

# Florida Quality Council

Florida Statewide Quality Assurance Program

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January 15, 2014

Ms. Barbara Palmer, Director  
Agency for Persons with Disabilities  
4030 Esplanade Way, Suite 380  
Tallahassee, FL 32399-0950

Re: Quality Council Recommendations on Waiver Support Coordination Training

Dear Director Palmer:

Currently, new Waiver Support Coordinators (WSCs) do not receive the training necessary to optimally implement their jobs and meet the needs of individuals on their caseload. New WSCs come away from the APD required statewide training without basic information on how to perform key job functions. With the implementation of the iBudget system and the strong focus on using community and other resources to enhance waiver funded services, WSCs are also not prepared to meet the challenges presented by the necessity to use multiple and varied community and generic resources in addition to the waiver.

Issues and concerns surrounding current WSC training and supports have been summarized below for APD review and consideration by a workgroup sponsored by the Quality Council. The need to revise and enhance training and support for waiver support coordinators is critical and deserves agency attention and resources. Updates and modifications to the training materials and other supports are long overdue. Concerns about the deficiencies in preparing new WSCs to perform their jobs have also been expressed during the recent town hall meetings held around the state. These concerns have been echoed on the stakeholder conference calls used to obtain input on statewide training needs and other system improvements. The Quality Council workgroup concerns and recommended actions include the following.

1. The curriculum for the statewide WSC training has not been updated in several years. The new waiver support coordinator completes this training without receiving information on how to perform key functions of the service. The training material used for the Statewide Waiver Support Coordination training must be updated for currency. This outdated material causes confusion and added difficulties in performing job functions because materials are not relevant to the current system.
2. Currently, there are only two or three trainers certified to offer the statewide required training for new Waiver Support Coordinators. This training is expensive and often inaccessible. The certification of trainers and "train-the-trainer" functions have been allowed to lapse by APD over time creating a significant deficit in this resource. The availability of the statewide training for WSCs must be improved and expanded in order to assure adequate numbers of WSCs to provide the service, and to properly prepare WSCs for the roles and tasks they perform. Additional trainers must be certified and a train-the-trainer system put in place to expand training access.
3. After completion of statewide WSC training there is no ongoing systematic support system to provide other training, information and practical direction to enhance the WSC's ability to perform key and basic job requirements. It is recommended by the Quality Council

workgroup that an apprenticeship program be established and required for new Waiver Support Coordinators to provide functional and practical direction and support to develop skills for job requirements not covered in the required statewide training.

The Quality Council (QC) workgroup contends the Waiver Support Coordinator plays a crucial role in the successful functioning of the system and whether services and resources are appropriately located and initiated to the benefit of individuals receiving waiver services. QC workgroup recommendations for improving this part of the system are detailed in the Attachments 1 – 3 of this letter.

Members of the Quality Council are willing to provide additional information, answer questions about workgroup recommendations to improve WSC performance, and to work with APD in any manner desired to assist in evaluating the feasibility of the projects discussed, and participating in the work necessary to implement needed changes.

Your consideration of the presented recommendations is appreciated. Please advise us on when we can meet with you and your staff to discuss these recommendations in further detail and plan for system improvements. We look forward to hearing from you.

Sincerely,



Veronica Gomez, Workgroup Chair  
Waiver Support Coordinator – WSC agency representative

Quality Council Workgroup Members

Pauline Lipps,	Family Care Council
Tricia Riccardi,	Self-Advocate, CDC
Jill MacAlister,	CDC Consultant Representative
Paula Whetro,	Small Agency Representative
José Hernández,	Devereaux, provider
Linda Mabile,	Florida ARF, provider association representative

CC: Pam Kyllonen, AHCA  
Denise Arnold, APD  
Charles Ball, AHCA  
Ed Debardeleben, APD  
Charmaine Pillay, Delmarva Foundation

