

2015 Quality Council Meeting Minutes

Holiday Inn Hotel and Suites 2725 Graves Rd. Tallahassee, Florida

9:00 a.m. – 4:00 p.m.

March 4th, 2015

Type of meeting:

Quarterly Quality Council Meeting

Facilitator(s):

Tammy Brannon, Contract Manager-AHCA

Attendees:

Cydeon Trueblood, FDDC

Don Welde, Solo WSC

Jill MacAlister, CDC Consultant

Jose Hernandez, Provider

Patrick Driskell, Self Advocate

Patty Houghland, Disability Rights Florida

Paula Whetro, Provider

Pauline Lipps, Family Care Council Florida

Veronica Gomez, Agency WSC

APD Attendees:

Edwin DeBardleben

Beth Mann Pace

Pamela London

LeeAnn Herman

AHCA Attendees:

Tammy Brannon

Marlon Storey

Delmarva Foundation Attendees:

Bob Foley
Charmaine Pillay
Theresa Skidmore
Kristin Allen
Robyn Turlakis
Sue Kelly
Katy Glasgow
Yani Su
Shawntavia Fletcher

Other Attendees:

Elizabeth Pell, HSRI
Michelle Yawn, Provider
Kristi Daniel, Provider

QC Members not in attendance:

David Roosa, Family Member
Linda Mabile, Florida ARF

Note Taker:

Shawntavia Fletcher, 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
DOH- Department of Health
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
HS-Health Summary
HSRI- Human Services Research Institute
iBudget- Individual Budget
III -Individual Interview Instrument
ITN- Intent to Negotiate
IQC- Interagency Quality Council
LOC- Level of Care
NCI- National Core Indicators
MW- Medicaid Waiver
PCR - Person Centered Review
PDR - Provider Discovery Review
QA-Quality Assurance
QAR-Quality Assurance Reviewer
QC-Quality Council
QI-Quality Improvement
RFP- Request for Proposal
SSRR -Service Specific Record Reviews
WSC- Waiver Support Coordinator

Agenda Notes

Welcome & Introductions

Tammy Brannon, Contract Manager- AHCA

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

Refresher from October 2014 Meeting

Charmaine Pillay, Florida Director- Delmarva

Charmaine Pillay, DF, provided a refresher from the October 2014 meeting held in Tallahassee, Florida. Charmaine thanks Charles Ball, AHCA, for his time with Quality Council. At the last meeting, Charles had introduced Carol Roberts and Tammy Brannon, AHCA. He also provided AHCA updates and shared information about the possibility of development of voluntary billing documentation templates in the future. Ed DeBardeleben provided APD updates. These included introducing Pam London, Program and Policy Manager, updates on the status of Florida's CMS transition plan, and the client database management system, Harmony. Ed indicated 54% of licensed settings had responded to the self-survey for the transition plan and 46% had not. Sue Kelly, DF, provided year to date data to the group regarding increased background screening compliance, the continued trend of lower Life Skills Development 2 (Supported Employment)

scores, and the importance of community connections. Valerie Bradley and Elizabeth Pell, HSRI, presented additional data about employment and self-advocacy trends for the Quality Improvement workgroups to create their action plans for Quality Improvement Projects.

The meeting adjourned at 4:00pm. For details, please see the full meeting minutes for October 2014.

Review and Approval of October 2014 Minutes

Charmaine Pillay, Florida Director- Delmarva

Charmaine Pillay presented the October 2014 minutes for approval. One edit was requested by Pauline Lipps who attended the October 2014 meeting, but listed as not present. A motion to approve the minutes with the edit was made by Patty Houghland, and seconded by Paula Whetro. The October 2014 QC minutes were approved unanimously.

AHCA Update

Marlon Storey, Medicaid Policy Analyst- AHCA

Marlon Storey, AHCA, updated the membership on the CMS Transition Plan. He indicated all documents have been posted and letters have been sent to stakeholders. He asked everyone to review the documents and offer comments while the documents are open for comment. Marlon thanked Ed DeBardeleben's team at APD for their assistance. The iBudget amendment is open and available for public comment. The current version is 300 pages and has all of the proposed language, page numbers, and highlighted changes. Patty Houghland thanked Marlon for his work to highlight the changes for ease of review. The overall State Transition Plan is available for public comment. This includes the transition plan for all seven Florida waivers.

