

West Virginia Medicaid Aged and Disabled Waiver
Quality Improvement Advisory Council Meeting Minutes
April 26, 2016

Attendees:

Terra Muncy, Chair	Lou Ellen Blake
Cecilia Brown	Marcus Canady
Teresa McDonough	Kristin Blackburn
Radene Hinkle	Rebecca Chambers
Mark Fordyce	Vanessa VanGilder
Rebecca Cline	John Raby
Kathy Johnson	Rashida Dickerson
Tami Shamblin	Susan Silverman

- I. Welcome. Terra Muncy, Council Chair, welcomed everyone to the meeting and introduced two new Council members, Rebecca Cline from Wyoming County Council on Aging and Karen Johnson from Southwestern Community Action Council.
- II. Meeting Minutes. Minutes from February's meeting were reviewed. John Raby made a motion to accept the minutes as presented. Mark Fordyce seconded.
- III. Chair and Vice Chair Nominations and Elections for Next Year. Cecilia Brown explained that nominees for these positions require at least one year of experience on the Quality Council. Eligible nominees for Council Chair and Vice Chair were as follows:
 - o Mark Fordyce
 - o Teresa Hensler
 - o Rashida Dickerson
 - o Valerie Phillips
 - o Bill Carpenter
 - o Kristen Blackburn
 - o Lou Ellen Blake
 - o Radene Hinkle

Mark Fordyce, Rashida Dickerson and Radene Hinkle all agreed to be nominated. Kristen Blackburn and Lou Ellen Blake did not feel qualified to be nominated at this time. The Council agreed to cast their votes today and with a quorum present, conducted a public vote. Rashida Dickerson was elected Chair and Radene Hinkle was elected Vice Chair for the coming year.
- IV. Take Me Home WV Update. Marcus Canady, Program Director, gave an update of the Take Me Home WV program (TMH). (The Federal name for this program is Money Follows the Person (MFP)). The revised budget was submitted but has not yet been approved. With the 62% nationwide reduction in funding for this program, projected transitions for West Virginia's program for 2016 and 2017 were also reduced. In addition, the WV Take me Home program was forced to terminate the Transitions Manager position as well as reducing administrative costs by 25%.

This year, they anticipate transitioning 18 individuals. In 2014, there were 15 transitions and in 2015, 13. The procedures put in place last year have paid off. Intakes and referrals are up. Beginning in 2018, transition services will be moved into the Aged and Disabled Waiver (ADW) and Traumatic Brain Injury (TBI) programs. Policies and procedures will need to be amended to incorporate this change. A review of procedures required to transition people back into the community, for example, Risk Assessment and Planning, securing appropriate housing, coordinating in-home care, etc., will be needed when crafting new policies and forms for the Amendment to the Take me Home Application.

- V. New Incident Management System Update. Progress is being made on the new Incident Management System (IMS). The system is not quite ready for provider testing, however, internal testing continues with emphasis currently on user roles. Each agency will be able to set up their own users. Report functionality is also under review. The new system will automatically populate Medicaid Fraud reports and hopefully sometime in the future, it will be able to do the same for APS referrals. The need to incorporate new CMS Performance Measure requirements has added to the timeline for completion of the system. When these last few issues have been worked through, a pilot group of providers will test the system, with training for all users, more than likely through webinars, will be conducted. An IMS Guide is also being created. Lou Ellen Blake volunteered Lewis County to test the new system. The ultimate goal is to incorporate all Waiver programs as well as Behavioral Health agencies into the system. There is a meeting next week for a walk-through of the system.
- VI. Quality Report. Cecilia Brown gave an overview of the Quality Management Report. Numbers look consistent with no real identifiable trends. APS Healthcare is re-running the data for Medical Eligibility and Service Levels so that will be distributed to the Council at a later date. Processing service continuations and service level requests stand at 100%. The breakdown of service levels has remained fairly consistent with perhaps a slight increase in level D. This may simply be due to West Virginia's aging population; however Cece will look into this a little further. Hearings are down, due in part to pre-hearing conferences and also the new procedure of RN's reviewing prior year PAS's before conducting reevaluations. As discussed at previous Council meetings, changing the timeline for reporting critical incidents from 24 hours to one business day should help this measure under Incident Management improve. A new Abuse/Neglect brochure is being developed which will incorporate all Waiver programs. It will be more of a booklet with pictures and examples of different situations. It is currently being reviewed by BMS's Communications section. Cece will send out a draft to the Council for review and comment. Complaints are down this quarter.
- VII. Quality Work Plan – New Format. Cecilia Brown presented the format for the new Quality Work Plan. New Performance measures were discussed at the last Council meeting. The new format has a description of the measure, the source for the data collected and the reporting frequency. The Council did suggest breaking down the number of new and/or closed providers into Case Management and Personal Attendant agencies.

