

# 2014 Quality Council Meeting Minutes

*Hilton Orlando  
6001 Destination Parkway  
9:00 a.m. – 4:00 p.m.  
Thursday June 5th 2014*

**Type of meeting:**

Quarterly Quality Council Meeting

**Facilitator(s):**

Charles Ball, Program Analyst-AHCA

**Attendees:**

David Roosa, Family Member  
Don Welde, Solo WSC  
Paula Whetro- Provider  
Pauline Lipps, FCCF  
Tricia Riccardi, Self-Advocate CDC  
Veronica Gomez, Agency WSC  
Cydeon Trueblood- FDCC  
Jill MacAlister, CDC Consultant  
Jose Hernandez, Provider  
Linda Mabile, Florida ARF

**APD Attendees:**

Ed DeBardleben  
Carol Solomon

**AHCA Attendees:**

Charles Ball  
Sophia Whaley

**Delmarva Foundation Attendees:**

Bob Foley  
Charmaine Pillay  
Theresa Skidmore

Christie Gentry  
Kristin Allen  
Sue Kelly  
Robyn Turlakis  
Charlene Henry

**Other Attendees:**

Elizabeth Pell, HSRI  
June Rowe, HSRI  
Patrick Driskell, Self-Advocate  
Norma Israel, Provider  
Cathy Clemons, Provider  
Kristina French, Provider  
Adrienne Dissis, WSC/CDC Consultant/Family Member  
Diane Ciccarelli, WSC/CDC Consultant/Family Member  
Diane Teixeira, Provider  
Shirley Smith, Provider  
Lisa Lupi McGlone, FCC/Family Member  
Shelia Butler, Provider  
Ruth Wingate, FCC

**QC Members not in attendance:**

Patty Houghland, Disability Rights Florida  
Sue Maltzhan, Family Member

**Note Taker:**

Robyn Turlakis, Delmarva Foundation

**Acronyms:**

ABC- Allocation, Budget and Control System  
ADT- Adult Day Training  
AHCA- Agency for Health Care Administration  
APD- Agency for Persons with Disabilities  
CDC-Consumer Directed Care  
CMS- Centers for Medicare and Medicaid Services  
DD- Developmental Disability  
DF- Delmarva Foundation  
FARF- Florida Association of Rehabilitation Facilities

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  
QSI- Questionnaire for Situational Assessment  
SSRR -Service Specific Record Reviews  
WSC- Waiver Support Coordinator

## Agenda Notes

### 1. **Welcome & Introductions**

Charles Ball, Program Analyst-AHCA

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

### 2. **Refresher from March 2014 Meeting**

Charmaine Pillay, Florida Director- Delmarva

Charmaine Pillay, DF, provided a refresher from the March 19<sup>th</sup>, 2014 meeting held in Tallahassee, Florida.

AHCA updates included in the refresher: renewal of the Quality Assurance contract; the reorganization of the AHCA departments; and the status of the draft iBudget Handbook.

APD updates included in the refresher: Director Palmer appreciated the recommendations made by the QC membership workgroup regarding support coordinator training and she will respond by the June 2014 meeting; formal routing of the Quality Management Operating Procedure is occurring; a Statewide lead for QSI begins on Friday; the ITN for the quality

management database will be finalized in the next 10 days. This includes vendor selection; APD is working on training regional staff in preparation for the next CMS evidence report; the remediation process will be strengthened so providers deliver the highest level of service. APD licensing unit provided an update for proposed revisions to the licensing rule.

Delmarva provided data compiled from review activities in 2013. These included: PCR results including the III outcomes; NCI data for the year showing these data have been consistent; CDC+ program data with an emphasis on background screening data; and data from the 2013 Health Summary. Delmarva also provided data from the 2013 PDR process.

HSRI presented information regarding the recently announced revised CMS Assurances and reviewed the expectations for HCBS Quality and Person Centered Services and Supports programs with QC membership. States will be working on submission of their transition plans.

Delmarva provided an overview of the Discovery Tools Status of technical assistance Standards and Not Met Reasons effective 2/1/2014. This handout was available for members and guests and is also located on the dfmc-florida.org website. This document reviewed the Standards in the Discovery tools which are currently scored as a Met or Not Met category instead of Technical Assistance. These Standards are not specific to the draft iBudget Handbook and can be found in the current November 2010 Coverage and Limitations Handbook.

The two (2) Quality Council 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 are awaiting next steps from APD on their proposal.

