

2014 Quality Council Meeting Minutes

Wednesday, March 19th, 2014

9:00 AM-4:00PM

Hilton Garden Inn

Type of meeting:

Quarterly Quality Council Meeting

Facilitator(s):

Pamela Kyllonen, Program Administrator – AHCA

Charles Ball, Program Analyst-AHCA

Attendees:

David Roosa, Family Member

Don Welde, Solo WSC

Patty Houghland, Disability Rights Florida

Paula Whetro- Provider

Pauline Lipps, FCCF

Tricia Riccardi, Self-Advocate CDC

Veronica Gomez, Agency WSC

APD Attendees:

Ed DeBardleben

Susan Nipper

Tom Rice

AHCA Attendees:

Pamela Kyllonen

Charles Ball

Virginia Hardcastle

Marlon Storey

Delmarva Foundation Attendees:

Charmaine Pillay
Theresa Skidmore
Lori Reid
Sue Kelly
Robyn Turlakis
Shawntavia Fletcher

Other Attendees:

Elizabeth Pell, HSRI
Valerie Bradley, HSRI
Susan Debeaugrine, Arc of Florida
Deborah Linton, Arc of Florida
Norma Israel, Sunrise/United Cerebral Palsy of Southwest Florida
Courtney Swilley, Florida ARF
Diane Ciccarelli, WSC/Parent
Lisa Lupi McGlone, FCC/Parent
Debbie Lee, ARC North Florida
Janice Phillips, WSC, Association for Support Coordinator Agencies

QC Members not in attendance:

Sue Maltzhan, Family Member
Cydeon Trueblood- FDCC
Jill MacAlister, CDC Consultant
Jose Hernandez, Provider
Linda Mabile, Florida ARF
Pam Dicks, Self-Advocate iBudget

Note Taker:

Shawntavia Fletcher, Delmarva Foundation
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
FCCF- Family Care Council Florida
FDDC- Florida Development Disabilities Council
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
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
WSC- Waiver Support Coordinator

Agenda Notes

1. Welcome & Introductions

Pamela Kyllonen, Program Administrator & Charles Ball, Program Analyst-AHCA

Beginning approximately at 9:00 a.m., Pamela Kyllonen opened the meeting. All attendees introduced themselves. Pamela welcomed members and invited guests to share input with AHCA, APD, and DF regarding discovery processes.

2. Refresher from December 2013 Meeting

Charmaine Pillay, Florida Director- Delmarva

Charmaine Pillay, DF, provided a refresher from the December 12, 2013 meeting held in Tampa, Florida. At the meeting, Charmaine had reviewed the QC accomplishments and

thanked members for their dedication to quality in Florida. Additionally, Charmaine reviewed the purpose and roles of Quality Council and its membership.

Pamela Kyllonen provided updates for AHCA, including information about the waiver which would not be going to managed care. She requested ideas for the future ITN. Charmaine requested these ideas should be sent to Pam or Charles Ball with AHCA and not to Delmarva. Pamela reviewed the next steps for the iBudget Handbook as it moves toward promulgation.

Edwin DeBardeleben, APD, Quality Management provided updates for APD including APD's role in remediation, and training updates. APD is moving forward with an ITN for a Quality Management database system.

Sue Kelly, DF, presented data including a presentation on Delmarva review activities. Sue shared data for Florida on the number of medications being taken by individuals receiving services. Approximately 20% of the sample takes seven (7) or more prescribed controlled medication. CDC+ data indicated 7.8%. Data showed background screening issues remain the same. The highest percentages of issues are due to lack of the local law and Affidavit of Good Moral Character. Sue reviewed data showing Supported Employment (Life Skills Development 2) and Supported Living Coaching has lower scores than other services for compliance with all training requirements, especially the 8 hours of continuing in-service training annually. The number of non-compliant providers has decreased over the years. Sue reviewed the recommendations from the Quarterly reports.

The two (2) Quality Council member workgroups met in breakout groups and came back to discuss their action plans. Both workgroups have utilized Delmarva data to create action plans. The workgroup addressing lack of dental access in rural areas is in the process of completing a grant proposal and the workgroup addressing Support Coordination training and apprenticeship has their letter to Director Palmer ready for dissemination.

