

2013 Quality Council Meeting Minutes

Thursday December 12th, 2013
Hilton Garden Inn
Tampa, Florida
9:00 a.m. – 4:00 p.m.

Type of meeting:

Quarterly Quality Council Meeting

Facilitator(s):

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

Member Attendees:

David Roosa, Family Member
Don Welde, WSC
Jill MacAlister, CDC Consultant
Linda Mabile, FARF
Patty Houghland, Disability Rights Florida
Pauline Lipps, FCCF
Sue Maltzhan, Family Member
Tricia Riccardi, Self-Advocate CDC

APD Attendees:

Ed DeBardeleben
Jeff Smith
David LePere
Marcia DiGrazia
Anne Hendon
Gloria Moreno

AHCA Attendees:

Pamela Kyllonen
Charles Ball
Virginia Hardcastle
Sophia Whaley

Delmarva Foundation Attendees:

Bob Foley
Charmaine Pillay
Theresa Skidmore
Kristin Allen
Sue Kelly
Robyn Moorman

Other Attendees:

Elizabeth Pell, HSRI
Valerie Bradley, HSRI
Jose Hernandez, Provider
Susan Debeaugrine, Arc of Florida
Deborah Linton, Arc of Florida
Norma Isreal, Sunrise/United Cerebral Palsy of Southwest Florida
Caitlin Seeley, Sunrise/United Cerebral Palsy of Southwest Florida
Mariam Christine Fairfield, Self-Advocate
William Stengle, WSC
Diane Ball, Quest, Inc
Doris Williams, Quest, Inc

Not in attendance:

Allison Cruz, FDDC
Paula Whetro, Small Agency Provider
Pam Dicks, Self-Advocate iBudget
Veronica Gomez, Agency WSC

Note Taker:

Robyn Moorman, DF

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
HS-Health Summary
HSRI- Human Services Research Institute
iBudget- Individual Budget
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
WSC- Waiver Support Coordinator

Agenda Notes

1. **Welcome & Introductions**

Pamela Kyllonen, Program Administrator – AHCA

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

2. **Refresher from June 2013 Meeting**

Charmaine Pillay, Florida Director- Delmarva

Charmaine Pillay, DF, provided a refresher from the September 2013 meeting held in Tallahassee, Florida. Pamela Kyllonen had provided updates for AHCA, including information about the waiver renewals for 3/15/14. She also introduced the new contract manager for the DF contract, Charles Ball. Edwin DeBardeleben, APD, provided updates on the inclusion of Area 15 into the Southeast Region. He announced Dylan Gale had joined the Quality Management Unit and will be assisting with remediation. He shared news of the Operating Procedures. These are routing in AHCA. The Provider Scorecard was announced as on hold at the moment, but Ed announced APD was looking at database platforms as a part of future quality management systems.

Elizabeth Pell, HSRI, presented data to the group outlining the Florida NCI Consumer Survey results and recent outcomes. The data indicated there was a strong self-direction component for CDC and people satisfied with their WSCs were often more satisfied overall. Elizabeth showed where the Florida average was above the NCI average and where it was below the average.

The two (2) Quality Council member workgroups then met in breakout groups and came back to discuss their action plans. The Dental Access Grant group will be working on preparing a grant for 2 pilot regions where data showed need. The WSC apprenticeship group will be drafting a proposal for a WSC apprenticeship program. This could be for the time period after the Statewide training is completed and WSCs are learning the nuts and bolts of the position. Both groups will meet between the QC meetings and present plans at the December 2013 meeting.

Theresa Skidmore and Robyn Moorman, DF, presented data by each service for standards currently being scored with technical assistance. The data showed most providers have begun putting the new iBudget requirements in place.

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

3. Review and Approval of September 2013 Minutes

Charmaine Pillay, Florida Director- Delmarva

Members reviewed the September 2013 minutes. A motion to approve the minutes was made by Patty Houghland and seconded by Pauline Lipps. There was unanimous approval of the September 2013 QC minutes.

