

## QUALITY COUNCIL MEETING MINUTES

*9:00 a.m. – 4:00 p.m.*

*Thursday October 15, 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

### **APD Attendees:**

Edwin DeBardeleben

Beth Mann Pace

Meghan Torres

Kaleema Muhammad

Sheila Mott

### **AHCA Attendees:**

AndraLica McCorvey-Reddick

**Qlarant Attendees:**

Bob Foley  
Theresa Skidmore  
Sue Kelly  
Charlene Henry  
Katy Glasgow  
Sri Palamoor  
Robyn Turlakis  
Kristin Allen  
Christie Gentry  
Janet Tynes

**Other Attendees:**

Valerie Bradley, HSRI  
Stephanie Giordano, HSRI

**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  
QO- Qualified Organization  
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 9:00 a.m., Theresa Skidmore opened the meeting. Theresa welcomed all members, guests; also provided introductions and housekeeping comments.

**July 2020 Refresher with Approval of Minutes**

Theresa Skidmore, Florida Director – Qlarant

Theresa Skidmore provided a refresher from the July 2020 meeting held via GoToMeeting. Please see the July minutes for details. A motion to approve the minutes was made by Dina Justice, and seconded by Veronica Gomez.

## **AHCA Update**

AndraLica McCorvey, Contract Manager – AHCA

AndraLica greeted attendees and thanked them for participating in the meeting.

## **APD Update**

Edwin DeBardleben, Chief, Program Development, Compliance & Policy  
Sheila Mott, Organizational Change Management and Training Manager

Ed provided an update regarding the Agency's efforts related to Covid-19. APD continues to track all positive cases reported to them. Ongoing testing needs for Sunland and Tacachale are being addressed with Department of Health. Department of Emergency Management is addressing PPE for facilities. The APD website has additional information about Covid-19 efforts. APD is aware the pandemic is affecting service delivery. QSI assessments occur every three years and APD is doing a study right now to see if the assessment can be conducted using virtual technology instead of face-to-face. The study is almost done and it has been informative but is still in the evaluation phase. Ed thanked members for feedback related to WSCs and implementation of SB-82, which takes effect July 2021. A Rule workshop will occur in November 2020 for public input on the draft rule. Details will be made available prior to the workshop. There will also be a Training Rule workshop. Training will have an online component with a competency test, mentorship requirement and a level two training (face-to-face) in the Region. Once the training curriculum is official, it will only be conducted by APD. This means WSC agencies will no longer be able to train their staff. All WSCs will be expected to retake the training; it will count toward in-service credits hours. Veronica asked if the mentorship part is within the agency or something else. Ed said it is still in development but he is looking for it to be hosted within the QO (qualified organization). Mentors will be existing/seasoned coordinators. Veronica asked would the level two training cover what the current region specific covers. Ed said it'd likely be a combination of Statewide and Region curriculums. Dina asked about the November workshop. Ed said it was for the qualified organization and training rule. Patty asked had the new QSI been finalized. Ed said no it has not.

Latosha asked when will other providers or organizations be able to start visiting folks in the group homes again? Ed said APD is working with the Governor's Office and Department of Health on the details, so can't give a clearer answer. Ed noted there is a lot to consider when having providers and other agencies return to servicing people in the home during this time. APD wants to make sure everyone is considered and things are being done to help everyone maintain health/safety. John felt PPE (Personal Protective Equipment) in group homes and other facilities is very important. He asked why it is taking so long to make sure these places have PPE. Patty commented PPE was being provided to homes

