



**West Virginia Bureau for Medical Services
Responses to Comments Received on the
Proposed Aged and Disabled Waiver Application**

Comment		Response
We received nine comments questioning why the number of yearly slots has decreased in the application by more than 1200 participants over five years	No Change	The projections in the application are based on the current level of funding, accounting for increased costs. The number of slots can always be amended and have been amended three times over the last five year period.
We received seven comments stating the current rates paid for services to providers do not support the increase in the minimum wage to \$8.75/hr. for Personal Attendant Services, surrounding states pay \$20.00-\$30.00 per hour and WV only pays \$15.00 per hour.	No Change	The current rate of \$15.00/hr. supports the minimum wage increase.
We received 23 comments asking that someone who is the Durable Power of Attorney (DPOA), Medical Power of Attorney (MPOA) or Health Care Surrogate (HCS) of the person receiving services be able to be paid caregivers. We also received one comment that spouses should be able to be paid employees.	Clarifications	<p>Although this is not a change in the application, BMS has made a policy decision to allow the DPOA, MPOA or HCS to be a paid employee.</p> <p>In the self-directed program, Personal Options, someone else must be the Program Representative for purposes of signing off on time-sheets and assisting the individual in self-direction. The Legal Guardian or the Legally Responsible Adult (spouse or parent of minor child) still may not be paid employees in this program. Please review WV Code 44-A-1-8 for more information</p>
We received 21 comments that were not applicable to this program or did not supply enough information to consider how the proposed changes affected the person receiving services.	No Change	N/A



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<p>We received 43 comments not in favor of adding case management as a mandatory service. Most of the commenters thought that the cost of the service would be coming out of their participant-directed budget and was an unnecessary cost.</p>	<p>No change</p>	<p>There is a misunderstanding that the cost of the case manager (\$71.10/month) comes out of the individual's budget, it does not. There is a need for everyone to have a case manager to assist the individual with establishing financial eligibility, managing the web portal and having independent oversight over the MPOA, DPOA or HCS who may be paid employees. There is also a misunderstanding that the role of the Resource Consultant through Personal Options is their case manager and they would have to give up their Resource Consultant. This is not so.</p>
<p>We received 37 comments opposing removing participant-directed goods and services. Commenters stated that PDGS had been used for walk-in showers, security systems, wheelchair ramps, new appliances, paying for pet care/vet bills, safety bars and toilets.</p>	<p>No change</p>	<p>A review of items purchased through the self-directed program over the past few years have shown that the majority of items purchased have been items that would also benefit individuals in the Traditional Option. As this service is not available to those in the Traditional Option, the decision has been made to remove the service from the <u>self-directed option</u>.</p>
<p>We received 36 comments opposing the cap on Transportation of 3,600 miles per year and one comment in favor of lowering it even more and mandating that all workers be automatically enrolled as volunteer drivers through Non-Emergency Medical Transportation (NEMT).</p>	<p>No Change</p>	<p>Waiver participants may utilize Non-Emergency Medical Transportation (NEMT) for medical appointments. NEMT when used through the broker is not counted toward the 3,600 miles per year. The 3,600 miles may be used for community activities, grocery shopping, essential errands, etc.</p>

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We received six comments questioning the addition of skilled nursing services that are limited to six units a month and questions about what skilled nursing would entail.	No change	This is not a change. It states in the application that skilled nursing services would be provided per BMS policy. The policy, when developed, will provide for very little skilled nursing beyond checking vitals and filling pill boxes. It also includes supervision of the Personal Attendants by reviewing their worksheets to ensure services are being provided per the Plan of Care.
We received three comments in favor of the establishment of Financial Eligibility prior to medical Eligibility	No Change	
We received three comments in favor of adding the Physician Assistant and the Advanced Practice Nurse Practitioner as approved to sign the Medical Necessity Evaluation Request.	No Change	
We received one comment that the correct language for the state and federal fingerprint-based checks was not the National Crime Investigation Check (NCIC).	Change	We did change the language to say that state and federal fingerprint-based checks are required. The term of NCIC is actually the type of system used to check state and federal fingerprints.
We received one comment that self-directed individuals will utilize their Case Managers to submit the Medical Necessity Evaluation Request (MNER) and develop the service plan instead of their Resource Consultant.	Change	A change was made to section E-1 removing these a duties of a Resource Consultant.
We received one comment that Case Management was still listed as a self-directed service in E-1-g and C-1/C-3 Provider Specifications for Service.	Change	This was an error and has been removed from E-1-g and C-1/C-3 Provider Specifications for Service.
We received one comment that the Resource Consultant does not verify citizenship status.	Change	This was changed in section E-1-a. to read: Assist the employer of record with the responsibility of verifying employees' citizenship status.
We received one comment that the box for Waiver Service Coverage on E-1-j was checked in error.	Change	This was an error and that box has been unchecked.
We received one comment that the old lanague of ASO was still in severl parts of the manual instead of UMC.	Change	This was changed throughout the application.
We received one comment that there was no reference to the ability to request a service level change.	Change	This statement was added in B-6-f. #14. A service level change may be requested at any time with supporting documentation to justify the request.



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We received one comment asking that the language be strengthened regarding this definition of Transportation in Appendix C: Transportation Services are only to be utilized for the person receiving services needs and not for the benefit of the Personal Attendant, the person's family and friends or others.	Change	This language was strengthened to read: Transportation Services are only to be utilized for the person receiving services needs and cannot be for the benefit of the Personal Attendant, the person's family and friends or others.
We received one comment asking to add language to Section D-2-a. regarding the quality of the delivered services.	Change	A sentence in Appendix D-2-a was revised to read: Case Managers (CMs) are responsible for monthly calls with persons to review the implementation of the SP in order to identify and address any issues and concerns related to the delivery of services and quality of the services delivered.
80 stakeholders and 1 petition with 25 signatures made 197 comments		