2012 Quality Council Meeting Minutes

Thursday, September 20, 2012
9:00 a.m. - 4:00 p.m.
Aloft Hotel
200 North Monroe Street, Tallahassee, Florida 32302

Type of meeting:
Quarterly Quality Council Meeting

Facilitator(s):
Jamie Franz, Agency for Healthcare Administration, AHCA

Quality Council Member Attendees:
Pamela Dicks, Self Advocate
Ubaldo Alvarez, Provider
Pauline Lipps, FCCF
Allison Cruz, FDDC
Veronica Gomez,WSC
Robyn Stawski, Self Advocate
Linda Mabile, FARF
Jill MacAlister, CDC Consultant
Patty Houghland, Disability Rights Florida

APD Attendees:
Ed DeBardeleben
Beth Mann Pace
Melinda Coulter (morning only)
Liesl Ramos (morning only)

AHCA Attendees:
Jamie Franz
Danielle Reatherford

Delmarva Foundation Attendees:
Bob Foley
Charmaine Pillay
Theresa Skidmore
Kristin Allen
Sue Kelly
Robyn Moorman
Donna Chason (morning only)

Other Attendees:
Janet Balance, Provider
Diane Ciccarelli, WSC

Telephone Attendees: None

Quality Council Members not in attendance: None

Note Taker(s):
Robyn Moorman, DF
Donna Chason, DF

Acronyms:
ADT- Adult Day Training
AHCA- Agency for Health Care Administration
APD- Agency for Persons with Disabilities
CCR-Client Central Record
CDC-Consumer Directed Care
CMS- Centers for Medicare and Medicaid Services
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
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
VR – Vocational Rehabilitation
WSC- Waiver Support Coordinator

Agenda Notes

I. Welcome and Introductions
Jamie Franz, AHCA

Beginning approximately at 9:15 a.m., Jamie Franz opened the meeting and introduced a new Quality Council member, Robyn Stawski. Robyn is from the Suncoast Region and is a paralypmian who competed in the Beijing games. She is also an educator, a speaker, and a self-advocate. Members introduced themselves and indicated the entity they represented.

II. QC Membership Update
Jamie Franz, AHCA

Jamie reviewed the expansion of the Quality Council membership and explained the survey process that generated many applications for the open positions. AHCA, APD, and Delmarva will work jointly to bring new members on board. Jamie also read the questions asked of each applicant through the on-line survey using Survey Monkey. There were approximately 60 responses from family members, 10 self advocates using CDC+, 13 self advocates using iBudget, 25 WSC agency providers, and 131 small agency providers.

Jamie further iterated that one of the reasons the Council was expanded was due to information presented at the last QC meeting by Val Bradley, of HSRI, regarding QC goals and objectives to ensure the highest quality of service through collaboration. Following are categories of membership of the QC:

- 1 individual receiving services through iBudget;
- 1 individual receiving services through CDC+;
- 1 individual receiving services through Tier Waiver;
- 3 WSC's, -One agency, 1 solo, 1 CDC+ Consultant;
- 1 large agency provider, member of FARF or ARC;

- 1 Family Care Council member
- 2 small agency providers;
- 2 family members; and
- 2 advocacy organization members.

The membership reviewed the By-Laws. Questions related to the length of service of the membership and information about the support coordination positions were raised and will be addressed by AHCA. There was also a question regarding geographic diversity. A motion was made by Linda Mabile and seconded by Patty Houghland to approve the By-laws with revisions as noted. The By-Laws will be posted to the website and the portal after the minor revisions are completed. It is anticipated that new members will be on board by the December 2012 meeting.

Jamie requested QC members set aside, for the time being, the Supported Employment initiative and thanked everyone for the work on this project. For now, the emphasis will be tool revisions and ensuring they are in accordance with CMS assurances. Supported Employment initiatives will not be forgotten, just postponed as preparations for iBudget are completed.

