

**INTERAGENCY QUALITY COUNCIL
December 3 & 4, 2003
Jacksonville**

Minutes

Attendance

IQC Members Present: Pamela Wainwright (Chair/Family Member); Beverly DeStories (Vice-Chair/Family Member), Charm Thometz (Family Member); Carol Burch, Keith Young (AHCA); Denise Arnold, Linda Mabile (Developmental Disabilities Program)

Advisory Members: Laura Altaratz (Sunrise Community, Inc.); Sandra LaCour (Family Member); Deborah Linton (ARC Florida) and Suzanne Sewell (FARF) attended the 2nd day; Debbie Blizzard, Steve Dunaway, Kysha Long, Marsha Vollmar (DD Program);

Delmarva Foundation: Tim Jones, Marcia Hill, Bob Foley, Marshall Patterson, Holly Morrison, Anne Buechner, Jan Kelm, Tony Ascitutto, Marion Olivier-Ruelas, Anna Quintyne, Vince DiGangi

Absent Members: Scott Barrish, William Fretz, Susan Robertson, Idelio Valdez (Self-Advocates); Kim Barger, Conney Dahn (Family Members); Carolyn Shell (SAC); Pat Wear, Sheri Smith (Advocacy Center); Janice Phillips (FASC); John Hall (ARC Florida) Mark Barry (Arc Nature Coast); Margaret Buono (American Habilitation Services); Margaret Dorceus (AHCA); Ed DeBardeleben (DD-District 12), Lynne Daw (DD-District 2) Orlando Garcia (DD-District 11);

Others Present: Anita Zervigon-Hakes (FSU Center for Health Equity); Holly Morrison, Cindy Kauffman (The Council on Quality and Leadership); Allison Goldberg (The Advocacy Center); Gordon Bunch for Bill Marvin (Statewide Advocacy Committee)

Welcome and Housekeeping

Pamela Wainwright

Pamela welcomed the group and called the meeting to order with a review of the agenda and asked for additions. Beverly DeStories asked that there be time placed on the agenda for a review of items from the previous minutes that were 'to do' issues to check on progress toward completion of those issues. Pamela asked that members review the agenda for this purpose as well as for needed corrections. Pamela also passed around the membership list asking for people to sign in and make corrections to contact information as needed.

Membership Discussion

Pamela Wainwright

Pamela Wainwright suggested that there should always be a member from the Statewide Family Care Council as a permanent representative on the IQC. A motion was passed to this effect. Beverly DeStories provided an overview of the Family Care Council and information on how to access information (Website: www.fccflorida.org).

Carol started the discussion with an overview of current issues (Revised handbook, Rule development, Waiver Extension/Name Change, Interagency Agreement). Staff change with Kathryn Stephens leaving (vacancy) and Beth Kidder is the new AHCA Administrator under Bob Maryanski who was recently promoted to Acting Bureau Chief.

Contract Update

Highlights were provided for Person Centered Reviews (PCRs), Provider Performance Reviews(PPRs), Follow-ups, Education and Training units; Contract Monitoring completed for year 2; Policies and procedures have been developed/are under development for options related to action to take for non-compliant providers and recoupment issues. Enhanced QA project activities will include expansion in the following areas:

- Increased # of follow-ups
- Increased # of PPR site visits
- Polypharmacy

A detailed summary of contract deliverables for FY 03-04/04-05 was provided as a handout. In general, the amendment to the contract will provide flexibility to Delmarva to adjust the number of reviews by type of review based upon individual provider findings and aggregate trends. A new type of review will also be implemented to blend the PCR and PPR process through what Delmarva is developing as WiSCRs. Training and technical assistance will be enhanced through the availability of a web-based training.

Independent Evaluation

The independent evaluation contract (FSU Center for Health Equity; Anita Zervigon-Hakes, principal investigator) is moving forward. The project approval process is behind schedule but we can expect the contract to be signed in December. First step thereafter will be to develop an evaluation plan with the emphasis on needed changes to the QA process in the future. Contract timeframes are to complete the evaluation by the end of June 2004. At this time it is not known whether there will be available funding for a second year study.

