



TBI Waiver Program Quality Improvement Advisory (QIA) Council Annual Report 2017

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 Utilization Management Contractor (UMC) 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 peoples' 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 2017.

Centers for Medicare and Medicaid Services (CMS) Quality Assurances

The Council works with BMS and the UMC, KEPRO 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 Oversight:** 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 Evaluation/Re-evaluation:** Persons enrolled in the waiver have needs consistent with an institutional level of care.
- **Qualified Providers:** Waiver providers are qualified to deliver services/supports.
- **Service Plan:** Participants have a Person Centered Service Plan that is

appropriate to their needs and preference and receive the services/supports specified in the Service Plan.

- **Health and Welfare:** Participants' 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

During 2017, the Council was not at full membership. As of November 2017 the Council had 2 openings, 1 for Stakeholder position and 1 for TBI Survivor. During the calendar year 2017, the Council approved three Membership applications. A fourth application was received in the month of November. A quorum was not present so the application was not voted on during the Council meeting.

2017 Meetings

The Council met four (4) times during 2017. Meetings were held on February 9, 2017, May 11, 2017, August 10, 2017 and November 9, 2017. Meeting notices are posted on the WV Secretary of State website:

<http://apps.sos.wv.gov/adlaw/meetingnotices/meeting.aspx>

And on the BMS website:

<http://www.dhhr.wv.gov/bms/Programs/WaiverPrograms/TBIW/Pages/QIA-Council.aspx>

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>

Projects Completed

The Council requested and received training on the following topics during 2017:

- a.) CMS Integrated Settings Final Rule and WV State Transition Plan provided by Dr. Rose Lowther-Berman-Bureau of Medical Services Transition Plan Coordinator.
- b.) Employment Rights of People with Disabilities provided by Megan Pigott-Advocate Disability Rights of West Virginia

The Council’s Work Plan provided the direction for projects that the Council completed in 2017.

Projects completed include the development of work groups to review the current TBI Policy Manual and make recommendations to BMS for changes to improve the program and continue making recommendations for provider training topics and monitoring the Service Planning and Health and Welfare performance measures.

Of People Served/Enrolled/Discharge during the calendar year 1/2017-12/2017

Total # of People Served on the TBI Waiver Program as of 12/31/2017:

Fifty-nine (59) people

Total # of People Newly Enrolled in 2017:

Eleven (11) people

Total # of People that left the TBIW Program in 2017:

Eleven (11) people

Reason for Discharge	Number
No Services for 180 continuous days	2
Unsafe environment	0
Member noncompliance with program	0
Member no longer desires services	2
Member is deceased	4
Member no longer a WV resident	1
Member no longer medically eligible	2
Member no longer financially eligible	0
Other	0

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. Ad Hoc Reports as requested
5. Consumer Assessment of Healthcare Providers and Systems (CAHPS®)-Home and Community Based Services Survey

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

The Council reviewed data collected regarding the effects of the expanded deficit criteria allowed on the Pre-Admission Screen (PAS) outlined in the 2015 application.

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services. The acronym "(CAHPS®)" is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ). The purpose of the (CAHPS®) Consumer Assessment of Healthcare Providers and Systems is to provide West Virginia Bureau for Medical Services (BMS) and other program stakeholders information about the TBI Waiver program participants' experience with the services they received.

The (CAHPS®) is a tool recommended by CMS and BMS selected to use as part of its quality improvement program to monitor quality in all Waiver Programs in West Virginia including the TBI Waiver program.

The (CAHPS®) data can be used to identify areas where program participants are reporting unmet needs or other problems. Identified issues can then be addressed systematically across the Waiver programs as a whole. The (CAHPS®) data can also be used to monitor that services being provided are in a manner consistent with the participant's goals, preferences, and needs.

The Council will review the findings from the CAHPS® survey data collected from program participants and will use findings from the CAHPS® and other program data in the development of the Council Quality Management Work Plan for 2018-2019.

Unlike the Participant Experience Survey (PES-BI) the previous survey tool used by BMS, the CAHPS® does not include participants under the age of eighteen.