



# West Virginia Intellectual/Developmental Disabilities (I/DD) Waiver Program Policy Manual Handbook

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## Introduction

Welcome to the Intellectual/Developmental Disabilities (I/DD) Waiver Program. The West Virginia IDDW Program is a federally approved home and community-based program for individuals with intellectual and developmental disabilities. It is designed to provide you with services and supports that assist you to become as independent as possible. Services are provided in natural settings such as your home and community. The Bureau for Medical Services (BMS) operates the Program. BMS contracts with a Utilization Management Contractor (UMC) to perform administrative functions for the Program. In addition to the UMC, BMS also contracts with a Medical Eligibility Contracted Agency (MECA) that determines medical eligibility. This handbook is intended to support the IDDW Policy Manual Chapter 513 available at: <https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter%20513-IDDW.FINAL.02.01.18.pdf>.

The Centers for Medicare and Medicaid Services (CMS) require that all home and community-based programs be person-centered, which means that the focus of your services is YOU! Your input is very valuable, and you will be an important part of your team. Every person on the Program is unique, so your needs will guide your services. CMS requires states to ensure that individuals receiving these services and supports through home and community-based programs have full access to benefits of community living and the opportunity to receive services in the most integrated setting possible.

## Rights and Responsibilities

As a person receiving services through the IDDW Program, you have the right to:

- Choose between home and community-based services as an alternative to institutional care.
  - ◆ Institutional Care in West Virginia is an Intermediate Care Facility (ICF) for Individuals with Intellectual Disabilities (IID).
- Choose a Service Delivery Model:
  - ◆ Traditional Services; or
  - ◆ Traditional Services and Personal Options.
- Choose one or more IDDW provider agency to meet your needs.
- Transfer to a different IDDW provider agency at any time.
- Access your agency's grievance process if you are dissatisfied with your services.
- Access the Medicaid Fair Hearing process for issues that are consistent with state and federal law.
- Be free from abuse, neglect, and financial exploitation.
- Report dissatisfaction with your services.

As a person receiving services through the IDDW Program, you have the responsibility to:

- Attend Interdisciplinary Team (IDT) meetings at required times.
- Participate in your annual assessment.
- Access services within your annual individualized budget.
- Participate in re-determination of financial eligibility at your local Department of Health and Human Resources (DHHR) office as required.
- Follow all Program policies, such as monthly home visits, with your provider agency.
- Access direct care services at least every 30 days.
- Maintain a safe work environment for your staff.
- Notify your service coordinator immediately if your living arrangements or needs change, you are hospitalized or you need to have a team meeting.
- No change in living setting will be made without prior approval from BMS.

**Failure to comply with these responsibilities may jeopardize your continuation in the I/DDW Program.**

## Contracted Entities

BMS is ultimately responsible for the IDDW Program. However, BMS contracts certain functions to outside vendors.

### Utilization Management Contractor (UMC) Responsibilities

BMS contracts with a UMC for the IDDW Program. The UMC is responsible for daily operations of the Program including:

- Assessing your needs and applying BMS's budgetary model to be used to access your IDDW services;
- Providing education to you, your family and other supports as well as IDDW provider agencies;
- Reviewing requests for service authorization to ensure services requested are within budget and meet policy guidelines based on your assessed needs;
- Receiving, reviewing and/or investigating complaints related to the IDDW Program;
- Conducting on-site and desk reviews of provider agencies to ensure services are billed and documented appropriately; and
- Collecting and analyzing data for state and federal reporting related to the quality plan.

### Medical Eligibility Contracted Agency (MECA) Responsibilities

The MECA determines whether people are medically eligible for the IDDW Program. MECA manages a network of psychologists available to complete medical eligibility evaluations and MECA reviews the evaluations to make sure applicants and those already on the Program continue to be eligible.

### Fiscal/Employer Agent (F/EA) Responsibilities

The F/EA is responsible to manage the state's participant-directed service delivery model known as Personal Options. The F/EA prepares payroll and other financial reports, verifies Personal Options staff meet qualifications and helps you monitor the use of your annual waiver budget.

