

Comments for Chapter 512 TBI Waiver Policy Manual
Effective Date October 1, 2015

<u>Comment Number</u>	<u>Date Comment Received</u>	<u>Comment</u>	<u>Status Result</u>	<u>Action for Change Status</u>	<u>Reasoning for No Change Status and FAQs</u>
1	9/1/2015	<p>Add the following to the TBIW Policy Manual - Section 501.2.3.4 Provider Reviews</p> <p>Agency Continuing Certification Reviews</p> <p>The UMC will review all submitted certification documentation and provide a report to BMS. BMS will request reimbursement for paid claims that occurred where employee certification requirements were not met. If a lapse occurs for any checks within the WV CARES, BMS will request reimbursement for paid claims should any disqualifying offenses during the lapse be found. The provider must remove employees who do not meet requirements from provision of services until certification standards are met and required documentation is approved by the UMC.</p>	Change	The suggested part in red was added to the TBIW Policy Manual.	
2	9/1/2015	<p>Program Description, pg. 6</p> <p>Two services out of 3 must be used. CM and PA are required. Will that cause any problem with Employer and Budget authority, as it reduces "choice"?</p>	No Change		TBIW has always required CM services. People still have choice on the amount of PA services they need and who provides the services and the rate of pay.

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3	9/1/2015	Contractual Relationships pg. 9 BMS contracts with F/EA to administer FMS services There is no mention at this point of stating the F/EA provides FMS and Resource Consultant services. Should both services be mentioned?	Change	Resource Consultant was added in the description of F/EA services provided.	
4	9/1/2015	Criminal Background Checks pg. 11 The policy manual does not seem to list the convictions that would exclude people from being paid workers. Was this intentional or will the list of exclusions be located somewhere else? It has always been helpful to share the list with potential employees so they can exclude themselves without having the Background check if they know they have a conviction.	Change	512.2.1 Criminal Background Checks Added at end of Section 512.2.1.1 Pre-Screening: Negative Findings that would disqualify an applicant in the WV CARES Rule: 1. State or Federal health and social services program related crimes; 2. Patient abuse or neglect; 3. Health care fraud; 4. Felony drug	This additional information was received from WV Cares after the Public Comment period and is now included.

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				crimes; 5. Crimes against care-dependent or vulnerable individuals; 6. Felony crimes against the person; and 7. Felony crimes against property.	
5	9/1/2015	Background checks pg. 13 Responsibility of hiring entity. Must maintain documentation establishing no negative findings. Including OIG check Does this mean provider agencies and the F/EA must continue to do the OIG monthly check? Or will that be completed by WV Cares?	No Change		Providers will do initial and 3 year checks with WV CARES who then provides the wrap around services reporting if there have been any convictions on anyone in their system. Providers will be required to follow the procedures in 512.2.1.7 of the policy manual which state the hiring entity must download the WVCARES registry recheck log report and maintain this record in both electronic and paper format monthly.
6	9/1/2015	Background checks pg. 14. Record retention. #4. The sentence is not complete.	Change	Completed sentence -"For provisional employees the hiring entity shall maintain documentation that establishes	

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				that the individual meets the qualifications for provisional employment."	
7	9/1/2015	Staff qualifications and training pg21 Personal Options may access their RC for UMC approved training materials and assistance. Will UMC be creating training materials for Employees? Where and when do you think they will be located? PPL has created materials and will update them. Will they be accepted? PPL will be glad to assist with any development.	No Change		The F/EA will still develop their training materials used by the person who choses Personal Options. However, the training materials will need to have prior approval from the UMC.
8	9/1/2015	Personal attendant Initial training pg. 21 First Aid – approved internet provider. "must be kept current" Will the approved First Aid providers be identified by UMC? What if worker quit work and then re-engaged but did not keep up training requirements while off. Is this a gap during the time the worker was not working?	No Change		If a worker quits they should be removed from the F/EA or Provider's records/system.
9	9/1/2015	Non-Medical Transportation Services pg. 23 Persons providing non-medical transportation services must have	No Change		The F/EA must keep a copy of the Personal Attendants driver's license, car registration, and proof of car insurance.

