

**INTERAGENCY QUALITY COUNCIL MINUTES**  
**Jacksonville, Florida**  
**September 18/19, 2002**

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***Attendance:***

***IQC Members Present:*** Scott Barrish (Self-advocates), Lou Piotrowski, Pamela Wainwright, (Family Members), Carol Burch, Dan Washburn, Bob Maryanski, Kathryn Stephens (AHCA), Ed Debardeleben, Denise Arnold, Linda Mabile (DCF), C.J Patel.(MSPT), and Kirk Ryon for Orlando Garcia.

***Advisory Members Present:*** Kim Barger, Marsha Vollmar, Pat Wear, Art Brown, Sandi Smith, Lynn Daw, Willie E. Davis, Deborah Linton, John Hall, Michael Freeman, Debbie Blizzard, Sheri Smith, Susan McCulloch, Margaret Buono, Laura Alteratz, Sylvia Peacock, Pat Wear and Bill Marvin.

***Delmarva Foundation:*** Marcia Hill, Carol McDuff, Bob Foley, Marshal Patterson and Richard Hollis (Delmarva) Ann Buechner and Holly Morrison(Council), Vince Digangi (JCAHO), Jan Kelm, and Eliana Steele-Frieblob (Medstat).

***Other Guests:*** Sandi Calwell

***Absent:*** Idelio Valdes Jr., Beverley DeStroies, Becky Lyons, Martha Creel and Orlando Garcia (IQC), Steve Dunaway, Dave Robinson, Mark Barry, Janice Phillips, Kelli Holsendolph and Charm Thometz (Advisory).

**1. *Welcome and Introductions* *By Pamela Wainwright/Chair***

Opened the meeting by welcoming members and guests.

**2. *Approval of the Minutes* *By Pamela Wainwright***

The minutes of the last meeting were reviewed and approved as written.

**3. *Agency for Health Care Administration (AHCA)* *By Bob Maryanski***

Provided a contract update on Delmarva.

Delmarva has completed one year of the contract and will be transitioning to the second year of the contract. Delmarva completed 1914 Provider Performance Reviews in year one, 1,190 Person Centered Reviews, 120 Follow up Reviews and 6 Education and Training Sessions. AHCA and DD staff monitored Delmarva and the results of that monitoring will be available on 9/30/02. Strengths, weaknesses, LBR recommendations, Fiscal Year 02/03 issues, Polypharmacy study and interactive website were identified as follows:

***A. Strengths:***

- Implemented complex scope of work
- Hired high quality staff
- Provided thorough/good information from reviews
- Identified provider strengths/weaknesses
- Identified DD system needs

B. *Weaknesses:*

- Lack of medical peer review system (Information not complete on individuals; information not available from outside community sources; not able to access Medicare records which affect 60% of this population)
- Glitches in the IT systems and lack of coordinated database
- Delays in report distribution
- Approved review procedures not followed

C. *Preliminary FY 03-04 Legislative Budget Request (LBR) Recommendations:*

- Increase #of follow-up visits for problem DS providers...215
- Increase # of provider site visits...10%
- Polypharmacy Enhancement
- Independent Evaluation of Project
- QI enhancement
- Continuation of special study to coordinate with re-design
- The LBR items have been approved by the agency for consideration by the Legislation.

D. *FY 02-03 Issues*

- Incorporating changes from the DS handbook in the review tools
- Updating review tools and procedures
- Weight system for review responses: quality vs. process (Looking at ways to weight the QA tools so that more important quality issues are scored differently than process issues)
- Quantity of reviews vs. quality: want to look for possible ways to focus on providers or areas that need more help instead of just monitoring providers who do not necessarily have quality issues.
- The IQC was encouraged to provide feedback to Delmarva and AHCA regarding possible ways to look more at the quality issues vs. quantity of reviews and possible weighting system.

E. *Polypharmacy Study: An excellent report on the polypharmacy issue will be made available soon. Major findings:*

- Medication problems
- Lack of behavioral health care
- Inappropriate use of psychotropic medications

There are a high number of children taking two or more psychotropic medication. Primary Physicians are prescribing psychotropic medication and not mental health professionals.

F: AHCA interactive Website

- Not being used
- Address: [http://www.fdhc.state.fl.us/medicaid/Utilization\\_Review/index.shtml](http://www.fdhc.state.fl.us/medicaid/Utilization_Review/index.shtml)

AHCA and DS will negotiate the new terms for the second year of the contract and any revised QA functions. AHCA and DD are considering reducing the number of PCR reviews done by Delmarva in order to expand other areas.

Smaller providers are having more difficulties with the monitoring than agency providers. It was noted that services for parents weren't being addressed in addition to all of the other monitoring of services. Bob stated the issue is important and warranted looking into.

