

2010 Quality Council Meeting Minutes

July 28, 2010

9:00 AM

TCC Capitol Center
300 West Pensacola Street
Tallahassee, FL 32301

Type of meeting:

Quarterly Quality Council Meeting

Facilitator(s):

Walt Wooten (APD), Beth Kidder (AHCA)

Attendees:

Walt Wooten (APD), Beth Kidder (AHCA), Melanie Johnson (AHCA), Denise Arnold (APD), Steve Coleman (APD), Pamela Dicks (Self-Advocate), Noranda Carey (Independent Provider Area 3), Latasha Williams (FDDC), Lynne Daw (APD), Suzanne Sewell (FARF), Steve Dunaway (APD), Darcy Abbott (AHCA), Jill MacAlister (WSC), Melissa Moskowitz (Agency Provider), Veronica Gomez (WSC), Val Bradley (HSRI), Kristin Allen (DF), Bob Foley (DF), Theresa Skidmore (DF), Sue Kelly (DF), Brandi Hallum (DF), Kelly Bohlander (Pyramid), Elizabeth Pell (HSRI), Terri McGarrity (APD), Alexandra Weimorts (APD), Leigh Meadows (AHCA), Juan R. Collins (APD).

Telephone Attendees:

Jamie Levin (Self-Advocate)

Not in attendance:

Mike Bonner (Self-Advocate)

Frank Carroll (FCC)

Note Taker:

Brandi M. Hallum (DF)

Acronyms:

APD- Agency for Persons with Disabilities

AHCA- Agency for Healthcare Administration

DF- Delmarva Foundation

FARF- Florida Association of Rehabilitation Facilities

FCC- Family Care Council

FDDC- Florida Development Disabilities Council

HSRI- Human Services Research Institute

Agenda Notes

I. Opening Remarks/ Overview Of Meeting

1. **Welcome and Introductions-** Walt Wooten welcomed everyone to the Quality Council meeting and introduced himself and Beth Kidder as the co-facilitators. Everyone attending the meeting introduced themselves to the group. Bob Foley introduced all of the Delmarva regional managers and their roles with the company.
2. **Walt Wooten/ Co-Facilitator-** discussed the “Quality Council Purpose and Ground Rules”, which provided a Council Overview, membership criteria, meeting guidelines. Meetings will be held 4 times each year (quarterly). Two meetings are required to be in Tallahassee and the other 2 will be held at different locations in the state of Florida.
3. **Beth Kidder/ Co-Facilitator-** discussed main points of the meeting. The goal is to be sure that everyone understands the big picture of Quality Assurance. Beth reviewed the agenda and notified everyone that a question and answer session will be held at the end of the meeting. Quality Assurance is in place to be sure people we serve are getting what they need and the support they deserve. Delmarva is a Quality Improvement Organization (QIO). The state again selected Delmarva as the Quality Assurance contractor because they are the most qualified, and best serve the needs of the contract. The selection was through a competitive bid. There are four (4) major players in Quality Assurance: AHCA is the single state Medicaid agency and ultimately the federal government holds AHCA responsible. APD is the state agency that operates programs and services for persons with disabilities; including the Medicaid waiver.. Delmarva and HSRI are contracted by the state to put the Quality Assurance program into play. Ultimately, we are focused together on the health, safety and well being of people with developmental disabilities.