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

3. Review and Approval of December 2013 Minutes

Charmaine Pillay, Florida Director- Delmarva

Charmaine Pillay presented the December 13, 2013 minutes for approval. A motion to approve the minutes was made by Patty Houghland and seconded by Veronica Gomez. There was unanimous approval of the December 2013 QC minutes.

4. AHCA Update

Pamela Kyllonen, Program Administrator & Charles Ball, Program Analyst-AHCA

Pamela Kyllonen provided AHCA updates. Pamela announced AHCA is processing a renewal for the Quality Assurance contract, currently held by Delmarva, for two years.

Pamela shared new acronyms for AHCA departments. Statewide Medicaid Managed Care is SMMC; MMAMC is Managed Medical Assistance Managed Care. MMAMC will replace Medipass with the exception of those on the waiver. However, waiver recipients can elect to

go on MMAMC. Details are available on the AHCA website. Patty Houghland stated the web presentations on these programs are available on the AHCA website.

In May 2014, Pamela's contract unit will move to the Quality Improvement Bureau. This bureau will house six contracts.

The iBudget Handbook is in its final stages with AHCA upper management. Once review is complete, there will be a 21 day period and then it will become rule. The iBudget Waiver is in final stages at CMS. The deadline had been extended. Patty Houghland indicated there were changes between the last public hearing and the current versions. Pamela indicated once the iBudget Handbook is finalized, it will be opened back up for further revisions.

Pamela stated Charles Ball will be completing a presentation at Family Café with Sophia Whaley, AHCA

5. APD Update

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

Edwin DeBardeleben, APD, provided APD updates:

- Director Palmer appreciated the recommendations made by the QC membership workgroup regarding support coordinator training and she will be responding by the June 2014 meeting;
- Formal routing of the Quality Management Operating Procedure is occurring with staff training ready to begin;
- A Statewide lead for QSI will begin Friday;
- The ITN for the QM database will be finalized in the next 10 days including vendor selection;
- With the changes to the CMS Assurances, APD is working on training regional staff in preparation for the next CMS evidence report; and
- With the approval of the Operating Procedure, the remediation process will be strengthened so providers deliver the highest level of service.

Veronica Gomez asked what the QM database system will look like. Ed DeBardeleben said APD added to the ITN all they want to vendor to accomplish and vendors responded with what can be done. The system will roll out in phases with a concrete transition plan. Patty Houghland heard the system will be based on the amount of money APD had at this time; however the key will be future/recurring fund availability.

6. APD Licensing Update

Tom Rice, Program Administrator-APD

Edwin DeBardeleben introduced Tom Rice, Program Administrator for APD. Tom provided updates on the upcoming licensing rule. Some of the updates are to bring the licensing department in line with current requirements, and others are being made in the form of updates to the licensing rule. APD is filing the notice of change and once it is available Tom will send to Ed for dissemination to the QC membership. This should be in the next 30 days.

7. **Presentation: 2013 Annual Report Data**

Sue Kelly, Scientist- Delmarva

Sue Kelly, DF, presented data for February 2013-September 2013. This data is collected through the Delmarva review activities. Sue began the presentation with a graph illustrating the volume of activity by year from 2010-2013. This graph illustrated the number of non-compliant providers continues to decline each year.

In reviewing the data for PCR results including the III outcomes, the graph showed while there is a decline in the percent met from 2010 to 2013, the percentages did rise for 2013. Pamela Kyllonen asked if individuals receiving services may decline the PCR. The answer is yes. The person is then replaced with someone from the oversample.

Data was reviewed for February 2013-December 2013. Slides showing outcomes based on age and living situation were discussed. Edwin DeBardeleben indicated the need for APD to better define the difference and definition of independent vs. supported living. This would be beneficial to the data collection process. DF has tried throughout the years for a clear definition, but the lines have remained blurry. Other categories include Assisted Living Facilities, Foster Homes, and Residential Treatment Facilities. The graphs illustrated an increase in outcomes present for those in Supported/Independent Living situations.