#### ***4. Developmental Disability (DD) redesign***

***By Linda Mabile***

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The Department of Children and Families, Developmental Disabilities program has contracted with Mercer Human Resources Consulting, Inc. out of Arizona to assist with the redesign process. The following are primary tasks outlined in the contract:

- Finalize a valid and reliable assessment tool to replace the Florida Status Tracking Survey (FSTS).
- Design a training curriculum that will have inter-rater reliability checks.
- Design a market analysis for rates per service and develop a statewide uniform rate structure.

##### *Timelines for completion*

- Assessment Instrument due and validity study begins: 10/31/02
- Training on Instrument: 11/30/02
- Rate Study Report: 11/15/02
- All individuals assessed: 1/03-6/03

*Past discussion:* A renewed discussion regarding the Medicaid Revenue Estimating Conference and why the Medicaid waiver program is not a part of that process. The IQC was advised that this is still a political issue. It was suggested that the issue be presented before the beginning of the legislative session if the members elected this path. It was decided by the group that other organizations could represent this issue.

#### ***5. CHAMPS***

***By Sylvia peacock***

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Since the June 19<sup>th</sup> and 20<sup>th</sup> meeting the following has occurred in the CHAMPS program:

- 7% administrative fee issue was resolved. Fee was waived
- New contract amount for the program is \$24,000
- Additional brochures and brochure holders have been ordered for programs
- 10/23/02 (*rescheduled since meeting to 10/30/02*), 1pm-3pm is the date for the next VTC on the CHAMPS program
- To date, there have been 30 contacts to the CHAMPS program.

It was brought up by Bill Marvin that the local Advisory Councils are not being made aware of CHAMPS concerns that focus on rights issues. It was recommended that the CHAMPS workgroup be reconvened to review the operating procedures for completeness and to address procedures for investigation and follow-up of certain contact types. Members of the group are: Sylvia Peacock, Lou Piotrowski, Susan McCullum, Debbie blizzard and Michael Freeman. A meeting of the workgroup will be held prior to the next IQC meeting.

## **6. Waiver Handbook**

**By Kathryn Stephens**

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*Since last meeting, the following has occurred:*

- 1<sup>st</sup> notice of changes to Bureau of Administrative Code (B.A.C). on July 17<sup>th</sup> and was advertised in the Florida Administrative Weekly on July 26, 2002. This started a 45 day clock for filing the final rule with B. A. C.
- Letter received from Joint Administrative Procedures Committee (JAPC) requiring technical and content revisions on August 2, 2002. The agency and the Department met with JAPC attorney on August 6, 2002.
- July 2002 version posted to AHCA website, and the 2<sup>nd</sup> hearing held on August 19, 2002
- Additional edits made to the handbook (Medicaid terminology). Notice published in Florida Administrative Weekly on September 6, 2002.
- Edits to Support Coordination section of chapter 2 were made. Third notice of changes submitted to B. A. C.. Notice published in Florida Administrative Weekly on September 6, 2002.
- If no new changes submitted, must file final rule prior to October 28, 2002

*What's next (Rule Development)*

- Need rule challenge withdrawn
- Need JAPC approval
- Reformat book to clean version
- Circulate in house for signatures
- File final rule
- Submit handbook to graphic for printing and binding with new color cover
- Distribution by Affiliated Computer System (ACS)

## **7. Delmarva**

**By Marcia Hill**

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Annual report for year one of the project:

- Project continues to balance necessary development activities with required implementation activities and time frames
- Cooperative working relationship with partners and stakeholders
- Continuing efforts to simplify and streamline process
- Data available to review and analyze.

*Person-Centered Reviews*

- 1938 consumers interviewed during Year One
- Aggregate data from Personal Outcome Measures interviews is available for 1803 consumers.
- Data entry, medical peer review and final reports are being completed for the balance of reviews

*Person-Centered Review Results*

- The percentage of consumers with 13 or more Outcomes met is 56.1% which is about the same as data collected in 2001
- The percentage of Supports present is 64.9% which is 7.3% greater than last year.

- Safeguards 73%
- Health and Wellness 68%
- People are free from abuse and neglect 87%
- People are satisfied with personal life 74%
- People connected to natural support systems 74%
- People are safe 73%
- People are treated fairly 67%
  
- **Outcome Most Often Not Present**
- People perform different social roles 72%
- People choose services 69%
- People choose where they work 68%
- People live in integrated environments 67%
- People have friends 61%

### **Reasons most frequently noted for Outcomes Not being Met**

- Perform different social roles – unaware of variety of roles possibilities; others unaware of importance to person
- Chooses Services - Choices made by others; choices limited or not available; needs to increase awareness
- Chooses where they work – limited options; choice made by others; no opportunity to experience other options
- People live in integrated environments – attends segregated day program
- People have friends – person wants more friends; wants more activities

