

West Virginia Medicaid Aged and Disabled Waiver
Quality Improvement Advisory Council Meeting Minutes
October 25, 2016

Attendees:

Rashida Dickerson, Chair	Wayne Worth
Mark Fordyce	Stephanie Carter
Lou Ellen Blake	Meghan Board
Cecilia Brown	Kristin Blackburn
Mark Fordyce	Vanessa VanGilder
Rebecca Cline	John Raby
Kathy Johnson	Rebecca Chambers
Jim Matney	Arlene Hudson
Susan Silverman	LuAnn Summers

- I. Welcome. Rashida Dickerson, Council Chair, welcomed everyone to the meeting and briefly summarized the agenda.
- II. Meeting Minutes. Minutes from July's meeting were reviewed. John Raby made a motion to accept the minutes as presented. Mark Fordyce seconded.
- III. Quality Management Report. Rashida Dickerson gave an overview of the report. First of all, any references to APS Healthcare will be replaced with KEPRO. Also, regarding the Health and Welfare measure related to unexplained, suspicious or untimely deaths, the description will be rewritten to read "% of unexplained, suspicious or untimely deaths for which review/investigation **did not** result in identified preventable causes." This will more accurately reflect the intent of the performance measure which is to highlight those deaths that are unexplained or suspicious, which are rare. There is an increase in elderly in the state. This could be impacting those applying and the level of need.
Hearings. Reported numbers were reviewed. Vanessa VanGilder asked the reasons for hearing requests. Per BoSS, most are due to closures for non-compliance (not following Service Plan, refusing service, etc.) and unsafe environment (drug use in the home, weapons in the home, verbal abuse towards the caregiver, etc.). BoSS has also had a few hearing requests when cases have been closed due to not receiving services on a monthly basis (a requirement in the new ADW manual) however, the requestors have not shown up for any of these hearings.
Agency Closures. LouEllen Blake asked about the five agency closures reported for the quarter. Per BoSS, one agency that provided both case management and personal attendant services (which counts as two agencies), closed due to the retirement of the owner. Another agency basically was not following ADW policy, and decided to stop providing ADW services. And a third agency closed because the area they were operating in was saturated with other agencies providing the same services and they just could not sustain their business.

IV. Take Me Home WV (TMH) Update. Marcus Canady was not present today to give an update.

V. Committee Updates.

Goal 2: Training Committees. As discussed at the Council's last meeting, the Training Committee was broken down into sub-committees; Person-centered Planning, Case Management and Personal Attendant committees for providers and the roles and responsibilities of caregivers that will be used for Personal Attendant training. The Person-centered training has been completed and is available for viewing on the Public Learning Center. Cecilia Brown and Wayne Worth are working on the Case Management training, and although there is a Tool Kit that was put together years ago, they are more or less starting from scratch to develop this training. The Case Management training will include a timeline of responsibilities which should be especially helpful to new Case Managers. Arlene Hudson suggested that a good starting point would be to review Case Managers' responsibilities as outlined in the recent ADW application, and they could build on that. Rashida Dickerson then gave an overview of the Personal Attendant training. This sub-committee took a training document that was developed by the nurse monitors at BoSS and is using that as their starting point. This sub-committee is streamlining the wording, making the presentation more visually appealing and will attempt to correlate everything contained in the training material back to Policy. The caregiver roles and responsibilities sub-committee is developing a guide which will outline the role of the caregiver as an agency employee, caregiver as a participant employee (Personal Options) and the caregiver as a family member. They have created a chart with Do's and Don'ts, defined formal and informal supports and will also define appropriate use of transportation, community activities and essential errands, etc.

VI. Enrollment Update. LuAnn Summers, ADW Program Director at BMS gave an update on current issues. As of 10/24/16, there were 331 individuals on the Managed Enrollment List. Of the 331, 167 had not had their slot released. 164 of the 331 did have a slot released for them and they were pending activation of the waiver. Pending, meaning they have received letters instructing them to apply with DHHR to determine financial eligibility but have not yet completed the process. This seems to be the point where we 'lose' applicants or where the process stalls, but all stakeholders (BMS, BoSS, and provider agencies) continue to try and assist them with getting to DHHR to begin the financial application process. Along with adding the option of choosing a case management agency for applicants who may need assistance with DHHR, BMS is also adding space to list a contact person on the Medical Necessity Evaluation Request (MNER) in an attempt to have an additional person to contact who can assist the applicant with the application process. We have served 5,914 people year-to-date, with total slots to fill at 6,151 for the current fiscal year. BMS continues to release slots each week, and should release ten more tomorrow.

It was brought to LuAnn's attention that some physicians are still using the old MNER forms with incorrect instructions which delays processing of the MNER. LuAnn will follow-up to ensure physician errors do not cause further delays in the approval process. The group again discussed the delays in enrolling applicants in the ADW program. It was explained that since Molina upgraded their system earlier this year, for those applicants that were already on various healthcare programs, their benefits are being paid through the end of the month, and therefore, they cannot be enrolled in the ADW program until the first of the following month. So instead of enrollments occurring within a day or so of providers submitting the documentation, it could take a week or more, in some instances.