II. Agency for Persons With Disabilities

1. **Steve Coleman/ Speaker-** Steve presented an overview of APD’s Quality Management System, QA goals, and APD’s relationship with Delmarva.
 - A. The goal is to tell the story of the big picture and how your (QC members) efforts and participation are a substantial piece in making this program work. There are three major phases in Project Management-- Policy Management, Performance Improvement and Process Management. We have annual and short term business objectives. There is a core process for delivery of Medicaid waiver services for an individual with developmental disabilities. There are 26 waiver services operated by APD.
 - B. The first phase is APD Project Management and involves quality assurance services that Delmarva provides. This phase shows where we may have gaps and how this applies to the cycle. APD gets input from this group, Governor, director, consumers and providers. The information gathered is used to look at major issues, and how we can fix them and solve problems that frequently arise.
 - **Acronyms-** SWOT (Strengths, Weaknesses, Opportunities, Threats), LSO (Long-term Strategic Objectives), EMT (Executive Management Team), ABO’s (Annual Strategic Business Objectives). The gap is defined by where you are right now based on performance, versus where you want to be.
 - C. The second phase is APD Policy Management which involves implementing a plan to which APD leadership and people subscribe. This serves as information for people in the central office and everyone on the Quality Council. Client satisfaction is most important as a Long Term Strategic Objective (LSO) for APD.
 - **KEY TERMS:**
 1. Sustainability - in linking people to natural supports and services.
 2. Structure- how the iBudget will work and how to measure the performance.
 3. Wait List- in pursuing additional supports and services for clients on the wait list.
 4. Process Management - how the plan gets organized and delivered, measurement of daily work,

and how the organization of APD flows in terms of completion.

The point of the process is you have measures which contribute to how happy people are with your services. The end goal of these measures is to see if you are satisfied with the work and what percentage of the support plans have been completed. Our hope is that by using Delmarva information we can all see how we are measuring up and where we rank on the quality assurance level. A lot of things we are gathering now will be reported by AHCA to CMS in the new iBudget waiver, like health and safety data (spreadsheets).

- D. We are also tracking alerts identified by Delmarva. We make sure they are taken care of in a timely manner. (For example: an alert is given if a provider doesn't have the proper background screening). Long-Term Residential Care (LTRC) monitoring of APD licensed group homes and indicators noted by Delmarva during discovery also generate information. Alerts are reported by Delmarva.
- E. The third phase is Performance Improvement (remediation). An element of this is the Action Plan, which is full of complex problems, and how we plan to solve them. If a need for something new is identified, we are able to use real data to develop a plan of action to respond to the problem. In the event that there are complex problems, one should identify the problem, measure the problem, change the measurement and then put a plan together using the diagnostics. APD meets monthly to look at our measures to see how we are doing as a group (Delmarva, APD, and AHCA). We review a variety of incidents, monitoring reports, and measures for our critical processes and the assurance indicators. As we receive alerts there is an expectation for us APD respond to them quickly. The APD area offices continually monitor these alerts, once identified.

**Leigh Meadows Question: If someone besides a Delmarva person wanted to report an alert would they contact an area quality leader person at APD?*

**Steve Coleman Answer: Yes, that would be more convenient to submit the complaint to a central point. Also the APD area administrators can be notified because they have the most contact with Delmarva and providers.*

There is a score that Delmarva identifies for PCRs and PDRs. - POR- A Plan of Remediation is developed if within 10 days of a review, if scores on performance reviews are less than 75%.

**Suzanne Sewell Comment: We need to make sure we don't get too process-oriented and stay hands on with taking care of the actual issues rather than just the process/paperwork associated with them.*

**Kelly Bohlander Question: When do we get this remediation process from the area office and when will we have written protocol for it?*

**Steve Coleman Answer: We are already doing a remediation of some kind. However, everyone has a tendency to do their own thing so this is something that we need to standardize and get the process handled so that we are all on the same page. Getting a standardized protocol is something that central office and everyone needs to collaborate on so that we establish this protocol.*

**Kelly Bohlander Comment: The discovery tools are not enough for what is gone over in the review.*

**Jill MacAlister Comment: Area 23 has over 3000 providers so the ability for all to go by a standardized process would be extremely helpful.*

**Steve Coleman Answer: There are some preliminary screens we have seen for an electronic service plan and record. This is a working process that we are hopeful will happen as soon as possible.*

**Beth Kidder Comment: One of our struggles is what is the best method, in terms of the means of communication.*

**Jill MacAlister Comment: Face to face is the best. There are some times when webinars or internet means will work. However, there are some providers who have more difficulty with online training etc. Having an increased number of smaller sessions for training may work best.*

**Walt Wooten Comment: Agrees that 2 smaller sessions would work out a lot better and then there will be more opportunities to make it to the face to face training.*

**Steve Coleman Answer: This is a topic we need to have more conversation with and possibly hold a team discussion or meeting to handle this issue.*

In conclusion, there needs to be a celebration of success at the end of the year so that you can oversee all of the year's achievements and measurements of what we hope to accomplish in the upcoming year. Copies of the presentation can be sent out regarding this.

