

## QUALITY COUNCIL MEETING MINUTES

*9:00 a.m. – 4:00 p.m.*

*Thursday November 7, 2024*

### **Type of meeting:**

Quality Council Meeting

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

Theresa Skidmore

### **Members:**

John Collins, Self-Advocate

Michelle Tolini, Agency Representative

Paula James, Family Care Council

Mary Jo Pirone, Self-Advocate

Kimberly Houston, Agency Provider Representative

Morgan Patipa, Disability Rights Florida

Trina Blackburn, FARF

### **Absent Members:**

Latosha Obry, Self-Advocate

Yesenia Leyva, Self-Advocate

Adrienne Dissis, Family Member

Theresa Wyres, Small Agency Provider

Courtney Swilley, FARF

Matthew Dyal, Self-Advocate

Yesenia Ramirez, Self-Advocate

Dina Justice, The ARC of Florida

Veronica Gomez, Agency WSC

Jill MacAlister, CDC+ Consultant

Brad Hunt, Disability Rights Florida

### **APD Attendees:**

Lynne Daw

Lisa Robertson

Susan Nipper

**AHCA Attendees:**

Suzi Kemp

**Qlarant Attendees:**

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

**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  
MLI – My Life Interview  
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  
VR – Vocational Rehabilitation  
WSC- Waiver Support Coordinator

## **Welcome & Introductions**

Theresa Skidmore – Qlarant

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

## **Refresher with Approval of Minutes**

Theresa Skidmore – Qlarant

Theresa Skidmore provided a refresher from the July 2024 meeting held in Tallahassee. Motion to approve the minutes made by Michelle Tolini and a second given by Mary Jo Pirone. Please see the July 2024 minutes for details.

## **AHCA Updates**

Suzi Kemp, Government Operations Consultant III – Agency for Healthcare Administration (AHCA)

All coverage takes effect Feb 1.

Health Plan enrollment is voluntary; Dental Plan enrollment is mandatory.

Letters go out November/early December. If people do not get a letter, they need to call Medicaid to confirm the address where the letter went.

Dual eligible recipients are not included in the Statewide Medicaid Managed Care (SMMC) 3.0.

Open enrollment for dual eligible recipients is through 12/7.

If people have a diagnosis including mental health or HIV along with their primary diagnosis, the plans offer extended services.

**First handout** – this is not the Pilot Program APD is doing. This is for the health plan and dental. This is an add-on to the HCBS services. All plans must cover all services Medicaid covers but they offer extended benefits (for example – additional Physical Therapy services, or an extra dental service, \$50 minimum monthly over-the-counter meds coverage).

Everyone will be enrolled in a managed care plan but people can dis-enroll, as it is not required to be on the managed care plan; people can go back to regular Medicaid and remain on the fee-for-service plan.

**Second Handout** – there is a requirement to have a smooth transition. If a recipient is seeing a doctor not in the health plan, the managed care plan is required to honor and pay for the visit during the first 90 days.

People can try several dental offices until they find the right one for them.

Sedation dentistry, ambulatory surgical services have to be covered by the health plan now; this includes nurse, anesthesia, etc. Every 90 days people can now get over the counter, dental supplies covered up to \$10. Everyone on the waiver who has Medicaid is required to be on the managed care plan's dental coverage. Exception to this is if the person has Medicaid and Medicare.

**Snapshot Handout** – reviewed agency region comparison.

Many of the Medicaid doctors are enrolled, in the managed care plans but some are not, so it is good to find out beforehand. If someone is 21 and under on Consumer Directed Care (CDC+) and they want to get Personal Care Assistance they have to be fee-for-service for it to go into their budget on CDC+. If there are issues contact the complaint line by phone or online.

Questions:

How many plans are in each region? There are at least four in each region all may not offer the same things; there are two dental plans in each region.

If someone is on AmeriHealth, their plan will change.

How do you find out who all the providers are for the plans? Provider list not yet available.

