West Virginia I/DD Waiver January 17, 2018 10:00am-4:00 pm **Quality Improvement Advisory Bureau of Senior Services Council Meeting Voting Members Present:** \square Kellv Miller ☐ Jeannie Elkins ☑ Angie Breeden (vice chair) ☐ Marilyn Osborne ☑ Chris Messenger (by phone) ☐ Dorothy Frazier ☑ Brian Breyer ☑ Christine Dickson (by phone) ☑ Kristy Ellison (by phone) ☑ Jason Jones ☑ Amber Hinkle (Chair) ☐ Jon Sassi ☐ Vacant (General Stakeholder) ☑ Regis Grote (for Michele Mount, SFCP) ☑ Susan Given (DRWV) ☑ Steve Wiseman (DDC) **Ancillary Members Present:** ☑ Marilyn Nichols □ Vacant ☐ Vacant **Others Representatives Present:** ☑Pat Nisbet (BMS) ☑ Taniua Hardy (BMS) ☐ Beth Morrison (ВВННF) ☐ Stephen Brady (ВВННF) ☑ Randy Hill (PPL) ☑ Leah Redden (KEPRO) ☐ Beth Morrison (ВВННГ) ☐ Vanessa VanGilder (Olmstead) ☑ Rose Lowther-Berman (BMS) (by phone) ☐ Laura Barno (BCF) ☐ Emily Proctor (KEPRO) ☑ April Goebel (KEPRO) ☐ Jim Cooper (OHFLAC) ☑ Leah Redden (KEPRO) ☑ Susan Jarrell (KEPRO) ☐ Sissy Johnson (KEPRO) **Public Present:** Mary Lea Wilson, Liz Bragg, Linda Higgs (as DDC alternate for first half of meeting) **MINUTES** Welcome Agenda Item Presenter Amber Hinkle, Chairperson Call to Order: The meeting called to order at 10:00 am by Amber Hinkle, Chairperson. Christine Dickson moved to approve minutes and Jason Jones seconded. Minutes approved by majority. **Discussion and Conclusions:** None **Action Items Person Responsible Deadline** None Agenda Item **BMS Updates** Presenter **Taniua Hardy, BMS** Dr. Rose Lowther-Berman, **BMS Discussions and Conclusions:** Taniua Hardy reported that BMS is in the process of summarizing and responding to public comment associated with policy changes that are to occur 2/1/18. In response to a question by Amber Hinkle, Ms. Hardy indicated that were approximately 30 pages of comments. Those comments are related to WV IMS, AMAP, and other proposed changes. Some individuals commented on several topics. Ms. Hardy also presented the member deaths reported since October 2017. Nineteen deaths occurred between September 15, 2017 and December 5, 2017. 12 natural deaths of individuals who lived in NF: Age 48 in nursing home: aspiration pneumonia, severe IDD Age 26 in hospice: Cerebral Palsy Age 38 in hospital: unspecified natural causes, complications of Cerebral Palsy

- Age 40 in hospital: perforated cecum
- Age 34 at home: CHF, congenital heart disease (tetralogy of Fallot), DS, ESRD
- Age 69 in hospital: septic shock, hepatic abscess, DIC
- Age 17 in hospital: aspiration, severe spastic quadriparesis, pulmonary infarct, severe anemia
- Age 57 at home: Alzheimer's Dementia, Down Syndrome
- Age 48 at home: dementia, Down Syndrome
- Age 14 at home: Cerebral Palsy
- Age 37 in hospital: hypoxia, sepsis, aspiration pneumonia, retinal cancer
- Age 26 at home: Cerebral Palsy, decreased po intake, AKI, protein-calorie malnutrition
- 3 natural deaths of individuals who lived in ISS:
 - Age 52 at home with hospice: thyroid cancer
 - Age 54 in hospital: sepsis with septic shock/ARP/bowel obstruction
 - Age 31 in hospital: unspecified natural causes, ASCVD, morbid obesity, seizure DO
- 1 unknown cause of death who lived in NF:
 - Age 37 at home: respiratory failure, aspiration
- o 1 accidental death who lived in NF:
 - Age 21 at home: multiple injuries, MVA 11.28.01
- 2 accidental deaths who lived in ISS/GH:
 - Age 57 at day center: aspiration of food bolus
 - Age 56 at home: aspiration pneumonitis, choking on food, gastroesophageal reflux, HTN, DS
- KEPRO is researching two of the accidental deaths. The third accidental death is attributed to a MVA that occurred in 2001.
- Reporting manner of death/cause of death require additional work and research in order to determine if
 they are being reported in a manner that captures data that will be of benefit to the council. April Goebel
 will continue to research methods that will allow the council to make additional recommendations.
- Dr. Rose Lowther-Berman presented an update on the state's progress with the required HCBS transition plan.
 - BMS has completed all initial HCBS residential reviews. KEPRO will complete subsequent HCBS reviews during providers' regular onsite I/DD Waiver review. Since BMS completed their reviews in December, they will likely request data after KEPRO has completed all second reviews in order to compare compliance data. All second reviews will be completed by December 2018.
 - All providers have an approved Plan of Compliance; one provider is in the process of implementing the POC—all others are complete.
 - Dr. Lowther-Berman and her team continue to work on the other state transition plan requirements.
 She will provide a detailed report on these activities at the April 2018 meeting.

