

QUALITY COUNCIL MEETING MINUTES

9:00 a.m. – 4:00 p.m.

Thursday February 27, 2025

Type of meeting:

Quality Council Meeting

Facilitator(s):

Theresa Skidmore

Members:

John Collins, Self-Advocate

Michelle Tolini, Agency Provider

Theresa Wyres, Small Agency Provider

Courtney Swilley, FARF

Dina Justice, The ARC of Florida

Veronica Gomez, Agency WSC/CDC+ Consultant

Jill MacAlister, Agency WSC/CDC+ Consultant

Brad Hunt, Disability Rights Florida

Jadene Ransdell, Family Member

Linda Hackney, Family Member

Sandra Spann, Agency Provider

Absent Members:

Adrienne Dissis, Family Member

Paula James, Family Care Council

Mary Jo Pirone, Self-Advocate

Lissette Giovia, Family Member

Barbara McSherry, Self-Advocate

Dawn Lewis, Agency Provider

Kimberly Houston, Agency Provider

APD Attendees:

Susan Nipper

Meghan Torres

Christine Pawelczyk

Sean Buchanan

AHCA Attendees:

Melissa Vergeson

Qlarant Attendees:

Bob Foley

Theresa Skidmore

Charlene Henry

Robyn Turlakis

Dr. Katy Glasgow

Shubhangi Vasudeo

Guests:

Maria Duque, 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

iBudget- Individual Budget

I/DD- Intellectual and Developmental Disabilities

ICA – Individual Comprehensive Assessment

II- Individual Interview

IR- Incident Report

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

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. Theresa talked about member representation, as well as the importance and purpose of the Quality Council. She also went over the schedule for today's meeting.

Refresher with Approval of Minutes

Theresa Skidmore – Qlarant

Theresa Skidmore provided a refresher from the November 2024 meeting held in Orlando. Motion to approve the minutes made by Michelle Tolini and a second given by Theresa Wyres. Please see the November 2024 minutes for details.

Critical Incident Reporting and Management

Meghan Torres – APD

Meghan began by explaining the types of incidents being reported to APD through the incident reporting (IR) system. There are critical and reportable incidents; critical incidents reported in 1 hr. and reportable incidents reported within 1 day. There is a lot of information gathering once APD receives the IR to ensure the person's health and safety. The number one priority is to make sure the person is okay, and if not, what does APD need to do to ensure they are okay. Each region handles their reportable events and the state office handles the critical events. John asked about making sure people are safe. Is it just the victim or the perpetrator too, especially in the case of an event where there was an arrest if both were clients? Meghan gave an example of how this works within a group home. In the case of ANE, a Department of Children and Families staff goes out but so does an APD staff or Waiver Support Coordinator (WSC) to ensure health and safety.

Meghan went over reportable events – suicide attempts, altercation, arrest-client nonviolent crime, baker act, death-expected, Emergency Room (ER) visit/hospitalization, injury-not life threatening, missing-competent adult, voluntary commitment. 2024 ER visits were the highest and is the highest so far in 2025. APD staff discuss these numbers for tracking purposes and to be aware of anything, especially if they turn into critical events. Reporting is online statewide and is an internal system.

APD hopes to convert to a more robust system that'll allow electronic reporting. Jadene asked about the categories for marking events, she had an event with her son but it got categorized as an altercation, but it was a car accident and she has concerns over how that may be perceived for her son. Meghan said they used to

have an OTHER category, but it was being used as catch-all and they did away with it. Theresa asked about training to complete the incident form. Michelle offered that Suncoast talk about it often; reading the instructions on the form and following it is really easy. Meghan discussed that if a car accident resulted in ER visit, ICU or other reportable or critical category it would be coded under the applicable category, but that a fender bender may not be if no additional care was required.

Meghan went over the critical data- arrest- client/violent crime, arrest-provider, death-unexpected, injury-life threatening, missing-child/incompetent adult, sexual misconduct-client on client, sex. Misconduct-client on community and client on provider, verified abuse. Throughout the year as it relates to providers and incidents, APD works with providers to train them, work on a plan of remediation or take legal actions if needed on reporting issues/reporting timely or failure to act on behalf of the person based on data. They've been looking at the pneumonia issue since it's a national concern right now, as to how it looks for those getting services. For incidents by location, licensed homes has the most reports, family home is next, followed by other, supported living, Adult Day Training, hospital, community-based services (getting Personal Supports or Life Skills Development 1), school, transportation and lastly is Assisted Living Facilities. Regarding time of reporting critical incidents, there is a positive trend of compliance with reporting timely across each region; Northeast does have the most not reported timely. It's all about reporting timely, it can be a phone call or a simple email until such time that a formal report can be made.

