

WV I/DD Waiver Quality Improvement Advisory Council

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 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.

WV I/DD Waiver Quality Improvement Advisory Council Membership Application

Type of Representation on the Council (please check one)		
<input type="checkbox"/> Current or former program Member/Legal Representative/Family Member	<input type="checkbox"/> Stakeholder (family, community member, advocate of persons with I/DD)	<input type="checkbox"/> I/DD Waiver Provider
Applicant Information		
Name:		Phone Number:
Address:	City, County, Zip Code:	Email:
Please provide a brief description of your experience in the field of disabilities and the I/DD Waiver Program		
Why would you like to serve on the QIA Council?		
Tell us about your involvement and/or advocacy experiences with other organization, boards, or groups.		
Please provide the names of two people that we may contact as references.		
Reference #1 Name	Daytime Phone Number	How the person knows you
Reference #2 Name	Daytime Phone Number	How the person knows you
Certification/Signature		
<input type="checkbox"/> I certify that I am willing and able to attend/participate in person/virtually in quarterly meetings of the QIA Council.		
Applicant Signature		Date
Application Submission		
Please submit membership application to Acentra Health via email (wviddwaiver@acentra.com) or fax (866-521-6882). Thank you for applying to the I/DDW QIA Council.		