Purpose

The purpose of the TBI Waiver QIA Council is to provide guidance and feedback to the Department of Health and Human Resources Bureau for Medical Services (BMS) and its contracted Operating Agency in the development of an ongoing quality assurance and improvement system for the TBI Waiver Program. To this end, the Council’s charge is to work with staff to develop and strengthen the TBI Waiver program’s ability to:

- Collect data and assess people’s experiences in order to assess the ongoing implementation of the program, identifying strengths and opportunities for quality improvement,
- Act in a timely manner to remedy specific problems or concerns as they arise and
- Use data and quality information to engage in actions that lead to continuous improvement in the TBI Waiver program.

The TBI Waiver QIA Council annual report is designed to provide an overview of the Councils’ work plan, goals, objectives, and accomplishments in 2015.

Centers for Medicare and Medicaid Services (CMS) Quality Assurances

The Council works with BMS and the Utilization Management Contractor (UMC) (APS Healthcare) to ensure that the TBI Waiver supports the desired outcomes outlined in the six (6) focus areas of the Quality Framework developed by CMS. These focus areas include:

§1915(c) CMS Quality Assurances

- **Waiver Administration and Operation:** The State Medicaid agency is actively involved in the oversight of the waiver, and is ultimately responsible for all facets of the waiver program.

- **Level of Care:** People enrolled in the waiver have needs consistent with an institutional level of care.

- **Provider Qualifications:** Waiver providers are qualified to deliver services/supports.

- **Service Plan:** People have a service plan that is appropriate to their needs and preference and receive the services/supports specified in the service
plan.

- **Health and Welfare:** People’s health and welfare are safeguarded.
- **Financial Accountability:** Claims for waiver services are paid according to state payment methodologies specified in the approved waiver.

### Membership Information

The QIA Council made changes to the West Virginia Medicaid Traumatic Brain Injury (TBI) Waiver Quality Improvement Advisory Council Procedures Handbook in the following sections: Voting Council Members, Membership Appointments, Staggering of Membership terms, and Officers terms. Changes were made to expand membership due to expanded age group and current Council vacancies. The Council now consists of eleven (11) members. At least four (4) members will be currently or formerly utilizing services on the TBI Waiver program (or their legal representatives/family member), with the remaining council members representing other stakeholders such as service providers, personal attendant professionals, family members, and other advocates and allies of people with TBI. Changes were made to expand current voting council member’s terms.

To the extent possible, the Council will represent all regions of the state. Voting Council members may not be direct employees of the State of West Virginia Department of Health and Human Resources. This is in effect to reduce the potential conflict of interest of Council members working for the state and providing feedback to the state.

Due to the decision for expansion of the Council, it was not at full membership during 2015. As of November 2015, the Council has four openings for Stakeholder positions with at least one opening to be filled with a stakeholder involved with an adolescent/child with TBI. In 2015, the Council replaced one (1) member representing the provider community. In addition, the Council approved the Membership application for a family member of a program recipient.

### 2015 Meetings

The Council met four (4) times during 2015. Meetings were held on February 12, 2015, May 14, 2015, August 13, 2015, and November 12, 2015. Each meeting contains public comment time to solicit feedback from people using TBI Waiver services and their advocates and allies on the performance of TBI Waiver services. All meetings were open to the public. Meeting minutes were distributed to Council members within one (1) month following the meeting. Minutes are also posted on the BMS website:

[http://www.dhhr.wv.gov/bms/Programs/WaiverPrograms/TBIW/Pages/QIA-Council.aspx](http://www.dhhr.wv.gov/bms/Programs/WaiverPrograms/TBIW/Pages/QIA-Council.aspx)
**Projects Completed**

The Council’s Work Plan provided the direction for projects that the Council completed in 2015. The Council reviewed the Participant’s Handbook which was renamed “West Virginia Traumatic Brain Injury (TBI) Waiver Handbook.” Other program forms reviewed include the MNER and TBIW brochure. Recommendations were made for revisions. The Council also reviewed data on utilization of direct care, TBI specific training modules on the CED website with changes including the posttest function and the certificate of participation.

The Council requested and received training by Dr. Carrie Childers who addressed the impact of TBI on brain development and behaviors by children in preparation for the changes to the TBI Waiver to include providing services to children ages 3 and up. This training resulted in recommendations for a Provider training regarding children with TBI. The Council received Personal Futures Planning for Individuals with TBI and the “Moving On” User Guide developed by Mt. Sinai Medical Center, New York, NY.

Council Members requested and received Exit Interview information regarding exit surveys utilized by other state’s TBI Waiver Programs.

One of Council’s objectives in the 2015 Work Plan was to become familiar with resources to support employment desires of people with TBI. The Council received a Power Point Presentation by Mr. Doug Auten; Division of Rehab Services (DRS) regarding services his Agency can provide that may result in employment opportunities for people on the TBIW who are interested in looking at work options.

**People Served on the TBIW during the calendar year 1/2015-12/2015**

**Total # of People Enrolled in 2015:** Twenty two (22)

**Total # of People that left the TBIW Program:** Thirteen (13)

<table>
<thead>
<tr>
<th>Reason for Discharge</th>
<th>Number</th>
</tr>
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<tbody>
<tr>
<td>No Longer WV resident</td>
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<tr>
<td>Deceased</td>
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<td>Waiver Ineligible (medical and/or financial)</td>
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<tr>
<td>Declines Waiver Program</td>
<td>6</td>
</tr>
<tr>
<td>Unable to Contact (Re Eval)</td>
<td>0</td>
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<tr>
<td>Failure to Respond (Re Eval, denial)</td>
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</tr>
<tr>
<td>Other</td>
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</tbody>
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**Total # of People on the TBI Waiver Program as of 12/31/2015:** Fifty-nine (59)
Program Data

The Council reviewed program data gathered and presented during quarterly meetings. The following reports were presented for review and discussion:

1. Discovery and Remediation
2. Program Activity
3. Incident Management Reports
4. Member Demographics
5. Ad Hoc Reports as requested
6. Participant Experience Survey-Brain Injury Edition

The Council is responsible to identify trends in the data and formulate recommendations for program improvement.

Participant Experience Survey (PES-BI)

The purpose of the Participant Experience Survey for persons with brain injury (PES-BI) is to provide West Virginia Bureau for Medical Services (BMS) and other program stakeholders’ information about people receiving TBI Waiver program services and their experience with the services they received.

The PES-BI is a tool that BMS selected to use as part of its quality improvement program to monitor the TBI Waiver program. The PES-BI data can be used to identify areas where people on the TBIW program are reporting unmet needs or other problems. Identified issues can then be addressed systematically across the TBI Waiver program as a whole. The PES-BI data can also be used to monitor that services being provided are in a manner consistent with the person’s goals, preferences, and needs.

The Council reviewed the findings from the PES-BI survey data collected from people on the TBIW program in 2014, during the February 12, 2015, Council Meeting and will use findings from the PES-BI and other program data in the development of the 2016 Council Quality Management Work Plan.