Jill noted in Suncoast they've been told to report even if the provider has reported so there may be some duplication. Meghan confirmed this is the case as there are times when the provider did not actually report. APD does tend to track it down and find duplicate reports. Meghan said it is good practice to for providers to cc: the WSC when they report. Veronica said it'd be good to add that note to the incident report instructions/training. Legal guardians are to be informed of incident reports in a timely manner too. Michelle noted there is a box for checking that guardians have been informed. Brad asked if the APD is tracking underreported events just like they are tracking reported events. Meghan talked about this and how iConnect was being used to connect incidents but the tracking from this vantage point was not working as well as they liked. They were trying to look at who reported, how many incidents and who were not reporting. For reportable events and timely reporting, the data is following the same pattern. Southeast has a higher amount of untimely reporting across all the regions. Veronica asked if the new system would have it built in that WSCs get notified and that they be able to view past reports. Dina asked about Clearinghouse issues being resolved; Meghan said those issues have been resolved.

Qlarant Data Presentation

Dr. Katy Glasgow – Qlarant

Katy gave an overview of the presentation. Pointed out presentation comparison timeframes being referenced. FY25 Snapshot thus far, 7/2024 – 12/2024. John said he feels like there is a disconnect between what the data show and what's going on in real life as related to outcomes not being present; he commented that when it's not present, it never seems to become present. My Life Interview (MLI) Outcomes by Life Area: FY23 – FY25 Q1-Q2. Boxes signify 4+ point difference between FY23-FY25. Lowest MLI Outcome by Life Area: FY25 Q1-Q2 and the top 3 Not Met reasons. There was discussion about the aging of the population and whether or not reviewers are noticing a decrease in skills, abilities, likes/dislikes/preferences. She reviewed Service Stability.

Brad asked about looking at APD expenditure data vs interview data related to outcomes. Health Summary-covering significant health events; pointed out going to the ER.

WSC/CDC+ Record Review Scores by Region and FY – Central and Suncoast making biggest gains. Historically lower scoring indicators, lowest scoring standard. PDR/PDR QO/CDC+ Rep Snapshot, Average PDR Score by Region with a brief overview of how scores are calculated, Provider General Administrative reviews by Region and FY, Staff Qualifications & Training Scores are pretty consistent, BGS scores across providers, Observations – looked at things that were noted as NM and Alerts.

Please see presentation slides for more details.

APD Updates

Susan Nipper – APD

Susan introduced Christine Pawelczyk (new CDC+ Administrator) to everyone. Regarding Medicaid eligibility Susan noted that Susanne Fauci (now with APD came from AHCA) is a connection that has expertise in Medicaid eligibility. There are webinars about how to get into the portal to do the renewal process; to be done on monthly basis and recorded. Jill stated that until they had access to the portal, they couldn't see but now they can see what DCF sees. Access to the portal has been very helpful though at times DCF has still said they cannot view certain uploads such as an uploaded 2515, Veronica said.

Susan Nipper (susan.nipper@apdcares.org) said for providers to reach out to her for assistance with eligibility if answers are not forthcoming or there are issues with assistance. APD is working to have direct contacts with DCF in all the Regions. Additionally a list is being shared with DCF regarding who is on iBudget

and then DCF is sharing with APD as people are 30/60/90 days out from needing to determine re-eligibility. Susan reminded those in the room that iConnect demographics need to be updated timely in order for contact information to be current.

Jadene asked if someone becomes ineligible do all their services stop? Yes, their services are interrupted as far as payments go. Dina noted that some providers are continuing to serve people, but not all providers are willing to keep working without getting paid. John asked are providers using supported decision-making to assist in choosing providers, etc. Michelle said it's not being used as much as she'd like to see it but it's challenging. Brad said WSC can request retroactive approval for services 3 to 6 months but it is a process and paperwork is required. Brad commented about Protected Medicaid and that this is not sufficient for waiver services. This is causing confusion. He said in his experience they are being told they need to change their form of Medicaid. Linda asked a question about guardianship trust and how life insurance can count as an asset. Linda was asked to contact Susan for further assistance.

Regarding the CDC+ program, Susan said the Senate bill last year required that all waiver service recipients be educated about the program. However, APD is aware there's the issue of capacity to serve as it relates to having adequate CDC+ Consultants and APD staff. There are training sessions to educate and get people set up on 2/27 and 3/27. Veronica talked about the concern of submitting documents more than once and she thinks there is a system issue. Veronica suggests a simple upload to iConnect to help alleviate and cut down on workload of CDC+ Consultants. Susan said the Quality Advisory Council will be reinstituted. John said he is interested in being a part of this group. John also asked for some thought to benefits/incentives for staff in future. Susan said they will look into this, but that options could be limited since CDC+ Representatives hire as household employers. Veronica asked if there could be a consultant/mentee role so the supervisor can be aware of and view documentation and hopefully reduce redundancy. Susan wants to see the CDC+ systems become more electronic and hopefully eliminate the paper, with visibility all along the way. Veronica asked why it couldn't just all be in iConnect? Susan said they are working on website updates overall and CDC+ website is a part of the updates. John asked for language to be as simple as possible. Veronica said her mom is on the Long-Term Care Waiver CDC+ and she can share with Susan so she can see how they do it. CDC+ program has 4500+ people enrolled in it now.

