

West Virginia Medicaid Aged and Disabled Waiver
Quality Improvement Advisory Council Meeting Minutes
August 22, 2017

Attendees:

Radene Hinkle, Vice Chair	LuAnn Summers
Mark Fordyce	Tami Shamblin
LouEllen Blake	Kathy Johnson
Cecilia Brown	Kristin Blackburn
Vanessa VanGilder	Shirley Burgess
John Raby	Rebecca Chambers
Susan Silverman	Tammy Grueser

- I. Welcome. Minutes from the May 2017 meeting were reviewed. Radene Hinkle made a motion to accept the minutes, the motion was seconded by John Raby.
- II. Take Me Home WV Update. In Marcus Canady's absence, LuAnn Summers gave a brief update on the Take Me Home (TMH) program. The transition date for rolling the TMH program into the Aged and Disabled Waiver (ADW) program has been pushed back to July 1, 2018 due to uncertainty with funding and budget approvals. Progress has been made identifying the TMH processes that will be in effect and will be added to the ADW manual when the transition occurs. Seventy-six of the ninety TMH slots have been filled year-to-date.
On a related note, to assist BMS in managing available ADW slots and Take-Me-Home slots, KEPRO will begin to report these numbers separately.
- III. Olmstead Update. Vanessa VanGilder reported that nine people have been transitioned so far this year. Next year, the Council will not receive the extra \$300,000 in funding from the Bureau for Behavioral Health and Health Facilities that they had received in previous years. This will decrease those helped to approximately 70-80 people for their upcoming fiscal year (October 1 – September).
There are still openings on the Olmstead Council. The Council meets four times per year in the Bureau of Senior Services conference room, members are reimbursed for mileage and you can attend via conference call if you cannot meet in person. Cecilia Brown and Shirley Burgess may have some potential Council members in mind. They will send Vanessa contact information.
- IV. ADW Administration Update. LuAnn Summers gave an update on Aged & Disabled Waiver issues. Last fiscal year, a total of 6,151 slots were filled. For the current fiscal year, there are 5,752 slots available and 5,393 unduplicated slots filled thus far. There are approximately 550 on the Managed Enrollment List (MEL). Since July, just under 400 slots have been released. Some have been enrolled and several of them are in different stages of determining financial and/or medical eligibility. LuAnn told the group that to help speed up the process of enrolling applicants, BMS has agreed to allow KEPRO to take service delivery choice over the phone.

Also of note, DHHR has included BMS in reviewing and updating the financial eligibility section of their manual. When DHHR begins statewide training for Economic Service Workers, representatives from BMS, BoSS and KEPRO will take part in the training for determining financial eligibility in the ADW, I/DD and TBI programs.

In relation to DHHR, John Raby asked why Personal Care members, who are already Medicaid recipients, have to go through the entire financial eligibility determination process again when they receive a slot for the ADW program. He added that the process seems to vary County to County. LuAnn will check with DHHR on this.

V. Quality Management Report. Cecilia Brown covered the highlights of the ADW Quality Management Report. This is a lag report covering data from January through March 2017.

- As of March 4, 2017, there were 5,507 active ADW participants of which 891 were Personal Options (self-directed). This reflects a decrease in both groups since last quarter due in part to participant deaths and in the case of Personal Options, people realizing they are unable to self-direct and transfer to a Traditional model.
- Hearings showed a decrease as well, which can be attributed in part to better Level of Care decisions due to including prior year PAS diagnoses along with current assessment outcomes and conducting pre-conferences (parties reach a conclusion prior to conducting an official hearing).
- Level of Care determinations, re-evaluations and dual service requests processed by KEPRO were 99%, 100% and 100% respectively.
- YTD percent of agency staff whose training requirements are current was 100%. This includes 15,655 staff people with training in Health and Welfare, Abuse, Neglect and Exploitation, CPR, First Aid, Personal Attendant Skills and Ethics.
- Service Plan measures – identifying health and safety risks, reflecting assessed needs, reflecting participant's desired outcomes and those whose Service Plans were updated annually and every six months, as needed, ranged from 77% (below CMS's minimum requirement of 85%) to 97%.
- Health and Welfare measures – percent of critical and abuse/neglect/exploitation incidents resolved within 14 days and followed up on within established time frames stood at 99% for the quarter.

