

**Interagency Quality Council Meeting  
November 20, 2002  
Ft. Myers**

***Attendance:***

***IQC Members Present:*** Scott Barrish and Idelio Valdez (Self Advocates), Beverly DeStories and Pamela Wainwright, Chair; (Family Members), Carol Burch, Kathryn Stephens, Dan Washburn (AHCA) Denise Arnold, Ed DeBardelaben, Orlando Garcia, Linda Mabile (DD Program)

***Advisory Members:*** Laura Alteratz, Sandi Caldwell, Steve Dunaway, Terry Farmer, Michael Freeman, John Hall, Brad Hunt (for Janice Phillips), Bill Marvin, Susan McCulloch, Sylvia Peacock, Tom Rice, Sheri Smith, Charm Thometz, Marsha Vollmar, Pat Wear,

***Delmarva Foundation:*** Anne Buechner, Jean Courtney, Vince DiGangi, Bob Foley, Eliana Steele-Friedlob, Timothy Jones, Holly Morrison, Anna Quintyne, Tom Schaefer, Rachel Thompson

***Absent Members:*** Becky Lyons, CJ Patel, David Sonnet, Martha Creel, Lou Piotrowski (IQC), Mark Barry, Janice Phillips, Kelli Holsendolph

**Welcome & Approval of Minutes**

**Pamela Wainwright, Chair**

After introductions, Pamela Wainwright called for approval of the minutes from the September meeting. A motion was passed to approve the minutes as written.

Ms. Wainwright suggested a change in the agenda. In order to accommodate a large percentage of the group who needed to attend a meeting in Tampa on 11/21 the following changes were approved:

- try and contain meeting to one day
- allow more time for discussion of issues, if needed, beyond the planned time of adjournment for day 1.

Given those changes Ms. Wainwright began the meeting agenda.

**Agency on Health Care Administration**

**(AHCA) Update**

**Dan Washburn and Carol Burch**

Dan Washburn and Carol Burch presented review highlights from the Delmarva contract (see attached handout). Contract amendments are in process for enhancements to the quality assurance process. Question was raised about a lag time for billing of PCR reviews. It was explained that reviews are being done, but not billed pending contract amendment approval. A question was also raised regarding what looks like a higher rate.

The contract amendment will include a reduced number of desk reviews from 2,000 to 1,200 for non-core service providers (there are fewer providers available for this type of review than originally planned). The change in the number of reviews will result in an increase in follow-up reviews for non-compliance. Two new follow-up review types have been added. These include technical assistance follow up visits (188) and follow up documentation reviews (635). A question was raised to make sure that district and

Delmarva review process is collaborative. Marsha Volmar spoke to the expectation that this process will enhance the districts' ability to perform follow up reviews and ensuring provider compliance.

John Hall asked what the dollar amount is for the LBR to enhance QA process in the future. It was reported that \$121,000 has been requested for this purpose. He noted that especially in times of difficult funding for direct services, such as we are experiencing, that we need to evaluate whether funding should be requested to support administrative processes. Dan Washburn and Linda Mabile explained the enhancements would allow the QA process to follow up on desk reviews that previously had not been an available activity.

A revision has also been made to the number of PCR reviews. The new review number of individuals in the sample will be a minimum of 2616. This revision was made given the first year's experience citing that the numbers of hours needed to conduct a review were underestimated. Changes are also being made to the data system to compile and interpret PCR recommendations at a system level for use in policy development (analyze, code, and profile individual recommendations). This will allow a valid sample at the district level to be able to make meaningful interpretations about the overall system based on the sample. PCR reporting will also be enhanced in the following ways:

- Quarterly reports provided to facilitate district tracking of PCR recommendations;
- Allow for enhanced data analysis (addition of a .5 FTE);
- Provide quarterly pharmacy case listings by district; and
- Allow for a QI study that the greater IQC work group identifies and supports.

Amendments will also provide additional sessions for quality improvement training and technical assistance for IQC and district participation. Carol Burch noted that the amendment process has been conducted by review of what has gone well to date and what changes are needed to make improvements. Pamela Wainwright asked for a consensus from the IQC membership in support of the amendment. It was decided to wait until members had time to review the amendments and hear clarifications during the Delmarva report.

### **Waiver Handbook**

**Kathryn Stephens**

Kathryn Stephens presented an overview of the (59G 8.200) – Developmental Services Coverage Handbook. The rule has been filed and became effective on October 27, 2002. The Affiliated Computer Services (ACS) group will print and distribute the handbooks. Official electronic version is available on ACHA/ACS web site (<http://floridamdicaid.acs-inc.com>; select “provider support”; select “Handbooks” – listed alphabetically).

