

# October 2015 Quality Council Meeting Minutes

*Holiday Inn Hotel and Suites 2725 Graves Rd. Tallahassee, Florida*

*9:00 a.m. – 4:00 p.m.*

*October 8<sup>th</sup>, 2015*

**Type of meeting:**

Quality Council Meeting

**Facilitator(s):**

Tammy Brannon, Contract Manager-AHCA

**Attendees:**

Don Welde, Solo WSC

John Collins, Self-Advocate

Patrick Driskell, Self Advocate

Cydeon Trueblood, FDDC

David Roosa, Family Member

Jill MacAlister, CDC Consultant

Linda Mabile, Florida ARF

Patty Houghland, Disability Rights Florida

**APD Attendees:**

Edwin DeBardleben

Beth Mann Pace

Meghan Murray

**AHCA Attendees:**

Tammy Brannon

Marlon Storey

Virginia Hardcastle

**Delmarva Foundation Attendees:**

Charmaine Pillay  
Sue Kelly  
Katherine Glasgow  
Robyn Turlakis  
Shawntavia Fletcher

**Other Attendees:**

Louise Ogburn, Family Care Council  
Elizabeth Pell, HSRI  
Nanette Calligan, Provider  
Marisel Pintado, Agency WSC

**Absent QC Members:**

Paula Whetro, Provider  
Pauline Lipps, Family Care Council Florida  
Shelby Nurse, Self-Advocate  
Veronica Gomez, Agency WSC

**Scribes:**

Robyn Turlakis, Delmarva Foundation  
Shawntavia Fletcher, Delmarva Foundation

**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  
CMS- Consumable Medical Supplies  
DD- Developmental Disability  
DF- Delmarva Foundation  
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

FSQAP - Florida Statewide Quality Assurance Program  
HCBS-Home and Community Based Services  
HSRI- Human Services Research Institute  
iBudget- Individual Budget  
I/DD- Intellectual and Developmental Disabilities  
II- Individual Interview  
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  
TRAIN-Training Finder Real-time Affiliate Integrated Network  
WSC- Waiver Support Coordinator

## Agenda Notes

### 1. Welcome & Introductions

Tammy Brannon, Contract Manager-AHCA

Beginning approximately at 9:10 a.m., Tammy Brannon opened the meeting. Attendees introduced themselves. Tammy welcomed members and guests.

### 2. Refresher from June 2015 Meeting

Charmaine Pillay, Florida Director- Delmarva Foundation

Charmaine Pillay, DF, provided a refresher from the June 2015 meeting held in Orlando, Florida, including the following:

- Marlon Story, Agency for Healthcare Administration (AHCA), described the status of the iBudget Handbook, which is expected for promulgation by September 2015.
- Ed DeBardeleben provided Agency for Persons with Disabilities (APD) updates on the status of Florida's CMS transition plan, status of the client database management system (Harmony), the background screening clearinghouse, items being reviewed in special legislative session, and the upcoming TRAIN (Training Finder Real-time

Affiliate Integrated Network) system.

- Stephanie Giordano, Human Service Research Institute, provided data for the 2013-2014 Florida NCI Consumer Survey. The presentation showed Florida strengths and areas for opportunity.
- Sue Kelly, DF, provided data to the membership regarding review activity volume, and PDR and Service Specific Record Review (SSRR) scores for January-March 2015.
- Veronica Gomez and Don Welde met with the workgroups and discussed next steps. The workgroups presented action plans for employment. They will set up conference calls to discuss work dissemination and self-advocacy group will draft the email to share Dr. Angela Amado's resource.

The meeting adjourned at 4:00pm. For details, please see the full meeting minutes for June 2015.

### **3. Review and Approval of June 2015 Minutes**

Charmaine Pillay, Florida Director- Delmarva Foundation

Charmaine Pillay presented the June 2015 minutes for approval. A motion to approve the minutes was made by Don Welde and seconded by John Collins. The June 2015 QC minutes were approved unanimously.

### **4. AHCA Update**

Marlon Storey, Medicaid Policy Analyst- AHCA

Marlon updated the membership on the iBudget Handbook. The Handbook was effective as of 9/3/2015. Discussion was held about changes needed. Linda Mabile asked if the Handbook would be opened in sections or in its entirety. Marlon was not sure, but knows it will be opened to complete some clean up, to provide some clarifications, and in the spirit of continuous quality improvement. Patty Houghland said it could be beneficial to open in stages so the entire Handbook cannot be challenged with complaints and lawsuits.

The iBudget rate table will undergo future edits. The Consumable Medical Supplies/incontinence fee schedule/rule will be final 10/19/15, as well as the CDC+ Handbook.

