

QUALITY COUNCIL MEETING MINUTES

*9:00 a.m. – 4:00 p.m.
Thursday July 20, 2023*

Type of meeting:

Quality Council Meeting

Facilitator(s):

Theresa Skidmore

Members:

John Collins, Self-Advocate

Michelle Tolini, Agency Representative

Veronica Gomez, Agency WSC

Latosha Obry, Self-Advocate

Mary Jo Pirone, Self-Advocate

Theresa Wyres, Small Agency Provider

Patty Houghland, Disability Rights Florida

Matthew Dyal, Self-Advocate

Kimberly Houston, Agency Representative

Yesenia Ramirez, Self-Advocate

Absent Members:

Adrienne Dissis, Family Member

Dina Justice, Family Care Council Florida

Courtney Swilley, FARF

Jill MacAlister, CDC+ Consultant

Coretta Daniels, Agency Representative

APD Attendees:

Kimberly Quinn

Meghan Torres

Regina Sheridan

Lukas Tubeck

AHCA Attendees:

Suzi Kemp

Qlarant Attendees:

Bob Foley
Theresa Skidmore
Christie Gentry
Robyn Turlakis
Charlene Henry
Kristin Allen
Dr. Katy Glasgow
Nancy Jordan

Other Attendees:

Sherona Bryant, Disability Rights Florida
Brian Rothey, PARC
Paula James, Family Care Council

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.

March 2023 Refresher with Approval of Minutes

Theresa Skidmore, Florida Director – Qlarant

Theresa Skidmore provided a refresher from the March 2023 meeting held in Tallahassee. A motion to approve the minutes was made by Michelle Tolini and a second given by Mary Jo Pirone. Minutes were approved. Please see the March minutes for details.

APD Updates

Kimberly Quinn – Agency for Persons with Disabilities (APD)

Personal Needs Allowance and Room & Board. Kim shared APD is proud of the recent changes in rule as the personal needs allowance supports eligible individuals in everyday living, saving for their future, and the ability to meet their potential. Starting in July, eligible individuals residing in an APD licensed group home and receiving a social security benefit will receive a minimum monthly benefit of \$164.52 a month compared to the federal rate of \$30. No additional action is required on behalf of the eligible individual to receive this increase. Member, John Collins asked about eligibility and will the person get to determine how money is spent and will the people have to buy their own toiletries with the money, and if there is a grievance procedure? Member, Michelle Tolini said the home buys the basics but the person buys anything out of ordinary/customary; and has concerns the new rule allows a group home to raise the rent. Kim from APD said her understanding about eligibility is the person has to be in a licensed residential setting and be getting Social Security benefits. Member, Kimberly Houston said the funds could be used to payback money owed for behavior related responsibilities if approved by the LRC and in their Behavior Plan. Member, Patty Houghland commented that she feels it is going to be complicated and not necessarily fair.

Kim proceeded to talk about changes to the rule language since the public comment period ended. At this time, there have not been any updates to the rule language. The rules were submitted to the Joint Administrative Procedures Committee (JAPC) for review, and their review period just ended. Any substantive changes from JAPC would go through the notice of change process.

Regarding the new WSC rates, these have been updated both in FMMIS and in APD iConnect.

Related to transportation services and Electronic Visit Verification, APD does not have knowledge that transportation services will need to utilize EVV. Should there be any changes to the transportation service delivery process; these changes will be communicated to providers with sufficient notice to ensure compliance. Michelle said this is related to someone in the Pilot Project and came up at a recent town hall meeting.

Kim addressed a question related to client confidentiality and privacy during face-to-face visits in day programs and/or public settings. Providers and WSCs are required to maintain a client's privacy. If you experience a situation, where providers and WSCs are not complying with privacy requirements, please report this to your regional APD office and they will investigate.

John asked what happens to the provider or WSC in this instance. Regina said the APD Region would investigate and if there was a violation found there would be remediation and possible administrative action like retraining. Suzi Kemp, AHCA also noted that self-advocates should remind their peers that they should have privacy when they meet with their WSC.

Kim addressed residential placement and behavioral placement/services, as there was a question related to the potential for WSCs to receive the Behavior Analysis Services Eligibility (BASE) form right after the LRC approves placement. Instructions to the regions have been that the BASE form should be added in a note, including the WSC in the note when completed. The form also lives on the forms tab in iConnect so a WSC should be able to see it there even if for some reason the behavior analyst forgot to add them to the note. APD's senior behavior analyst is going to provide additional regional training in August that should assist this process.

Member, Veronica Gomez asked if there could be a better universal process for this overall to aid placement. Member, Teresa Wyres commented that 65G is specific but there are differences based upon APD staff available to do all the steps within each region. Veronica asked about forming committee to review some of the systems to suggest recommendations to streamline some of these things.

