

Aged and Disabled Waiver
January 27, 2015 Quality Improvement Advisory Council Meeting Minutes

Attendees:

Amy Elliott, Chair
Cecilia Brown
Terra Muncy
Lila Walls
Kristin Blackburn
Susan Given
Chuck Ricks
John Raby
Linda Wright
Tami Shamblin
Susan Silverman

By telephone:

Susan Courtney
Rashida Dickerson
Tonia Morrison
Brenda Howland
Kim Humphrey
Radene Hinkle
Wendy Bowen
Rebecca Chambers

Welcome and Introductions: The minutes from the October 27, 2015 meeting were presented and reviewed. Chuck Ricks motioned to accept the minutes. Radene Hinkle seconded acceptance of the minutes.

Quality Management Report. Reporting period is July 1, 2014 through October 31, 2014. There will always be a lag in this report to be sure the data is accurate and complete. Cecilia Brown discussed certain aspects of this report:

Section I. Medical Eligibility and Service Levels. PAS's requested within the time frame and Re-evaluations completed in 365 days were 92% and 84%, respectively. Initial PAS's completed within 30 days is low at 57%. It is felt that this number is low due to the current policy of allowing two weeks to contact members to schedule the initial assessment and then having the assessment done within 30 days. Extending this deadline to 45 days to complete the initial assessment should improve this measurement. This is being reviewed and may be changed in the new ADW manual.

Service continuation requests and change in service level requests are being completed within five days 100% of the time. In looking at this data, Cecilia Brown discovered that since 2012, service level change requests have decreased. This could be due to a few factors; one being the fact that PAS information from previous years is now available to WVMi nurses conducting re-evaluations which assists them in calculating appropriate service levels, and secondly, the implementation of pre-conference hearings (a "pre" conference with an ADW member who has requested a hearing due to, in this case, a service level change) has given BoSS and BMS the chance to speak with the member, review documentation, and make a determination of a member's service level, thus eliminating conducting a formal hearing.

We need to keep track of these numbers to see if there is a trend. Historically there have been more Level B's. Possibly folks with more needs are being approved for the program.

Section V. Incident Management. There have been some ebbs and flows in this reporting. Some providers appeared to be late reporting incidents. This was partly due to incidents happening at the end of a week and then not being reported until the next week. IT support can now identify the specific providers submitting data so we can contact them directly to make adjustments and/or provide training and assistance. As discussed at the last meeting, providers will be required to enter incidents into the system within one business day instead of within 24 hours. Again, typos are an issue, as well. With the implementation of the new reporting system, however, providers will be able to correct mistakes and/or make changes themselves, which should be a big improvement.

Section VII. Complaints. The same trend continued for this quarter. Most complaints are staff-related.

Criminal Investigation Background Checks. Megan Shears with the WV Clearance for Access Registry and Employment Screening (WV CARES) program spoke about this new system for obtaining criminal background checks for employees. This program was funded through the Affordable Care Act in 2010 as a National background check program to assist states with this process. Providers would submit new employee names to WV CARES which works with the State Police to conduct the state level CIB and monthly OIG checks and maintain a fingerprint database. (Existing employees can be uploaded into the system.) Turnaround time would be 24 hours to two weeks, but usually would be three to four days. Once someone has completed their background check and they are approved and in the WV CARES system, Providers would not have to have the CIB done again, even if the employee changed agencies frequently. A nominal fee would be charged for *new* employees (not already in the system) for the WV CARES service. In the future, the system will have the ability to be linked to databases at the FBI, nurse's aide registry, etc. It will be capable of generating various reports as well as sending email notifications to employers (Providers). A bill has been introduced in the Legislature to amend the current process of obtaining background checks. Any new processes will need to be added to the Policy Manual.

Nonemergency Medical Transportation (NEMT). Representatives from MTM addressed the group regarding providing nonemergency medical transportation for ADW members. MTM is based in Lake St. Louis, Missouri and has opened an office in Charleston, West Virginia. Basically, for ADW members, MTM provides transportation to medical appointments "door to door", including those with special needs, those in a wheelchair, etc. MTM supplies their own drivers, and can also approve "volunteer" drivers, which could include current ADW personal assistants/homemakers. The volunteer drivers do get paid mileage, however, depending on the circumstances, would be off the clock as a PA/HM when transporting members to doctor's appointments.

Pre-Hearing Conference Update. The purpose of the pre-conference hearing is to review and consider any new or existing medical information that may be relevant in determining an individual's medical eligibility or Level of Care services for the ADW program and to prevent the issue from going to a formal hearing. Tammy Grueser (BoSS) and Susan Given (BMS) thoroughly review every hearing request to see if it is a good candidate for a pre-conference hearing. These hearings are generally offered in cases where there is, 1) one to two points' difference between assigning one level of care or another, 2) when additional member-related information requested was not received within the 13 day time limit, or, 3) when pertinent information (diagnoses) from a previous PAS was not carried forward to the new PAS. In January 2014, BMS made prior year PAS's available to WVMi nurses for re-evaluations, which has been very helpful. Also, we may extend the deadline for submitting additional information past the current 13 days.