when testing was being mandated for all homes. When mandatory testing ended, the PPE did as well. Providers had to get their own PPE and it is taking too long to get it in place for everyone. Ed said there is a team working on this; he said he'd make sure the concerns expressed here are shared with the APD team. John asked how much PPE has been given to providers. Ed said he doesn't know. Linda Travis spoke about the documents she sent to Ed from over 150 WSC statewide. She asked about the priority for QO applications to be pushed through. Ed said the Rule will specify the requirements but everyone will get to see it and provide feedback. Linda asked if she could go ahead and apply; would she have to submit addendums as time goes by? Should she wait or not? Ed said WSC can contact their Regional Office - Provider Enrollment to work on the application process. They can also reach out to Lynn Dawe, State Office Provider Support/Relations. Linda asked how would case files be transferred. Concern is the process is extensive and people receiving services have choice now and should maintain that choice as this process unfolds. Ed said more information to come on the caseload transfer issue. Linda commented she'd like to see an extension for the application process and case file transfers, so everyone has time to get things completed, especially given potential bottlenecks in the process. Patty commented there is now a September 2020 Handbook Approved. Ed noted an upcoming advisory about a toolkit for WSC providers to become a QO. Latosha asked Ed about people being able to get out into the community right now. Ed said he is not sure about that but he knows there are screening questions being asked in the homes before they let people in. Theresa asked who gets to decide if people in the homes get to go out or not. Are there any APD Policies on this issue? Theresa asked Ed to follow up on this issue for members. Ed said he'd take these questions back to APD to get answers for members.

Shelia spoke about APD iConnect. She thanked QC members and SCAF (Support Coordination Association of Florida) for sending questions and comments. Shelia started out saying there will be adjustments in getting used to the new system. APD did testing with WSCs in 2018 and gathered WSC input on the system at this time. There are limits to what the system can do and APD is making changes as they can. She gave an example of the button for WSC Progress Notes. This button was added in response to the concern over security of information, from WSCs. Shelia then talked about the time-out issue. She noted they are trying to address the issue with WellSky. . Veronica asked if it would be helpful to have a forum to put out suggestions or another way to give feedback to APD and not only complaints. Shelia said you can submit a ticket to the helpdesk or you can submit suggestions to [iConnect@Apdcares.org](mailto:iConnect@Apdcares.org). APD has received tickets about Person-Centered Support Plan issues; currently they are working on revisions – adding fields. APD will test the new form next week, and when approved they will work with WellSky to update in iConnect. Shelia talked about the time it takes to complete the form and then it times out and nothing was saved. Shelia

said the request to extend the Support Plan submission timeline would not be given. It would be a good idea to document issues with iConnect include Helpdesk ticket number in case notes. Cost Plans – time it's taking for review by State and Region Office; APD analyzed this area and found not all needed to go for review. Shelia referenced the APD website, WSC Advisory on iConnect Cost Plans. She referenced the WSC Library and new videos available about a variety of topics. Cost Plans in draft or pending status will not pass validation status. She suggested WSCs try to validate it first to see if it needs to be reviewed by APD, as this would save time. Issues with manual rates and making changes - you lose the rate when you adjust it. Shelia suggested taking a screenshot before changing it so you can retain it for re-entry. SAN Request – APD needs to see what the Cost Plan looked like at the time of the request. Go in and adjust plan services to meet immediate need, update authorizations once it passes validation, then create the SAN. Once submitted, you are free to update the Cost Plan, as you need to. Provider adaptations to iConnect and impact to quality of care – Shelia said Respite providers had a five-day training, May 2020. Personal Supports providers were trained most recently. They did a pilot to launch Personal Supports solo providers to give one on one feedback to help improve training material and assist providers to be comfortable working in the system. Another pilot group will start next week; this group will have agencies. APD now has Service Logs in iConnect. They are working with Personal Supports and Respite providers to get ready for Electronic Visit Verification (EVV) implementation. There will be no change to how providers submit billing in 2020. Veronica commented about having a report feature for progress notes, to see past notes. Access - WSCs can't get access to the system until they have the Treating Provider Medicaid number, which places a burden on supervisors to enter Progress Notes. Shelia said they are working on the feature now. Shelia rounded out her discussion with an update on the Case Management Manual; some chapters have been removed as they found they don't apply to WSCs. Helpdesk – evaluating this to meet the need of the providers and WSCs. Right now, these calls are not handled until the next day if they come in after hours. Jill commented that she wanted to make sure to convey the huge workload issue with using iConnect along with all the daily happenings of their work.