**Attachment 1****Quality Council Workgroup Recommendations****Waiver Support Coordinator Training System Changes**

The Quality Council (QC), facilitated by the Delmarva Foundation and the Agency for Health Care Administration (AHCA), consists of varied stakeholder and self-advocate members with strong interest in driving quality for the Florida statewide Medicaid waiver program. The Quality Council is charged with assisting in enhancement of service delivery in Florida and promoting quality improvement activities and recommendations to improve the overall service delivery system. The QC identifies areas for practical and realistic improvement based on data generated by the Delmarva Discovery Reviews, APD and AHCA initiatives, and information gathered from other stakeholders.

As part of its quality improvement efforts, a Quality Council workgroup facilitated by the Delmarva Foundation and AHCA has been evaluating data surrounding the decrease in overall outcomes for individuals on the waiver age 22 – 30. The workgroup has focused primarily on the outcome areas of life satisfaction and health for this age group. Examination of the data for this group led to a recognition that services and resource utilization for this population (and the broader waiver population as a whole) could greatly benefit from improvements in the training model and materials currently used for new Waiver Support Coordinators in order to increase coordinator functional job skills and resource exploration. The use of resources other than the waiver assists the individual to become further connected with their community and expands services available to individuals without reliance on waiver dollars.

The QC workgroup is recommending the following:

- A. The curriculum for the statewide WSC training has not been updated in several years. While the curriculum contains good philosophical and value oriented information, the training does not focus on the nuts and bolts of how to be a good Waiver Support Coordinator and how to maximize resources for persons supported. The new coordinator completes this training without information on how to perform key functions of the service. The training material used for the Statewide Waiver Support Coordination training must be updated for currency. There are many outdated references, forms and system resources in the current curriculum and support materials used. Suggested enhancement to the existing curriculum is respectfully submitted for information purposes in Attachment 3 of this document
- B. The availability of the statewide training must be improved and expanded. More trainers are needed to meet the demand and the training should be made available in multiple locations around the state. Currently, there are only two or three trainers certified to offer the statewide required training for new Waiver Support Coordinators. The certification of trainers and “train-the-trainer” functions have been allowed to lapse by APD over time creating a significant deficit in this resource. It is difficult to get a new coordinator trained and it is expensive (approximately \$750.00 plus travel and hotel costs.) Once trained, there is a long time lag before the WSC receives his/her certification and can actually bill for services. As APD is able to add individuals from the waitlist to the waiver, having a continuing and adequate flow of qualified and properly trained waiver support coordinators will be a benefit to both to the Agency and to the individuals newly served by the waiver.

- C. After completion of statewide WSC training there is no ongoing systematic support system to provide other training, information and practical direction to enhance the WSC's ability to perform key and basic job requirements. It is strongly recommended by the QC workgroup that an apprenticeship program be established and required for new Waiver Support Coordinators. The apprenticeship time period after the statewide training would allow WSCs to obtain functional, hands-on experience with oversight from a seasoned Waiver Support Coordinator.
- D. It is also recommended by the QC Workgroup that APD establish an on-going systematic review process to evaluate and examine materials and requirements for WSC training and support in order to assure the system is current, remains relevant and responsive to stakeholder needs, and maintains and/or develops the resources necessary to implement the service successfully.

