

STATE OF WEST VIRGINIA  
THIRTEENTH JUDICIAL CIRCUIT  
OFFICE OF THE COURT MONITOR  
STATE CAPITOL COMPLEX  
BUILDING 6, ROOM 850  
CHARLESTON, WEST VIRGINIA 25305

LOUIS H. BLOOM  
JUDGE



DAVID G. SUDBECK  
COURT MONITOR

## MEETING OF THE PARTIES

*In E.H., et al., v. Khan Matin, et al.*

WEDNESDAY, FEBRUARY 4, 2014

### MINUTES

**PRESENT:** Kim Walsh, Vickie Jones, Lydia Milnes, Jeff Foster, Karen Villanueva-Matkovich, David G. Sudbeck, Allen Campbell, Cindy Beane, Regenia Mayne, Teresa Brown, Kim Stitzinger Jones

#### I. COURT MONITOR REPORT

David Sudbeck stated that he had received no grievances aside from a request by an advocate to oversee the transportation to and payment of a dental appointment for a patient. As the request was made directly by the advocate without following the prescribed course of action and the fact that the patient was discharged before any resolution could be made, he did not accept or investigate this request. David also stated that due to inclement weather and the water crisis he was unable to schedule an investigation into the Request for Resolution regarding Community Integration. The Department however has supplied his office with policies regarding the issue at Sharpe and Bateman as well as Riverpark and Highland. David assured the parties that he will be reviewing these policies and scheduling visits to the hospitals in the near future.

Cindy Beane updated the Parties on the statuses of the Managed Care Quality Integration and Process Workgroups. She informed the members that the Quality Integration Group was meeting on a monthly basis and is collecting measurement data from providers both within and outside the state. The Process Group however is making more tangible progress by taking issues supplied by providers, prioritizing and addressing them individually. Lydia Milnes inquired as to a timeframe for the length of work by these groups. Though Cindy did not have a definitive answer, she assured the Parties that the work of these two groups is being managed in a very timely manner.

David confirmed that his Formal Recommendations on the Co-Occurring Unit at Batman had been received and perused by the Parties. Though there were no formal concerns with the Formal Recommendations, Lydia Milnes inquired as to whether the unit would be large enough to house all patients. David assured the Parties that based on Dr. Mashood's evaluation and the average length of stay that the proposed unit would be more than adequate in managing those with co-occurring disabilities. Vickie Jones informed the Parties that patients were already being prepared for a smooth transition to the unit. She also stated that the length of stay for patients, unless chronic or court-ordered, was about the 12-14 day average and that she was more than willing to supply admission data to the Parties.

David stated his awareness and concern over the allegations of abuse at Potomac Center and requested information as to the placement and care of the children removed from the facility. Vickie Jones assured David and the Parties that all children had been placed at least temporarily with permanent placement being top priority. She also offered to provide members with a document of the placement, wrap-around services and educational supports being provided to each child.

David inquired as to the creators and the intent of House Bill 4244. Neither Party knew the originators or the intent of the Bill.

## **II. BHHF REPORT**

Vickie Jones stated that the Governor's Advisory Council on Substance Abuse's Annual Report had been submitted to the Governor's Office and that the content was a testament to the cooperation of many diverse groups and the initiative of grass roots organizing. She informed the Parties that copies would be sent to all members and that responses were welcomed. She was also pleased that the combined efforts of DHHR and DMAPS are resulting in a lack of duplicate services which could result in new services being created for education and prevention in the forensic population.

Kim Walsh informed the Parties that DHHR had received the West Virginia Intra-Agency Council on Homelessness. The goal of this council is to develop comprehensive plans to prevent and end homelessness in West Virginia. She explained that the main council consists of multiple state agencies but that an additional workgroup will consist of many providers and organizations outside of state government to inform and address the myriad complexities of homelessness.

Vickie Jones also informed the group that Linda Dailey had taken a new position outside of DHHR.

### **III. PETITIONER REPORT**

Lydia Mines noted that she has provided Petitioner's response to the BHHF survey and was awaiting a reply to that response from the Department. She also requested overtime reports in addition to that of November's in order to make a fair conclusion as to the proper use of overtime at Bateman and Sharpe. Vickie stated that the BHHF Survey responses and additional overtime reports would be supplied for Lydia's review.

