

**INTERAGENCY QUALITY COUNCIL**  
**March 10 & 11, 2004**  
**Tallahassee**

**Minutes**

**Attendance**

**IQC Members Present:** Pamela Wainwright (Chair/Family Member) attended the 1<sup>st</sup> day, Beverly DeStories (Vice-Chair/Family Member); Carol Burch, Keith Young, Margaret Dorceus (AHCA); Denise Arnold, Linda Mabile (DD Program Office); Orlando Garcia (DD- District 11); Ed DeBardeleben (DD-District 12); Kim Barger (Family Member); Scott Barrish and Susan Robertson (Self-Advocates)

**Advisory Members:** Conney Dahn (Family Member); Carolyn Shell (SAC); Debbie Blizzard (DD-District 9); Steve Dunaway, Kysha Long, Kim Mitchell (DD Program Office); Marsha Vollmar (DD-District 8); Mark Barry (Arc Nature Coast) attended the 2<sup>nd</sup> day; Lynne Daw (DD-District 2); Latarsha Williams (DD Council); Margaret Buono (American Habilitation Services); Janice Phillips (FASC)

**Delmarva Foundation:** Tim Jones, Marcia Hill, Bob Foley, Marshall Patterson, Holly Morrison, Janet Kelm, Tony Ascitutto, Marion Olivier-Ruelas, Anna Quintyne, Vince DiGangi, Carol McDuff, Linda Tupper, Claudia Kassack

**Absent Members:** Sandra LaCour, Charm Thometz (Family Members); William Frets, Idelio Valdes (Self-Advocates); Laura Altaratz (Sunrise Community, Inc.); Bill Marvin (SAC); Sylvia Smith (Advocacy Center); John Hall, Deborah Linton (ARC Florida); Suzanne Sewell (FARF); Ann Millan (FCC Florida Vice Chair); Mark Young (FASC); Heather Murphy (Delmarva)

**Others Present:** Anita Zervigon-Hakes (FSU Center for Health Equity); Terri McGarrity (DD Program Office); Anne Buechner, Cindy Kauffman (The Council on Quality and Leadership); Jeffrey Lefko (Joint Commission); Art Brown (FARF); Karen Henderson (AHCA); Donna Barber; Gail Rapp (Independent Support Coordinator); Marianne Ferlazzo (DD Program Office); JB Black (DD Program Office); Beverly Benkhatar (DD-District 8); Bradley Hunt (FASC); PJ McKay (FSAC)

**Welcome and Housekeeping**

**Pamela Wainwright**

Pamela welcomed the group and called the meeting to order with a review of the agenda and asked for any changes or additions. There were no changes or additions requested by the group. Pamela also passed around the membership list asking for people to sign in and make corrections to contact information as needed.

Minutes from the December 2003 IQC meeting were revised, and a motion was made to accept the amended minutes. The motion was passed.

The IQC by-laws were reviewed and Pamela asked the group to make recommendations for changes if needed. Linda Mabile pointed out that the by-laws currently stipulate a four-year limit on membership on the IQC. There was a discussion over whether to change the term limit, whether there is a renewal possibility to be considered, or whether to change the by-laws to allow for natural attrition and new members. The membership asked that by the next meeting they be provided a list of who started with the IQC and when their tenure began. (TO DO)

Pamela suggested changing the by-laws for allowing two four-year terms. Beverly Destories suggested that IQC members could move to the advisory group for a period of time to allow new membership. This would promote continuity of knowledge. Carol Burch noted this could be of particular value if there is a need to rebid for the quality assurance contract currently conducted by Delmarva. She pointed out that continuity of members would be of assistance if the contract were to be awarded to another firm.

