

**Interagency Quality Council Meeting
Tallahassee, January 29-30, 2008**

Members Present:

Beverley DeStories, Michele Ledbetter, Linda Mabile, Marsha Vollmar, Ed DeBardelaben, Kim Barger, Susan Robertson, Charm Thometz, Pam Kyllonen, Wynona Holt, Bob Wessels,

Advisory Members Present:

Steve Dunaway, Ed Rousseau, Jean Sherman, Mark Barry, Patty Houghland, Steve Roth, Latarsha Williams, Margaret Buono, Winnie Gayler, Martha Martinez, Suzanne Sewell, Ann Millan, Pam Hinterlong, Janice Phillips, Ken Littlefield,

Guests

Bob Foley, Sue Kelly, Carol McDuff, Marshall Patterson, Charmaine Pillay, Anne Buechner, Beth Townsend, Julie Tyler, Carol Middel, Ellyon Turnquest, Sally James, Jerry Martin, Dave Robinson

Welcome and Introductions

Bob Wessels

Bob started the meeting with announcements and welcome. He noted that as the new IQC Chair he had spoken with Jane Johnson about the future of IQC and she plans to meet with us on the morning of the second day.

Bob mentioned that future IQC minutes would be produced within about a month of the meeting to be posted. Minutes from the last IQC meeting were reviewed and Bob asked if anyone had comments or corrections needed. Suzanne Sewell asked that on page 4 of the minutes that there be corrections, paragraph 2, by adding "...this could create the perception of impropriety," and drop the end of the sentence. Sewell provided a hand-written corrected copy of the requested changes. Wynona Holt, asked for corrections to her presentation to revise the sentence close to the end of the section stating, "If the Agency would team up with..." should read "self-advocates and the other groups such as..." (page 5.) The minutes were passed as corrected.

Bob asked that we do our best to stay on time with the agenda as there looks to be a tight schedule. He also asked that work groups become more visible and move on in their achieving their goals and objectives that had been set. Bob next asked for introductions.

The future of the IQC was the next point of discussion. Bob passed out a questionnaire and asked all people present to give comments and responses on what their ideas are regarding their future expectations for how best to be of service to people with developmental disabilities. Margaret Buono asked, as a

reminder, wasn't the IQC established as by the legislature. Linda Mabile noted that it was proviso language that established the group. She noted that we want feedback on how we continue as a group. Charm Thometz asked who pays for IQC meetings. Linda answered that payment for rooms, travel, etc. for IQC members only, is funded by APD. It was clarified that the legislature funds Delmarva as a quality assurance partner and is funded through appropriation to AHCA.

Pamela Kyllonen asked for time of AHCA on the agenda.

General Update From APD

Linda Mabile

Linda started her presentation by noting that, due to revenue shortfalls, Florida is in a time of financial austerity and, as one means of working within available budget, there has been discussion of limiting the IQC in the number of meetings held per year and finding the least expensive places in the state to hold them. She noted there is general support to continue the IQC. However, there is a need to decide just how the function will be carried out. Alternatives considered have been to meet only three times per year; to meet twice in person, twice by conference call; or to hold all meetings in either Tallahassee, Orlando or Tampa.

Linda next went over the statutory changes from SB 1124, now in Chapter 393, into the APD system. She noted that the changes and limitations to services have been implemented. By March we are to revise the Intensive Behavior rates. The new Tiers are expected to be implemented by July 2008. Two new Waivers have been requested for Tiers 2 and 3, via CMS. The clock for approval has stopped at this time as CMS has requested new information on the size of our group homes. Data has been pulled together and will be sent to CMS if not already done. We do not know if the clock will start over or if they will go ahead and make a decision for approval right away. Pam Kyllonen added that we are prepared to implement the new waivers and explained the process for approval through CMS at the federal level. She noted that we asked for a decision as soon as possible.

Bob Wessels asked what the implementation will mean to providers. Linda answered that we will expedite enrollment into the Tier 2 and 3 Waivers, so enrollment would be automatic. Pam expanded that provider enrollment will not be necessary. We will have the capacity to track expenditures within each of the Tiers. Beverley DeStories asked if IQC needed to make any request to the legislature to leave appropriations alone. Linda volunteered to speak with Jim DeBeaugrine, of APD, to see if such advocacy may be needed. Linda noted that essentially the only difference to the APD program will be caps at each level of the Tier as a means of trying to control growth in spending. Tier 1 is established, as it is the current DD Waiver, which has no cap but is for people needing greatest support. Linda explained the cap levels for each Tier. There were some questions and discussion for clarification of the Tier structures and what needs

are to be met within each. APD is working on a rule for the Tiers and before Christmas had a workshop to collect comments and considerations on how the process should work for people needing services, how to migrate across Tiers as needed, etc. The rule will likely be administered through AHCA.