III. Delmarva Foundation

1. Slideshow for Delmarva's "Florida Statewide Quality Assurance Program"

A. Bob Foley- Speaker (Introduction)

- Florida Statewide Quality Assurance Program- Bob will be going over the discovery process and the purpose of the Quality Council.
- Bob reintroduced the managers and their functions. Bob is the Vice President of Disability Related Programs. Sue Kelly is in charge of the analytical team and they make sure we are using all of our data correctly and in the best way to help us improve and reach new goals. Kristin Allen is a regional manager who deals mainly with PDR's. Theresa Skidmore is a regional manager who deals mainly with PCR's. Our two other regional managers are Elizabeth Townsend and Carol McDuff who could not join us today. Charmaine Pillay is the Florida program director out of the Tallahassee office.
- Delmarva has over 30 reviewers statewide. Delmarva works in partnership with APD and AHCA. Everything Delmarva does is based on what is in the contract and what is needed to support the state. APD Quality Management Strategy- The process is to improve the entire system, based upon the CMS Quality Framework.
- Program Design and Quality Management Functions Focus Chart.
- Purpose of the Quality Assurance Contract- Evaluate the effectiveness of every provider involved in the life of a person. Also to ensure that the person is involved in the decision making process of life choices.
- Discovery Process- This is the main process of Delmarva. PCR's are Person Centered Reviews which are built around the person receiving services. PDR's are Provider Discovery Review's built around the provider organization, with a focus on compliance with regulations and the Medicaid handbook. These two reviews combined allow us to look at the whole picture and improve services.
- Discovery Process Eligible Services- list of services eligible for review.

B. Theresa Skidmore- Speaker (Person-Centered Reviews)

- Person Centered Reviews (PCR)- Starts with the person and a face to face interview. Sampling procedures are used to determine who receives a PCR. For Support coordinators who are also CDC+ Consultants make sure at least one person sampled is a CDC participant. Next we review supports and services the person is receiving.
- Individual Interview Instrument (I³)
- National Core Indicators- (NCI) this is a survey to gather information from the consumer about the lives of people with intellectual and developmental disabilities.
- I³- The Main goal is to capture information from the perspective of the person. Delmarva wants to make sure that they take a look at what the person really needs and is asking for regarding waiver services.
- These 12 elements are discussion points. The goal is to see how well we are supporting the person and what is it that the person wants. Who is deciding where you are living, who is your in home support person, who is your waiver support coordinator, etc. Help individuals understand 'no one should make decisions for me without my input about what I want'.
- We constantly communicate with individuals to make sure they are an active participant in decisions concerning their services; they are free from abuse, neglect, and exploitation; safety and health are foundational non-negotiable elements we want to ensure are in place.
- Consumers may need support; however they can still make their own decisions. Rights education should be ongoing and supports provided to help individuals exercise their rights. We want to make sure the individuals are satisfied with the services they are receiving and the people they are working with. Satisfaction is an ongoing piece of the puzzle. Community is a very important role as well. Community for our consumers means friendships, relationships, becoming a contributor in their community if they so choose. Ultimately the reviewer is answering each element as a yes or a no. If the answer is a no, then we start the plan to see what is missing so we can begin to improve the services and results.
- Health and Behavioral Assessment (HBA)- This is to make sure we are asking the right questions and that we are following up with the assessment and consumer.
- PCR's are optional and during the process at any point the consumer may choose not to answer. The main goal is to use our tools to get the information we need and then go to the provider who is supporting

that person and take a look at documentation. This way we can see if there is a disconnect and point this out as a possible area for improvement. We do a record review for each provider serving the person.

