

2012 Quality Council Meeting Minutes

Thursday, December 13, 2012
Hilton Garden Inn
13305 Tampa Oaks Boulevard, Tampa, Florida
9:00 a.m. – 4:00 p.m.

Type of meeting:

Quarterly Quality Council Meeting

Facilitator(s):

Jamie Franz, Health Care Program Analyst – AHCA

Attendees:

Pauline Lipps, FCCF

Allison Cruz, FDDC

Linda Mabile, FARF

Jill MacAlister, CDC Consultant

Patty Houghland, Disability Rights Florida

APD Attendees:

Ed DeBardeleben

Jeff Smith

Marilyn Figueroa

AHCA Attendees:

Jamie Franz

Delmarva Foundation Attendees:

Bob Foley

Theresa Skidmore

Kristin Allen

Sue Kelly

Robyn Moorman

Marion Olivier

Telephone Attendees: N/A

Other Attendees:

Diane Ciccarelli, WSC

Not in attendance:

Pamela Dicks, Self Advocate

Robyn Stawski, Self Advocate

Ubaldo Alvarez, Provider

Veronica Gomez, Agency WSC

Note Taker:

Robyn Moorman, DF

Pat Metcev, 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

1. **Welcome & Introductions** Jamie Franz, Health Care Program Analyst – AHCA

At approximately 9:10 a.m., Jamie Franz opened the meeting and members and guests introduced themselves and indicated the entity they represented.

2. **Review & Approval of September 2012 Minutes** Jamie Franz, Health Care Program Analyst – AHCA

All members reviewed the September 2012 minutes and a motion was made by Linda Mabile to approve, seconded by Patty Houghland. There was unanimous approval of the September 2012 QC minutes.

3. **AHCA Update: 2012** Jamie Franz, Health Care Program Analyst – AHCA

A workshop will take place on December 14, 2012, in Tallahassee for the purpose of discussing additional updates and changes to Rule 59G-13.070, Developmental Disabilities Individual Budgeting Medicaid Waiver Services, which revises the Developmental Disabilities Individual Budgeting Medicaid Waiver Coverage and Limitations Handbook. Jamie noted all feedback is required by December 21, 2012, at 5:00pm. Linda Mabile asked if the date could be extended, and Jamie Franz replied the date has been set. A copy of the draft handbook is available. Members were asked to let Jamie know if they would like a copy.

Jamie recognized Theresa Skidmore and Kristin Allen's hard work dedicated to revising the tools. She also acknowledged many people have been involved in this process and the draft tools will be on Delmarva's website. Linda Mabile said the format is so much better than before and the entire process much more complete and transparent. Jamie said there is a meeting with DF, AHCA and APD on December 19, 2012, for final approval and implementation discussions.

During September, October, and November the state Agencies and Delmarva worked on the iBudget Evidence Report (ER), which is submitted to Centers of Medicare and Medicaid Services (CMS). Delmarva was instrumental in assisting the Agencies with doing 300+ reviews and aiding AHCA with the report. The Agencies are very thankful for the assistance. Sue Kelly will go over data later this afternoon, and the importance of feedback from the QC.

4. **APD Update: 2012** Edwin DeBardeleben, APD – Chief of Quality Assurance and Clinical Supports

Ed shared information about many changes taking place in APD. APD is formalizing regions and striving for the process mapping to be more efficient, and hoping for completion by the end of January 2013. APD is in the process of interviewing vendors to work on a new electronic record system. Implementation of the electronic records system will likely mirror the iBudget implementation phases and may start in 2014. An interagency workgroup has been addressing QA/QI procedures for all facets of APD. APD has created a new office, the office of Program Integrity. This unit will analyze billing activities looking for irregularities, overbilling, and other trends. This unit is headed up by Bryan Vaughn, APD. The operating procedures are being created at this time.

Ed discussed the provider scorecard and indicated the 2nd scorecard would be coming soon. He recognized this system is a work in progress. Linda Mabile and Diane Ciccarelli asked if this process seemed to duplicate what DF was doing through the Discovery Process, and Jill MacAlister asked how a WSC could be ultimately held responsible for a budget created by APD. Linda Mabile asked the same from a provider perspective since service authorizations are sometimes approved at incorrect rates by APD, but the provider and WSC are held responsible. Ed agrees additional training is needed so people understand their roles and accountability since everyone is in this together. Linda Mabile asked Ed to review wording from Chapter 120 and think about reasonable vs. perfect compliance standards. At the March 2013 meeting, Ed will review the final scorecard tool. This should be available in January. Members asked if there were methods in place to monitor the effectiveness of Area offices. Ed indicated this is being addressed.

5. Refresher from September 2012 Meeting Robyn Moorman, Regional Manager- Delmarva

Robyn refreshed the members on the past meeting. At the September 2012 meeting, a discussion was held on the By-Laws and these were approved with minor edits. AHCA Updates included discussion about the CMS Assurances and revisions DF is working on linking the tools to the CMS Assurances and updating per iBudget. APD Updates included staffing updates, including the position of Barbara Palmer as the Director of APD. The APD Regionalization remains in process. APD continues to work toward standardization and appreciates all feedback. A discussion about iBudget culminated in news of the iBudget presentation for education being available in the next two weeks.