Other SB 1124 activities included a Residential Habilitation rate reduction. Because of legal settlement the rates have been revised through March which increased the rates about two percent. We would prefer not to revise support plans and cost plans, but will do an automatic adjustment instead for 3 months. In the mean time the rate rule is under promulgation, as is a rate table for all other services and a procedure code rule. They will be noticed in the next week or so. The rates after March are expected to be revised based on promulgation of a rule. A rule for the new assessment process is being developed and will be noticed as are all rules. Linda said she would try to send an email to let people know it has been noticed. Beverley DeStories suggested that APD have a link established from its site. Linda gave an overview of all rules that are in progress now (those stated above, as well as Waiver Handbook which are generally for the SB 1124 changes). Linda noted that a copy of the revised handbook it can be accessed when it is noticed. Sue Kelly asked about the assessment process. Linda deferred that to JB Black for discussion later.

Staff changes within APD were announced as Peter Karlan, the new Area Administrator (AA) in Area 15, Sherry Jackson was promoted into the lead CDC+ position in the central office, and Joyce Leonard is the acting AA in Area 13.

Finally, Linda mentioned that a Unity Summit was held in Tampa on January 17. It was well attended, with over 400 people, and had two legislators (Senators Nan Rich and Ronda Storms) do presentations. A panel of stakeholder was also held for question and answer and providing a platform of ideas to be considered during the legislature. Linda volunteered to ask about when that would be available on tape or other means so that members can watch. The group asked that it be better advertised in the future. Linda volunteered to voice that concern to Lucy Mohs.

Questions of Linda requested the number of people how many people are entering the system through crisis process. Terri McGarrity noted that approximately 65-105 people enter the APD system through the Crisis criteria. The number varies each month. Enrollment is only available through attrition. A second question was asked about recoupment of funds due to Supported Living and In-home Supports changes. Recoupment activities have been implemented with some repayment occurring. Other sanctions are being considered. Linda noted that edits in ABC and FMMIS do not adequately to catch these issues.

Bob Wessels asked Linda about the number of IQC meetings and where future meetings would be held. Linda noted that this will be dependent upon available budget. Linda stated that we will have at least one more meeting face-to-face

this fiscal year, but with budget issues being so dramatic throughout Florida regarding revenue shortfalls the future is unknown. The DD Council had been approached about the possibility of assistance with funding but the request was denied.

QSI Assessment

JB Black and Terri McGarrity

JB started the discussion by passing out copies of the new assessment. Terri provided an overview of the QSI (Questions for Situational Assessment). It will be on the APD website in February. We are hiring assessment staff and training is in progress. APD is working on operating procedures and taking comments from stakeholders. A brochure for distribution in English and Spanish is being finalized. Rulemaking will be noticed this week as the draft rule has been finalized. Priorities for assessment (who to assess in what order) are being finalized and will be implemented right away. By the end of the fiscal year we are targeting having all people living in licensed residential programs completed the assessment. Bob Wessels noted that several legislators are concerned with this process and how soon this will be completed. Terri noted that we have a 3 year process, however, the legislature is being asked to provide enough funding to complete the assessment process by the end of next fiscal year. Terry clarified qualifications re: degree and experience in the field of developmental disabilities, consistent with national QMRP requirements. They must pass training criteria and inter-rater reliability.

JB described the nature of how stringent the criteria for successful completion of training. We expect it to be not something that just anyone can pass. We must have people who are capable of accurate assessment. The process will also clean up ABC data. He also noted the stressors in people's lives that seem so important that is a portion of the assessment tool. The tool also included information about changes upcoming in a person's life. A check list is provided for people 18 years of age and older about skills and supports needed to be part of the community. The tool also includes functional, behavioral and physical components that will create a score for level of need for each person. Master trainers can certify Area trainers who are responsible for training assessment staff. As a frame of reference, JB pointed out that much of the Personal Outcome certification process has been built into the QSI certification process that IQC members have general familiarity. If people do not pass they are not retained as Area assessment staff. Several people have not been successful.