Sue Kelly compared the III outcomes 'present' when individuals receiving services received Life Skills Development 1 (Companion), Life Skills Development 2 (Supported Employment, or Life Skills Development 3 (Adult Day Training). Outcomes were consistently higher for those utilizing Life Skills Development 2. Additionally, those with Supported Living and Life Skills Development 2 were likely to have the highest outcomes present. Val Bradley, HSRI, indicated this is seen in national data as well. Discussion ensued on why it is important to support individuals to move into these services and why no one should be excluded from finding gainful employment. Nancy Butell will be moving into Steve Dunaway's position in Supported Employment and APD is looking at grant opportunities for those seeking employment. Sue presented data by age group. As seen in past data, the outcomes for age group 18-21 remains lower as they are in many life transitions. Discussion was held and concluded this as typical for this age range. Transition is tough in this age range and APD has been focusing on help for the 18-21 groups.

The NCI data was presented and it has been pretty consistent across the years with no large increases or decreases. Sue Kelly shared a handout showing what questions are reviewed for the various sections including choice, person centered approach, safety/security, rights, health, and community inclusion. Choice and community inclusion remain low. Members asked if the data could be shown for health using the APD region along with home type.

Data for the CDC+ program indicated the lowest scoring standard was the consultant being aware of the person's history of abuse, neglect, and exploitation. Drill down for this standard shows Consultants are often aware, but the information is not documented. For the CDC+ Representative, the lowest scoring standard is background screening with:

- missing FBI clearance 24%,

- missing FDLE clearance 26%, and
- 33% missing the Affidavit of Good Moral Character.

Changes and updates regarding the CDC+ program are out there, but continued education is needed to remind families to access and read the information. Many from the pilot program believe they are grandfathered in, but they are not. Susan Nipper stated APD has been emailing Consultants and CDC Representatives, but many of the emails bounce back due to incorrect addresses Diane Ciccarelli asked if APD could let the Consultant know of returned emails so they could get the correct information to APD. Patty Houghland reminded the membership CDC Representatives have a responsibility to stay up to date and current with the latest news.

Next, Sue Kelly reviewed data collected from the PCR Health Summary. This is often self-reported during the interview process. The average for individuals receiving 6 or more medications was 26.9% with 61.7% of those ages 65+. For living situations, 6 or more medications were more prevalent in group home or other congregate living situations. Most age ranges and living situations had a high percentage when it came to receiving annual physical exams. For dental exams, the average was 63.6%. It was requested the strengths and barriers section from past Delmarva reviews could be added back into the reporting. Charmaine will look into this. There was discussion about the self-reporting of medication errors on the Health summary tool. The higher percentages were reported in group homes or independent/supported living. It was noted medication records are more often kept for these living situations. Many of the medication errors in licensed homes would be documented through APD licensure visits. In the past there was discussion of a closer check for those in Independent/Supported Living settings regarding medication. APD collects medication error reports from all providers. Reactive strategies were reported to be used for 4.1% of the sample. The majority were reported in group homes or other congregate living facilities. Of the 880 people in the sample, 2.9% reported contacting the abuse hotline in 2013.

Health Summary data includes questions for preventive health exams. Individuals should be educated about exams and the benefits and risks, but informed choice remains a factor. In congregate living facilities and group homes, people more were likely to have had a mammogram and pap smear than those in family homes. The data was similar for vision exams.

A question was raised about the use of data collected by Delmarva. This includes NCI data which goes into nationwide comparisons for Florida. The PDR and PCR data is used by APD for remediation, and the data has also been used by QC members to develop quality improvement workgroup projects. Delmarva provides the data which is publically posted in quarterly and annual reports. These reports include recommendations.