Anita Zervigon-Hakes provided a handout as an overview of the evaluation intent and asked for guidance from the IQC. She noted the need to develop a small advisory group that includes consumers, families and other stakeholders from local communities as well as statewide perspectives. Anita asked for people to identify themselves if they would like to participate on the advisory group. Pamela noted that the DD Council is funding a task force that will be focusing on the redesign of the DD system and recommended that Anita tap that group for members also.

Person Centered Review Recipient Survey

Carol provided an overview of the recipient survey used to help determine satisfaction with the PCR process. A handout was provided showing results of the 11 question survey. Results are generally very positive. A few items on the survey will be revised based upon trends and as needed changes are identified. This data will be used as part of the independent evaluation to determine trend information across time and make recommendations on how this data may be used in the future.

Update Waiver Handbook and Rule Development Statuses

Keith Young provided an overview of revision of the Waiver handbook and rule making status toward final adoption. Since last IQC meeting 2 notices of change have been filed with BAC. Both were published in the Florida Administrative Weekly. The Florida Association of Support Coordinators has requested a hearing. The hearing is scheduled for January 6, 2004. AHCA will then have 20 days thereafter to finalize adoption or it must begin the entire rule promulgation process over.

Beverly DeStories asked if there is a way to find out what changes have been anticipated and filed as notice of change. Keith indicated he would be able to provide that information by sending them to Linda Mabile and she volunteered to distribute it the information to members of the IQC and Stakeholders. Keith also volunteered to ensure the most current information has been posted on the AHCA website.

Developmental Disabilities Resign

Denise Arnold

Linda Mabile noted changes to the redesign with probably the biggest change being a revision to rates paid for Adult Day Training and Residential Habilitation. She noted that if members wanted more detail on the rate impact they could request it from her. The second major activity is the implementation of the ICGs. They are to be completed with all 25,000 people on the Waiver by end of December. An inter rater reliability process is scheduled for later this month. A train-the-trainer process is ongoing to develop the capacity for training and providing TA regarding implementation of the ICG and to do a “second opinion” assessment if requested by the individual or families.

Sandra LaCour raised a question about the Mercer study on the Uniform Rate Structure, asking why there is a need for reducing rates recently for Residential Habilitation and Adult Day Training. She noted that the study looks like a waste of time given that changes have to be made to the rates thereafter. Linda noted that the benefit of the study was in standardizing the rates. Denise Arnold pointed out that the design of the rate structure was to provide a means of making decisions on how to make changes to rates as needed and as new funding is provided across time. She also noted that the Legislature has mandated that the DD Program review and report spending levels on a monthly basis and to revise rates accordingly. Beverly DeStories recommended greater use of the Family Care Councils to get information out to stakeholders locally related to the redesign process and confusion and concern over rate adjustments.

Denise provided an overview of the ICG inter-rater reliability that is currently being done as a field application. She also noted that support plans and cost plans are being extended so that support coordinators do not have an inordinate work load as the implementation of the ICG is completed.

Delmarva Update

Marcia Hill

Marcia provided a handout of her slide presentation, noting she would like to have involvement from the IQC members related to data and how it would be most useful. Delmarva is now on target with timeframes and scheduled review processes.

Provider Performance Reviews (PPRs)

PPR review volume was reported for the 1st quarter of year 3. Marcia noted that desk reviews are spaced over the course of the year and may be somewhat out of the timelines for what might be considered an annual review for some providers. As of the 1st quarter there were 416 PPR reviews, 306 onsite and 97 desk reviews. Scores have dropped from 86% to 81% over the course of the 1st 2 years. Several reasons exist for this including changes to the review tools, review process and raising the expectations for providers across time. The general decrease was expected for these reasons. Elements of performance most frequently not met included:

- Projected service outcomes,
- Development, utilization and ongoing review of implementation plans,
- Rights, Dignity and Privacy have also had an increased number of Alert items.

Marcia noted that the drop in scores is only for one quarter and should not be interpreted as a solid trend.