Sue Kelly asked about the interview process with people getting services. Terri answered it included the person, family and others who know the person best, including the WSC. JB mentioned that the tool requires assessors to write in who was providing information for the assessment. The process must be completed, start to finish, by the same person conducting the assessment. Scoring is done electronically to ensure accuracy. Much of the information is pre-populated by ARC, making it very important for WSCs and others to ensure

ABC is up to date. WSCs will have a role also in getting people together for the assessment process. JB mentioned that the tool will eventually build in training and other issues important in the person's life as automatic flags, cautions, etc. Data runs will be possible. Beth Townsend asked what would be APD response to people receiving services who refuse to participate in the assessment. JB and Terri both mentioned that it is expected to be few and far between, but will be ultimately a part of participation in the Waiver. The IQC members stated that it should be a condition of participation in the Waiver.

Beverley DeStories asked about the order of people to be assessed, asking if it would be a good idea to push the people on the waiting list up front. Terri responded that this will not be possible due to the workload in getting assessments completed with people already receiving services. Janice Phillips also noted that there are people on the waitlist who are there as something of a "place holder" just in case people need assistance in the future. Linda Mabile pointed out that further development of the APD system is in the planning stages, such as individual budgeting. It is important to get information on people receiving services so we can provide better examples to the legislature in general so they have a better understanding costs involved in serving people. Terri noted that user testing has been done to ensure bugs are worked out to ensure the instrument is validated to produce the information accurately to accomplish its intended outcome as designed. Terri also mentioned that the SIS (Supports Intensity Scale) is being reviewed for possible inclusion and improvement of the assessment process. WSCs will not be doing an additional assessment other than Planning with Personal Outcomes. WSCs will be doing support plans. Area offices will be completing the cost plans. As explained by Linda, this should increase the role of WSCs as advocates in building natural supports and other non-paid resources to enhance participation in community life. Ed noted that all WSCs will be required to attend training from the new grant on person-centered and person directed planning. Jean Sherman voiced a concern over the type of guardianship identified in the assessment tool may perpetuate misunderstanding.

Mark Barry asked whether the tool has been calibrated to the newly instituted res hab levels. (i.e. what range of scores would constitute each res hab level). And whether or not the total cost for res hab had been calculated based on projections of how the res hab population would be distributed among the res hab levels - based on their scores. As it exists, it is a place to start assessing needs and gathering information for that process and eventual improvements like individual budgeting. As it exists it will not indicate what Tier a person will fall into for funding. JB finished the discussion by noting that there has been strong advocacy for nursing staff and behavioral analysts to ensure we are able to capture needs of people related to health and related supports.

Recognizing Achievement

Linda Mabile

Linda described the idea behind “Recognizing Achievement” stems from a recommendation from members of FASC for allowing WSC providers to be able to skip a year in review by Delmarva. The questions involved are “Should we?” what are the “Pros/Cons” and “If we do implement such a policy, what would criteria be?” Bob Foley noted there are already allowances for a WSC to skip a year of review if they had demonstrated high performance. Bob outlined what has been drafted as a possible way to implement the process. He also explained the current review cycle and how long it takes to conduct a cycle with an agency who has more than 4 support coordinators. The focus would be to ensure growth in improvement across all WSCs while providing a deemed status to some WSCs who are achieving measured success. This would also allow greater review and TA to WSCs and other providers who are not achieving success. Steve Dunaway mentioned that a handout is available to IQC and guests to review as thoughts on if this is a good idea and, if so, how it might be implemented. Pamela Kyllonen suggested a workgroup take a look at the idea and come back to IQC and Jane Johnson with ideas for implementation. Janice clarified what was behind the FASC request, noting that their suggestion that the criteria be at the “Implementing” or above. The thought is that implementing and above would reward those WSCs who are showing measured progress and improvement. Again, she noted that this would allow the focus of Delmarva and Area resources to be available to provide assistance to those WSCs not yet performing well. Linda asked for a Task force membership to work on this issue and develop a proposal for Jane Johnson. Bob Foley, Wynona Holt, Janice Phillips, Steve Dunaway, Linda Mabile, Ed DeBardelaben, Charm Thometz, and Pamela Kyllonen. We may add someone who is a solo WSC.

