

# **West Virginia I/DD Waiver Quality Improvement Advisory Council Handbook**



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## Introduction

The West Virginia I/DD Waiver Program provides services to individuals who require an ICF/IID level of care, and who are otherwise eligible for participation in the program. I/DD Waiver program members receive services in a home and/or community-based setting for the purpose of attaining independence, personal growth and community inclusion. West Virginia supports an individual's freedom of choice of providers for I/DD Waiver program services.

## Council Purpose

The purpose of the I/DD Waiver Quality Improvement Advisory (QIA) Council is to provide guidance and feedback to the WV Department of Human Services Bureau for Medical Services (BMS) and its contracted Operating Agency (Acentra Health) in the development of an ongoing quality assurance and improvement system for the I/DD Waiver Program. To this end, the Council's charge is to work with staff to develop and strengthen the Waiver's ability to:

- Collect Data and assess program member experiences in order for the Council 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 Waiver program.

The Quality Improvement Advisory Council will work with WV BMS and the Operating Agency (Acentra Health) to ensure that the I/DD Waiver supports the desired outcomes outlined in the six (6) focus areas of the Quality Framework developed by the Centers for Medicare and Medicaid Services (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:** Persons enrolled in the waiver have needs consistent with an institutional level of care.
- **Provider Qualifications:** Waiver providers are qualified to deliver services/supports.
- **Service Plan:** Participants have a 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.

## The Advisory Role

The role of the Quality Improvement Advisory Council is advisory in nature and therefore, it has no authority in administering the I/DD Waiver Program. Its function is to advise and assist WV BMS in program planning, development, and evaluation consistent with its stated purpose. In this role, the Quality Improvement Advisory Council shall:

- Recommend policy changes,
- Recommend Program priorities and quality initiatives,
- Monitor and evaluate policy changes,
- Monitor and evaluate the implementation of Waiver priorities and quality initiatives,
- Serve as a liaison between the Waiver and its stakeholders and,
- Establish committees and work groups consistent with its purpose and guidelines.

## **Council Membership**

### ***Voting Council Members***

The I/DD Waiver Quality Improvement Advisory Council will consist of sixteen (16) voting members. At least five (5) shall be current or former program members (or their legal representative/family member) of I/DD Waiver services; at least five (5) shall be I/DD Waiver service provider representatives; three (3) shall be stakeholders such as direct care workers, family members, advocates/allies of people with disabilities; one (1) shall be a WVUCED representative; one (1) shall be a staff of the Disability Rights of West Virginia (the Federally mandated protection and advocacy organization), and one (1) shall be a representative of the WV Developmental Disabilities Council. To the extent possible, the Council will represent all regions of the state.

***\*Voting Council members may not be direct employees of the State of West Virginia Department of Human Services. This is in effect to reduce the potential conflict of interest of Council members working for the state and providing feedback to the state.***

### ***Ancillary Council Members***

In addition to the sixteen (16) voting members, the Council will also attempt to fill three (3) ancillary positions with people who would be available to step in and participate as a Council member. Voting members with recently expired membership terms receive preference in filling open ancillary positions. Ancillary members may serve in this capacity for a maximum of one (1) year. On a routine basis, ancillary members are encouraged to contribute to Council discussion but do not have voting privileges. ***Ancillary members may only vote if: A voting member is unable to fulfill Council obligations through the remainder of his or her term -or- a quorum cannot be established for voting without the contributive vote of the ancillary member.*** Ancillary members will receive all Council correspondence and attend meetings regularly. At least one (1) of these three (3) positions must be filled by a current or former program member or their legal representative/family member.

## **Membership Committee and Protocols**

### ***Membership Committee***

The Council shall form a membership committee. This committee will be charged with the responsibility to develop procedures for:

- Assisting in identifying and recruiting potential Council members,
- Nominating members for appointments,
- Appointing new members,
- Filling vacancies and,
- Orienting new members.

### ***Selection, Nomination, and Appointment of New Members***

1. WV BMS will indicate notification on the SoS website notifying the public of the opportunity to attend meetings and present information during the public comment period. Notification will also be distributed at statewide training forums. This notification will also include solicitation for new members, when vacancies arise.
2. Those interested in being a voting QIA Council member should complete the I/DD waiver QIA Council Membership Application. The membership application must include the interested parties' experience/relevance with the I/DD Waiver program, category of membership and availability to attend meetings on at least a quarterly basis.
3. All applications will be forwarded to the membership committee. In the event that there is not a significant number of applicants, applications will be forwarded by the Operating Agency (Acentra Health) to all Council members for review either prior to or at the next QIA Council meeting.
4. Voting on applicants may take place either prior to or during the next scheduled QIA Council meeting. A simple majority vote is required to establish an applicant as a new voting member.
5. In the event there is an overwhelming number of applicants, the membership committee will review all applications and prepare a ballot of those applicants they wish to nominate for membership.
  - a. The membership committee should make contact with those they wish to nominate to ensure nominees are still interested in Council membership.
  - b. The membership committee's final ballot must list nominees, category of representation, and a brief description of the nominees' experience in the field. The ballot will be forwarded by email to voting members of the Council to be returned within **ten (10) calendar days**.
6. Results of email balloting will be reviewed/presented at the subsequent meeting (sooner if necessary to fill a vacancy more quickly).
7. New Council members will be notified of their appointment to the Council by the Operating Agency (Acentra Health).
8. The membership committee and Operating Agency (Acentra Health) will serve as a resource to orient new members including sharing membership documents, expectations, and previous meeting minutes to ensure the new member is properly prepared to fulfill his or her QIA Council obligations.