Action Items	Person Responsible	Deadline
Research methods to provide council with	April Goebel	April 18, 2018
additional information regarding individual		
deaths		

Agenda Item	KEPRO Updates	Presenter	April Goebel, KEPRO
Discussion and	Conclusions:		

- Ms. Goebel announced that KEPRO's Long-Term Care Director, Lori McGurty has relocated and accepted another position with the organization. Emily Proctor will assume I/DD Waiver Director responsibilities.
- The IMS report was provided and discussed. Agencies continue to show poor compliance numbers for Discovery & Remediation indicator G4—resolution of critical and A/N/E incidents. Ms. Goebel explained

that the data do not meet CMS' 85% compliance threshold and informed the council that training and Technical Assistance have been provided in an effort to increase compliance numbers.

- Kristy Ellison and Chris Messenger reported that OHFLAC had instructed them that incident reports are required for natural families, while Amber Hinkle reported that OHFLAC told her agency that they should not be done. Pat Nisbet will get clarification from Jim Cooper and provide at the next meeting.
- With respect to provider reviews, most continue to have only minor issues, with a few exceptions.
 Qualified Provider files continue to meet requirements at a high rate of compliance. Clinically, deficits are mostly for Behavior Support Professional services. KEPRO plans to offer BSP training to agency staff in the near future.
- Previously, the council requested that a comparison of KEPRO's review tool and WVUCED BSP requirements
 be conducted, as there were reports that they conflicted with one another. Ms. Goebel contacted
 LaShanna Brunson with WVUCED, who indicated that there was no discrepancy—this information was
 provided to the council.

Action Items	Person Responsible	Deadline
Get clarification from Jim Cooper with OHFLAC	Pat Nisbet	April 18, 2018
regarding requirements for incident reports for		
those who live in natural family settings		

Agenda Item	PPL Updates	Presenter	Randy Hill, PPL		
Discussion and	Discussion and Conclusions:				
 Randy Hill provided PPL's activity report, which shows a membership increase of 9 individuals since the October meeting, for a total of 1,422 enrolled. PPL is in the process of preparing W2s to be sent out to those staff employed by members who self-direct. 					
Action Items		Person Responsible	Deadline		
None					

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Discussion and Conclusions:				
• An application for membership was distributed via email to the voting members, per the council handbook. While there were five responses, the handbook requires a majority of the group vote in order to elect a new member. Three others responded in person and Patty Combs was elected as a General Stakeholder.				
Leah Redden will forward a welcome packet to Ms. Combs.				
Action Items		Person Respon	sible	Deadline
Forward welcome nac	ket to new member	Leah Redden		Anril 18 2018

Membership Application Review/Vote Presenter

Agenda Item	Review Member Rights and Confidentiality Training Draft	Presenter	Council Discussion, all
Discussion and	Conclusions:		

- Member Rights and Confidentiality Training are required for all staff who provide I/DD Waiver services.
 The subcommittee developed a draft power point that, when finalized, will be forwarded to providers for optional use. They may choose to utilize their own modules instead, if desired.
 - o Upon review, the council determined that, while the training addresses member rights, confidentiality should be a separate training. Confidentiality training will be developed after this one is finalized.
 - The council identified the following required changes:
 - The term "UMC" should spell out "Utilization Management Contractor" at the beginning

- OHFLAC requirements regarding rights should be incorporated
- Pictures should be updated so they are related to the topics
- Pre- and post-tests should be developed
- Jason Jones, with assistance from Mary Lea Wilson volunteered to make the above changes and send to Ms. Goebel, who will review and present to the council for a vote at the next meeting.