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

### **3. Review and Approval of March 2014 Minutes**

Charmaine Pillay, Florida Director- Delmarva

Charmaine Pillay presented the March 19<sup>th</sup>, 2014 minutes for approval. A motion to approve the minutes was made by Veronica Gomez and seconded by Don Welde. There was unanimous approval of the March 2014 QC minutes.

### **4. AHCA Update**

Charles Ball, Program Analyst-AHCA

Charles Ball provided AHCA updates. Charles explained the AHCA contract unit is in the process of completing a move to the Quality Improvement Bureau. There was a rule hearing for the draft iBudget Handbook and progress is being made toward promulgation. Charles indicated once the draft iBudget Handbook is finalized, it will be opened back up for further revisions.

**5. APD Update**

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

Edwin DeBardeleben, APD, provided APD updates.

The Client Database Management System discussion included:

- The ITN has been completed and the company selected is Harmony;
- Harmony is awaiting contract execution after CMS approval;
- Harmony will roll out the system in phases and Delmarva and AHCA staff will have access;
- The program will include an electronic visit verification system;
- Training will be provided for this system; and
- Harmony will have processes to link to current electronic databases being used by the provider community.

Jill MacAlister asked if Harmony has precautions included in design to prevent the same problems from the prior roll out of electronic databases. Ed indicated APD is addressing ways to assure these pitfalls are avoided. The ABC system would continue to exist at this time. Discussion was held about the current slow speed of the iBudget system and if Harmony would link to the iBudget system. This is being researched. It can take 45 minutes to complete a cost plan for one individual receiving service due to the slow speed of the current system.

Other updates from APD included discussion of a new secure APD electronic email system which will have encryption capabilities. Instructions and additional information will be posted on the APD website this week. APD continues to look at the WSC curriculum and develop updated training. Ed indicated the training will be available on CD and shared with the QC workgroup members for input and edits. Ed indicated training is occurring at the Regional APD offices for the APD Operating Procedure. Ed mentioned this is also available on the APD website under publication and operating procedures. Updates will be made to address revisions of the CMS Assurances which may change the sub-assurances for many categories. Ed thanked HSRI, AHCA, and DF for the training being provided to APD Regional Staff on the revised CMS Assurances. Ed announced a conference call to learn more about the APD transition plan development and APDs self-assessment for new CMS rules. This will be held on 6/12/14 from 10:00-11:30am at 888-670-3525 passcode 5106539718. APD will be sending out a survey to providers to complete a self-assessment of how their facility setting adheres to the revised CMS Assurances. Elizabeth Pell, HSRI, will send out the links to the available tool kits available at [Medicaid.gov/HCBS](http://Medicaid.gov/HCBS). The transition plan is expected to be complete by 7/2014 with public hearings occurring in 9/2014. Diane Ciccarelli asked if APD was looking at Chapter 393 and Ed indicated all areas are being looked at Statewide for updates.

A concern was raised regarding Residential Habilitation providers not accepting an individual into their group home if there is not an established meaningful day activity in place since they do not have day staff. Ed indicated it is the responsibility of the provider to have staff available 24/7. Linda Mabile indicated there had been past provision in supporting people to have meaningful day activities, however with the iBudget people select where to spend their budgeted money and it is often in other services.

**6. Presentation: 2014 Quarter 1 Data**

Sue Kelly, Scientist- Delmarva

Sue Kelly, DF, provided an update of data collected by Delmarva for quarter 1 of 2014 including a summary from 2010 to current. Sue reviewed the volume of activity from January 2010-March 2014 for PCRs, PDRs and CDC Representatives. She showed the decrease in the number of non-compliant designations from 2010 to current.

In looking at aggregate results, the PCR Individual Interview Instrument scores showed a decrease from 2010-2011 and 2011-2012, but have increased in 2012-2013. Discussion was held regarding if the roll out of iBudget may have affected responses as many services decreased. Ed DeBardeleben asked if the questions have been consistent from 2010 to current. Most people believe this to be the case. Diane Ciccarelli asked if the data showed a correlation with scores and the amount spent per person. Delmarva has looked at this for past quality improvement studies using risk adjustment, but does not currently have this information. The CDC + results for the III began at 90% in 2010 and decreased to 87.3% in 2013. For year to date 2014, they were at 82.5%. Jill mentioned families no longer have to be on the waiver for one year prior to requesting CDC+. They can now start on CDC+. There are 2,000 individuals receiving services on the CDC+ waiver. There are 23 new CDC+ participants for year to date 2014.