Delmarva Update

Bob Foley

Bob started his presentation with an overview of the Delmarva activities. Beginning with staff changes, Bob noted that they have hire an additional position to offset what is chronic staff turnover. Gwen Williams will be a new CORE staff for Area3 and Wanda Nitiss is a new WiSCC in Area 11. Two other positions are open in Areas 1 and 4.

For CORE updates, Bob noted that accountability and transparency are two major themes that have come out of recent meetings with Mark Barry and John Pridham, then the Area 13 Administrator. Mark provided feedback to Delmarva that has helped reshape some of their internal processes (time lines, no hidden agendas or processes that are unknown to providers, confidentiality limits, etc.). Guidelines have been developed for sharing information with the provider that was obtained from individuals served and staff of an organization. Delmarva has also added a reconciliation and documentation list to preliminary findings document furnished to the provider.

On the WiSCC side of the system, Carol McDuff provided an overview of what may be happening within the Delmarva processes that may be causing an

increase in costs for given individuals. Carol noted that there was a work group that reviewed questions and recommendations that are part of the process. They revised changes in the recommendations that come out in individual reports so that it is more clear that it is only a recommendation to be evaluated, not as an expectation that it must result in changes to support and cost plans. Anne Millan asked what happens regarding an individual's choice. Carol talked about making recommendations as something that is often generated because it is the choice or desire of what people want to be occurring in their lives. The major difference is ensuring that all parties know the difference between recommendations and requirements.

Next Bob presented a reminder that a set of recommendations from annual reports has been compiled from years 4-6 of Delmarva activities. He noted there are 11 different categories (see handout) and how many recommendations are in each category. He acknowledged that groupings could be done differently with different categories. There are 120 recommendations in the document. Anne Millan noted that she appreciates receiving these recommendations, feeling they will be very helpful to reshaping the IQC mission. In particular, abuse, monitoring of group homes, background screenings, lack of participation and membership in community and other issues are viewed as ongoing and recurrent issues that should be used for improving the service system.

Provider feedback survey information was presented with a description of how Delmarva receives information. He provided information on the generally high percentage of responses from the survey. Generally there were over 330 responses received over the past year (2006-2007). The large number of responses provide power to the comments received as being valid. He provided a sample of positive comments received, noting that often the only thing that people often only hear, respond or report only the negative issues.

Sue Kelly provided an update on studies that have been approved for Year 7 (current contract year). The topics that will receive a study this year will include:

- Services linked to low CORE scores
- Provider performance over time
- Examine POMs for FSL vs. DD Waiver
- Training Impact on POM, CORE and WiSCC outcomes

Jean Sherman asked that the studies be broken down in different ways to determine whether there are trends that would otherwise be hidden. Charmaine Pillay asked that the look at POMs include both outcome and support data. Ann Millan asked that the FSL/DD comparison look at whether the limitation of services under the FSL Waiver has an impact.

Bob Wessels asked that this item be tabled. This item will be referred to a workgroup for the future of IQC. Bob also noted that he needed the IQC Future Questionnaires returned and that a couple were received without signature.

AHCA Update

Pam Kyllonen

Billy Sanders was introduced to the IQC as a new AHCA employee who is working with Pamela. Pam noted that Tom Arnold, Cybal Richard, Jarret Stone, Danielle Rutherford, and Pamela Wainwright have all left AHCA recently. Three openings on the IQC membership are left open but will be filled if and when positions are filled.

Pamela reported that AHCA is working to increase the rate paid by the State Plan for personal care assistance for children. The difference between state plan and DD Waiver rate is approximately \$5.00 per hour. Bob Wessels asked what the additional cost would be to make the two programs pay an equal amount. Pamela did not know, but offered to get that information. An LBR has been submitted to address the issue.

Pamela reiterated the points made by Linda Mabile regarding the approval process of CMS on the new Waivers. The DD Waiver handbook is ready to be signed off by AHCA Secretary and it is hoped to be submitted to the FAW for the February 8th issue and a public hearing to be held March 3rd, 2:00-4:00. The same hearing will include the rate related rules. Patty Hougland and Bob Wessels are on the list of interested parties. It was requested that this be sent to all of the IQC.

Pam reported that a quarterly report is due to CMS and the Florida legislature related to CDC+ activities. This will be the last report to CMS as we are moving from a demonstration Waiver to a regular State Plan Amendment program.

