

2013 Quality Council Meeting Minutes

Thursday June 6th, 2013
Hilton Orlando
6001 Destination Parkway, Orlando, Florida 32819
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:

Ubaldo Alvarez, Provider

Pauline Lipps, FCCF

Allison Cruz, FDDC

Jill MacAlister, CDC Consultant

Pamela Dicks, Self Advocate

David Roosa, Family Member

Sue Maltzhan, Family Member

Paula Whetro, Provider

AHCA Attendees:

Jamie Franz

APD Attendees:

Ed DeBardeleben

Delmarva Foundation Attendees:

Bob Foley

Charmaine Pillay

Sue Kelly

Theresa Skidmore

Robyn Moorman

Kristin Allen

Christie Gentry

Telephone Attendees: N/A

Other Attendees:

Elizabeth Pell, HSRI
Rexford Tychan, Provider
Diane Ciccarelli, WSC
Adrienne Dissis, WSC
Jose Hernandez, Provider
Donna Strickland, Provider
Karen Wagner, Provider

Not in attendance:

Robyn Stawski, Self Advocate
Patty Houghland, Disability Rights Florida
Tricia Riccardi, Self Advocate
Veronica Gomez, Agency WSC
Linda Mabile, FARF

Note Taker:

Robyn Moorman, 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
HS- Health Summary
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

Beginning approximately at 9:00 a.m., Jamie Franz opened the meeting. Introductions were made by all present.

2. **Refresher from March 2013 Meeting** Robyn Moorman, Regional Manager- Delmarva

Robyn Moorman, DF, completed a recap from the March 2013 meeting held in Tallahassee, Florida. Jamie Franz, AHCA, shared news of the CMS Evidentiary Report returned from CMS with 5 assurances for iBudget Substantially Met and 1 Partially Met (Qualified Providers). Denise Arnold and Ed DeBardeleben, APD, gave an overview of the Waitlist Prioritization Tool with a 3/5/13 draft date. Members reviewed the information with Denise and offered feedback. Denise summarized the news about the Governor requesting 36 million dollars for APD funding. Ed DeBardeleben, APD, reviewed the remediation tracking sheet draft with the membership. Members offered feedback about the columns and simplifying the format. The APD QA Operating Procedure is still being completed in workgroups but the draft should be ready to be shared by 5/2013. Overall, QC members suggested the provider scorecard should be simplified and only focus on information important to individuals and families. Ed will discuss this with his team. He indicated a conference call could potentially be done prior to the next QC meeting to discuss this topic.

Charmaine Pillay, DF, provided a summary to the new and current members explaining where the data used for analysis comes from. Sue Kelly shared data collected by DF from January 2010-December 2012. The volume of activities was shared for Person Centered Reviews (PCR), Provider Discovery Reviews (PDR), Observations, and Service Specific Record Reviews. These are approximately 1700 PCR, 2,500 PDR, 1400 Observations, and 10,000 Service Specific Record Reviews (SSRR). Members were asked to review and submit findings on the QC Project worksheet to Robyn Moorman at the end of the meeting. Members formed 2 groups led by Veronica Gomez and David Roosa. The groups will present the trend they would like to

explore, suggest potential reasons for the trend, request more data as needed, and develop solutions as part of their project. Progress on projects will be reported on at the June 2013 meeting; and implementation is slated for September 2013. Theresa Skidmore, DF, reviewed the iBudget Discovery tool status. The tools went into implementation 2/1/2013. As updates occur to the draft iBudget Handbook, the Quick Reference Guides and Tools/Protocols are updated as well. Theresa explained for Standards or not met reasons described as new. Provider feedback surveys received for providers reviewed under the new tools has been positive. Members shared they have heard positives as well including the technical assistance component.

Members were asked to provide feedback as follows: Please make sure all comments regarding APD's provider scorecard are submitted to Ed DeBardeleben and Beth Pace by COB, Wednesday, March 13, 2013; please make sure all comments regarding APD's Waiver Waitlist Prioritization is submitted to Denise Arnold by COB, Thursday, March 14, 2013.; and if anyone would like to sign-up for APD's Supported Employment workgroup, please contact Steve Dunaway. The meeting adjourned at 3:15pm. For additional details, please see the meeting minutes.

