

2012 Quality Council Meeting Minutes

June 14, 2012

9:00 AM-4PM

Hilton Orlando

6001 Destination Parkway, Orlando, Florida 32819

Type of meeting:

Quarterly Quality Council Meeting

Facilitator(s):

Leigh Meadows, Agency for Healthcare Administration (AHCA)

Quality Council Member Attendees:

Pamela Dicks, Self Advocate

Ubaldo Alvarez, Provider

Pauline Lipps, FCC

Allison Cruz, FDDC

Veronica Gomez, WSC

Telephone Attendees:

N/A

Quality Council Members not in attendance:

Patty Houghland

Jill MacAlister

Suzanne Sewell

APD Attendees:

Ed DeBardleben, APD

AHCA Attendees:

Leigh Meadows, AHCA

Delmarva Attendees:

Bob Foley, DF

Charmaine Pillay, DF

Theresa Skidmore, DF
Kristin Allen, DF
Sue Kelly, DF
Robyn Moorman, DF

HSRI Attendees:

Val Bradley, HSRI
Elizabeth Pell, HSRI

Other Attendees:

Liz Hargrove, Provider
Juleith Webster, Provider
Marsha Shankleton, Provider
Cathy Rogerson, FARF Member, Provider
Kerri Deese, Provider

Note Taker(s):

Robyn Moorman, DF

Acronyms:

AHCA- Agency for Health Care Administration
APD- Agency for Persons with Disabilities
AQL- Area Quality Leader
CCR-Client Central Record
CMS- Centers for Medicare and Medicaid Services
CMS-Consumable Medical Supplies
DF- Delmarva Foundation
FARF- Florida Association of Rehabilitation Facilities
FAW-Florida Administrative Weekly
FCCF- Family Care Council Florida
FDDC- Florida Development Disabilities Council
FSQAP - Florida Statewide Quality Assurance Program
HBA -Health and Behavioral Assessment
HSRI- Human Services Research Institute
iBudget- Individual Budget
ICF-Intermediate Care Facility
III -Individual Interview Instrument
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
UCEDD- University Centers for Excellence in Developmental Disabilities
VR – Vocational Rehabilitation
WSC- Waiver Support Coordinator

Agenda Notes

I. Welcome and Introductions

Leigh Meadows, AHCA

Beginning at 9:00 a.m., Leigh Meadows opened the meeting by welcoming everyone and asking everyone to introduce themselves and what entity s/he represents. Leigh Meadows introduced Edwin DeBardeleben of APD. Ed DeBardeleben is the Chief of Quality Assurance & Clinical Supports with the Agency for Persons with Disabilities. His previous role was Area Administrator for Area 12.

II. QC Membership Update

Leigh Meadows, AHCA

Leigh Meadows requested Charmaine to review the QC Membership update. Charmaine shared that Barbara McSherry had another commitment in her life and regretted the need to resign from QC. Charmaine discussed that for many members the 2 year term is coming up and some have requested extended terms. These members will be given the option to remain on QC one more year. New members will be given an option of 1-3 years on QC. The QC is in the process of expanding to 20 members. The distribution would be 2 members from AHCA, 2 members from APD, 2 members from DF, and 16 members from stakeholders. The stakeholder distribution recommended is as follows:

- 1 individual receiving services through iBudget,
- 1 individual receiving services through CDC,
- 1 individual receiving services through tier 4,
- 2 WSC's, 1 large agency provider,

- 2 small agency provider, 1 solo provider,
- 1 member of FARF or ARC,
- 2 CDC Consultants,
- 2 family members, and
- 2 advocacy organization members.

Currently openings will be advertised on the Delmarva website once the QC Bylaws have been finalized. Jamie Franz of AHCA is working on the draft bylaws and these will be shared on the website and portal. .

Leigh Meadows discussed that conversations about the QC structure will occur to assure QC is effective, has methods to make recommendations, and improves the DF contract as DF moves into year 4 of the contract.

Ubaldo Alvarez asked members to utilize the QC portal to keep informed between the meetings. He currently uses it and finds it very easy and helpful. Veronica Gomez asked if the portal can give an alert when there is an update. Sue Kelly will show members how to set up this feature.

III. Review/Approval of March 2012 Minutes

Charmaine Pillay, DF

The members present reviewed and unanimously approved the minutes.

IV. Refresher from March 2012 Meeting

Charmaine Pillay, DF

Charmaine Pillay presented a refresher from the March 2012 meeting. At the prior meeting, AHCA presented an update about the legislative session and confirmed few changes for developmental disabilities. Leigh Meadows shared Jamie Franz, AHCA, would be on leave and would return 5/29/12. Leigh Meadows noted the iBudget and CDC+ Handbooks were in process and discussed the results from the CMS evidentiary reports.