It was a recommendation of several members of the IQC to have the handbook made available to consumers and families. **Charm Thometz asked that Family Care Council Chairs be sent a copy and it was agreed that the DD Program and AHCA would collaborate to get this done.** Kathryn Stephens noted that the handbook would be revised again based on systems redesign currently under process.

**Beneficiary Survey**

**Kathryn Stephens**

Kathryn Stephens presented an overview of the Beneficiary Survey results (see handout). She noted that PCR reviewers are leaving a survey form with each person with whom they had conducted an interview. October 7, 2002 was the implementation date. PCR reviewers do not help the person or family fill out the survey so that there will be no influence. The survey was designed to assess the level of satisfaction of people participating in the PCR reviews. The review results appear to be generally very positive.

**Developmental Disabilities Program Update**

**Linda Mabile**

Linda Mabile provided an overview of the systems redesign underway for the Developmental Disabilities program. The Mercer Corporation is contracted to develop an assessment that looks at individual support needs and generates funding needed, provide training for people administering the assessment, and development of a rate structure that will regulate funding of service providers. The work will also take into account the flexible services menu.

A draft has been developed for the assessment. The next step will be to field test and revise the draft accordingly. Then training will begin. A final version of the tool is expected 12/1/02. A decision is pending regarding whether an independent group will conduct assessments or if support coordinators will do it. (Note: A decision after the meeting indicated that support coordinators would perform the assessment) Ms. Mabile noted that the original direction from the legislature was to make the process independent of support coordinators. Brad Hunt noted that districts would still be involved as a quality check regarding final approval of cost plans generated from the assessment process. He also stated the belief that if the decision is made to have an independent group conduct the assessment it will take longer to implement the assessment process.

Mercer is conducting the rate study through a survey of providers in the state. Responses have been received and being reviewed and analyzed. Results are due by Thanksgiving. Preliminary results are interesting in the analysis of Mercer's work comparing direct care wages and review of jobs in the community that are competitive employers. A model will be provided to the state so that as changes occur over time, new assumptions can be added and new directions explored as a forecasting methodology.

It was noted that the DD Program web site and the Mercer web site both have information updating progress on the systems redesign for the Developmental Disabilities Program.

**CHAMPS Update**

**Sylvia Peacock**

Sylvia Peacock presented a summary of the CHAMPS program. She noted that brochures were distributed in April and we have received 40 responses. A handout was provided to the IQC that shows responses by district, by type, how responses were received and handled. A second handout shows an updated work plan that is sent to the DD Council (Sandi Smith) monthly. It was noted that 13,000 new brochures and brochure holders have been ordered and will be distributed in the next few weeks. Plans

are being considered to generate greater use of the brochures by getting them to FCC members, support coordinators, etc. Ideas were discussed regarding expanding CHAMPS access through the following suggestions:

- **increasing distribution including self-determination boards, district client relations offices of the Department of Children and Families;**
- **newspaper articles and other public service announcements; and**
- **further analysis of how people are accessing CHAMPS to generate more use through similar access;**
- **when possible ask people how they heard about CHAMPS;**
- **add a request to the voice message asking how they heard about CHAMPS.**

In addition, Sylvia volunteered to **send out approved article formats to the IQC, FCC chairs, etc.**

Handouts of the CHAMPS work group meeting minutes were also provided. Finally, Ms. Peacock noted the possibility of keeping the CHAMPS program in the Central Office for one more year to iron out processes and improve use before having districts assume responsibility. One more step will be to **determine how to build CHAMPS and Statewide Advocacy Committee (SAC) into the Delmarva process by using information generated as data to be incorporated into the QA process of Delmarva.**

#### ***Delmarva Report***

***Marcia Hill***

Marcia Hill presented a status report on Delmarva activities, year two initiatives and some of the continuing challenges. The PPR process is moving to the point where very few reports are pending from year 1. A new report format has been implemented that provides a narrative summary to begin this coming week. There is still a fairly significant backlog with QIP and reconsiderations. A reviewer has been appointed as lead coordinator to get the process under control. Delmarva expects to be on a regular time frame by early January. Presently, Delmarva appears to be within a few days of being within time expectations for reviews and reporting process.

