

SUNCOAST REGION QUALITY STEERING COMMITTEE

Minutes February 22, 2007

Attendance: Dierdra Walker (Provider), Sherri Alfieri (Medicaid), David Hawthorne (Provider), Betty Beauchaine (FCC), Beth Kelzer (WSC), Carl Littlefield (APD), Rebecca Vasey (Consumer of Service)

Guest: Rick Robertson(Licensing Unit) , Anne Hendon (Enrollment/Transportation)

Not in Attendance: Marcia DiGrazia, (AQL), Karlton Ballard (Transition), Deborah Davis (Transition), (Delmarva representative), Marcus Hall (Provider), Richard LaBell(FND), and David Brown (Consumer of Services), Patty Rendon (WSC) , Joanna H. Rydzewski (Parent), Patricia Hayston (Family member), Tom Nurse (Parent).

No longer on the committee: Cliff Capron (Consumer of Service), Ronald Wright (Consumer of Services),

Meeting Began at 9:06 AM. We did not have enough people present to do a quorum on minutes so they were tabled.

Licensing Unit

Rick Robertson, responsible for licensure for group, residential placement and foster homes, talked about the residential selection protocol.

Problems are in placement were: once the support coordinator completes a placement packet, where does it go and with limited vacancies, how do we prioritize. Other issues coming up were individuals, family and SC dissatisfaction with placements once they were made. Sometimes what providers wanted to provide didn't meet the needs of the individual needing services.

Resolution to problems are: established a computer system with the providers on one side and the consumers on the other to match them. Criteria are: age, sex, ambulation, behavioral services, medical services, Adult Daily Living skills, and county of preference. Once it was put together a list was generated. Some people had several matches and some people had no matches.

Once the packet is received, the referral will be added and a match will be done based on the criteria above. **A copy of the letter which is sent out was given to all committee members.** The letters go out with the matches to the consumer/family. The letter gives them a listing with address and phone number. The circle of support and the consumer can then look into the residences and choose which one or ones that they would like the referral to go to. The referral is not sent until the consumer indicates where they want the referral to go.

One issue brought up was how we can tag a crisis so they can get a placement as soon as something opens – those in a crisis situation could get lost in this process.

There are strategies being established in order to address those in crisis situations whether they be medical or behavioral. The office has a board hanging up where the crisis people are identified along with service status. The board is reviewed at least once a day.

The system being set up will address all individuals not just the ones who have the loudest advocates. This system will include all individuals as the need arises.

There will also be a follow-up for placements. The licensure specialist is given the information and for the next three months they monitor the placement to see how things are going. At the end of three months the licensure specialist makes a determination about the placement (how is it working, should it continue, etc). The Licensing unit is working on sticking to the 30 day termination notice. This does not include the providers. This only protects the individuals.

Committee member suggested that we develop a way to track ALF's along with other residences.

It was brought up that the 30 day notice should apply to providers as well as long as the individual is not in any immediate danger and the residence is safe.

Resources will be developed to meet the needs of the individuals out there in regards to residential placement.

Placements should be consumer driven and not provider driven.

Another question – is there a plan in place for behavioral intensive person to exit that placement? A person needing behavior focus services can be living in a regular group home – behavior services should be available at that home for that person.

Individuals requiring behavioral intensive services could be in behavior focus home but should have a plan in place to transition to those homes at some point in the future. There are times when the best that we can hope for is maintenance and which is not necessarily a negative thing. However, the behaviors should not be getting worse. If that is the case then obviously there is something very wrong with the plan, the services, the environment, etc and needs to be seriously looked into.

Licensure specialists who are in the residences frequently are out there looking for any red flags so that they can be addressed quickly and efficiently. This can also be accomplished through incident reports and monthly health and safety visits.

The unit is currently looking at consumers currently living in Assistive Living Facilities, to determine if the home is appropriate and the person is getting the right services. If not, then they can look at getting them into the right residence.

Question – Is there a way to generate listings for families and circles of support of the other services out there that they can choose from – ex: respite, behavioral, NRSS, Support Coordination etc. Is this feasible?

FCC Update: Quite a few people have applied – they need one more to be full. Next Wednesday is the meeting in Tampa @ 10AM. Transportation is a problem for most of the people.

Workshop Presentation: Workshop will be Feb 27th 6:30 – 8PM at DD Center. The workshop is for individuals and family members to get more information about the process for obtaining services. The presentation is still in draft form and is subject to change prior to the actual event.

Outcome Data

The members reviewed the outcomes and Council data. This is the most recent data from Delmarva – the bar graph breaks down to the area and state. Members were asked to review the information and be prepared to discuss it at the next meeting.

Also – the teleconference on Feb 14th information was handed out for review.

Regional Update by Carl Littlefield: The APD Director has not been appointed by the Governor. APD is projecting a deficit and looking at taking steps to address those individuals in crisis using the IFS (Individuals Family Support) budget. There is no relief in site until the new budget is passed. The Governors office has assured us that the people who have services will not loose them. As an agency of the Governor – we are controlled by the Governor and funded by the legislature. Last year we were given zero dollars for growth of service plans etc for the individuals that are currently being served. The national average is 10% across the untied states for growth – per year. Consumers we serve do not get better, they stay the same or get worse and we need to plan for that in the budget otherwise we will start out each year in a deficit.

Delmarva doesn't look at the core, life and death issues – they could be much more beneficial if they changed the focus of what they are looking at and how they are reporting on it. It could possibly be a recommendation from this committee to the IQC that Delmarva change their focus to core health and medical issues and that Delmarva's role become more defined. What should Delmarva's role in all of this be? How should they factor into what we need for the core responsibilities of what we do? If Delmarva is not assisting us with the core issues as they are mandated by law – then what are they really doing for us? Should our committee make a recommendation to address this issue? We should discuss this at the next meeting and vote on it when we get a quorum.

Anne Hendon – Transportation -

The region needs more Taxi companies to become Med Waiver providers. Most companies do not want to do that. There are also complaints that the taxi companies are not reliable. Another concern is whether or not they are screening the drivers.

Consumers need transportation on demand for medical, vocational or social reasons. The problem is provider do not cover areas and there are not enough resources. SCAT and Manatee both have excellent programs. They are providers and do transportation for providers. CTC (County Transportation Commission) are not providers.

PARC and UPARC use the 5013 grants to operate vans.

State of transportation – we are lacking in transportation for persons with wheelchairs. The prognosis is that the insurance rates make it difficult to purchase the vehicles and put them on the road. The lifts are more costly than the ramps. The rural areas are very difficult to get providers. There is always going to be something but we are encouraging existing providers to expand their fleet and to bring in new providers. Transportation rates have improved and the prognosis has improved in the last couple of months but there is still a long way to go.

For those not getting services today – they may be able to get services in the future but at a higher rate. Another need for transportation is to get to work (late night, weekend) these are times when individuals need to be transportation.

Transportation availability is better here in the Suncoast region. We have enrolled 6 new providers in the last few months. The real issue is in the areas. And many companies are not interested because the billing is different than Medicaid billing. Sometimes it is not worth it for them to provide the service.

Side Note – We just enrolled 3 new dentists, 1 in Pasco and 2 in Pinellas. The enrollment unit is working on increasing providers in Sarasota and Hillsborough.

The next meeting is in Tampa on March 22nd.