

## QUALITY COUNCIL MEETING MINUTES

*9:00 a.m. – 4:00 p.m.*

*Thursday March 16, 2023*

### **Type of meeting:**

Quality Council Meeting

### **Facilitator(s):**

Theresa Skidmore

### **Members:**

John Collins, Self-Advocate

Adrienne Dissis, Family Member

Michelle Tolini, Agency Representative

Dina Justice, Family Care Council Florida

Courtney Swilley, FARF

Veronica Gomez, Agency WSC

### **Absent Members:**

Latosha Obry, Self-Advocate

Mary Jo Pirone, Self-Advocate

Theresa Wyres, Small Agency Provider

Patty Houghland, Disability Rights Florida

Matthew Dyal, Self-Advocate

Sandy Dayton, Agency Provider

Jill MacAlister, CDC+ Consultant

### **APD Attendees:**

Tom Rice

Kimberly Quinn

Lukas Tubeck

Liesl Ramos

Kent Carroll

Mindy Whitehead

Penny Walker Bos

**AHCA Attendees:**

Suzi Kemp

**Qlarant Attendees:**

Bob Foley  
Theresa Skidmore  
Charlene Henry  
Robyn Turlakis  
Kristin Allen  
Shubhangi Vasudeo

**Other Attendees:**

Sherona Bryant, Disability Rights Florida

**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  
LRC – Local Review Committee  
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  
PS - Personal Supports  
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 FL-Training Finder Real-time Affiliate Integrated Network Florida  
WSC- Waiver Support Coordinator

## **Welcome & Introductions**

Theresa Skidmore, Florida Director – Qlarant

Beginning at approximately 9:00 a.m., Theresa Skidmore opened the meeting and welcomed all members and guests.

## **October 2022 Refresher with Approval of Minutes**

Theresa Skidmore, Florida Director – Qlarant

Theresa Skidmore provided a refresher from the October 2022 meeting held in Tallahassee. A motion to approve the minutes was made by John Collins and a second given by Michelle Tolini. Minutes were approved. Please see the October minutes for details.

## **APD Updates**

Kimberly Quinn – Agency for Persons with Disabilities (APD)

Dental – There have been no major changes in the process since the October meeting. If someone needs treatment, they should notify their regional office. iBudget waiver is second to the statewide managed care plan. There is also a Medicare special needs care plan. General Revenue dollars can also be used once all the other avenues have been exhausted. Suzi commented that if someone is on the Medicare special needs care plan; they will not be enrolled in the Medicaid managed care plan. John said he used the special needs plan and it worked well. Kimberly said she can't speak to how the \$8.5 million is being utilized; Dina asked could we see what's going on with this money. A guest noted that Lecom Dental (Defuniak Springs) is available for people in NW Region.

iConnect – Providers currently using the system are WSCs, PS, SLC, Skilled Respite, Skilled Nursing and Private Duty Nursing providers. Billing will remain external to the iConnect system. APD will start training therapy providers this spring through a pilot program and will include Occupational Therapy, Physical Therapy, Respiratory Therapy, Speech Therapy, Dietician, Specialized Mental Health, Consumable Medical Supplies, Durable Medical Equipment and Personal Emergency Response System, Environmental Modifications and Transportation services. Self-paced training will be completed through TRAIN FL for these waiver services types. Dedicated email [iConnect@apdcares.org](mailto:iConnect@apdcares.org) will be available for questions and concerns. Once trained, these pilot providers will continue to work in the iConnect system. A guest asked about the day rate PS and has this been fixed in iConnect. Kimberly said it is being worked on right now and she'll

get back to us on any answers she finds. Veronica asked could they now figure out a different path since billing is not going to be tied to it and maybe it could be translated to PS service day rate. Theresa asked if an extract report could be implemented for coordinators to view notes in bulk for providers of a person they render to. Meghan Torres said they are working on the ad hoc report to test it out to ensure it is working properly. John asked "what's the plan to alleviate these issues as he hears it all the time from WSCs". Veronica pointed out the WSC is tied to more computer work and they have to do it themselves so it's making it take longer. Administratively the load is a burden because there is no access for an administrative assistant. Adrienne Dissis said only one person as the QO owner can access certain things. Veronica said it has impeded workflow. Suzi said in her previous position with a QO, they worked with the region to allow someone within the QO to be copied on every note going to the WSC from APD. There are still issues with Therap, iConnect and EVV; staff must enter notes twice. Kimberly said they are looking into electronic signatures in iConnect.

