

Intellectual/Developmental Disabilities Waiver (IDDW) Update

Moving Forward in 2020

With the 2020 Intellectual Developmental Disabilities Waiver (IDDW) renewal, Waiver participants will receive case management, currently known as service coordination, from one agency and all direct services from one or more different agencies.

Participants will continue to have a choice of a case management provider and one or more direct/professional services provider(s). Services will be determined with a Person-Centered Planning process. Currently, processes, training and credentials required for service coordinators are being developed and will be based on input from Conflict-Free Case Management (CFCM) stakeholder groups and public input.

The West Virginia Department of Health and Human Resources, Bureau for Medical Services (BMS) has initiated an IDDW CFCM Stakeholder Group comprised of stakeholders from a variety of settings including community agencies, participants/family members, advocates and state representatives. This group is currently meeting monthly in order to seek input from primary stakeholders in the evaluation of the current infrastructure to identify existing policies and procedures that may be the building blocks for a quality CFCM system and to establish ongoing monitoring of performance measures. Information related to stakeholder meetings will be posted on a designated BMS webpage. Engaging stakeholders with transparency and active participation is the goal.

BMS is actively seeking additional participation of family members and participant members. If you are interested in being part of the IDDW CFCM Stakeholder Group, please contact Liz Bragg at Elizabeth.L.Bragg@wv.gov or 304-356-4856.

Conflict-Free Case Management (CFCM)

Service coordinators are an integral part of communities advocating with families, elders and persons with disabilities. Beginning July 1, 2019, service coordinators will be called case managers (CM).

The Centers for Medicare and Medicaid Services (CMS) highlights three potential areas for conflict in case management (service coordination).

Assessment: The CM may have an incentive to assess for more or less services than the individual needs.

Financial interest: The CM may be interested in a care plan that retains the individual as person for their agency rather than one that assists with independence. The CM may not suggest outside providers due to concerns over lost revenue.

Convenience: The CM or service provider may develop a care plan that is more convenient for the provider than a plan that is person-centered.