

West Virginia TBI Quality Improvement Advisory Council Meeting	May 15, 2014 10:00 am - 2:00 pm Center for Excellence in Disabilities 4510 Pennsylvania Ave., Charleston, WV
Members Present:	
Mark Fordyce, Don Ashworth, Brad Anderson (by phone), Angela Vaught, Lou Ellen Blake, Rose Lowther-Berman	
Members Not Present:	
Stewart Phillips	
Others Present:	
Theresa McDonough - BMS, Sally Burchfiel – PPL, Katherine Randall – PPL, Barb Recknagel - APS Healthcare, Amy Shriver - APS Healthcare	
Meeting Minutes from the 11/14/2013 QIA Council meeting were approved as written.	

MINUTES

Agenda Item	Welcome/ Introductions/Old Business	Presenter	Mark Fordyce, Chair
Discussion and Conclusions:			
Roundtable introductions were made by meeting attendees, and housekeeping issues were discussed.			
Old business: The minutes from the March 7, 2014 QIA Council meeting were approved without changes. Angela noted that she liked the recent addition APS Healthcare made to the minutes, of incorporating the Work Plan goals being addressed by each Council meeting activity.			
Mark advised the Council that after performing outreach to all current TBI Waiver members regarding the Council vacancy for a TBI survivor/ family member, APS Healthcare received an application from L. June Davis. Ms. Davis has a family member who is a TBI survivor. Mark noted that the Membership committee (comprised of the Council Chair, Co-Chair) convened briefly prior to the meeting, and after reviewing the applicant’s resume, recommended that the Council approve her application. Copies of Ms. Davis’s resume were provided to Council members for review. Lou Ellen made a motion that the Council approves the application, and Angela Vaught seconded the motion. The Council unanimously approved June Davis’s application. APS Healthcare staff will contact Ms. Davis to inform her of the Council’s decision and offer her the position.			
Action Items	Person Responsible	Deadline	
Contact June Davis and invite her to join the Council	Amy Shriver, APS Healthcare	May 31, 2014	

Agenda Item	Cognitive Rehabilitation Therapy Fact Sheet	Presenter	Teresa McDonough, BMS
Discussion and Conclusions:			
QIA Work Plan Goal 2			
Goal 2 - Members receive needed TBI Waiver services from qualified agency providers			
Teresa McDonough with the Bureau for Medical Services presented the final draft of the Cognitive Rehabilitation Therapy (CRT) Fact Sheet, which was a collaborative effort between Teresa, Council workgroup members Brad Anderson, LouEllen Blake, and Angela Vaught, as well as APS Healthcare staff.			

Teresa advised Council members that she felt one fact sheet for both members and providers was sufficient, rather than having a separate fact sheet for each group as was the original plan. Copies of the final draft were provided to Council members for review. LouEllen recommended that the wording be changed from “the case manager can arrange CRT” to “the case manager must arrange CRT”. Brad noted that members need to be aware that they are required to request CRT in order to have it on the service plan. After some discussion among Council members, it was decided to change the wording to “the case manager will arrange CRT”. Angela pointed out that “CRT Therapy” was redundant, and recommended that it be changed to “CRT Services”; she also felt that “therapist CRT” should be reversed to read “CRT Therapist”.

Mark commented on the fact that only six providers are currently offering CRT; Teresa noted that there is not currently a large demand for the service, which is one of the reasons the fact sheet was developed- to increase awareness and demand. Barb noted that APS Healthcare has an upcoming training on CRT as related to the manual requirements (it is not a clinical training). Mark indicated that most Homemaker agencies are not familiar with the service.

Action Items	Person Responsible	Deadline
Finalize the CRT Fact Sheet with edits recommended by Council, and present Fact Sheet to Providers and enrolled members	APS Healthcare staff	May 31, 2014

Agenda Item	Program Updates	Presenters	Teresa McDonough - BMS, Sally Burchfiel- PPL, Barb Recknagel – APS Healthcare
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Discussion and Conclusions:

QIA Work Plan Goals addressed:

Goals 1- Program members are protected from abuse and/ or neglect, and know how to get help if things go wrong.

Goal 4- Program data, which is gathered by the ASO and presented to the Council during quarterly meetings, will be used to research trends.