### Provider Responsibilities

Agencies approved to provide IDDW Program services hire employees who train, support and assist you to become as independent as possible. Provider agency responsibilities include:

- Ensuring you are not discriminated against or treated unfairly if you make a formal complaint or have been involved in an investigation process;
- Ensuring that you are only discharged from their services when a plan is in place to transfer all your services to another provider agency;
- Facilitating access of services within your assigned budget;
- Providing you with the maximum choice of services within your annual budget;
- Ensuring that your services are delivered properly and that all documentation meets requirements;
- Ensuring all agency staff who provide direct care services to you are properly trained; and
- Reporting any incidents that cause you injury.
- Ensuring complete impartiality regarding service referrals and ensuring the conflict of interest policy is followed.

## Program Eligibility

To be eligible for the IDDW Program, you must have an intellectual/developmental disability or a related condition diagnosed before age 22, and require the level of care and services offered in institutional settings. In addition, you must be a resident of West Virginia, choose home and community-based services instead of institutional care, and meet financial eligibility. Your financial eligibility will be re-determined at least annually or more often if you have a change in income. Must be age 3 or older to apply.

Your medical eligibility for the Program will be re-determined each year through a functional assessment conducted by the UMC. If it is found you are no longer medically eligible (and are terminated from the Program), you have the right to appeal this decision through the Medicaid Fair Hearing Process.

## Annual Functional Assessment and Waiver Budget

Each year, you must participate in an annual functional assessment with the UMC. This assessment usually takes about two hours. A UMC employee will gather information from you, your support team and your Service Coordinator about the supports you need. The MECA will use this information to determine whether you continue to be eligible for the Program and by the UMC to determine your annual budget.

Your annual budget is the dollar amount that you will have to spend on IDDW services during your service year. If the member's IDT believes further services are necessary in excess of a budgetary amount, the Exception Process may be utilized. You cannot exceed your budget amount unless there is a documented change in need. Services requested must be prior authorized by the UMC.

## Freedom of Choice

All persons receiving services from the IDDW Program must complete a Freedom of Choice form at least once per year during your annual assessment. Agency SC will be asked to leave while this form is completed. You will be asked to decide:

- Whether you wish to receive support through the IDDW Program or an ICF/IID (Institutional) setting;
- Your Service Coordination/Residential/Day Provider Agency among those licensed to serve your county; and
- Which service delivery model or models you would like to access.

If you change your mind during your service year, you can complete a new form at any time. The form can be accessed at <http://www.dhhr.wv.gov/bms/Programs/WaiverPrograms/IDDW/Pages/Policy-and-Forms.aspx>.

## Service Delivery Models

You have the option to choose from two service delivery models. You may choose all your services through the Traditional Service Delivery Model or you may choose a combination of Traditional Services and Participant-Directed Services. Regardless of the service delivery model you choose, you will be able to select among a variety of services to meet your needs.

### Traditional Service Delivery Model

All individuals accessing the IDDW Program will receive some form of Traditional Services. All of the services described below with the exception of Participant-Directed Goods and Services, are available under the Traditional Service Delivery Model.

If you choose to receive all of your services through the Traditional Service Delivery Model, your provider agency will be responsible for recruiting, hiring, training, and supervising your person-centered support and/or respite staff, as your provider agency will be the employer of record. In addition, your provider agency will set your staff's schedule and hourly rate of pay. With the Traditional Service Delivery Model, your selected provider agency will also be responsible for preparing payroll documents and required financial reports for state/local government and verifying that employees meet qualifications.

In addition, your provider agency will monitor your Waiver budget. With this service delivery model, you will be limited to the caps on direct support hours as indicated in the IDDW manual. There is no monthly administrative fee or overhead charge for this service delivery model.