With respect to follow up reviews, 75% of providers had corrected areas of non-compliance. Denise Arnold noted that it would be important to know why or what specific reasons given elements are not in compliance so that quality improvement activities can be designed to specifically address those issues. Discussion noted that Delmarva reviewers are focusing greater concentration on areas such as abuse and neglect, privacy and similar issues. Marcia noted the use of the Person-Centered Review data from individuals served by a given provider and focusing monitoring during the PPR process accordingly.

Person Centered Reviews (PCRs)

PCRs included 436 people in the 1st quarter. Marcia noted that the benchmark of 13 or more outcomes present is continuing to decrease. Denise Arnold asked whether an analysis has been done of the data that shows reasons that an outcome or support are not present to try and determine predominant trends. Marcia noted that Delmarva is trying to track and analyze those issues for quality improvement (QI) elements of 'work' and 'choice of services' as well as for the 7 foundation areas. Denise underscored the importance of this data for reporting to the legislature and for QI activities.

A handout was provided with data from PCRs displayed by district, noting there is considerable variation for some districts and others show consistent trends. Trends were shown noting a decrease in both outcomes and supports present. The top 5 items (SEE HANDOUT) and bottom 5 are continuing to be the same outcome elements.

Top 5 Outcomes (most frequently met)

- Free from Abuse and Neglect
- Connected to Natural Supports
- Satisfied with Personal Life Situations
- Has Privacy
- Is Safe

Bottom 5 Outcomes (least frequently met)

- Has Choice of Work
- Performs different Social Roles
- Chooses Services
- Liven in an Integrated Environment
- Exercises Rights

Reasons for outcomes and supports that are most prevalent and not changing related to ‘work’ and ‘choice of services’ have been identified and were presented. This data is suggested as a starting place for quality improvement activities associated with these two outcome areas. Marcia described the PCR report that is sent to the individual and support coordinator and noted areas where there had been increases in recommendations from reviewers related to improvements or activities to consider on behalf of the consumer. The recommendations have now been coded so that it will enhance data analysis for the purpose of quality improvement.

Education and Training Activities

Education and training activities were reported by Marcia, noting that three recent sessions were conducted on improving implementation planning and training strategies. Additional sessions for “My Personal Compass” (copies were provided as a handout). Psychotherapeutic drug use follow up is being done with district DD Medical Case Management Teams. Delmarva is doing a drug profile review against the people receiving PCR surveys to determine individually specific issues as well as aggregate data demonstrating drug profiles and the need for quality improvement activities. The data is available by district.

Year 3 QA Initiatives

The following items were outlined as activities planned for implementation during the current year (year 3) of Delmarva’s QA contract:

- PPR workload and improvement
- Blending PCR and SC reviews
- Expansion of Education, training and TA
- Data driven and analytic tools
- Adjust review follow ups of PPR numbers
- Increase onsite review; fewer desk reviews; follow ups driven by criteria

- Streamlining tools to focus on outcomes
- Additional face-to-face formal training with some focus on Medication administration and health
- Facilitate Stakeholder groups
- Establish a virtual/web based Resource Center
- Provide interactive training modules

Year 3 Quality Improvement Initiatives:

- Dedicated evaluation and analytic support for current activities
- Development of data and regular reports at the District level
- Targeted studies

Marcia noted that there is need for input in the following areas:

- Targeted studies
- Stakeholder groups
- Education and training
- District reports

Medication Review

Bob Foley presented a review of the Medication Review process. He noted that we may be wasting money in this area and Delmarva would like to revise the process to be more focused and generate greatest value. He noted that part of this initiative will be connected to the training and technical assistance sessions and providing greater information to physicians and others regarding the intent of the Waiver’s medication review process and how it works. Another piece of the activity would be to coordinate the various parts of the service system (AHCA, etc.) to ensure collaboration.

Projected Service Outcomes

Steve Dunaway

Steve reminded the members of the discussion at the previous IQC meetings related to Projected Service Outcomes and that a workgroup had formed to revise the monitoring tools for the six core services (Supported Employment, Supported Living, Support Coordination, Residential Habilitation, Non-Residential Support Services and Adult Day Training). The workgroup met by conference calls and revised the service outcomes to clarify definitional issues and promote specific outcome expectations of each service. Steve provided a handout of the service outcomes that were sent to AHCA for inclusion in the Waiver handbook currently in rule promulgation process.