#### *Provider Performance Reviews*

- 1432 On site reviews of 883 providers of Support Coordination, Supported Employment, Supported Living Coaching, Adult Day Training, Residential Habilitation and Non Residential Support Services were completed.
- 121 Follow up reviews of on site reviews were completed for reviews with scores < 70% or who had Alert items.
- 1001 Desk Reviews of Providers of “other” Services under the DS Home and Community Based Services (HCBS) Waiver.
- Quality Improvement Plans under review and should be processed and current within one month
- Reconsideration requests being processed

#### *Provider Performance Review Results (statewide)*

- Average On-site Score was 88%.
- Average Agency score was 90% with 42% required to submit Quality Improvement Plan (QIP).
- Average Solo Provider was 82% with 63% required to submit a QIP

#### *Summary of Elements of Performance Most*

##### *Often “Not Met” (Core Assurances) -*

- Lack of written policies related to solicitation of individuals
- Policy related to educating consumers/families about abuse, neglect, or exploitation
- Appropriately executed consents for release of information.
- Self assessment of compliance with Med Waiver requirements

#### *Summary of Elements of Performance Most Often “Not Met” (Service Specific)*

All service specific areas had two or more Elements related to Training

*Continuing Implementation Issues*

- Timely production and distribution of Reports including QIP and Reconsideration
- Improving the review processes
- Streamlining processes
- Working through the glitches of developing and implementing concurrently

*Projections for Year Two*

- Streamline implementation
- Continue to identify and clarify areas where there are inconsistencies, lack of clarity, or confusion in the interpretation and application of requirements
- Continue to improve review tools and procedures as well as specific review elements.
- Identify and Interface Person Centered Reviews with Provider Performance Reviews
- Work with stakeholders and State to identify targeted areas for quality improvement initiatives and provide support tracking progress.
- Use data to identify specific quality improvement initiatives
- Track improvements in quality of life measures
- Document effectiveness – what works; what doesn't
- Support training and technical assistance

**Medical Peer Review**

- Shotgun approach during Year One, but 56% of MPR completed to date have recommendations directed for review by the District Medical Case Management Team
- Streamlined approach will include:
  - \*Claims screening by MEDSTAT
  - \*Specific information collected by the Reviewer through the POM Interview and the addition of specific health questions.
  - \*Process will be more focused and will eliminate duplicative steps.
  - \*Will include medical records requests, physician and expert review, when appropriate

**Person Centered Review**

- Development of mechanism to aggregate recommendations being made as part of the review and provide district with capability to independently track action taken at the District level.

**Annual Education Plan**

- Provision of District specific training sessions developed in conjunction with each District to address Review Findings and Results at the District/Region level
- Provide better access for consumer/family member participation
- Continued participation in statewide and district meetings, provider meetings and consumer/families member meetings, as requested

**8. MEDSTAT**

**By Elena Steel**

*Review and role.*

Will take data such as cost, gender, and eligibility to compile analysis of information needed. Development of cost/use report.

Can focus on areas of gender, age, ethnicity, guardianship, level of disability etc. to derive at use and expectation by disability and level of need  
Analysis of consumer services and expenditures for non-waiver medical services, in-patient stays, medications etc.

*Areas of Interest Identified*

- Impact of redesign on consumer outcome
- Residence/size of provider
- Analysis between cost/outcome
- Availability of resources and type of providers
- Level of need/expenditure levels by service
- Benchmarking using POM outcome for Provider type
- Track specific outcomes through look who is on CDC and evaluate outcome.
- Cluster analysis of personal outcomes against actual expenditures by correlation, place of residence.
- Regression of outcomes that predict other outcomes being present
- What are the supports that most often make an outcome presence
- Look at PCR data against Provider data
- Information related to behavioral status.

A “DATA” workgroup to identify the types of reports and data needed was put into place. Members of the group are: John Hall, Lou Piotrowski, Susan Mccullum, Margaret Buono, Carol Mcduff , Pamela Wainwright, Marcia Hill, Steve Dunaway and Orlando Garcia (added after the meeting).

**9. District Quality Management**

**By Linda Mabile**

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The Developmental Disabilities central office presented the “draft” Quality Assurance Operating Procedure. IQC and advisory council members provided feedback regarding the new procedures. District staff members of the advisory council indicated that the operating procedures includes numerous new activities which will increase their ever increasing demanding/expanding workloads.

A. District Role in Quality Assurance: There are only 2 areas that districts are still responsible for providing quality assurance monitoring:

- Licensure
- GR services Contract performance

Members were requested to review the draft Operating Procedure and provide comments to Steve Dunaway.

**Wrap up**

**by Pamela Wainwright**

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Next IQC Meeting: November 20-21, 2002 Fort Myers, Florida