- VIII. Quality Work Plan – Current. Terra Muncy reviewed the Plan.
- Goal 1. To provide stakeholder input with the ADW policy manual - completed.
 - Goal 2. To raise awareness surrounding safety in the home – part one complete. Part two – PowerPoint of the Extreme Situations Guide is at BMS for approval. It will then be posted to the Learning Management System (LMS).
 - Goal 3. To increase provider knowledge of resources for bed bugs in the home. Committee not yet complete. Time frame of June 30, 2016.
 - Goal 4. To increase knowledge of the role of legal representatives within the AD program. In process. Time frame of June 30, 2016.
 - Goal 5. To set procedural guidelines regarding unsafe environments. Complete.
 - Goal 6. To conduct a quality enhancement of the ADW forms. Complete.
 - Goal 7. To educate ADW members and applicants about abuse, neglect and exploitation and clarify our expectations of caregivers and members. Draft brochure complete.
 - Goal 8. To define the role and responsibilities of the caregiver. Committee not yet complete. Rebecca Cline to be added to this committee. New time frame of June 30, 2016.
- IX. Issues List. Cecilia Brown reviewed many quality documents and data, including information from provider reviews and came up with the issues list. Items from this list were discussed and some will be added to the 2016-17 Quality Work Plan.
- Service Plans – Sometimes there seems to be a lack of communication between Case Management and Personal Attendant agencies when implementing Service Plans. The new Personal Attendant Log (PAL) was also discussed. Cece will look into creating a checklist which would explain when to revise a Service Plan and when to do just an update. (The TBI program may have a ‘Cross-Walk’ document which outlines a similar process.) Before adding this topic to the Quality Work Plan, more data is needed.
- Health/Welfare. This line item has to do with participants/legal representatives receiving information on how to report abuse, neglect, exploitation or other critical events. The performance measure has generally been approximately 90% compliant, so more discussion may be needed to determine whether or not to add this to the Plan.
- Level of Care. May need to track MNER’s to see what percentage are submitted complete and within timelines. Providers have been instructed to ensure that the new ICD-10 diagnosis codes are included on the MNER, however, Teresa McDonough will review this requirement to be sure we can ask for it.
- Training. There has been a request for RN training. May look into creating training material for RN’s, Case Managers and additional material on Person-centered training for Personal Attendants and RN’s.
- X. Development of the 2016-17 Quality Improvement Plan. The Council discussed issues that may be addressed on the new Quality Improvement Plan.
- Goal 1. List transportation concerns regarding MTM. Need specifics from providers. Timeframe: July 2016.

- Goal 2. Service Planning training. Teresa McDonough will look for a checklist-type document, referred to as a “Crosswalk”, that they have used in the TBI Waiver program. Timeframe: October 2016.
- Goal 3. Recruiting/retaining a quality workforce. Develop a tool-kit. Perhaps look at the old “Staff Management” tool-kit that was developed for the Personal Options program. Timeline: January 2017.
- Goal 4. Case Management training. Develop training material. Review and update existing training, as needed.
- Goal 5. Person-Centered training for RN’s. Develop a shorter version of the current Case Manager’s Person-Centered training. Timeline: April 2017. (Rebecca Cline suggested using the VA’s Strength-based training for input.)

XI. Other Business.

- Teresa McDonough would like to add the following concerns to the monthly ADW and Personal Care conference calls:
 - a) Discuss how to increase a Level of Care prior to a participant’s Anchor Date.
 - b) Discuss the issue where some agencies automatically give a participant the maximum number of hours allowed for their service level instead of basing it on the PAS. (If an agency discovers that a participant transfers to another agency only because they have been promised more hours, they should contact BoSS to follow up.)
 - c) Discuss the fact that Case Managers should not make a judgment call on whether or not a participant could manage being on the Personal Options program.
- Some providers are still reporting problems with the fillable forms on the BMS website. Arlene Hudson has contracted with someone to review and fix the forms.
- The Personal Care manual is still being reviewed by the BMS Policy Committee. It should be posted for public comment soon.
- The Council discussed the Participant Satisfaction Survey. Although participants are asked if they know how to report problems, BoSS was not confident that they were receiving good data on this topic. It is felt that participants may not be aware or they don’t remember who to contact if they have an issue with their service provider. This question on the survey is being reviewed. It was also suggested to perhaps have refrigerator magnets made with pertinent phone numbers for those on Waiver or Personal Care programs.
- The Council also discussed those participants who may have visual or other impairments that would need to receive program information in alternate formats. For example, not all visually impaired individuals read braille, and some participants cannot read. A process should be put in place to be able to accommodate these people when disseminating program information.
- Interviews have been completed for the ADW program manager position at BMS.

- BMS has developed a Dual Services training for ADW, Personal Care and TBI. This training will be given to Personal Care providers.
- Problems with MTM continue. The group discussed missed appointments, long wait times for mileage reimbursements and a general lack of helpfulness when speaking with MTM representatives. Especially worrisome are missed dialysis or pain clinic appointments because at that point, it becomes a health and safety issue. It was decided to ask providers for specific examples of problems, which will be categorized and summarized and perhaps presented to the director of the MTM program.

XII. Stakeholder Input: Terra Muncy brought up some concerns voiced by her neighbor who is on the ADW program.

1. The neighbor's Case Manager or RN told her it would be a good idea to have a fire extinguisher in her home and thought if she didn't get one, that she could be kicked off the program. The Council answered that that would not happen. It is not a requirement of the ADW program to have a fire extinguisher in the home, although it might be a good idea.
2. This same person was told by her Case Manager that they didn't feel she was capable of managing herself on the Personal Options program. Is this ethical? The Council agreed that a Case Manager should not make the judgment call on whether or not a participant could manage being on the Personal Options program.
3. Again, this neighbor received a letter instructing her not to go to Morpho Trust any more to have Personal Attendants fingerprinted. The Council instructed Terra to explain that all fingerprinting is arranged through her Personal Attendant agency.

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

Next Meeting: July 26, 2016