# QUALITY COUNCIL MEETING MINUTES

*9:00 a.m. – 4:00 p.m.*
*Thursday July 21, 2022*

**Type of meeting:**
Quality Council Meeting

**Facilitator(s):**
Theresa Skidmore

**Members:**
Jill MacAlister, CDC+ Consultant
John Collins, Self-Advocate
Sandy Dayton, Agency Provider
Latosha Obry, Self-Advocate
Adrienne Dissis, Family Member
Matthew Dyal, Self-Advocate
Michelle Tolini, Agency Representative

**Absent Members:**
Veronica Gomez, Agency WSC
Dina Justice, Family Care Council Florida
Patty Houghland, Disability Rights Florida
Courtney Swilley, FARF
Lisa Garbers, Agency Representative
Mary Jo Pirone, Self-Advocate
Theresa Wyres, Small Agency Provider

**APD Attendees:**
Tom Rice
Caroline Shorter

**AHCA Attendees:**
Suzi Kemp

**Qlarant Attendees:**

Bob Foley

Theresa Skidmore

Charlene Henry

Katy Glasgow

Robyn Tourlakis

Kristin Allen

Christie Gentry

Janet Tynes

**Other Attendees:**

Stephanie Giordano, HSRI

Paula James, Family Care Council

Pauline Lipps, Family Care Council

Kelly Burriss, Disability Rights Florida

Brian Rothey, FARF

**Scribes:**

Charlene Henry, Qlarant

**Acronyms:**

ABC- Allocation, Budget and Control System

ADT- Adult Day Training

AHCA- Agency for Health Care Administration

ANE- Abuse, Neglect, and Exploitation

APD- Agency for Persons with Disabilities

CDC+-Consumer Directed Care

CMS- Centers for Medicare and Medicaid Services

CMS- Consumable Medical Supplies

DD- Developmental Disability

EVV-Electronic Visit Verification

FARF- Florida Association of Rehabilitation Facilities

FBI-Federal Bureau of Investigations

FCCF- Family Care Council Florida

FDDC- Florida Development Disabilities Council

FDLE- Florida Department of Law Enforcement

FMAP – Federal Medical Assistance Program

FSQAP - Florida Statewide Quality Assurance Program

HHS – Health and Human Services

HCBS-Home and Community Based Services

HSRI- Human Services Research Institute

iBudget- Individual Budget

I/DD- Intellectual and Developmental Disabilities

ICA – Individual Comprehensive Assessment

II- Individual Interview

LSD- Life Skills Development

LOC- Level of Care

MWEW – Medicaid Waiver Eligibility Worksheet

NASDDS - National Association of State Directors of Developmental Disabilities Services

NCI- National Core Indicators

NGQSI – Next Generation Questionnaire for Situational Information

PCR - Person Centered Review

PDR - Provider Discovery Review

QQS - Qlarant Quality Solutions

QA-Quality Assurance

QAR-Quality Assurance Reviewer

QC-Quality Council

QI-Quality Improvement

QO- Qualified Organization

QSI- Questionnaire for Situational Assessment

SAN – Significant Additional Needs

SLC- Supported Living Coaching

SSRR -Service Specific Record Reviews

SC – Support Coordination

TRAIN-Training Finder Real-time Affiliate Integrated Network

WSC- Waiver Support Coordinator

**Welcome & Introductions**
Theresa Skidmore, Florida Director – Qlarant

Beginning at approximately 9:00 a.m., Theresa Skidmore opened the meeting. Theresa welcomed all members, guests; and also provided introductions and housekeeping comments.

**March 2022 Refresher with Approval of Minutes**
Theresa Skidmore, Florida Director – Qlarant

Theresa Skidmore provided a refresher from the March 2022 meeting held via Zoom. Please see the March minutes for details. A motion to approve the minutes was made by Latosha Obry and seconded by John Collins.

**AHCA Updates**
Suzi Kemp, Contract Manager

Suzi introduced herself and described her professional background. Suzi noted she has worked with Qlarant and APD to update Discovery Review Tools since she has been in the Contract Manager role. She talked about the role she plays in managing the Qlarant contract. AHCA will be working with APD to update the Handbook since a new waiver service will be added soon to comply with CMS requirements.