A motion was made suggesting that a nominating committee be formed to keep track of membership and tenure. Beverly made a motion that the members of the nominating committee be representative of each participating agency. It was suggested that the by-laws be amended accordingly. The nominating committee will develop language for consideration by the IQC. There could be a maximum of two four year terms, move to the Advisory Group, and then move back to IQC after a 1 year break (Membership, item B). The motion passed. Members volunteering for the nominating committee include:

Kim Mitchell (chair), Keith Young, Pamela Wainwright, Susan Robertson, Marsha Volmar, Scott Barrish, and Debbie Blizzard

Denise Arnold moved that a consumer and family member be added to the IQC membership in place of the vacancies that exist as a result of now defunct DCF Mission Support and Performance Team (positions in the current by-laws). The motion was passed. Denise suggested we check the proviso language to see if there are limitations on who can serve on the IQC. There is an interest in ensuring that the group has representation of people on the waiting list for services. (TO DO)

Page 2. Membership G. omit

- Meetings: strike R and add “included as”
- Final bullet – all meetings will be open and advertised on the Developmental Disabilities and Delmarva websites
- Purpose – revise
- Carol moved language to “enhance” under Purpose (2<sup>nd</sup> Bullet)
- Chair move “F” under “A”
- #9 current membership – add “may include”
- Fix typo in last line – add “considered”
- 10.D revise member term to be consistent with Advisory group membership – no limitation on # of years

A draft will be sent with changes for review and vote next time. Send new membership with revised by-laws. Steve Dunaway is to give names to nominating committee of individuals known to have an interest (TO DO).

## AHCA

Carol Burch, Karen Henderson, Keith Young

Carol started the discussion with an overview of current issues: Revised handbook, Rule development, and Interagency Agreement (in its final routing). The DD waiver has been approved for another five years and the name has been changed to Developmental Disabilities.

### Agency Issues

- Bob Maryanski moved from “Acting” Bureau Chief to Bureau Chief;
- Currently working to fill vacant position in Keith Young’s staff, introduced Margaret Dorceus.

### Contract Update

Carol presented an overview of the administration of the HCBS Medicaid Waiver Program in Florida and the relationship between AHCA and the Developmental Disabilities Program with the Florida Quality Assurance Project through Delmarva. SEE HANDOUT...She reviewed the current activities including:

- Contract Review Highlights across the project through January including the number of reviews by type and education activities;
- The monitoring findings of the Year 2 contract with Delmarva, pointing out strengths and areas needing improvement (timeliness of PCR);
- Contract amendment #4 executed on January 9, 2004 and is now being implemented;
- Website updates including the participant feedback survey data for the PCRs.

### Person Centered Review Recipient Survey Comments

Keith Young provided an overview on the PCR Recipient Surveys by providing a handout of the comments being received. It was noted that the data is generally complimentary. Keith discussed how AHCA is using the data to identify needs for improvement in the PCR process. He noted that AHCA will typically contact the person submitting the survey response to help explain policy or to get more specific information in order to answer questions or concerns if the survey is submitted with identifying information. Beverly DeStories asked how the IQC might work to change policy that is currently limiting choice. Linda Mabile suggested that comments or concerns be sent to the Developmental Disabilities Program or to AHCA for consideration in revising policy.

### Update Waiver Handbook and Rule Development Statuses

Karen Henderson reviewed the status of the DS HCBS Waiver handbook, noting that a challenge has been imposed. Both the Department and AHCA are in the process of an administrative hearing. The best possible scenario would be that few changes would be determined needed and we could proceed and have the Rule completed by April. New rules are also in process for Medication Administration. The status of this rule is under review.

### Independent Evaluation

Carol Birch reviewed the status of the Independent Evaluation, noting that the project will be cut to approximately \$78,000 instead of \$100,000 as originally proposed. The scope will narrow accordingly. We are expecting a March 18 execution date with a finished project to be completed by June 30. The Independent Evaluation will provide answers to the status of the project and make recommendations regarding a continuation with Delmarva or whether it is recommended for rebidding the QA contract. Linda Mabile noted that we are running critically short on time and there is a need for review of what the revised scope is seeking to accomplish. Beverly DeStories made the recommendation that this be revisited and voiced the importance of a thorough research and evaluation process, requesting that the project be restored to its original timeframe. She noted that if there is a real desire for improvements in quality there is definitely a need for an independent source of evaluation.