There are three rule-hearing schedules on Monday, March 9th. These include the Consumable Medical Supply/Incontinence fee schedule, the iBudget fee schedule, and the CDC+ Handbook. Marlon indicated the iBudget rule will be routing for notice of final hearing in the next 3 weeks and then there will be a final comment period. Marlon is working on a process for a monthly conference call to provide updates to QC members and he will work on coordination of these calls.

Jill MacAlister asked if there had been any value in the quarterly service authorization requirement since it creates a burden on WSCs. Marlon indicated it has assisted with preventing over utilization, as well as had given individuals receiving services flexibility in their budgets throughout the year. Jill said as long as there is value to the process, it is okay.

Marlon indicated AHCA is continuing to restructure personnel and he reports to Linda MacDonald. There will be a new Program Administrator soon. Sophia Whaley is with the Medicaid Managed Care program. Patty Houghland requested a copy of the new AHCA organizational chart and phone list. Marlon said he would obtain this for her.

APD Update

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

Edwin DeBardeleben, APD, provided APD updates to the membership. He introduced Pam London, APD.

Pam provided a preview of the TRAIN (Training Finder Real-time Affiliate Integrated Network) system APD will be utilizing for future learning management with assistance from Florida ARC for grant funding. This will include a variety of trainings available on-line and they will be free. APD is in final stages for the agreement with TRAIN. The Department of Health (DOH) currently utilizes TRAIN. Pam logged in to TRAIN and demonstrated what the landing page would look like on fltrain.org. Parents, providers, self-advocates, and other stakeholders will be able to create an account on the system. The system will maintain transcripts in a standardized format. The standardized format for the certificate will meet the requirements set forth in the Medicaid Waiver Handbook. There will be a help desk as well as step-by-step instructions. Pam is looking into internships with Master level interns to assist in completing some of the information technology portions of the trainings. APD will be able to pull reports for trends and training needs and will be able to send out electronic mail blasts to registrants. Trainers will be able to maintain rosters. Registrants will be able to type in APD and pull up for service specific training, in-services, pre-service, and continuing education units. The plan is for basic courses to be available by 7/1/2015. These would include Zero Tolerance, Direct Care Core Competency, and HIPAA. Florida State University will be assisting with trainings in other languages, such as Spanish. CDC+ training and WSC trainings will be completed next using Adobe Presenter. The WSC pre-service training will consist of 10 modules about 20 minutes in length. Some of the modules will be on TRAIN and others may have a different delivery mode. Pam thanked those QC members on the Training Advisory Committee including Jill MacAlister, Veronica Gomez, Robyn Tourlakis, and Charmaine Pillay. Pam is reviewing a pilot program for approving trainers. Trainers would be approved for one year at a time, but could be terminated as a trainer at any time. All past trainers would need to seek approval to continue as a trainer. Paula Whetro asked who at APD would be the contact person if she wanted to become a trainer. Pam London is the contact person.

Ed shared the news there is a new Chief of Staff at APD, Karen Hagan. He gave an update on Harmony, the client data base management system. Once the legislature releases funds the roll out will begin over a 20-month period. Jill MacAlister asked if the billing system will be linked to Harmony. Ed answered it would not be. Ed gave an update about the CMS Transition Plan posted by AHCA as well as the iBudget waiver amendment and the joint waiver transition plan. All are open for public comment at this time. Ed indicated APD will be completing 2 surveys for settings. One will be a residential setting survey and the other a non-residential setting survey. The non-residential would include adult day training programs. APD will be doing these on-site with providers to validate the self-survey already completed and to obtain information from the person receiving services on their experiences. Ed estimates these activities will be approximately three hours per review. These assessments will begin over the next 6 months. Paula asked about when compliance would be required. Ed answered it is a 5 year plan and once APD makes recommendations to a provider they will monitor that the changes are made. Kristin Allen asked about the process for settings exceptions. Ed indicated there would be a process and the public would be notified of any exceptions granted.

Other pilot programs during the legislative session is a budget request to include the intensive behavior dual diagnosis pilot, crisis stabilization with a focus on behavior and respite needs, and specialized day options for individuals who are not able to access community employment.

Paula Whetro asked if recent background screening changes would affect new hires. Marlon Storey, AHCA, stated a document with frequently asked questions had been sent out. Veronica Gomez and Jill MacAlister both indicated they would send it out to the membership. Ed indicated clarification is being sought since providers will need to initiate the local law and affidavit of good moral character in addition to the FDLE and FBI clearance clearinghouse information. Ed will make sure training is available on the new requirements

and assure Regional APD staff area aware and understand the new requirements. He will have the updates added to the APD website at apdcares.org.