**APD iConnect Updates**
Caroline Shorter, iConnect Training Manager

There are 12,000+ APD iConnect users right now. WSC, PS, Respite, and SLC are now in the iConnect system. Over 1 million EVV activities have been entered. Between April 2022 and June 2022 there has been a decrease in geolocation violations for EVV users.

Rate changes were implemented July 1st, 2022 and claims submission is still external to iConnect. Home Healthcare Services (skilled nursing, skilled respite and private duty nursing) providers are being trained now so they can go live by 9/1/22 in iConnect with the goal to have them all active in APD iConnect by 12/31/22.
There is a time-out feature in the system to protect security. Anyone having the issue with short working time (and it timing out quickly) should reach out to their APD regional iConnect trainer. Michelle asked about the Helpdesk/Zendesk and wait times. Jill asked about emails to the Helpdesk and not getting a response. Caroline suggested emailing a regional iConnect trainer in order to get a quicker response. Assistance with navigating can go to regional staff, but functionality

should be directed to the Helpdesk. Jill asked about provider feedback regarding how people are doing using it. Caroline said APD staff has spent a lot of time reaching out to various providers to help them get used to using the system, answer questions, etc. John mentioned that iConnect changes have affected direct services. Paula asked about a helpdesk number. Caroline gave the APD iConnect Service Line 1-833-400-3420. Caroline said she would take concerns mentioned back to others when making future decision. Jill encouraged APD to put the training and active use of the system closer together for future providers. Katy asked what makes working with the paper record different from using iConnect. Adrienne talked about clicking in various places and moving from page to page in the system. Pauline asked about total caseload numbers. Adrienne said the maximum is 43, but felt best practice of 26 may be a better, more manageable caseload size. Suzi noted AHCA and APD are continuing to work closely on rolling additional providers into the iConnect system to ensure functionality is getting better within APD iConnect as time moves on. Caroline said you can copy/paste items in the Provider Documentation section but you can't upload PDFs to it. Michelle noted iConnect trainers have been very thorough and patient with learners.

Adrienne asked about saving an item to a Note and not being able to see it later; Adrienne did verify that APD had the documents requested but she is unable to view. QSIs are still not populating to the Support Plan. Theresa shared information learned throughout the Qlarant face to face trainings that the QSI assessor has to make the document  shareable in iConnect for it to cross over to the Support Plan. In place of filters, there are headers to group items. Suzi said if you could save the filters, could you save the number of items per page. Jill asked are there plans to have the authorizations reports available to providers. Caroline said she'd check into that.

APD iConnect Questions/Concerns
1.The biggest issue and the one with potentially significant consequences (especially when claims go live) is the fact the iConnect system does not allow editing and moving to "complete" status service logs for uncompensated care (i.e. care provided outside the parameters of the service authorization.)
*Response:* APD is aware of this issue and working with the vendor to resolve this matter. For non-EVV activities, providers may use the 0000-WVR service code for documentation of uncompensated care. Unfortunately, this option will not work for EVV activities. In this instance, providers may bill even though the EVV activity remains in pending status.

2. Minutes are not consistently rounded up to the next quarter hour according to the iBudget Handbook.
*Response:* Documentation and billing are two separate functions. Per the Handbook, providers are able to round up their minutes at "the end of the billing

period." Rounding up units at the time of documentation will exhaust authorizations at a faster rate, increasing the issue noted in the first question.

3. APD has identified an issue in APD iConnect with providers of daily Personal Supports or Respite when the service is rendered using more than one shift each day. Each shift is recorded as a separate day. APD says it is working with the vendor to resolve this issue and they created a work around. However, this work around is adding another layer of unnecessary and time-consuming work for providers. Also, the work around does not work for ¼ hour personal supports.
*Response:* APD is continuing to work with the vendor to develop a permanent solution.

4. Providers need to be able to generate a "utilization report" – a report to capture authorized units, units logged, units remaining for the month, or for the current cost plan year. Especially helpful would be such a report that could be pulled per service code rather than per individual recipient. No report feature is currently available in iConnect.
*Response:* APD is working to develop this report.