### ***Membership Terms***

Voting members will agree to serve a three (3) year term. In the event that a Council member is unable to fulfill the remainder of the term, they should contact the Council chairperson or Operating Agency (Acentra Health) contact person immediately so that the position can be posted and filled. Following the three (3) year term, a voting member may serve in an ancillary position for one (1) year. No Council member may serve greater than four (4) consecutive years in either a voting or ancillary position. If a Council member wishes to reapply after having served in any capacity for four (4) consecutive years, he or she may only do so after sitting out for at least one (1) year.

### ***Term Expiration Mid-Project***

In the event a member's term expires while participating in a council project, the project in progress may be completed upon approval by all Council members.

### ***Involuntary Membership Term Expiration***

In the event that a voting or ancillary Council member's contribution becomes so disruptive to the overarching intent of the Council, the voting Council members have the option to expire that member's term. Members wishing to pursue this option will contact the Operating Agency (Acentra Health) to begin the process of establishing a voting forum. All voting Council members will receive a ballot outlining the involuntary membership expiration details. A majority vote is required to remove an existing Council member.

### ***Membership Attendance***

In order for a council to be successful, members must attend and participate. Upon the second consecutive QIA Council meeting missed, the member will be considered to be vacating his or her position. After the third consecutive absence, the member will be replaced due to inactivity. This protocol will be followed regardless of the notification provided for absences. It is understood that life brings about unexpected occurrences; however, a council can only be as effective as the members attending and participating.

A conference call/virtual conference option will be provided on the agenda for those who cannot attend in person at Council meetings. If there are no attendees after 30 minutes, the call/virtual option will be disconnected. ***Exceptions can be made with advanced notification.***

### ***Officers***

Council officers, Chairperson and Vice-Chairperson, will be elected to serve a one (1) year term. The officers will be elected by a majority vote of the members present. The duties of these offices are:

- Chairperson
  - Work with WV BMS and the Operating Agency (Acentra Health) to plan Council meetings,
  - Act as the Chairperson for QIA Council meetings, and
  - Appoint ad-hoc and standing committee chairs.
- Vice-Chairperson
  - Chair QIA Council meetings when the Chairperson is unavailable,
  - Fill the Chairperson position should that individual leave the Council mid-term, and
  - Complete the vacated term until the next Council elections.

## **QIA Council Meetings**

The I/DD Waiver Quality Improvement Advisory Council will meet four (4) times a year (per quarter). These meetings are typically held in January, April, July, and October. Meetings will typically be scheduled from 10:00 am – 4:00 pm. Council members representing current or former Waiver members (or their legal representatives/family members) will be eligible for mileage/travel reimbursement for meeting attendance. ***This reimbursement will be dependent upon availability of funding.***

Each meeting will contain the agenda item "Public Comment." The public comment time is to solicit feedback from members and their advocates/allies on the performance of I/DD Waiver services. All I/DD Waiver QIA Council meetings will be open to the public. However, members of the public may only provide comment during the time designated as "Public Comment."

WV BMS and the Operating Agency (Acentra Health) will maintain the minutes of all Council meetings. Minutes will be distributed to all Council members within **one (1) month** following the meeting. At a minimum, the minutes of the Council meetings shall include:

- Council members present and absent,
- Discussions and recommendations made by the Council,
- Responses to any questions or recommendations made at previous Council meetings, and
- Specific assignments to be carried out following the meeting. This should include:
  - What is to be completed,
  - Who is responsible for completion, and
  - Date of completion.

### ***Agenda***

Council meetings will follow an agenda developed by the QIA Council Chairperson and the Operating Agency (Acentra Health).

### ***Decision-Making Process/Quorum***

A minimum of eight (8) members **must be** present at Council meetings in order to conduct Council business. A simple majority vote of those present is required to approve any item brought before the Council.

## **Responsibilities and Expectations**

It will be the responsibility of WV BMS, the Operating Agency (Acentra Health), and the Council Chairperson to plan and conduct all meetings. The Operating Agency (Acentra Health) staff will provide all Council members with the information needed in accessible and appropriate formats. WV BMS will assist/support the Operating Agency (Acentra Health) staff in all necessary aspects of planning, preparing, and conducting all Council meetings. It will be the responsibility of the Council members to:

- Have knowledge of the I/DD Waiver Program and the services it provides,
- Become familiar with the Waiver's quality management system and initiatives,
- Study any problems or issues brought to the Council, and
- Prepare for, attend, and fully participate in Council meetings.