

June 2015 Quality Council Meeting Minutes

Type of meeting:

Quality Council Meeting

Facilitator(s):

Tammy Brannon, Contract Manager-AHCA

Attendees:

Don Welde, Solo WSC

John Collins, Self-Advocate

Jose Hernandez, Provider

Patrick Driskell, Self Advocate

Paula Whetro, Provider

Pauline Lipps, Family Care Council Florida

Shelby Nurse, Self-Advocate

Veronica Gomez, Agency WSC

APD Attendees:

Edwin DeBardeleben

AHCA Attendees:

Tammy Brannon

Marlon Storey

Delmarva Foundation Attendees:

Bob Foley

Charmaine Pillay

Christie Gentry

Kristin Allen

Sue Kelly

Theresa Skidmore

Robyn Turlakis

Other Attendees:

Stephanie Giordano, HSRI
Joan Grant, Provider
Beverly Callum, Provider
Coy Driskell, Family Member
Cathy Clemons, Provider
Kathy Parker, Self-Advocate
Nanette Calligan, Provider

Absent QC Members:

Cydeon Trueblood, FDDC
David Roosa, Family Member
Jill MacAlister, CDC Consultant
Linda Mabile, Florida ARF
Patty Houghland, Disability Rights Florida

Note Taker:

Robyn Turlakis, Delmarva Foundation

Acronyms:

ABC- Allocation, Budget and Control System
ADT- Adult Day Training
AHCA- Agency for Health Care Administration
APD- Agency for Persons with Disabilities
CDC-Consumer Directed Care
CMS- Centers for Medicare and Medicaid Services
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

I/DD- Intellectual and Developmental Disabilities
IQC- Interagency Quality Council
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

Robyn Turlakis, Regional Manager- Delmarva Foundation (DF)

Beginning approximately at 9:00 a.m., Robyn Turlakis opened the meeting. Attendees introduced themselves. Robyn welcomed members and guests. The Council welcomed 2 new members, Shelby Nurse and John Collins.

2. Refresher from March 2015 Meeting

Charmaine Pillay, Florida Director- Delmarva Foundation

Charmaine Pillay, DF, provided a refresher from the March 2015 meeting held in Tallahassee, Florida, including the following:

- Marlon Story, Agency for Healthcare Administration (AHCA), described the status of the Centers for Medicare and Medicaid Services (CMS) transition plan, the iBudget public comment period, and the AHCA unit restructure. He said he would provide a copy of the new organization chart to Quality Council members.
- Ed DeBardeleben provided Agency for Persons with Disabilities (APD) updates on the status of Florida's CMS transition plan, status of the client database management system (Harmony) and the workgroup revisions to the Support Coordinator pre-service training in TRAIN (Training Finder Real-time Affiliate Integrated Network) facilitated by Pamela London, APD.

- Charmaine Pillay, Kristin Allen, and Theresa Skidmore, DF, provided updates on the Discovery tools for the Person Centered Review (PCR) and Provider Discovery Review (PDR) processes.
- Sue Kelly, DF, provided data to the membership regarding background screening compliance, review activity volume, and PDR and Service Specific Record Review (SSRR) scores.
- Elizabeth Pell, Human Services Research Institute (HSRI) assisted the workgroups with action planning. The workgroups presented action plans for employment after meeting with LeeAnn Herman (APD) and self-advocacy after meeting with Dr. Angela Amado on the Quality Improvement Projects. The dental workgroup requested assistance in locating grant writers.

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

3. Review and Approval of March 2015 Minutes

Charmaine Pillay, Florida Director- Delmarva Foundation

Charmaine Pillay presented the March 2015 minutes for approval. Edwin DeBarbeleben requested one edit on page 5. The APD Chief of State is Karen Hagen instead of Karen Peters. A motion to approve the minutes with the edit was made by Paula Whetro and seconded by Pauline Lipps. The March 2015 QC minutes were approved unanimously.