The PDR scores continue to rise in all categories including policies and procedures, qualifications and training, SSRR, and observations. Sue shared the background screening alerts are decreasing, and for year to date 2014 there was 91.4% compliance. From 2010 to 2013, this had ranged from 75.4% to 87.3%. Jill MacAlister asked if the background screening information on the APD website could be housed in one area as it is currently in a few different areas. This makes it confusing for providers and CDC+ families.

Potential billing discrepancy citations, year to date 2014 has shown a decrease to 28.6%. In 2010, this number was 59.4% and has steadily been decreasing to 42.9% for 2013. This means more than 70% of providers are error free for areas related to potential billing discrepancies in their required service documentation. This is a positive trend.

The CDC+ Consultant scores have increased in average percent met from 96% in 2013 to 96.9% for year to date 2014. The CDC+ Representative score has increased over 20 points from 2010 to year to date; 70.5% to 90.4%. Veronica Gomez indicated CDC+ Consultants have been asking CDC+ Representatives about reconciliation to assist with increased compliance with the pertinent standard.

Linda Mabile indicated providers are being scored on standards from the draft iBudget Handbook. Charmaine Pillay stated all standards scored are from the November 2010 Handbook and all iBudget specific standards remain in a technical assistance status, which means they do not factor into provider scores. Linda indicated providers are making changes to their policies and procedures and training based on the draft iBudget Handbook which is still being edited. Charles Ball, AHCA, confirmed Delmarva is only scoring on standards which are currently in place under the November 2010 Handbook; all other standards specific to iBudget are scored technical assistance. He shared that while the draft handbook was shared, the provider community was aware changes would be on-going until promulgation occurred. Charmaine Pillay reminded the membership there is a grid on the Delmarva website showing

which standards remain specific to iBudget.

## 7. **Person Centered Interviews: Assessing follow up**

Theresa Skidmore, Regional Manager, Delmarva

Charmaine Pillay provided a quick overview of the remediation process as it relates to data from the PCR process. Many support coordinators have expressed that it is overly burdensome to have to provide a formal Plan of Remediation (POR) for every standard scored Not met on the III and every piece of information gathered through the Health Summary. This has increased the workload for WSC and Regional staff, and consumed time that could be better spent supporting individuals. Through an interactive session, Teresa Skidmore, DF, discussed information related to the Plans of Remediation being conducted by APD for Person Centered Review results. She solicited ideas for how to assure follow up is completed for items where it would be deemed necessary, but also report on items which may be more informational in nature. This would aid APD in their remediation efforts and save time for WSCs completing these plans statewide. Three handouts were shared with the membership, including the Health Summary discoveries, the Individual Interview Instrument 'no because' reasons, and the WSC standards related to choice, health, safety, and rights.

Ed DeBardeleben indicated this APD activity had begun for the Directors scorecard which identifies 7 quality of life outcomes. When a quality of life outcome is scored 'no', the Director wanted to know what remediation was occurring. The Plan of Remediation process is above what Ed had envisioned it becoming and Ed and his team will be looking at methods to update and align with the revised CMS performance measures.

A discussion was held about the WSC attending the PCR interview. This is neither encouraged nor discouraged and remains up to the person receiving services as this is their time to speak with the reviewer. Often the more people attending, the less someone speaks for themselves.

Regarding the Health Summary, discussion was held about how to filter between statements which require follow up and purely informational statements. Currently, the POR includes remediation on statements. For example, the "individual has Medicare" is informational in nature and does not require intervention. David Roosa, family member, indicated he would want to be able to view both and to use as a guide for follow up with the providers. Discussion was facilitated on personal choice as it relates to health exams. It is critical to note individuals receiving services have personal choice. For the III, discussion occurred regarding the "not met" designation. At times, this is not due to inaction by the provider, but due to a variety of other circumstances. The area could be being addressed, but not to the person's complete satisfaction as yet.

Brainstorming occurred between the members. Charmaine reminded the group it is important for Delmarva to use all of the information presented through the individual interviews and the record reviews rather than rely on one source of information - corroboration is key. Charles Ball asked if the III no because reasons data could be pulled to see those statements that have never been used, and which ones are the most commonly used. Sue and Theresa will work on this. David Roosa asked if the legal representative can answer for the person. Theresa explained this information is included, but the reviewer would still take into account the

information from the perspective of the person receiving services. Charmaine had indicated all the information is important, but not all information is critical.