III. AHCA Update
Jamie Franz, AHCA

- Leigh Meadows has accepted a promotion as the AHCA Administrator over the Quality Improvement and Rules Coordination Section within the Bureau of Medicaid Services. Leigh is responsible for overseeing the activities of two units in the Quality Improvement and Rules Coordination Section.
- As of 09/18/12, the contract amendment to the Minor Modification 3 has been signed allowing Jamie to be the official contract manager.
- The Centers of Medicare and Medicaid Services (CMS) require the state agencies to follow the 1915 (c) waiver assurances. There are 6 assurances, and each assurance has at a minimum one sub-assurance. Performance measures are developed to address each assurance and sub-assurance. AHCA, APD, and DF have been working to revise the tools to address the CMS assurances. The tools will be ready for internal QAR training on 01/08/13 and will be utilized as of 01/14/13, if all approvals are in place. When approved, DF will post the iBudget tools on the website (www.dfmc-Florida.org), which generates an automatic e-notification to those registered to receive Delmarva updates. A recommendation was made to request Regional and Area offices to disseminate as well.
- The iBudget Handbook is currently routing internally in AHCA.

IV. APD Update
Edwin DeBardeleben, APD

Ed shared news of staffing changes at APD. Michael Hansen is now with the Speaker of the House, State of Florida. Barbara Palmer is the new Director at APD, and Michael Ayers the new Chief of Staff. Ed indicated reorganization is occurring as field offices are consolidated to 6 Regions. These Regions include Northwest, Northeast, Southern, Central, Suncoast, and Southeast. He stated the

Areas in the delineated Regions have been meeting with Regional Directors working towards standardization throughout the State.

The Central Office is now called the State Office. The State office is continuing with the implementation of the Strategic Planning Committee. Some priorities of this committee are medication case management, residential placement, and quality assurance. There will be a kick-off meeting initiating the Strategic Plan in late October.

Ed stated there will be a focus on compliance with CMS requirements as APD recognizes there is a need for improvement in this area. There is a need for field offices to be more successful helping service providers provide better quality. Ed further stated APD can be more effective with internal quality assurance: develop ways to evaluate how APD is doing, how the regional offices are performing, and how to effectively deliver provider scorecards. There will be an APD scorecard developed.

Complaints regarding the first provider scorecard are being taken into consideration and changes are being implemented from the feedback received. Ed shared perhaps provider scorecards should indicate frequency of turnover of providers, and that he desires the scorecard to be meaningful. A ranking will be developed consolidating all the information.

Standardization is a goal of APD and is a work in progress. Feedback is appreciated and valued. A QC guest attendee pointed out one of the basic tenets of QA is the training of providers, and improvement is definitely needed in this area. Ed stated that APD is currently looking into training issues, and Melinda Coulter will be presenting on it at today's meeting. Ed mentioned numerous training opportunities are available, and that it is the provider's responsibility to take advantage of them.

Ed discussed the iBudget roll-out schedule which will be completed by July, 2013. Veronica G. stated the flexibility of iBudget is good, but some tweaking is needed. Veronica provided an example regarding access. As an agency, the WSC's reporting to her must give her (the owner) access to the files. She felt access should be at the owner level and the owner should allow access to each WSC. Veronica G. and Jill M. mentioned the work of WSC's has increased with iBudget implementation due to the quarterly service authorizations, and the exclusion of administrative assistants to complete facets of this process. Both QC members recommended access for administrative assistants to participate in the process.

A suggestion was offered to have Regional and Area offices hold workshops and informational meetings. This will help providers and families better understand the process. Per Ed, the iBudget presentation in a PowerPoint format will be available on the iBudget website to assist with education. This should be available in the next 2 weeks. Specific issues related to iBudget and appeals should be discussed with the Regional office personnel. Ed clarified individuals do indeed have the right to appeal.