4. AHCA Update

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

Tammy Brannon, AHCA, thanked Delmarva Foundation for the quick response time for recent edits to the Discovery process requested by AHCA. Tammy thanked APD for understanding the need for the edits. Tammy introduced Marlon Storey, AHCA. Marlon updated the membership on the iBudget Handbook. In the next 2 weeks, the notice of change will be completed. The timeline for promulgation is September 2015. Additionally, the iBudget fee schedule, CDC+ Handbook, and Consumable Medical Supplies/ Incontinence fee schedule are in process. These are closely linked to the iBudget Handbook.

5. APD Update

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

Edwin DeBardeleben provided the APD updates. He welcomed the new members, John Collins and Shelby Nurse. Ed reminded the membership about Family Café. This event is scheduled June 5th-7th, 2015.

Ed shared news of the special session occurring with the legislature. This is occurring through June 21st and will include the 2015-2016 budget. Once the budget is approved, APD can move forward with the client database management system, Harmony. The goal is to start the 18-month transition process in July 2015 with availability to Waiver Support Coordinators. Eventually, there will be access for families and individuals reviewing services. Harmony will be able to analyze trends, including trends in reactive strategies and licensing monitoring.

The memo of agreement with the Department of Health for the TRAIN system has been signed and training is being developed for implementation. The goal is to have Zero Tolerance, Direct Care Core Competency, and the Waiver Support Coordinator (WSC) pre-service training on-line by September 2015. The next courses to be developed will include training for Supported Living and Supported Employment services. TRAIN will also have an internship program which will be classroom based. Stakeholders including parents, providers, self-advocates will be able to create an account on the system. Pam London will be presenting at Family Café on the 6th at 2:30pm.

Ed provided an update about the CMS Transition Plan. The Plan is in question and answer phase with CMS and once all questions are answered it will be routed for approval. Tools are being developed to define the desired components of the residential and non-residential settings, and will be available for all Florida waiver programs to utilize. This includes Juvenile Justice, Brain Injury, and Long Term Care waivers. The tools will be open for public comment until 7/17/2015. APD will also compile data from the Delmarva processes to incorporate into the transition plan requirements. While the plan is a 5-year transition, Ed noted one year has passed leaving 4 years to be in full compliance.

Ed reviewed information pertaining to the background screening clearinghouse. At this time, the local law and the Affidavit of Good Moral Character will need to be maintained by the provider. The provider will still be required to show FDLE and FBI clearance results to DF reviewers. Shelby Nurse indicated it takes months for a new staff to be approved for a CDC+ purchasing plan. Veronica Gomez indicated the background screening is often the factor causing the delay. All are hopeful the clearinghouse process will reduce the turnaround time.

APD has an initiative in process to better address and render services to individuals with a dual diagnosis of I/DD and mental health. A rapid response team is being compiled to assist in stabilizing people in their homes instead of a Baker act occurring. APD is reviewing models of service from other states. Once a model is decided upon, APD will complete a LBR (Legislative Budget Request) to create a new waiver service. The rapid response team would include medical staff, social workers, WSCs, nurses, and psychiatrists. The service would be available to children and adults. John Collins asked if Florida is looking at states comparable to Florida. Ed indicated there is a grid to compare the various state systems. APD will complete a RFP (Request for Proposal) for this endeavor.

Ed thanked Delmarva Foundation for the revised tools. He indicated the data identified trends for process enhancement including a better Support Planning process. A group discussion occurred regarding video monitoring cameras in residential settings. Ed indicated APD would

be working to better address this concern. Jose Hernandez has received requests from family members to add cameras to the bedroom and bathrooms of his homes. He said families are upset when his agency refuses to do this for privacy reasons. Charmaine Pillay spoke to the group and reminded all it is our responsibility to continually provide education for family members, residents, and the community on the right to privacy. Shelby Nurse indicated many personal residences have cameras since theft can occur by provider staff. The informed consent piece is key to the topic. Sue Kelly shared results from past quality improvement studies where privacy was a strong indicator of outcomes being met for a person. John Collins felt most group homes are small facilities instead of being true homes to the person. Ed is hopeful the CMS expectations will assist in making improvements in homes.