### Traditional Service Delivery Model: Who is Responsible?

Recruiting person-centered supports (PCS) and/or respite staff	Provider Agency
Hiring PCS and/or respite staff	Provider Agency
Training PCS and/or respite staff	Provider Agency
Supervising PCS and/or respite staff	Provider Agency
Setting staff schedule	Provider Agency
Setting staff hourly rate of pay	Provider Agency
Preparing payroll and other required financial reports	Provider Agency
Verifying that employees meet required qualifications	Provider Agency
Monitoring your annual budget	Provider Agency

## Traditional and Personal Options Service Delivery Model

If you choose the Traditional and Personal Options Service Delivery models, you can access the services available through the traditional model as well as the participant-directed model. Services available under the participant-directed model include:

- Person-centered support services;
- Respite services;
- Transportation services; and/or
- Participant-directed goods and services.\*

With Traditional and Personal Options, you will be the employer of record. You may appoint someone as your designated representative to help you with your responsibilities. You (and your representative if you have appointed one) will be responsible for recruiting, hiring, training, and supervising your person-centered support and respite staff. In addition, you will set your staff's work schedule and their hourly rate of pay.

If you choose this model, you will receive support from the state's contracted Fiscal Employer Agent (F/EA). The F/EA will be responsible for preparing payroll documents and required financial reports for state/local government, and verifying that employees meet qualifications.

The maximum amount of a participant-directed budget is the equivalent monetary value of Person-Centered Support service units, Respite service units, Participant-Directed Goods and Services and Transportation service units available, based on the age, residential setting, needs of the person who receives services, and units available. When a person accessing IDDW Participant-Directed services, the total dollar amount of the services must be added together and may not exceed the service limits in both Service Options combined.

**\*\*In order to receive Participant-Directed Goods and Services, you must choose to participant direct at least one of the following services: person-centered support, respite, or transportation.**

**\*\*Limitations may apply as to how services can/cannot be moved around and may have an impact on the service limits.**

### Traditional and Personal Options: Who is Responsible?

Recruiting PCS and/or respite staff	You/your representative
Hiring PCS and/or respite staff	You/your representative
Training PCS and/or respite staff	You/your representative
Supervising PCS and/or respite staff	You/your representative
Setting staff schedule	You/your representative
Setting staff hourly rate of pay	You/your representative
Preparing payroll and other required financial reports	F/EA
Verifying that employees meet required qualifications	F/EA
Monitoring your annual budget	You/your representative

## Available Services

All IDDW services must be prior authorized by the UMC. The following services are available to all people receiving services through the IDDW Program.

**\*Note: Services marked with an asterisk (\*) below may be provided through either the Traditional or Personal Options Service Model.**

- **Service Coordination:** All people on the Program, regardless of service delivery model, will have a Service Coordinator who works for your chosen provider agency. Your Service Coordinator will ensure that Program requirements are met, will schedule and hold your team meetings, schedule and attend your annual functional assessment, and conduct your monthly home visit.
- **Person-Centered Supports (PCS):** Person-centered support staff will assist you in becoming as independent as possible, while ensuring that your needs are met in a variety of settings.
- **\*Respite:** Trained respite provider(s) will support you while your primary caregiver has a break.

- **\*Transportation:** If you are traveling to certain activities, including training activities identified by your team, your support providers may be reimbursed for their mileage. Transportation services are also available through Non-Emergency Medical Transportation (NEMT) services via the Medicaid State Plan.
- **Facility-Based Day Habilitation:** If you are an adult, you may elect to attend a Facility-Based Day Habilitation Program operated by a provider agency in a community-integrated setting appropriate for your needs. These facilities employ agency staff who work with you to continue to acquire basic living skills and also encourage community involvement and are open to all members of the community.
- **Supported Employment, Pre-Vocational and Job Development Services:** If you would like to explore becoming part of the work force, you can do so through the IDDW Program. If you choose to do so, a job coach will be provided for you.
- **Physical, Occupational and Speech Therapies:** If your doctor recommends these services, they may be available to you.
- **Environmental Accessibility Adaptations:** You can use up to \$1000 of your Waiver budget per service year to make adaptations to your home or vehicle. EAA-Home should increase physical accessibility to the home and within the home. EAA-Vehicle should maximize access to the vehicle only.
- **Electronic Monitoring:** If you choose and are approved by your IDT, you may use off-site electronic monitoring instead of staff in your home. This offers you more independence while ensuring that you are safe in your home.