The Home and Community Based Services Centers for Medicare and Medicaid Services transition continues to move forward. AHCA and APD are working jointly to prepare Florida to be in compliance by the deadlines. Webinars related to completing self-assessments are forthcoming. Linda Mabile asked about the ADT billing change to monthly. Marlon indicated a Provider Alert is being completed and will be sent out to clarify.

## 5. APD Update

Edwin DeBardeleben, Chief of Quality Assurance and Clinical Supports

Ed shared ongoing updates about the client database management system, Harmony. There will be an 18-month transition process. APD has been meeting with Harmony to complete process mapping with all of the tasks APD wants the system to complete. Harmony will be available to Delmarva staff, and discussion continues about access for families and individuals receiving services. Jill MacAlister asked if providers will need to maintain old central records. Ed indicated APD is looking at storage options, but Harmony will not be retroactive. Linda Mabile asked if it would interface with the billing systems. Ed indicated Harmony has the ability and APD is discussing access with AHCA. Eventually, Harmony will replace the antiquated ABC (Allocation, Budgeting and Control) system. John Collins asked how long providers will need to maintain records. Ed indicated providers would need to follow the requirements from the Handbook related to this, but APD will continue to look at storage options.

As of 9/3/15, the iBudget Handbook is effective. Ed shared news about the Question and Answer board on the APD website where stakeholders can ask questions and a running list of the answers will be provided. Charmaine Pillay asked that all items related to the Delmarva process be routed through Delmarva for answers. There will eventually be a dedicated email address for questions. For now, they can be sent to Ed or Cheryl Smith. Ed suggested peers be asked to send in questions to APD to answer. APD wants to be transparent in this transition. APD has begun training the regional staff and will then complete training for Delmarva staff and providers.

John Collins asked how many areas need clarifications in the Handbook. Ed indicated there are three known areas and APD and AHCA are working through them. Providers will need to comply with training requirements and documentation requirements which are detailed in the appendices.

Jill MacAlister asked if there would be new cost plan allocations. It is possible this could happen when the iBudget rule is final as well. Jill MacAlister has heard from many stakeholders regarding satisfaction with the cost plans being stable.

Don Welde indicated the quarterly service authorization system has created more stability and efficiencies. APD recognizes there are times a maintenance level of service utilization will be needed and environmental factors could occur making a greater or lesser need for service. Patty Houghland indicated sometimes the person has a lack of providers and thus has utilized fewer services, but the service need remains the same.

Linda Mabile heard the CDC+ program had recently removed unused money from cost plans and purchasing plans. A suggestion was made to invite Susan Nipper, APD, to the next meeting to discuss CDC+ updates.

Linda Mabile asked about completing the new trainings from the iBudget Handbook. Ed

indicated all required trainings are now available to providers. APD is continuing to work on the TRAIN system which has not yet been implemented. There is no date for TRAIN to come on-line at this time. Linda Mabile asked about train the trainer options. Ed indicated the policy and procedure for the train the trainer can be located in Appendix J of the Handbook. APD is approving trainers and the approval lists will be posted on the APD website. The trainers can determine if they will charge a fee. There are a variety of factors for providers to become and to maintain trainer status. Ed suggested everyone get to know the Handbook. The first training to be completed for TRAIN will be the WSC Pre Service Training.

Robyn Turlakis let Ed know Delmarva has heard there are issues with the Attain link to complete HIPAA training. He will ask Pam London, APD, to look into this issue. TRAIN will be free, but until certain modules are ready providers will need to pay for some training with currently approved sources. John Collins indicated providers are often not thrilled to pay for training prior to being enrolled and working.

Jill MacAlister asked about the process to appeal Delmarva findings. Due to time constraints, this was recommended to be moved to the next meeting. Jill MacAlister and Marisel Pintado both indicated the same names have been selected for Person Centered Reviews in back to back years. Delmarva controlled for duplicate sampling for 2015, but will review the sample criteria for 2016.

## **6. Delmarva Data**

Katy Glasgow, Health Analyst II- Delmarva Foundation

Katy presented the Delmarva data for reviews occurring between January and June 2015. Katy reviewed the volume of activity for PCR and PDR components. There have been 940 individual interviews for PCR process and 822 individual interviews for PDR process. The PCR uses a representative sample to allow for discussion of trends in the data.

Katy reviewed the PCR individual interview standards. Percentages are in the 90% or higher range for all areas. The community indicators related to participation and relationships are the lowest: 93.1% and 94.3% respectively. Elizabeth Pell discussed with the new CMS expectations, community should not be distinguishable between those with and without disabilities.

Patrick Driskell asked if the interview was about all the supports, not just the WSC. This will go into effect with the 10/1/2015 interview tool updates. Charmaine Pillay stated the tools continue to be living/breathing documents.