ICA – The validation study is going on right now with the 1500 assessments done (1200 got a single assessment, 150 test-retest, 150 interrater reliability). They will send the data out for validation. Resource allocation methodology will be done then Rule making will be completed. This assessment will not follow the same method as the QSI.

TRAIN Florida – Kimberly said there is no system functionality for providers to have read only access so they can see training files completed by their staff. She highlighted that it's a good idea for providers and staff to review all the advisories that come out as these memos really do pertain to everyone. Kimberly said the system is nationwide so the owning agency within the certain state can see everything for its account users. She said it's easy to switch the email address so there is no need to get multiple accounts. She recommended staff use a personal email so they can access their record still if they change provider agencies.

Behavior – LRC and informed consent. There are revised by-laws that will take affect for the rest of the year. Consent forms are being reviewed for updates as related to gaining informed consent for plans to be presented during committee meetings. Michelle asked for a copy to review once ready.

Residential Room & Board - Lynne Daw said 59G13.075 needs to be kept in mind and providers need to comply with these rules. People should have a lease agreement; rent cannot be increased without people entering into new lease agreements. A person's ability or resources to pay have to be kept in mind too. APD Assessors have to check on leases and compliance with those rules. John asked how many times can a provider be out of compliance with those rates; Kimberly said that providers out of compliance must do a plan of remediation.

Kristin asked can the provider exceed the person's personal needs allowance of \$133.58. Lynne said no. Can rent be different from person to person within the home? Lynne said yes people can have different rent amounts.

Lynne also talked about Medication Administration. Can an approved trainers list be posted? Providers should contact the regional office nurse case manager for the list of approved trainers. Pass rate for certification is 100%.

COVID-19 Public Health Emergency & Appendix K Flexibilities - Lukas Tubeck said on February 9, 2023, US Department of Health and Human Services (HHS) Secretary Becerra announced the renewal of the COVID-19 Public Health Emergency (PHE) for an additional 90 days. The HHS is planning for this to be the final renewal, and for the COVID-19 PHE to end on May 11, 2023. This allows for 90 days' notice before the PHE ends.

The Appendix K authority is effective for six months after the end of the COVID-19 PHE. The expiration date is November 11, 2023. Most flexibilities included within the Appendix K were not utilized. However, APD is currently reviewing flexibilities to determine if any should be extended. If so, this will be done through rule promulgation and/or the waiver amendment or renewal process as necessary. It is important to note that not all flexibilities can be continued. Some of these flexibilities include extension of timeframes for level of care reevaluations; flexibility with the HCBS settings requirements stating that individuals are able to have visitors of their own choosing at any time; and provision of waiver services in institutional settings.

For the majority of the COVID-19 public health emergency, states were under a continuous enrollment provision, which was specified in the Families First Coronavirus Response Act. This provision required states to provide continuous coverage for Medicaid enrollees until the end of the month in which the PHE ends in order to receive enhanced federal funding. The Consolidated Appropriations Act, 2023 decoupled the Medicaid continuous enrollment provision from the PHE and terminates this provision on March 31, 2023. Courtney asked for some type of advisory to inform providers of these updates.

WSC Scorecard – The system was designed as a way for individuals to provide feedback about their WSC. WSCs generate a code for each person and then they give to the person to go in and give feedback. There are six questions and the person has 90 days to complete the survey. Kimberly talked through getting to the scorecard and how to look at information on the site. She said that not all WSCs would have a score; you can sort by WSC and QO using the filters. John asked does the site tell you if a certain WSC is accepting new clients. Tom Rice said no it does not, that information is kept with the region. She said the system defaults to 10 WSCs but can go up to 40 WSCs. John said will the site read the

information to you. Kimberly said she is not sure about this. It does have the option to change language though. Robyn asked is the scorecard cumulative or year-to-year. Kimberly said it is cumulative. Kimberly said they are also aware of WSCs who are no longer in the business but they are still in the scorecard data. If a WSC changes QOs, they will show up under their current QO. Kimberly said they do get reports and data; if the score is coming out at two or under, there is an option for the person to be contacted. APD staff then call and talk with the person.

QO owners/WSCs can check the scorecard themselves to see their scores. Kimberly said they are looking at options to expand the scorecard site to add residential providers in the future. Veronica suggested a tab to score the QO as a whole in addition to the WSC. Kimberly talked about how to drill down to the details on any WSC related to the areas in the survey. When you select the details, you'll go to a table for more. You can compare up to four WSCs at a time. You can view Summary Info, Satisfaction and Violations.