Does the comparison allow one to see the exact services offered against others? Yes.

How does someone access the \$10 dental benefit? Suzi will find out and share. Deep cleaning is covered once a year but most individuals need 2-4 times, is AHCA aware? Suzi said this is why each person has a dedicated care coordinator to find out what the specific person needs are. Budget will pay for the additional services needed after Medicaid pays.

Why did people who are dual enrolled get the first letter for a program they cannot be a part of? They may be fee for service on Medicaid so the letter went to them but they cannot be a part of it because they also get Medicare. They should not get an assignment but they are eligible for the dual special needs plans. Suzi will get more information. Suzi noted behavioral analysis would be integrated into the health plans. Providers doing this service will need to connect with the health plan; Suzi will forward the specific concerns Michelle had about this service to the Policy department. Behavior Services through Medicaid State Plan holds concerns as Behavior under the health plans would need to determine if Qlarant could enforce documentation.

## **Critical Incident Reporting and Management**

Lisa Robertson - APD

Lisa showed the incident data related to where elopements are coming from based on living setting with most leaving from licensed homes. However, there is no evidence there are any repeat providers.

A guest asked, are the same people repeatedly eloping? Paula added the Suncoast is where they implemented the reporting pilot so reporting has been more emphasized there thus the thought is that's where the higher numbers may be coming from.

No other incident management data was shared.

## **NCI – IDD CFS**

Dr. Katy Glasgow – Qlarant

*Starts on slide 26 in the Qlarant Data Presentation.*

This data comes from a National Core Indicators (NCI) mail-out Children's Family survey. Katy showed a comparison of the nine states who did the survey (called the NCI Average) vs. Florida. There was a 15% response rate from Florida that made us eligible to be included in the Human Services Research Institute (HSRI) national report.

Information & Planning – Morgan noted she finds it interesting that people are still not aware of what services are out there during kids' school years. Paula said the information getting out there has gotten better but it is still lacking. Michelle said the State is not doing as much as they were doing in past years. Suzi said there was a disconnect happening between Department of Education (DOE) and APD to help parents learn about services for persons with IDD.

Access & Delivery – FL is lower than NCI Average across the four areas.

Choice, Decision Making & Control – FL is much higher than the NCI average for choosing child's WSC; all others areas are lower than national average.

Satisfaction with Services - FL is lower than NCI Average across the four areas.

Theresa noted she has noticed that Florida has had much success with having seasoned WSC in the field for a long time; this has changed somewhat as these seasoned WSCs have now left the field. Michelle and Paula noted that components are slowed down by WSCs having to tend to administrative tasks, such as entering data in iConnect and mentoring new WSCs within their QO, more than engaging in the face time with the person. Kimberly noted service provider changes are taking several months. Morgan gave an example of how the SANS process is affecting services in the field. Paula added that due to the required documentation and having to put out more fires (higher caseloads) they do not have the time needed to really see about the person's needs. Michelle noted that the putting out of more fires could be due to APD allowing WSCs to carry higher caseloads than the limit.

Kimberly said some home insurance companies do not like to issue general liability insurance to group homes with individuals living there who are 21yrs old and under with behavioral challenges; the rate is usually higher or they drop them during the coverage year.

Suzi shared where to find information about school related information discussion. Go to the APD page > Publications & Resources > Rulemaking scroll down Current Rulemaking - Notices & Materials (HB 1517 – DOE and DOH workgroup).

Theresa noted the survey also has a narrative section for comments; people would often tell their story in those. Katy to email HSRI to see if that file exists for this survey.