Marion Olivier-Ruleas provided a review of the workgroups tool revisions. She presented language changes and new service outcomes that have been added. It was noted that the workgroup would meet at least once more to finalize probes and instructions to quality assurance reviewers. Beverly DeStories volunteered to join in that process.

Supported Employment Update

Steve Dunaway

Steve reviewed with the members the discussion at the September IQC meeting that was critical of the DD service system for diminishing numbers of people who have been able to access supported employment or other competitive employment opportunities in recent years. That discussion also identified DD/VR policy and monitoring processes that may have become unintended disincentives to the growth in opportunities for employment of people with developmental disabilities. Steve described work that had been done immediately after the last IQC meeting and provided a handout that drafted clarification language, noting also that Shelly Brantley had sent the draft to VR director, Loretta Costin, suggesting it be sent from DD and VR jointly in order to demonstrate collaboration. It was also noted that Delmarva had trained its staff in the clarification so that monitoring processes would be consistent with the policy as drafted.

Steve also provided a handout of a memorandum sent from Shelly Brantley to districts reissuing an initiative to convert 5% of people in Adult Day Training programs to be supported in employment each year for the next 5 years. He noted that next steps needed for implementation is 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.

Action Items

Beverly DeStories

Beverly reminded the members that several items noted in the minutes from the September IQC meeting needed to be reviewed and discussed to determine if appropriate action had been taken. The following issues were reviewed as action items:

1. Abuse and Neglect – Linda Mabile outlined the work that has been done to date to incorporate abuse and neglect issues into the Delmarva QA process and to link the Zero Tolerance policy that has been implemented by DCF. Anne Buechner noted the need to follow up on client-to-client abuse incidents that are not accepted by the Abuse Hot Line as abuse situations. Beverly also asked that we try and access data from the Abuse Hot Line to compare data. Marsha Vollmar and Debbie Blizzard noted that the districts keep consumer specific data on incident reports that are also sent to the DDP central office. It was noted that district efforts are well underway to tie various activities to the Zero Tolerance initiative. Marcia Hill and Linda Mabile pointed out the activities of Delmarva related to abuse and neglect or exploitation of people with developmental disabilities.
2. Waiver Handbook – Keith Young will check with the AHCA website to ensure the version of the handbook posted contains the most current expected changes.
3. Provider Awareness of PCR Issues – Bob Foley noted that this issue would be discussed later today on the agenda.
4. Bylaws of the IQC – It was suggested that this item be placed on the agenda for the next IQC meeting.
5. Support Coordinator Concerns over the PCR Data – Linda Mabile spoke to the general concern all people have in evaluation of our responsibilities in carrying out our jobs. One of the basic expectations of support coordinators is to advocate

- for people to achieve the outcomes people expect in their lives. Later presentations will focus on broadening the outcome expectation for all service providers. Holly Morrison noted that changes envisioned for the future in developing QI processes and changes in reporting will likely diminish concerns of Support Coordinators relative to feeling ‘beaten up’ due to low scores from the PCR data. Pamela Wainwright recommended that support coordinators be present at the IQC meetings.
6. Provider Rating System – Linda Mabile noted that one of the contract expectations for the QA system is that self-advocates and family members could access information about providers related to how they are scoring relative to other providers as a means of helping select services that best meet individual needs. A few ideas were discussed regarding how such a rating system might be designed and provide a display of ratings.

Outcome Oriented Monitoring

Marcia Hill, Linda Mabile, Marion Oliver-Ruelas, Tim Jones, Bob Foley

Linda Mabile provided a background of the QA system of the DD Program before the Delmarva contract system was implemented. She noted the disparity of statewide methods and effectiveness, noting that the Delmarva process brought uniformity and baseline expectations for compliance. Most providers have now gained an understanding of those basic expectations and are gaining the capacity to meet basic requirements based on the tools used in Year 1 of Delmarva’s contract. In year 2 we moved to additional standards in the tools to look beyond compliance and review from a person-centered perspective. Linda noted that where we would like to go next is far more into an outcome format that looks to providers to enhance their capacity in meeting expectations of individuals served.

