2010 Quality Council Meeting Minutes

December 15, 2010
9:00 AM – 4:00 PM
Hilton Garden Inn
13305 Tampa Oaks Blvd.
Temple Terrace, FL 33637

Type of meeting:
Quarterly Quality Council Meeting

Facilitator(s):
Walt Wooten, Area 1 Administrator, Agency for Persons with Disabilities (APD)
Beth Kidder, Bureau Chief of Medicaid Services, Agency for Health Care Administration (AHCA)

Quality Council Member Attendees:
Jamie Levin, WSC/Self Advocate
Pamela Dicks, Self Advocate
Jill MacAlister, Waiver Support Coordinator (WSC)
Melissa Moskowitz, Provider
Suzanne Sewell, Florida Association of Rehabilitation Facilities (FARF)
Veronica Gomez, Waiver Support Coordinator (WSC)
Betty Kay Clements, FCCF (Past Chair)

Quality Council Members Not in Attendance:
Latasha Williams, Florida Developmental Disabilities Council (FDDC)
Mike Bonner, Self Advocate

AHCA – APD – HSRI – DF Attendees:
Beth Kidder, AHCA; Walt Wooten, APD; Elizabeth Pell, HSRI; Melanie Johnson, AHCA; Rhonda Sloan, APD; Denise Arnold, APD; Sue Kelly, DF; Bob Foley, DF; Theresa Skidmore, DF; Kristin Allen, DF; Charmaine Pillay, DF; Christie Gentry, DF; Brandi Hallum, DF.

General Public Attendees:
Steven Moskowitz, Provider
Noranda Carey, Provider.

Note Taker:
Brandi Hallum, (DF).

Acronyms:

APD- Agency for Persons with Disabilities
AHCA- Agency for Health Care Administration
DF- Delmarva Foundation
FARF- Florida Association of Rehabilitation Facilities
FCCF- Family Care Council Florida
FDDC- Florida Development Disabilities Council
HSRI- Human Services Research Institute
WSC- Waiver Support Coordinator
CMS- Centers for Medicare and Medicaid Services
NCI – National Core Indicators
III – Individual Interview Instrument
HBA – Health and Behavioral Assessment
SSRR – Service Specific Record Reviews
FSQAP – Florida Statewide Quality Assurance Program
PCR – Person Centered Review
PDR - Provider Discovery Review

Agenda Notes

I. Opening Remarks/ Overview Of Meeting

1. **Welcome and Introductions-** Walt Wooten, Co chair, welcomed everyone to the Quality Council meeting. He introduced Beth Kidder, Co-chair and then introduced Melanie Johnson to go over meeting minutes from the previous meeting.
2. **Review and Approval of Minutes**- Melanie Johnson, AHCA – Moved for the QC Members to approve the meeting minutes from the September 21, 2010 meeting. The minutes were approved.

II. Delmarva Foundation

1. **Refresher-** Charmaine Pillay, DF provided a summary of our PCR process that we went over at the last meeting. She discussed the components of the PCR: NCI, III, HBA, and Service Specific Record Review (SSRR).

   We begin the PCR process with the person, talk to the person about services received and what they feel about it regarding their rights, health, and safety. We also find out if people are they satisfied with the services provided to them. We performed 'live interview' skits at the last meeting demonstrating not only what questions the reviewer might ask when administering the NCI, HBA, III, and SSRR. The skits included how the person responds and what the entire interview entails. Our main focus is to ensure people are at the center of service delivery and to discover if people's rights and values are supported and taken into account and whether services are delivered in compliance with the handbook.

   Sue Kelly provided an in depth view of the data dashboards and what you can expect to see in the data. Phil Rond, subcontractor of DF, provided an overview of the data and walked attendees through the various dashboards explaining how the information could be used to improve the quality assurance process.