Action Items	Person Responsible	Deadline
Make recommended changes to draft power	Jason Jones / Mary Lea	April 1, 2018
point and forward to April Goebel for review	Wilson	
Review draft power point and present to council	April Goebel	April 18, 2018
for vote		

Agenda Item	Public Comment	Presenter	Public	
Public Comments	/Concerns:			
Liz Bragg with	Seneca Health Services was pres	sent for public comment.		
	Ms. Bragg asked if there was any clarification on whether transportation can be billed concurrently			
	with PCS services by one staff person. This has not been clarified; BMS intends to provide clarification			
at the Feb	at the February I/DD Waiver provider conference call, which will be held 2/1/18.			
Action Items		Person Responsible	Deadline	
Clarify whether tr	ansportation and PCS can be	Pat Nisbet/Taniua	February 1, 2018	
billed by the same	e staff at the same time	Hardy		

Agenda Item Death Certificates & Processes		Dr. James Becker, WV DHHR BMS Medical Director
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Discussion and Conclusions:

- Dr. James Becker presented on how cause of death is determined and documented.
- Physicians use three parameters to determine, and ultimately document, cause of death:
 - o Was the cause predictable for the physician and the patient—was it expected?
 - Was the quality of care sufficient? Was everything possible done to ensure survival?
 - Was the condition that led to death clearly known? What was the chain of events that led to the outcome?
- "Natural" deaths for purposes of reporting are any that are not "unnatural." In order to identify a death
 as natural on a death certificate, all other options must first be eliminated by the pronouncing physician.
 Using the parameters described above, the pronouncing physician identifies cause of death with the
 greatest certainty.
- Cause of death options are: natural, suicide, homicide, or accident.
- Natural deaths account for 95% of deaths nationwide.
- If there is no good explanation for the death, or if the person is young and died suddenly, a Medical Examiner must be involved. The ME will review records and may do an autopsy. Autopsies are either limited or extensive, depending upon what is known. It is fairly rare that an autopsy is required.
- If suicide, homicide, or neglect are suspected, the certifying physician is required to report to the proper authorities.

Action Items	Person Responsible	Deadline
None		

Agenda Item | Electronic Visit Verification (EVV) | Presenter | Dr. Frances Clark, BMS

Discussion and Conclusions:

- Dr. Frances Clark is working as a contractor for BMS to assist with identification of an EVV model, and, if necessary, vendor for the state.
- Use of EVV will be federally mandated effective January 2019.
- The power point presentation will be forwarded to Ms. Redden, who will distribute to the group.
- Dr. Clark requested that the council develop an advisory subcommittee, comprised of representatives from:
 - One large provider
 - One small provider
 - o One family member or member who lives in NF setting
 - o One family member or member who lives in an ISS or GH
- Ms. Redden will identify council members by the categories listed and will contact each for volunteers. If
 there is more than one volunteer in each category, that group will vote. Ms. Redden will notify Ms. Clark
 of the final members of the subcommittee. Pat Nisbet will also solicit members from Medicaid Fraud
 Control and BMS Legal to serve. Marcus Canaday, with Money Follows the Person, will also attend. These
 meetings will occur in-person whenever possible.

Dr. Clark will also do the same presentation at the Quarterly Provider Meeting 2/21/18.