Pam reported that ACS is being replaced by EDS as the fiscal agent for the Medicaid programs including waiver programs.

Pam said that once the DD Waiver handbook is advertised and a hearing is held with changes based on SB 1124 changes, general revision will be made.

It is anticipated that AHCA will start a procurement document for the QA contract that Delmarva currently holds by June 2008.

Florida Alliance for Direct Support Professionals (FADSP) and Managed Care Updates

Suzanne Sewell and Ellyon Turnquest

Immediately after the last IQC meeting came the special legislative session. Suzanne pointed out that nothing passed out of the special session related to Managed Care. She also noted she was using the terms "Medicaid Reform" and

“Managed Care” as interchangeable terms when she referred to AHCA’s Medicaid Reform Demonstration program. She reported that there have been a series of reports that have been released on the topic, one of which was from University of Florida, none of which were glowing recommendations for moving to a managed care model. We do not assume the issue is dead, but as a group she recommended that the IQC stay close to the issue and track it closely. Suzanne volunteered to send the University of Florida report to the IQC.

Wynona Holt noted that she use to work for APD. She stated that she feels that if APD would lower the provider rates that it would in effect force managed care on the state of Florida. She stated she is aware of lots of problems with HMO models, so she cautioned the group to find some other way to operate without a managed care solution if they really care about people with disabilities. Ed Rousseau noted that during a national conference he had learned that in Arizona the state was sued over problems with the providers’ lack of adequate services rather than suing either the provider or the managed care organization. He warned that, as demonstrated in Arizona, moving to a managed care approach did not solve the issue of ongoing litigation against the state.

Ellyon Turnquist provided an update on progress of establishing a Florida Alliance for Direct Support Professionals. She noted that the National program allows credentialed direct service professionals to have portability from state to state. It is believed to increase quality, provider staff stability and eventual wage enhancement. There has been a strong push in the south Florida area. She outlined levels of credentialing that direct support professionals would move through and the enhancement to the state in having providers meeting basic assurances such as background screenings, training, etc. She also outlined costs to individual support staff and the experience and education requirements needed for staff to move up in categories. Specialist certifications are available. She answered a question as to who pays the fees, noting that it is ultimately the staff responsibility but that several organizations are paying for employees, recognizing the benefit that it brings to the provider organization.

A training curriculum is available through the College of Direct supports. Fees for instruction depend on the number of people from a given organization. Florida ARF is working to bring the availability of such programs to Florida. ARC Broward is an example of an organization currently going through the process currently for an accredited program. The goal of Florida ARF for establishing FASDP was outlined as well as the six components of the program and the steps for expansion that are part of the design of the approach for FADSP to expand throughout the state (see handout). She points out that the process is not designed to promote unionization of direct support workers and this has not been a typical result in states that have adopted the approach. Charm Thometz noted that one of the things FASDP may want to address would be improving direct support worker benefits. Core competencies, the type of things learned, code of ethics, the importance of inclusion and empowerment, supporting healthy

families, medication issues, and other practical skills are among the curriculum. As described by Florida ARF, this is proposed as a voluntary involvement on the part of provider organizations.

Work Group Meetings

IQC, Advisory Members and Guests

The entire participant group broke into work groups for the balance of the day. Bob Wessels noted that there are seven existing work groups. These include IQC Future (Chair – Pam Kyllonen), Education and Training (Chair – Charmaine Pillay), Therapeutic Equipment (Chair – Laurie Harlow), Employment (Chair – JB Black), Managed Care (Chair – Suzanne Sewell), PCA/In-Home Supports (Chair – on hold), and Abuse and Neglect (Chair – Jean Sherman). On some groups there has been limited activity. A report on each work group was requested by Bob as to goals and activities planned for tomorrow's agenda.

A priority of work groups was undertaken with the following tentative ranking:

1. IQC Future
2. Abuse and Neglect
3. Managed Care
4. Education and Training
5. Companion and In-home
6. Therapeutic Equipment
7. Employment (*was" sunsetted"*)

Day Two:

Welcome Back and AM Housekeeping

Bob Wessels

Bob began with agenda updates and introductions of participants... Bob introduced Jane Johnson.