III. Presentation of Data and Identifying Red Flags

1. **Speaker-** Sue Kelly, Delmarva Foundation

Sue Kelly's presentation identified 'Red Flags' in the areas of background screening, rights, health and safety. These slide showed the total number of alerts reported through the PDR (216), which was broken down to show 11 Rights, and 205 Health and safety alerts. This slide breaks down the data by area, type of alert and total number of alerts. Theresa Skidmore defined what an alert is; it is a critical issue that the reviewer observes to be harmful and possibly place the recipient at risk. Once an alert is identified, the reviewer calls a DF manager immediately, and if the alert is perceived to be harmful to the consumer the reviewer is mandated to call and report it to the abuse hotline. For each alert a provider receives, it is potentially 5% taken off of the PDR score up to a maximum of 15%.

Reasons for Alerts (PDRs)- Rights

Sue Kelly summarized the main alerts that were received under Rights alerts. There were 11 Rights Alerts total. This slide explains the 4 types of rights alerts. (i.e. locked doors, abuse issues, etc.)

Question: Jill MacAllister asked if the individual has a behavior problem that will potentially put them at risk; does DF still identify it as an alert? Charmaine Pillay answered that we would look for a behavior service plan that shows how the issue is addressed, and the steps to change the behavior. Provider staff is expected to be fluent in describing behavior plans for people they serve.

Reasons for Alerts (PDRs)- Health/Safety

Sue Kelly summarized health and safety alerts. Medication issues were listed, with the #1 alert issues being "Improper or lack of medication administration training/validation."

Background Screening (DD Waiver)- January October Data

Question: Jill MacAlister asked if this includes the CDC+ program. Sue Kelly answered that this is just the DD Waiver and does not include CDC+.

Reasons Background Screening Not Met

The #1 reason that a provider is cited non-compliant is that the provider did not present the required FBI screening clearance letter. The provider organization only gets one alert but they could have 4 employees with reasons Not Met for background screening resulting in multiple alerts for one provider.

CDC Representative Background Screening Not Met October 2010 (N=10)

In October, DF began reviewing the CDC+ Representative as a PDR. Since October, there were only 10 Not Mets out of a total of 17 that were completed. Background screenings are a concern for CDC+ Reps; only 33% met the standard in the January-September time frame.

Question: Jill MacAlister commented that CDC+ Reps are improving, as this is a new requirement of the representative and they are still in the process of learning and catching on with the standards.

Training Standards- Percent of Providers with at least one not met

ADT providers were cited non-compliant most often for not receiving their annual training requirement. Sue Kelly is currently in the process of providing the data in percentage by area. Walt Wooten and Denise Arnold commented that they like the way the data is arranged.

Services With Compliance Scores below 80% (PDR) January-October 2010

These are the DD waiver services in the PDR that show the five services that scored below 80%. (Behavior assistant, Companion, In-Home Supports, Personal Care Assistance, Respite) Sue Kelly reviewed the top 3 reasons each service was cited non-compliant by providers (see powerpoint).These are the ones that APD thought it may be good to look at first. Why are they scoring lower?

Question: Veronica Gomez- Related to Behavior assistant: What kind of documentation are you looking for 'documentation is sent to the support coordinator'?

Answer: Kristin Allen- We are not looking for any kind of standardized form, but we do need evidence

showing that it was sent to the support coordinator. (Fax, electronic log, stamp, progress note etc.) This is stated in the handbook that WSCs are sent certain documentation on a monthly basis.

CDC+ Representative Average Score = 70.1% - Note: Small Sample Size

75% of Representatives were cited non-compliant for background screening. This was the #1 reason not met.

III. Open Spaces – Break out groups

1. Charmaine Pillay stated that we will be breaking out into 3 groups to go over these standards and the review process. One person in each group will be the note taker. We ask that you write down recommendations, notes or any other comments that the group comes up with. Please devote at least 20 minutes to each of the 'Red Flag' topics – Health and Safety, Provider Training, Documentation most often Not Met, Services with Lowest Scores.
2. Break for lunch from 12:00pm to 1:15pm.
3. Groups (two council member groups, and one group of providers, APD and DF staff) met and brainstormed ideas for improving each 'Red Flag' area.