Linda Mabile mentioned how community is better than where we used to be so some of this education is working. John Collins stated there is a difference between being in the world versus being a part of the world. Some people are attending activities, but they are being led there by supports and it is not necessarily their preference. Some feel going anywhere is better

than sitting at home.

In the NCI data, questions related to feelings of loneliness were answered indicating these feelings are high. In the PCR II relationship indicators showed a difference in responses indicating less loneliness. Discussion about the differences in these could be related to the number of people at interviews and fear of retaliation in how questions are answered and if people are not educated, exposed, and experienced in options, they do not know if they are truly satisfied or dissatisfied. Reviewers continue to ask specific questions to get to true feelings about community life. John Collins stated, “that for people receiving services, services are not about living for the industry, they are living to live”. It is not about the service system to them, it is their life. The findings are a snapshot of how someone felt at a moment in time.

The PCR II outcomes were consistent across the Regions. Jill MacAlister felt this was relevant since geographic region used to show strong variances and it shows the system is working the same regardless of geography.

Katy reviewed the results of the WSC interview. These indicators were similar to the PCR II results with the community participation and relationships lower than other indicators. For the WSC and CDC+ SSRRs, the results were shared for each Region and the State for a weighted score and a percent met score. For the State this was 93.2% and 95.8% respectively for WSCs and 96.3% and 97.8% respectively for CDC+ records. The time period was January-June 2015. John Collins asked how the weighting is determined. Charmaine Pillay indicated there are workgroups during tool development who help determine the weights.

CDC+ Representative review results were given for each Region and the State. Data for the State indicated the weighted met for 226 reviews was 94.2% for January-June 2015.

Katy reviewed the standards showing less than 90% compliance for January-June 2015. These included for the WSC record review: level of care is completed accurately using the correct instrument/form; and the Support Coordinator documents efforts to assist the person receiving services to define abuse, neglect, and exploitation including how the person receiving services would report any incidents. Jill MacAlister requested APD conduct training for those areas in order to increase compliance. For the CDC Representative these included: completed and signed job descriptions for each Directly Hired Employee; background screening results for all providers who render direct care are available; and documentation is available to support the reconciliation of Monthly Statements.

For the PDR staff interviews, the standards under 90% included: provider does not support people to determine house rules in collaboration with other residents; provider does not solicit the person’s preferences concerning social roles in the community; and provider does not provide person with information about potential social roles in the community. For the PDR individual interviews, the findings under 90% included: person has limited opportunities to

develop new friendships/relationships; person does not feel supported to maintain friendships/relationships; and person indicates provider does not gather information about health. John Collins indicated some of this can be because providers are not communicating with each other-they only feel responsible for their service, not the life of the person.

For PDR observations, the findings under 90% included:

- individuals do not have a key to their home;
- individuals did not participate in the development of the house rules;
- training in the use of public transportation is not available and/or facilitated;
- individuals are not making meaningful connections in the community;
- individuals do not have a choice in roommates;
- individuals cannot lock their bedroom doors/bedroom doors do not lock; and
- Individuals' living areas do not reflect their interests and hobbies.

The PDR policies, procedures, qualifications, and training standards under 90% included written policies and procedures for Reactive Strategies; on-site oversight for Behavior Focus group homes; and the annual 8 hours of in-service for Life Skills Development 2 and Supported Living.

Katy reviewed the alerts for January-June 2015 for background screening and all alerts by type. The types included rights, health and safety, background screening, medication administration/training, driver's license/insurance, and vehicle insurance. There were 122 alerts reported for January-June 2015.

## **7. Guardianship and Right Restoration**

Karen Campbell, Attorney at Law/Executive Director-Office of Public Guardian Inc and Melinda Coulter, Family Guardian

Karen Campbell and Melinda Coulter presented information about the Restoration of Capacity 3 Year Project and Lighting the Way to Guardianship and Other Decision Making Options. Across the nation there are still people who use guardianship to control people. The Jenny Hatch Justice Project featured Jenny Hatch and her story to restore her rights. Additional information can be located at [www.supporteddecisionmaking.org](http://www.supporteddecisionmaking.org).

The Restoration of Capacity project began as a RFP (Request for Proposal) for training on becoming a guardian. The scope was broadened and included educating families, attorneys, and judges to use the least restrictive options. Education efforts included using guardianship as



a last, not first resort. The platform includes education to learn that because someone has a disability does not mean a guardian is warranted.

In year 1, the project hosted focus groups, completed statewide surveys, and compiled stakeholder workgroup recommendations from urban and rural areas. The project learned most did not know about requirements to complete annual report components related to rights restoration and how to support rights restoration as an option. In year 2, the project developed materials and resources to inform the public and the legal community. These materials are currently in revision for year 3. There are no Statewide forms for the annual reports required, but each county should include 2 questions related to what has been done to increase abilities of the person to move toward rights restoration. The requirements are found in Florida Administrative Code section 744.