**Veronica Gomez Question- Does the PCR get sent to the provider? Theresa answered: If the person requests a copy of the report it is sent to the person, but this report is ALWAYS sent to the support coordinator. It does not go to the service provider. Service providers get the PDR report.*

C. Kristin Allen- Speaker (Provider Discovery Review)

- PDR- Provider Discovery Reviews- Monitor the Providers' performance based upon the handbook and if they are in compliance and following the implementation plans.
- Three specific components of a PDR: Service Specific Record Review, Administrative Review Tool, Observation Checklist.
- Administrative Review Tool- Used to ensure that providers are in compliance with policies and procedures, minimum education/experience, training and background screening.
- Observation Checklist- Up to 10 Group Homes are visited during the PDR, but eventually, over the years, we visit every single group home. We also visit all Adult Day Training locations.
- Every single standard on the tool is scored as Met, Not Met or N/A (Not Applicable). A numerical percentage is used to report findings. Within 30 days the reports are sent out to the providers and we are working on making that a shorter time. There is also a preliminary report that isn't final but it at least gives providers an idea of their score.

**Suzanne Sewell Comment- Paperwork is demanding to cover it all and still provide great services. It is very hard to balance both. However if we don't score well then we can't expand!*

**Beth Kidder Answer: It is a challenge to balance the two aspects of service and paperwork; however we can't get government funding without the detailed and proper documentation and a way to show what we need. If there is an issue with a certain element that is hard to maintain then consult with us about it and let us look at that aspect and see about changing the handbook, In the meantime, we still need the paperwork all done. We know it is a challenge, but it is a balance that must be found.*

**Jill MacAlister Comment: We should make it easier by making the objective as clear as possible to the providers so they know what is expected of them and of the paperwork to be provided.*

- PCR Reports- Each piece of this tells its own story depending on services the person receives. We identify potential recoupment and it is based on documentation made available at the time of the record review. On this report you will see the reason a standard was not met and if this is a common thing it shows us what area needs more training. Another aspect is the discoveries section. Discoveries can come from the Health and Behavioral Assessment or any important pieces of information learned in the PCR that may need to be addressed. For example if a person is taking psychotropic medication and not seeing a Psychiatrist, this would bring up a discovery, which could become an alert.
- PDR Reports- Reports are very similar to the PCR; however the provider is scored on 5 different aspects. All of this information is on the DF website, with all of the requirements and how providers are scored.

IV. National Core Indicators/ Involving Individuals, Families & Stakeholders in Quality Improvements

1. Val Bradley- Speaker

- A. **Acronyms:** CMS- Center for Medicare and Medicaid Services, NPO- National Provider Organization, NCI- National Core Indicators
- B. **Objective-** Val summarized the major cornerstones of what the NCI is for and how it helps the process and its services with Delmarva. NCI is a joint venture between us at the Human Services Research Institute and NASDDDS (National Association of State Directors of Developmental Disabilities Services. Was launched in 1997. Group of states got together who had all come to the conclusion that if you are going to manage systems you need data outcomes from people. The basic idea was to see what we want the outcomes to be for the state and for the people. We built over 100 performance indicators and then a protocol was put together to evaluate these 100 indicators. Over 26 states are currently collecting consumer data. We ask that every state collect data for at least 400 people. Florida collects data from over 1400 surveys. We ask that the people doing the surveys are not service providers or related to people they are reviewing. Each state has a different way of doing the surveys and some states have added questions to be sure they capture the data they are most interested in. Once

all the data are submitted you receive a report showing scoring and where you are in comparison with other states. We have a statistical method we follow to be sure data we collect are accurate and appropriate for comparison. We have recently added more questions about health status, self-determination, and work status. The consumer survey now means we have a database of about 10,000 people and we are about to add California. This is one of the richest sources of information of the lives of people with developmental disabilities and their living status, etc. The second source of data collection for NCI is mail out surveys to family members and guardians. This is a vital tool for Delmarva so that we can use these data to evaluate current performance but also to track changes in state performance over time, as well as be able to see your results in comparison to other participating states. Consumer Surveys and Family Surveys are the two titles. We also collect data on children and organization data. NCI surveys are for Adults (18+) only.

V. NCI Consumer Survey Report

1. Elizabeth Pell and Sue Kelly- Speakers

- A. Elizabeth Pell went over some basic information about viewing data charts. When viewing the data charts look at the following:

- Title: What is the chart about
- Source: the question that the data are answering
- Your state versus all states column
- Color coded for understanding each answer

Data are great for comparing your goals annually. Question was asked about individuals who decline to be interviewed and how that impacts the data. Part of our process at Delmarva when someone declines an NCI survey, is for our reviewer to make a follow up phone call to anyone who declines. There is a paper tool that was prepared by Steven Staugaitis, Ph.D., that is a breakdown of the charts and tables and how to read them.