4. Overview: Purpose and Goals of QC

Charmaine Pillay, Florida Director- Delmarva

Charmaine Pillay presented many accomplishments of the group. Over the years, QC members have shared ideas for QA/QI for APD, AHCA, and DF. Charmaine congratulated the members and presented the highlights.

These include:

- Statewide standardized training- Completed
- Offering more locations for training- In Progress
- Increasing quality of State WSC training- In Progress
- Utilization of standardized forms-In Progress
- Adding topical issues section to QC agenda-Completed
- Expanding QC membership-Completed and On-going
- Increasing number of WSC Statewide Training Trainers-In Progress
- Training video from Delmarva-Completed
- Accepting electronic documentation-Completed
- Inclusion of QA tools/link in communications-Completed
- Develop and Implement iBudget tools-Completed
- Enhance preliminary forms after PDR-Completed
- Share link to all NCI reports-Completed
- Add a “Shared Practices” section to DF website-Completed

Charmaine discussed the membership and reminded members of the role of QC and the reason for our representative membership. QC members each represent a stakeholder group. QC is not the platform for individual complaints. When there are specific concerns, Charmaine asked members to seek out the representatives at the meeting and speak with them one on one. QC should be used to promote system wide quality enhancement. If there is a system issue, it can be brought up for discussion. QC utilizes data from Delmarva Foundation as well as NCI data to identify trends to guide the next QA and QI initiatives. A successful Council utilizes visions from all the stakeholders. The QC purpose can be found on the Delmarva website at www.dfmc-florida.org. Linda Mabile asked if the QC workgroups had any autonomy or if AHCA and APD would need to approve. Pamela Kyllonen will look at statute though she indicated QC is not in statute. AHCA and APD representatives indicated certain projects may need approval from those higher up.

5. AHCA Update

Pamela Kyllonen, Program Administrator – AHCA

Pam Kyllonen provided updates for AHCA. The DD Medicaid Waiver program will not be going onto managed care like the other State Plan services. Individuals receiving services through the State Plan may have fewer providers from which to select. However, AHCA has worked to ensure each service still allows for choice and availability.

AHCA will be moving to functional units from the Medicaid Service Bureau to the Quality Bureau. This will mean a new Bureau Chief for the program. Patty Houghland asked if an updated organizational chart could be posted. Pam will look into this and noted it may not be finalized until May 2014.

Deborah Linton, Arc of Florida, asked about the Provider Alert regarding recoupment dollars being paid back immediately. She asked if reconsideration was still applicable. Pam Kyllonen and Charmaine Pillay both shared the reconsideration process still is applicable if requested within 30 days of receiving the review report. APD will continue to complete remediation activities, but AHCA will have the recoupment authority. Returned money from recoupment activities go back into the system to be available for future services when the recoupment is completed through the billing system versus providers mailing checks. Claims which are timed out due to the length of time since service delivery can still be completed via check.

Deborah indicated the DF reports do not give the total amounts. Charmaine shared this will be in place 2/1/2014. Charles Ball, AHCA, will see if a clarification memo can be issued. Attendees were reminded of the request for providers to complete self-audits after a PDR.

Jill MacAlister indicated she believes training is needed to assist people to reduce errors in billing. Mariam Fairfield, Self-Advocate, stated it is hard to hear from the attendees that providers should run their agencies like a corporation since it is disrespectful to people receiving services. People need to be efficient, but they need to care about those receiving the services, not only the paperwork components. Pam Kyllonen and Charles Ball discussed the importance of services being rendered and documented appropriately to ensure that services are necessary, safe and appropriate. While there are many providers rendering services correctly every day, there are habitual offenders.

Pam Kyllonen announced the DF contract has been granted for 2014. This will be a one year contract. Pam asked members to share their wish list with her for the future ITN at the March 2014 meeting. These can also be emailed to Charles Ball.

The iBudget Handbook is nearing the next stage of Public Hearings for January 2014. There will then be a comments period. If there are no major changes, it will be finalized. If there are major changes, a notice of change will be completed. The updated draft will be available at the time of the Public Hearing. Patty Houghland asked if there would be more than a week notice. Pam will check though the 7 day time frame is all that is required by law. Jill MacAlister asked if the iBudget Handbook could be used for Fair Hearing decisions. Pam indicated the November 2010 Handbook would be used until the iBudget Handbook is promulgated.