The improvements were achieved, in part, from additional training and the creation and revision of various key forms used by providers.

VI. 2016-2017 Annual Performance Measures – Provider Monitoring. Cecilia Brown continued with an overview of results from BoSS's recent review of ADW service providers. One area of concentration during this review was on staff training. Basically, the review found that all staff personnel, direct care staff and professional staff members both, were compliant with training requirements. Training ranges from CPR, First Aid, and personal attendant skills to infectious disease control, HIPAA, and abuse/neglect/exploitation, to name a few. Most other performance measures involved review of Service Plans. Service Plan development includes identifying and planning for health and safety risks (at 94% - up from 87% last year), assessed needs (at 98% - up from 77% last year), making sure the Plan reflects the person's desired outcomes (at 98% - up from 87% last year), that their various health care needs are coordinated (at 100% -

up from 87% last year), and that they have complete and appropriate back/up/crisis plans (currently at 91%). The review also checked to see that the annual and six-month assessments were revised, as needed and this measure was at 99% for the year.

- VII. 2016-2017 Quality Work Plan. Cecilia Brown continued with an overview of last years' Quality Work Plan. Most Work Goals were completed; however, the following Goals will be carried over into the 2017-2018 Plan:

- 1) Goal 4: To increase provider knowledge of the program. The training committee is still working on developing training materials, including a webinar, for RN's and Case Managers and is also still developing the Timeline Chart Fact Sheet.

- VIII. 2017-2018 Quality Work Plan. After discussing the issues list at the last meeting, Cecilia Brown presented the 2017-2018 Quality Work Plan to the Council for approval:

Goal 1: To reduce staff issues in the ADW program. Cece will create a survey to ascertain the biggest obstacles providers face in recruiting, training and retaining staff. She will forward a draft of the survey to Council members for approval. Timeframe: June 2018

Goal 2: To increase compliance with Service Plans. The Council felt that more work was needed on Service Plan development. The Council will study the improvements that were gained from 2016 form revisions, and determine if additional changes should be made. Also within this goal, training for Case Managers and RNs specifically related to planning for crises and/or risk will be included. Timeframe: June 2018

Goal 3: To address the increase in extreme unsafe environments for workers (including non-compliance). Part of this goal dealing with training on compassion fatigue, documentation for extreme situations and a behavior protocol for extreme cases was completed at the quarterly provider training in July 2017. Additional training to educate providers further on extreme safety situations will be the focus of this goal going forward. The Council discussed bringing in individuals from law enforcement and the Bureau for Children and Families to present at the next quarterly meeting. Timeframe: April 2018

Goal 4: To educate professional staff in the program. As stated earlier, this is a carryover from last year and includes the Case Manager and RN training materials, the ADW policy Timeline Chart and the addition of reviewing the timelines to determine if they are reasonable based on CM caseloads. Timeframe: April 2018.

Goal 5: To educate providers and participants on medical transportation. The Council will supply providers with more information on Medical Transportation Management (MTM), the non-emergency transportation company that has the contract with the state for this service. The Council may create a Tip Sheet and training materials specifically geared towards direct care workers, as they can sign up provide this transportation service. Timeframe: January 2018.

- IX. MTM Flyer and Guide for Case Managers. Two representative from MTM presented at the most recent quarterly provider meeting and supplied attendees with very good information on how the service is supposed to work and what to do and who to contact if they experience problems. Cecilia Brown created a Transportation Tips document based

on their presentation. The material MTM distributed will provide a good foundation for Goal 5.

- X. Quality Council Applications. Cecilia Brown sent an email to providers recently asking for nominations for positions on the Quality Council. She received names of ten potential applicants, which she will contact to see if they are interested. Applications were received from Jadea Edwards who is a Case Manager at Putnam Aging Program, Michelle Cook who is the Executive Director at McDowell County Commission on Aging and Amy Elliott who is a Case Manager at Stonerise Reliable Healthcare. Any has been on the Council previously. The Council voted however to refrain from voting on any applications until all have been received.
- XI. New Business. None to report.

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

Next Meeting: October 24, 2017