IV. Group Presentations- Quality Council Members

1. Groups reported back from lunch to relay their findings, recommendations, etc:
   - **A.** Group#1- (Kristin Allen, Elizabeth Pell, Pamela Dicks, Jill MacAlister, Betty Kay Clements, Melissa Moskowitz).
   - **B.** Group #2- (Theresa Skidmore, Veronica Gomez, Beth Kidder, Suzanne Sewell, Jamie Levine).
   - **C.** Group #3- (Charmaine Pillay, Christie Gentry, Melanie Johnson, Rhonda Sloan, Bob Foley, Denise Arnold, Sue Kelly, Steven Moskowitz, Walt Wooten).

2. The following recommendations were made from the groups:

<u>Background Screening</u>

-Sharing information- AHCA and APD could share their information so that there is one process for both Agencies.

-Explore grants to improve the background screenings process

-Livescan; find out what are the issues with that?

- Clarity with who is currently licensed, and who needs to be licensed, and who needs to have the 5 year re-screening completed. (i.e. are Massage therapists are required to have this screening).

-Have one central location on a website where we can all go to and find out all the clarifications for the screening process.

-Providers should institute some kind of tracking system to keep screening up to date, and have it be part of their annual self assessment tool. At the initial point of someone becoming a provider, a packet is needed that shows exactly what is required.

- Find out what can be done about unclear fingerprints

- Have agencies provide evidence of screening for all employees up front, and agencies need to report all new employees to APD

- Levy a fine/sanction for re-occurring non- compliance

- APD send all providers a copy of their background screening

-Providers develop a tracking system for background screening; consider including in self-assessment

Provider Training

-Look at provider trainings and suggest that when Agency heads come to training they need to bring an employee with them to try and send the message to all areas within the employee spectrum.

-Notifications sent to providers when training is needed.

- Conduct quality assurance trainings at provider meetings.

- Explore Providers receiving treating numbers, similar to WSCs; to track training.

- Identify what training is needed by Area.

-More training resources and ways to validate training.

- Increasing the current number of State trainers. There are only 4 State trainers for WSCs.

- Training families (CDC+), what do they expect, or maybe develop a checklist?

- More on-line training is needed. Consider webinars.

- Use simple web tracking for training.

-Training needs to be competency based.

- APD may provide a training matrix to display who needs what training, and when. This should be published online.

- Allow peer training

-Replicate AQL training from Area 23.

-Develop a central repository for training requirements

- Standardize training across statewide.

- Education needs to be proactive, prior to starting service.

-Offer more locations for Training, specifically large Areas

- Have a checklist packet for new providers

-Levy/sanction/ fine for non-compliance

Health and Safety

- Concise details of Medication Administration rule

- Concise details of Transportation service needs for safety inspections

- Include language in handbook about driver license and violation checks

-Restrictions- some people have behavior plans for group home residents, but other people living in group home do not have these restrictions. How we can keep our consumers safe and abide by the behavior plan restrictions. Solution?

-Medication administration: Need for more provider training

- Routes of medication administration makes it a problem to get validated; have the rule be more practical; easier validation system is needed

-Standardize steps for validation

- Consider a monthly reminder on APD web site- topic of the month

-Who else monitors health and safety besides Delmarva, need more regular monitoring

-Levy/sanction/ fine for non-compliance

-Why is the training and validation not offered by APD and offered free? It is difficult for providers to meet this expectation at the current cost.

-Monthly reminder on APD website of critical issues to be considered for Health and safety issues. Such as a pop-up.

-Insurance - if insurance expired 8 months ago it should be 'not met' but not an alert.