6. APD Update

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

Ed DeBardeleben, APD, provided updates for APD. APD is moving forward with the Quality Management database system. Linda Mabile asked if there was a federal match and Ed indicated there is. CMS was happy with the ITN and APD looks forward to making this vision a reality.

Ed reviewed APD's role in remediation. He indicated APD would be able to validate the potential recoupment from DF reports, but does not have the authority to collect the recoupment. Plan of Remediation is a key component for APD. APD wants providers to do what is expected of them and to know the Handbook. Ed stated it is the responsibility of the provider to comply with the Handbook. While few commit fraud intentionally, the remediation process gives an avenue for technical assistance and training. Ed may be able to review the Plan of Remediation process at the March 2014 meeting. APD is working to address non-compliant providers and, where appropriate, complete the termination process. The Inspector General reviews APD and has asked about the providers who are non-compliant but remain active.

Ed provided updates for Melinda Coulter, APD, who is continuing to work on curriculum development and web based trainings. Training modules offered by Tallahassee Community College had a few glitches which APD is addressing. Ed indicated the American Red Cross would be added to the Handbook as trainers allowed for First Aid and thanked AHCA for their assistance in the Medicaid Waiver Eligibility and Level of Care memorandum. APD will be able to assist WSCs in cases where past Level of Care eligibility documentation was not present. He stressed due diligence would need to be exercised by the WSC and APD offices. These will be on APD letterhead and use the ABC system screens for verifications. The memorandum was issued yesterday.

In reference to the 364 day requirement for the Medicaid Waiver Eligibility form, this is a CMS requirement and cannot be altered. Don Welde and Jill MacAlister indicated most WSC's will complete the form twice a year to ensure it is completed timely. Ed mentioned the database system from APD could potentially assist in tracking when these are due.

Deborah Linton asked about the impact of the Wage and Hour requirements effective 1/2015. AHCA and APD are looking into this since the day rate does not equate to a minimum wage. The financial impact is being shared with the Legislature.

Jill MacAlister asked if there was any way to allow for administrative assistants to access iBudget to be able to provide administrative support. Ed will look into this. She asked where technical questions for the CDC program would go. Ed indicated Susan Nipper would be able to assist. Linda Mabile asked if there would be a clarification memo indicating the specifics of what could be grandfathered in once the iBudget Handbook was in effect. Ed asked for specifics to be emailed to him.

7. Presentation: 2013 Quarterly Report Data

Sue Kelly, Scientist- Delmarva

Sue Kelly, DF, presented data for February 2013-September 2013. A graph showed the volume of activity by year. In 2010 there had been 99 non-compliant providers, but by 2013 there had been only 22. Since 2010, Delmarva has conducted 6,300 PCRs, 978 conducted with individuals on the CDC program. 10,860 PDRs have been completed since 2010 with 1,125 completed with CDC Representatives.

Marcia DiGrazia indicated a desire to be able to view trends in the PCR reports for their Area and Region. It was also asked if NCI and III trends could be examined at the provider level. Sue will look into the possibilities of this data analysis but cautioned that small n sizes may limit what can be completed. In March 2014, the annual results for the NCI survey will be available on line. For the III, a few standards increased since 2010. *The person participates in routine review of services, and directs changes to ensure outcomes are met* increased to 85.6% *developing desired community roles* increased to 70.5%, and *education on dignity, respect, rights, and privacy* increased to 92.1%.

Sue presented the number of prescription medications taken, specifically psychotropic medications. The percentage of individuals taking these medications has remained similar from 2010 to 2013. For 2010, 21.9% of Waiver and 10.8% of CDC participants interviewed took 7 or more medications. In 2013, the percentage is 20.2% and 7.8%. It is possible the CDC percentage is lower due to the age of many CDC participants being lower. Members asked if the data could be analyzed by home type as well. Sue will review these criteria for the next QC meeting when data for the year are available. Data from the Health Summary, a component of the PCR process, indicate the percent of individuals with an Emergency Room and/or Hospital visit has remained fairly consistent over time. Sue reviewed the data for preventive health screenings. Please see the presentation for details.