Delmarva Update

Charmaine Pillay, Florida Director- Delmarva

Charmaine Pillay provided updates for Delmarva. Delmarva was awarded the contract renewal for 2 more years and the Discovery tools were updated soon after with feedback from multiple stakeholder groups. Charmaine thanked QC members for their feedback and for assisting in fine-tuning the system into a well-rounded system including the people receiving services, staff, and documentation. The revisions help close the loop, as well as align the Florida system with CMS expectations and Florida performance measures. Delmarva completed 10 orientation sessions in the beginning of January 2015 covering all of the APD Regions.

Charmaine gave an overview of the tool revisions. These include the addition of formal interviews with individuals receiving services for a PDR, formal interviews with the WSCs and provider staff and unannounced observations for Residential homes and ADTs. The revisions removed SSRRs from the PCR process and now the PCR will consist of the interview with the individual and their WSC, a file review, and a CDC Representative review, if applicable. The PCR process will continue to include the NCI survey for those aged 18 and older.

Other revisions included resuming deemed status for 2015 for providers scoring 95.0% or greater in 2014 with no alerts or potential billing discrepancies identified. Deemed status does not apply to WSCs; however WSCs PDRs will be conducted per APD Region instead of per APD Area for 2015. Providers will continue to be reviewed by APD Area. Delmarva will be conducting trainings in each APD Region throughout the year. Data will drive topics as well needed training on CMS expectations and provider roles in addressing these expectations.

Revised Discovery Tools/Processes: PCR

Theresa Skidmore Regional Manager- Delmarva

Theresa Skidmore, DF, provided specifics on the revisions to the PCR tools and processes. For PCRs, the questions are driven by all of the services received in the context of how the WSC coordinates and supports efforts.

Theresa discussed CMS expectations for community-based homes, but as years went by community-based homes became similar to mini-institutions. CMS collected feedback and became more involved in setting the expectations. CMS placed value on the experience of the person residing or receiving services in these settings. AHCA, APD, and Delmarva have always placed value on community integration, choice, rights, and independence and the revisions to the tools and processes reflect this continued commitment.

In the interview tools, while all services a person receives are important, some services have increased responsibilities to a person receiving services. The interview tools were developed so questions in the community section are driven by where someone resides and/or where they have meaningful day activities. Delmarva has been interviewing those receiving services since 2001 and the reviewers are well skilled in

interviewing people. We are aware how a person is feeling at a specific day, hour, or minute can influence how the questions are answered. This is why reviewers corroborate the information as needed with proxies, WSCs, providers, and record reviews. The corroborating information would need to be gathered in a reasonable timeframe.

Jill MacAlister asked how providers could be educated on the changes. Theresa gave a few ways this can happen including reviewing APDs transition plan with CMS, reviewing the Delmarva Discovery procedures and tools, and attending future trainings. Jill indicated she had recently had her PDR with PCRs conducted and thought it went great. She felt it was a more thorough conversation. Don Welde asked if the revisions will add time to the review process. Theresa answered for WSCs it should not take more time, but that depends on how organized a provider is.

Revised Discovery Tools/Processes: PDR

Kristin Allen, Regional Manager- Delmarva

Kristin Allen, DF, provided specifics on the revisions to the PDR tools and processes. PDR questions are driven by the services received from the provider involved in the PDR and focuses on how the provider is supporting individuals.

As part of the PDR process, providers will assist the reviewer in setting up the interviews with both the individuals receiving services and their staff. Communication and organization will be crucial for the process to be executed seamlessly. In the past, providers received SSRRs for those involved in PCR interviews. This meant the provider could potentially see Delmarva staff throughout the year. With the revisions, the providers will only be seen once a year during the PDR process. The intention is to streamline the process and disrupt the provider as little as possible. This PDR includes a brief opening/closing, administrative review, staff interviews, interviews with individuals receiving services, and SSRRs for all services rendered, thus ensuring a well-rounded process with information from a variety of sources.

Don Welde asked if the process would be longer for providers. Kristin said the process might feel longer since it is all in one visit instead of spread throughout the year as it was for many providers. Don asked if he is in an ADT or residential setting and sees problems what he should do. Kristin indicated it is the expectation of mandatory reporters to report any abuse, neglect, or exploitation to the abuse hotline and to complete an unusual incident form per APD guidelines. If it is not abuse, neglect, or exploitation, Ed indicated the concern should still be reported to APD.