Lighting the Way will include manuals for attorneys, judges, individuals receiving services, families, and online training modules available to the public. These should be available Spring 2016. Discussion was held on education within the school system. Often educators recommend guardianship to parents since they are not aware of other options as the person nears age 18. Karen and Melinda look forward to 2016 and sharing the manuals with many stakeholders.

## **8. National Core Indicators Data on Rights and Supported Decision Making**

Elizabeth Pell, Policy Analyst-HSRI

Elizabeth Pell, HSRI, shared data from the National Core Indicators by legal status, if a person had a guardian or not. The data provided was based on the 2013-2014 NCI survey and included approximately 1,000 respondents. Data indicated individuals in Florida were more likely to not have any level of guardianship in place compared to the NCI average, 70% 50% respectively. Approximately 20% of individuals in Florida had full guardianship compared to 43% nationally. The remainder was not known or limited guardian.

It appears experiences vary for individuals receiving services based on legal status. Having a guardian impacted rights, choice, relationships, and employment. For exercising rights, the indicators included being alone with friends or visitors at home, people asking permission before entering the home, and having the ability to use the phone or internet without restrictions. For each indicator, people without guardianship stated ability to exercise these rights more often than did people with limited or full guardianship. The same was true for exercising choice. Choice included choices about residence, roommate, staff, daily schedule, and purchases. For roommates, even those without guardianship had only 54% making the choice or giving input into the decision. Individuals without guardianship reported higher employment or employment related goals in their Support Plan and those without guardianship reported more natural support friendships and dating options.

For the 2015-2016 NCI Adult Consumer Survey, an additional question was added asking if the person does have a guardian what the relationship is. The responses include family, friend, employee of state or guardianship agency, or other.

Elizabeth Pell included a PowerPoint regarding Supported Decision Making to the membership. Due to time constraints, this will be discussed at future meetings.

## **9. APD Employment Initiatives**

Meghan Murray, Director of Community Supports- APD

Meghan Murray reported on APD Employment Initiatives. Currently the Employment Enhancement Project (EEP) is entering the third year. The EEP is for people on the wait list and not available to anyone currently on the HCBS waiver. The EEP will have 1 million in funding for fiscal year 2015-2016. In the first year of the project there were 174 positive outcomes. Positive outcomes included 60 internships and 114 placements in competitive employment. Some of the internships were paid, but not all. In 2014-2015, there were 28 internships and 176 competitive employment outcomes. Some of the competitive employment outcomes were for individuals who had completed internships in the prior year. Meghan indicated this has been great progress, but it is not where APD wants to be yet. There is much to be done. Patrick Driskell and John Collins shared their employment experiences and the barriers they have continued to face with Vocational Rehabilitation (VR). John Collins indicated VR is great at looking at what people cannot do instead of what they can do. The membership discussed employment over the past 20 years. Linda Mabile indicated employment has been discussed for years, but it does not appear it is truly a priority since many of the barriers remain. David Roosa indicated that until a change is made in VR, we will not see a change in employment for people on the waiver program.

## **10. Action Plans Next Steps- QI Projects**

Quality Council Members

After the workgroups met to discuss their next steps, each group provided an update.

Jill MacAlister provided an update for the community connections/self-advocacy workgroup. Jill and her group will develop ways to send the booklet by Angela Amado out to the WSCs and providers in their respective Regions and ask people to incorporate into stakeholder trainings. The draft letter is included in the binders for members to review and offer feedback.

Don Welde provided an update for the employment workgroup. The group will focus on three state websites to improve accessibility. The group will create a step-by-step guide on how to effectively utilize the website for employment searches. The information will be consolidated into a PowerPoint presentation for dissemination.

## **11. Action Items/Adjourn**

Tammy Brannon, Contact Manager-AHCA

The workgroups will schedule conference calls to move action plans along by the first 2016 meeting in Tallahassee, Florida.

## **Additional Information**

### **Future Dates:**

Members will vote for 2016 dates. 2 options were presented. Members will vote by 10/23/2015.

### **2016 Meeting Date Selections:**

**Tallahassee 2/17 (day prior to DD day); Orlando 6/9 (day prior to FC); Tallahassee 10/6 or**

**Tallahassee 3/10; Orlando 7/14; Tallahassee 10/6**

### **Attachments:**

October 2015 Agenda- Word

June 2015 Minutes-Word

Delmarva Data Presentation- PowerPoint

HSRI NCI Data on Rights Presentation-PowerPoint

Hot Topics Guardianship Presentation-PowerPoint

HSRI Supported Decision Making Presentation-PowerPoint

QC Initiative-Community Connections-Word

QC Initiative-Employment-Word

Draft