At the September 2012 meeting, Melinda Coulter, APD, gave a presentation showing the modifications to the required provider training. Discussion was held on how to have quality training and trainers throughout the State. Melinda stated trainers can be observed at any time by APD staff to assure their training meets the requirements.

Sue Kelly, DF, presented data from January-June 2012. These data included Provider Feedback Survey Results, Background Screening alerts, potential recoupment, and a variety of health related indicators. Members were asked to review the data and submit potential solutions on the trends to DF by 10/24/12.

Theresa Skidmore, DF, reviewed the draft ADT and WSC iBudget Discovery review tools. The membership formed breakout groups and created summaries answering the top 5 items for each service related to quality and the top 5 competencies a provider must do well to be a good and quality provider?

The meeting adjourned with Action Items for members to complete and submit to Robyn Moorman, DF.

6. Quality Council Membership Update Jamie Franz, Health Care Program Analyst- AHCA

In September, Jamie had informed the Quality Council we were going to expand membership. There was a great turnout of individuals who wanted to participate, and the decision was hard on how to narrow the applications. After discussion with our partner agencies APD and Delmarva, it was decided to look at and potentially mirror the State of GA and how the Council representation is comprised. Lessons from the iBudget Evidence Report showed positive effects of Agencies having representation throughout the State aiding and assisting with work that needs to be implemented. We have asked Marion Olivier, the Director of Georgia Programs with Delmarva, to discuss Georgia's Quality Council programs.

7. QC: Satellite Councils of Georgia Marion Olivier, Director of Georgia Programs-Delmarva

Marion Olivier, DF, gave the membership a PowerPoint presentation and shared a video created by one of the Regional QC's in GA. Marion discussed how the Georgia QC's were created, their roles, their impact, and the lessons learned. The Regional and Statewide QI Council's in Georgia were formed in 2008. Guidelines were developed and the Council received training in the guidelines, data, and their role. The Georgia QI Councils use data to identify gaps and problems and work to make changes. They are not advisory, but active partners. Currently Georgia has 6 Regional and 1 Statewide council. The Regional Councils have 8 to 10 members and the Statewide has 8-10 members. These are usually comprised of 2 self advocates, 2 family advocates, 2 provider representatives, 1 WSC representative, and 1 State Representative. The State is similar with the addition of an Advocacy Organization representative. Marion shared how projects evolved over the past 4 years such as the project to increase communication. This began with a survey, grew to a newsletter, and culminated in a health fair. Marion shared information about several projects from the QI councils.

Marion stressed the importance of support received from the State in assisting the councils to grow and affect positive change. Annually the councils meet jointly and present their projects. The support the councils have had at all levels has been critical in enabling them to facilitate change. The QI directives have been to: not be complacent, not complain, take action, make changes, remediate issues, and improve quality. Linda Mabile asked if the idea had been shared with Director Palmer. Jamie Franz had spoken to Director Palmer about this potential shift for QC and DF, HSRI, APD, and AHCA had discussed as well.

8. iBudget Review Tools Theresa Skidmore, Regional Manager- Delmarva

Theresa Skidmore, DF, gave an overview of the iBudget Discovery tool process and status. The ADT and WSC tools were shared with the membership since these had been reviewed at length in September. Theresa noted the tools will be in effect when the iBudget handbook is effective. Training for DF staff will occur the week of 1/8/2013. DF has received feedback from a variety of entities including:

- FABA (Florida Association of Behavior Analysts),
- APD,
- AHCA,
- parents,
- WSC's,
- CDC consultants and representatives,
- FARF,

- self advocates,
- DF
- providers,
- and FCCF.

Currently final feedback is coming from FARC. DF will be meeting with AHCA and APD on 12/19/12 to discuss implementation and roll-out. This is important since not all areas are on iBudget to date. It was asked if an “At a glance” document could be developed to describe procedures for each service. Linda Mabile thanked Kristin Allen and Theresa Skidmore for their commitment to tool transparency and openness to dialogue about each standard. Theresa stated weighting is still being addressed. Members asked for APD offices to send out the iBudget tools to their provider and WSC directories and to request their providers add their names to the Delmarva e-notification system.

9. Storytelling with Florida Data

Elizabeth Pell, Policy Analyst – HSRI

Elizabeth Pell, HSRI, gave a presentation showing the membership how to use data to tell a story about quality. Elizabeth shared the steps including: Character Development, Plot Development, Climax, Reviewing Effectiveness, and Resolution. In the Character Development stage, the QC memberships would create their membership, their purpose, and their roles and responsibilities. This could include the QC mission and roles and responsibilities for all members. In the Plot Development stage, members would review the data and start to look at the story each piece of data tells. Florida NCI data are derived from the NCI Consumer surveys conducted during the PCR, and the NCI Adult Family and Family Guardian mail out surveys, the Health and Behavioral Assessment, the Service Specific Record Reviews, the alert data, the Individual Interview Instrument, the Administrative Record reviews, and licensed facility observations. In 2013, all States will be NCI members. This will be the largest in the world and we will be able to compare Florida to all other states. Elizabeth reviewed the various ways in which data can be presented including bar graphs and spreadsheets. She gave tips for the members when analyzing data including watching sample size if the sample is small.