APD presented an update to the membership. Walt Wooten, APD, shared news that he would be retiring and this would be his final QC meeting. Walt Wooten presented an update on the iBudget pilots in Areas 1 and 2. Jolie LaTourelle, APD, shared that 26 APD teams have been formed to address various topics and initiatives.

Sue Kelly, DF, and Steve Dunaway, APD, facilitated a presentation linking the benefits of Supported Employment to individual outcomes. QC members opted for a quality improvement project to address employment for people with disabilities Florida. Florida is in the bottom third of the States for employment. Additionally, Sue Kelly discussed data demonstrating improved outcomes for people who are employed. She also provided the annual DF data. Key expectations including social roles and choice have decreased. The NCI data from HSRI concluded similar outcomes in these areas.

Val Bradley, HSRI, presented an overview of Quality Council structures and projects and structures seen in other States. Val gave an overview of how Florida could tap into States with successes. Val Bradley additionally presented an overview of the CMS Assurances including the framework of Discovery, Remediation, and Improvement. QC members were introduced to the CMS Assurances to gain awareness and to assist in performance measures development to show when the assurances are met through data obtained through DF, APD, and AHCA.

Elizabeth Pell, HSRI, presented an overview of selecting and creating quality improvement projects. Members selected QI projects to work on for the upcoming meetings.

V. AHCA Update: 2012

Leigh Meadows, AHCA

Leigh Meadows provided an update for AHCA. Leigh Meadows discussed that DD waivers are considered Long Term Care Waivers and the current focus of the DD waiver is the iBudget waiver. A managed care deadline is currently 7/1/2012.

Leigh Meadows added the November 2010 Medicaid Waiver Coverage and Limitations Handbook is posted and effective 6/4/2012. A memorandum from Beth Kidder, AHCA, in the front of the Handbook clarifies the monthly/quarterly summary issue. The CDC+ Handbook has been sent back through the process and a public meeting for the draft is scheduled for 6/25/2012. The iBudget Handbook is in the final approval stages with APD and once the final draft is ready there will be a rule hearing. Workshops have already been held for the CDC+ and iBudget Handbooks.

Applied Behavior Analysis services were required to be covered by AHCA effective 3/26/2012 through Medicaid State Plan. This is currently in appeal by AHCA and will remain with the APD waiver at this time.

VI. APD Update: 2012

Edwin DeBardleben, APD

Ed DeBardleben, APD, introduced himself and indicated it was a pleasure to be a part of QC again. He had been a part of the QC when it was formerly known as IQC. Ed DeBardleben has been in his new position for 3 weeks. He discussed that iBudget would be effective for Areas 3, 4, and 12 on 7/1/2012. Cost plans are in review for those areas as well as education for WSC's providers, families, and individuals receiving services. Software is in development for iBudget and the process is going well at this time.

Ed DeBardleben asked QC members for feedback and input related to the Provider Scorecards indicating the scorecards are a work in progress. The scorecards use financial data through expenditures, performance data through DF, health and safety, satisfaction, and employment data through WSC's. The North Highland group is assisting with a survey on what people identify as a good provider. These surveys began 6/1/2012.

QC members discussed how providers can be measured and shared feedback. Suggestions and feedback included:

- Number of Support Plan and Implementation Plan goals being met as long as Support Plan and Implementation Plan goals written are measurable and defined according to the person receiving services;
- Cost savings is not always the best indicator; currently financial data is not adjusted based on need;
- Community programs have dissolved due to economic realities and are no longer viable for generic and natural resources;
- WSC caseloads can have different realities, e.g. Behavior Intensive services result in high costs while services rendered to most children are provided at a lower cost. Cost alone would give an inaccurate picture; however the measure could be if costs are reduced for a person from year to year;
- Without a quality WSC and provider, outcomes are not met. The quality is in the direct service and outcomes for people;
- Lack of provider follow up on maintenance goals as focus moves to new goals; providers need to know its expected and okay for them to work on maintenance of previous goals;
- Providers continue to work on same goals though person may have reached a plateau;
- Providers are unclear what data to collect even though the Implementation Plan should define this. Updated Implementation Plan training is recommended;
- Creativity is important in the scope of work, but creativity is not measurable;
- Objective health and safety data should be included for areas including abuse, falls, ER visits, hospitalizations, etc;
- Uniform satisfaction surveys for providers that are shared with APD;
- It would help to have a place on APD website for recipient comments and opinions;
- Good idea to have surveys related to staff retention for providers;
- Number of individuals receiving service to select new provider over a period of review (e.g. Customer speaks to quality by leaving past provider for a new);
- Help for persons receiving services in developing interview skills prior to selection of a provider;
- Provider personality is hard to quantify, but is a crucial part of quality such as flexibility;
- Show individual WSC and agency WSC results.