The status of the PCR process has been an amendment to the contract as reported above by AHCA. Final total appears to be 1907 final usable reviews from year 1 (not 1938 as originally reported expectation). The refinement of the MPR will be a focused review to determine the need for individuals to have some kind of health care reviews. Catching up with year 1 and falling behind with year 2 reviews is the current biggest challenge for Delmarva. The first quarter of this contract year has been devoted to catching up with the remaining year 1 reviews and beginning to produce on the 390 year 2 reviews expected in the first quarter. A chart was presented showing the year 1 outcome measures by district and noting a good bit of variation. Suggestions were made regarding the data display and what information could be added to provide interesting and needed analysis. A general discussion was held in analysis of some of the data. The group brainstormed several ideas about how to **capture and present data that will point to systems correction that IQC can recommend to the Developmental Disabilities Program. It was requested that Delmarva add a chart or table that presents data on “supports present or absent” similar to the display of “outcomes present.”**

Susan McCulloch presented her belief that the questions from the personal outcome measures make it impossible for providers or support coordinators to provide supports necessary to ensure outcomes are determined present. John Hall cautioned that such a sweeping statement should be further studied to make sure it is true. He also suggested that **individual level information would be good to receive in order to send it to specific providers and try and look at changes needed to impact the positive quality of life for those individuals**. Marcia commented that further discussion of this kind would be needed to focus special studies Delmarva can conduct for IQC.

One modification in the Person Centered Review (PCR) process will be to revise the reasons noted for lack of presence of outcomes or supports. The reasons can be coded in order to do analysis and make sense of quality improvements needed. Bill Marvin noted the need to have IQC “slice and dice” the available data to **look at data by type of service, where someone lives, etc.** Linda Mabile suggested **that the IQC data work group consider that recommendation.**

The Provider Performance Review (PPR) results were presented for the first quarter of year 2. The results are comparable to scores from year 1. John Hall asked for an aggregate of a provider’s scores be provided across service types and locations in addition to existing displays. (See handout – Marcia). Top reasons for deficiencies were also presented by service type.

Summary of year 2 initiatives include:

- Consumer specific information for districts related to PCR recommendations
- Pharmacy summary
- Support quality improvement study
- Expanded analysis of review data
- Support and implement PPR tool revisions consistent with Medicaid DS Waiver
- Expand follow up reviews to provide technical assistance as well as documentation review
- Identify and interface PCR and PPR processes
- Complement and support changes from redesign

Continuing implementation issues

- Scheduling, completing and producing PCR
- Timely production and distribution of all PPR reports including QIP and Reconsiderations
- Improving the review processes
- Streamlining processes
- Working through the glitches for developing and implementing concurrently

During this discussion Brad Hunt noted the need for support coordinators to receive information on individuals needing medication reviews and to have information on what drugs should trigger such a review. Kathryn Stephens noted that there is such a list in the new handbook. John Hall raised the question of whether/to what extent Delmarva could be of assistance to Maximus in the service authorization process. Of particular interest

would be to provide information on quality of life implications of a particular decision. He also raised the question of how to look at qualitative analysis of approval/denial decisions. This might be possible by cross checking personal identifiers. John Hall requested a **sampling methodology that would capture this information and flagging items such as behavioral needs, health status, and current abilities. Delmarva staff noted that we could look at a sub-sample of the year two sample for this purpose.** Bill Marvin suggested some specific analysis tables. Linda Mabile recommended that such suggestions be submitted to the data work group. **It was suggested that The Council on Quality and Leadership present to the IQC those personal outcome measures that are predictors of overall quality of life and facilitate a discussion of quality improvement initiatives the IQC might want to explore.**

Linda Mabile requested that data be presented in the future that addresses follow-up and QIP activities to ensure the system is on top of the need to come to successful closure. It was also noted that there is still **a need to identify “alert items” in the desk review process.** Many providers noted that QIPs have been sent out but have not heard back about approval. There has been marked improvement in improving these time lines. Ms. Mabile also remarked that the data look very positive regarding quarterly meetings with districts and others and she suggests a common report format for the future. Denise Arnold questioned whether the **report format should be changed for page 20 in order to prevent comparisons that are not meaningful or appropriate.**

Marcia reported that changes have been made to review timeline protocols to allow for reviews less frequently than once each year if an organization meets criteria of 90% and no alert items are cited. However, it was noted that some districts have significant concern about this and it was **suggested that procedures be developed for specific requests from districts to Delmarva in instances where they feel an annual review is warranted.**