Mariam Fairchild felt it is great Delmarva is looking at the health components, but wanted to stress the exams are not the only component of health. She asked while it is hard to quantify everything, could components of the day to day life be examined in addition to the accountability standards. Mariam would like to see ways to foster more person centered principles including advocacy skills, safety skills, and problem solving skills. Valeria Bradley, HSRI, shared in some instances technology such as iPads are being piloted to look at educating on these skills. For health standards, Mariam suggested a better question than comparing to the general population may be 'why do health exams remain low and is there a way to focus on needs for this area'. Robyn Moorman, DF, shared this was one of the reasons for the QI groups and the reason group decided to focus on dental access. For the next meeting, it was asked for the BMI (body mass index) data to be pulled out of the NCI data.

Sue presented data specific to the PDR reviews. For qualifications and training, the lowest scores are for the annual 8 hours of in-service training for Supported Living Coaching and Life Skills Development 2 (Supported Employment). Discussion about the reasons for the low compliance on the annual 8 hours of in-service training for Supported Living Coaching and Life Skills Development 2 (Supported Employment) indicated a lack of training availability, misconception of other required trainings counting toward these hours, and that it is not

billable time and therefore not seen as crucial to complete. A long-standing recommendation exists for these 2 services to have increased training. David Roosa, family member, felt more than 8 hours should be required. Members indicated training in financial skills such as checkbook reconciliation and personal finance should be required for Supported Living Coaches. For Supported Employment Coaches, strong sales skills were noted as important. Mariam Fairchild shared personal experiences about training and indicated it is important, but should not negatively impact service delivery. She has had instances where she needed providers present, but they had to attend training instead. She asked how training can be completed adequately while the person receiving services remains in the forefront. She stated there needs to be a way to balance the paperwork and the person centered focus.

Background screening data has remained consistent through the years. At this time, CDC background screenings are not required to be completed through AHCA, but all waiver providers now have to complete AHCA. Although providers are not able to access their data through the AHCA system, APD liaisons are able to access it for them. The Background Screening Clearinghouse for APD is still in process. Ed DeBardeleben reminded the group that providers must now complete a self-audit and turn it in to APD if alerts are found at the time of the annual review.

Sue and the QC membership reviewed draft recommendations from the Year 4 Quarter 3 Delmarva report. Recommendations addressed exploration of avenues to enhance people to be able to live and work independently. Members asked about individuals who may not want to work, but still want to live on their own. How could additional revenue sources be sought? Many felt Supported Living Coaches do not actively encourage individual growth and create dependency on the service providers. Members would like to see Statewide initiatives for social and community role development. Recommendation 3 addressed enhancement of the WSC pre-service training. Members felt the recommendation should include asking the WSCs to explore community based services beyond the waiver.

The 4th recommendation addressed medication utilization. APD is beginning a workgroup to examine 65G-7. Edwin DeBardeleben indicated a QC member could join in January to offer insight for the group. A member asked if data was available to show if medication utilization or high risk combinations since removal of the medication review as a service. Members would like to see home type analyzed as well.

For training recommendations, members discussed moving toward a competency based training system, which APD will explore.

8. HSRI Presentation: Action Plans in QI Projects

Valerie Bradley, HSRI & Elizabeth Pell, HSRI

Valerie Bradley and Elizabeth Pell asked members prior to the breakout group activity where assistance was needed for their next steps. Groups asked about the level of autonomy or if

projects would require approval from AHCA and APD. Pamela Kyllonen, indicated plans which would require rule changes would need to go through AHCA channels. For the WSC apprenticeship program, a differential in pay would not be possible. If the program was a “volunteer” program, AHCA approval would not be needed. However, the required period of apprenticeship would require AHCA approval. Jill MacAlister indicated many WSCs would be willing to assist in the apprenticeship program and be willing to become trainers for the statewide training. It was also decided the Statewide WSC training needs to be updated. This is an area Melinda Coulter of APD is working on. It was recommended that for anyone interested in becoming a trainer, a competency based test could be administered to see if they are qualified. Ed DeBardeleben will share this idea with Melinda Coulter.