Val Bradley, HSRI, shared Florida may need to start at areas that can be measured, and then evolve such as States like Tennessee, Massachusetts, and Georgia have.

VII. Quarterly Data Presentation

Sue Kelly, DF

Sue Kelly, DF, presented data comparing various standards over the course of 2010, 2011 and the

current 2012 quarter and showed the CMS Assurance the standard links with. Leigh Meadows emphasized the CMS Assurances must be met and documented for the State to receive continued funding from CMS. The CMS Assurances include level of care, financial accountability, qualified providers, health and welfare, training and qualifications, administrative authority, and service plan. AHCA and APD are assessing where components may overlap such as infection control, HIV/AIDS training, and Bloodborne Pathogens. A move from documentation to the CMS Assurance applications is in process. Trainings all being conducted in a standardized manner is also being addressed by APD.

Sue Kelly had small groups meet to review the data and the groups summarized some of their findings:

- Grievance- how this is defined is specific to a provider, not to the system;
 - Some providers may include complaints, concerns, areas for improvement; others may only include higher level grievances;
 - Providers need assistance in defining grievance;
- Zero Tolerance and standards tied to abuse, exploitation, and neglect-this should be 100% compliant;
- Providers do not understand self assessment process and how it is to be used to drive and assess internal quality;
- WSC's need to better research information pertaining to health to gain knowledge and educate individuals receiving services;
- Overall, if compliance with a written policy increased, the standard related to practice of the policy also increased;
- DF could spend time addressing outcomes if there was less time spent on the documentation components;

Ed DeBardeleben, APD, asked Sue Kelly to break the data into geographical areas. Sue Kelly indicated she could accommodate this request.

VIII. Revised Tools-iBudget

Theresa Skidmore, DF

Theresa Skidmore, DF, led a discussion in regard to the CMS Quality Framework and CMS Assurances and how the DF Discovery tools are being modified to look at the CMS Assurances and iBudget. Theresa Skidmore shared that APD, AHCA, and DF met on Monday the 11th to discuss areas and the pertinent performance measures for each assurance and sub-assurance. The performance measures define how data will be collected for each assurance and sub-assurance, and how it will be measured.

Theresa Skidmore reviewed the performance measures for the level of care (LOC) assurance. This correlates to the Medicaid Waiver Eligibility Worksheet. Currently, DF checks that this form is completed every 12 months. The performance measures would look at percentage enrolled who have had a LOC determination in the past 12 months. Brainstorming is continuing on ways to

determine if the Worksheet was completed correctly using the QSI or other social/psychosocial assessments related to IQ (intelligence quotient) or disabilities, or needs for daily living. Leigh Meadows shared that WSC's should be able to obtain copies of initial paperwork (such as assessments and diagnoses) for each person served from local APD offices.

Theresa Skidmore will be starting the process with the WSC tool as the WSC has the responsibility for the Central record. DF is collecting data that is objective and measurable. Cathy R shared the current Discovery tools utilized by DF are the most clear and objective to date. Ubaldo Alvarez and Veronica Gomez indicated that the revised draft tools with the protocols and not met reasons have been beneficial. They would like to see these rolled out for providers and WSC's. Discussion about the importance to measure both compliance (objective data) and quality (more subjective data) for a balance is important.

Pam Dicks raised a question about the WSC knowing and understanding health areas. Pam shared this is not always the case. Veronica Gomez answered it is crucial for the WSC to have a full picture and to assure that health and safety are met. Pauline Lipps stated if health and safety are not present, quality is not met. QC members discussed about potentials for measuring minimum contacts from a WSC for areas of discussion. However, it was discussed that if there is a minimum, what happens if more is needed due to crisis or a period of time?

Ed DeBardeleben, APD, asked about the Internal Reliability Reviews (IRR). Theresa Skidmore and Sue Kelly shared that the QAR's are not robots so there is some level of subjectivity, however they are deemed reliable through a number of processes. Annually, QAR's have field reliability for the PCR and PDR processes. QAR's have file reliability on a quarterly basis. Reliability is also addressed through monthly conference calls and all staff face to face conferences.

Theresa Skidmore shared the thought process behind the My Life draft, a component of the PCR process, which will move from a yes/no response to a scale of 1-5 for quality of life. iBudget tools are additionally being drafted with performance measures for the CMS Assurances. A policy clarification from AHCA/APD is in process related to electronic documentation. As DF has the next steps in place for the tools and drafts, copies will be uploaded to the portal for feedback.