**Steve Coleman Asked- does every state require the same number of samples?*

**Elizabeth Answered: Every state has a minimum of 400; however some states have more surveys than others.*

**Melissa Moskowitz Asked: Does the data reflect people who would like to live somewhere else but are financially restricted?*

**Elizabeth Answered: This does not show that detail it simply asks if the person chose where to live or if they had a say in the decision.*

- B. Sue Kelly went over several charts showing performance dashboards. She reviewed what to look for, what information should be documented, and how to read different types of displays. Dashboard charts give you a variety of ways to look at the same information. Sue presented three different types of dashboards and interactively demonstrated how to interpret the data and how the information may guide the group's Quality Improvement efforts.

- C. Elizabeth Pell provided some additional tips on what to be aware of when reviewing data displays. Be aware of BIAS- for example you need to be sure you do not ask individuals what they think of their support coordinator right in front of their support coordinator. Watch for small numbers when you are looking across regions. Make sure your numbers get higher before you make too many broad comparisons.

**What do you mean by Validity? - are the data you're collecting actually measuring what you want to measure?*

**What do you mean by Reliability? – Are the data consistent and would NCI's data collected by different interviewers line up?*

- D. Val Bradley concluded with a question of, "Why should people with disabilities and family members be involved in quality management?" We want to make sure people and their voices are expressed in the quality management aspect. They are the reason we are here and it is our goal to implement a good program for each consumer. It is crucial families' voices are a part of the process as well as the consumer. Families can also represent the interests and concerns of people receiving services in ways managers and providers cannot.

VI. Questions/ Comments/Action Items

1. The following questions were asked at the end of the session:

*Jill MacAlister asked if we can get a handout of the information before our next meeting.

Action Item/Answer: Request any information from Melanie Johnson (AHCA) within the week and she can email it out.

*Jill MacAlister also wants to get more information on the approval process and other issues regarding funding that are affiliated with quality service delivery.

Action Item/Answer: Walt Wooten stated that he will speak with Beth regarding this issue.

*Kelly Bohlander asked if training would be provided to providers based on the NCI surveys.

Action Item/Answer: Walt stated that once they understand the reports then we will personally be providing training or troubleshooting the issue with the providers. Melanie Johnson will follow-up with Walt Wooten regarding future trainings.

VII. Next Steps

1. Closing Statements from Co-Facilitator

A. Walt Wooten- We need to have 2 more meetings this calendar year. Our next meeting should be back here in Tallahassee and at a different location, for example somewhere that is easier to get to. We will make every effort to get the materials out to you in sufficient time to get your ideas together before the next meeting.

Action Item: If anyone has something they would like to put on the agenda let Melanie know before the next meeting but be sure to have it to us at least 3 weeks prior to the meeting.

B. Melanie Johnson- Delmarva Contract Manager- There was a discussion about having the next Quality Council meeting at the Betty Easley Center in Southwood because parking is a lot easier.

Action Item: Melanie is requesting that members review the documents you received today and, if you have any questions please send them to Melanie by next Wednesday (August 4, 2010). Melanie will be sending out all members' contact information along with other vital contacts that may be helpful for any questions that may come up.

Additional Information

Future Dates:

- Next Quality Council Meeting will be held September 21, 2010, in Tallahassee at a location to be disclosed at a later date.
- The final Quality Council Meeting this year will be December 15, 2010, in Tampa, Florida.

Notes:

- Delmarva Foundation is responsible for the coordination of the Quality Council Meetings.

Attachments:

- Quality Council Meeting Agenda
- Quality Council Purpose and Ground Rules
- APD Quality Assurance PowerPoint Presentation
- Florida Statewide Quality Assurance Program PowerPoint Presentation(DF)
- PDR Report Example
- PCR Report Example
- Florida Quality Council PowerPoint Presentation (DF/HSRI)