#### Questions:

- Will WSCs be able to enter all notes at the end of the month or do they need to do it one day at a time? Shelia will have to get an answer but she is not sure the field will hold one big note at the end. Veronica said they were told at training they have to do two separate entries.
- Will iConnect have any sort of goal tracking? Shelia said not right now.
- Will billing change in 2021? Shelia said it would be a phased in approach sometime next year.

- When will EVV go into effect? Shelia said she doesn't have an exact timeline or date but this will be phased in.

### **HSRI Presentation**

Stephanie Giordano, Policy Analyst

Valerie Bradley, President Emerita

Valerie provided an NCI Overview, with the State and National perspective. She talked about the purpose of NCI. She went over results of the Adult Family Survey. There are three family surveys: one for under 18, another with an adult living outside the family home and the Adult Family in which the person receiving services lives in the home. She said HSRI has been doing Covid bulletins to keep families aware at this time. The family survey mailed in early 2021 will include Covid-19 related questions. Valerie talked about why the data is important and how it could give Florida vital information pre-, during and post Covid. Stephanie talked about the survey results. She went over race and ethnicity of family member receiving services. She talked about the age and health of respondents and household income. Theresa asked if earned income could include retirement income. Stephanie said yes, retirement income could be included, as this is self-reported. Stephanie reviewed Behavioral Support needs, crisis and emergency services. Valerie spoke about crisis services during Covid and noted telehealth was introduced at the start of the pandemic to meet the need. Crisis phone lines were also put in place to support people. Families are suffering from isolation, stress and anxiety at this time. Stephanie talked about access to needed supports and additional support needs. Theresa reminded all the survey is a national survey and therefore some of the terms may not be specific to Florida. Valerie spoke about services and supports during Covid, such as day programs and first principles of family support like information, choices and control as well as utilizing family expertise. She also talked about self-direction (CDC+ in Florida) as a means to maintain flexibility and control as well as States responses to the pandemic. Stephanie discussed participation in community activities, resources and networks. John asked when it comes to people taking part in community activities, did discrimination within the family factor in? Stephanie said no. Valerie said HSRI will be doing remote surveying and they are piloting this right now. Valerie rounded out the discussion with ways people and families can stay connected. Theresa said, this year Qlarant would do the Adult Family Survey (AFS) mail-out survey for the 2021 year. Qlarant will oversample to reach 400 valid surveys. Qlarant will also resume In Person Surveys (IPS) via video; we are gearing up to do training with HSRI. John commented he is interested in seeing what comes out of Minnesota, as he's familiar with them being progressive and forward thinking. Stephanie said she hopes everyone will be able to get a better understanding of how states are using technology and helping people to have access during these times.

Please see presentation slides for more details.

### **APD – Critical Incident Reporting and Management**

Meghan Torres, Program Administrator for Quality Improvement

Kaleema Muhammad, Program Manager of Quality Assurance Unit

Kaleema gave an overview about the Incident Management System and she reminded us we each have a different focus as we think about the system but overall our focus is health, safety and welfare. Right before the pandemic hit, APD was scheduled to have a visit from CMS but this was postponed. They have measures to track for the federal government and two of the four are related to the incident management system. Meghan said APD does trending at the individual, provider, regional and state level. The purpose of this is to talk about incident management as a whole. There was a WSC webinar about Health and Welfare of APD Consumers, March 2020; it's on the APD website under Support Coordination. Meghan went on to talk about incidents, giving a definition and examples such as an Emergency Room (ER) visit, arrest, or car accident. She said the incident section of Rule 65G2 applies to all providers and talks about definitions, timelines for reporting, and steps to take. There are two main categories: critical incidents and reportable incidents. Meghan talked about what is considered a critical incidents; these include an arrest, life threatening injuring, missing person, sexual misconduct, death, abuse/neglect/exploitation, violent crime arrest. These must be reported by the provider within 1 hour of becoming aware of the event. These are reviewed as they come in by State Office. She reviewed reportable incidents; these include client injury/illness, positive Covid cases, expected death, missing competent adult, nonviolent crime arrest and suicide attempt. These must be reported within one business day (24 hours) of becoming aware of the event. Please refer to the APD Incident Reporting Form for the complete list of Critical and Reportable events. All incidents are entered into a tracking database. Providers are to submit a follow-up to the incident within five business days and should be tailored to the specific individual. APD is looking to see that the person is healthy and safe, in the end. John asked how long after the paperwork is filed, do the steps have to occur. Meghan said they expect providers to be working on the events right away. APD does provide a wellness visit to make sure everything is okay and in compliance. APD tries to closeout each incident within 90 days. They do understand some situations such as legal situations may not resolve in the 90 day timeframe. Timeframes are general but the way APD handles incidents is very individualized. Providers can use the incident form, email or phone call to report an incident to APD. Therefore, if a provider calls APD within an hour, the form can follow the call in 24 hours. John asked is the incident procedure by the living setting? Meghan said, no it's by the incident. CDC+ is a little different. When the CDC Consultant becomes aware of the event, they need to report it