5. Providers should be able to access Support Plans (with read only permission) for clients assigned to them by the Support Coordinator.
*Response:* Due to how security and permissions work in APD iConnect, this is not possible. WSCs should be attaching a .pdf copy of the Support Plan to a "Support Plan" note type with a "Provider Copy" subtype.

6. On the provider documentation grid providers need to see columns for start and end time and documentation type to be able to use and save filters for them. Providers currently must open each note/entry, which is extremely time consuming. The system was not designed to be practically useful for providers to conduct compliance monitoring and accurate billing. The uncompensated time currently required to accomplish these tasks is not practical, especially as more services are added.
*Response:* Unfortunately, this configuration is not possible. The report APD is developing will include the necessary data elements.

7. Provider Documentation in iConnect lacks some useful filtering capabilities that exist on the EVV side of things. Filters in EVV activities can be saved, but you cannot save filters in Provider Documentation.
*Response:* This configuration is not possible. EVV activity can be filtered for a specific worker to include all consumers assigned to that worker. This is useful. Providers cannot do this in Provider Documentation.
*Response:* This configuration is not possible.

8. Since the Service Provider and EVV Manager roles have different permissions, it is cumbersome to have to switch roles in iConnect when personal support activities are in two different places.
*Response:* The Service Provider and Provider EVV Manager roles were designed to have two different levels of access, as it could not be predicted that every business owner would also be the EVV manager.

9. Providers need the same filtering capacities in iConnect that they have in EVV. Again, the system as currently designed is much too cumbersome for providers to perform their due diligence.
*Response:* APD iConnect is a SaaS (Software as a Service) system and some customizations are not possible.

10. There are forms (i.e. the service authorization) that are not acceptable to Qlarant. If iConnect is to be the system of record, all the forms need to meet all Handbook requirements.
*Response:* Service authorizations are still being provided by WSCs.  APD and Qlarant can review what is available in iConnect to determine if changes are necessary.

ADT Redesign questions may be addressed in the following documents APD released in April:
Provider Advisory 2022-010 Adult Day Training and Employment Initiative, ADT Information for Providers, FAQ - ADT Redesign


**Human Services Research Institute (HSRI) Presentation**
Stefanie Giordano, NCI Co-Director

Stefanie presented information on National Core Indications In-Person Survey Outcomes 2020-2021. She discussed Comparison Groups, Relationships & Communication, Employment, and Service Planning results for Florida compared to national averages.

Regarding employment, guests commented job-training programs are still not as prevalent and transportation continues to be an issue. Is there information on VR within this data? Stefanie said they do not have that information but they do know each person has at least one service. Suzi asked if someone only gets WSC are they not surveyed. Stefanie commented they are looking to do a survey with people who only get case management nationwide, but for this survey they should have more than case management. There are more people who answered they want to work but who don't have a job. Michelle asked if the survey differentiates between wanting a job and wanting money and it does not.

There was additional discussion about employment/paid jobs on the Support Plan by race. Hispanic/Latino was at 6%. This could be cultural as historically this group of people often live at home so they don't see a need to work and pay bills as opposed to white or black who may be living outside the home and need to pay bills. Pauline said in her work with Family Care Council she sees people are requesting callbacks by Spanish speaking people for Hispanic families. A guest commented people need options to get experience. When she and her loved one lived in North Florida, there was support but when they moved to Central Florida these opportunities have been limited by transportation and personal care needs.

Regarding Service Planning, surveys were conducted from January 2021 - June 2021, and this was when WSCs were beginning to move into Qualified Organizations in Florida. This could affect the data for this cycle. Suzi commented during this time Support Coordinators had to discuss health and safety during Support Plan Meeting time and include this information that was not necessarily more important to the person over what was important for them due to Covid19. Stefanie touched on the CMS Settings Rules and happenings on a state level across the country.  There have been more challenges than successes since COVID-19, with shifting to virtual options, and self-direction. Self-directed services went from 12% to 18% nationwide; in Florida, they have been consistent with no significant jumps in enrollment.