Action Items	Person Responsible	Deadline
Send EVV power point to Leah Redden once	Dr. Frances Clark/Pat	4/18/18
approved by BMS.	Nisbet/Taniua Hardy	
Disseminate power point to council members	Leah Redden	4/18/18
Identify volunteers to serve on stakeholder	Leah Redden	2/7/18
subcommittee and notify Francie of final	Pat Nisbet	
membership		

Agenda Item Review Conflict Free SC Training Draft Presenter Council Discussion, all Discussion and Conclusions:

- All Service Coordinators are required to receive training on Conflict-Free Service Coordination.
- The subcommittee developed a draft power point that, when finalized, will be forwarded to providers for optional use. They may choose to utilize their own modules instead, if desired.
 - The council identified the following required change:
 - Slide 15 should be changed to say that the person or BMS will determine if the person transfers from Personal Options to Traditional service delivery model (currently does not include BMS) as policy indicates that BMS may require a transfer of SDM for noncompliance.
 - Ms. Redden will request that Susan Given, not present during this discussion and head of this subcommittee, make the change. When this change is complete, Ms. Redden will forward to Ms. Nisbet, who will forward to BMS' communication department for review and approval. Ms. Nisbet will then notify Ms. Redden when the power point can be provided to agencies.

Action Items	Person Responsible	Deadline
Update power point to reflect change	Susan Given	April 18, 2018
Forward updated power point to BMS	Leah Redden	April 18, 2018
Have power point reviewed by BMS	Pat Nisbet	April 18, 2018
communications department then forward to		
Leah Redden for distribution		

Agenda Item Review Physical Form draft Presenter Council Discussion, all Discussion and Conclusions:

- Though policy does not require members to receive annual physicals, in an effort to promote better health, the council will make a physical form available to members who choose to be evaluated by their physicians annually.
- This subcommittee will modify an existing form to meet West Virginia's needs, to include being certain that the following are addressed:
 - o Is the person at risk for pneumonia? What are the physician's recommendations?
 - Has the person had any choking incidents in the past year? What are the physician's recommendations?
 - o Has the person had any falls in the past year? What are the physician's recommendations?
 - o Has the person had a dental exam in the past year? What are the physician's recommendations?
 - Are there any conditions that put the person at significant risk for health issues? What are the physician's recommendations?
- Ms. Goebel will modify the form and forward to BMS.

Action Items	Person Responsible	Deadline
Modify annual physical form	April Goebel	February 5, 2018

Agenda Item Review Guardianship Fact Sheet Presenter Council Discussion, all Discussion and Conclusions:

- The council previously identified that families/members may need assistance with determining whether or not guardianship of a member should be sought.
- An information sheet was developed and presented to the council. It was approved.
- Ms. Nisbet will forward to BMS' legal department for approval.
- Once approved, Ms. Nisbet will forward to Ms. Redden, who will distribute to providers for use.

Action Items	Person Responsible	Deadline
Obtain BMS' legal department approval	Pat Nisbet	April 18, 2018
Distribute to providers for use	Leah Redden	April 18, 2018

Agenda Item	Data Analysis Sets Subcommittee	Presenter	Council Discussion, all
	Update		

Discussion and Conclusions:

- The data analysis has been completed and the following are the most common deficits identified, for both Residential and Non-residential settings:
 - o 1A: The setting provides opportunities for regular, meaningful non-work related activities in integrated community settings for the period of time desired by individuals.
 - o 1E: Individuals receive HCBS in an area of the setting that is fully integrated with individuals not receiving Medicaid.
 - 1L: The setting assures that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCBS.
- This data will serve as baseline and will be compared to second year data when received.
- Until new data from 2018 reviews is received, the subcommittee will be dissolved. Dr. Lowther-Berman will notify the subcommittee members via email.

Action Items	Person Responsible	Deadline

Notify subcommittee members of dissolution	Rose Lowther-Berman	February 5, 2018
until additional data is received at the end of		
2018		

Agenda Item	Membership Subcommittee	Presenter	Angie Breeden
Discussion and Conclusions:			

- The new membership packet was presented and approved. Ms. Breeden will send the individual documents to Ms. Redden for use when new members are elected.
- The council identified that a one page document listing the council's accomplishments should be included in the new member packet. At the next meeting, members will submit their recommendations for accomplishments to be included.

Action Items	Person Responsible	Deadline
Send individual documents to Leah Redden	Angie Breeden	April 18, 2018

Wrap-Up/Confirmation of Next Meeting

- 2018 Meetings:
 - o April 18, 2018
 - o July 18, 2018
 - o October 17, 2018
- Unless otherwise specified, all council meetings will be held at the Charleston Town Center Mall, Bureau of Senior Services (BoSS) office located on the 3rd floor next to the food court.
- Meeting adjourned by Amber Hinkle, 3:50pm.