

West Virginia TBI Quality Improvement Advisory Council Meeting	DATE: May 14, 2015 TIME: 10:00 am - 2:30 pm Center for Excellence in Disabilities 4510 Pennsylvania Ave Charleston, WV
Members Present:	
Mark Fordyce (Chair), Rose Lowther-Berman (Co-Chair), Don Ashworth, Angela Vaught, Brad Anderson (by telephone), Lou Ellen Blake, Latonia Morrison	
Members Not Present:	
Betsey Peterson	
Others Present:	
Teresa McDonough - BMS, Brian Holstine - BMS-TMH/MFP, Sally Burchfiel, Katharine Randall and Randy Hill - PPL , Vanessa VanGilder - Olmstead Coordinator, Barb Recknagel - APS Healthcare, Kathy Davidson - APS Healthcare, Jennifer Logan, Delena Arthur - APS Healthcare	

MINUTES

Agenda Item	Welcome/ Introductions/Old Business	Presenter	Mark Fordyce, Chair
Discussion and Conclusions:			
<p>Mark noted that the Membership committee (comprised of the Council Chair, Co-Chair) convened briefly prior to the meeting and reviewed Council Member LouEllen Blake’s resignation letter effective after the meeting. They also reviewed the membership application of Tracy Wine, MSW, LGSW and recommended that the Council approve her application. Rose Lowther-Berman made a motion that the Council approves the application, and Angela Vaught seconded the motion. The Council unanimously approved Ms. Wine’s application. APS Healthcare staff will contact Ms. Wine to inform her of the Council’s decision provide orientation training prior to the next council meeting.</p> <p>Roundtable introductions made by meeting attendees and housekeeping issues discussed.</p> <p>Old Business: The minutes from the February 12, 2015 QIA Council meeting were reviewed and approved. Motion to Approve: Brad Anderson Motion to Second: Rose Lowther-Berman</p>			
Action Items	Person Responsible	Deadline	
1.) Contact Tracy Wine	1.)Barb Recknagel/Kathy	1.) Completed: May 21, 2015	

	Davidson, APS Health Care	
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Agenda Item	Program Updates	Presenter	Teresa McDonough-BMS, Brian Holstine-TMH/MFP, Sally Burchfiel-PPL, Barb Recknagel-APS Healthcare
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Discussion and Conclusions:

BMS Updates: Teresa shared with the Council that all of the Waiver applications were completed within the targeted time line, with the TBI Wavier application being the first to be submitted. The only questions BMS has received from the Centers for Medicare and Medicaid Services (CMS) was a request for information on the public comment period process for the renewal. The application was made available for Public Comments for the required thirty (30) days ended on 4/14/2015. Comments made can be reviewed on the BMS Website. Per Teresa the TBI Waiver, application was submitted the week of 4/20/2015. The ADW Waiver application was submitted on 4/28/2015 and the IDD Waiver application was submitted on 5/8/ 2015.

The first draft of the TBI Medicaid Waiver Manual has been completed to match the application. She noted that the new application, if approved, will provide TBI services to children 3 years and older. Because of this change, language will be pulled from the IDD Manual to address services for children. She also informed Council that self-direction would be addressed in more detail in all 3 Waiver Manuals.

She believes that BMS may be on track for the targeted date of July 1, 2015 for approval back from CMS.

She also informed Council that Appendix J from the renewal application requires the State to demonstrate that all Waivers are cost-neutral. The reapplication reflected a decrease in slot allocation. The projected number of slots over the next 5 years is expected to be:

- Year 1- 74 slots
- Year 2- 70 slots
- Year 3- 66 slots
- Year 4- 62 slots
- Year 5- 59 slots

Teresa reports that since the program started in 2012 the TBI Waiver Program has 57 active enrolled members and has served 72 members. She notes that the TBI Medicaid Waiver Program continues to try to get slot filled with eligible members.

Barb Recknagel discussed outreach efforts completed to get the word out about the

Waiver. Since the start of the program in 2/1/2012, more than 3,000 outreach contacts were completed.

The Kids Strong Conference, which will be held at the Civic Center, was discussed as a way to get the word out once changes are made to the TBI Waiver. Other brainstorming ideas discussed by Council included maximizing CED network to notify the public of the changes, brochures and information for drug stores and using the WVA website.

Money Follows the Person (Take Me Home WV) Updates: Brian Holstine provided the Council an update on the transitions made since the program began through today's date. There have been 107 transitions with 17 taking place in 2015. As of today, he reports there are 42 individuals in the "pipeline" who are eligible but have not been transitioned yet.

