

West Virginia TBI Quality Improvement Advisory Council Council Meeting	DATE: August 8, 2019 TIME: 10:00am-2:30 pm
Members Present:	
Rodney Smith, Brad Anderson, Mark Fordyce, Taniua Hardy (DRW) and Carrie Childers.	
Members Not Present:	
Heather Velez, Terry Edgar, Carolyn Lecco and Mark Holmes.	
Others Present:	
Teresa McDonough-BMS, Randall Hill -BMS-MFP, Sara Martin- AAA-TMH, Christina Terrell-PPL, Chip Sovick-PPL, Carissa Davis-Olmsted, Vanessa VanGilder-WVU CED, and Barb Recknagel-KEPRO	
Guest Speaker:	
Sally Blackburn, State Program Director WV Aging and Disability Resource Network	

MINUTES

Agenda Item	Welcome/ Introductions/Old Business	Presenter	Rodney Smith, Chair
Discussion and Conclusions:			
Chair Rodney Smith called the meeting to order at 10:00am. Introductions were completed.			
<u>Old business:</u>			
Meeting Minutes from the 05/09/2019 QIA Council meeting were approved.			
Motion to approve: Mark Fordyce			
Motion to Second: Carrie Childers			
Motion Carried			
<u>New Business</u>			
Council Membership Application from Nichole Wills was reviewed and accepted by Council members.			
Motion to approve: Carrie Childers			
Motion to Second: Mark Fordyce			
Motion Carried			
Barb agreed to contact Nichole Wills with the next Council meeting date. A brief discussion was held regarding Ms. Wills' Council Membership Term. The length of term her will be 2024.			
The Council has a vacancy for a family member of a child with a TBI. Teresa asked that family members of a child on the Waiver program be asked initially to participate. If unable, a general outreach will be conducted.			

Agenda Item	Program Updates	Presenters	Teresa McDonough, BMS Sara Martian, TMH Randall Hill, MFP Christina Terrell, PPL Barb Recknagel, KEPRO
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Discussion and Conclusions:

BMS Updates: Teresa provided an update to the Council Members on the following changes that will or have affected the TBIW Program.

- Conflict Free Case Management (CFCM): CMS requires that States design their Home and Community Based Services (HCBS) programs to meet the regulations for CFCM. The TBIW CFCM Stakeholder group continues to meet two times per month. This month, the ADW and TBIW stakeholders group will merge and begin to finalize recommendations to BMS by October 1st. The stakeholders have been working on the development of an expectation request form for situations where there is *one willing and qualified provider* to serve a member for both Case Management and Personal Attendant Services. The group reviewed other states forms and developed one for West Virginia.
- Electronic Visit Verification (EVV): The CURES Act contains the Medicaid requirement for use of Electronic Visit Verification (EVV), which allows the individual providing service to record electronically the exact date, real start and end time, and location of a visit. Teresa reported that the RFP process is still in the review phase with the State. The Council suggested that BMS develop an educational flyer to assist waiver participants in their understanding of this initiative. Teresa agreed to speak to Pat Nisbet regarding this.
- National Provider Identifier (NPI): The NPI is a unique identification number that TBIW Agencies have. This number is used for billing purposes. The state will be issuing NPI numbers to the TBIW direct care staff (those going into program participant’s home to provide hands on care) with the roll out of the Electronic Visit Verification requirement. No new updates on this project at this time.
- Review of SFY 20 Slot Allocation: July 1st represented the start of the State Fiscal Year ending on June 30, 2020. The number of allocated slots for SFY 2020 is 79, of those four (4) slots are reserved for the MFP/TMH program.
- TBIW MEL: There are currently nine (9) eligible applicants on the MEL. Any unused slots will be used to decrease the MEL. Of the nine MEL, two are receiving Medicaid Personal Care Services pending their release from the MEL.
- CMS Technical Assistance: BMS will be receiving technical assistance from CMS in two phases. The first will focused on incident management and the second will be onsite review conducted by the Health and Welfare Special Reviews Team (H&W SRT) from CMS. BMS and KEPRO have participated in three (3) Technical Assistance calls and have completed a mapping of the current Incident Management System and processes in place for the waiver programs.