#### PPR and PCR Interface

Bob Foley presented a review of the tools used for PPR monitoring. He noted that the PCR and PPR reviewers got together to experience an overall presentation of each others commonalities including mission, challenges, collaboration and reviews that both result in a tangible product. The question of how to interface the PCR/PPR process was a major point of discussion as these two concepts are to be blended in this second year. Delmarva has tried a couple pilots to do a PPR review using information from the PCR information to help focus a review and follow up to PCR recommendations. There is a belief that PCR data and recommendations can be used to help providers know where to focus their quality improvement activities. There is a question as to what time frames are fair for PPR monitoring, e.g., should a review only focus on PCR's that were done 2 months or 6 months ago so that sufficient time has gone by to allow the provider to address recommendations and results from the PCR. Some discussion was held questioning the POM measures as a meaningful reflection on providers but also noting that there has resulted a better integration of personal preferences of consumers and the delivery of services that better fit the person's desires. Holly Morrison, of the Council,

remarked on the questions related to subjectivity of the POM tool noting the reliability of reviewers as well as development of the tool. A second point she raised was noting the difference in “compliance” of a PPR type review and that a PCR review is not that kind of a measure. The two things can be integrated but it will require a profile be developed that could be shared with an organization that does not identify people interviewed but as an aggregate shows issues clearly shown to be a need for that organization – using all interviews done of people served by the organization.

Brad Hunt noted a general feeling that this process would be constructive but strongly favored PCR data being used post hoc rather than contaminating the discovery prior to the PPR monitoring. John Hall added that the PCR data and information could be brought into the review at the exit interview. He also asked of Holly Morrison for how to consider criticism over not having a time series analysis of the POM methodology – trend changes over time as a way to address that issue. Ms. Morrison noted that trends over time is a demonstration of time sensitivity and cautioned against the POM data as a means to punish provider and instead to use it as a quality improvement structure. This discussion became extended and began to center around how to construct a model that either is the “Charmaine Assessment or the Barbara Analysis.” Brad Hunt offered that the POM data specific to an organization could be useful as part of their internal assessment and quality review activity.

Other suggestions related to the quality assurance process included:

- **Cataloguing of data trends and breaking data into groups by type of provider could be used by Delmarva to tailor future technical assistance and education efforts; and**
- **Producing a summary of Delmarva’s quality assurance activities be included in the “E-bulletins” distribution that the Developmental Disabilities Program produces to provide a synopsis of the annual report.**

#### Data Work Group

Steve Dunaway

Steve Dunaway presented for Lou Piotrowski, Chair of the Data Work Group. He provided an overview of the meeting the work group held by conference call on November 12<sup>th</sup> as a discussion of preliminary work done by the group. He noted this was the initial meeting of the data work group and that the purpose of the call had been to clarify goals of the work group by (a) making sure data is effectively used to provide reports (types, data elements, frequency, etc.) with the intent on quality improvement, and (b) identifying other stakeholders who might use or provide data. He noted that the work group discussion generally followed a series of 12 questions provided by Elli Friedlob, from Delmarva, as a means of focusing the work group on a structure to address a quality improvement design.

The data work group’s next meeting is scheduled for January 15, 2003 and that a series of work task assignments were being addressed by individual work group members (prior to the next work group meeting). Those tasks are identified in the notes from the conference call (attached). Beverly DeStories volunteered to participate on the work

group when an open invitation was made to IQC to add additional members who had an interest in helping design a data structure for annual and quarterly reports from Delmarva.

John Hall noted that Delmarva had several staff present at the IQC meeting who had listened to the discussion of concerns and ideas expressed by the group that would be of interest for further analysis. He requested that **Delmarva make suggestions to the data work group and IQC at large regarding data and analysis possibilities that match the group's stated interests and concerns.** Beverly DeStories and Bill Marvin recommended that Delmarva expand tables 10 & 11 from its **quarterly report to include expenditures for people in-home and out-of-home by district re: expenditure rates as an ad hoc report** at the next meeting.

Elli Friedlob noted that there are obviously different data sets that are part of the QA process. She cautioned that individual data not get lost as it is aggregated and suggested that an individual level quality assurance study be conducted along with the overall process.

***Proposed Changes to Review Documents*** ***Linda Mabile***

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Linda Mabile presented changes to the review tools. She noted that all of the review tools are undergoing revision to ensure they are consistent with the new Developmental Services Waiver handbook and are improved based on comments from reviewers, districts and providers during the first year of Delmarva's implementation of Florida's quality assurance process. These revisions will also include integration of the Person-Centered Review (PCR) and Program Performance Review (PPR) processes, and weighting of the process tools to highlight elements of greatest importance. **When drafts of the tools are complete, copies will be sent to IQC and work group members.**

***Wrap Up*** ***Pamela Wainwright***

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Acceptance of contract amendment #3, as proposed by AHCA, was passed unanimously.

The next meeting of the IQC will be February 5 & 6, 2003, to be held in Tallahassee.

***Note***

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Narrative in bold text denotes suggestions made during the meeting that require action to complete associated tasks. Progress on these items will be reported at the next IQC meeting.