

West Virginia Quality Assurance/Improvement Council Meeting	January 19, 2011 10:00 am – 4:00 pm Schoenbaum Family Enrichment Center Charleston, WV
Members Present:	
Laura Helems, Marilyn Nichols, Clarice Hausch, Steve Wiseman, Amber Hinkle, Mike Grady, Liz Bragg, Jane Ketcham	
Members Not Present:	
Kathy Yarbrough, Kim Farley, Virginia Gattlieb, Kevin Smith, Libby Collins	
Others Present:	
Dave Bishop (presenter for a portion of the meeting) Pat Nisbet, Pat Moss, Randy Hill, Lori McGurty, Nora Oscanyan, Kristi Schwartz	
Meeting minutes from the 10/20/2010 QAI Council were approved as written.	

MINUTES

Agenda Item	Membership Committee and Procedures Manual	Presenter	Liz Bragg
Discussion and Conclusions			
<p>All handouts (related to the Procedures Manual and membership) were emailed to the council members prior to this meeting. Handouts included: Alternate Letter Sample, Council Applications Review, Flyer Council Membership, Nomination for Membership, Updated Procedures Manual, and QAI Vacancy Announcement. Handouts were adapted from A&D Waiver documents for consistency. Liz briefly reviewed documents and asked that the council members review and provide feedback.</p> <p>Steve brought about a motion for this council and BMS to "comply with state and federal law" regarding changing terminology in reference to this waiver from MR/DD to ID/DD. Steve indicated it would be most appropriate for the documents related to this council including the procedures manual, etc. be updated to include the ID/DD. The motion passed.</p>			
Action Items		Person Responsible	Deadline
Review handouts including procedure manual and email feedback to Lori McGurty. lmcgurty@apshealthcare.com		All council members	2/19/2011
Contact council members who have missed several meetings to inquire as to whether or not they wish to continue with council membership. Kevin, Libby, and Kathy will be contacted to notify that their attendance is a problem, and to inquire whether or not they wish to continue serving; Ginny and Kim will be notified that their term is over.		Jane Ketcham	4/20/2011
Pending above action item, group to determine how many vacancies need to be filled and work toward that effort.		All council members	Ongoing
Update QAI Council documents (manual etc.) to be		Lori McGurty	As manual

consistent with the manual.		Liz Bragg	approved
Agenda Item	Guardian/Employee Update Legislative Update	Presenter	Jane Ketcham Steve Wiseman
Discussion and Conclusions			
<p>In order to ensure compliance with labor laws related to properly classifying workers as either employees or contractors, many provider agencies have begun or will begin converting contracted staff into agency employees. Current legislation states that any person who serves as a legal representative for an individual receiving services cannot be employed by a behavioral health agency in which the member receives services. Many providers of Community Residential Habilitation through the MR/DD Waiver program fall into the category of legal representative. When they were contracted, this was not an issue; as agencies are turning them into employees, the issue emerges.</p> <p>Agencies being reviewed by OHFLAC are being cited for this issue and asked to submit a plan of correction to remedy. The State's (BMS's) solution was to move forward with getting the law changed so that court-appointed legal guardians can notify the court of their intent to be employed by the behavioral health agency; those seeking new guardianship can get the provision added into their original guardianship paperwork. It is anticipated that this proposed changed legislation will be adopted by the legislature very soon. There is currently no group or entity publicly opposed to this measure being put into place.</p> <p>A draft version of the proposed legislation was emailed to all QAI council members prior to this meeting.</p> <p>Steve presented an overview of current relevant legislation including:</p> <ol style="list-style-type: none"> 1) Creating an exemption for nurses in the case of the self-directed option, 2) Cementing language about sites where people can have medication passed (home and community or other settings where services are received, 3) If persons are physically unable to administer medication but are cognitively able to recognize and take the correct dosage, someone placing the dose in their mouth would still be considered self-medication. 			
Action Items		Person Responsible	Deadline
Develop a template letter for current legal representatives to be able to notify the courts of their legal representative status and employment by the member's behavioral health agency.		BMS	As soon as the changes to legislation are passed
Get on the agenda for statewide court trainings to ensure judges are aware of the issue and educated about the intent.		BMS	As soon as the changes to legislation are passed
Forward information to the WV Behavioral Health Provider's Association, advocates, and all stakeholders to promote education and support of rapid legislative changes.		All QAI Council members	Ongoing
Agenda	OHFLAC Updates	Presenter	Lori McGurty