Many ideas were shared during the course of this discussion and QC members were asked to write their suggestions and priorities down and submit them to Ed.

V. Review/Approval of March 2012 Minutes

Charmaine Pillay, DF

All members were present. Members reviewed the June minutes. A motion was made by Veronica G to approve, seconded by Pauline L, and there was unanimous approval of the June 2012 QC minutes.

VI. Refresher from June 2012 Meeting

Charmaine Pillay, DF

Charmaine spoke about QC membership expansion from 9 to 20. It will be more representative of the state. A focus at the previous meeting was the process of aligning the tools to coincide with the iBudget. Tool revisions were introduced and will continue to be reviewed at this meeting.

Provider scorecard comments were numerous at the previous meeting and these were shared with Ed.

Sue Kelly, DF, presented data and iterated that data are critical for QC, to know and understand the data and what they mean. The data at the June 2012 meeting compared tool standards and offered year to year comparisons. Often when providers developed policies and procedures describing their practices, they tended to follow these written guidelines and tended to do better than when no policy was in place. Zero Tolerance was a topic of discussion. Members feel there should be 100% compliance in this area. QI projects at the June meeting related to Supported Employment and Self Assessment. At this time they are on hold due to the need to have tools pertaining to the iBudget waiver developed and ready for implementation by January 2013.

VII. APD Strategic Plan

Melinda Coulter, APD

Melinda provided a presentation on required training for providers. A core team is working on this strategic plan. The goal of the Strategic Plan is to improve management and oversight of Provider Training. There will be three levels: Core Team Members, Advisory Team Members, and Resource Team Members.

Task 1 is to standardize curricula for all required training courses.

Task 2 is to standardize documentation (of successful completion of required training).

Task 3 is to design a cost-effective and sustainable provider training model for APD.

Melinda noted it is important that some training is collapsed into inclusive trainings; however they are not being eliminated. The emphasis will not be on the number of hours completed, but the successful completion of the training course being taken. With the regionalization structure, registrants may be able to travel to the closest APD field office even if the closest is not in their Region.

There was discussion regarding trainers being recertified and monitored. Per Melinda, changes are being made to training curricula to ensure competence of instructors. This requires that trainers update their knowledge to continue training. The possibility of a Community Worker Degree in collaboration with community and technical colleges is being researched.

Medication administration error rates are increasing and there is definite cause for concern in this area. Patty H. would like to see additional Medication administration training as well as physical and nutritional management, and training on positioning. Members felt training in these areas should be required. New QC member, Robyn S., shared information on a training she has completed with local entities that includes a "Day in the Life" that explains and shows people important points to consider when rendering services. A group of self-advocates willing to do this training would be beneficial. Trainings have always been open to families, but APD would like to see more family utilization. Outreach would be required.

Discussion was held regarding quality of training, particularly initial training for WSCs. Melinda stated if there is a questionable trainer, s/he would be observed by APD and if necessary, his/her certification could be pulled. Melinda pointed out that a list of certified trainers is available on the APD website with indication to their level of certification (i.e. within agency only, ability to train at large).

VIII. Quarterly Data Presentation

Sue Kelly, DF

Sue Kelly shared data collected by DF from January 2010-June 2012, beginning with results from the Provider Feedback Surveys. They are generally very positive. Charmaine P. shared some of the internal methods put in place to address any issues noted in the surveys. An example provided related to QAR's contacting providers if they suspect they might be late. Reviewers often go from one review to another and cannot always tell exactly when the first review will conclude. Any delay in the first review means a late start to the next review. Reviewers offer a time range for when they will be on site (9:00-9:15). This helps with lessening provider anxiety.

The data shared with the membership included spreadsheets describing the volume of activity and average scores with regard to PCR's, PDR's, Observations, SSRR's; background screening and potential recoupment. The data showed increased compliance with background screening although it is still lower than 90%. The number of SSRR's with at least one potential recoupment has decreased though it remains at 48.4%, representing almost half of the SSRR's completed. Trends in the 2012 background screening data indicate the components causing alerts are usually tied to lack of proof of local criminal records check, the notarized Affidavit of Good Moral Character, and proof of FBI clearance.