3. Review and Approval of March 2013 Minutes Robyn Moorman, Regional Manager- Delmarva

Members reviewed the March 2013 minutes. A motion to approve was made by Pauline Lipps, seconded by Paula Whetro. There was unanimous approval of the March 2013 QC minutes.

4. AHCA Updates Jamie Franz, Health Care Program Analyst – AHCA

Jamie Franz, AHCA, shared AHCA staffing changes with the membership. Sophia Whaley will be joining AHCA as well as D.D. Pickle. Danielle Reatherford will be working out of the Panama City office. A rule workshop for CDC+ is scheduled for 6/24/2013 from 10:00am-11:00am in Conference Room D in Tallahassee, Florida. AHCA will be at the Family Café on June 7th and 8th. Jamie will be presenting Medicaid 101 and will be on the Department of Health Panel on Disability and Health on Saturday. Theresa Skidmore and Robyn Moorman, DF, will also be presenting on Saturday regarding the NCI surveys.

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

Ed DeBardeleben, APD, presented APD updates. The Legislature recently approved 36 million dollars for APD. Starting July 2013, APD will begin identifying and transitioning people from the wait list to services. There will be a 3% increase in Adult Day Training rates effective 7/1/2013. As of 7/1/2013, the final Region, the Southern Region, will enter the iBudget program as well as all CDC+ participants Statewide.

The Provider Scorecard is moving along. APD continues to determine the most efficient ways to identify performance. A star system was being researched. Information Technology continues to be addressed. The APD QA Operating Procedures are almost complete. Ed thanked Jamie Franz and Charmaine Pillay for their assistance. Once there is final approval from APD and AHCA, training will occur for the Regions and the Operating Procedure will be made public. This Operating Procedure will assist providers in being accountable and successful. State and Regional APD offices are implementing changes recommended in the organizational structure. APD is developing a client central record system with recently appropriated monies. At this time, the budget allows for only one year. APD is working on accessing recurring funds. CMS would like Florida to have an electronic system. This system will assist Florida in moving toward standardization. The vendor will be identified soon and Ed will share more at the September 2013 QC meeting.

Ed held a brief Question and Answer session with the members. The savings of moving toward iBudget will bring more people on to the waiver once the deficit is resolved. At this time, the Legislature did not identify any other rate increases or decreases for service providers with the exception of the 3% increase for ADT providers. Ed will check into whether the ADT rate increase will require CDC+ Purchasing Plans to be revised, Quick updates would be required, or if the rates will automatically be updated. When asked if the service delivery system would be stable for some time with the introduction of iBudget, the answer was hopefully as this will make all the difference. A WSC shared concerns about safety in the field due to the death of a social worker in Dade County during a home visit. It was asked if APD could supply identification systems or badges for WSCs to help identify their role when they make home visits. Ed will discuss with State APD.

At this Legislative session there was no talk of the program going to managed care. Jill MacAlister thanked APD and AHCA for the news. Elizabeth Pell, HSRI, indicated a report related to managed care had recently been released. She will send out a copy to the membership. Additionally, Jamie Franz will share information about Medicaid Managed Care as it relates to long term care plans. APD is currently operating at 4% overhead. The Delmarva iBudget Discovery tools were discussed and Ed described how these align to the iBudget Handbook, which is in draft. Upon promulgation, any required edits will be made. Delmarva is using a Met with Technical Assistance for any standard defined as new based on the draft iBudget Handbook. This does not impact the provider's score. The draft handbook is in routing. More should be known in July 2013. The DF Discovery tools remain available on the DF website to enhance transparency. Providers may continue to offer feedback though all feedback may not be able to be acted upon. Delmarva will discuss feedback with AHCA and APD prior to any changes. A discussion regarding the Medicaid Waiver Eligibility Worksheet resulted in information needing clarification. Members discussed the difficulty of obtaining eligibility documentation for some individuals served. APD will address at the State and Regional levels prior to 1/31/2014. For many individuals on the waiver, the prior eligibility paperwork is no longer available. Ed encouraged the WSC's to begin discussions with the Regional offices now for those where problems may lie. A workgroup for the Level of Care CMS Assurance will also be addressing this issue. CMS does require the eligibility initially and annual evaluation or the waiver could be lost.