Lastly, with regard to a member question about proposed federal budget cuts to Medicare, Medicaid and Social Security, Susan noted she has not been in any of those discussions. Jadene asked who she could reach out to about possible loss of the federal match. Melissa Vergeson, AHCA, said senior leadership at AHCA is talking about this issue; she gave Secretary Shavonne Harris' name and she starts 3/10.

AHCA Updates

Melissa Vergeson - AHCA

Session begins 3/4/25. Melissa talked about the Statewide Medicaid Managed Care (SMMC) 3.0 program. She talked about how the program is supportive of strong families. The plans aim to keep siblings and families together by recognizing families having different needs can be on one plan. Plans providing Managed Medical Assistance (MMA) and Long-Term Care (LTC) services offer a “Plus” plan structure allowing for all family members to be enrolled in the same plan. Plans offer expanded family-centered care to better support individual and family goals. It also connects families with more providers. Some other program features include: standard prior authorization decisions in 5 days instead of 7; MMA plans must ensure a minimum of 40% of Child Psychiatrists and Adult Psychiatrists must offer after hours appointment availability and telemedicine appointments; have a value-based purchasing program that promotes innovative health care delivery models, such as telehealth and patient-centered homes, to enhance accessibility and coordination of care; Hope Florida provisions include plan case managers that support Hope Navigators and exchange necessary enrollee data and information; MMA and LTC plans are required to establish and maintain community partnerships to provide services in priority areas. Plans also have expanded benefits. The impact of the program for iBudget Waiver recipients: individuals in a pre-enrollment category, and enrollees residing in a group home are “voluntary” for enrollment in MMA and mandatory for enrollment in a dental plan; enrolling in an MMA plan will not affect waiver services, plans are required to assign a care coordinator for enrollees under age 21 years and enrolled in the iBudget Waiver or in a pre-enrollment category, ensure the provision of Medicaid State Plan behavioral health services to enrollees on the iBudget Waiver or in a pre-enrollment category who are dually diagnosed with a developmental disability and a mental health diagnosis and Dental plans will offer special care coordination to Medicaid enrollees on the iBudget Waiver or in a pre-enrollment category as identified by the Agency, pregnant enrollees, enrollees with chronic diseases such as diabetes, cancer, or HIV, and enrollees who are ages 65 years and older. Under the new phase of SMMC, Behavior Analysis services will be reimbursed through both the Florida MMA program, for enrollees who have chosen to enroll in managed care, and the Medicaid Fee-for-Service (FFS) delivery system. Individuals will continue to receive all medically necessary Behavior services through their health plan. Plans are required to honor prior authorizations for the services for a minimum of 90 days during the Continuity of Care period. There is no change for recipients not enrolled in a health plan; services will continue to be reimbursed through the FFS delivery system.

The IDD Pilot (related to Senate Bill 2510) is going on in Medicaid Regions D & I now. 281 enrolled / 600 slots. FL Community Care is managing the pilot. The plans under this pilot are offering comprehensive services. Participants are

getting what is medically necessary. Only the pre-enrollment list people got letters inviting them to take part. Dina said there is a lag between the letter, family/person responding and someone being put into the pilot program. Veronica gave an example of how someone got sedation services. Michelle noted that various medical and dental providers have indicated they were unaware the state had Medicaid Managed Care/Medical Managed Assistance. Brad noted that he thinks it'd be a great idea to provide more education to WSCs for giving basic information. Veronica said the issue is that managed care companies are not acknowledging the 2515 Form. Regarding opting out, Melissa stated that people can call a choice counseling broker. Disenrollments are being uploaded daily now; there was some confusion at first. The person should receive a letter that they've opted out. Jill stated there are still many roadblocks to deal with related to opting out. Melissa recommended people utilize the complaint hub.

Qlarant Updates

Theresa Skidmore – Qlarant

Staff positions filled in South Florida. Open position filled in Suncoast. Staff retirement in Northeast and position filled.

Discussed the new standard for QOs coming in July – all agencies are paying WSCs as employees not as subcontractors. IRS Form 941 might be an option for looking at this for staff and will be discussed with APD. There was a question as to what can be redacted on the payroll and this will be discussed with APD.

Attestation standard, which is part of the background screening standard, might be updated to include language about the new form as of 7/1/2025. Qlarant will also continue to discuss Annual Reports and how these can impact potential billing discrepancies. Qlarant is not anticipating many other changes to the Discovery tools.

Quality Council Follow-Up & Next Steps

Theresa Skidmore – Qlarant

Next meeting could be July 10th ; city TBD

Attachments:

Meeting Agenda

Qlarant Data Presentation