Health related indicators detailed increases in reports of problems with teeth, health problems, and hospitalizations. Data were shared showing an increase in the number of individuals taking behavior/psychotropic medications from 35.3% in 2010 to 44.6% year to date in 2012. The average number of medications was 3.87 for waiver recipients and 3.14 for CDC+ recipients. A spreadsheet

detailed the number of prescription medications taken per person (by waiver service recipients and CDC+ recipients) and the average number of prescription medications taken per person by waiver service recipients and CDC+ recipients. Of waiver recipients interviewed in 2012, 43.9% were on 4 or more medications, and for CDC+ recipients 40.1% were on 4 or more medications. A graph showing the data by Area for years 2010, 2011, and year to date 2012 was shared with attendees.

Data showing the number of providers who scored less than 85% by Area and by year was shared with the membership. The same was shared for providers with scores less than 85% on multiple reviews. Sue presented data using seven key "foundational outcomes" which included health, family, designing services, friends/privacy, free from abuse, neglect, and exploitation, safe/self preservation skills, and rights. The data from July 2010-June 2011 compared to July 2011-June 2012 showed a decrease of approximately 9 percentage points in the foundational outcomes being met for a person receiving services interviewed as part of the PCR process. There is a correlation to the III results that have also shown decreases. Of the 7 foundational elements, 68.5% of people were had 5 or more met in Fiscal Year (FY) 2011 and this had decreased to 50.8% in FY 2012. QC members briefly discussed potential reasons for the decrease in outcomes met.

Sue shared the Results and Recommendations from the DF Quarterly reports dated January-June 2012. The QC membership was asked to review the data results and recommendations provided. They were tasked with looking for reasons for the decreases in components and to provide solutions. A worksheet was provided to the members to complete this. Due to time constraints, members were asked to review and submit findings on the worksheet to Robyn Moorman, DF, by 10/24/2012 via email.

IX. **iBudget Revised Tools-WSC and ADT**

Theresa Skidmore, DF

Theresa S. reviewed the CMS Assurances in a simplified version reminding members of the data required to be collected for Florida. The CMS Assurances are a nationwide requirement and the data are used to develop evidentiary reports provided to CMS. The CMS Assurances include:

- Level of Care,
- Service Plan,
- Qualified Providers,
- Health and Welfare,
- Administrative Authority, and
- Financial Accountability.

The CMS Assurances are the basic requirements to be met for Florida to retain waiver funding. States may add more to their quality processes beyond the assurances. As the iBudget is deployed Statewide, DF is working closely with AHCA, APD, and other stakeholders to develop iBudget Discovery tools to use in the measurement of QA/QI activities to ensure performance measures are included that address the CMS Assurances.

Since the iBudget Handbook is still routing, DF continues to use the November 2010 Handbook. DF has completed the draft iBudget tools for Personal Supports and CDC Representatives. The WSC and ADT draft tools were shared with the membership for their feedback. Theresa described the format which includes the CMS Assurance, the performance objective, the Standard, the protocols, the Not Met reasons, and the weighting of each Standard. Additionally, the protocol includes the reference, such as Federal law, State rule, Handbook reference, and Statute. The tool workgroup met this week to work on Residential service family and next will be the therapeutic services. Therapeutic serviced include Behavior Analysis and Behavior Assistant.

The goal is for iBudget tools to be approved by AHCA 11/1/2012 to allow time for the web based application to be updated and QAR's to be trained on the new tools by 1/13/2013. The iBudget tools go into effect 1/14/2013. Questions were asked about whether there would be a delay in new tool implementation if the iBudget handbook is not promulgated by January. At this time the plan is to gather feedback on proposed tools from stakeholders via the DF website and target January for implementation.