 Please see presentation slides for more details.


**APD Updates**
Tom Rice, Deputy Director of Programs

Tom addressed FMAP, ICA and WSC/CDC Capacity.
*FMAP dollars* – $382 million have been provided to waiver providers and this has allowed providers to better support their employees. The budget has been signed by the Governor and included dollars for rate increases however it had some stipulations. Half a dozen services got an increased rate requiring staff to be paid $15 an hour. APD updated the rate tables which went into effect July 1. $8.5 million in recurring money for special needs dentistry (will allow APD to contract with Dentists) putting out a RFI (request for information) in August 2022 to find out how the organization will use the money to help the I/DD population. Jill asked how this money would interface with Medicaid State Plan, and Tom noted  APD is researching how they could service those not being covered by one of the Medicaid State Plan Dental plans. Adrienne asked about dental services not covered by Medicaid plans and ability to use the waiver dollars to cover. Tom said they gave AHCA the names of the Medicaid Waiver dentists. Tom said he thinks APD will develop a job aid for dental service utilization and

the if this/then that/which to use = Waiver dentist vs Medicaid. Tom said Medicaid State Plan needs to contract the rate for dental services. ARC Florida still has funding too. During the October 2022 QC meeting Tom will provide additional information. Pauline asked about using CDC+ Savings Funds for dental care. Tom said this depends on the services.

*Individual Comprehensive Assessment (ICA)* – June 1 APD started reliability testing with 1500 people and the assessors will be done in about 2 months. APD has contracted with Florida State University to complete data analysis to determine survey validity. Once the ICA is determined valid, APD will do a phase-in approach of the ICA. Jill asked if the ICA will be intertwined into applicable parts of the Support Plan. Tom thinks the ICA will be conducted once every 3 yrs. Adrienne asked how APD would calculate the 3 year timeframe. ICA is a new tool so APD expects it to take longer to conduct at first. APD did not want to conduct once every 10 years or every 2 years, so 3 years seemed sufficient.

*WSC/CDC Capacity* – APD continues to research data regarding capacity and geographic locations where choice has diminished. APD looked at "before QO-3/2021" and then "today – 7/2022". Total WSCs currently are 1125; before was 1064. 35,210 people on waiver before QO and now 35,207. APD found many WSCs had dual employment and had to reduce the number of people they were serving. QOs could also apply for FMAP dollars.  APD has some data on years of experience but it is not as concrete as they would prefer. APD may reclassify some APD positions to staff a person to conduct provider development, which would include QOs. APD has not had to deny waiver enrollment due to a lack of WSCs and APD does have the option to exceed caseload size for a short period. Theresa said the concern there is the impact to service delivery. Data is not telling a robust enough story to assist with developing a plan especially because when a WSC resigns there are no exit interviews.

Tom said the issues are the same for CDC+ and APD needs to tackle development. Mindy will talk about this more in October 2022 QC meeting. Adrienne has been part of CDC+ since the pilot and sent the federal register to Mindy showing where a CDC+ Consultant and WSC are 2 distinct roles. Concession was made at that time of the pilot that CDC+ would have less visits since Florida needed it to be same people in both roles. John asked if APD employs people with disabilities to discuss pertinent issues so they can be more in-tune. If APD is doing this, John felt they should highlight it more.


**Council Discussion Items**
Theresa Skidmore, Florida Director

CDC+ Consultant Contact Requirements - Jill is concerned about the change to CDC+ Consultant contact requirements and wanted to know more about the motive. Tom responded APD sees the concerns from those participants who view the increased requirement as intrusion but there are some participants who really need the additional contact. Tom said APD is revising the CDC+ Handbook and Mindy will present at the October 2022 QC meeting. Main complaint has become the program is too complicated. Jill asked whom should parents contact if they have complaints/concerns. Tom said he could take the complaint but once the proposed rule (and handbook) changes are published, there will be a period for comments. Adrienne commented visits were decided for CDC+ Consultants as a compromise during the pilot as APD could not afford to have two distinct coordinator roles. She stated for a full caseload the hours needed for both case management services are close to 70 hours a week. Tom said this is the type of data APD needs to make decisions in the future, for CDC+ Consultants.

