WEST VIRGINIA
Department of
Health & Human
Resources
BUREAU FOR MEDICAL SERVICES

TBI Waiver Program Quality Improvement Advisory (QIA) Council Annual Report 2018

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 2018.

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

The Council was at full membership status in 2018.

2018 Meetings

The Council met four (4) times during 2018. Meetings were held on February 8, 2018, May 10, 2018, August 9, 2018 and November 8, 2018. Meeting notices are posted on the WV Secretary of State website: https://sos.wv.gov/Pages/default.aspx

In addition, the TBI Waiver QIA Council Meeting Minutes are posted 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.

Projects Completed

The primary work completed by the Council in 2018 was a thorough review of the existing TBI Waiver Policy Manual. The Council used the first two meeting dates in 2018 for policy review. The policy manual was divided into three sections for review. Council members selected the groups that interested them to participate in the discussions and recommendations. Council members were asked to review the TBIW manual sections of their assigned groups so they would be able to actively participate in the discussions and recommendations during the Council meetings. During each meeting, KEPRO provided staff that facilitated the discussion, and took notes based on council members and stakeholders' suggestions.
During the third meeting in 2018, the Council members finalized their recommendations. Final recommendations are reflected in **bold font:**

1.) Have a traumatic brain injury defined as a non-degenerative, non-congenital insult to the brain caused by an external physical force resulting in total or partial functional

disability and/or psychosocial impairment or an injury caused by anoxia due to: near drowning; **strangulation; smoke inhalation; and/or carbon monoxide inhalation**

2.) Allow for the following item on the PAS to count as a deficit in determining medical eligibility **#27 (e). Continuous Oxygen**

3.) A new Assessment must be completed when a person's needs change when one or more of the following conditions were recorded on the **Case Manager's Monthly Contact Document, such as: 1.) Person indicated that his/her needs for assistance have changed. 2.) Person did not use their Personal Attendant Services that month 3.) Person indicated that he/she had problems paying for or getting food, housing, utilities or medications.**

4.) Participation in the Initial Service Plan Development is mandated for the Case Manager, Applicant and Legal Representative (if applicable) and **the personal attendant provider. During the initial Service Plan Meeting, the Case Manager, with input from the program participant, the selected personal attendant service provider and/or Resource Consultants, if applicable, will write the Personal Attendant Logs within the Service Plan development.**
The FE/A will send the following documents to the Participant's Case Manager: the completed spending plan and program representative form (if applicable).

 5.) Strengthen the Personal Attendant Initial Training Requirements to include the additional topics**: seizure response; Participants Rights and Responsibilities; and Electronic Visit Verification (EVV).**

6.) The Personal Attendant must inform the **Personal Attendant Agency Supervisor** of any changes in the person's health, safety, or welfare. **The Personal Attendant Agency Supervisor will notify the Case Manager.**

7.) **Expand covered activities billable under the Personal Attendant service code for the following: range of motion exercises and/or walking for exercise and communication and cognitive exercises. Proper documentation and staff training must be completed before service provision.**

8.) **Develop a Service Code for the attendance of the Personal Attendant Provider at the initial, 6-month and annual Service Planning Meetings.**

Public Forums

The Council recommendations for policy changes were incorporated into the Public Forums Meetings held across the state in 2018.

Eleven (11) Forums were held throughout the state for the convenience of the program participants, families, providers, and other stakeholders. In each geographical location, one forum was held in the evening to allow for working program participants, family members and stakeholders to avoid missing work or school, and another was held in the morning at the same location. A conference call was conducted as well. Attendance rates varied by location; there was 31 attendees statewide.

Please refer to the WV Traumatic Brain Injury (TBI) Waiver Program 2020 Renewal Stakeholder Input-Final Report for details located on the BMS website at: https://dhhr.wv.gov/bms/Programs/WaiverPrograms/TBIW/Pages/Member-and-Provider-Info.aspx .

Of People Served/Enrolled/Discharge during the calendar year 1/2018-12/2018

Total # of People Served on the TBI Waiver Program as of 12/31/2018:
 Seventy-seven (77)

Total # of People Newly Enrolled in 2018:
 Thirty-two (32)

Total # of People that left the TBIW Program in 2018:
 Thirteen (13)

Reason for Discharge	Number
No Services for 180 continuous days	1
Unsafe environment	3
Member noncompliance with program	1
Member no longer desires services	2
Member is deceased	3
Member no longer a WV resident	2
Member no longer medically eligible	1
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 (HCBS) Survey findings

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