Documentation

- Standardization of documentation requirements

- Needs to be clear definition of a service log; example of 'good' and 'bad' service log needs to be in handbook

- Provide best practice examples

- Companion service needs to have an Implementation Plan

- Clearly define: Historical information

- Consider electronic documentation

- Include requirement for providers and WSCs to meet quarterly; instead of relying solely on documentation

-Develop templates for monthly summaries, quarterlies, IPs, etc.

- Have a checklist packet for new providers

Services with Lowest Scores

-Clarifying things that are in the handbook and with the minimum standards.

-Share the best practices and make available online

- Look at weight of each item on monitoring tool and how much each element is worth on the score; example - respite only has a few elements and then others might have triple that

- Possibility of recoupment and non-compliance in bold on monitoring tools

- Include weight for each standard on monitoring tools

- Services who have lowest scores- these services have had desk reviews in the past and this is the first year with a live person. Also if we had weights to the tool, the providers may look at it and see what the most important elements are.

Additional Comments

- **Jill MacAlister** –Would like for APD to improve the amount of time global APD issues takes to address issues related to approving group activities. For example, she tried taking a group on a field trip and she couldn't get approval in time because of the process and how long it takes, so she lost that chance of interacting with the group.

-**Veronica Gomez –** Instead of measuring IF providers are sending information to support coordinators, instead we should measure HOW they are sending the information. APD/ AHCA can evaluate holding quarterly meetings to help the communication and for providers to revisit what we have in the handbook.

-Definition of service logs need to be strengthened and better defined. Charmaine suggested putting in an example of met and not met service logs as an example. Theresa Skidmore also pointed out that we need to make sure that when providers communicate that they are

communicating the right information. Also provide checklists for this process.

- **Suzanne Sewell** pointed out that the way it is set up it is meant to be more flexible and it may not be the services themselves but more the key that it is about.

E. Charmaine provided closing remarks by thanking everyone for their participation and contribution and stated that DF will type up all the recommendations from the Groups and put into the minutes for everyone to view.

Jill MacAlister asked what will happen with all of this information.

Walt Wooten answered that they can take all this information and review it with the APD and AHCA offices to provide solutions and timeframes for completion.

V. Decision Points

1. Walt Wooten facilitated the Decision Points. Walt emphasized the importance of the relationship building between everyone so that we can all get on the same page and highlighted that we are heading in the right direction. "What I saw today was the way that we envisioned the QC", Walt Wooten. Walt stated it was very beneficial and feels the group achieved alot; Walt: "we are getting data now, trainings are being done, and documentation is being trained on. We will take what we have now and take it back to the office and see what we can do with it and what adjustments we can make to better all the areas that need improving". Walt agreed that the QC should continue with the format we had today. Walt pointed out the format of the information provided today, was precisely what he and other APD Area Administrators need to see.
2. Beth Kidder asked if today's format has been helpful and something members would like to see in future use. Everyone agreed that they liked this group setting with breakout groups. They also liked the 3rd group (non QC members) that could give a 3rd opinion rather than 2 member- group opinions. Beth stated that we will dig into these results and provided feedback to the QC. She suggests that those of us on the staff level take all these ideas, list them out, and do a little analysis and examine the timeframes and the feasibility of completing these tasks, while also completing a prioritization exercise that we can discuss at the next meeting.

   -Sue Kellly asked if it would help once these items are done and in the minutes if we can send them out and have everyone prioritize in their own way of target subject and recommendations. Beth agreed.

VI. Action Items/Next Meeting Agenda

1. Beth Kidder/ Walt Wooten speakers- Next meeting is March 24, 2011 in Tallahassee, Florida. Location is tentative because DF is currently working on confirming hotel reservations, since it is during legislation session. Beth asked everyone if they liked Tampa as a location. Everyone stated they liked it.

VII. Adjourn

Additional Information

Future Dates:

- Next Quality Council Meeting will be held March 24, 2011 in Tallahassee, Florida. Location to be disclosed at a later date.

Notes:

Attachments:

- **Agenda**
- **Sue Kelly power point presentation- Data and Identifying Red Flags**
- **Breakout group handouts**