The following service is only available through the Traditional and Personal Options (participant-directed) service delivery model:

- **Participant-Directed Goods and Services:** If you choose to participant-direct at least one other service, you can use up to \$1000 of your budget per service year to request items identified as needed by the IDT and not otherwise covered under the Waiver Program or Medicaid State Plan.

For more details on any of the above services or for information on services not listed above, please review your IDDW Manual or ask your service coordinator. The IDDW Manual can be accessed at <http://www.dhhr.wv.gov/bms/Pages/Manuals.aspx>.

## Grievances and Complaints

You have the right to receive verbal or written information on your provider agency's rights and grievance policies. If you are dissatisfied with your services, you have the right to access their grievance process. If this process does not resolve your issues, you may file a formal complaint with the UMC.

## Discharge

You may be discharged from the IDDW Program if you:

- No longer meet medical eligibility requirements;
- No longer meet financial eligibility requirements;
- Fail to comply with IDDW Program requirements including:
  - ◆ Participating in monthly home visits with your provider agency Service Coordinator;
  - ◆ Participating in your required assessments;
  - ◆ Participating in IDT meetings; and/or
  - ◆ Not receiving direct-care services (i.e., person-centered supports, respite, facility-based day habilitation, pre-vocational, job development, supported employment, or licensed practical nursing) or physical therapy, occupational therapy or speech therapy for 30 consecutive days.



## Quality Improvement Advisory (QIA) Council

The QIA Council is made up of individuals receiving IDDW services, family members, stakeholders and providers. The council reviews and monitors quality data and recommends policy changes, priorities and quality improvement ideas. The council serves as a link between IDDW and individuals who are interested in the Program. The council frequently establishes committees and work groups to tackle specific topics of concern.

Each QIA Council meeting is open for public comment. To learn more about the QIA Council's meeting dates and locations as well as specific information on public comment periods, please see the BMS website: <http://www.dhhr.wv.gov/bms/Programs/WaiverPrograms/IDDW/Pages/QIA-Council.aspx>. If you are interested in becoming a member of the QIA Council, contact the UMC for more information.

## Contacts

### Bureau for Medical Services

350 Capitol Street, Room 251  
Charleston, WV 25301  
Phone: 304.558.1700  
Fax: 304.558.4398  
Website: <http://www.dhhr.wv.gov/bms/Programs/WaiverPrograms/IDDW/Pages/default.aspx>

### Utilization Management Contractor

KEPRO  
1007 Bullitt Street, Suite 200  
Charleston, WV 25301  
Phone: 866.385.8920  
Fax: 866.521.6882  
Email: [WVIDDwaiver@kepro.com](mailto:WVIDDwaiver@kepro.com)  
Website: <http://wvaso.kepro.com>

### Fiscal Employer Agent (Personal Options)

Public Partnerships, LLC (PPL)  
Phone: 877.908.1757  
E-fax: 877.567.0071  
Website: <http://www.publicpartnerships.com/programs/WestVirginia/WVIDD/index.asp>

### Medical Eligibility Contract Agent

Psychological Consultation and Assessment, Inc.  
202 Glass Drive  
Cross Lanes, WV 25313  
Phone: 304.776.7230  
Fax: 304.776.7247  
Website: <http://www.pcasolutions.com/programs/idd-waiver.html>

### Claims Processing

Molina Medicaid Solutions  
For Providers: 888.483.0793  
For Members: 304.343.3380  
Fax: 304.348.3380  
Website: <https://www.wvmmis.com/default.aspx>

### West Virginia Adult and Child Protective Services

Phone: 800.352.6513  
Website: <http://www.dhhr.wv.gov/bcf/Services/Pages/default.aspx>

### Office of Health Facility Licensure and Certification (OHFLAC)

408 Leon Sullivan Way  
Charleston, WV 25301  
Phone: 304.558.0050  
Fax: 304.558.2515  
Website: <https://ohflac.wv.gov/>