APD iConnect Update. Providers currently utilizing the APD iConnect system include Waiver Support Coordinators, Personal Supports, Supported Living Coaching, Respite, Skilled Respite, Skilled Nursing, and Private Duty Nursing. APD has been hosting Town Hall meetings throughout Florida to discuss the state of APD iConnect with providers, as well as all interested APD iConnect

stakeholders. The Town Hall meetings are intended to provide an overview of the APD iConnect system, a roadmap for delivering on implementation, what to expect, and an opportunity to have questions answered. Questions regarding the APD iConnect Town Hall meetings can be submitted to APDiConnectTownHalls@apdcares.org.

During spring 2023, APD iConnect training was provided to a select group of Occupational Therapy, Physical Therapy, Respiratory Therapy, Speech Therapy, Dietician Services, Specialized Mental Health Counseling, Residential Nursing, Consumable Medical Supplies, Durable Medical Equipment and Supplies, Personal Emergency Response Systems, Environmental Accessibility Adaptations, and Transportation services providers.

During summer 2023, training was provided to a select group of Life Skills Development 1 (Companion), 2 (Supported Employment) and 3 (ADT) providers. This small group of pilot providers were trained to begin using APD iConnect for provider documentation. The goal of this pilot is to ensure the system functions as designed and as necessary prior to full implementation for all providers. Providers not included in the pilot will continue documenting services external to APD iConnect until full implementation is complete.

Any inquiries regarding APD iConnect should be submitted to the iConnect inbox at iConnect@apdcares.org.

Member, Yesenia Ramirez asked how to access Occupational Therapy. John asked about the costs for services such as Consumable Medical Supplies. Suzi commented that Medicaid rates are set and cannot be exceeded. Supply companies customarily charge the highest rate allowed by Medicaid.

Legislative Update. Kim said during the 2023 Legislative Session there were a number of bills passed that impact individuals with intellectual and developmental disabilities. She highlighted a few of the most impactful.

House Bill 1517 passed, which works to provide greater clarity and understanding of the process when you are an individual with a developmental disability seeking assistance.

The bill also creates greater transparency and accountability within the system of care for serving those who can be the most vulnerable.

By memorializing pre-enrollment categories formerly known as the ambiguous terminology of the “waiting list”, this clarity is the first step towards lifting up the need to evoke a call to action ensuring we explore multiple pathways to serve the unique needs of the population we serve.

The bill also clarifies the timeframes that APD must meet when making eligibility determinations for crisis enrollment onto the iBudget Florida waiver, as well as clarifying the coordination of crisis services.

The bill also provides the opportunity to create greater visibility to share best practices while also ensuring service delivery exceeds expectations when serving

individuals with developmental disabilities specifically related to Adult Day Training.

The bill requires APD to license and monitor Adult Day Training (ADT) programs which over 13,000 APD clients utilize.

ADT programs provide individuals with training and assistance with acquisition, retention, or improvement in self-help, socialization, and adaptive skills. They also provide recreational and other activities to enhance social development and development of skills in performing activities of daily and community living.

APD is in the early stages of the implementation process and plan to have opportunities to get input from providers as the licensing tool is being developed.

The bill also requires APD to convene an interagency workgroup that assists individuals with developmental disabilities and their families by providing information and guidance related to education, workforce, daily living skills, and supportive services. The workgroup must submit findings and recommendations to the Governor and legislature.

HB 1517 provides some additional cleanup of outdated language.

SB 2510 is a conforming bill that passed. This bill requires the Agency for Health Care Administration, in consultation with APD, to implement a managed care pilot program for individuals with developmental disabilities in designated pilot regions, including Statewide Medicaid Managed Care Regions D (Hardee, Highlands, Hillsborough, Manatee, and Polk Counties) and I (Miami-Dade and Monroe Counties). Participation in the pilot program is voluntary and will provide coverage for all mandatory acute care services, such as doctor's appointments, hospital visits, and prescription drugs, as well as mandatory Long Term Care services and iBudget services. The bill requires monitoring of the pilot throughout with multiple reports due along the way. At this time, APD is working with AHCA to build out additional milestones and timelines, but the first step is getting federal approval to implement the pilot program. APD is actively working with AHCA to submit the request for federal approval by September 1, 2023, which was a timeline outlined in the bill.

Kim finished her updates noting additional dental funding was added to APD's dental funding, totaling \$11,500,000. APD looks forward to competitively procuring an entity with knowledge and experience working with individuals with unique abilities and industry standard processes, procedures, and systems for ensuring transparent and responsible administrative operations. APD encourages innovative responses and approaches that meet the needs of the individuals and families APD serves.