David Roosa indicated the Dental Access workgroup would like AHCA and APD input for the grant and may need assistance with data. The grant will be using community resources.

The groups then met for breakout sessions.

9. Action Plan: Dental Access Status
QC Membership with Valerie Bradley, HSRI

David Roosa presented for the workgroup. The grant proposal will request funding for dental services for 110-220 individuals in target areas, through an insurance program. From APD, the workgroup will need ACLM 3 and ACLM 5 screen data to show income amount/ individual for the counties. The group does not need confidential information about specific people, but will use this to determine the number of individuals with incomes of \$850.00 and below and \$1000.00 and below. David and his group will be meeting with Arc of Florida to discuss 3rd party funding of the grant and will be looking at 3-5 foundations for funds. The grant will be submitted for review. Allison Cruz of FDDC will review content and Sue Kelly, DF, has offered assistance in content review.

After the 3 years of the grant, future funding by other entities will be explored. HSRI can pull information from other States if needed and can share data from the Developmental Disabilities Director in Hawaii, who is a dentist.

10. Action Plan: Apprenticeship Program Status
QC Membership with Elizabeth Pell, HSRI

Jose Hernandez presented for his group. They will be finalizing a letter for Barbara Palmer, APD. The group had met and discussed various edits to their current draft. Sue Kelly shared

potential criteria to be used to identify WSCs for the apprenticeship program. After the letter is completed, the group will be taking the next steps for developing the training curriculum and apprenticeship requirements.

Discussion included some WSC Project considerations:

- Qualifications of Master Support Coordinator
- Use training dollars
- Implementation Plan
- Workgroup membership with AHCA and APD
- Additional trainers
- Revamp/update current content

11. QC in 2014: Goals

Valerie Bradley, HSRI & Elizabeth Pell, HSRI

Valerie Bradley and Elizabeth Pell, HSRI, asked members to share ideas for goals for the QC membership in 2014.

- HSRI/dental care important to general health and employment
- Stay on task and move QI projects along
- Keep up data presentations and comparison to other states
 - Health Disparities
 - Millennial living at home
- Outreach to citizens at open QC meetings
 - Outreach to FCC and APD when meetings are in their local areas
- Need self-advocate QC members
 - Robyn to follow up with Mariam
- Data how Florida compares to other States on CMS Assurances
- Data on health status including nutrition, falls, and mortality assessment

12. Topical Questions

QC Members

Members were given time to ask specific questions to APD and AHCA related to topical areas. Linda Mabile asked about the change in billing for Life Skills Development 3 (ADT). The

change has created problems for providers since they now must bill each date separately instead of being able to roll this up to a weekly or monthly billing. Virginia Hardcastle shared news this was a federal edit to the system for specific billing codes due to the Affordable Care Act implementation. AHCA is not able to change this new requirement for this code. Certain service codes are still able to bundle billing at this time. It was shared that XXL diapers have been fixed in the system so those needing these will be able to receive them.

David Roosa thanked Ed DeBardeleben for assistance in information and contacts for an issue pertaining to foster care.

13. Action Items/Next Meeting Agenda/Adjourn

Pamela Kyllonen, Program Administrator – AHCA

QC groups meet monthly to work on initiatives to showcase progress on action plans at March 2014 meeting. Members will let DF know of assistance needed in setting up the conference calls in between the meetings.

Additional Information

Future Dates:

3/19/2014: Tallahassee, Florida

6/5/2014: Orlando, Florida at the Hilton Orlando

10/9/2014: Tallahassee, Florida

Attachments:

December 2013 Agenda- Word

September 2013 Minutes-Word

QC Accomplishments- PowerPoint

FSQAP Data Update- PowerPoint

FSQAP Recommendations- Word