Linda noted that she and Marion Olivier-Ruelas did some analysis and drafted a set of proposed standards for Supported Employment as an example for discussion only. Linda also provided a handout outlining the proposed changes by the Draft Outcome Tool compared to the current tool. Laura Altaratz asked for clarification noting that the current tools help an organization build a needed infrastructure. She suggested that a new outcome oriented tool be used for those organizations that have demonstrated their infrastructure processes are sufficient to meet basic compliance requirements. Linda agreed, noting that Laura’s suggestion is how current thinking is developing toward implementation of the new tools. Linda provided a basic overview of the differences between the two tools and review process. One basic difference is dropping the number of elements from 121 to 32 standards. Linda noted this review process may be every bit as difficult for Delmarva reviewers to use given that it may be more difficult to determine the presence of the service outcomes.

Marion provided an overview of how the outcome oriented review process might work. She used the draft of the Supported Employment outcome protocol as an example noting that it needs to be clear which activities a provider is responsible for. She cautioned that expectations not be beyond the parameters of what a specific service is designed to

perform. Linda reminded the members that the handout (using supported employment) is only an example and is meant only to generate discussion among the IQC. Marion explained that when an element is found to be a problem in the outcome review tool the reviewer could drop back to a set of compliance standards for that particular area to help identify infrastructure problems that may exist for a given provider. More work will be done to define the process and possible weighting of the elements relative to scoring the overall tool. Time is needed to pilot some of the process to determine the best procedures and time needed for the review process.

Deborah Linton noted the need to craft the language in the tools to ensure that expectations are specific to the service being delivered. It was noted that the documentation and paperwork review will be greatly reduced allowing reviewers to spend much more time for interaction with people receiving services, family members and people who know the service recipient best. Charm Thometz suggested that the process include prearranged contact time for interview with individuals, family, and others who know the person best as well as 'drop in' time so that reviewers get as true a possible as picture of day-to-day operations. Others voiced the need to craft language, particularly for supported employment and similar situations, so that reviewers are sensitive to the work setting, the stigmatizing effect of being at the job site, time of employers and coworkers, etc.

Holly Morrison noted that the planned approach is much the same as what The Council has developed as the Personal Outcome Measures. She complimented the direction but raised the question of why use a tool such as drafted rather than using the Personal Outcome Measures that have already been developed, validated, has demonstrated inter-rater reliability, etc. Laura Altartz noted the value of having a tool that is process oriented so that providers have a set of guidelines toward achieving expected outcomes. Holly agreed, noting that The Council has developed the Organizational Processes that meet this concern. Denise Arnold raised the question as to whether the Outcomes Tool should be used 1st and only go back to a Process Tool if and when there are specific problems identified that may be related to infrastructure problems in organizational structure and compliance expectations. Marshall Patterson raised a potential answer to using the Outcome Tool as an incentive tied to the public posting showing that providers had achieved a higher level of performance.

Linda Mabile suggested reforming the Tools Workgroup (Laura, Margaret, Marion, Charm, Deborah Linton, Mark Barry, Anna Quintyne). Additions to the workgroup include Keith Young, and a representative from The Council (Cindy Kauffman).

Bob Foley led a presentation of the WiSCRs (Waiver Support Coordinator Reviews) system. A handout was provided. Bob also reminded members that Delmarva wants to have input on a variety of areas, adding that WiSCRs is an additional area needing comments from the IQC.

Premises:

- WSCs continue to score fairly high
- Personal outcome Measure results are below desired levels
- AHCA and DCF have advocated for a more outcome oriented review process
- WSCs are impacted by the review process all year long
- Delmarva's role continues to shift from one of QA to one of QI

Goals:

- Help people meet their goals (not necessarily happening now)
- Impact the quality of services/supports people are getting
- Evaluate the adequacy/quality of the support plan
- Evaluate the utilization and appropriateness of supports and services
- Enable WSCs to do their job
- Create more focused review process

What will WiSCRs reviews look like?