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		driver's license, car registration, and proof of car insurance. Usually the employer maintains copies of these requirements in PO, is that still the expectation?					
10	9/1/2015	512.11 Participant Directed Service Option pg. 36 States "choice over Personal Attendant and Non-medical Transportation services." Personal Attendant services are mandated, there is not a choice	No Change		People receiving TBIW services have choice over who providers their services and what type of assistance they provide and what they are paid.		
11	9/1/2015	512.11 Participant Directed Service Option pg. 36 "support of a Financial Management Service (FMS) call Personal Options." <table border="1" data-bbox="529 1040 1003 1114"> <tr> <td></td> <td>FMS is not called Personal Options.</td> </tr> </table>		FMS is not called Personal Options.	Change	Sentence changed to-" The person who chooses to participant-direct their TBIW services will do so with the support of a Financial Management Service (FMS) through the Personal Options Program."	
	FMS is not called Personal Options.						
12	9/1/2015	512.14 Activation of Personal Attendant (PA) Services pg. 42 "Services not provided as planned, may not be made up on a different day, or carried to a new month."	Change	3 rd Paragraph was revised to read: TBIW service hours not	No other changes to this section are required. Services may not be carried over from month to month, however;		

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		<p>It is understandable that services may not be carried over month to month. However, was it intended that services could not be changed as the participant needs them within the month? For example, the participant may plan for transportation to social events, but the events change monthly. Also, the participant may need the PA services to assist on one day, but may wish to change them based on other changes in their life. The choice of how and when to use the services are key for employer authority. Service usage cannot always be planned months in advance. In PO, the participant must stay within the monthly budget, but they have always been able to schedule services as needed.</p>		<p>provided that are listed on the Personal Attendant Worksheet which is part of the Service Plan cannot be made up on a different day. In the Personal Options Model, service hours not provided as planned, may be made up on a different day, but not carried over into a new month. Permanent or long term changes in the services/service hours listed on the Personal Attendant Worksheet must be made through an addendum to the Service Plan by</p>	<p>they can change within the same week.</p>

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				the CM for both Traditional and Personal Options models.	
13	9/1/2015	512.17.1 PA responsibilities Community activities: activities include... All personal care assistance needs as outlined in the service plan must take place before essential errands or community activities can occur. Functions that cannot be performed.... Are these activities all inclusive, or are they sample of activities? Should this state "personal attendant services? This seems restrictive, in that, a person may wish to go to an event and then come home and be bathed or fed. Could it state that paid functions/tasks cannot be performed? Family members and informals perform many tasks when off the clock. Those are the formal and informal responsibilities that they perform.	Change	Changed wording to Activities such as those listed below are examples but not exclusive:	No other changes to this section are required. As long as the person used in your example received the service of assistance being bathed or fed which was listed on their Service Plan then the PA needs were met. The Functions that cannot be performed list remains and applies to anyone paid by the TBIW program.
14	9/1/2015	512.3.3 Record Requirements Member records Member files must contain all original documentation for services provided to the member by the provider responsible for development of the	No Change		The policy manual says "all original documentation for services provided to the person by the provider responsible for development of the document" As your example discusses, if you are receiving a

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		document. When participants are referred or transferred, the documents are not “original” but copies of the originals. Does that suffice? Many documents are now managed electronically.			person on a transfer you would receive copies of the documents.
15	9/1/2015	512.31 Transfers to another agency or PO Effective date of transfer is the first of the month if the transfer was received by the 17th. The transfer should not take more than 45 days. In PO, the date for the transfer may take more than 45 days for several reasons. A delay of getting an EIN for the participant, the employee does not get paperwork in, there is no employee identified, or the intended employee does not pass the CBC are all reasons for start date delays. There is never an overlap of services being provided.	No Change		The draft policy currently reads: "Effective date of transfer is the first of the next month if the transfer was received by the 17th. The transfer should not take more than 45 days."
16	9/1/2015	Service Plan Development pg. 40 The Case Manager is responsible for development of the person-centered Service Plan in collaboration with the member and/or their legal representative. The addition of PPL staff could be noted as the participant directed budget	No Change		A person on the TBIW can invite anyone they feel is necessary to attend their Person-Centered Service Plan meeting.