## **APD Updates**

Susan Nipper & Lynne Daw – APD

Day Program Licensure is going on. There are 335-day programs; most are in Suncoast with 122. There are two pieces to the licensure process – site visit and then an application. 91% of the site visits have been completed. No day programs have been shutdown due to requirements not being met. Rule language hearing is done and edits are being made from the hearing. There are three required day program policies: Comprehensive Emergency Management Plan, Sexual Activity Policy and Behavior Policy. APD has provided templates for two of the policies. APD gave expectations for what the Behavior Policy needed to include but did not give a template for this. They have spoken with some local fire inspectors as it relates to capacity expectations. The initial licensures are all scheduled but the Rule language indicates ongoing inspections can be unannounced. Some of the Rule language seemed more geared to residential programs than day programs. Lynne said they had to be a little broad on the template, as some day programs use their building as a temporary shelter during storm evacuations. Lynne said the Sexual Activity policy details the activities that are allowed/not allowed for staff and individuals. Kimberly gave insight on her recent day program licensure experience; she had two follow-up items but noted the process was straightforward. Michelle asked about ongoing monitoring of day programs and tool developed. Lynne said there is a tool developed and the Rule does not specify a time for continued monitoring activities. Once all initial licensures are done and the Rule is promulgated then they will be able to go forward.

Potential for Medium Watch List – for clients with health and/or behavioral challenges. Behavioral – we have ongoing monitoring managed by Hi-watch. Medical – regional nursing team does not have capacity to monitor like Hi-watch. Medical review started for those in residential setting to catch related needs.

Third party funding for college – still researching this.

Advisory 2024-021 – this comes out of a CMS requirement; it is not really related to the Rule language on people being supervised. John noted the key sometimes is about validation and not entry/exiting the location. Morgan asked was this to also be applied to bedroom doors. Lynne said if there are restrictions to bedroom door and/or locks, there needs to be approved behavior plans in place.

Susan talked about FL Unique Abilities program, mobile response team for crisis intervention, their work to add Behavior Technicians, and the Adult Pathways

waiver that assists people as they go from school age to adulthood. They hope to have a report ready a few weeks from now.

John asked how do businesses get more information on the Unique Abilities program to get involved; they can get \$1K tax break per person they hire.

<https://www.floridajobs.org/unique-abilities-partner-program>

Unique Abilities – guidelines

<https://floridajobs.org/unique-abilities-partner-program/florida-unique-abilities-partner-guidelines>

Are there any more town halls planned for iConnect? Susan said none planned at this time.

Morgan asked about the timeline for SANS processing and gave example about someone who has been waiting 10 months without any communications on the request. Susan said she would look into the specific case if sent the specifics for the person.

Documentation needed to support eligibility for APD program – symptoms presented before age 18 but diagnosis did not come until after age 18. Paula had an example of someone who showed symptoms of Downs syndrome before 18 but was diagnosis after they turned 18 and was denied APD services.

APD > Applying for Services

<https://apd.myflorida.com/customers/application/>

## **Qlarant Data Presentation**

Dr. Katy Glasgow – Qlarant

*Slides 1-25*

Katy reviewed PCR interview data for FY 2024, covering interview outcomes and supports by life area. FY 2024 PDR data was discussed, covering training, background screening, record reviews and alerts.

For My Life Interviews there are declining scores for some of the questions.

Aspects of safety related to calling 911 and general societal safety were discussed. Data shows a similar trend happening for CDC+.

Regarding the WSC/CDC+ Consultant Record Review comparisons 2022-2024, the average score is back up to 91.6%.

John asked about Support Plan Preplanning; Robyn provided information on what is included in preplanning per the Medicaid Waiver Handbook.

Michelle ask about the use of the Attestation of Good Moral Character. Qlarant will cite if your 5 year is due and the new Attestation is not completed. New hires as of 9/1/2024 will be cited if not completed on the new form. Michelle noted that people have to get new exemptions with the newer form.



Please see presentation slides for more details.

**Qlarant Updates**

Theresa Skidmore – Qlarant

Theresa noted doing a targeted training on Background Screening. This could be useful for all providers, CDC Representatives and QOs.

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

Theresa Skidmore – Qlarant

None indicated

**Attachments:**

Meeting Agenda

Qlarant Data Presentation