Veronica asked for access to be able to generate codes for each person and have ability to see if one was generated. John asked if there is a place to write in comments on the survey. Kimberly said there is no free text within the survey. Veronica said if there was a way to acknowledge from APD that the QO and WSC were doing a great job (such as an email saying, Good Job!)....she feels this would increase morale. Does all the violation information come from APD? Kimberly said yes. Kimberly said only one survey code will generate every 12 months for each person.

Suzi suggested an every 10-month window due to possible fluctuations. Sherona asked how the person gets the code. Veronica said the WSC has to generate it around the time of the Support Plan Meeting. Theresa suggested more education go to provider groups, self-advocacy groups about how the process works for getting a survey/survey code, so they know and other groups can help get the word out too. Adrienne suggested they be able to know how many codes were generated per WSC. Theresa also brought up an exit survey, especially for when someone changes WSCs. Sherona asked about secondary recourse to get a survey code in cases when someone changes WSCs. Michelle said she'd like to see more people be given opportunity to do the survey; Michelle said those she serves have not been offered the survey. Veronica hopes the information gets used to see WSC weaknesses for where improvement can be made in addition to highlight the good coordinators. APD could also send "thank you" for your service emails for coordinators who are crossing milestones in working in the field of Support Coordination.

## **Adult Day Training Service Changes**

Liesl Ramos and Kent Carroll - APD

The CMS Settings Rule compliance day is 3/17/23. Providers must render services in compliance with September 2021 Handbook until the new handbook and rate table is approved. AHCA held a Rule Hearing last month and they are now reviewing comments for any needed changes. There will be an updated implementation schedule as time moves forward. APD submitted a Corrective Action Plan to assist with any delays that may occur as they move forward. Providers are being told people can have non-integrated jobs as long as they are not billing day program services. Work experience will no longer be a part of day program services. They can get prevocational services as long as there is a work goal on the Support Plan. Integrated is an environment where everyone or anyone can work regardless to disabilities.

Liesl said a big concern is people are worried about losing the job they have right now, but the changes are really intended so people aren't cut off from receiving support/opportunities to work if they really can and want to. CMS Assessors would be monitoring day programs and prevocational programs. The programs can be under the same roof as long as they provide distinct services. Liesl cautioned that APD must be make sure VR and school system programs are not duplicated in APD programs. APD does share info with VR monthly through a Memo of Agreement. John wanted to know if APD would be able to push VR into working with the person whose been referred and maybe nothing has happened or their being denied. Sometimes the person may or may not be a good fit for VR services. Liesl explained how the information flows in/out between APD & VR. Suzi asked about finding out if someone has a history with VR. Liesl said the WSC could get this information from the APD Region. Providers should submit request for expansion and proof that they meet the criteria. Services can't be provided and billed until the Rule is adopted and approved. Is there proposed language available for licensing day programs yet? Kimberly said no, it just now being proposed in the Legislature.

## **Human Services Research Institute (HSRI) Presentation**

Stephanie Giordano

State of the Workforce, formerly Staff Stability Survey. Participated in the survey: 370 in Florida plus 3000+ nationwide. Stephanie discussed the role of the Direct Support Professional (DSP) in assisting people getting services. She went through the challenges DSPs face. She explained why data are needed in this area. Stephanie provided specifics surrounding the survey highlighting information from Florida, 29 states and D.C. participated in the survey. She



noted Florida frontline staff is more diverse than the NCI DD average and had a much larger proportion of small DSP agencies with size of 1-20 in their agency. She discussed turnover ratios, tenure among those employed staff (W2 staff only for purposes of this survey), tenure among separated DSPs, circumstances under which the DSP separated from the employer, average hourly wage. In Florida the average hourly wage is \$11.80. She discussed paid time off offered to DSPs, recruitment and retention strategies, and Covid19 vaccination & testing practices. John commented about staff retention and beating out inflation in the future. He was wondering if APD is looking at this. ARC of Florida is looking at this now for staff. Michelle noted who you work with matters. Courtney Swilley spoke about the DSP training program her organization is doing with agencies across the state. Patty (on via zoom for this portion of the meeting) commented staff are different generationally. They know they can get more money elsewhere and there are many stringent requirements. With a high amount of retirees in Florida, what to do about those who need placement now that their parents are passing away but aren't even on APD waitlist. Courtney said her organization is working to get staff under APD waiver services to be re-classified as DSPs instead of CNAs and HHAs on the federal level. John asked about unionization once this group of people become certified DSPs. Sherona commented the problem isn't a future one; it's a now problem. Veronica commented on the complexity of caring for persons with disabilities so they need the professional classification because this a career path. Theresa asked about other states that seem to have it more together, such as Tennessee, New York, and/or Missouri.