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		management is a component of the service plan. Notification of participant service plan, annual budget for participant directed services and referral to PPL is not mentioned in the process for service plan.			
17	9/1/2015	Case management responsibilities. Pg. 44 Participation in the six (6) month Service Plan and Annual Service Plan development is mandatory for the member and/or their legal representative if applicable), the Case Manager, and the Personal Attendant Service provider agency. Are Resource Consultants expected to participate in the 6 month and annual service planning process or is the plan and authorized budget provided to PPL for planning with the participant? It might be helpful to note that it is expected that all entities who serve participants are to work collaboratively. That includes CM, traditional and Personal Options PPL staff, service providers, and the member.	No Change		Resource Consultants are not required to attend the initial, 6 month or annual Service Plan meeting. A person on the TIBW can invite anyone they feel is necessary to attend their Person-Centered Service Plan meeting. The authorized budget will be provided to the F/EA by the Case Manager when the Service Plan is provided. Then the F/EA will use the Service Plan and budget to develop the Spending Plan.
18	9/1/2015	512.12.2 Personal Attendant Services Pg. 47 Assist member in community activities.	No Change		This was established pro-actively to prevent abuse of the travel reimbursement.

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		Activities provided in the community are limited to 30 hours per month. Why is there a limit for involvement in the community?			
19	9/1/2015	512.17 DUAL PROVISION OF TBI WAIVER AND PERSONAL CARE (PC) SERVICES The member and/or their legal representative (if applicable), Personal Care and Personal Attendant Service providers, and the member's Case Manager will receive notification of denial or approval from the reviewing agency. PPL should also receive notification of denial. Ex. The member and/or their legal representative (if applicable), Personal Care and Personal Attendant Service providers, PPL , if applicable, and the member's Case Manager will receive notification of denial or approval from the reviewing agency.	No Change		The Case Manager and the Personal Care Program RN would be the individuals receiving notification regarding approval or denial. The F/EA will be informed by the case manager.
20	9/1/2015	512.2 A. A separate certification and WV Medicaid provider number for each service Comment: Separate WV Medicaid Provider numbers were not generated by Molina	No Change		With the Provider revalidation process that will be completed by Oct. 2015 Providers no longer receive WV Medicaid provider numbers. Providers go by their NPI numbers. It is up to the Provider if they wish to obtain separate NPI

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		since the program started in 2012.			numbers for each service they provide.
21	9/1/2015	512.3.2 Providers must use training modules provided by the UMC for these mandatory trainings Comment: Currently APS Healthcare only approves internet based trainings. BMS would need to define the training criteria/expectations for each of the topics, in order for APS Healthcare to determine if the provider trainings are in compliance.	No Change		BMS will work with the UMC to define the criteria/expectation for each of the topics of training.
22	9/1/2015	512.4.1 The Agency Director, designated RN, or Case Manager will immediately review each incident report. Change: The Agency Director, designated agency staff RN, or Case Manager will immediately review each incident report.	Change	RN removed.	
23	9/1/2015	512.4.1 If the applicant is determined financially ineligible by the county DHHR office a medical eligibility assessment will not be scheduled by the UMC and the MNER will be closed. The UMC will notify the applicant/applicants representative (if applicable) that the	No Change		The UMC will be expected to notify the applicant/applicants representative (if applicable) by mail that the MNER has been closed due to financial ineligibility.

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		<p>MNER has been closed due to financial ineligibility. Remove the last sentence, the applicant will be informed by the DHHR if he/she is not financially eligible. If the applicant is determined financially ineligible by the county DHHR office a medical eligibility assessment will not be scheduled by the UMC and the MNER will be closed. The UMC will notify the applicant/applicants representative (if applicable) that the MNER has been closed due to financial ineligibility</p>			
24	9/1/2015	<p>512.11.2 If the person who receives services chooses this Service Option, he/she has the opportunity to exercise choice and control over the participant-directed services they choose and the individuals and the organizations who provide them (employer authority); and/or how the portion of their individualized budget Remove: the word individualized next to budget, this is associated with the I/DDW program If the person who receives services chooses this Service Option, he/she has the opportunity to exercise choice and</p>	Change	This error has been corrected. The word "individualized" was removed before "budget"	

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		control over the participant-directed services they choose and the individuals and the organizations who provide them (employer authority); and/or how the portion of their individualized budget			
25	9/1/2015	512.11.2 APS Healthcare addition Addition: 16.Evidence of initial and annual Personal Attendant Training as required by policy	Change	The addition "Evidence of initial and annual Personal Attendant Training as required by policy" was made.	
26	9/1/2015	512.17 The primary agency must coordinate the billable nursing units. Remove the entire sentence; there are no billable nursing units in TBI because there are no nursing services.	Change	The sentence was removed as there are no billable nursing units in TBIW because there are no nursing services.	
27	9/1/2015	512.9.2 Initial medical evaluation (a) Add a 2wk timeline for a complete MNER to be resubmitted to the UMC if it was returned due to being incomplete.	Change	This recommendation was added.	