Anita Hakes provided a review of the intended evaluation. She noted the revised design will drop a national review seeking suggestions for quality improvement initiatives that could benefit Florida's QA/QI structure. She noted the design will also drop some of the "pretty stuff", but believes the project is doable and has cleared her calendar to work full-time over the abbreviated project timeframe. Anita also asked the group to provide "most important questions" that the project should focus upon and who should be involved in the process. Margaret Dorceus suggested that the IQC endorse continuing with the project in its abbreviated form so that funding available will not be lost and "get what we can" out of the evaluation to provide information to the rebidding process.

Beverly DeStories posed the position be taken to endorse doing what we can within the available project (through June), but also to make the recommendation to AHCA to provide an extension of the evaluation thereafter. She made the motion accordingly, with a letter be sent to Bob Sharpe to reinstate the evaluation project in its original cost and design with the funding made available to carry out the project. The motion was passed. (TO DO)

### *Delmarva Update*

*Marcia Hill*

Marcia presented an overview of activities that Delmarva has undertaken with regard to different review types and the number of reviews that have been performed. She noted that in the PPR monitoring results we are seeing a slight improvement of scores that are already generally at a high level. The improvement is happening despite some expectations of a decrease in score due to tool revisions that have raised the bar on performance of providers. (SEE HANDOUTS)

Marcia also presented information on the technical assistance follow up reviews.

On Desk Reviews Marcia noted that we have implemented a process by which providers are notified that they will be terminated if they continue not to comply. As a result there is a much higher rate of providers attending to this review process. Of particular interest is that over 25% of all providers reviewed year to date had alerts in the area of background screening.

For Person Centered Reviews (PCRs), it was noted that current data is showing 43.5% of Outcomes are being achieved and that 48% of Supports are present. Thirteen or more quality of life indicators were met. This is slightly lower than data from a year ago. (SEE HANDOUTS)

Findings: Very similar trends over time; lower percentage of outcomes met and supports present; Mark Berg raised the question of measuring the achievement for 7 foundation areas. Marcia noted this has dropped also. In discussing trends and patterns of the data there is a demonstration correlation between the type of services a person receives and where they live with achievement of outcomes. Small person-centered models cost less and achieve at higher levels. (SEE HANDOUT re: most often met/not)

QI Driver data has gone down in all areas with respect to both Outcomes and Supports (Choose work, Choose services); Reasons for achievement/not; It was noted that 93% of recommendations for improvement activity focused on Health/Safety/Behavioral issues. (SEE HANDOUT) Mark Berg gave a word of thanks to Linda Tupper and Delmarva in general for the reports that districts are getting quarterly related to medication concerns. He noted this has been of significant assistance to district medical case management staff in focusing on correcting individual medication issues.

#### Year Three Expanded Work Activities

Marcia provided an overview of the expanded work activities for the current contract year. She noted that what was intended to be a 9 month activity will be done in only 3 months due to timing of getting the contract amendment executed. The contract amendment was signed on January 9, 2004. It will include an increase in review volume, develop a blended review process for Waiver Support Coordination, enhance and expand training and technical assistance capacity, support quality improvement initiatives, and the development of an outcome based review process. (SEE HANDOUT) Stakeholder support will be sought for the Outcome Oriented Review Process and the Medication Review Initiative. In Year Four an additional stakeholder group will be established.

#### Training and Technical Assistance

Marcia introduced Claudia Kassak, who will be leading the Delmarva training and education activities. An implementation schedule was reviewed noting the types of training that will be targeted. Implementation planning, choose work, and provider/consumer family training will be a primary focus of this work.