John asked how does someone get on the workgroup. Kim said House Bill 1517 does state some of the entities that have to be included but does not indicate

how someone becomes a part of the workgroup. Regarding SB 2510, John asked is managed care a given whether people like it or not; Kim said no it is not a given. Matthew commented that he worries the project could lead to more institutional care and less home and community based care. Kim said their participation means they cannot get institutional care. Suzi said the Pilot Project would allow for more coordination between the medical side and waiver services side for these participants. Patty commented about North Carolina doing their pilot project and it has taken them about 2 years and still haven't been able to get it off the ground. The North Carolina pilot is much bigger than what Florida is attempting. North Carolina's issues were transportation and provider shortage, and these will likely be the same in Florida. Florida needs to be aware of these issues and see if we can avoid these. A guest asked how involved will APD be in the pilot and how much transparency will there be? Kim said APD would be actively involved in the pilot. APD wants to make sure the project is doing what is intended; there will be reports filed yearly and evaluations done by a neutral party during the project. The viewpoint should be from the perspective of the person and how this project is working as a stand-alone entity; it is not intended as a comparison to existing models of long-term care and waiver services. She said participants would have access to waiver services, long-term care and medical care. Kim talked about how they are going to roll together some of the similar services like case management and support coordination for the pilot. The project length is 5 years. Veronica asked would it be existing providers or brand new providers. Kim said the plans would need to work to make sure they have the providers to support those in the project. Suzi said she would make sure Theresa has information about the public comment period to share with members.

Human Services Research Institute (HSRI) Presentation

Stephanie Giordano – Co-Director, HSRI

Stephanie presented about Federal Updates that include the Access Rule and the Notice of Proposed Rulemaking. She then gave highlights about the Access Rule, noting that the comment period closed in June. Stephanie discussed In-Person Survey Outcomes, 2021-22 FL data compared to NCI-IDD Averages. She finished her presentation by noting there would be NCI Family Survey Revisions soon.

A guest ask would Access Rule apply to group home Direct Service Professionals? Stephanie said she is not 100% sure but it appears it may; they need more clarification on this part. John commented he thinks the Rule is also intended to get qualified people to provide services. Stephanie said yes that is the hope although it is not directly stated. A guest asked does waitlist reporting about authorized hours take into account what is being given versus what is authorized. Stephanie said she believes it is just an accounting of what is being authorized for those specific services. Yesenia asked does this address those

coming from out of state to another state. Stephanie said she does not think it addresses that but she will look into it. Theresa mentioned she thinks it would help someone know what he or she were looking at in terms of access to services if states have to be more transparent about their waitlists. Someone asked if Florida's waitlist is based upon need and the answer is yes. John asked are there disabled people on the Medical Care Advisory Committee (MCAC). Stephanie said the goal is to have disabled people further engage the MCAC. Tosha asked about the time for Access Rule implementation; Stephanie said 3 years.

Please see presentation slides for more details.

Medical Peer Review Overview

Nancy Jordan, Nurse Reviewer – Qlarant

Nancy started out by introducing herself. She spoke about the requirements for completing a Medical Peer Review (MPR) and then discussed the process. Nancy noted she reviews the PCR Report, Comprehensive Health Summary and the Discovery section of the review report. MPR process will now have levels, Level One and Level Two. All PCRs will start in the process as Level One. She discussed the components of the person's Comprehensive Health Summary. Nancy gave examples of practical application for the whole process.

Please see presentation slides for more details.

Critical Incident Reporting and Management

Meghan Torres – Program Administrator for Quality Improvement, APD

Meghan said there is a new incident management tracking system; it went live July 10. They are still working out a few glitches with the reporting side. APD got funding to improve data analytics. Additional adjustments are being discussed now. Guest question – due to staff shortages, is APD noticing any trends showing an increase in incidents? Meghan said yes and she can say it is possible there is a correlation to staff shortages.

Qlarant Data Presentation

Dr. Katy Glasgow – Scientist, Qlarant

Katy presented data related to Qlarant's Reviews. She reviewed Person Centered Review (PCR) information covering a snapshot of FY23, Quarters 1-3,

My Life Interview trends, Stability, an in-depth look at outcomes for Waiver Participants, Preventative Care related to the Health Summary and WSC/CDC+ Record Reviews. Katy then talked about Provider Discovery Review (PDR) covering a snapshot of FY23, Quarters 1-3, Staff Qualifications & Training data, Service Specific Record Review and Alerts.

Katy pointed out there is a lot going on with the current economy and how it has effected service changes. There was discussion related to Safety and Social Outcomes. There was discussion regarding vaccines related to Preventative Care. There was discussion about Background Screening, specifically FBI/FDLE results in the Clearinghouse – expiring prints date vs APD eligible dates.

Please see presentation slides for more details.

Quality Council Follow-Up & Next Steps

Theresa Skidmore, Florida Director – Qlarant

- Theresa talked about forming a group to look at some APD processes that could use recommendation for efficiencies
- SANs request issues and a backlog
- there is a problem when trying to update the budget with WSC rate for an existing SAN request
- Matthew would like to see more Qlarant data on why some Outcomes are better in one region versus another region
- WSC reassignment; providers having trouble finding out who the new WSC is
- VR representative to discuss their role in assisting people to find and secure employment

Attachments:

- Agenda
- March 2023 Meeting Minutes
- HSRI Presentation
- HSRI Supplement
- Qlarant Data Presentation