- WV IMS: Teresa informed the Council that a Memorandum of Understanding with IT and BMS is now in place. This should allow for identify enhancements to occur.
- HCBS Unit: BMS and KEPRO are meeting weekly to work on the renewal application and policy manual revisions. Efforts are being made to ensure consistently among the three waivers such as definitions of critical incidents.

PPL Updates: Christina Terrell represented PPL for today's meeting. She reported that in June 2019 there were thirty-four (34) TBIW program participants self-directing their Personal Attendant. One (1) critical incident was reported that month by PPL and one (1) member is in the process of transferring services from Traditional to Personal Options. Chip reported that PPL is encouraging the direct care staff to use the online system called Time for Care and to move away from paper submission of the personal attendant worksheets.

UMC updates: Barb presented the 4th quarter Quality Management Report for Service Planning and Participant Safeguards Performance Measures. Compliance was achieved for Service Planning Performance measures. Compliance was not achieved for two (2) of the Participant Safeguard performance measures. The remediation plan to address the performance was reviewed with the Council. The Council did not have any additional recommendations for quality improvement. The Council reviewed the Incidents by Agency report for the 4th quarter. Barb explained the report contends. The Council did not have any questions regarding the report. Barb presented the CMS Final Report findings from 2015, 2016 and 2017. The report stated that three of the six assurances were considered "met" by CMS. Barb provided a focus review of specific sub assurance (s) for the three assurance that were determined "not met" by CMS. Refer to document for details. The Council members expressed an understand of the recommendations suggested. Concern was expressed that the program sample size remains small, that one record or action of a provider can and does lead to non-compliance. The Council provided suggestions for sub assurance G-iii, regarding the requirement from CMS that West Virginia must provide evidence of monitoring to ensure that restraints and seclusion are/were not utilized. This will require a performance measure to be development by BMS during the renewal application phase, and a method to detect unauthorized usages. The Council suggested the following:

1. Education is required regarding definitions and examples of restrictive interventions (including restraints and seclusion), for both waiver participants and providers
2. Detecting unauthorized usages may be part of a series of questions (similar to what HealthCare Providers are doing) but have this be part of the Case Manager call or visit.

Teresa thanked the Council for their feedback and suggestions.

Money Follows the Person (Take Me Home WV) updates: Sara provided an update to the Council Members on the status of the Take Me Home (TMH) Pre Transitions services incorporated into the TBI Waiver program. Since January 2019, there has been zero (0) TBI Waiver participants transitioned through the THM. The MFP demonstration grant

was continued by the Federal government and for WV went retroactive to 1/2019. Sara explained that nothing has changed from a participants' perspective, services remain the same, however the TMH individuals, from 1/2019-till present will be contact and provided an inform consent to "switch to MFP", for those agreeing to do so, this will allow the state to receive 100% federal dollars for those individuals.

MFP are the following: 90 days in a qualifying facility (Nursing home or hospital or combo), last day paid by Medicaid, and has a qualified residence to go home to. TMH qualifications are the same expect the last day paid by Medicaid **is not** required. All applications for the program must be financially and medically eligible for TBI Waiver services.

Randy Hill provided a brief update on the on-line Case Management Pilot project with ADW providers. Sixteen (16) agencies are participating over the next 6-8 months. There are features with an online system that is beneficial such as auto populating information from assessment to service planning.

Council member Brad Anderson asked why assistive technology is not considered a covered/allowable service. It was BMS understanding that it was a federal restriction and not a state, but Randy Hill agreed to find out and let Barb know. She will inform the Council of his findings.

A discussion was held regarding a person in an out of state facility and accessing TMH. This would be possible since TMH does not have the requirement of last day paid by Medicaid; however, financial eligibility requirements would need to be established. Medial eligibility assessments, complete by an out of state professional is accepted by BMS; however KEPRO must conduct the level of care review of the assessments and render the medical eligibility determination for the TBI Waiver program.