The number of formal trainings increased to 18 sessions. Improvements and enhancements to the current website (Resource Center) have been made to improve navigation, create current and timely updates, and provide links to related sites. Web-based interactive training modules through the Resource Center have also been developed. The site will include some interactive training modules that providers, consumers, families and others can access for training and education on various topics.

**Projected Service Outcomes Status**

**Steve Dunaway**

Steve Dunaway provided a review of the work that was reported at the last IQC meeting of the work group making revisions to the monitoring tools for the PCR process to strengthen expected service outcomes and review probes in those tools. The Projected Service Outcomes for the six core services (Supported Employment, Supported Living, Support Coordination, Residential Habilitation, Non-Residential Support Services and Adult Day Training) have been adopted into the Waiver handbook by AHCA.

**Outcome Oriented Review (OOR) Process**      **Linda Mabile and Marion Olivier-Ruelas**

Linda Mabile and Marion Olivier-Ruelas provided a status report on the development of a monitoring process for Quality Assurance. Plans are under way to pilot the tools and the process in April and to have full implementation in July of this year. Linda thanked Marion, Anna Quintyne and Anne Buechner for their leadership in helping to move toward the Outcome Oriented Review Process. She also mentioned the training that is currently being done by Kevin Edwards statewide on the values and philosophy behind a focus on achievement of personal outcomes as a systems focus as we move away from compliance measurement.

Linda provided a handout of the “Core Tool” that is being developed as a sample of the kind of questions and the general process that will be used in the proposed Outcome Oriented Review process. The whole purpose is intended to help providers move along a continuum of achievement of improvement in meeting the outcome expectations of people receiving their services. The “General Review Instructions” outlined the intended process and sample questions are provided for reviewers to use in interviewing individuals to determine the extent of achievement. This review process will be used for ADT, NRSS, SE, SL and Residential Habilitation while the WiSCRs process will be used for review of Support Coordination.

Marion Olivier-Ruelas provided an orientation of the procedures being drafted for use by reviewers to guide their monitoring process. She noted that the plan is to continue using the current review process for those organizations that are new. However, for reviews thereafter, providers will be monitored using the OOR process, ranging from notification, entrance interviews, site visits, consumer interviews, administrative components, and an exit interview (a handout was provided as a draft of the process). She noted that much more time will be devoted to interview and observation of people receiving services. If and when concerns are identified the reviewers will use a drill down technique to identify the extent of needs for corrective action and quality improvement. Marion also outlined how a sample will be drawn for the review process. She noted that trend information would be used by the reviewers from the PCR information for individuals served by the organization. The framework and instructions for how those results will be used to identify areas of achievement and needs for improvement of organizational structures are still being developed.

It was noted that plans are to pilot the use of the OOR process in April and to have full implementation by July. Volunteers are being sought to act as pilot sites for this process with an attempt to get a spread across the state, urban and rural areas, provider types, and a range of small to large organizations. Draft procedures will be shared with providers and others as they are developed. Mark Berg suggested including provider organizations that traditionally have low scores.

### **Supported Employment Update**

**Steve Dunaway**

Steve discussed that Florida ranks high in unemployment for people with disabilities. People with disabilities would like to work. Vocational Rehabilitation and the State have lists of people with disabilities who would like to work. The Developmental Disabilities Five Year Employment Initiative would only address consumers on the waiver. Steve would like to focus on individuals coming out of the school system.

Steve also provided a handout of the Developmental Disabilities Five Year Employment Initiative. The goal is to enable at least 50% of adults, aged 18-55, receiving Developmental Disabilities Program funded day services to achieve Integrated Employment by 1/1/09.

He noted that the next steps needed for implementation are to develop statewide operational definitions that districts will use to design district specific implementation plans. Finally, Steve provided an overview of several initiatives the DD Program is in the process of implementing to promote supported employment, self-employment and other competitive employment options on behalf of people with developmental disabilities.