**Suggested Overview for a Waiver Support Coordinator Apprenticeship Program:**

- A. The apprenticeship period would begin after the new WSC completes the required statewide training.
- B. It is recommended that the new WSC receive a "Conditional Certificate" after completion of the statewide training.
- C. The conditionally certified WSC will be required to work under a "Professional Coordinator" to learn how to collect and craft a person-centered plan for the individual, seek and coordinate resources, appropriately support the individual and family, perform effective and efficient documentation of services provided, etc. (Refer to the example Tasks List for the Apprenticeship Program in Attachment 2 of this document.)
- D. Qualifications for the "Professional Coordinator" will have to be developed and specified, but should be based at a minimum on years' experience and outcomes of professional performance, such as quality assurance results. It is anticipated that a rate differential or temporary add-on to the WSC rate would be available as an incentive for performing this function. A WSC in an agency may be recognized as the "Professional Coordinator" to perform this function in a WSC Agency setting for a new coordinator joining the agency, or for a new WSC who will function as an independent solo waiver support coordinator. Likewise, an established solo provider may provide this function for new coordinators interested in working in either setting.
- E. The workgroup recommends that specified tasks must be satisfactorily performed and completed during the apprenticeship. These tasks should be outlined and consistently required of each apprentice. Standards representing successful completion of the tasks must be developed to indicate expectations and performance levels for each WSC function. A draft suggested task or function (topics) list is attached for information purposes as Attachment 2 of this document.
- F. The conditionally certified apprentice would carry a partial caseload, would be able to carry out functions necessary to meet the needs of individuals on the caseload, but could not bill for services. The Professional Coordinator supervising the apprentice would bill and provide oversight of the work performed. This model is not dissimilar to what currently occurs while a new WSC working for an agency is waiting for their certificate to be final and performing caseload tasks under the agency umbrella. A fee level for apprenticeship services will have

to be discussed and implemented through the current rate structure or a contractual agreement between the Professional Coordinator and the apprentice.

- G. The advantage to this apprentice requirement is the formalization of tasks that must be performed satisfactorily under the supervision and further mentoring of an assigned Professional Coordinator in order to better hone functional coordination skills.
- H. The new WSC would become fully certified after the apprenticeship is complete and the certification is processed through the system.

The QC workgroup has discussed the apprenticeship possibilities with the full Quality Council and with representatives attending Council meetings from APD and AHCA. Ms. Melinda Coulter, APD staff overseeing agency training, has also been involved in discussions on the necessity to improve and update the current Statewide Waiver Support Coordinator Training, as well as the benefits of implementing an apprenticeship program for new WSCs. There are many positive outcomes that could be achieved by implementing the quality improvement initiatives identified by the QC and outlined above.

**Attachment 2****WSC Training Workgroup****Tasks List for the Apprenticeship Program**  
**Suggested Additional Training and Oversight**

A Competency Tasks List will be completed by the Professional Coordinator to track and demonstrate successful completion of each requirement by the apprentice. It is recommended that satisfactory completion be determined based on a competency based standard or “test” whenever possible.

1. Economic services, including SSI, SSA, MEDICARE, etc.
2. Strategies to promote community based employment for those consumers who would like to work.
3. Guardianship/special needs trusts, etc.
4. Personal safety/infection control for the WSC.
5. Navigating large bureaucracies i.e. APD, DCF, VR, school systems.
6. Advocating for the consumer within the medical delivery system.
7. Importance of the Individual Education Plan (IEP), especially the transitional IEP.
8. How to identify and access community resources.
9. Strategies for efficient and appropriate documentation systems.
10. Critical factors to assess for health and safety of consumers and Risk Assessment.
11. Psychotropic medications - overview - what they are meant to treat and potential side effects.
12. Technology skills/accounting skills related to WSC job functions.
13. Successfully working with consumers living in the family home.
14. Working cooperatively with providers in the best interest of consumers.
15. iBudget / ABC on-line.
16. Supplemental Funding Process.
17. Documentation: what is required and how to adequately meet requirements.
18. Billing.
19. Using technology for documentation and record keeping.
20. Conducting a Support Plan; how to capture information about the person and reflect the person’s decisions/needs.
21. Techniques to review important issues and track information. Keeping focused on outcomes.
22. How to have a successful Delmarva Review.

Note: The 24 hours of annual training will continue to be required for each Waiver Support Coordinator.

## Attachment 2

**WSC TRAINING WORKGROUP FEEDBACK****WSC STATEWIDE TRAINING CURRICULUM OUTLINE  
BEFORE GETTING UP AND RUNNING**

(Additions and revisions to the training curriculum are shown in red.)