APD Director's Address

Jane Johnson

Jane noted that this was not her first time meeting with the IQC, but had met in the past in her role with FASST. Jane noted that she was supportive of the IQC continuing but looks forward to restructuring. Diversion from quality while needing to deal with IQC to have a more strategic and action orientation rather than information sharing. APD and its programs need scrutiny and ongoing review of services and the partnership between APD and Delmarva. Jane noted that she gave a report last week that there were more terminations of providers than any previous year. She gave some statistics on numbers of providers by type who had been terminated. That, in her opinion, was both good news and bad news, asking, "Is the door too wide on enrollment of providers? Why do we have providers who are not competent? Is training sufficient?"

Jane mentioned that service delivery system of APD started out with sort of a “mom and pop” or “cottage industry” that was a grassroots movement into a world that now includes not-for profit, for profit and a corporate level providers. She stated the need to shine the light throughout the system to find what is working and not working. In some cases our internal QA process is not working. APD is currently reviewing local providers and finding instances where the system is not adequately identifying and resolving problems. Jane gave Mac McCoy credit for bringing instances of systems failure to her attention with the idea to have closer review of local services. She mentioned the need for greater training efforts and enrollment again as a key to improvement. She also credited the recoupment efforts as having restored approximately \$5 million to the state. Fraud is likely more prevalent than we’d like to believe, noting that statistics have shown that states can expect around 10% of funding being a part of fraud activity. She proposed the need to raise the bar for providers in expecting better care and services to the people we serve.

Jane provided an update of CDC+, noting that the fiscal intermediary has failed for at least the 3rd time across different fiscal vendors. The contract is being cancelled and as of March 1, 2008 the fiscal intermediary is going to be within APD. She mentioned that there are risks associated, but to the extent possible those risks have been identified and APD will assume a “buck stops here” approach. Here again, quality within the CDC+ program has suffered while having to fix operational issues and paying bills so that people would not lose supports and services.

Jane asked that the IQC refocus and take on a focus that will enhance quality assurance and improvement. She stated her value of IQC and thanked members for their time and talent in this effort. Charm Thometz noted that as a parent she feels responsible for the life of her son in addition to what Jane had stated as APD responsibility. She noted there is no training or support for individuals receiving services or families on how to manage people as providers and asked that this become part of what is offered through APD. Jane noted that the DD Council is developing the kind of training module that would be focused on this issue. In addition, one of the activities APD will be taking on as part of further systems revisions is support and training for families around these same issues to prevent crisis and institutionalization. Charmaine Pillay noted that Delmarva has on line resources including a training a module that addresses these issues as well. Ann Millan noted a concern over the need for a family friendly means of accessing and understanding subject matter in the training. Jane agreed with the need for greater assistance to families along these lines, but also that there should be greater scrutiny of providers before they can be interviewed by people receiving services and families. She noted also that the Area Administrators consistently tell her of the overwhelming number of unprepared entities who come to APD wanting to be service providers.

Patty Houghland mentioned the concern that people in CDC+ who are totally isolated and there is greater need to protect people's choice and rights. She noted the same is true in programs such as group homes. Jane asked for standards need to be developed and existing standards enforced. The APD staffing level was described as "fairly bare bones" so there is limited Area staff, as she is reminded by AAs, to tackle quality assurance and improvement issues. Calls to Hotlines and Area Offices were suggested as ways to highlight known quality issues. Linda mentioned that quality is not restricted only to Delmarva but that the Area offices are the first line of contact. Patty asked for a letter or email from central office that she could share with families as to how and who to contact when there are quality issues to report. Beverley DeStories asked that there also be a highlight on reporting and stopping civil rights abuses. Sue Kelly commented that there is plenty of data demonstrating how people in various Recoupment, Rights, Training and other areas are data points collected by Delmarva can certainly be used to assist in meeting the issues addressed in this discussion. Charm asked that a statement be placed on the billing information received monthly by families on how to report...

Mac McCoy reported on a conversation he had with Bob Wessels over quality assurance and improvement. In his opinion, APD has a patchwork quality assurance system. Mac mentioned that APD cannot be the only source of quality assistance, but that there are a variety of other organizations including the Advocacy Center, Local Advocacy Committees and others receive calls all the time related to issues that need to be addressed. Mac's feeling was that we need to pull all the pieces of the system together, internal and external to APD, to have a better, more cohesive look at systems and individual issues. Jane spoke again, noting that since the new rates have been in effect providers are still billing over 20 hours per month for Supported Living. The point is that there is fairly consistent and prevalent abuse of billing and APD needs assistance in addressing these issues. Suzanne Sewell stated that the issue with some of the over billing in this instance is a communication error. Linda Mabile, noted that APD understands that but many of the same providers were notified of the errors in billing but are persisting. Beverley DeStories was of the opinion that two set of books are being kept by some providers, what services are provided and a different set for what they are billing. Pamela Kyllonen and Linda reviewed the issues for the need for training and that providers must be responsible for knowing the law and ensure they are billing accordingly.