- A PCR/PPR hybrid???
- An interactive process – Individual, Reviewer, and WSC???
- A 'Recommendations Driven' process with extensive follow-up to prompt outcomes to be met???
- Streamlined process, where outcomes are tracked through the activities of the WSCs and providers???
- A follow-up to the WSC POM completion/Implementation???
- Insert your ideas HERE!!!

How is WiSCRs Designed?

- Establish WiSCRs workgroup*
- Refine concept and goal
- Develop process, protocols and tools
- Develop measurement of success
- Develop procedures
- Pilot testing
- Etc...

Denise Arnold noted that there is a need to resurface the use of the Personal Outcome Measures form by Support Coordinators noting the problems existing with how the form is being used for planning. Sandra LaCour noted the need within the QA system to get valid answers to satisfaction surveys. She noted that surveys given out by the Support

Coordinator and returned to the Support Coordinator creates a conflict in the self-advocate or family member who do not feel they can answer honestly for fear of retaliation. Charm Thometz noted the same problem exists with answering satisfaction surveys for other providers as well. Denise asked for ideas on how to resolve the inherent problems that exist in this satisfaction process. This is an issue that needs to be addressed by a WiSCRs workgroup*. Bob noted that Delmarva would be doing a quality improvement activity related to this process.

CHAMPS

Kysha Long

Kysha provided a handout and overview of updates to CHAMPS. She noted that they have added a staff member to assist with the growing volume of responses. A few areas have been added to the CHAMPS tool due to responses from the field asking for more information in these specific areas. There was a request to add CHAMPS to the Core Assurances. Kysha has found that this cannot be done because CHAMPS is not a service offered under the Medicaid Waiver. However, it can be added to the support planning process so that Support Coordinators can provide information on CHAMPS to each consumer at that time. Kysha noted that additional information would be provided through CHAMPS as a referral process to help self-advocates or family members to access resources they may be requesting. Kysha noted that CHAMPS staff always follow up with people requesting information as well as resources referred to in determining if concerns were addressed.

Total numbers of people using CHAMPS to request assistance or report issues needing to be addressed is rising significantly. She noted that it takes considerable time to follow up concerns and issues identified through CHAMPS. She also noted that the role of CHAMPS staff is something of a ‘peacemaker’ to help people address their needs without feeling they are ‘telling on’ someone and getting them in trouble. She noted the need to do more work to access reporting of best practices such that we can identify service processes that should be replicated. Concerns have surfaced from the Consumer Directed Care (CDC) program recipients noting their fears related to funding cuts personal budget changes. It was suggested that Kysha check with Susan Keampfer, the DDP unit chief for the CDC, to determine how to assist people inquiring about CDC issues.

Wrap Up

Pamela Wainwright

Pamela reviewed action items that need to be conducted (get list)

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

Pamela called for approval of the minutes. Linda suggested that changes and corrections be provided and then emailed out for approval.

<i>Action Items from 12/3&4/04</i>	<i>Responsibility</i>
1. Revise September IQC minutes and send out for approval	Steve Dunaway
2. Approval of the Independent Evaluation contract	Carol Burch
3. Posting of Waiver handbook proposed changes	Keith Young
4. Distribution of Waiver handbook proposed changes	Linda Mabile
5. Identification of most prevalent reasons for PPR non-compliance for DD Program quality improvement activities	Delmarva
6. Communicate most prevalent reasons for lack of 'Work' and 'Choose Services' outcomes/supports for QI activities	Steve Dunaway
7. Finalize 'Projected Service Outcome' probes	PSO Work Group
8. Form workgroup to address the development of tools and processes consistent with an Outcome Oriented QA system	Linda Mabile
9. Revisit use of Personal Outcome Measures form as part of the Support Coordination planning process	Denise Arnold
10. Address issues related to providing an unbiased satisfaction survey for Support Coordinators or other providers	WiSCRS Workgroup
11. Check with Susan Keampher re: how to assist people inquiring about CDC issues through CHAMPS	Kysha Long
12. Place review of IQC Bylaws on next IQC agenda	Pamela Wainwright