Action Items	Person Responsible	Deadline
1. Assistive Technology restrictive (Federal or State requirement)	1. Randy Hill	1. Next 30 days

Public Comment and Lunch:

Lunch was provided by KEPRO. No public comments were made.

WVU CED-TBI Services: Vanessa provided an update of the services offered by WVU CED. She reported that all position are filled. Miranda Talkington is the new Program Manager of TBI Services at CED. Vanessa provided overall data from SFY 2019 regarding CED TBI Services. Vanessa shared with the Council information about Funds For You and the Assistive Technology Assessment/Training pilot program for FY 2020. Please see attached document Traumatic Brain Injury Funds for YOU (Specialized Funds Policy).

Disability Rights of WV: Taunia provided an update of open service request for individuals with a TBI. The two open cases are not existing TBI Waiver participants. One case involves request reasonable accommodations to an employer and the other is locating and securing accessible housing for an inmate.

Agenda Item	No Wrong Door Presentation	Presenter	Sally Blackburn, State Program Director , WV Aging & Disability Resource Network
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Discussion and Conclusions:

Discussion/Follow-up: Sally Blackburn presented training to the Council on the No Wrong Door Initiative. The training provided general information about the history, purpose and mission of the Aging and Disability Resource Network (ADRN) along with an update on the No Wrong Door (NWD) System initiative. The NWD System initiative builds upon the ADRN program and CMS’ Balancing Incentive Program No Wrong Door requirements that support state efforts to streamline access to long-term services and support (LTSS) options for older adults and individuals with disabilities. NWD Systems simplify access to LTSS, and are a key component of LTSS systems reform. NWD is part of the MFP sustainability plan. In 2018, BMS contracted with WVU CED to review previous work completed and determine what tasks could be acted on that did not require funding source. That information will be used as a starting place for future meetings and input on West Virginia’s NWD project.

Council member, Carrie Childers stated that the TBI Advisory Board is working on something similar to the NWD and encouraged Sally to reach out to Sara Miller from WVU CED TBI Services.

Agenda Item	Tele health Data and QIP	Presenter	Barb Recknagel, KEPRO
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Discussion and Conclusions:

Quality Improvement Project (QIP): Barb provided copies of the Top 50 primary diagnoses on inpatient hospitalizations for the TBI Waiver program. This report had been shared with the Council prior and was part of the data gathered with the Telehealth project. Findings from the data list the following as the top four reasons for inpatient hospitalization, which are Chronic Pain, Injury, Sepsis and Bipolar/Major Depressive Disorder. The QIP suggested, would be to provide information to the Provider agencies on preventive steps one could take in an effort to reduce inpatient hospitalization. This information could then be shared with Members when applicable. Barb shared with the Council two Fact Sheets:

1. Chronic Pain from www.acponline.org/patient_ed
2. Sepsis <https://www.cdc.gov/sepsis/education/patient-resources.html>

The Council agreed to this QIP and Barb asked Vanessa if TBI Services through CED have

existing Fact Sheets for Bipolar and Depressive Disorders. Vanessa agreed to look. The Council also wanted to add the diagnosis description of Cellulites and agreed to explore Fact sheets on this health condition as well.

Action Items	Person Responsible	Deadline
1. Determine if WVU CED TBI Services currently has a Fact Sheet for the diagnosis description of Bipolar and Major Depressive Disorder, if not assign as a QIP to Council	1. Vanessa-lead Council members	Next Council Meeting
2. Send Fact Sheet and links to TBI W Provider Agencies on Chronic Pain and Sepsis	2. Barb	8/30/2019
3. Develop or locate Fact Sheet on Cellulites	3. Vanessa	Next Council Meeting

Agenda Item	Wrap Up/ Confirm next meeting date	Presenter	All
Discussion and Conclusions:			
Next Meeting: November 14, 2019 10:00AM -2:30 PM Bureau of Senior Services Office Charleston, WV Charleston Town Center Mall 3rd Floor Conference Rooms A & B Carrie Childers adjourned the meeting at 2:00 pm on a motion. No second required.			

Minutes Submitted By	Barbara Recknagel	August 13, 2019
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