6. Presentation: 2012 Annual Report Recommendations Sue Kelly, Scientist- Delmarva

Using the 2012 DF Annual Report, Sue Kelly reviewed the recommendations and held a discussion session with the QC membership on each.

Recommendation 1: Efforts should be made to consistently move individuals from group home settings to independent and supported living, with a goal to increase the percent of people with competitive employment to support them to live independently.

The membership discussed potential barriers including finding affordable housing in safe areas and services being cut hindering those needing 24 hour supervision from moving into this setting especially if the cost would be greater than residential placement. Membership discussed how incentives could be built in to the program as well as if the Social Security database could be accessed for the DD population to look at funding. Attendees shared there are more CDC+ transitioning into Supported Living from the Family Home. All may not want Supported Living and Supported Employment, but the efforts on education should be made. Transition from aging out of school to work showed a gap. Attendees discussed the importance of focusing on

employment first prior to moving into Supported Living settings. This was compared to teenagers who start to garner responsibility with part time jobs while they are in school and transition to living on their own after graduating. Discussion on writing of a white paper on funding cuts and the effects on 22 year olds was held. Importance of ability to connect to friends after school and during employment remains crucial. Barriers included transportation and lack of community resources. Many community resources are having hard times as well and are depleted. Allison Cruz, FDDC, indicated other councils are looking into these areas as well and this QC should assure areas are not being duplicated. Jamie Franz will check if there is a place where all the current projects can be accessed to see where the QC could fill a gap.

Recommendation 2: APD, Delmarva, and Residential Habilitation providers should work to develop guidelines to help providers create daily schedules for individuals that will improve outcomes, such as increasing informed choice, developing person centered goals, and more effectively integrating individuals into their communities as they desire.

The membership discussed daily schedules are nearly impossible due to the nature of life. Members discussed the importance of the “dignity of risk”. In the Group Home settings often the health outcomes are up, however the choice outcomes are down. Staffing was cited as a barrier as well as varied family support for those in group home settings. Often the most serious scenarios drive the rules for all. The QC may look at the regulations in the group Home settings to see what areas could be assisted. In one example, if one individual works, all 6 residents of the home must go with the person so he can be dropped off at work. Transportation remains a barrier for choice in this setting. Pam Dicks, Self Advocate, shared how her family supported her to be independent all her life so she could live on her own. The fix cannot be a “one size fits all” approach.

Recommendation 3: APD should work with providers to help determine why individuals with Autism consistently have better outcomes than individuals with an Intellectual Disability, including why individuals with ID have continued to show a decline in outcomes over the years. If systems are in place that are more helpful to individuals with Autism, perhaps these best practices could be shared or revised as needed and applied across the state.

The membership discussed Autism has more community resources and publicity than other ID/DD categories. Discussion of how to create awareness, outreach, best practices, and focus groups would be beneficial. A resource could be CARD (Center for Autism and Related Disorders) as well as local self advocacy chapters.

Recommendation 4: An individual’s transition plan, developed in school, is an integral part of moving into adulthood, independent living, and an integrated work environment. The state should work with the school systems to gather information about the transition process, how it is working and where it may need revisions. Focus groups used strategically across the state could be very helpful in gathering information for this purpose. The Quality Council (QC), including people who have offered to be part of the Council, could be integral in helping with this process, gathering information and ultimately presenting results and recommendations to the state.

One of the QC groups will be discussing this as the data showed for the 22-30 age group, outcomes went down faster than their older or younger counterparts. The FDDC has a 5 year State Plan for new and emerging ideas and initiatives. Public comment is available through 7/12/2013. This will be looking at State Plan resources and task forces.

Recommendation 5: Providers, particularly Support Coordinators, should work to ensure individuals are participating in the development of their support plans and implementation plans, so they include goals important to the person and address the person’s desired community involvement—person centered goals.

One of the QC groups will be discussing this initiative and potential ideas for enhancement.