IX. QI Projects

Val Bradley and Elizabeth Pell, HSRI

Val Bradley and Elizabeth Pell, HSRI, invited the QC members to break into 2 workgroups. One workgroup focused on employment QI project and the second workgroup focused on the self assessment QI project. The breakout groups met and brainstormed solutions, and then summarized their work plan for the group.

QI Group #1- Elizabeth Pell, Allison Cruz, Charmaine Pillay, Leigh Meadows, Pam Dicks, Kristin Allen, Pauline Lipps, Sue Kelly

Employment Problem: Florida's data shows that people with disabilities and people with ID are employed at very low rates. Not being competitively employed equates with higher rates of poverty,

less community inclusion, reduced health and welfare outcomes, and fewer relationships with people without disabilities.

Vision:

- A. Information hub - Create a clearinghouse for employment initiatives in Florida. Being a clearing house means contacting all entities in state doing employment initiatives for people with disabilities. This includes APD, DD Council which has an Employment Task Force, self advocacy organizations, VR, Family Care Council, Dept of Education, Governor's office, Alliance for Full Participation state team, SELN (Supported Employment Leadership Network), etc. Evaluate gaps, note gaps related to reducing fears, reducing barriers, and positive impacts of work (related to part C).
- B. Data hub - Be the central repository for data on employment initiatives and their impact (DF, National Core Indicators, Institute for Community Inclusion, etc.). Data sources will include the impact of employment on individual's quality of life and impact on state funds to support the individual. Focus on Accountability, e.g., what strategies are most effective to securing jobs? What policies are getting in the way of employment? DF has data on outcomes and age groups though data is not causative. DF will revise Performance Measures. Evaluate costs of service for an individual who is not employed vs. person who employed.
- C. Story telling of outcomes and cost relate to needed policy changes. Educate possible employers, individuals, VR – multimedia with success stories or interested in working. Consider our audience and message. Where are barriers? Is it a data barrier that impacts policy or a myth barrier? Transportation, employer, benefits, desired job v skill set, family fear, shifts of staff. Video of success stories communicate positive message of those with significant disabilities. Showcase all parties. DD Council wants to do this kind of modeling but needs individuals to showcase. DD Council has funds for this. Story telling illustrates how work impacts so many parts of your life. Survey family support organizations on barriers and overcoming them and fears. Involve self advocacy organizations.
- D. Next steps: Post data sources & employment initiatives data in 2 weeks. Members review prior to call Monday July 23 10 am, DD Council will send out conference call number.

QI Group #2- Val Bradley, Veronica Gomez, Ubaldo Alvarez, Ed DeBardeleben, Robyn Moorman, Theresa Skidmore

Self Assessment Problem: Florida's data shows providers are not aware of the components of a self assessment.

Vision: To create a self assessment best practices guide and minimum standards template.

- A. Ask Sue Kelly to pull out data on the not met reasons for the Self Assessment and Quality Enhancement Plan standards.
- B. Determine recommended sample size matrix for number of record reviews and staff record reviews based on size of organization and number of people served.
- C. Val Bradley will share sample satisfaction survey and interview questions with workgroup.
- D. Share resources with providers

- E. Determine if an online/web based training would be beneficial
- F. Sub Folders include: Policy and Procedure, Record Review, Individual Interviews, Satisfaction Surveys, Overview of Self Assessment, Self Assessment Guide, Self Assessment Template, Best Practices, Creating a Quality Enhancement Plan from your Self Assessment, Resources, and Involving your Board (if applicable)
- G. Next steps: Members to schedule workgroup 2 calls after 7/12/2012 and prior to next QC meeting and have a draft ready for 9/20/12 meeting.

X. Next Meeting Agenda/Action Items

Leigh Meadows, AHCA

Leigh Meadows indicated the September 20th meeting may go in a new direction with QC members revising performance measures.

Robyn Moorman, DF requested agenda items be submitted to her and for all attendees to complete the Session Feedback Surveys.

XI. Adjourn

Meeting Adjourned at 4:00pm

Additional Information

Future Dates:

9/20/2012 Tallahassee, Florida and 12/13/12 Tampa, Florida

Dates for 2013 will be selected at the 9/20/2012 meeting

Notes/Misc:

- Robyn gave out the web address for www.flddresources.org
- Attendees asked for the revised draft tools to be re-posted to the website.

Attachments:

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CMS Assurance Data Presentation

QI Project Work Plan: Provider Self Assessment Template PowerPoint Presentation

QI Project Work Plan: Supported Employment Educational Campaign PowerPoint Presentation

