered for routine services. AndraLica said she'd find out.

4. APD Update

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

Kaleema Muhammad, APD gave the update. Kaleema stated APD completed the pilot test for the Next Generation QSI (NG-QSI). They are preparing for the field test that will take place March-May 2019. 500 individuals will be a part of the field test and 100 of the individuals in the pilot test will be included, in the field test. The NG-QSI is designed to fulfill 5 purposes to assist

individuals in receiving services. These are: 1) identify support needs, 2) allocate resources for meeting support needs, 3) assess and promote social integration, 4) alert key persons to avoid unnecessary hardship, illness or harm and 5) study the needs of the APD service population, plan services and monitor trends. Jill expressed concern with how much time it takes to conduct the assessment, indicating an experience she had with someone where it took almost 2 hours to do. Theresa asked how long the current QSI assessment takes to administer. Jill responded 1-1.5 hours. Kristin asked if there would be any mechanism where a certain section could be skipped if something is not identified as a need. John commented if the assessment can catch all the issues a person is having, is 2 hours really too long, especially from a long-term cost perspective. Jill asked if the assessment could be done with caregivers and then have the person included to finish it. Kaleema said the assessment was not designed to be administered that way. Kaleema went on to state that the tool is being automated in preparation for the field test. This will assist APD in gathering data and generating reports. An Instructional Designer is developing case studies as well as protocol to certify assessors on the use of the tool. Assessors will be trained and certified on tool usage in February, prior to the start of the field test. A reliability and validity study of the tool will be conducted based upon data obtained from the field test to ensure it meets its intended purposes. Patty asked if APD is accepting all current QSI assessors into the new process or will there an opportunity for the public to apply to become assessors. Kaleema said she does not know but will find out. Kaleema stated APD iConnect and EVV (Electronic Visit Verification) are scheduled to go into implementation early 2019. Jill asked if providers have been trained or will they be trained. Kristin asked would this be required for every service. Kaleema said EVV would not be required for every service and its being put in place because it is a federal requirement. Kathy asked if providers would be required to input schedules in the EVV system. Patty said in her current experience the provider EVV system she is working with does not do that. Suzanne voiced concerns with system interfacing. AndraLica asked Kaleema to explain APD iConnect's purpose. Kaleema said its purpose is to bring several systems together to help providers be able to get and see information. Kaleema talked about CMS/New Editions updates. There has been a residential trend related to lease documents not being compliant, for group homes. APD has developed a sample lease to provide technical assistance to providers with difficulties in this area. A question was asked about leases and planned communities. Kaleema said planned communities leases have to comply with the Landlord Tenant Act. Kaleema said she would send a resource document on planned community issues. One of the nonresidential trends was related to people having access to opportunities to gain the skills required to be successful in competitive integrated employment. APD sought and received technical assistance from CMS/New Editions in a brief session and have re-applied for continued assistance. Kaleema rounded out her comments informing the membership Carlton Palms has closed and all residents have successfully moved into other settings. John asked about the recent gubernatorial elections and if there is a person with I/DD involved in meetings when plans go to the governor's office. Kaleema said she knows APD sends a report to the governor's office detailing their agency overview, agenda and budget. Holly commented people usually get into those meeting on an advisory basis only, and those are a select group of people.

Jill indicated the centralized Residential Habilitation placement is still not working and would like to discuss some of the barriers being faced.

6. IDD Trends Nationwide

Diane McComb, Disabilities Division - Qlarant

Diane McComb, Qlarant presented on Disability Trends Nationwide. Diane talked about the number of people currently in the public system. She took the membership through where persons with IDD live by residential setting and the projected growth for this area. Diane discussed Medicaid costs noting how people with disabilities make up 14% of people enrolled and consume 40% of the services. She discussed spending trends being unsustainable and posed the question, what do we need to do differently so that people with I/DD have access to needed services in the future? Diane discussed provider capacity to serve people in the system. Patty commented on the costs for people living longer and wondered does this show up anywhere as those costs are definitely rising.