Please see presentation slides for more details.

### **Critical Incident Reporting and Management**

Meghan Torres - APD

APD updated internal operating procedures January 1. There are new timeframes for processing incidents received. Standard wellness visit forms are now in place and there are standard closure criteria for each incident. Total statewide incidents reported by Fiscal Year was shared. This data stops in February. There was a spike 2021 into 2022 related to Unreported Incidents. Meghan reviewed Reportable Incidents by Fiscal Year and Critical Incident by type. Data is evaluated, downgraded or upgraded from reportable to critical as APD goes through it. Offices also weed through multiple reports of the same incident since WSCs and providers may report the exact same incident at times. Veronica gave positive feedback on the connection between the hospital reporting and APD; Meghan said they have been able to link into FMMIS to see those hospitalization and ER visits faster. Adrienne asked about having a parent responsibilities page for them to know why they should inform the WSC of these

medical situations or maybe have some place the parents can enter it themselves. Meghan talked about ANE reporting noting medical personnel are also mandated reporters like providers. Critical Incidents by location (residential setting) illustrated licensed setting still has the most incidents. Life threatening injury/illness has the highest reaching over 200. Veronica asked where Unexpected Death is captured; Meghan said it is in the Critical category. Meghan said anecdotally, reports of sudden respiratory issues are starting to rise statewide. Suzi asked about trends in Baker Acts. Meghan said it's constant for this category with no spikes or dips.

### **Qlarant Data Presentation**

Shubhangi Vasuedo, DrPH

Shubhangi discussed the Qlarant review data for the period July 22-December 22.

She provided an overview of PCRs, PDRs, PDR SC and PDR CDC and totals completed by region. She talked about the trends in My Life Interview based on Living Setting, Life Areas from Waiver to CDC+ and talked about the lowest outcomes and most common reason Not Met. There was discussion about abuse, neglect and exploitation outcomes/supports. Tom asked about getting to a Not Met for knowing Abuse Hotline # in the supports category. Robyn noted a cascade effect to it wherein reviewer would ask additional questions to make sure there are supports. She talked about Stability across Waiver and CDC+ interviews. Suzi asked about the Services line possibly services added; noted it captures any change. Preventative care trends showed there was a dip in dental and vision during the high COVID time period, but now it's coming back up for waiver; for CDC+ there was a dip in dental and vision. Dental is coming back but not yet for vision in the data. She went over WSC/CDC+ Consultant Record Review Scores; there has been some percentage drops. Low Scoring indicators were discussed for WSC and CDC+ Consultants. Shubhangi reviewed PDR Data by Region, covering review components for providers and QOs. She covered General Qualifications & Training data for QO and Service Providers. Medication Administration Validation percentages, Background Screening percentages, Low scoring services and she finished with alert data.

Please see presentation slides for more details.

### **Qlarant Updates**

Theresa Skidmore, Qlarant

Theresa talked about the draft Exceeds Tool. Annual Report and Safety standards were removed from the draft Exceeds Tool. There are nine standards

with 36 reasons something can exceed. There would be a 90 / 10 split. Current Discovery review tools are written in the negative to identify what a provider is not doing. This tool is written in the positive. Training being planned across 11 cities once final APD approval is received.

### **Quality Council Follow-Up & Next Steps**

Theresa Skidmore, Florida Director – Qlarant

John asked about getting VR to come and talk about their side of employment for the next meeting.

Tom Rice suggested a video component for future meetings; it'll help make having subject matter experts available easier.

Stephanie to send more information on what other states are doing related to retention efforts for DSPs.

Veronica talked about the CDC+/WSC workgroup and wanted to touch base about it. Mindy said CDC+ Handbook is being promulgated and then will be passed to AHCA for review. Suzi said once it comes to AHCA the draft will be posted for review. Tom and Mindy are now looking at ideas to streamline duties and alleviate some issues for the CDC+ Consultant. Adrienne asked for consideration when making changes to CDC+ as some consultants may want to stop rendering CDC+ but would need time to do so.

### **Attachments:**

-Agenda

-HSRI Presentation

-Qlarant Data Presentation