

**ADDENDUM**  
**To West Virginia Provider**  
**Enrollment Agreement**  
**with Department of**  
**Health and Human Resources**  
**Bureau for Medical Services**  
**And**

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This Addendum is attached and incorporated into the West Virginia Medicaid Provider Enrollment Agreement between the Department of Health and Human Resources, Bureau for Medical Services (“Department”) and \_\_\_\_\_ for Transition Navigator Services. In addition to all requirements specified in the West Virginia Medicaid Provider Enrollment Agreement, the parties agree:

**I. THE PROVIDER AGREES TO:**

1. Be licensed to conduct business in West Virginia;
2. Designate a person to whom all questions of interpretation, quality performance or other matters related to the provision of Medicaid services can be directed;
3. Assure implementation and compliance with program policies, standards and regulations;
4. Maintain and safeguard the confidentiality of member information obtained pursuant to this Agreement and in accordance with the Social Security Act §1902 (a)(7) and 42 CFR, Part 431 and applicable State and Federal law and department regulations;
5. Designate sufficient staff with the sole responsibility of providing Transition Navigator services throughout the state to Take Me Home participants. The designated Transition Navigators should be regionally located to ensure no more than two (2) hour travel time (one-way) to serve Take Me Home participants. Specifically, Transition Navigators will work one-on-one with Take Me Home participants to:
  - Conduct face-to-face interviews to share information about the program and collect information needed to determine eligibility;
  - Assess transition and community support needs (including risk factors that may jeopardize a successful transition to the community);
  - Develop a written Transition Plan (incorporates specific services to meet identified transition needs, as well as, the home and community-based services and supports the participant will need once they return to the community);
  - Conduct a Risk Analysis and develop a written Risk Mitigation Plan (to address and monitor all identified risks that may jeopardize the participant’s successful transition);
  - Develop individualized 24-hour back-up plans for Program participants that address such issues as equipment failure, transportation failures, natural disasters, power outages, and interruptions in routine care;

- Arrange and facilitate the delivery of needed Take Me Home demonstration and supplemental services including but not limited to utility and security deposits, basic furnishings, initial food supplies, accessibility modifications, and;
- Monitor the implementation of the Transition and Risk Mitigation Plans and arrange any necessary additional Take Me Home services (up to 365 days post-transition).

Transition Navigators will also:

- Work collaboratively with the TMH Office to facilitate the transition process outlined in the Operational Protocol and the TMH Procedures Manual
  - Be a point of contact for potential TMH participants seeking transition to their own home in the community
  - Provide outreach and educate facility staff and residents about the TMH Program
  - Work with each TMH participant to identify members of and convene their individualized Transition Team
  - Collaborate with facility staff, home and community based service providers, and other community agencies to support successful transitions
  - Monitor and confirm that services and supports meet the needs of the participant in the community
  - Advocate for and on behalf of the participant
  - Complete the Quality of Life Survey for each participant prior to transition
  - Participate in conference calls, trainings, and meetings as determined by the TMH Director
  - Document Program activity and all communication with potential and actual TMH participants using forms and procedures defined by TMH
6. Payment and satisfaction of provider claims by the Bureau for Medical Services from Federal and State Funds. Any false claims, statements or documents or concealment of material fact by a provider may be prosecuted under applicable Federal or State Law.

## **II. THE BUREAU FOR MEDICAL SERVICES AGREES TO:**

1. Make available copies of policies, manuals, operational protocols and procedures;
2. Provide initial training to the designated transition navigators including all materials.
3. Conduct monthly informational and technical assistance calls for designated Transition Navigators
4. Consider claims for reimbursement of Transition Navigator services, that meet BMS timely filing requirements, when submitted at the following points in the transition process:
  - a. Upon completion of the initial interview and intake,
  - b. Upon face-to-face planning meetings with TMH participants,
  - c. Upon final review and approval of the Transition Plan,
  - d. Upon transition to an approved community setting; and
  - e. Post transition for up to 365 days.

Any alteration, variation, modification, amendment of any provision of this Agreement shall be valid only if in writing and duly executed by all parties and attached to this Addendum. This Addendum shall run for successive periods of one year. This Addendum may be canceled by either party at

any time with or without cause, upon thirty (30) day notice, in writing, and delivered by mail or in person.

The Addendum shall continue in effect unless terminated by either party or until the Federal and/or State ceases to participate in the Money Follows the Person, Rebalancing Demonstration Grant. This Agreement may be terminated by mutual agreement of the parties upon thirty (30) days prior notice. This provider's participation in West Virginia Medicaid and this Agreement may be terminated by the Bureau for Medical Services, for cause, as set forth in applicable Federal and State laws and regulations.

<b>TAKE ME HOME, WEST VIRGINIA PROVIDER AGREEMENT</b>	
Type or Print Name, Address, Telephone Number and Director of Agency:	
<b>Signature of Director</b>	<b>Date</b>
Provider NPI (required):	
<b>DEPARTMENT OF HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES, COMMISSIONER</b>	
<b>Signature of Commissioner</b>	<b>Date</b>