VII. Olmstead Update. At this time, Wayne Worth asked if we could add an Olmstead Update to the meeting. Mark Fordyce made a motion to accept the change to the agenda, Arlene Hudson seconded the motion and Rashida Dickerson accepted the motion. Vanessa VanGilder then gave an update. The Olmstead Council just closed out their fiscal year and reported assisted approximately 340 people. West Virginia's Olmstead Council is the only one in the nation with a transition and diversion section. The Council offers people of all ages up to \$2,500 for assistive devices that Medicare and Medicaid will not pay for, that will help them live in their own homes. The program also assists informal supports, family members and spouses who are the caretakers for these individuals. Interested parties complete an application outlining their needs with an explanation of how the devices they are asking for will help them stay in their home. The Council reviews the applications each month and approves those that meet program guidelines. Funds are dispersed directly to contractors, vendors, etc., depending on the nature of the request. Also of note, the office of Behavioral Health and Health Facilities duplicated their grant of \$200,000 from last year to this year as well.

VIII. Provider Monitoring Update. ADW provider reviews have been completed and two main areas of concern were pinpointed – 1. Personal Attendants not initialing the services that were completed on the Personal Attendant Log (PAL) and/or services were not provided and no explanation was given, and 2. certain forms are simply not being signed. The group discussed possibly changing the monitoring tool to better reflect the importance of the expectation or Policy requirement. In other words, is initialing a completed service on the PAL of major importance in measuring the care provided to program participants and should agencies have to pay back money if these initials are missing? Much discussion ensued with the group finally deciding to review the Service Plan and Personal Attendant Log forms to see if they should be revised. The forms were revised with the inception of the ADW manual effective December 1, 2015; however, the group felt it would be prudent to review them again. The emphasis should be placed on ease of use by the Personal Attendant. Provider agencies represented on the Council will poll at least ten Personal Attendants and ask for the top three problems they have filling out the PAL. Cece will then take this information and develop a structured survey to distribute to all provider agencies and ask their Personal Attendants for the same information. Hopefully this will shed some light on whether or not the PAL should be revised. Deadline for Council provider's input will be November 15.

- IX. Continuing Certification Update. Arlene reported that all providers met the July 31, 2016 deadline to certify employee compliance with training requirements. Nothing additional to report at this time.
- X. New Incident Management System Update. The new Incident Management System (IMS) is very close to completion. It is currently being tested by a closed group of individuals from BoSS, BMS and providers with the hope of expanding to a larger group of provider testing before the end of the year.
- XI. New Business. Wayne Worth made a request that any Policy interpretations or clarifications be distributed to providers in the form of a memo from either BMS or BoSS, as was done in the past. He feels that the monthly Question and Answer conference calls, although helpful, are not adequate. He would prefer a memo that could be placed in a binder or in the appropriate section of the manual for easy reference. Arlene Hudson commented that BoSS has created Fact Sheets covering various policy issues which are posted on BoSS's website. In addition, she felt any such memo should come from BMS. No decision was made at this time.
- XII. Additional Updates. Cecilia Brown joined the meeting after the lunch break and added additional information:
- a. Take me Home. TMH is still working on the Transition Plan where Take me Home will be absorbed into the Aged & Disabled Waiver program. Meetings are being held weekly. Cece will email Marcus and ask for any additional updates.
 - b. Quality Management Plan. For the first time since the Council has been tracking levels of service, level D's have increased. The consensus was that this is due to the ADW program working as it was intended – namely to keep people in their homes longer and avoid placement in long-term care facilities. Pair that with West Virginia's larger than average aging population and this trend appears reasonable. The Council will continue to monitor.
 - c. Quality Work Plan.
 - Goal 1: To increase Case Manager and RN understanding of Service Planning. Development of a Service Plan/Personal Attendant Log Fact Sheet was completed in July 2016. The development of a Timeline Fact Sheet has been carried over.
 - Goal 3: To reduce staff issues in the program. A previous version of a staff Toolkit was distributed to Council members for comments. A completion date of January 2017 is set for this goal.
 - Goal 4: To increase Provider knowledge of ADW processes. The development of Fact Sheets for Emergency Back-up Plans, Professional Internship Protocol and Participant Services Verification has been completed.
 - Goal 5: To increase compliance with mortality reporting. The Death Notification form was revised and a Mortality Reporting Fact Sheet was developed, however, providers continue to fall short in completing all steps with mortality reporting. Therefore, more work/training in this area will be done, although a new goal was not defined at this time.

Goal 6: To increase knowledge of the role of legal representatives within the ADW program. Work on this goal continues with a projected completion date of June 2017.

- d. Quality Management Plan. For the first time since the Council has been tracking levels of service, level D's have increased. The consensus was that this is due to the ADW program working as it was intended – namely to keep people in their homes longer and avoid placement in long-term care facilities. Pair that with West Virginia's larger than average aging population and this trend appears reasonable. The Council will continue to monitor.

XIII. Other Issues:

- Arlene Hudson informed the group that BoSS has done a lot of remediation on writing Back-up plans and the Death Notification process. She also reminded the group that completing an Estate Recovery Form is a part of the Mortality Reporting process. This form can be found on the HMS website at http://www.wvrecovery.com/docs/NOTIFICATION_OF_DEATH.pdf.
- Also related to mortality reporting, LuAnn Summers reiterated a point brought up in a recent BMS/BoSS contract meeting, specifically, that the mortality committee needs to define the committees' focus and purpose. The committee reviews the cause of death of ADW participants to see if what was reported on the Notification of Death form from the provider matches what is recorded on the death certificate; however, if the causes don't match, there is nothing that the committee can do about it. They will also meet to ensure that there is no duplication of work between BMS and BoSS.
- A request was made to avoid scheduling the quarterly provider trainings back-to-back with other meetings. BoSS will keep this in mind when scheduling future meetings.

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

Next Meeting: January 24, 2017