Data was reviewed for PDRs conducted from February-December 2013. PDR results continue to show the lowest scoring providers are Life Skills Development 2 (Supported Employment). There were trends seen for training for Supported Living Coaching, as well as lower scores for Behavior Assistant providers. Background screening remains at around 85% compliance for an agency provider, and 90% compliance for a solo provider. AHCA reports lack of FBI and FDLE clearance to MPI (Medicaid Program Integrity). APD reminded the membership that provider agencies with an alert due to background screening now must complete an internal

audit for all employee records and submit the results with their Plan of Remediation to regional offices.

Of the PDR's completed from February-December 2013, 970 included a billing discrepancy (42.9%). Over 50% of providers fell into this category in the Northwest, Northeast, and Suncoast Regions.

8. **CMS Assurances Updates**

Valerie Bradley & Elizabeth Pell-HSRI

Valerie Bradley and Elizabeth Pell, HSRI, presented the QC membership with a presentation of the updates to the CMS expectations for HCBS Quality and Person Centered Services and Supports. These requirements went into effect 3/17/14. The changes will have long-lasting and positive effects on the service delivery system. These changes will affect 1915(i), 1915(c), 1915(k), and 1115 waivers. These are expanding concepts for the Developmental Disabilities waiver, but are newer concepts for the mental health and aging population waivers. For HCBS settings, places where people live and spend time during the day must conform to the ADA and the Supreme Court decision in the Olmstead case, support valued outcomes such as choice, privacy, and community inclusion, and be assessed on individual's experience and choices. Settings will be determined to be either a HCBS setting, or not be a HCBS setting. AHCA will be working with provider locations regarding these designations. One area of discussion was the statement for the participant's option to choose a private unit in a residential setting due to the reality of cost and regarding the requirement for a lease to protect from eviction. AHCA has already been submitting justification to CMS for any home with more than 6 residents.

States will be required to submit to CMS transition plans detailing how compliance will be reached in stages. These transition plans will include 30 day notice for public comment. Person Centered Service Planning is a key factor in the new expectations. There are specific requirements to demonstrate how the service planning process is driven by the individual receiving services, and specifies what areas must be documented. Valerie Bradley and Elizabeth Pell shared their presentation and gave a list of references for further information.

9. **Delmarva Updates: Tool and Procedure Revisions**

Robyn Turlakis, Regional Manager- Delmarva

Robyn Turlakis, DF, reviewed the excel spreadsheet titled, *Delmarva Discovery Tools Status of T/A Standards and Not Met Reasons Effective 2/1/14*. This document is available on the Delmarva website and was sent to any persons signed up for the electronic notifications. This document reviewed the Standards in the Discovery tools which are now being scored as a Met or Not Met category instead of Technical Assistance. These are all Standards which are not specific to the iBudget Handbook and are found in the current November 2010 Coverage and Limitations Handbook. For Standards specific to iBudget, these remain a Technical Assistance category and will not calculate into the Provider score. Charmaine Pillay reminded all that procedures/tools were posted on the Delmarva website for all to see and offer input prior to implementation. Once the iBudget Handbook is effective, there will be a plan for when these Standards would become required. In the past it has usually been 90 or 120 days after promulgation. Theresa Skidmore, DF, added the website includes the weighting worksheet

illustrating the point value for each Standard and Not Met reason. As the CMS expectations are transitioned into implementation, the Discovery Tools may have updates to assure the State is collecting the data needed for evidence reports.

There were a few handbook questions related to the level of care Standards and the 365 day requirement. APD has sent out a memo regarding this requirement. Providers were encouraged to share specific situations with their Regional offices. There was a question related to the quarter hour or day rate for Personal Supports. Edwin DeBardeleben will look into this and respond to members. There was a question about hiring staff for ADT since the educational requirement was lowered for staff, and one QC member is looking to hire. Pamela Kyllonen indicated to go with the prospective employee with more education to be in current compliance. Providers asked about the practice of having multiple reviews if the provider (WSC) renders in multiple areas of the state. Data has shown providers can have different practices from area to area as well as render different services. Some felt this could be due to differences in reviewers. Charmaine Pillay shared all reviewers undergo quarterly and annual reliability activities to assure this is not the case. For support coordinators there may be a difference as their case load size remains the same no matter how many areas they render services in.