Theresa asked the membership to review each of the III no because reasons and think about how the statements could be put in a hierarchy. She asked the membership to think about what type of threshold would require APD intervention. All of these ideas will be compiled and shared with AHCA and APD for the APD remediation process.

## **8. Adult Consumer Survey Report Data**

June Rowe & Elizabeth Pell-HSRI

Elizabeth Pell, HSRI, delivered a presentation to share data for the Florida NCI Consumer Survey Results from 2012-2013. The membership was asked to review the data and to generate ideas for future quality improvement projects.

From the demographic information shared, it was noted Florida had an overall younger population with the highest percentage living in family homes. Those residing in their own homes were 4% over the national average. Implications discussed were aging caregivers, need for education on special needs trusts, and methods to know who was not currently receiving services on the waiver but due to criteria could become a crisis case.

Review of psychiatric disabilities results for Florida indicated Florida has a lower percentage of reported diagnoses. This area is self-reported so the data could be underreported or due to individuals not receiving the diagnosis from physicians. For behavior services, the NCI survey is asking if the service is needed. Elizabeth did indicate the data is risk adjusted. Florida data indicated less need for support with the exception for extensive support needed for disruptive and destructive behaviors. One area of concern indicated from the membership was certified behavior analysts leaving the Medicaid Waiver program for the Medicaid State Plan program due to less system requirements.

For meaningful day activities, Florida was the same as the national average for those who desire employment in the community (2% of the national average where integrated employment is a goal on the support plan). Florida has initiatives for employment and is an employment first state. While there are programs and support for employment, outcomes have not risen. Cydeon Trueblood, FDDC, offered to bring some information to the next meeting regarding their (FDDC) employment initiatives. Many members indicated transportation and VR as barriers to employment for the ID/DD population.

For areas of choice and decision making, Florida is doing well at above the national averages for everyday choices and life decisions. Support Coordination continues as a strength in the program. Members discussed while 77% of individuals receiving services reporting knowing WSCs can be changed, the membership felt this should be higher. It was suggestion that individuals receiving services may know they can change coordinators, but do not know how to go about it.

For relationships, Florida was lower when it came to seeing their friends as desired. Members indicated transportation and funding could be barriers. While below the national average of



41%, individuals receiving services still reported 37% of feeling lonely at least half of the time. Feedback was given to HSRI on looking at moving from theoretical based questions for this area to experience based. An example included 'did you date instead of can you date'. Florida was higher than the national average in areas related to rights, privacy, and safety. While opportunities to participate in self advocacy meetings was higher than the national average, members felt the 33% was still rather low and saw this as a potential area for improvement.

For preventive health care in the health and wellness category, Florida was the worst of the NCI states for dental care. Texas was the best. Florida was under the national average for all preventive screenings except for an annual physical exam. Those in group homes or their own homes were more likely to have had preventive health screenings than those in family homes. Florida was slightly under the national averages for age and/or gender specific screenings such as colorectal screening, mammograms, pap screening, and PSA test. Often lower performance was seen in family homes and own homes for these tests. At 46%, Florida was under the national average of 53% for people taking at least one medication for mood, anxiety, behavior, or psychosis. The percentage of those taking medications for mood, anxiety, behavior or psychosis by residence was higher for those in group home settings. Those in the Florida sample, who indicated they exercise, did not meet the additional specifications of at least 3 times a week for 30 minutes or more thus resulting in a 0% for Florida in this category. This is an area for QC to explore.

Overall satisfaction with receiving the needed services was 63% compared to the national average of 82%. Discussion indicated this could potentially be to the current changes due to the roll out of the iBudget program.

Members were asked to think about projects for quality improvement related to the data. For additional details, please see the presentation in its entirety.

## **9. Action Plan: Apprenticeship Program Status**

### **QC Membership**

Veronica Gomez reported for the workgroup. The group heard back from Director Palmer about receipt of their proposal. Ed DeBardeleben will be sending the group a copy of the proposed training for feedback. Veronica asked if in the interim agency heads could submit a training plan for approval so they can be approved as trainers, take a competency exam, offer any help to get the training in place, or pilot the draft program as trainers. Ed will look into answers for these suggestions. The hope is the workgroup and Melinda Coulter, APD, could work jointly for the training to take place. Ed indicated many APD staff is supportive of the apprenticeship philosophy. Melinda will be retiring in August 2014 and Ed is working on a transition. Ed indicated APD is exploring options for the training to be made available on line or through proxy training sites. Members and attendees suggested looking at platforms which already exist, such as Tallahassee Community College and Florida Virtual School. Ed indicated a legislative budget request would be required for competency testing. APD is working to address the Area/Region specific training to assure standardization. The variances in training would only be for identification of local staff and local resources.