Teresa McDonough, BMS Program Manager for the TBI Waiver Program, reported that APS Healthcare and BMS had completed the TBI Waiver Open Forums across the state in April 2014, and noted that the forums were well attended given program enrollment numbers. She added that BMS is considering timelines for the 2015 Waiver reapplication process. Teresa stated that the program continues to grow, and currently has 35 active members, with 43 members served to date.

Sally Burchfiel with Public Partnerships Limited (PPL) stated that PPL is excited about their 13 active TBI members, which have come through the Waiver Program and the Money Follows the Person program. She added that PPL staff has learned a lot from working with these members. She noted that it is a challenge to encourage Personal Attendants to work with members, rather than doing things for them, to encourage learning opportunities and behavioral changes. Sally also reported that when members are not assigned a particular level on the PAS, as happens with other waiver programs; it is being assumed that they need dual services, which is not always the case. She mentioned that members are not meeting medical eligibility on reevaluation because of the focus of the assessment tools on physical abilities/ Activities of Daily Living (ADLs). Teresa noted that she had asked APS Healthcare staff to review the PAS of applicants who did not meet eligibility to determine whether lowering the required deficits from 5 to 3 would significantly influence

eligibility. Based on the review, nine (9) people who did not meet medical eligibility on initial assessment would have done so if only three deficits were required. Barb added that of those members who did not meet medical eligibility on reevaluation, none would have met eligibility if the deficit requirement had been three instead of five. APS will continue tracking this data. Sally and Katherine Randall stated that while people improve medically, they continue to need support because of impaired cognition. LouEllen mentioned a member who did not meet medical eligibility on reevaluation, and ended up homeless because of impaired judgment issues.

Barb Recknagel, APS Healthcare Manager for the TBI Waiver Program, provided an update, including handouts of the Discovery & Remediation (D & R) report, the monthly activity report, and enrolled member demographics.

The member demographics handout was reviewed. Categories on the handout (previously requested by Council) include age, gender, nature of TBI, substance use/ abuse, 1st, 2nd, or subsequent TBI, in state/ out of state resident, number of prescription medications, and county of residence. Rose asked about including an aggregate count for some of the categories, as the data is currently tracked annually and not as an aggregate. Barb stated that Council would need to determine the reason for the data request, and in what capacity the information will be used. Sally noted that Council had discussed the broad issue of over-medication, and Sally added that Council had looked at risk assessment trainings for case managers related to issues such as medication overuse/ abuse.

With regard to tracking age, Katherine asked whether APS Healthcare gets many inquiries about the Waiver from people who are under the required age minimum of 22. Barb replied that APS has not had a substantial number of inquiries from people under 22 years of age. Angela suggested tracking age at injury rather than age at time of application, since that information would be helpful determining what changes to consider regarding eligibility criteria for reapplication. LouEllen suggested that if we are going to track age at time of injury, we should add age categories for Birth to age 12, and age 13-21. Council decided to limit the data tracking to the following categories going forward: How the injury occurred, whether substance use was a factor, gender, county of residence, and age at the time of injury.

The Discovery & Remediation report was reviewed. Barb reported that the APS Provider Educators would be starting provider reviews in the next couple of months. Reviews will be conducted during the period from June through December of 2014. The monthly activity report was reviewed next. Barb reported that APS has received 71 Medical Necessity Evaluation Referral (MNER) forms since 7/1/13, and 141 have been received since the program started on 2/1/12. There are currently 23 enrolled provider agencies, down from 35. Some chose not to continue because they had no enrolled members. There continues to be coverage for Case Management and Personal Attendant Services in all counties. Sally asked whether APS staff provide technical assistance in person or by telephone; Barb responded that we do both.

Barb shared that APS has scheduled training in June 2014 regarding Personal Attendant worksheets and service plan.

A one-page sheet with bullet points highlighting findings from the forums was shared and reviewed. Rose inquired about which additional services respondents would like to see provided by the waiver that are not currently provided. One of the services mentioned by respondents was respite. Teresa noted that during the forums, several people mentioned that they had been waiting long periods for approvals from the TBI Fund

Board. Katherine stated that they hear the same thing from people. Sally noted that often, people confuse the roles of the different entities providing services. Barb reported that there is a page in the member handbook delineating Who's Who among service providers. Teresa indicated that it might be a good idea to have training on the handbook.