### **IV. BMS REPORT**

Cindy Beane informed the Parties that the TBI waiver was a continuing success and that those enrolled were very pleased with the services they are receiving. She also distributed the current TBI waiver report. [Copy attached below]

### **V. OTHER**

Next Meeting: Wednesday, March 26, 2014  
10:00 a.m.-12:00 noon  
Covenant House  
600 Shrewsbury Street, Charleston, WV 25301

**WV Traumatic Brain Injury (TBI) Waiver Program  
Implementation through December 2013**

**MNER Summary:** Since February 1, 2012, the Administrative Service Organization (ASO) has received, processed and/or made initial determinations on one hundred and sixteen (116) Medical Necessity Evaluation Request Forms (MNER)/applications.

- ❖ Of those one hundred and sixteen (116) applications (submitted MNER):
  - 9 applications were closed - no evidence of a TBI
  - 13 applications were withdrawn
  - 2 applications pending assessment results
  - **92 applicants received medical eligibility determination assessments**
    - 22 applicants did not meet medical eligibility
    - 70 applicants were considered medically eligible based on their PAS and Rancho Los Amigos scores
      - 8 applicants were denied financial eligibility
      - 17 applicants withdrew their case after medical eligibility was determined
      - 11 applicants are awaiting financial eligibility
      - 2 applicants deceased prior to notification of medical eligibility
      - 28 applicants have been enrolled as members as of December 2013
      - 4 members have discontinued their enrollment as of December 2013

<b># MNER Applications Received Per Month for the WV TBI Waiver Program</b>					
<b>2012</b>	<b># MNER Received</b>	<b>2013</b>	<b># MNER Received</b>	<b>2014</b>	<b># MNER Received</b>
January	N/A	January	6	January	
February	4	February	5	February	
March	2	March	10	March	
April	4	April	4	April	
May	3	May	9	May	
June	1	June	4	June	
July	2	July	10	July	
August	5	August	10	August	
September	7	September	5	September	
October	1	October	10	October	
November	3	November	5	November	
December	2	December	4	December	
<b>2012 Total</b>	<b>34</b>	<b>2013 Total</b>	<b>82</b>	<b>2014 Total</b>	
<b>Total since program implementation February 2012</b>					<b>116</b>

**Outreach efforts Summary:** In January 2012, the ASO initially sent emails to all existing Aged and Disabled Waiver Homemaker Agencies, Case Management Agencies, I/DD Waiver Providers and Personal Care Providers. In early February 2012, all applicable referral sources including Nursing Homes, Hospitals and Licensed Rehabilitation Centers were emailed. This correspondence announced the TBI Waiver Program, outlined eligibility requirements and supplied copies of the application (MNER) form (\*These emails are not included in the 378 Email contacts indicated below).

Since March of 2012, ASO staff has conducted statewide outreach efforts to include: scheduled face-to-face meetings within the facilities, presentations at local and statewide settings and meetings with the directors of the Aging and Disability Resource Centers.

Additionally, the ASO offers/provides training and technical assistance to the thirty-two (32) enrolled provider agencies. Training topics include the Medicaid requirements for covered services (Case Management and Personal Attendant Services) and general information about supporting individuals with TBI).

The ASO targets outreach for each agency selected to provide services for enrolled members. Outreach focuses on providing guidance in completing the financial eligibility process and compliance with Medicaid forms. Additionally, the ASO provides technical assistance to resolve specific member needs.

Types and Numbers of Outreach Efforts Made for the WV TBI Waiver Program	
Type of Outreach	# Outreach Efforts
<b>General Outreach</b>	
Email	*378
Phone	814
Face-to-Face	475
Mail	110
Presentations/Outreach (ex. WV NASW Conference, local DHHR)	58
<b>For Enrolled Providers</b>	
Training-Webinar	23
Face-to-Face Technical Assistance	44
Phone Technical Assistance	251
<b>Total</b>	<b>2,153</b>