### **Quality Improvement Initiatives Update & District Reports**     **Marcia Hill, Tim Jones, JB Black**

Steve Dunaway began a discussion of the Quality Improvement activities focused on ‘Choose Work’ and ‘Choose Services. He provided an update of activities associated with increasing the number of people with developmental disabilities who are accessing and maintaining competitive employment. A variety of activities are underway including forming cooperative agreements with Vocational Rehabilitation, Blind Services, School Systems and the Developmental Disabilities Program focused on employment outcomes.

Marcia Hill provided an overview of how Delmarva is working toward providing better district reporting focused on targeting improvement in the areas of ‘Choose Work’ and ‘Choose Services.’ She noted that a workgroup is forming and that Mark Berg from District 1 has already volunteered to participate on that work group and others volunteered during the meeting (ask MARCIA).

The following ideas were suggested by Marcia and the IQC membership re: the focus of resources needed for quality improvement:

- Report of review results;
- Analysis of POM reasons for a ‘not met’ finding;
- Graduated scoring system (e.g., a Likert system);

- Foundational outcomes achievement and reasons associated;
- Trend analysis over time to maintain control over achievement and keep improvement activities heading in a positive direction;
- Desk review and identification of improvement needs;
- Background screening;
- Improvement of health care and state plan and diabetes, cancer, etc., strata of consumers who are “high risk” health needs for identification to Medical Case Management teams (include the use of the recent Polypharmacy study), Alzheimers,
- Compare Florida and National data and identify where there are important gaps in achievement areas;
- Aging population of caregivers and implications,
- Tie to longitudinal study;

***AM Housekeeping***

***Beverly DeStories***

Patrick Finan, from the Department of Corrections, provided a review of rules for meeting in the building. Beverly DeStories led the meeting in the absence of Pamela Wainwright.

***Customer Data***

***Mark Barry***

Mark Barry introduced Byron, of WWWVBTI, noting the challenges provider agencies are faced with to keep up with the demands of the service system and the need to develop or adopt tools to do so. His agency was able to find a computer based data resource that was able to meet with them, learn their needs and design and implement a data base that meets their needs. Nature Coast ARC has been using this system for the past 18 months.

Byron proposed that there is a need to routinely collect information in any system. The next step is to do analysis and compare that data. Computers can do this far more efficiently than people can. He pointed out that such computer systems can check on things such a whether a person centered approach is being used per consumer or the frequency with which forms are changing. The question it raises is whether data is being used to focus training, daily activities, etc. on the individual expectations and growth of a person toward meeting specific expectations. The use of such a data system used across many agencies makes it possible to analyze data across the state. The more agencies tied into the system, the more capacity exists to look at statewide issues, growth, needs, etc.

Carol Burch asked whether confidentiality is an issue with such a data system. There are ways to protect data specific to protecting people’s rights to confidentiality by compliance with HIPPA regulations as part of the programming of the data formats.

Byron went on to explain that the key to a common data system comes down to common forms. This is difficult, but if the benefits are evident it becomes much easier to convince people to use common formats for data collection. Benefits exist in the ease with which data is available and how data can be used to focus where there is need for improvement rather than relying on intuitive belief for identifying “the problem”, noting that intuition is often wrong and efforts based on such is inefficient. All of this data becomes tools for not only agencies and systems at

large, but also helps direct service providers and drives productivity up. Linda Mabile raised the question of how such a system might be useful to both small and larger providers. Byron and Mark pointed out that organizations of all sizes can benefit from communication related to rules, changes in policy, etc. that are a means of support that is not available today. An additional benefit is that computers are fast and accurate, improving efficiency (e.g., computing ¼ hour billings) and allowing staff to concentrate on work that is most important. The database incorporates direct provider billing, but doesn't have error identification.

Byron finished by noting that the cost of doing this for an organization is approximately \$150/month. The goal is to bring the cost down to approximately \$75/month. The desire is to use this on a broader level and drive the cost down. They are currently working with approximately 7 organizations in various stages of putting their data systems together, testing systems, demonstrations, etc. The decision to use the system is a decision by individual providers. The need for Byron's agency is now to show that the system makes financial sense for provider organizations by showing whether there is a cost savings by implementing their system.