Don asked why a reviewer needs to see documentation each year if it was present the prior year (such as polices). Kristin indicated it is the responsibility of the provider/WSC to maintain all required documentation for training, education/experience, and background screening for any reviewer entity who may be requesting the documentation. This could be AHCA, APD, or DF. There could also be updates to documentation.

Approximately 30% of the ADT and Residential Habilitation observations will be unannounced. The revised Observation Tool is available to all stakeholders on the dfmc-florida.org website. The Observation Tool was developed so the role of APD licensure would not be duplicated, but there are facets both teams would review, such as medication storage. Jill MacAlister asked about scenarios where the new (APD) licensure rule is in direct conflict with the CMS setting expectations. Ed indicated these are being identified on the

transition plan. Delmarva is likely to capture some of these concerns in the discovery section of the report.

Delmarva Data

Sue Kelly, Senior Scientist-Delmarva

Sue Kelly introduced Yani Su and Katie Glasgow, health analysts from Delmarva, who assist with the data analytics. Sue Kelly gave an update on the 2014 review data collected through the PCR and PDR processes. An overview of volume of activity for PCR, PDR, and CDC+ Representatives by contract year was presented. The PCR interview (DD) decline rate was around 20% for 2014. This is similar to other years. The PCR decline rate for CDC+ was only 4.7%. This is also similar to prior years with the exception of the first year of this process, 2010. The provider non-compliance rate has decreased from 4% to less than 1%.

Sue showed the results from the Provider Feedback Surveys for 2014. These are handed out in paper form at the end of a PDR review and can be completed via mail, email, or online at the dfmc-florida.org website. The 300 Provider feedback surveys were very positive.

Sue presented the Individual Interview Instrument (III) results illustrating scores from 2010 to 2014. DD started at 85%, dropped into the upper 70% and increased to 82.5% for 2014. In the CDC+ sample, the average score in 2010 was 90.7% and 85.5% in 2014. Data continues to demonstrate people receiving services have higher outcomes present if they are in a supported living setting and/or have employment. A recommendation may be to get more people into Supported Living. Veronica mentioned the cost of living as a barrier. Data related to percent of outcomes present by age, showed no significant differences in the data for 2014; however, the 18-21 year old range remains the lowest. This may be since this age range is in a transitional time of life. This factor may be applicable to the age range as a whole and not only for those with a disability. The 65+ age group continue to have a high percent of outcomes met. For data in the III related to the type of disability diagnosed, there was not a statistical difference. Data showed a slightly lower percent of outcomes met for people with a diagnosis of autism. Data indicated autism listed as the primary disability increased from 4% in 2011 to 10.7% in 2014 of those sampled. Veronica stated many people with autism were initially coded under Intellectual/Developmental Disability, but were now receiving the proper diagnosis of autism. She indicated the Medicaid Waiver Eligibility Worksheet now has autism as its own category. Correct coding could be one of the reasons for the increase.

Individuals receiving Life Skills Development (LSD) 2-Supported Employment showed a higher percent of outcomes met in the III data. However, this remains the lowest utilized meaningful day activity. SSRRs show LSD2 is often the lowest scoring service for provider reviews. Don Welde asked if the percentage of people receiving Companion (LSD1) was lower with the implementation of iBudget. Kristin stated this could be attributed to the increase of people utilizing Personal Supports in lieu of Companion due to the higher rate. Companion is used more often for those residing in group homes.

The lowest scoring III standards for Jan-Dec 2014 were person is developing desired community roles; person is afforded choice of services and supports; person is healthy; and person directs design of services, identifies needed skills and desired goals. Some of the lowest scoring standards were also ones having the greatest percentage point increase from 2011 to 2014. These were develops desired community roles; participates in

life's decisions; participates in route review of services and directs changes; and directs design of services, identifies needed skills and desired goals. Veronica stated this could be due to iBudget processes. The iBudget engages people more in their service delivery process and their annual budget.

Sue shared data for CDC+ Consultant record reviews and the CDC+ Representative reviews which continue to have increases in score. The CDC+ Consultant scores increased to 97% in 2014 from 89.1% in 2011. The CDC+ Representative scores increased to 93.4% in 2014 from 84.1% in 2011.