**Module 1****Overview**

- **1.1 Agency for Persons With Disabilities (APD) Overview**
  - 1.1.1 Mission
  - 1.1.2 APD Creation
  - 1.1.3 Legislative Expectations
- **1.2 Categories of Disabilities**
  - 1.2.1 Mental Retardation
  - 1.2.2 Autism
  - 1.2.3 Prader Willi
  - 1.2.4 Spina Bifida
  - 1.2.5 Cerebral Palsy
  - 1.2.6 Down Syndrome**
- **1.3 Eligibility**
  - 1.3.1 APD/Medicaid Entry
  - 1.3.2 Medicaid Eligibility Worksheet – (specific training due to significance of form)**
  - 1.3.3 Maintaining
  - 1.3.4 How to continue establishing eligibility/importance of documentation. (Suggest refresher training at a later date).**
- **1.4 Waiver Services**
  - 1.4.1 Meaning of Term
  - 1.4.2 HCBS/CDC+
    - 1.4.2.1 Key Points of Each Waiver
    - 1.4.2.2 Major Differences
- **1.5 Florida Statutes and Administrative Codes**
  - 1.5.1 Chapter 393
  - 1.5.2 Chapter 65G
  - 1.5.3 Chapter 10F 4
  - 1.5.4 Chapter 10F 12
  - 1.5.5 Chapter 10F 13
  - 1.5.6 Chapter 394
  - 1.5.7 Waiver Directories
- **1.6 Americans With Disabilities Act (ADA)**

## Module 2

### Values

- 2.1 Applying Values in Your Work
- 2.2 People First Language
- 2.3 Bill of Rights
- 2.4 Person Directed Planning
- 2.5 Self-Determination

## Module 3

### Services

- 3.1 HCBS Waiver Coverage & Limitations Handbook
  - 3.1.1 Overview of Each Service
  - 3.1.2 Focus Area Support Coordination
- 3.2 **Medicaid State Plan\Types of Medicaid (this may have to be a separate training. Definitely add local information on who to contact, how to complete a packet to re-establish Medicaid.**
- 3.3 Hiring/Monitoring of Providers
  - 3.3.1 Guidelines for Waiver Support Coordinators
  - 3.3.2 Guidelines for Individuals and Families/Guardians
  - 3.3.3 **Private pay arrangements**

## Module 4

### Monitoring

- 4.1 Delmarva
  - 4.1.1 Who They Are
  - 4.1.2 Role of the Individual/Family/Guardian
  - 4.1.3 Role of the Support Coordinator/Consultant
- 4.2 Core Assurances
- 4.3 Provider Discovery – All Providers
- 4.4 Service Specific – Support Coordination
  - 4.4.1 Process
  - 4.4.2 Yearly Review Requirements
  - 4.4.3 Quality Improvement Plan



## Module 5

### Waiver Support Coordinator's Role

- 5.1 Ethics
- 5.2 Professionalism
- 5.3 Advocate
- 5.4 Guardianship
- 5.5 Rights, Choice and Competency
- 5.6 Documentation
- 5.7 Best Practices
- 5.8 Futures Planning
- 5.9 HIPAA
- 5.10 Billing
- 5.11 Connecting to Community

## Module 6

### Putting It All Together

- 6.1 Support Planning
- 6.2 Person-Directed Planning
- 6.3 Assessment Tool (QSI)
- 6.4 Medical Necessity
- 6.5 Approved APD Forms
- 6.6 Writing a Support Plan
  - 6.6.1 Interviewing Techniques
  - 6.6.2 Health information questionnaire/background
- 6.7 Cost Plan - iBudget
- 6.8 Implementation
- 6.9 Assessing Risks

## Module 7

- 7.1 Required Trainings Review
- 7.2 Parking Lot Answers
- 7.3 Wrap-Up