He reported that the Sustainability Plan, as grant funding for TMH-WV will end in 2017, was submitted to Centers for Medicare and Medicaid (CMS) on 4/3/2015. He states that after 2017 the program has to be cost neutral so the plan can change on many levels. The financial status will determine the plan.

Teresa informed the council that there is an "Amendment to Waivers" that includes Transition Services for ADW and TBI.

Brian comments that they continue with the process of having a new Transition Navigator Partner in CCIL who is committed to providing services and are getting set up in the Molina system. They will provide 6 transitional navigators throughout the state.

PPL Updates: Sally Burchfiel reported to the council that they have 27 active enrolled members and 2 of these are MFP.

APS Healthcare Updates: Barb Recknagel, presented Quarter 3 of the Discovery and Remediation and Program monthly activity reports. The Council did not have any questions regarding the two (2) reports. She reviewed the handout in the folder provided to enrolled agencies and PPL listing possible training resources for case managers and personal attendant staff. The Council received the upcoming Quarterly Provider Training Announcement on the topic of Culturally and Linguistically Appropriate services.

She informed council members that as discussed during the last meeting they are receiving a copy of the Personal Futures Planning for Individuals with Traumatic Brain Injury as well as the "Moving On" user guide developed by Mt. Sinai.

Barb shared with the council the States Exit Interview chart that was compiled after the council requested that we explore exit surveys utilized by other state's TBI Waiver Programs.

Action Items		Person Responsible	Deadline
1.)Teresa to keep the council updated with regard to TBI re-application feedback from CMS.		1.)Teresa McDonough, BMS	1.)On-going
2.)Teresa will obtain and inform Council Members the exact date that TBI application was submitted to CMS.		2.)Teresa-BMS	2.)Completed: May 19, 2015
3.)Provide to Teresa McDonough the exit survey used by Kentucky in their Medicaid Waiver Programs.		3.)Kathy Davidson-APS	3.)May 29, 2015
Agenda Item	Public Comments/Lunch		
Discussion and Conclusions:			
No public comments made.			

Agenda Item	Presentation-Traumatic Brain Injury With Children	Presenter	Carrie Childers, Ph.D., CCC-SLP
Discussion and Conclusions:			
<p>Because of changes to the TBI Waiver application and the recommendation that the age of those served be changed to three years and older, the council sought training and information on working with children who have sustained a TBI. Contact was made with Carrie Childers, Ph.D. at Marshall University and she was asked to speak about the impact of TBI on brain development, TBI-related behaviors displayed by children and recommendations for Provider Training for Case Managers and Personal Attendant Staff.</p> <p>Dr. Childers gave a Power Point presentation about Traumatic Brain Injury focusing on children. She covered understanding the physiology of brain injury noting that it can result in:</p> <ol style="list-style-type: none"> 1. Reduced Neural Circuit Availability—fewer circuits doing the same job as before—symptoms can include the following: fatigue, irritability, poor concentration, memory problems, headaches, social withdrawal, poor attention and poor multitasking. 2. Lower Activation Thresholds as neurons are “leaky” which can result in Stimuli 			

Intolerance-photophobia, phonophobia, easy over-stimulation, and distractibility.

These negative behaviors may be a response to over-stimulation and Case Managers need to be able to educate parents and children about these brain changes.

She advised that Providers need to think about Antecedent, Behavior, and Consequence (ABC) when working with children with TBI and try to focus on the Antecedent in order to:

- Avoid triggers
 - Create environmental support
 - Create opportunities for choice and control
 - Establishing familiar positive routines
 - Establish effective procedures for deviating from routines
 - Provide advance organizers for difficult tasks
3. Frontal Lobe Executive Dysfunction—which can cause problems with initiation, motivation/drive and inappropriate social behavior. This affects planning and problem-solving abilities. Implications for this problem include impaired social and deficit awareness. Consideration should be given for
- Positive vs negative consequences for desired behavior
 - Natural outcomes vs artificial rewards
 - Do real-world tasks in real world contexts
 - Build on existing strengths instead of focusing on weaknesses

She informed the council that children with a TBI are difficult to identify due to several reasons: (1) after a TBI a child age 4, 5, and 6 may look “good” but at ages 7, 8, and 9 their performance starts to plateau and they are unable to perform tasks that involve analysis or organizational skills. (2) similarity to other disorders including Behavior Disorders, ADHD and Learning Disabilities.

She discussed the importance of collaboration and communication in working with families, physicians, neuropsychologists/psychologists, therapists (PT, OT and Speech Language Pathologists), and school educators. This collaboration includes:

- Sharing knowledge and expertise
- Engaging in on-going learning
- Ask for what the child/adolescent needs
- Become familiar with national, state, and local resources.