Sue reviewed the NCI Consumer Survey Results by Focused Outcome Area for 2014. The trends for this remain the same from year to year. The highest number of negative responses was in the area of community inclusion. Paula Whetro asked which NCI questions are included in this data. Sue indicated she would send the questions out to the QC membership. Sue also recommended members read the annual report when it becomes available on the dfmc-florida.org website. Paula asked if the NCI data could be drilled down to determine why people are not accessing the community since it could be related to choice, lack of supports, or accessibility issues. Elizabeth Pell, HSRI, indicated the NCI does not drill down to this level of detail. Sue indicated this level would be looked at for the PCR Individual Interview tools though. Theresa answered often people are not made aware of what is available to them in their community and often supports do not ask if the person wants to be a part of a club and is not. Patrick felt people need to be told about community options available to them and that if they are not; it is not fair to them. He reminded the group about the Friendship Club he belongs to and shared that it is open to all who want to join.

Paula asked if the updates to the Delmarva PCR and PDR tools were in development prior to the CMS Settings Rule or because of it. Charmaine indicated it was due to the need to assure individuals are included in all aspects of the quality assurance system and to be in line with the CMS expectations. Charmaine shared the concept of when something is not monitored; it often is not completed. This new process helps Delmarva blend the person-centered practices with the compliance components. Looking at documentation alone does not provide an accurate picture of service delivery. The new process offers a formal voice to individual and providers and is well-rounded.

Sue shared data for the average PDR scores illustrating the increase in all areas of compliance with policies and procedures, qualifications and training, service specific record reviews, and observations. Bob Foley, DF, asked if future presentations would break out the scores between the unannounced and announced observations for ADTs and licensed homes. Sue indicated it would. Sue shared data showing background screening compliance continues to rise. For 2014, compliance was at 91.6%. The percentage of providers with at least one billing discrepancy continues to fall with the percentage at 35.4% for 2014. This could also reflect updates to the Discovery tool standards where billing discrepancies are no longer cited. The number of alerts for health/safety and background screening both decreased from their 2011 numbers. The number of rights alerts has been consistent with the highest number being 12 in 2013 and the lowest 9 in 2013.

Sue shared recommendations from the data including the need for provider and stakeholder training on the CMS rule, service log template development for providers, and tracking of unannounced vs. announced observation data.

Sue reviewed data related to the Supported Employment/LSD2 service by age group, residential setting, and

disability classification. Data from those sampled showed the highest utilizers at 7.2% for age 22-44, those in supported living/independent living more often utilized LSD2 services and 6.4% were categorized with an Intellectual Disability. A handout was provided related to the 2014 Supported Employment SSRRs. There were 261 LSD2 SSRRs completed for agency providers and 29 LSD2 SSRRs for solo providers. Jill asked about the percentage in the question related to “the provider is seeking and maintaining employment according to the individual’s desired outcomes”. Kristin and Theresa will look further into this standard and the not met reasons available to be generated. Veronica Gomez asked if the person does not have a job; how is this captured in the data? Theresa answered those in job transition are not captured in the data. Jill MacAlister stated no one should be in job development for 5 years. Based on some of the higher scores, Charmaine pointed out the data confirms while people can have 100% in areas of documentation, the reality of person-centered practices may show a different perspective. This is why Delmarva is excited about the tool revisions and inclusion of the person centered interviews on the PDR and PCR processes.

Action Plans-Current QI projects

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 had met via conference call with Dr. Angela Amado who had presented them with a booklet she developed titled “Friends: Connecting people with disabilities and community members”. Their next step is 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 would like to make a difference by looking at various networking opportunities. The group would like to develop how - to guides to assist people in navigating various employment websites. Paula Whetro indicates the workgroup could possibly work in collaboration with their local Chamber of Commerce to connect those seeking employment with employers since Florida is a small business rich state.

The workgroup will be looking into the Abilities Work Website. Don introduced LeeAnn Herman, APD, who gave an overview of some of the current employment programs and resources. These included EEP (Employment Enhancement Project) which is available to those seeking employment, but currently on the APD wait list. Other resources included VR, the Social Security Work Incentives training, the Changing Course of Benefits training, and the Red Book available at ssa.gov. There are many grassroots level employment initiatives and the workgroup members would like to join the monthly conference call held about employment. LeeAnn will send out the information. She shared information on the Employment 1st website. This is currently at the Florida Developmental Disabilities Website, but will soon have a dedicated website. She will send out the link to the membership. There is a request for proposal in the works for two pilot sites to become communities of practice for Employment 1st. Patty Houghland asked how the pilot sites would be selected, but the information was not yet known. In the next few weeks, the Employment workgroup will have a conference call to create a template to be available at the June meeting for review.