**10. Action Plan: Dental Grant Status**

QC Membership

David Roosa presented for the workgroup. He has met with Dr. Tom Buckley and John Finch. The meeting initially scheduled for April 2014 has been rescheduled and David will be meeting with Lynne Daw, APD in July 2014. Since the beginning of this proposal, dental plans have actually decreased from \$49.00 per month to \$29-39.00 per month. Adrienne Dissis asked if dentists in these rural areas should be funding this through Medicaid based on Medicaid requirements when there are no providers in close proximity. David will research this requirement.

**11. Next Steps for new Quality Improvement Projects**

June Rowe & Elizabeth Pell-HSRI

Based on the NCI data presentation, the members listed a few areas to consider to future quality improvement projects.

These included:

- Review of medications- the rise and fall of the use of psychotropic medications in Florida
- Preventive health care education for family homes
- Healthy living education
- Aging Caregivers
- Self Advocacy
- Education about the right to choose and change service providers
- Methods to circumvent VR for employment
- Enhancement of social connections to reduce feelings of loneliness
- Ways to improve grievance processes

Tricia Riccardi shared information about Florida Stands, a statewide self-advocacy group. They are in 13 areas around the state and will be at Family Café this weekend.

Patrick Driskell shared information about the Friendship Club in his local area of Hillsborough County which has brought people together through families.

Ideas were discussed about linking with the Action Clubs of the Kiwanis programs for various community projects as well as the community resource staff of those in the Special Olympics. There appear to be many areas in the state working on this topic, but the key appears to be connecting people.

Linda Mabile indicated integration is important, but often people want to see their friends regardless of where the activity is taking place. Transportation issues were indicated as barrier. A scenario was shared when the provider wants to do a certain activity regardless of what the person receiving services would like to do. The person receiving services goes along since it is better than staying home, but it is not their preferred activity. These situations should be addressed as identified.

Robyn Turlakis will send out the list to members for future projects. It was suggested members list selections in order of preference.

## **12. Topical Questions**

QC Members

Throughout the day questions had been submitted on notecards. Questions listed below were shared with APD for answers.

- WSCs are being held accountable for proof supporting eligibility. If we do not determine eligibility or collect that documentation upon enrollment, how can WSCs be held accountable for missing documentation?
  - Ed indicated a new protocol is being created to assist WSCs and APD Regional staff. For a specific situation where the WSC is not able to justify the information on the Medicaid Waiver Eligibility Worksheet, they should contact APD. For example in some instances, the individual receiving services may have spina bifida. However, they may not have 3 additional qualifying needs. Veronica indicated she has kept a list of these types of situations to bring to APD attention.
  - Certified Behavior Analysts are leaving the waiver program and moving to the AHCA Medicaid program since there are less documentation requirements. There are complaints to WSCs from community vendors about excessive requirements in comparison to other programs. What can APD do to prevent this?
  - Children under 21 receive different service level under AHCA than adults under APD.
  - Why does the CDC 8% cut remain in HCBS, but is not reduced for AHCA PCA services?
  - As a guest I was in hopes that the area of provider training would be addressed today. Tallahassee Community College is not user friendly and they stated APD should be notifying providers of changes. This is not occurring. It is impossible to complete all mandatory training when APD does not make trainings available.

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

Charles Ball, Program Analyst-AHCA

QC Members were given 2 assignments for follow-up:

- a). Review the list of reasons on the III and determine which are informational and which may require follow up
- b). Look at the QI project ideas and rank which should be slated for future projects.

Robyn Turlakis will send reminders and due dates for these assignments.

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**Additional Information**

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**Future Dates:**

10/9/2014: Holiday Inn Graves Rd. Tallahassee, Florida 9:00am-4:00pm

2015 meeting dates will be selected at the October 2014 meeting.

**Attachments:**

**June 2014 Agenda- Word**

**March 2014 Minutes-Word**

**Letter from Director Palmer-PDF**

**QC Data- PowerPoint**

**Health Summary Discoveries-Excel**

**I-Cubed No Because Reasons- Word**

**Support Coordination Standards-Word**

**FL Quality Council NCI Data -PowerPoint**