WSC Concerns – Theresa said Qlarant received feedback from WSCs during the May and June face to face training sessions. Issues presented included caseload sizes, capacity, and administrative tasks. Jill and Veronica indicated just the data entry for a Support Plan can take 4-6 hours. Discussion was held with the following questions in mind: What can be done to make things more manageable? Is it possible to take those tasks and make them administrative for data entry since QO owners have to devote so much time to these tasks. Suzi talked about AHCA and APD giving the why behind tasks that need to be done. When it comes to caseload size Stefanie said nationwide the average is closer to 30. Since 2005, WSCs have had a 30-cent raise and caseloads increased from 36 to 43. It was proposed to create a workgroup to brainstorm solutions to issues (Jill, Adrienne, Veronica; Tosha and Michelle have offered to help). It was asked if Qlarant could provide data on stability in relation to Outcomes met Katy indicated this would be a good Longitudinal QI Study.

Mentoring program- It is taking too long and the WSC leaves before even getting a caseload. QO feel like they are just constantly training people and bringing new staff out to visits constantly. Adrienne feels it takes 5 years to excel at being a WSC.

Day Program Changes – The Florida Waiver amendment was submitted to CMS. AHCA will conduct a Rule Workshop on the Handbook change soon. The new service will be called Prevocational Services (Life Skills Development 4). Theresa asked would there be an impact to Life Skills Development (LSD) 3 services. Suzi said there would be a slight change to wording and scope of LSD3 and LSD2 services. Suzi is awaiting details from the AHCA Policy Department. It was asked if the change affects individuals getting services or if is it more behind the scenes? Tom said it'd depend on what the person wants in their

career/employment life. The target end date is 3/17/23. Suzi said there would be limitations to how long people can use the service, so WSCs will have to start thinking about this potential impact to Support Plans and there will be rate changes. Tosha asked about the wages in the ADT workshop. Brian Rothey said the workshop subminimum wage will end. He asked about ratios with the LSD4, as what he has seen looks like 1:10 now. He offered the ratios of the enclaves 1:3 or 1:6 as better alternatives. Qlarant will work with AHCA on creation of a tool for this service and would not review until 7/1/2023.

Questions:
Will ADT providers have to present a curriculum before they begin to provide LSD4 to APD in order to prove they have a plan for providing the service? Tom said yes.

Jill asked to have a specific person at Department of Children and Families to contact for Medicaid issues per Region. Michelle asked for a specific person for Social Security too. Tom will look into this availability.

**Qlarant Data Presentation**
Dr. Katy Glasgow, Scientist

Due to time constraints, Katy started on slide 9 and talked through data for interviews in relation to Outcome and Supports for Waiver and CDC+ individuals. The My Safety section continues to be a low scoring Outcome. Katy noted however, Supports are high in this area. Katy discussed Lowest Scoring Interview Outcomes. Suzi asked about the decline of Social Life areas due to the pandemic. Social Life Outcome declined but has bounced back a little as time goes past the start of pandemic times. Katy went over SSRR data for WSC and CDC+ by Region and low scoring indicators. Katy went over the Health Summary and Medication Numbers and there was a discussion about gathering information from families on visits to the Emergency Room and Urgent Care. Katy discussed PDR details related to General Administrative, Qualifications & Training to include Background Screening, Observations, Alerts, and SSRR Scores by Service, Summary of PDR and QO Reviews.

Please see presentation slides for more details.


**Quality Council Follow-Up & Next Steps**
Theresa Skidmore, Florida Director – Qlarant

Adrienne will be the point person for WSC issues/ideas and iConnect workgroup; Sandy and Michelle will help on the provider side. Once members gather their ideas, Qlarant will share with AHCA and APD. Qlarant will keep members posted on CDC+ Handbook and Day Service changes. One unanswered question, where are the FMAP Dollar Reports being sent? Suzi will follow up.


**Attachments:**

March 2022 Minutes

Qlarant Data Presentation

HSRI NCI IPS Presentation