ADW Application Renewal/Policy Manual Update (Slots). The current ADW Application expires June 30, 2015. BMS was hoping the new Application would be effective July 1, however, CMS's Transition Plan takes precedence. Member surveys must be done as well so BMS will likely ask for an extension and hope to implement the new Manual in the fall. Both the Application and new manual will require 30-day public comments periods prior to implementation.

PDGS Program. This program is still under review. BMS feels that if this program is in place for Personal Options (PPL) members, perhaps a similar program should be in place for ADW members as well. Reason being that the same assistive purchases available for PPL members that allow them to stay in their homes could also benefit ADW members for the same purpose. One option discussed was to initiate the Environmental Accessibility Adaptation program for ADW members. This program makes a person's home more accessible. Another option for the ADW program would be to reduce a certain portion of a homemaker's monthly service hours and "budget" or save the corresponding dollar amount in order to purchase a specific assistive item, for example a ramp for the front entrance to the house. Details for billing, defining allowable purchases (items and/or annual dollar amount cap), time limits to make purchases (no carry-over year-to-year), would still have to be worked out. Bottom line; any change would have to be cost neutral.

Slot Letters. There is still an issue with people receiving letters explaining that they have been awarded a slot but they don't know what the next step should be. The group discussed requiring the member to choose a Case Management agency (CMA) when WVMi goes out to do the initial assessment. If people are approved and given a slot, the CMA would be notified and could assist the member in getting financial approval and eventual enrollment in the ADW program.

So far, 1,378 letters have been sent out but the majority has not been returned. The group discussed some of the barriers contributing to this issue including illiteracy of members, lack of available technology, lack of transportation to DHHR, etc. Choosing a CMA up front could alleviate some of these issues. With implementation of the new ADW manual, financial eligibility

will be determined first which will hopefully decrease the size of the Managed Enrollment List (MEL). BoSS is following current policy by closing anyone that doesn't respond to their slot letter within 60 days.

Version 2 Member User Guide Updates. The information regarding missing reevaluation appointments discussed at the last meeting has been added to this document. It was sent out to all providers and has been posted to the Bureau's website.

Draft Paper Copy Incident Report. As a result of a request from a Council member, a Draft paper copy of the form used to enter information into the Incident Management System (IMS) was created and handed out to the Council. Everyone was asked to review the form and instructions and provide any comments to Cecilia Brown. They were also reminded that they still need to enter incidents in the IMS.

WV Participant Experience Survey. The WV Participant Experience Survey is a survey conducted annually by the nurse monitors at BoSS to measure the satisfaction of ADW and Personal Options members. The questionnaire used to complete this survey has been reduced to ten questions. It was felt that the previous version took too long to complete. Members still report being yelled at, treated badly or having had items stolen from them but then not knowing how to report these occurrences. The Council has tried to address these issues by updating communications such as the Abuse and Neglect brochure; however, more work may need to be done. The 2013-2014 survey results more than likely were collected prior to revised publications being distributed. The Council decided to review results of the survey currently underway to devise a plan of action, rather than looking at last years' results.

New Business: Draft Self-Assessment for HCBS Setting. In January, 2014, CMS released requirements for home and community based settings for services funded by Medicaid within the home and workplace. WV DHHS, Bureau for Medical Services created a form which outlines these requirements and includes a simple self-assessment tool for individuals, families, guardians and advocates to complete which should alert DHHS to potential home and workplace settings that may need attention to meet these requirements. The Council was asked to review the document and provide comments.

Quality Work Plan Update. Five of six goals were completed on the 2014-2015 Quality Work Plan. Goal #2, providing education to ADW providers who are dealing with extreme situations is in need of a law enforcement committee member. This committee will eventually develop a "Helpful Tips Guide".

Goal #6, making quality improvements in the ADW forms has not yet gotten started. The committee will concentrate on the forms included in the new ADW manual, which is not yet complete.

Goal #8 was added at the last meeting. These committee members will focus on monitoring member feedback from the 2014-2015 Participant Experience survey.

Olmstead Transition and Diversion Program. Council member and new Olmstead Coordinator, Vanessa Vanguilder gave a brief overview of the program. This program pays for a variety of goods and services that are needed when people are transitioning from a nursing home or other Long Term Care (LTC) facility. A person can spend up to \$2,500 per year and can purchase or pay for things such as lift chairs, medicine dispensers, ramps, bathroom or other home modifications, etc. They simply need to complete and submit a two-page application and include an estimate of the goods or services they wish purchase. A committee meets monthly to review. If approved, proceeds are dispensed to the vendor rather than the individual. The Olmstead council meets quarterly and they are currently looking for someone in the Aged and Disabled Waiver community to serve on the committee. The Olmstead website is currently being updated.

Next meeting is April 28, 2015. A new Quality Work Plan will be developed at that meeting.

John Raby motioned to adjourn. Rebecca Chambers seconded the motion. Meeting adjourned.