10. Action Plan: Dental Grant Status

QC Membership

David Roosa presented an update for the dental access workgroup. The grant proposal is available in the binders for members. David requested all QC members review and send any feedback to him or Patty Houghland by 4/9/2014. He and Patty will be meeting with John Finch, ARC as well as potential funders for the grant. The group is looking for an entity to administer and run the grant as it moves toward implementation. David requested the 2013 data from Sue Kelly to update the statistics. The grant proposal looks to expand dental coverage to approximately 200 people for 3 years. There would be a copay and individuals would apply for funding. It would be based on a first come, first serve model. This would be for adults 21+ with monthly income of \$850.00 or less, and residing in the Northwest region of the State. David asked Edwin DeBardeleben to assist in providing updated ABC screens, and in introducing himself and Patty Houghland to the Northwest Regional Administrator. The target is to have funding in place by 1/2015, to the tune of about \$135,000 per year depending on the co-pay amount. After the 3 years, the results would be shared with AHCA and APD. There are currently 5 Medicaid Waiver dentists in the 10 counties targeted for increased dental access. There are 167 dentists who accept Humana or Blue Cross Blue Shield. It was mentioned ARC St. Johns had been able to negotiate a group rate for their residents to assist with dental care. The DD Council completed an oral hygiene training last year and the dentist indicated she would be willing to train other dentists. Dentists do not need special training to complete dental services for individuals with ID/DD, but at times, accommodations are needed. David requested letters of support from ARC FL, APD, DD Council, and Janice Phillips. HSRI can pull information from other States if needed and can share data from the Developmental Disabilities Director in Hawaii, who is a dentist.

11. Action Plan: Apprenticeship Program Status

QC Membership

Veronica Gomez presented for the support coordination training and apprenticeship workgroup. The group had identified an issue with ineffective WSC training and the solution was to update the training and to add an apprenticeship component to the training since much of the position lends to a hands on approach instead of a book based approach. The group has submitted their proposal to APD Director Palmer. The next steps for the workgroup are implementation. The group indicated if the entire proposal is not able to be implemented a once, they are hopeful APD will complete WSC' train the trainer' sessions. There are currently only 2 trainers Statewide. The cost of the training is \$750.00 per person and would then include hotel stay, mileage, and meals. After this training is completed, the WSC cannot start rendering services until they obtain their provider number and complete Region/District Specific training. This can be 4-5 months after the initial training. For an agency, once all the training is received a WSC may elect to leave the agency and become a solo WSC. This leaves the agency to start the long process over again. Edwin DeBardeleben shared APD is working on training with interactive and varied modes of education. Veronica Gomez volunteered to assist in the piloting of this project. Edwin DeBardeleben will work on a timeline for this project and share with the QC membership. Data has shown how crucial the WSC service is to an increase in positive outcomes. With individuals coming off the wait list, the need for well-trained WSCs will be critical. Veronica stated there are many support coordinators who would volunteer in the apprenticeship program.

12. Topical Questions

QC Members

Members were given time to ask specific questions to APD and AHCA related to topical areas. No new issues/topics were introduced.

13. Action Items/Next Meeting Agenda/Miscellaneous/Adjourn

Pamela Kyllonen, Program Administrator & Charles Ball, Program Analyst-AHCA

Edwin DeBardeleben will work with APD to better define the difference and definition of independent vs. supported living.

Edwin DeBardeleben will work on introduction of dental workgroup members to Northwest Regional administrator.

Sue Kelly will show data for health using the APD region along with home type.

Charmaine Pillay will ascertain if the strengths and barriers section from past Delmarva reviews could be added back into the reporting.

Additional Information

Future Dates:

6/5/2014: Hilton Orlando

10/9/2014: Tallahassee

Attachments:

March 2014 Agenda- Word

December 2013 Minutes-Word

Annual Report- PowerPoint

Health Summary Data Handout-Word

NCI Adult Consumer Survey Results-Word

CMS Expectations- PowerPoint

Delmarva Discovery Tools Status of T/A Standards and Not Met Reasons Effective 2/1/14- Excel