6. Annual National Core Indicators Performance Data

Stephanie Giordano, Policy Associate-HSRI

Stephanie Giordano, HSRI, delivered a presentation to share Florida NCI Consumer Survey Results from 2013-2014. The membership reviewed the data to generate ideas for current or future quality improvement projects.

There are currently 42 states utilizing National Core Indicator (NCI) interviews. Florida joined in 2010. The NCI looks to answer how a state is addressing items important to everyday living. For 2013-2014, the Florida sample was approximately 1,400 and the national sample approximately 15,000.

From the demographic information shared, it was noted Florida's overall population was younger with the highest percentage living in family homes. A greater percent of individuals in Florida resided in their own homes, 18 percentage points over the national average. The implications of this were discussed: aging caregivers, need for education on special needs trust, and crisis cases.

Review of psychiatric disabilities results for Florida indicated Florida has a lower percentage of reported diagnoses. Florida data indicated less need for support for those with self-injurious, disruptive, or destructive behaviors than the national averages.

For meaningful day activities, Florida was six percentage points below the national average for individuals with community employment. In addition, while 42% of individuals in the sample desired employment, only 20% identified an employment goal in the Support Plan. Don Welde asked if Adult Day Training (ADT) centers were considered in these figures. Stephanie indicated the intent of the question is to address paid employment in the community only. John Collins said while people may call a sheltered workshop work they might not have been exposed to other options. Pauline suggested ADTs can be a stepping stone, but should not become the only option available to a person. Florida has initiatives for employment and is an employment first state. Shelby Nurse shared she recently began her employment and stated the approach to employment needs to be individualized to the person. Patrick Driskell shared he is currently looking for employment and has been frustrated by the process. While there are programs and support for employment, outcomes have not risen. Many members

indicated transportation and VR as barriers to employment for the I/DD population.

In the areas of choice and decision-making, Florida is above the national averages for everyday choices and life decisions. Support Coordination continues as a programmatic strength. One graph illustrated people without guardianship made increased choices in their lives. The Florida Developmental Disabilities Council (FDDC) is working on a rights restoration project. John Collins asked if the NCI asks about desires to keep the guardian you have. Stephanie indicated this is not a question asked. John asked if the reviewers probe to see if the “yes” response is a real yes and Stephanie indicated yes. He asked if there are longitudinal candidates in the NCI. Since the NCI is anonymous, there are no longitudinal interviews since it would compromise the intent not to identify individuals. Don Welde asked if future versions of the NCI would include more questions on fears of losing benefits. Stephanie indicated it would have more places for information on benefits to be captured in the new survey in effect 7/1/2015.

Regarding community inclusion, Florida was close to the national averages in most questions. Questions about community inclusion relate to going into the community for shopping, errands, entertainment, and other community venues. A graph showed community participation was negatively impacted if the person used mobility aids. Shelby Nurse asked if the mobility question delves into issues with transportation. Stephanie indicated it does not, but there are additional questions in the NCI revisions.

For relationships, while below the national average of 40%, 36% of individuals in Florida receiving services reported feeling lonely at least half of the time. Feedback was given to HSRI on looking at moving from theoretical based questions for this area to experience based. An example included ‘did you date instead of can you date’. Florida was higher than the national average in areas related to rights, privacy, and safety. Theresa Skidmore asked if the rights, privacy, and access data could be stratified based on living situation. Stephanie will look into pulling this information. While opportunities to participate in self-advocacy meetings were higher than the national average in 2012-2013, it was lower this year (24% with a national average of 33%). For additional services needed, John Collins said if people were supported to build social skills and natural friendships, the Life Skills Development 1 Companion service would not be needed.

For preventive health care in the health and wellness category, Florida remained under the national average for dental care and hearing screening. Residents of group homes were more likely to have preventive health screenings than residents in family homes. Florida was slightly under the national averages for age and/or gender specific screenings such as colorectal screening, mammograms, and pap screening. Often lower performance was seen in family homes and own homes for these tests. Florida was lower than the national average for obtaining flu vaccine and pneumonia vaccine. The pneumonia question is asked of all respondents, regardless of age.