Danielle R, AHCA, shared details about the CDC+ Handbook. This Handbook has started the routing adoption paperwork after the notice of change was completed 21 days ago. Danielle R. will request the newest version be shared on the AHCA website.

The membership and attendees broke into 2 breakout groups. One group reviewed the ADT tool and the other the WSC tool. The groups were asked to look at the tool, the standards that may not be included, and to describe the top 5 items for each service that relate to quality. Theresa asked people to prioritize what is most important to determine quality in service delivery in addition to the compliance/QA standards.

The WSC group shared the following: What are the top 5 tasks/competencies a provider of this service must do well to be a good and quality provider?

- Educate/Advocate;

- Monitor health and safety in a variety of settings;

- Ability to negotiate and navigate the system;

- Develop global and comprehensive support plans (Good SP is basis for good service planning), and

- Monitor progress and satisfaction.

The ADT group shared the following:

What are the top 5 tasks/competencies a provider of this service must do well to be a good and quality provider?

- Design and Implement Individualized training that successfully meets individual goals in the support plan.

- Establish and implement an on-going evaluation to assess strategies and progress as needed, but at a minimum quarterly, of the individual training approach and make modifications if needed

- Establish and implement appropriate levels of supervision and ensure individual health and safety.

- Takes <u>time to know person well</u> and establish relationships in ADT setting.
- Provide an environment that promotes engagement in <u>self determination </u>through informed choice.

  How can the above be measured?
  - Talk to the person receiving services.
  - Talk to the circle of supports.
  - Talk to the Provider
  - Review documents.
  - Observe the location (variety of activities, idle/down time).

    Other comments from both groups:
    - Measurement must be through multiple information sources.
    - Does ADT share the information with person and family?
    - Education during idle time.
    - A provider can do the minimum, but what can they do to excel?
    - Observations-Look at physical plant for potential dangerous areas (number of absences/illness, positioning, access).
    - Informed Choice as a quality indicator.
    - Create key questions for each service that could be asked of the person receiving services to determine quality and satisfaction.

X. Next Meeting Agenda/Action Items
- Action Items
  - QC membership was asked to review the data provided, and the results and recommendations provided to look for reasons for the decreases in components and to provide solutions. A worksheet was provided to the members to complete this task. Members were asked to review and submit findings on the worksheet to Robyn Moorman, DF, by 10/24/2012 via email.
  - Many ideas were shared during the course of the APD discussion. QC members were asked to write down their top 3 suggestions/priorities when the Zoomerang survey is sent out to the QC membership.
  - QC Membership was asked to review the ADT and WSC iBudget tools and provide feedback by 9/28/2012. The group should use the draft iBudget tools as well as review the standards to be potentially cut to offer feedback.
  - QC Membership was asked to prioritize what is most important to have in the tools to determine quality in addition to the compliance/QA standards. They were requested to share that information via email with Robyn Moorman, DF, by 9/28/2012.

XI. Adjourn
Meeting Adjourned at 4:10pm

Additional Information

Future Dates:

12/13/2012 Tampa, Florida

Jamie Franz, AHCA, and Robyn Moorman, DF, will send out information polling members for the 2013 meeting dates.

Notes/Misc: N/A

Attachments From Binder:
Agenda-Word
6/2012 Minutes-Final and Approved-Word
By Laws-Word
Interim Report to Delmarva Quality Council-Word
Training Chart 1-Excel
Training Chart 2-Excel
Data Presentation-Excel
Break Out Groups: Trends and Solutions- Word
1915 (c) Waiver Assurances Simplified- Word
Service Specific Record Review-Support Coordination- Word
Service Specific Record Review-Life Skills Development 3 (ADT)- Word
Standards From Service Specific to Potentially Cut-WSC- Word
Standards From Service Specific to Potentially Cut- Life Skills 3 (ADT)- Word