She also provided information regarding the “Safe Child” Brain Injury screening tool and National Resources such as the Brain Injury Association of America and State Resources including the CED at WVU, WV Advocates and WVATS—Assistive technology loan library

and exchange.

Action Items	Person Responsible	Deadline
1.)Develop a training plan, material and conduct training for TBI W enrolled Providers and PPL on working with children with TBI	1.) Angela Vaught-CED 2.) Teresa McDonough-BMS 3.) Barb Recknagel-APS Healthcare 4.) APS Healthcare Provider Educators	1.) BMS and APS Healthcare to offer training to providers in September 2015. 2.) Develop a training module for placement on the CED Website on this topic by October 2015. 3.) Request Dr. Childers to review the training components as required from Policy and provide suggestions to focus on training for specific information in working with children with TBI.

Agenda Item	TBI QIA Council Work Plan	Presenter	Mark Fordyce, Chair
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Discussion and Conclusions:

Mark reviewed with the Council the Draft TBI Quality Improvement Advisory Council Work Plan 2015. In addition, each Council Member received a report, which provided detailed information and responses from the completed PES to assist in the development and design of the Work Plan objectives.

Objective: 1A-Members understand how to report an incident of abuse or neglect.—

Reflected in the RESPECT/DIGNITY DOMAIN and addressed in the PES Survey by questions #33 through #41

Objective: 1B-100% of Members will report that boundaries were maintained by their personal care staff (Personal Attendant)

Reflected in the CHOICE/CONTROL DOMAIN and addressed in the PES Survey by questions #20, #22, and #23 and in the RESPECT/DIGNITY DOMAIN and addressed by questions #26, #27, #30 and #31.

Objective: 2A-To increase TBI Waiver Provider knowledge and skills in working with individuals with Traumatic Brain Injury

Reflected in the CHOICE AND CONTROL DOMAIN and addressed in the PES Survey by question #25.

Objective: 2-B-To increase TBI Waiver member’s capacity to identify their case

manager

Reflected in the PROGRAM SUPPORTS DOMAIN and addressed in the PES Survey by Questions #8 and #9.

Objective: 2C-Employment needs for program members will be addressed through Service Planning and ongoing Case Management.

Reflected in COMMUNITY ACTIVITIES DOMAIN and addressed in the PES Survey by Question #47.

Objective: 3A-Poll Council members to determine common areas of interest, which would assist in their performance as Council members.

Objective: 4A- Trends relevant to the treatment of traumatic brain injury will be researched by Council Members based on program statistics and data provided by the ASO.

While reviewing the draft of the Work Plan the council discussed at length Personal Care Services and the difficulty in understanding where and how to use the service as it relates to supportive employment. In addition, a need to better understand dual services and how they can be utilized to help get members go to work.

They also discussed the ramifications that work can have on members who are recipients of SSI and SSDI benefits and want to explore the possibility of providing benefits counseling on earning limits of those who return to work. Also expressed the desire to produce a document for Case Management agencies to follow (checklist) regarding impact on benefits for those who choose to return to work.

Angela Vaught commented on Pre-Vocational Services that include community-based assessments that the Division of Rehabilitation Services can provide to applicants. She recommended that the Council contact Doug Auten, DRS, who is in charge of employment programs and ask that he discuss services at our next Council Meeting.

Objectives from the Work Plan were reviewed by Council Members and accepted with few edits.

Action Items	Person Responsible	Deadline
1.) Obtain speaker from DRS to discuss employment options for members.	1.) Kathy-APS Healthcare	1.) July 10, 2015
2.) Provide Council Members information regarding Personal Care	2.) Barb Recknagel-APS Healthcare	2.) August 13, 2015
3.)Secure speaker	3.) Teresa McDonough, BMS	3.) August 13, 2015

from BMS/BoSS to educate the Council on the Personal Care Medicaid Program	and Barb Recknagel-APS Healthcare	
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Agenda Item	Wrap Up/ Confirm next meeting date	Presenter	All
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Discussion and Conclusions:

Council provided a sincere thank you to Member LouEllen Blake for three years of valuable service to the Council.

Next Council Meeting is scheduled for August 13, 2015 at the CED Charleston location from 10:00 am to 2: 00 pm.

Action Items	Person Responsible	Deadline
1.) Continue to complete administrative functions for the Council in 2015	1.) Kathy Davidson-APS Healthcare	1.)On-going
2.) Confirm speaker for August council meeting and discuss training needs.	2.) Kathy Davidson-APS Healthcare	2.) 7/10/2015
3.) Schedule orientation by conference call for new council member Tracy Wine	3.) Kathy Davidson and Barb Recknagel-APS Healthcare	3.) 6/5/2015

Minutes submitted by	Kathy Davidson APS Healthcare	6/16/2015
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