In the Story Climax stage, members would decide on a project, begin the implementation and discuss all considerations. Once the project is underway, the Reviewing Effectiveness stage asks members to assess their project assuring it is:

- on target,
- changes are occurring and are measurable,
- and whether the intervention should be continued.

Elizabeth gave an overview of councils in other states including Washington, Massachusetts, Georgia, and New Mexico. She noted while you cannot do everything at once, you can pick the most important project and jump in. In the Resolution stage, members will review the lessons learned, spread the knowledge and give the next steps. Ed of APD asked if the NCI would be able to add more detailed questions related to Behavior Analysis. Elizabeth will discuss with him.

10. Data Presentation: Recommendations and Trends

Sue Kelly, Senior Scientist- Delmarva

Sue Kelly shared data collected by DF from January 2010-September 2012, beginning with results from the

Provider Feedback Surveys. These have remained generally positive. If any negative trends are seen in the data, DF management addresses with reviewers immediately.

Data shared with the membership included spreadsheets describing the volume of activity and average scores with regard to PCRs, PDRs, Observations, SSRRs; background screening and potential recoupment. Data showed decreased compliance with background screening at 78.1%. The proportion of providers with at least one potential recoupment has decreased though it remains at 50.1%, 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. Jill MacAlister has a document she uses to provide education on Background Screening. Jill is willing to share with the council. As the APD clearinghouse comes on-line, providers may be able to log in and obtain their background screening results as needed.

Health related indicators detailed increases in reports of problems with teeth, health problems, and hospitalizations. Data showed an increase in the number of individuals taking behavior/psychotropic medications from 35.3% in 2010 to 43.5% year to date in 2012. The average number of medications was 4.01 for waiver recipients and 3.06 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, 45.5% were on 4 or more medications, and for CDC+ recipients 38.4% 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. Several questions were addressed about classification by diagnosis, dual diagnosis, residential setting, and comparing results to the general population.

Data shared with the membership showed the number of providers who scored less than 85% by Area and by year. Statewide 33.9% of providers had scored under 85% for two or more PDRs. Sue presented data using seven key "foundational outcomes" which included health, family, designing services, friends/privacy, freedom 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 for persons with all the foundational outcomes met. There is a correlation to the III results that have also shown decreases. Of the 7 foundational elements, 68.5% of people had 5 or more met in Fiscal Year (FY) 2011 and this had decreased to 50.8% in FY 2012. Sue shared the Results and Recommendations from the DF Quarterly reports dated January-June 2012. These included areas of employment, health, medications, and background screening.

11. Breakout Group Summaries

QC Membership

Due to the small number of members present, the group elected to meet as a whole instead of a breakout group. The QC membership was asked to review the data results and recommendations provided by Sue Kelly, as well as the Recommendations List provided by Robyn Moorman, DF. They were tasked with looking for reasons for the decreases in components and to provide solutions.

For Background Screening Components:

1. Add a Module to the DF course Avenue site.
2. APD Clearinghouse to alert provider when 5 year is due
3. Jill MacAlister will share her Easy as 1,2,3 educational document.

For Health and Status decreasing:

1. Request medication data for the general population
2. Data about medication classifications
3. Data about medication error remediation
4. Data on death reports
5. Data on abuse and incident reports
6. Dental- providers? Effects of tier?

For providers scoring under 85% consistently over multiple years

1. APD to report at next QC on outcomes of remediation, the remediation process for Plans of Remediation and Plans of Correction.
2. Closing the Loop (i.e. if remediated, why multiple years not met? Is APD doing periodic checks?)
3. Data on the most cited standards by service
4. Review weighting
5. State APD to review list of providers per Area under 85% multiple years
6. Areas and State to share best practices at APD and provider levels

12. Action Items/Next Meeting Agenda/Adjourn

Jamie Franz, Health Care Program Analyst- AHCA

QC members were asked to let Jamie know if they wanted a copy of the current draft of the iBudget Handbook and to provide written feedback to Susan DeBeaugrine, Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, FL 32308-5407, e-mail: susan.debeaugrine@ahca.myflorida.com by December 21st, 5:00 p.m.

Additional Information

Future Dates:

3.8.2013, Tallahassee Florida Holiday Inn Hotel & Suites 2725 Graves Rd Tallahassee, Florida

6.6.2013, Orlando Florida Hilton Orlando 6001 Destination Parkway Orlando, Florida

9/2013 TBD

12/2013 TBD

Notes: N/A

Attachments:

Agenda-Word

9/2012 Minutes-Final and Approved-Word

Data Presentation-Excel

Georgia Quality Improvement Councils Presentation-PowerPoint

Quality Councils: Using Data to Tell a Story about Quality-PowerPoint