

West Virginia Medicaid Aged and Disabled Waiver  
Quality Improvement Advisory Council Meeting Minutes  
May 23, 2017

Attendees:

|                           |                   |
|---------------------------|-------------------|
| Rashida Dickerson, Chair  | LuAnn Summers     |
| Radene Hinkle, Vice Chair | Mark Fordyce      |
| LouEllen Blake            | Kathy Johnson     |
| Cecilia Brown             | Kristin Blackburn |
| Marcus Canady             | Vanessa VanGilder |
| John Raby                 | Christy Mills     |
| Rebecca Chambers          | Leah Redden       |
| Susan Silverman           | Tammy Grueser     |
| Shirley Burgess           | Tami Shamblin     |

- I. Welcome. Minutes from the January 2017 meeting were reviewed. John Raby made a motion to accept the minutes with two minor changes, the motion was seconded by LouEllen Blake.
- II. Olmstead Update. Vanessa VanGilder gave an update on the Olmstead Council. Over 250 people have received assistance this year, with an average award of \$1,200. Assistance can include ramps, lift chairs, rent, furnishings, utilities, etc. and can include assistance for individuals to transition out of Long-term care facilities. The Council began their October 1 fiscal year with \$300,000 and now have \$29,000 remaining. There are three (3) openings on the Olmstead Council, which meets quarterly. Vanessa will send Cecilia Brown an application to become a member of the Olmstead Council and BoSS will forward it to all Medicaid service providers.
- III. Enrollment Update: LuAnn Summers offered an update on enrollments for the Medicaid Aged & Disabled Waiver (ADW) program. Out of 6,151 available slots for fiscal year 2017, as of today, 6,141 are full. Five slots are reserved for Take Me Home participants. There are approximately 560 individuals on the Managed Enrollment List (MEL). As a reminder, LuAnn pointed out that an individual's placement on the MEL is based on the date the MNER is received by KEPRO, not the date they are assessed. The MNER date was chosen to determine MEL placement because assessment dates can change due to cancelled and/or missed appointments, and the MNER date would remain constant, thus being the fairest determinate of their place on the MEL. Going forward, the number of available slots for the ADW program will decrease each year – FY18: 5,752, FY19: 5,499 and FY20: 5,180.
- IV. Quality Management Report. Most measures on this report were at or near 100%. Trouble spots continued with Service Plan issues, however, since this is a lag report, the data reflects performance prior to the forms revisions that took place in December 2015 with the implementation of the new ADW manual. Identifying safety risks, planning for assessed needs and tailoring Service Plans to each individual's desired outcomes, were

87%, 77% and 87%, respectively. As stated earlier, with the revision of the Service Plan form, these numbers are expected to improve.

Active ADW participants as of December 27, 2016 stood at 5,653, of which 909 were enrolled in the Personal Options, self-directed program. The self-directed model generally comprises 10-20% of total ADW participants.

Administratively, specifically looking at the number of hearings, they have decreased. This could be due in part to bringing diagnoses forward from previous Pre-Admission Screening (PAS) forms, which helps better determine participant service levels.

All other data was consistent, with no trends noted.

- V. 2016-2017 Quality Work Plan Update. Most goals/objectives undertaken by the Council were met, although some are being carried over into the new fiscal year.

Goal 1. To reduce staff issues in the ADW program. The old Staff Management Toolkit has been sent out to the Council and is still undergoing review.

Goal 4. The training curriculum for both Personal Attendants and Case Managers (Goal 4.1, C and D) is being carried over. After review, these trainings will likely be broken out into different sections, with quizzes for each. The information contained in the presentations is fairly large and it is felt that breaking it down into smaller, more concise sections, will ensure the information is more easily retained. The Council will investigate whether the training would be eligible for Continuing Education Units (CEU's). Also within Goal 4, To develop provider training, the Case Management Timeline Chart Fact Sheet has been carried over as well.