Recommendation 6: Development of accountability based training on choice and community integration has been recommended in several reports. Perhaps APD and AHCA should review current training sessions offered across the state to ensure they address provider implementation of informed choice and they ensure families and individuals understand choices available to them.

Recommendation 7: Evidence continues to indicate that efforts to increase the number of individuals working in the community should continue, including a focus on Supported Employment, which will help integrate individuals into the community and build natural supports. A workgroup including APD, families/self advocates and providers should be used to explore way of ensuring community connections and the development of social roles for individuals receiving services.

Recommendation 8: In previous reports, it has been recommended to have the Delmarva Nurse, Linda Tupper, provide health related trainings that could be beneficial to individuals, families and providers. In addition, the Quality Council may want to develop a “health fair” forum that could be offered in the various regions across the state. The forum could include a session by physicians who regularly see patients with disabilities, to help disseminate information specific to issues faced by individuals in the health care system.

One of the QC groups will be discussing this initiative and potential ideas. One areas of focus is urban/rural variances as well as could health modules be developed. Some exist through FDDC geared toward physician education. David Roosa shared how the creation of Nova Dental in Broward and Palm Beach has been well received and if it could be duplicated in rural areas. Discussion of networking with Special Olympics and looking at ways to enhance access to vision and dental exams as well as flu vaccines was held. The continued importance of proper positioning was discussed as well as continued looks at the pharmacology being used since medication usage continues to increase.

Recommendation 9: The Statewide Quality Assurance system appears to have successfully helped improve the degree to which providers maintain the documentation and standards required by the Handbook. Moving forward, the process should include a greater degree of outcome oriented accountability, such as how well providers know and interact with individuals, respond to person centered goals, help individuals achieve their goals, improve the person’s use of natural supports, and work as a team to promote self-direction among individuals served.

The membership discussed desire for electronic paperwork and standardized/streamlined systems. The Group asked what other States use for this area to see if instead of recreating the wheel, a system from another State could be used and adopted to fit the program. Ed, APD, indicated other States systems are being looked at. Compliance scores are high though outcomes have decreased. How can the QC system be enhanced to combine the paper and the human aspect of service delivery? The QC membership discussed infusing quality assurance with quality improvement.

Recommendation 10: Several recommendations have been presented in previous reports to help address

background screening compliance. The Quality Council had at one time discussed background screening as a quality improvement project for the group to explore. It is recommended this issue be revisited at the next council meeting, with updates from APD as to any initiatives that have already been implemented and how the council may help with these.

7. Adult Family and Family/ Guardian Mail Survey Data Presentation Elizabeth Pell, HSRI, Policy Analyst

Elizabeth Pell, HSRI, presented an overview of the NCI Adult Family and Family/Guardian surveys through a Power Point presentation. The surveys are sent out in Florida in September and come in through November. The goal of the surveys is to use the data, share the results, and have voices be heard. Florida is in the 4th year of data collection. Past years can be viewed on the NCI website. The survey comes in from the perspective of the family member. The difference between the 2 surveys is for an adult living in the family home and an adult living outside the family home. Florida sends out surveys until the sample size needed is received. This equates to about 400 per survey type. Florida sends out approximately 1,800 of each survey type. The survey has a qualitative and a quantitative data component. A recommendation was made to complete training with the WSC's on the survey so they can adequately assist the family members to complete. Elizabeth indicated a hotline is available at HSRI for people to contact if they have questions. They can additionally contact DF's customer service.

Elizabeth Pell reviewed the survey results. With the data for the age of respondent, it is clear the caregiver population is increasing. Household income below \$15,000 was the highest percentage of respondents for both survey types. Most respondents indicated receiving services related to an adult day program. In the survey there are 6 domains. These are information and planning, choice and control, access and delivery, community connections, satisfaction, and outcomes. The themes across multiple years showed people are most satisfied with their WSC's and day services. Additionally, CDC+ remained a positive component to planning. Dissatisfaction came through funding cuts, lack of therapies and dental services, and turnover of WSC's. An overall theme emerged showing the better the WSC was viewed, the better overall views of the system were even if all components were not in place for the person.