Diane talked about the labor market for service providers/direct support professionals and noted that it has not kept pace with things like wages and worker treatment. She touched on the issue of turnover and costs for training people. John commented he thinks people leave the field because they really do not know what they are getting into until they get in and do the work. Diane discussed Managed Long Term Services and Supports and pointed out 39 states use it in some aspect. She rounded out the presentation by touching upon Electronic Visit Verification, OIG (Office of the Inspector General) Investigations and other important disability issues.

Please see slides for more details.

8. HSRI Data Presentation

Stephanie Giordano, Policy Associate – HSRI

Stephanie Giordano, HSRI presented information on the Staff Stability Survey. Stephanie presented the survey in general and described how it allows the gathering of data on the direct support professional (DSP) workforce. This does not include agency subcontractors. The survey collects data on the types of services provided, number of direct support professionals employed, number that have ended employment with the agency, number of positions at the agency, average and starting wages and benefits provided. She went on to discuss why it is important, touching on the fact that spending and HCBS enrollee numbers continue to climb. Stephanie discussed how states use the NCI Staff Stability data, which includes providing data at the state level, monitoring and evaluating workplace policies and initiatives as well as for stateto-state comparison. She talked about the instructions for the survey. Ed asked about sampling. Stephanie stated they work with each state to determine the sample. Theresa asked does HSRI have a way to collect data on how many 1099 or contract employees there are. Stephanie discussed what to do with the data and noted wages are not the only reason for doing the survey, as there are other areas that can be addressed such as worker retention. Ed asked how HSRI is tracking if a wage increase went to DSPs, if you did a sample survey and did not survey the entire provider pool? Stephanie said you would see it in the data collected. Ed asked does HSRI use information from actuaries. Stephanie said she does not think so. Diane

commented that the DSP/Direct Care Worker category needs a Standard Occupation Classification (SOC) and the federal government is looking at this issue.

Please see slides for more details.

10. Qlarant Data Presentation

Katy Glasgow, Senior Scientist - Qlarant

Katy Glasgow, presented an overview of data from Person Centered Reviews (PCR), Waiver Support Coordination/Consumer Directed Care (WSC/CDC+) Record Reviews and Provider Discovery Reviews (PDR) for July –September 2018. Katy started by going over the number of PCRs and declines. She then took us through the record review results for PCRs and PDRs noting lower scoring standards for Waiver Support Coordination/Consumer Directed Care (WSC/CDC+) and PDRs. Veronica asked has Qlarant started reviewing for the new Support Plan and is it in this data. Kristin said we have not yet started reviewing for the new Support Plan. Kristin went on to point out there has been an expansion to the not met reasons for policies and procedures. AndraLica noted that these are not billing discrepancy standards. Katy discussed the new interview tools for individuals, staff and Support Coordinators. She touched on the overall findings by outcome and supports, new Likert scale indicators, and stability indicators. Patty asked do we expect outcomes will lower as we further educate people as to their options. Katy discussed low scoring indicators for the PCR interview. Ed asked could Qlarant narrow down not present reason by living setting. Katy said yes, we could. Katy talked about alerts. Theresa commented that alert types have been broken out further and there is still a provider learning curve as it relates to the Clearinghouse.

Please see slides for more details.

11. Quality Council Follow-up & Next Steps

Theresa Skidmore, Florida Director – Qlarant

Theresa talked about how to better disseminate information to providers statewide to introduce Qlarant and how to get ready for a review. The following items were key points to include: who is Qlarant, Qlarant's role, website information, expectations for providers to participate in line with their med-waiver agreement. Other comments were that it might me good to explain the benefit of the review process and that it meets a requirement for the state to continue to have the waiver program. Qlarant will work on getting something put together for use by APD regions and will pull in members as needed during the process.

12. Action Items/Adjourn

AndraLica McCorvey, Contract Manager – AHCA

Charlene Henry led the discussion regarding 2019 meeting dates/locations. Members chose dates in March, July and October. See additional information below for details.

Additional Information

2019 Meeting Date Selections:

March 14th, Tallahassee Florida

July 18th, Orlando Florida

October 17th, Tallahassee Florida

Attachments:

July 2018 Minutes -PDF

Qlarant Data Presentation – PowerPoint

HSRI Data Presentation – PowerPoint

IDD Trends Nationwide Presentation - PowerPoint