Item			
Discussion and Conclusions			
Rose was unable to attend this meeting due to other obligations.			
<ol style="list-style-type: none"> 1) ADEPTO (Achieving Dreams and Enhancing People Together Optimally) (Parkersburg) has received a license to provide MR/DD services. 2) ResCare North Central (Morgantown) is voluntarily closing effective 3/31/2011. 3) Starlight (Huntington) has had their admissions ban lifted and will be operating under a provisional license until 2/28/2011. 4) Hancock County Sheltered Workshop, Sheltered Workshop of Nicholas County, and Harrison County Sheltered Workshop are going through the licensing process. SW Resources is almost through the process. 			
Action Items		Person Responsible	Deadline
None		N/A	N/A
Agenda Item	Public Comment	Presenter	N/A
Discussion and Conclusions			
No persons attended and voiced public comment.			
Action Items		Person Responsible	Deadline
None		N/A	N/A
Agenda Item	Service Providers, Capacity, and Choice	Presenter	Jane Ketcham
Discussion and Conclusions			
This agenda item was brought about to make council members aware of the issues statewide regarding service provider availability. Due to ResCare North Central closing, many members must find a new service provider. Those that live in Monongalia County are having an especially difficult time because of several issues.			
<ol style="list-style-type: none"> 1) Monongalia County has an exceptionally low unemployment rate and it is difficult to find staff. Monongalia County is incredibly economically healthy and there are many other, less difficult and higher paying jobs available to the workforce. 2) Due to the university, affordable housing is difficult. 3) Only one provider in Monongalia County (REM-Morgantown) is even willing to potentially accept new members who live in an ISS. REM has participated in critical juncture meetings for the members transferring from ResCare North Central, but will inevitably be unable to staff all those in an ISS due to the staffing issues and capacity. 4) Pending changes in the MR/DD manual and not knowing future rates pose difficulty for providers. 			
Council members voiced concerns about options presented including moving people who live in Monongalia County to another part of the state where a service provider may be available to meet members' needs.			
Action Items		Person Responsible	Deadline

Continue to review and come to a solution to “Who is the provider of last resort?” when no typical providers are available or willing to accept the responsibility of service provision.		BMS/ WVDHHR	Ongoing
Agenda Item	BMS Update (not on original agenda)	Presenter	Pat Nisbet
Discussion and Conclusions			
<p>1) The MR/DD Waiver Manual has gone through the policy committee. The draft manual will not be released until rates are available as an accompaniment. Once available, the manual will be posted for a 30-day public comment period.</p> <p>2) Applicable forms will not be included with the manual so that if they need to be changed at a future date, it will not require CMS approval.</p> <p>3) New procedure codes will be introduced to eliminate double-modifiers.</p> <p>4) Monies were obtained through the Money Follows the Person Grant.</p> <p>5) BMS continues to work on the Traumatic Brain Injury Waiver.</p>			
Action Items		Person Responsible	Deadline
None		N/A	N/A
Agenda Item	Increased Activity with Medicaid Fraud in MR/DD Waiver	Presenter	Dave Bishop with Medicaid Fraud
Discussion and Conclusions			
<p>It was expressed that the Inspector General charged WV to develop a unit/division within Medicaid Fraud to address abuse, neglect, and financial exploitation. Dave expressed that the anticipated problems were not fully experienced with this division; that reality was better than what the originally expected at onset. This new division is the reason for increased activity of Medicaid Fraud in the MR/DD Waiver program.</p> <p>All referrals made through Adult Protective Services are now forwarded to Medicaid Fraud. This unit has full criminal investigative capabilities and lead their charge with “integrity and ethics.” The ultimate goal of this unit is first and foremost prosecutions, exclusions from the programs, and then restitution. Dave expressed that unless the victim is in immediate danger, they will not immediately arrest the perpetrator. Instead, they will follow up by obtaining a court summons. Investigations can include surveillance, undercover work, or whatever means necessary to substantiate (or not) an allegation.</p>			
Action Items		Person Responsible	Deadline
Clarice voiced it would be a good long-term goal to have training developed for law enforcement to be educated about disability issues and persons with disabilities. Dave seemed receptive to this idea. No immediate action will take place.		N/A	N/A
Agenda Item	Update on Provider Reviews/Trends	Presenter	Lori McGurty
Discussion and Conclusions			

During October through December 2010, 13 MR/DD Waiver Providers were reviewed by IRG/APS. 15 are scheduled to be reviewed between January and March 2011.