Action Items	Person Responsible	Deadline
Provide Open Forum Report to Council during August, 2014 meeting	Amy Shriver	August, 2014
Update demographic data tracking sheet; continue tracking member data	APS Healthcare staff	ongoing

Agenda Item	Public Comment	Presenter
Discussion and Conclusions:		
N/A		
Action Items	Person Responsible	Deadline
No action items		

Agenda Item	TBI Chapter 512 Manual Review	Presenter	Mark Fordyce, Teresa McDonough ,Council Members
Discussion and Conclusions:			
QIA Work Plan Goals Addressed:			
Goal 1 - Program members are protected from abuse and/ or neglect, and know how to get help if things go wrong.			
Goal 2 - Members receive needed TBI Waiver services from qualified agency providers			
Goal 3 - QIA Council members will communicate to the ASO desired training topics to increase their knowledge of the TBI Waiver Program and other programs operated by BMS.			
Goal 4 - Program data that is gathered by the ASO and presented to the Council during quarterly meetings will be used to research trends.			
Each Council member has been provided a copy of Chapter 512 in a notebook. Specific manual sections have been designated for discussion at 2014 quarterly meetings. The sections identified for discussion at this meeting were as follows:			
512.10 MEMBER ASSESSMENT			
512.11 SERVICE PLAN DEVELOPMENT			
512.3.5 Personal Attendant Service Staff Requirements			
512.12.2 PERSONAL ATTENDANT SERVICES			
512.12.2.1 Personal Attendant Service Code, Unit, Limit and Documentation Requirements			
512.12.2.2 Transportation			
512.12.2.3 Transportation Code, Unit, Limit and Documentation Requirements			
512.3.5.1 Annual Direct Care Staff Training			
512.3.6 Case Manager Qualifications			
512.12.1 CASE MANAGEMENT			
512.12.1.1 Case Management Code, Unit, Limit and Documentation Requirements			

Council members were encouraged to review the sections prior to the meeting and bring thoughts/suggestions to the meeting.

Council recommendations follow each listed criteria in blue.

512.10 Member Assessment – Council recommends clarifying what constitutes a needs change, so that a completely new assessment is not required for things like demographic changes.

512.11 SERVICE PLAN DEVELOPMENT-

512.11.2- Council recommends allowing exceptions (with documentation) to the 3-business day deadline.

512.3.5 Personal Attendant Service Staff Requirements-

H. Crisis Intervention Training- BMS Directive should be added to the manual

512.12.1- Personal Attendant Service Code, Unit, Limit and Documentation Requirements –

Council recommends:

B. Add bullets

J. Complete budget/ services requested

K. Member Assessments

512.12.1.2. Ongoing Case Management- is face-to-face contact every 6 months frequent enough.

Council recommends estimating on service plan how frequently visits should be made, and building into budget; mileage/ billing is an issue as agencies are not reimbursed for mileage or travel time for home visits.

512.12.2 PERSONAL ATTENDANT SERVICES –

List 1

Council recommends adding letter L. Implementing recommended strategies from CRT, SLP, OT, etc.

Council recommends adding letter M. Companionship (Supervision / Monitoring)

List 2

D. Council recommends removing or modifying language to increase hours

L. Application of heat- Council recommends removing

Council recommends adding Checking blood sugar to the list of functions that cannot be performed by the Personal Attendant Staff

512.3.5.1 Annual Direct Care Staff Training

B. First Aid- Council recommends mirroring letter A to include the word current

Several key issues were identified as requiring further conversation and research, and were placed in a “parking lot” to be addressed at upcoming meetings. These include:

512.3.5- Rule about spouse and/ or Legal Guardian not serving as Personal Attendant

512.12.1- Case Management activities specific to Participant Direction

512.12.2- E. Suctioning of tracheostomy

Action Items	Person Responsible	Deadline
Review manual sections for special meeting in June, 2014	Council members	June 19, 2014

Agenda Item	Wrap Up/ Confirm next meeting date	Mark Fordyce
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Discussion and Conclusions:

The next meeting date: Special meeting June 19, 2014 from 1:00 – 3:00 PM to complete the Manual review and finalize Council’s recommendation, due to revised completion date from BMS. Council will review the final report during the scheduled August 14, 2014 quarterly meeting.

Action Items	Person Responsible	Deadline
Send out notice of meeting dates	Amy Shriver	June 5, 2014 and July 30, 2014

Minutes submitted by	Amy Shriver, Assessment Coordinator, APS Healthcare	June 5, 2014
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