Byron Britt  
VBTI  
813-299-5899, 813-889-9226

### **Developmental Disabilities Redesign Update**

**Denise Arnold**

Denise Arnold began the discussion with rate implementation noting that the new rate structure is underway. However, two challenges to the rule have been filed which are limiting further changes to the rate system.

The ICG has been implemented and is an ongoing process in reviewing where items were misinterpreted, etc. Further training is being planned based on that information. After review of the data to determine whether the allocation ranges generated for each person is correct. It is expected that we will not be releasing individual allocations to build personal budgets until there is confidence in the accuracy of that data. That information will not allow us to provide releasing these allocations until next fiscal year. It is still our vision to do so and to implement individual budgeting and flexible service models consistent with the choice, preferences and changing needs of individuals served. Denise reminded the group that this would be a continuing process of making revisions to the ICG tool and implementation as further iterations are needed.

The ABC cost plan screens have been updated and support coordinators have been trained in their use. The support coordinators are required to update support plans as part of the system's need to promote greater control and edits over individual service costs and the overall DD budget. The electronic Cost Plan in ABC will eliminate some of the work of support coordinators related to variations in cost plan information. Updates to the electronic system should be completed by April 1<sup>st</sup>. A memo has gone out from Shelly Brantley allowing some latitude in the responsibilities required of support coordinators during this workload increase.

Linda provided a review of requirements for medication administration and medication reviews, noting that there are differences in requirements depending on where a person lives. In Linda's pharmacological reviews she has noted that there is a great deal of variation in the records that consultant pharmacists were keeping, and therefore, were getting cited for a lack of compliance with QA tools. A workgroup has been formed to focus on ensuring greater health and safety of consumers who use medications.

One of the workgroup's recommendations was to ensure "Lineal Sanguinity" (blood level) is conducted for individuals receiving specific medications or combinations of medications. Another improvement step implemented is to have Delmarva provide District Case Management Teams regular reports on individuals receiving any of seven specific medications along with information on potential drug interactions, and other health related concerns. Linda noted that it is often difficult for consultant pharmacists to do a complete and accurate review because they are not consistently getting complete and correct information. A consistent format is being developed to improve this activity. The language of the format will be written in a fashion that will be easily understood by consumers, families, support coordinators and others who need the information.

Another issue needing improvement is to ensure people are given the opportunity to request and authorize a pharmacy/medication review. The group is identifying which specific medications or combination of medications do or do not need a medication review, and plans are to distribute that information to people who need to know when to request reviews. Their work is ongoing and will include a focus on the DS HCBS Waiver handbook revisions that are needed, education for consultant pharmacists and others, and finding ways to communicate information to the population at large in addition to the Medical Case Managers.

A handout of the tools and process was provided on the Waiver Support Coordination Reviews (WiSCRs) as drafted to date. A work group has been formed made up of various stakeholders who represent many viewpoints. The work group is working toward developing tools and processes that focus on personal outcomes as measures and targets of quality assurance and quality improvement for support coordinators as service providers. Steps that the work group is undertaking include:

- Sample selection;
- Who conducts the reviews and how;
- Scheduling reviews with the WSCs and incorporating self assessment findings;
- Identifying and reporting on barriers systems wide and area specific;
- Scheduling interviews and including WSCs as observers of the interview;
- Verifying schedules;
- Entrance interviews;
- The use of trend data from PCR interviews for people served by the WSC;
- Additional questionnaires;
- Meeting with others serving an individual;

- Review of how data and case notes are used for improving services and outcomes for people served;
- Providing immediate feedback on findings of each WiSCRs review, talking about strengths and needs for improvement and where challenges exist for the WSC;
- Establishing enhancement opportunities;
- Replace ‘plans of correction’ with ‘blue prints for success’ and coming to an agreement on that plan prior to leaving the WSC, and leaving a feedback form for WSCs to send to Delmarva;
- Build in automatic medical recommendations that would be triggered by findings; and
- Designing and implementing a follow up process.