Recommended Disallowances ranges are as follows.

- 9/13 providers had disallowances recommended
- 4/13 had no disallowances recommended
- 5/13 had less than \$1000 recommended disallowance
- 2/13 had between \$10K-\$20K recommended disallowance
- 1/13 had between \$20K-\$40K recommended disallowance
- 1/13 had greater than \$100K recommended disallowance
- Range of disallowance was between \$0 and \$285K

Primary reasons for disallowance are as follows.

- 88% of recommended disallowance (total \$) was a result of the worker(s) not having required training or credentials, especially First Aid and CPR.
- 4% of total \$ recommended for disallow was due to a service provided but not indicated on the member's IPP.
- 3% was due to a service being billed but not documented (no case not to support billing).
- 5% miscellaneous issues including the service being valid (covered under Medicaid and MR/DD Waiver guidelines) and the service being provided in a clinically reasonable amount of time.

Action Items		Person Responsible	Deadline
None		N/A	N/A
Agenda Item	Update on MECA Enrolling Psychologists	Presenter	Randy Hill

Discussion and Conclusions

The Medical Eligibility Contract Agent (MECA) has scheduled training to occur around the state to inform and enroll independent psychologists as part of the MECA Network. These psychologists will have the function of performing assessments to determine initial medical eligibility for MR/DD Waiver services. Training venues are as follows.

- 2/7/2011: Martinsburg
- 2/8/2011: Morgantown
- 2/11/2011: Charleston
- 2/16/2011: Beckley
- 2/18/2011: Webinar

An invitation for this training went out to all WV licensed psychologists, and notification is available on the WV Psychological Association's website.

<http://www.wvpsychology.org/cde.cfm?event=339402>

This training will focus on the requirements necessary to participate in the network.

Pat Nisbet expressed that she hopes that everyone has reviewed the draft manual and the draft application to CMS. This way, members of this council can submit any perceived roadblocks to implementing this method of medical eligibility determination.

Also, upon initial eligibility assessment, should members choose a Service Coordination provider? It is anticipated that this new process will go into place 4/1/2011. At that point, Service Coordination agencies will no longer have a part in completing or submitting "packets" for eligibility to IRG/APS. Benefits of having members choose a SC agency at eligibility would be that the SC agency can assist the member with wait list grant funding (if applicable). Additionally, a SC agency can notify the ASO in the event that a member no longer needs to be on the wait list, moves, or has other pertinent issues. The detriment is that members often do not have an educated opinion about which Service Coordination agency to choose; typically and in the past they have chosen the agency that completed the packet.

Action Items	Person Responsible	Deadline
Follow up on whether or not to request members choose a SC agency upon initial eligibility assessment	IRG/BMS	4/1/2011
Notify MR/DD Waiver providers of the end date to submit packets; as the new eligibility process begins.	BMS	Prior to 4/1/2011

Agenda Item	Presenter
Update on QAI Data	Randy Hill

Discussion and Conclusions

The group was presented with data pertinent to the first two quarters of FY2011. This data reflects the CMS Quality Plan. At this point, the council did not have any recommendations concerning the data presented.

Action Items	Person Responsible	Deadline
Continue to present data to QAI Council.	IRG	Ongoing

Agenda Item	Presenter
Wrap-up and Confirm Upcoming Meetings	Jane Ketcham

Discussion and Conclusions

Meetings will continue to be the 3rd Wednesday from 10:00 am until 4:00 pm of the applicable month:

- ~~January 19, 2011~~
- April 20, 2011
- July 20, 2011
- October 19, 2011

Action Items	Person Responsible	Deadline
Schedule Schoenbaum for next meeting 4/20/2011	Lori McGurty	

Meeting minutes submitted by:	Lori McGurty	Date:	2/1/2011
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