The Roles and Responsibilities Guide (Goal 4.3) has been completed and sent out for review/comments. Comments will be incorporated into the Guide and it will be submitted to BMS for final approval.

Goal 5. To increase knowledge of the role of legal representatives within the ADW program, is a more complex topic than was first thought. For now, this Goal is suspended and we will defer to BMS's legal department for any issues that arise.

Goal 6. To educate providers on Disaster Preparedness/Planning. BoSS conducted training on this topic at the Quarterly Provider Training conference in March 2017. In addition, representatives from Clay County Development Corporation gave a presentation on what they learned about emergency preparedness and planning from the devastating flooding they experienced in June 2016. They pointed out the areas where they were adequately prepared and highlighted those areas where their planning needed much improvement.

Goal 7. To produce data regarding friends/family transporters for Non-Emergency Medical Transportation (NEMT). This goal needs more work. A survey to providers asking for specific information on problems with MTM, the state's contracted NEMT company, did not yield many responses. LuAnn will invite the State MTM manager to speak at one of the Quarterly Provider meetings to address some of the problems providers are experiencing with the transportation company.

- VI. 2017-2018 Issues List Discussion. Cecilia Brown reviewed the 2016-2017 Issues List and then the Council came up with the list for the new fiscal year:

Mortality Reporting. While this process has improved with form revisions and training during provider monthly question & answer conference calls, quarterly provider

meetings, and the creation and distribution of a Mortality Reporting Fact Sheet, the Council feels there is still room for improvement. This topic will be covered in the new Case Management training webinar which is part of the Quality Work Plan.

Service Plan. This will be added to the Work Plan. We will review data after implementation of the new forms and see if more work is needed on this topic. Radene Hinkle will chair this committee. Other members will need to be added.

Staffing Issues. Lack of staffing, especially during evenings and weekends, is increasingly becoming an issue. The Council agreed on conducting a survey of providers asking what are their biggest obstacles are for, one, keeping staff, and two, staffing certain shifts. A focus group will be assembled to pinpoint the main issues, and then hopefully come up with solutions for this growing problem. The group will also look at how and where agencies advertise for open positions.

Health and Safety. More and more we are seeing an increase in extreme, unsafe environments for direct care workers (which includes non-compliance on the part of participants). The Council would like to create training material on:

- a) Educating provider staff on how to document episodes of non-compliance or unsafe environment (to include documentation necessary for possible hearings);
- b) How to recognize caregiver/staff fatigue. Teach how to deal with a crises; trauma, first responder fatigue; Responsibility (act, guilt, compassion, anger, helplessness). How to walk away from a case when you need to;
- c) How to recognize an unsafe environment, to include creation of a Safety Fact Sheet.

VII. Take me Home WV Update. Marcus Canady gave an overview on the Take Me Home (TMH) program. Through today, there has been 28 transitions since January, which is way ahead of last year (78 total last year). Since the inception of the program in 2013, 242 people have transitioned out of long-term-care facilities into the community. Of this number 115 have completed at least 365 days in the community. Work continues on the sustainability portion of the grant that will transition TMH into the Aged & Disabled Waiver and Traumatic Brain Injury programs. The process is being finalized, however, some documents are time sensitive and cannot be completed until there is a State budget. Two services being considered that would be performed by the Transition Navigator (paid by TMH rather than Waiver services) are:

1. Pre-transition Case Management. The hope is to get a Case Manager involved prior to discharge at the facility and before services begin.
2. Community transition services. These services would be provided to help set them up in a home. It is estimated that this would cost approximately \$4,000.

Work continues on other aspects of the sustainability portion of the grant and include online Case Management, TeleHealth (remote health monitoring/consultation/education), and an online Housing Registry.

VIII. Other Issues.

- Cecilia Brown reminded the group that she is keeping a file on possible changes to policies in the next ADW and/or Personal Care manuals. (The current policies are in effect for five (5) years.)

With no further business, John Raby made a motion to adjourn. The motion was seconded by Kristin Blackburn.

*Next Meeting: July 25, 2017*