Patty Houghland provided an update on the dental access workgroup for David Roosa. Patty had assisted David with the revised dental proposal and the desire to have a pilot program in the Panhandle area of Florida.

She suggested a need for a stage 2 workgroup to be assembled to revive this project and look at the need for grant writers to assist in this next stage. The basic plan would assist dentists to learn how to better serve the DD population and with the underlying premise that access to a dental plan and preventive care is more cost effective than paying for a dental crisis. Charmaine will follow-up with David Roosa and send out suggestions to the membership for stage 2. Charmaine wants to set timelines. Tammy Brannon suggested accessing the DOH dental health clinics that are already familiar with the population. There was debate if the local health clinics do sedation dentistry, which is often a need. Additionally, Patty would like the clinics to be community dentists. Tammy stated for some rural counties there are few community dentists for any services and therefore using a blending of the community dentists and the DOH could be beneficial. Jose Hernandez will share the information with a colleague who has experience writing grants. Charmaine feels that this is a good discussion for the stage 2.

Veronica provided an update on the Support Coordination workgroup. She thanked Pam London for the work going into the updated modules for the WSC training and looks forward to providing feedback.

Topical Questions

Theresa reviewed scoring for the updated PDR process. Delmarva collects the data and APD and AHCA decide how to package the data and report on it. The PDR score will include a Compliance score and a Person Centered Practices score. The Compliance score will include the SSRRs, the administrative components and observation, if applicable. The score is derived from a weighted met divided by weighted total. The weights are 1 point if it is a requirement, 2 points if it related to billing or person centered practices, and 3 points if it relates to health and safety. Alerts are still a 5% reduction for up to a 15% reduction per report. Reports will be broken up into a summary of findings in the beginning, a section 2 for detailed findings and there will continue to be a chart to show how the score was calculated at the end of the report. Interview results will not include the name of those interviewed and will be an aggregate figure from all of the interviews conducted. It is critical providers review their entire report. The Delmarva website will have a scoring methodology and weighting worksheet available for review soon.

Veronica expressed concern since no person's life is 100% and it can vary by day. Theresa assured Veronica Delmarva reviewers are aware of this, will be working to corroborate information before turning a finding on, and will not run with the first statement heard. Veronica asked about the Health Summary questions. Theresa indicated the Health Summary is not scored. The Health Summary can generate discoveries which may be classified as informational or needing follow-up, but are not associated with a score.

Theresa shared in order to address person-centered practices, sharing the information from the person's perspective is critical. Veronica wants to assure AHCA and APD are aware some of the Person Centered Practices score components could fluctuate depending on what is going on for the person at the moment. As the process continues, Delmarva will be reviewing to see if edits are needed to questions or findings. Veronica asked if there is a reconsideration request process for the Person Centered Practices components. There is not. If a reviewer is making the decision to turn a finding on, Delmarva will stand behind the decision as we do not want to minimize or change the person's perspective. Reconsiderations will be accepted related to billing discrepancy citations. Reviewer reliability remains a key component of the process and is completed throughout the year in the field and through file reliability activities. Jill MacAlister indicated she

had been through the updated review process and found if you know the person, you can answer and show your service and support efforts effectively.

Patty shared information about the passing of the ABLE (Achieving A Better Life Experience) Act on a Federal level. Many will be watching closely to see how Florida and other states decide to implement. Florida should have a plan by summer for review. The ABLE act will create a method for people to save money over the \$2,000 threshold for purchases that could include home down payments and other higher ticket items without losing benefits.

Action Items/Adjourn

Tammy Brannon, Contact Manager-AHCA

Ideas and suggestions - please let Tammy or Charmaine know any ways to improve quality and services.

Additional Information

Future Dates:

Thursday, June 4th, 2015 in Orlando, Florida

Thursday, October 8th, 2015 in Tallahassee, Florida

Attachments:

March 2015 Agenda- Word

October 2014 Minutes-Word

Delmarva Updates Presentation- PowerPoint

PCR Individual Interview Tool Handout-Word

PCR WSC Interview Tool Handout-Word

PDR Provider Interview Tool Handout-Word

PDR Individual Interview Tool Handout -Word

Observation Review Checklist Handout -Word

Service Specific Record Review Tool: Residential Habilitation-Standard Handout -Word

Delmarva Data Presentation-PowerPoint

2014 Employment Service Specific Record Reviews Handout-Word

Employment Study Group - Quality Improvement Project Idea Outline –Word

Community Connections QI Project Ideas- Word