Brad Hunt recommended that the barrier identification process have a focus that includes reasons for high turnover of WSCs. Bob noted that the data will be collected and analyzed so that the information can be used systemically such as Brad suggested. Finally, Bob noted that the work group has defined the term ‘Outcome’ for a consistent understanding as “ results that reflect communicated choices and preferences that matter most to the person.” Bob walked the IQC through the protocol developed as a tool for the WiSCRs quality assurance process. Levels of scoring would include ‘Achieving, Implementing, and Understanding.’ He also noted that there are only 14 elements included in the tool.

Tim Jones asked the group to brainstorm what expectations should be from the perspective of the IQC members. Ideas included:

- WSC – better outcomes, better services and better approaches, understanding turnover issues
- Blind Services – opportunity for people to access employment
- Vocational Rehabilitation – more focused services for people with developmental disabilities to access employment
- Service consumer – better providers, service coordination that works for them, more outcomes present in their lives, ensure resources (e.g., financial trusts, guardianship), whether people actually have the opportunity to choose their WSC
- Children and Families - inclusion of people with developmental disabilities to have connections with self-advocacy
- AHCA and the DD Programs – Confirmation that services are making a difference in people’s lives, that WSCs are doing business per the handbook (living up to contract expectations), and compliance with federal funding expectations
- Legislature – outcomes and feedback

These ideas will be taken back to the work group and woven into the WiSCRs process.

## **CHAMPS**

**Kysha Long**

Kysha provided a handout and overview of updates to CHAMPS. She introduced new staff member, Heather Morgan, who was hired to assist with the growing volume of responses. New items since last report include: Begin translation of CHAMPS brochure to Spanish, redesign of the support plan to include review of CHAMPS program as part of support coordinator’s responsibility, link with Delmarva for quality assurance, and make a CHAMPS presentation at

the Family Café in May 2004. CHAMPS training (orientation) will be an ongoing item for all providers.

Kysha Long began with an overview of the CHAMPS process, noting that it is an informal piece of the quality assurance system. She noted that one home in Florida is receiving compliments, but more information is needed to identify the practices that the group home is implementing that can be studied for possible replication. Kysha handed out a time line and work plan, noting that there has been a tremendous growth in responses to CHAMPS. Part of the response of CHAMPS has been to make referrals for people needing services or assistance.

From last meeting Kysha had questions related to how people can access CDC information. She noted that CDC now has a toll free number to access more information about the program. The Telephone number is (866) 761-7043.

Kysha also noted that the CHAMPS information is being translated into Spanish. The number of people requesting information in Spanish has been limited. It was suggested that CHAMPS be placed on the website. Training and education is something Kysha would like to do... Give her a call re need...

A question was asked about the time frames with which calls are returned. Kysha volunteered to provide a breakdown of critical issues and time of response

Lynne Daw asked for more feedback to the districts so they are aware of issues coming into CHAMPS. Kysha will do a monthly report to the districts/regions to let them know the number and type of responses that are coming in regarding that area and given providers. Ed DeBardelaben asked about getting CHAMPS findings to Delmarva. Marcia Hill suggested getting CHAMPS findings from the districts.

### **Wrap Up**

**Beverly DeStories**

Meetings planned for the future (to fit with Delmarva quarterly reports):

- March 10 & 11 – Tallahassee
- June 16 & 17 – Tampa
- September 29 & 30 – Miami
- December 8 & 9 – Orlando
- March 23 & 24 – Tallahassee
- June 22 & 23 – Jacksonville

### **To Do:**

1. A motion was made to write a letter expressing concern to AHCA re: compression of the timeframes and requesting an extension... DD will draft a letter and send to Pamela/Beverly (have letterhead for IQC)