At 48%, Florida was under the national average of 55% for people taking at least one medication for mood, anxiety, behavior, or psychosis. The percentage of individuals taking medications for mood, anxiety, behavior, or psychosis by residence was higher for residents of

group homes. In addition, 14% of people taking at least one psychiatric medication did not have a psychiatric diagnosis.

Ed asked if the CMS expectations were kept in mind when the NCI survey was updated. Stephanie indicated they were and future presentations could show how Florida is performing. Shelby asked if the sample is random and learned it is. She asked if the revisions to the NCI survey were piloted and they have.

7. Delmarva Data

Sue Kelly, Senior Scientist- Delmarva Foundation

Sue Kelly, DF, provided the membership with an update of the Delmarva Foundation PDRs and PCRs conducted for quarter 1 of 2015 (January-March). DF conducted:

- 402 PCR interviews and 206 PDR interviews with individuals receiving services
- 108 observations conducted at adult day trainings and residential homes
- 227 staff interviews for PDRs and 363 administrative reviews conducted.
- 294 WSC interviews and file reviews conducted and 108 CDC+ Consultant interviews (PCR components)
- 112 CDC+ Representatives reviews

The individual interview standards include four components: person centered supports, community, safety, and health. Community is made up of four sections. These include residence, work, participation, and relationships questions.

For PCR interviews with individuals, results were high for all the standards in all of the regions. The average was 95.6% for the standard waiver and 98.4% for CDC+. John Collins asked if the person knows they will be reviewed. Sue answered yes, since these are scheduled with individuals at a time and place of their choice. A discussion was held if individuals being interviewed are coached prior to the interview occurring. While it would be okay to use the tools to familiarize people with the questions, it is expected providers would not direct what individuals say. There is a difference between education and coercion. Discussion was held for potential modifications to the interview tool to remove the person centered practice score from a PCR a score, so the conversation with the individual receiving services could be inclusive of all the providers and services and not just the WSC. The QC members supported this decision.

For PCR interviews with the WSC, results were high. This correlated to the high rate of satisfaction from NCI data. For WSC interviews, the state average was 96.6%. SSRR scores for WSCs were 94.7% statewide and 97.6% for CDC+ Consultants statewide.

Sue compiled the data for the service provider PDRs for Quarter 1. Statewide the scores were as follows: policies and procedures 95.8%; qualifications and training 94.4%; service specific record reviews 90.6%; staff interviews 96.6%; individual interviews 96.3%; and observations 96.9%.

Charmaine Pillay asked members to share feedback on the interview tools with her.

8. Action Plans Next Steps- QI Projects

Quality Council Members

After the workgroups met to discuss their next steps, each group provided an update.

Veronica Gomez provided an update for the community connections/self-advocacy workgroup with a focus on community connections and self-advocacy. Veronica and her group will develop ways to send the booklet out to the WSCs and providers in their respective Regions and ask people to incorporate into stakeholder trainings.

Don Welde provided an update for the employment workgroup. The group will focus on three state websites for accessibility. The group will create a step-by-step guide on how to effectively utilize the website for employment searches. The information will be consolidated into a PowerPoint presentation/DVD for dissemination.

9. Florida SAND Presentation

Tricia Riccardi for Amanda Baker

Tricia Riccardi, Self-Advocate and past Quality Council member, shared information about Florida SAND. Their website can be found at flsand.org. The self-advocacy organization is comprised of regional groups formed in 2011. There are currently 15 regional groups and they meet throughout the year. There is an annual conference where all the regional groups meet for advocacy and education.

10. Action Items/Adjourn

Tammy Brannon, Contact Manager-AHCA

The workgroups will schedule conference calls to move action plans along by the October 2015 meeting in Tallahassee, Florida. At the October 2015 meeting, dates for the 2016 meetings will be determined.

Additional Information

Future Dates:

Thursday, October 8th, 2015 in Tallahassee, Florida

Attachments:

June 2015 Agenda- Word

March 2015 Minutes-Word

Delmarva Data Presentation- PowerPoint

HSRI NCI Data Presentation-PowerPoint