Bob Foley addressed Mac and the nature of the patchwork of a quality system, suggesting that the IQC have a future topic on the role of various entities who have a quality management role. Margaret Buono mentioned that training is needed for providers along these same lines as from their perspective there is little understanding of the overall system and various roles. Mark Barry asked that IQC be involved in the next procurement document for the Quality Improvement Organization (QIO) to take over what Delmarva is now doing. Linda Mabile agreed that IQC have a key role in that process, reminding

members that this was the original IQC activity before Delmarva was selected as the current QIO contractor. Linda asked that this topic be placed on the next IQC agenda as a brainstorm.

Mac finished his this discussion by reiterating Jane's charge to IQC to retool its focus and efforts on ensuring quality. He noted the need for assisting APD in improving the quality of supports and services to the people served.

CDC+ Conversions

Sherry Jackson & Denise Arnold

Denise presented that people who are on the CDC+ Waiver have been contacted and provided information on the changes in the fiscal agent that Jane presented earlier. Providers are expected to be paid without interruption but there will be a switch in where bills will be sent. Administrative costs for the program are now going to be used internally to APD within existing financial resources. APD is hiring staff, both permanent and temporary, to assist in this transition. The APD procedure will be to check billing codes are correct and immediately resolved and sent for payment. For now this will be done in the Central office, but the vision is to hand this off to be handled locally. There is a possibility there will be a one time delay in paying vendors, however, plans are in place to try and ensure this does not happen. People in CDC+ have been sent a packet explaining the transition. Training will also be provided. A second part of the vision is to get past problems in billing and payment so that we can focus on quality and the development of policies that will enhance quality. Charm Thometz stated she is happy with the changes being made and that it appears APD is making the system more user friendly. Denise finished by noting APD is looking forward to recommendations the IQC may have for improvement.

Work Group Updates

Work Group Chairs

IQC Work Group: Pam Kyllonen provided an overview of the work done by the IQC workgroup. She noted we had 22 responses to the questionnaire. She reviewed responses to the questionnaire:

Question 1 – Purpose: 10 Yes and 11 No

Question 2 – Attendance: need to enforce or change attendance requires in by-laws

Question 3 – Funding: location answers 8 Tallahassee, 3 Tallahassee, Tampa, Orlando

Question 4 – Workgroups: 20 Yes, 1 No, suggestion that number of workgroups, participation, length of time, and productivity be addressed in by-laws

Question 5 – Information: suggestion to focus by issue topic; customer panels; provider panels; feedback, data, and detail review by service

Question 6 – Bottom-Line: 22 Yes that IQC should continue

Pam Kyllonen provided an overview of the work done yesterday by the IQC workgroup. She noted we had 22 responses to the questionnaire. She reviewed responses to the questionnaire. (need to get summary from Pam)... There was a discussion by the IQC over workgroups with the general feeling expressed that there should be stated expectations for production. Pam mentioned the Abuse, Neglect and Exploitation workgroup is a good example of pulling information together on a single topic that worked well. A recommendation to have grassroots panel presentations at future IQC meetings focused on a given subject. Changes to Bi-Laws will be undertaken and draft changes to be submitted to the full IQC within 30 days. Bob suggested that work be done between now and the next meeting to complete this process.

Pamela gave an update on new staff to AHCA, noting that Vennie Smith will be the new CDC+ program administrator. Also, Kelly Hensley is going to begin with AHCA as a Delmarva Quality Assurance Liaison, taking over responsibilities that Pamela Wainwright previously performed. Pamela also noted that on March 18 – DD Day will be held at the Capitol.

Education and Training: Charmaine Pillay provided an overview, noting that the group is working on several issues, including: (1) What training being offered, by whom, where, etc. The list is extensive. (2) Working with Individuals and Family members is the other focus. The work being done is a survey of people to see what is needed. (3) What are the barriers to training; (4) What is the best way to have people access training and education. The group is going to summarize the responses and present it to IQC at the next meeting. We hope IQC will recommend implementation of all recommendations made in May.