Florida was amongst the top States in the areas of choice and control. A recommendation was made by attendees to extrapolate CDC+ from the sample to see any variance. For Florida, the data for those knowing how to report abuse, neglect, and exploitation were 80-88%. QC membership asked if there were ways to improve this category. Elizabeth will share ideas from some other states. Discussion was held about how to diminish the disincentives to report abuse, neglect and exploitation. Florida knows abuse is under reported Statewide. Elizabeth will also share a resource with the membership. The state of the State reports will show an average on what each State spends on services per person. Elizabeth shared dental services are a national problem.

8. Discussion: Group Projects QC Membership

David Roosa presented an overview for the QC group meeting related to health outcomes and access. He thanked Ed DeBardeleben, Robyn Moorman, Lori Reid, and Sue Kelly for assistance in accessing data. The

data showed decreases to dental, therapy assessments, and therapy services from 2009 to 2012. The data showed healthcare indicators are decreasing, but not equally Statewide. The access was more limited in rural areas. The Central Area 14 was demonstrated as the most rural for healthcare access. Transportation remains a concern for health access as well.

The group reviewed health information by zip code. A tremendous amount of information was given. The most urban sections in the state were the Southeast Region. The most rural sections in the state included the Northwest, Northeast and Central Regions. Within this data questions were asked about having a primary care physician, last physician exam, dental exam, and eye exam. It also supplied data about describing the person's health (as reported by the person receiving services). The overall data on eye examinations is poor throughout the state as per the data given to the group. The group project can proceed to focus on ways of increasing awareness of provider availability and perhaps to actually increase provider availability by attempting to replicate the non-profit clinic model established in an Area 10 ADT. Discussion included sharing the data with non-profits to see if they would be able to assist in funding initiatives. Allison Cruz indicated Deborah Linton may be a contact for dental areas. She has been working on a dental grant. The focus has been on the wait list, but with this data it could potentially factor in high need areas.

Paula Whetro completed an overview for the second workgroup - They are looking at outcomes for the 22-30 years of age group. The focus was on gathering information to learn why their outcomes, in the areas of life satisfaction and health, have decreased. It was noted: there has been a decrease in all services provided by the waiver for this age group; more people are moving out of the family home and into group homes and Supported Living settings. 51% of the people are living in the family home; people are engaging less in meaningful day activities and work but are expressing a desire to be involved and work in the community at a higher rate; safety outcomes have decreased in the past three years; individuals receiving services feel they are not as healthy as they were three years ago and they are taking more psychotropic medication; and receive less services and have less formal guardianship than their younger and older counterparts (At age 30, services appear to increase).

Discussion of underlying issues:

The following are areas of concern as a result of the discussion of the data: Support Plan meetings are not inclusive of all providers and there may be a breakdown in the process and how a Support Plan Meeting/process is conducted varies across the State; a decrease in funding for this age group has occurred as they move out of the school system. School provides many of the services until 22 and then upon graduation, there is no funding and near 30, crisis cases rise; community resources are not available or hard to find; people are staying home without a meaningful activity and have become dissatisfied with their lives; an increase in health problems and the amount of medication taken was noted; and people are living in group homes and supported living with less supports.

Recommendations/Action Plan:

- Develop a Support Plan process training/refresher for both WSC and Providers (and possibly individuals receiving services and families) - how to hold a meaningful Support Plan meeting. Include development of a WSC mentoring/shadowing program as well as role playing modules.
- Recommend APD increase the number/or implement Regional/Area provider meetings where support

planning process and other issues related to coordinating services can be discussed (joint meetings inclusive of WSC's and providers) and discuss grants, etc available for projects at the County level including transition and transportation.

- Ask stakeholders to share best practices for support planning with Delmarva for inclusion on their website.
- Develop active community partnerships including transition training and educational sessions for school systems.

9. Action Items/Next Meeting Agenda/Adjourn Jamie Franz, Health Care Program Analyst- AHCA
QC groups meet monthly to work on initiatives to showcase action plans at September 2013 meeting.

Additional Information

Future Dates:

9/26/2013 Tallahassee

12/12/2013 Tampa

Notes: N/A

Attachments:

June 6, 2013 Agenda- Word

March 8, 2013 Meeting Minutes- Word

Year 3 Annual Report Recommendations –Word

NCI Survey Information- PowerPoint