to APD. Meghan said incidents are bound to occur and there is no expectation people won't have incidents impact their life at some point. APD expects providers to report events so they can make sure services and supports are meeting the person's needs. Meghan gave an example about how deaths from choking was identified as an issue, so APD worked on ways to reduce the number of deaths from choking. She said this is the reason APD wants to track these events to help mitigate and reduce incidents. Theresa asked does it matter if both the provider and WSC report an event. Meghan responded it's okay for an event to be reported more than once as the WSC may have more information than the provider who first reported an event or vice-versa. John asked about an after-action-meeting. Meghan said this is not required but is a good idea to ensure everyone is on the same page to support the person. A WSC asked about loss of contact with a consumer and reporting. Meghan said this would be an incident; critical if they are a minor or have a guardian and reportable if they are a competent adult. Reporting an incident to APD is not the same as reporting to DCF/Abuse Hotline. Suspected abuse, neglect or exploitation still has to be reported through the hotline 1-800-962-2873 or <https://reportabuse.dcf.state.fl.us/>. Meghan then spoke about Critical Incidents data by type and fiscal year, covering last three years. There has been a large jump in life threatening injuries (mostly due to Covid positive cases being reported in this category). This changed August 2020 and Covid positive cases are now being reported as a client injury/illness, which is a reportable incident. Unexpected deaths and verified abuse reports round out the top reported critical incidents. Theresa asked, does the system have projection capabilities? Meghan said no it does not but APD has talked about data trending and ways to improve the system.

Critical Incidents by Region and the number. Central and Suncoast tend to have higher numbers; Northwest and Southern tend to have lower numbers. Critical Incidents by location – most common incidents occur in licensed homes. Other – represents a range of locations where an incident can occur such as a provider arrest at their home or hospital. Patty commented an ALF could go under "Other" as well; Meghan confirmed. There has been a steady increase over the years with incidents. Data on provider arrests have increased too. The reporting has likely increased due to the Clearinghouse notifications that seem to be an effective tool. For Reportable Incidents, Meghan said these data seem to be all over the place; there is an increase under client injury/illness due to switching Covid positive cases to this category but it's too soon to draw any firm conclusions. Meghan rounded out the discussion with where to find the Incident Reporting form and other related information on the APD website.

### **Qlarant Data Presentation**

Sue Kelly, Senior Analyst – Qlarant

Sue Kelly presented an overview of data from Provider Discovery Reviews (PDR), Waiver Support Coordination/Consumer Directed Care (WSC/CDC+) Service Specific Record Reviews (SSRR) and Person Centered Reviews (PCR) for July 2019 – June 2020. Sue reviewed PDR scores by provider size and region. She also reviewed WSC scores by region and standard. She touched upon service records, billing discrepancies, comparisons between the first three quarters combined and quarter 4 separately as well as the number and types of alerts reported. For PCRs, Sue discussed demographics, interview scores related to outcomes, supports, and key health summary questions.

Please see presentation slides for more details.

### **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. 2021 meeting schedule to be set up before end of the year.

### **Attachments:**

July 2020 Minutes

Qlarant Data Presentation

HSRI Data Presentation