Managed Care: Current members include Mark Barry, Wynona Holt, Julie Tyler, Winnie Gaylor, Sue Kelly, Margaret Buono and Charm Thometz. The Chair is Suzanne Sewell. She presented the handout from The Florida Legislature noting the ongoing discussion of the possibility of moving to managed care. The group is working to identify a variety of initiatives that are ongoing and direction that each seems to be taking. The pros and cons will be researched from states and programs operating managed care and how it may fit in Florida will be presented to IQC and noting whether the system offers greater efficiency and effectiveness. The plan is to keep IQC abreast of issues as the research progresses. Cost controls and quality are two primary concerns voiced by IQC members. Wynona pointed out the need to remember that most HMO/managed care care systems deal with people who do not have a developmental disability. If an HMO model were adopted, it was her opinion that it would have to be modified completely. She noted the need also the need to educate legislators and others working at the capital as few likely have any experience with the day to day life of people with disabilities. Suzanne noted there is a need to understand how to meet the needs of people with developmental disabilities within such a system if it is pursued by the state.

Abuse and Neglect: Jean Sherman is chair. Other members Steve Dunaway, Sue Kelly, Winnie Gaylor, Wynona Holt and Mark Barry. She pointed out that we were charged with looking at Delmarva data to better understand the information of approximately 15% of the population who had not met Abuse, Neglect and Exploitation. She noted the finding that Areas 15 and 9 were far above the state average. A separate study by Delmarva was also completed providing greater information and data has been obtained from the Abuse Hotline on the numbers of people from APD who have an abuse allegation reported and the determination. We have partial information from Areas 15 and 9 on actions they are taking to improve the high numbers of people who do not have Abuse/Neglect outcomes met. The recommendations from Delmarva help address what to do about the issue, some of which are particularly proactive toward avoiding Abuse and Neglect. Jean suggested that we follow up with the data and bring it to IQC for further direction. Steve added that we can access information update for Areas 9 and 15 as well as updating information from Areas doing particularly well in this regard and making recommendations for replicating those proactive practices.

Margaret Buono asked that IQC also look at the issue of identifying people who have perpetuated abuse, neglect or exploitation. Linda mentioned that the law has changed making this more difficult. Steve noted that the Area Administrators share this concern and have asked that the APD QM system address this as an improvement in our system. Bob Wessels asked whether adequate supports are available to address. Jean stated that we have, but that we need to continue with the effort rather than leaving it hanging. Bob asked that Steve do an update on the follow up from Areas 9 and 15. There was a discussion and questions about the data, particularly for people in Supported Living who were reported as having the highest likelihood of abuse. Winnie Gaylor recommended that it would be useful to get to more subtle forms of abuse, knowing the data at this level may be difficult to attain. Bob asked Jean we continue to pull information together to update the IQC on progress.

Employment: JB Black has been chair of the group, which is being sunsetted. He provided a handout of data on what APD efforts have achieved employment outcomes. He noted that APD has received a grant for Medicaid buy-in (\$650,000 per year for three years). JB stated that one of the issues APD is addressing is dropping policy barriers that prevent people from being willing to participate in employment due to fear of loss of benefits or other concerns. APD has a sponsor in both the House and Senate of the legislature for the Medicaid buy-in. Mark Barry presented to the IQC that financially it is difficult to provide employment services. JB noted that APD needs to change the system to be consistent with our values and fund employment services sufficiently.

JB provided an overview of benefits associated with operating one's own business. Start-Up Florida operates out of University of South Florida and Debra Noel is the contact person for assisting people get linked with services to help them establish their own business.

Ann Millan asked for data on the number of people entering ADT, rather than employment, be presented at the next IQC.

Wrap Up

Bob Wessels

The Taskforce for Support Coordination was tasked with review of Waiver Support Coordination issues on Recognizing Achievement and recommending solutions before the next meeting.

The next meeting will be May 20-21, 2008. Suggestions for the next agenda . Bob noted that minutes will be out within 30 days.

Patty asked that emails identify "IQC" in the subject line. It was suggested that adjusting start and ending times to determine if there could be a cost savings. The IQC work group will take this under advisement and check on possible cost savings by adjusting the agenda.